

# 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	\$21,337.01 - \$28,268	\$18,075.01 - \$28,268	\$29,219.01 - \$35,606	\$28,268.01 - \$35,606
2	\$28,747.01 - \$38,085	\$24,353.01 - \$38,085	\$39,367.01 - \$47,973	\$38,085.01 - \$47,973
3	\$36,158.01 - \$47,903	\$30,630.01 - \$47,903	\$49,515.01 - \$60,339	\$47,903.01 - \$60,339
4	\$43,568.01 - \$57,720	\$36,908.01 - \$57,720	\$59,663.01 - \$72,705	\$57,720.01 - \$72,705
5	\$50,978.01 - \$67,538	\$43,186.01 - \$67,538	\$69,811.01 - \$85,072	\$67,538.01 - \$85,072
6	\$58,389.01 - \$77,356	\$49,463.01 - \$77,356	\$79,959.01 - \$97,438	\$77,356.01 - \$97,438
7	\$65,799.01 - \$87,173	\$55,741.01 - \$87,173	\$90,107.01 - \$109,805	\$87,173.01 - \$109,805
8	\$73,210.01 - \$96,991	\$62,018.01 - \$96,991	\$100,255.01 - \$122,171	\$96,991.01 - \$122,171
9	\$80,620.01 - \$106,808	\$68,296.01 - \$106,808	\$110,403.01 - \$134,537	\$106,808.01 - \$134,537
10	\$88,030.01 - \$116,626	\$74,574.01 - \$116,626	\$120,551.01 - \$146,904	\$116,626.01 - \$146,904

Family Size	Low-cost CHIP 2 \$88.42 per child† Ages 0 through 18	Low-cost CHIP 3 \$101.05 per child† Ages 0 to 18	Full-cost CHIP \$340.76 per child† Ages 0 to 18
	Annual Income	Annual Income	Annual Income
1	\$35,606.01 - \$39,140	\$39,140.01 - \$42,673	\$42,673.01 and above
2	\$47,973.01 - \$52,733	\$52,733.01 - \$57,494	\$57,494.01 and above
3	\$60,339.01 - \$66,327	\$66,327.01 - \$72,315	\$72,315.01 and above
4	\$72,705.01 - \$79,920	\$79,920.01 - \$87,135	\$87,135.01 and above
5	\$85,072.01 - \$93,514	\$93,514.01 - \$101,956	\$101,956.01 and above
6	\$97,438.01 - \$107,108	\$107,108.01 - \$116,777	\$116,777.01 and above
7	\$109,805.01 - \$120,701	\$120,701.01 - \$131,598	\$131,598.01 and above
8	\$122,171.01 - \$134,295	\$134,295.01 - \$146,419	\$146,419.01 and above
9	\$134,537.01 - \$147,888	\$147,888.01 - \$161,239	\$161,239.01 and above
10	\$146,904.01 - \$161,482	\$161,482.01 - \$176,060	\$176,060.01 and above

Income guidelines according to the January 21, 2022 Federal Register, effective for Keystone HMO CHIP as of March 1, 2022.

\* After earned income and dependent care deductions.

† Premiums effective 7/1/2021. 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 child may be eligible for Medical Assistance. If your child appears to be eligible for Medical Assistance, Independence Blue Cross will forward your child's application to the County Assistance Office.



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

Keystone Health Plan East (KHPE) Children's Health Insurance Program (CHIP) coverage includes in-network coverage for:\*

	Free CHIP: \$0	Low-cost CHIP 1: \$45 per child <sup>†</sup> Low-cost CHIP 2: \$88.42 per child <sup>†</sup> Low-cost CHIP 3: \$101.05 per child <sup>†</sup>	Full-cost CHIP: \$340.76 per child <sup>†</sup>
<b>Deductible</b>	No deductible	No deductible	No deductible
<b>Primary Care Physician (PCP) Office Visits and Retail Health Clinic Visits</b> No copay for well-child visits	\$0 copay per office visit	\$5 copay per office visit	\$15 copay per office visit
<b>Specialist Office Visits</b> 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
<b>Preventive Care</b>	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
<b>Routine Annual Physical Exams</b>	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
<b>Outpatient Prescription Drugs</b>	\$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
<b>Dental Care, including medically necessary braces</b>	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
<b>Routine Eye Exams, Refractions, and Eyeglasses, or Contact Lenses instead of eyeglasses</b>	\$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
<b>Urgent Care Center Visits</b>	\$0 copay per office visit	\$10 copay per office visit	\$25 copay per office visit
<b>Emergency Care</b> Copay waived if admitted. Covered worldwide.	\$0 copay per visit	\$25 copay per visit	\$50 copay per visit
<b>Hospital Services</b>	Covered 100%	Covered 100%	Covered 100%

\* Copay amounts apply when using in-network providers.

† Premiums effective 7/1/2021. The premium for three or more children is three times (3x) the per-child monthly premium.

**This is only a summary. Please refer to the Plan Contract for more information.**

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 Dental provides 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, FutureScripts®, to manage the administration of its KHPE prescription drug program.

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

