



# Health Care Coverage for Kids and Expectant Moms

Comprehensive plans including: doctor visits, check-ups, vision, dental, immunizations, prescriptions, hospital stays, mental health and special needs

## Application Guide and Form

### Who Qualifies?



- **Age -- Children under age 19 who live in the State of West Virginia**
- **Non-Citizenship Information -- See page 2 under Household Information**
- **Qualifying Income is based on family size and gross income (before taxes)**

See page 3 → How to calculate your qualifying income and count family size

There are no asset tests for WVCHIP. So, owning a car, home or property will not disqualify a family.

**Note: Income Guidelines change yearly on March 1. This chart is effective 3/1/06 - 2/28/07.**

Family Size	WV Medicaid Kids No Copays Apply		WVCHIP Group A Limited Copays Apply*		WVCHIP Group B All Copays Apply*		WVCHIP Premium All Copays Apply*	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$1,518	\$18,208	\$1,712	\$20,535	\$2,282	\$27,380	\$2,510	\$30,118
3	\$1,903	\$22,837	\$2,147	\$25,755	\$2,862	\$34,340	\$3,148	\$37,774
4	\$2,289	\$27,465	\$2,582	\$30,975	\$3,442	\$41,300	\$3,786	\$45,430
5	\$2,675	\$32,093	\$3,017	\$36,195	\$4,022	\$48,260	\$4,424	\$53,086

If your family size is larger than 5, visit [www.wvchip.org](http://www.wvchip.org) for the complete income chart or call 1-877-982-2447.

\* CO-PAYMENT INFORMATION → SEE PAGE 4

### INCOME DISREGARDS:

Families can disregard some income to qualify --

- ▷ \$90 per month for each working parent and child
- ▷ \$50 per month for child support income
- ▷ Up to \$200 per month for child care expenses.

See page 3.

### Other Insurance?



If your child has had other insurance besides CHIP or Medicaid within the last six months (Group A/B) or within the last twelve months (CHIP Premium), you will not qualify unless you meet one of the following exemptions (does not apply to Medicaid):

- ▶ Your family's annual health insurance cost (only premiums paid for medical, dental and vision are counted\*) is 10% or more of the family's yearly gross income; or  
\*Expenses for medical savings accounts, co-payments and deductibles can't be counted as part of your premium cost.
- ▶ You lost family coverage in the past six months (Group A/B) or in the past twelve months (CHIP Premium) due to layoff, job change, or your employer dropped family coverage. (If you were laid off and already opted for coverage under COBRA, you cannot qualify for this exception.); or

## Other Insurance, continued



- ▶ Your child is covered under the insurance of a non-custodial parent; and the insurance services can only be accessible in another state, or in a geographical area in WV that is considered to be non-accessible.

**Note:** You will need to submit copies of documents from your employer or insurance company to show changes in coverage or health care premium costs.

Federal rules prevent children from receiving CHIP who can be covered by Medicaid or who are dependents of public employees. (Non governmental agencies , i.e. local health departments who participate in PEIA are not affected by this rule).

## Applicant Information



- ▶ If you think you may move in the next few weeks of sending in your application, be sure to give a phone number where you can be reached so that missing information or documents do not delay your application. Call 1-877-716-1212 to report a new address as soon as possible.
- ▶ **Solicitud en Espanol :** *Llame a nuestra línea de ayuda totalmente gratis al 1-877-982-2447. Usted puede recibir ayuda en Español, a través de un aparato traductor si llama al numero gratuito 1-877-982-2447.*

## Household Information



**Listing more than 7 names in a household:** Will require that you use two copies of the application.

**Social Security Number:** Required for any child listed who will get health insurance, but optional for other persons in the household.

**Race/Ethnicity:** Circle one of the letter codes for the ethnicity that you would use to most closely describe the persons in your household. (Remember, this is just used to show that the program is open to and used by persons of any racial background.)

**Non-Citizens:** You do not have to be a U.S. Citizen to apply and a child's eligibility is not affected by other household members who may be non-citizens.

- ➔ Immigrant children who entered the U.S. as lawful permanent residents must have continuous U.S. residency for five years.
- ➔ Undocumented children are not eligible, regardless of their entry into the U.S.

## Copies of Documents Needed To Show Your Income



1. Paystubs or earning statements for the last 30 days
2. Most recent quarterly or yearly tax return, if self-employed
3. Proof of most recent alimony and/or child support payment or court order, if applicable
4. Proof of most recent payment or current award letter for Social Security, SSI, Worker's Compensation, Unemployment benefits, Veteran's benefits, or any other income source
5. If your income is seasonal or highly variable through the year, your CHIP income is based on the month you are applying. You may also use your yearly tax return. **[This only applies to WVCHIP]**

## How Income Is Counted: A Self-Check

All income is reviewed on a most recent month-basis (see #4 below).

1. Count earned income from job wages or salary first (use the income list on the back of the application form to make sure all types are reported and copies of documents like pay stubs are included).
2. Make sure you show gross income (the amount before tax, social security, or other deductions).
3. When listing income on the back of the form, be sure to show the amount as it is shown on any document copies (such as pay stubs) that you send in with the application.
4. For application review purposes, all income shown will be converted to a monthly basis as shown in this table:

Examples On How To Calculate Your Monthly Income		
If Your Pay Check Is...	To Find Your Monthly Amount (Before Taxes)	Monthly Income Result
Weekly 52 Checks Per Year	Multiply by 4.3 \$175.35 x 4.3	= \$754
Bi-Weekly 26 Checks Per Year	Multiply by 2.15 \$350.70 x 2.15	= \$754
Semi-Monthly 24 Checks Per Year	Multiply by 2 \$377.00 x 2	= \$754
Bi-Monthly 6 Checks Per Year	Divide by 2 \$500 divided by 2	= \$250
Quarterly 4 Checks Per Year	Divide by 3 \$750 divided by 3	= \$250
Semi-Annual 2 Checks Per Year	Divide by 6 \$1,500 divided by 6	= \$250
Annual 1 Check Per Year	Divide by 12 \$3,000 divided by 12	= \$250

### ? Self Employed

You may state your business income either monthly, quarterly, or yearly. Your self-employment income is counted minus allowable business expenses paid.

Allowable deductions:  
Employee labor costs, stock and supplies, raw material, seed, fertilizers, repair and maintenance on machinery or property, cost of rental space used for conducting business, interest & taxes, but not principal paid on purchase of capital assets, interest & taxes on a portion of the residence used to produce income, advertising costs, utilities, office expenses (stamps, pens, etc.) and legal costs.

## Subtracting Income Disregards

There are several income disregards that may help you qualify for the program if your income is above the maximum limit for your family size. Income disregards are subtracted from each applicant's gross income. See page 2 of the application to document child care expenses.

Listed below are the types of disregards available to applicants:

- ▶ \$90 monthly deduction for each parent or child working full-time or part-time
- ▶ \$50 monthly deduction on total child support income
- ▶ up to \$175 monthly deduction for child care expenses for each child over age 2
- ▶ up to \$200 monthly child care deduction for each child under age 2

**Example before tax:** \$2,080 monthly income - \$180 (both parents work) - \$200 (child care expenses for a child under the age of 2) = \$1,700 qualifying income for a family of three.

## Whose Income Is Counted?



Only the income of the child, or the natural parent or adoptive parent is counted to qualify. This means income from grandparents, stepparents, or other relatives or adults in the home are not counted as part of the qualifying income level.

### ? Blended Family

For example, a family of five blended from prior marriages with two children biologically related to the father and one to the mother will have their income counted in two separate qualifying groups. Their income will only be counted as a family of five if one parent has legally adopted their stepchildren.

### ? Grandparents

Only the income of the child will be counted when being raised by grandparents -- (unless the child is legally adopted by the grandparents)

### ? Expecting A Child

Confirm the pregnancy with a doctor's statement and that child can be counted as part of the family size for income purposes.

**Note:** The expected baby will not be included for coverage until you provide the baby's name and social security number at birth.

### ? Joint Custody

If both parents have 50% joint custody of a child, then both of their incomes are counted towards eligibility even if they live in separate homes.

## Co-Payment Information



### Medicaid Copays

(individuals over 18 yrs old)

Drug Retail Price	Copay
up to \$1.00	.50 cents
\$1.01 - \$10.00	\$1.00
\$10.01 and above	\$2.00

### WVCHIP Group A Copays

Medical Services and Prescription Benefits	Copay
Generic Prescriptions	No Copay
Listed Brand Prescriptions	\$5
Non-listed Brand Prescriptions	Full Retail Cost
Medical Home Physician Visit	No Copay
Non-Medical Home Physician Visit	\$5

**Note:** If you are a Native American with a federally registered tribe, you may be excluded from making co-payments. You can call 1-877-982-2447 for the list of registered tribes. (This does not apply to Medicaid).

### WVCHIP Group B & Premium Plan Copayments

Medical Services and Prescription Benefits	Group B Copay	Premium Plan Copay
Generic Prescriptions	No Copay	No Copay
Listed Brand Prescriptions	\$10	\$15
Non-listed Brand Prescriptions	Full Retail Cost	Full Retail Cost
Medical Home Physician Visit	No Copay	No Copay
Physician Visit (non-medical home)	\$15	\$20
Hospital/Inpatient Service	\$25	\$25
Outpatient Services (per procedure)	\$25	\$25
Emergency Room (is waived if admitted)	\$35	\$35
Dental Services	No Copay	\$150 Annual Limit
Vision Services	No Copay	100% Out of Pocket

For more information on WVCHIP maximum copay limits, visit [www.wvchip.org](http://www.wvchip.org) or call 1-877-982-2447.

## For Applying By Phone Or Internet, Other Questions Or Assistance In Completing The Form...



- You can also apply for WVCHIP and Medicaid by calling toll-free 1-877-982-2447 (open 7 days a week, 24 hours a day -- TTY/TDD and language translation services available) or apply online at [www.wvinroads.org](http://www.wvinroads.org). Some hospitals and primary care clinics can also assist with the application process. Visit [www.wvchip.org](http://www.wvchip.org) for more information.