

Depending on their family's income, CHIP members may be asked to pay an enrollment fee to CHIP. In addition, members may be required to pay a copayment to their doctor or pharmacy when they receive service. See the chart below for more information. **Note:** Preventive care (like well-child or well-baby visits or immunizations) does not require a copayment.

## CHIP Cost Sharing – Enrollment Fees

Enrollment Fees (for 12-month enrollment period)	Charge
At or below 151% of FPL <sup>1</sup> or otherwise exempt from cost-sharing	\$0
Above 151% up to and including 186% of FPL	\$35
Above 186% up to and including 201% of FPL	\$50

## Copayments Per Visit

Service (at or below 151% FPL)	Charge
Office Visit (non-preventive) <i>No copayment is required for Mental Health/Substance Use Disorder (MH/SUD) office visits.</i>	\$5
Non-Emergency ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Facility Copayment, Inpatient (per admission) <i>No copayment is required for MH/SUD residential treatment services.</i>	\$35
Facility Copayment, Inpatient (per admission) <i>No copayment is applied for MH/SUD residential treatment services.</i>	\$125
Cost-Sharing Cap	5% of family's income <sup>2</sup>
Service (above 151% up to and including 186% FPL)	Charge
Office Visit (non-preventive) <i>No copayment is required for MH/SUD office visits.</i>	\$20
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$25 for insulin <sup>3</sup> \$35 for all other drugs
Facility Copayment, Inpatient (per admission) <i>No copayment is required for MH/SUD residential treatment services.</i>	\$75
Cost-Sharing Cap	5% of family's income <sup>2</sup>
Service (above 186% up to and including 201% FPL)	Charge
Office Visit (non-preventive) <i>No copayment is required for MH/SUD office visits.</i>	\$25
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$25 for insulin <sup>3</sup> \$35 for all other drugs
Facility Copayment, Inpatient (per admission) <i>No copayment is required for MH/SUD residential treatment services.</i>	\$125
Cost-Sharing Cap	5% of family's income <sup>2</sup>

<sup>1</sup> The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

<sup>2</sup> Per 12-month term of coverage.

<sup>3</sup> Copays for insulin cannot exceed \$25 per prescription for a 30-day supply, in accordance with Section 1358.103 of the Texas Insurance Code.

## What are cost sharing caps?

CHIP members may be asked to share in costs by paying copayments for certain services. There is a limit (cap) to the amount you may be asked to pay.

The member guide you got from CHIP when you enrolled includes a form to help you track your CHIP-related expenses. To make sure that you do not go over your cost-sharing limit, please list CHIP expenses on this form. The welcome letter in the enrollment packet tells you when you can mail the form back to CHIP.

If you lose your welcome letter, please call CHIP at **1-800-964-2777**. They will tell you what your cost-sharing limit is.

When you reach your yearly cap per term of coverage, please send the form to CHIP and they will let PCHP know. We will send you a new member ID card. This new card will show that no copayments are due when your child gets services.

If you need help understanding copayments, please visit [ParklandHealthPlan.com/Members/CHIP](https://www.ParklandHealthPlan.com/Members/CHIP) or call PCHP Member Services at **1-888-814-2352**.

## What are the CHIP Perinate Newborn benefits?

Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child. There are no copayments required for CHIP Perinate Newborn members.

Your baby will continue to receive services through the CHIP program if you meet the CHIP Perinatal requirements.