

CHIP Benefits Summary

This is a brief summary of CHIP benefits brought to you by Capital BlueCross.

Office Visits	Copayments		
	Free	Low-Cost	Full-Cost
Primary Care Physician (PCP)	\$0	\$5	\$15
Specialist	\$0	\$10	\$25
Preventive Services in PCP's Office			
Immunizations	\$0	\$0	\$0
Routine pediatric services	\$0	\$0	\$0
Well-baby/well-child care services	\$0	\$0	\$0
Emergency and Urgent Care Services			
Emergency room visits (copay waived if admitted)	\$0	\$25	\$50
Urgent care (copay may be higher depending on the facility that urgent care is provided)	\$0	\$10	\$25
Inpatient Services			
Inpatient hospital care (facility and professional) prior approval needed	\$0	\$0	\$0
Outpatient Services			
Diagnostic services (lab and x-ray services)	\$0	\$0	\$0
Rehabilitation benefits: occupational, physical, or speech therapy (60 visits per year, per therapy)	\$0	\$10	\$25
Surgery	\$0	\$0	\$0
Other Services			
Bony impacted tooth removal	\$0	\$0	\$0
Durable medical equipment	\$0	\$0	\$0
Home health care	\$0	\$0	\$0
Hospice care services	\$0	\$0	\$0
Substance Abuse Treatment			
Detoxification	\$0	\$0	\$0
Nonhospital residential services	\$0	\$0	\$0
Outpatient services	\$0	\$0	\$0
Mental Health			
Inpatient services	\$0	\$0	\$0
Outpatient services	\$0	\$0	\$0
Hearing Services			
Audiometric exam (once every calendar year)	\$0	\$10	\$25
Hearing aid (once per ear in any two calendar years)	\$0	\$0	\$0
Hearing evaluation (once every calendar year)	\$0	\$5 PCP \$10 Specialist	\$15 PCP \$25 Specialist

Vision Care		Free	Low-Cost	Full-Cost
Medically necessary contact lenses (one prescription every calendar year) ¹		\$0	\$0	\$0
Eye exams and refraction (one every calendar year) ²		\$0	\$0	\$0
Eyeglass frames (one every calendar year) ¹		\$0	\$0	\$0
Eyeglass lenses (one pair every calendar year) ¹		\$0	\$0	\$0
Contact lenses in lieu of eye glasses (one prescription every calendar year) ¹		\$0	\$0	\$0
Dental Care				
Orthodontic treatment for a severe handicapping malocclusion (services must be obtained from a BlueCross Dental SM participating provider; prior approval mandatory)		\$0	\$0	\$0
Diagnostic and Preventive				
Routine exams (once every six months)		\$0	\$0	\$0
X rays		\$0	\$0	\$0
Flouride treatments (once every six months)		\$0	\$0	\$0
Prophylaxis (cleaning once every six months, eligible for one additional prophylaxis during pregnancy)		\$0	\$0	\$0
Sealants (to age 19)		\$0	\$0	\$0
Space maintainers		\$0	\$0	\$0
Basic Services				
Basic restorative (amalgam "silver" fillings and composite "white" fillings)		\$0	\$0	\$0
Endodontics (procedures for pulpal therapy and root canal filling; prior approval mandatory)		\$0	\$0	\$0
Periodontics (treatment to the gums and supporting structures of the teeth; surgical and nonsurgical periodontal treatment is covered; prior approval mandatory)		\$0	\$0	\$0
Simple extractions		\$0	\$0	\$0
Major Services				
Major restorative (crowns, inlays, onlays, one per tooth per five-year period; prior approval mandatory)		\$0	\$0	\$0
Prosthodontics (procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures; prior approval mandatory)		\$0	\$0	\$0
Prescription Drugs (Mandatory Generic) ³		Free	Low-Cost	Full-Cost
Retail and mail order programs available	\$0	\$0 for Prevention Prescription Drugs	\$0 for Prevention Prescription Drugs	
Retail = 30-day supply per prescription/refill	\$0	Retail: \$6 Generic \$9 Brand Name	Retail: \$10 Generic \$18 Brand Name	
Mail order = 90-day supply per prescription/refill	\$0	Mail Order: \$12 Generic \$18 Brand Name	Mail Order: \$20 Generic \$36 Brand Name	

¹ The benefits include the replacement of lost, stolen, or broken frames and lenses (one original and one replacement per calendar year, when deemed medically necessary).

² Medically necessary exams are covered under your child's medical benefit.

³ Brand name covered if medically necessary.

This is a general description of benefits and limitations of the CHIP benefit plan; the terms and conditions of coverage shall be governed solely by your Member Handbook. Please visit capbluecross.com/CHIP or call 800.KIDS.101 for additional benefit details.