

## Child Health Plan *Plus* (CHP+) Offered by Colorado Access Benefits

Your child gets benefits with our plan. Here is a summary of their benefits:

Preventive care (well child visits, vaccines/shots)	Covered in full from a doctor who is in our network. No copays.
	Fluoride varnish (applied at the doctor's office) is covered for children up to age 4.
Family planning and reproductive health	Covered in full from a doctor who is in our network. No copays.
Routine sick visits and specialists	Covered at facilities that are in our network. You may need to get preauthorization for some services. Copays may apply.
Hospital and other facility services	Inpatient and outpatient services are covered at facilities that are in our network. You may need to get prior authorization for some services. Copays may apply.
Lab and X-ray services	Covered at facilities that are in our network. Copays may apply.
Urgent care	Covered at facilities that are in our network. Copays may apply.
Emergency care	Covered at facilities that are both in and out of our network for sudden health conditions that need immediate care. Copays may apply.
	Emergency care outside of the United States is not covered.
Ambulance transportation services	Covered in full for a life or limb threatening emergency. Copays may apply.

continued on back



Outpatient prescription medications/pharmacy	Drugs on the preferred drug list are covered. Go to <b>coaccess.com/members/chp/pharmacy</b> to see the drug list. Copays may apply.
Over-the-counter (OTC) medications	Some are covered with a prescription from a doctor. This means things like Tylenol® and vitamins. Copays may apply.
Mental health and substance use disorder	Covered at facilities that are in our network. You may need preauthorization for some services. Copays may apply.
Dental care	Cleanings, exams, X-rays, fillings, and root canals. Maximum of \$1,000 per person per calendar year. Copays may apply. Your child's dental benefits are through DentaQuest. Go to <b>dentaquest.com/members</b> to learn more.
Durable medical equipment (DME) (ex. wheelchair, breast pump, diabetic strips)	Benefit maximum of \$2,000 per calendar year. Copays may apply.
Vision services	Covered at facilities that are in our network. One routine eye exam per calendar year is covered. Copays may apply. With our plan, your child gets up to \$150 per calendar year to buy glasses or contacts.
Outpatient physical rehabilitation (physical, occupational, and speech therapy)	Covered at facilities that are in our network. Copays may apply. Children ages 0 to 3 have no limit on visits per calendar year. Children age 4 and older get up to 40 visits per calendar year.

## If you have questions or need help:

We offer care coordination services. Call us at **866-833-5717** if you need help finding a provider, understanding your benefits, connecting to community resources, or finding your way through the health care system. Do you need to change your doctor? Do you have questions for us? We are here to help you. Call our customer service team to get help. Call them at **800-511-5010**.

To find a doctor online, go to **bit.ly/findadrcoa.** 

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

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

