



Mar 2008 - Feb 2009

Income Guidelines and Co-Pays for WV CHIP*

Family Size	Group A		Group B		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$1,750	\$21,000	\$2,334	\$28,000	\$2,567	\$30,800
3	\$2,200	\$26,400	\$2,934	\$35,200	\$3,227	\$38,720
4	\$2,650	\$31,800	\$3,534	\$42,400	\$3,887	\$46,640
5	\$3,100	\$37,200	\$4,134	\$49,600	\$4,547	\$54,560
6	\$3,550	\$42,600	\$4,734	\$56,800	\$5,207	\$62,480
7	\$4,000	\$48,000	\$5,334	\$64,000	\$5,867	\$70,400
8	\$4,450	\$53,400	\$5,934	\$71,200	\$6,527	\$78,320

Copayments			
Medical Services and Prescription Benefits	Group A Copay	Group B Copay	Premium Plan Copay
Generic Prescriptions	No Copay	No Copay	No Copay
Listed Brand Prescriptions	\$5	\$10	\$15
Non-listed Brand Prescriptions	Full Retail Cost	Full Retail Cost	Full Retail Cost
Medical Home Physician Visit	No Copay	No Copay	No Copay
Physician Visit (non-medical home)	\$5	\$15	\$20
Immunizations	No Copay	No Copay	No Copay
Hospital/Inpatient Service	No Copay	\$25	\$25
Outpatient Services (per procedure)	No Copay	\$25	\$25
Emergency Room (is waived if admitted)	No Copay	\$35	\$35
Dental Services	No Copay	No Copay	\$150 Annual Limit
Vision Services	No Copay	No Copay	100% Out of Pocket

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

Several income disregards may be subtracted from applicant's gross income. This could help a family above the income guidelines to qualify for CHIP.

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

# of Children Copay 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 or More Children Medical Maximum	\$450	\$450	\$600
3 or more children Prescription Maximum	\$300	\$300	\$350