



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,139	\$25,660	\$2,856	\$34,267	\$4,060	\$48,720
3	\$2,689	\$32,264	\$3,591	\$43,087	\$5,105	\$61,260
4	\$3,239	\$38,868	\$4,326	\$51,906	\$6,150	\$73,800
5	\$3,790	\$45,473	\$5,061	\$60,726	\$7,195	\$86,340
6	\$4,340	\$52,077	\$5,796	\$69,546	\$8,240	\$98,880
7	\$4,891	\$58,682	\$6,531	\$78,366	\$9,285	\$111,420

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

Eff. 2/2017

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

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		