









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 \$903 = \$3 | \$904 to \$1,354 = \$5 | \$1,355 to \$1,805 = \$20 | |
| 2 |  | \$0 to \$1,215 = \$3 | \$1,216 to \$1,822 = \$5 | \$1,823 to \$2,429 = \$20 | |
| 3 |  | \$0 to \$1,526 = \$3 | \$1,527 to \$2,289 = \$5 | \$2,290 to \$3,052 = \$20 | |
| 4 |  | \$0 to \$1,838 = \$3 | \$1,839 to \$2,757 = \$5 | \$2,758 to \$3,675 = \$20 | |
| 5 |  | \$0 to \$2,150 = \$3 | \$2,151 to \$3,224 = \$5 | \$3,225 to \$4,299 = \$20 | |
| 6 |  | \$0 to \$2,461 = \$3 | \$2,462 to \$3,692 = \$5 | \$3,693 to \$4,922 = \$20 | |
| 7 |  | \$0 to \$2,773 = \$3 | \$2,774 to \$4,159 = \$5 | \$4,160 to \$5,545 = \$20 | |
| 8 |  | \$0 to \$3,085 = \$3 | \$3,086 to \$4,627 = \$5 | \$4,628 to \$6,169 = \$20 | |