

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.

