



**ESSENTIAL HEALTH BENEFITS (EHB):
COMPARISON WITH TEXAS' CHIP COVERAGE**

CHIP Coverage	Exclusions/Limitations
Ambulatory Patient Services	
Unlimited medically necessary outpatient services, including physician and physician extender services; x-ray, imaging and radiological tests; machine diagnostic tests; ambulatory surgical facility services; casts, splints and dressings; physical, occupational and speech therapy; renal dialysis; respiratory services; radiation and chemotherapy; blood or blood products; allergy testing, serum and injections; and chiropractic services.	Infertility treatments or reproductive services other than prenatal care, labor and delivery; gastric procedures for weight loss; acupuncture, naturopathy and hypnotherapy; cosmetic surgery; prostate and mammography screening. Chiropractic services limited to 12 visits annually for spinal subluxation.
Emergency Services	
24-hour emergency department services; medical screening exams; stabilization services; and emergency dental coverage for a dislocated jaw, traumatic damage to teeth, removal of cysts, and treatment of oral abscess of tooth or gum origin.	
Hospitalization	
Unlimited medically necessary services; general nursing care; operating, recovery and treatment rooms; anesthesia; surgical dressings, trays, casts, splints, drugs, medications and biologicals; x-rays, imaging and other radiological tests; lab and pathology services; machine diagnostic tests; oxygen services; radiation and chemotherapy.	Infertility treatments or reproductive services other than prenatal care, labor and delivery; experimental and/or investigational services not generally employed by the medical community.
Maternity and Newborn Care	
Unlimited medically necessary prenatal care and other care related to diseases, illnesses or abnormalities related to the reproductive system. Inpatient hospital and physician services for a mother and newborn for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated caesarian section.	Infertility treatments or reproductive services other than prenatal care, labor and delivery.
Mental Health and Substance Use Disorder Services	
Inpatient services include, but are not limited to, services furnished in a freestanding psychiatric hospital; psychiatric units of general care hospitals and state-operated facilities; 24-hour residential or therapeutically planned structural services; detoxification and crisis stabilization.	
Outpatient mental health services include neuropsychological and psychological testing; medication management; rehabilitative day treatments; partial hospitalization; and skills training (psycho-educational skills development).	
Outpatient substance abuse services include screening assessment and referral; structured group and individual therapy; educational services and life skills training.	



CHIP Coverage	Exclusions/Limitations
Prescription Drugs	
Unlimited medically necessary drugs include nonexperimental, FDA-approved drugs, with open formulary based on Texas' Medicaid program. Diagnosis-specific prescribed specialty formulas and dietary supplements allowed for chronic hereditary metabolic disorders or long-term malabsorption due to disease.	Contraceptive medications and medications for weight loss or gain.
Rehabilitative and Habilitative Services and Devices	
Habilitative and rehabilitative services include, but are not limited to, developmental assessment; physical, occupational and speech therapy; home infusion; respiratory therapy; skilled nursing visits; and home health aide services.	Custodial care that does not require trained medical or paramedical personnel; housekeeping services; and services to relieve or replace a caretaker.
Durable medical equipment includes, but is not limited to, orthotic braces; prosthetic eyeglasses and contact lenses for management of severe ophthalmological disease; hearing aids; and other artificial aides including surgical implants.	\$20,000 limit per 12-month period (not counting implantable devices and diabetic supplies and equipment). Exclusions include routine refractory services and glasses or contacts and corrective orthopedic shoes.
Skilled nursing facility services include nursing services, rehabilitation services, medical supplies, and use of appliances and equipment.	Skilled nursing facility services limited to 60 days per 12-month period.
Laboratory Services	
Unlimited medically necessary lab and radiological services.	Infertility treatments or reproductive services other for prenatal care, labor and delivery.
Prevention and Wellness Services and Chronic Disease Management	
Well-child exams and preventive services as recommended by the American Academy of Pediatrics, including but not limited to vision and hearing screening and immunizations. Case management services for children with complex special health care needs include outreach, informing, intensive case management, care coordination and community referral. Tobacco cessation program coverage.	Tobacco cessation program limited to \$100 per 12-month period.
Pediatric Services, including Oral and Vision Care	
Dental services include diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral and maxillofacial orthodontic and emergency dental.	\$564 annual limit, not counting preventive services, emergency dental and prior-authorized services necessary to return to normal, pain and infection-free oral functioning.
Vision care includes one examination and one pair of non-prosthetic eyewear per 12-month period.	Elective surgery to correct vision, vision training and vision therapy.
Transplant services include non-experimental human organ and tissue transplants; corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses.	Non-medical donor expenses.
Hospice services cover palliative care, including, but not limited to, medical and support services.	120-day limit within a 6-month period.