

Keystone Health Plan East

CHIP Benefits at a Glance (Effective Dec. 1, 2018)



CHIP Benefit	Coverage Using Network Providers
Primary Care Provider (PCP) Office Visits and Retail Health Clinic Visits	100% Free CHIP: \$0 per office visit Low-cost CHIP: \$5/office visit* Full-cost CHIP: \$15 per office visit* <small>* Does <u>not</u> apply for well-child visits</small>
Specialist Office Visits	100% Referrals required for Specialist Office Visits Free CHIP: \$0 per office visit Low-cost CHIP: \$10 per office visit* Full-cost CHIP: \$25 per office visit* <small>* Does <u>not</u> apply for mental health and substance abuse services</small>
Preventive Care	No copayments apply
Routine annual physical exams	100%
Immunizations	100%
Routine gynecological exams, including a Pap test	100%
Mammograms	100%
Urgent Care Center Visits	100% Free CHIP: \$0 per visit Low-cost CHIP: \$10 per visit Full-cost CHIP: \$25 per visit
Emergency Care Visits	100% Free CHIP: \$0 per visit Low-cost CHIP: \$25 per visit* Full-cost CHIP: \$50 per visit* <small>* Does <u>not</u> apply if child is admitted</small>
Ambulance	100%
Autism Spectrum Disorder Treatment	100%
Dental Care	No copayments apply
Diagnostic: Routine Exam, X-rays	100%
Oral Surgery: Extractions	100%
Orthodontic Services	100% Must meet medical necessity criteria
Preventive: Cleaning, Fluoride, Sealants	100%

CHIP Benefit	Coverage Using Network Providers
Restorative: Fillings, Crowns	100%
Dental Services as a Result of Accidental Injury	100%
Diabetes Education, Equipment & Supplies	100%
Diagnostic Services (imaging, medical, and laboratory)	100%
Durable Medical Equipment	100%
Family Planning	100% (for prescription contraceptives, devices, and counseling)
Habilitative Services – Outpatient (occupational, physical, speech therapies)	100% 30 visits per calendar year for each therapy (visit limits are combined with visit limits under Rehabilitative Services)
Hearing Care	100% One hearing and audiometric exam per calendar year. Reimbursement for one hearing aid or device, per ear, every two calendar years Call 1-800-464-5437 for a Reimbursement Application
Home Health Care	100%
Hospice Care	100%
Hospital Services	100%
Infusion Therapy	100%
Maternity and Obstetrical Care	100%
Medical Foods	100%
Medical Therapy Services – Outpatient (cardiac, chemotherapy, dialysis, infusion, radiation, respiratory)	100%
Mental Health – Inpatient	100%
Mental Health – Outpatient	100% No copayments apply
Newborn Care	100% (limited to first 31 days following birth)
Preapproval Requirements	Obtained by the Provider

CHIP Benefit	Coverage Using Network Providers
Prescription Drugs	<p>Free CHIP: \$0 copayment</p> <p>Low-cost CHIP: Retail (31-day supply): \$6 generic, \$9 brand Mail order (90-day supply): \$12 generic, \$18 brand</p> <p>Full-cost CHIP: Retail (31-day supply): \$10 generic, \$18 brand Mail order (90-day supply): \$20 generic, \$36 brand</p> <p>Specialty drugs: Use Specialty Pharmacy Program; charge is the same as "Retail" listed above</p> <p>Non-formulary drug: Same as "Retail" brand charge listed above</p> <p>Nonparticipating pharmacy: Pay the full charge and submit a claim form for partial reimbursement.</p>
Private Duty Nursing	100%
Rehabilitation Services – Outpatient (occupational, physical, speech therapies)	100% 60 visits per calendar year for each therapy
Skilled Nursing Facility Services	100%
Spinal Manipulation / Chiropractic Care	100% 20 visits per calendar year
Substance Abuse – Inpatient Detoxification	100%
Substance Abuse – Inpatient Rehabilitation	100%
Substance Abuse – Outpatient	100% No copayments apply
Transplant Services	100%
Vision Care	
Routine eye exam and refractions	100%, once per calendar year
Frames and Lenses	<p>100% when selected from the Davis Collection of frames; allowance of \$130 for other frames</p> <p>One pair of frames and lenses per calendar year that may be plastic or glass, single vision, bifocal, trifocal, lenticular and/or oversized lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, and polycarbonate prescription lenses.</p>

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Frames and Lenses (continued)	<p>All lenses include scratch-resistant coating.</p> <p>Copayments for optional lens types and treatments:</p> <ul style="list-style-type: none"> • Ultraviolet Protective Coating: \$0 • Blended Segment Lenses: \$20 • Intermediate Vision Lenses: \$30 • Progressive Lenses (Standard): \$50 • Progressive Lenses (Premium): \$90 • Progressive Lenses (Ultra): \$140 • Glass Photochromic Lenses: \$20 • Plastic Photosensitive Lenses: \$65 • Polarized Lenses: \$75 • Anti-reflective (AR) Coating (Standard): \$35 • Anti-reflective (AR) Coating (Premium): \$48 • Anti-reflective (AR) Coating (Ultra): \$60 • Hi-index Lenses: \$55 • Scratch Protection Plan (single vision) \$20 • Scratch Protection Plan (multifocal) \$40 <p>(Replacement of broken, lost or scratched frames and lenses; once per calendar year)</p>
Contact Lenses	<p>100%</p> <p>Instead of eyeglass or when medically necessary; allowance of \$130; one contact lens benefit per calendar year</p> <p>(Replacement of broken, lost or scratched contact lenses; once per calendar year)</p>

To enroll, please contact Keystone Health Plan East at 1-800-464-5437, or visit www.ibx.com/CHIP to download an application.

Please refer to the CHIP Benefits Handbook for additional details and information

- Any questions regarding medical/surgical, hospitalization, mental health / substance abuse, or prescription drug benefits, please contact: [Keystone Health Plan East at 1-800-464-5437](tel:1-800-464-5437).
- To locate a participating mental health / substance abuse provider, please contact: [Magellan Behavioral Health Services at 1-800-294-0800](tel:1-800-294-0800).
- Any questions regarding dental benefits or to locate a participating dentist, please contact: [United Concordia Dental at 1-800-332-0366](tel:1-800-332-0366).
- Any questions regarding vision benefits or to locate a participating provider, please contact: [Davis Vision at 1-888-393-2583](tel:1-888-393-2583).

