

A photograph of two children in a natural setting. A boy with curly hair, wearing a plaid shirt, is crouching and looking through a magnifying glass at the ground. A girl with curly hair, wearing a striped shirt and denim overalls, is standing next to him, also looking down. They are surrounded by dry leaves and green plants. A red semi-transparent banner is overlaid across the middle of the image, containing the title text.

CHILDREN'S HEALTH INSURANCE PROGRAM **MEMBER HANDBOOK**



The Healthy U CHIP Member Handbook
and list of providers is available on our website,
uhealthplan.utah.edu/chip.

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PHONE NUMBERS AND CONTACT INFORMATION

HEALTHY U CHIP

NAME	HELP OFFERED	CONTACT INFORMATION
Healthy U CHIP Member Services	Help with: <ul style="list-style-type: none"> • Your health insurance plan • Prescription drugs and pharmacies • Benefits and coverage • Claims payments • Help finding the right doctor • Help finding the right doctor • Filing an appeal 	801-213-0525 or 833-404-4300 Monday-Friday from 8:00am-6:00pm. TTY/TDD users, please call 711
Care Management Services	Help with chronic conditions like asthma, diabetes, wellchild visits and much more	801-587-2851 or 883-981-0212 Option 3
Prescription Services	<ul style="list-style-type: none"> • Prescription drugs and pharmacies • Benefits and coverage 	855-203-3633
Healthy U CHIP Website	<ul style="list-style-type: none"> • Member Handbook • Provider Search • Community resources • Wellness 	uhealthplan.utah.edu/chip

STATE (CHIP)

NAME	HELP OFFERED	CONTACT INFORMATION
DWS (Workfoces Services)	<ul style="list-style-type: none"> • Eligibility for Medicaid or CHIP • Lost or stolen cards • Food stamps and other programs 	801-526-0950 866-435-7414 jobs.utah.gov/assistance
HPR (Health Program Rep.)	<ul style="list-style-type: none"> • Medicaid • CHIP • Health plans • Rights & Responsibilities • Providers 	866-608-9422 Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.
CHIP Information Line	Medicaid and CHIP questions and concerns	877-KIDS-NOW or 877-543-7669 Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.
Pregnancy Risk Line	Information for women who are pregnant, thinking of becoming pregnant, or breastfeeding	800-822-2229 All phone calls are free and confidential
CHIP Website	• CHIP Resources & Copay Chart	health.utah.gov/chip

OTHER IMPORTANT NUMBERS

NAME	HELP OFFERED	CONTACT INFORMATION
Utah Poison Control	Resource for poison information and help	800-222-1222 Hours: 24 hours a day; 7 days a week
Huntsman Mental Health Institute (HMHI) Utah Crisis Line	Free help for a mental health crisis	1-800-273-TALK or 988 Hours: 24 hours a day; 7 days a week

WELCOME TO HEALTHY U CHIP

We are your integrated care plan. This means we cover physical health, mental health, and substance use disorder (SUD) services if you need them.

Inside this handbook, you'll find details about the services we offer. If you have questions or need help, please call us at **801-213-0525** or **833-404-4300**.

The Healthy U CHIP Member Handbook and list of providers are available on our website, uhealthplan.utah.edu/chip, in English and Spanish.

Thanks for choosing Healthy U CHIP. We are excited to be part of your health journey.



GLOSSARY OF ABBREVIATIONS

CHIP Children's Health Insurance Program
DWS Department of Workforce Services
HPR Health Program Representative
EOB Explanation of Benefits

PCP Primary Care Provider/Doctor
PHI Protected Health Information
OTC Over-the-Counter

LANGUAGE SERVICES

HOW CAN I GET HELP IF I AM DEAF, HEARING IMPAIRED OR SPEAK ANOTHER LANGUAGE?

Call Member Services at **801-213-0525** or **833-404-4300** if you speak a language other than English, are deaf, blind, or have a hard time hearing or speaking. We will find someone who speaks your language, free of charge. We can also provide materials in other formats such as large print, Braille, or audio.

If you are hard-of-hearing, call Utah Relay Services at **711** or **1-866-435-7414**. Utah Relay Services is a free public telephone relay service

or TTY/TTD. If you need Spanish relay services, call **1-888-346-3162**.

If you need an interpreter for a medical appointment, call our member services. We can have an interpreter go with you to your doctor's visit. We also have doctors in our network that speak or sign other languages.

You may also ask for this handbook or other documents in your preferred written language by calling our Member Services team.



CONTACTING MY HEALTHY U CHIP PLAN

WHO CAN I CALL WHEN I NEED HELP OR HAVE QUESTIONS?

Our Member Services team is here to help you and answer your questions. You may reach us at **801-213-0525** or **833-404-4300**, Monday-Friday from 8:00am-6:00pm. You can also visit our website uhealthplan.utah.edu/chip. TTY/TDD users, please call 711.

We can help you:

- Find a provider
- Find a specialist
- Change providers
- With questions about bills
- Understand your benefits
- With a complaint (also called a grievance)

or an appeal

- With other questions

WHO CAN I CALL WHEN I NEED HELP WITH MEDICATIONS?

Our Pharmacy Customer Services team is here to help you. You can call us at **855-203-3633**. We are available 24 hours a day, 7 days a week.

We can help you:

- Find a pharmacy
- Answer questions about your medications
- Understand your pharmacy benefits

You can also find us online at uhealthplan.utah.edu/chip/pharmacy.

RIGHTS AND RESPONSIBILITIES

WHAT ARE MY RIGHTS?

You have the right to:

- Have information presented to you in a way that is easy to understand, including help with language needs, visual needs, and hearing needs.
- Be treated fairly and with respect.
- Have your health information kept private.
- Get information on all treatment options and alternatives.
- Make decisions about your health care, including agreeing to treatment.
- Take part in decisions about your medical care, including the right to refuse treatment.
- Ask for and get a copy of your medical record.
- Ask that your medical record be corrected or changed, if needed.
- Get medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.
- Get information about grievances, appeals, and State fair hearings.
- File a grievance or request an appeal.
- Get emergency care at any hospital or other setting.
- Get emergency care 24 hours a day, 7 days a week.
- Not feel controlled or forced into making medical decisions.
- Ask how we pay your providers.
- Create an Advance Directive that tells doctors what kind of treatment you do and do not want in case you become too sick to make your own decisions
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation. This means you cannot be held against your will. You cannot be forced to do something you do not want to do.
- Use your rights at any time and not be treated badly if you do. This includes treatment by Healthy U CHIP, your medical providers, the State Medicaid and CHIP agency.
- To be given health care services that are the right kind of services based on your needs.
- To get health care services that are covered by Healthy U CHIP, easy to get to, and accessible to all members. All members include those who may not speak English very well, or have physical or mental disabilities.
- To get covered health care services within 30 days for routine, non-urgent care, and within 2 days for urgent care that is not life-threatening.
- To get a covered health care service from an out-of-network provider if we cannot provide the service.

WHAT ARE MY RESPONSIBILITIES?

Your responsibilities are to:

- Follow the rules of your plan.
- Read your Member Handbook.
- Show your CHIP medical card each time you get medical care.
- If you must cancel an appointment, call the provider 24 hours before the appointment.
- Respect the staff and property at your provider's office.
- Respect the staff and property at Healthy U CHIP.
- Provide correct information to your providers and your CHIP plans.
- Understand the medical care you need.
- Use providers and facilities in the Healthy U CHIP network.
- Tell us if you get a medical bill that you don't think you should have to pay.
- Pay your copayments, deductibles, and quarterly premiums.
- Call the Department of Workforce Services (DWS) if you change your address, family status, or enroll in other health care coverage.

MY CHIP MEDICAL ID CARD

WHEN WILL I GET MY CHIP MEDICAL ID CARD?

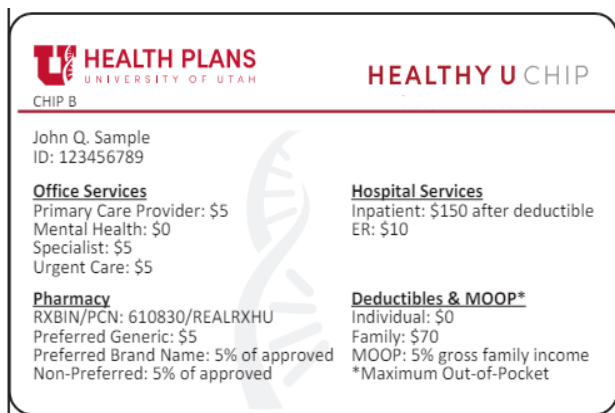
Each CHIP member will get a CHIP medical card. You will receive your medical card in the mail within 21 days after being enrolled with Healthy U CHIP. You must show your Healthy U CHIP card before receiving any services or getting a prescription filled.

Always make sure your healthcare provider accepts your Healthy U CHIP medical plan before you get services. If your provider does not accept your CHIP medical plan you may have to pay for the service.

A list of covered services is found on page 22.

WHAT DOES MY CHIP MEDICAL CARD LOOK LIKE?

The CHIP medical card is wallet-sized and will show the member's name, CHIP plan, CHIP ID number and copays. Your CHIP medical card will look like this:



DO NOT lose or damage your card or give it to anyone else to use. If you lose or damage your card, call Member Services **801-213-0525** or **833-404-4300** to get a new card.

HEALTHY U CHIP MEMBER PORTAL

WHAT IS THE MEMBER PORTAL?

The member portal is a free online tool that lets you access your health plan information 24/7. With a Healthy U CHIP portal account, you can:

- View or print plan documents
- Keep track of your deductible
- Select or change your primary care provider
- Search for providers in your network by name, specialty, or location
- Send messages and documents to the customer service team
- Access health and wellness information in the knowledge database
- View your eligibility for service



HOW TO ACCESS THE MEMBER PORTAL

To create your portal account:

1. Visit uuhip.healthtrioconnect.com
2. Click "Register Here" on the main login screen
3. Enter your information and follow the instructions to set up your account

The portal is also available via mobile app for both Android and iOS. To download the app, search "UUHIPMembers" in the App Store or Google Play.

FINDING A PROVIDER

WHAT IS A PRIMARY CARE PROVIDER?

A primary care provider (PCP) is a doctor that you see for most of your health care needs and provides your day-to-day health care. Your PCP knows you and your medical history. With a PCP, your medical needs will be managed in one place. It is a good idea to have a PCP because they will work with your plan to make sure that you receive the care that you need.

HOW DO I CHOOSE A PRIMARY CARE PROVIDER?

You can choose a PCP from our provider directory. You can Find a Provider online at uhealthplan.utah.edu/chip or through the member portal. If you choose a PCP from the online directory, you will need to contact Member Services and let them know. You do not need to notify Member Services if you choose a PCP through the Healthy U member portal. If you need help choosing a PCP, you may call Member Services and someone will help you. If you have a special health care need, one of our Care Managers will work with you and your doctor to make sure that you select the right provider for you. To talk to a Care Manager about selecting a PCP, call **801-587-6480** or **1-888-271-5870 (option 2)**.

HOW CAN I CHANGE MY PCP?

Call Member Services at **801-213-0525** or

833-404-4300 if you want to change your PC. You can also login to the Healthy U member portal and make a new selection.

SPECIALISTS

WHAT IF I NEED TO SEE A SPECIALIST?

If you would like to speak to a doctor who specializes in a specific area or your Primary Care Provider (PCP) feels they cannot handle a specific medical condition you can see a specialist in our network. We do not require you to get a referral from your PCP to make an appointment with a specialist. Some specialists may ask you to get a referral from your PCP before they will schedule an appointment in their office.

SCHEDULING AN APPOINTMENT

HOW LONG DOES IT TAKE TO GET AN APPOINTMENT?

You should be able to see a medical provider

- Within 30 days for non-urgent care
- Within two days for urgent, but not life-threatening care (e.g., care given in a doctor's office)

If you have a hard time getting an appointment to see a specialist when you need one, call us at **801-213-0525** or **833-404-4300** for help.



TELEHEALTH OR TELEMEDICINE

CAN I USE TELEHEALTH OR TELEMEDICINE?

Telemedicine is using technology to deliver medical care from a distance, usually by phone, internet, or video. Some services can be done through telehealth or telemedicine.

Healthy U CHIP covers telemedicine services offered by providers in their provider practices. Many participating provider practices offer either video and/or telephonic visits. To find a provider who offers telemedicine, call Member Services at **801-213-0525** or **833-404-4300** or use the "Find a Provider" online provider directory. The online provider directory allows members to filter for practices offering telemedicine services.

Healthy U CHIP offers a Virtual Prenatal Care program. The Virtual Prenatal Care program offers prenatal checkups through telemedicine. Link to Prenatal Program: <https://healthcare.utah.edu/virtual-care/virtual-prenatal-care/>.

If you want more information about services that can be provided through telehealth or telemedicine, call Member Services at **801-213-0525** or **833-404-4300**.

UNDERSTANDING YOUR HEALTHY U CHIP NETWORK

WHAT IS A NETWORK?

A provider network is a group of doctors that accepts your health plan. It is best to see a provider that is in your Healthy U CHIP network to make sure your care is covered. Some out-of-network providers may not be covered for certain services.

WHEN CAN I GET CARE FROM OUT-OF-NETWORK PROVIDERS?

You can get care from out-of-network providers in the following situations:

- In an emergency
- If we have approved care prior to treatment

EMERGENCY CARE AND URGENT CARE

WHAT IS A MEDICAL EMERGENCY?

An emergency is a medical condition that needs to be treated right away. A medical emergency is when your life is in danger, or you have a badly hurt body part and you are in great pain.

WHAT IS AN EXAMPLE OF AN EMERGENCY?

Emergencies can include:

- Loss of consciousness
- Severe chest pain
- Severe burns
- Broken bones
- Bleeding and severe pain during pregnancy
- Suddenly not being able to move or speak
- Poisoning
- Overdose
- Deep cut in which bleeding will not stop

WHAT SHOULD I DO IF I HAVE AN EMERGENCY?

If you have an emergency, call 911 or go to the nearest emergency room (ER).

Remember:

- Go to the emergency room only when you have a real emergency.
- If you are sick, but it is not a real emergency, call your doctor or go to an urgent care clinic (see next page).

- If you are not sure if your problem is a true emergency, call your doctor for advice.
- There is no prior authorization needed to get emergency care.
- You may use any hospital or other medical facility to obtain emergency care

- Severe sore throat
- Vomiting or diarrhea
- Severe ear pain
- Headaches or migraines
- Sinus pain
- Severe stomach ache

WILL I HAVE TO PAY FOR EMERGENCY CARE?

You will have a copay for visiting the emergency room. Please see the copay chart on page 15 for information about emergency room copayments. You can also call member services **801-213-0525** or **833-404-4300** to find out more about emergency care and copays.

WHAT SHOULD I DO AFTER I GET EMERGENCY CARE?

Notify your primary care provider to tell them about your emergency visit. Call Member Services at **801-213-0525** or **833-404-4300** if you have any questions after getting emergency care.

WHAT IF I HAVE QUESTIONS ABOUT POISON DANGER?

If you have a poisoning emergency, call the poison control center at **1-800-222-1222**.

WHAT IS URGENT CARE?

Urgent care can be used if you are unable to see your primary care doctor. Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. To find an urgent care clinic, call your medical plan or go to their website for a list of clinics.

WHEN SHOULD I USE AN URGENT CARE CLINIC?

You should use an urgent care clinic for medical conditions, such as:

- Common cold or flu symptoms

POST-STABILIZATION CARE

WHAT IS POST-STABILIZATION CARE?

Post-stabilization care happens when you are admitted into the hospital from the ER. This care is covered. If you are admitted from the ER, there is no copay. This care includes tests and treatment until you are stable.

WHEN IS POST-STABILIZATION CARE COVERED?

Healthy U CHIP covers this type of care no matter what hospital you go to. The hospital does not have to be in our network. Once your condition is stable you may be asked to transfer to a hospital in our Healthy U CHIP network.

FAMILY PLANNING

WHAT IS FAMILY PLANNING?

Family planning helps families plan when they want to have a baby through birth control counseling and services. You can see any provider that will accept your CHIP card for family planning services. Call our member services if you need help finding a provider.

Family planning services include:

- Birth control services and treatment
- Education about birth control and treatment
- Some types of sterilization treatment (all sterilization treatments require a consent form 30 days before surgery)

- Screening and treatment for sexually transmitted infections.

Non-covered family planning services:

- Infertility drugs and treatment
- In-vitro fertilization
- Genetic counseling
- Norplant

ABORTION SERVICES

DOES CHIP COVER ABORTION SERVICES?

There are limits on abortion coverage. CHIP will only cover the cost of an abortion in cases of rape, incest, or if the mother's life is in danger. Specific documentation is required for abortion services.

TRANSPORTATION SERVICES

HOW DO I GET TO THE HOSPITAL IN AN EMERGENCY?

If you have a serious medical problem and it is not safe to drive to the emergency room, call 911. CHIP covers ambulance services.

INDIAN HEALTH SERVICES

Indian Health Services is an agency with the Department of Health and Human Services (DHHS), responsible for providing federal health services to American Indians and Alaska Natives.

If you are an American Indian or Alaska Native, make sure your status is confirmed by DWS. For questions on how to confirm your status contact DWS at 1-866-435-7414.

Verified American Indian and Alaska Native CHIP members do not pay copays, deductibles, or coinsurance.

American Indian and Alaska Natives may also

receive services directly from an Indian health care facility. This is a facility run by the Indian Health Services, by an Indian tribe, tribal organization, or an Urban Indian Organization.

ADVANCE DIRECTIVE

WHAT IS AN ADVANCE DIRECTIVE?

An Advance Directive is a legal document that allows you to make choices about your healthcare ahead of time. There may be a time when you are too sick to make decisions for yourself. An Advance Directive will make your wishes known if you cannot do it yourself.

There are four types of advance directives:

- Living Will (End of life care)
- Medical Power of Attorney
- Mental Health Care Power of Attorney
- Pre-Hospital Medical Care Directive (Do Not Resuscitate)

Living Will: A living will is a document that tells doctors what types of service you do or do not want if you become very sick and near death, and cannot make decisions for yourself.

Medical Power of Attorney: A Medical Power of Attorney is a document that lets you choose a person to make decisions about your health care when you cannot do it yourself.

Mental Health Care Power of Attorney: A Mental Health Care Power of Attorney names a person to make decisions about your mental health care in case you cannot make decisions on your own.

Pre-Hospital Medical Care Directive: A Pre-Hospital Medical Care Directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital Emergency Room. It might also include services provided by other emergency response providers, such as firefighters or police officers. You must complete a special orange

form. You should keep the completed orange form where it can be seen.

To find out more information on how to create one of the advance directives, please go to uhealthplan.utah.edu/chip and select "Education & Resources" or call **801-213-0525** or **833-404-4300**.

PRIOR AUTHORIZATION

WHAT IS PRIOR AUTHORIZATION?

Some services must be pre-approved by Healthy U CHIP before they will be paid. Permission for the provider to be paid for that service is called prior authorization.

If you need a service that requires prior authorization, your provider will ask Healthy U CHIP to approve the service. If we do not approve payment for a service, you may appeal the decision. Please call our Member Services at **801-213-0525** or **833-404-4300** if you have any questions.

COST-SHARING (PREMIUMS, COPAYS, COINSURANCE, AND DEDUCTIBLES)

Cost sharing is the amount you must pay for some services. This includes premiums, copayments, coinsurance, and deductibles.

WHAT IS A COPAYMENT (COPAY)?

A copay is a fixed amount you must pay for some services. This is usually done at the time of service. Most CHIP members will need to pay a copay for medical and pharmacy services.

Additional copay information is listed in the copay chart on pages 15 and 16..

CHIP copay amounts and CHIP copay plan (Plan B, Plan C or No Cost Share) will be listed on your ID card.

WHEN DO I PAY A COPAY?

You may have to pay a copay if you:

- See a doctor
- Go to the hospital for outpatient care
- Have a planned stay at the hospital
- Use the emergency room
- Use an urgent care clinic
- Get a prescription drug

WHAT IS COINSURANCE?

Coinsurance is a percentage of the total bill that you are responsible to pay. Coinsurance varies depending on the service and CHIP plan (B or C). Refer to the copay chart on page x for more information.

WHAT IS A DEDUCTIBLE?

A deductible is a set amount that you must pay before your plan pays for the remainder of the bill. Once the deductible has been paid, you no longer have a deductible for the remainder of the plan year. The deductible plan year starts on July 1st and ends on June 30th the following year.

WHAT IS AN OUT-OF-POCKET MAXIMUM?

CHIP members have a maximum amount you must pay each benefit period. This maximum is based on 5% of your household income. This is called your out-of-pocket maximum. The benefit period is the 12-month period that begins with your first month of CHIP eligibility. A new 12-month benefit period begins with each review when you remain eligible for CHIP. Deductibles, coinsurance, and copays count toward the out-of-pocket maximum.

HOW MUCH WILL MY OUT-OF-POCKET MAXIMUM BE?

This information is sent by DWS in your application and review approval notices. If you are not sure what your out-of-pocket maximum amount is, call:

- DWS at **1-866-435-7414**;
- Health Program Representative (HPR) at **1-866-609-9422**; or
- Member Services at **801-213-0525** or **833-404-4300**

WHAT HAPPENS WHEN I HAVE PAID MY MAXIMUM OUT-OF-POCKET COSTS?

Once you reach your out-of-pocket maximum, we will send your household new CHIP ID cards and a letter telling you that your household will no longer have to pay cost sharing expenses for the remainder of your benefit period. Until your ID cards are received, you can show a copy of the letter to your provider as proof you do not owe a copay.

Call our member services **801-213-0525** or **833-404-4300** if you have questions about whether you have reached your household's out-of-pocket maximum for your benefit period.

WHAT ARE THE DATES FOR THE BENEFIT PERIOD?

The benefit period is 12 months of CHIP coverage, beginning with the month you became eligible for CHIP. The 12-month benefit period resets at each review or approval of CHIP benefits. Check with DWS if you do not know which month your CHIP coverage began.

WHAT SERVICES DON'T HAVE A COPAY OR COST-SHARE?

You may have to pay a copay if you:

- Well-child exams
- Immunizations
- Lab and X-Ray for minor diagnostic tests (refer to the CHIP copay chart on page 15 for additional information)
- Mental Health and Substance Use Disorder outpatient, urgent care and office visits
- Mental Health and Substance Use Disorder Residential Treatment

WHO DOES NOT HAVE TO PAY A COPAY OR COST-SHARE?

- Verified Alaska Natives
- Verified American Indians
- Those who have reached their out-of-pocket maximum for their benefit period

CHIP COPAY CHART

BENEFIT (PER PLAN YEAR)	PLAN B – COPAY*	PLAN C – COPAY*
OUT-OF-POCKET MAXIMUM	5% of family's household income.	5% of family's household income.
PRE-EXISTING CONDITION	No waiting period	No waiting period
DEDUCTIBLE	\$70/Family	\$575/Child or \$1,600 Family
WELL-CHILD EXAMS	\$0	\$0
IMMUNIZATIONS	\$0	\$0
DOCTOR VISITS	\$5	\$25
SPECIALIST VISITS	\$5	\$40
EMERGENCY ROOM	\$10	20% after deductible, minimum of \$150 per visit
AMBULANCE	5% of approved amount after deductible	20% of approved amount after deductible
URGENT CARE	\$5	\$45
AMBULATORY SURGICAL& OUTPATIENT HOSPITAL	5% of approved amount after deductible	20% of approved amount after deductible
INPATIENT HOSPITAL SERVICES	\$150 after deductible	20% of approved amount after deductible
LAB & X-RAY	<ul style="list-style-type: none"> - \$0 for minor diagnostic test and x-rays - 5% of approved amount after deductible for major diagnostic tests and x-rays. 	<ul style="list-style-type: none"> - \$0 for minor diagnostic test and x-rays - 20% of approved amount after deductible for major diagnostic tests and x-rays.
SURGEON	5% of approved amount after deductible	20% of approved amount after deductible
ANESTHESIOLOGIST	5% of approved amount after deductible	20% of approved amount after deductible
PRESCRIPTONS <ul style="list-style-type: none"> - Preferred Generic Drugs - Preferred Brand Name Drugs - Non-preferred Drugs 	<ul style="list-style-type: none"> - \$5 - 5% of approved amount - 5% of approved amount 	<ul style="list-style-type: none"> - \$15 - 25% of approved amount - 50% of approved amount
MENTAL HEALTH & SUBSTANCE USE DISORDER <ul style="list-style-type: none"> - Inpatient - Outpatient, Office Visit & Urgent Care 	<ul style="list-style-type: none"> - \$150 after deductible - \$0 	<ul style="list-style-type: none"> - 20% of approved amount after deductible - \$0
RESIDENTIAL TREATMENT	\$0	\$0

CHIP COPAY CHART

BENEFIT (PER PLAN YEAR)	PLAN B – COPAY*	PLAN C – COPAY*
THERAPY - Physical - Occupational - Speech	- \$5 (20 visit limit per year) - \$5 (20 visit limit per year) - \$5 (20 visit limit per year)	- \$40 after deductible (20 visit limit per year) - \$40 after deductible (20 visit limit per year) - \$40 after deductible (20 visit limit per year)
APPLIED BEHAVIOR ANALYSIS (ABA) - Treatment of Autism Spectrum Disorder	\$0	\$0
CHIROPRACTIC VISITS	Not a covered benefit	Not a covered benefit
HOME HEALTH & HOSPICE	5% of approved amount after deductible	20% of approved amount after deductible
MEDICAL EQUIPMENT & MEDICAL SUPPLIES	10% of approved amount after deductible	25% of approved amount after deductible
DIABETES EDUCATION	\$0	\$0
VISION SCREENING	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)
HEARING SCREENING	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)

*Copay plans are based on your household income. American Indian/Alaska Natives will not be charged copays, coinsurance or deductibles. CHIP members who have met their out-of-pocket maximum will not be charged copays, coinsurance or deductibles.

** CHIP (DWS) will send you an approval letter telling you the out-of-pocket maximum for your family.

PRESCRIPTION DRUG COVERAGE

Covered prescription drugs must be prescribed by a licensed provider and purchased at a network pharmacy, except in a medical emergency.

The Plan has the discretion to require certain therapies to be provided in the home versus in an infusion center. In addition, the Plan will determine if a prescription drug is covered under medical or retail pharmacy.

The amount you will pay for your prescription drugs is showing in your benefit chart. Your responsibility will be based on the type of drug (generic, brand, or specialty) and what the tier the drug is in.

Your pharmacy benefit has three prescription

drug tiers. These tiers determine your out-of-pocket responsibility and correspond to the copays and/or coinsurance shown on your CHIP Copay Chart. In most cases, the prescription drugs on the lower tiers will cost less. More information on Healthy U CHIP preferred drug list (PDL) can be found at uhealthplan.utah.edu/chip/pharmacy.

- Tier 1 - Preferred Generic Drugs
- Tier 2 - Preferred Brand Drugs
- Tier 3 - Non-Preferred Brand Drugs
- Non-Formulary (NF) – Indicates drugs that are not covered

USING YOUR PRESCRIPTION DRUG BENEFITS

When you incur expenses for prescription drugs purchased from a duly licensed pharmacy

pursuant to a prescription order, prescription drug benefits will be provided as follows:

- When you use your Health Plan ID card at a Participating Network Pharmacy, you will be required to pay the applicable Deductible, Copay, or Coinsurance amounts specified in the CHIP Copay Chart at the time of purchase. When you do not use your Health Plan Identification Card, you will be required to pay the entire cost of the prescription drug. You can submit a request for reimbursement with Healthy U CHIP Pharmacy Customer
- Service within 365 days of fill date for reimbursement of eligible expenses, not to exceed the amount the Plan would have paid a Participating Pharmacy if you had used your Health Plan Identification card. Any claims not submitted within 365 days of the fill date must be submitted as soon as reasonably possible and may be denied if Healthy U CHIP was prejudiced by your failure to submit your claim within 365 days of the fill date.
- If you fill a prescription order from an Out-of-Network Pharmacy you will be required to pay the entire cost of the prescription drug, unless it is related to a medical emergency. There is no reimbursement for prescription claims processed by an Out-of-Network Pharmacy.
- You are able to fill a 30-day supply at any In-Network Pharmacy. The Plan uses a Nationwide Network of Pharmacies. Healthy U CHIP Pharmacy Customer Service at the number found on the back of your ID Card to find an in-network pharmacy.
- Prescriptions written by Out-of-Network Providers are not covered by the Plan.

LOST/DAMAGED/STOLEN

Prescription replacements are not covered by the plan. The Member will have access to the network discounts, but the cost for replacement

will be Member responsibility. If a medication is stolen, the plan will review for replacement only when accompanied by a police report and if the provider is willing to write a new prescription. If the stolen replacement prescription is approved, it will be limited to one incident per year. For questions about prescription drugs, call Pharmacy Customer Service at **855-203-3633**.

SPECIALTY PHARMACY

The Plan requires that all prescription drugs noted, as Specialty must be filled through the Plan's designated Specialty Pharmacies.

PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand prescription drugs and all specialty drugs require Prior Authorization to be eligible for coverage under the prescription drug benefit. In addition, retail prescription drugs with anticipated costs over \$1000 require prior authorization. Your provider will be required to complete a PA form and provide clinical documentation to show why this prescription drug is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include your diagnosis and previous therapies that have failed in the letter. If a PA is not received or if the prescription drug is filled prior to approval, you will be required to pay the entire cost of the prescription drug. Prior Authorization is required for any quantities that exceed Plan limits.

MEDICAL BILLS

WHAT SHOULD I DO IF I RECEIVE A MEDICAL BILL THAT SHOULD BE COVERED BY CHIP?

If you receive a bill for services that you believe should be covered by CHIP, call Member Services for help at 801-213-0525 or 833-404-4300. Do not pay the bill until you talk to Member Services. You may not get a refund if you pay the bill.

WHEN DO I HAVE TO PAY A MEDICAL BILL?

You will have to pay your medical bills when:

- You are not eligible for CHIP on the day of service.
- You get a service that is not covered by CHIP or that exceeds the CHIP benefit limit. You must agree to this in writing before you get the service.
- You ask for and get services during an appeal or State Fair Hearing and the decision is not in your favor.
- You get care from a provider who is not with your CHIP plan or is not enrolled as a provider in the Utah Medicaid/CHIP provider enrollment system (except for Emergency Services).

- Denies payment or pays less for services that were provided.
- Denies a service or approves less than you or your provider asked for.
- Lowers the number of services we had approved or ends a service that we had approved.
- Denies payment for a covered service.
- Denies payment for a service that you may be responsible to pay for.
- Did not make a decision on an appeal or grievance when we should have. See appeal and grievance time frames below.
- Did not provide you with a doctor's appointment or service within 30 days for a routine doctor visit or 2 days for an urgent care visit.
- Denies your request to dispute a financial liability
- Said that you must pay a financial liability and you disagreed. Financial liabilities include copays, coinsurance, and deductibles.

OTHER INSURANCE

WHAT IF MY CHILD GAINS COVERAGE ON ANOTHER MEDICAL INSURANCE?

If your child gains another insurance, you must report it to the DWS eligibility office within 10 days of gaining coverage on the other insurance. Once DWS is notified, they will update your case with the insurance information.

Your CHIP coverage will become your secondary insurance for any services. You must let your provider know you have CHIP and the other insurance.

You have a right to receive a Notice of Adverse Benefit Determination if one of the above occurs. If you did not receive one, contact Healthy U Member Services at **801-213-0525** or **833-404-4300** and we will send you a notice.

ADVERSE BENEFIT DETERMINATION, APPEALS, GRIEVANCES, AND STATE FAIR HEARINGS

WHAT IS AN ADVERSE BENEFIT DETERMINATION?

An adverse benefit determination is when we make a decision that is not in your favor.

Types of adverse benefit determinations are when Healthy U CHIP:

WHAT IS AN APPEAL?

If you disagree with the adverse benefit determination, you, your provider, or your authorized representative can request an appeal. An appeal is Healthy U CHIP's review of an adverse benefit determination to see if the right decision was made.

HOW DO I REQUEST AN APPEAL?

You, your provider, or your authorized representative can request an Appeal. An appeal form can be found on our website at <https://uhealthplan.utah.edu/chip/claims>

A request for an appeal will be accepted by filling out an appeal form on our website, by fax at 801-281-6121, over the phone at **801-213-0525** or **833-404-4300**, or by mail:

Healthy U
Appeals Team

6053 Fashion Square Drive, Suite 110
Murray, UT 84107

Submit the appeal within 60 days from the date on the notice of adverse benefit determination.

Help will be provided to enrollees, upon request, in carrying out the required steps to file an appeal (e.g., interpreter services, TTY). If you need help filing an appeal request, call us at **801-213-0525** or **833-404-4300**.

If you are deaf or hard of hearing, you can call Utah Relay Services at **711** or **1-800-346-4128**.

HOW LONG DOES AN APPEAL TAKE?

You will be given written notice of our decision within 30 calendar days from the date we get your oral or written appeal request. You will be notified in writing if we need more time to make a decision on the appeal request.

Sometimes we might need more time to make our decision. We can take up to another 14 calendar days to make a decision. If we need more time, we will let you know in person or through a phone call as quickly as possible, or in writing within two days.

CAN I GET A DECISION ON AN APPEAL MORE QUICKLY?

If waiting 30 days for our decision will harm your health, life, or ability to maintain or regain maximum function, you can ask for a quick appeal. This means we will make a decision within 72 hours.

Sometimes we might need more time to make a quick appeal decision. We can take up to another 14 calendar days to make a decision. If we need to take more time, we will let you know through in person or through a phone call as soon as possible, or in writing within two days.

If we deny your request for a quick appeal, we will also let you know in person or through a phone call as soon as possible, or in writing within two days.

HOW DO I ASK FOR A QUICK APPEAL?

You can ask for a quick appeal over the phone or in writing. Call us at **801-213-0525** or **833-404-4300** or write to us at:

Healthy U
Appeals Team
6053 Fashion Square Drive, Suite 110
Murray, UT 84107

WHAT HAPPENS TO MY BENEFITS WHILE I APPEAL?

Your benefits will not be stopped because you asked for an appeal.

If your request for an appeal is because we told you that we are going to reduce, suspend, or stop a service, let us know if you want to keep getting that service. You must let us know if you want to keep getting the service by one of the timeframes below (whichever is later):

- Within 10 calendar days of the date on the notice of adverse benefit determination; or
- Before the date your benefits will be reduced, suspended, or stopped.

You may have to pay for the service if the appeal decision is not in your favor.

A request to keep getting benefits does not impact the time you have to file an appeal. You have 60 days from the date on the notice of adverse benefit determination to file an appeal.

WHAT IS A STATE FAIR HEARING?

A State Fair Hearing is a hearing with the State Medicaid/CHIP agency about your appeal.

A State Fair Hearing allows you to explain why you think Healthy U CHIP's appeal decision should be changed. You, your provider, or your authorized representative can request a State Fair Hearing after you get notice of our appeal decision.

HOW DO I REQUEST A STATE FAIR HEARING?

When we tell you about our decision on your appeal request, we will tell you how to ask for a State Fair Hearing if you do not agree with our decision. We will also give you the Form to Request a State Fair Hearing to send to the State Medicaid/CHIP agency. The form must be sent to the State Medicaid/CHIP agency no later than 120 calendar days from the date on our appeal decision notice.

WHAT IS A GRIEVANCE?

A grievance is a complaint about anything other than an adverse benefit determination. You have the right to file a grievance and tell us about your concerns.

You can file a grievance about issues related to your care such as:

- When you do not agree with the amount of time that the plan needs to make an authorization decision
- Whether care or treatment is appropriate
- Access to care
- Quality of care
- Staff attitude
- Rudeness
- Any other kind of problem you may have had with us, your health care provider or services

HOW DO I FILE A GRIEVANCE?

You can file a grievance at any time. If you need help filing a grievance, call us at **801-213-0525**

or **833-404-4300**. If you are deaf or hard of hearing, you can call Utah Relay Services at **711** or **1-800-346-4128**, and they can help you file your grievance with us.

You can file a grievance either over the phone or in writing. To file by phone, call Member Services at **801-213-0525** or **833-404-4300**. To file a grievance in writing, please send your letter to:

Healthy U

Grievance Team

6053 Fashion Square Drive, Suite 110
Murray, UT 84107

Online Form: <https://uhealthplan.utah.edu/chip/claims>

Fax: 801-587-9958

We will let you know our decision about your grievance within 90 calendar days from the day we get your grievance. Sometimes we might need more time to make our decision. We can take up to another 14 calendar days to make a decision. If we need more time to make a decision, we will let you know in person or through a phone call as soon as possible, or in writing within two days.

FRAUD, WASTE, AND ABUSE

WHAT IS HEALTH CARE FRAUD, WASTE, AND ABUSE?

Doing something wrong related to CHIP could be fraud, waste, or abuse. We want to make sure health care dollars are used the right way. Fraud, waste, and abuse can make health care more expensive for everyone.

Let us know if you think a health care provider or a person getting CHIP is doing something wrong.

Some examples of Fraud, Waste and Abuse are:

By a Member

- Letting someone use your CHIP Member card
- Changing the amount or number of refills

on a prescription

- Lying to receive medical or pharmacy services

By a Provider

- Billing for services or supplies that have not been provided
- Overcharging a CHIP member for covered services
- Not reporting a member's misuse of a CHIP ID Card

HOW CAN I REPORT FRAUD, WASTE, AND ABUSE?

If you suspect fraud, waste, or abuse, you may contact:

Internal

Healthy U Compliance Department

Email: healthplanscompliance@utah.edu

Telephone: **801-213-0525** or **833-404-4300**

Provider Fraud

The Office of Inspector General (OIG)

Email: mpi@utah.gov

Toll-Free Hotline: **1-855-403-7283**

Member Fraud

Department of Workforce Services Fraud Hotline

Email: wsinv@utah.gov

Telephone: **1-800-955-2210**

You do not need to give your name to file a report. Your benefits will not be affected if you file a report.

CARE MANAGEMENT

WHAT IS CARE MANAGEMENT?

Care management is provided by a team of nurses and social workers who help you with your health care and social needs. They help members find the right care, in the right place, and for the best value. Care managers work hard to get to know you and your health care

goals. To speak with a Care Manager, call our Care Management team at **801-587-2851** or toll-free **883-981-0212 Option 3**.

Healthy U Care Management programs include:

- **Adult and Pediatric Complex Care Management:**

This program focuses on people who have multiple chronic conditions. Our care managers help you navigate the health care system, find providers, and provide health education to keep you as healthy as possible.

- **Chronic Condition Care Management:**

If you have a diagnosis of asthma, diabetes, or heart failure, our nurses can help you. They will provide education, coordinate care, and help find community resources to best fit your needs.

- **Acute Care Management:**

If you are in the hospital, our nurses can help you make sure you have a safe discharge and that all of your questions are answered.

- **Behavioral Health Care Management:**

If you need assistance with mental health and/or substance use treatment, our behavioral health team is here to help you get the care you need. We have an integrated approach for your medical needs as well. We will coordinate with your behavioral health plan (mental health plan) to help you get the care you need.

- **U Baby Care Management:**

If you are pregnant, we have a team of nurses to help you have a healthy baby. Our U Baby Team provides support every step of the way.

Services include free screening for high-risk delivery, assistance in finding the right provider to meet your needs, referrals to community resources, and family planning information.

- **Tele-Prenatal Program:**

If your pregnancy is low risk, your provider may recommend prenatal telehealth visits. This will allow you to get prenatal care without leaving your home. For more information, visit our website at uofuhealth.org/virtualprenatalcare or call us at **801-213-2995**.

- **Intensive Outpatient Clinic**

The Intensive Outpatient Clinic (IOC) provides care for our Healthy U members who have multiple health care needs. The clinic is staffed with primary care providers, social workers, nurses, pharmacists, and a psychiatrist. The IOC provides a welcoming environment and care that meets our members where they are in their health care journey.

LIST OF COVERED SERVICES

These are some of the CHIP services covered by Healthy U CHIP:

- Abortions and sterilizations (with required forms and when criteria is met)
- Ambulance for medical emergencies
- Anesthesia for medical and dental services in a surgical center or hospital (requires prior authorization from your plan)
- Autism services, including Applied Behavioral Analysis (ABA), for the treatment of autism
- Behavioral health services
- Diabetes and diabetes education
- Doctor visits, including specialists
- Drugs prescribed by your doctor
- Eye exams
- Emergency care, 24 hours a day, 7 days a week
- Family planning
- Hearing exams
- Home Health
- Hospice (end-of-life care)
- Hospital services, inpatient and outpatient
- Immunizations
- Labs and x-rays
- Medical equipment and supplies
- Mental health services
- Occupational therapy
- Organ transplants (bone marrow, heart, lung, pancreas, kidney, cornea, liver)
- Orthodontia with prior authorization
- Physical therapy
- Pregnancy-related services including labor and delivery
- Substance use disorder services
- Tobacco cessation

LIST OF NON-COVERED SERVICES

If you are not sure not sure if a service is covered, call our member services team at **801-213-0525** or **833-404-4300**.

These are some services CHIP does not cover under Medical Benefit:

- Abortions, except to save a mother's life or result of rape or incest, with required forms
- Acupressure
- Allergy tests and treatment, selected types
- Anesthesia, general, while in a doctor's office
- Biofeedback
- Certain immunizations (e.g., anthrax, Bacillus Calmette-Guerin (BCG), plague, typhoid yellow fever, travel, and others)
- Certain pain services
- Charges/services not for medical purposes (e.g., late fees or no-show fees)
- Chiropractic services
- Claims submitted after one year from the date of service
- Complementary and Alternative Medicine (CAM)
- Experimental services
- Eyeglasses for the correction of refraction
- Eye surgery for the correction of vision (e.g. LASIK)
- Food based treatments
- Gene therapy
- Genetic counseling
- Hearing aids (unless the child was approved for cochlear implants)
- In-vitro fertilization

These are some services CHIP does not cover under the retail Pharmacy Benefit:

- Anabolic Steroids
- Biological Sera, Blood, or Blood Plasma
- Compounded Pharmacy Products; Compounded products are limited and may not be covered without prior authorization if a commercial product is available or if exceeds the cost limit.
- Investigational, Experimental, Clinical Trial, or Unproven Drugs: Drugs labelled "Caution – limited by federal law to investigational use", or experimental drugs, even though a charge is made to the individual.
- Medications for Cosmetic purposes (for example, but not limited to, cosmetic hair growth and removal Products).
- Medications to treat vitiligo
- Medications to treat sexual dysfunction or impotence
- Medication samples, including any corresponding administration requirements such as intravenous infusion therapy and office visits for administration.
- Medications used to treat weight loss.
- Medications whose primary purpose is to correct vision.
- Off-label use of Medication; except as outlined in the Plan Off-label Use Policy.
- Over-the-Counter Medication (OTC) or other items purchased at a pharmacy whether or not there is a Prescription order for the item(s), except as required under ACA. Pigmenting/De-pigmenting Agents, except as required to treat photosensitive conditions, such as psoriasis.
- Prescription Drugs in excess of a 30-day supply or the Plan Day or quantity limit

- Refills in excess of the number specified by the Physician or any refill dispensed after one year from the Physician's original Prescription order.
- Synagis or other passive immunotherapies for the treatment of RSV (Respiratory Syncytial Virus) outside of the state reported RSV reason.
- Testopel pellets
- Vitamins and Minerals, except as required under ACA. Please note vitamins may be limited to coverage by age and specific dosing requirements.

For more information on medical benefits, please call **801-213-0525** or **833-404-4300** or visit our website at uhealthplan.utah.edu/chip. For information on pharmacy benefits, please call **855-203-3633**.

NOTICE OF PRIVACY PRACTICES

WE PROTECT YOUR PRIVACY

We strive to protect the privacy of your personal health information (PHI) in the following ways:

- We have strict policies and rules to protect PHI.
- We only use or give out your PHI with your consent.
- We only give out PHI without your approval when allowed by law.
- We protect personal information by limiting access to those who need it to do given tasks and through physical safeguards.

You have the right to look at your PHI.

HOW DO I FIND OUT MORE ABOUT PRIVACY PRACTICES?

Contact Member Services if you have questions about the privacy of your health records. They

can help with privacy concerns you may have about your health information. They can also help you fill out the forms you need to use your privacy rights.

The complete notice of Privacy Practices is available at uhealthplan.utah.edu/pdf/notice-of-privacy.pdf. You can also ask for a hard copy of this information by contacting Member Services at **801-213-0525** or **833-404-4300**.

NON-DISCRIMINATION POLICY

Healthy U complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide free:

Aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services contact Member Services at **1801-213-0525** or **833-404-4300**.

If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator by:

Mail: 6053 Fashion Square Drive, Suite 110
Murray, UT 84107

Phone: 1-801-587-2835 (TTY 711)

Fax: 801-281-6121

Email: healthplanscompliance@utah.edu

You can file a grievance in person or by mail, fax, or email. If you need assistance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by:

Mail: U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

Phone: **1-800-368-1019, 1-800-537-7697 (TDD).**

Complaint forms are available at hhs.gov/civil-rights/filing-a-complaint/index.html.





HEALTH PLANS
UNIVERSITY OF UTAH