## Keep Your Children Healthy



## Depending on your family's income and size you may have a monthly premium for your child's coverage.

### To qualify, a child must be:

- Under 19
- Have no other insurance
- · Be a U.S. citizen or legal resident
- Meet household income guidelines

#### Your child can be covered for:

- Immunizations
- Well-child visits
- Hospitalization
- Doctor visits
- Dental care
- Prescriptions
- Vision care
- · And other benefits

**To use chart:** Look up family size (all adults and children living in the household).

Family Size	2014 Monthly Income 185% FPG*
1	\$1,799
2	\$2,425
3	\$3,051
4	\$3,677
5	\$4,303
6	\$4,929
7	\$5,555
8	\$6,181
Each Additional	\$643

<sup>\*</sup>Federal Poverty Guidelines (FPG) are updated annually in February. Depending on your family's income and size, you may have a monthly premium for your child's covergae

# IF YOU DON'T HAVE HEALTH INSURANCE FOR YOUR CHILDREN, LOW-COST OR NO-COST HEALTH CARE COVERAGE MAY BE AVAILABLE FOR THEM.

## **Wellness Program**

If you pay a premium of \$10 or \$15 per month for your child's health coverage through the Idaho Health Plan, your child will qualify for the Wellness Program.

The Wellness Program will waive \$10 per month of your premium if you keep your child up to date on:

- Immunizations
- Well-child checkups

### Co-Pay

Some participants of the Idaho Health Plan are required to pay co-pays. The visits which may require a co-pay are:

- Doctor
- Physical Therapy
- Optometrist
- Occupational Therapy
- Podiatrists
- Speech Therapy

\*Your doctor will tell you if a co-pay is required for your visit. Co-pays are \$3.65 per visit. Visits for well checkups and immunizations have no co-pay.

Idaho Health Plan for Children





For more information or to get an application, contact 2-1-1 or visit our web site at www.healthandwelfare.idaho.gov.