

<b>CHIP COST SHARING</b>	
<b>Enrollment Fees (for 12-month enrollment period):</b>	<b>Effective September 1, 2015**</b>
<b>Federal Poverty Level (FPL)</b>	<b>Charge</b>
<b>At or below 198% of FPL*</b>	\$0
<b>Above 198% up to and including 202% of FPL</b>	\$35
<b>Above 202% up to and including 202% of FPL</b>	\$50
<b>Co-Pays (per visit):</b>	
<b>At or below 100% of FPL</b>	<b>Charge</b>
Office Visit	\$3
Non-Emergency ER	\$3
Generic Drug	\$0
Brand Drug	\$3
Facility Co-pay, Inpatient	\$15
Cost-sharing Cap	5% (of family's income)***
<b>Above 100% up to and including 198% FPL</b>	<b>Charge</b>
Office Visit	\$5
Non-Emergency ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Facility Co-pay, Inpatient	\$35
Cost-sharing Cap	5% (of family's income)***
<b>Above 198% up to and including 202% FPL</b>	<b>Charge</b>
Office Visit	\$20
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient	\$75
Cost-sharing Cap	5% (of family's income)***
<b>Above 202% up to and including 202% FPL</b>	<b>Charge</b>
Office Visit	\$25
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient	\$125
Cost-sharing Cap	5% (of family's income)***
<p>*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.</p> <p>**Effective March 1, 2012, CHIP Members will be required to pay an office visit copayment for each non-preventive dental visit.</p> <p>***Per 12-month term of coverage.</p>	

**What are the CHIP Perinate Newborn benefits?**

Please see the "CHIP Perinate Newborn Evidence of Coverage Benefits" book that came with your handbook. It explains what benefits are covered. It also explains the limits to covered benefits.