



# Comparison of Benefits and Cost Sharing in Children's Health Insurance Programs to Qualified Health Plans

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## TABLE OF CONTENTS

Executive Summary.....	5
Overview .....	5
Average Cost Sharing .....	6
Financial Exposure for Families with Children with Special Health Care Needs.....	7
Pediatric Dental and Vision Cost Sharing.....	8
Benefit Coverage.....	9
Introduction .....	10
Analysis of Enrollee Out of pocket Costs .....	11
Background .....	11
Average Out of Pocket Costs for Standard Medical Services.....	11
Out of Pocket Costs for Families with Children with Special Health Care Needs .....	14
Out of Pocket Costs for Pediatric Dental and Vision Services.....	18
Analysis of Covered Benefits and Limits .....	21
Background .....	21
CHIP Benefit Overview .....	21
QHP Benefit Overview .....	22
Methodology.....	23
Core Benefits.....	24
Child-Specific Benefits.....	26
Dental Benefits.....	27
Vision Benefits .....	28
Audiology Benefits .....	28
General Autism Services and Applied Behavioral Analysis.....	28
Habilitation Benefits .....	29

Other Child-Specific Benefits .....	29
Reliance and Limitations .....	30
Appendices.....	32
Appendix A: Child-Specific Benefit Coverage by State .....	33
Dental Benefits.....	34
Vision Benefits .....	37
Audiology Benefits .....	40
Autism and ABA .....	43
Habilitation Benefits .....	47
Other Child-Specific Benefits .....	51
Appendix B: State-Specific Results.....	58
Alabama .....	59
Colorado.....	63
Connecticut.....	67
Delaware .....	71
Florida .....	74
Georgia.....	77
Idaho .....	80
Illinois.....	83
Indiana .....	86
Iowa.....	89
Kansas .....	92
Kentucky.....	95
Louisiana .....	99
Maine .....	102

Massachusetts .....	105
Michigan.....	108
Mississippi .....	111
Missouri .....	114
Montana.....	117
Nevada .....	120
New Jersey .....	123
New York.....	127
North Carolina.....	130
North Dakota.....	133
Oregon .....	137
Pennsylvania .....	141
South Dakota.....	145
Tennessee .....	148
Texas .....	152
Utah.....	155
Virginia .....	158
Washington .....	162
West Virginia.....	165
Wisconsin.....	168
Wyoming.....	172
Appendix C: CHIP Information Relied On.....	176
Appendix D: Specific Plan Information Used for Analysis.....	177

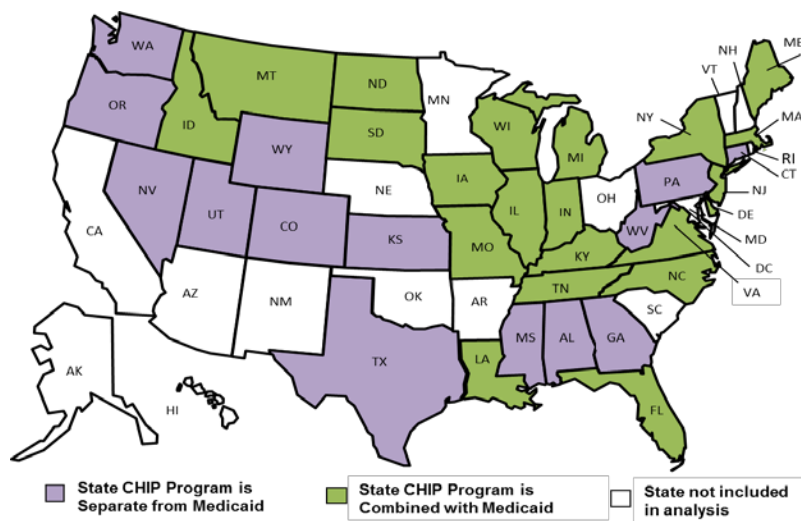
## EXECUTIVE SUMMARY

### Overview

The Children’s Health Insurance Program (CHIP) provides health insurance coverage to an estimated 5.7 million low-income children in the United States whose families have incomes above Medicaid eligibility levels<sup>i</sup>. States have the flexibility to use CHIP funding to either expand coverage for children (up to age 19) through the state’s Medicaid program, fund a separate program, or do a combination of the two.

Under the Affordable Care Act (ACA), CHIP was funded through September 30, 2015. The ACA also requires states to maintain the eligibility thresholds for children under Medicaid and CHIP that were in place in March 2010, through September 30, 2019.<sup>ii</sup> Should CHIP not be funded beyond September 2015, children in states with a separate or combined CHIP could transition to coverage through Qualified Health Plans (QHPs). Many of these children will have access to subsidized coverage through the Marketplace (both through premium subsidies and cost sharing subsidies). Some children will not have access to subsidized coverage through the Marketplace if they have access to employer-sponsored coverage, even if that coverage is unaffordable. Children transitioning from CHIP to QHPs will likely experience a reduction in covered child-specific benefits and increased cost sharing for use of medical services.

Wakely Consulting Group (Wakely) was retained by the Robert Wood Johnson Foundation (RWJF), in consultation with First Focus, to analyze the benefit and cost sharing differences of health coverage provided through CHIP and QHPs offered through the Marketplaces. The Marketplaces, a key mechanism for coverage expansion under the ACA, offers subsidized coverage to eligible individuals and families for coverage effective on or after January 1, 2014. This analysis provides information on the potential benefit and cost sharing impact to CHIP enrollees should CHIP not be continued, resulting in current enrollees migrating into QHPs available through the Marketplaces. Wakely’s analysis focused on 35 states, including states that operate CHIP separate from Medicaid and states with CHIP that is combined with Medicaid, as shown in the map below.



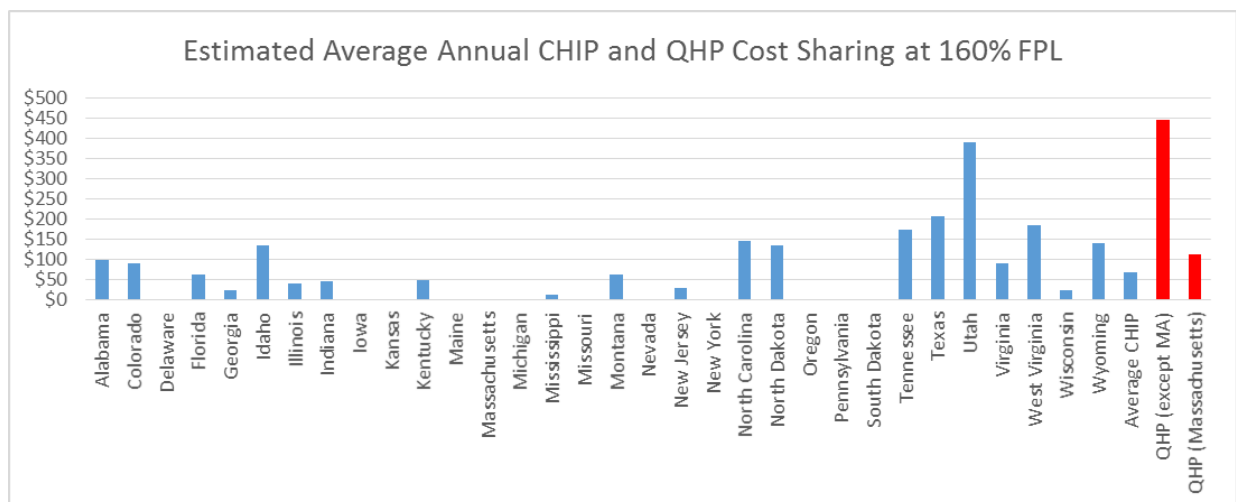
Please see the reliance and limitations section of this report for important information regarding the nature of our work. Our analysis is for purposes of comparing the estimated cost sharing and benefit coverage in CHIP plans to those that enrollees would likely encounter if they enrolled in a QHP. The analysis was only conducted for the states noted above, and results may not be extrapolated to other states. The analysis and comparisons are made to highlight key differences between the plans. Other uses may be inappropriate. We relied on publicly available information on the 2014 CHIP plans and QHPs available in each state and information supplied by First Focus. Actual results will vary for a particular individual and average results for a particular state could vary materially from the estimates included in this report.

### Average Cost Sharing

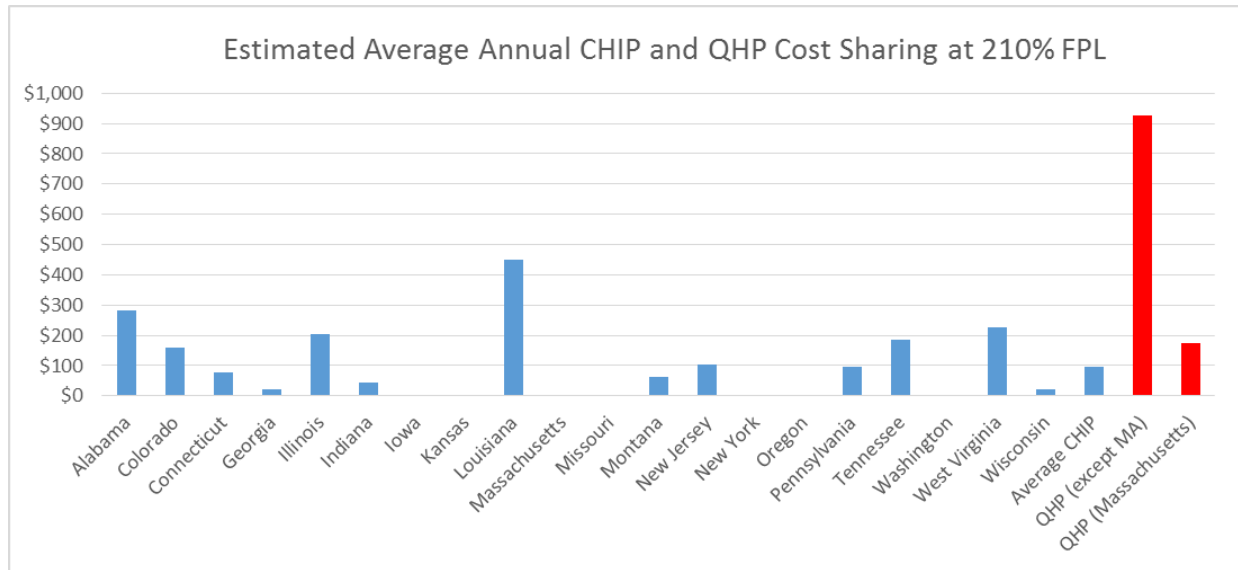
The most significant impact found for CHIP enrollees transitioning to QHPs was a substantial increase in estimated out of pocket costs at the point of care (deductibles, copays, and/or coinsurance). Because CHIP benefits vary by household income in some states, and cost sharing for QHPs on the Marketplaces also varies by household income, analysis was performed for two income levels, 160% and 210% of the Federal Poverty Level (FPL). In three states children in households with incomes of 160% FPL are eligible for Medicaid and not CHIP. Only 20 of the 35 states have a CHIP plan available for children in households at 210% FPL. Children in the other 15 states would generally be eligible for subsidized individual plans on the Exchange, assuming they were not eligible for other affordable minimum essential coverage.

We estimated the annual cost sharing for each state’s CHIP plan using the actuarial value calculated for a standard population reflected in the 2015 Federal Actuarial Value Calculator. This analysis assumes no difference in provider discounts negotiated by CHIP insurers or QHPs, which may be material. We estimated the average annual cost sharing using the national QHP premium averages for 2014 in states with a Federally-Facilitated Marketplace (FFM). Graphs 1A and 1B show the estimated average CHIP annual cost sharing in 2014 by state. There were 32 states with CHIP available at 160% FPL and 20 states at 210% FPL.

**Graph 1A: Estimated Average Annual CHIP Cost Sharing at 160% FPL by State**



**Graph 1B: Estimated Average Annual CHIP Cost Sharing at 210% FPL by State**



The horizontal line in each graph indicates the estimated cost sharing for individuals enrolled in a QHP with available cost sharing subsidies. For all states except Massachusetts in our study, we estimate the average cost sharing for a child in a QHP to be \$446 annually for households with incomes of 160% FPL and \$926 for those with incomes of 210% FPL. We estimate the average annual cost sharing for a child in CHIP to be \$66 across states with cost sharing in the study for households up to 160% FPL and \$97 for households with incomes up to 210% FPL. Massachusetts CHIP enrollees would likely qualify to be enrolled in ConnectorCare plans, for which we estimate annual cost sharing to be \$111 and \$173 for those income levels, respectively, compared to no cost sharing in CHIP. This analysis is based on average cost sharing for a standard population. Actual cost sharing for an individual may be higher or lower than our estimates based on the medical services used during the year.

CHIP enrollees in states that currently require cost sharing could see up to a ten-fold increase in the cost sharing they are paying if they are transitioned to QHPs. For families with incomes of 210% of the FPL, all but two states that have CHIP available would see at least a four-fold increase in the estimated cost sharing. Additionally, at least one third of states at each of the income levels have no cost sharing in CHIP, but will have cost sharing if enrolled in a QHP.

### Financial Exposure for Families with Children with Special Health Care Needs

The financial impact to CHIP enrollees transitioning to QHPs is especially pronounced for children with special health care needs who would likely reach the out of pocket maximum for cost sharing in a year. We categorized the CHIP plans in the states reviewed based on the structure of the out of pocket maximums. Most states include a limit on the total out of pocket cost (including premiums) of 5% of income, regardless of the number of children covered. For plans with no cost sharing, we are

considering there to be an effective limit of \$0 for the cost sharing. A few CHIP plans utilize a fixed dollar limit. Table 2 shows the ranges of maximum out of pocket amounts that we identified in CHIP plans compared to QHPs.

**Table 2: Comparison of Out of Pocket Cost Sharing Limits for CHIP Plans and QHPs**

Type of Limit for CHIP	# of states	160% FPL		# of states	210% FPL	
		CHIP range	QHP range		CHIP range	QHP range
<b>% of Income</b>	15	\$650-950	\$1,000-\$2,250	11	\$1,395-\$1,995	\$2,500-\$5,200
<b>Fixed Dollar</b>	5	\$215-500	\$1,000-\$2,250	2	\$215-\$350	\$2,650-\$5,200
<b>No Cost Sharing</b>	12	\$0	\$500-\$2,250	7	\$0	\$2,250-\$5,200

The ranges for the CHIP plans that have percent of income limits are based on a three-person family with one child. For a given enrollee in a CHIP plan, the maximum out of pocket will be determined by the actual number of children and the income for the family. Children with special health care needs in some states could go from paying nothing in CHIP to over \$5,000 in annual out of pocket expenditures in QHPs. All states had lower maximum out of pocket costs in CHIP compared to QHPs.

### Pediatric Dental and Vision Cost Sharing

We specifically reviewed key pediatric dental and vision benefits given their importance for children. The 2015 Federal Actuarial Value Calculator that was used for estimating overall annual cost sharing does not explicitly take into consideration dental or vision cost sharing. We included a separate analysis of cost sharing for dental preventive and restorative exams, routine vision exams, and eyeglasses. The following table shows the key differences between CHIP and QHPs in terms of coverage and cost sharing requirements. CHIP plans generally use copays while QHPs more frequently utilize deductibles and coinsurance for these services. CHIP plans offer these benefits with no cost sharing in most of the states. Many of the QHPs do not cover dental as it is offered on a stand-alone basis and families are required to pay additional premiums and incur cost sharing if they purchase them.

**Table 3: Number of States that Cover Pediatric Dental and Vision Services, and Use of Cost Sharing**

Service	Coverage/Cost Sharing	160% FPL		210% FPL	
		CHIP	QHP	CHIP	QHP
<b>Dental Checkup</b>	Covered with No Cost Sharing	30	6	18	6
	Covered with Cost Sharing	2	6	2	2
	Not Covered	-	20	-	12
<b>Routine Vision Exams</b>	Covered with No Cost Sharing	21	20	13	11
	Covered with Cost Sharing	11	12	7	9
	Not Covered	-	-	-	-
<b>Eyeglasses Cost Sharing</b>	Covered with No Cost Sharing	27	14	17	9
	Covered with Cost Sharing	5	18	3	11
	Not Covered	-	-	-	-



At both income levels, the CHIP plans offer richer coverage for the key pediatric dental and vision services compared to the QHPs. In more than half the states studied, children moving from CHIP plans to QHPs would likely need to purchase separate stand-alone dental plans in order to have comparable coverage. They would also be faced with more cost sharing for the same services than was required in the CHIP plans.

## Benefit Coverage

We compared the benefits (both services covered and limitations) included in CHIP to those included in QHPs (based on Essential Health Benefits (EHB)) by state. Table 4 below summarizes the average percentage of services that are covered across all states reviewed for each benefit category, core and special, or child-specific. Core benefits are those that are typically included in a major medical insurance policy. The child-specific benefits reflect additional services that are important when considering the medical needs of children. The benefits in each category are explained in more detail in the report. Note that each QHP has some flexibility to add and substitute EHB benefits when designing the plans. Overall, CHIP plans cover more child-specific services.

**Table 4: Overall Coverage of Core and Child-Specific Benefits**

**Average % of Services Covered across All Reviewed States**

Benefit Category	CHIP			QHPs		
	Covered No Limits	- Covered Limits	- Not Covered	Covered No Limits	- Covered Limits	- Not Covered
<b>Core</b>	94%	6%	0%	96%	4%	0%
<b>Child-Specific</b>	56%	26%	18%	30%	22%	48%

We found that the coverage of core benefits is comparable between CHIP and QHPs, although slightly more services were found to have limitations (such as visit limits) in CHIP plans than QHPs. However, QHPs cover fewer child-specific services than CHIP, and when the benefits are covered, there tend to be more limits imposed. An important caveat to these results is that in several cases the best available plan design document did not provide details on limits and exclusions. Our results may therefore be affected by the lack of complete information. Please find a complete list of core and child-specific services in Tables 14 and 15 starting on page 24.

## INTRODUCTION

The Children’s Health Insurance Program (CHIP) provides health insurance coverage to an estimated 5.7 million low-income children in the United States whose families have incomes above Medicaid eligibility levels<sup>iii</sup>. States have the flexibility to use CHIP funding to either expand coverage for children (up to age 19) through the state’s Medicaid program, fund a separate program, or use a combination of the two.

Under the Affordable Care Act (ACA), CHIP was funded through September 30, 2015. The ACA requires states to maintain the eligibility thresholds for children under Medicaid and CHIP that were in place in March 2010, through September 30, 2019.<sup>iv</sup>

Should CHIP funding not be continued, children in states with separate or combined CHIP plans could transition to coverage through QHPs in the Marketplace if the Secretary of Health and Human Services (HHS) certifies that a plan on the Marketplace offers coverage that is “at least comparable” to CHIP with respect to benefits and cost sharing. While many of these children will have access to subsidized coverage through the Marketplace (both through premium subsidies and cost sharing subsidies), it is important to note that some may not be eligible for subsidized coverage if they have access to employer sponsored coverage through a parent. The Government Accountability Office (GAO) estimates that 1,900,000 children will not be able to access subsidies on the Marketplace for this reason. Whether or not children have access to subsidized coverage through the Marketplace, children transitioning from CHIP to QHPs are generally expected to experience declines in covered child-specific benefits and increased cost sharing for use of medical services.

The following provides a summary of federal requirements related to covered benefits and cost sharing for CHIP and QHPs.

**Table 5: CHIP versus QHP Flexibility in Coverage and Cost Sharing**

	CHIP	QHPs
<b>Required covered benefits</b>	State flexibility to select a benchmark plan or seek Secretary-approved coverage.	State flexibility to select a benchmark plan to define Essential Health Benefits (EHB), which must include 10 required services categories.
<b>Cost sharing</b>	State flexibility, within federal limits that require out of pocket costs, including premiums for a family to be no more than 5% of household income. Cost sharing requirements in some states vary by income level.	Federal requirements related to the average percent of total costs for EHB that plans must cover. These vary by income level.

## ANALYSIS OF ENROLLEE OUT OF POCKET COSTS

### Background

In order to assess differences in enrollee out of pocket costs between CHIP and QHPs, Wakely performed the following analyses:

1. Identified average out of pocket costs for core services.
2. Identified estimated maximum financial exposure for families with children with special health care needs.
3. Identified the cost sharing requirements for pediatric dental and vision services.

As discussed below, cost sharing for QHPs and some state CHIP plans varies by household income level, so comparisons are provided for families with household incomes of both 160% and 210% Federal Poverty Level (FPL). These levels were selected to include the most states, as income levels for CHIP eligibility vary by state. Because of this variation, it is important to note that results are not shown at both income levels for some states because families with those incomes do not qualify for CHIP (either because that income level makes them eligible for Medicaid and not CHIP, or because the income is above the maximum eligibility level for CHIP).

### Average Out of Pocket Costs for Standard Medical Services

In CHIP, states have flexibility to set cost sharing provisions for covered services which enrollees would be responsible for paying, up to a federally required limit of 5% of household income (including premium costs) for families with incomes above 150% FPL<sup>v</sup>. Some states do not require any enrollee cost sharing for covered services. States may also vary cost sharing requirements based on a family's household income.

The ACA requires all health insurance plans in the individual market to set average cost sharing amounts to be within certain ranges based on the percent of claims paid by the plan relative to the total allowed cost of services for Essential Health Benefits (EHB) provided through a health insurance plan's network. This percent is referred to as the Actuarial Value (AV) of the plan. HHS has developed a Federal Actuarial Value Calculator that must be used by insurers to confirm that the cost sharing features of their plans conform to these metal level, or actuarial value, requirements. Allowed costs are a measure of the expected total claims cost of medical and pharmacy covered benefits after provider discounts, including both the insurer and enrollee's shares. For purposes of this analysis, we have not assumed any difference in discounts negotiated between CHIP insurers or QHPs and providers. These differences may be material, and should be recognized as an additional potential source of variation in the total cost for CHIP plans compared to QHPs (for example when a deductible or coinsurance applies). It is likely that the discounts for CHIP may be greater than those negotiated by the QHPs.

There are four metal levels for which all QHPs must generally be categorized. Platinum plans cover 90% of medical claims for EHBs on average with consumers paying 10%, gold plans cover 80% and consumers pay 20%, silver plans cover 70% with consumers paying 30% and bronze plans cover 60% while

consumers pay 40%. (Note that plans are compliant with metal level requirements if they are within 2% of the percentages defined above). Additionally, individuals and families with household incomes between 100% and 250% of the FPL are eligible for plans with reduced cost sharing if they enroll in a silver level plan. These cost sharing reduction plans are also defined based on the average percent of claims for EHB that are covered by the insurer, and are defined as shown in the following table.

**Table 6: Cost Sharing Reduction Plan Actuarial Values**

Household Income	Average Percent of Claims Paid by Plan	Average Percent of Claims Paid by Enrollee
<b>100 – 150% FPL</b>	94% (+/- 1%)	6% (+/-1%)
<b>150 – 200% FPL</b>	87% (+/- 1%)	13% (+/-1%)
<b>200 – 250% FPL</b>	73% (+/- 1%)	27% (+/-1%)

Some states, such as Massachusetts, have “wrap” or supplemental programs that further reduce enrollee cost sharing for certain incomes.

We calculated the AV for each of the CHIP plans that have cost sharing requirements using the 2015 Federal Actuarial Value Calculator. The estimated percent of total covered claims that the enrollees in CHIP plans would be responsible for is 100% minus the AV. This is an average expected percentage and will vary based on the actual services that an individual uses in a year.

We also estimated the average annual out of pocket costs by using a national average allowed claims cost of \$3,429 for children, which is calculated using the national average premium for children in QHPs submitted for 2014 in the Federally-Facilitated Marketplaces.

Twelve states had no cost sharing requirements in CHIP. These states include Delaware, Iowa, Kansas, Maine, Massachusetts, Michigan, Missouri, Nevada, New York, Oregon, South Dakota and Washington. Children that are in the CHIP plans in these states would see material increases in the cost of receiving medical services if they moved into a QHP.

Table 7 shows the actuarial value and the estimated average annual enrollee cost sharing amount for QHPs (nationally) and for the CHIP plan for each state studied. States that do not offer CHIP coverage to children at that household income level are noted as “No CHIP Plan” or “Medicaid Eligible” for that income level. Children in these categories would likely be eligible to enroll in the state’s Medicaid program if they fall under the CHIP eligibility guideline or obtain insurance on the Exchange utilizing premium tax credits and cost sharing reductions. The actuarial value and the estimated annual enrollee cost sharing paid out of pocket are indicated on the “QHP on Exchange” line.

All state CHIP plans are estimated to have significantly lower average cost sharing than QHPs. Differences in cost sharing can also have an impact on the utilization of medical services as individuals may choose not to use some services due to the cost. We have not included any adjustment to the underlying utilization that may result from the higher cost sharing requirements.

**Table 7: Actuarial Value and Estimated Average Enrollee Annual Cost Sharing**

State Program	160% FPL		210% FPL	
	Actuarial Value	Est. Annual Cost Sharing	Actuarial Value	Est. Annual Cost Sharing
<b>QHP on Exchange</b>	<b>87.0%</b>	<b>\$446</b>	<b>73.0%</b>	<b>\$926</b>
<b>Average CHIP</b>	<b>96.6%</b>	<b>\$117</b>	<b>94.0%</b>	<b>\$204</b>
Alabama CHIP	97.2%	\$97	91.8%	\$281
Colorado CHIP	97.4%	\$90	95.3%	\$161
Connecticut CHIP	Medicaid eligible		97.8%	\$77
Florida CHIP	98.2%	\$62	No CHIP Plan	
Georgia CHIP	99.3%	\$24	99.3%	\$24
Idaho CHIP	96.1%	\$135	No CHIP Plan	
Illinois CHIP	98.9%	\$38	94.1%	\$203
Indiana CHIP	98.7%	\$44	98.7%	\$45
Kentucky CHIP	98.6%	\$48	No CHIP Plan	
Louisiana CHIP	Medicaid eligible		86.9%	\$448
Mississippi CHIP	99.7%	\$11	No CHIP Plan	
Montana CHIP	98.2%	\$63	98.2%	\$63
New Jersey CHIP	99.2%	\$28	97.0%	\$103
North Carolina CHIP	95.8%	\$145	No CHIP Plan	
North Dakota CHIP	96.1%	\$133	No CHIP Plan	
Pennsylvania CHIP	100.0%	\$0	97.2%	\$98
Tennessee CHIP	94.9%	\$173	94.6%	\$185
Texas CHIP	94.0%	\$207	No CHIP Plan	
Utah CHIP	88.7%	\$389	No CHIP Plan	
Virginia CHIP	97.4%	\$89	No CHIP Plan	
West Virginia CHIP	94.6%	\$184	93.4%	\$227
Wisconsin CHIP	99.3%	\$23	99.3%	\$23
Wyoming CHIP	96.0%	\$139	No CHIP Plan	

For children in households with incomes of 160% FPL, the average out of pocket costs for QHPs is estimated to be \$446 per year (\$111 in Massachusetts due to the wrap plan) while average CHIP cost sharing ranges from \$0 (in 11 states) to \$389 in Utah. The average annual enrollee cost sharing across the states studied is \$66. Utah is the only state where average CHIP cost is within 50% of the average cost sharing under the QHP at this income level. For children with household incomes of 210% FPL, the average out of pocket costs for QHPs is estimated to be \$926 per year (\$173 in Massachusetts due to the wrap plan) while average CHIP cost sharing ranges from \$0 (in 6 states) to \$448 in Louisiana. The average annual enrollee cost sharing across the states studied is \$97. There are no states for which CHIP

cost sharing is comparable to the level of QHP cost sharing. Estimated average cost sharing in CHIP for every state is lower than in the QHPs.

### Out of Pocket Costs for Families with Children with Special Health Care Needs

Depending on the cost sharing requirements for plans, families who have children with special health care needs that likely drive high medical claims may be faced with daunting out of pocket costs in QHPs above and beyond any premiums that must be paid.

Federal requirements limit out of pocket costs for CHIP to be no more than 5% of household income, including premiums and including all children covered by the program. Some state CHIP plans do not require any cost sharing, which means there is effectively a \$0 maximum out of pocket limit for cost sharing, while others have defined dollar limits or use the 5% of household income threshold. These dollar limits may be for medical and pharmacy combined, or separate.

Health insurance plans offered through Marketplaces also have maximum out of pocket costs that limit families' exposure to total copays, deductibles, and coinsurance amounts for Essential Health Benefits (including prescription drugs). The ACA limits these maximum out of pocket costs at different amounts based on the cost sharing reduction level. These limits are increased each year based on medical inflation. Health insurers can set their out of pocket maximums at amounts lower than the federal limits. The limits for 2015 are shown in Table 8.

**Table 8: 2015 Maximum Cost Sharing Out of Pocket Limits for ACA Plans**

Household Income	Cost sharing Reduction Actuarial Value Level for Silver Plan	Limit on Out of Pocket Maximum for Self-Only Coverage	Limit on Out of Pocket Maximum for Family Coverage
<b>100 – 150% FPL</b>	94% (+/- 1%)	\$2,250	\$4,500
<b>150 – 200% FPL</b>	87% (+/- 1%)	\$2,250	\$4,500
<b>200 – 250% FPL</b>	73% (+/- 1%)	\$5,200	\$10,400
<b>Above 250% FPL</b>	70% (+/- 2%)	\$6,600	\$13,200

The following provides a comparison of the estimated maximum financial exposure, net of premiums, which families face in the CHIP plans compared to that of QHPs available on the Marketplace in each state in 2014. Note that ranges reflecting all available QHPs are provided for states with a Federally-Facilitated Marketplace, and the out of pocket maximum for states operating their own Marketplace is based on that for an individual in the lowest cost silver plan available for the most populated county in the state as information for all QHPs was not available. The out of pocket limit may be higher or lower for other plans, as long as it is below the allowed maximum level as noted in Table 8, and the overall actuarial value meets the metal tier requirements.

For CHIP plans that use a percent of income as the basis for the maximum out of pocket, the actual maximum will depend on the household income and number of children covered under the maximum. For these states, we calculated the maximum using a 3 person household at the 160% and 210% FPL

income levels and assuming only one child. The calculated percent of income maximum at these income levels is \$950 and \$1,995, respectively. These amounts are reduced by the required annual premium for CHIP in each state to reflect the limit on cost sharing only. Since we are assuming one child, the full maximum out of pocket limit is assumed to be met by one child's medical and pharmacy claims. For larger families, the household income is higher for the same FPL levels, which means that the maximum out of pocket limit would also increase, but it may be split among more than one child in the family.

We have not reviewed whether and how the out of pocket limits based on percent of income are put into practice. This type of limit is difficult to adjudicate and it may be incumbent upon the enrollee to indicate to the insurer when the limit has been reached. Additionally, because household incomes may change during the year, it may be challenging to identify the limit.

**Table 9A: Maximum Out of Pocket Costs (net of Premium) in CHIP Compared to QHPs**

**For States with 5 Percent of Household Income CHIP Limits**

State	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Alabama</b>	\$846	\$1,000-\$2,000	\$1,891	\$3,500-\$5,000
<b>Colorado</b>	\$925	\$1,450	\$1,970	\$4,750
<b>Connecticut</b>	Medicaid Eligible		\$1,995	\$5,000
<b>Florida</b>	\$710	\$1,000-\$2,250	No CHIP Plan	
<b>Georgia</b>	\$710	\$1,000-\$2,250	\$1,647	\$3,250-\$5,200
<b>Idaho</b>	\$770	\$2,250	No CHIP Plan	
<b>Illinois*</b>	\$770	\$1,100-\$2,250	\$1,815	\$2,920-\$5,200
<b>Indiana</b>	\$686	\$1,000-\$2,250	\$1,491	\$2,650-\$5,200
<b>Louisiana</b>	Medicaid Eligible		\$1,395	\$2,500-\$5,200
<b>Mississippi</b>	\$950	\$1,100-\$2,250	No CHIP Plan	
<b>New Jersey</b>	\$950	\$1,400-\$2,000	\$1,497	\$3,500-\$5,200
<b>North Carolina</b>	\$900	\$1,000-\$2,250	No CHIP Plan	
<b>North Dakota</b>	\$950	\$1,400-\$2,250	No CHIP Plan	
<b>Pennsylvania</b>	No Cost Sharing – in table 9C		\$1,419	\$3,000-\$5,200
<b>Tennessee</b>	\$950	\$1,000-\$2,250	\$1,995	\$2,750-\$5,200
<b>Texas</b>	\$915	\$1,200-\$2,250	No CHIP Plan	
<b>Utah</b>	\$650	\$1,000-\$2,250	No CHIP Plan	
<b>Wisconsin</b>	\$950	\$1,000-\$2,250	\$1,875	\$2,650-\$5,200
<b>Overall Range</b>	<b>\$650-\$950</b>	<b>\$1,000-\$2,250</b>	<b>\$1,395-\$1,995</b>	<b>\$2,500-\$5,200</b>

\*We are including Illinois in the states that utilize a percent of income limit on cost sharing, although a portion of the maximum out of pocket, specifically related to hospital claims, includes a specific fixed dollar limit for the CHIP plans.

Five states reflected fixed dollar maximum out of pocket limits in the CHIP plans for one or both of the reviewed income levels. Two of these states include separate dollar maximums for medical and pharmacy claims, which can offer additional protection for enrollees. The out of pocket limits for the CHIP plans in these states was significantly lower than the lowest QHP limits.

**Table 9B: Maximum Out of Pocket Costs in CHIP Compared to QHPs**  
For States with Fixed Dollar CHIP Limits

State	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Kentucky</b>	\$450	\$1,450	No CHIP Plan	
<b>Montana</b>	\$215	\$1,000-\$2,000	\$215	\$2,650-\$5,200
<b>Virginia</b>	\$350	\$1,500-\$2,250	No CHIP Plan	
<b>West Virginia</b>	\$150 Med; \$100 Rx	\$1,000-\$2,000	\$200 Med; \$150 Rx	\$3,500-\$5,200
<b>Wyoming</b>	\$300 Med; \$200 Rx	\$1,500-\$2,250	No CHIP Plan	
<b>Overall Range</b>	<b>\$215-\$500</b>	<b>\$1,000-\$2,250</b>	<b>\$215-\$350</b>	<b>\$2,650-\$5,200</b>

The remaining states did not have any cost sharing required in CHIP plans. In effect, this equates to a maximum out of pocket of \$0 since enrollees are not paying anything at the time of service and the issuer covers the full cost for services. Enrollees in these CHIP plans would see very significant increases in the out of pocket expenses if they moved into a QHP.

**Table 9C: Maximum Out of Pocket Costs in CHIP Compared to QHPs**  
For States with No Cost Sharing in CHIP

State	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Delaware</b>	\$0	\$1,100-\$2,250	No CHIP Plan	
<b>Iowa</b>	\$0	\$1,000-\$2,250	\$0	\$2,750-\$5,200
<b>Kansas</b>	\$0	\$1,200-\$2,250	\$0	\$3,125-\$5,200
<b>Maine</b>	\$0	\$1,150-\$1,500	No CHIP Plan	
<b>Massachusetts</b>	\$0	\$750 Med; \$500 Rx	\$0	\$1,500 Med; \$750 Rx
<b>Michigan</b>	\$0	\$1,000-\$2,250	No CHIP Plan	
<b>Missouri</b>	\$0	\$1,150-\$2,250	\$0	\$3,125-\$5,200
<b>Nevada</b>	\$0	\$1,250	No CHIP Plan	
<b>New York</b>	\$0	\$2,000	\$0	\$4,000
<b>Oregon</b>	\$0	\$1,250	\$0	\$5,000
<b>Pennsylvania</b>	\$0	\$500-\$2,250	% of Income – in table 9A	
<b>South Dakota</b>	\$0	\$1,000-\$2,250	No CHIP Plan	
<b>Washington</b>	Medicaid Eligible		\$0	\$5,200
<b>Overall Range</b>	<b>\$0-\$0</b>	<b>\$500-\$2250</b>	<b>\$0-\$0</b>	<b>\$2250-\$5200</b>

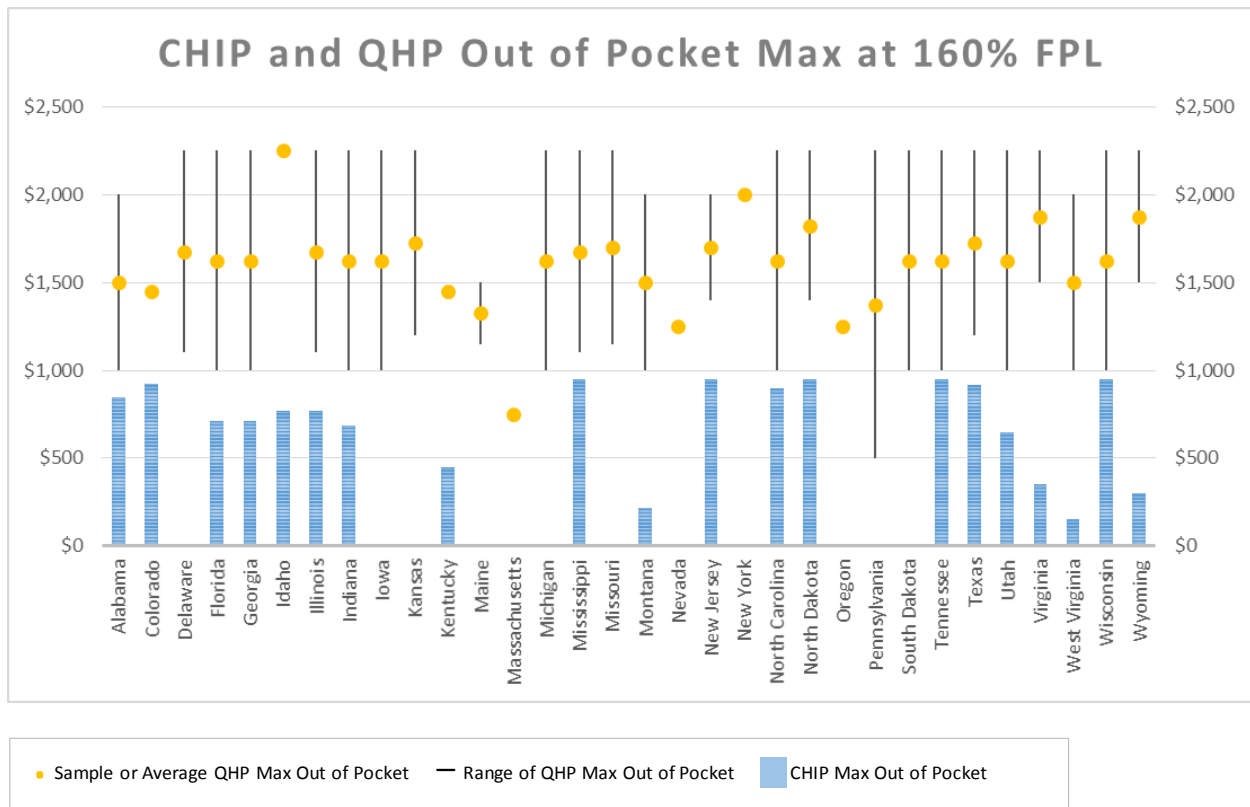


In all states included in the analysis and at both income levels, the out of pocket maximum cost in QHPs far exceeds that of the CHIP plan. The lowest combined medical and pharmacy out of pocket maximum for QHPs across the states was \$500 for coverage available to families with household incomes of 160% FPL, and \$2,250 for families with household incomes of 210% FPL.

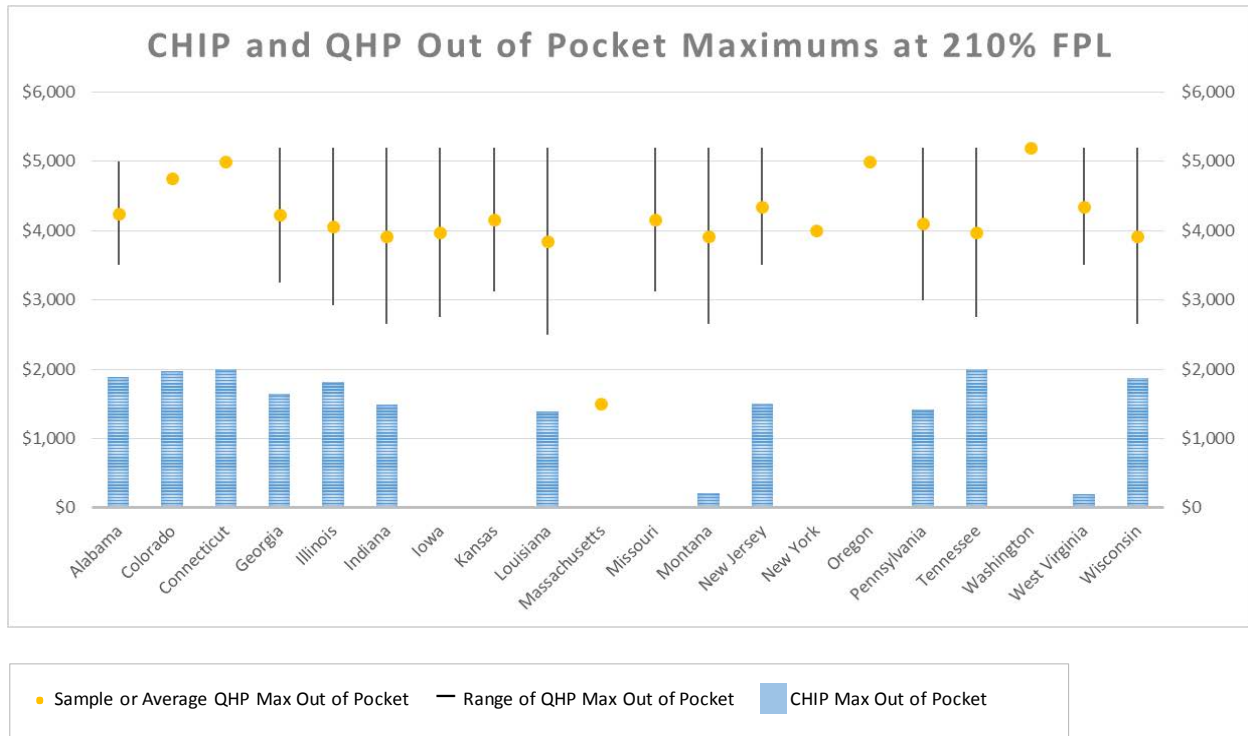
Thirteen of the 35 states do not require any cost sharing in their CHIP plans at one or both of the income levels. CHIP enrollees in these states would see very significant increases in their financial exposure should they move to a QHP.

The differences in the out of pocket maximums at each income level are shown in Graphs 9D and 9E. The specific values for each state are included in Tables 9A-9C above. The blue bars depict the CHIP out of pocket maximum while the lines and yellow dots reflect the range of out of pocket maximums identified in the study. For example, Alabama’s CHIP includes an estimated \$846 maximum out of pocket for a single individual in a household with an income of 160% FPL. The maximum out of pocket for a single individual in the available QHPs ranged from \$1000 to \$2000. In Colorado, the CHIP plan includes an estimated \$925 maximum out of pocket compared to the \$1450 maximum out of pocket for the QHP reviewed.

**Graph 9D: CHIP and QHP Out of Pocket Maximums by State at 160% FPL**



**Graph 9E: CHIP and QHP Out of Pocket Maximums by State at 210% FPL**



### Out of Pocket Costs for Pediatric Dental and Vision Services

The 2015 Federal Actuarial Value Calculator used to calculate the average out of pocket costs for core services as outlined earlier does not account for the specific cost sharing requirements for pediatric dental and vision services. Because of the importance of these services in children’s health, the cost sharing requirements for these frequently used services, including routine vision exams, eyeglasses, and dental checkups were reviewed and are summarized in detail for each state in the appendices.

Cost sharing for QHPs were reviewed for the lowest cost silver plan available either to the most people in the state (for FFM states) or in the most populous county in the state for State-Based Marketplace states. Generally, there was significant variation in the cost sharing requirements for these services in QHPs offered through the Marketplaces. Some QHPs had no cost sharing for these services, others had copayments, while others applied the plan deductible and coinsurance to these services. Pediatric dental and vision care are required EHBs per the ACA. The ACA, however, does allow QHPs to exclude pediatric dental benefits if there is a stand-alone dental plan available through the Marketplace. Depending on whether issuers decide to include pediatric dental coverage in their QHPs, families wanting to have pediatric dental in these states may have to enroll in a stand-alone dental plan, with a separate premium and benefit structure, in addition to the QHP. Table 10 shows the types of cost sharing utilized by CHIP and QHPs. It is possible that dollar limits and deductibles are used in combination with other cost sharing.

**Table 10: Pediatric Dental Checkup Cost Sharing – Percent of States Using Type of Cost Sharing**

Cost Sharing	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>No Cost Sharing</b>	94%	19%	90%	30%
<b>Copay</b>	6%	9%	10%	5%
<b>Coinsurance</b>	0%	9%	0%	5%
<b>Deductible</b>	0%	13%	0%	10%
<b>Dollar Limits</b>	6%	0%	5%	0%
<b>Covered</b>	100%	37%	100%	40%

CHIP plans are much more likely than QHPs to not require any cost sharing for pediatric dental checkups. When cost sharing is required, it tends to be lower in CHIP plans compared to QHPs. Two states have CHIP plans that include dollar limits on the total claims covered for pediatric dental services. Dollar limits are not permitted in QHPs. Of the states that do have cost sharing, CHIP plans tend to include only copays while QHPs may have either copays or coinsurance, and often additionally require that a deductible be met. Table 11 shows the use and type of cost sharing by state for preventive pediatric dental visits for individuals at 160% FPL. For each plan type, an “X” indicates that the specific type of cost sharing is utilized. We have noted “N/A” when no cost sharing applies, although the dollar limit may still be applicable even if there is no cost sharing required at the time of service.

**Table 11: Pediatric Dental Checkup Cost Sharing by State**

State	160% FPL								210% FPL							
	CHIP				QHP				CHIP				QHP			
	Copay	Coinsurance	Deductible	Dollar Limit	Copay	Coinsurance	Deductible	Dollar Limit	Copay	Coinsurance	Deductible	Dollar Limit	Copay	Coinsurance	Deductible	Dollar Limit
<b>Alabama</b>	N/A				N/A				N/A				N/A			
<b>Colorado</b>	N/A					X	X		N/A					X	X	
<b>Connecticut</b>	Medicaid Eligible								N/A				N/A			
<b>Delaware</b>	N/A				N/A				No CHIP Plan							
<b>Florida</b>	N/A				Not Covered				No CHIP Plan							
<b>Georgia</b>	N/A				Not Covered				N/A				Not Covered			
<b>Idaho</b>	N/A				X				No CHIP Plan							
<b>Illinois</b>	X				Not Covered				X				Not Covered			
<b>Indiana</b>	N/A				Not Covered				N/A				Not Covered			
<b>Iowa</b>	N/A				Not Covered				N/A				Not Covered			
<b>Kansas</b>	N/A				Not Covered				N/A				Not Covered			
<b>Kentucky</b>	N/A					X	X		No CHIP Plan							

State	160% FPL				210% FPL					
	CHIP		QHP		CHIP		QHP			
	Copay	Coinsurance	Deductible	Dollar Limit	Copay	Coinsurance	Deductible	Dollar Limit		
<b>Louisiana</b>	Medicaid Eligible				N/A		N/A			
<b>Maine</b>	N/A		Not Covered		No CHIP Plan					
<b>Massachusetts</b>	N/A		Not Covered		N/A		Not Covered			
<b>Michigan</b>	N/A		Not Covered		No CHIP Plan					
<b>Mississippi</b>	N/A		X	Not Covered		No CHIP Plan				
<b>Missouri</b>	N/A		Not Covered		N/A		Not Covered			
<b>Montana</b>	N/A		X	Not Covered		N/A		X	Not Covered	
<b>Nevada</b>	N/A		Not Covered		No CHIP Plan					
<b>New Jersey</b>	N/A		Not Covered		N/A		Not Covered			
<b>New York</b>	N/A		X		X	N/A		X		X
<b>North Carolina</b>	N/A		X			No CHIP Plan				
<b>North Dakota</b>	N/A			X	X	No CHIP Plan				
<b>Oregon</b>	N/A		Not Covered		N/A		Not Covered			
<b>Pennsylvania</b>	N/A		N/A		N/A		N/A			
<b>South Dakota</b>	N/A		Not Covered		No CHIP Plan					
<b>Tennessee</b>	N/A		N/A		N/A		N/A			
<b>Texas</b>	N/A		Not Covered		No CHIP Plan					
<b>Utah</b>	N/A		Not Covered		No CHIP Plan					
<b>Virginia</b>	N/A		Not Covered		No CHIP Plan					
<b>Washington</b>	Medicaid Eligible				N/A		Not Covered			
<b>West Virginia</b>	N/A		N/A		N/A		N/A			
<b>Wisconsin</b>	X		Not Covered		X		Not Covered			
<b>Wyoming</b>	N/A		N/A		No CHIP Plan					

Routine pediatric vision services are also required to be covered in QHPs. The variety of cost sharing required for these services is reflected in Table 12. Similar to dental checkups, CHIP plans provide services with no cost sharing more frequently than QHPs. CHIP plans exclusively use copays when they do require cost sharing while QHPs may include both deductibles and coinsurance.

**Table 12: Routine Pediatric Vision Services Cost Sharing – Percent of States Using Type of Cost Sharing**

Cost Sharing	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>No Cost Sharing</b>	66%	63%	65%	55%
<b>Copay</b>	34%	9%	35%	15%
<b>Coinsurance</b>	0%	22%	0%	15%
<b>Deductible</b>	0%	31%	0%	35%
<b>Dollar Limits</b>	0%	0%	0%	0%
<b>Covered</b>	100%	100%	100%	100%

In addition to routine pediatric vision exams, plans also offer coverage for eyeglasses. CHIP plans often include dollar limits so enrollees would pay any amount above the specified dollar limit. QHPs also tend to use coinsurance with deductibles if they require cost sharing.

**Table 13: Pediatric Eyeglasses Cost Sharing – Percent of States Using Type of Cost Sharing**

Cost Sharing	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>No Cost Sharing</b>	84%	44%	85%	45%
<b>Copay</b>	16%	3%	15%	0%
<b>Coinsurance</b>	0%	47%	0%	45%
<b>Deductible</b>	0%	53%	0%	50%
<b>Dollar Limits</b>	25%	0%	35%	0%
<b>Covered</b>	100%	100%	100%	100%

In general CHIP plans are more generous in providing pediatric dental and vision services with no or lower cost sharing than QHPs. Enrollees would likely see increases in the cost sharing required if they move from a CHIP plan to a QHP.

## ANALYSIS OF COVERED BENEFITS AND LIMITS

### Background

States have flexibility, within federal guidelines, to define the benefits required to be covered under both CHIP and QHPs. Plans under both programs are generally required to provide basic services, such as inpatient and outpatient hospital, physician, laboratory and x-rays, and preventive care.

### CHIP Benefit Overview

States with separate CHIP programs have several options for defining the covered benefits in their program. States can select one of three benchmark options, the standard Blue Cross Blue Shield preferred provider option plan offered to Federal employees, the benefit plan for state employees, or

the most highly enrolled commercial HMO in the state (not including Medicaid enrollment). Alternatively, states can define coverage that is actuarially equivalent to one of the benchmark plans above, so long as it includes coverage for inpatient and outpatient hospital, physician services, surgical and medical services, laboratory and x-ray services, and preventive services.<sup>vi</sup>

States with separate CHIP programs must also provide dental coverage that meets certain CHIP requirements or is substantially equal to either the most popular federal employee dental plan that is available to dependents, the most popular dental plan selected by dependents of state employees, or dental coverage offered through the highest enrolled commercial insurer in the state.

### QHP Benefit Overview

All QHPs offered through state Marketplaces must provide Essential Health Benefits (EHB) as defined in the ACA. For the 2014 and 2015 coverage years, EHBs are based on one of a set of benchmark plans which states had the option to select. The benchmark options included the most highly enrolled commercial plan available in each of the top three products in the state's small group market, any of the three largest state employee benefit plans, any of the three largest national Federal Employees Health Benefits Program plans, and the largest insured commercial non-Medicaid HMO operating in the state. The default benchmark for states that did not make an active selection was the most highly enrolled plan in the small group market. EHBs are based on the covered benefits of the benchmark plan in 2012 and includes coverage limits with any annual or lifetime dollar limits converted to actuarially equivalent service or treatment limits.

The ACA requires EHBs to include ten service categories of benefits, including:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

State benchmarks that did not include all of the above categories were supplemented to ensure complete coverage. Supplementation was most commonly needed for pediatric oral and vision and habilitative service benefit categories.

States with benchmark plans that did not include pediatric dental and/or vision coverage could be supplemented with coverage from either the Federal Employees Dental and Vision Insurance Program (FEDVIP, which was the default for states that didn't actively make a selection) or the state's separate

CHIP plan for the eligibility group with the highest enrollment. As noted above, EHB requires pediatric dental coverage to be included, but the QHP does not need to offer it in the plan if a stand-alone dental plan is available through the Marketplace in the state.

States also had the option to define habilitative services for purposes of EHB, otherwise, issuer definitions would apply.

QHP issuers have the option to substitute benefits within EHB categories if they are actuarially equivalent. Issuers also have the option of providing benefits above EHB and must cover any state required benefits, even if they are not considered part of EHB.

Some EHBs in this report were based on state benchmark plans and may show annual dollar limits on certain benefits. These dollar limits were common on autism and Applied Behavior Analysis (ABA) benefits. In accordance with Federal Regulation 45 CFR 147.126, these limits cannot be applied to EHBs but can be converted to actuarially equivalent service limits. Presumably, these dollar limits in QHPs were converted to visit limits which are not reflected in our report. For the purposes of comparing CHIP to QHPs, we include the dollar limits to identify potential utilization limits that may be used in the QHPs. We do not believe this lack of conversion causes any lack of accuracy as it is apparent how prevalent the use of limits may be.

Because the benchmark plans were in place prior to 2014, they did not all cover mental health benefits at parity with physical health benefits, as is required for CHIP and QHPs. In places where there were mental health coverage limits that were not in parity with physical health benefits, we removed the limits assuming that CHIP plans and the QHPs removed those limits.

Pharmacy benefits for both CHIP plans and QHPs are often subject to formularies, or specific drug lists that are covered. We have not included the use of formularies as a limitation because of the standard use across both CHIP and QHPs. We focused on the material coverage and limitation differences.

## Methodology

For purposes of this analysis, benefits were determined to be either “core” or “child-specific” based on how commonly they were covered and the relative importance to children. Core benefits are those that are almost always covered in CHIP and QHPs and the differences in benefits is typically in the form of limits or cost sharing. Child-specific benefits are those that are less likely to be consistently covered and have larger variation in limits and exclusions. They are also benefits that are considered more important when considering health care for children.

CHIP benefit information collected by the National Association for State Health Policy (NASHP) and Georgetown University Health Policy Institute Center for Children and Families for the May 2014 report “Benefits and Cost Sharing in Separate CHIP Programs” was used as a starting point for this analysis. We relied on their service groupings as the basis for making comparisons with the EHBs required to be covered by QHPs. The state-specific EHB requirements were reviewed to identify additional services considered to be relevant to children, to be included in the analysis. Once those additional benefits were

identified, web searches were performed to identify whether the state CHIP plans covered those benefits and with what limitations. Note that not all benefits were explicitly addressed in either the EHB summaries or the CHIP benefit summaries.

It is important to note that for states with multiple CHIP plan options offered by insurers, results may vary by plan. For purposes of this analysis, the most highly enrolled plan was utilized rather than reviewing the spectrum of services covered across all available plans.

Additionally, results shown for QHPs are based on the EHB summaries. Insurers may either substitute required EHBs, provide additional benefits, or have broader limits that are not reflected in this report.

## Core Benefits

Table 14 provides a summary of the distribution of states reviewed that cover each of the defined core benefits with no limits, with limits, or do not cover the benefit at all in their CHIP plans and QHPs (based on required EHBs). Coverage details for each of these benefits by state can be found in Appendix B.

**Table 14: Percentage of States Covering Core Benefits**

Benefit Category	CHIP			QHPs (Based on EHB)		
	Covered - No Limits	Covered - Limits	Not Covered	Covered - No Limits	Covered - Limits	Not Covered
<b>Average for All Core Benefits</b>	<b>95%</b>	<b>5%</b>	<b>0%</b>	<b>96%</b>	<b>4%</b>	<b>0%</b>
<b>Physician Services</b>	97%	3%	0%	100%	0%	0%
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	97%	3%	0%	100%	0%	0%
<b>Laboratory &amp; Radiological Services</b>	100%	0%	0%	97%	3%	0%
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	82%	18%	0%	71%	29%	0%
<b>Inpatient Services</b>	95%	5%	0%	100%	0%	0%
<b>Inpatient Mental Health Services</b>	95%	5%	0%	97%	3%	0%
<b>Surgical Services</b>	92%	8%	0%	100%	0%	0%
<b>Outpatient Services</b>	97%	3%	0%	100%	0%	0%
<b>Outpatient Mental Health Services</b>	95%	5%	0%	97%	3%	0%
<b>Prescription Drugs</b>	92%	8%	0%	100%	0%	0%
<b>Emergency Medical Transport</b>	100%	0%	0%	97%	3%	0%



Table 15 shows the proportion of core services that are covered with no limits, covered with limits, or not covered for each state. Most states reflect consistent coverage of core benefits in CHIP plans and in QHPs. We are including two CHIP plans for New Jersey, Oregon, and Wisconsin as those states have differing levels of coverage depending on the enrollee's household income level. The Wisconsin Benchmark plan is slated to transition into the Standard plan in 2014. North Dakota and Virginia indicate more limits utilized for core services than in other states.

Pennsylvania CHIP plans reflect limits for many services. Because the Pennsylvania Medicaid program accepts children with special health care needs at all income levels, children covered through CHIP tend to be healthier than those in other state CHIP plans. As a result, these limits are likely rarely met since the Medicaid program in Pennsylvania accepts children with special health care needs at all income levels. Excluding Pennsylvania from the results in the above table would increase the percent of states that cover core benefits in CHIP plans to 97%, with only 3% reflecting limits in total.

**Table 15: Percentage of Core Services Covered by State**

State	CHIP			QHPs (based on EHB)		
	Covered No Limits	- Covered - Limits	Not Covered	Covered No Limits	- Covered -Limits	Not Covered
<b>Total All States</b>	<b>95%</b>	<b>5%</b>	<b>0%</b>	<b>96%</b>	<b>4%</b>	<b>0%</b>
<b>Total All States without PA*</b>	<b>97%</b>	<b>3%</b>	<b>0%</b>	<b>96%</b>	<b>4%</b>	<b>0%</b>
Alabama	100%	0%	0%	100%	0%	0%
Colorado	91%	9%	0%	100%	0%	0%
Connecticut	100%	0%	0%	100%	0%	0%
Delaware	100%	0%	0%	100%	0%	0%
Florida	100%	0%	0%	100%	0%	0%
Georgia	100%	0%	0%	100%	0%	0%
Idaho	100%	0%	0%	100%	0%	0%
Illinois	100%	0%	0%	100%	0%	0%
Indiana	91%	9%	0%	100%	0%	0%
Iowa	100%	0%	0%	100%	0%	0%
Kansas	100%	0%	0%	91%	9%	0%
Kentucky	100%	0%	0%	100%	0%	0%
Louisiana	100%	0%	0%	100%	0%	0%
Maine	100%	0%	0%	100%	0%	0%
Massachusetts	100%	0%	0%	100%	0%	0%
Michigan	100%	0%	0%	100%	0%	0%
Mississippi	100%	0%	0%	100%	0%	0%
Missouri	100%	0%	0%	100%	0%	0%
Montana	91%	9%	0%	100%	0%	0%
Nevada	100%	0%	0%	91%	9%	0%
<b>New Jersey (Plan C/Plan D)</b>	<b>100%/91%</b>	<b>0%/9%</b>	<b>0%/0%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>

State	CHIP			QHPs (based on EHB)		
	Covered No Limits	- Covered - Limits	Not Covered	Covered No Limits	- Covered -Limits	Not Covered
New York	100%	0%	0%	91%	9%	0%
North Carolina	100%	0%	0%	100%	0%	0%
North Dakota	73%	27%	0%	91%	9%	0%
Oregon (Plan B/Plan C)	100%/100%	0%/0%	0%/0%	91%	9%	0%
Pennsylvania	27%	73%	0%	91%	9%	0%
South Dakota	100%	0%	0%	91%	9%	0%
Tennessee	100%	0%	0%	91%	9%	0%
Texas	91%	9%	0%	100%	0%	0%
Utah	100%	0%	0%	100%	0%	0%
Virginia	82%	18%	0%	73%	27%	0%
Washington	100%	0%	0%	100%	0%	0%
West Virginia	100%	0%	0%	100%	0%	0%
Wisconsin (Standard/Benchmark)	100%/82%	0%/18%	0%/0%	91%	9%	0%
Wyoming	82%	18%	0%	82%	18%	0%

\*Pennsylvania reflects high number of limits on coverage in CHIP. Total is shown with and without PA for comparison.

### Child-Specific Benefits

There is much more variation in the coverage of the child-specific benefits compared to core benefits. Table 16 shows the summary of the percentage of states that cover each of the child-specific benefits without limits, with limits, or not at all in their CHIP and QHPs (based on required EHBs). Coverage details for each of these benefits, by state, and including the imposed limits can be found in Appendix B. Although pediatric dental benefits are required EHBs, for the plans reviewed in 60% of the states in this analysis, pediatric dental coverage is not included and would need to be accessed by purchasing a stand-alone dental plan (SADP).

**Table 16: Percent of States Covering Child-Specific Benefits across All States Reviewed**

Benefit Category	CHIP			QHPs (based on EHB)		
	Covered No Limits	- Covered - Limits	Not Covered	Covered - No Limits	Covered - Limits	Not Covered
<b>Total All States</b>	56%	26%	18%	30%	22%	48%
<b>Dental - Preventive &amp; Restorative Services</b>	79%	21%	0%	40%	0%	60%
<b>Dental - Orthodontics</b>	71%	24%	5%	31%	0%	69%
<b>Vision - Exams</b>	97%	3%	0%	97%	3%	0%
<b>Vision - Corrective Lenses</b>	63%	37%	0%	91%	6%	3%

Benefit Category	CHIP			QHPs (based on EHB)		
	Covered - No Limits	Covered - Limits	Not Covered	Covered - No Limits	Covered - Limits	Not Covered
<b>Audiology - Exams</b>	95%	5%	0%	37%	0%	63%
<b>Audiology - Hearing Aids</b>	39%	55%	5%	9%	46%	46%
<b>Autism - General</b>	66%	16%	18%	29%	49%	23%
<b>ABA Therapy</b>	26%	32%	42%	9%	49%	43%
<b>Habilitation</b>	63%	37%	0%	31%	69%	0%
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	58%	42%	0%	20%	80%	0%
<b>Enabling Services</b>	32%	0%	68%	0%	0%	100%
<b>Medical Transportation - Non-Emergency Transport</b>	29%	26%	45%	0%	0%	100%
<b>Over-the-Counter Medications</b>	29%	32%	39%	3%	0%	97%

CHIP plans include coverage of these child-specific services much more frequently than QHPs. For the services that are covered, QHPs also tend to include more limits on these services. Some services, such as enabling services and non-emergency transportation are exclusively covered under CHIP plans if covered at all. The following subsections describe key differences noted for some of the specific benefits. Detailed tables for each benefit with results for all states are included in Appendices A1-A14.

### Dental Benefits

Two types of pediatric dental benefits were reviewed. Pediatric dental ups are required to be included in EHB, but may be excluded from coverage by a QHP if there are stand-alone dental options available in the state. Only 40% of QHPs we reviewed offered pediatric dental as an embedded benefit in the QHP. We focused on material limitation and coverage differences. We did not consider the standard one visit every 6-12 months as a material limitation. Some CHIP plans reflect the use of dollar limits.

For states with EHB benchmark plans that covered orthodontics, only medically necessary orthodontics are considered required EHBs. Because pediatric dental does not need to be covered by QHPs in states that offer a stand-alone dental plan through the Marketplace, orthodontics are not covered at all in 69% of the states' QHPs that we reviewed, either because it is covered through a stand-alone dental plan or it is not included in the EHB benchmark. Both CHIP and QHPs generally use the medically necessary requirement. The CHIP plans often define this as a handicapping malocclusion. The definition of medically necessary for QHPs is not clearly established and issuers may interpret them widely. We have not included the medically necessary condition as a limit to the orthodontic coverage since it is standardly used across both CHIP and QHPs. More states include coverage in CHIP, sometimes with additional dollar and condition limits.

### Vision Benefits

Two types of vision benefits were reviewed. Pediatric vision exams are required to be included in their EHB, although Utah does indicate that the coverage starts at age 5. Only Alabama reflects a limit in CHIP plans, with a dollar limit for the vision exam. As with pediatric dental, we focused on material limitation and coverage differences. We did not consider the standard one visit every 12 months as a material limitation, and did not include those specifics.

Eyeglasses are included in all states' EHB with the exception of Massachusetts. All states' CHIP plans include the coverage for eyeglasses, although over a third include dollar limits.

### Audiology Benefits

There is no requirement in the ACA that hearing exams be covered for children. As a result, 63% of states we reviewed did not include routine hearing exams in EHB. All CHIP plans reviewed covered hearing exams. Two states, New Jersey and Wisconsin, only offer them up to age 16 or 17, respectively, for enrollees in households with incomes over 200% FPL, although they are covered with no age limit at lower income levels. We have not included utilization limits such as one visit every 1-3 years as a material limitation since it is a standard limit.

Coverage of hearing aids is also very different between CHIP plans and QHPs. Almost half of states do not include hearing aid coverage as an EHB. Of those that do, the benchmark plan reflect a wide variety of limits on age (e.g. newborn only, up to age 12, up to age 17), dollar limits (\$1000-\$5000), limits on type (e.g. cochlear implants only) and utilization limits (e.g. one aid every 2-5 years). It is likely that the dollar limits would be converted to a different type of limit by the QHPs. For CHIP, all state CHIP plans except for Wyoming and the Wisconsin Benchmark plans cover hearing aids. More than half of the states that cover hearing aids in CHIP plans include either dollar or age limits. Again, there is significant variation in the limits, with dollar limits ranging from \$750 to \$3,000, and age limits up to age 8, 12, or 16.

### General Autism Services and Applied Behavioral Analysis

Services for Autism Spectrum Disorders (ASD) are necessarily varied due to the unique nature of the condition in each individual. We have included a review of general autism services, which include many of the same therapies that are considered with Physical, Occupational, and Speech Therapies. We also focus on Applied Behavioral Analysis (ABA), which has specific application to ASD. ABA is a very intensive treatment pattern of regular and frequent therapy sessions.

We found that just under a quarter of the states did not note autism coverage specifically in their EHB, and almost half of the states do not explicitly include ABA coverage. The benchmark plans for EHB frequently included dollar and age limits for these services as well. The dollar limits often cover both the general autism coverage and ABA, if it is covered. Some states have explicitly identified equivalent utilization limits that can be used in lieu of the dollar limits. Other states leave it up to the QHPs to either set comparable utilization limits or otherwise remove the dollar limits on the services. Our

comparison shows the dollar limits that were in the EHB benchmark plans with the expectation that QHPs in these states will likely utilize comparable limits. Relative to QHPs, CHIP plans tended to utilize fewer limits on both the general autism services and ABA.

### **Habilitation Benefits**

Habilitation benefits are those that are provided to develop skills that were not learned due to developmental or medical conditions. The ACA requires that habilitation services be included in EHB, although it does not specify the types of services that would need to be included. Defining what is considered a habilitative service is left up to the states or insurers, which leaves significant room for variation between states and QHPs. Because of this limitation, for states that did not define habilitation services to be included in the EHB benchmark plan, we are assuming that the habilitation services will be comparable to the Physical, Occupational, and Speech Therapy coverage and limitations. For both the CHIP and QHPs, all states cover habilitation. More than two thirds of the states included in our analysis reflect utilization limits in the QHPs compared to just over one third in CHIP plans. So enrollees in CHIP would be able to receive more services than those in QHPs.

Physical Therapy, Occupational Therapy, and Speech Therapy services show a similar pattern. Both CHIP and QHPs in all states cover these benefits. The difference is in the use of limits, with 80% of states reflecting utilization limits in QHPs for these services compared to only 42% of state CHIP plans.

Due to the close relationship between Physical, Occupational, and Speech Therapies and habilitation services, which often overlap with each other, limits often span all types of services. Many limits are also established by condition or type of therapy. It is important to understand the unique structure of each limit to understand how the limits may impact enrollees moving from CHIP to QHPs.

### **Other Child-Specific Benefits**

Over the counter (OTC) medications can be expensive, yet are often the first line of treatment for many conditions. Only Iowa includes coverage of OTC in the list of EHB. CHIP plans in 60% of states reviewed cover OTC, though almost half include some sort of limits. Limitations most frequently include a specific list of drugs available, although Florida uses a dollar limit and Indiana only covers OTC insulin for diabetics. Colorado, Montana, and Pennsylvania identified that OTC was covered only if prescribed by a doctor. We do not consider OTC in these three states to be covered since a prescription is required.

Non-emergency transportation can be important to CHIP enrollees and can cover services to get the enrollees to office visits as well as transfers between facilities and home. Non-emergency transportation is not covered in any state's EHB. Over half of the CHIP plans in the states reviewed do cover non-emergency transportation, with about half of those imposing some limits. The limits used reflect age and income restrictions, specific medical conditions, and types of transportation.

Enabling services, such as translation and outreach, make it easier for enrollees to utilize the medical services covered in their health plans. None of the states included in this study included enabling services in their EHB. For CHIP plans, 32% of states include some type of enabling services to enrollees.

Routine podiatry services are covered in more than one third of states' EHB. Of these states that cover routine podiatry, only Mississippi, North Carolina, and Tennessee include limits to restrict services to individuals with diabetes. In CHIP plans, 76% of states cover routine podiatry, although half of these states also have a limitation indicating coverage is only for enrollees with diabetes or a similar condition.

## RELIANCE AND LIMITATIONS

Wakely relied on the following sources to inform this report:

- Covered benefits and benefit limitations for CHIP from the May 2014 report “Benefits and Cost Sharing in Separate CHIP Programs” by the National Academy for State Health Policy (NASHP) and the Georgetown University Health Policy Institute Center for Children and Families
- Essential Health Benefit summaries available on the Center for Consumer Information and Insurance Oversight (CCIIO) website for covered benefits and limitations in QHPs, available at <http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>
- QHP landscape files available at <https://data.healthcare.gov/> to identify the lowest cost silver plans by county for states with a Federally-Facilitated Marketplace and links to benefit summaries
- Marketplace websites and other online sources for Summary of Benefits and Coverage and Plan Brochures to identify pediatric dental and vision cost sharing.
- Census data to identify total population by county, available at [http://quickfacts.census.gov/qfd/download\\_data.html](http://quickfacts.census.gov/qfd/download_data.html)
- CHIP premium information from 2013 as reported in a Kaiser Family Foundation report, *Getting into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost sharing Policies in Medicaid and CHIP, 2012–2013*, available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/05/8401.pdf>

Wakely would also like to acknowledge the following limitations of the analysis:

- The 2015 Federal Actuarial Value Calculator is not specific to the child population and is a high level tool that does not account for cost sharing on all covered benefits. It utilizes a standard population and is a useful tool for consistent comparisons between plans.
- Average annual cost sharing dollar amounts were calculated assuming a national average claims cost of \$3,429 per child.
- We focused on individual level cost sharing for review of QHPs. Family deductibles and maximum out of pockets are generally twice the individual levels.
- Dental and vision cost sharing information for the cost sharing reduction plan variations were not always available. In these cases, standard silver cost sharing for individuals was assumed.
- Wakely was directed to focus on the impact to enrollees as measured in terms of cost sharing and benefit differences (both in services covered or limitations/exclusions on covered services) but not the premiums. The premium component may also be material and we recommend analyzing it at a future time to develop a complete picture of the cost differences.

Wakely reviewed data for reasonableness, but did not audit any data used. Any errors in the data may cause material errors in our analysis. This report is developed for purpose of comparing the estimated cost sharing and benefit coverage in CHIP plans to that enrollees would likely encounter if they enrolled in a QHP. The analysis and comparisons are made to highlight key differences between the plans. Other uses may be inappropriate. We relied on publicly available information on the 2014 CHIP plans and QHPs available in each state and information supplied by First Focus. Actual results will vary for a particular individual and average results for a particular state could vary materially from the estimates included in this report. We understand that the report will be provided to state regulators and other interested parties. When shared, the report must be shared in its entirety. Many of the concepts in this report are actuarial in nature and should be reviewed and interpreted by individuals with the appropriate background.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Aree Bly, Julia Lerche, and Karan Rustagi are members of the American Academy of Actuaries, and meet the qualification standards for performing the analyses in this report.

## APPENDICES

Coverage codes used in all appendices are as follows:

<b><u>Code</u></b>	<b><u>Coverage</u></b>
C	Covered
C, E	Covered and exclusions apply
U	Not covered
LQ	Limited by quantity, such as number of visits or days
L\$	Limited by dollar amount
LA	Limited by age
LL	Limited to a list of approved drugs or specified services
LC	Limited by condition or diagnosis



## **APPENDIX A: CHILD-SPECIFIC BENEFIT COVERAGE BY STATE**

Appendix A1: Dental Preventive and Restorative Services

Appendix A2: Orthodontics

Appendix A3: Vision Exams

Appendix A4: Eyeglasses

Appendix A5: Audiology Exams

Appendix A6: Hearing Aids

Appendix A7: Autism

Appendix A8: Applied Behavioral Analysis

Appendix A9: Habilitation

Appendix A10: PT/OT/ST

Appendix A11: Over-the-counter Medicine

Appendix A12: Non-Emergency Transportation

Appendix A13: Enabling Services

Appendix A14: Podiatry

Dental Benefits**Table A1: Dental Preventive and Restorative Services Coverage and Limits by State**

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	C		C	
Colorado	L\$	\$600	C	
Connecticut	C		C	
Delaware	C		C	
Florida	C		U	Covered in SADP
Georgia	C		U	Covered in SADP
Idaho	C		C	
Illinois	C		U	Covered in SADP
Indiana	C		U	Covered in SADP
Iowa	C		U	Covered in SADP
Kansas	C		U	Covered in SADP
Kentucky	C		C	
Louisiana	C		C	
Maine	C		U	Covered in SADP
Massachusetts	C		U	Covered in SADP
Michigan	C		U	Covered in SADP
Mississippi	L\$	Limited to \$1,500/calendar year except for accidental injury	U	Covered in SADP
Missouri	C		U	Covered in SADP
Montana	C		U	Covered in SADP
Nevada	C		U	Covered in SADP
New Jersey (Plan C)	C		U	Covered in SADP
New Jersey (Plan D)	C		U	Covered in SADP
New York	C		C	
North Carolina	C		C	
North Dakota	C		C	
Oregon (Plan B)	C		U	Covered in SADP
Oregon (Plan C)	L\$	\$1,750/year	U	Covered in SADP
Pennsylvania	L\$	\$1,500/year	C	
South Dakota	C		U	Covered in SADP
Tennessee	L\$	\$1,000/year	C	
Texas	C		U	Covered in SADP
Utah	L\$, E	\$1,000/plan year; some service exclusions	U	Covered in SADP
Virginia	C		U	Covered in SADP
Washington	C		U	Covered in SADP
West Virginia	C		C	

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Wisconsin (Standard)</b>	C		U	Covered in SADP
<b>Wisconsin (Benchmark)</b>	L\$	\$750/plan year; \$200 deductible (preventive and diagnostic exempt) if >200% FPL	U	Covered in SADP
<b>Wyoming</b>	C, E	Excludes synthetic restorations on posterior teeth	C	

Table A2: Orthodontics Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Alabama</b>	LC	Limited to certain conditions	C	
<b>Colorado</b>	U		U	
<b>Connecticut</b>	L\$	\$725/member (per lifetime)	U	
<b>Delaware</b>	C		C	
<b>Florida</b>	C		U	Covered in SADP
<b>Georgia</b>	C		U	Covered in SADP
<b>Idaho</b>	C		C	
<b>Illinois</b>	C		U	Covered in SADP
<b>Indiana</b>	C		U	Covered in SADP
<b>Iowa</b>	C		U	Covered in SADP
<b>Kansas</b>	C		U	Covered in SADP
<b>Kentucky</b>	LC	Only to correct disabling condition or for transitional or permanent dentition	U	
<b>Louisiana</b>	C		C	
<b>Maine</b>	C		U	
<b>Massachusetts</b>	C		U	
<b>Michigan</b>	C		U	
<b>Mississippi</b>	LC	Only covers accidental injury	U	Covered in SADP
<b>Missouri</b>	C		U	Covered in SADP
<b>Montana</b>	U		U	Covered in SADP
<b>Nevada</b>	C		U	Covered in SADP
<b>New Jersey (Plan C)</b>	C		U	Covered in SADP
<b>New Jersey (Plan D)</b>	C		U	Covered in SADP
<b>New York</b>	C		C	
<b>North Carolina</b>	C		C	
<b>North Dakota</b>	C		C	
<b>Oregon (Plan B)</b>	LC	Only for treatment of cleft	U	Covered in SADP

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		palate		
<b>Oregon (Plan C)</b>	LC	Only for treatment of cleft palate	U	Covered in SADP
<b>Pennsylvania</b>	L\$	\$5,200/lifetime	C	
<b>South Dakota</b>	C		U	Covered in SADP
<b>Tennessee</b>	L\$	\$1,250/lifetime (not subject to dental limit)	C	
<b>Texas</b>	C		U	Covered in SADP
<b>Utah</b>	C		U	
<b>Virginia</b>	C		U	Covered in SADP
<b>Washington</b>	C		U	Covered in SADP
<b>West Virginia</b>	C		C	
<b>Wisconsin (Standard)</b>	C		U	Covered in SADP
<b>Wisconsin (Benchmark)</b>	L\$	\$750/plan year; \$200 deductible (preventive and diagnostic exempt) if >200% FPL	U	Covered in SADP
<b>Wyoming</b>	C		C	

Vision Benefits**Table A3: Vision Exam Coverage and Limits by State**

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	L\$	\$48 for new patient, \$37 for established patient	C	
Colorado	C		C	
Connecticut	C		C	
Delaware	C		C	
Florida	C		C	
Georgia	C		C	
Idaho	C		C	
Illinois	C		C	
Indiana	C		C	
Iowa	C		C	
Kansas	C		C	
Kentucky	C		C	
Louisiana	C		C	
Maine	C		C	
Massachusetts	C		C	
Michigan	C		C	
Mississippi	C		C	
Missouri	C		C	
Montana	C		C	
Nevada	C		C	
New Jersey (Plan C)	C		C	
New Jersey (Plan D)	C		C	
New York	C		C	
North Carolina	C		C	
North Dakota	C		C	
Oregon (Plan B)	C		C	
Oregon (Plan C)	C		C	
Pennsylvania	C		C	
South Dakota	C		C	
Tennessee	C		C	
Texas	C		C	
Utah	C		LA	age 5-18
Virginia	C		C	
Washington	C		C	
West Virginia	C		C	
Wisconsin (Standard)	C		C	

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Wisconsin (Benchmark)	C		C	
Wyoming	C		C	

Table A4: Corrective Lenses Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	L\$	\$180-\$250	C	
Colorado	L\$	\$50/year	C	
Connecticut	L\$	up to \$100	C	
Delaware	C		C	
Florida	C		C	
Georgia	C		C	
Idaho	C		C	
Illinois	C		C	
Indiana	L\$	maximum of \$20 for frames	C	
Iowa	L\$	\$100/year for one set of eyewear	C	
Kansas	C		C	
Kentucky	L\$	\$400/12 months	C	
Louisiana	C		C	
Maine	C		C	
Massachusetts	C		U	
Michigan	C		C	
Mississippi	C		C	
Missouri	C		C	
Montana	C, E	contact lenses not covered	C	
Nevada	C		C	
New Jersey (Plan C)	C		C	
New Jersey (Plan D)	C		C	
New York	C		C	
North Carolina	C		C	
North Dakota	L\$	\$80 limit	C	
Oregon (Plan B)	C		C	
Oregon (Plan C)	L\$	\$96 for single vision lenses and \$96 for frames	C	
Pennsylvania	L\$	Monetary cap set by insurer	C	
South Dakota	C		C	
Tennessee	L\$	\$85 for lenses/year; \$100 for frames every 2 years; \$150 for contact lenses/year	C	
Texas	C		C	

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Utah	C		LA	age 5-18
Virginia	L\$	Limited by dollar amount depending on lens type	C	
Washington	C		L\$	\$150 hardware/year
West Virginia	L\$	\$125/year for frames and lenses	C	
Wisconsin (Standard)	C		C	
Wisconsin (Benchmark)	C		C	
Wyoming	L\$	up to \$100	C	

Audiology Benefits

Table A5: Hearing Exam Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	C		U	
Colorado	C		C	
Connecticut	C		U	
Delaware	C		C	
Florida	C		U	
Georgia	C		U	
Idaho	C		U	
Illinois	C		U	
Indiana	C		U	
Iowa	C		C	
Kansas	C		U	
Kentucky	C		C	
Louisiana	C		U	
Maine	C		U	
Massachusetts	C		U	
Michigan	C		U	
Mississippi	C		C	
Missouri	C		C	
Montana	C		U	
Nevada	C		C	
New Jersey (Plan C)	C		C	
New Jersey (Plan D)	LA	Audiology services covered for members under 16	C	
New York	C		U	
North Carolina	C		C	
North Dakota	C		U	
Oregon (Plan B)	C		U	
Oregon (Plan C)	C		U	
Pennsylvania	C		U	
South Dakota	C		U	
Tennessee	C		C	
Texas	C		C	
Utah	C		U	
Virginia	C		U	
Washington	C		U	
West Virginia	C		C	
Wisconsin (Standard)	C		U	



State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Wisconsin (Benchmark)	LA	Age 0-17 if > 200% FPL	U	
Wyoming	C		C	

Table A6: Hearing Aid Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	L\$, LQ	\$750 per ear/2 years	U	
Colorado	C		C	
Connecticut	L\$, LA	\$1,000/2 years (age 0-12)	LA	Age 0-12
Delaware	C		L\$, LQ	\$1,000 per ear/3 years (per individual hearing aid)
Florida	LQ	1 per ear/3 years (age 1-4) Covered (age 5-18)	U	
Georgia	LQ	1/3 years	U	
Idaho	C		U	
Illinois	C		C	
Indiana	C		U	
Iowa	LQ	1 per ear/36 months	U	
Kansas	LQ	1/4 years	U	
Kentucky	L\$, LQ	\$800 per ear/36 months	LQ	1/36 months
Louisiana	C		LA, LQ	1 per ear/36 months (age 0-17)
Maine	C		LQ	1/3 years
Massachusetts	C		C	
Michigan	LQ	Hearing aid supplies payable once every 36 months	U	
Mississippi	LQ	1 per ear/3 years	U	
Missouri	LQ	2/4 years	LA	newborns only
Montana	LQ	1/5 years	U	
Nevada	C		L\$	\$5,000/year (per member)
New Jersey (Plan C)	C		LQ	1 per ear/24 months
New Jersey (Plan D)	LA	Hearing aids covered for members under 16	LQ	1 per ear/24 months
New York	LQ	1 unless medically necessary	L\$	\$1,500/year, limited to a single purchase (including repair/replacement) every 3 years
North Carolina	LA	Age 0-8	L\$, LQ	\$2,500 per ear/36 months and 1 hearing

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>North Dakota</b>	L\$, LQ	\$3,000/3 years (per child)	L\$	aid per ear/36 months \$1,500/year. Limited to a single purchase (including repair/replacement) every 3 years
<b>Oregon (Plan B)</b>	LQ	1/3 years for lower income group	L\$	\$4,000/2 years
<b>Oregon (Plan C)</b>	C		L\$	\$4,000/2 years
<b>Pennsylvania</b>	L\$, LQ	1 per ear/2 years; certain monetary cap based on insurer	U	
<b>South Dakota</b>	C		U	
<b>Tennessee</b>	LQ	1 per ear/year (age 0-5) 1 per ear/2 years (age 5+)	L\$	\$1,000/year every 3 years
<b>Texas</b>	C		L\$, LQ	\$1,000/36 months
<b>Utah</b>	C, E	Only cochlear implants covered, not hearing aids	U	
<b>Virginia</b>	LQ	2/5 years	U	
<b>Washington</b>	C		C, E	Cochlear implants only covered type of hearing aid
<b>West Virginia</b>	C		U	
<b>Wisconsin (Standard)</b>	C, E	Only for < 200% FPL	LQ	1 per ear/3 years
<b>Wisconsin (Benchmark)</b>	U		LQ	1 per ear/3 years
<b>Wyoming</b>	U		U	

Autism and ABA**Table A7: Autism – General Services Coverage and Limits by State**

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	C		C	
Colorado	C		LQ	550 sessions (age 0-8) 185 sessions (age 9-19) (25-minute session increments)
Connecticut	C		L\$, LA	\$50,000/year (age 0-9) \$35,000/year (age 9-13) \$25,000/year (age 13-15)
Delaware	U		L\$	\$36,000
Florida	C		L\$	\$36,000/year, \$200,000/lifetime
Georgia	C		C	
Idaho	U		U	
Illinois	L\$	2012 limit was ~\$40,000	L\$	\$36,000/year
Indiana	C		C	
Iowa	L\$	\$36,000/year	L\$	\$36,000
Kansas	C		L\$	\$36,000/year (age 0-6) \$27,000/year (age 7-19)
Kentucky	L\$	\$12,000-\$15,000, varies by age	L\$, LA	For large group plans and SEHP: \$50,000/year (age 0-6) \$1,000/month (age 7-21) For individual and small group plans: \$1,000/month
Louisiana	C		L\$	\$36,000
Maine	C		L\$, LA	\$36,000/year (age 0-5)
Massachusetts	C		C	
Michigan	C		L\$	\$50,000 (age 0-6) \$40,000 (age 7-12) \$30,000 (age 13-18)
Mississippi	C		U	
Missouri	L\$, LA	Age 3-18, \$22,000/year, limits participation to 150	C	
Montana	L\$, LQ	Limits on enrollment, age 1-4,	L\$	\$50,000/year (age 0-8)

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		20-25 hours/week, \$45,000/year		\$20,000/year (age 9-18)
Nevada	U		L\$	\$36,000/year
New Jersey (Plan C)	C		C	
New Jersey (Plan D)	C		C	
New York	C		C	
North Carolina	C		U	
North Dakota	U		U	
Oregon (Plan B)	C		C	
Oregon (Plan C)	C		C	
Pennsylvania	L\$	\$36,000/year (per member)	L\$	\$36,000/year
South Dakota	U		U	
Tennessee	U		U	
Texas	C		C	
Utah	U		LA	Age 2-10
Virginia	C		LA	Age 2-6
Washington	C		U	
West Virginia	C		LA	Age 18 months to 18 years
Wisconsin (Standard)	C		C	
Wisconsin (Benchmark)	C		C	
Wyoming	C		U	

Table A8: ABA Therapy Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	L\$	\$36,000/year	U	
Colorado	U		LQ	550 sessions (age 0-8) 185 sessions (age 9-19) (25-minute session increments)
Connecticut	L\$	\$50,000/year (age 0-9) \$35,000/year (age 9-13) \$25,000/year (age 13-15) The policy may not impose limits on the number of visits to an autism services provider.	L\$, LA	state req; limits vary by insurer; was \$50,000 (age 0-8), \$35,000 (age 9-12), \$25,000 (age 13-14)
Delaware	U		L\$	\$36,000
Florida	C		U	
Georgia	U		U	
Idaho	U		U	
Illinois	L\$	2012 limit was ~\$40,000	L\$	\$36,000
Indiana	U		C	
Iowa	U		L\$	\$36,000
Kansas	L\$	\$36,000/year (age 0-7) \$27,000/year (age 7-19)	U	
Kentucky	C		L\$	\$12,000
Louisiana	C		L\$	\$36,000
Maine	C		L\$	\$36,000/year
Massachusetts	C		C	
Michigan	LA	Age 18 months-5 years	L\$	\$50,000 (age 0-6) \$40,000 (age 7-12) \$30,000 (age 13-18)
Mississippi	C		U	
Missouri	L\$	Age 3-18, \$22,000/year, limits participation to 150	L\$	\$40,000/benefit period
Montana	L\$, LQ	Limits on enrollment, age 1-4, 20-25 hours/week, \$45,000/year	L\$	\$50,000/benefit period (age 0-8) \$20,000/benefit period (age 9-18)
Nevada	U		L\$	\$36,000/year
New Jersey (Plan C)	U		LQ	\$36,000 now set at standardized utilization limit
New Jersey (Plan D)	U		LQ	\$36,000 now set at

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
				standardized utilization limit
<b>New York</b>	C, E	Varies by plan	LQ	680 visits/year
<b>North Carolina</b>	U		U	
<b>North Dakota</b>	U		U	
<b>Oregon (Plan B)</b>	LQ	25 hours/week	LQ	25 hours/week
<b>Oregon (Plan C)</b>	LQ	25 hours/week	LQ	25 hours/week
<b>Pennsylvania</b>	C		U	
<b>South Dakota</b>	U		U	
<b>Tennessee</b>	U		U	
<b>Texas</b>	U		LQ	varies by issuer; do not count toward rehab/hab limits
<b>Utah</b>	U		U	
<b>Virginia</b>	L\$	\$35,000/year (Insurer may elect to provide coverage in a greater amount)	U	
<b>Washington</b>	C		U	
<b>West Virginia</b>	L\$	\$30,000/year for the first 3 years and \$2,000/month after 3 years	L\$	\$30,000/year for the first 3 years and \$2,000/month after 3 years
<b>Wisconsin (Standard)</b>	C		C	
<b>Wisconsin (Benchmark)</b>	C		C	
<b>Wyoming</b>	U		U	

**Habilitation Benefits****Table A9: Habilitation Services Coverage and Limits by State**

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Alabama</b>	C		LQ	30 visits/year (combined, all therapies)
<b>Colorado</b>	C		LQ	20 visits/year (per type of therapy)
<b>Connecticut</b>	LQ	60 days (combined, all therapies); supplemental coverage may be available	LQ	40 visits/year (combined, all therapies)
<b>Delaware</b>	C		LQ	30 visits/year (per type of therapy)
<b>Florida</b>	C		LQ	35 visits/year
<b>Georgia</b>	C		C	
<b>Idaho</b>	C		LQ	20 visits/year (combined, all therapies)
<b>Illinois</b>	C		C, E	educational is excluded
<b>Indiana</b>	LQ	50 visits/year (per type of therapy)	C	
<b>Iowa</b>	LQ, E, LC	60 days/year (per disability); OT exclusions and ST conditions	C, E	Any habilitation not related to developmental delay is not covered.
<b>Kansas</b>	C		C	
<b>Kentucky</b>	C		LQ	20 visits/year (per type)
<b>Louisiana</b>	C		C	
<b>Maine</b>	C		LQ	60 visits/year limit applies to PT/OT/SLP combined and combined between rehab/hab
<b>Massachusetts</b>	C, E	Day habilitation services are not covered	LQ	60 visit/year limit applies to PT/OT/SLP combined and combined between rehab/hab
<b>Michigan</b>	C		LQ	30 visits/year
<b>Mississippi</b>	C, E	Maintenance speech, delayed language development, or	C	

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		articulation disorders excluded		
Missouri	C		LQ	20 visits/year
Montana	C		C	
Nevada	C		LQ	60 visits/year
New Jersey (Plan C)	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	30 visits/year
New Jersey (Plan D)	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	30 visits/year
New York	C		LQ	60 visits/year
North Carolina	C		LQ	30 visits/year
North Dakota	LC	No maintenance care for PT/OT/ST; need of OT services reviewed after 90 days	LQ	60 visits/condition
Oregon (Plan B)	C		LQ	30 visits/year
Oregon (Plan C)	LQ	60 visits/year	LQ	30 visits/year
Pennsylvania	LQ	60 visits/year (per type of therapy)	LQ	30 visits/year
South Dakota	C		C	
Tennessee	LQ, LC	52 visits/year (per condition); no maintenance care	C	
Texas	C		C	
Utah	LQ, E	20 visits/year (combined, all therapies); ST for developmental delays not covered	LQ	20 visits/year (combined, all therapies)
Virginia	C		C	
Washington	C		C	
West Virginia	C		LQ	30 visit PT, 30 visit OT combined
Wisconsin (Standard)	C		LQ	20 visits/year
Wisconsin (Benchmark)	LQ	20 visits/year (per type of therapy) if >200% FPL	LQ	20 visits/year
Wyoming	L\$	\$750 maximum benefit per year for non-rehab services	LQ	PT: 40 visits/year, ST: 20 visits/year



Table A10: Physical, Occupational, and Speech Therapies Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	C		LQ	30 visits/year (combined, all therapies)
Colorado	LQ	No limit (age 0-3) 30 visits/year (per diagnosis, age 3+)	LQ	20 visits/year (per type of therapy)
Connecticut	LQ	60 days (combined, all therapies); supplemental coverage may be available	LQ	40 visits/year (combined, all therapies)
Delaware	C		LQ	30 visits/year (per type of therapy)
Florida	LQ, LA	Covered (age 1-4) 24 sessions/60 day period; short term rehab only (age 5-18)	LQ	35 visits/year
Georgia	C		LQ	OT/PT combined: 20 visits/year, ST: 20 visits/year
Idaho	C		LQ	20 visits/year (combined, all therapies)
Illinois	C		C	
Indiana	LQ	50 visits/year (per type of therapy)	LQ	20 visits/year (per type of therapy)
Iowa	LQ, E, LC	60 days/year (per disability); OT exclusions and ST conditions	C	
Kansas	C		C	
Kentucky	C		LQ	20 visits/year (per type)
Louisiana	C		C	
Maine	C		LQ	60 visits/year (combined, all therapies)
Massachusetts	C, E	Day habilitation services are not covered	LQ	60 visits/year
Michigan	C		LQ	30 visits/year (all rehab combined)
Mississippi	C, E	Maintenance speech, delayed language development, or articulation disorders	LQ	20 visits/year (PT and OT combined limit, ST separate limit)

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		excluded		
Missouri	C		LQ	20 visits/year
Montana	C		C	
Nevada	C		LQ	60 visits/year
New Jersey (Plan C)	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	30 visits/year
New Jersey (Plan D)	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	30 visits/year
New York	C		LQ	60 visits/condition
North Carolina	C		LQ	30 visits/year
North Dakota	LC	No maintenance care for PT/OT/ST; need of OT services reviewed after 90 days	LQ	60 visits/condition
Oregon (Plan B)	C		LQ	30 visits/year
Oregon (Plan C)	LQ	60 visits/year	LQ	30 visits/year
Pennsylvania	LQ	60 visits/year (per type of therapy)	LQ	30 visits/year
South Dakota	C		C	
Tennessee	LQ, LC	52 visits/year (per condition); no maintenance care	LQ	20 visits/year
Texas	C		LQ	35 visits/year
Utah	LQ, E	20 visits/year (combined, all therapies); ST for developmental delays not covered	LQ	20 visits/year (combined, all therapies)
Virginia	C		LQ	30 visits/year
Washington	C		LQ	25 visits/year
West Virginia	C		C	
Wisconsin (Standard)	C		LQ	20 visits/year
Wisconsin (Benchmark)	LQ	20 visits/year (per type of therapy) if >200% FPL	LQ	20 visits/year
Wyoming	L\$	\$750/year for non-rehabilitative services	LQ	PT: 40 visits/year, ST: 20 visits/year

Other Child-Specific Benefits**Table A11: Over-the-Counter Medications Coverage and Limits by State**

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	U		U	
Colorado	U		U	
Connecticut	LC	For HUSKY Plus Physical	U	
Delaware	LL	Limited to certain drug categories	U	
Florida	L\$, LA	\$180/year (age 5-18)	U	
Georgia	LL, L\$	Certain non-prescription drugs are covered up to an allowable cost	U	
Idaho	C		U	
Illinois	LL	Limited to list of drug types	U	
Indiana	LC	Coverage only applies to insulin	U	
Iowa	U		C	
Kansas	C		U	
Kentucky	U		U	
Louisiana	U		U	
Maine	LL	A list of covered OTC drugs	U	
Massachusetts	C		U	
Michigan	U		U	
Mississippi	U		U	
Missouri	C		U	
Montana	U		U	
Nevada	C		U	
New Jersey (Plan C)	C		U	
New Jersey (Plan D)	U		U	
New York	C		U	
North Carolina	C		U	
North Dakota	U		U	
Oregon (Plan B)	C		U	
Oregon (Plan C)	C		U	
Pennsylvania	U		U	
South Dakota	LL	Limited list of OTC medications	U	
Tennessee	U		U	
Texas	U		U	
Utah	C		U	
Virginia	U		U	

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Washington	LL	Limited to a list of covered drugs	U	
West Virginia	LL	Permitted in some therapeutic classes	U	
Wisconsin (Standard)	LL	Limited generic OTC formulary	U	
Wisconsin (Benchmark)	LL	Limited generic OTC formulary	U	
Wyoming	U		U	

Table A12: Non-Emergency Transportation Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	LC	Only for ALLKids Plus	U	
Colorado	U		U	
Connecticut	LC	Some services for HUSKY Plus Physical	U	
Delaware	U		U	
Florida	LA	Age 1-4	U	
Georgia	U		U	
Idaho	C		U	
Illinois	C, E	Provided to children with income up to 200% FPL	U	
Indiana	LC	Ambulance service for non-emergencies between medical facilities is covered when requested by a participating physician	U	
Iowa	LC	When medically necessary and ordered by a participating provider, coverage for ambulance services to a hospital, between hospitals, and between a hospital and a nursing facility	U	
Kansas	C		U	
Kentucky	U		U	
Louisiana	C		U	
Maine	C		U	
Massachusetts	U		U	
Michigan	LC	Ambulance services include transport to or from a hospital, skilled nursing facility or member's home	U	
Mississippi	U		U	
Missouri	U		U	
Montana	C		U	
Nevada	U		U	
New Jersey (Plan C)	C		U	
New Jersey (Plan D)	U		U	
New York	U		U	
North Carolina	U		U	

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
North Dakota	LC	Transport between hospitals and skilled nursing facilities	U	
Oregon (Plan B)	C		U	
Oregon (Plan C)	U		U	
Pennsylvania	U		U	
South Dakota	C		U	
Tennessee	U		U	
Texas	U		U	
Utah	U		U	
Virginia	LC	Available if necessary due to medical condition	U	
Washington	C		U	
West Virginia	LC	Ground or air ambulance transportation, when medically necessary, to the nearest facility able to provide necessary treatment	U	
Wisconsin (Standard)	C		U	
Wisconsin (Benchmark)	C		U	
Wyoming	U		U	

Table A13: Enabling Services Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	C		U	
Colorado	U		U	
Connecticut	C		U	
Delaware	U		U	
Florida	U		U	
Georgia	U		U	
Idaho	C		U	
Illinois	C		U	
Indiana	U		U	
Iowa	U		U	
Kansas	C		U	
Kentucky	C		U	
Louisiana	U		U	
Maine	C		U	
Massachusetts	U		U	
Michigan	U		U	
Mississippi	U		U	
Missouri	U		U	
Montana	U		U	
Nevada	C		U	
New Jersey (Plan C)	U		U	
New Jersey (Plan D)	U		U	
New York	U		U	
North Carolina	U		U	
North Dakota	U		U	
Oregon (Plan B)	C		U	
Oregon (Plan C)	U		U	
Pennsylvania	U		U	
South Dakota	U		U	
Tennessee	U		U	
Texas	U		U	
Utah	U		U	
Virginia	U		U	
Washington	C		U	
West Virginia	U		U	
Wisconsin (Standard)	C		U	
Wisconsin (Benchmark)	C		U	
Wyoming	U		U	

Table A14: Podiatry Coverage and Limits by State

State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Alabama	U		U	
Colorado	LC	Routine foot care not covered except for patients with diabetes	U	
Connecticut	LC	Routine foot care not covered unless have systemic condition	U	
Delaware	LC	Routine foot care only for individuals with diabetes or circulatory/vascular disorder	U	
Florida	LQ	Covered (age 1-4) 1 visit/day, totaling 2 visits/month (age 5-18)	C	
Georgia	C		U	
Idaho	LC	Limited to treatment for chronic disease related care	U	
Illinois	C		C	
Indiana	LQ	Routine foot care visits limited to 6/year	U	
Iowa	LC	Foot care for members with diabetes	U	
Kansas	C		C	
Kentucky	C		U	
Louisiana	C		U	
Maine	C		U	
Massachusetts	C		C	
Michigan	C		U	
Mississippi	C		LQ, LC	1 visit/year if have diabetes
Missouri	C		U	
Montana	U		U	
Nevada	C		U	
New Jersey (Plan C)	U		U	
New Jersey (Plan D)	U		U	
New York	U		U	
North Carolina	U		LQ	only for those diagnosed with diabetes
North Dakota	LC	For children with diabetes or circulatory disorders of the	C	



State	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		legs and feet		
<b>Oregon (Plan B)</b>	LC	Coverage for certain conditions	C	
<b>Oregon (Plan C)</b>	LC	Routine foot care only for individuals with diabetes	C	
<b>Pennsylvania</b>	LC	Foot care only related to diabetes	U	
<b>South Dakota</b>	U		U	
<b>Tennessee</b>	LC	Only if necessary to prevent complications of existing disease state	C, E	Routine foot care for the treatment of certain conditions, and as required by law for diabetic patients.
<b>Texas</b>	LC	Only for injury treatment or diabetes	C	
<b>Utah</b>	C		C	
<b>Virginia</b>	U		C	
<b>Washington</b>	C		C	
<b>West Virginia</b>	C, E	Routine foot care only for medically necessary services for diabetics	U	
<b>Wisconsin (Standard)</b>	C		U	
<b>Wisconsin (Benchmark)</b>	C		U	
<b>Wyoming</b>	U		U	

## **APPENDIX B: STATE-SPECIFIC RESULTS**

This appendix provides detailed comparisons of covered benefits, average cost sharing, and cost sharing for pediatric vision and dental benefits by state. These should be reviewed within the context of this report, with an understanding of the methodologies, data sources and limitations of the analysis.

## ALABAMA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state's Children's Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	97.2%	86%-88%	91.8%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	2.8%	12%-14%	8.2%	26%-28%
<b>Average Annual Cost Sharing</b>	\$97	\$411 - \$480	\$281	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% income	\$846	\$1,891
<b>QHP</b>	fixed dollar	\$1,000-\$2,000	\$3,500-\$5,000

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	20% coinsurance after deductible	No copay	20% coinsurance after deductible
<b>Eyeglasses Cost Sharing</b>	No copay; \$180 - \$250 depending on glasses	20% coinsurance after deductible	No copay; \$180 - \$250 depending on glasses	20% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	No copay	No copay	No copay

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	43%	43%	14%	36%	14%	50%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C	
<b>Dental – Orthodontics</b>	LC	Limited to certain conditions	C	
<b>Vision – Exams</b>	L\$	\$48 for new patient, \$37 for established patient	C	
<b>Vision - Corrective Lenses</b>	L\$	\$180-\$250	C	
<b>Audiology – Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	L\$, LQ	\$750 per ear/2 years	U	
<b>ABA Therapy</b>	L\$	\$36,000/year	U	
<b>Autism – General</b>	C		C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	30 visits/year (combined, all therapies)
<b>Podiatry</b>	U		U	

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<b>Habilitation</b>	C		LQ	30 visits/year (combined, all therapies)
<b>Enabling Services</b>	C		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LC	Only for ALLKids Plus	U	
<b>Over-the-Counter Medications</b>	U		U	

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## COLORADO

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	97.4%	86%-88%	95.3%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	2.6%	12%-14%	4.7%	26%-28%
<b>Average Annual Cost Sharing</b>	\$90	\$411 - \$480	\$161	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$925	\$1,970
<b>QHP</b>	fixed dollar	\$1,450	\$4,750

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$5 copay	50% after deductible	\$10 copay	50% after deductible
<b>Eyeglasses Cost Sharing</b>	No copay: \$50-\$150	50% after deductible	No copay: \$50-\$150	50% after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	50% after deductible	No copay	50% after deductible

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

Type of Benefit	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	91%	9%	0%	91%	9%	0%
<b>Child-Specific</b>	14	36%	29%	36%	36%	29%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	L\$	Certain items subject to \$2,000 annual limit	C	



Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	L\$	\$600	C	
<b>Dental - Orthodontics</b>	U		U	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	\$50/year	C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	C		C	
<b>ABA Therapy</b>	U		LQ	550 sessions (age 0-8) 185 sessions (age 9-19) (25-minute session increments)
<b>Autism - General</b>	C		LQ	550 sessions (age 0-8) 185 sessions (age 9-19) (25-minute session increments)
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ	No limit (age 0-3) 30 visits/year (per diagnosis, age 3+)	LQ	20 visits/year (per type of therapy)
<b>Podiatry</b>	LC	Routine foot care not covered except for patients	U	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		with diabetes		
<b>Habilitation</b>	C		LQ	20 visits/year (per type of therapy)
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	U		U	

## CONNECTICUT

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>			97.8%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>			2.2%	26%-28%
<b>Average Annual Cost Sharing</b>		No CHIP Plan	\$77	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
CHIP	% of income		\$1,995
QHP	fixed dollar	No CHIP Plan	\$5,000

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>			\$15 copay	\$30 copay
<b>Eyeglasses Cost Sharing</b>			No copay: \$100	No copay
		No CHIP Plan		
<b>Dental Checkup Cost Sharing</b>			No copay	No copay

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	36%	64%	0%	21%	36%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	

**Medical Transportation - Emergency  
Transport**

C

C

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The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C	
<b>Dental – Orthodontics</b>	L\$	\$725/member (per lifetime)	U	
<b>Vision – Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	up to \$100	C	
<b>Audiology – Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	L\$, LA	\$1,000/2 years (age 0-12)	LA	Age 0-12
<b>ABA Therapy</b>	L\$	\$50,000/year (age 0-9) \$35,000/year (age 9-13) \$25,000/year (age 13-15) The policy may not impose limits on the number of visits to an autism services provider.	L\$, LA	state req; limits vary by insurer; was \$50,000 (age 0-8), \$35,000 (age 9-12), \$25,000 (age 13-14)
<b>Autism – General</b>	C		L\$, LA	\$50,000/year (age 0-9) \$35,000/year (age 9-13) \$25,000/year (age 13-15)
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ	60 days (combined, all therapies); supplemental coverage may be available	LQ	40 visits/year (combined, all therapies)
<b>Podiatry</b>	LC	Routine foot care not covered unless have systemic condition	U	
<b>Habilitation</b>	LQ	60 days (combined, all therapies); supplemental coverage may be available	LQ	40 visits/year (combined, all therapies)
<b>Enabling Services</b>	C		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LC	Some services for HUSKY Plus Physical	U	
<b>Over-the-Counter Medications</b>	LC	For HUSKY Plus Physical	U	

## DELAWARE

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	No CHIP Plan
<b>QHP</b>	fixed dollar	\$1,100-\$2,250	

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay		
<b>Eyeglasses Cost Sharing</b>	No Copay: \$100	No copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	No copay		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	57%	14%	29%	36%	36%	29%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	



Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C	
<b>Dental - Orthodontics</b>	C		C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	C		L\$, LQ	\$1,000 per ear/3 years (per individual hearing aid)
<b>ABA Therapy</b>	U		L\$	\$36,000
<b>Autism - General</b>	U		L\$	\$36,000
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	30 visits/year (per type of therapy)
<b>Podiatry</b>	LC	Routine foot care only for individuals with diabetes or circulatory/vascular disorder	U	
<b>Habilitation</b>	C		LQ	30 visits/year (per type of therapy)
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	LL	Limited to certain drug categories	U	

## FLORIDA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	98.2%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	1.8%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$62	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$710	No CHIP Plan
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$10 copay	No copay		
<b>Eyeglasses Cost Sharing</b>	No copay	No copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	57%	36%	7%	21%	21%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	LQ	1 per ear/3 years (age 1-4) Covered (age 5-18)	U	
<b>ABA Therapy</b>	C		U	
<b>Autism - General</b>	C		L\$	\$36,000/year, \$200,000/lifetime
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ, LA	Covered (age 1-4) 24 sessions/60 day period; short term rehab only (age 5-18)	LQ	35 visits/year
<b>Podiatry</b>	LQ	Covered (age 1-4) 1 visit/day, totaling 2 visits/month (age 5-18)	C	
<b>Habilitation</b>	C		LQ	35 visits/year
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LA	Age 1-4	U	
<b>Over-the-Counter Medications</b>	L\$, LA	\$180/year (age 5-18)	U	

## GEORGIA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	99.3%	86%-88%	99.3%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.7%	12%-14%	0.7%	26%-28%
<b>Average Annual Cost Sharing</b>	\$24	\$411 - \$480	\$24	\$891- \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$710	\$1,647
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	\$3,250-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$2-\$3 copay	50% coinsurance after deductible	\$2-\$3 copay	50% coinsurance after deductible
<b>Eyeglasses Cost Sharing</b>	\$3 copay	50% coinsurance after deductible	\$3 copay	50% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered	No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	64%	14%	21%	29%	7%	64%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental – Orthodontics</b>	C		U	Covered in SADP
<b>Vision – Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology – Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	LQ	1/3 years	U	
<b>ABA Therapy</b>	U		U	
<b>Autism – General</b>	C		C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	OT/PT combined: 20 visits/year, ST: 20 visits/year
<b>Podiatry</b>	C		U	
<b>Habilitation</b>	C		C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	LL, L\$	Certain non-prescription drugs are covered up to an allowable cost	U	

## IDAHO

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	96.1%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	3.9%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$135	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$770	
<b>QHP</b>	fixed dollar	\$2,250	No CHIP Plan



Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$3.65 copay	no copay		
<b>Eyeglasses Cost Sharing</b>	No copay on frames determined by provider	no copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	\$20 copay		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	79%	7%	14%	29%	14%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C	
<b>Dental - Orthodontics</b>	C		C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	C		U	
<b>ABA Therapy</b>	U		U	
<b>Autism - General</b>	U		U	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	20 visits/year (combined, all therapies)
<b>Podiatry</b>	LC	Limited to treatment for chronic disease related care	U	
<b>Habilitation</b>	C		LQ	20 visits/year (combined, all therapies)
<b>Enabling Services</b>	C		U	
<b>Medical Transportation - Non-Emergency Transport</b>	C		U	
<b>Over-the-Counter Medications</b>	C		U	

## ILLINOIS

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	98.9%	86%-88%	94.1%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	1.1%	12%-14%	5.9%	26%-28%
<b>Average Annual Cost Sharing</b>	\$38	\$411 - \$480	\$203	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$770	\$1,815
<b>QHP</b>	fixed dollar	\$1,100-\$2,250	\$2,920-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$5 copay	No copay	\$10 copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay	No copay	No copay	No copay
<b>Dental Checkup Cost Sharing</b>	\$5 copay	Not covered	\$10 copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	71%	29%	0%	36%	21%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	C		C	
<b>ABA Therapy</b>	L\$	\$40,000	L\$	\$36,000
<b>Autism - General</b>	L\$	\$40,000	L\$	\$36,000/year
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		C	
<b>Podiatry</b>	C		C	
<b>Habilitation</b>	C		C, E	educational is excluded
<b>Enabling Services</b>	C		U	
<b>Medical Transportation - Non-Emergency Transport</b>	C, E	Provided to children with income up to 200% FPL	U	
<b>Over-the-Counter Medications</b>	LL	Limited to list of drug types	U	

## INDIANA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	98.7%	86%-88%	98.7%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	1.3%	12%-14%	1.3%	26%-28%
<b>Average Annual Cost Sharing</b>	\$44	\$411- \$480	\$45	\$891- \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$686	\$1,491
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	\$2,650-\$5,200

### Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay	No copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay	No copay	No copay	No copay
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered	No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	91%	9%	0%	100%	0%	0%
<b>Child-Specific</b>	14	43%	43%	14%	36%	7%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	L\$	\$2,000/year and lifetime limit of \$5,000	C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	maximum of \$20 for frames	C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	C		U	
<b>ABA Therapy</b>	U		C	
<b>Autism - General</b>	C		C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ	50 visits/year (per type of therapy)	LQ	20 visits/year (per type of therapy)
<b>Podiatry</b>	LQ	Routine foot care visits limited to 6/year	U	
<b>Habilitation</b>	LQ	50 visits/year (per type of therapy)	C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LC	Ambulance service for non-emergencies between medical facilities is covered when requested by a participating physician	U	
<b>Over-the-Counter Medications</b>	LC	Coverage only applies to insulin	U	



## IOWA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%	100.0%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%	0.0%	26%-28%
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	\$0	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	\$0
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	\$2,750-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay	No copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay: \$100	10% coinsurance after deductible	No copay: \$100	20% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered	No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	29%	50%	21%	36%	21%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	\$100/year for one set of eyewear	C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	LQ	1 per ear/36 months	U	
<b>ABA Therapy</b>	U		L\$	\$36,000
<b>Autism - General</b>	L\$	\$36,000/year	L\$	\$36,000
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ, E, LC	60 days/year (per disability); OT exclusions and ST conditions	C	
<b>Podiatry</b>	LC	Foot care for members with diabetes	U	
<b>Habilitation</b>	LQ, E, LC	60 days/year (per disability); OT exclusions and ST conditions	C, E	Any habilitation not related to developmental delay is not covered.
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LC	When medically necessary and ordered by a participating provider, coverage for ambulance services to a hospital, between hospitals, and between a hospital and a nursing facility	U	
<b>Over-the-Counter Medications</b>	U		C	

## KANSAS

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%	100.0%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%	0.0%	26%-28%
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	\$0	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	\$0
<b>QHP</b>	fixed dollar	\$1,200-\$2,250	\$3,125-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay	No copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay	No copay	No copay	No copay
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered	No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	91%	9%	0%
<b>Child-Specific</b>	14	86%	14%	0%	36%	7%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Prescription Drugs	C		C	
Medical Transportation - Emergency Transport	C		LQ	500 mile radius

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Dental - Preventive & Restorative Services	C		U	Covered in SADP
Dental - Orthodontics	C		U	Covered in SADP
Vision - Exams	C		C	
Vision - Corrective Lenses	C		C	
Audiology - Exams	C		U	
Audiology - Hearing Aids	LQ	1/4 years	U	
ABA Therapy	L\$	\$36,000/year (age 0-7) \$27,000/year (age 7-19)	U	
Autism - General	C		L\$	\$36,000/year (age 0-6) \$27,000/year (age 7-19)
Physical Therapy, Occupational Therapy, and Speech Therapy	C		C	
Podiatry	C		C	
Habilitation	C		C	
Enabling Services	C		U	
Medical Transportation - Non-Emergency Transport	C		U	
Over-the-Counter Medications	C		U	

## KENTUCKY

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	98.6%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	1.4%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$48	\$411- \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	dollar limit	\$450	
<b>QHP</b>	fixed dollar	\$1,450	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	50% coinsurance after deductible	No CHIP Plan	
<b>Eyeglasses Cost Sharing</b>	No copay	50% coinsurance after deductible		
<b>Dental Checkup Cost Sharing</b>	No copay	50% coinsurance after deductible		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	57%	29%	14%	29%	36%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	



Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Outpatient Services	C		C	
Outpatient Mental Health Services	C		C	
Prescription Drugs	C		C	
Medical Transportation - Emergency Transport	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Dental - Preventive & Restorative Services	C		C	
Dental – Orthodontics	LC	Only to correct disabling condition or for transitional or permanent dentition	U	
Vision – Exams	C		C	
Vision - Corrective Lenses	L\$	\$400/12 months	C	
Audiology – Exams	C		C	
Audiology - Hearing Aids	L\$, LQ	\$800 per ear/36 months	LQ	1/36 months
ABA Therapy	C		L\$	\$12,000
Autism - General	L\$	\$12,000-\$15,000, varies by age	L\$, LA	For large group plans and SEHP: \$50,000/year (age 0-6) \$1,000/month (age 7-21) For individual and small group plans: \$1,000/month
Physical Therapy, Occupational Therapy, and Speech Therapy	C		LQ	20 visits/year (per type)
Podiatry	C		U	
Habilitation	C		LQ	20 visits/year (per type)
Enabling Services	C		U	

<b>Service</b>	<b>CHIP Coverage</b>	<b>Limits</b>	<b>EHB Coverage</b>	<b>Limits</b>
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	U		U	

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## LOUISIANA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>			86.9%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>			13.1%	26%-28%
<b>Average Annual Cost Sharing</b>		No CHIP Plan	\$448	\$891- \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
CHIP	% of income		\$1,395
QHP	fixed dollar	No CHIP Plan	\$2,500-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>			No copay	\$75 copay
<b>Eyeglasses Cost Sharing</b>		No CHIP Plan	No copay:\$50	50% coinsurance
<b>Dental Checkup Cost Sharing</b>			No copay	No copay

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	86%	0%	14%	43%	21%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C	
<b>Dental - Orthodontics</b>	C		C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	C		LA, LQ	1 per ear/36 months (age 0-17)
<b>ABA Therapy</b>	C		L\$	\$36,000
<b>Autism - General</b>	C		L\$	\$36,000
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		C	
<b>Podiatry</b>	C		U	
<b>Habilitation</b>	C		C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	C		U	
<b>Over-the-Counter Medications</b>	U		U	

## MAINE

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	
<b>QHP</b>	fixed dollar	\$1,150-\$1,500	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay		
<b>Eyeglasses Cost Sharing</b>	\$3 copay	50% coinsurance after deductible		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	CHIP				QHPs (Based on EHB)		
	Count	Coverage %	Limit %	Cost %	Coverage %	Limit %	Cost %
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	93%	7%	0%	14%	36%	50%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	C		LQ	1/3 years
<b>ABA Therapy</b>	C		L\$	\$36,000/year
<b>Autism - General</b>	C		L\$, LA	\$36,000/year (age 0-5)
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	60 visits/year (combined, all therapies)
<b>Podiatry</b>	C		U	
<b>Habilitation</b>	C		LQ	60 visits/year limit applies to PT/OT/SLP combined and combined between rehab/hab
<b>Enabling Services</b>	C		U	
<b>Medical Transportation - Non-Emergency Transport</b>	C		U	
<b>Over-the-Counter Medications</b>	LL	A list of covered OTC drugs	U	



## MASSACHUSETTS

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state's Children's Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	97%	100.0%	95%
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	3%	0.0%	5%
<b>Average Annual Cost Sharing</b>	\$0	\$111	\$0	\$173

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	\$0
<b>QHP</b>	fixed dollar	\$750 Med; \$500 Rx	\$1,500 Med; \$750 Rx

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	no copay	No copay	no copay
<b>Eyeglasses Cost Sharing</b>	No copay	30% coinsurance after deductible	No copay	30% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	not covered	No copay	not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	71%	14%	14%	36%	14%	50%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		U	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	C		C	
<b>ABA Therapy</b>	C		C	
<b>Autism - General</b>	C		C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C, E	Day habilitation services are not covered	LQ	60 visits/year
<b>Podiatry</b>	C		C	
<b>Habilitation</b>	C, E	Day habilitation services are not covered	LQ	60 visit/year limit applies to PT/OT/SLP combined and combined between rehab/hab
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	C		U	

## MICHIGAN

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	50% coinsurance after deductible		
<b>Eyeglasses Cost Sharing</b>	No copay on frames determined by provider	50% coinsurance after deductible		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	64%	21%	14%	14%	29%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	LQ	Hearing aid supplies payable once every 36 months	U	
<b>ABA Therapy</b>	LA	Age 18 months-5 years	L\$	\$50,000 (age 0-6) \$40,000 (age 7-12) \$30,000 (age 13-18)
<b>Autism - General</b>	C		L\$	\$50,000 (age 0-6) \$40,000 (age 7-12) \$30,000 (age 13-18)
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	30 visits/year (all rehab combined)
<b>Podiatry</b>	C		U	
<b>Habilitation</b>	C		LQ	30 visits/year
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LC	Ambulance services include transport to or from a hospital, skilled nursing facility or member's home	U	
<b>Over-the-Counter Medications</b>	U		U	

## MISSISSIPPI

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	99.7%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	0.3%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$11	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$950	
<b>QHP</b>	fixed dollar	\$1,100-\$2,250	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$0-\$5 copay	\$20 copay		
<b>Eyeglasses Cost Sharing</b>	\$0-\$5 copay	\$20 copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay; \$1500 yearly max	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	43%	36%	21%	29%	14%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	



Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	L\$	Limited to \$1,500/calendar year except for accidental injury	U	Covered in SADP
<b>Dental - Orthodontics</b>	LC	Only covers accidental injury	U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	LQ	1 per ear/3 years	U	
<b>ABA Therapy</b>	C		U	
<b>Autism - General</b>	C		U	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C, E	Maintenance speech, delayed language development, or articulation disorders excluded	LQ	20 visits/year (PT and OT combined limit, ST separate limit)
<b>Podiatry</b>	C		LQ, LC	1 visit/year if have diabetes
<b>Habilitation</b>	C, E	Maintenance speech, delayed language development, or articulation disorders excluded	C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	U		U	

## MISSOURI

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%	100.0%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%	0.0%	26%-28%
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	\$0	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	\$0
<b>QHP</b>	fixed dollar	\$1,150-\$2,250	\$3,125-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay	No copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay	No copay	No copay	No copay
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered	No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	64%	21%	14%	29%	29%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Services</b>				
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	LQ	2/4 years	LA	newborns only
<b>ABA Therapy</b>	L\$	Age 3-18, \$22,000/year, limits participation to 150	L\$	\$40,000/benefit period
<b>Autism - General</b>	L\$, LA	Age 3-18, \$22,000/year, limits participation to 150	C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	20 visits/year
<b>Podiatry</b>	C		U	
<b>Habilitation</b>	C		LQ	20 visits/year
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	C		U	

## MONTANA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	98.2%	86%-88%	98.2%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	1.8%	12%-14%	1.8%	26%-28%
<b>Average Annual Cost Sharing</b>	\$63	\$411 - \$480	\$63	\$891- \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type Maximum	of 160% FPL	210% FPL
<b>CHIP</b>	dollar limit	\$215	\$215
<b>QHP</b>	fixed dollar	\$1,000-\$2,000	\$2,650-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$3 copay	No copay	\$3 copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay	30% coinsurance after deductible	No copay	30% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	No copay; \$1412 yearly max	Not covered	No copay; \$1412 yearly max	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	91%	9%	0%	100%	0%	0%
<b>Child-Specific</b>	14	43%	29%	29%	29%	14%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	LC	Extended mental health services limited to children with a severe emotional disturbance	C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	U		U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C, E	contact lenses not covered	C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	LQ	1/5 years	U	
<b>ABA Therapy</b>	L\$, LQ	Limits on enrollment, age 1-4, 20-25 hours/week, \$45,000/year	L\$	\$50,000/benefit period (age 0-8) \$20,000/benefit period (age 9-18)
<b>Autism - General</b>	L\$, LQ	Limits on enrollment, age 1-4, 20-25 hours/week, \$45,000/year	L\$	\$50,000/year (age 0-8) \$20,000/year (age 9-18)
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		C	
<b>Podiatry</b>	U		U	
<b>Habilitation</b>	C		C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	C		U	
<b>Over-the-Counter Medications</b>	U		U	

## NEVADA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	
<b>QHP</b>	fixed dollar	\$1,250	No CHIP Plan



Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay		
<b>Eyeglasses Cost Sharing</b>	No copay on frames determined by provider	No copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	91%	9%	0%
<b>Child-Specific</b>	14	79%	0%	21%	21%	36%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		L\$	\$4,000/lifetime
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Outpatient Services	C		C	
Outpatient Mental Health Services	C		C	
Prescription Drugs	C		C	
Medical Transportation - Emergency Transport	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Dental - Preventive & Restorative Services	C		U	Covered in SADP
Dental - Orthodontics	C		U	Covered in SADP
Vision - Exams	C		C	
Vision - Corrective Lenses	C		C	
Audiology - Exams	C		C	
Audiology - Hearing Aids	C		L\$	\$5,000/year (per member)
ABA Therapy	U		L\$	\$36,000/year
Autism - General	U		L\$	\$36,000/year
Physical Therapy, Occupational Therapy, and Speech Therapy	C		LQ	60 visits/year
Podiatry	C		U	
Habilitation	C		LQ	60 visits/year
Enabling Services	C		U	
Medical Transportation - Non-Emergency Transport	U		U	
Over-the-Counter Medications	C		U	

## NEW JERSEY

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state's Children's Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Coverage</b>				
<b>Actuarial Value</b>	99.2%	86%-88%	97.0%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.8%	12%-14%	3.0%	26%-28%
<b>Average Annual Cost Sharing</b>	\$28	\$411- \$480	\$103	\$891- \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$950	\$1,497
<b>QHP</b>	fixed dollar	\$1,400-\$2,000	\$3,500-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$5 copay	No copay after deductible	\$5 copay	No copay after deductible
<b>Eyeglasses Cost Sharing</b>	No copay	No copay after deductible	No copay	No copay after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered	No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP Plan C/D			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%/91%	0%/9%	0%/0%	100%	0%	0%
<b>Child-Specific</b>	14	64%/36%	14%/29%	21%/36%	29%	29%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP Plan C		CHIP Plan D		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		LL	List of specified benefits covered	C	
<b>Inpatient Services</b>	C		C		C	
<b>Inpatient Mental Health Services</b>	C		C		C	
<b>Surgical Services</b>	C		C		C	

Service	CHIP Plan C		CHIP Plan D		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Outpatient Services</b>	C		C		C	
<b>Outpatient Mental Health Services</b>	C		C		C	
<b>Prescription Drugs</b>	C		C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP Plan C		CHIP Plan D		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C		U	Covered in SADP
<b>Dental – Orthodontics</b>	C		C		U	Covered in SADP
<b>Vision - Exams</b>	C		C		C	
<b>Vision - Corrective Lenses</b>	C		C		C	
<b>Audiology - Exams</b>	C		LA	Audiology services covered for members under 16	C	
<b>Audiology - Hearing Aids</b>	C		LA	Hearing aids covered for members under 16	LQ	1 per ear/24 months
<b>ABA Therapy</b>	U		U		LQ	\$36,000 now set at standardized utilization limit
<b>Autism - General</b>	C		C		C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	30 visits/year
<b>Podiatry</b>	U		U		U	

Service	CHIP Plan C		CHIP Plan D		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Habilitation</b>	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	60 visits/calendar year (per type of therapy and incident)	LQ	30 visits/year
<b>Enabling Services</b>	U		U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	C		U		U	
<b>Over-the-Counter Medications</b>	C		U		U	

## NEW YORK

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%	100.0%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%	0.0%	26%-28%
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	\$0	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
CHIP	No Cost Sharing	\$0	\$0
QHP	fixed dollar	\$2,000	\$4,000

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	\$15 copay after deductible	No copay	\$30 copay after deductible
<b>Eyeglasses Cost Sharing</b>	No copay on frames determined by provider	10% coinsurance after deductible	No copay on frames determined by provider	25% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	\$15 copay after deductible	No copay	\$30 copay after deductible

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	91%	9%	0%
<b>Child-Specific</b>	14	64%	14%	21%	36%	29%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		L\$	\$1,500/year for non-essential DME & Medical supplies. Braces must be standard equipment only
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	





## NORTH CAROLINA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	95.8%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	4.2%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$145	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$900	
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$5 copay	\$25 copay		
<b>Eyeglasses Cost Sharing</b>	No copay	50% coinsurance after deductible		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	\$25 copay		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	64%	7%	29%	36%	29%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C	
<b>Dental - Orthodontics</b>	C		C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	LA	Age 0-8	L\$, LQ	\$2,500 per ear/36 months and 1 hearing aid per ear/36 months
<b>ABA Therapy</b>	U		U	
<b>Autism - General</b>	C		U	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	30 visits/year
<b>Podiatry</b>	U		LQ	only for those diagnosed with diabetes
<b>Habilitation</b>	C		LQ	30 visits/year
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non- Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	C		U	

## NORTH DAKOTA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	96.1%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	3.9%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$133	\$411- \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$950	
<b>QHP</b>	fixed dollar	\$1,400-\$2,250	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	10% coinsurance after deductible		
<b>Eyeglasses Cost Sharing</b>	No copay: \$100	10% coinsurance after deductible		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	10% coinsurance after deductible		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	73%	27%	0%	91%	9%	0%
<b>Child-Specific</b>	14	29%	43%	29%	36%	21%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	L\$	\$6,000/member/year	L\$	\$1,500/year
<b>Inpatient Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C, E	Bone marrow transplants and other forms of stem cell rescue limited to certain conditions; limits on obesity surgery	C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C, E	Oral contraceptives not covered	C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		C	
<b>Dental - Orthodontics</b>	C		C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	\$80 limit	C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	L\$, LQ	\$3,000/3 years (per child)	L\$	\$1,500/year. Limited to a single purchase (including repair/replacement) every 3 years
<b>ABA Therapy</b>	U		U	
<b>Autism - General</b>	U		U	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LC	No maintenance care for PT/OT/ST; need of OT services reviewed after 90 days	LQ	60 visits/condition
<b>Podiatry</b>	LC	For children with diabetes or circulatory disorders of the legs and feet	C	
<b>Habilitation</b>	LC	No maintenance care for PT/OT/ST; need of OT	LQ	60 visits/condition

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		services reviewed after 90 days		
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LC	Transport between hospitals and skilled nursing facilities	U	
<b>Over-the-Counter Medications</b>	U		U	



## OREGON

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%	100.0%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%	0.0%	26%-28%
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	\$0	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	\$0
<b>QHP</b>	fixed dollar	\$1,250	\$5,000

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	35% coinsurance after deductible; no copay kids aged 3-5	No copay	35% coinsurance after deductible; no copay kids aged 3-6
<b>Eyeglasses Cost Sharing</b>	No copay	35% coinsurance after deductible	No copay	35% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered	No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP Plan B/C			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%/100%	0%/0%	0%/0%	91%	9%	0%
<b>Child-Specific</b>	14	71%/36%	29%/50%	0%/14%	29%	29%	43%

The following table shows the coverage and limits for the core benefits.

Service	CHIP Plan B		CHIP Plan C		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C		L\$	\$5,000/year
<b>Inpatient Services</b>	C		C		C	
<b>Inpatient Mental Health Services</b>	C		C		C	

Service	CHIP Plan B		CHIP Plan C		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Surgical Services</b>	C		C		C	
<b>Outpatient Services</b>	C		C		C	
<b>Outpatient Mental Health Services</b>	C		C		C	
<b>Prescription Drugs</b>	C		C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP Plan B		CHIP Plan C		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		L\$	\$1,750/year	U	Covered in SADP
<b>Dental - Orthodontics</b>	LC	Only for treatment of cleft palate	LC	Only for treatment of cleft palate	U	Covered in SADP
<b>Vision - Exams</b>	C		C		C	
<b>Vision - Corrective Lenses</b>	C		L\$	\$96 for single vision lenses and \$96 for frames	C	
<b>Audiology - Exams</b>	C		C		U	
<b>Audiology - Hearing Aids</b>	LQ	1/3 years for lower income group	C		L\$	\$4,000/2 years
<b>ABA Therapy</b>	LQ	25 hours/week	LQ	25 hours/week	LQ	25 hours/week
<b>Autism - General</b>	C		C		C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	60 visits/year	LQ	30 visits/year
<b>Podiatry</b>	LC	Coverage for certain conditions	LC	Routine foot care only for individuals with diabetes	C	

Service	CHIP Plan B		CHIP Plan C		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Habilitation</b>	C		LQ	60 visits/year	LQ	30 visits/year
<b>Enabling Services</b>	C		U		U	
<b>Medical</b>	C		U		U	
<b>Transportation - Non-Emergency Transport</b>						
<b>Over-the-Counter Medications</b>	C		C		U	

## PENNSYLVANIA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state's Children's Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%	97.2%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%	2.8%	26%-28%
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	\$98	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	\$1,419
<b>QHP</b>	fixed dollar	\$500-\$2,250	\$3,000-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay	No copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay; \$185 max	No copay	No copay; \$185 max	No copay
<b>Dental Checkup Cost Sharing</b>	No copay	No copay	No copay	No copay

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	27%	73%	0%	91%	9%	0%
<b>Child-Specific</b>	14	21%	57%	21%	29%	21%	50%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	LQ	50 visits/year combined with outpatient, surgical, clinic and prepregnancy family services	C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	LQ	50 visits/year combined with outpatient, physician, surgical and prepregnancy family services	C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	L\$	Certain monetary caps based on insurer	L\$	\$2,500/year
<b>Inpatient Services</b>	LQ	90 days/year combined for range of inpatient care; 45 days/year for inpatient rehabilitation therapy	C	
<b>Inpatient Mental Health</b>	LQ	90 days/year combined for range	C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Services</b>		of inpatient care with medical, medical inpatient rehab and skilled nursing services		
<b>Surgical Services</b>	LQ	50 visits/year	C	
<b>Outpatient Services</b>	LQ	50 visits/year combined with physician, surgical, clinic and prepregnancy family services	C	
<b>Outpatient Mental Health Services</b>	LQ	50 visits/year	C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	L\$	\$1,500/year	C	
<b>Dental - Orthodontics</b>	L\$	\$5,200/lifetime	C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	Monetary cap set by insurer	C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	L\$, LQ	1 per ear/2 years; certain monetary cap based on insurer	U	
<b>ABA Therapy</b>	C		U	
<b>Autism - General</b>	L\$	\$36,000/year (per member)	L\$	\$36,000/year
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ	60 visits/year (per type of therapy)	LQ	30 visits/year
<b>Podiatry</b>	LC	Foot care only related to diabetes	U	
<b>Habilitation</b>	LQ	60 visits/year (per type of therapy)	LQ	30 visits/year
<b>Enabling Services</b>	U		U	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Medical Transportation - Non-Emergency Transport	U		U	
Over-the-Counter Medications	U		U	

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## SOUTH DAKOTA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	100.0%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	0.0%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$0	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	\$0	No CHIP Plan
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay		
<b>Eyeglasses Cost Sharing</b>	No copay	No copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	91%	9%	0%
<b>Child-Specific</b>	14	64%	7%	29%	29%	0%	71%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C, E	Excludes orthotics, wigs or hair pieces, pools, whirlpools, spas, common first-aid supplies, and health club memberships.
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental - Orthodontics</b>	C		U	Covered in SADP
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	C		C	
<b>Audiology - Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	C		U	
<b>ABA Therapy</b>	U		U	
<b>Autism - General</b>	U		U	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		C	
<b>Podiatry</b>	U		U	
<b>Habilitation</b>	C		C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	C		U	
<b>Over-the-Counter Medications</b>	LL	Limited list of OTC medications	U	

## TENNESSEE

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	94.9%	86%-88%	94.6%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	5.1%	12%-14%	5.4%	26%-28%
<b>Average Annual Cost Sharing</b>	\$173	\$411 - \$480	\$185	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$950	\$1,995
<b>QHP</b>	fixed dollar	\$1,000-\$2,250	\$2,750-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay	No copay	No copay
<b>Eyeglasses Cost Sharing</b>	\$15 copay	No copay	\$15 copay	No copay
<b>Dental Checkup Cost Sharing</b>	No copay	No copay	No copay	No copay

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	91%	9%	0%
<b>Child-Specific</b>	14	14%	50%	36%	43%	21%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C, E	Excludes unnecessary repair or replacement of equipment, as well as: motorized scooters, exercise equipment, hot tubs, pool, saunas, computerized or gyroscopic mobility systems, roll about

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
				chairs, geriatric chairs, hip chairs, seat lifts, patient lifts, auto tilt chairs, air fluidized beds, and air flotation beds
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	L\$	\$1,000/year	C	
<b>Dental - Orthodontics</b>	L\$	\$1,250/lifetime (not subject to dental limit)	C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	\$85 for lenses/year; \$100 for frames every 2 years; \$150 for contact lenses/year	C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	LQ	1 per ear/year (age 0-5) 1 per ear/2 years (age 5+)	L\$	\$1,000/year every 3 years
<b>ABA Therapy</b>	U		U	
<b>Autism - General</b>	U		U	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	LQ, LC	52 visits/year (per condition); no maintenance care	LQ	20 visits/year
<b>Podiatry</b>	LC	Only if necessary to prevent complications of existing disease state	C, E	Routine foot care for the treatment of certain conditions, and as required by law for

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
				diabetic patients.
<b>Habilitation</b>	LQ, LC	52 visits/year (per condition); no maintenance care	C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	U		U	

## TEXAS

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	94.0%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	6.0%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$207	\$411- \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	% of income	\$915	
<b>QHP</b>	fixed dollar	\$1,200-\$2,250	No CHIP Plan



Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay		
<b>Eyeglasses Cost Sharing</b>	No copay on frames determined by provider	No copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	91%	9%	0%	100%	0%	0%
<b>Child-Specific</b>	14	64%	7%	29%	43%	21%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	L\$	\$20,000/term of coverage	C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Services</b>				
Prescription Drugs	C		C	
Medical Transportation - Emergency Transport	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Dental - Preventive & Restorative Services	C		U	Covered in SADP
Dental - Orthodontics	C		U	Covered in SADP
Vision - Exams	C		C	
Vision - Corrective Lenses	C		C	
Audiology - Exams	C		C	
Audiology - Hearing Aids	C		L\$, LQ	\$1,000/36 months
ABA Therapy	U		LQ	varies by issuer; do not count toward rehab/hab limits
Autism - General	C		C	
Physical Therapy, Occupational Therapy, and Speech Therapy	C		LQ	35 visits/year
Podiatry	LC	Only for injury treatment or diabetes	C	
Habilitation	C		C	
Enabling Services	U		U	
Medical Transportation - Non-Emergency Transport	U		U	
Over-the-Counter Medications	U		U	

## UTAH

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	88.7%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	11.3%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$389	\$411- \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
CHIP	% of income	\$650	
QHP	fixed dollar	\$1,000-\$2,250	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$40 copay	50% coinsurance after deductible		
<b>Eyeglasses Cost Sharing</b>	No copay on frames determined by provider	50% coinsurance after deductible		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	43%	29%	29%	7%	36%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Outpatient Services	C		C	
Outpatient Mental Health Services	C		C	
Prescription Drugs	C		C	
Medical Transportation - Emergency Transport	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Dental - Preventive & Restorative Services	L\$, E	\$1,000/plan year; some service exclusions	U	Covered in SADP
Dental - Orthodontics	C		U	
Vision - Exams	C		LA	age 5-18
Vision - Corrective Lenses	C		LA	age 5-18
Audiology - Exams	C		U	
Audiology - Hearing Aids	C, E	Only cochlear implants covered, not hearing aids	U	
ABA Therapy	U		U	
Autism - General	U		LA	Age 2-10
Physical Therapy, Occupational Therapy, and Speech Therapy	LQ, E	20 visits/year (combined, all therapies); ST for developmental delays not covered	LQ	20 visits/year (combined, all therapies)
Podiatry	C		C	
Habilitation	LQ, E	20 visits/year (combined, all therapies); ST for developmental delays not covered	LQ	20 visits/year (combined, all therapies)
Enabling Services	U		U	
Medical Transportation - Non-Emergency Transport	U		U	
Over-the-Counter Medications	C		U	

## VIRGINIA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state's Children's Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	97.4%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	2.6%	12%-14%		
<b>Average Annual Cost Sharing</b>	\$89	\$411 - \$480	No CHIP Plan	

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	dollar limit	\$350	
<b>QHP</b>	fixed dollar	\$1,500-\$2,250	No CHIP Plan

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay		
<b>Eyeglasses Cost Sharing</b>	No copay on frames determined by provider	No copay		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	Not covered		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	82%	18%	0%	73%	27%	0%
<b>Child-Specific</b>	14	50%	29%	21%	29%	14%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C, E	Excludes items that have both a therapeutic and non-therapeutic use including exercise equipment; foot orthotics;
<b>Inpatient Services</b>	LQ	365 days per hospitalization	C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Inpatient Mental Health Services</b>	LQ	365 days per hospitalization	C, E	Excludes Cognitive rehab therapy; Educational therapy; Vocational and recreational activities; Coma stimulation therapy; Services for sexual dysfunction and sexual deviation; Treatment of social maladjustment without signs of psychiatric disorder; Remedial or special education services.
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C, E	Excludes Cognitive rehab therapy; Educational therapy; Vocational and recreational activities; Coma stimulation therapy; Services for sexual dysfunction and sexual deviation; Treatment of social maladjustment without signs of psychiatric disorder; Remedial or special education services.
<b>Prescription Drugs</b>	C		C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		U	Covered in SADP
<b>Dental – Orthodontics</b>	C		U	Covered in SADP
<b>Vision – Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	Limited by dollar amount depending on lens type	C	
<b>Audiology – Exams</b>	C		U	
<b>Audiology - Hearing Aids</b>	LQ	2/5 years	U	



Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>ABA Therapy</b>	L\$	\$35,000/year (Insurer may elect to provide coverage in a greater amount)	U	
<b>Autism - General</b>	C		LA	Age 2-6
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	30 visits/year
<b>Podiatry</b>	U		C	
<b>Habilitation</b>	C		C	
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	LC	Available if necessary due to medical condition	U	
<b>Over-the-Counter Medications</b>	U		U	

## WASHINGTON

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>			100.0%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>			0.0%	26%-28%
<b>Average Annual Cost Sharing</b>	No CHIP Plan		\$0	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
<b>CHIP</b>	No Cost Sharing	No CHIP Plan	\$0
<b>QHP</b>	fixed dollar		\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>			No copay	No copay
<b>Eyeglasses Cost Sharing</b>	No CHIP Plan		No copay on frames determined by provider	No copay
<b>Dental Checkup Cost Sharing</b>			No copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	93%	7%	0%	21%	21%	57%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Outpatient Services	C		C	
Outpatient Mental Health Services	C		C	
Prescription Drugs	C		C	
Medical Transportation - Emergency Transport	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Dental - Preventive & Restorative Services	C		U	Covered in SADP
Dental - Orthodontics	C		U	Covered in SADP
Vision - Exams	C		C	
Vision - Corrective Lenses	C		L\$	\$150 hardware/year
Audiology - Exams	C		U	
Audiology - Hearing Aids	C		C, E	Cochlear implants only covered type of hearing aid
ABA Therapy	C		U	
Autism - General	C		U	
Physical Therapy, Occupational Therapy, and Speech Therapy	C		LQ	25 visits/year
Podiatry	C		C	
Habilitation	C		C	
Enabling Services	C		U	
Medical Transportation - Non-Emergency Transport	C		U	
Over-the-Counter Medications	LL	Limited to a list of covered drugs	U	

## WEST VIRGINIA

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state’s Children’s Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	94.6%	86%-88%	93.4%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	5.4%	12%-14%	6.6%	26%-28%
<b>Average Annual Cost Sharing</b>	\$184	\$411 - \$480	\$227	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type Maximum	of 160% FPL	210% FPL
<b>CHIP</b>	dollar limit	\$150 Med; \$100 Rx	\$200 Med; \$150 Rx
<b>QHP</b>	fixed dollar	\$1,000-\$2,000	\$3,500-\$5,200

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay	No copay	No copay
<b>Eyeglasses Cost Sharing</b>	No copay; \$125 limit	No copay	No copay; \$125 limit	No copay
<b>Dental Checkup Cost Sharing</b>	No copay	No copay	No copay	No copay

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%	0%	0%	100%	0%	0%
<b>Child-Specific</b>	14	57%	36%	7%	43%	21%	36%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C	
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C		C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Prescription Drugs	C		C	
Medical Transportation - Emergency Transport	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
Dental - Preventive & Restorative Services	C		C	
Dental - Orthodontics	C		C	
Vision - Exams	C		C	
Vision - Corrective Lenses	L\$	\$125/year for frames and lenses	C	
Audiology - Exams	C		C	
Audiology - Hearing Aids	C		U	
ABA Therapy	L\$	\$30,000/year for the first 3 years and \$2,000/month after 3 years	L\$	\$30,000/year for the first 3 years and \$2,000/month after 3 years
Autism - General	C		LA	Age 18 months to 18 years
Physical Therapy, Occupational Therapy, and Speech Therapy	C		C	
Podiatry	C, E	Routine foot care only for medically necessary services for diabetics	U	
Habilitation	C		LQ	30 visit PT, 30 visit OT combined
Enabling Services	U		U	
Medical Transportation - Non-Emergency Transport	LC	Ground or air ambulance transportation, when medically necessary, to the nearest facility able to provide necessary treatment	U	
Over-the-Counter Medications	LL	Permitted in some therapeutic classes	U	

## WISCONSIN

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state's Children's Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	99.3%	86%-88%	99.3%	72%-74%
<b>Enrollee Average Percent of Allowed Claims</b>	0.7%	12%-14%	0.7%	26%-28%
<b>Average Annual Cost Sharing</b>	\$23	\$411 - \$480	\$23	\$891 - \$960

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
CHIP	% of income	\$950	\$1,875
QHP	fixed dollar	\$1,000-\$2,250	\$2,650-\$5,200



Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	\$2-\$3 copay	0% coinsurance after deductible	\$2-\$3 copay	0% coinsurance after deductible
<b>Eyeglasses Cost Sharing</b>	\$3 copay	0% coinsurance after deductible	\$3 copay	0% coinsurance after deductible
<b>Dental Checkup Cost Sharing</b>	\$2-\$3 copay	Not covered	\$2-\$3 copay	Not covered

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP – Std/Bnch			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	100%/82%	0%/18%	0%/0%	91%	9%	0%
<b>Child-Specific</b>	14	86%/50%	14%/43%	0%/7%	29%	21%	50%

The following table shows the coverage and limits for the core benefits.

Service	CHIP Std		CHIP Bnch		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C		C	
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		L\$	\$2,500/plan year if >200% FPL	L\$	\$2,500/plan year
<b>Inpatient Services</b>	C		C		C	
<b>Inpatient Mental Health Services</b>	C		C		C	
<b>Surgical Services</b>	C		C		C	

Service	CHIP Std		CHIP Bnch		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Outpatient Services</b>	C		C		C	
<b>Outpatient Mental Health Services</b>	C		C		C	
<b>Prescription Drugs</b>	C		LL	Generic-only formulary if >200% FPL	C	
<b>Medical Transportation - Emergency Transport</b>	C		C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP Std		CHIP Bnch		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C		L\$	\$750/plan year; \$200 deductible (preventive and diagnostic exempt) if >200% FPL	U	Covered in SADP
<b>Dental - Orthodontics</b>	C		L\$	\$750/plan year; \$200 deductible (preventive and diagnostic exempt) if >200% FPL	U	Covered in SADP
<b>Vision - Exams</b>	C		C		C	
<b>Vision - Corrective Lenses</b>	C		C		C	
<b>Audiology - Exams</b>	C		LA	Age 0-17 if > 200% FPL	U	
<b>Audiology - Hearing Aids</b>	C, E	Only for < 200% FPL	U		LQ	1 per ear/3 years
<b>ABA Therapy</b>	C		C		C	
<b>Autism – General</b>	C		C		C	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	C		LQ	20 visits/year (per type of therapy) if >200% FPL	LQ	20 visits/year

Service	CHIP Std		CHIP Bnch		EHB	
	Coverage	Limits	Coverage	Limits	Coverage	Limits
<b>Podiatry</b>	C		C		U	
<b>Habilitation</b>	C		LQ	20 visits/year (per type of therapy) if >200% FPL	LQ	20 visits/yea r
<b>Enabling Services</b>	C		C		U	
<b>Medical Transportation - Non- Emergency Transport</b>	C		C		U	
<b>Over-the-Counter Medications</b>	LL	Limited generic OTC formulary	LL	Limited generic OTC formulary	U	

## WYOMING

The following provides a comparison of the benefits and cost sharing provisions of plans available to low income children in the state's Children's Health Insurance Program (CHIP) compared to what would be available to them through the Health Insurance Exchange (assuming enrollment as an individual in the lowest cost silver plan). This appendix consolidates key results specific to the state. Please refer to the body of the report for methodology, assumptions, and limitations for each comparison.

### Actuarial Value and Average Cost Sharing

The following table compares the average out of pocket costs (copayments, deductibles and coinsurance) for children enrolled in CHIP compared to the coverage that would be available through the Exchange (with cost sharing reduction subsidies).

Income Level Coverage	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Actuarial Value</b>	96.0%	86%-88%		
<b>Enrollee Average Percent of Allowed Claims</b>	4.0%	12%-14%		No CHIP Plan
<b>Average Annual Cost Sharing</b>	\$139	\$411 - \$480		

### Out of Pocket Maximums

Member out of pocket costs are capped for coverage under both CHIP and plans offered on the Exchange, limiting the financial exposure to families with children who have high cost medical needs. The following compares the maximum out of pocket costs for the CHIP plans to that of Exchange coverage, assuming enrollment as an individual in a silver plan. The maximum out of pocket costs for CHIP differ by state and may be either \$0 (e.g., the plan has no cost sharing), a fixed dollar amount, or a percent of income (with premiums also included in the maximum out of pocket amount). Where CHIP out of pocket costs are based on a percent of income, we have assumed a family of three and subtracted out the annual premium for one individual to get to an estimated out of pocket maximum for use of medical services.

Plan	Type of Maximum	160% FPL	210% FPL
		CHIP	dollar limit
QHP	fixed dollar	\$1,500-\$2,250	

Pediatric Dental and Vision Cost Sharing

The following highlights the cost sharing and limit differences for pediatric dental and vision benefits. These are not explicitly accounted for in the AV calculation, and can be material benefits for children.

Service	160% FPL		210% FPL	
	CHIP	QHP	CHIP	QHP
<b>Routine Vision Exams</b>	No copay	No copay		
<b>Eyeglasses Cost Sharing</b>	No copay: \$100	10% coinsurance after deductible		No CHIP Plan
<b>Dental Checkup Cost Sharing</b>	No copay	No copay		

Benefit Coverage and Limits

The following table summarizes the coverage of core and child-specific benefits (as outlined below) for this state.

	Total Benefits	CHIP			QHPs (Based on EHB)		
		Covered	Limited	Not Covered	Covered	Limited	Not Covered
<b>Core</b>	11	82%	18%	0%	82%	18%	0%
<b>Child-Specific</b>	14	29%	29%	43%	36%	14%	50%

The following table shows the coverage and limits for the core benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Physician Services</b>	C		C	
<b>Clinic Services &amp; Other Ambulatory Health Care Services</b>	C		C	
<b>Laboratory &amp; Radiological Services</b>	C		C, E	Benefits are not available for all forms of thermography for all uses and indicators
<b>Durable Medical Equipment &amp; Other Medically-Related or Remedial Devices</b>	C		C, E	Excludes support devices for the foot, deluxe motorized equipment, electronic speech aids; robotization devices, robotic prosthetics, dental

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
				appliances, artificial organs, personal hygiene and convenience items, wigs, and hair transplants or implants.
<b>Inpatient Services</b>	C		C	
<b>Inpatient Mental Health Services</b>	C		C	
<b>Surgical Services</b>	C, E	No coverage for transplants	C	
<b>Outpatient Services</b>	C		C	
<b>Outpatient Mental Health Services</b>	C		C	
<b>Prescription Drugs</b>	LL	No coverage for non-preferred brand prescriptions	C	
<b>Medical Transportation - Emergency Transport</b>	C		C	

The following table shows the coverage and benefit limits for child-specific benefits.

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
<b>Dental - Preventive &amp; Restorative Services</b>	C, E	Excludes synthetic restorations on posterior teeth	C	
<b>Dental - Orthodontics</b>	C		C	
<b>Vision - Exams</b>	C		C	
<b>Vision - Corrective Lenses</b>	L\$	up to \$100	C	
<b>Audiology - Exams</b>	C		C	
<b>Audiology - Hearing Aids</b>	U		U	
<b>ABA Therapy</b>	U		U	
<b>Autism - General</b>	C		U	
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	L\$	\$750/year for non-rehabilitative services	LQ	PT: 40 visits/year, ST: 20 visits/year
<b>Podiatry</b>	U		U	
<b>Habilitation</b>	L\$	\$750 maximum	LQ	PT: 40 visits/year,

Service	CHIP		EHB	
	Coverage	Limits	Coverage	Limits
		benefit per year for non-rehab services		ST: 20 visits/year
<b>Enabling Services</b>	U		U	
<b>Medical Transportation - Non-Emergency Transport</b>	U		U	
<b>Over-the-Counter Medications</b>	U		U	

## APPENDIX C: CHIP INFORMATION RELIED ON

State	CHIP Name
Alabama	ALL Kids
Colorado	Child Health Plan Plus (CHP+)
Connecticut	HUSKY (Part B)
Delaware	Healthy Children
Florida	Florida KidCare
Georgia	PeachCare for Kids
Idaho	Idaho Health Plan
Illinois	ALL Kids
Indiana	Hoosier Healthwise
Iowa	Healthy and Well Kids in Iowa (Hawk-I)
Kansas	Healthwave
Kentucky	KCHIP
Louisiana	LaCHIP
Maine	MaineCare
Massachusetts	MassHealth
Michigan	MiChild
Mississippi	CHIP
Missouri	MO HealthNet for Kids
Montana	Healthy Montana Kids
Nevada	Nevada Check Up
New Jersey	NJ Family Care
New York	Child Health Plus (CHPlus)
North Carolina	NC Health Choice for Children (NCHC)
North Dakota	Healthy Steps
Oregon	Healthy Kids
Pennsylvania	CHIP
South Dakota	CHIP
Tennessee	CoverKids
Texas	CHIP
Utah	CHIP
Virginia	Family Access to Medical Insurance Security (FAMIS)
Washington	Apple Health for Kids
West Virginia	CHIP
Wisconsin	BadgerCare Plus
Wyoming	KidCare CHIP



## APPENDIX D: SPECIFIC PLAN INFORMATION USED FOR ANALYSIS

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<sup>i</sup> <http://kff.org/other/state-indicator/monthly-chip-enrollment-june/>

<sup>ii</sup> <http://kff.org/health-reform/issue-brief/childrens-health-coverage-medicaid-chip-and-the-aca/>

<sup>iii</sup> <http://kff.org/other/state-indicator/monthly-chip-enrollment-june/>

<sup>iv</sup> <http://kff.org/health-reform/issue-brief/childrens-health-coverage-medicaid-chip-and-the-aca/>

<sup>v</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-Cost-Sharing.html>

<sup>vi</sup> <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-Benefits.html>