

Keystone HMO Children's Health Insurance Program (CHIP) from Independence Blue Cross

No household earns too much to enroll their child

INCOME-BASED MONTHLY PREMIUM*

Family Size	Free CHIP \$0 per child* Ages 1 through 5	Free CHIP \$0 per child* Ages 6 through 18	Low-cost CHIP 1 \$45 per child* Ages 0 to 1	Low-cost CHIP 1 \$45 per child* Ages 1 through 18
	Annual Income	Annual Income	Annual Income	Annual Income
1	\$24,571.01 - \$32,552	\$20,815.01 - \$32,552	\$33,648.01 - \$41,003	\$32,552.01 - \$41,003
2	\$33,206.01 - \$43,992	\$28,130.01 - \$43,992	\$45,473.01 - \$55,413	\$43,992.01 - \$55,413
3	\$41,841.01 - \$55,432	\$35,445.01 - \$55,432	\$57,298.01 - \$69,823	\$55,432.01 - \$69,823
4	\$50,476.01 - \$66,872	\$42,760.01 - \$66,872	\$69,123.01 - \$84,233	\$66,872.01 - \$84,233
5	\$59,111.01 - \$78,312	\$50,075.01 - \$78,312	\$80,948.01 - \$98,643	\$78,312.01 - \$98,643
6	\$67,746.01 - \$89,752	\$57,390.01 - \$89,752	\$92,773.01 - \$113,053	\$89,752.01 - \$113,053
7	\$76,381.01 - \$101,192	\$64,705.01 - \$101,192	\$104,598.01 - \$127,463	\$101,192.01 - \$127,463
8	\$85,016.01 - \$112,632	\$72,020.01 - \$112,632	\$116,423.01 - \$141,873	\$112,632.01 - \$141,873
9	\$93,651.01 - \$124,072	\$79,335.01 - \$124,072	\$128,248.01 - \$156,283	\$124,072.01 - \$156,283
10	\$102,286.01 - \$135,512	\$86,650.01 - \$135,512	\$140,073.01 - \$170,693	\$135,512.01 - \$170,693

Family Size	Low-cost CHIP 2 \$88.88 per child* Ages 0 through 18	Low-cost CHIP 3 \$101.57 per child* Ages 0 to 18	Full-cost CHIP \$286.36 per child* Ages 0 to 18
	Annual Income	Annual Income	Annual Income
1	\$41,003.01 - \$45,072	\$45,072.01 - \$49,141	\$49,141.01 and above
2	\$55,413.01 - \$60,912	\$60,912.01 - \$66,411	\$66,411.01 and above
3	\$69,823.01 - \$76,752	\$76,752.01 - \$83,681	\$83,681.01 and above
4	\$84,233.01 - \$92,592	\$92,592.01 - \$100,951	\$100,951.01 and above
5	\$98,643.01 - \$108,432	\$108,432.01 - \$118,221	\$118,221.01 and above
6	\$113,053.01 - \$124,272	\$124,272.01 - \$135,491	\$135,491.01 and above
7	\$127,463.01 - \$140,112	\$140,112.01 - \$152,761	\$152,761.01 and above
8	\$141,873.01 - \$155,952	\$155,952.01 - \$170,031	\$170,031.01 and above
9	\$156,283.01 - \$171,792	\$171,792.01 - \$187,301	\$187,301.01 and above
10	\$170,693.01 - \$187,632	\$187,632.01 - \$204,571	\$204,571.01 and above

Income guidelines according to the January 16, 2025 Federal Register, effective for Keystone HMO CHIP as of March 1, 2025.

* After earned income and dependent care deductions.

† Premiums effective 7/1/2024. The premium for three or more children is three times (3x) the per-child monthly premium.

NOTE: If your family income falls below these amounts, your local County Assistance Office will notify you that your child may be eligible for Medical Assistance.



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

Independence 

Benefits are underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Find out how much you could pay for your child's health insurance

Keystone HMO CHIP includes in-network coverage for:*			
	Free CHIP: \$0	Low-cost CHIP 1: \$45 per child [†] Low-cost CHIP 2: \$88.88 per child [†] Low-cost CHIP 3: \$101.57 per child [†]	Full-cost CHIP: \$286.36 per child [†]
Deductible	No deductible	No deductible	No deductible
Primary Care Physician (PCP) Office Visits and Retail Health Clinic Visits No copay for well-child visits	\$0 copay per office visit	\$5 copay per office visit	\$15 copay per office visit
Specialist Office Visits Referrals required for Specialist Office Visits No copay for Behavioral Health and Substance Use services	\$0 copay per office visit	\$10 copay per office visit	\$25 copay per office visit
Preventive Care	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
Routine Annual Physical Exams	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
Outpatient Prescription Drugs	\$0 generic/\$0 brand	Retail (31-day supply): \$6 generic/\$9 brand Mail Order (90-day supply): \$12 generic/\$18 brand	Retail (31-day supply): \$10 generic/\$18 brand Mail Order (90-day supply): \$20 generic/\$36 brand
Dental Care, including medically necessary braces	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
Routine Eye Exams, Refractions, and Eyeglasses, or Contact Lenses instead of eyeglasses	\$0 copay per office visit, once per calendar year	\$0 copay per office visit, once per calendar year	\$0 copay per office visit, once per calendar year
Urgent Care Center Visits	\$0 copay per office visit	\$10 copay per office visit	\$25 copay per office visit
Emergency Care Copay waived if admitted. Covered worldwide.	\$0 copay per visit	\$25 copay per visit	\$50 copay per visit
Hospital Services	Covered 100%	Covered 100%	Covered 100%

* Copay amounts apply when using in-network providers.

† Premiums effective 7/1/2024. The premium for three or more children is three times (3x) the per-child monthly premium.

Your managed care plan may not cover all your health care expenses. Please read the Keystone HMO CHIP Benefits Handbook carefully to determine which health care services are covered.

Family size, income, and child's age will determine eligibility for free, low-cost, or full-cost Keystone HMO CHIP coverage.

Keystone HMO CHIP provides medical benefits through a large network of participating physicians and hospitals. United Concordia, an independent company, provides dental benefits through a large network of participating dentists. Routine vision benefits are underwritten by KHPE and administered by Davis Vision, an independent company. KHPE utilizes an independent pharmacy benefits management (PBM) company to manage the administration of its KHPE prescription drug program.

For more information, visit ibx.com/chip or call **1-888-335-3992 (TTY/TDD: 711)**.

