

Member Benefits Handbook Summary



**CHP+ State Managed Care Network &
CHP+ Prenatal Care Program**

If you need this document in large print, Braille, other formats, or languages, or read aloud, or need another copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Si necesita este documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010. Para TDD/TTY, llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.

Welcome!

Welcome to the Child Health Plan *Plus* (CHP+) State Managed Care Network! Our mission is to improve the health of the people we serve. Enrollment in this plan is voluntary.

CHP+ State Managed Care Network is a quality health plan that pays for many physical and mental health care services. Covered services include outpatient care, emergency care, prescriptions, and hospital inpatient care. Enrollment in this program is voluntary.

This Booklet is a summary guide to your CHP+ benefits. Please read it carefully to become familiar with your benefits, including limitations and exclusions. Please keep this Booklet in a convenient place for quick reference. By learning how this coverage works, you can make the best use of your health care coverage. To request the full booklet, please call us at 800-414-6198. You can always request a Provider Directory or Member Booklet by telephone or in writing and you will receive it within five business days.

This Booklet is also a summary guide to the CHP+ Prenatal Care Program. This program is more than just prenatal care. It offers many benefits during and after pregnancy, including visits to a doctor when you are sick, prescriptions, vision, and mental health services. The coverage is good through 60 days after the end of your pregnancy. To request the full booklet, please call us at 800-414-6198.

If you get other insurance, become covered by Health First Colorado (Colorado's Medicaid Program) or move out of Colorado, you are no longer eligible for CHP+ State Managed Care Network or the CHP+ Prenatal Care Program.

You have the right to disenroll from the CHP+ State Managed Care Network or CHP+ Prenatal Care Program at any time for any reason. You will need to contact us to let us know you want to disenroll.

For questions about coverage, call us between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday. We can be reached at 303-751-9051, or 800-414-6198 (toll free). TTY for the deaf or hard of hearing at 720-744-5126, toll free 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 chpproviders.com/members.asp for more information and to find tips and tools on managing your health care.

DO YOU NEED HELP WITH THIS BOOKLET?

If you need this book 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 free of charge. We are here to help. Just call us at 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 720-744-5126 or toll free 888-803-4494. Sign language as well as oral interpretation services are available in any language to members free of charge. To access these services, please call us at the numbers listed above.

Have Questions? Need Help? We are here to help you in the language you speak!

Free interpretation services are available.

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CHP+ State Managed Care Network & CHP+ Prenatal Care Program

TENEMOS ESTE LIBRO DISPONIBLE EN ESPAÑOL:

Si necesita información en español, llámenos al 303-751-9051, llamada gratuita 888-414-6198. Tenemos este libro en español.

Thank you for selecting CHP+ State Managed Care Network for your health care coverage. We wish you good health.

Contact Information

IMPORTANT ADDRESSES

CHP+ State Managed Care Network Customer Service

P.O. Box 17580

Denver, CO 80217-0580

303-751-9051 or toll free 800-414-6198

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)

P.O. 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

IMPORTANT WEBSITE ADDRESSES

chpplusproviders.com/members.asp

This website has important information including the CHP+ State Managed Care Network Provider Directory, an electronic copy of the CHP+ Member Benefits Booklet, and more.

accessenrollment.org

Find information to help you, a friend or family member complete the Medical Assistance application to apply for Health First Colorado and CHP+.

CHPplus.org

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

colorado.gov/peak

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Find out if you are eligible for CHP+. You can also find out about health and nutrition programs.

Important Things to Know About CHP+ SMCN

MEMBER IDENTIFICATION CARD (ID CARD)


Your CHP+ member ID card shows that you are a member of CHP+ State Managed Care Network or the CHP+ Prenatal Care Program. Bring this ID card with you when you get medical care. Tell all your health care providers that you are covered by CHP+ SMCN. This includes all pharmacies (when you get prescription medications), doctors, hospitals, and any medical supplies. If you have not received your ID card or need a new ID card, please call us at 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 720-744-5126, toll free 888-803-4494.

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 Medicaid Compliance Officer at 720-744-5462 or to stay anonymous, call our Compliance Hotline at 877-363-3065 (toll free).

 <p>CHP+ Child Health Plan Plus</p> <table> <tr> <td>Office Visit</td> <td>\$00</td> </tr> <tr> <td>ER/Urgent/After Hours Care</td> <td>\$00/\$00/\$00/00%</td> </tr> <tr> <td>Inpatient</td> <td>\$00</td> </tr> <tr> <td>Pharmacy Rx Generic/Brand</td> <td>\$00/\$00</td> </tr> </table> <p>Member Name: Formatted_Member_Name Colorado Access ID#: 123456789 State ID#: Z123456 Group Code: PLAN DOB: 01/01/2013 Gender: M Effective Date: 10/23/13 Card Issued: Processed_Date Primary Care Provider: Dr. Joe Smith Primary Care Provider Phone: (203) 123-1234 PCN: NVT RxGrp: CHPS RxBin: 610602</p> <p><small>This ID card does not guarantee eligibility. Check eligibility at www.coaccess.com</small></p>	Office Visit	\$00	ER/Urgent/After Hours Care	\$00/\$00/\$00/00%	Inpatient	\$00	Pharmacy Rx Generic/Brand	\$00/\$00	<ul style="list-style-type: none"> You must show this ID card every time you see a healthcare provider. Covered benefits include Preventive Care, Vision, Lab, X-Ray, Ambulatory, Mental Health, etc. See your benefit booklet for all covered services & copay amounts. Referrals to specialists or hospitals must be obtained from your PCP before services are performed. <p>EMERGENCY CARE</p> <ul style="list-style-type: none"> If possible, call your PCP before going to the emergency room. If a true emergency, call 911 or go to the emergency room. If you are not sure what to do, call your PCP. <p>FOR PROVIDERS</p> <table> <tr> <td>Send claims to: Colorado Access Claims Department P.O. Box 17470 Denver, CO 80170-0940</td> <td>To check eligibility, go to: www.coaccess.com or call: 303-751-9051 or 1-800-414-6198</td> </tr> </table>	Send claims to: Colorado Access Claims Department P.O. Box 17470 Denver, CO 80170-0940	To check eligibility, go to: www.coaccess.com or call: 303-751-9051 or 1-800-414-6198
Office Visit	\$00										
ER/Urgent/After Hours Care	\$00/\$00/\$00/00%										
Inpatient	\$00										
Pharmacy Rx Generic/Brand	\$00/\$00										
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PRESUMPTIVE ELIGIBILITY:

The Presumptive Eligibility (PE) program gives children under 19 and pregnant women temporary Health First Colorado or Child Health Plan *Plus* (CHP+) medical coverage right away. Your temporary medical coverage lasts for at least 45 days while we process your Medical Assistance application. To qualify, you must:

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- Be a child under 19 or a pregnant woman,
- Appear to qualify for Medicaid or CHP+, and
- Complete an application for Medical Assistance.

Note: Dental services are not covered while you are in the Presumptive Eligibility program.

State Managed Care Network Pre-HMO Period (Children Only):

The State Managed Care Network (SMCN) is the CHP+ insurance plan you are on now while you wait to be added to a CHP+ HMO health plan. This is called the Pre-HMO period. It is temporary. You will stay on the SMCN Pre-HMO plan anywhere from two weeks to approximately 45 days. After that, you will be assigned to a CHP+ HMO plan in your county.

During the 45 days that you are on the SMCN Pre-HMO plan, you are eligible for all the medical benefits listed in this booklet. Please note that dental services are not a covered benefit during the SMCN Pre-HMO period.

Once you have been assigned to your new CHP+ HMO plan, you will receive a new member identification (ID) card. You will also get a new member benefits booklet. This booklet will explain the benefits of your new CHP+ HMO plan. These benefits may be different than the benefits offered by the SMCN Pre-HMO plan. Please throw out your old SMCN ID card and only use your new CHP+ HMO card once you receive it. Please read your CHP+ HMO benefit booklet carefully so you understand your new HMO plan.

Some counties in Colorado only offer one CHP+ HMO plan. Other counties offer several different CHP+ HMO plans. The state of Colorado will automatically assign you to a CHP+ HMO plan. However, you have the right to change it if there is more than one CHP+ HMO plan offered in the county where you live. You have 90 days from the day you are effective with the SMCN Pre-HMO period to call and change or choose a CHP+ HMO plan. To choose an HMO plan, call Health First Colorado Enrollment (formerly called HealthColorado) at 303-839-2120 or 888-367-6557 (toll free).

Please see the letter in the welcome packet that tells you which CHP+ HMOs are available in your county. The letter also tells you who to call to choose or to change the CHP+ HMO plan you are assigned to.

PRIMARY CARE PROVIDERS (PCP)

All members of CHP+ State Managed Care Network and the CHP+ Prenatal Care Program 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. CHP+ Prenatal Care Program members may choose an OB/GYN as their primary care provider. Your PCP helps you with:

- checkups
- shots
- how to stay healthy
- sick visits
- taking care of any chronic conditions

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- referrals to a specialist if you need one
- finding out what's going on (diagnosis)
- taking care of what's going on (treatment)
- continuity of patient care

CHP+ State Managed Care Network 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.

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 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, will refer you to a provider with the skills (expertise) needed.

Selecting 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 chplusproviders.com/providerDirectory.asp. 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 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 720-744-5126, and toll free 888-803-4494. You will get a new member ID card with the name of your PCP on it.

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

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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+ SMCN ID card. When you call, tell the office that you are a member of CHP+ SMCN. 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	24 hours
Non-Urgent, symptomatic	7 days
Non-Urgent, non-emergent	30 days
Well Visits	30 days
Non-Urgent Behavioral Health/SUD	7 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 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.

REMEMBER

- Always show your CHP+ SMCN 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 us with any questions you have about your coverage at 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 720-744-5126, and toll free 888-803-4494

Newborn Child Enrollment

If you become pregnant please call us at 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 888-803-4494 and ask to speak to a prenatal care manager. This care manager can help you find a doctor for your pregnancy and coordinate your prenatal care.

Babies born to moms 18 years of age and younger will be automatically covered under the mom's health plan for the first 30 days of life. Most babies born to teen mothers are eligible for

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Health First Colorado; however, some newborns may qualify for CHP+. You must contact CHP+ Eligibility and Enrollment at 800-359-1991 after you have your baby to apply for coverage for your newborn.

Newborns that are born to mothers on the CHP+ Prenatal Care Program are guaranteed coverage under CHP+ for 12 months from the date of birth. Please call CHP+ Eligibility and Enrollment at 800-359-1991 to report your newborn and enroll them for coverage.

Adult Members in the CHP+ Prenatal Care Program:

CHP+ State Managed Care Network offers a prenatal program to women ages 19 and over who qualify for the program and are pregnant. Women in the CHP+ Prenatal Care Program are covered for 60 days after the month of delivery or the end of the pregnancy. Copays do not apply for medical or pharmacy services received for members in the CHP+ Prenatal Care Program.

Newborn Child Primary Care Provider (PCP) Assignment

Your baby will be enrolled with your PCP on his or her date of birth. If your PCP only provides care to adults, the newborn child will be assigned to a PCP that provides care to children. If you would like to choose a different PCP for your baby, call us at 303-751-9051, toll free 800-414-6198, TTY for the deaf or hard of hearing at 720-744-5126, or toll free 888-803-4494.

Frequently Asked Questions for CHP+ Prenatal Care Program Members

Do I need a referral for prenatal care?

No. You do not need a referral to see an in-network OB/GYN for any care related to your pregnancy. You can find out if your provider for prenatal care is in-network by calling us at 303-751-9051, toll free 800-414-6198, or TTY for the deaf or hard of hearing at 720-744-5126, toll free 888-803-4494.

If my PCP provides prenatal care, do I have to see him or her for my prenatal care?

No. You do not have to use your PCP for prenatal care. Colorado law allows for you to see an in-network OB/GYN for reproductive health care, even if your PCP provides these services.

What if I need care for medical issues not related to my pregnancy?

The CHP+ Prenatal Care Program is a comprehensive health care program for pregnant women. This means that the CHP+ Prenatal Care Program will cover medical needs unrelated to your pregnancy, as long as they are listed as covered benefits and considered medically necessary.

How will the CHP+ Prenatal Care Program know when I have had my baby?

After you have your baby, please contact CHP+ Eligibility and Enrollment as soon as possible so there are no problems covering the care for your new baby. The telephone number for CHP+ Eligibility and Enrollment is 800-359-1991. Please tell them the baby's name, date of birth, and the baby's Social Security Number, if available. Your newborn child will be enrolled as of his or her date of birth. If you are unable to call CHP+ Eligibility and Enrollment yourself, a family member or your provider can call for you.

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What if I call Customer Service and they tell me that I am not eligible or I have problems filling a prescription?

We will work with you to help answer all questions and will look into your eligibility status. You can also contact CHP+ Eligibility and Enrollment at 800-359-1991 to ask a representative if you are covered by the CHP+ Prenatal Care Program.

How long does the CHP+ Prenatal Care Program coverage last?

If you are eligible for the program, your coverage will start the date your completed application is submitted. Your coverage will continue for at least 60 days after your pregnancy ends. Coverage with the CHP+ Prenatal Care Program terminates 60 days after the last day of the month in which your pregnancy ended. For example, if you give birth on June 26, your coverage would end on August 30.

What doctors and clinics will care for me under the CHP+ Prenatal Care Program?

For prenatal care, you may visit any in-network prenatal provider. For your other health care needs, see your primary care provider (PCP).

To get a list of prenatal providers in your area, please visit our website at chpplusproviders.com/providerDirectory.asp or call us at 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 720-744-5126, toll free 888-803-4494.

For regular medical care, you must see an in-network primary care provider (PCP). If you need help finding a PCP, please call us or visit our website at chpplusproviders.com/providerDirectory.asp.

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+ SMCN.
- 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.

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- 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. We will look into it and will take the right action.
- File a complaint or appeal a decision with us 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 the CHP+ ASO (administrative service organization) 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 about how to Get Involved at Colorado Access by going to our website <https://www.coaccess.com/partnering/getinvolved/> or contact our Member Outreach and Inclusion team at 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+ SMCN 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.

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- 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+ ASO 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+ SMCN Member Benefits Booklet says.
- Pay all member payment requirements on time.
- Give us 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.

CHANGING MEMBER INFORMATION

If your membership information changes in any way call:

- Customer Service at 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 720-744-5126, toll free 888-803-4494, and
- CHP+ Eligibility and Enrollment at 800-359-1991.

CHANGE OF RESIDENCE

If you move or change permanent residences, you must call Customer Service at 303-751-9051, toll free 800-414-6198, TTY for the deaf or hard of hearing at 720-744-5126, toll free 888-803-4494 and CHP+ Eligibility and Enrollment at 800-359-1991 within 31 days after you move or change permanent residences. If you do not call, you may not receive important notices, including renewal notices. Failure to receive a renewal notice because you did not report your address change (or any other reason) does not relieve you of the responsibility to submit a renewal application by the renewal date.

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. If you move to a location that is far from your current PCP's office, you may choose a PCP that is closer to your new residence. Please call us at 303-751-9051, toll free 800-414-6198, TTY for the deaf or hard of hearing at 720-744-5126 or toll free 888-803-4494 if you would like to change your PCP.

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What You Pay For Enrollment & Service

Cost sharing refers to how members share the cost of health care services with CHP+ State Managed Care Network. It defines what CHP+ State Managed Care Network is responsible for paying and what the member is responsible for paying. Members satisfy the cost-sharing requirements through the payment of copayments as described in this section.

WHEN YOU CAN BE BILLED FOR SERVICES

You might have to pay for services if:

- You receive non-emergency care from an out-of-network provider and the service is not authorized.
- You receive any non-covered service.
- You receive services (for example, day surgery) without an authorization from CHP+ State Managed Care Network.
- You receive services when you are not covered by CHP+ State Managed Care Network.

SERVICES FROM OUT-OF-NETWORK PROVIDERS

Non-emergency services from out-of-network providers are not covered unless they are authorized by CHP+ State Managed Care Network. If services from an out-of-network provider are authorized, the copayments for these authorized services are the same as copayments for covered services received from an in-network provider.

ENROLLMENT FEE

Depending on family size and income, some families may pay an annual fee of \$0, \$25, or \$75 to enroll one child and \$0, \$35, or \$105 to enroll two or more children. This enrollment fee is based on family size and income. There is no enrollment fee for the CHP+ Prenatal Care Program.

COPAYMENTS

A copayment is a dollar amount you pay in order to receive a specific service, supply or prescription medication. You should pay your copayment to your provider at the time of service or when getting a prescription medication.

CHP+ State Managed Care Network copayments are based on family size and income. Copayment amounts are listed on your ID card. The following table gives some examples of copayment amounts:

STATE MANAGED CARE NETWORK BENEFITS	COPAY			
	<101% FPL	101%-150% FPL	151%-200% FPL	201%-250% FPL
Annual Deductible Individual	None	None	None	None

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TTY for the deaf or hard of hearing please call 720-744-5126 or toll free at 888-803-4494

Revised October 2020

CHP+ Member Benefits Booklet Summary



CHP+ State Managed Care Network & CHP+ Prenatal Care Program

STATE MANAGED CARE NETWORK BENEFITS	COPAY			
	<101% FPL	101%-150% FPL	151%-200% FPL	201%-250% FPL
Family	None	None	None	None
Out-of-Pocket Limit				
Individual Family	None	5% of annual family income adjusted for family size	5% of annual family income adjusted for family size	5% of annual family income adjusted for family size
Emergency Care	\$3	\$3	\$30	\$50
Urgent/After Hour Care	\$1	\$1	\$20	\$30
Emergency Transport/Ambulance Services	\$0	\$2	\$15	\$25
Hospital/Other Facility Services				
Inpatient	\$0	\$2	\$20	\$50
Physician	\$0	\$2	\$5	\$10
Outpatient/Ambulatory	\$0	\$2	\$5	\$10
Routine Medical Office Visits	\$0	\$2	\$5	\$10
Fluoride Varnish Application	\$0	\$0	\$0	\$0
Laboratory and X-ray	\$0	\$0	\$5	\$10
Preventive, Routine, and Family Planning Services	\$0	\$0	\$0	\$0
Maternity Care				
Prenatal	\$0	\$0	\$0	\$0
Delivery & Inpatient	\$0	\$0	\$0	\$0
Well Baby Care	\$0	\$0	\$0	\$0
Mental Illness Care	\$0	\$2/office visit \$2/admission	\$5/office visit \$20/admission	\$10/office visit \$50/admission
Neurobiologically-based Mental Illness	\$0	\$2/office visit \$2/admission	\$5/office visit \$20/admission	\$10/office visit \$50/admission
Mental Disorders	\$0	\$2/office visit \$2/admission	\$5/office visit \$20 admission	\$10/office visit \$50/admission
All Other				
Inpatient	\$0	\$2	\$20	\$50
Outpatient	\$0	\$2	\$5	\$10
Outpatient Substance Abuse Treatment Services	\$0	\$2	\$5	\$10

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STATE MANAGED CARE NETWORK BENEFITS	COPAY			
	<101% FPL	101%-150% FPL	151%-200% FPL	201%-250% FPL
Physical Therapy, Speech Therapy, and Occupational Therapy	\$0	\$2	\$5	\$10
Durable Medical Equipment	\$0	\$0	\$0	\$0
Transplants	\$0	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$0	\$0
Hospice Care	\$0	\$0	\$0	\$0
Prescription Drugs	\$0	\$1/generic or brand name	\$3/generic \$10/brand name	\$5/generic \$15/brand name
Kidney Dialysis	\$0	\$0	\$0	\$0
Skilled Nursing Facility Care	\$0	\$0	\$0	\$0
Routine Vision Services	\$0	\$0	\$0	\$0
Specialty Vision Services	\$0	\$2	\$5	\$10
Audiology Services	\$0	\$0	\$0	\$0
Intractable Pain	\$0	\$2/office visit \$2/admission	\$5/office visit \$20/admission	\$10/office visit \$50/admission
Autism Coverage	\$0	\$2/office visit \$2/admission	\$5/office visit \$20/admission	\$10/office visit \$50/admission
Case Management	\$0	\$0	\$0	\$0
Dietary Counseling/Nutritional Services	\$0	\$0	\$0	\$0
Lifetime Maximum	None	None	None	None
Dental Related	None	None	None	None
Pre-existing Condition Limitations	Not applicable	Not applicable	Not applicable	Not applicable
Therapies: Chemotherapy and Radiation	\$0	\$0	\$0	\$0

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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 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 CHP+ Eligibility and Enrollment at 800-359-1991.
- CHP+ Eligibility and Enrollment will ask for proof that you have reached your annual out-of-pocket limit. Send copies of your receipts as proof.

Please call CHP+ Eligibility and Enrollment about the change as well at 800-359-1991.

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.
Reproductive Health Care 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.
Inpatient Hospital Stay	Covered in full.
Lab, X-ray, and Diagnostic Services	Covered in full.
Outpatient Prescription Drugs (Medications)	Covered in full if included on the formulary. Standard CHP+ copays (\$0 to \$10) apply.
Over-the-Counter (OTC) Medications	A prescription from your provider is required. Coverage includes: <ul style="list-style-type: none"> ◆ loratadine (generic Claritin) ◆ cetirizine (generic Zyrtec) ◆ Prevacid
Skilled Nursing Facility	Covered for up to 30 calendar days per benefit year or until the member reaches the maximum medical improvement.

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Service	Available Benefits
Outpatient/Ambulatory Surgery	Covered in full.
Emergency Room and Urgent/After-hours Care	Covered in full for a life or limb-threatening emergency.
Emergency Transport/Ambulance Services	Covered in full for a life or limb-threatening emergency.
Vision Services	Coverage for age-appropriate preventive care and specialty care visits. There is a \$50 benefit for the purchase of lenses, frames or contacts per calendar year.
Audiological Services	Coverage for age-appropriate preventive care visits. CHP+ Prenatal Care Program members may receive hearing aids for congenital conditions and traumatic injuries.
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 ages 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 pre-authorization.
Maternity Care	All prenatal and delivery visits are covered in full.
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.
Transplant Services	Coverage provided for limited transplants with pre-authorization.

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CHP+ State Managed Care Network & CHP+ Prenatal Care Program

Exclusions: If a service you need is not on the list above, it may not be covered. For more information, please call us at 303-751-9051, toll free 800-414-6198 or TTY for the deaf or hard of hearing at 720-744-5126, and toll free 888-803-4494. This is only a summary and does not guarantee coverage.

Grievances

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

- You have the right to express a concern at any time about anything you are not happy with.
- You also have the right to appeal. This means you can ask for a review of a CHP+ State Managed Care Network action or decision about what services you get.
- Call our Grievance and Appeals department at 303-751-9051 or 800-414-6198 (toll free). TTY users should call 720-744-5126 or 888-803-4494 (toll free).

You will not lose your CHP+ benefits if you express concern or 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 plan of service does not have the things that you want to work on.
- You could not get an appointment when you needed one.

HOW TO FILE A GRIEVANCE WITH CHP+ STATE MANAGED CARE NETWORK

You or your representative can call or write the CHP+ State Managed Care Network Grievance and Appeals department. You can do this at any time after the problem happened.

Colorado Access
Grievance and Appeals Department
PO Box 17950
Denver, CO 80217-0950
Phone: 303-751-9051 or 800-414-6198 (toll free)

You can also find this [grievance form](https://www.chpplusproviders.com/members.asp) on our website at <https://www.chpplusproviders.com/members.asp>

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

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Appeals

An appeal is when you try to change a decision, called an “action” that we make about your services. You have this right. If we take an action, you and your provider will get a letter that tells you why. This letter will explain how to appeal if you want to.

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.
- When we deny your request to seek care outside of our network if you live in a rural area.

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 have taken, or plan to take.
- You or your representative can call the CHP+ State Managed Care Network Grievance and Appeals department to start your appeal. The phone number is 303-751-9051 or 800-414-6198 (toll free). Tell them you are a CHP+ State Managed Care Network member. Tell them you want to appeal the 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 an 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
PO Box 17950
Denver, CO 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. The section [Expedited \(“Rush”\) Appeals](#) tells you more about expedited appeals.
- 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 services.

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- If you appeal an action to lower, change, or stop an authorized service, you must file your appeal on time. On time means within 60 days of receiving a notice of adverse benefit determination.

Discrimination is Against the Law

Colorado Access complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Colorado Access does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Colorado Access:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service.

If you believe that Colorado Access has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Director of Member Affairs
Colorado Access
11100 E Bethany Dr.
Aurora, CO 80014
800-511-5010
TTY 888-803-4494

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Member Affairs is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

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