



# CO-PAY SUMMARY

Molina: 1-888-483-0760

[www.health.utah.gov/chip](http://www.health.utah.gov/chip)

SelectHealth: 1-800-538-5038

BENEFITS (per plan year)	CO-PAY PLAN B*	CO-PAY PLAN C*
<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>PREMIUM</b>	\$30/family/quarter	\$75/family/quarter
<b>PRE-EXISTING CONDITION</b>	No waiting period	No waiting period
<b>DEDUCTIBLE</b>	\$40/family	\$500/child; \$1,500/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>	\$5; \$10 non-emergency	\$300 after deductible
<b>AMBULANCE</b>	5% of approved amount after deductible	20% of approved amount after deductible
<b>URGENT CARE CENTER</b>	\$5	\$40
<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</b>		
-Inpatient	- \$150 after deductible	- 20% of approved amount after deductible
- Outpatient & Office Visit	- \$0	- \$0
<b>RESIDENTIAL TREATMENT</b>	5% of approved amount after deductible	20% of approved amount after deductible
<b>PHYSICAL THERAPY</b>	\$5 (20 visit limit per year)	\$40 after deductible (20 visit limit per year)
<b>Applied Behavior Analysis (ABA) for the Treatment of Autism Spectrum Disorder</b>	Not a covered benefit	Not a covered benefit
<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>	5% of approved amount after deductible	20% 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)

\*Co-pay plans are based on your income. American Indian/Alaska Natives will not be charged co-pays, premiums, or a deductible.

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



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Premier Access: 1-877-854-4242

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<b>DENTAL BENEFITS (per plan year)</b>	<b>CO-PAY PLAN B*</b>	<b>CO-PAY PLAN C*</b>
<b>DEDUCTIBLE</b>	\$0	\$50/child; \$150/family
<b>MAXIMUM BENEFIT</b> - Preventive, Basic & Major services per child, per year	\$1,000 per plan year	\$1,000 per plan year
<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 only if medically necessary	5% of approved amount (\$1,000 lifetime maximum**) Requires prior authorization	50% of approved amount (\$1,000 lifetime maximum**) 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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\*\* Orthodontic services are not included in the annual maximum benefit.