



# Income Guidelines and Co-Pays for WVCHIP

Family Size	Gold		Blue		Premium Plan	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
2	\$2,465	\$29,580	\$3,468	\$41,610	\$4,930	\$59,160
3	\$3,108	\$37,290	\$4,372	\$52,455	\$6,215	\$74,580
4	\$3,750	\$45,000	\$5,275	\$63,300	\$7,500	\$90,000
5	\$4,393	\$52,710	\$6,179	\$74,146	\$8,785	\$105,420
6	\$5,035	\$60,420	\$7,083	\$84,991	\$10,070	\$120,840
7	\$5,678	\$68,130	\$7,987	\$95,837	\$11,355	\$136,260

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

**Eff. 2/2023**

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](http://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		