CHIP Public Hearing

Dear CHIP client:

Beginning July 1, 2007, Utah's Children's Health Insurance Program (CHIP) will be making changes to:

- Co-payments and deductibles
- Premium amounts

It is important for you to know that these changes are being made to offset the rising health care costs and to insure more children. Depending on your income, you may see an increase in the co-pay and premium amounts. You can see the new premium and co-pay amounts on the summary included with this letter.

We know you may have questions about these changes, and we would like to answer them. We invite you to comment on these changes at a public hearing at the Utah Department of Health or send your written comments to chip@utah.gov or to CHIP, PO Box 144102, SLC, UT 84114-4102. The proposed changes are available online at www.health.utah.gov/chip.

CHIP Public Hearing
Thursday, May 24, 2007 from 5 – 7 p.m.
Utah Department of Health, room 114
288 N. 1460 W., Salt Lake City, Utah
(park in East parking lot)

Audiencia Pública de CHIP

Estimado cliente de CHIP:

A partir del 1º de julio de 2007, el Programa de Seguro de Salud para los Niños de Utah (CHIP) estará realizando cambios en:

- Co-pagos y deducibles
- Montos de prima de seguro

Es importante que usted sepa que estos cambios se están realizando para compensar el aumento del costo de la asistencia médica y para asegurar a más niños. Dependiendo de sus ingresos, puede ser que usted vea un incremento en los montos de co-pago y la prima de seguro. Usted puede ver los montos de la nueva prima y los co-pagos en el resumen que se incluye con esta carta.

Sabemos que usted puede tener algunas preguntas acerca de estos cambios, y queremos responderlas. Lo invitamos a opinar sobre estos cambios en una audiencia pública en el Departamento de Salud de Utah o enviar sus comentarios por escrito a chip@utah.gov o a CHIP, PO Box 144102, SLC, UT 84114-4102. Los cambios propuestos se pueden ver en Internet en www.health.utah.gov/chip

Audiencia Pública de CHIP
Jueves 24 de mayo de 2007 de 5 a 7 PM
Departamento de Salud de Utah, sala 114
288 N.1460 W., Salt Lake City, Utah
(estacionamiento en el lote de estacionamiento Este)

CHIP Medical Benefits Comparison

	Current Co-pays		*New Co-pays (July 2007 - June 2008)*		
BENEFITS	**PLAN A (0-150% FPL)**	**PLAN B (151-200% FPL)**	**New Plan A (0-100% FPL)**	**New Plan B (101-150% FPL)**	**New Plan C (151-200% FPL)**
MAXIMUM OUT-OF-POCKET EXPENSES	5% of family's annual gross income	5% of family's annual gross income	5% of family's annual gross income	5% of family's annual gross income	5% of family's annual gross income
QUARTERLY PREMIUM	Some families pay $13/family/quarter	$25/family/quarter	$0	$30/family/quarter	$60/family/quarter
DEDUCTIBLES	None	None	None	None	$250 per individual/$500 per family applies for inpatient, outpatient hospital services and major diagnostic
WELL CARE					
Well Care/Vaccinations	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Diabetes Education	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
PHYSICIAN VISITS	Member pays $3 copay	Member pays $15	Member pays $3 copay	Member pays $5 copay	Member pays $20 copay
SPECIALIST VISITS	Member pays $3 copay	Member pays $15	Member pays $3 copay	Member pays $5 copay	Member pays $25 copay
PHYSICAL THERAPY	Member pays $3 copay (16 visit limit)	Member pays $15 (16 visit limit)	Member pays $3 copay (20 visit limit)	Member pays $5 copay (20 visit limit)	Member pays $25 copay (20 visit limit)
CHIROPRACTIC VISITS	Member pays $3 copay (16 visit limit)	Member pays $15 (16 visit limit)	Member pays $3 copay (8 visit limit)	Member pays $5 copay (8 visit limit)	Member pays $25 copay (8 visit limit)
INPATIENT HOSPITAL SERVICES	Member pays $3 copay **(Requires pre-notification)**	Member pays 10% **(Requires pre-notification)**	Member pays $25 copay **(Requires pre-notification)**	Member pays $100 copay **(Requires pre-notification)**	Plan pays 90%, after deductible **(Requires pre-notification)**
SURGEON	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
ANESTHESIOLOGIST	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
EMERGENCY ROOM	Member pays $3 copay	Member pays $35	Member pays $3 copay	Member pays $5 copay	Member pays $75 copay
URGENT CARE	Member pays $3 copay	Member pays $15	Member pays $3 copay	Member pays $5 copay	Member pays $25 copay
AMBULATORY SURGICAL & OUTPATIENT HOSPITAL	Member pays $3 copay	Member pays 10%	Member pays $3 copay	Plan pays 95%	Plan pays 90%, after deductible
LAB AND X-RAY	Member pays $1 for x-ray under $100 or lab under $50. Member pays $3 for x-ray over $100 and $2 for lab work over $50	Member pays $5 for x-ray under $100 or lab under $50. Member pays 10% for x-ray over $100 or lab work over $50	Member pays $3 for x-ray/lab tests over $350	Plan pays 100% for each lab and x-ray test under $350 95% for each test over $350	Plan pays 100% for each lab and x-ray test under $350 80% for each test over $350, after deductible
AMBULANCE	Plan pays 100%	Plan pays 100%	Member pays $3 copay	Plan pays 95%	Plan pays 80%
DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES	Plan pays 100% **(Pre-authorization required if over $750)**	Plan pays 80% **(Pre-authorization required if over $750)**	Member pays $3 copay **(Pre-authorization required if over $750 and on any rental that exceeds 60 days)**	Plan pays 95% **(Pre-authorization required if over $750 and on any rental that exceeds 60 days)**	Plan pays 80% **(Pre-authorization required if over $750 and on any rental that exceeds 60 days)**
HOME HEALTH AND HOSPICE CARE	Plan pays 100% **Pre-authorization required**	Plan pays 100% **Pre-authorization required**	Member pays $3 copay **Pre-authorization required**	Plan pays 95% **Pre-authorization required**	Plan pays 90% in lieu of hospitalization **Pre-authorization required**
PHARMACY					
Preferred Generic Drugs	Member pays $1 copay	Member pays $5 copay	Member pays $1 for Rx under $50. Member pays $3 for Rx over $50.	Member pays $5 copay	Member pays $10 copay
Preferred Brand Name Drugs	Member pays $1 copay	Member pays $5 copay	Member pays $1 for Rx under $50. Member pays $3 for Rx over $50.	Member pays $5 copay	Member pays 25% of discounted cost up to a 30-day supply $5 minimum, no maximum
Non-Preferred Drugs	Member pays $3 copay	Member pays 50%	Plan pays 95%	Plan pays 95%	Member pays 50% of discounted cost up to a 30-day supply $5 minimum, no maximum
MENTAL HEALTH					
Inpatient Hospital	Member pays $3 copay 30 day maximum per year **(Requires pre-authorization)**	Member pays 10%, first 10 days Member pays 50%, next 20 days 30 day maximum per year **(Requires pre-authorization)**	Member pays $25 copay 20 day maximum per year **(Requires pre-authorization)**	Member pays $100 copay 20 day maximum per year **(Requires pre-authorization)**	Plan pays 70% after deductible 20 day maximum per year **(Requires pre-authorization)**
Outpatient Visits	Member pays $3 copay 30 visit maximum per year **(Requires pre-authorization)**	Member pays 50% 30 visit maximum per year **(Requires pre-authorization)**	Member pays $3 copay 20 visit maximum per year **(Requires pre-authorization)**	Plan pays 95% 20 visit maximum per year **(Requires pre-authorization)**	Plan pays 70% 20 visit maximum per year **(Requires pre-authorization)**
SCREENINGS					
Vision	Plan pays $30, limit one per 12 months	Plan pays $30, limit one per 12 months	Member pays $3 copay, limit 1	Member pays $5 copay, limit 1	Member pays $20 copay, limit 1
Hearing	Plan pays $30, limit one per 12 months	Plan pays $30, limit one per 12 months	Member pays $3 copay, limit 1	Member pays $5 copay, limit 1	Member pays $20 copay, limit 1
DENTAL					
Exams, Fluoride, etc.	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Selected Fillings, Crowns, etc.	Member pays $3 copay	Plan pays 80%	Member pays $3 copay	Member pays $5 copay	Plan pays 80%

*Note - American Indian/Alaska Natives will not be charged copayments, premiums, or deductibles