



Income Guidelines and Co-Pays for WVCHIP*

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$1,822	\$21,855	\$2,429	\$29,140	\$3,036	\$36,425
3	\$2,289	\$27,465	\$3,052	\$36,620	\$3,815	\$45,775
4	\$2,757	\$33,075	\$3,675	\$44,100	\$4,594	\$55,125
5	\$3,224	\$38,685	\$4,299	\$51,580	\$5,373	\$64,475
6	\$3,692	\$44,295	\$4,922	\$59,060	\$6,153	\$73,825
7	\$4,159	\$49,905	\$5,545	\$66,540	\$6,932	\$83,175
8	\$4,627	\$55,515	\$6,169	\$74,020	\$7,711	\$92,525

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 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 Services (per procedure)	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

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

Call the toll-free helpline at 1-877-982-2447 or visit www.wvchip.org for more information.

# of Children Co-Pay Maximums	Group A	Group B	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	\$100 per Member \$150 per Family		