



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,705	\$32,460	\$3,806	\$45,661	\$5,410	\$64,920
3	\$3,415	\$40,980	\$4,804	\$57,646	\$6,830	\$81,960
4	\$4,125	\$49,500	\$5,803	\$69,630	\$8,250	\$99,000
5	\$4,835	\$58,020	\$6,802	\$81,615	\$9,670	\$116,040
6	\$5,545	\$66,540	\$7,800	\$93,600	\$11,090	\$133,080
7	\$6,255	\$75,060	\$8,799	\$105,585	\$12,510	\$150,120

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

Eff. 3/2026

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		