



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,003	\$24,030	\$2,817	\$33,803	\$4,005	\$48,060
3	\$2,520	\$30,240	\$3,545	\$42,538	\$5,040	\$60,480
4	\$3,038	\$36,450	\$4,273	\$51,273	\$6,075	\$72,900
5	\$3,555	\$42,660	\$5,001	\$60,009	\$7,110	\$85,320
6	\$4,073	\$48,870	\$5,729	\$68,744	\$8,145	\$97,740
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. 3/2016

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
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		