



Children Health Insurance Program (CHIP) Comparison Chart

You can pick a health plan that is right for you!

Use the chart below to compare your existing Medicaid benefits with the new coordinated Care program offered by Medicaid.

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Co-Pays	Co-pays	No Deductible <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black;">Plan</th> <th style="border-bottom: 1px solid black;">Copay Max</th> </tr> </thead> <tbody> <tr> <td>MSCHP01 (<150% FPL)</td> <td>\$0</td> </tr> <tr> <td>MSCHP02 (151% - 175% FPL)</td> <td>\$800/yr</td> </tr> <tr> <td>MSCHP03 (176% - 209% FPL)</td> <td>\$950/yr</td> </tr> </tbody> </table>	Plan	Copay Max	MSCHP01 (<150% FPL)	\$0	MSCHP02 (151% - 175% FPL)	\$800/yr	MSCHP03 (176% - 209% FPL)	\$950/yr	No Deductible <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black;">Plan</th> <th style="border-bottom: 1px solid black;">Copay Max</th> </tr> </thead> <tbody> <tr> <td>MSCHP01 (<150% FPL)</td> <td>\$0</td> </tr> <tr> <td>MSCHP02 (151%-175% FPL)</td> <td>\$800/yr</td> </tr> <tr> <td>MSCHP03 (176%-209% FPL)</td> <td>\$950/yr</td> </tr> </tbody> </table>	Plan	Copay Max	MSCHP01 (<150% FPL)	\$0	MSCHP02 (151%-175% FPL)	\$800/yr	MSCHP03 (176%-209% FPL)	\$950/yr								
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Prescription Drugs	\$3.00 Co-pay 5 per month <i>(EPSDT-eligible beneficiaries are eligible for more visits if determined to be medically necessary)</i> 72 hour supply of emergency drugs	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black;">Plan</th> <th style="border-bottom: 1px solid black;">Generic</th> <th style="border-bottom: 1px solid black;">Brand</th> </tr> </thead> <tbody> <tr> <td>MSCHP01</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>MSCHP02</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>MSCHP03</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <i>(Limited to 30-day supply)</i>	Plan	Generic	Brand	MSCHP01	100%	100%	MSCHP02	100%	100%	MSCHP03	100%	100%	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black;">Plan</th> <th style="border-bottom: 1px solid black;">Generic</th> <th style="border-bottom: 1px solid black;">Brand</th> </tr> </thead> <tbody> <tr> <td>MSCHP01</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>MSCHP02</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>MSCHP03</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <i>(Limited to 30-day supply)</i>	Plan	Generic	Brand	MSCHP01	100%	100%	MSCHP02	100%	100%	MSCHP03	100%	100%
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Vision Care	1 pair every 5 years <i>(non-EPSDT-eligible beneficiaries)</i> 2 pair per year <i>(EPSDT-eligible beneficiaries are eligible for more services if determined to be medically necessary)</i>	1 eye exam per year and 1 pair of eye glasses EVERY year 100%	1 eye exam per year and 1 pair of eye glasses EVERY year 100%																								
Dental Care	\$3.00 Co-pay 4 Limited Oral Evaluations <i>(non-EPSDT-eligible beneficiaries)</i> 2 Comprehensive Evaluation 4 Limited Oral Evaluations (\$2500/annual limit) <i>(EPSDT-eligible beneficiaries are eligible for more services if determined to be medically necessary)</i>	\$2000 calendar year limit Other Dental Services <i>(maximum annual limit does not apply)</i>	\$2000 calendar year limit Other Dental Services <i>(maximum annual limit does not apply)</i>																								
Behavioral Health Services	YES	Mental Health and Substance Abuse services <i>(Prior Authorization required)</i>	Mental Health and Substance abuse services <i>(Prior authorization required)</i>																								



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Benefits and Services	Mississippi Traditional Medicaid	Magnolia Health CHIP	UnitedHealthcare CHIP
Home Health Services	<p style="text-align: center;">25 visits per year</p> <p><i>(EPSDT-eligible beneficiaries are eligible for more visits if determined to be medically necessary)</i></p>	<p>Home Health Services in lieu of hospitalization <i>(Care management review required)</i></p>	<p>Home Health Services, in lieu of hospitalization <i>(Case management review required.)</i></p>
Reward Program	NO	<ul style="list-style-type: none"> Rewards for completing healthy activities are loaded onto your CentAccount® rewards card. You can use your card to buy hundreds of items like groceries, over-the-counter medicines, baby care items and personal care items. Access to a FREE cell phone program for high risk members <i>Start Smart for Your Baby®</i> showers for expectant mothers and Diaper Days for new mothers and their infants. 	<ul style="list-style-type: none"> <i>Farm-to-Fork free</i> weekly fresh vegetable during May through September. Exclusive Access to <i>KidsHealth® Online Resource Center</i> Access to a Rewards card program and other rewards in development Expectant Mothers can participate in <i>Community Baby Showers</i>.
24 Hour Nurse Advice Line	NO	YES	YES
Disease/Care Management	NO	<ul style="list-style-type: none"> <i>Start Smart for your Health®</i> and <i>Disease Management</i> programs help members with chronic illnesses, complex conditions, disabilities, weight loss and more, manage and improve their health. <i>Start Smart for your Baby®</i> is a program for expecting and new mothers. Quarterly baby showers are held throughout the state where expecting and new mothers can receive information about having a healthy pregnancy, postpartum care and infant care. Personal Case Managers available in clinics, available for home visits and available telephonically for education and coaching. 	<ul style="list-style-type: none"> <i>Disease Management Program</i> if you have one of the following problems: Diabetes, Asthma, Cardiac Care, Growth Disorders, Kidney Disease, Rheumatoid Arthritis. <i>Healthy First Steps Program</i> is a program available for expecting and new mothers. Personal Case Managers available in Clinics
Non-Emergency Transportation	Provides travel to and from Medicaid covered non-emergency services.	NO	NO
Outpatient Hospital Services	YES	YES	YES
Inpatient Hospital Services	YES	YES	YES