



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	Magnolia Health CHIP	Molina Healthcare CHIP	TrueCare CHIP																																				
Co-Pays/Deductibles	No Deductible <table><tr><th>Plan</th><th>Copay</th><th>Max</th></tr><tr><td>MSCHP01</td><td>(<150%FPL)</td><td>\$0</td></tr><tr><td>MSCHP02</td><td>(151%-175%FPL)</td><td>\$800/yr</td></tr><tr><td>MSCHP03</td><td>(176%-209%FPL)</td><td>\$950/yr</td></tr></table>	Plan	Copay	Max	MSCHP01	(<150%FPL)	\$0	MSCHP02	(151%-175%FPL)	\$800/yr	MSCHP03	(176%-209%FPL)	\$950/yr	No Deductible <table><tr><th>Plan</th><th>Copay</th><th>Max</th></tr><tr><td>MSCHP01</td><td>(<150%FPL)</td><td>\$0</td></tr><tr><td>MSCHP02</td><td>(151%-175%FPL)</td><td>\$800/yr</td></tr><tr><td>MSCHP03</td><td>(176%-209%FPL)</td><td>\$950/yr</td></tr></table>	Plan	Copay	Max	MSCHP01	(<150%FPL)	\$0	MSCHP02	(151%-175%FPL)	\$800/yr	MSCHP03	(176%-209%FPL)	\$950/yr	No Deductible, No Copays for all CHIP members												
Plan	Copay	Max																																					
MSCHP01	(<150%FPL)	\$0																																					
MSCHP02	(151%-175%FPL)	\$800/yr																																					
MSCHP03	(176%-209%FPL)	\$950/yr																																					
Plan	Copay	Max																																					
MSCHP01	(<150%FPL)	\$0																																					
MSCHP02	(151%-175%FPL)	\$800/yr																																					
MSCHP03	(176%-209%FPL)	\$950/yr																																					
Office Visits	<table><tr><th>Plan</th><th>Doctor</th><th>Benefit</th></tr><tr><td>MSCHP01</td><td>\$0</td><td>100%</td></tr><tr><td>MSCHP02</td><td>\$5/visit</td><td>100%</td></tr><tr><td>MSCHP03</td><td>\$5/visit</td><td>100%</td></tr></table>	Plan	Doctor	Benefit	MSCHP01	\$0	100%	MSCHP02	\$5/visit	100%	MSCHP03	\$5/visit	100%	<table><tr><th>Plan</th><th>Doctor</th><th>Benefit</th></tr><tr><td>MSCHP01</td><td>\$0</td><td>100%</td></tr><tr><td>MSCHP02</td><td>\$5/visit</td><td>100%</td></tr><tr><td>MSCHP03</td><td>\$5/visit</td><td>100%</td></tr></table>	Plan	Doctor	Benefit	MSCHP01	\$0	100%	MSCHP02	\$5/visit	100%	MSCHP03	\$5/visit	100%	No Office Visit Copays, 100% benefit for all CHIP members												
Plan	Doctor	Benefit																																					
MSCHP01	\$0	100%																																					
MSCHP02	\$5/visit	100%																																					
MSCHP03	\$5/visit	100%																																					
Plan	Doctor	Benefit																																					
MSCHP01	\$0	100%																																					
MSCHP02	\$5/visit	100%																																					
MSCHP03	\$5/visit	100%																																					
Hospital Outpatient Visits (ER Visits)	<table><tr><th>Plan</th><th>ER copay</th><th>Benefit</th></tr><tr><td>MSCHP01</td><td>\$0</td><td>100%</td></tr><tr><td>MSCHP02</td><td>\$15/visit</td><td>100%</td></tr><tr><td>MSCHP03</td><td>\$15/visit</td><td>100%</td></tr></table>	Plan	ER copay	Benefit	MSCHP01	\$0	100%	MSCHP02	\$15/visit	100%	MSCHP03	\$15/visit	100%	<table><tr><th>Plan</th><th>ER copay</th><th>Benefit</th></tr><tr><td>MSCHP01</td><td>\$0</td><td>100%</td></tr><tr><td>MSCHP02</td><td>\$15/visit</td><td>100%</td></tr><tr><td>MSCHP03</td><td>\$15/visit</td><td>100%</td></tr></table>	Plan	ER copay	Benefit	MSCHP01	\$0	100%	MSCHP02	\$15/visit	100%	MSCHP03	\$15/visit	100%	No ER Copays, 100% Benefit for all CHIP members,												
Plan	ER copay	Benefit																																					
MSCHP01	\$0	100%																																					
MSCHP02	\$15/visit	100%																																					
MSCHP03	\$15/visit	100%																																					
Plan	ER copay	Benefit																																					
MSCHP01	\$0	100%																																					
MSCHP02	\$15/visit	100%																																					
MSCHP03	\$15/visit	100%																																					
Prescription Drugs	<table><tr><th>Plan</th><th>Generic</th><th>Brand</th></tr><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></table> <i>Prior Authorization is Required for Selected Drugs (Limited to 30-day supply)</i>	Plan	Generic	Brand	MSCHP01	100%	100%	MSCHP02	100%	100%	MSCHP03	100%	100%	<table><tr><th>Plan</th><th>Generic</th><th>Brand</th></tr><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></table> <i>Prior Authorization is Required for Selected Drugs (Limited to 30-day supply)</i>	Plan	Generic	Brand	MSCHP01	100%	100%	MSCHP02	100%	100%	MSCHP03	100%	100%	<table><tr><th>Plan</th><th>Generic</th><th>Brand</th></tr><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></table> <i>Prior Authorization is Required for Selected Drugs (Limited to 30-day supply)</i>	Plan	Generic	Brand	MSCHP01	100%	100%	MSCHP02	100%	100%	MSCHP03	100%	100%
Plan	Generic	Brand																																					
MSCHP01	100%	100%																																					
MSCHP02	100%	100%																																					
MSCHP03	100%	100%																																					
Plan	Generic	Brand																																					
MSCHP01	100%	100%																																					
MSCHP02	100%	100%																																					
MSCHP03	100%	100%																																					
Plan	Generic	Brand																																					
MSCHP01	100%	100%																																					
MSCHP02	100%	100%																																					
MSCHP03	100%	100%																																					
Vision Care	1 Eye Exam per year and 1 pair of eyeglasses per year <i>Medically necessary contact lenses</i>	1 Eye Exam per year and 1 pair of eyeglasses EVERY calendar year (beginning Jan 1) In addition to standard coverage a \$100 credit is provided for frames, lenses, or contact lenses <i>Medically necessary contact lenses</i>	1 Eye Exam per year 1 pair eyeglasses up to \$100 per year <i>Medically necessary contact lenses</i>																																				
Dental Care	Dental Services 2 Periodic Oral Evaluations per calendar year 1 Comprehensive Oral Evaluation per 36 months Dental Fluoride Varnish \$2,000 annual limit	Dental Services <i>(Maximum annual limit does not apply)</i> Other Dental Services <i>(Maximum annual limit does not apply)</i> Extra dental benefits: 1 additional free cleaning for pregnant members Quick access to dental benefits, ID cards, and important resources through the My Molina® Dental App	Dental Services No Annual Limit for Dental Services, Braces Allowance (One time) Up to \$5,000 Extras: Dental rewards, tobacco/substance use counseling, 4 units cavity treatment/yr Extra dental coverage for pregnant members.																																				
Behavioral Health Services	Will cover all services currently covered by Mississippi Medicaid.	Mental Health and Substance Use Disorder Services <i>(Prior authorization required)</i> 24-Hour Behavioral Health Crisis Line Access to virtual care through the BeMe Health app (for members 15-17 years old) Access to virtual care through Teladoc	Mental Health and Substance abuse services Includes telehealth; myStrength online BH tool; 24-Hour Behavioral Health Crisis Line																																				
Home Health Services	36 visits per year	36 visits per year in lieu of hospitalization <i>(Case management review required.)</i>	36 visits per year																																				

Benefits and Services	Magnolia Health CHIP	Molina Healthcare CHIP	TrueCare CHIP
24 Hour Nurse Advice Line	YES	YES Extra benefit: 24-Hour Behavioral Health Crisis Line	YES Plus 24-Hour Behavioral Health Crisis Line
Reward Program	<p>Rewards for completing healthy activities are loaded onto your My Health Pays® rewards card. You can use your card to help pay for utilities, transportation, telecommunications, childcare services, education, rent, or shop at Walmart for everyday items.</p> <ul style="list-style-type: none"> \$25 – Health Risk Screening (One time reward) \$20 – Immunizations for Adolescents (One time reward both TDaP, Meningococcal between the ages of 10-12) \$20- Follow-up after Inpatient Hospitalization for Mental Illness (1 per calendar year for ages 6-17, within 7 days of the discharge date) \$20 – Flu Shot (Annual) \$15 – In Home Assessment (Annual; All members who are included in our Risk Adjustment Member Assessment program are eligible) \$20 – PCP Visit within 90 days of Eligibility (One time reward for new members) 	<p>Choose Molina for all the extra ways we provide for your child to stay healthy:</p> <ul style="list-style-type: none"> \$100 credit for frames, lenses, or contact lenses \$25 for Farm to Family fresh and nutritious vegetables (one per family, every year, to purchase fresh produce) FREE 24 one-way rides to medical appointments FREE infant car seat for completing 6 prenatal care visits during pregnancy . FREE electric breast pump for qualified members Reimbursement for GED classes and tests when you pass And more! <p>Earn gift card rewards for wellness visits, flu shots, mom care, exams and more!</p> <p>Gift card rewards for taking your child to scheduled wellness checkups, including:</p> <ul style="list-style-type: none"> \$25 for babies up to 30 months \$25 each year for children 3 - 19 years old (\$25 for each year) \$25 for primary care visits for children with asthma \$25 for diabetic eye exam \$25 for A1c testing <p>Gift card rewards for receiving scheduled immunizations, including:</p> <ul style="list-style-type: none"> \$25 for infants up to 18 months \$25 each year for children 3 - 19 years old \$25 for 1st dose of COVID-19 Vaccine \$10 for flu shot 	<p>TrueCare MyKids Rewards – newborn – 17</p> <ul style="list-style-type: none"> \$50 - Postpartum visit \$30 –\$50/yr for well child visits, based on age \$10 each - Routine dental exam 2x/yr, 3-17 years \$25 - Flu Vaccine 1x/year Use MyKids rewards at Dollar General®, Kroger®, Walmart® and more! <p>TrueCare MyHealth Rewards – Age 18 and above</p> <ul style="list-style-type: none"> \$25 - Complete Health Risk Screening \$10 - Routine dental exam (2x/year) \$20 - Yearly physical exam \$10 - Flu Shot 2x/calendar year \$20 - Pap smear \$50 - Postpartum visit \$60 total for diabetic A1c and micro-albumin testing and retinal eye exam Use MyHealth rewards for gift cards to stores like Old Navy®, TJMaxx®, Walmart® and more! Free rides to/from medical appointments Plus 5 free trips per month for grocery/food bank, Access to a free cell phone, unlimited talk/text, 25 GB data, hotspot (<i>If criteria is met</i>)
Disease/Care Management	<p>Start Smart for your Health® and Disease Management programs help members with chronic illnesses, such as, Asthma, COPD, Heart Disease, Heart Failure, HTN, Puff Free Pregnancy and Tobacco Cessation, Diabetes, and weight loss. Health Coaches help manage and improve member’s health.</p> <p>Personal Care Managers who are available telephonically to provide education and coaching, also embedded into clinics and available for home visits. Special programs are available for Sickle Cell, Behavioral Health, and transplants.</p>	<ul style="list-style-type: none"> Health Management Program - If your child lives with a chronic condition, our free programs can help through any treatment. Pregnancy Program: assists high-risk mothers avoid premature birth, this program provides tools for a healthier pregnancy and baby Community Baby Showers: - Held throughout the state for expecting and new mothers featuring free CPR and parenting classes Postpartum Kit: Postpartum wound care kit for members with slow healing vaginal lacerations, or post -cesarean delivery. Youth Hygiene Kits: FREE hygiene kits and resources available to youth foster care members Behavioral Health: Access to virtual care through the BeMe Health app for teens. FREE mobile phone with unlimited text /talk and 4.5 Gb of data for qualified members. Community Connectors - These community health workers assist in navigating the healthcare system and accessing community-based programs for members with chronic illnesses. Weight Watchers - Molina will enroll eligible members with up to 12 weeks of online Weight Watchers service vouchers. (Must be 18 years or older). Instacart (Fresh Funds): \$100 in Fresh Funds for high risk members post-hospital discharge Controlling Asthma: Assists members diagnosed with asthma by providing an asthma kit, which includes a room-size air purifier, laundry sheets, a telescoping microfiber duster, and an asthma inhaler pouch. 	<p>Care Management available to help guide and connect you to community resources and improve your wellbeing</p> <p>Disease Management to help with ongoing health conditions, tobacco cessation, weight management, bedding for those with asthma</p> <p>Moms & Baby Beginnings – See Pregnant Women category below</p> <p>Transitions of Care – Extra help after discharge from an inpatient stay.</p>
Non-Emergency Transportation	Provides travel to and from CHIP covered, non-emergency services	Provides travel to and from CHIP covered non-emergency services Mobile Health and Pop-up Resource centers	Free rides to/from medical appointments Plus 5 trips per month for grocery/food bank, Medicaid and WIC appointments, and MORE!
Outpatient and Inpatient Hospital Services	YES	YES	YES
Pregnant Women	Pregnancy should be reported to the Division of Medicaid	Pregnancy should be reported to the Division of Medicaid	Pregnancy should be reported to the Division of Medicaid