

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

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

| | Free CHIP: \$0 | Low-cost CHIP 1: \$45 per child [†] Low-cost CHIP 2: \$93.44 per child [†] Low-cost CHIP 3: \$106.79 per child [†] | Full-cost CHIP: \$383.06 per child [†] |
|---|--|---|--|
| Deductible | No deductible | No deductible | No deductible |
| Primary Care Physician (PCP) Office Visits and Retail Health Clinic Visits No copay for well-child visits | \$0 copay per office visit | \$5 copay per office visit | \$15 copay per office visit |
| Specialist Office Visits Referrals required for Specialist Office Visits No copay for Behavioral Health and Substance Use services | \$0 copay per office visit | \$10 copay per office visit | \$25 copay per office visit |
| Preventive Care | \$0 copay per office visit | \$0 copay per office visit | \$0 copay per office visit |
| Routine annual physical exams | \$0 copay per office visit | \$0 copay per office visit | \$0 copay per office visit |
| Outpatient Prescription Drugs | \$0 generic/\$0 brand | Retail (31-day supply): \$6 generic/\$9 brand Mail Order (90-day supply): \$12 generic/\$18 brand | Retail (31-day supply): \$10 generic/\$18 brand Mail Order (90-day supply): \$20 generic/\$36 brand |
| Dental Care, including medically necessary braces | \$0 copay per office visit | \$0 copay per office visit | \$0 copay per office visit |
| Routine eye exams, refractions, and eyeglasses, or contact lenses instead of eyeglasses | \$0 copay per office visit, once per calendar year | \$0 copay per office visit, once per calendar year | \$0 copay per office visit, once per calendar year |
| Urgent Care Center Visits | \$0 copay per office visit | \$10 copay per office visit | \$25 copay per office visit |
| Emergency Care Copay waived if admitted. Covered worldwide. | \$0 copay per visit | \$25 copay per visit | \$50 copay per visit |
| Hospital Services | Covered 100% | Covered 100% | Covered 100% |

* Copay amounts are when using in-network.

† The premium for three or more children is three times (3x) the per-child monthly premium.

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

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

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

For more information, visit ibx.com/chip or call **1-800-464-5437**.

