

# Welcome to Rocky Mountain Health Plans (RMHP) and Our Partnership in Good Health!

We believe keeping quality health care accessible and affordable requires the active participation and commitment of our Members, physicians, other health care providers, and us.

RMHP is dedicated to providing quality medical care; friendly, helpful service; and a range of awareness programs and benefits designed to help our Members achieve and maintain good health.

We want Members to get the most from health plan coverage and avoid unnecessary costs, so please take a few minutes to read this booklet. We also encourage you to call one of our Customer Service representatives for a brief orientation to plan benefits and procedures.

## If You Have a Question or Concern

If you have any questions about your coverage, call or email RMHP Customer Service.

**Address:** Rocky Mountain Health Plans  
2775 Crossroads Blvd.  
PO Box 10600  
Grand Junction, CO 81502-5600

**Hours:** 8:00 A.M. – 5:00 P.M. Monday – Friday

**Phone Number:** 970-243-7050 or 800-346-4643 (Para asistencia en español llame al 970-243-7050 or 800-346-4643)

**TDD/TTY Number:** 970-248-5019 or 800-704-6370 (for the hearing impaired only). Special equipment is required.

**Email Address:** [customer\\_service@rmhp.org](mailto:customer_service@rmhp.org)

For callers who speak languages other than English or Spanish, RMHP uses AT&T Language Interpreters.

Rocky Mountain Health Plans is a partner with CHP+ in making sure you receive quality health care. Use the table below to decide when to contact CHP+ and when to contact RMHP.

Change of Address	Call RMHP Customer Service
Add a Child to Your Coverage	Call CHP+ Customer Service
Change Primary Care Physician	Call RMHP Customer Service
Change of Health Insurance	Call CHP+ Customer Service
Stop Coverage	Call CHP+ Customer Service
Pay Premium	Send to CHP+
Request a New Member ID Card	Call or Email RMHP Customer Service
Questions About Coverage	Call or Email RMHP Customer Service
Information About Care From a Specialist	Ask Your Primary Care Physician
Preauthorization For Services	Ask Your Primary Care Physician
Reimbursement for Covered Medical Services or	Call or Email RMHP Customer Service

Prescription Drugs You Paid for Yourself	
You Have a Complaint	Complete Complaint Form and Send it to RMHP

**Call CHP+ at:**

800-359-1991  
Monday through Friday from 8:00 a.m. to 6:00 p.m.

**Send CHP+ mail to:**

Child Health Plan Plus  
PO Box 469022  
Glendale, CO 80246

## Member Satisfaction

We are always interested in your experiences with RMHP. One way we receive information from our Members is through surveys. Your answers to these surveys help us do a better job of helping you use your health care benefits. We appreciate your time and interest in answering these surveys if you receive one.

If you experience a problem or have a concern with our service, please let us know by filling out the complaint form toward the back of this booklet. We have a complaint process to review your concerns.

When we receive your complaint, our Customer Service Department will initiate a thorough investigation. Our Customer Service representatives can tell you more about this process.

## RMHP Participates in the Colorado Children’s Immunization Registry

In January 2004, Rocky Mountain Health Plans (RMHP) began participating in the Colorado Immunization Information System (CIIS). The CIIS is a computer system operated by the University of Colorado for the Colorado Department of Public Health and Environment under the Colorado Immunization Act. RMHP sends the CIIS immunization data obtained from immunization claims.

The purpose of the immunization registry is to keep track of a child’s immunizations (shots) so that all the information is stored in one place. Keeping a complete record of your child’s immunizations is important so that your child gets all the recommended immunizations. Your health care provider can also use the registry to look up your child’s immunization record to find out what shots are needed.

Information in the CIIS can only be released to the entities identified in the Colorado Immunization Act. Parents can choose at any time to have their child’s shot record excluded from the Colorado Immunization Registry. A form can be obtained from the CIIS. For more information, contact CIIS at 1-888-611-9918 or 303-724-1074.

## Disclosure Notice — Women’s Health and Cancer Rights Act of 1998

Notice is required under the Women’s Health and Cancer Rights Act of 1998 to all RMHP group and individual plan participants concerning specified benefits under this act. The act requires the following coverage be provided for

group and individual Members receiving benefits in connection with a mastectomy and electing breast reconstruction.

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications in all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage will be subject to deductibles, coinsurance, copayment, and other provisions of the Member's applicable plan.

## Important Personal Health Care Decisions

**Preventive Care** — Rocky Mountain Health Plans believes in health care benefits such as routine physicals, immunizations and well-child care to help you and your family maintain good health. Your member newsletter, "Focus on Health," is designed to provide you with timely health care information and news about your coverage. We encourage you to read each issue.

## Rocky Mountain Health Plans (RMHP) Advance Directives Policy

It is important for you to become familiar with your right to make decisions concerning your medical care. This includes the right to accept or refuse medical or surgical treatment. It is the policy of RMHP to ensure that all new adult Members enrolled in the plan are informed of their rights to formulate oral or written advance instructions regarding health care treatment. In the event that patients become incapacitated and are unable to direct their own health care, planning in advance helps ensure treatment is consistent with their wishes.

We have information telling you how to make your health care concerns known. It was written by the Advance Directive Coalition of Colorado. If you did not receive a copy, please call us and request one.

Please talk with your doctor and family about your wishes. You may have a living will or other advance directive. Please be sure it is part of your medical records in your PCP's office and the hospital where you normally would receive care.

Below are the RMHP guidelines that comply with the Patient Self-Determination Act.

- For the purposes of this policy, an advance directive means a written instruction. This may be a living will or durable power of attorney for health care that is recognized under state law. It should relate to the individual's wishes about medical treatment should he or she become incapacitated.
- RMHP provides written information, at the time of initial enrollment, to each adult enrolling with RMHP, describing:
  - an individual's right under state law to make decisions concerning medical care. This includes the right to accept or refuse medical or surgical treatment and the right to formulate advance directives; and
  - this written policy with respect to the individual's rights to make health care and advance directive decisions, and the implementation of such rights.
- RMHP complies with state law regarding advance directives.
- RMHP does not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

- RMHP provides education to staff concerning its policies and procedures on advance directives.
- RMHP provides community education regarding advance directives.

It is the policy of Rocky Mountain Health Plans to provide equal opportunity and to prevent discrimination based on race, color, national origin, age, or disability in admission or access to, or treatment or employment in, RMHP programs, health care plans, and activities to the extent required by applicable law. If you have any questions concerning this policy, please contact the Member Concerns Coordinator at 970-243-7050.

## How can I learn about Rocky Mountain's Privacy Practices?

Rocky Mountain Health Plans respects the privacy of your protected health information. Our Notice of Privacy Practices describes your rights and how medical information about you may be used or disclosed. To view it on our website at [www.RMHP.org](http://www.RMHP.org), click on "Privacy Practices and Disclosures" at the bottom of the page. Or, if you would like a paper copy, call Customer Service at 800-346-4643 to request one, or write us at Rocky Mountain Health Plans, Privacy Notice, PO Box 10600, Grand Junction CO 81502-5600.

## How to Use This Booklet

Throughout this booklet, the words **you** and **your** refer to the Member (you and/or your child).

This benefits booklet describes the CHP+ benefits available through the Rocky Mountain Health Plans (RMHP) CHP+ Plan, as well as benefit limitations and exclusions. This benefits booklet also describes how you obtain benefits and other requirements of the CHP+ Plan. By enrolling in the CHP+ Plan and by obtaining benefits provided by the CHP+ Plan, you agree to the terms and requirements of this benefits booklet. This benefits booklet and the CHP+ Plan are subject at all times to RMHP's contract with the Colorado Department of Health Care Policy and Financing to provide covered services under the CHP+ Plan.

## Contract Year

Your contract benefit year is January 1 through December 31. This means all your benefits are measured on a calendar year. This includes such things as your maximum annual copayment and treatments limited to a certain number of sessions per year.

## Looking Up Information

This benefits booklet is designed to make it easy for you to determine your benefits. For example, if you need to know what surgical services are covered, turn to Section 4: Covered Services. In Section 4, the Surgical Services subsection defines what a surgical service is. The subsection also describes your benefits and lists the most important limitations and exclusions to that particular service. The topics in Section 4: Covered Services are listed in alphabetical order. For instance, the first topic is Ambulance Services and the last topic is Vision Services. The topics in Section 5: General Exclusions are also in alphabetical order. Words that have a specific meaning are defined where the words are used in this benefits booklet and/or in Section 12: Glossary.

## Call Within 48 Hours

After you receive emergency care out of the RMHP service area, you must contact RMHP **within 48 hours**.

## Referrals Are Not Required

You do not need a referral to see a participating provider for covered health care services. However, it is still important that you select a PCP. Your PCP will provide your routine and preventive care and can help you decide when you should see a specialist. You should always let your PCP know when you have received care from any other provider, so that your PCP can monitor your overall health.

## Cross-Reference

In Section 4 Covered Services, you are given cross-references directing you to read other sections of the booklet when applicable.

## Covered and Excluded Services

- ☺ In Section 4: Covered Services, you will see this symbol next to services that are covered services.
- ☒ In Section 4: Covered Services and Section 5: General Exclusions, you will see this symbol next to services that are **not covered** services.

## Equal Opportunity Policy

It is the policy of Rocky Mountain Health Plans to provide equal opportunity and to prevent discrimination based on race, color, national origin, age, or disability in admission or access to, or treatment or employment in, Rocky Mountain Health Plans programs, health care plans, and activities to the extent required by applicable law. If you have any questions concerning this policy, please contact the Member Concerns Coordinator at 970-244-7760.

## How the CHP+ Plan Works

### Member Identification Card

Throughout this booklet, the words **you** and **your** refer to the Member (you and/or your child).

Your Member identification (ID) card shows that you are a Member of RMHP's CHP+ Plan, a program administered as a partnership between state government and private business. This Member ID card provides you with the information needed when you require services. Always carry your Member ID card; any provider may ask to see it. Have your Member ID card handy when you call for an appointment and show it to the receptionist when you sign in for your appointment. If you need a prescription, show the Member ID card to the pharmacy where the prescription is filled. The Member ID card itself does not give you any rights apart from this benefits booklet. The Member ID card does not give you the right to receive benefits under this benefits booklet if your eligibility ends or your coverage under the CHP+ Plan is terminated.

## Change Form

If you change your membership in any way, such as changing your address, you must fill out and submit a change form to CHP+. This form can be obtained by calling CHP+ Customer Service at 800-359-1991, Monday – Friday, 8 A.M. to 6 P.M. You must also inform RMHP of any change by calling RMHP Customer Service at 970-243-7050 or 800-346-4643.

## Copayment and Premiums

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**Copayment** — the predetermined fixed-dollar amount you must pay to receive certain health care services and covered prescription drugs, at the time you receive the service or prescription. The amount of copayment that you will be expected to pay is written on your Member ID card.

**Premium** — the predetermined fixed-dollar amount you must pay annually to be enrolled in CHP+ and receive benefits.

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Copayments may be required for some health care services and prescription drugs. These copayments are listed on a separate document included with this booklet and on your Member ID card. The amount of your copayments is determined based on your family size and income level. You are responsible for making copayments directly to the provider at the time you receive a service or prescription drug. A list of services requiring a copay is also included with this packet.

Premiums are required for you to be enrolled in CHP+. Your annual premiums will be determined at the time of your enrollment or renewal and will be based on your income and family size. You are responsible for making the premium payments directly to CHP+. If premiums are not paid, you may be disenrolled (See Section 9: Enrollment and Termination Information).

The contracts between RMHP and its providers include a “hold harmless” clause. This clause states that your provider cannot expect you to pay for covered services for which RMHP has agreed to pay.

Services from nonparticipating providers are covered only under limited circumstances; nonemergency services from nonparticipating providers are not covered unless specifically preauthorized by RMHP.

You are always liable for a provider's full billed charge for any noncovered services.

## Out-of-Pocket Limit

Your CHP+ acceptance letter will report to you the maximum amount of money your family can expect to spend for CHP+ health care services each year. The out-of-pocket annual maximum is designed to protect members' families from catastrophic health care expenses. The annual out-of-pocket limit is five percent (5%) of your adjusted gross income. Once the co-payments you have paid for covered medical services during a calendar year reaches the annual out of pocket limit, you do not pay a co-payment for the rest of that calendar year.

It is your responsibility to keep track of all the limit. Follow these instructions to keep track:

- Save your co-payment receipts from covered medical care and covered prescription drugs.
  - When you have reached your annual out-of-pocket limit, call CHP+ Eligibility and Enrollment at 1-800-359-1991.
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CHP+ Eligibility and Enrollment will ask for proof that you have reached your annual out-of-pocket limit. Send them copies of your receipts as proof.

## PCP Selection and Changes

In order to receive covered services, you must choose a primary care physician (PCP). Your PCP is responsible for delivering and coordinating all of your care. A PCP can be a Family Medicine doctor, an Internal Medicine, a General Practitioner, or anyone that RMHP designates as a PCP. Your PCP provides a wide range of health care services, including initial diagnosis and treatment, health supervision, management of chronic conditions, preventive care, referrals to specialists when appropriate, and ensuring continuity of patient care.

### Selecting a PCP

At the time of enrollment, you must select a PCP. Family members are not required to have the same PCP. You may select a different PCP for each Member. You may not select a different managed care organization (MCO) where and when other private MCO coverage becomes available. If a PCP is not chosen, your application may be returned unprocessed.

Please refer to the list of PCPs you received with your application. Some providers will accept only existing patients as CHP+ Members. However, if you intend to select a PCP that indicates that the practice accepts new patients (and you are not already an established patient of the PCP being chosen), you should call the PCP to confirm that he or she is still accepting new patients.

### Changing PCPs

You may select a new PCP after initial enrollment. Call the PCP to see if he or she is accepting new patients. If the PCP is accepting new patients, call RMHP Customer Service and request a change to the new PCP. A new Member ID card will be sent to you with your new PCP change.

The date you call RMHP to request the PCP change will be the day your new PCP is effective. To have medical records transferred from one physician to another, contact your former PCP. You are responsible for any charges related to transferring your medical records.

You can keep track of your family doctor here:

Family Member	Primary Care Physician	Telephone Number

## Obtaining Services

The procedures described below must be followed in order to obtain services under the CHP+ Plan.

Except for emergency care and urgent care, RMHP will pay for covered services only if you follow exactly the procedures in this Section 2. If you have any questions about these procedures, please call RMHP Customer Service before getting health care.

### Access to Specialist Physicians and Other Providers

These procedures describe how you obtain benefits under the CHP+ Plan.

- You do not need a referral to see a participating provider for covered health care services. Your PCP can help you decide when you should see a specialist. You should always let your PCP know when you have received care from any other provider, so that your PCP can monitor your overall health.
- If your medical condition requires covered services that cannot be provided by any participating physician or participating provider, you may be directed to a nonparticipating provider if RMHP gives written approval before the service is provided. For continuity of care, you may also be approved to see a nonparticipating provider who is already treating you if:
  - you have been seen by the nonparticipating provider at least 3 times prior to your enrollment in RMHP;
  - at least 3 visits occurred within 6 months prior to the request for approval; and
  - such visits are part of the same treatment plan.

RMHP will decide on a case-by-case basis, at its sole discretion, whether to approve visits to a nonparticipating provider for continuity of care.

RMHP may impose any limits and conditions on the approval that we think are appropriate. For all visits to a nonparticipating provider, the PCP will arrange such services and request the necessary approval from RMHP. Prior written approval from RMHP is always required before you can receive covered services from a nonparticipating provider, except for emergency care and urgent care.

### Preauthorization guidelines

Some services, treatments, and procedures need preauthorization before you get treatment. Your doctor will need to get approval from Rocky Mountain before you get the service. For a complete list of services or treatments that need preauthorization, see RMHP's website or call Customer Service at 970-243-7050 or 800-346-4643.

# Summary of Benefits

Read this Summary of Benefits to find out what RMHP covered services you can receive. If you have any questions, ask your PCP, or call RMHP Customer Service.

See your coverage schedule for copayments for these services. The coverage schedule is located at the end of this benefits booklet.

Service / Benefit	Coverage
<b>Doctor Services</b>	
<ul style="list-style-type: none"> <li>Office Visits All office visits, including checkups, sick visits, visits for injury, preventive services, and visits for family planning.</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>The provider is participating</li> </ul>
Hospital Emergency Room	Covered if: <ul style="list-style-type: none"> <li>A true emergency <b>and/or</b></li> <li>Directed to the emergency room by a participating provider</li> </ul>
<b>Teen Wellness</b>	
Teens should see their PCP once a year	Covered if services are provided by the PCP
<b>Family Planning Services</b>	
In-Office Provider or Clinic	Covered if the provider is participating
<ul style="list-style-type: none"> <li>Prenatal Care Services and supplies needed for diagnosis and care of pregnancy including checkups, tests, prenatal medical care, prenatal vitamins, and complications of pregnancy</li> </ul>	Covered if the provider is participating
<ul style="list-style-type: none"> <li>Labor and Delivery Routine delivery services, including Caesarian sections, hospital charges for semiprivate room, labor, delivery &amp; recovery rooms, anesthesia services, doctor's services, and postnatal medical care</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Admitted by the PCP or other participating provider <b>and</b></li> <li>Hospital is a participating provider</li> </ul>
<b>Hospital Outpatient Services</b> (less than 24-hour stay)	
<ul style="list-style-type: none"> <li>Outpatient Emergency Room</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>A true emergency <b>and/or</b></li> </ul>

Service / Benefit	Coverage
	<ul style="list-style-type: none"> <li>Directed to go to the emergency room by a participating provider</li> </ul>
<ul style="list-style-type: none"> <li>Outpatient Surgery</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Ordered by a participating provider</li> </ul>
<ul style="list-style-type: none"> <li>Outpatient X-ray, lab, diagnostic testing, and short-term therapies</li> </ul>	Covered in full if: <ul style="list-style-type: none"> <li>Ordered by a participating provider</li> </ul>
<b>Hospital Inpatient Services</b> (admission with overnight stay)	
<ul style="list-style-type: none"> <li>Room costs, general nursing services, medical care, related equipment, operating room, recovery room, treatment room, intensive care units (ICUs), medicines, and medical supplies</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Admitted by the PCP or other participating provider</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>Hospital is a participating provider</li> </ul>
<ul style="list-style-type: none"> <li>Inpatient surgical services nonprivate or special care unit room costs and other services</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Admitted by the PCP or a participating provider</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>Hospital is a participating provider</li> </ul>
<ul style="list-style-type: none"> <li>Doctor services in the hospital, consultations, medical care by two or more doctors, medical care for eligible newborn, and surgeon's services</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Admitted by the PCP or a participating provider</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>Hospital is a participating provider</li> </ul>
<b>Emergency Services</b>	
<ul style="list-style-type: none"> <li>In RMHP service area, all medically necessary doctor's services, emergency room services, and outpatient hospital services</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>A true emergency</li> </ul> <p style="text-align: center;"><b>and/or</b></p> <ul style="list-style-type: none"> <li>A participating provider told you to get the care</li> </ul>
<ul style="list-style-type: none"> <li>Outside of RMHP service area (away from home) coverage is available in the event of a true emergency. Please call RMHP within 48 hours after receiving services.</li> </ul>	Covered if a true emergency
<ul style="list-style-type: none"> <li>Ambulance Service</li> </ul>	Covered if a true emergency
<b>Urgent / After-Hours Care</b>	
<ul style="list-style-type: none"> <li>In RMHP service area</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Provided by the PCP or other participating provider</li> </ul>
<ul style="list-style-type: none"> <li>Out-of-Area (away from home)</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Arranged by the PCP or other participating provider</li> </ul>

Service / Benefit	Coverage
	<p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>• RMHP is notified within 48 hours</li> </ul>
<b>Routine Vision Services</b>	
<ul style="list-style-type: none"> <li>• One eye exam, including a vision test every year. Vision tests may be approved more than once a year when referred by the PCP and preauthorized by RMHP</li> </ul>	Covered if the provider is participating
<b>Nonroutine Vision Services</b>	
<ul style="list-style-type: none"> <li>• Treatment of physical eye problems, such as cross-eyes or glaucoma</li> </ul>	Covered if provided by a participating provider
<b>Vision Supplies</b>	
<ul style="list-style-type: none"> <li>• Eyeglasses and/or contact lenses</li> </ul>	Covered: <ul style="list-style-type: none"> <li>• Up to \$50 per year if the provider is participating</li> <li style="text-align: center;">or</li> <li>• Up to \$50 per year reimbursement of purchase if the provider is non-participating</li> </ul>
<b>Home Health Services</b>	
<ul style="list-style-type: none"> <li>• Short-term home health care following illness or injury</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>• Provided by a participating home health provider</li> </ul>
<b>Outpatient Physical, Occupational, or Speech Therapy</b>	
<ul style="list-style-type: none"> <li>• Therapies covered following serious illness, injury, or diagnosed condition</li> </ul>	Covered up to 30 visits per diagnosis per calendar year if provided by a participating provider.  Physical, Speech, and Occupational Therapy services shall be unlimited for children from birth up to the child's third birthday.
<b>Laboratory, X-ray, and Other Diagnostic Medical Services</b>	
<ul style="list-style-type: none"> <li>• Outpatient lab and X-ray</li> </ul>	Covered if ordered by the PCP or other participating provider
<ul style="list-style-type: none"> <li>• Diagnostic tests</li> </ul>	Covered if ordered by the PCP or other participating provider
<ul style="list-style-type: none"> <li>• Hearing screenings</li> </ul>	Covered if ordered by the PCP or other participating provider.
<ul style="list-style-type: none"> <li>• Hearing aids</li> </ul>	Covered once every 5 years or more frequently when alterations to the existing hearing aids are needed.

Service / Benefit	Coverage
<ul style="list-style-type: none"> <li>Diagnostic radiology, including ultrasound, MRI, CT scans, nuclear medicine studies, EKG, EEG, bone marrow examination and biopsy</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Ordered by the PCP or other participating provider</li> </ul>
<b>Dietary Counseling and Nutritional Services</b>	
<ul style="list-style-type: none"> <li>Nutritional counseling for a new diagnosis of diabetes, during a hospice stay, unhealthy excess weight (over 100 pounds overweight or body mass index of 40 or more), and formulas for metabolic disorders</li> </ul>	Covered if provided by a participating provider
<b>Mental Health Services</b>	
<ul style="list-style-type: none"> <li>Treatment for biologically based mental illness, including schizophrenia, schizo-affective disorder, bipolar affective disorder, depression, obsessive compulsive disorder, and panic disorder. Treatment for these conditions is the same coverage as for any physical illness</li> </ul>	Covered if provided by a participating provider; no limit on number of visits
<ul style="list-style-type: none"> <li>Mental disorders</li> </ul>	Covered if the provider is participating  Post traumatic stress disorder, drug and alcohol disorders, Dysthymia, Cyclothymia, social phobia, Agoraphobia with panic disorder, general anxiety, Anorexia Nervosa exclusive of residential treatment, Bulimia exclusive of residential treatment.
<ul style="list-style-type: none"> <li>Residential treatment services</li> </ul>	Covered if provided by a participating provider and preauthorized by RMHP; no limit on number of visits. Excludes services for Anorexia Nervosa and Bulimia
<ul style="list-style-type: none"> <li>Home-Based services - specialized mental health care in your home when traditional mental health services have not been effective.</li> </ul>	Covered if the provider is participating
<ul style="list-style-type: none"> <li>Inpatient care for mental illness</li> </ul>	Covered if provided by a participating provider; no limit on number of visits
<ul style="list-style-type: none"> <li>Outpatient care for mental illness</li> </ul>	Covered if provided by a participating provider; no limit on number of visits
<b>Chemical Dependency Treatment</b>	
<ul style="list-style-type: none"> <li>Medical detoxification inpatient and outpatient care</li> </ul>	Covered if provided by a participating provider, covered for up to 5 days

Service / Benefit	Coverage
<ul style="list-style-type: none"> <li>Chemical dependency rehabilitation inpatient and outpatient and chemical dependency testing and monitoring</li> </ul>	Covered if provided by a participating provider; no limit on number of visits
<b>Dental</b>	
<ul style="list-style-type: none"> <li>Fluoride Varnish</li> </ul>	Covered: <ul style="list-style-type: none"> <li>Up to 2 Fluoride Varnish treatments in a calendar year.</li> <li>For children ages 0 (zero) through age 4 (four).</li> <li>The fluoride varnish must be received at an in-network PCP office.</li> <li>PCP must also perform a risk assessment at the time of the Fluoride Varnish treatment.</li> <li>PCP must have received the appropriate training for the Fluoride Varnish treatment.</li> </ul>
<ul style="list-style-type: none"> <li>Dental accidents — repair of teeth or body tissue initiated within 72 hours of the accident and completed within six months</li> </ul>	Covered
<b>Surgical Services</b>	
<ul style="list-style-type: none"> <li>Cutting, microsurgery, laser procedures, grafting, suturing, endoscopic exams, anesthetic epidural procedures and other invasive procedures, local anesthesia, pre- and post-operative care, surgical assistance, and surgeon's services</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>Services received as part of a covered admission day in hospital or in provider's office, clinic, urgent care center, hospital outpatient department, or emergency room</li> </ul>
<ul style="list-style-type: none"> <li>Reconstructive surgery required due to accident, disease or congenital defect; cleft lip or cleft palate</li> </ul>	Covered
<b>Transplants</b>	
<ul style="list-style-type: none"> <li>Bone marrow, corneal, kidney, liver, heart, and heart-lung</li> </ul>	Covered if provided by a participating provider
<b>Developmental Evaluation</b>	
<ul style="list-style-type: none"> <li>Exam focused on verbal and nonverbal communication abilities; nonverbal cognitive and play skills; and physical, neurologic, genetic, and environmental factors that may be affecting development</li> </ul>	Covered if provided by a participating provider
<b>Chemotherapy and Radiation Therapy</b>	
<ul style="list-style-type: none"> <li>Treatment of cancer and other medical conditions by drug therapy or X-ray, radon, cobalt, betatron,</li> </ul>	Covered if you are treated in the outpatient department of a participating hospital, treatment facility or clinic, provider's

Service / Benefit	Coverage
telocobalt, or radiation	office or your home
<b>Medical Equipment and Supplies</b>	
<ul style="list-style-type: none"> <li>Oxygen and oxygen equipment, orthopedic appliances, crutches, glucometers, wheelchairs, walkers, prostheses, neck braces and other devices, and surgically implanted prosthetics or devices</li> </ul>	Covered up to \$2000 limit per calendar year
<ul style="list-style-type: none"> <li>Durable medical equipment owned by the facility; medical supplies used during inpatient or covered outpatient visit</li> </ul>	Covered during an authorized inpatient or outpatient stay
<b>Insulin Syringes and Blood-Testing Materials</b>	
<ul style="list-style-type: none"> <li>Insulin syringes and blood-testing materials</li> </ul>	Covered with prescription drug copayment
<b>Hospice Care</b>	
<ul style="list-style-type: none"> <li>Inpatient or home care for terminally ill children, pain control, and nursing care</li> </ul>	Covered if: <ul style="list-style-type: none"> <li>You are certified as terminally ill</li> <li><b>and</b></li> <li>Hospice service participates with RMHP</li> </ul>
<b>Prescription Drugs</b>	
<ul style="list-style-type: none"> <li>Many medications are covered by CHP+. For questions about specific medications, please ask your provider. Preauthorization is needed for some medications.</li> </ul>	Drugs covered by CHP+ are covered through participating pharmacies with copayment as shown on your member ID card. Each copayment will cover up to a 31-day supply at a participating retail pharmacy. For two copayments, you can get a 90-day supply through a participating mail order pharmacy.

# Rocky Mountain Health Plans Member Complaint Form

Complaint is being filed for:

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Member's Identification No: \_\_\_\_\_

Relationship to Subscriber:    self    dependent    other

Subscriber's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Subscriber's Identification No: \_\_\_\_\_

Nature of Complaint (please describe in detail): \_\_\_\_\_

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## Mail to:

Rocky Mountain Health Plans  
Member Concerns Coordinator  
PO Box 10600  
Grand Junction, CO 81502-5600

Required time limit for filing complaints is six months from the notice of denial or failure to provide services or duties owed to the Member. For complaints, reasonable accommodation will be provided upon request for persons with disabilities or communication barriers or for persons who do not speak English.

If you need information concerning the filing of a complaint or if you would like us to complete the form for you, please call 970-243-7050 and speak with a Customer Service representative.

TDD/TTY users (for the hearing impaired only) 970-248-5019. Special equipment is required.

Para asistencia en español llame al 970-243-7050.

For callers who speak languages other than English or Spanish,  
Rocky Mountain Health Plans uses AT&T Language Interpreters.

Member or Subscriber's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fold here

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STAMP



We understand Colorado. We understand you.

2775 Crossroads Blvd.  
PO Box 10600  
Grand Junction, CO 81502-5600

# Member Rights and Responsibilities

## It is your right:

- Receive information regarding terms and conditions of your health care benefits
- Be treated respectfully and with consideration
- Receive all the benefits to which you are entitled under the CHP+ Member Benefits Booklet
- Obtain complete information from a provider regarding your diagnosis, treatment and prognosis, in terms you can reasonably understand
- Receive quality health care through providers in a timely manner and in a medically appropriate setting
- Have a candid discussion with providers of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage
- Participate with your provider(s) in decision-making about health care treatment
- To accept or refuse medical treatment to the extent provided by Colorado law and to participate in making decisions about your health care. Receive wellness information to help you maintain a healthy lifestyle
- To bring complaints to the RMHP grievance committee and/or refer to the Insurance Commissioner of the State of Colorado.
- File a complaint or appeal a decision
- Expect that your personal health information will be maintained in a confidential manner
- Make recommendations regarding your rights and responsibilities policies
- To be given information about preparing advance medical directives upon enrollment with RMHP and to be informed of our policies respective to such rights.

# Member Responsibilities

## It is your responsibility:

- To choose a PCP who will provide or arrange for all your medical care needs and to make known to your PCP any advance directive regarding your medical care.
- To assume responsibility for your own healthy well-being.
- To learn about your RMHP health care benefits, procedures, and limitations, and to be cooperative and considerate with health care providers and staff.
- To inform RMHP Customer Service of your PCP changes and membership changes, such as address change, marriage, birth of a child, adoption of a child, or employment termination (if insured through an RMHP employer group).
- To assume responsibility for copayments and costs associated with certain benefit services and any noncovered items that may apply to your plan.
- To furnish the health care provider with all information necessary to give you appropriate care.