

# Lack of Comparability Between CHIP and ACA Qualified Health Plans

*By Margaret A. McManus and Harriette B. Fox*

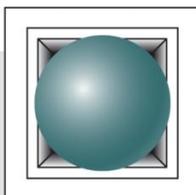
Nationwide, the Children's Health Insurance Program (CHIP) provides health insurance coverage to over eight million children and adolescents up to age 18.<sup>1</sup> Under the CHIP program, which is primarily federally financed,<sup>2</sup> states are required to cover eligible children with family incomes up to 200% of the federal poverty level (FPL).<sup>3</sup> Twenty nine states have elected to cover children in families with incomes up to 250% FPL, and 19 have extended CHIP coverage to those with family incomes up to 300% FPL or higher.<sup>4</sup> The majority of states enroll all or most CHIP-eligible children, particularly those ages 6 through 18, into non-Medicaid CHIP programs, generally referred to as separate programs,<sup>5</sup> and often charge families low enrollment fees and copayments, which by law cannot exceed 5% of family income.<sup>6</sup>

Unless reauthorized by Congress, CHIP is scheduled to expire in October 2015. Were the program to end, children enrolled in Medicaid expansion CHIP programs<sup>7</sup> would continue receiving Medicaid coverage through 2019, as required under the Affordable Care Act's (ACA) maintenance of effort requirement.<sup>8</sup> Families of children enrolled in separate CHIP programs, however, would have to purchase child-only coverage in a state or federal health insurance exchange, where they would receive the ACA-required 10 essential health benefits.<sup>9</sup> Families purchasing such coverage in the exchange are eligible for premium credits if they have incomes

up to 400% FPL and are eligible for cost-sharing subsidies if they have incomes up to 250% FPL.<sup>10</sup> Importantly, as many as two-thirds of CHIP enrollees are in separate CHIP programs, and less than half of these children will likely qualify for cost-sharing subsidies or premium tax credits.<sup>11</sup>

Recognizing the potential disruption in coverage if CHIP's federal funding ends, the ACA directed states to ensure that low income children who were previously in CHIP and ineligible for Medicaid have access in the exchange to qualified health plans that have been certified by the Secretary of Health and Human Services (HHS) as being "at least comparable" with respect to benefits and cost-sharing protections to those provided under the state's CHIP plan.<sup>12</sup>

To date, the Centers for Medicare and Medicaid Services (CMS) has not released guidance on how comparability between CHIP plans and qualified health plans will be measured. In June 2014, the Medicaid and CHIP Payment and Access Commission (MACPAC) issued a report calling for a two-year extension of CHIP noting that comparability issues remain unresolved and require careful examination. MACPAC reported that children moving to exchange coverage could see a change in benefits and higher cost sharing. To estimate differences in cost sharing, MACPAC compared the actuarial values of separate CHIP plans and qualified health plans in Colorado, Illinois, Kansas, New York, and Utah.



It found that for families living between 101% to 150% FPL, CHIP actuarial values range from 99% to 100% compared to 94% in qualified health plans; for families living between 151% to 200% FPL, CHIP actuarial values range from 98% to 100% compared to 87% in qualified health plans; and for families living between 201% to 250% FPL, CHIP actuarial values range from 90% to 100% compared to 73% in quality health plans.<sup>13</sup>

A prior study of the same five states published in 2013 by the Government Accountability Office (GAO) examined comparability of benefits, cost sharing, and provider networks. However, because of the study's timing, actual qualified health plans were not yet available, and the study compared each state's CHIP plan to the benchmark plan on which the benefits for qualified health plans would be based. GAO concluded that separate CHIP plans and benchmark plans offered "generally comparable" coverage, but that out-of-pocket costs were almost always less in separate CHIP plans than in benchmark plans purchased through an exchange.<sup>14</sup>

The purpose of this study is to provide a detailed comparison of benefits and cost-sharing requirements in separate non-Medicaid CHIP programs and child-only qualified health plans available to low and moderate income families in five geographically representative states -- Colorado, Georgia, Oregon, Texas, and West Virginia -- states that enroll all or almost all of CHIP-eligible children in separate programs. This study is intended to inform the discussion about CHIP reauthorization and the likelihood of comparability. Below is a brief summary of each state's current CHIP eligibility levels for its separate CHIP programs, type of CHIP benefit package, and type of health insurance exchange.

- **Colorado:** Children up to age 18 in families with incomes between 143% and 260% FPL

are eligible for Colorado's separate CHIP program and have benefits based on the largest small group health plan in the state. Families with higher incomes may purchase coverage for uninsured children in the state-operated exchange.

- **Georgia:** Income eligibility for Georgia's separate CHIP program varies by age. Coverage is provided to children up to age one in families with incomes between 206%-247% FPL, to children ages one to five in families between 150%-247% FPL, and to children ages six to 18 in families with incomes between 134%-247% FPL. The state's separate CHIP program provides Secretary-approved coverage that offers benefits based on the state's HMO plan with the largest enrollment and also includes additional services that together constitute a Medicaid look-alike plan. Uninsured children in families with higher incomes purchase coverage in the federal exchange.
- **Oregon:** Eligibility for Oregon's separate CHIP program extends to children up to age one in families with incomes between 186%-300% FPL and to children ages one to 18 in families with incomes between 134%-300% FPL. CHIP benefits in Oregon's Secretary-approved coverage are the same as coverage available to Medicaid-enrolled children under the state's Section 1115 demonstration waiver program. For uninsured children in families with higher incomes, coverage can be purchased in the state exchange, which will operate until November 2014. After that, Oregon will transition to a partnership exchange with the federal government.
- **Texas:** Eligibility for Texas' separate CHIP program is available to children up to age one in families with income between 199%-201% FPL, to children ages one to five in families with incomes between 145%-201% FPL, and to children ages six to 18 in families with incomes between 134%-201% FPL. The state enrolls children in plans that offer Secretary-approved coverage intended to

“meet children’s primary health care needs and also contain costs.” Uninsured children in families with higher incomes purchase coverage in the federal exchange.

- **West Virginia:** Similarly in West Virginia, eligibility for the state’s separate CHIP program varies by age. Coverage is available to children up to age one in families with incomes between 159%-300% FPL, to children ages one to five in families with incomes between 142%-300% FPL, and to children ages six to 18 in families with incomes between 134%-300% FPL. Eligible children are enrolled in plans that offer benefits based on the state employees’ preferred provider plan. For uninsured children in families with higher incomes, coverage can be purchased in a health insurance exchange operated in partnership by the state and federal government.

Information for this fact sheet comes from several sources. We obtained CHIP information from the states’ CHIP plan documents, provider manuals, member handbooks, and websites. The states’ qualified health plan information for child-only plans comes from plan contracts, schedule of benefits documents, and summaries of benefits and coverage. Premium information for the qualified health plans comes from Value-Penguin’s Subsidy Calculator.

The qualified health plan information is based on the second lowest priced silver plan for a 15-year old in a three-person family in the following income groups: 134% to 150% FPL, 151% to 200% FPL, 201% to 250% FPL, and 251% to 300% FPL. We used the second lowest cost silver plan because it is the one on which premium subsidies are based.

We examined coverage for the 28 mandatory and optional service categories defined under the CHIP statute.<sup>15</sup> Since we did not obtain prior authorization information criteria, we could not determine whether certain benefits would actual-

ly be authorized. In addition, we did not analyze stand-alone dental plans when a state’s qualified health plan did not cover dental services. Nor did we analyze the drug formularies or coverage policies related to out-of-network services.

## Results

Based on our analysis of separate CHIP and child-only qualified health plans offered through exchanges in Colorado, Georgia, Oregon, Texas, and West Virginia, the two types of plans for children are not comparable. Despite cost-sharing subsidies and the provision of essential health benefits in qualified health plans, separate CHIP programs have much greater cost-sharing protections and offer more generous benefits than qualified health plans.

With respect to cost sharing, there are major differences between qualified health plans and separate CHIP plans in terms of premiums, deductibles, coinsurance amounts, and out-of-pocket cost limits.<sup>16</sup> These distinctions can be seen across all income groups and especially for children with family incomes above 200% FPL. CHIP enrollment fees, as shown in Table 1, are substantially lower in all five states compared to the ACA-required subsidized premium contribution amounts. While deductibles are not required in any of the five separate CHIP plans, they are required in all of the qualified health plans.<sup>17</sup> Additionally, coinsurance, which is generally more costly than copayments, is not used by any of the CHIP plans but is used by all but one of the qualified health plans. Except in one state, children in families with incomes at 200% FPL or higher have greater financial protection in CHIP plans because their out-of-pocket cost limits are lower than in the qualified health plans. Importantly, though, out-of-pocket cost limits in the qualified health plans sold in three of the five

states are less than the 5% CHIP cap for children in families with incomes at or below 150% FPL. Overall, cost-sharing differences would affect families in all income groups, but especially those over 200% FPL.

Benefit differences were consistently found between separate CHIP plans and qualified health plans in the five states studied. CHIP plans are far more likely to offer dental services, hearing aids and cochlear implants, residential treatment for mental health and substance abuse conditions, family therapy, and private duty nursing. In addition, CHIP plans in three of the five states provide more generous coverage for ancillary therapies and home- and community-based care than qualified health plans do. The more generous benefits found in Georgia, Oregon, and West Virginia reflect the fact that these states offer Medicaid look-alike benefits, while all five states established their qualified health plan benefits based on the most commonly sold small group commercial coverage. These benefit differences would have their most significant impact on children and adolescents with special health care needs.

### **Colorado**

Colorado's CHIP plan provides a broader package of benefits than the child-only qualified health plan offered in the state exchange (see Table 2). In addition, cost-sharing requirements are significantly less for families whose children have CHIP coverage than for those purchasing the qualified health plan. There are no deductibles, and copayments are nominal. For children whose families have incomes below 200%, out-of-pocket limits are lower in the qualified health plan, but this is not so for those with incomes above 250% FPL. Premium rates in Colorado's

CHIP plan are substantially less than those in the qualified health plans.

**Benefit Coverage.** The benefits offered to Colorado's CHIP-eligible children are more generous than those available in the child-only qualified health plan. CHIP covers several services not available in the qualified health plan: dental care up to \$600/year, residential treatment for mental health and substance abuse conditions, and non-emergency medical transportation. Colorado's CHIP plan also offers more generous home health care and private duty nursing provided in non-hospital settings, although it provides less generous coverage of durable medical equipment. Another difference, potentially very important to adolescents, is that the qualified health plan in Colorado excludes coverage for treatment resulting from self-inflicted bodily harm or injuries.

**Cost-Sharing Requirements.** Cost-sharing requirements in Colorado favor children enrolled in CHIP over those in the child-only qualified health plan (see Table 1). In Colorado, CHIP imposes a \$25 annual enrollment fee for children in families with incomes less than 150% FPL and only \$75 per year for those with family incomes at 250% FPL. In contrast, the qualified health plan's subsidized monthly premium fee for these two family income groups ranges from \$92 to \$148 per month, or \$1,104 to \$1,776 per year. In addition, families whose children are enrolled in CHIP pay no deductible, while the child-only qualified health plan has an overall deductible that ranges from \$500 for families living at 150% FPL to \$4,600 for families living at 300% FPL, and it also has a prescription drug deductible that ranges from \$250 to \$1,500, depending on income. Further, Colorado families with CHIP-eligible children face much lower cost-sharing charges at the point of service. The CHIP plan requires nominal copayments, most often between \$1 and \$10, while the qualified health plan

imposes a coinsurance rate of 20% for most services, including inpatient and outpatient hospital services, specialty care, lab and x-rays, and ancillary therapies. The annual out-of-pocket limit, however, is lower in Colorado's qualified health plan than in its CHIP plan for children in families living under 200% FPL. However, for children in families with incomes above 200% FPL, CHIP-eligible children fare much better than families purchasing a child-only qualified health plan.

### **Georgia**

The benefits offered to Georgia's CHIP-eligible children are much more generous than those available to children in families purchasing child-only coverage in the federal exchange (see Table 3). Because Georgia designed its separate CHIP program as a Medicaid look-alike program, more services important to children and adolescents are covered and, if limited, authorization can be obtained when medically necessary. Cost-sharing requirements are far less under CHIP than the qualified health plan in terms of deductibles and copayment requirements. In addition, families with CHIP coverage, especially those with incomes above 200% FPL, have a lower out-of-pocket limit. Furthermore, enrollment fees in CHIP are significantly lower than premiums charged in the qualified health plan.

**Benefit Coverage.** Georgia's CHIP benefits far exceed those offered in the qualified health plan. The CHIP plan covers dental services, family therapy, psychological testing, and residential treatment for mental health and substance abuse conditions, private duty nursing, hearing aids, cochlear implants, and private duty nursing, none of which are covered in the child-only qualified health plan. In addition, the qualified health plan specifically excludes coverage for treatment of

attempted suicide or intentional self-inflicted injuries and treatment for being under the influence of illegal narcotics or controlled substances, coverage exclusions that could negatively affect adolescents. Although home- and community-based services are limited in both the CHIP plan and the qualified health plan, CHIP makes available additional nursing, therapy, and other services to children with disabilities.

**Cost-Sharing Requirements.** Cost-sharing requirements under Georgia's CHIP plan are consistently lower than under its child-only qualified health plan (see Table 1). CHIP charges no enrollment fee for children with family incomes below 150% FPL and \$35 per month for those families with incomes at 250% FPL. The qualified health plan, by contrast, charges a subsidized monthly premium of \$70 and \$124. CHIP also requires no deductibles, while the qualified health plan has both an overall deductible and a separate prescription drug deductible. The overall deductible is \$500 for the lowest income group and \$4,250 for the highest income group and applies to all services except for generic drugs; the prescription drug deductible ranges from \$250 to \$1,500. Finally, families in Georgia's CHIP program pay little or nothing in copayments per service, while the qualified health plan imposes coinsurance requirements of 20% for services other than primary care and specialty care, generic drugs, and preferred brand-name drugs. However, the out-of-pocket cost limit for children in families with incomes at 200% FPL or less is lower under the qualified health plan than under CHIP, although it would not likely ever be reached under CHIP. At 150% FPL, families would have an out-of-pocket cost in CHIP<sup>18</sup> of \$1,484 compared to \$750 in the qualified health plan. At incomes higher than 200% FPL, the out-of-pocket limit is much lower under CHIP than the qualified health plan.

## Oregon

Among the five states in our study, families in Oregon would see the greatest loss if the CHIP program was eliminated (see Table 4). Oregon's CHIP plan is part of the Oregon Health Plan, an 1115 demonstration waiver program with benefits very similar to Medicaid. Further, families with CHIP-eligible children in Oregon have no cost-sharing requirements and no enrollment fees

**Benefit Coverage.** Benefits in Oregon's CHIP are more expansive than those in the qualified health plan. CHIP-eligible children have access to several services that children in the qualified health plan do not, including dental care, family therapy, and private duty nursing. In addition, children requiring physical, occupational, and speech therapies in excess of 30 combined visits per year have these services available if medically necessary under CHIP, but not if their families purchase coverage in the exchange. They also have home health care services in excess of 140 home health visits, which they do not have in the child-only qualified health plan.

**Cost-Sharing Requirements.** Oregon's CHIP plan has no cost sharing or enrollment fee requirements, while its qualified health plan requires a deductible and coinsurance (see Table 1). Deductibles range from \$250 to \$3,000, depending on family income, and apply to all services. Moreover, the coinsurance rate for most services is 25%. The out-of-pocket limit is set at \$500 for the lowest income group and as high as \$6,000 for the highest income group.

## Texas

Of the five states studied, the Texas CHIP and child-only qualified health plan are the most comparable in terms of benefits and costs, but

still, families whose children are insured through the CHIP program have access to a slightly richer package of benefits than those purchasing coverage in the federal exchange (see Table 5). They also have much lower enrollment fees, no deductibles, and lower copayments for most services. Yet, the out-of-pocket limit is lower in the qualified health plan than in the CHIP plan.

**Benefit Coverage.** The Texas CHIP plan provides coverage for a somewhat broader package of benefits than those covered under the qualified health plan. It includes dental care, ancillary therapies in excess of 35 visits per year, and home health care in excess of 60 visits per year, which the qualified health plan does not. However, the qualified health plan does cover family planning services and contraceptives, services required as with the ACA essential health benefits but not covered under CHIP.<sup>19</sup>

**Cost-Sharing Requirements.** Families in Texas face fewer cost-sharing requirements for children enrolled in CHIP than for those in the qualified health plan (see Table 1). In Texas, CHIP-eligible children in families with incomes below 150% FPL pay no enrollment fee, and those with incomes at 200% pay \$50 per year, depending on their income. The qualified health plan charges between \$804 and \$1,224 per year for a child in a family with an income below 150% FPL and \$1,486 per year at 200% FPL. There are no deductibles in the CHIP plan, but the qualified health plan imposes a \$500 overall deductible and a \$250 prescription drug deductible for children in families with incomes between 138% and 150% FPL. At 300% FPL, the qualified health plan's overall deductible is \$6,000, and the drug deductible is \$250. Unlike the qualified health plans available to families in the other states, the Texas qualified health plan requires only copayments, not coinsurance. Further, it requires no copayments for inpatient hospital care, while the CHIP plan imposes fees ranging

from \$35 to \$125 per hospital stay depending on family income, but its copayment charges for most other services are significantly higher than CHIP. Yet the CHIP plan has a higher out-of-pocket limit than the qualified health plan. At 150% FPL, the qualified health plan has a limit of \$500 compared to \$1,484 under the CHIP plan; at 200% FPL, the difference is less -- \$1,500 versus \$1,979.

### **West Virginia**

There are marked differences in cost sharing and benefits between the CHIP plan and the child-only qualified health plan in West Virginia (see Table 6). Modeled after Medicaid, children in CHIP have access to a broader benefit package than what is available to children under the qualified health plan in the federal/state partnership exchange. Their families pay far less in enrollment fees, with no deductible requirements, nominal copayment charges, and a lower out-of-pocket limit.

**Benefit Coverage.** West Virginia's CHIP plan offers a more expansive set of benefits than the qualified health plan, except for non-preferred drugs and family therapy. CHIP covers dental treatment and orthodontia, hearing aids, and cochlear devices, which are not available in the qualified health plan. It also provides coverage for physical and occupational therapy in excess of 30 visits per year and for extended home health care. In addition, CHIP covers an extensive set of specialized services for children, although most require prior authorization.

**Cost-Sharing Requirements.** Cost-sharing amounts in West Virginia's CHIP plan are much lower than the qualified health plan, as shown in Table 1. There are no CHIP premiums for families with incomes below 200% FPL, and the

monthly premium amount for those with incomes between 200% and 250% FPL is \$35. In addition, no deductibles are charged under CHIP. Under the qualified health plan, however, deductibles range from a low of \$100 to a high of \$2,500, depending on income and apply to all services. The cost-sharing amounts that families pay at the point of service are much lower in CHIP than in the qualified health plan, which imposes a 10% coinsurance applicable to almost all services in the plan. The out-of-pocket cost limit also is lower in CHIP than in the qualified health plan. Families in the lowest income group under CHIP have a \$250 out-of-pocket limit compared to \$750 in the qualified health plan. These protections differ more dramatically for families with higher incomes: at 151% to 200% FPL, the CHIP out-of-pocket cost limit is \$250, but \$2,000 in the qualified health plan; and at 201% to 250% FPL, the CHIP limit is \$450 in sharp contrast to \$3,500 in the qualified health plan for this income group. The monthly premiums for the qualified health plan ranges from \$78 to \$152 per month based on family income.

### **Conclusions**

We conclude from our analysis that qualified health plans are not comparable to separate CHIP plans in Colorado, Georgia, Oregon, Texas, and West Virginia despite premium credits, cost-sharing subsidies, and benefit requirements under the ACA. CHIP coverage is much more affordable and provides a broader set of benefits important to children and adolescents than subsidized silver plans sold in state and federal exchanges.

This difference can be attributed to CHIP history, design, and administration. Enacted in 1998, the State Children's Health Insurance Program was created expressly for children whose

families earned too much to qualify for Medicaid but who could not afford to purchase private insurance. States were given considerable latitude in fashioning their benefit plans, and the vast majority designed their separate CHIP programs with a comprehensive set of medical, behavioral, and specialized services and with low cost-sharing requirements.<sup>20</sup> Most states that opted for a separate, non-Medicaid approach continued to use the Medicaid program as their CHIP administrative entity.<sup>21</sup> Consequently, states' separate CHIP programs are more likely to resemble Medicaid than a conventional insurance plan. In fact, contracted providers -- community mental health centers, Title V specialty clinics, school-based health clinics, and early intervention programs -- are likely to be the same as well.

In contrast, qualified health plans have been modeled on small group plans sold to adults in the private insurance marketplace. Although Congress included pediatric services in the ACA list of essential health benefits, the Administration defined this benefit as including only dental and vision services.<sup>22</sup> Further, despite the ACA requirement for cost-sharing subsidies to those with incomes below 250% FPL, the out-of-pocket amounts that near-poor families would pay for their children's coverage, especially those with incomes between 200% and 250% FPL, are not comparable to what separate CHIP plans require. Their financial burden would be even greater for parents who already contribute to their own employer-based plans. For those with incomes above 250% FPL, differences in cost-sharing obligations are huge.

### **Acknowledgements**

We appreciate the assistance of officials in the state CHIP agencies, state health insurance offices, and federal and state health insurance exchanges who provided us with health plan documents. We also thank Annalia Glenn Michelman and Darby Hull for their research assistance.

Important limitations of this study should be noted. We only examined the issue of comparability among five states with separate CHIP programs, although we selected a geographic mix of states. The findings pertain to the second lowest priced premium plan, which is the plan used to establish premium credits. However, in a separate unpublished study that we did of median-priced plans in these same five states, we reached the same conclusion even though the specific benefit and cost-sharing policies were often different.

Certifying comparability between CHIP plans and qualified health plans with respect to cost-sharing protections is complex, and the simplest approach to certifying comparability might be to examine the differences in actuarial values and out-of-pocket limits. Based on our study findings and those from MACPAC, these differences are likely to be considerable. Still, actuarial values and out-of-pocket limits tell only part of the story. The other part of the story is the availability of benefits for services that are important to children and adolescents. HHS and states should compare the CHIP and qualified health plan differences in the amount, duration, and scope of services, focusing particular attention on dental care, ancillary therapies, home health care, intensive outpatient and residential treatment for mental health and substance abuse conditions, hearing aids and cochlear implants, and durable medical equipment.

## Endnotes

- <sup>1</sup> Medicaid and CHIP Payment and Access Commission. *Report to the Congress on Medicaid and CHIP*. Washington, DC: MACPAC, June 2014.
- <sup>2</sup> *Medicaid and CHIP Program Basics: Federal CHIP Financing*. Washington, DC: Medicaid and CHIP Payment and Access Commission, September 2011.
- <sup>3</sup> Social Security Act § 2110.
- <sup>4</sup> Kaiser Family Foundation, *Where are States Today? Medicaid and CHIP Eligibility Levels for Children and Non-Disabled Adults as of April 1, 2014*. Available at <http://kff.org/medicaid/fact-sheet/where-are-states-today-medicaid-and-chip/>. Accessed July 28, 2014.
- <sup>5</sup> MACPAC, June 2014.
- <sup>6</sup> Social Security Act § 2103.
- <sup>7</sup> 29% of CHIP-enrolled children are in Medicaid-expansion CHIP programs. *In The Future of CHIP and Federally Subsidized Children's Coverage* (PowerPoint Presentation). Washington, DC: Medicaid and CHIP Payment and Access Commission, February 20, 2014.
- <sup>8</sup> States will no longer receive the higher CHIP matching rate, but must continue to cover children in Medicaid expansion programs and will receive Medicaid matching rates. Patient Protection and Affordable Care Act § 2101.
- <sup>9</sup> Health Insurance Issuer Standards under the Affordable Care Act, including Standards Related to Exchanges, 45 CFR § 156.110, December 13, 2011.
- <sup>10</sup> Patient Protection and Affordable Care Act §§1401, 1402.
- <sup>11</sup> MACPAC projects that 57% of CHIP-eligible children will not qualify for exchange subsidies because a parent is offered employer-sponsored coverage. MACPAC, February 2014.
- <sup>12</sup> Patient Protection and Affordable Care Act § 2101.
- <sup>13</sup> MACPAC, June 2014.
- <sup>14</sup> US Government Accountability Office, *Children's Health Insurance: Information on Coverage of Services, Costs to Consumers, and Access to Care in CHIP and Other Sources of Insurance*. Washington, DC: GAO, November 2013.
- <sup>15</sup> Social Security Act § 2110.
- <sup>16</sup> The out-of-pocket cost limit provides a cap on what a family pays in deductibles, copayments, and coinsurance for covered services for the year. After the out-of-pocket limit is met, the health plan pays the full cost of covered services; premiums do not count toward the out-of-pocket limit.
- <sup>17</sup> The ACA provides premium subsidies based on the cost for the second lowest priced silver plan.
- <sup>18</sup> This is the maximum federally allowed 5%.
- <sup>19</sup> 45 CFR § 156.110.
- <sup>20</sup> Fox HB, Limb SJ, McManus MA. *Separate SCHIP Programs: Generous Coverage for Children with Special Needs in Most States*, Washington, DC: Maternal and Child Health Policy Research Center, October 2003.
- <sup>21</sup> McManus MA, Fox HB. *S-CHIP Administration and Accountability*, Washington, DC: Kaiser Commission on Medicaid and the Uninsured, December 2000.
- <sup>22</sup> 45 CFR § 156.110

**Table 1. Comparison of Per-Child Monthly Premium and Enrollment Fees in CHIP and Qualified Health Plans**

States	Plan Name	Plan Type	Subsidized Premium and Enrollment Fee by Family Income <sup>1</sup>			
			134%-150%	151%-200%	201%-250%	251%-300%
Colorado	CHIP: Child Health Plan Plus <sup>2</sup>	HMO	\$25 <sup>3</sup>	\$25 <sup>3</sup>	\$75 <sup>3</sup>	\$75 <sup>3</sup>
	QHP: Humana Connect Silver Plan 4600/6300	HMO	\$92-\$124	\$125-\$148	\$148	\$148
Georgia	CHIP: PeachCare for Kids <sup>4</sup>	CMO <sup>5</sup>	\$0	\$20-\$28	\$28-\$35	N/A
	QHP: Humana National Preferred Silver 4250/6250	POS <sup>6</sup>	\$70-\$101	\$103-\$124	\$124	\$124
Oregon	CHIP: Healthy Kids <sup>7</sup>	HMO or PPO	\$0	\$0	\$0	\$0
	QHP: Moda Health Plan, Inc.: Silver – Be Smart	PPO	\$66-\$97	\$99-\$107	\$107	\$107
Texas	CHIP: Texas CHIP <sup>8</sup>	HMO	\$0	\$35-\$50	\$50	N/A
	QHP: Blue Advantage Silver HMO 003	HMO	\$67-\$102	\$104-\$124	\$124	\$124
West Virginia	CHIP: West Virginia CHIP <sup>9</sup>	PPO	\$0	\$0	\$35	\$35
	QHP: Highmark West Virginia Health Savings PPO 2500	PPO	\$78-\$110	\$112-\$152	\$152	\$152

**Sources:** Colorado, Georgia, Oregon, Texas, and West Virginia CHIP plans and ACA Subsidy Calculator at [www.valuepenguin.com](http://www.valuepenguin.com). Accessed on July 18, 2014. We obtained information for a 15-year-old in a family of three residing in the capital. According to ValuePenguin's website, their premium subsidy tool is intended for research purposes only: "The data and prices shown are estimates based on our best efforts to provide accurate estimates."

<sup>1</sup> All fees are rounded to the next dollar amount.

<sup>2</sup> Colorado CHIP income eligibility for a child ages 6-18 is between 143%-260% FPL.

<sup>3</sup> These CHIP enrollment fees are annual, not monthly.

<sup>4</sup> Georgia CHIP income eligibility for a child ages 6-18 is between 134%-247% FPL.

<sup>5</sup> In Georgia, a Care Management Organization (CMO) is identified as: an entity organized for the purpose of providing health care, has a Health Maintenance Organization Certificate of Authority granted by the State of Georgia, which contracts with providers, and furnishes health care services on a capitated basis to members and participants in a designated service region.

<sup>6</sup> In Georgia's Point of Service (POS) Plan, members have the choice of going out of network, but will pay more.

<sup>7</sup> Oregon CHIP income eligibility for a child ages 6-18 is between 134%-300% FPL.

<sup>8</sup> Texas CHIP income eligibility for a child ages 6-18 is between 134%-201% FPL.

<sup>9</sup> West Virginia CHIP income eligibility for a child ages 6-18 is between 134%-300% FPL.

Table 2. Colorado Comparison of CHIP and QHP Benefits and Cost Sharing

Deductibles and Out-of-Pocket Limits	Colorado CHIP Plan <sup>1</sup>					Deductible Applies	Colorado Qualified Health Plan					Deductible Applies	
	Coverage	Family Income Levels <sup>2</sup>					Coverage	Family Income Levels <sup>2</sup>					Cost Sharing <sup>6</sup>
		143%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			143%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		
Deductible		\$0	\$0	\$0	\$0		\$500 <sup>4</sup>	\$900 <sup>4</sup>	\$3,250 <sup>4</sup>	\$4,600 <sup>4</sup>			
Prescription drug deductible		\$0	\$0	\$0	\$0		\$250 <sup>4</sup>	\$500 <sup>4</sup>	\$1,000 <sup>4</sup>	\$1,500 <sup>4</sup>			
Out-of-pocket limit		\$1,415-\$1,484 <sup>3</sup>	\$1,484-\$1,979 <sup>3</sup>	\$1,979-\$2,473 <sup>3</sup>	\$2,484-\$2,573 <sup>3</sup>		\$750 <sup>5</sup>	\$1,450 <sup>5</sup>	\$4,750 <sup>5</sup>	\$6,300 <sup>5</sup>			
<b>Benefits</b>	<b>Coverage</b>	<b>Cost Sharing</b>				<b>Deductible Applies</b>	<b>Coverage</b>	<b>Cost Sharing<sup>6</sup></b>				<b>Deductible Applies</b>	
Inpatient hospital services													
Inpatient hospital care	Yes w/ PA	\$2/ stay	\$20/ stay	\$50/ stay	\$50/ stay		Yes w/ PA	20%	20%	20%	20%	✓	
Outpatient hospital services													
Outpatient hospital care	Yes	\$2	\$5	\$10	\$10		Yes w/ PA	20%	20%	20%	20%	✓	
Emergency care	Yes	\$3	\$30	\$50	\$50		Yes	20%	20%	20%	20%	✓	
Surgical services													
Inpatient surgical care	Yes w/ PA	\$2	\$20	\$50	\$50		Yes w/ PA	20%	20%	20%	20%	✓	
Outpatient surgical care	Yes w/ PA	\$2	\$5	\$10	\$10		Yes w/ PA	20%	20%	20%	20%	✓	
Physician services													
Primary care	Yes	\$2	\$5	\$10	\$10		Yes w/ PA	\$25	\$25	\$25	\$25	✓	
Well child care	Yes	\$0	\$0	\$0	\$0		Yes	\$0	\$0	\$0	\$0		
Specialty care	Yes	\$2	\$5	\$10	\$10		Yes	\$35	\$35	\$35	\$35	✓	
Clinic/other ambulatory services													
Community health centers	Yes	\$2	\$5	\$10	\$10		NS	--	--	--	--		
School-based health centers	Yes	\$2	\$5	\$10	\$10		NS	--	--	--	--		
Urgent care centers	Yes	\$1	\$20	\$30	\$30		Yes	\$50	\$50	\$50	\$50	✓	
Prescription drugs													
Generic drugs	Yes	\$1	\$3	\$5	\$5		Yes w/ PA	\$10 <sup>7</sup>	\$10 <sup>7</sup>	\$10 <sup>7</sup>	\$10 <sup>7</sup>		
Preferred brand drugs	Yes	\$1	\$10	\$15	\$15		Yes	\$50	\$50	\$50	\$50		
Non-preferred brand drugs	Yes	\$1	\$10	\$15	\$15		Yes	50%	50%	50%	50%		
Specialty drugs	Yes	\$1	\$10	\$15	\$15		Yes w/ PA	50%	50%	50%	50%		
Non-prescription drugs													
Over-the-counter medications	L <sup>8</sup>	\$1	\$3	\$5	\$5		No	--	--	--	--		
Lab/radiology services													
Lab tests	Yes	\$0	\$5	\$10	\$10		Yes	\$0 up to \$500 and then subject to deductible and 20% coinsurance				✓	
X-rays	Yes	\$0	\$5	\$10	\$10		Yes					✓	
Imaging	Yes w/ PA	\$0	\$5	\$10	\$10		Yes w/ PA					✓	
Dental services													
Preventive and diagnostic services	L to \$600 combined dental/ year	\$0	\$0	\$0	\$0		No	--	--	--	--		
Treatment services	L to \$600 combined dental/ year	\$0	\$5	\$5	\$5		L <sup>9</sup>	NS	NS	NS	NS		

Deductibles and Out-of-Pocket Limits	Colorado CHIP Plan <sup>1</sup>						Colorado Qualified Health Plan					
	Family Income Levels <sup>2</sup>					Deductible Applies	Family Income Levels <sup>2</sup>					Deductible Applies
	143%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			143%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		
Benefits	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing <sup>6</sup>				Deductible Applies
Orthodontia	L to cleft palate and cleft lip	\$0	\$5	\$5	\$5		L to cleft palate and cleft lip	--	--	--	--	
Prenatal/pre-pregnancy family planning services												
Prenatal care	Yes	\$0	\$0	\$0	\$0		Yes	20%	20%	20%	20%	
Delivery services	Yes w/ PA	\$0	\$0	\$0	\$0		Yes w/ PA	20%	20%	20%	20%	✓
Family planning services	Yes	\$0	\$0	\$0	\$0		Yes	\$25 <sup>10</sup>	\$25 <sup>10</sup>	\$25 <sup>10</sup>	\$25 <sup>10</sup>	
Abortion												
Abortion to save life of the mother or as the result of rape or incest	Yes w/ PA	\$2	\$5	\$10	\$10		Yes	20%	20%	20%	20%	✓
Inpatient mental health services												
Inpatient hospital care	Yes w/ PA	\$2	\$20	\$50	\$50		Yes w/ PA	20%	20%	20%	20%	✓
Residential treatment	Yes w/ PA	\$2	\$20	\$50	\$50		No	--	--	--	--	
Outpatient mental health services												
Individual/group therapy	Yes w/ PA	\$2	\$5	\$10	\$10		Yes	20%	20%	20%	20%	✓
Family therapy	Yes w/ PA	\$2	\$5	\$10	\$10		NS	--	--	--	--	
Psychological testing	No	--	--	--	--		No	--	--	--	--	
Intensive outpatient services/ partial hospitalization	Yes w/ PA	\$2	\$5	\$10	\$10		Yes	20%	20%	20%	20%	✓
Inpatient substance abuse services												
Inpatient hospital care	Yes w/ PA	\$2	\$20	\$50	\$50		Yes w/ PA	20%	20%	20%	20%	✓
Residential treatment	Yes w/ PA	\$2	\$20	\$50	\$50		No	--	--	--	--	
Outpatient substance abuse (SA) services												
Individual/group therapy	Yes w/ PA	\$2	\$5	\$10	\$10		Yes	20%	20%	20%	20%	✓
Family therapy	Yes w/ PA	\$2	\$5	\$10	\$10		NS	--	--	--	--	
Intensive outpatient services/ partial hospitalization	Yes w/ PA	\$2	\$5	\$10	\$10		Yes	20%	20%	20%	20%	✓
Ancillary rehabilitative and habilitative therapies												
Physical therapy (PT)	L to 30 combined PT/OT/ST/year <sup>11</sup>	\$2	\$5	\$10	\$10		L to 20 combined PT/OT/ST / year w/ PA <sup>12</sup>	20%	20%	20%	20%	✓
Occupational therapy (OT)	L to 30 combined PT/OT/ST/ year <sup>11</sup>	\$2	\$5	\$10	\$10		L to 20 combined PT/OT/ST / year w/ PA <sup>12</sup>	20%	20%	20%	20%	✓
Speech therapy (ST)	L to 30 combined PT/OT/ST/ year <sup>11</sup>	\$2	\$5	\$10	\$10		L to 20 combined PT/OT/ST / year w/ PA <sup>12</sup>	20%	20%	20%	20%	✓

Deductibles and Out-of-Pocket Limits	Colorado CHIP Plan <sup>1</sup>						Colorado Qualified Health Plan					
	Coverage	Family Income Levels <sup>2</sup>				Deductible Applies	Coverage	Family Income Levels <sup>2</sup>				Deductible Applies
		143%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			143%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL	
<b>Benefits</b>	<b>Coverage</b>	<b>Cost Sharing</b>				<b>Deductible Applies</b>	<b>Coverage</b>	<b>Cost Sharing<sup>6</sup></b>				<b>Deductible Applies</b>
Home and community-based services												
Part-time nursing care	Yes w/ PA	\$0	\$0	\$0	\$0		L to 7 visits/ week w/ PA	20%	20%	20%	20%	✓
Home health aide services	Yes w/ PA	\$0	\$0	\$0	\$0		L to 7 visits/ week w/ PA	20%	20%	20%	20%	✓
Independent nursing care services												
Nurse practitioner services	Yes	\$2	\$5	\$10	\$10		NS	--	--	--	--	✓
Nurse midwife services	Yes	\$2	\$5	\$10	\$10		NS	--	--	--	--	✓
Private duty nursing	Yes	\$2	\$5	\$10	\$10		L <sup>13</sup>	--	--	--	--	
Hospice services												
Hospice care	Yes w/ PA	\$0	\$0	\$0	\$0		Yes w/ PA	20%	20%	20%	20%	✓
Durable medical equipment												
Durable medical equipment	L to \$2,000/ year	\$0	\$0	\$0	\$0		Yes w/ PA	20%	20%	20%	20%	✓
Hearing aids	Yes with PA if over 1 every 5 years <sup>14</sup>	\$0	\$0	\$0	\$0		Yes w/ PA if over 1 every 5 years <sup>15</sup>	NS	NS	NS	NS	✓
Cochlear implants	Yes	\$0	\$0	\$0	\$0		Yes	--	--	--	--	
Eyeglasses	L to \$50/ year	\$0	\$0	\$0	\$0		Yes	--	--	--	--	✓
Disposable medical equipment												
Disposable medical supplies	No	--	--	--	--		L <sup>16</sup>	NS	NS	NS	NS	
Care coordination												
Case management/care coordination services	Yes	\$0	\$0	\$0	\$0		No	--	--	--	--	
Other health care services												
Any other screening/preventive/medical/diagnostic/remedial services	Parent education; treatment of ASD; <sup>17</sup> early intervention services <sup>18</sup> ; skilled nursing facility care						Treatment of ASD; <sup>18</sup> early intervention services; <sup>19</sup> diabetes self-management; nutritional counseling; health education for chronic diseases; early intervention services; approved clinical trials; skilled nursing and rehabilitation facility care; telemedicine; home visits					
Medical transportation												
Emergency ambulance services	Yes	\$2	\$15	\$25	\$25		Yes	20%	20%	20%	20%	✓
Non-emergency transportation	L <sup>20</sup>	\$2	\$15	\$25	\$25		No	--	--	--	--	
Enabling services												
Enabling services	No	--	--	--	--		No	--	--	--	--	
Exclusions												
Pediatric-related exclusions		--					Excludes services for treatment resulting from self-inflicted bodily harm injuries					

**Key:**

Yes = Service is covered without limits

No = Service is not covered

ASD = Autism Spectrum Disorder

L = Service is covered but subject to limitations

NA = Not applicable

NS = Coverage is not specified in plan documents

PA = Prior approval is required prior to the patient receiving services.

Sources of CHIP information: Colorado Department of Health Care Policy and Financing, CHIP State Plan, CHP+ Member Benefits Booklet, and CHP+ Provider Manual

Sources of QHP information: Humana Connect Silver 4600/6300 Plan. Certificate of Coverage and Coverage at 94%, 87%, 73%, and 70% actuarial value.

**Footnotes:**

<sup>1</sup> Colorado's Modified Adjusted Gross Income (MAGI) eligibility levels for separate, non-Medicaid CHIP is 143%-260% FPL.

<sup>2</sup> Family income calculations are based on 2014 federal poverty guidelines for a family of three in all states except Alaska and Hawaii.

<sup>3</sup> The statutory out-of-pocket limit in CHIP is 5% of family income

<sup>4</sup> Deductible amounts in QHPs for two or more children in a family are double the individual child amount.

<sup>5</sup> Out-of-pocket limits in QHPs for two or more children in a family are double the individual child amount.

<sup>6</sup> Cost sharing is for the Standard Plan. A member is moved into the Enhanced Plan with reduced cost sharing when the member completes a set of wellness actions (health risk assessment, biometric screening, and primary care office visit). Under the Enhanced Plan, primary care is provided at no cost to members with family income 101%-150% FPL, \$5 co-pay for members with family income 151%-200% FPL, and \$10 for members with family income 201%-250% FPL. Specialist visit co-payments reduce to \$60 co-pay. Members also receive a \$100 debit card to spend on health care expenses with the Enhanced Plan.

<sup>7</sup> There are two levels of generic drugs: Level 1 – preferred drugs; Level 2 – non-preferred. Cost-sharing requirements reported in this table are for Level 1.

<sup>8</sup> Over-the-counter medications are limited to Loratadine (generic Claritin), Cetirizine (generic Zyrtec), and Prevacid.

<sup>9</sup> Dental services are limited to treatment for a dental injury to a sound natural tooth. Treatment must begin within 90 days from the date of the dental injury and be completed within 12 months. Covered expenses will be limited to the least expensive service that will produce professionally adequate results.

<sup>10</sup> Cost-sharing amount for family planning is based on visit to a primary care physician.

<sup>11</sup> Physical therapy, occupational therapy, and speech therapy are unlimited for children up to age 3.

<sup>12</sup> Physical therapy, occupational therapy, and speech therapy are unlimited for children with autism and for children from ages 3-6 with congenital defects and birth abnormalities.

<sup>13</sup> Private duty nursing is limited to medically necessary inpatient care only.

<sup>14</sup> Hearing aids are covered in excess of 1 every 5 years if alterations to the existing hearing aid cannot adequately meet patient's needs.

<sup>15</sup> Hearing aid services include initial assessment, fitting, adjustments, and auditory training according to accepted professional standards.

<sup>16</sup> Coverage of disposable medical supplies is limited to supplies prescribed by the healthcare practitioner for surgical dressings, catheters, colostomy, and equipment for the treatment of diabetes.

<sup>17</sup> Treatment of ASD excludes applied behavioral analysis.

<sup>18</sup> Treatment of ASD includes evaluation assessment services; behavioral training and behavioral management and applied behavioral analysis; habilitative or rehabilitative care; prescription drugs; psychiatric care; psychological care, including family counseling; and therapeutic care.

<sup>19</sup> Early intervention services are for those ages 0 through age 2 with significant delays in development. These services are authorized based on the eligible child's Individualized Family Services Plan, excluding nonemergency medical transportation, respite care, service coordination, and assistive technology.

<sup>20</sup> Nonemergency transportation is limited to services for enrollees who are confined to the bed and when no other means of transportation can be used without endangering the individual's health.

Table 3. Georgia Comparison of CHIP and QHP Benefits and Cost Sharing

Deductible and Out-of-Pocket Limits	Georgia CHIP Plan <sup>1</sup>					Georgia Qualified Health Plan					
	Family Income Levels <sup>2</sup>					Family Income Levels <sup>2</sup>					
	134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		
Deductible	\$0	\$0	\$0	--		\$500 <sup>4</sup>	\$750 <sup>4</sup>	\$3,250 <sup>4</sup>	\$4,250 <sup>4</sup>		
Prescription drug deductible	\$0	\$0	\$0	--		\$250 <sup>4</sup>	\$500 <sup>4</sup>	\$1,000 <sup>4</sup>	\$1,500 <sup>4</sup>		
Out-of-pocket limit	\$1,326-\$1,484 <sup>3</sup>	\$1,494-\$1,979 <sup>3</sup>	\$1,989-\$2,473 <sup>3</sup>	--		\$750 <sup>8</sup>	\$1,350 <sup>8</sup>	\$4,500 <sup>5</sup>	\$6,250 <sup>5</sup>		
Benefits	Coverage	Cost Sharing			Deductible Applies	Coverage	Cost Sharing			Deductible Applies	
Inpatient hospital services											
Inpatient hospital care	Yes	\$12.50/ day	\$12.50/ day	\$12.50/ day		Yes <sup>6</sup>	20%	20%	20%	20%	✓
Outpatient hospital services											
Outpatient hospital care	Yes	\$3	\$3	\$3		Yes	20%	20%	20%	20%	✓
Emergency care	Yes	\$0	\$0	\$0		Yes	20%	20%	20%	20%	✓
Surgical services											
Inpatient surgical care	Yes	\$12.50	\$12.50	\$12.50		Yes	20%	20%	20%	20%	✓
Outpatient surgical care	Yes	\$3	\$3	\$3		Yes	20%	20%	20%	20%	✓
Physician services											
Primary care	Yes	\$0.50 - \$3	\$0.50 - \$3	\$0.50 - \$3		Yes	\$25 <sup>7</sup>	\$25 <sup>7</sup>	\$25 <sup>7</sup>	\$35 <sup>7</sup>	✓
Well child care	Yes <sup>8</sup>	\$0	\$0	\$0		Yes	\$0	\$0	\$0	\$0	
Specialty care	Yes	\$0.50 - \$3	\$0.50 - \$3	\$0.50 - \$3		Yes	\$60	\$60	\$60	\$60	✓
Clinic/other ambulatory services											
Community health centers	Yes	\$2	\$2	\$2		NS	--	--	--	--	
School-based health centers	NS	--	--	--		NS	--	--	--	--	
Urgent care centers	NS	--	--	--		Yes	\$60	\$60	\$60	\$60	✓
Prescription drugs											
Generic drugs	Yes	\$0.50	\$0.50	\$0.50		Yes <sup>9</sup>	\$10	\$10	\$10	\$10	
Preferred brand drugs	Yes	\$0.50	\$0.50	\$0.50		Yes	\$50	\$50	\$50	\$50	✓
Non-preferred brand drugs	Yes	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3		Yes	50%	50%	50%	50%	✓
Specialty drugs	Yes	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3		Yes	50%	50%	50%	50%	✓
Non-prescription drugs											
Over-the-counter medications	L <sup>10</sup>	\$0.50	\$0.50	\$0.50		No	--	--	--	--	
Lab/radiology services											
Lab tests	Yes	NS	NS	NS		Yes	\$0 up to \$500, then 20%	✓			
X-rays	Yes <sup>11</sup>	NS	NS	NS		Yes	\$0 up to \$500, then 20%	✓			

Deductible and Out-of-Pocket Limits	Georgia CHIP Plan <sup>1</sup>					Georgia Qualified Health Plan						
		Family Income Levels <sup>2</sup>					Family Income Levels <sup>2</sup>					
		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		
Benefits	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
Imaging	Yes <sup>12</sup>	NS	NS	NS			Yes	20%	20%	20%	20%	✓
Dental services												
Preventive and diagnostic services	Yes	\$0	\$0	\$0			No	--	--	--	--	
Treatment services	Yes	\$0-\$3	\$0-\$3	\$0-\$3			L <sup>12</sup>	NS	NS	NS	NS	
Orthodontia	Yes w/ PA	NS	NS	NS			No	--	--	--	--	
Prenatal/pre-pregnancy family planning services												
Prenatal care	Yes	\$0	\$0	\$0			Yes	20%	20%	20%	20%	✓
Delivery services	Yes	\$12.50	\$12.50	\$12.50			Yes	20%	20%	20%	20%	✓
Family planning services	Yes	\$0	\$0	\$0			Yes	\$25 <sup>13</sup>	\$25 <sup>13</sup>	\$25 <sup>13</sup>	\$35 <sup>13</sup>	✓
Abortion												
Abortion to save life of the mother or as the result of rape or incest	Yes	\$3	\$3	\$3			No	--	--	--	--	✓
Inpatient mental health services												
Inpatient hospital care	Yes w/ PA	\$12.50	\$12.50	\$12.50			Yes	20%	20%	20%	20%	✓
Residential treatment	Yes w/ PA	\$12.50	\$12.50	\$12.50			No	--	--	--	--	
Outpatient mental health services												
Individual/group therapy	Yes w/ PA	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			Yes	20%	20%	20%	20%	✓
Family therapy	Yes w/ PA	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			NS	--	--	--	--	
Psychological testing	Yes w/ PA	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			No	--	--	--	--	✓
Intensive outpatient services/partial hospitalization	Yes w/ PA	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			Yes	20%	20%	20%	20%	✓
Inpatient substance abuse services												
Lab/radiology services												
Inpatient hospital care	Yes w/ PA	\$12.50	\$12.50	\$12.50			Yes	20%	20%	20%	20%	✓
Residential treatment	Yes w/ PA	\$12.50	\$12.50	\$12.50			No	--	--	--	--	
Outpatient substance abuse services												
Individual/group therapy	Yes w/ PA	\$0.50 - \$3	\$0.50 - \$3	\$0.50 - \$3			Yes	20%	20%	20%	20%	✓
Family therapy	Yes w/ PA	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			No	--	--	--	--	
Intensive outpatient services/partial hospitalization	Yes w/ PA	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			Yes	20%	20%	20%	20%	✓
Ancillary rehabilitative and habilitative therapies												

Deductible and Out-of-Pocket Limits	Georgia CHIP Plan <sup>1</sup>					Georgia Qualified Health Plan						
	Family Income Levels <sup>2</sup>					Family Income Levels <sup>2</sup>						
		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		
Benefits	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
Physical therapy (PT)	Yes w/ PA after 10 PT hours/ month	NS	NS	NS			L to 20 combined PT/OT visits/ year <sup>14</sup>	20%	20%	20%	20%	✓
Occupational therapy (OT)	Yes w/ PA after 10 OT hours/ month	NS	NS	NS			L to 20 combined PT/OT visits/ year <sup>14</sup>	20%	20%	20%	20%	✓
Speech therapy (ST)	Yes w/ PA after 10 ST hours/ month	NS	NS	NS			L to 20 visits/ year <sup>14</sup>	20%	20%	20%	20%	✓
Home and community-based services												
Part-time nursing care	Yes w/ PA after 75 combined home health visits/ year	\$3	\$3	\$3			L to 120 combined home health visits/ year w/ PA	20%	20%	20%	20%	✓
Home health aide services	Yes w/ PA after 75 combined home health visits/ year	\$3	\$3	\$3			L to 120 combined home health visits/ year w/ PA	20%	20%	20%	20%	✓
Lab/radiology services												
Independent nursing care services												
Nurse practitioner services	Yes	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			NS	--	--	--	--	
Nurse midwife services	Yes	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3			NS	--	--	--	--	
Private duty nursing	Yes	NS	NS	NS			No	--	--	--	--	
Hospice services												
Hospice care	Yes	NS	NS	NS			Yes	20%	20%	20%	20%	✓
Durable medical equipment												
Durable medical equipment	Yes w/ PA over \$200	\$1 or \$3	\$1 or \$3	\$1 or \$3			Yes w/ PA	20%	20%	20%	20%	✓
Hearing aids	Yes w/ PA over 1 every 3 years	NS	NS	NS			No	--	--	--	--	

Deductible and Out-of-Pocket Limits	Georgia CHIP Plan <sup>1</sup>					Georgia Qualified Health Plan					
	Family Income Levels <sup>2</sup>					Family Income Levels <sup>2</sup>					
		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL	
Benefits	Coverage	Cost Sharing			Deductible Applies	Coverage	Cost Sharing			Deductible Applies	
Cochlear implants	Yes w/ PA	\$1 - \$3	\$1 - \$3	\$1 - \$3		No	--	--	--	--	
Eyeglasses	Yes	NS	NS	NS		Yes	50%	50%	50%	50%	
Disposable medical equipment											
Disposable medical supplies	Yes w/ PA	\$0.50	\$0.50	\$0.50		No	--	--	--	--	
Care coordination											
Case management/care coordination services	No	--	--	--		No	--	--	--	--	
Other health care services											
Any other screening/ preventive/medical/diagnostic/remedial services	Childbirth education; maternity home visiting; children's intervention services; <sup>15</sup> transplant services					Childbirth education; disease self-management; diabetes education; nutritional counseling; skilled nursing facility care; approved clinical trials; telemedicine services; tobacco cessation programs; treatment of neurological disorders for autism similar to those services covered for any other diagnosed neurological disorder					
Medical transportation											
Emergency ambulance services	Yes	\$0	\$0	\$0		Yes	20%	20%	20%	20%	✓
Non-emergency transportation	No	--	--	--		No	--	--	--	--	
Enabling services											
Enabling services	No	--	--	--		No	--	--	--	--	
Exclusions											
Pediatric-related exclusions						Excludes services for treatment resulting from attempted suicide or intentionally self-inflicted injuries, and from being under the influence of illegal narcotics or controlled substances					

**Key:**

Yes = Service is covered without limits

No = Service is not covered

L = Service is covered but subject to limitations

NA = Not applicable

NS = Coverage is not specified in plan documents

PA = Prior approval is required prior to the patient receiving services.

Sources of CHIP coverage information: Georgia Department of Community Health CHIP State Plan and PeachCare for Kids Co-pay Implementation Public Notice

Sources of qualified health plan coverage information: Human National Preferred Silver 4250/6250. Certificate of Coverage and Summary of Coverage and Benefits

94%, 87%, 74% actuarial values and 70%

**Footnotes:**<sup>1</sup> Georgia's Modified Adjusted Gross Income (MAGI) eligibility levels for separate, non-Medicaid CHIP varies by age: 0-1=206%-247% FPL, 1-5=150%-247% FPL, and 6-18=134%-247% FPL. In this table, we report on the income eligibility for the 6-18 age group.<sup>2</sup> Family income calculations are based on 2014 federal poverty guidelines for a family of three.

- <sup>3</sup> The statutory out-of-pocket limit in CHIP is 5% of family income.
- <sup>4</sup> Deductible amounts in QHPs for two or more children in a family are double the individual child amount.
- <sup>5</sup> Out-of-pocket limits in QHPs for two or more children in a family are double the individual child amount.
- <sup>6</sup> Charges incurred for a hospital stay beginning on Friday or Saturday are not covered unless due to emergency care or surgery is performed on the day admitted
- <sup>7</sup> Cost-sharing amounts are for preferred providers (Concentra).
- <sup>8</sup> Coverage for screening and preventive services is based on Georgia's Medicaid EPSDT (Health Check) requirements. These include regular physical examinations, screening, health tests, immunizations and treatment for diagnosed problems based on the recommendations by the American Academy of Pediatrics.
- <sup>9</sup> There are two levels of generic drugs: Level 1—preferred; Level 2—non-preferred. Cost-sharing requirements reported in this table are for Level 1.
- <sup>10</sup> Covered over-the-counter medicines require a prescription. Coverage is limited to a maximum allowable cost for multi-vitamins, enteric coated aspirin, diphenhydramine, insulin, NIX, iron, meclizine, insulin syringes, insulin delivery unit systems, and urine test strips.
- <sup>11</sup> Radiology services are covered only in a hospital setting or physician's office.
- <sup>12</sup> Dental services are limited to dental injury to a sound natural tooth and must begin within 90 days and be completed within 12 months of injury date.
- <sup>13</sup> Cost-sharing amount for family planning is based on visit to a primary care physician.
- <sup>14</sup> Outpatient therapies are for services for documented loss of physical function, pain, or developmental defect.
- <sup>15</sup> Georgia's Children's Intervention Services program is available to CHIP enrollees from birth through age 18 and includes audiology, nursing, nutritional counseling, occupational therapy, physical therapy, social work, speech-language pathology services, and developmental therapy instruction.

**Table 4. Oregon Comparison of CHIP and QHP Benefits and Cost Sharing**

Cost Sharing	Oregon CHIP Plan <sup>1</sup>						Oregon Qualified Health Plan					
	Family Income Levels <sup>2</sup>					Deductible Applies	Family Income Levels <sup>2</sup>					Deductible Applies
	134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL	134%-150% FPL		151%-200% FPL	201%-250% FPL	251%-300% FPL			
Deductible	\$0	\$0	\$0	\$0		\$250 <sup>3</sup>	\$750 <sup>3</sup>	\$1,500 <sup>3</sup>	\$3,000 <sup>3</sup>			
Prescription drug deductible	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0			
Out-of-pocket limit	NA	NA	NA	NA		\$500 <sup>4</sup>	\$1,250 <sup>4</sup>	\$5,000 <sup>4</sup>	\$6,000 <sup>4</sup>			
Benefits	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
Inpatient hospital services												
Inpatient hospital care	Yes	\$0	\$0	\$0	\$0		Yes w/ PA	25%	25%	25%	25%	✓
Outpatient hospital services												
Outpatient hospital care	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Emergency care	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Surgical services												
Inpatient surgical care	Yes w/ PA	\$0	\$0	\$0	\$0		Yes w/ PA	25%	25%	25%	25%	✓
Outpatient surgical care	Yes w/ PA	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Physician services												
Primary care	Yes	\$0	\$0	\$0	\$0		Yes	\$15/25% <sup>5</sup>	\$15/25% <sup>5</sup>	\$15/25% <sup>5</sup>	\$15/25% <sup>5</sup>	✓ (after 1 <sup>st</sup> 3 visits)
Well child care	Yes <sup>6</sup>	\$0	\$0	\$0	\$0		Yes	\$0	\$0	\$0	\$0	
Specialty care	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	
Clinic/other ambulatory services												
Community health centers	Yes	\$0	\$0	\$0	\$0		NS	--	--	--	--	
School-based health centers	Yes	\$0	\$0	\$0	\$0		NS	--	--	--	--	
Urgent care centers	Yes	\$0	\$0	\$0	\$0		Yes	\$15/25% <sup>5</sup>	\$15/25% <sup>5</sup>	\$15/25% <sup>5</sup>	\$15/25% <sup>5</sup>	✓
Prescription drugs												
Generic drugs	Yes	\$0	\$0	\$0	\$0		Yes	\$2 <sup>7</sup>	\$2 <sup>7</sup>	\$2 <sup>7</sup>	\$2 <sup>7</sup>	✓
Preferred brand drugs	Yes	\$0	\$0	\$0	\$0		Yes	50%	50%	50%	50%	✓
Non-preferred brand drugs	Yes	\$0	\$0	\$0	\$0		Yes	50%	50%	50%	50%	✓
Specialty drugs	Yes	\$0	\$0	\$0	\$0		Yes	50%	50%	50%	50%	✓
Non-prescription drugs												
Over-the-counter medications	Yes	\$0	\$0	\$0	\$0		No	--	--	--	--	
Lab/radiology services												
Lab tests	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
X-rays	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Imaging	Yes w/ PA	\$0	\$0	\$0	\$0		Yes w/ PA	25%	25%	25%	25%	✓

Cost Sharing	Oregon CHIP Plan <sup>1</sup>						Oregon Qualified Health Plan					
	Coverage	Family Income Levels <sup>2</sup>				Deductible Applies	Coverage	Family Income Levels <sup>2</sup>				Deductible Applies
		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL	
<b>Benefits</b>	<b>Coverage</b>	<b>Cost Sharing</b>				<b>Deductible Applies</b>	<b>Coverage</b>	<b>Cost Sharing</b>				<b>Deductible Applies</b>
Dental services												
Preventive and diagnostic services	Yes	\$0	\$0	\$0	\$0		No	--	--	--	--	
Treatment services	Yes	\$0	\$0	\$0	\$0		No	--	--	--	--	
Orthodontia	L to cleft palate and cleft lip w/ PA	\$0	\$0	\$0	\$0		No	--	--	--	--	
Prenatal/pre-pregnancy family planning services												
Prenatal care	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Delivery services	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Family planning services	Yes	\$0	\$0	\$0	\$0		Yes	\$15 <sup>8</sup>	\$15 <sup>8</sup>	\$15 <sup>8</sup>	\$15 <sup>8</sup>	✓
Abortion												
Abortion to save life of the mother or as the result of rape or incest	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Inpatient mental health services												
Inpatient hospital care	Yes w/ PA	\$0	\$0	\$0	\$0		Yes w/ PA	25%	25%	25%	25%	✓
Residential treatment	Yes w/ PA	\$0	\$0	\$0	\$0		Yes w/ PA	25%	25%	25%	25%	✓
Outpatient mental health services												
Individual/group therapy	Yes	\$0	\$0	\$0	\$0		Yes <sup>9</sup>	25%	25%	25%	25%	✓
Family therapy	Yes	\$0	\$0	\$0	\$0		No	--	--	--	--	
Psychological testing	No	--	--	--	--		Yes	--	--	--	--	
Intensive outpatient services/ partial hospitalization	Yes w/ PA	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Inpatient substance abuse services												
Inpatient hospital care	Yes w/ PA	\$0	\$0	\$0	\$0		L w/ PA <sup>10</sup>	25%	25%	25%	25%	✓
Residential treatment	Yes w/ PA	\$0	\$0	\$0	\$0		Yes w/ PA	25%	25%	25%	25%	✓
Outpatient substance abuse services												
Individual/group therapy	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Family therapy	Yes	\$0	\$0	\$0	\$0		No	--	--	--	--	

Cost Sharing	Oregon CHIP Plan <sup>1</sup>						Oregon Qualified Health Plan					
	Family Income Levels <sup>2</sup>						Family Income Levels <sup>2</sup>					
	134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		
Benefits	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
Intensive outpatient services/ partial hospitalization	Yes w/ PA	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Ancillary rehabilitative and habilitative therapies												
Physical therapy (PT)	Yes w/ PA	\$0	\$0	\$0	\$0		L to 30 combined PT/OT/ST visits/ year	25%	25%	25%	25%	✓
Occupational therapy (OT)	Yes w/ PA	\$0	\$0	\$0	\$0		L to 30 combined PT/OT/ST visits/ year	25%	25%	25%	25%	✓
Speech therapy (ST)	Yes w/ PA	\$0	\$0	\$0	\$0		L to 30 combined PT/OT/ST visits/ year	25%	25%	25%	25%	✓
Home and community-based services												
Part-time nursing care	Yes w/ PA	\$0	\$0	\$0	\$0		L to 140 combined home health visits/ year w/ PA	25%	25%	25%	25%	✓
Home health aide services	Yes w/ PA	\$0	\$0	\$0	\$0		L to 140 combined home health visits/ year w/ PA	25%	25%	25%	25%	✓
Independent nursing care services												
Nurse practitioner services	Yes	\$0	\$0	\$0	\$0		Yes	NS	NS	NS	NS	✓
Nurse midwife services	Yes	\$0	\$0	\$0	\$0		Yes	NS	NS	NS	NS	✓
Private duty nursing	Yes w/ PA	\$0	\$0	\$0	\$0		No	--	--	--	--	
Hospice services												
Hospice Care	Yes	\$0	\$0	\$0	\$0		L to 30/Life	25%	25%	25%	25%	✓
Durable medical equipment												
Durable medical equipment	Yes w/ PA	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓

Cost Sharing	Oregon CHIP Plan <sup>1</sup>						Oregon Qualified Health Plan					
	Family Income Levels <sup>2</sup>						Family Income Levels <sup>2</sup>					
	134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		
Benefits	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
Hearing aids	L to 2 every 3 years w/ PA	\$0	\$0	\$0	\$0		L to 1 every 2 years	NS	NS	NS	NS	✓
Cochlear implants	Yes	\$0	\$0	\$0	\$0		Yes w/ PA	NS	NS	NS	NS	✓
Eyeglasses	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Disposable medical equipment												
Disposable medical supplies	Yes	\$0	\$0	\$0	\$0		Yes	25%	25%	25%	25%	✓
Care coordination												
Case management/care coordination services	Yes	\$0	\$0	\$0	\$0		Yes <sup>11</sup>	\$0	\$0	\$0	\$0	
Other health care services												
Any other screening/preventive/medical/diagnostic/remedial services	Childbirth education; maternity home visiting; tobacco cessation; treatment of ASD; <sup>12</sup> skilled nursing facility care; and other services listed as prioritized services for conditions covered under the state's 1115 Medicaid demonstration waiver						Biofeedback; diabetes self-management education; disease management; <sup>13</sup> tobacco cessation; nutritional counseling; telemedical health services; qualified clinical trials; skilled nursing facility care; cost-effective services <sup>14</sup>					
Medical transportation												
Emergency ambulance services	Yes	\$0	\$0	\$0	\$0		L to 6/ year	25%	25%	25%	25%	✓
Non-emergency transportation	Yes w/ PA	\$0	\$0	\$0	\$0		No	--	--	--	--	
Enabling services												
Enabling services	Yes	\$0	\$0	\$0	\$0		No	--	--	--	--	
Exclusions												
Pediatric-related exclusions		--										

**Key:**  
 Yes = Service is covered without limits  
 No = Service is not covered  
 L = Service is covered but subject to limitations  
 ASD = Autism Spectrum Disorder  
 NA = Not applicable  
 NS = Coverage is not specified in plan documents  
 PA = Prior approval is required prior to the patient receiving services.

Sources of CHIP information: Oregon Health Authority CHIP State Plan, Member Handbook, and Provider Guidelines available at <http://www.dhs.state.or.us/policy/healthplan/guides/main.html>

Sources of QHP information: Moda Health Plan, Inc: Silver–Be Smart. Certificate of Coverage and Summary of Benefits and Coverage at 94%, 87%, 73%, and 70% actuarial values.

**Footnotes:**

<sup>1</sup> Oregon's Modified Adjusted Gross Income (MAGI) Level for Eligibility for separate, non-medical CHIP varies by age: 0-1=186%-300% FPL and 1-18=134%-300% FPL. In this table, we report on the income eligibility for the 6-18 age group.

<sup>2</sup> Family income calculations are based on 2014 federal poverty guidelines for a family of three.

<sup>3</sup> Deductible amounts in QHPs for two or more children in a family are double the individual child amount.

<sup>4</sup> Out-of-pocket limits in QHPs for two or more children in a family are double the individual child amount.

<sup>5</sup> \$15 copay/visit for first primary care and urgent care three visits; 25% coinsurance for subsequent primary care and urgent care visits. Deductible applies after first three visits.

<sup>6</sup> Oregon provides for coverage of services required to treat a condition identified during an EPSDT/ well-child screen consistent with its list of prioritized services.

<sup>7</sup> There are two levels of generic drugs: value tier and select generic. Cost-sharing requirements reported in this table are for value tier.

<sup>8</sup> \$15 for family planning services provided by a primary care physician.

<sup>9</sup> Mental illness does not include V-codes, except for members 5 years of age or younger for V61.20 (parent-child problem), V61.21 (child abuse), and V62.82 (bereavement). For reader's information, "V" codes are signs and symptoms that have not been defined as a diagnosis and also circumstances, such as lack of housing, that may affect health.

<sup>10</sup> Inpatient substance abuse treatment is covered only for detoxification.

<sup>11</sup> Care coordination is for complex or catastrophic cases.

<sup>12</sup> Treatment of ASD excludes applied behavioral analysis.

<sup>13</sup> Disease management offered by health coaches is available for those with a chronic disease or medical condition to identify health goals, self-manage disease, and prevent development of complications.

<sup>14</sup> Cost-effective services are those that are not otherwise benefits of the plan, but which Moda Health believes to be medically necessary and cost effective. These services will be determined by Moda Health's medical director in conjunction with a treatment plan authorized by the member's attending physician.

Table 5. Texas Comparison of CHIP and Quality Health Plans Benefits and Cost Sharing

Deductibles and Out-of-Pocket Limits	Texas CHIP Plan <sup>1</sup>					Texas Qualified Health Plan						
	Coverage	Family Income Levels <sup>2</sup>				Deductible Applies	Coverage	Family Income Levels <sup>2</sup>				Deductible Applies
		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL	
Deductible		\$0	\$0	--	--		\$500 <sup>4</sup>	\$1,500 <sup>4</sup>	\$5,000 <sup>4</sup>	\$6,000 <sup>4</sup>		
Hospital deductible		\$0	\$0	--	--		\$250 <sup>4</sup>	\$250 <sup>4</sup>	\$250 <sup>4</sup>	\$250 <sup>4</sup>		
Out-of-pocket limit		\$1,326-\$1,484 <sup>3</sup>	\$1,494-\$1,979 <sup>3</sup>	--	--		\$500 <sup>5</sup>	\$1,500 <sup>5</sup>	\$5,000 <sup>5</sup>	\$6,000 <sup>5</sup>		
Benefits	Coverage	Cost Sharing <sup>6</sup>				Deductible Applies	Coverage	Cost Sharing <sup>6</sup>				Deductible Applies
Inpatient hospital services												
Inpatient hospital care	Yes	\$35/ stay	\$75/ \$125/ stay	--	--		Yes	\$0	\$0	\$0	\$0	✓ <sup>7</sup>
Outpatient hospital services												
Outpatient hospital care	Yes	\$5	\$20/ \$25	--	--		Yes	\$200	\$200	\$200	\$200	✓
Emergency care	Yes	\$0 <sup>8</sup>	\$0 <sup>8</sup>	--	--		Yes	\$500	\$500	\$500	\$500	✓
Surgical services												
Inpatient surgical care	Yes	\$35	\$75/ \$125	--	--		Yes	\$0	\$0	\$0	\$0	✓ <sup>7</sup>
Outpatient surgical care	Yes	\$5	\$20/ \$25	--	--		Yes	\$200	\$200	\$200	\$200	✓
Physician services												
Primary care	Yes	\$5	\$20/ \$25	--	--		Yes	\$30	\$30	\$30	\$30	✓
Well child care	Yes	\$0	\$0	--	--		Yes	\$0	\$0	\$0	\$0	
Specialty care	Yes	\$5	\$20/ \$25	--	--		Yes	\$50	\$50	\$50	\$50	✓
Clinic/other ambulatory services												
Community health centers	Yes	\$5	\$20/ \$25	--	--		NS	--	--	--	--	
School-based health centers	Yes	\$5	\$20/ \$25	--	--		NS	--	--	--	--	
Urgent care centers	Yes	\$5	\$20/ \$25	--	--		Yes	\$0	\$0	\$0	\$0	✓
Prescription drugs												
Generic drugs	Yes except contraceptives <sup>9</sup>	\$0	\$10	--	--		Yes	\$0 <sup>10</sup>	\$0 <sup>10</sup>	\$0 <sup>10</sup>	\$0 <sup>10</sup>	✓
Preferred brand drugs	Yes except contraceptives <sup>9</sup>	\$5	\$35	--	--		Yes	\$50	\$50	\$50	\$50	✓
Non-preferred brand drugs	Yes except contraceptives <sup>9</sup>	\$5	\$35	--	--		Yes	\$100	\$100	\$100	\$100	✓
Specialty drugs	Yes except contraceptives <sup>9</sup>	\$5	\$35	--	--		Yes	\$150	\$150	\$150	\$150	✓
Non-prescription drugs												
Over-the-counter medications	No	--	--	--	--		L <sup>11</sup>	\$0	\$0	\$0	\$0	
Lab/radiology services												



Family therapy	No	--	--	--	--		Yes	\$30	\$30	\$30	\$30	✓
Intensive outpatient services/ partial hospitalization	Yes	\$5	\$20/ \$25	--	--		NS	--	--	--	--	
<b>Texas CHIP Plan<sup>1</sup></b>						<b>Texas Qualified Health Plan</b>						
<b>Deductibles and Out-of-Pocket Limits</b>	<b>Family Income Levels<sup>2</sup></b>						<b>Family Income Levels<sup>2</sup></b>					
		134%- 150% FPL	151%- 200% FPL	201%- 250% FPL	251%- 300% FPL			134%- 150% FPL	151%- 200% FPL	201%- 250% FPL	251%- 300% FPL	
<b>Benefits</b>	<b>Coverage</b>	<b>Cost Sharing<sup>6</sup></b>				<b>Deductible Applies</b>	<b>Coverage</b>	<b>Cost Sharing<sup>6</sup></b>				<b>Deductible Applies</b>
Ancillary rehabilitative and habilitative therapies												
Physical therapy (PT)	Yes <sup>16</sup>	\$0	\$0	--	--		L to 35 combined PT/ OT/ ST visits/year; additional therapy visits for 0-3 age group with developmental delays	\$0	\$0	\$0	\$0	✓
Occupational therapy (OT)	Yes <sup>16</sup>	\$0	\$0	--	--		L to 35 combined PT/ OT/ ST visits/year; additional therapy visits for 0-3 age group with developmental delays	\$0	\$0	\$0	\$0	✓
Speech therapy (ST)	Yes <sup>16</sup>	\$0	\$0	--	--		L to 35 combined PT/ OT/ ST visits/year; additional therapy visits for 0-3 age group with developmental delays	\$0	\$0	\$0	\$0	✓
Home and community-based services												
Part-time nursing care	Yes	\$0	\$0	--	--		L to 60 combined home health visits/year	\$0	\$0	\$0	\$0	✓
Home health aide services	Yes	\$0	\$0	--	--		L to 60 combined home health visits/year	\$0	\$0	\$0	\$0	✓
Independent nursing care services												
Nurse practitioner services	Yes	\$0	\$0	--	--		NS	--	--	--	--	
Nurse midwife services	Yes	\$0	\$0	--	--		NS	--	--	--	--	
Private duty nursing	Yes	\$0	\$0	--	--		L <sup>17</sup>	NS	NS	NS	NS	✓
Hospice services												
Hospice care	L to 120 days	\$0	\$0	--	--		Yes	\$0	\$0	\$0	\$0	✓
Durable medical equipment (DME)												
Durable medical equipment	L to \$20,000 combined DME/year <sup>18</sup>	\$0	\$0	--	--		Yes	\$0	\$0	\$0	\$0	✓
Hearing aids	L to \$20,000 combined DME/year <sup>18</sup>	\$0	\$0	--	--		L to 2/3 years	NS <sup>19</sup>	NS <sup>19</sup>	NS <sup>19</sup>	NS <sup>19</sup>	✓
Cochlear implants	L to \$20,000 combined DME/year <sup>18</sup>	\$0	\$0	--	--		NS	--	--	--	--	
Eyeglasses	Yes	\$0	\$0	--	--		Yes	\$0	\$0	\$0	\$0	✓
Disposable medical equipment												

Disposable medical supplies	L to \$20,000 combined DME/ year <sup>20</sup>	\$0	\$0	--	--		Yes	NS	NS	NS	NS	
<b>Texas CHIP Plan<sup>1</sup></b>							<b>Texas Qualified Health Plan</b>					
<b>Deductibles and Out-of-Pocket Limits</b>	<b>Family Income Levels<sup>2</sup></b>					<b>Family Income Levels<sup>2</sup></b>						
	134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			
<b>Benefits</b>	<b>Coverage</b>	<b>Cost Sharing<sup>6</sup></b>				<b>Deductible Applies</b>	<b>Coverage</b>	<b>Cost Sharing<sup>6</sup></b>				<b>Deductible Applies</b>
Care coordination												
Case management/care coordination services	Yes <sup>21</sup>	\$0	\$0	--	--		No	--	--	--	--	
Other health care services												
Any other screening/ preventive/medical/ diagnostic/remedial services	Tobacco cessation; skilled nursing facility care; transplant services					ASD services for children include, but are not limited to, evaluation and assessment, applied behavioral analysis, behavior training and behavior management, PT/OT/ST, and medications or nutritional supplements to address symptoms of autism; qualified clinical trials; diabetes education, including evaluation and assessment, applied behavioral analysis, behavior training and management, PT/OT/ST, and medications or nutritional supplements; nutritional counseling; skilled nursing facility care						
Medical transportation												
Emergency ambulance services	Yes	\$0	\$0	--	--		Yes	\$0	\$0	\$0	\$0	✓
Non-emergency transportation	No	--	--	--	--		No	--	--	--	--	
Enabling services												
Enabling services	No	--	--	--	--		No	--	--	--	--	
Exclusions												
Pediatric-related exclusions		--						--				

**Key:**  
 Yes = Service is covered without limits  
 No = Service is not covered  
 L = Service is covered but subject to limitations  
 ASD = Autism Spectrum Disorder  
 NA = Not applicable  
 NS = Coverage is not specified in plan documents  
 PA = Prior approval is required prior to the patient receiving services.

Sources of CHIP Information: Texas Health and Human Services Commission, CHIP State Plan  
 Sources of QHP Information: Blue Advantage Silver HMO 003, Certificate of Coverage and Summary of Benefits and Coverage 94%, 87%, 73% actuarial value, and 70% actuarial value levels.

**Footnotes:**  
<sup>1</sup> Texas's Modified Adjusted Gross Income (MAGI) eligibility level for separate, non-medical CHIP varies by age: 0-1=199%-201% FPL, 1-5=145%-201% FPL and 6-18=134%-201% FPL. In this table, we report on the income eligibility for the 6-18 age group.

- <sup>2</sup> Family income calculations are based on 2014 federal poverty guidelines for a family of three in all states except Alaska and Hawaii.
- <sup>3</sup> The statutory out-of-pocket limit in CHIP is 5% of family income, which is calculated to be \$1,366-\$1,484 for families with incomes at 138%-150% FPL and \$1,484-\$1,979 for families with incomes at 151%-200% FPL. Out-of-pocket amounts are based on 2014 federal poverty guidelines for a family of three.
- <sup>4</sup> Deductible amounts in QHPs for two or more children in a family are double the individual child amount.
- <sup>5</sup> Out-of-pocket limits in QHPs for two or more children in a family are double the individual child amount.
- <sup>6</sup> Cost-sharing amounts are presented for those with family incomes at 151%-185% FPL and 185%-200% FPL.
- <sup>7</sup> The inpatient hospital deductible is \$250 per hospitalization.
- <sup>8</sup> There is \$5 co-pay for non-emergency ER visits for children with family incomes <150% FPL and \$75 for children with family incomes >151% FPL.
- <sup>9</sup> Contraceptive drugs prescribed only for primary and preventive reproductive health care are not covered.
- <sup>10</sup> There are two levels of generic drugs: preferred and non-preferred. Cost-sharing reported in this table are for preferred generic drugs.
- <sup>11</sup> Coverage of over-the-counter medications is limited to FDA-approved over-the-counter prescriptions with a written prescription by a participating provider.
- <sup>12</sup> Exceptions to the \$564 annual benefit maximum are for the preventive services identified in the 2009 American Academy of Pediatric Dentistry periodicity schedule and other medically necessary services approved through a prior authorization process.
- <sup>13</sup> Copay applies to first prenatal visit.
- <sup>14</sup> \$30 for family planning services provided by a primary care physician.
- <sup>15</sup> Residential treatment is available when the member has an acute condition that substantially impairs thoughts, perception of reality, emotional process or judgment, or grossly impairs behavior as manifested by recent disturbed behavior, which would otherwise necessitate confinement in a participating mental health treatment facility.
- <sup>16</sup> Coverage for rehabilitative and habilitative services excludes school-based physical therapy, speech therapy, and occupational therapy.
- <sup>17</sup> Private duty nursing only covered for extended care purposes when medically necessary.
- <sup>18</sup> \$20,000 is the maximum dollar limit for all DME including hearing aids, dental devices, adaptive devices, and disposable medical supplies.
- <sup>19</sup> Hearing aids cost-sharing requirements were not specified in Blue Advantage plan documents. However, in the Texas benchmark benefit information for the individual market, there is a \$1,000 maximum limit every three years for hearing aids.
- <sup>20</sup> Coverage of disposable medical supplies includes diagnosis-specific disposable medical supplies, including certain specialty formulas and dietary supplements. Diabetic supplies and equipment are exempted from the \$20,000 maximum dollar limit.
- <sup>21</sup> Case management services are covered for children with complex special health care needs and include outreach, informing, intensive case management, care coordination, and community referral.

Table 6. West Virginia Comparison of CHIP and QHP Benefits and Cost Sharing

Deductibles and Out-of-Pocket Limits	West Virginia CHIP Plan <sup>1</sup>					Deductible Applies	West Virginia Qualified Health Plan					Deductible Applies
	Coverage	Family Income Levels <sup>2</sup>					Coverage	Family Income Levels <sup>2</sup>				
		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL	
Deductible		\$0	\$0	\$0	\$0		\$100 <sup>3</sup>	\$500 <sup>3</sup>	\$2,100 <sup>3</sup>	\$2,500 <sup>3</sup>		
Prescription drug deductible		\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0		
Out-of-pocket limit		\$250	\$250	\$350	\$350		\$750 <sup>4</sup>	\$2,000 <sup>4</sup>	\$3,500 <sup>4</sup>	\$3,500 <sup>4</sup>		
Benefits	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
Inpatient hospital services												
Inpatient hospital care	Yes w/ PA <sup>5</sup>	\$0	\$25/day	\$25/day	\$25/day		Yes	10%	10%	10%	10%	✓
Outpatient hospital services												
Outpatient hospital care	Yes	\$0	\$25	\$25	\$25		Yes	10%	10%	10%	10%	✓
Emergency care	Yes	\$0	\$35	\$35	\$35		Yes	10%	10%	10%	10%	✓
Surgical services												
Inpatient surgical care	Yes w/ PA	\$0	\$25	\$25	\$25		Yes	10%	10%	10%	10%	✓
Outpatient surgical care	Yes w/ PA	\$0	\$25	\$25	\$25		Yes	10%	10%	10%	10%	✓
Physician services												
Primary care	Yes w/ PA after 26 visits/ year	\$0 <sup>6</sup>	\$0 <sup>6</sup>	\$0 <sup>6</sup>	\$0 <sup>6</sup>		Yes	10%	10%	10%	10%	✓
Well child care	Yes <sup>7</sup>	\$0	\$0	\$0	\$0		Yes	\$0	\$0	\$0	\$0	
Specialty care	Yes w/ PA > 26 visits/ year	\$5	\$15	\$20	\$20		Yes	10%	10%	10%	10%	✓
Clinic/other ambulatory services												
Community health centers	Yes w/ PA after 26 visits/ year	\$5	\$15	\$20	\$20		NS	--	--	--	--	
School-based health centers	NS	--	--	--	--		NS	--	--	--	--	
Urgent care centers	Yes w/ PA after 26 visits/ year	\$5	\$15	\$20	\$20		Yes	10%	10%	10%	10%	✓
Prescription drugs												
Generic drugs	Yes	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Preferred brand drugs	Yes	\$5	\$10	\$15	\$15		Yes	10%	10%	10%	10%	✓
Non-preferred brand drugs	No <sup>8</sup>	--	--	--	--		Yes	10%	10%	10%	10%	✓
Specialty drugs	Yes w/ PA	\$5	\$10	\$15	\$15		Yes	10%	10%	10%	10%	✓
Non-prescription drugs												
Over-the-counter medications	L <sup>9</sup>	\$0	\$0	\$0	\$0		No	--	--	--	--	
Lab/radiology services												
Lab tests	Yes	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
X-rays	Yes	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Imaging	Yes w/ PA	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Dental services												
Preventive and diagnostic services	Yes	\$0	\$0	\$0	\$0		L <sup>10</sup>	\$0	\$0	\$0	\$0	
Treatment services	Yes	\$0	\$0	\$25	\$25		No	--	--	--	--	

Benefits	West Virginia CHIP Plan <sup>1</sup>					West Virginia Qualified Health Plan						
	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
		134%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			134%-150% FPL <sup>2</sup>	151%-200% FPL <sup>3</sup>	201%-250% FPL <sup>4</sup>	251%-300% FPL <sup>5</sup>	
Orthodontia	L w/ PA	\$0	\$0	\$25	\$25		No	--	--	--	--	
Prenatal/pre-pregnancy family planning services												
Prenatal care	No <sup>11</sup>	--	--	--	--		Yes	10% <sup>12</sup>	10% <sup>12</sup>	10% <sup>12</sup>	10% <sup>12</sup>	✓
Delivery services	No <sup>11</sup>	--	--	--	--		Yes	10%	10%	10%	10%	✓
Family planning services	Yes	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Abortion												
Abortion to save life of the mother or as the result of rape or incest	Yes w/ PA	\$0	\$25	\$25	\$25		Yes	10%	10%	10%	10%	✓
Inpatient mental health services												
Inpatient hospital care	Yes w/ PA	\$0	\$25	\$25	\$25		Yes	10%	10%	10%	10%	✓
Residential treatment	No	--	--	--	--		No	--	--	--	--	
Outpatient mental health services												
Individual/group therapy	Yes w/ PA after 26 mental health visits/ year	\$5	\$15	\$20	\$20		Yes	10%	10%	10%	10%	✓
Family therapy	No	--	--	--	--		Yes <sup>13</sup>	10%	10%	10%	10%	✓
Psychological testing	Yes w/ PA after 26 mental health visits/ year	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Intensive outpatient services/ partial hospitalization	Yes w/ PA after 26 mental health visits/ year	\$5	\$15	\$20	\$20		Yes	10%	10%	10%	10%	✓
Inpatient substance abuse services												
Inpatient hospital care	Yes w/ PA	\$0	\$25	\$25	\$25		L <sup>14</sup>	10%	10%	10%	10%	✓
Residential treatment	No	--	--	--	--		No	--	--	--	--	
Outpatient substance abuse services												
Individual/group therapy	Yes w/ PA after 26 mental health visits/ year	\$5	\$15	\$20	\$20		Yes	10%	10%	10%	10%	✓
Family therapy	No	--	--	--	--		Yes <sup>13</sup>	10%	10%	10%	10%	✓
Intensive outpatient services/ partial hospitalization	Yes w/ PA after 26 mental health visits/ year	\$5	\$15	\$20	\$20		Yes	10%	10%	10%	10%	✓
Ancillary rehabilitative and habilitative therapies												
Physical therapy (PT)	Yes w/ PA after 20 PT visits/ year	\$5	\$15	\$20	\$20		L to 30 PT visits/ year	10%	10%	10%	10%	✓
Occupational therapy (OT)	Yes w/ PA after 20 OT visits/ year	\$5	\$15	\$20	\$20		L to 30 OT visits/ year	10%	10%	10%	10%	✓
Speech therapy (ST)	Yes w/ PA after 20 ST visits/ year	\$5	\$15	\$20	\$20		Yes	10%	10%	10%	10%	✓
Home and community-based services												
Part-time nursing care	Yes w/ PA after 12 combined home health visits/ year <sup>15</sup>	\$5	\$25	\$25	\$25		L to 100 combined home health visits/ year	10%	10%	10%	10%	✓

Benefits	West Virginia CHIP Plan <sup>1</sup>						West Virginia Qualified Health Plan					
	Coverage	Cost Sharing				Deductible Applies	Coverage	Cost Sharing				Deductible Applies
		138%-150% FPL	151%-200% FPL	201%-250% FPL	251%-300% FPL			134%-150% FPL <sup>2</sup>	151%-200% FPL <sup>3</sup>	201%-250% FPL <sup>4</sup>	251%-300% FPL <sup>5</sup>	
Home health aide services	Yes w/ PA after 12 combined home health visits/ year <sup>15</sup>	\$5	\$25	\$25	\$25		L to 100 combined home health visits/ year	10%	10%	10%	10%	✓
Independent nursing care services												
Nurse practitioner services	Yes	\$0 <sup>6</sup>	\$0 <sup>6</sup>	\$0 <sup>6</sup>	\$0 <sup>6</sup>		NS	--	--	--	--	
Nurse midwife services	No	--	--	--	--		NS	--	--	--	--	
Private duty nursing	NS	--	--	--	--		Yes	10%	10%	10%	10%	✓
Hospice services												
Hospice care	Yes w/ PA	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Durable medical equipment												
Durable medical equipment	Yes w/ PA over \$1,000 or rental over 3 months	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Hearing aids	Yes w/ PA	\$0	\$0	\$0	\$0		No	--	--	--	--	
Cochlear implants	Yes w/ PA	--	--	--	--		No	--	--	--	--	
Eyeglasses	L to \$125/ year	\$0	\$0	\$0	\$0		Yes	\$0	\$0	\$0	\$0	
Disposable medical equipment												
Disposable medical supplies	No	--	--	--	--		No	--	--	--	--	
Care coordination												
Case management/care coordination services	Yes <sup>16</sup>	\$0	\$0	\$0	\$0		No	--	--	--	--	
Other health care services												
Any other screening/ preventive/medical/ diagnostic/ remedial services	Treatment of ASD; <sup>17</sup> early intervention services; diabetes self-management education; skilled nursing facility care; transplant services						Treatment of ASD; <sup>18</sup> diabetes care management; disease self-management education; cost-effective services; <sup>19</sup> specialist virtual visit; qualified clinical trials; skilled nursing facility care					
Medical transportation												
Emergency ambulance services	Yes	\$0	\$0	\$0	\$0		Yes	10%	10%	10%	10%	✓
Non-emergency transportation	No	--	--	--	--		No	--	--	--	--	
Enabling services												
Enabling services	No	--	--	--	--		No	--	--	--	--	
Exclusions												
Pediatric-related exclusions		--	--	--	--			--	--	--	--	

**Key:**

Yes = Service is covered without limits

No = Service is not covered

L = Service is covered but subject to limitations

ASD = Autism Spectrum Disorder

NA = Not applicable

NS = Coverage is not specified in plan documents

PA = Prior approval is required prior to the patient receiving services.

Sources of CHIP information: West Virginia Department of Health and Human Services CHIP State Plan and WV Children's Health Insurance Program Summary Plan Description

Sources of QHP information: Highmark West Virginia: Health Savings Blue PPO 2500, Certificate of Coverage and Summary of Benefits and Coverage at 94%, 87%, 73%, and 70% actuarial value.

**Footnotes:**

<sup>1</sup> West Virginia's Modified Adjusted Gross Income (MAGI) Eligibility Level for separate, non-medical CHIP varies by age: 0-1=159%-300% FPL, 1-5=142%-300% FPL, and 5-18=134%-300% FPL. In this table, we report on the income eligibility for the 6-18 age group.

<sup>2</sup> Family income calculations are based on 2014 federal poverty guidelines for a family of three.

<sup>3</sup> Deductible amounts in QHPs for two or more children in a family are double the individual child amount.

<sup>4</sup> Out-of-pocket limits in QHPs for two or more children in a family are double the individual child amount.

<sup>5</sup> Inpatient hospital care excludes hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery.

<sup>6</sup> Co-payments are waived for all visits to a medical home. Office visits outside a medical home incur a \$5 co-pay for individuals with incomes at 134%-150% FPL, a \$15 co-pay for individuals with incomes at 151-200% FPL, a \$20 co-pay for individuals with incomes at 201%-300% FPL.

<sup>7</sup> CHIP provides all medically necessary treatments covered under the benefit plan for conditions diagnosed during an EPSDT screening.

<sup>8</sup> Non-formulary drugs are at 100% cost, except where medical necessity is shown for clinical exception.

<sup>9</sup> Coverage for over-the-counter medication is limited to non-sedating antihistamines.

<sup>10</sup> Limited to dental check-ups twice/year.

<sup>11</sup> WVCHIP does not cover any pregnancy-related conditions other than a pregnancy test. Maternity services are covered by Medicaid and the Office of Maternal Child and Family Health.

<sup>12</sup> The first visit to determine pregnancy is covered at no charge. Subsequent visits have a 10% coinsurance fee.

<sup>13</sup> Family counseling is covered only for those family members who are considered Covered Persons under the plan.

<sup>14</sup> Inpatient substance abuse treatment limited only to detoxification.

<sup>15</sup> Home health care services are covered for care and treatment that would otherwise require confinement in a hospital or skilled nursing facility.

<sup>16</sup> Case management is covered for members experiencing a serious or long-term illness or injury.

<sup>17</sup> Treatment of ASD includes applied behavioral analysis.

<sup>18</sup> ASD treatments include those prescribed by a licensed physician or psychologist according to a treatment plan developed from a comprehensive evaluation by a Certified Behavior Analyst. Treatment may include, but not be limited to, Applied Behavioral Analysis provided or supervised by a Certified Behavioral Analyst.

<sup>19</sup> Cost-effective services may be approved in limited circumstances if such approved services present a more appropriate means of treatment.

The National Alliance to Advance Adolescent Health provides education, research, policy analysis, and technical assistance to achieve fundamental improvements in the way that adolescent health care is structured and delivered in the United States. Its mission is to enhance the physical and emotional well-being of adolescents, especially those who are low income and minority, by improving the health care delivery model for adolescents and achieving the infrastructure changes needed to support it. The National Alliance seeks to promote comprehensive, interdisciplinary models of physical, mental, behavioral, and reproductive health care that incorporate a youth development philosophy and operate in collaboration with schools and other community-based programs. It also seeks to ensure that all adolescents have health insurance coverage for the services they require.

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