

CHIP Income Guidelines Chart

How to use this chart:

Step 1: Locate the number of people in your household.

Step 2: Find the box that matches your household's annual gross income and age of your children.

Step 3: Look down the row to the COST BOX to see your appropriate, average monthly cost per child and the co-payments per child, per visit.

Example: A four-person household with an annual income of \$69,840 will have an average monthly premium of \$65 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2026)

HOUSEHOLD SIZE	Free		Low Cost				Full Cost ages 0-18
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	
1	\$ 25,058 - \$ 33,197	\$ 21,227 - \$ 33,197	\$ 34,314 - \$ 41,816	\$ 33,197 - \$ 41,816	\$ 41,816 - \$ 45,965	\$ 45,965 - \$ 50,115	\$ 50,115 - No Limit
2	\$ 33,975 - \$ 45,012	\$ 28,782 - \$ 45,012	\$ 46,526 - \$ 56,697	\$ 45,012 - \$ 56,697	\$ 56,697 - \$ 62,324	\$ 62,324 - \$ 67,950	\$ 67,950 - No Limit
3	\$ 42,893 - \$ 56,826	\$ 36,336 - \$ 56,826	\$ 58,738 - \$ 71,579	\$ 56,826 - \$ 71,579	\$ 71,579 - \$ 78,682	\$ 78,682 - \$ 85,785	\$ 85,785 - No Limit
4	\$ 51,810 - \$ 68,640	\$ 43,890 - \$ 68,640	\$ 70,950 - \$ 86,460	\$ 68,640 - \$ 86,460	\$ 86,460 - \$ 95,040	\$ 95,040 - \$ 103,620	\$ 103,620 - No Limit
5	\$ 60,728 - \$ 80,455	\$ 51,445 - \$ 80,455	\$ 83,162 - \$ 101,342	\$ 80,455 - \$ 101,342	\$ 101,342 - \$ 111,399	\$ 111,399 - \$ 121,456	\$ 121,456 - No Limit
6	\$ 69,646 - \$ 92,269	\$ 58,999 - \$ 92,269	\$ 95,374 - \$ 116,224	\$ 92,269 - \$ 116,224	\$ 116,224 - \$ 127,757	\$ 127,757 - \$ 139,291	\$ 139,291 - No Limit
7	\$ 78,563 - \$ 104,084	\$ 66,554 - \$ 104,084	\$ 107,586 - \$ 131,105	\$ 104,084 - \$ 131,105	\$ 131,105 - \$ 144,116	\$ 144,116 - \$ 157,126	\$ 157,126 - No Limit
8	\$ 87,481 - \$ 115,898	\$ 74,108 - \$ 115,898	\$ 119,798 - \$ 145,987	\$ 115,898 - \$ 145,987	\$ 145,987 - \$ 160,474	\$ 160,474 - \$ 174,961	\$ 174,961 - No Limit
9	\$ 96,398 - \$ 127,712	\$ 81,662 - \$ 127,712	\$ 132,010 - \$ 160,868	\$ 127,712 - \$ 160,868	\$ 160,868 - \$ 176,832	\$ 176,832 - \$ 192,796	\$ 192,796 - No Limit
10	\$ 105,316 - \$ 139,527	\$ 89,217 - \$ 139,527	\$ 144,222 - \$ 175,750	\$ 139,527 - \$ 175,750	\$ 175,750 - \$ 193,191	\$ 193,191 - \$ 210,632	\$ 210,632 - No Limit

COST

Average monthly premium per child (Effective January 1, 2026)	Free		Low Cost				Full Cost
	\$0	\$0	\$65	\$65	\$91	\$104	
							\$281

CO-PAYMENTS (PER CHILD, PER VISIT)

	Free		Low Cost				Full Cost
Doctor visit	\$ 0	\$ 0	\$ 5	\$ 5	\$ 5	\$ 5	
Brand name prescription	\$ 0	\$ 0	\$ 9	\$ 9	\$ 9	\$ 9	\$ 18
Generic prescription	\$ 0	\$ 0	\$ 6	\$ 6	\$ 6	\$ 6	\$ 10
Specialist visit	\$ 0	\$ 0	\$ 10	\$ 10	\$ 10	\$ 10	\$ 25
Emergency room visits**	\$ 0	\$ 0	\$ 25	\$ 25	\$ 25	\$ 25	\$ 50

*If your income is below any amount listed, your family could be eligible for Medical Assistance. For more details, please call 1-800-986-KIDS.

**Emergency room visit co-pay applies if the child is not admitted for a hospital stay.

(Updated 1/15/26)