Member Benefits Handbook Summary 2026



Child Health Plan *Plus* (CHP+)

Health Maintenance Organization (HMO) Plan

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2026

Language Help and Auxiliary Aids

Health First Colorado/Child Health Plan Plus (CHP+): 800-511-5010 (State Relay: 711)

English
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.

Español
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.

中文
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。

Việt
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí.

한국어
주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.

Français
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement.4.

Русский
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.

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Soomaali
FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa.

العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل ومساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً.

Deutsch
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung.

فارس ي
توجه: اگر [واردکردن زبان] صحبت م یکنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کم کها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالبهای قابل دسترس، بهطور رایگان موجود میباشند.

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format.

नेपाली
सावधान: य?द तपाईं नेपाल? भाषा बोल्नुहुन्छ भने तपाईंका ला?ग ?न:शुल्क भा?षक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकार? प्रदान गनर् उपयुक्त सहायता र सेवाहरू प?न ?न:शुल्क उपलब्ध छन्।

Polski
UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie.

日本語
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。

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WELCOME

Welcome to Child Health Plan *Plus* (CHP+) offered by Colorado Access! Colorado Access is a nonprofit health plan serving CHP+ since 1998. You have a choice of CHP+ plans, and we're glad you chose Colorado Access. To learn more about Colorado Access, go to coaccess.com/about.

This handbook summary is a quick guide to your CHP+ benefits. For the full version of your handbook, please go to our website at coaccess.com/members/chp/. If you would like one mailed to you, or if you have other questions about your benefits, call us at 800-511-5010 (State Relay 711), Monday through Friday from 8:00 a.m. to 5:00 p.m.

QUICK GUIDE: IMPORTANT CONTACT INFORMATION

To apply, renew your coverage, or update your information	Go to co.gov/PEAK or use the Health First Colorado app. You can also apply in person or by phone at your county human services office, or with our Spanish-English bilingual team at 855-221-4138.
To find a provider	Go to coaccess.com and click "Find a Provider" at the top of the page. Or call us at 800-511-5010 (State Relay 711).
To see if your out-of-network provider can join our network	Ask your provider to call us at 800-511-5010 or email providernetworkservices@coaccess.com.
To get help with your dental benefits or find a dentist	Call DentaQuest at 888-307-6561 (State Relay 711).
To get help with your prescriptions	Call us at 800-511-5010 (State Relay 711). You should also set up a portal account at navitus.com, our pharmacy benefit manager.
To change your health plan	Go to enroll.healthfirstcolorado.com or call 303-839-2120 (State Relay 711). Outside of Denver, call 888-367-6557. You can opt out of your managed care plan: • During the first 90 days of your enrollment. • Each year during your open enrollment, the two months before your birth month. • At any time for good cause, like moving out of their service area or not having access to the services you need.
To ask us about benefits, bills, or getting care	Go to coaccess.com or call us at 800-511-5010 (State Relay 711)) Monday through Friday, 8:00 a.m. to 5:00 p.m., or email customer.service@coaccess.com.

To request care coordination	Call our care coordination team at 866-833-5717 (State Relay 711)
To get help in an emergency	Call 911 for a medical or psychiatric emergency or go to your nearest emergency room. If you are, or someone you know is, having a mental health crisis, call or text 988 for free, immediate, human support any time.

YOUR MEMBER ID CARD

All members get a CHP+ member ID card. Only the member on the ID card can use the card to get services. **Show your ID card when you get any health care and at pharmacies**.



- Guard your member ID card. 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 think someone has been using your card or benefits, call us right away.
- Call us if you do not have an ID card or need a new one. Your new card will come in the mail in a few weeks. The CHP+ member ID card is not currently available online.

CHP+ ENROLLMENT AND RENEWAL

Child Health Plan *Plus* (CHP+) is public low-cost health insurance for children and pregnant people. It is free to apply and enroll in CHP+.

CHP+ offered by Colorado Access is for eligible children and pregnant people who live in these Colorado counties: Adams, Alamosa, Arapahoe, Baca, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Douglas, Eagle, Elbert, El Paso, Fremont, Gilpin, Huerfano, Jefferson, Kiowa, Kit Carson, Larimer, Las Animas, Lincoln, Logan, Mineral, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Rio Grande, Saguache, Sedgwick, Summit, Teller, Washington, Weld, and Yuma.

CHP+ Eligibility

CHP+ is for children and pregnant people who earn too much to qualify for Health First Colorado (Colorado's Medicaid program) but not enough to pay for private health insurance. People qualify for CHP+ if they:

- Are 18 or under OR pregnant.
- Do not have any other health insurance.
- Meet the most current income guidelines for enrollment into CHP+. These can be found at hcpf.colorado.gov/chp.

Apply for CHP+ as soon as you know you are pregnant. The sooner you get prenatal care, the better it is for you and your baby.

Presumptive Eligibility for Immediate Care

If you need immediate care, you may qualify for Presumptive Eligibility. You can receive care right away without waiting to see if you qualify. Dental services are not covered while you get benefits through Presumptive Eligibility.

To apply, go to a Presumptive Eligibility Site. They will do a quick review. If you qualify for Presumptive Eligibility, you will get temporary benefits while you wait to find out if you qualify. To learn more and find a site, go to hcpf.colorado.gov/presumptive-eligibility.

Enroll Your Newborn in CHP+

Your baby will have insurance under your CHP+ coverage for 30 days after birth. For coverage after that, **you must add your newborn to your case**. To add your newborn, go to co.gov/PEAK, use the Health First Colorado app, or contact your county human services office.

Keep Your Information Updated

If you move or have other changes to your membership information, update it online at co.gov/peak or your county human services office. Keep your information updated to avoid missing important notices.

To Change Your CHP+ Health Plan

You can change your CHP+ health plan for any reason during the first 90 days after enrollment or renewal. You can also change plans if you have a good cause. For example, you can request a change if you move out of our area or cannot get the services you need.

To change your health plan, go to enroll.healthfirstcolorado.com or call 888-367-6557 (State Relay 711).

To Cancel Your Coverage

You have the right to leave the CHP+ program at any time for any reason. You can cancel through co.gov/peak, the Health First Colorado app, or your county human services office.

COVERED BENEFITS

Summary of Covered Benefits

Preventive and wellness services	Covered from providers in-network. No copays. Includes vaccines and screenings. Does not include vaccines for international travel or insurance, licensing, or employment purposes.
Maternity and newborn care	Covered from providers in-network. No copays. The following services are not covered: paternity tests, genetic testing and counseling, and umbilical blood storage.
Sick visits and specialist visits	Covered from providers in-network. Copays may apply.
Family planning and reproductive health	Covered from an in-network or out-of-network provider. No copays. Infertility services are not covered.
Hospital services	Inpatient and outpatient services are covered at in-network facilities. You may need prior authorization (approval) for some services. Copays may apply.
Lab, x-ray, and diagnostic services	Covered at in-network providers. Copays may apply.
Urgent care	Covered at in-network facilities. Copays may apply.
Emergency care	Covered at any U.S. hospital for sudden health conditions that need immediate care. Copays may apply. Do not use the emergency room for routine care. Emergency care outside the United States is not covered.
Ambulance services	Covered in full for a life or limb-threatening emergency. Copays may apply.
Prescription Drugs (Medication)	Drugs on the formulary (preferred drug list) are covered. See the formulary at coaccess.com/members/chp/pharmacy. Copays may apply. With a doctor's prescription, some over-the-counter medications are covered.

Mental health and substance use disorder treatment	Covered from providers in-network. You may need prior authorization for some services, such as inpatient or residential treatment. Copays may apply.
Dental Care	Covered by DentaQuest. Cleanings, exams, x-rays, fillings, and root canals. Medically necessary orthodontia is covered after 12 months of continuous CHP+ coverage. Go to DentaQuest.com and log in to your portal to learn more.
Durable medical equipment (ex: wheelchairs, breast pumps, diabetic test strips)	Medical equipment to treat an illness or physical condition. Some equipment may require a prescription.
Audiology (hearing) services	Hearing tests and hearing aids for children from in-network providers. Covers one set of hearing aids every five years, but more may be covered if medically necessary.
Vision services	One routine eye exam every year from an in-network provider is covered. One pair of eyeglasses per year from an in-network provider. Contacts and replacement glasses require prior authorization.
Outpatient physical rehabilitation: physical, occupational, and speech therapy	Covered from in-network providers. Copays may apply. Children ages 0 to 3 get unlimited visits per calendar year. Children ages 4 and older get up to 40 total visits for all therapies per diagnosis per calendar year. Services must start within six months from the date of the illness or injury. Therapies for learning disorders are covered with prior authorization for children ages 0 to 5 with a congenital disorder or birth abnormality.
Home health care and home infusion therapy	Covered from in-network providers. Requires prior authorization.
Human organ and tissue transplant services	Requires prior authorization.
Skilled nursing facility	Covered for up to 30 calendar days per year.
Hospice care	Covered for terminally ill members with a life expectancy of six months or less. Prior authorization is required.

This summary does not guarantee coverage. For a full list of covered services, see the CHP+ offered by Colorado Access member handbook at coaccess.com.

Non-Covered Services

You can be billed for services we do not cover. This includes experimental or investigational services, alternative or complementary medicine, fertility treatments, custodial care for activities of daily living, personal convenience items, and cosmetic and other non-medical services. For a full list of non-covered services, see the CHP+ offered by Colorado Access member handbook at coaccess.com or call us.

Maternity Care

Through your CHP+ coverage, all pregnancy care is free, including prenatal care, labor and delivery, and visits after you deliver. There are no copays. For maternity care, report any new pregnancy on PEAK or to your county human services office.

Your maternity coverage will last 12 months after your pregnancy ends. To get this postpartum coverage, you must report the end of your pregnancy on PEAK or to your county human services office. Call our eligibility application site at 855-221-4138 when your coverage ends to see if you qualify for other coverage.

Do I need a referral for prenatal care?

No. You do not need a referral to see an in-network OB/GYN or certified nurse-midwife for pregnancy care. We can help you find an in-network prenatal care provider. Call us at 800-511-5010 (State Relay 711).

Do I have to see my PCP for my prenatal care?

No. You can see any in-network provider for your care.

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

You have access to all CHP+ covered services while you have CHP+. Copays for some services may apply.

My doctor or pharmacy told me I don't have CHP+ coverage. What should I do?

Call us if you have questions or to check your eligibility status. You can also call the Colorado CHP+ program at 800-359-1991.

Care Coordination

FIND PROVIDERS AND CONNECT TO NON-MEDICAL RESOURCES

As part of your CHP+ plan by Colorado Access, you can ask for care coordination for you or your child. Care coordinators can answer questions about where to find care and non-medical

support you need to stay healthy, like food assistance. Call our care coordination line at 866-833-5717 (State Relay 711).

CARE COORDINATION SERVICES

Care coordinators help you manage your health care and coordinate your doctors. They can help you understand the health care system and advocate for you. This makes your care easier to manage.

Care coordinators are helpful if:

- You are pregnant.
- You or your child has complex health needs.
- You or your child has a chronic condition, like asthma.
- You are leaving the hospital or another facility.

Our care coordinators have a wide variety of backgrounds, experience, and knowledge to support your unique health care needs. Your care coordinator will connect you to the right resources to manage your health conditions. They will work with you to create a plan with your care goals.

If you would like care coordination services, call us at 866-833-5717 (State Relay 711). We may also contact you to ask if you are interested in care coordination.

How We Evaluate Potential New Benefits

To decide if we will cover a new treatment or technology, we first consult state and federal regulations and guidance to decide if we will cover it. We also consider the scientific evidence, including clinical trial results published in authoritative, peer-reviewed scientific or medical journals, documents filed with the FDA, and the opinions of consulting providers and experts in the field.

USING YOUR BENEFITS

Finding In-Network Care

Check that your provider is in our network before you receive services. If you get care from a provider who does not accept your CHP+ plan, you may have to pay for the services.

Tell all your providers your insurance is CHP+ offered by Colorado Access. This includes doctors, hospitals, pharmacies, and any medical suppliers. Show your ID card at your appointment and when picking up prescriptions.

- To check if a provider is in-network, call us or go to coaccess.com. There is a link to the provider directory on our website. Our online provider directory tool can tell you:
    - Providers in your area, including their name, address, and telephone number.

    - The provider's specialty and board certification.
    - The languages spoken, other than English, by the provider.
    - Providers who are accepting new patients. We recommend you call to confirm.
- To find information about a provider's medical school attended or residency, call us or visit the provider's website.
- To find **dental providers**, call DentaQuest's member services at 855-225-1729 (State Relay 711). Or go to dentaquest.com/colorado.
- To find **pharmacies** in our network, call our pharmacy benefit manager, Navitus, at 844-268-9789 (State Relay 711). Or go to navitus.com/members.

Out-of-Network Care

You may have to pay for services you receive from an out-of-network provider. CHP+ members do not have the same protection from out-of-network billing as Health First Colorado (Medicaid) members. If you do not know whether a provider is in-network, call us to ask first.

We will cover only these out-of-network services:

- Emergency services received in the United States while traveling, for a life or limb-threatening emergency. We do not cover any care, including emergency services, outside of the United States.
- Family planning services.
- Out-of-network services we preauthorize. If the service you need is not available from an in-network provider, we may preauthorize services from an out-of-network provider.

Making Appointments and Getting Timely Care

PRIMARY CARE

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

Colorado Access assigned you a PCP when you enrolled. Your PCP is on your ID card. You can change your PCP anytime. Ask your doctor's office if they take Colorado Access CHP+. If you need to find an in-network doctor, go to coaccess.com. There is a link to the provider directory on our website. Call us If you want an updated CHP+ ID card with your new PCP.

Your PCP is your main contact for all your health care. Your PCP can answer your health questions and help you get the health care you need. They get to know you, your medical history, and your health goals.

Your PCP helps you with:

- Checkups and preventive care.

- Sick visits.
- Questions or concerns about your health.

These are good questions to ask your PCP when you are a new patient:

- What are your hours? What should I do if I need care after hours?
- What is your policy for late appointments? What is your policy for canceling an appointment?
- What should I do if I have an urgent problem?
- How should I contact you if I have a non-emergency question about my health?
- Do you have a patient portal? How can I create an account?

GETTING A TIMELY APPOINTMENT

Call your doctor as soon as you know you need to make an appointment. If you are a new patient, tell them you are a CHP+ member when you make your first appointment. Confirm they are an in-network provider.

The provider may not be able to see you right away, but they should be able to schedule your appointment within the timeframes below. If they can't, they should offer you other options for getting the care you need.

If you need:	**Your appointment should be within:**
Urgent care	24 hours of the initial identification
A non-urgent sick visit	7 days of your request
A wellness visit/checkup	1 month of your request, or sooner if you have a baby that needs to be seen more often.
Non-urgent/non-emergency mental health care or substance use treatment	7 days of your request

Ask your PCP how to get care after business hours or on weekends or holidays.

If you are refused a covered service based on moral or religious beliefs, please call us. Our customer service department can help you find a different provider for the services you need.

CANCELING AND RESCHEDULING

Providers make their own policies about late or missed appointments. Ask your provider about their policy. If you can't make your appointment or will be late, call your provider's office right away. Most providers want you to call at least 24 hours before your appointment if you cancel. Providers cannot charge you a fee if you miss an appointment. But they may decide not to see

you again as a patient. They may also choose not to accept CHP+ insurance anymore. Please help us to keep more providers in our network by following their policies.

TELEHEALTH

Providers may be able to offer some covered services through telehealth (video or phone appointment). Ask your provider if they offer telehealth visits and how to make appointments.

Your behavioral health provider may use telehealth for your care. Colorado Access also provides some behavioral telehealth services directly to youth and people who are pregnant or postpartum.

PRESCRIPTIONS

To fill a prescription, have your doctor send it to any pharmacy in our network. You can also bring the prescription to the pharmacy yourself. Show your CHP+ ID card. If you do not have your card, give the pharmacy your state ID, BIN number (610302), PCN (NVT), and Rx Group Number (CHPH). For prescription copays, see the "Copay" section of this handbook.

To find out what prescriptions we cover, go to coaccess.com/document/chp-hmo-formulary/. The formulary lists which prescriptions require prior approval, which are generic and brand, and any limitations on access to medications. If a medication is not on the formulary list, it is not covered.

Navitus manages your CHP+ pharmacy benefit. Go to navitus.com to sign up for the portal to manage your prescriptions.

Some prescriptions can be filled for up to a 90-day supply through our mail-order pharmacy. Go to coaccess.com/members/CHP/ to learn more and sign up.

To avoid paying out of pocket for your prescriptions, be sure to show your member ID card to the pharmacy when picking up your prescription. If you pay for a prescription out-of-pocket, we may be able to reimburse you if it was from a pharmacy in our network. **We cannot reimburse you if you use other insurance or discount cards, like GoodRx**. Call us for help with reimbursement.

Urgent and Emergency Care

URGENT CARE

Urgent care is for a sickness or injury that needs medical care quickly. If it's not an emergency but needs medical attention quickly, first call your PCP. Your PCP may see you in their office or help you over the phone.

If you can't get help from your PCP, you can go to an urgent care center in our network. Before you go, call to ask if they are in our network. To find urgent care centers in our network, go to

coaccess.com for the provider directory. If you are temporarily out of state, we will cover urgent care services from an out-of-network provider.

EMERGENCY CARE

An emergency is when an illness or injury might cause serious harm to you, your child, or your unborn baby if you don't get medical care right away. This includes childbirth labor and delivery. If you're unsure it's an emergency, try calling your PCP first.

If you are having an emergency, call 911 or go to the nearest emergency room, in- or out-of-network. You can get emergency services in any emergency department anywhere in the United States, 24 hours a day, every day of the year. This includes ambulance and emergency room care. You do not need prior authorization. You can also get care right after the emergency to help you recover. This is called post-stabilization services.

International emergency care (outside of the country) is not covered.

Referrals and Approvals

SPECIALTY CARE, BEHAVIORAL HEALTH CARE, AND HOSPITAL SERVICES

Colorado Access does not require a referral for you to see an in-network specialist or hospital, but these providers may ask for a referral from your primary care provider before they see you for non-emergency care. You do not need a referral to go to a behavioral health provider. Some physical and behavioral health services require approval before you go. See "Prior Authorization" below.

SECOND OPINIONS

You have the right to get a second opinion about your care. You do not need a referral. Call us if you need help finding a provider or scheduling an appointment.

PRIOR AUTHORIZATION

Some services may require prior authorization (approval). For services that require prior authorization, go to coaccess.com/providers/resources/um/ or call us. When prior authorization is required:

1. The doctor recommending the service will ask Colorado Access for approval.
2. One of our clinicians will review the request using national guidelines and make a decision.
3. We will send you and your doctor a letter with our decision.
4. If you disagree with our decision, you can file an appeal. For instructions on how to do this, see the Grievances and Appeals section.

We do not make decisions about your care based on moral or religious beliefs. Call us if you have questions about how we make care decisions.

Language Services and Disability Accommodations

If you speak another language, ask your doctor if they offer interpretation services. Colorado Access can also arrange interpretation services for your appointment in any language or ASL. You or your doctor must request interpretation at least four business days before your appointment. To arrange services, go to coaccess.com/interpreterrequest or call us.

If you have a disability and need help finding a provider, call our care coordination team at 866-833-5717 (State Relay 711). We will help you find a provider who offers the access and support you need.

COSTS AND BILLS

CHP+ does not have a monthly premium, deductible, or coinsurance, but you may have copays.

Copays

CHP+ copays range from $0 to $50 per service, based on family size and income. Copays for common services are listed on your CHP+ ID card. There are no copays for preventive, family planning, or prenatal care services. Copays by income level are listed below.

Benefit	Income Level 1	Income Level 2	Income Level 3	Income Level 4
Emergency Care	$0	$3	$30	$50
Urgent/After Hours Care	$0	$1	$20	$30
Emergency Transport/Ambulance Services	$0	$2	$15	$25
Hospital/Other Facility Services ♦ Inpatient ♦ Outpatient/Ambulatory	 $0 $0	 $2 $2	 $20 $5	 $50 $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	$0	$0	$0	$0

For help, call 800-511-5010 (State Relay 711)
Email: customer.service@coaccess.com
Revised June 2026

Benefit	Income Level 1	Income Level 2	Income Level 3	Income Level 4
♦ Prenatal ♦ 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 Abuse 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
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 (vision services 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
Chemotherapy and Radiation Therapies	$0	$0	$0	$0

Annual Out-of-Pocket Limit

The out-of-pocket annual maximum limits how much you are expected to pay for your health care each year. The annual out-of-pocket limit is 5% of your household's gross (total) income.

Once your household reaches the annual out-of-pocket limit, you do not have to pay copays for the rest of that calendar year.

We do not track your costs. You must keep track of what you spend on copays.

- Save your copay receipts from covered medical care and covered prescription medications.
- When you have reached your annual out-of-pocket limit, call CHP+ customer service 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.

Bills

IF YOU GET A BILL

You should not get a bill for any covered, in-network service. Call us at 800-511-5010 (State Relay 711) if you get one.

You can be billed for:

- Medical care from an out-of-network provider (except for family planning and emergency services)
- Non-covered services from any provider
- Certain covered services that require prior authorization, if you do not get approval first

For non-emergency care, it is your responsibility to make sure your provider is in-network and the care you receive if approved, if prior authorization is required.

Costs for out-of-network or non-covered services do not count toward your annual out-of-pocket maximum.

REIMBURSEMENT FOR OUT-OF-POCKET COSTS

We do not reimburse members for services they pay for out-of-pocket, except for some prescriptions obtained before enrollment in Colorado Access, and emergency or urgent care services in the U.S.

GRIEVANCES AND APPEALS

Complaints (grievances) and appeals are two ways to tell us you are having a problem with your care and decisions about your care.

Complaints (Grievances)

You have the right to file a complaint (grievance) if you have a concern or problem. You will not lose your CHP+ benefits or care if you file a complaint. It is the law.

Complaints might include things like:

- You have a problem or concern with the quality of your care.
- You don't think your doctor is giving you the right services.
- You do not like how you are being treated by us or your providers.
- Your provider would not let you see your records.
- Your care management plan does not have what you want to work on.
- You could not get an appointment when you needed one.

TO FILE A COMPLAINT

You can file a complaint at any time. There are four ways to file a complaint:

- Call us at 800-511-5010 (State Relay 711).
- Email your grievance to grievance@coaccess.com. Include your name, address, phone number, and ID number (on your CHP+ member ID card).
- Submit your grievance online at coaccess.com/members/services/grievances.
- Write a letter. Include your name, address, phone number, and ID number. This number can be found on your CHP+ member ID card. Send it to:

  Colorado Access Grievance Department
  PO Box 17950
  Denver, CO 80217-0950

We will confirm that we received your grievance within two business days and give you our decision within 90 calendar days.

Appeals

You have the right to appeal if you disagree with a decision we made about your services. You will not lose CHP+ coverage for filing an appeal. It is the law.

You can file an appeal if we:

- Deny or limit a type or level of service you requested.

For help, call 800-511-5010 (State Relay 711)
Email: customer.service@coaccess.com
Revised June 2026

- Reduce, suspend, or stop a service that was approved before.
- Deny payment for any part of a service.
- Do not provide or approve (authorize) services in a timely way.
- Do not notify you of a service decision in a timely manner.
- Deny your request to seek care outside our network if you live in a rural area.

APPEAL PROCESS AND TIMELINE

1. You must file an appeal within 60 calendar days of the date on the notice you received about your services.
2. We tell you within 2 business days that we received your appeal.
3. We will send you a decision on your appeal within 10 calendar days of getting it. If we need more time, we will tell you. We may ask for up to 14 more days.
4. If you can't wait this long because it is a risk to your health, you can file a rush (expedited) appeal. If we don't think you need a rush appeal, we will call and let you know within 2 calendar days. We will also send a letter. If we approve your request for a rush appeal, we will send you a decision within 72 hours.
5. We will notify you in writing of our decision on your appeal.

TO FILE AN APPEAL

There are four ways to file an appeal:

- Call us at 800-511-5010 (State Relay 711).
- Email your appeal to clinicalappeals@coaccess.com.
- Fax your appeal to 844-683-1071.
- Mail your appeal to us:

  Colorado Access Appeals Department
  PO Box 17950
  Denver, CO 80217-0950

In your appeal, tell us:

- Your name, phone number, and CHP+ member ID number. This number is on your member ID card.
- The decision you are appealing.
- Why you think we should change our decision. Include any information and documents that might help your appeal.
- If you need an expedited (rush) appeal process. If you or your doctor believes that waiting 10 days for a decision will put your health at risk, you can ask for an expedited appeal to get a decision within 72 hours.

For help, call 800-511-5010 (State Relay 711)
Email: customer.service@coaccess.com
Revised June 2026

If the appeal is not decided in your favor, you can request a state review, or state fair hearing, within 120 days of the date of our decision. See your decision letter for directions on how to request a state review.

Get Help with Your Complaint or Appeal

DESIGNATED REPRESENTATIVE

You may have a designated representative help you file your complaint and represent you. It can 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. When you file your complaint, give us their name, address, and phone number. You can also fill out a Designated Client Form at coaccess.com/members/services/forms.

Your representative will not see your medical records or get information from us about your care unless you sign an Authorization to Release PHI to give us permission.

OMBUDSMAN

For concerns about behavioral health services, you can contact the Office of the Behavioral Health Ombudsman at 303-866-2789 or ombuds@bhoco.org.

MEMBER RIGHTS, RESPONSIBILITIES, AND PRIVACY

As a member, you have the right to exercise these rights without fear of retaliation:

- Receive information about Colorado Access, our services and providers, member benefits, and member rights and responsibilities, in your language and in a way you can easily understand.
- Be treated with respect and consideration for your dignity and right to privacy. Your personal information will only be released to others when you give permission or when allowed by law.
- Participate in decisions about your care, including the decision to refuse or stop treatment, except as provided by law.
- Receive clear information and have discussions about your condition and appropriate or medically necessary treatment options and alternatives, regardless of cost or benefit coverage, presented in a manner appropriate to your condition and ability to understand.
- Get care that is medically necessary from an adequate network of providers.
- Select or request a change to any primary care provider in our network.
- Get family planning services and family planning-related services directly from any licensed or certified provider, without referral.

- Receive services from a provider that provides reasonable accommodations and equipment, in your language or with free interpretation services.
- Access to care within timely appointment standards.
- Receive care for emergency conditions from any provider, in- or out-of-network, 24 hours a day, seven days a week.
- Get a second opinion on your diagnosis or treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Receive written notice of any decision Colorado Access makes to deny or limit services.
- File complaints or appeals about Colorado Access, its providers, or decisions about your care.
- Request and receive a copy of your medical records and request that they be fixed or corrected.
- Recommend changes to our member rights and responsibilities policy.
- Other rights guaranteed by law.

As a member, you have the responsibility to:

- Use providers in our network, except in an emergency.
- Follow our rules and the rules described in your member handbook.
- Tell us if you have other health coverage, including Medicare. This also includes coverage from a claim or action against a third party responsible for your illness or injury.
- Work with your providers and be respectful to providers and Colorado Access staff.
- Pay any copays.
- Keep your personal information updated.
- Keep scheduled appointments and reschedule or cancel if you cannot make the appointment.
- Give Colorado Access and your providers any information needed to provide care, to the best of your ability.
- Follow the plans and instructions for care you have agreed to with your provider.
- Understand your health problems and participate in creating mutually agreed-upon treatment goals, to the best of your ability.

NOTICE OF PRIVACY PRACTICES

Privacy notice of Colorado Access and its subsidiary New Health Ventures, Inc., as applicable (referred to in this Notice of Privacy Practices as "us," "we" and "our").

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you need this document or any 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 esta documento o cualquier documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010 (llamada gratuita). Para TTY/TDD llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.

OUR COMMITMENT

This notice describes how information about you may be used and disclosed and how you can get access to this information. ***Please read it carefully.***

This Notice applies to Colorado Access and New Health Ventures, Inc. To run our business, we make and receive records about you and your care. What we collect is called protected health information (PHI). We keep your PHI safe and private.

By law, we protect your PHI and will tell you how. We must tell you if your PHI was shared by mistake and there is a risk it is not protected. We must follow this Notice when using or sharing your PHI.

HOW WE USE AND DISCLOSE (SHARE) YOUR PHI

Uses of PHI without your authorization (permission)

We may disclose (share) your PHI without your written permission for these reasons:

- Treatment - To help you get the care you may need. For example, for a referral to a doctor.
- Payment - To pay for your health care services. For example, to speak to a doctor about a bill they send to us.
- Health care operations - We will use or share PHI to run our business and manage your care. We do this to improve the care and services you receive. For example, we will use your PHI to:
  - Talk with you about your health care
  - Contact you about your benefits
  - Provide you case management services
- To others involved in your care and/or notification purposes.
  - If you are there or can tell us to do so, we may share your PHI to others involved in your care.
  - In an emergency, we will decide if sharing your PHI with others is in your best interest. We will also do this if you cannot tell us your choice. If we do share your PHI in situations where you are not available, we will share only what is needed for your care or for payment related to it.
  - We may share your PHI with an agency working with disaster relief efforts to help with notifications.
- Business associates - We may share your PHI with companies that work for us. Before we share your PHI, we get their written agreement to protect your PHI.

- Health oversight activities - We may share your PHI with a government office that oversees the health care system and makes sure we follow the rules of government benefit programs.
- Public health activities - When required, we may share your PHI with public health agencies to prevent disease.
- Judicial and administrative proceedings - We may share your PHI when ordered by a judicial or administrative order.
- Law enforcement officials - We may disclose your PHI to the police or other law enforcement official when required by a court order or other process authorized by law.
- Required by law - We will share PHI when required by state or federal law. This includes, but is not limited to:
    - Reporting suspected abuse or neglect
    - When court ordered to share information
    - When there is a legal duty to warn or act due to a serious threat to health or safety to you, some other person, or the general public
- Specialized government functions - We may share your PHI when it relates to national security, intelligence activities, and special government functions. This includes military and veterans' activities.
- Correctional institutions - We may share your PHI if you are an inmate or under the custody of a law enforcement official for the purposes of health care or safety.
- Coroners, medical examiners, funeral directors and organ procurement organizations/entities - We may share your PHI with a coroner, medical examiner, or funeral director so that they may do their job. We may share your PHI with staff to aid in organ, eye, or tissue donation and transplantation.
- Research - We may share your PHI for research studies, but only as allowed by law.
- Workers' compensation - We may share your PHI with programs that provide benefits for injuries or illness related to work.

Using and sharing of certain PHI deemed "highly confidential"

- For certain kinds of PHI, federal and state law may require more privacy protection. For example, this includes PHI that is:
    - A psychotherapy note
    - About alcohol and drug abuse prevention, treatment, and referral
    - About HIV/AIDS testing, diagnosis or treatment
    - About venereal and/or communicable disease(s)
    - About genetic testing

Confidentiality of alcohol and substance abuse records

Some alcohol and drug abuse patient records are protected by federal law and regulations. Reports of suspected child abuse and neglect are not protected. Information about committing a crime on our premises or against our staff is not protected. Information about a threat to commit a crime is not protected. Generally, if you have an alcohol or drug abuse disorder, we may not share any information identifying you, unless:

- You give us written permission
- We get a court order
- We share with health care workers in a medical emergency or with qualified workers for research, audit, or program evaluation

Violation of the federal law and regulations regarding substance use information could be a crime. Suspected violations may be reported to appropriate authorities in accordance with federal laws. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for federal regulations.)

Uses of PHI that need your authorization (permission)

We must get your written authorization (permission) to share psychotherapy notes. We must get your written permission to use your PHI for marketing or to sell your PHI. We must get your written permission to use or

share your PHI for any other purpose not described above. You may cancel your written authorization at any time. The cancellation will not apply to disclosures made before we receive your cancellation. Call the privacy official at the number below for help cancelling an authorization.

YOUR PRIVACY RIGHTS

When it comes to your health information, you have certain rights. For help with any of these rights, please call our privacy official at 855-879-8286 (toll free). We will then give you any forms you may need to fill out. You have the right to:

- Get a copy of your health records. You can ask to see or get a copy of and inspect your PHI in paper or electronic form. There are some limits to this right. We will tell you when we cannot share information with you. We will tell you if there will be a fee for the records.
- Ask us to fix your health records. You can ask us to fix your health records if you think they are wrong or incomplete. We will either fix them or tell you why we cannot.
- Ask for confidential communications. You can ask us to reach you in a certain way (for example, home or office phone) or to send mail to a different address. We will look at all requests. We will agree to them if they are reasonable and can be done.
- Ask us to limit what we use or share. You can ask us to limit how and when we use or share your PHI. We will carefully review each request but we may not agree. We will tell you if we agree.
- Know when we have shared your information for certain reasons. You can ask for a list of the times we have we shared your PHI in the past six years for reasons other than treatment, payment, health care operations, with your permission, and some other exceptions, in the past six years.
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time. If you need this document in another language, large print or on tape, please call us at 800-511-5010 (toll free). TTY/TDD users should call 888-803-4494.

  œYou also may also get a copy on our website at coaccess.com.
- To file a complaint. If you think your privacy rights have been violated, you may file a complaint with us. The address is below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not take action against you for doing so.

CONTACT US

To act on any of your rights or to ask questions, please contact our privacy official at 855-879-8286 (toll free) or the address below:

Colorado Access
Privacy Official
11100 E. Bethany Drive
Aurora, CO 80014

Email: privacy@coaccess.com

PERSONAL REPRESENTATIVES

If you have given someone medical power of attorney, if someone is your legal guardian, or if someone has the legal authority to act for you, that person can act on your rights. They can sometimes make choices about your PHI. We will make sure they have this authority before we act. You may also sign a form that allows us to share PHI for certain reasons with people who are not your personal representative. You can change your mind at any time. Let us know in writing if you change your mind.

EFFECTIVE DATE AND CHANGES

We may change the terms of this Notice at any time. We may make the new terms effective for all PHI that we already have. If we change this Notice, we will post the updated version on our website. We will also send you a paper copy in our next yearly mailing. This Notice is effective as of November 1, 2017.

Child Health Plan *Plus* (CHP+)

Health Maintenance Organization (HMO) Plan