



# Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,555	\$30,660	\$3,595	\$43,129	\$5,110	\$61,320
3	\$3,228	\$38,730	\$4,541	\$54,481	\$6,455	\$77,460
4	\$3,900	\$46,800	\$5,486	\$65,832	\$7,800	\$93,600
5	\$4,573	\$54,870	\$6,432	\$77,184	\$9,145	\$109,740
6	\$5,245	\$62,940	\$7,378	\$88,536	\$10,490	\$125,880
7	\$5,918	\$71,010	\$8,324	\$99,888	\$11,835	\$142,020

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

**Eff. 3/2024**

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](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		