

Find out how much you could pay for your child's health insurance

Keystone Health Plan East (KHPE)
Children's Health Insurance Program (CHIP) coverage includes in-network coverage for:*

	Free CHIP: \$0	Low-cost CHIP 1: \$45 per child [†] Low-cost CHIP 2: \$93.44 per child [†] Low-cost CHIP 3: \$106.79 per child [†]	Full-cost CHIP: \$383.06 per child [†]
Deductible	No deductible	No deductible	No deductible
Primary Care Physician (PCP) Office Visits and Retail Health Clinic Visits No copay for well-child visits	\$0 copay per office visit	\$5 copay per office visit	\$15 copay per office visit
Specialist Office Visits Referrals required for Specialist Office Visits No copay for Behavioral Health and Substance Use services	\$0 copay per office visit	\$10 copay per office visit	\$25 copay per office visit
Preventive Care	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
Routine annual physical exams	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
Outpatient Prescription Drugs	\$0 generic/\$0 brand	Retail (31-day supply): \$6 generic/\$9 brand Mail Order (90-day supply): \$12 generic/\$18 brand	Retail (31-day supply): \$10 generic/\$18 brand Mail Order (90-day supply): \$20 generic/\$36 brand
Dental Care, including medically necessary braces	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
Routine eye exams, refractions, and eyeglasses, or contact lenses instead of eyeglasses	\$0 copay per office visit, once per calendar year	\$0 copay per office visit, once per calendar year	\$0 copay per office visit, once per calendar year
Urgent Care Center Visits	\$0 copay per office visit	\$10 copay per office visit	\$25 copay per office visit
Emergency Care Copay waived if admitted. Covered worldwide.	\$0 copay per visit	\$25 copay per visit	\$50 copay per visit
Hospital Services	Covered 100%	Covered 100%	Covered 100%

* Copay amounts are when using in-network.

† The premium for three or more children is three times (3x) the per-child monthly premium.

This is only a summary. Please refer to the Plan Contract for more information.

Depending on family size, child's age, and income, eligible children are provided with free, low-cost, or full-cost CHIP insurance through KHPE HMO.

KHPE HMO provides medical benefits through a large network of participating physicians and hospitals. United Concordia provides dental benefits through a large network of participating dentists.

For more information, visit ibx.com/chip or call **1-800-464-5437**.



Children's Health Insurance Program* from Independence Blue Cross

No household makes too much to enroll their child

INCOME-BASED MONTHLY PREMIUM**

Family Size	Free CHIP \$0 per child† Ages 1 through 5	Free CHIP \$0 per child† Ages 6 through 18	Low-cost CHIP 1 \$45 per child† Ages 0 to 1	Low-cost CHIP 1 \$45 per child† Ages 1 through 18
	Annual Income	Annual Income	Annual Income	Annual Income
1	\$19,610.01 – \$25,980	\$16,612.01 – \$25,980	\$26,854.01 – \$32,724	\$25,980.01 – \$32,724
2	\$26,549.01 – \$35,173	\$22,491.01 – \$35,173	\$36,357.01 – \$44,305	\$35,173.01 – \$44,305
3	\$33,489.01 – \$44,367	\$28,369.01 – \$44,367	\$45,860.01 – \$55,885	\$44,367.01 – \$55,885
4	\$40,428.01 – \$53,560	\$34,248.01 – \$53,560	\$55,363.01 – \$67,465	\$53,560.01 – \$67,465
5	\$47,367.01 – \$62,754	\$40,127.01 – \$62,754	\$64,866.01 – \$79,046	\$62,754.01 – \$79,046
6	\$54,307.01 – \$71,948	\$46,005.01 – \$71,948	\$74,369.01 – \$90,626	\$71,948.01 – \$90,626
7	\$61,246.01 – \$81,141	\$51,884.01 – \$81,141	\$83,872.01 – \$102,207	\$81,141.01 – \$102,207
8	\$68,186.01 – \$90,335	\$57,762.01 – \$90,335	\$93,375.01 – \$113,787	\$90,335.01 – \$113,787
9	\$75,125.01 – \$99,528	\$63,641.01 – \$99,528	\$102,878.01 – \$125,367	\$99,528.01 – \$125,367
10	\$82,064.01 – \$108,722	\$69,520.01 – \$108,722	\$112,381.01 – \$136,948	\$108,722.01 – \$136,948

Family Size	Low-cost CHIP 2 \$93.44 per child† Ages 0 through 18	Low-cost CHIP 3 \$106.79 per child† Ages 0 to 18	Full-cost CHIP \$383.06 per child† Ages 0 to 18
	Annual Income	Annual Income	Annual Income
1	\$32,724.01 – \$35,972	\$35,972.01 – \$39,219	\$39,219.01 and above
2	\$44,305.01 – \$48,701	\$48,701.01 – \$53,098	\$53,098.01 and above
3	\$55,885.01 – \$61,431	\$61,431.01 – \$66,977	\$66,977.01 and above
4	\$67,465.01 – \$74,160	\$74,160.01 – \$80,855	\$80,855.01 and above
5	\$79,046.01 – \$86,890	\$86,890.01 – \$94,734	\$94,734.01 and above
6	\$90,626.01 – \$99,620	\$99,620.01 – \$108,613	\$108,613.01 and above
7	\$102,207.01 – \$112,349	\$112,349.01 – \$122,492	\$122,492.01 and above
8	\$113,787.01 – \$125,079	\$125,079.01 – \$136,371	\$136,371.01 and above
9	\$125,367.01 – \$137,808	\$137,808.01 – \$150,249	\$150,249.01 and above
10	\$136,948.01 – \$150,538	\$150,538.01 – \$164,128	\$164,128.01 and above

FPL 2/2019 Income guidelines according to the February 1, 2019 Federal Register, effective for CHIP as of March 1, 2019.

* CHIP

** After earned income and dependent care deductions

† The premium for three or more children is three times (3x) the per-child monthly premium

NOTE: If your family income falls below these amounts, your child may be eligible for Medical Assistance. If your child appears to be eligible for Medical Assistance, Independence Blue Cross will forward your child's application to the County Assistance Office.

