

# Children's Health Insurance Program (CHIP)

## medical copay summary



Molina: 1-888-483-0760

Select Health: 1-800-538-5038

Healthy U: 1-833-404-4300

<b>Medical Benefits</b> (per plan year)	<b>Copay Plan B*</b> (member responsibility)	<b>Copay Plan C*</b> (member responsibility)
<b>Out-of-pocket maximum</b>	5% of family's annual gross income, including dental expenses**	5% of family's annual gross income, including dental expenses**
<b>Deductible</b>	\$70/family	\$575/child; \$1,600/family
<b>Well-child exams</b>	\$0	\$0
<b>Immunizations</b>	\$0	\$0
<b>Doctor visits</b>	\$5	\$25
<b>Specialist visits</b>	\$5	\$40
<b>Emergency room</b>	\$10	20% after deductible; minimum \$150 per visit
<b>Ambulance</b>	5% of approved amount after deductible	20% of approved amount after deductible
<b>Urgent care center</b>	\$5	\$45
<b>Ambulatory surgical &amp; outpatient hospital</b>	5% of approved amount after deductible	20% of approved amount after deductible
<b>Inpatient hospital services</b>	\$150 after deductible	20% of approved amount after deductible
<b>Lab &amp; x-ray</b>	\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
<b>Surgeon</b>	5% of approved amount	20% of approved amount after deductible
<b>Anesthesiologist</b>	5% of approved amount	20% of approved amount after deductible
<b>Prescriptions</b>		
-preferred generic drugs	- \$5	- \$15
-preferred brand name drugs	- 5% of approved amount	- 25% of approved amount
-non-preferred drugs	- 5% of approved amount	- 50% of approved amount
<b>Mental health &amp; substance use disorder</b>		
-inpatient	- \$150 after deductible	- 20% of approved amount after deductible
-outpatient, office visit & urgent care center	- \$0	- \$0
<b>Residential treatment</b>	\$0	\$0
<b>Physical therapy</b>	\$5 (Combined 20 visit limit per year)	\$40 after deductible
<b>Occupational therapy</b>		(Combined 20 visit limit per year)
<b>Speech therapy</b>		
<b>Applied Behavior Analysis (ABA)</b>	\$0	\$0
-treatment of autism spectrum disorder		
<b>Chiropractic visits</b>	Not a covered benefit	Not a covered benefit
<b>Home health &amp; hospice care</b>	5% of approved amount after deductible	20% of approved amount after deductible
<b>Medical equipment &amp; medical supplies</b>	10% of approved amount after deductible	25% of approved amount after deductible
<b>Diabetes education</b>	\$0	\$0
<b>Vision screening</b>	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)
<b>Hearing screening</b>	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)

\*American Indian/Alaska Natives will not be charged copays or a deductible.

\*\* CHIP will send you an approval letter telling you the approximate out-of-pocket maximum amount for your family.

# Children's Health Insurance Program (CHIP)

## dental copay summary



Premier Access: 1-877-854-4242

<b>Dental benefits</b> (per plan year)	<b>Copay Plan B*</b> (member responsibility)	<b>Copay Plan C*</b> (member responsibility)
<b>Deductible</b>	\$0	\$50/child; \$150/family
<b>Preventive services</b> - routine exams - cleanings (2 per year) - topical fluoride - x-rays	\$0	\$0
<b>Basic services</b> - fillings - extractions - oral surgery - endodontics - periodontics	5% of approved amount	20% of approved amount after deductible
<b>Major services</b> - crowns - bridges - dentures	5% of approved amount	50% of approved amount after deductible
<b>Orthodontics</b> - requires prior authorization - covered once per lifetime - covered only if medically necessary	5% of approved amount Requires prior authorization	50% of approved amount Requires prior authorization
<b>Specialists</b> - endodontists - oral surgeons - periodontists - pediatric specialists - prosthodontists	5% of approved amount	Talk to your dental plan for an estimate of additional charges.

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