

Car seat safety	Poison safety	Drug & alcohol awareness	Prenatal care
Immunizations	Sexually transmitted diseases	Infant mortality	Smoking cessation
Nutrition	Teen pregnancy prevention	Oral health	Vision awareness
Physical fitness	Weight management	Mental Health	

**What extra benefits does a member of Aetna Better Health get? How can I get these benefits/how can I get these benefits for my child?**

Aetna Better Health members get several value-added services. For a list of these benefits, please refer to the table on pages **89-92**. If you have any questions, please call us at the toll-free number on the back of your Aetna Better Health Member ID card.

**Your Out-of-Pocket Costs**

***What are copayments? How much are they, and when do I have to pay them?***

. The table below lists the CHIP copayment schedule according to family income. No copayments are paid for preventive care, such as vaccinations, well-child, or well-baby checkup.

**Copayments do not apply to CHIP Perinate Newborn members, Native Americans or Alaska Natives.**

Copays do not apply on benefits for well-baby and well-child services, preventive services or pregnancy related assistance.

Your/your child's Aetna Better Health Member ID card lists the copayments that apply to you/your child. Present your/your child's ID card whenever you/your child gets healthcare services.

Need access 24/7? You can access all the information that you need by using our website **[AetnaBetterHealth.com/Texas](http://AetnaBetterHealth.com/Texas)** or by logging on to our member portal at **[AetnaBetterHealth.com/Texas/login](http://AetnaBetterHealth.com/Texas/login)**. Need help accessing the website or portal? Give us a call and we can get you registered.

**Note:** CHIP members who are Native American or Alaskan Native do not have any cost-sharing. This includes enrollment fees and copays. If you are Native American or Alaskan Native and your member Aetna Better Health Member ID card shows that a copay is required, please call Aetna Better Health to have your card corrected.

**Copayment table for CHIP members**

Federal Poverty Levels (FPLs)	Enrollment fee **	Office visits	Non-Emergency ER	Inpatient hospital copay	Rx drug (generic)	Rx drug (brand name)	Cost sharing cap
<b>At or below 151%</b>	\$0	\$5	\$5	\$35	\$0	\$5	5% of family net income**
<b>Above 151% - including 186%</b>	\$35	\$20	\$75	\$75	\$10	\$35	5% of family net income**
<b>Above 186%- including 201%</b>	\$50	\$25	\$75	\$125	\$10	\$35	5% of family net income**

\*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

\*\*Per 12-month term of coverage.

**Health Care and Other Services – CHIP / CHIP Perinate Newborns**

References to “you,” “my,” or “I” apply if you are a CHIP member. References to “my child” or “my daughter” apply if your child is a CHIP member or a CHIP Perinate Newborn member.

**What does medically necessary mean?**

Covered services for CHIP Members, CHIP Perinate Newborn Members, and CHIP Perinate Members must meet the CHIP definition of "Medically Necessary." A CHIP Perinate Member is an unborn child.