

CHIP Co-Pay Plan A	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$0
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	None
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$3
Specialist Visits	\$3
Emergency Room	\$3
Ambulance	5% of approved amount
Urgent Care Center	\$3
Ambulatory Surgical & Outpatient Hospital	\$3
Inpatient Hospital Services	\$50
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; \$3 for major diagnostic tests and x-rays
Surgeon	\$0
Anesthesiologist	\$0
Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug	- \$1 - \$1 - 5% of approved amount
Mental Health Services Inpatient & Outpatient Facility Office Visit	- \$50 - \$3
Residential Treatment	5% of approved amount (25 day limit per year)
Physical Therapy	\$3 (20 visit limit per year)
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	\$3
Medical Equipment & Supplies	\$3
Diabetes Education	\$0
Vision Screening	\$3 (1 visit limit per year)
Hearing Screening	\$3 (1 visit limit per year)
Dental Benefits	
Deductible	\$0
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per plan year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	\$0
Basic Services - Fillings, extractions, oral surgery, endodontics, periodontics	\$0
Major Services - Crowns, bridges, dentures	5% of approved amount
Orthodontics - Covered ONLY if medically necessary	5% of approved amount (\$1,000 lifetime maximum**). Requires Prior Authorization.
Specialists - Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists	5% of approved amount

* CHIP will send you an approval letter, telling you your family's approximate out-of-pocket maximum amount.

** Orthodontic services are not included in the annual maximum benefit.

CHIP Co-Pay Plan B	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$30/family/quarter
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	\$40 per family
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$5
Specialist Visits	\$5
Emergency Room	\$5; \$10 for non-emergency
Ambulance	5% of approved amount after deductible
Urgent Care Center	\$5
Ambulatory Surgical & Outpatient Hospital	5% of approved amount after deductible
Inpatient Hospital Services	\$150 after deductible
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays
Surgeon	5% of approved amount
Anesthesiologist	5% of approved amount
Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug	- \$5 - 5% of approved amount - 5% of approved amount
Mental Health Services Inpatient & Outpatient Facility Office Visit	- \$150 after deductible - \$5
Residential Treatment	5% of approved amount after deductible (25 day limit per year)
Physical Therapy	\$5 (20 visit limit per year)
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	5% of approved amount after deductible
Medical Equipment & Supplies	5% of approved amount after deductible
Diabetes Education	\$0
Vision Screening	\$5 (1 visit limit per year)
Hearing Screening	\$5 (1 visit limit per year)
Dental Benefits	
Deductible	\$0
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per plan year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	\$0
Basic Services - Fillings, extractions, oral surgery, endodontics, periodontics	5% of approved amount
Major Services (Crowns, bridges, dentures)	5% of approved amount
Orthodontics - Covered ONLY if medically necessary	5% of approved amount (\$1,000 lifetime maximum**). Requires Prior Authorization.
Specialists - Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists	5% of approved amount

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** Orthodontic services are not included in the annual maximum benefit.

CHIP Co-Pay Plan C	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$75/family/quarter
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	\$500 per child; \$1,500 per family
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$25
Specialist Visits	\$40
Emergency Room	\$300 after deductible
Ambulance	20% of approved amount after deductible
Urgent Care Center	\$40
Ambulatory Surgical & Outpatient Hospital	20% of approved amount after deductible
Inpatient Hospital Services	20% of approved amount after deductible
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
Surgeon	20% of approved amount after deductible
Anesthesiologist	20% of approved amount after deductible
Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug	- \$15 - 25% of approved amount - 50% of approved amount
Mental Health Services Inpatient & Outpatient Facility Office Visit	- 20% of approved amount after deductible - \$40
Residential Treatment	50% of approved amount after deductible (25 day limit per year)
Physical Therapy	\$40 after deductible (20 visit limit per year)
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	20% of approved amount after deductible
Medical Equipment & Supplies	20% of approved amount after deductible
Diabetes Education	\$0
Vision Screening	\$40 (1 visit limit per year)
Hearing Screening	\$40 (1 visit limit per year)
Dental Benefits	
Deductible	\$50 per child; \$150 per family
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per plan year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	\$0
Basic Services - Fillings, extractions, oral surgery, endodontics, periodontics	20% of approved amount after deductible
Major Services - Crowns, bridges, dentures	50% of approved amount after deductible
Orthodontics - Covered ONLY if medically necessary	50% of approved amount (\$1,000 lifetime maximum**). Requires Prior Authorization.
Specialists - Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists	Talk to your dental plan for an estimate of additional charges.

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