

CHIP Cost-Sharing	
	Effective July 1, 2022
Enrollment Fees (for 12-month enrollment period):	
	Charge
At or below 151% of FPL* or otherwise exempt from cost-sharing.	\$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 151% FPL	Charge
Office Visit (non-preventative) <i>No Co-Pay is applied for MH/SUD Office Visits.</i>	\$5
Non-Emergency ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Facility Co-pay, Inpatient (per admission) <i>No Co-Pay is applied for MH/SUD residential treatment services.</i>	\$35
Cost-sharing Cap	5% (of family's income)**
Above 151% up to and including 186% FPL	Charge
Office Visit (non-preventative) <i>No Co-Pay is applied for MH/SUD Office Visits.</i>	\$20
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$25 for insulin, \$35 for all other drugs***
Facility Co-pay, Inpatient (per admission) <i>No Co-Pay is applied for MH/SUD residential treatment services.</i>	\$75
Cost-sharing Cap	5% (of family's income)**
Above 186% up to and including 201% FPL	Charge
Office Visit (non-preventative) <i>No Co-Pay is applied for MH/SUD Office Visits.</i>	\$25

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Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$25 for insulin, \$35 for all other drugs***
Facility Co-pay, Inpatient (per admission) No Co-Pay is applied for MH/SUD residential treatment services.	\$125
Cost-sharing Cap	5% (of family's income)**

*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

**Per 12-month term of coverage.

***Copays for insulin cannot exceed \$25 per prescription for a 30-day supply, in accordance with Section 1358.103 of the Texas Insurance Code.