

**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, 2024)**

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	\$ 23,645 - \$ 31,325	\$ 20,030 - \$ 31,325	\$ 32,379 - \$ 39,458	\$ 31,325 - \$ 39,458	\$ 39,458 - \$ 43,373	\$ 43,373 - \$ 47,289	\$ 47,289 - No Limit
2	\$ 32,091 - \$ 42,516	\$ 27,186 - \$ 42,516	\$ 43,946 - \$ 53,553	\$ 42,516 - \$ 53,553	\$ 53,553 - \$ 58,868	\$ 58,868 - \$ 64,182	\$ 64,182 - No Limit
3	\$ 40,538 - \$ 53,706	\$ 34,341 - \$ 53,706	\$ 55,513 - \$ 67,649	\$ 53,706 - \$ 67,649	\$ 67,649 - \$ 74,362	\$ 74,362 - \$ 81,075	\$ 81,075 - No Limit
4	\$ 48,984 - \$ 64,896	\$ 41,496 - \$ 64,896	\$ 67,080 - \$ 81,744	\$ 64,896 - \$ 81,744	\$ 81,744 - \$ 89,856	\$ 89,856 - \$ 97,968	\$ 97,968 - No Limit
5	\$ 57,431 - \$ 76,087	\$ 48,652 - \$ 76,087	\$ 78,647 - \$ 95,840	\$ 76,087 - \$ 95,840	\$ 95,840 - \$ 105,351	\$ 105,351 - \$ 114,862	\$ 114,862 - No Limit
6	\$ 65,878 - \$ 87,277	\$ 55,807 - \$ 87,277	\$ 90,214 - \$ 109,936	\$ 87,277 - \$ 109,936	\$ 109,936 - \$ 120,845	\$ 120,845 - \$ 131,755	\$ 131,755 - No Limit
7	\$ 74,324 - \$ 98,468	\$ 62,963 - \$ 98,468	\$ 101,781 - \$ 124,031	\$ 98,468 - \$ 124,031	\$ 124,031 - \$ 136,340	\$ 136,340 - \$ 148,648	\$ 148,648 - No Limit
8	\$ 82,771 - \$ 109,658	\$ 70,118 - \$ 109,658	\$ 113,348 - \$ 138,127	\$ 109,658 - \$ 138,127	\$ 138,127 - \$ 151,834	\$ 151,834 - \$ 165,541	\$ 165,541 - No Limit
9	\$ 91,217 - \$ 120,848	\$ 77,273 - \$ 120,848	\$ 124,915 - \$ 152,222	\$ 120,848 - \$ 152,222	\$ 152,222 - \$ 167,328	\$ 167,328 - \$ 182,434	\$ 182,434 - No Limit
10	\$ 99,664 - \$ 132,039	\$ 84,429 - \$ 132,039	\$ 136,482 - \$ 166,318	\$ 132,039 - \$ 166,318	\$ 166,318 - \$ 182,823	\$ 182,823 - \$ 199,328	\$ 199,328 - 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	
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 6/4/24)