# Income Guidelines and Co-Pays for WVCHIP

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>$2,178</td>
<td>$26,130</td>
<td>$3,064</td>
<td>$36,757</td>
<td>$4,355</td>
<td>$52,260</td>
</tr>
<tr>
<td>3</td>
<td>$2,745</td>
<td>$32,940</td>
<td>$3,862</td>
<td>$46,336</td>
<td>$5,490</td>
<td>$65,880</td>
</tr>
<tr>
<td>4</td>
<td>$3,313</td>
<td>$39,750</td>
<td>$4,660</td>
<td>$55,915</td>
<td>$6,625</td>
<td>$79,500</td>
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<tr>
<td>5</td>
<td>$3,880</td>
<td>$46,560</td>
<td>$5,458</td>
<td>$65,495</td>
<td>$7,760</td>
<td>$93,120</td>
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<tr>
<td>6</td>
<td>$4,448</td>
<td>$53,370</td>
<td>$6,257</td>
<td>$75,074</td>
<td>$8,895</td>
<td>$106,740</td>
</tr>
<tr>
<td>7</td>
<td>$5,015</td>
<td>$60,180</td>
<td>$7,055</td>
<td>$84,654</td>
<td>$10,030</td>
<td>$120,360</td>
</tr>
</tbody>
</table>

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

**Copayments**

<table>
<thead>
<tr>
<th>Medical Services and Prescription Benefits</th>
<th>Gold Co-Pay</th>
<th>Blue Co-Pay</th>
<th>Premium Plan Co-Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Prescriptions</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
</tr>
<tr>
<td>Listed Brand Prescriptions</td>
<td>$5</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td>Non-Listed Brand Prescriptions</td>
<td>Full Retail Cost</td>
<td>Full Retail Cost</td>
<td>Full Retail Cost</td>
</tr>
<tr>
<td>Medical Home or Well Child Physician Visit</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
</tr>
<tr>
<td>Physician Visit (Non-Medical Home)</td>
<td>$5</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>Immunizations</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
</tr>
<tr>
<td>Hospital/Inpatient Services</td>
<td>No Co-Pay</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Outpatient Surgical Procedures</td>
<td>No Co-Pay</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Emergency Room (is waived if admitted)</td>
<td>No Co-Pay</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td>Dental Services</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
<td>$25 for some services</td>
</tr>
<tr>
<td>Vision Services</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
<td>No Co-Pay</td>
</tr>
</tbody>
</table>

Call toll-free at 1-877-982-2447 or visit www.chip.wv.gov for more information.

**Maximum Copayments Allowed**

<table>
<thead>
<tr>
<th># of Children Co-Pay Maximums</th>
<th>Gold</th>
<th>Blue</th>
<th>Premium Plan</th>
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<tbody>
<tr>
<td>1 Child Medical Maximum</td>
<td>$150</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td>1 Child Prescription Maximum</td>
<td>$100</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>2 Children Medical Maximum</td>
<td>$300</td>
<td>$300</td>
<td>$400</td>
</tr>
<tr>
<td>2 Children Prescription Maximum</td>
<td>$200</td>
<td>$200</td>
<td>$250</td>
</tr>
<tr>
<td>3 Children Medical Maximum</td>
<td>$450</td>
<td>$450</td>
<td>$600</td>
</tr>
<tr>
<td>3 Children Prescription Maximum</td>
<td>$300</td>
<td>$300</td>
<td>$350</td>
</tr>
<tr>
<td>Dental (Premium Plan ONLY)</td>
<td>$100 per Member</td>
<td>$150 per Family</td>
<td></td>
</tr>
</tbody>
</table>