



Proposed Federal Income Guidelines for Determining CHIP Eligibility for All Children

	Free Coverage For Ages 0 to 1	Free Coverage For Ages 1 thru 5	Free Coverage For Ages 6 thru 18	Subsidized Coverage Group 1 For Ages 0 thru 18	Subsidized Coverage Group 2 For Ages 0 thru 18	Subsidized Coverage Group 3 For Ages 0 thru 18	At Cost For Ages 0 thru 18
Premium				\$25 per child per month	\$40 per child per month	\$50 per child per month	\$179 per child per month*
Family Size	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level
1	\$ 20,036 - \$ 21,660	\$ 14,404 - \$ 21,660	\$ 10,830 - \$ 21,660	\$ 21,661 - \$ 27,075	\$ 27,076 - \$ 29,783	\$ 29,784 - \$ 32,490	\$ 32,491 - No Limit
2	\$ 26,955 - \$ 29,140	\$ 19,379 - \$ 29,140	\$ 14,570 - \$ 29,140	\$ 29,141 - \$ 36,425	\$ 36,426 - \$ 40,068	\$ 40,069 - \$ 43,710	\$ 43,711 - No Limit
3	\$ 33,874 - \$ 36,620	\$ 24,353 - \$ 36,620	\$ 18,310 - \$ 36,620	\$ 36,621 - \$ 45,775	\$ 45,776 - \$ 50,353	\$ 50,354 - \$ 54,930	\$ 54,931 - No Limit
4	\$ 40,793 - \$ 44,100	\$ 29,327 - \$ 44,100	\$ 22,050 - \$ 44,100	\$ 44,101 - \$ 55,125	\$ 55,126 - \$ 60,638	\$ 60,639 - \$ 66,150	\$ 66,151 - No Limit
5	\$ 47,712 - \$ 51,580	\$ 34,301 - \$ 51,580	\$ 25,790 - \$ 51,580	\$ 51,581 - \$ 64,475	\$ 64,476 - \$ 70,923	\$ 70,924 - \$ 77,370	\$ 77,371 - No Limit
6	\$ 54,631 - \$ 59,060	\$ 39,275 - \$ 59,060	\$ 29,530 - \$ 59,060	\$ 59,061 - \$ 73,825	\$ 73,826 - \$ 81,208	\$ 81,209 - \$ 88,590	\$ 88,591 - No Limit
7	\$ 61,550 - \$ 66,540	\$ 44,250 - \$ 66,540	\$ 33,270 - \$ 66,540	\$ 66,541 - \$ 83,175	\$ 83,176 - \$ 91,493	\$ 91,494 - \$ 99,810	\$ 99,811 - No Limit
8	\$ 68,469 - \$ 74,020	\$ 49,224 - \$ 74,020	\$ 37,010 - \$ 74,020	\$ 74,021 - \$ 92,525	\$ 92,526 - \$ 101,778	\$ 101,779 - \$ 111,030	\$ 111,031 - No Limit
Copays**	\$0			\$5 Primary Care Physician visit (exclude well baby/ well child visits) \$10 Specialist Visit \$25 Emergency Room Visit (waived if admitted) \$9 Brand-name Prescription \$6 Generic Prescription			\$15 Primary Care Physician visit \$25 Specialist Visit \$50 Emergency Room Visit (waived if admitted) \$18 Brand-name Prescription \$10 Generic Prescription

Income Guidelines according to January 23, 2009 Federal Register

Toll-free AMERICHOICE CHIP Helpline 1-877-289-1917

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