

# Find out how much you could pay for your child's health insurance

Keystone Health Plan East (KHPE)  
Children's Health Insurance Program (CHIP) coverage includes in-network coverage for:\*

	Free CHIP: \$0	Low-cost CHIP 1: \$45 per child† Low-cost CHIP 2: \$93.44 per child† Low-cost CHIP 3: \$106.79 per child†	Full-cost CHIP: \$388.81 per child†
<b>Deductible</b>	No deductible	No deductible	No deductible
<b>Primary Care Physician (PCP) Office Visits and Retail Health Clinic Visits</b> No copay for well-child visits	\$0 copay per office visit	\$5 copay per office visit	\$15 copay per office visit
<b>Specialist Office Visits</b> Referrals required for Specialist Office Visits No copay for Behavioral Health and Substance Use services	\$0 copay per office visit	\$10 copay per office visit	\$25 copay per office visit
<b>Preventive Care</b>	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
<b>Routine annual physical exams</b>	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
<b>Outpatient Prescription Drugs</b>	\$0 generic/\$0 brand	Retail (31-day supply): \$6 generic/\$9 brand  Mail Order (90-day supply): \$12 generic/\$18 brand	Retail (31-day supply): \$10 generic/\$18 brand  Mail Order (90-day supply): \$20 generic/\$36 brand
<b>Dental Care, including medically necessary braces</b>	\$0 copay per office visit	\$0 copay per office visit	\$0 copay per office visit
<b>Routine eye exams, refractions, and eyeglasses, or contact lenses instead of eyeglasses</b>	\$0 copay per office visit, once per calendar year	\$0 copay per office visit, once per calendar year	\$0 copay per office visit, once per calendar year
<b>Urgent Care Center Visits</b>	\$0 copay per office visit	\$10 copay per office visit	\$25 copay per office visit
<b>Emergency Care</b> Copay waived if admitted. Covered worldwide.	\$0 copay per visit	\$25 copay per visit	\$50 copay per visit
<b>Hospital Services</b>	Covered 100%	Covered 100%	Covered 100%

\* Copay amounts apply when using in-network providers.

† Premiums effective 7/1/2020. The premium for three or more children is three times (3x) the per-child monthly premium.

**This is only a summary. Please refer to the Plan Contract for more information.**

Depending on family size, child's age, and income, eligible children are provided with free, low-cost, or full-cost CHIP insurance through KHPE HMO.

KHPE HMO provides medical benefits through a large network of participating physicians and hospitals. United Concordia provides dental benefits through a large network of participating dentists.

For more information, visit [ibx.com/chip](http://ibx.com/chip) or call **1-800-464-5437 (TTY/TDD: 711)**.

