

CHIP Cost-Sharing	
Effective January 1, 2014**	
Enrollment Fees (for 12-month enrollment period):	
Charge	
At or below 151% of FPL *	\$0
Above 151% up to and including 186% of FPL	\$35
Above 186% up to and including 201% of FPL	\$50
Co-Pays (per visit):	
At or below 100% of FPL	Charge
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)***
Above 100% up to and including 151% FPL	Charge
Office Visit	\$5
Non-Emergency ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Facility Co-pay, Inpatient (per admission)	\$35
Cost-sharing Cap	5% (of family's income)***
Above 151% up to and including 186% FPL	Charge
Office Visit	\$20
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient (per admission)	\$75
Cost-sharing Cap	5% (of family's income)***
Above 186% up to and including 201% FPL	Charge
Office Visit	\$25
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient (per admission)	\$125
Cost-sharing Cap	5% (of family's income)***