Colorado Choice Health Plans

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YOUR HEALTH BENEFIT PLAN - WHAT YOU NEED TO KNOW

- **Know Your Health Coverage** – It is important for you to understand your benefits before you need to use them. Read the materials you are provided carefully, then contact your HR Department or Colorado Choice with any questions you may have. Understanding your coverage before you use it will help you **maximize your benefits** and get the most out of your health plan.
- **Preventive Care** – Many types of preventive care are considered covered services under your benefit plan. These services include age appropriate annual exams (see schedule in your EOC), mammograms, pap tests, prostate screening (psa) and many more. Preventive services are those medical services provided when there **is no diagnosis or medical condition present**. If you are seeking services for a specific symptom or condition, the services you receive are NOT considered preventive.
- **Primary Care Office Visits** – Your plan may include a specific copay for doctor's office visits. The services covered under that copay are the charges for the office visit **only**. If additional procedures are performed while seeing the doctor (e.g., minor surgeries, injections, x-ray or lab, etc.), those costs are subject to the annual deductible and coinsurance provisions of your plan.
- **Specialist Office Visits** - Your coverage allows you to visit any physician specialist in the Colorado Choice Health Plans' Participating Provider Network for consultations and office visits, **without a referral from your Primary Care Physician**. You may schedule your own appointment directly with the specialist. Some specialists may require information from your PCP before allowing you to schedule a visit.
- **Prior Authorizations** – Certain services and procedures covered under your health plan require a pre-authorization before you receive them. Many of these services are more advanced diagnostic procedures, such as MRIs, CT scans, PET screening, biopsies and others. If the service is a non-emergency procedure, **pre-authorization is required**. Your provider should complete the pre-authorization on your behalf and you will be notified when this pre-authorization has been approved. It is important that you make certain these procedures have been pre-authorized **before** you receive them.
- **Vision Care** – One eye exam is available each year for all members. Services are available through Vision Service Plan (VSP) providers only. To find a participating provider, please visit: https://www.vsp.com

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON ACCESSING CARE

ACCESSING MEDICAL SERVICES - FAQs

- **Am I required to select a PCP?** – Yes! As described in the Evidence of Coverage you must select a PCP within 30 days after coverage is effective. You may select any in-network PCP (family practice, general practice, internal medicine, or pediatrics for children) who is available to accept you as a patient.
- **Why should I select a PCP?** – With the selection of a PCP, we encourage all our members to develop a relationship with a physician that will monitor your health long-term. As a service to our members we list your PCP on your ID Card. In the event of an emergency, this can provide emergency personnel with the information they need to contact your physician and obtain potentially life-saving information.
- **How do I select or change my PCP?** – You can do so by calling Customer Service locally at 719-589-3696 or 800-475-8466, or by logging into CHOICE*Connect*, our secure member portal.
- **Do I need a referral to see a specialist?** – Your health benefit plan allows direct access to in-network physician specialists. This feature permits you to visit any in-network physician specialist for consultations and office visits without a referral from your primary care physician (PCP). You may schedule your own appointment directly with the specialist (some specialists may require information from your primary care physician before they will schedule a visit directly). All services must be a covered benefit and medically necessary and services other than the consultation may require pre-authorization.
- **Do I need to see my PCP before seeking additional care?** – When you see a physician specialist without a referral and the specialist believes more health care services are necessary (such as an MRI/CT scan and/or other diagnostic services or a surgery), the specialist may contact Colorado Choice directly for the pre-authorization. It is not necessary for you to return to your PCP for the pre-authorization process.
- **What services require pre-authorization?** – The following services require pre-authorization:

  Durable Medical Equipment (including oxygen)
  Home Health
  Hospice
  Injectables (subject to our injectable program)
  Outpatient Mental Health/Substance Abuse
  Outpatient Physical/Occupational/Speech Therapy
  Outpatient Services and Ambulatory Surgical procedures (these include all invasive procedures – i.e., endoscopy, etc.)
  Radiology and Diagnostic Services – (except standard x-rays and lab work, mammograms, and colonoscopies)

  A pre-authorization is needed for all inpatient services.

  This list is not all-inclusive. If you are unsure whether your service will require pre-authorization, please contact us before your service.