

2025 CHIP Federal Income Guidelines and Copayment Chart

Income*

	Free Coverage		Subsidized Coverage 1		Subsidized Coverage 2	Subsidized Coverage 3	Full-Cost
Family Size	Ages 1-5	Ages 6-18	Ages 0-1	Ages 1-18	Ages 0-18	Ages 0-18	Ages 0-18
	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level
1	\$24,571-\$32,552	\$20,815-\$32,552	\$33,648-\$41,003	\$32,552-\$41,003	\$41,003-\$45,072	\$45,072-\$49,141	\$49,141-No Limit
2	\$33,206-\$43,992	\$28,130-\$43,992	\$45,473-\$55,413	\$43,992-\$55,413	\$55,413-\$60,912	\$60,912-\$66,411	\$66,411-No Limit
3	\$41,841-\$55,432	\$35,445-\$55,432	\$57,298-\$69,823	\$55,432-\$69,823	\$69,823-\$76,752	\$76,752-\$83,681	\$83,681-No Limit
4	\$50,476-\$66,872	\$42,760-\$66,872	\$69,123-\$84,233	\$66,872-\$84,233	\$84,233-\$92,592	\$92,592-\$100,951	\$100,951-No Limit
5	\$59,111-\$78,312	\$50,075-\$78,312	\$80,948-\$98,643	\$78,312-\$98,643	\$98,643-\$108,432	\$108,432-\$118,221	\$118,221-No Limit
6	\$67,746-\$89,752	\$57,390-\$89,752	\$92,773-\$113,053	\$89,752-\$113,053	\$113,053-\$124,272	\$124,272-\$135,491	\$135,491-No Limit
7	\$76,381-\$101,192	\$64,705-\$101,192	\$104,598-\$127,463	\$101,192-\$127,463	\$127,463-\$140,112	\$140,112-\$152,761	\$152,761-No Limit
8	\$85,016-\$112,632	\$72,020-\$112,632	\$116,423-\$141,873	\$112,632-\$141,873	\$141,873-\$155,952	\$155,952-\$170,031	\$170,031-No Limit
9	\$93,651-\$124,072	\$79,335-\$124,072	\$128,248-\$156,283	\$124,072-\$156,283	\$156,283-\$171,792	\$171,792-\$187,301	\$187,301-No Limit
10	\$102,286-\$135,512	\$86,650-\$135,512	\$140,073-\$170,693	\$135,512-\$170,693	\$170,693-\$187,632	\$187,632-\$204,571	\$204,571-No Limit
+ person	\$8,635-\$11,440	\$7,315-\$11,440	\$11,825-\$14,410	\$11,440-\$14,410	\$14,410-\$15,840	\$15,840-\$17,270	\$17,270

Copayment Amounts (Per Child Per Visit)

Service Type	Free Coverage	Subsidized Coverage 1	Subsidized Coverage 2	Subsidized Coverage 3	Full-Cost
Doctor visit	\$0	\$5	\$5	\$5	\$15
Brand-name prescription	\$0	\$9	\$9	\$9	\$18
Specialist visit	\$0	\$10	\$10	\$10	\$25
Emergency room visit**	\$0	\$25	\$25	\$25	\$50
Generic prescription	\$0	\$6	\$6	\$6	\$10

*If your income is below any amount listed, your family could be eligible for Medicaid. For more information, please call 1-800-986-KIDS (5437). **Emergency room visit copay applies if the child is not admitted for a hospital stay.

The bottom income limit for CHIP forms the upper income limit for Medicaid. The Affordable Care Act permits an income disregard of 5% of the upper Medicaid limit for applicants with incomes near the limit. This provision could result in some CHIP applicants being referred to the Department of Human Services if the household income is near the upper Medicaid limit. Income guidelines according to the Jan. 16, 2025, Federal Register. Federal Poverty Income Guidelines are effective for CHIP March 1, 2025

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-445-1920 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-445-1920 (TTY 711) o hable con su proveedor.

注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-445-1920（文本电话：711）或咨询您的服务提供商。

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