

Copay Summary

Standard CHP+ copays are \$0 to \$50 per visit. CHP+ copays are based on family size and income. Your copay amounts are on the front of your Colorado Access member ID card. This is what you pay for services you get.

There are no copays for preventive or family planning services. There are also no copays for prenatal care or outpatient behavioral health services. The table below shows what you would pay for some services.

CHP+ HMO Benefit	Copay			
	Income Level 1	Income Level 2	Income Level 3	Income Level 4
Emergency Care	\$3	\$3	\$30	\$50
Urgent/After Hours Care	\$1	\$1	\$20	\$30
Emergency Transport/Ambulance Services	\$0	\$2	\$15	\$25
Hospital/Other Facility Services				
◆ Inpatient	\$0	\$2	\$20	\$50
◆ Physician	\$0	\$2	\$5	\$10
◆ Outpatient/Ambulatory	\$0	\$2	\$5	\$10
Routine Medical Office Visit	\$0	\$2	\$5	\$10
Laboratory and X-ray	\$0	\$0	\$5	\$10
Preventive, Covered Childhood Immunizations and Family Planning Services	\$0	\$0	\$0	\$0
Maternity Care				
◆ Prenatal	\$0	\$0	\$0	\$0
◆ Delivery & Inpatient Well Baby Care	\$0	\$0	\$0	\$0
Prescription Birth Control	\$0	\$0	\$0	\$0
Residential and Day Treatment for Behavioral Health	\$0	\$0	\$0	\$0
Outpatient Mental Health and Substance Use Disorders	\$0	\$0	\$0	\$0
Physical Therapy, Speech Therapy and Occupational Therapy	\$0	\$2	\$5	\$10
Durable Medical Equipment (DME)	\$0	\$0	\$0	\$0
Transplants	\$0	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$0	\$0
Hospice Care	\$0	\$0	\$0	\$0
Prescription Medications (including covered over-the-counter medications)	\$0	\$1	\$3 – generic \$10 – brand	\$5 - generic \$15 - brand



CHP+ HMO Benefit	Copay			
	Income Level 1	Income Level 2	Income Level 3	Income Level 4
Kidney Dialysis	\$0	\$0	\$0	\$0
Skilled Nursing Facility Care	\$0	\$0	\$0	\$0
Routine Vision Services	\$0	\$0	\$0	\$0
Specialty Vision Services. This is a service when you see a vision provider for something other than a routine exam.	\$0	\$2	\$5	\$10
Audiology Services	\$0	\$0	\$0	\$0
Pain Management	\$0	\$2	\$5/office visit	\$10/office visit
Autism Evaluation	\$0	\$2	\$5/office visit	\$10/office visit
Dietary Counseling/Nutritional Services	\$0	\$0	\$0	\$0
Therapies: Chemotherapy and Radiation	\$0	\$0	\$0	\$0

ANNUAL OUT-OF-POCKET LIMIT

The out-of-pocket annual limit may protect you and your family from catastrophic health care expenses. A catastrophic expense is something you didn't plan for.

The annual out-of-pocket limit is 5% of your adjusted gross income. This means the amount you earn after allowable deductions.

Once the copays you have paid for covered medical services during a calendar year reaches the annual out-of-pocket limit, you do not have to pay a copay for the rest of that calendar year.

You must keep track of all the money you spend toward the annual out-of-pocket limit. This is your responsibility. Follow these steps to keep track:

- Save your copay receipts from covered medical care and covered prescription medications.
- When you reach your annual out-of-pocket limit, call the state's medical assistance program. Call them at 800-359-1991.
- The state's medical assistance program will ask for proof. They need proof that you have reached your annual out-of-pocket limit. Send them copies of your receipts as proof.

If you need this document in large print, Braille, other formats, or languages, or read aloud, or need another copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

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