

State Managed Care Network

Summary of Benefits

Service	Available Benefits
Preventive Care	Covered in full when provided by the member's Primary Care Provider (PCP). Includes immunizations, well-child, well-teen and routine exams.
Reproductive Health Care Services	Covered in full when provided by a CHP+ contracted provider. Includes well-woman check-ups.
Medical Office visit	Primary Care Provider (PCP) visits and specialty visits covered.
Inpatient Hospital Stay	Covered in full.
Lab, X-ray & Diagnostic Services	Covered in full.
Outpatient Prescription Drugs	Covered in full if included on the formulary. Standard CHP+ copays are \$0 to \$5.
Skilled Nursing Facility	Covered in full.
Outpatient / Ambulatory Surgery	Covered in full.
Emergency Room and Urgent/ After-hours Care	Covered in full for a life or limb emergency. Standard CHP+ copays are \$0 to \$5.
Emergency Transport / Ambulance Services	Covered in full for a life or limb emergency.
Vision Services	Coverage for age-appropriate preventive care and specialty care. \$50 benefit for the purchase of lenses, frames or contacts per calendar year.
Audiological Services	Coverage for age-appropriate preventive care. Hearing aides for congenital conditions and traumatic injuries up to a maximum of \$800 per calendar year.
Physical, Occupational and Speech Therapy	For outpatient physical rehabilitation (physical, occupational, and/or speech therapy) the standard CHP+ coverage is limited to 30 visits per calendar year. For children aged 0-3 the benefit of physical, occupational and speech therapy is unlimited.
Durable Medical Equipment	Maximum of \$2,000 per calendar year, excluding eyeglasses, contacts or hearing aids.
Home Health Care	Skilled services covered with prior authorization
Maternity Care	All prenatal and delivery visits covered in full.
Neurobiologically based mental illness	Covered the same as any other medical condition.
All other behavioral or mental health	45 inpatient days or 90 outpatient treatment days per calendar year.
Alcohol and Substance Abuse	20 outpatient visits per diagnosis per calendar year. Inpatient is limited to medical detoxification only.
Transplant Services	Coverage for limited transplants with Colorado Access prior authorization.
Dental Care provided by Delta Dental	Periodic cleanings, exams, x-rays, fillings and root canals. A maximum benefit of \$500 per person per calendar year. Note: Prenatal members receive emergency dental care only.
Exclusions: Services not shown above may not be covered. Call the State Managed Care Network at 303-751-9051 or 1-800-414-6198 for more information. This is for summary purposes only and does not guarantee coverage.	

NOTE: For a more information, please contact CHP+ Provider Network Administration at 1-800-414-6198. Individual CHP+ participating HMOs may enhance some of these benefits. Please contact the individual HMOs for more information. CHP+ can only pay for services based on the provisions of the Evidence of Coverage.