



## 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.

Benefits and Services	Mississippi Traditional Medicaid	Molina Health CHIP	UnitedHealthcare CHIP																								
<b>Co-Pays</b>	<b>Co-pays</b>	No Deductible <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Plan</th> <th style="text-align: left;">Copay Max</th> </tr> </thead> <tbody> <tr> <td>MSCHP01 (&lt;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="text-align: left;">Plan</th> <th style="text-align: left;">Copay Max</th> </tr> </thead> <tbody> <tr> <td>MSCHP01 (&lt;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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<b>Prescription Drugs</b>	<b>\$3.00 Co-pay</b> 5 per month  <i>(EPSDT-eligible beneficiaries are eligible for more visits if determined to be medically necessary)</i>  <b>72 hour supply of emergency drugs</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Plan</th> <th style="text-align: left;">Generic</th> <th style="text-align: left;">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> <p style="text-align: center;"><i>(Limited to 30-day supply)</i></p>	Plan	Generic	Brand	MSCHP01	100%	100%	MSCHP02	100%	100%	MSCHP03	100%	100%	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Plan</th> <th style="text-align: left;">Generic</th> <th style="text-align: left;">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> <p style="text-align: center;"><i>(Limited to 30-day supply)</i></p>	Plan	Generic	Brand	MSCHP01	100%	100%	MSCHP02	100%	100%	MSCHP03	100%	100%
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<b>Vision Care</b>	1 pair of eyeglasses 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>	<b>1 Eye Exam</b> per year and 1 pair of eyeglasses <b>EVERY</b> year 100%	<b>1 Eye Exam</b> per year and 1 pair of eyeglasses <b>EVERY</b> year 100%																								
<b>Dental Care</b>	<b>\$3.00 Co-pay</b> <b>4 Limited Oral Evaluations</b> <i>(non-EPSDT-eligible beneficiaries)</i>  <b>2 Comprehensive Evaluation</b> <b>4 Limited Oral Evaluations</b> (\$2500/annual limit) <i>(EPSDT-eligible beneficiaries are eligible for more services if determined to be medically necessary)</i>	<b>Dental Services</b> \$2,000 Annual limit  <b>Other Dental Services</b> <i>(Maximum annual limit does not apply)</i>	<b>Dental Services</b> \$2,000 calendar year limit  <b>Other Dental Services</b> <i>(Maximum annual limit does not apply)</i>																								
<b>Behavioral Health Services</b>	<b>YES</b>	<b>Mental Health and Substance Use Disorder Services</b> <i>(Prior authorization required)</i>	<b>Mental Health and Substance abuse services</b> <i>(Prior authorization required)</i>																								

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<b>Home Health Services</b>	<p>36 visits per year</p> <p><i>(EPSDT-eligible beneficiaries are eligible for more visits if determined to be medically necessary)</i></p>	<p><b>Home Health Services,</b> in lieu of hospitalization <i>(Case management review required.)</i></p>	<p><b>Home Health Services,</b> in lieu of hospitalization <i>(Case management review required.)</i></p>
<b>Reward Program</b>	<p>NO</p>	<p><b>Choose Molina for all the extra ways we provide for your child to stay healthy:</b></p> <ul style="list-style-type: none"> <li>• \$100 eyewear allowance for any frames or special lenses</li> <li>• FREE Farm to Family fresh, nutritious vegetables</li> <li>• FREE 24 one-way rides to medical appointments</li> <li>• FREE infant car seat for completing 6 prenatal care visits during pregnancy</li> <li>• FREE electric breast pump</li> <li>• \$25 for moms who visit their OB/GYN after giving birth</li> <li>• \$25 for diabetic eye exam</li> <li>• \$25 for A1c testing</li> <li>• <b>Gift card rewards for taking your child to scheduled wellness checkups, including:</b></li> <li>• \$25 for babies up to 30 months</li> <li>• \$25 each year for children 3 - 19 years old</li> <li>• \$25 for children with asthma who get primary care</li> <li>• <b>Gift card rewards for receiving scheduled immunizations, including:</b></li> <li>• \$25 for infants up to 18 months</li> <li>• \$25 each year for children 3 - 19 years old</li> <li>• \$25 for 1<sup>st</sup> dose of COVID-19 Vaccine</li> <li>• \$10 for flu vaccinations</li> </ul>	<p><b>Wellness Reward Program</b> provides a <b>FREE Prepaid Mastercard® Gift Card</b> when selected preventive health and medical screening exams are completed.</p> <ul style="list-style-type: none"> <li>• \$25 for well child exams ages 5-18</li> <li>• \$50 for adolescent immunizations ages 11-12</li> </ul> <p>Expectant Mothers can participate in <i>Healthy First Steps</i>.</p> <p>FREE Seasonal Vegetables from our Farm to Fork program.</p>
<b>24 Hour Nurse Advice Line</b>	<p>NO</p>	<p>YES</p>	<p>YES</p>
<b>Disease/Care Management</b>	<p>NO</p>	<ul style="list-style-type: none"> <li>• <b>Health Management Program</b> - If your child lives with a chronic condition, our free programs can help through any treatment.</li> <li>• <b>Weight Watchers</b> - Molina will enroll eligible members with up to 12 weeks of online Weight Watchers service vouchers.</li> <li>• <b>Community Baby Showers</b>: - Held throughout the state for expecting and new mothers.</li> <li>• <b>Community Connectors</b> - These community health workers assist in navigating the healthcare system and accessing community-based programs that promote healthy development, independent living, and physical and mental well-being.</li> <li>• <b>Personal Case Managers</b> are available in clinics, for home visits, and telephonic education and coaching.</li> <li>• 24/7 Virtual care</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Disease Management Program</b> to help members with chronic conditions and complex illnesses.</li> <li>• <b>Healthy First Steps Program</b> is a program available for expecting and new mothers.</li> <li>• <b>Care Managers</b> available telephonically, available for face-to-face visits in the home or clinic setting.</li> <li>• <b>Community Health Workers</b> are available for home visits and telephonic care management to members.</li> </ul>
<b>Non-Emergency Transportation</b>	<p>Provides travel to and from Medicaid covered, non-emergency services.</p>	<p>YES</p>	<p>NO</p>

<b>Outpatient and Inpatient Hospital Services</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
<b>Pregnant Women</b>	Pregnant Women may remain on Medicaid or managed care for 12 months after delivery	Pregnant Women may remain on Medicaid or managed care for 12 months after delivery	Pregnant Women may remain on Medicaid or managed care for 12 months after delivery