

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 \$1,530 = \$0	\$1,531 to \$2,021 = \$10	
2		\$0 to \$2,072 = \$0	\$2,073 to \$2,736 = \$10	
3		\$0 to \$2,613 = \$0	\$2,614 to \$3,451 = \$10	
4		\$0 to \$3,153 = \$0	\$3,154 to \$4,163 = \$10	
5		\$0 to \$3,694 = \$0	\$3,695 to \$4,878 = \$10	
6		\$0 to \$4,235 = \$0	\$4,236 to \$5,593 = \$10	
7		\$0 to \$4,775 = \$0	\$4,776 to \$6,306 = \$10	
8		\$0 to \$5,316 = \$0	\$5,317 to \$7,020 = \$10	

*Income is money you get paid before taxes are taken out.

**A family of one might be a child who does not live with a parent or other relative.