

CHIP Cost-Sharing		
	Effective September 1, 2007 through February 28, 2011	Increases Effective March 1, 2011
Enrollment Fees (for 12-month enrollment period):	Charge	Charge
At or below 150 % of FPL*	\$0	\$0
Above 150% up to and including 185% of FPL	\$35	\$35
Above 185% up to and including 200% of FPL	\$50	\$50
Co-Pays (per visit):		
At or below 100% of FPL	Charge	Charge
Office Visit	\$3	\$3
Non-Emergency ER	\$3	\$3
Generic Drug	\$0	\$0
Brand Drug	\$3	\$3
Cost-sharing Cap	1.25% (of family's income)**	1.25% (of family's income)**
Facility Co-pay, Inpatient	\$10	\$10
Above 100% up to and including 150% of FPL	Charge	Charge
Office Visit	\$5	\$5
Non-Emergency ER	\$5	\$5
Generic Drug	\$0	\$0
Brand Drug	\$5	\$5
Cost-sharing Cap	1.25% (of family's income)**	1.25% (of family's income)**
Facility Co-pay, Inpatient (per admission)	\$25	\$25
Above 150% up to and including 185% of FPL	Charge	Charge
Office Visit	\$7	\$12
Non-Emergency ER	\$50	\$50
Generic Drug	\$5	\$8
Brand Drug	\$20	\$25
Cost-sharing Cap	2.5% (of family's income)**	2.5% (of family's income)**
Facility Co-pay, Inpatient (per admission)	\$50	\$50
Above 185% up to and including 200% of FPL	Charge	Charge
Office Visit	\$10	\$16
Non-Emergency ER	\$50	\$50
Generic Drug	\$5	\$8
Brand Drug	\$20	\$25
Cost-sharing Cap	2.5% (of family's income)**	2.5% (of family's income)**
Facility Co-pay, Inpatient (per admission)	\$100	\$100

* The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

** Per 12-month term of coverage.