

Member Benefits Handbook Summary



Child Health Plan *Plus* (CHP+)

Managed Care Organization (MCO) Plan



Child Health Plan *Plus* offered by Colorado Access

Welcome!

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

CHP+ is a health plan brought to you by Colorado Access. Colorado Access is a nonprofit health plan that has been serving CHP+ members since 1998. Colorado Access is sponsored by The Children's Hospital, Colorado Community Managed Care Network, and University of Colorado Hospital/CU Medicine.

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/.

This booklet is a quick guide to your CHP+ benefits. If you would like the full version of this booklet, please visit our website at coaccess.com. Or if you would like one mailed to you, call us at 800-511-5010 (toll-free).

Please keep this booklet in a safe place so you can find it when you need it. Please read it with care and get to know your benefits.

The more you know about your benefits, the better they can work for you. Visit our website at coaccess.com/members/chp/ to learn more. You can also find tips and tools on how to manage your health care on our website.

If you get other insurance, Medicaid, or move out of Colorado, you are no longer eligible for CHP+. If this happens, tell us. Call customer service to let us know.

If you have questions about your benefits, call us. Our customer service team can answer your questions. Call Monday through Friday from 8:00 a.m. to 5:00 p.m. Call 800-511-5010 (toll-free). TTY (teletypewriter) users should call 888-803-4494 (toll-free). These numbers are printed at the bottom of each page of this booklet. You can also visit our website at coaccess.com/members/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

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something from this booklet, call us. We will talk with you on the phone.

We are here to help. Call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

TENEMOS ESTE LIBRO DISPONIBLE EN ESPAÑOL:

Si necesita información en español, llámenos al 800-511-5010 (número gratuito). Tenemos este libro en español.

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

Attention Members

As a member of CHP+, we are responsible for:

- Paying for covered services.
- Authorizing specialty care you may need.
- Giving care management services. This means things like coordinating your care. Or helping you find a provider.

This booklet describes your benefits and coverage. It covers benefits for Presumptively Eligible children and pregnant people, children, and those eligible for the Prenatal Care Program. If there are significant changes, we will let you know about them in writing 30 days before the change happens. This includes changes regarding rights, benefits, copays, and anything that changes what you need to do as a member of this plan.

We know that each member is different. We work hard to meet every member's health care needs. We want you, your family or your caretaker to be part of your health care. That is why we make sure that we send you information in a format that you can understand.

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You have the right to leave the CHP+ program at any time for any reason. To leave the CHP+ program contact us, the county where you live, or the Colorado Medical Assistance Program (CMAP) at 800-359-1991 and let them know you want to disenroll.

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

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Si necesita información en español, llámenos al 800-511-5010 (número gratuito).

Contact Information

Colorado Access Customer Service

P.O. Box 17580

Denver, CO 80217-0580

800-511-5010 (toll-free)

coaccess.com

Colorado Access TTY for the Deaf or Hard of Hearing

888-803-4494 (toll-free)

Colorado Medical Assistance Program (CMAP)

PO Box 929

Denver, CO 80201-0929

888-367-6557

colorado.gov/peak (also called PEAK)

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

Family Healthline (Information about health care programs and resources)

303-692-2229 or 800-688-7777 (toll-free)

Rocky Mountain Poison Center

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800-332-3073

DentaQuest (Routine CHP+ dental benefits for Prenatal and Children)

888-307-6561 (TTY 711)

Colorado Mental Health Line

Call or text 988. Texting is available in both English and Spanish.

Live chat at 988colorado.com. Live chat is available in both English and Spanish.

988colorado.com

Important Things to Know About CHP+

WHAT IS COLORADO ACCESS?

We are a Colorado-based, nonprofit health plan. While you are enrolled in our plan, we are responsible for claims processing, referrals, authorizations, care management, grievances, and reviewing requests for certain services. We have a friendly staff who can help you when you have questions. You can call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

MEMBER IDENTIFICATION CARD (ID CARD)

All members get a CHP+ member ID card. Only the member on the ID card can use it to get services. Bring this ID card with you when you get health care. This means both medical and behavioral health care.

Tell all your providers that you are a CHP+ member. This means all pharmacies when you get prescription medications. It also means doctors, hospitals, and any medical supplies.

Call us if you do not have an ID card. Or if you need a new one. Call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

Guard your 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 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.

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If you suspect someone has been using your card or insurance benefits – tell us. Here's how:

You can send an email to compliance@coaccess.com. Or call our compliance hotline. Call 877-363-3065 (toll-free).



Co-ins (Copays)	
PCP:	\$0.00 / \$0.00
SCP:	\$0.00
Prescription/RX:	\$0.00 / \$0.00
Lab and X-Ray:	\$0.00 / \$0.00
ER/Urgent:	\$0.00 / \$0.00
Inpatient Hospital:	\$0.00

Member Name: SAMPLE MEMBER
 State ID#: x999999 DOB: 01/01/2059 Gender: M
 Plan Name: Child Health Plan Plus
 PCP: SAMPLE CLINIC
 PCP Phone: (303)333-3333
 PCN: NVT RxGrp: CHPH RxBin: 610602

**This ID card does not guarantee eligibility.
 Check eligibility at www.coaccess.com**

Card Issued: 03/23/2024

- Show this ID card every time you see a healthcare provider.
- Your PCP will help you get the medical care you need.
- Get a referral from your PCP before you get care from a specialist or hospital (except in emergencies).
- If you can, call your PCP before going to the ER.
- If you have a true emergency, call 911 or go to the ER.
- If you are not sure what to do, call your PCP.
- To call us for a preauthorization, or to let us know of a hospital stay and other services that may be required, please call us at 1-800-511-5010.

FOR PROVIDERS

Send claims to:	Check eligibility at
Colorado Access Claims	www.coaccess.com
PO Box 240389	Contact Customer Service at
Apple Valley, MN 55124	1-800-511-5010

PRESUMPTIVE ELIGIBILITY

The Presumptive Eligibility (PE) program gives temporary medical coverage right away to those who qualify. This means children under age 19. It also means pregnant people. It means Health First Colorado or CHP+. This coverage lasts for at least 45 days. It lasts while your medical assistance application is processed. To qualify, you must:

- Be a child under age 19. Or a pregnant woman.
- Appear to qualify for Health First Colorado or CHP+.
- Apply for medical assistance.

Note: Dental services are not covered for children while in this program.

NEWBORN ENROLLMENT

If you get pregnant, call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free). We can help you find a doctor if you need one. We also have other services for you through our prenatal program.

If you get pregnant, please also tell the Colorado Medical Assistance Program (CMAP). Call them at 800-359-1991.

If you are a woman enrolled in Health First Colorado or CHP+ when your baby is born, you can add your newborn to your case online. Report a change through your PEAK account at

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[Colorado.gov/PEAK](https://colorado.gov/PEAK). Or use the PEAK mobile app. Your baby will then be automatically enrolled in health coverage until their first birthday.

You also can report the birth of your baby to the county you live in human services office. Or a Medical Assistance (MA) site case worker near you. Once your baby is added to your case and you have their State ID, you can take your baby to the doctor.

Your baby will have insurance under your CHP+ coverage. This is only for their first 30 days of life. You will need to apply for coverage for your newborn. They will have at least twelve months of coverage once enrolled. Call us at 855-221-4138 (toll-free) if you need help applying.

You must call the Colorado Medical Assistance Program after you have your baby. Call them at 800-359-1991. Tell them the baby's name, date of birth, and your name. Anyone can report the birth of your baby with this information. Your baby will have at least 12 months of coverage once enrolled under CHP+.

Adult CHP+ Prenatal Care Program Members

CHP+ has a Prenatal Care Program for pregnant people who qualify. This program does not have copays. With this program, you are covered for twelve months after your pregnancy ends. Call Eligibility Application Partners at 855-221-4138 to see if you qualify for other programs or if you need help when your coverage ends.

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 or certified or certified nurse-midwife for any pregnancy care. We can help you find out if your prenatal care provider is in-network. Call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

If my primary care provider (PCP) provides prenatal care, do I have to see them for my prenatal care?

No. You do not have to use your PCP for prenatal care. Colorado law lets you see an in-network OB/GYN or certified or certified nurse-midwife for reproductive health care. This is allowed even if your PCP provides these services.

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

The CHP+ Prenatal Care Program is a health care program for pregnant people. This means that the program will cover medical needs not related to your pregnancy. These are covered if they are listed as covered benefits. And if they are considered medically necessary.

What if I call customer service and they tell me that I am not eligible? Or if I have problems filling a prescription?

We will work with you to help answer all questions and will check your eligibility status. CMAP can also tell you if you are covered. Call them at 800-359-1991.

What providers will care for me under the CHP+ Prenatal Program?

You may see any in-network prenatal provider for prenatal care. See your PCP for other health care needs.

You can find a provider online at coaccess.com. There is a link to our directory on the homepage of our website. Or call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

PRIMARY CARE PROVIDERS

All CHP+ members must choose an in-network PCP. A PCP can be a family medicine doctor, an internal medicine doctor, a general practitioner, an OB/GYN, 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).

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Payments are only made for covered services, even if they are done by your PCP. Or if your PCP referred you to have the service.

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

You do not need a referral from CHP+ when you get care from an in-network specialist. You do not need a referral to see an in-network OB/GYN or certified nurse-midwife for any care related to your pregnancy. If your PCP sends you for a service that needs a pre-authorization, it does not mean that it will be covered and paid for.

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

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

Choosing or Changing your PCP

You must choose an in-network PCP. There are no limits on who you choose. The provider directory has a list of in-network PCPs. This has the names, titles, addresses and phone numbers of in-network providers.

Call us if you need a provider directory. Or if you need help finding a PCP in your area. You can also find our provider directory online at coaccess.com. There is a link to our directory on the homepage of our website.

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 one for you in your area. If you do not want to see the PCP we choose for you, please call us.

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Once you choose an in-network PCP, please call us. Call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free). You will get a new member ID card. This will have the name of your PCP on it.

Going to see your PCP

Call your PCP's office to make an appointment when you need to see them. Their phone number is on your ID card. When you call, tell them that you are a CHP+ member. The office will help you make an appointment.

Here are some things to know when you make your appointment:

If your health concern is:	Your appointment should be within:
Urgent	24 hours of the initial identification
Non-urgent/non-emergent substance use disorder or mental health services	7 days of your request
Non-urgent, sick care visit	7 days of your request
Non-symptomatic well care	1 month of your request; unless an appointment is required sooner to ensure the provision of screenings in accordance with the American Academy of Pediatrics (AAP) accepted Bright Futures schedule

Please ask your PCP how to get:

- Medical care after business hours.
- Medical care on weekends and holidays.
- Non-emergency care in the service area for a health concern that is not life-threatening but 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. Call them at least 24 hours before you need to be there. Ask their office if there is a cancellation policy. You should also let them know if you are going to be late. They may ask you to change the appointment to another day.

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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 out-of-network providers as for in-network providers.

Referrals

Your PCP gives you basic health and medical services. This means things like routine and preventive care. Sometimes you might need to see a specialist. Or another provider. Your PCP will help coordinate your care.

They will do this by giving you a referral. This 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. You must also make sure they accept CHP+. You do not need to get approval from CHP+ to see 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+. Check the provider directory to make sure.

- 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.

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You may self-refer for mental health services. The services may need pre-authorization from CHP+. They may be subject to benefit limits.

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

You can call us to ask if the services are covered. Call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

Call us if you need help finding a provider for a second opinion. Or if you need help making a second opinion appointment. Call us at 866-833-5717 (toll-free). A care manager can help you.

IN-NETWORK PROVIDERS

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

REMEMBER

- Always show your CHP+ 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.
- If you have any questions about your coverage, call customer service. Call 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

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+.
- 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).

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- Get copies of your treatment records and service plans.
- Ask for your medical records to be changed if you think 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 from a licensed provider in- or out-of-network without a referral.
- 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+ will look into it and will take the right action.
- File a complaint or appeal a decision with CHP+ without fear of it being used against you (retaliation).
- 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+, Colorado Access, 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 Advisory Counsel at Colorado Access.
- Ask for information about our Quality Assessment and Performance Improvement (QAPI) 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+ ID card.

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- Stay in touch with your PCP and any other doctors you see to make sure your health is taken care of.
- Be honest. Give your providers all your health information. This also means 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. This means things like coverage. It also means your copayments or copays. This means what you have to pay.
- Tell your provider or CHP+ about your concerns with the services or care you get.
- Be considerate of the rights of other members, providers, and our staff.
- Read and know what your CHP+ member benefits booklet says.
- Pay all copays on time.
- Tell CHP+ about any other health care coverage and/or benefits you have or get.
- Work with your provider so they know what your health care concerns are. They will help you set goals. They will also help you take care of your health.
- Give us written notice after filing a claim or action against a third party responsible for your illness or injury.

FILING COMPLAINTS (GRIEVANCES)

Please tell us if you are not happy with CHP+, our providers, or your services.

- You have the right to express a concern about anything you are not happy with. This is a grievance.

You will not lose your CHP+ benefits if you express a concern or file a complaint. It is the law.

If you need help filing a complaint, call us. Our complaint department can help you. Call 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

Some examples of complaints:

- The receptionist was rude to you.
- Your provider would not let you see your mental health records.
- Your service plan does not have the things that you want to work on.

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- You could not get an appointment when you needed one.

GETTING HELP WITH YOUR COMPLAINT

You may have someone help you and represent you when you file a complaint. This is a designated client representative. This is someone you choose to talk for you when you have a concern or appeal. It could be a provider, an advocate, a lawyer, a family member, or any other person you trust.

If you make someone your complaint representative, you must do so in writing. Please include their name, address and phone number. This is so we can contact them during the investigation process.

They will not see your medical records or get information about your situation unless you also sign a form. This form releases medical information to them. You may also sign an authorization. This will tell us that you have made someone your complaint representative at the same time.

How to File a Complaint with CHP+

We can help you file your complaint. Please call us if you need help filing your complaint.

You or your representative can call or write our complaint department. You can do this at any time. You can also use the member complaint form on our website.

Colorado Access

Member Grievances

P.O. Box 17950

Denver, Colorado 80217-0950

Phone: 800-511-5010 (toll-free)

Include your name, address, phone number, and State Identification (ID) number. This is on your CHP+ member ID card.

FILING APPEALS

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You may file an appeal if you disagree with certain decisions. This means things like approving or denying services. Or payment for your health care.

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 give you notifications.
- If you live in a rural area and we deny your request to seek care outside of our network.

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

If you have questions about filing an appeal, call us. Our appeals department can help. Call 844-683-1072. TTY users should call 888-803-4494 (toll-free).

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You may have someone help you and represent you when you file an appeal. This is a designated client representative. This is someone you choose to talk for you when you have a concern or appeal. It could be a provider, an advocate, a lawyer, a family member, or any other person you trust.

If you make someone your appeal representative, you must do so in writing. Please include their name, address and phone number. This is so we can contact them during the investigation process.

They will not see your medical records or get information about your situation unless you also sign a form. This form releases medical information to them. You may also sign an authorization. This will tell us that you have made someone your appeal representative at the same time.

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

We can help you file your appeal. Please call us if you need help.

- If the appeal is about a new request for services, you or your representative must ask for an appeal within 60 calendar days from the date on the letter saying what action we took, or plan to take.
- To start your appeal, call us. You or your representative can call our appeals department. Tell them you are a CHP+ member. Tell them you want to appeal a decision or action.

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

Free interpretation services are available.

Call us at 800-511-5010 (toll-free)

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- You or your representative can ask for a “rush” or expedited appeal if you are in the hospital. Or if you feel that waiting for a regular appeal would threaten your life or health. You can ask for an appeal by phone, mail, fax, or email:

Colorado Access

11100 East Bethany Drive

Aurora, CO 80014

Phone: 844-683-1072

Fax: 844-683-1071

Email: ClinicalAppeals@coaccess.com

- You can send a letter instead of calling. The letter must be signed by you or your representative. We can help you with the letter.
- If you are getting services that have already been approved by us, you may be able to keep getting them while you appeal. If you lose the appeal, you may have to pay for services that you get during it. If you win the appeal, you will not have to pay. When you ask for an appeal, let us know if you want to keep getting your services.

CHANGING MEMBER INFORMATION

If your membership information changes in any way, update your information by:

- Calling CMAP at 800-359-1991.
- Visiting colorado.gov/PEAK
- Downloading the PEAK app

Call us if you have questions on where to update your information. Call us at 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

If you move, you have to update your address within 31 days after you move. If you do not, you may not get important notices from us. This means things 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.

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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 with issues related to behavioral health access to care. CHP+ 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 could be a potential violation of MHPAEA. If you have or are experiencing a behavioral health access to care issue, contact:

The Ombudsman for Behavioral Health Access to Care

Phone: 303-866-2789

Email: ombuds@bhoco.org

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

CHP+ ELIGIBILITY

To qualify for CHP+ children must:

- Be age 18 or under.
- 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+. These can be found at colorado.gov/pacific/hcpf/child-health-plan-plus.

To qualify for the CHP+ Prenatal Care Program you must:

- Be a pregnant woman.
- Not be eligible for Medicaid. Or have any other health insurance. Except Medicare or stand-alone vision, dental, or COBRA plans.
- Meet the most current income guidelines for enrollment into CHP+. These can be found at colorado.gov/pacific/hcpf/child-health-plan-plus.

Colorado Access Service Area

CHP+ offered by Colorado Access is for eligible children who live in these Colorado counties:

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Adams, Alamosa, Arapahoe, Baca, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Douglas, Eagle, El Paso, Elbert, Fremont, Gilpin, Huerfano, Jefferson, Kiowa, Kit Carson, Larimer, Las Animas, Lincoln, Logan, Mineral, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Rio Grande, Sedgwick, Saguache, Summit, Teller, Washington, Weld and Yuma.

Summary of Covered Benefits

Service	Available Benefits
Preventive Care	Covered in full when provided by your 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	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. Standard CHP+ copays apply. Coverage is not available for travel outside the county.
Ambulance Transportation Services	Covered in full for a life or limb threatening emergency.

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Service	Available Benefits
Outpatient Prescription Drugs (Medications)	Covered if included in the formulary. Coverage guidelines and standard CHP+ copays (\$0 to \$15) may apply.
Over-the-Counter (OTC) Medications	Certain over-the-counter medications are covered with a prescription from your doctor. This includes vitamins and Tylenol. Standard CHP+ copays (\$0 to \$15) may apply.
Mental Health	Coverage provided for medically necessary services and may require a pre-authorization.
Substance Use Disorders	Coverage provided for medically necessary 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. Presumptively Eligible children do not qualify for routine dental services.
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+ offered by Colorado Access members get an additional \$100, for a total of \$150 per

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Service	Available Benefits
	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+ offered by 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.

Exclusions: If a service you need is not on the list above, it may not be covered. Please call us for more information. Call 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free). This is only a summary. It does not guarantee coverage.

Copays

Standard CHP+ copays range from \$0 to \$50 per visit. CHP+ program copays are based on family size and income. Your copay amounts are on the front of your member ID card.

There are no copays for preventive, family planning, or prenatal care services. The following table has some examples of copay amounts.

CHP+ Benefit	Copay			
	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				

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CHP+ Benefit	Copay			
	Income Level 1	Income Level 2	Income Level 3	Income Level 4
♦ Inpatient	\$0	\$2	\$20	\$50
♦ Outpatient/Ambulatory	\$0	\$2	\$5	\$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	\$0	\$0	\$0	\$0
♦ Delivery & Inpatient Well Baby Care	\$0	\$0	\$0	\$0
Prescription Birth Control	\$0	\$0	\$0	\$0
Residential Treatment and Day Treatment for Behavioral Health Disorders	\$0	\$0	\$0	\$0
Outpatient Mental Health and Substance Use Disorders	\$0	\$0	\$0	\$0
Physical Therapy, Speech Therapy and Occupational Therapy	\$0	\$2	\$5	\$10
Durable Medical Equipment (DME)	\$0	\$0	\$0	\$0
Transplants	\$0	\$0	\$0	\$0

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CHP+ Benefit	Copay			
	Income Level 1	Income Level 2	Income Level 3	Income Level 4
Home Health Care	\$0	\$0	\$0	\$0
Hospice Care	\$0	\$0	\$0	\$0
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
Autism Evaluation	\$0	\$0	\$0	\$0
Dietary Counseling/Nutritional Services	\$0	\$0	\$0	\$0
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 you and your family from catastrophic health care expenses. The annual out-of-pocket limit is 5% of your adjusted gross income.

Once the copays 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 copay 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 copay receipts from covered medical care and covered prescription medications.
- When you have reached your annual out-of-pocket limit, call the Colorado Medical Assistance Program. Call them at 800-359-1991.
- They will ask for proof that you have reached your annual out-of-pocket limit. Send them copies of your receipts as proof.

UTILIZATION 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.

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 call us. Our customer service department can help you. They will help you find a different provider who will give you the covered services you need.

To learn how the utilization management program decides if a service is medically necessary, please call us. Call 800-511-5010 (toll-free). TTY users should call 888-803-4494 (toll-free).

If you disagree with a decision and would like to file an appeal, please see instructions in the [Filing Complaints \(Grievances\)](#) section.

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Child Health Plan *Plus* (CHP+)

Managed Care Organization (MCO) Plan

