

Summary of Covered CHP+ HMO Benefits

Service	Available Benefits
Doctor/Physician Services	
Preventive Care	Covered in full when provided by your Primary Care Provider (PCP). Includes immunizations (shots), checkups, and routine exams.
Reproductive Healthcare Services	Covered in full when provided by an in-network provider. Includes well-woman checkups.
Medical Office Visit	Primary Care Provider (PCP) visits and specialty visits covered.
Maternity Care	All prenatal and delivery visits covered in full.
Facility Services	
Inpatient Hospital Stay	Covered in full.
Lab, X-ray, and Diagnostic Services	Covered in full.
Skilled Nursing Facility	Covered in full.
Outpatient/Ambulatory Surgery	Covered in full.
Emergency and Urgent Care Services	
Emergency Room and Urgent/After-hours Care	Covered in full for a life or limb threatening emergency. Standard CHP+ copays (\$0 to \$20) apply.
Emergency Transport/Ambulance Services	Covered in full for a life or limb threatening emergency.
Prescription Drugs	
Outpatient Prescription Drugs (Medications)	Covered in full if included on the formulary. Standard CHP+ copays (\$0 to \$10) apply.
Over-the-Counter (OTC) Medications	Over the counter medications, including vitamins and Tylenol, are covered with a prescription from your doctor. Standard CHP+ copays are \$0 to \$10.

Mental Health and Substance Abuse	
Behavioral or Mental Health	Coverage provided for medically necessary services and may require a pre-authorization.
Alcohol and Substance Abuse	Coverage provided for medically necessary outpatient services and may require a pre-authorization.
Dental Services	
Dental Care provided by Delta Dental	Periodic cleanings, exams, x-rays, fillings, and root canals. A maximum benefit of \$600 per person per calendar year.
Other Services	
Durable Medical Equipment	Maximum of \$2,000 per calendar year, excluding eyeglasses, contacts or hearing aids.
Home Health Care	Skilled services covered with pre-authorization
Transplant Services	Coverage provided for limited transplants with pre-authorization.
Audiological Services	Coverage for age-appropriate preventive care visits. CHP+ Prenatal Care Program members may receive hearing aids for congenital conditions and traumatic injuries.
Colorado Access Enhanced Benefits	
Vision Services	Coverage for age-appropriate preventive care and specialty care visits. The standard CHP+ benefit is limited to \$50 for the purchase of lenses, frames or contacts per calendar year. As an EXTRA BENEFIT, Colorado Access members get an additional \$100, for a total of \$150 per member per calendar year for the purchase of lenses, frames or contacts.

<p>Physical, Occupational, and Speech Therapy</p>	<p>For outpatient physical rehabilitation (physical, occupational, and/or speech therapy) the standard CHP+ coverage is limited to 30 visits per calendar year. As an EXTRA BENEFIT, Colorado Access members get 10 more outpatient visits, for a total coverage of 40 outpatient visits per diagnosis per calendar year. For children ages 0-3 the benefit of physical, occupational, and speech therapy is unlimited.</p>
<p>Food for Shots Program</p>	<p>The Food for Shots Program is a Special Program for Colorado Access members. Get a \$10 good gift card and a chance to win a \$250 gift card when children are up-to-date on shots before age 2. Only Colorado Access member are eligible for this program.</p>