









CHIP Co-payment — Emergency Room Visit

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 an emergency room visit 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 visit	Monthly Income = Co-pay per visit	Monthly Income = Co-pay per visit
1		\$0 to \$903 = \$3	\$904 to \$1,354 = \$5	\$1,355 to \$1,805 = \$50	
2		\$0 to \$1,215 = \$3	\$1,216 to \$1,822 = \$5	\$1,823 to \$2,429 = \$50	
3		\$0 to \$1,526 = \$3	\$1,527 to \$2,289 = \$5	\$2,290 to \$3,052 = \$50	
4		\$0 to \$1,838 = \$3	\$1,839 to \$2,757 = \$5	\$2,758 to \$3,675 = \$50	
5		\$0 to \$2,150 = \$3	\$2,151 to \$3,224 = \$5	\$3,225 to \$4,299 = \$50	
6		\$0 to \$2,461 = \$3	\$2,462 to \$3,692 = \$5	\$3,693 to \$4,922 = \$50	
7		\$0 to \$2,773 = \$3	\$2,774 to \$4,159 = \$5	\$4,160 to \$5,545 = \$50	
8		\$0 to \$3,085 = \$3	\$3,086 to \$4,627 = \$5	\$4,628 to \$6,169 = \$50	