









CHIP Co-payment — Generic 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 generic 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
1		\$0 to \$867	= \$0	\$868 to \$1,734 = \$5
2		\$0 to \$1,167	= \$0	\$1,168 to \$2,334 = \$5
3		\$0 to \$1,467	= \$0	\$1,468 to \$2,934 = \$5
4		\$0 to \$1,767	= \$0	\$1,768 to \$3,534 = \$5
5		\$0 to \$2,067	= \$0	\$2,068 to \$4,134 = \$5
6		\$0 to \$2,367	= \$0	\$2,368 to \$4,734 = \$5
7		\$0 to \$2,667	= \$0	\$2,668 to \$5,334 = \$5
8		\$0 to \$2,967	= \$0	\$2,968 to \$5,934 = \$5