WHO IS ELIGIBLE?

CHILDREN WHO ARE:
• Under age 19
• New York State residents
• Not eligible for Medicaid
• Not covered by other health insurance
• Not eligible for or enrolled in health coverage through a state health benefits program (NYSHIP)
• Children may be eligible regardless of immigration status

WHAT’S COVERED?
• Well-child visits
• Physical exams
• Immunizations
• Lab and imaging services
• Emergency services
• Prescription drugs
• Non-prescription drugs, if ordered by a physician
• Inpatient hospital care
• Short-term therapeutic outpatient services (chemotherapy, hemodialysis)
• Inpatient and outpatient mental health and substance abuse disorder services
• Dental and Vision services
• Speech and Hearing services
• Durable Medical Equipment
• Hospice

CONTACT US:
nystateofhealth.ny.gov  |  1-855-355-5777 or TTY 1-800-662-1220
如果您使用的语言不是英语，您可以使用我们的免费语言支援服务。请致电 1-855-355-5777 (TTY: 1-800-662-1220)。
HOW MUCH DOES A CHILD HEALTH PLUS PLAN COST?

MONTHLY PREMIUMS: Monthly price depends on household income and family size.* There is no monthly premium for families with lower incomes. Families with higher incomes pay a monthly premium, according to the chart below. For larger families, the monthly fee is capped at three children. Families with incomes above the level for subsidized coverage may pay the full premium which varies by participating health plan.

COST SHARING: Child Health Plus has no annual deductible and no co-payments.

<table>
<thead>
<tr>
<th>Maximum Annual Income by Family Size</th>
<th>Monthly Family Contribution Per Child (max number of children you pay for is 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 less than $19,984</td>
<td>$0</td>
</tr>
<tr>
<td>2 less than $27,056</td>
<td>$9 (max $27)</td>
</tr>
<tr>
<td>3 less than $34,128</td>
<td>$15 (max $45)</td>
</tr>
<tr>
<td>4 less than $41,200</td>
<td>$30 (max $90)</td>
</tr>
<tr>
<td>5 over $49,960 and less than $67,640</td>
<td>$45 (max $135)</td>
</tr>
<tr>
<td>6 over $67,640</td>
<td>$60 (max $180)</td>
</tr>
<tr>
<td>7 over $85,320 and less than $103,000</td>
<td>Full premium, varies by health plan</td>
</tr>
<tr>
<td>8 over $103,000</td>
<td></td>
</tr>
</tbody>
</table>

*Based on 2019 Federal Poverty Levels (FPL). Income Levels may be adjusted each year based on FPL changes.