



# Utah’s Premium Partnership for Health Insurance comparison chart

Use this chart to help make an informed decision about which health insurance plan is best for your family. Compare the benefits, copays, and premiums for health insurance between CHIP and your COBRA or employer’s health insurance plan. Decide if it is better to a) insure your child with CHIP; or b) insure your child with your COBRA or employer’s health insurance and receive up to \$180 per child each month from UPP.

<b>Medical Benefits (per plan year)</b>	<b>Insurance Copay</b>	<b>CHIP Copay Plan B* (member responsibility)</b>	<b>CHIP Copay Plan C* (member responsibility)</b>
<b>Premium</b>	UPP pays you up to \$180 per child every month.	None	None
<b>Out-of-pocket maximum</b>		5% of family’s annual gross income, including dental expenses**	5% of family’s annual gross income, including dental expenses**
<b>Deductible</b>		\$70/family	\$575/child; \$1,600/family
<b>Well-child exams</b>		\$0	\$0
<b>Immunizations</b>		\$0	\$0
<b>Doctor visits</b>		\$5	\$25
<b>Specialist visits</b>		\$5	\$40
<b>Emergency room</b>		\$10	20% after deductible; minimum \$150 per visit
<b>Ambulance</b>		5% of approved amount after deductible	20% of approved amount after deductible
<b>Urgent care center</b>		\$5	\$45
<b>Ambulatory surgical &amp; outpatient hospital</b>		5% of approved amount after deductible	20% of approved amount after deductible
<b>Inpatient hospital services</b>		\$150 after deductible	20% of approved amount after deductible
<b>Lab &amp; x-ray</b>		\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
<b>Surgeon</b>		5% of approved amount	20% of approved amount after deductible
<b>Anesthesiologist</b>		5% of approved amount	20% of approved amount after deductible
<b>Prescriptions</b> -preferred generic drugs -preferred brand name drugs -non-preferred drugs		- \$5 - 5% of approved amount - 5% of approved amount	- \$15 - 25% of approved amount - 50% of approved amount
<b>Mental health &amp; substance use disorder</b> -inpatient -outpatient, office visit & urgent care center		- \$150 after deductible - \$0	- 20% of approved amount after deductible - \$0
<b>Residential treatment</b>		\$0	\$0
<b>Physical therapy</b>		\$5 (20 visit limit per year)	\$40 after deductible (20 visit limit per year)

\*American Indian/Alaska Natives will not be charged copays or a deductible.

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

<b>Applied Behavior Analysis (ABA)</b> -treatment of autism spectrum disorder		\$0	\$0
<b>Chiropractic visits</b>		Not a covered benefit	Not a covered benefit
<b>Home health &amp; hospice care</b>		5% of approved amount after deductible	20% of approved amount after deductible
<b>Medical equipment &amp; medical supplies</b>		10% of approved amount after deductible	25% of approved amount after deductible
<b>Diabetes education</b>		\$0	\$0
<b>Vision screening</b>		\$5 (1 visit limit per year)	\$25 (1 visit limit per year)
<b>Hearing screening</b>		\$5 (1 visit limit per year)	\$25 (1 visit limit per year)

<b>Dental benefits</b> (per plan year)	<b>Insurance Copay</b>	<b>CHIP Copay Plan B*</b> (member responsibility)	<b>CHIP Copay Plan C*</b> (member responsibility)
<b>Premium</b>	UPP pays you up to \$20 per child every month for dental coverage.	None	None
<b>Deductible</b>		\$0	\$50/child; \$150/family
<b>Maximum benefit</b> - preventive, basic & major services per child, per year		\$1,000 per plan year	\$1,000 per plan year
<b>Preventive services</b> - routine exams - cleanings (2 per year) - topical fluoride - x-rays		\$0	\$0
<b>Basic services</b> - fillings - extractions - oral surgery - endodontics - periodontics		5% of approved amount	20% of approved amount after deductible
<b>Major services</b> - crowns - bridges - dentures		5% of approved amount	50% of approved amount after deductible
<b>Orthodontics</b> - requires prior authorization - covered only if medically necessary		5% of approved amount (\$1,000 lifetime maximum**) Requires prior authorization	50% of approved amount (\$1,000 lifetime maximum**) Requires prior authorization
<b>Specialists</b> - endodontists - oral surgeons - periodontists - pediatric specialists - prosthodontists		5% of approved amount	Talk to your dental plan for an estimate of additional charges.

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\*\* Orthodontic services are not included in the annual maximum benefit.