



Child Health Plus At a Glance

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

NY State of Health complies with applicable Federal civil rights laws and state laws, and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

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

Si usted habla un idioma diferente al inglés, **los servicios de asistencia de idioma están disponibles gratis para usted. Llame al 1-855-355-5777 (TTY: 1-800-662-1220).**

如果您使用的語言不是英語，您可以使用我們的免費語言支援服務。請致電 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.

Maximum Annual Income by Family Size				Monthly Family Contribution Per Child (max number of children you pay for is 3)
1	2	3	4	
less than \$20,416	less than \$27,584	less than \$34,752	less than \$41,920	\$0
\$28,328	\$38,273	\$48,219	\$58,164	\$9 (max \$27)
\$31,900	\$43,100	\$54,300	\$65,500	\$15 (max \$45)
\$38,280	\$51,720	\$65,160	\$78,600	\$30 (max \$90)
\$44,660	\$60,340	\$76,020	\$91,700	\$45 (max \$135)
\$51,040	\$68,960	\$86,880	\$104,800	\$45 (max \$180)
over \$51,040	over \$68,960	over \$86,880	over \$104,800	Full premium, varies by health plan

*Based on 2020 Federal Poverty Levels (FPL). Income Levels may be adjusted each year based on FPL changes.