









CHIP Co-payment — Brand-Name Drugs

1 Find your family size on the left side of this chart. 2 Follow that row to the right and find your monthly income range. The amount to the right will show what you will need to pay for brand-name drugs for your children if they have CHIP. There are no co-payments if your children have Children’s Medicaid.

Find your family size here

1 Family Members (Adults plus children)	2 Monthly Income = Co-pay per prescription	Monthly Income = Co-pay per prescription	Monthly Income = Co-pay per prescription
1 	\$0 to \$867 = \$3	\$868 to \$1,300 = \$5	\$1,301 to \$1,734 = \$20
2 	\$0 to \$1,167 = \$3	\$1,168 to \$1,750 = \$5	\$1,751 to \$2,334 = \$20
3 	\$0 to \$1,467 = \$3	\$1,468 to \$2,200 = \$5	\$2,201 to \$2,934 = \$20
4 	\$0 to \$1,767 = \$3	\$1,768 to \$2,650 = \$5	\$2,651 to \$3,534 = \$20
5 	\$0 to \$2,067 = \$3	\$2,068 to \$3,100 = \$5	\$3,101 to \$4,134 = \$20
6 	\$0 to \$2,367 = \$3	\$2,368 to \$3,550 = \$5	\$3,551 to \$4,734 = \$20
7 	\$0 to \$2,667 = \$3	\$2,668 to \$4,000 = \$5	\$4,001 to \$5,334 = \$20
8 	\$0 to \$2,967 = \$3	\$2,968 to \$4,450 = \$5	\$4,451 to \$5,934 = \$20