



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,289	\$27,465	\$3,220	\$38,635	\$4,578	\$54,930
3	\$2,879	\$34,545	\$4,050	\$48,594	\$5,758	\$69,090
4	\$3,469	\$41,625	\$4,880	\$58,553	\$6,938	\$83,250
5	\$4,059	\$48,705	\$5,710	\$68,512	\$8,118	\$97,410
6	\$4,649	\$55,785	\$6,540	\$78,471	\$9,298	\$111,570
7	\$5,239	\$62,865	\$7,370	\$88,431	\$10,478	\$125,730

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

Eff. 1/2022

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 (Non-Medical Home)	\$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 (is waived if admitted)	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 (Premium Plan ONLY)	\$100 per Member \$150 per Family		