



## CHIP Health and Dental Co-pay Schedule:

**Molina Health Care** – (801) 858-0400, or toll-free at 1-888-483-0760

**Public Employees Health Program (PEHP)** – (801) 366-7555, or toll-free at 1-800-765-7347

**Public Employees Dental Program (PEDP)** – (801) 366-7555, or toll-free at 1-800-765-7347

<b>BENEFIT</b>	<b>Plan A:</b> Your CHIP medical card will list your health plan	<b>Plan B:</b> Your CHIP medical card will list your health plan
Out of Pocket Maximum (including medical, dental, prescriptions and premiums)	5% of family's gross income per year, before taxes	5% of family's gross income per year, before taxes
Office Visit <b>or</b> Urgent Care Center Visit	\$3 co-pay per visit (No co-pay for well child exams)	\$15 co-pay per visit (No co-pay for well child exams)
Immunizations and Well Child Exams	No co-pay	No co-pay
Emergency Room	\$3 co-pay per visit for emergencies	\$35 co-pay per visit for emergencies
Pre-existing Condition Waiting Period	No waiting period	No waiting period
Pharmacy	\$1 per prescription for formulary drug \$3 per prescription for non-formulary drug	\$5 per prescription for formulary drug; 50% of allowed amount for non-formulary drug
Laboratory	\$1 co-pay if less than \$50 \$2 co-pay if more than \$50	\$5 co-pay if less than \$50 10% co-pay if more than \$50
X-rays	\$1 co-pay if less than \$100 \$3 co-pay if more than \$100	\$5 co-pay if less than \$100 10% co-pay if more than \$100
Outpatient hospital	\$3 co-pay	10% co-pay
Inpatient hospital	\$3 co-pay	10% co-pay
Surgeon	No co-pay	No co-pay
Hospital Inpatient and Outpatient Physician Visits	\$3 co-pay	\$15 co-pay
Ambulance - Ground and Air	No co-pay	No co-pay
Medical equipment and Supplies	No co-pay	20% co-pay

**LIMITED BENEFITS** (The following benefits are limited, please contact your CHIP health plan for additional information.)

Dental Services - Cleaning, exams, & fluoride - Selected x-rays & sealants - Selected fillings, space maintainers, pulpotomies, & stainless steel crowns	No co-pay for cleanings, exams, fluoride, and selected x-rays and sealants.  \$3 co-pay for selected space maintainers, fillings, extractions, pulpotomies, and stainless steel crowns.	No co-pay for cleanings, exams, fluoride, and selected x-rays and sealants.  20% co-pay for selected space maintainers, fillings, extractions, pulpotomies, and stainless steel crowns*.  (Please refer to your PEDP benefits handbook or contact PEDP for specific costs of services)
Hearing Screening	Plan pays \$30 per child for hearing screening, limit of one screening every 12 months.	Plan pays \$30 per child for hearing screening, limit of one screening every 12 months
Vision Screening	Plan pays \$30 per child for eye exams, limit of one exam every 12 months	Plan pays \$30 per child for eye exams, limit of one exam every 12 months
Mental Health and Substance Abuse (combined totals)	Inpatient - \$3 co-pay for each visit 30 days per plan year, per child limit Outpatient - \$3 co-pay for each visit 30 visits per child, per plan year limit  Inpatient/outpatient conversion available	Inpatient - 10% co-pay for the first 10 days, 50% for the next 20 days 30 days per child, per plan year limit Outpatient - 50% co-pay per visit, 30 visits per child, per plan year limit Inpatient/outpatient conversion available
Physical, Occupational, and Chiropractic Therapy (combined totals)	\$3 co-pay per visit, 16 visits total per plan year, per child	\$15 co-pay per visit, 16 visits total per plan year, per child

Native Americans and Alaska Native children are not required to pay co-pays.

**Note: This is a summary only and plan restrictions may apply. Please contact your plan for specific plan requirements.**

Revised: 11/04