



# Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$1,992	\$23,895	\$2,802	\$33,613	\$3,983	\$47,790
3	\$2,512	\$30,135	\$3,533	\$42,390	\$5,023	\$60,270
4	\$3,032	\$36,375	\$4,264	\$51,168	\$6,063	\$72,750
5	\$3,552	\$42,615	\$4,996	\$59,946	\$7,103	\$85,230
6	\$4,072	\$48,855	\$5,727	\$68,723	\$8,143	\$97,710
7	\$4,592	\$55,095	\$6,459	\$77,501	\$9,183	\$110,190

*At lower income levels, families may be eligible for WV Medicaid.*

**Eff. 3/2015**

Copayments			
Medical Services and Prescription Benefits	Gold	Blue	Premium Plan Co-Pay
Generic Prescriptions	No Co-Pay	No Co-Pay	No Co-Pay
Listed Brand Prescriptions	\$5	\$10	\$15
Non-Listed Brand Prescriptions	Full Retail Cost	Full Retail Cost	Full Retail Cost
Medical Home Physician Visit	No Co-Pay	No Co-Pay	No Co-Pay
Physician Visit <i>(Non-Medical Home)</i>	\$5	\$15	\$20
Immunizations	No Co-Pay	No Co-Pay	No Co-Pay
Hospital/Inpatient Services	No Co-Pay	\$25	\$25
Outpatient Services <i>(per procedure)</i>	No Co-Pay	\$25	\$25
Emergency Room <i>(is waived if admitted)</i>	No Co-Pay	\$35	\$35
Dental Services	No Co-Pay	No Co-Pay	\$25 for some services
Vision Services	No Co-Pay	No Co-Pay	No Co-Pay

Call toll-free at 1-877-982-2447  
or visit [www.chip.wv.gov](http://www.chip.wv.gov)  
for more information.

Maximum Copayments Allowed			
# of Children Co-Pay Maximums	Gold	Blue	Premium Plan
1 Child Medical Maximum	\$150	\$150	\$200
1 Child Prescription Maximum	\$100	\$100	\$150
2 Children Medical Maximum	\$300	\$300	\$400
2 Children Prescription Maximum	\$200	\$200	\$250
3 Children Medical Maximum	\$450	\$450	\$600
3 Children Prescription Maximum	\$300	\$300	\$350
Dental <b><i>(Premium Plan ONLY)</i></b>	\$100 per Member \$150 per Family		