



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,644	\$31,725	\$3,719	\$44,627	\$5,288	\$63,450
3	\$3,332	\$39,975	\$4,686	\$56,232	\$6,663	\$79,950
4	\$4,019	\$48,225	\$5,654	\$67,837	\$8,038	\$96,450
5	\$4,707	\$56,475	\$6,621	\$79,442	\$9,413	\$112,950
6	\$5,394	\$64,725	\$7,588	\$91,047	\$10,788	\$129,450
7	\$6,082	\$72,975	\$8,555	\$102,652	\$12,163	\$145,950

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

Eff. 2/2025

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
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		