



CHIP Eligibility Guidelines

Are you eligible for free or low-cost health care coverage?

Step 1: Locate the number of people in your household.

Step 2: Find the box that matches your household's annual gross income and age of your children.

Step 3: Look down the column to see your monthly cost per child and the copayments per child, per visit.

Example: A four-person household with an annual income of \$69,840 will pay a monthly premium of \$65 per child, plus any copayments for services.

INCOME*

Household Size	Free			Low Cost			Full Cost	
	Income Level/ Ages 1-5	Income Level/ Ages 6-18	Income Level/ Ages 0-1	Income Level/ Ages 1-18	Income Level/ Ages 0-18	Income Level/ Ages 0-18	Income Level/ Ages 0-18	Income Level/ Ages 0-18
1	\$ 18,479 - \$ 24,482	\$ 15,655 - \$ 24,482	\$ 25,306 - \$ 30,838	\$ 24,482 - \$ 30,838	\$ 30,838 - \$ 33,898	\$ 33,898 - \$ 36,958	\$ 36,958 - No Limit	\$ 36,958 - No Limit
2	\$ 25,011 - \$ 33,135	\$ 21,187 - \$ 33,135	\$ 34,250 - \$ 41,737	\$ 33,135 - \$ 41,737	\$ 41,737 - \$ 45,879	\$ 45,879 - \$ 50,021	\$ 50,021 - No Limit	\$ 50,021 - No Limit
3	\$ 31,542 - \$ 41,788	\$ 26,720 - \$ 41,788	\$ 43,194 - \$ 52,636	\$ 41,788 - \$ 52,636	\$ 52,636 - \$ 57,860	\$ 57,860 - \$ 63,083	\$ 63,083 - No Limit	\$ 63,083 - No Limit
4	\$ 38,073 - \$ 50,440	\$ 32,253 - \$ 50,440	\$ 52,138 - \$ 63,535	\$ 50,440 - \$ 63,535	\$ 63,535 - \$ 69,840	\$ 69,840 - \$ 76,145	\$ 76,145 - No Limit	\$ 76,145 - No Limit
5	\$ 44,604 - \$ 59,093	\$ 37,786 - \$ 59,093	\$ 61,082 - \$ 74,435	\$ 59,093 - \$ 74,435	\$ 74,435 - \$ 81,821	\$ 81,821 - \$ 89,208	\$ 89,208 - No Limit	\$ 89,208 - No Limit
6	\$ 51,135 - \$ 67,746	\$ 43,319 - \$ 67,746	\$ 70,026 - \$ 85,334	\$ 67,746 - \$ 85,334	\$ 85,334 - \$ 93,902	\$ 93,902 - \$ 102,270	\$ 102,270 - No Limit	\$ 102,270 - No Limit
7	\$ 57,667 - \$ 76,399	\$ 48,851 - \$ 76,399	\$ 78,970 - \$ 96,233	\$ 76,399 - \$ 96,233	\$ 96,233 - \$ 105,783	\$ 105,783 - \$ 115,333	\$ 115,333 - No Limit	\$ 115,333 - No Limit
8	\$ 64,198 - \$ 85,052	\$ 54,384 - \$ 85,052	\$ 87,914 - \$ 107,132	\$ 85,052 - \$ 107,132	\$ 107,132 - \$ 117,764	\$ 117,764 - \$ 128,395	\$ 128,395 - No Limit	\$ 128,395 - No Limit
9	\$ 70,729 - \$ 93,704	\$ 59,917 - \$ 93,704	\$ 96,858 - \$ 118,031	\$ 93,704 - \$ 118,031	\$ 118,031 - \$ 129,744	\$ 129,744 - \$ 141,457	\$ 141,457 - No Limit	\$ 141,457 - No Limit
10	\$ 77,260 - \$ 102,357	\$ 65,450 - \$ 102,357	\$ 105,802 - \$ 128,931	\$ 102,357 - \$ 128,931	\$ 128,931 - \$ 141,725	\$ 141,725 - \$ 154,520	\$ 154,520 - No Limit	\$ 154,520 - No Limit

COST

Monthly Premium Per Child	\$0.00	\$0.00	\$50.00	\$50.00	\$65.00	\$75.00	\$241.61
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Copayments Per Child Per Visit

Doctor Visit	\$0.00	\$0.00	\$5.00	\$5.00	\$5.00	\$5.00	\$15.00
Brand Name Prescription	\$0.00	\$0.00	\$9.00	\$9.00	\$9.00	\$9.00	\$18.00
Generic Prescription	\$0.00	\$0.00	\$6.00	\$6.00	\$6.00	\$6.00	\$10.00
Specialist Visits	\$0.00	\$0.00	\$10.00	\$10.00	\$10.00	\$10.00	\$25.00
ER Visits**	\$0.00	\$0.00	\$25.00	\$25.00	\$25.00	\$25.00	\$50.00

* If your income is below any amount listed, your child could be eligible for Medical Assistance. For more details, please call 1.800.KIDS.101.

** Emergency room visit copayment applies if the child is not admitted for a hospital stay.