Member Benefits Handbook Summary

Child Health Plan *Plus* (CHP+)

Health Maintenance Organization (HMO) Plan

Colorado ACCESS

50 11-102 1020H

Welcome!

Welcome to Child Health Plan *Plus* (CHP+) offered by Colorado Access! Enrollment in this plan is voluntary.

CHP+ offered by Colorado Access (also referred to as CHP+ HMO) is a health plan brought to you by Colorado Access. Colorado Access is a nonprofit health plan that has been serving enrolled members in CHP+ since 1998. Colorado Access is sponsored by The Children's Hospital, Colorado Community Managed Care Network, and University of Colorado Hospital/University Physicians, Inc. As a member, you can ask for information about the structure and operation of Colorado Access. Call us at the numbers listed below or go to our website at coaccess.com/about-us.

This Booklet is a quick guide to your CHP+ HMO benefits. If you would like the full version of this Booklet, please visit our website coaccess.com or if you would like one mailed to you, please call us at 888-214-1101. Please read it carefully and become familiar with your benefits. Please keep this Booklet in a safe place so you can find it when you need it. The more you know about your benefits, the better they work for you. You can go to our website at www.coaccess.com/chp for more information and also find tips and tools on how to manage your health care. Or you can request a Provider Directory and Member Booklet by telephone or in writing and you will receive it within five business days.

If you get other insurance, Medicaid, or move out of Colorado, you are no longer eligible for CHP+ or CHP+ HMO. You should inform us of this by calling customer service.

If you have questions about your benefits, call Customer Service between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday. They can be reached at 303-751-9021, toll free 888-214-1101 or TTY for the deaf or hard of hearing at 720-744-5126 or toll free at 888-803-4494. These numbers are also conveniently printed at the bottom of every page of this Booklet. You can also visit our website at www.coaccess.com/chp.

DO YOU NEED SPECIAL HELP WITH THIS BOOKLET?

If you need this Booklet in large print, in braille, on tape, or in another language, call us. If you want someone to explain something from this Booklet, call us. We will talk with you on the phone, or we can visit you in person. We are here to help. Just call us at 303-751-9021, toll free 888-214-1101 or TTY for the deaf or hard of hearing at 720-744-5126 or toll free 888-803-4494.

TENEMOS ESTE LIBRO DISPONIBLE EN ESPAÑOL:

Si necesita información en español, llámenos al 303-751-9021. Tenemos este libro en español.

Thank you for selecting CHP+ HMO for your health care coverage. We wish you good health.

Attention Members

As a member of CHP+ HMO, Colorado Access is responsible for:

- paying for covered services
- authorizing specialty care you may need,
- offering care management services such as coordinating your care, or helping you find a provider.

This Booklet describes your benefits and coverage. If there are large changes, we will let you know about them in writing 30 days before the change starts. This includes changes regarding rights, benefits, copayments and any other changes to procedures that you need to follow as a member of this plan.

At Colorado Access we know that each child is different. We work hard to meet every child's special health care needs. We want the family or caretaker to be a part of their child's health care. That is why we make sure that the information we send you is in a format that you can understand.

You have the right to disenroll from the CHP HMO+ program at any time for any reason. You will need to contact Member Services at 800-359-1991 and let them know you want to disenroll. You can also contact the Department of Health Care Policy and Financing about your disenrollment. Their phone number is toll free at 800-221-3943.

You have the right to change your CHP HMO+ plan only during annual renewal.

If you choose to disenroll due to or have been disenrolled from the plan and you are not happy about it, you can file a grievance.

If you need this Booklet or any other CHP+ HMO document in another language, in large print, in braille or on audio tape, please call us. You can call us Monday through Friday, 8:00 a.m. to 5:00 p.m. at 303-751-9021, toll free 888-214-1101. TTY users should call 720-744-5126 or toll free 888-803-4494.

Si necesita información en español, llámenos al 303-751-9021 o 888-214-1101.

Contact Information

IMPORTANT ADDRESSES

Colorado Access Customer Service
P.O. Box 17580
Denver, CO 80217-0580
303-751-9021 or toll free 888-214-1101

Colorado Access TTY for the Deaf or Hard of Hearing
720-744-5126 or toll free 888-803-4494

Child Health Plan *Plus* (Eligibility and Enrollment)
PO Box 929
Denver, CO 80201-0929
888-367-6557

Family Healthline (Information about health care programs and resources)
303-692-2229 or toll free 800-688-7777

Rocky Mountain Poison Center
800-332-3073

DentaQuest (Routine CHP+ dental benefits for Prenatal and Children)
888-307-6561 (TTY 711)

IMPORTANT WEBSITE ADDRESSES

coaccess.com

Find information about CHP+ HMO, benefits, a provider directory, and other helpful tools.

coaccess.com/our-chp-plan

Find information about benefits, how to apply for CHP+, and other helpful tools.

Important Things to Know About CHP+

WHAT IS COLORADO ACCESS?

Colorado Access is a Colorado-based, nonprofit health plan. While you are enrolled in our plan, we are responsible for claims processing, referrals, authorizations, care management, and reviewing request for certain services. We have a friendly staff to help you when you have questions. You can call us at 303-751-9021, toll free 888-214-1101. TTY users should call 720-744-5126 or toll free 888-803-4494.

MEMBER IDENTIFICATION CARD (ID CARD)

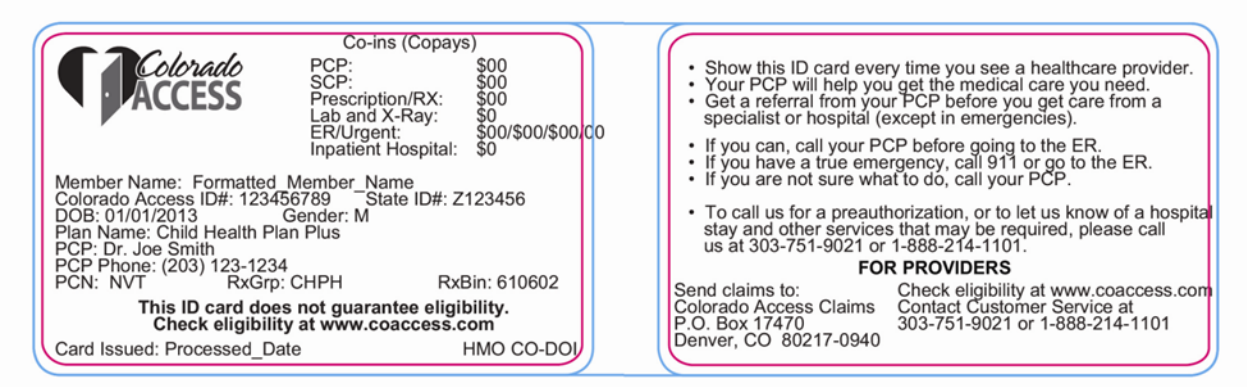
All members get a CHP+ HMO member ID card. Only the member on the ID card can use the card to get services. Bring this ID card with you when you get medical care. Tell all your health care providers that you are covered by CHP+ HMO. This includes all pharmacies (when you get prescription medications), doctors, hospitals, and any medical supplies. Call us at 303-751-9021, toll free 888-214-1101 or TTY for the deaf or hard of hearing at 720-744-5126 or toll free 888-803-4494 if you do not have an ID card or need a new one.

Guard your member ID card. Sharing your card with someone can put you at risk. Don't share it with anyone. If someone gets health care using your name or information, you might not be able to get care when you need it.

If you lose your member ID card or if it is stolen, call us right away. We will order a new one for you. Your new card will come in the mail in a few weeks.

If you suspect fraud – tell us! Here's how:

You can send an email to: compliance@coaccess.com or call the Colorado Access compliance hotline at 877-363-3065 (toll free).



PRIMARY CARE PROVIDERS (PCP)

All members of CHP+ HMO must choose an in-network primary care provider (PCP). A PCP can be a family medicine doctor, an internal medicine doctor, a general practitioner, or a pediatrician. Your PCP helps you with:

- checkups
- how to stay healthy
- sick visits
- taking care of any chronic conditions
- shots
- referrals to a specialist if you need one

- finding out what's going on (diagnosis)
- taking care of what's going on (treatment)

Payments are only made for covered services, even if performed by your PCP or if your PCP referred you to have the service. **This is regardless of medical necessity.**

It is important to work with your PCP. If it is needed, your PCP may send you to get care from a specialist. Your PCP will coordinate your care and get a pre-authorization for those services if needed.

You do not need a referral from CHP+ HMO when you get care from an in-network specialist. If your PCP sends you for a service that needs a pre-authorization, it does not mean that the service will be covered and paid for.

If there is not an in-network specialist for a covered service, CHP+ HMO will refer you to a provider with the skills (expertise) needed.

CHP+ HMO encourages the use of a Medical Home. A Medical Home is more than just an office or clinic. A Medical Home is a health care team that makes sure you and your family get all of the health care and health-related services you need. This team includes your family and all of the providers your child sees.

Choosing or Changing your PCP

You must choose an in-network PCP. There are no restrictions on who you choose as your in-network PCP. You can find a list of in-network PCPs in the provider directory. Information in the provider directory includes the names, titles, addresses and telephone numbers of in-network providers. If you need a provider directory or need help finding a PCP in your area, call us. You can also find a provider directory online at coadirectory.info/search-member. Our online provider directory tool can also tell you:

- which providers are in your area
- the languages spoken, other than English, by the provider
- which providers are accepting new patients (call the provider to make sure)

If you do not choose an in-network PCP, we will choose a PCP for you in your area. If you do not want to see the PCP we choose for you, please call us.

Once you choose an in-network PCP, call us and let us know. Please call us at 303-751-9021, toll free 888-214-1101. TTY users should call 720-744-5126 or toll free 888-803-4494. You will get a new member ID card with the name of your PCP on it.

Going to see your PCP

When you need to see your PCP, call his or her office to make an appointment. The telephone number for your PCP can be found on your CHP+ HMO ID card. When you call, tell the office

that you are a member of CHP+ offered by Colorado Access. The office will help you make an appointment.

Remember this important information when you schedule your appointment:

If your health concern is:	Your appointment should be within:
Urgent	48 hours
Non-Urgent/non-emergent substance abuse or mental health services	14 calendar days
Non-Urgent	30 calendar days
Non-symptomatic well care	30 days

Please ask your PCP how to get:

- medical care after normal business hours
- medical care on weekends and holidays
- non-emergency care within the service area for a health concern that is not life threatening but that needs medical attention right away

In case of emergency, call 911 or go directly to the nearest emergency room.

If you cannot make it to your appointment, call your PCP at least 24 hours before you're supposed to be there. Talk to your PCP's office to find out if there is a cancellation policy. You should also let your PCP's office know if you are going to be late for an appointment. Your PCP may ask you to change the appointment to another day.

What Emergency Care Services are Covered?

- Care that is needed to stabilize a health condition. If a person who has basic knowledge of health services would have believed that an emergency medical condition was life or limb-threatening, then an emergency existed. This means that you believed that your life was in danger because of the illness or emergency, or that one of your limbs was in danger (for example, you thought that you broke your leg). Prior authorization is not required for emergency services.
- Post-Stabilization Services are also covered. These are services that the provider who saw you in an emergency says you need before you can go home or go to another place for care. Post-stabilization care services are covered services that are:
    - related to an emergency medical condition;
    - provided after you are stabilized; and
    - provided to keep your condition stable, or under certain circumstances (see below), to improve or resolve your condition

The cost-sharing amount for post-stabilization services must be the same or lower for non-plan providers as for plan providers.

You do not need to get pre-authorization for post-stabilization care.

Referrals

Your primary care provider (PCP) gives you basic health and medical services. This includes routine and preventive care. Sometimes you might need to see a specialist or other provider. Your PCP will help coordinate your care by giving you a referral. A referral from your PCP tells the specialist what type of care you need. Your PCP will make sure that all important information is given to the specialist. Once you get the referral from your PCP, you must make sure that the specialist is in-network and accepts CHP+ offered by Colorado Access. You do not need to get approval from CHP+ HMO to visit an in-network specialist.

You may find services on your own at any of the providers or facilities listed below. You need to make sure the provider or facility you go to is in-network with CHP+ HMO by checking the provider directory.

- An emergent or urgent care facility
- An OB/GYN provider or certified nurse midwife for obstetric or gynecologic care.
- An optometrist or ophthalmologist for a routine eye exam.

Mental health services – You may self-refer for mental health services. The services may require pre-authorization from CHP+ HMO and may be subject to benefit limits.

Always make sure that the services your PCP recommends are covered by CHP+ HMO. A PCP's referral does not always mean the service is covered.

If you need help finding a provider for a second opinion or setting up a second opinion appointment, please call 303-751-9021 or 888-214-1101. A care manager can assist you.

IN-NETWORK PROVIDERS

Make sure that your provider is in-network with your CHP+ HMO plan. If you get care from a provider who does not accept your CHP+ HMO plan, you may have to pay for the services you get.

REMEMBER

- Always show your CHP+ HMO member ID card when you get health care.
- Choose an in-network PCP
- When you get care, always make sure your provider is in-network, except in an emergency.

- Call Customer Service with any questions you have about your coverage at 303-751-9021, toll free 888-214-1101 or TTY for the deaf or hard of hearing at 720-744-5126 or toll free 888-803-4494.

Member Rights & Responsibilities

AS A MEMBER, YOU HAVE THE RIGHT TO EXERCISE THESE RIGHTS WITHOUT FEAR OF RETALIATION:

- Get information about your health care benefits.
- Be treated fairly and with respect to your dignity and privacy.
- Not be restrained or left by yourself to make you do something you may not want to do.
- Get all of the correct benefits from CHP+ HMO.
- Get health information from your doctor in a way that you understand. This includes finding out what's going on (diagnosis), taking care of what's going on (treatment), and talking about what could happen in the future (prognosis).
- Get copies of your treatment records and service plans.
- Ask for your medical records to be changed if you believe they are incorrect or incomplete.
- Get the right health care, from the right providers, at the right time, in the right setting.
- Have a talk with providers about how to take care of what's going on with your health regardless of the cost or benefit coverage. This includes any alternative treatments that you may be able to do to yourself.
- Be a part of deciding what is best to do for your own health care.
- Get a second opinion.
- Not follow your provider's treatment plan. Your provider(s) must tell you what could happen to your health if you do so.
- Get family planning services directly from any provider licensed or certified to provide such services without regard to enrollment.
- Get information on how to stay well and how to help you stay and live healthy.
- Tell us about any concerns and complaints you have about the care and services you got. CHP+ HMO will look into it and will take the right action.
- File a complaint or appeal a decision with CHP+ HMO without fear of it being used against you (retaliation) (See the Grievances and Appeals section).

- Expect that your personal health information will be kept in a confidential manner.
- Have input about the member rights and responsibilities policies.
- Get information about CHP+ HMO, Colorado Access, other CHP+ health plans, services, providers and doctors, and the rights and responsibilities of members.
- Ask how we pay the providers and doctors that work with us. You can also ask about any incentive plans we may pay them.
- To make decisions regarding medical care and to create an advance directive that, under state law, must be respected by your provider and Colorado Access.
- Ask for information on how to be a part of the Member and Family Advisory Board at Colorado Access by contacting the Office of Member and Family Affairs t 720-744-5610.
- Ask for information about our Quality Assessment and Performance and Healthy Living Initiatives program. You can also ask for our member satisfaction survey results.

AS A MEMBER, YOU HAVE THE RESPONSIBILITY TO:

- Use in-network providers and show your CHP+ HMO ID card.
- Stay in touch with your primary care provider (PCP) and any other doctors you see to make sure your health is taken care of.
- Be honest and give your providers all of your health information, including your health history.
- Know how to get care in non-emergency and emergency situations. You also need to know your out-of-network health care benefits, including coverage and what you have to pay (copayments).
- Tell your provider or CHP+ HMO about your concerns with the services or care you receive.
- Be considerate of the rights of other members, providers, and Colorado Access staff.
- Read and know what your CHP+ HMO Member Benefits Booklet says.
- Pay all member payment requirements on time.
- Give CHP+ HMO information about any other health care coverage and/or benefits you have or get.
- Work with your provider so he or she knows what your health care concerns are. Your provider will help you set goals and take care of your health.
- Provide Colorado Access with written notice after filing a claim or action against a third-party responsible for your illness or injury.

GRIEVANCES AND APPEALS

Please let us know if you are not happy with CHP+ HMO, our providers, your services, or any decisions that are made about your treatment.

- You have the right to express a concern about anything you are not happy with.
- You also have a right to appeal. This means you can ask for a review of a CHP+ HMO action or decision about what services you get.

Call our grievance and appeals department at 303-751-9021, toll free 888-214-1101. TTY users should call 720-744-5126 or toll free at 888-803-4494.

You will not lose your CHP+ HMO benefits if you express a concern, file a grievance or an appeal. It is the law.

Examples of grievances might include:

- The receptionist was rude to you.
- Your provider would not let you look at your mental health records.
- Your service plan does not have the things that you want to work on.
- You could not get an appointment when you needed one.

You can appeal any of the following actions:

- When we deny or limit a type or level of service you requested.
- When we reduce, suspend or stop a service that was previously approved.
- When we deny payment for any part of a service.
- When we do not provide or authorize (approve) services in a timely manner.
- When we do not act within timelines required by the state to provide notifications to you.
- If you live in a rural area and we deny your request to seek care outside of our network.

WHAT IS A DESIGNATED CLIENT REPRESENTATIVE?

A designated client representative is someone you choose to talk for you when you have a concern or appeal about your services. It could be a provider, an advocate, a lawyer, a family member, or any other person you trust.

If you decide to designate someone as your grievance and appeal representative, you must do so in writing. Please include the name, address and phone number of your grievance and appeal representative. This is so we can contact him or her during the investigation or appeal process. This person will not see your medical records or get information about your situation unless you also sign a form to release medical information to him or her. You may also sign an

authorization and let us know that you have designated someone as your grievance and appeal representative at the same time.

How to File a Grievance with CHP+ HMO

You or your representative can call or write the Colorado Access grievance and appeals department. You should do this at any time. To better assist you, there is a member grievance form at the end of this Booklet.

Colorado Access
Grievance and Appeals Department
P.O. Box 17950
Denver, Colorado 80217-0950

Phone: 303-751-9021, toll free 888-214-1101

Be sure to include your name, State identification (ID) number, address, and phone number.

HOW TO ASK FOR AN APPEAL (ANOTHER REVIEW) OF A DECISION OR ACTION:

- If the appeal is about a new request for services, you or your representative must request an appeal within 60 calendar days from the date on the letter saying what action we took, or plan to take.
- You or your representative can call the Colorado Access grievance and appeal department to start your appeal. The phone number is 303-751-9021, toll free 888-214-1101. Tell them you are a CHP+ HMO member. Tell them you want to appeal a decision or action. If you call to start your appeal, you or your representative must send us a letter after the phone call unless he or she requests expedited resolution. The letter must be signed by you or your representative. We can help you with the letter, if you need help. The letter must be sent to:

  Colorado Access
  Grievance and Appeals Department
  P.O. Box 17950
  Denver, Colorado 80217-0950

- You or your representative can request a “rush” or expedited appeal if you are in the hospital or feel that waiting for a regular appeal would threaten your life or health.
- If you are getting services that have already been approved by us, you may be able to keep getting those services while you appeal. You may have to pay for those services that you get during the appeal if you lose the appeal. If you win the appeal, you will not have to pay. Please let us know when you ask for an appeal if you want to keep getting your services.

Continuation of Benefits

- If you appeal an action to lower, change or stop an authorized service, you must file your appeal on time. On time means within 10 days of receiving a denial letter.

If you want to continue receiving previously approved benefits while going through the appeals process, you will have to file within 10 business days after receiving the denial letter.

CHANGING MEMBER INFORMATION

If your membership information changes in any way call:

- Customer Service at 303-751-9021, toll free 888-214-1101 or TTY for the deaf or hard of hearing at 720-744-5126 or toll free 888-803-4494, and
- CHP+ Eligibility and Enrollment at 800-359-1991.

If you move, you have to call us within 31 days after you move. If you do not call, you may not get important notices from us, like when to renew your health care coverage. If you don't get that important notice you still have to submit your renewal application. If you move to a place that is far from your Primary Care Provider's (PCP's) office, you may choose a PCP that is closer to you.

HOW TO CONTACT THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE

The office of the Ombudsman for Behavioral Health Access to Care acts as a neutral party to help members and health care providers address issues related to behavioral health access to care. CHP+ HMO is subject to the Mental Health Parity and Addiction Equity Act (MHPAEA). A denial, restriction, or withholding of benefits for behavioral health services that are covered under the medical assistance program could be a potential violation of MHPAEA. If you have or are experiencing a behavioral health access to care issue, contact the office of the Ombudsman for Behavioral Health Access to Care:

Phone: 303-866-2789
Email: CDHS_Ombudsman_BH@state.co.us

Let them know that you are a CHP+ offered by Colorado Access member. Tell them what the problem is. They will work with you to find a solution.

CHP+ ELIGIBILITY

In order to qualify for CHP+ children must:

- Be 18 or under,
- Be a U.S. citizen or legal permanent resident for at least 5 years,
- Not have any other health insurance (except Medicare or stand-alone vision, dental or COBRA plans. In this case CHP+ will pay as secondary insurance
- Meet the most current income guidelines for enrollment into CHP+. Please reference the following website colorado.gov/pacific/hcpf/child-health-plan-plus

Colorado Access Service Area

CHP+ offered by Colorado Access is available to eligible children who live in the following Colorado counties:

> Adams, Alamosa, Arapahoe, Baca, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Denver, Douglas, Eagle, Elbert, El Paso, Fremont, Gilpin, Huerfano, Jefferson, Kiowa, Larimer, Las Animas, Lincoln, Logan, Mineral, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Rio Grande, Saguache, Sedgwick, Teller, Washington, Weld and Yuma. A service area map can be found at coaccess.com/child-health-plan-plus.

Summary of Covered Benefits

Service	Available Benefits
Preventive Care	Covered in full when provided by your primary care provider (PCP). Includes immunizations (shots), checkups, and routine exams.
Family Planning/ Reproductive Health	Covered in full when provided by an in-network provider. Includes well-woman checkups.
Provider Office Services	Primary care provider (PCP) visits and specialty visits covered.
Maternity and Newborn Care	All prenatal and delivery visits covered in full.
Inpatient Hospital Services	Covered in full.
Lab, X-ray, and Diagnostic Services	Covered in full.
Skilled Nursing Facility	Covered for up to 30 calendar days per benefit year.
Outpatient Facility Services	Covered in full.
Urgent/After-Hours Care, Emergency and Travel Outside of the Country	Covered in full for a life or limb threatening emergency.
Ambulance Transportation Services	Covered in full for a life or limb threatening emergency.
Outpatient Prescription Drugs (Medications)	Covered in full if included on the formulary.
Over-the-Counter (OTC) Medications	Certain over the counter medications, including vitamins and Tylenol, are covered with a prescription from your doctor.
Mental Health	Coverage provided for medically necessary services and may require a pre-authorization.

Have Questions? Need Help? We are here to help you in the language you speak!
Free interpretation services are available.
Call us at 303-751-9021, toll free 888-214-1101
TTY for the deaf or hard of hearing please call 720-744-5126 or toll free at 888-803-4494
Email us at customer.service@coaccess.com

Service	Available Benefits
Substance Abuse	Coverage provided for medically necessary outpatient services may require a preauthorization.
Dental Care provided by DentaQuest	Cleanings, exams, x-rays, fillings, and root canals. A maximum benefit of $1000 per person per calendar year.
Durable Medical Equipment	Maximum of $2,000 per calendar year, excluding eyeglasses, contacts or hearing aids.
Home Health Care and Home Infusion Therapy	Skilled services covered with pre-authorization.
Human Organ and Tissue Transplant Services	Coverage provided for limited transplants with preauthorization.
Audiology Services	Coverage for age-appropriate preventive care visits.
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, CHP+ HMO members get an additional $100, for a total of $150 per member per calendar year for the purchase of lenses, frames or contacts.**
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. **As an EXTRA BENEFIT, CHP+ HMO 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.

Exclusions: If a service you need is not on the list above, it may not be covered. For more information, please call us at 303-751-9021, toll free 888-214-1101. TTY users should call 720-744-5126 or toll free 888-803-4494. This is only a summary and does not guarantee coverage.

Copayments

CHP+ HMO Benefit	Copayment			
	Income Level 1	Income Level 2	Income Level 3	Income Level 4
Emergency Care	$3	$3	$30	$50
Urgent/After Hours Care	$1	$1	$20	$30
Emergency Transport/Ambulance Services	$0	$2	$15	$25
Hospital/Other Facility Services ♦ Inpatient ♦ Physician ♦ Outpatient/Ambulatory	 $0 $0 $0	 $2 $2 $2	 $20 $5 $5	 $50 $10 $10
Routine Medical Office Visit	$0	$2	$5	$10
Laboratory and X-ray	$0	$0	$5	$10
Preventive, Covered Childhood Immunizations and Family Planning Services	$0	$0	$0	$0
Maternity Care ♦ Prenatal ♦ Delivery & Inpatient Well Baby Care	 $0 $0	 $0 $0	 $0 $0	 $0 $0
Prescription Birth Control	$0	$0	$0	$0
Inpatient Mental Illness Care & Substance Abuse/Residential/Day Treatment	$0	$2	$20	$50
Non-Office & Telehealth Based Mental Health and Substance Abuse: (there is no copay for drop-in centers, school-based, club house, or home-based services)	$0	$2	$5	$10
Outpatient and Office-based Mental Health and Substance Abuse	$0	$2	$5	$10
Physical Therapy, Speech Therapy and Occupational Therapy	$0	$2	$5	$10
Durable Medical Equipment (DME)	$0	$0	$0	$0
Transplants	$0	$0	$0	$0
Home Health Care	$0	$0	$0	$0
Hospice Care	$0	$0	$0	$0

CHP+ HMO Benefit	Copayment			
	Income Level 1	Income Level 2	Income Level 3	Income Level 4
Prescription Medications (including covered over-the-counter medications)	$0	$1	$3 – generic $10 – brand	$5 - generic $15 - brand
Kidney Dialysis	$0	$0	$0	$0
Skilled Nursing Facility Care	$0	$0	$0	$0
Routine Vision Services	$0	$0	$0	$0
Specialty Vision Services – A specialty vision service is when you see a vision provider for something other than a routine exam	$0	$2	$5	$10
Audiology Services	$0	$0	$0	$0
Intractable Pain	$0	$2	$5/office visit $20/admission	$10/office visit $50/admission
Autism Coverage	$0	$2	$5/office visit $20/admission	$10/office visit $50/admission
Dietary Counseling/Nutritional Services	$0	$0	$0	$0
Therapies: Chemotherapy and Radiation	$0	$0	$0	$0

ANNUAL OUT-OF-POCKET LIMIT

The out-of-pocket annual maximum is designed to protect members' families from catastrophic health care expenses. The annual out-of-pocket limit is 5% of your adjusted gross income. Once the copayments you have paid for covered medical services during a calendar year reaches the annual out-of-pocket limit, you do not have to pay a copayment for the rest of that calendar year.

It is your responsibility to keep track of all the money you spend toward the annual out-of-pocket limit. Follow these instructions to keep track:

- Save your copayment receipts from covered medical care and covered prescription medications.
- When you have reached your annual out-of-pocket limit, call the state's medical assistance program at 800-359-1991.
- The state's medical assistance program will ask for proof that you have reached your annual out-of-pocket limit. Send them copies of your receipts as proof.

UTILIZATIONS MANAGEMENT

We made our utilization management program after studying nationally recognized guidelines. Utilization management is used to decide if you are getting the right care, at the right time, in the right place. Utilization review may be used to decide how much we will pay for a covered service. However, the decision to get the service is made by you and your provider. We do not make covered service determinations or utilization review determinations based on the grounds of moral or religious beliefs. If you are refused a covered service based on moral or religious beliefs, please contact our customer service department. They will assist you in finding a different provider who will provide the covered services you need.
To better understand how the utilization management program decides if a service is medically necessary, please call us at 303-751-9021 or 888-214-1101 (toll free). TTY users should call 720-744-5126 or 888-803-4494 (toll free). If you disagree with a decision and would like to file an appeal, please see instructions in the *Grievances and Appeals* section.

Child Health Plan *Plus* (CHP+)

Health Maintenance Organization (HMO) Plan

Colorado ACCESS