









## 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	2	Monthly Income = Co-pay per prescription
1			\$0 to \$1,354 = \$0		\$1,355 to \$1,805 = \$5
2			\$0 to \$1,822 = \$0		\$1,823 to \$2,429 = \$5
3			\$0 to \$2,289 = \$0		\$2,290 to \$3,052 = \$5
4			\$0 to \$2,757 = \$0		\$2,758 to \$3,675 = \$5
5			\$0 to \$3,224 = \$0		\$3,225 to \$4,299 = \$5
6			\$0 to \$3,692 = \$0		\$3,693 to \$4,922 = \$5
7			\$0 to \$4,159 = \$0		\$4,160 to \$5,545 = \$5
8			\$0 to \$4,627 = \$0		\$4,628 to \$6,169 = \$5