



Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,178	\$26,130	\$3,064	\$36,757	\$4,355	\$52,260
3	\$2,745	\$32,940	\$3,862	\$46,336	\$5,490	\$65,880
4	\$3,313	\$39,750	\$4,660	\$55,915	\$6,625	\$79,500
5	\$3,880	\$46,560	\$5,458	\$65,495	\$7,760	\$93,120
6	\$4,448	\$53,370	\$6,257	\$75,074	\$8,895	\$106,740
7	\$5,015	\$60,180	\$7,055	\$84,654	\$10,030	\$120,360

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

Eff. 2/2021

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 or Well Child 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 Surgical Procedures	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		