

# CHIP Member Copays

## Knowing When to Charge CHIP Member Copays

UnitedHealthcare Community Plan members in the Texas Children's Health Insurance Program (CHIP) are required to pay a copay for some medical services and prescription drugs. Members must pay these copays at the time of service. However, there are some instances when CHIP members do not owe a copay. We created this guide to provide an overview of how to determine a member's copay and instances when a copay should not be collected.

### Determining the Member's Copay

Copay amounts are listed on the member's ID card and can also be found at [hhs.texas.gov](https://hhs.texas.gov) > Laws & Regulations > Handbooks > Texas Works Handbook > Part D, Children's Health Insurance Program (CHIP) > Section 1800 Cost Sharing > [D-1800, Cost Sharing](#). You can also view the member's copay by using the eligibilityLink tool on Link. Learn more and sign in to Link at [UHCprovider.com/eligibilityLink](https://UHCprovider.com/eligibilityLink).

### When Not to Collect a Copay

The following members do **not** owe a copay for any services or prescription drugs:

- **CHIP Perinatal:** Members in the perinatal program receiving benefits for well-baby and well-child services, preventive services or pregnancy-related assistance, or childbirth and postpartum
- **American Indians and Alaska Natives**
- **Unaccompanied refugee minors**

Members who have met their copay limit requirement for the benefit period should not be billed any additional copays for the remainder of that term of coverage. Members should report this to the Texas Health and Human Services Commission (HHSC), which will send them a new member ID card to reflect that they should not be charged.

### Other Considerations

Members who receive non-emergency services from non-network care providers are not covered and may be charged for those services.

Some services require prior authorization. If an authorization is not determined based on medical necessity, the member must be informed and may opt to pay for the services out-of-pocket. In this instance, copays would not apply. The member would need to be clearly informed and sign an acknowledgement that the services were found to not be medically necessary by their health insurance company and that they agree to pay for those services.

### We're Here to Help

If you have questions, please contact your Physician Advocate directly or call us at **888-887-9003** from 8 a.m. – 6 p.m. Central Time, Monday – Friday. Thank you.