

At or Below 100% of FPL	Previous Charges	Charges Effective March 1, 2012*
Enrollment Fee	\$0	\$0
Monthly Premium	\$0	\$0
Office Visit	\$0	\$3
ER	\$3	\$3
Generic Drug	\$0	\$0
Brand Drug	\$3	\$3
Co-Pay Cap	\$100	5% (of family's income)
Deductible, Non-Institutional	\$0	\$0
Deductible, Institutional	\$0	\$0
Facility Co-Pay, Inpatient	\$0	\$15
Facility Co-Pay, Outpatient	\$0	\$0
101% to 150% of FPL	Previous Charges	Charges Effective March 1, 2012*
Enrollment Fee	\$15 per year/per family	\$0
Monthly Premium	\$0	\$15*
Office Visit	\$2	\$5
ER	\$5	\$5
Generic Drug	\$0	\$0
Brand Drug	\$5	\$5
Co-Pay Cap	\$100	5% (of family's income)
Deductible, Non-Institutional	\$0	\$0
Deductible, Institutional	\$0	\$0
Facility Co-Pay, Inpatient	\$25	\$35
Facility Co-Pay, Outpatient	\$0	\$0
151% to 185% of FPL	Previous Charges	Charges Effective March 1, 2012*
Enrollment Fee	\$15 per year/per family	\$35
Monthly Premium	\$15 per month/family	\$20 per month/family
Office Visit	\$5	\$20
ER	\$50	\$75
Generic Drug	\$5	\$10
Brand Drug	\$20	\$35
Co-Pay Cap	5% (of family's income)	5% (of family's income)
Deductible, Non-Institutional	\$0	\$0
Deductible, Institutional	\$0	\$0
Facility Co-Pay, Inpatient	\$50	\$75
Facility Co-Pay, Outpatient	\$0	\$0
186% to 200% of FPL	Previous Charges	Charges Effective March 1, 2012*
Enrollment Fee	\$18 (1st month's premium)	\$50
Monthly Premium	\$18 per month/family	\$25 per month/family
Office Visit	\$10	\$25
ER	\$50	\$75
Generic Drug	\$5	\$10
Brand Drug	\$20	\$35
Co-Pay Cap	5% (of family's income)	5% (of family's income)
Deductible, Non-Institutional	\$0	\$0
Deductible, Institutional	\$0	\$0
Facility Co-Pay, Inpatient	\$100	\$125 (per admission)
Facility Co-Pay, Outpatient	\$0	\$0

*Effective March 1, 2012, CHIP members will be required to pay an office visit copayment for each non-preventive dental visit.