

CHIP Income Guidelines Chart

How to use this chart:

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 row to the COST BOX to see your appropriate, average monthly cost per child and the co-payments per child, per visit.

Example: A four-person household with an annual income of \$69,840 will have an average monthly premium of \$58 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2025)

HOUSEHOLD SIZE	Free		Low Cost				Full Cost ages 0-18
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	
1	\$ 24,571 - \$ 32,552	\$ 20,815 - \$ 32,552	\$ 33,648 - \$ 41,003	\$ 32,552 - \$ 41,003	\$ 41,003 - \$ 45,072	\$ 45,072 - \$ 49,141	\$ 49,141 - No Limit
2	\$ 33,206 - \$ 43,992	\$ 28,130 - \$ 43,992	\$ 45,473 - \$ 55,413	\$ 43,992 - \$ 55,413	\$ 55,413 - \$ 60,912	\$ 60,912 - \$ 66,411	\$ 66,411 - No Limit
3	\$ 41,841 - \$ 55,432	\$ 35,445 - \$ 55,432	\$ 57,298 - \$ 69,823	\$ 55,432 - \$ 69,823	\$ 69,823 - \$ 76,752	\$ 76,752 - \$ 83,681	\$ 83,681 - No Limit
4	\$ 50,476 - \$ 66,872	\$ 42,760 - \$ 66,872	\$ 69,123 - \$ 84,233	\$ 66,872 - \$ 84,233	\$ 84,233 - \$ 92,592	\$ 92,592 - \$ 100,951	\$ 100,951 - No Limit
5	\$ 59,111 - \$ 78,312	\$ 50,075 - \$ 78,312	\$ 80,948 - \$ 98,643	\$ 78,312 - \$ 98,643	\$ 98,643 - \$ 108,432	\$ 108,432 - \$ 118,221	\$ 118,221 - No Limit
6	\$ 67,746 - \$ 89,752	\$ 57,390 - \$ 89,752	\$ 92,773 - \$ 113,053	\$ 89,752 - \$ 113,053	\$ 113,053 - \$ 124,272	\$ 124,272 - \$ 135,491	\$ 135,491 - No Limit
7	\$ 76,381 - \$ 101,192	\$ 64,705 - \$ 101,192	\$ 104,598 - \$ 127,463	\$ 101,192 - \$ 127,463	\$ 127,463 - \$ 140,112	\$ 140,112 - \$ 152,761	\$ 152,761 - No Limit
8	\$ 85,016 - \$ 112,632	\$ 72,020 - \$ 112,632	\$ 116,423 - \$ 141,873	\$ 112,632 - \$ 141,873	\$ 141,873 - \$ 155,952	\$ 155,952 - \$ 170,031	\$ 170,031 - No Limit
9	\$ 93,651 - \$ 124,072	\$ 79,335 - \$ 124,072	\$ 128,248 - \$ 156,283	\$ 124,072 - \$ 156,283	\$ 156,283 - \$ 171,792	\$ 171,792 - \$ 187,301	\$ 187,301 - No Limit
10	\$ 102,286 - \$ 135,512	\$ 86,650 - \$ 135,512	\$ 140,073 - \$ 170,693	\$ 135,512 - \$ 170,693	\$ 170,693 - \$ 187,632	\$ 187,632 - \$ 204,571	\$ 204,571 - No Limit

COST

Average monthly premium per child (Effective July 1, 2024)	Free		Low Cost				Full Cost
	\$0	\$0	\$58	\$58	\$81	\$92	\$240

CO-PAYMENTS (PER CHILD, PER VISIT)

	Free		Low Cost				Full Cost
Doctor visit	\$ 0	\$ 0	\$ 5	\$ 5	\$ 5	\$ 5	\$ 15
Brand name prescription	\$ 0	\$ 0	\$ 9	\$ 9	\$ 9	\$ 9	\$ 18
Generic prescription	\$ 0	\$ 0	\$ 6	\$ 6	\$ 6	\$ 6	\$ 10
Specialist visit	\$ 0	\$ 0	\$ 10	\$ 10	\$ 10	\$ 10	\$ 25
Emergency room visits**	\$ 0	\$ 0	\$ 25	\$ 25	\$ 25	\$ 25	\$ 50

*If your income is below any amount listed, your family could be eligible for Medical Assistance. For more details, please call 1-800-986-KIDS.

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

(Updated 1/16/25)