

APPENDIX Q

CHARGE 6

CHIP Cost Sharing Requirements

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% of Federal Poverty Level	Enrollment Fee	Monthly Premium per Family	Copays			Annual Coinsurance and Deductibles
			Office Visit	Emergency Room	Generic/ Brand Name	
186-200%	\$18	\$18	\$10	\$35	\$5/\$10	\$200 inpatient hospital \$50 outpatient hospital
151-185%	\$15	\$15	\$5	\$25	\$5/\$10	\$0
134-150%	\$15	\$0	\$2	\$5	\$1-\$2 varies \$100 annual cap per family	\$0
100-133%	\$15	\$0	\$2	\$5	\$1-\$2 varies \$100 annual cap per family	\$0
Under 100%	\$0	\$0	\$0	\$0	\$0	\$0