

Member Benefits Handbook Summary



Child Health Plan *Plus* (CHP+)

Managed Care Organization (MCO) Plan



Language Services

If you need the attached 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.

Español/Spanish

Si necesita el documento adjunto 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.

Tiếng Việt / Vietnamese

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-511-5010 hoặc TTY theo số 888-803-4494.

繁體中文 / Chinese

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-511-5010，TTY 使用者請致電 888-803-4494。

한국어 / Korean

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-511-5010 또는 TTY 888-803-4494 번으로 전화해 주십시오.

Русский / Russian

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-511-5010 или 888-803-4494 для пользователей TTY.

አማርኛ / Amharic

የአማርኛ ቋንቋ ተናጋሪ ከሆኑ፣ ነጻ የቋንቋ ድጋፍ አገልግሎት ይቀርብልዎታል። ወደ 800-511-5010 ወይም TTY ወደ 888-803-4494 ይደውሉ።

العربية/Arabic

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 800-511-5010. رقم الهاتف المخصص للصم والبكم 888-803-4494.

Deutsch / German

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie unter 800-511-5010 oder bei TTY unter der Nummer 888-803-4494.

Français / French

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-511-5010 ou pour TDD/TTY, le 888-803-4494.

नेपाल / Nepali

तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 800-511-5010 वा TTY का लागि, 888-803-4494।

Tagalog / Filipino

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-511-5010 o TTY sa 888-803-4494.

日本語 / Japanese

日本語を話される場合、無料の言語支援をご利用いただけます。
800-511-5010 まで、お電話にてご連絡ください。耳が不自由な方は 888-803-4494 までご連絡ください。

Oroomiffa / Oromo

Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala ni argatta. Bilbilaa 800-511-5010 ykn TTY 888-803-4494" n bilbili.

فارسی

اگر فارسی صحبت می کنید، می توانیم خدمات ترجمه رایگان را در اختیارتان قرار دهیم. با شماره 800-511-5010 تماس بگیرید.
شماره مخصوص TTY به صورت 888-803-4494 است.

Polski / Polish

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-511-5010 lub 888-803-4494 (w przypadku korzystania z systemu TTY).



For Help With This Booklet..... 3

Welcome..... 3

Quick Guide: Important Contact Information 4

Your Member ID Card..... 5

CHP+ Enrollment and Renewal 5

 CHP+ Eligibility 5

 Presumptive Eligibility for Immediate Care 6

 Enroll Your Newborn in CHP+ 6

 Keep Your Information Updated 6

 To Change Your CHP+ Health Plan 6

 To Cancel Your Coverage 7

Covered Benefits..... 7

 Summary of Covered Benefits 7

 Non-Covered Services..... 9

 Maternity Care 9

 Care Coordination 10

 How We Evaluate Potential New Benefits 10

Using Your Benefits 11

 Finding In-Network Care 11

 Out-of-Network Care 11

 Making Appointments and Getting Timely Care 12

 Urgent and Emergency Care 14

 Referrals and Approvals 15

 Language Services and Disability Accommodations 15

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Email: customer.service@coaccess.com

Revised October 2025



Costs and Bills **16**

 Copays 16

 Annual Out-of-Pocket Limit 18

 Bills 18

Grievances and Appeals **19**

 Complaints (Grievances) 19

 Appeals 20

 Get Help with Your Complaint or Appeal 21

Member Rights and Responsibilities **22**

Notice of Privacy Practices **21**

For help, call 800-511-5010 (TTY 888-803-4494)

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Revised October 2025



FOR HELP WITH THIS BOOKLET

If you speak a language other than English, we offer free interpretation and translation services. We also offer free auxiliary aids and services, like large print or braille. Call us at 800-511-5010 (TTY 888-803-4494).

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. If you would like one mailed to you, call us.

The more you know about your benefits, the better they work for you. Go to coaccess.com/chp for tips and tools on managing your health care. If you have questions about your benefits, call us at 800-511-5010 (TTY 888-803-4494) Monday through Friday from 8:00 a.m. to 5:00 p.m.

For help, call 800-511-5010 (TTY 888-803-4494)

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QUICK GUIDE: IMPORTANT CONTACT INFORMATION

To apply, renew your coverage, or update your information	Go to co.gov/PEAK . Once you have a PEAK account, you can also 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. Call 855-221-4138 (TTY 888-803-4494).
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 (TTY 888-803-4494).
To see if your out-of-network provider can join our network	Your care is covered only if you see in-network providers. If you want us to talk with your provider about joining our network, ask them 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 (TTY 711).
To get help with your prescriptions	Call us at 800-511-5010 (TTY 888-803-4494). You should also set up a free member portal account at navitus.com , our pharmacy benefit manager.
To change your health plan	Go to enroll.healthfirstcolorado.com or call 888-367-6557 (TTY 888-876-8864). You can opt out of your managed care plan: <ul style="list-style-type: none"> • 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 (TTY 888-803-4494) 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.
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.

For help, call 800-511-5010 (TTY 888-803-4494)

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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 physical or behavioral 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.

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- 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 (TTY 888-876-8864).

For help, call 800-511-5010 (TTY 888-803-4494)

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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.

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<p>Prescription Drugs (Medication)</p>	<p>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.</p>
<p>Mental health and substance use disorder treatment</p>	<p>Covered from providers in-network. You may need prior authorization for some services, such as inpatient or residential treatment. Copays may apply.</p>
<p>Dental Care</p>	<p>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.</p>
<p>Durable medical equipment (ex: wheelchairs, breast pumps, diabetic test strips)</p>	<p>Up to \$2,000 per year to cover medical equipment to treat an illness or physical condition. Some equipment may require a prescription.</p>
<p>Audiology (hearing) services</p>	<p>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.</p>
<p>Vision services</p>	<p>One routine eye exam every year from an in-network provider is covered.</p> <p>\$150 toward the cost of glasses or contact lenses every year. (As an extra benefit to you, Colorado Access adds \$100 to the state's standard CHP+ benefit of \$50.)</p>
<p>Outpatient physical rehabilitation: physical, occupational, and speech therapy</p>	<p>Covered from in-network providers. Copays may apply.</p> <p>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.</p> <p>Services must start within six months from the date of the illness or injury.</p> <p>Therapies for learning disorders are covered with prior authorization for children ages 0 to 5 with a congenital disorder or birth abnormality.</p>

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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 the CHP+ Maternity Care Program, 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 (TTY 888-803-4494).

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

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

For help, call 800-511-5010 (TTY 888-803-4494)

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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 (TTY 888-803-4494).

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 (TTY 888-803-4494). 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, For help, call 800-511-5010 (TTY 888-803-4494)

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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.

- 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 (TTY 711). Or go to dentaquest.com/colorado.
- To find **pharmacies** in our network, call our pharmacy benefit manager, Navitus, at 844-268-9789 (TTY 711). Or go to navitus.com/members.
- **Eyeglasses** are an exception to the in-network care policy. You can get eyeglasses from in- or out-of-network providers. See the Summary of Covered Benefits for more information.

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:

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- 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.
- Eyeglasses are an exception to the in-network care policy. You can get eyeglasses from in- or out-of-network providers. See the Summary of Covered Benefits for more information.
- 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?

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

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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.

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

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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.

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.

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.

For help, call 800-511-5010 (TTY 888-803-4494)

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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.

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

Revised October 2025



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 (TTY 888-803-4494). 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 (fee), 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	\$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	\$0	\$0	\$0	\$0
◆ Prenatal	\$0	\$0	\$0	\$0

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Revised October 2025



Benefit	Income Level 1	Income Level 2	Income Level 3	Income Level 4
◆ 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 – 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

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Revised October 2025



Benefit	Income Level 1	Income Level 2	Income Level 3	Income Level 4
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. 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 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 (TTY 888-803-4494) 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.

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

Revised October 2025

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 eyeglasses, some prescriptions, and emergency services in the US. We reimburse members for up to \$150 towards eyeglasses or contacts each year.

SUBMITTING A RECEIPT FOR EYEGLASS REIMBURSEMENT

To request reimbursement for eyeglasses, call us or complete a grievance form at coaccess.com/members/services/grievances/. In the description box, put “eyeglass reimbursement” and attach your receipt.

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 have a problem with how you are being treated by us or your providers.
- You were treated rudely.
- 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 (TTY 888-803-4494).
- Email your grievance to grievance@coaccess.com. Include your name, address, phone number, and ID number. This number can be found on your CHP+ member ID card.
- Submit your grievance online at coaccess.com/members/services/grievances.

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

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- 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.
- 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

- You must file an appeal within 60 calendar days of the date on the notice you received about your services.
- We tell you within 2 business days that we received your appeal.
- 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.
- 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.
- 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 (TTY 888-803-4494).

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

Revised October 2025

- 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.

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. This form releases medical information to them.

OMBUDSMAN

The Health First Colorado Ombudsman is a neutral party that can help you with complaints and appeals. You can reach them at 877-435-7123 (State Relay 711) or help123@maximus.com. For

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

Revised October 2025

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

MEMBER RIGHTS AND RESPONSIBILITIES

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.

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

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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.

For help, call 800-511-5010 (TTY 888-803-4494)

Email: customer.service@coaccess.com

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Child Health Plan *Plus* (CHP+)

Managed Care Organization (MCO) Plan

