

Child Health Plan Plus

Coverage Schedule Copayments

Covered services are subject to the copayment(s) listed below.

Your copayments are a predetermined, fixed-dollar amount you must pay to providers at the time you receive services or prescription drugs.

Service	Copayment Low	Copayment Medium	Copayment High	Copayment Highest
Emergency Care	You pay nothing	\$3.00 per visit	\$15.00 per visit	\$20.00 per visit
Ambulance	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Hospital Services	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Office Visits	You pay nothing	\$2.00 per visit	\$5.00 per visit	\$10.00 per visit
Alcohol and Substance Abuse	You pay nothing	\$2.00 per visit	\$5.00 per visit	\$10.00 per visit
Therapy Services	You pay nothing	\$2.00 per visit	\$5.00 per visit	\$10.00 per visit
Vision Services	You pay nothing	\$2.00 per visit	\$5.00 per visit	\$10.00 per visit
Prescription Drugs	You pay nothing	\$1.00 per fill	\$3.00 Generic per fill \$5.00 Brand Name per fill	\$5.00 Generic per fill \$10.00 Brand Name per fill

The amount of your copayments is based on your family size and income level. For more information on copayments and covered services, see the CHP+ Benefits Booklet.

If you have questions about benefits and copayments, call RMHP Customer Service at 970-243-7050, Monday – Friday from 8:00 A.M. to 5:00 P.M. If you have questions about your enrollment or eligibility for CHP+, call CHP+ customer Service at 800-359-1991.

Plan underwritten by Rocky Mountain HMO