

State Managed Care Network

Summary of Benefits

Service	Available Benefits
Preventive Care	Covered in full when provided by your Primary Care Provider (PCP). Includes immunizations, well-child, well-teen and routine exams.
Reproductive Health Care Services	Covered in full when provided by an in-network provider. Includes well-woman check-ups.
Medical Office visit	Primary Care Provider (PCP) visits and specialty visits covered.
Inpatient Hospital Stay	Covered in full.
Lab, X-ray & Diagnostic Services	Covered in full.
Outpatient Prescription Drugs	Covered in full if included on the formulary. Standard CHP+ copays are \$0 to \$5.
Skilled Nursing Facility	Covered in full.
Outpatient / Ambulatory Surgery	Covered in full.
Emergency Room and Urgent/ After-hours Care	Covered in full for a life or limb emergency. Standard CHP+ copays are \$0 to \$15.
Emergency Transport / Ambulance Services	Covered in full for a life or limb emergency.
Vision Services	Coverage for age-appropriate preventive care and specialty care. \$50 benefit for the purchase of lenses, frames or contacts per calendar year.
Audiological Services	Coverage for age-appropriate preventive care. CHP+ Prenatal Care Program members may receive hearing aides for congenital conditions and traumatic injuries up to a maximum of \$800 per calendar year.
Physical, Occupational and Speech Therapy	For outpatient physical rehabilitation (physical, occupational, and/or speech therapy) the standard CHP+ coverage is limited to 30 visits per calendar year. For children aged 0-3 the benefit of physical, occupational and speech therapy is unlimited.
Durable Medical Equipment	Maximum of \$2,000 per calendar year, excluding eyeglasses, contacts or hearing aids.
Home Health Care	Skilled services covered with prior authorization
Maternity Care	All prenatal and delivery visits covered in full.
Behavioral or Mental Health	Coverage for medically necessary services and may require a prior authorization.
Alcohol and Substance Abuse	Coverage for medically necessary outpatient services and may require an authorization.
Transplant Services	Coverage for limited transplants with prior authorization.
Dental Care provided by Delta Dental	Periodic cleanings, exams, x-rays, fillings and root canals. A maximum benefit of \$600 per person per calendar year. Note: Prenatal members receive emergency dental care only.
Exclusions: Services not shown above may not be covered. Call State Managed Care Network at 303-751-9051 or 1-800-414-6198 for more information. This is for summary purposes only and does not guarantee coverage.	

NOTE: For more information, please contact State Managed Care Network Customer Service at 1-800-414-6198. Individual CHP+ participating HMOs may enhance some of these benefits. Please contact the individual HMOs for more information. CHP+ can only pay for services based on the provisions of the Evidence of Coverage.