



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,058	\$24,690	\$2,895	\$34,731	\$4,115	\$49,380
3	\$2,598	\$31,170	\$3,654	\$43,846	\$5,195	\$62,340
4	\$3,138	\$37,650	\$4,414	\$52,961	\$6,275	\$75,300
5	\$3,678	\$44,130	\$5,174	\$62,077	\$7,355	\$88,260
6	\$4,218	\$50,610	\$5,933	\$71,192	\$8,435	\$101,220
7	\$4,758	\$57,090	\$6,693	\$80,307	\$9,515	\$114,180

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

Eff. 3/2018

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 or Well Child 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 Surgical Procedures	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
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 <i>(Premium Plan ONLY)</i>	\$100 per Member \$150 per Family		