



Utah Department of
Health & Human
Services



Children's Health Insurance Program (CHIP) Member **Guide**



1-877-543-7669
chip.utah.gov



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The CHIP member guide is available on the CHIP website: chip.utah.gov

Phone numbers and contact information

CHIP hotline: 1-877-KIDS-NOW (1-877-543-7669) or 1-888-222-2542

CHIP premium line: 1-866-435-7414 (select option 5)

CHIP website: chip.utah.gov

Constituent services (DHHS): Call: (801) 538-6417 or toll-free 1-877-291-5583
Email: medicaidmemberfeedback@utah.gov

Constituent services (DWS): 1-800-331-4341

Department of Workforce Services (DWS): 1-877-543-7669 | jobs.utah.gov/

DWS myCase (information about your case online): jobs.utah.gov/mycase

DWS eligibility office: 1-866-435-7414

Health Program Representative (HPR) member hotline: 1-866-608-9422

Molina: 1-888-483-0760 | www.molinahealthcare.com

Premier Access: 1-877-854-4242 | www.PremierLife.com

Select Health: 1-800-538-5038 | www.selecthealth.org

Utah's Premium Partnership (UPP) for Health Insurance: 1-888-222-2542
medicaid.utah.gov/upp

Glossary of abbreviations

CHIP	Children's Health Insurance Program
DWS	Department of Workforce Services
DHHS	Department of Health and Human Services
UPP	Utah's Premium Partnership for Health Insurance
HPR	Health Program Representative
IHS	Indian Health Services
TPL	Third Party Liability (other insurance)
PHI	Personal Health Information
State CHIP	State Children's Health Insurance Program

Introduction





Welcome to the Utah Children's Health Insurance Program (CHIP)!

We want you to get the most from your children's health coverage. This member guide will help you understand all the benefits, services, and programs your children can use as CHIP members. If you would like a printed copy of the handbook, call **1-866-608-9422**.

Language services

If you are deaf or hearing impaired, or speak another language, you can get an interpreter. When you call the CHIP hotline or CHIP premium office, CHIP provides an interpreter over the phone to help you.

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 interpretive services at your doctor or dentist's office, call your medical plan (Select Health/Molina) or dental plan (Premier Access) before your appointment to make arrangements.

You may also ask for this member guide in another written language or brail by calling an HPR.

Department of Workforce Services (DWS) eligibility office

DWS offers support for families who are seeking medical assistance. The DWS eligibility office processes applications for medical assistance and determines if a family is eligible for Medicaid or CHIP.

Families may apply online at chip.utah.gov. The Department of Workforce Services (DWS) offers help with interpreter and translation needs by requesting assistance over the phone at **1-866-435-7414** or going into a local DWS office.

myCase

myCase is an online tool offered through DWS where you can apply for services and manage all your benefits including medical, childcare, SNAP and financial assistance.

You can check the status of your application or review, access your notices, and submit forms, documents, and verifications through myCase at jobs.utah.gov/mycase.

If you have questions about signing up for myCase and would like assistance, **call 1-866-435-7414**.



Call: **1-866-435-7414**

Online access through **myCase**
<https://jobs.utah.gov/mycase>

When do I have to contact DWS?

You must contact DWS when:

- You have a change in the number of family members living at home.
- You have a change of address, phone number, or move out of state.
- You have a change in health insurance coverage. (Contact DWS within 10 days if your child enrolls in other health insurance (TPL) or if insurance becomes available through your work.)

You can contact DWS through myCase, calling their eligibility office **1-866-435-7414**, or going to the nearest DWS office. To find a DWS office near you, visit jobs.utah.gov/.

What if I don't agree with the decision made on my application or case review, or feel I have been treated unfairly?

If you do not agree with the decision made on your medical case or feel you have been treated unfairly, you have the right to:

- Talk with an eligibility supervisor.
- Call the DWS office of Constituent Services at **1-800-331-4341**.
- Ask for a fair hearing, no later than 90 days after the notice of action from DWS. More information about a public assistance appeal is available on the DWS website: jobs.utah.gov/appeals/pa/filingpublic.html.

How often will my case be reviewed?

DWS will review your case every 12 months. During your review they will look at all available medical programs and determine if you are still eligible for medical assistance. They will not close your case unless they have determined you are no longer eligible for CHIP or another medical program.

When your case is being reviewed:

- DWS will send you a review form electronically or by mail.
- Give you instructions and a list of what they need to complete your review once you return the form.

Choosing a Health Plan



Health Program Representatives (HPR)

Health Program Representatives (HPRs) will help you understand your CHIP benefits. They can help you choose your health plan and answer questions about your coverage or the care you are receiving.

To contact an HPR, please call **1-866-608-9422** from 8 a.m. to 5 p.m., Monday through Friday.

HPR's can help you:

- Choose your health plan
- Find a doctor or dentist
- Find a specialist
- Understand your benefits
- Resolve a complaint
- Answer questions about how to use your CHIP coverage



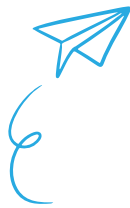
CHIP health and dental plans

What is a health and dental plan?

CHIP health and dental plans cover and pay for medical and dental benefits for children enrolled in CHIP.

CHIP has two health plans statewide and you may choose which one you want.

The CHIP health plans are:



Select Health

1-800-538-5038 or www.selecthealth.org/

Molina

1-888-483-0760 or www.molinahealthcare.com/

The CHIP benefits for Select Health and Molina are the same, but the list of doctors and hospitals may be different. Please check with your current doctor to see which health plan they accept. You may contact each plan toll-free, to find out if your doctor is already in their network.

CHIP has one dental plan statewide that will cover your dental benefits. **The CHIP dental plan is:**

Premier Access

1-877-541-5415 or www.premierlife.com/



Choosing a CHIP plan

Everyone who is approved for CHIP must choose which health plan they want for their CHIP coverage or else one will be assigned.

How do I choose my CHIP health plan?

When you are approved for CHIP, you will get a welcome letter telling you to choose a medical plan by calling the HPR member services.

Once you know which medical plan you want to choose, **you will need to do one of the following:**

- Call HPR member services at **1-866-608-9422**.
- Send an email to chipphpr@utah.gov with your plan choice, case number, names of parent/guardian and children, and contact information.
- Print the “Health plan selection form” available online at <https://chip.utah.gov/resource-and-materials/> and fax it to **1-801-237-0743**.

During your call with the HPR, they will:

- Discuss your health plan choices.
- Review your CHIP benefits and how to access medical and dental care.
- Help you find out if your preferred doctor and hospital are on the selected health plan.
- Answer other benefit and coverage questions.

How much time do I have to choose my health plan?

You must choose your health plan within **two weeks** of receiving your welcome letter. If you do not choose a plan, one will be assigned to you. If your child is seen by a doctor or hospital that is not covered under the health plan you select or are assigned to, you may be responsible for paying for the visit.



Benefit Lookup Tool

You can check your CHIP coverage and plan information anytime online using the Benefit Lookup Tool at www.mybenefits.utah.gov.

Benefit and plan information will be available on the lookup tool for all individuals in your household. Adults and children, age 18 and older, can view their own coverage. Access may also be given to medical representatives. If you want to give access to a medical representative, contact DWS to have the medical representative's information added to your case.

Hospitals

This is a list of hospitals where CHIP services are offered.

Hospitals	SelectHealth	Molina
Alta View Hospital	<input checked="" type="checkbox"/>	
American Fork Hospital	<input checked="" type="checkbox"/>	
Ashley Valley Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Avenues Surgical Center	<input checked="" type="checkbox"/>	
Bear Lake County Memorial Hospital		<input checked="" type="checkbox"/>
Bear River Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Beaver Valley Hospital	<input checked="" type="checkbox"/>	
Blue Mountain Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Brigham Community Hospital		<input checked="" type="checkbox"/>

Hospitals	SelectHealth	Molina
Cache Valley Hospital		<input checked="" type="checkbox"/>
Cassia Regional Hospital		<input checked="" type="checkbox"/>
Castle View Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cedar City Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Central Valley Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Davis Hospital & Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Davis Hospital & Medical Center - Psych Unit		<input checked="" type="checkbox"/>
Davis Hospital & Medical Center - Rehab Unit		<input checked="" type="checkbox"/>
Delta Community Hospital	<input checked="" type="checkbox"/>	
Dixie Regional Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fillmore Community Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Franklin County Medical Center		<input checked="" type="checkbox"/>
Garfield Memorial Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gunnison Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heber Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Highland Ridge Hospital		<input checked="" type="checkbox"/>
Huntsman Cancer Hospital <i>(Requires Prior Authorization)</i>		
Intermountain Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jordan Valley Medical Center		<input checked="" type="checkbox"/>
Jordan Valley Medical Center West Valley Campus		<input checked="" type="checkbox"/>
Jordan Valley Medical Center West Valley Campus - Psych Unit		<input checked="" type="checkbox"/>
Kane County Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lakeview Hospital		<input checked="" type="checkbox"/>
Lakeview Hospital - Psych Unit		<input checked="" type="checkbox"/>

Hospitals	SelectHealth	Molina
Landmark Hospital of Salt Lake City LLC		<input checked="" type="checkbox"/>
Layton Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LDS Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Logan Regional Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lone Peak Hospital		<input checked="" type="checkbox"/>
McKay-Dee Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
McKay-Dee Surgical Center	<input checked="" type="checkbox"/>	
Milford Valley Memorial Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Moab Regional Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mountain Point Medical Center		<input checked="" type="checkbox"/>
Mountain View Hospital		<input checked="" type="checkbox"/>
Mountain West Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ogden Regional Medical Center		<input checked="" type="checkbox"/>
Orem Community Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Park City Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Children's Hospital and Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Promise Hospital of Salt Lake City		<input checked="" type="checkbox"/>
Provo Canyon Behavioral Hospital		<input checked="" type="checkbox"/>
Riverton Hospital	<input checked="" type="checkbox"/>	
Salt Lake Regional Medical Center - Psych Unit		<input checked="" type="checkbox"/>
San Juan Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sanpete Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sevier Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shriners Hospitals for Children		<input checked="" type="checkbox"/>

Hospitals	SelectHealth	Molina
South Davis Community Hospital - Chronic Disease		<input checked="" type="checkbox"/>
Spanish Fork Hospital	<input checked="" type="checkbox"/>	
St. Marks Hospital		<input checked="" type="checkbox"/>
St. Marks Hospital - Rehab Unit		<input checked="" type="checkbox"/>
St. Marks Hospital Behavioral Health		<input checked="" type="checkbox"/>
Timpanogos Regional Hospital		<input checked="" type="checkbox"/>
TOSH - The Orthopedic Specialty Hospital	<input checked="" type="checkbox"/>	
Uintah Basin Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Utah Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Utah Valley Specialty Hospital Inc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Frequently asked questions about health and dental plans

What will my health and dental plans do for me?

- Process your claims.
- Send you health and dental ID cards.
- Send you a member book with a list of their providers.
- Help you find a doctor or dentist within their network.
- Authorize services when a prior authorization is required.
- Answer questions about benefits and out-of-pocket costs.

When will I get my health and dental ID cards?

- You will receive your ID card(s) within 2-3 weeks after choosing or being assigned to your health and dental plan.
- If you do not get your cards or if you lose them, call your plan(s).
- The CHIP cards are wallet-sized cards that will have the member name and CHIP ID. You will get a card from your health plan and your dental plan.
- Bring your card to all of your appointments.

What should I do if my child needs medicine or health care before we get the CHIP ID cards?

If your child needs a medicine or is sick but you have not received your CHIP ID card, you can:

- Call your health or dental plan and ask for your ID number over the phone.
- Let your provider know that your child is on CHIP and which health and dental plan they are enrolled in. Your provider can verify your CHIP eligibility online.
- Call HPR member services at **1-866-608-9422** and ask for assistance.

If it is a weekend or after hours and you can not reach an HPR or your plan, you may have to pay for the service or medicine and request a reimbursement later. Once your child's coverage is confirmed, contact your health or dental plan and ask them how to get a reimbursement for the services your child received.

If your child needs emergency care, go to the nearest emergency department.

Will I get a new CHIP ID card if I add a family member to CHIP?

You will get a new medical card for any child added to your CHIP case. If you need medical coverage for a family member that is not currently covered by Medicaid or CHIP, apply with DWS to see if the child is eligible.

How do I know what is covered by my CHIP plan?

Your health and dental plans will send you a welcome packet that includes information about covered benefits, what is excluded, services that need pre-authorization, and a list of providers you may use. Call your health and dental plan if you do not receive it within 4-6 weeks. Learn more about your benefits by calling your plans or visiting their websites.

Molina

1-888-483-0760

www.molinahealthcare.com/

SelectHealth

1-800-538-5038

www.selecthealth.org/

Premier Access

1-877-541-5415

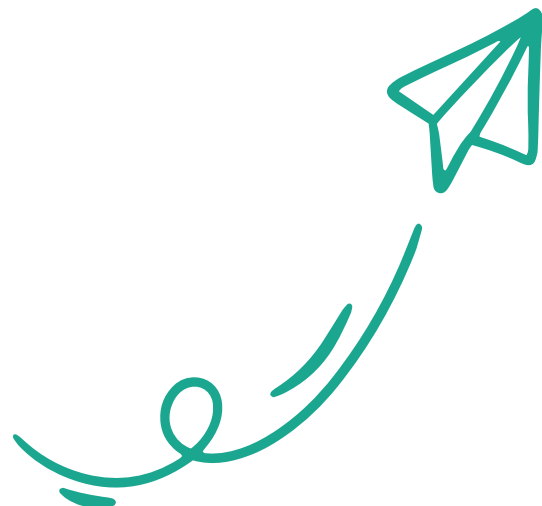
www.premierlife.com/

What if I disagree with the actions or decisions of my health or dental plan?

If you do not agree with the actions of your health or dental plan, you can file an appeal. You must pursue the appeal with your health or dental plan within **30 days** from the date you are told of their action or decision.

If you disagree with the outcome of your health or dental plan's appeal process, you can request a hearing with the DHHS Office of Administrative Hearings (OAH). The request must be made within **90 days** of when you are told of your health or dental plan's decision on your appeal.

You must pursue an appeal with your health or dental plan first before you can have a hearing with the OAH. If you do not appeal with your health or dental plan first, a hearing cannot be scheduled with DHHS.



Can I change my health and dental plan?

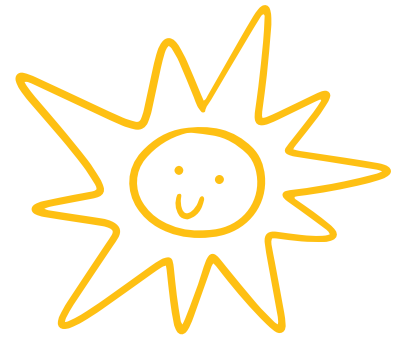
You may change your health plan in the first **90 days** of receiving CHIP benefits. If you miss this deadline you must stay with your selected health plan through June 30 of each year. You can change your health plan during the annual open enrollment period that runs from **May 1st to mid June every year**. Any changes made at that time will be effective July 1 of that year. You will receive a notice in the mail reminding you of the annual open enrollment period.

Contact HPR member services at **1-866-608-9422** if you have questions about changing your health plan.

CHIP only has one dental plan statewide so there is no option to change your dental plan.

Do CHIP health and dental plans have other benefits?

Call your plans to learn more about wellness programs they may offer.



Benefits and copays





CHIP health and dental benefits

What are my CHIP benefits?

Children enrolled in CHIP get the following health and dental benefits:

- 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
- Dental care including preventative, diagnostic, and restorative 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
- Hospital services, inpatient and outpatient
- Immunizations
- Labs and x-rays
- Medical equipment and supplies
- Occupational therapy
- Organ transplants
- Orthodontia with prior authorization
- Physical therapy
- Pregnancy-related services including labor and delivery
- Services for the treatment of substance use disorder
- Tobacco cessation



What services are not covered by CHIP?

If you are not sure if something is covered, contact your CHIP health or dental plan to check.

These are some services CHIP does not cover:

- Abortions, except to save a mother's life or result of rape or incest, with required forms
- Acupressure
- Allergy tests and treatment
- Anesthesia, general, while in a doctor's office
- Biofeedback
- Certain drugs and medicines (e.g., weight loss drugs, non-Food and Drug Administration (FDA) drugs)
- Certain pain services
- Charges/services not for medical purposes (e.g., late fees or no show fees)
- Chiropractic services
- Experimental services
- Eye glasses for the correction of refraction
- Eye surgery for the correction of vision
- Food based treatments
- Gene therapy
- Genetic counseling
- Hearing aids (unless the child was approved for cochlear implants)
- In-vitro fertilization

Emergency care and urgent care

What is an 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

What should I do if I have an emergency?

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

What if I have questions about poison danger?

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

Will I have to pay for emergency care?

You will have a copay for visiting the emergency room. Please see the copay chart in this member guide for information about emergency room copayments. You can also call your medical plan to find out more about emergency care and copays.

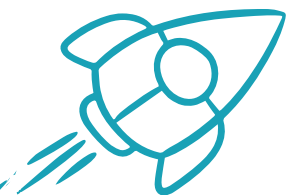
What is urgent care?

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



Family planning

Family planning services include:

- Birth control services and treatment.
- Education about birth control and treatment.
- Being able to see any provider that will accept your CHIP card for family planning services.
- Some types of sterilization treatment (all sterilization treatments require a consent form 30 days before surgery).

Non-covered family planning services

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

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.



Cost-sharing

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

What is a premium?

A premium is the amount you are asked to pay for your CHIP coverage. Depending on your income, you may be asked to pay a premium of up to \$75 every quarter. The premium is a set amount for your entire household no matter how many children you have.

DWS will send an invoice telling you when your premium is due. You will receive a new invoice every three months, starting with the first month that your child is enrolled in CHIP.

You can request a monthly payment option by calling the DWS business office at **1-866-435-7414**.

You can pay your premium the following ways:

- **Online:** jobs.utah.gov/mycase
- **Phone:** DWS Business Office
1-866-435-7414 (select option 5)
(Monday - Friday, 8:00 a.m. - 5:00 p.m.)
- **Mail:** Department of Workforce Services
Business Office
P.O. Box 143250
Salt Lake City, UT 84114-3250

Will my case close if I don't pay my premium?

No, your case will not close for non payment of premiums.

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.

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. Coinsurance percentage varies depending on the service.

What is a deductible?

A deductible is a set amount during a plan year that you must pay before your plan begins to pay for the remaining cost 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 1 and ends on June 30 in the following year.

What services don't have a copay or cost-share?

Some services do not have cost share, including:

- Well-child exams
- Immunizations
- Labs for minor diagnostic tests (refer to the CHIP copay chart for additional information)
- Mental health outpatient and office visits
- Mental health and substance use disorder outpatient office visits
- Residential treatment

Who does not have to pay a cost-share?

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

Out-of-pocket maximum

What is an out-of-pocket maximum?

An out-of-pocket maximum is the most you pay in cost sharing for out-of-pocket expenses during your benefit period. The maximum is based on your household income. The benefit period is the 12 month period that begins with your first month of CHIP eligibility. Premiums, deductibles, coinsurance, and copays all count toward the out-of-pocket maximum.

How much will my out-of-pocket maximum be?

This information is sent by DWS in your approval notice. If you are not sure what your out-of-pocket maximum amount is, call DWS at **1-866-435-7414**.

What happens when I have paid my maximum out-of-pocket costs?

Once you reach your out-of-pocket maximum, your medical and dental plans 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 your health and dental plan 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 your child became eligible for CHIP. Check with DWS if you do not know which month your child's CHIP coverage began.

What if my income changes?

If your income or household size changes, notify DWS of these changes. You will not lose coverage during the benefit period if your income increases. If you experience a decrease in income, ask DWS if you qualify for a lower cost CHIP plan or Medicaid.

CHIP Copay Plan B	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$30/family/quarter
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	\$40 per family
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$5
Specialist Visits	\$5
Emergency Room	\$5; \$10 for non-emergency
Ambulance	5% of approved amount after deductible
Urgent Care Center	\$5
Ambulatory Surgical & Outpatient Hospital	5% of approved amount after deductible
Inpatient Hospital Services	\$150 after deductible
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays
Surgeon	5% of approved amount
Anesthesiologist	5% of approved amount
Prescriptions <ul style="list-style-type: none"> • Preferred Generic Drug • Preferred Brand Name Drug • Non-Preferred Drug 	<ul style="list-style-type: none"> • \$5 • 5% of approved amount • 5% of approved amount

Mental Health & Substance Use Disorder Services <ul style="list-style-type: none"> Inpatient Office Visit & Outpatient Facility Urgent Care Center 	<ul style="list-style-type: none"> \$150 after deductible \$0 \$0
Residential Treatment	\$0
Physical Therapy	\$5 (20 visit limit per year)
Applied Behavior Analysis (ABA) <ul style="list-style-type: none"> Treatment of Autism Spectrum Disorder 	<ul style="list-style-type: none"> \$0
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	5% of approved amount after deductible
Medical Equipment & Supplies	5% of approved amount after deductible
Diabetes Education	\$0
Vision Screening	\$5 (1 visit limit per year)
Hearing Screening	\$5 (1 visit limit per year)
Dental Benefits	
Deductible	\$0
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per plan year, per child
Preventive Services <ul style="list-style-type: none"> Routine exams and cleanings (2 per year), topical fluoride, x-rays 	\$0
Basic Services <ul style="list-style-type: none"> Fillings, extractions, oral surgery, endodontics, periodontics 	5% of approved amount
Major Services (Crowns, bridges, dentures)	5% of approved amount
Orthodontics <ul style="list-style-type: none"> Covered ONLY if medically necessary 	5% of approved amount (\$1,000 lifetime maximum**). Requires Prior Authorization.
Specialists <ul style="list-style-type: none"> Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists 	5% of approved amount

CHIP Copay Plan C	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$75/family/quarter
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	\$500 per child; \$1,500 per family
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$25
Specialist Visits	\$40
Emergency Room	\$300 after deductible
Ambulance	20% of approved amount after deductible
Urgent Care Center	\$40
Ambulatory Surgical & Outpatient Hospital	20% of approved amount after deductible
Inpatient Hospital Services	20% of approved amount after deductible
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
Surgeon	20% of approved amount after deductible
Anesthesiologist	20% of approved amount after deductible
Prescriptions <ul style="list-style-type: none"> • Preferred Generic Drug • Preferred Brand Name Drug • Non-Preferred Drug 	<ul style="list-style-type: none"> • \$15 • 25% of approved amount • 50% of approved amount

<p>Mental Health & Substance Use Disorder Services</p> <ul style="list-style-type: none"> • Inpatient • Office Visit & Outpatient Facility • Urgent Care Center 	<ul style="list-style-type: none"> • 20% of approved amount after deductible • \$0 • \$0
Residential Treatment	\$0
Physical Therapy	\$40 after deductible (20 visit limit per year)
<p>Applied Behavior Analysis (ABA)</p> <ul style="list-style-type: none"> • Treatment of Autism Spectrum Disorder 	<ul style="list-style-type: none"> • \$0
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	20% of approved amount after deductible
Medical Equipment & Supplies	20% of approved amount after deductible
Diabetes Education	\$0
Vision Screening	\$25 (1 visit limit per year)
Hearing Screening	\$25 (1 visit limit per year)
Dental Benefits	
Deductible	\$50 per child; \$150 per family
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per plan year, per child
<p>Preventive Services</p> <ul style="list-style-type: none"> • Routine exams and cleanings (2 per year), topical fluoride, x-rays 	\$0
<p>Basic Services</p> <ul style="list-style-type: none"> • Fillings, extractions, oral surgery, endodontics, periodontics 	20% of approved amount after deductible
Major Services (Crowns, bridges, dentures)	50% of approved amount after deductible
<p>Orthodontics</p> <ul style="list-style-type: none"> • Covered ONLY if medically necessary 	50% of approved amount (\$1,000 lifetime maximum**). Requires Prior Authorization.
<p>Specialists</p> <ul style="list-style-type: none"> • Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists 	Talk to your dental plan for an estimate of additional charges.

Other Health Insurance

Other health insurance is also known as third party liability coverage (TPL). TPL refers to the legal obligation of third parties (for example, insurers or programs) to pay part or all of the expenditures for medical assistance provided to a CHIP or Medicaid member.

What happens if my child gains coverage on another insurance?

If your child gains another insurance, you must report it to DWS. Once DWS is notified, they will update your case with the insurance information. You should report your child's other health insurance to the DWS eligibility office within 10 days of gaining coverage on other insurance. Your CHIP coverage will become your secondary insurance for any services and will need to let your providers know.

Will my child lose coverage on CHIP if they enroll in another insurance plan?

If your child is still in their 12 month benefit period, they will not lose their CHIP coverage if they are enrolled in another insurance plan.

During your eligibility review, if it is determined that your child still has another insurance, they will no longer be eligible for CHIP. DWS will check for eligibility on other medical programs before closing your case. You will be notified after a decision is made.

Should I contact DWS before enrolling my child or family in a TPL plan?

Yes, before enrolling your child or family in other insurance, you should contact DWS because you may be eligible for UPP (Utah's Premium Partnership for Health Insurance) which offers premium reimbursements.

Visit www.medicaid.utah.gov/upp for more information or contact DWS at **1-866-435-7414** and ask to speak with an UPP specialist.

Resources



The Utah Clinical Health Information Exchange (CHIE)

CHIP enrollees are automatically enrolled in the Utah Clinical Health Information Exchange (CHIE). The CHIE provides a safe place for participating healthcare providers to share and view patient medical information.

Once you enroll your child in CHIP, your child's consent status is set to PARTICIPATE. This will remain in effect until your child turns 18 years old. You have the right to change your child's consent status to not participate in the CHIE at any time. For more information or to opt out of CHIE participation, visit My CHIE at <https://uhin.org/solutions/providers/chie/> or talk to a healthcare provider.

Other Programs

State CHIP

The state of Utah, through DHHS, offers a CHIP benefit for non-U.S. citizen children who are not lawfully permanent residents. Children of working families may be eligible if they do not have other health insurance and cannot qualify for Medicaid or the traditional CHIP program due to citizenship status.

State CHIP is not subject to the "Public Charge Rule" and the state does not report immigration status or undocumented individuals to the U.S. Immigration and Customs Enforcement (ICE). Receiving State CHIP benefits **will not** affect immigration or citizenship status. DHHS encourages everyone, including non-U.S. citizens, to seek necessary healthcare or preventive services. DHHS wants to reduce confusion and fear that may keep the children of immigrant families from accessing critical medical, dental, and mental health services.

Children who qualify for State CHIP are eligible for a full comprehensive CHIP benefit.

Children who may be eligible have working parents and meet the following criteria:

- Non-U.S. citizen who is not a lawfully permanent resident (LPR/Green Card holder).
- Under the age of 19.
- Meet income guidelines (as shown on CHIP website: <https://chip.utah.gov/state-chip/>).
- Not currently covered by health insurance.
- Not eligible for Medicaid or other CHIP benefits.
- Prior to the date of application, have been residing in Utah for at least 180 days.

How do I apply for State CHIP?

Families may apply online at chip.utah.gov. DWS offers help with interpreter and translation needs by requesting assistance over the phone at **1-866-435-7414** or going into a local DWS office.

Can I enroll in State CHIP at any time?

There is a limited number of children that can be covered by State CHIP. DWS will enroll children in State CHIP during the open enrollment period. To find out if State CHIP is open for enrollment visit the CHIP website at <https://chip.utah.gov/state-chip/>.





What services does State CHIP cover?

Children who qualify will be enrolled in CHIP Plan C benefit with the same comprehensive coverage as all children who are enrolled in CHIP. Coverage includes:

- 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
- Dental care including preventative, diagnostic, and restorative 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
- Hospital services, inpatient and outpatient
- Immunizations
- Labs and x-rays
- Medical equipment and supplies
- Occupational therapy
- Organ transplants
- Orthodontia with prior authorization
- Physical therapy
- Pregnancy-related services including labor and delivery
- Services for the treatment of substance use disorder
- Tobacco cessation



Do I have to pay for State CHIP coverage?

Yes, there is a cost sharing requirement for State CHIP coverage. Members are asked to pay a \$75 quarterly premium. You will also be required to pay copays, coinsurance, and deductibles for some services.

All children enrolled in State CHIP will receive the CHIP Plan C benefit. Refer to the copay chart found in this guide for copay, coinsurance, and deductible amounts.

What will my maximum out-of-pocket cost share be for State CHIP?

DWS will tell you what your out-of-pocket maximum amount is for each benefit period. If you are not sure what your out-of-pocket maximum amount is, call DWS at **1-866-435-7414**.

Can my child still have State CHIP coverage if I have other children on CHIP or Medicaid?

Yes, families can have their child/children on State CHIP if there are other children in the household on Medicaid or CHIP.

Utah's Premium Partnership for Health Insurance (UPP)

UPP (pronounced "up") helps make health insurance more affordable for working individuals and families.

- UPP is for adults and children who do not currently have health insurance or enroll in COBRA coverage.
- UPP will help you pay your monthly premiums when you enroll in your employer's health insurance plan or COBRA.
- You or your dependents may qualify for UPP based on family size, income, and if your employer's health insurance plan or COBRA coverage meets basic guidelines.

Visit www.medicaid.utah.gov/upp for more information or contact DWS at **1-866-435-7414** and ask to speak with an UPP specialist.

Indian Health Services

Indian Health Services is an agency with 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. To contact DWS, call **1-866-435-7414**.

Verified American Indian and Alaska Native children do not pay copays, deductibles, coinsurance, or quarterly premiums. A CHIP enrollee must provide tribal membership verification. The tribe must be recognized by the federal government.

Acceptable verification of American Indian and Alaska Native status includes:

- Tribal Identification/enrollment card or number.
- Certificate of Degree of Indian or Alaska Native Blood (CDIB) signed by the Bureau of Indian Affairs (BIA).
- Indian Health Services (IHS) Face Sheet (IHS Face Sheet is a medical record certified by IHS as being from their original records).
- Tribal court documents.

American Indian and Alaska Natives who have a managed care plan may also receive services directly from an Indian health care program. This means a program run by the Indian Health Services, by an Indian Tribe, Tribal Organization, or an Urban Indian Organization.

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 healthcare, 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 DHHS pays 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 your CHIP health and dental plan, medical providers, and the state Medicaid and CHIP agency.
- To be given healthcare services that are the right kind of services based on your needs.
- To get healthcare services that are covered by your CHIP health and dental plan, that are fairly easy to get to, and accessible to all members. All members include those who may not speak English, or have physical or mental disabilities.
- To get covered healthcare services within 30 days for routine, non-urgent care, and within two days for urgent care that is not life-threatening.

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.
- Provide correct information to your providers and your CHIP plans.
- Understand the medical care you need.
- Use providers and facilities in your medical and dental plan network.
- Tell DHHS if you get a medical bill that you don't think you should have to pay.
- Pay your copayments, deductibles, and quarterly premiums.
- Notify DWS if you have a change of address, family status, or other healthcare coverage.



Utah Department of Health and Human Services, Division of Integrated Healthcare

Notice of Privacy Rights

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. EFFECTIVE: SEPTEMBER, 1 2023

The Utah Department of Health and Human Services, Division of Integrated Healthcare (DIH) is committed to protecting your medical information. DIH is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

How We Use and Disclose Your Protected Health Information

DIH may use your health information for conducting our business. Examples:

Treatment - We may use your health information to appropriately determine approvals or denials of your medical treatment. For example, if you are a Medicaid, Primary Care Network (PCN), Children's Health Insurance Program (CHIP), or a Utah's Premium Partnership for Health Insurance (UPP) recipient we may review the treatment plan provided by your health care provider to determine if it is medically necessary.

Payment - We may use your health information to determine your eligibility in the Medicaid, PCN, CHIP, or UPP program and make payment to your health care provider. For example, we may review claims for payment by DIH for medical services you received from your provider.

Health Care Operations - We may use your health information to evaluate the performance of a health plan or a health care provider. For example, DIH contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

Informational Purposes - We may use your health information to give you helpful information such as health plan choices, program benefit updates, and free medical exams.

Your Individual Rights:

You have the right to:

- Request in writing restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction. *
- Request that we use a specific telephone number or address to communicate with you.

- Inspect and get a copy of your health information (including an electronic copy if we maintain the record electronically). Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.*
- Request in writing corrections or additions to your health information.*
- Change your participation in the Clinical Health Information Exchange (cHIE). Contact the cHIE by phone (**801.466.7705**), fax (**801.466.7169**), or at chie@uhin.org to change your participation status.
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*
- Request a paper copy of this notice even if you agree to receive it electronically.
- Requests marked with a star (*) must be made in writing.

*Must be made in writing. Contact the DIH Privacy Officer for the appropriate form for your request.

Contact the DIH Privacy Officer to help you with any questions you may have about the privacy of your health information. The Privacy Officer will help you fill out any forms that are needed to exercise your privacy rights.

Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN, CHIP, and UPP programs and the following:

- To our business associates that perform services on our behalf. We require all business associates to appropriately safeguard your information in accordance with applicable law,
- As required by law. The use and disclosure will be made in full compliance with the applicable laws governing the disclosure.
- To the Department of Health and Human Services to report communicable diseases, traumatic injuries, birth defects, or for vital statistics, such as a birth or a death;
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death;
- To state authorities to report child or elderly abuse;
- To law enforcement for certain types of crime-related injuries, such as gunshot;
- To the Secret Service or NSA to protect, for example, the country or the President;
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device;
- To court officers or an administrative tribunal as required by law, in response to an order or a valid subpoena;

- To governmental authorities to prevent serious threats to the public's health or safety;
- To governmental agencies and other affected parties, to report a breach of health-information privacy;
- To a worker's compensation program if a person is injured at work and claims benefits under that program.

Other uses and disclosures of your health information, other than those explained above, require your signed authorization. For example, we will not use your health information unless you authorize us in writing to:

- Share any of your psychotherapy notes, if they exist, with a third party who is not part of your care;
- Share any of your health information with marketing companies; or
- Sell your identifiable health information.

You may revoke your authorization at any time with a written statement.

Our Privacy Responsibilities

DIH is required by law to:

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information;
- Notify you if your health information was affected by a breach; and
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DIH offices and on our website, <https://medicaid.utah.gov/hipaa/>. You may also request a copy of any notice from your DIH Privacy Officer listed below:

Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, CHIP, and UPP recipients should contact the DIH Privacy Officer, Stephanie Argoitia, 801-538-9925; 288 North 1460 West, PO Box 143102, Salt Lake City, Utah 84114-3101; sargoitia@utah.gov.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights, 200 Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201. Or you may contact the Federal Office for Civil Rights by phone **(303) 844-2024** or online www.hhs.gov/ocr.



Information in the CHIP Member Guide may change without notice. This guide contains a brief description of coverage and is not a policy, coverage, or service agreement. A detailed description of services is available in Premier Access, SelectHealth, and Molina's master policy and member handbook.



Utah Department of
Health & Human
Services

