

Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** (TTY Users: 711)

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth: **1-800-538-5038**.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth: **1-800-538-5038**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth: **1-800-538-5038**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth: **1-800-538-5038**.

번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éí ná hółq', kojí' hódíílnih SelectHealth: **1-800-538-5038**.

ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth: **1-800-538-5038** मा फोन गर्नुहोस्।

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth: **1-800-538-5038**.

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth: **1-800-538-5038**.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth: **1-800-538-5038**.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth: **1-800-538-5038**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth: **1-800-538-5038**

تدعاسملا تامدخ نإف، ةيبرعل ا ثدحتت تنك اذا :ظوحلم
فكرشب ل لصتا . ن اجملاب كل رفاوتت ةيوغللا
SelectHealth: **1-800-538-5038**.

សម្គាល់: បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ
ស្រីវ៉ាជំនួយជូនកុំភាសា ដោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់ អ្នក។ សូមទូរស័ព្ទមក
SelectHealth: **1-800-538-5038** ។

ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth: **1-800-538-5038**.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth: **1-800-538-5038**。まで、お電話にてご連絡ください。

PHONE NUMBERS AND CONTACT INFORMATION FOR SELECTHEALTH®

Member Services

Phone: **800-538-5038**

Hours: weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

SelectHealth Member Advocates®

Phone: **800-515-2220**

Hours: weekdays from 7:00 a.m. to 8:00 p.m. and Saturdays, from 9:00 a.m. to 2:00 p.m.

Care Management Services

Phone: **800-442-5305**

Hours: weekdays, from 8:00 am. to 5:00 p.m.

SelectHealth Healthy Beginnings®

Phone: **866-442-5052**

Hours: weekdays, from 8:00 a.m. to 5:00 p.m.

Prescription Services

Phone: **800-442-3127**

Hours: weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays from 9:00 a.m. to 3:00 p.m.

Appeals Department

Phone: **844-208-9012**

Hours: weekdays, from 8:00 a.m. to 5:00 pm

Intermountain Health Answers

Phone: **844-501-6600**

Hours: 24 hours a day, 7 days a week

SelectHealth Website

selecthealth.org



PHONE NUMBERS AND CONTACT INFORMATION FOR (STATE) CHIP

HPR (Health Program Rep.)

Phone: **866-608-9422**

Hours: weekdays, from 8:00 a.m. to 5:00 p.m.

CHIP Information Line

Phone: **877-KIDS-NOW** or **877-543-7669**

Hours: weekdays, from 8:00 a.m. to 5:00 p.m.

Pregnancy Risk Line

Phone: **800-822-2229**. All phone calls are free and confidential.

Hours: weekdays, from 8:00 a.m. and 5:00 p.m.

CHIP Website

health.utah.gov/chip

Glossary of Abbreviations

CHIP Children's Health Insurance Program

DWS Department of Workforce Services

EOB Explanation of Benefits

HPR Medicaid Health Program Representative

PCP Primary Care Provider/Doctor

PHI Personal Health Information

OTC Over The Counter

Primary Care Doctor (PCP):

Name _____

Phone _____

Child's Doctor:

Name _____

Phone _____



CHIP

member handbook

TABLE OF CONTENTS

WELCOME	1
MEMBER MATERIALS.....	1
MEMBER SERVICES	2
ACCESS CARE THAT YOU NEED.....	2
MEMBER ADVOCATES SM	3
SELECTHEALTH MOBILE APP.....	3
DIRECT ACCESS TO CARE (Special Needs).....	3
OUT-OF-AREA CARE	4
PROVIDER INFORMATION	4
COVERED SERVICES.....	4
NONCOVERED SERVICES	5
FAIR TREATMENT	7
MEMBER RIGHTS AND RESPONSIBILITIES.....	7
COPAY AND COVERED SERVICES SUMMARY	8
NURSES TO MANAGE YOUR CARE.....	9
WHEN YOUR DOCTOR LEAVES YOUR PLAN	9
PRIMARY CARE DOCTOR (PCP)	9
SECONDARY CARE DOCTOR (SCP).....	9
URGENT AND EMERGENCY CARE.....	9
HOW TO SUBMIT A CLAIM.....	11
FAMILY PLANNING SERVICES	11
ABORTIONS AND TERMINATION OF PREGNANCY	12
PREAUTHORIZATION.....	12
WELL CHILD VISITS	12
OTHER MEDICAL SERVICES.....	12
HEALTHY BEGINNINGS SM	12
PRESCRIPTION AND OVER-THE-COUNTER (OTC) DRUGS	12
APPEALS AND GRIEVANCES.....	12
WHAT IS A STATE FAIR HEARING?.....	14
ADVANCE DIRECTIVES (LIVING WILLS).....	15
ENDING YOUR MEMBERSHIP.....	15
CANCELATION	15
FRAUD, WASTE, AND ABUSE	15
WE PROTECT YOUR PRIVACY.....	16
WHEN YOU NEED TO PAY.....	16
CHIP COPAY SUMMARY	17



WELCOME

Welcome to SelectHealth. Thank you for choosing us as your CHIP health plan. CHIP stands for Children's Health Insurance Program. This Member Handbook explains your benefits. It will tell you where and how to get covered services. It lists who to call when you need help. If you have questions about eligibility or premiums, call the Utah Department of Workforce Services at **866-435-7414**, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

MEMBER MATERIALS

CHIP Member Handbook — Keep your Member Handbook in a safe place. It has a table showing copays and amounts for covered services. This handbook may change from time to time. You have the right to ask for a copy once each year. Changes may be made to your benefits. If so, we will let you know 30 days or more before the changes happen. Call Member Services if you want a copy of the Member Handbook in Spanish.

CHIP ID Card — You should receive your ID Card within 21 days of being enrolled. Always show your CHIP ID Card when you go to the doctor or pharmacy. Keep it with you—it shows your plan. Toll-free phone numbers for Member Services are on the card and listed below. Call us if you lose your card.

CHIP Provider List — To see the most current list, go to **selecthealth.org**. You can search by male or female, spoken language, those taking new patients, and more. You may ask for a printed copy and one will be mailed to you. It is written in both English and Spanish.

Member Materials in Spanish

You can ask for these materials in Spanish:

- > Member Handbook
- > Provider list
- > Patient forms
- > Health tips

Let us know if you speak another language. We can have someone translate documents or read them to you. If you are blind, we can send you a CD. If you have other special needs, please let us know. This way we can serve you better.

Tenemos este folleto e importante información adicional disponible en Español. Llame al departamento de servicio al cliente al **800-538-5038** y pida una copia.

If you speak another language: Please let us know if you do not speak (or speak little) English. Also let us know if you have trouble hearing, seeing, or speaking. We will have someone who can interpret and speak your language go with you to your office visits. He or she is trained to make sure you and your doctor understand each other. This includes sign language. There is no charge for this service.



MEMBER SERVICES

Our Member Services team is here to help you and answer your questions. Their goal is to solve your problem on the first call. To talk with Member Services, call **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Member Services can explain:

- > What services are covered on your plan
- > Where and how to get services
- > Which services need to be approved ahead of time (preauthorization)
- > What is not covered on your plan
- > How to get help if you have special needs
- > Help if you are blind, deaf, or speak another language
- > How to get care when you are outside of Utah
- > How to get care after hours
- > Where to go and what to do if you need help right away
- > How much you have to pay (copay)
- > What to do if you get a bill
- > What to do if you have a complaint
- > Why you should see your doctor for regular checkups
- > Where you can learn about staying healthy

ACCESS CARE THAT YOU NEED

What Is a Healthcare Provider?

A healthcare provider finds, treats, or prevents an illness or disability. Here are some different provider types:

- > A Primary Care Doctor (PCP) such as a family practice doctor or pediatrician
- > A Secondary Care Provider (SCP) such as a surgeon or heart doctor
- > Other providers such as therapists, physician's assistants, psychiatrists, and nurses

Types of healthcare facilities include the following:

- > Hospitals
- > Rehab
- > Urgent care*
- > Skilled nursing
- > Sleep centers
- > IV therapy



*** Urgent care clinics are open seven days a week (such as Intermountain Instacare® and some KidsCareSM clinics). This includes weekends and evenings. Walk-ins are accepted at most locations. Ask for a wallet-size Urgent Care card with clinic addresses and hours.**

Member Advocates

Whether you need help with behavioral or physical health, Member Advocates can help you find the right care for your needs. They can also assist with the following:

- > Scheduling an appointment, including care for urgent conditions
- > Finding the closest facility, doctor, or behavioral health provider with the nearest available appointment
- > Providing information about a doctor such as age, training certifications, and languages spoken
- > Helping you understand and maximize your benefits

Call Member Advocates at **800-515-2220** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

SelectHealth Mobile App

If you've got your phone, we've got you covered. With the SelectHealth® mobile app, you have access to your health plan whenever—and wherever—you need it.

Access your insurance plan on the go. Log in to our secure app and find out how easy it is to:

- > Search for doctors and hospitals
- > See Intermountain InstaCare wait times and locations, even reserve your place in line
- > Look up pharmacies and medications



If you've still got questions, call us at **800-538-5038**. We'd love to hear from you.

DIRECT ACCESS TO CARE (Special Needs)

If you have special health needs, call Member Advocates for help. They can help you get direct access to a specialist and can ask nurse care managers to help you. You can also visit **selecthealth.org** to find a specialist. It will help you find one close to home and who speaks your language.

Note: SelectHealth does not set rules to keep you from getting the care you need.



OUT-OF-AREA CARE

For urgent or emergency care, go to the nearest doctor or hospital. Call us as soon as you can. A hospital not on your plan may ask you to pay at the time of service. If so, submit your claim to SelectHealth. See “How to Submit a Claim” in this handbook. You do not need prior approval.

You can call our Member Services team for advice. Your ID Card lists MultiPlan under “Getting Care Outside of Utah.” Their number is **888-342-7427**. When you are outside the country, you can call our Care Managers toll free at **800-515-2220**.

PROVIDER INFORMATION

To request information about our providers, such as medical school attended, residency completed, board certification status, or to request a hard copy of our provider directory, please call Member Services at **800-538-5038** or visit **selecthealth.org**.

COVERED SERVICES

These are some of the services covered by your plan:

- > Abortions and sterilizations (if criteria is met, with required forms)
- > Ambulance, ground and air for medical emergencies
- > Approved clinical trials
- > Diabetes, to help educate
- > Dialysis for end stage renal disease
- > Doctor visits, including specialists
- > Drugs prescribed by your doctor
- > Eye exams
- > Emergency care, seven days a week, 24 hours a day
- > Family planning
- > Having a baby, including high-risk services
- > Hearing exams
- > Home health
- > Hospice (end-of-life care)
- > Hospital services, inpatient and outpatient
- > Immunizations
- > Labs and X-rays
- > Treatment for miscarriage (losing your baby due to natural causes)
- > Medical equipment and supplies
- > Mental health services
- > Occupational therapy
- > Organ transplants (bone marrow, heart and lung, pancreas and kidney, cornea, heart, kidney, liver, lung)
- > Physical therapy



- > Podiatry services
- > Quit-smoking plan (must be at least age 18)
- > Services for children with special needs
- > Services from licensed doctors or under their supervision
- > Speech therapy, limited
- > Well-child exams

To find out if any of the above services need to be preauthorized, call Member Services.

NONCOVERED SERVICES*

These are some of the services not covered by your plan:

- > Abortions, except to save mother's life or result of rape or incest, with required forms
- > Acupressure
- > Acupuncture
- > ADHD
- > Allergy tests and treatment, selected types
- > Anesthesia, general, while in doctor's office
- > Biofeedback
- > Birthing centers and home childbirth
- > Cancer therapy, neutron beam
- > Certain drugs and medicines (such as weight loss drugs, non-FDA drugs, etc.)
- > Certain immunizations (anthrax, BCG, plague, typhoid yellow fever, and others)
- > Certain pain services
- > Charges/services not for medical purposes
- > Chiropractic services
- > Claims after one year
- > Conditions caused by crime
- > Dental anesthesia unless criteria is met
- > Device to correct or support the foot
- > Dry needling
- > Experimental services
- > Eye surgery for vision (such as LASIK)
- > Family planning (specifically Norplant, infertility drugs, in-vitro fertilization, genetic counseling)
- > Fitness training, exercise equipment, fees for gym, etc.
- > Food-based treatment
- > Gene therapy
- > Genetic counseling



- > Hearing aids, unless following cochlear implants
- > Home health aides
- > Methadone therapy
- > Non FDA-approved drugs
- > Non FDA-approved service
- > Non-medical help
- > Pervasive developmental disorder
- > Proton beam (except for certain circumstances)
- > Respite care
- > Same service repeated
- > Services from someone who lives in the same house as the member
- > Service that is not covered together with a covered service
- > Service related to a noncovered service
- > Service to improve how you look
- > Sexual-related treatment
- > Specific services not covered
- > Telephone/email consult
- > Terrorism or nuclear release
- > Therapy services not meeting criteria
- > Travel-related expense
- > War-related expense
- > Weight loss related services (surgery, drugs, etc.)
- > General Excluded Services such as:
 - Services performed before or after you are eligible for CHIP
 - Charges for education or job skills
 - Services mainly for convenience
 - Complete or submit insurance forms
 - Any service or supply not needed for medical care
 - Services, treatment, or supplies at a government owned hospital or any agency thereof
 - Services, treatments, or supplies related to an act of war
 - Service related to injury on the job, any portion of which is employer or workers comp liability
 - Service or supply if condition occurred during a crime, assault, or felony
 - Shipping, handling, or finance charges
 - Medical care rendered by family member
 - Expense because scheduled visit is missed
 - Telephone calls

*This list is not all inclusive.



MEMBER RIGHTS AND RESPONSIBILITIES

You have the right to:

- > To ask for more information on our structure and operations, as well as information on how we select participating doctors and what is expected of them and our physician incentive plans
- > Make recommendations about our member rights and responsibilities policy
- > To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- > Be treated fairly with dignity, courtesy, and respect
- > Medical care regardless of your race, color, nationality, disability, sex, religion, or age
- > Be furnished healthcare services under access and quality standards
- > Get emergency and urgent care 24 hours a day, seven days a week
- > Get information about SelectHealth, its services, its providers and doctors
- > Have a guide that explains your benefits and services and how to get them
- > Choose or change your primary care physician and other doctors
- > Get a second opinion from another doctor
- > Participate with doctors in making decisions about your healthcare
- > Get information on available treatment options and alternatives, regardless of cost or benefit coverage
- > Have information presented in a manner appropriate to your condition and ability to understand
- > Be told the risks, benefits, and results of having or not having treatment
- > Say no to treatment
- > Not feel controlled or forced into making healthcare choices
- > Express your choices about future treatments
- > Keep health problems discussed with your doctors private
- > See your health records and ask that they be amended or fixed
- > Have a Living Will
- > File complaints and get a reply
- > Appeal a ruling made by SelectHealth
- > Ask for a state fair hearing if they disagree with the result of your appeal
- > Decide to leave CHIP
- > Be told of changes made to the Member Rights and Responsibilities at least once a year
- > Exercise these rights without fear of retaliation by SelectHealth, providers, or the Department of Health



We will tell you if any changes are made to the above list. We will do this at least once a year.

You are responsible to:

- > Follow the rules of your plan
- > Carry your CHIP ID Card at all times
- > Read your CHIP Member Handbook and ask questions
- > Choose a CHIP primary care doctor
- > Use CHIP doctors when you can
- > Have your PCP and us help you with your care
- > Work with your doctor so he or she can give you the best care
- > Be open and frank when you talk with your doctor
- > Be sure you know what the doctor says for you to do for treatment
- > Know what will happen if you turn down treatment
- > Treat your doctor, staff, and other patients with respect
- > Show up for scheduled visits
- > Arrive on time for visits
- > Call ahead of time if you cannot make a visit
- > Tell your complaints to Member Services

COPAY AND COVERED SERVICES SUMMARY

Look at the Copay Summary in this handbook for a list of covered and limited services. There is also a section that lists noncovered services. The section called “Accessing Care” explains how we can help you get care. Copay and Coinsurance: You are responsible to pay these amounts. They are listed on the Copay Summary at the end of this book. Certain benefits, such as care to keep you healthy (preventive), do not have a copay.

NURSES TO MANAGE YOUR CARE

Care managers are nurses who can help you get care and stay healthy. They work with your doctors when needed. They can also help if you are in the middle of care while changing your CHIP plan or when changing to a new doctor. Sometimes health records need to be given to your new plan or doctor. They will explain to you how to get this done. Call us if you want one of our nurses help coordinate your needs.

Disease Management: We can help manage your care and keep you healthy. We have programs for these diseases:

- > Asthma
- > Cancer
- > Chronic obstructive lung disease



- > Depression
- > Diabetes
- > Heart disease
- > Hepatitis C
- > High-risk pregnancy
- > Human Immunodeficiency Virus (HIV)

WHEN YOUR DOCTOR LEAVES YOUR PLAN

SelectHealth will notify you within 15 days of learning that your doctor is no longer on your plan or a part of SelectHealth.

PRIMARY CARE DOCTOR (PCP)

You do not have to choose a PCP. However, having a PCP for most of your needs is a very good idea. A PCP can give you care to keep you healthy. Your PCP will help you get care if you need to see any other doctor. The types of doctors listed below are PCPs:

- > Certified nurse-midwife
- > Family practice
- > Geriatrics
- > Pediatrics
- > Internal medicine
- > Obstetrics and gynecology (OB/GYN)

SECONDARY CARE DOCTOR (SCP)

Any doctor who is not considered a PCP is a Secondary Care Doctor (SCP). You will typically use an SCP if your PCP feels that he cannot handle a specific medical condition or if you would like to talk to a doctor who specializes in a specific area. Some examples of SCP's include:

- > Cardiologists
- > Dermatologists
- > Neurologists
- > Ophthalmologists
- > Orthopedic Surgeons
- > Otolaryngologists (Ear, Nose, and Throat or ENT)

You do not need a referral from your PCP to make an appointment with your SCP.

Restrictions on choosing a doctor

CHIP members do not need any sort of referral to see a doctor. However, a member can only see a doctor that is participating on their plan.



URGENT AND EMERGENCY CARE

In- or out-of-network emergency services are available without preauthorization.

What Is Urgent Care?

Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. Walk-ins are welcome at Intermountain InstaCares and most KidsCares. Call Member Services or visit selecthealth.org to find one near you.

Here are some examples of things that require urgent care:

- > Vomiting a lot
- > Cuts that may need stitches
- > Ear pain
- > Sprains or broken bones
- > Bad cough
- > High fever

NOTE: Sometimes you get urgent or emergency care from someone other than your doctor. It is a good idea to call your doctor as soon as you can in case he or she wants to see you.

EMERGENCY CARE (Call 911)

An emergency is when you think your life is in danger, a body part is hurt badly, or you are in great pain.

Here are some examples of things that require emergency care:

- > Bad burns
- > Broken bones
- > Chest pain
- > Drug overdose
- > Heavy bleeding
- > Drug overdose
- > Trouble breathing

If you think you have an emergency condition, call 911 or go to the closest hospital. The same benefits apply to emergency room (ER) services. The hospital you go to for emergencies does not need to be on your plan, but there may be a lower copay if it is on the plan. They may admit you to a hospital not on the plan. Contact us within two days or as soon as you can.

Post-stabilization care happens when they admit you to the hospital from the ER. This care is covered. If they admit you from the ER, there is no copay. This care includes tests and treatment until you are stable or they find out what is wrong with you. Your plan covers this type of care whether you go to a hospital on the plan or not. Once



your condition is stable you may be asked to transfer to a hospital on the plan. This way you get the most benefits your plan has to offer. The doctor will treat you at a hospital not on the plan until a doctor who is on your plan can take over your case.

Remember: You have the right to use any hospital or other setting for emergency care. Prior approval is not required. Emergency benefits are not limited based on your symptoms or what they say is wrong. Also, benefits are not reduced because the hospital did not get in touch with your PCP.

Hospitals on the plan include:

- | | |
|---------------------------------|------------------------------------------|
| Alta View Hospital | Intermountain Medical Center |
| American Fork Hospital | Kane County Hospital |
| Ashley Regional Medical Center | LDS Hospital |
| Bear River Valley Hospital | Logan Regional Hospital |
| Bear Lake Hospital | McKay-Dee Hospital |
| Beaver Valley Hospital | Milford Valley Hospital |
| Blue Mountain Hospital | Moab Regional Hospital |
| Brigham City Community Hospital | Mountain West Medical Center |
| Cache Valley Hospital | Oneida County Hospital |
| Cassia Regional Medical Center | Orem Community Hospital |
| Castle View Hospital | The Orthopedic Specialty Hospital (TOSH) |
| Central Valley Medical Center | Park City Medical Center |
| Davis Hospital & Medical Center | Primary Children's Hospital |
| Delta Community Hospital | Riverton Hospital |
| Dixie Regional Hospital | San Juan Hospital |
| Fillmore Community Hospital | Sanpete Valley Hospital |
| Franklin County Medical Center | Sevier Valley Hospital |
| Garfield Hospital | Uintah Basin Medical Center |
| Gunnison Valley Hospital | Utah Valley Hospital |
| Heber Valley Medical Center | Cedar City Hospital |
| Huntsman Cancer Hospital | |

HOW TO SUBMIT A CLAIM

Doctors on your plan will file claims for you. If you need to file a claim from a doctor not on your plan, call Member Services. We must get claims within 12 months from the date of your doctor visit. Send claims to:

SelectHealth
P.O. Box 30192
Murray, UT 84130-0192

FAMILY PLANNING SERVICES

These services help you plan when to have a baby or prevent pregnancy. Family planning services include information, treatment, and counseling about birth control. Services are approved by or given by a doctor, certified nurse-midwife, or nurse practitioner. They must have prior written consent of a minor's parent or legal guardian for each visit. They must keep to guidelines under Utah law. These are not covered: Norplant, infertility drugs, in vitro fertilization, and genetic counseling.

ABORTIONS AND TERMINATION OF PREGNANCY

Abortions and related problems are covered when federal criteria is met that shows it is needed to save the mother's life or the pregnancy was caused by rape or incest. Members must prove with medical records, police report, or charges for a crime were filed. Abortions without prior written approval from a minor's parent or legal guardian are not covered.



Termination of pregnancy may be covered if the mother has certain health problems. Care for miscarriage/spontaneous abortion (which happened from natural causes) is covered.

PREAUTHORIZATION

You or your doctor must let SelectHealth know before getting certain types of care. Otherwise, your benefits may be reduced or denied. If you need to talk to someone about preauthorization, call Member Services.

WELL CHILD VISITS

Your plan covers well child visits scheduled by age. This includes medical tests and shots to make sure your children are healthy.

OTHER MEDICAL SERVICES

For other types of care that may be covered, look at the Copay Summary.

HEALTHY BEGINNINGS

A Care Program for Pregnant Mothers

Healthy Beginnings is a program that works with your doctor to help you have a safe and healthy pregnancy. Once signed up, you will be able to talk to a nurse care manager. She will be able to:

- > Answer your questions
- > Give you support
- > Help you find the right doctors

You will get a book on pregnancy that covers the baby's growth, breast-feeding, and more. If you have questions about the program or would like to sign up, call Healthy Beginnings at **866-442-5052**.

PRESCRIPTION AND OVER-THE-COUNTER (OTC) DRUGS

CHIP covers prescription and some OTC drugs. See the Copay Summary and/or CHIP Formulary.

APPEALS AND GRIEVANCES

What Is an Action?

An Action is when SelectHealth:

- > Denies care or approves less care than you wanted
- > Denies a covered service you received
- > Lowers the number of services you can get, or ends a service we approved
- > Denies payment for care that you may be responsible to pay
- > Does not take care of an appeal or grievance as soon as we need to
- > Is told a provider did not see you in a reasonable amount of time

We send a Notice of Action letter to tell you what Action we are taking. If you have a problem with an Action we have taken, call Member Services at **800-538-5038**. Most

problems can be solved by Member Services. If you are unhappy with how things work out with Member Services, you can file an appeal or grievance.

What Is an Appeal?

An appeal is when you write and ask us to review an Action we have taken to see if we made the right decision on your claim.

Who Can File for an Appeal?

You, your agent, or your doctor with your written permission can file an appeal or Grievance. They should call the number below or write to the Appeals department at:

Attn: Appeals
SelectHealth
P.O. Box 30192
Murray, Utah 84130-0192

How do I file for an Appeal?

You will have 90 days from the date we take action to ask for an appeal. We can help you fill out the appeal if you like. Call Appeals at **844-208-9012**. We have people who can translate. We also help those with hearing problems.

The Appeals Process

You will have the chance to send us any information you want. We will review it. You will also be able to see your file, healthcare records, and any other papers we look at during the appeals process.

Decisions about your appeal will be made by people who have not seen it before. A doctor who has treated patients with conditions like yours may be asked to review your file. You can ask for the name of any person that looks at your appeal. In some cases, you can ask to keep getting care during the appeal process. If the decision stays the same as the first Action we took, you may have to pay for the care.

How Long Does an Appeal Take?

We usually can make a decision within 30 days after we get the appeal. If we need more time to make our decision, we will write you. If you agree, this will take 14 more days.

What Is a Quick Appeal?

A Quick Appeal is given if your doctor feels that you need care right away. This kind of appeal will be done in 72 hours (three days) or less from the time we hear from your doctor.

What If I Don't Agree With the Decision?

If we rule against you or can't make a decision as soon as needed, you can ask for a State Fair Hearing.

What Is a Grievance?

A grievance is a complaint about anything other than an Action. Here are some examples of grievances:



- > The quality of care you received
- > A doctor was rude to you
- > You feel a SelectHealth staff member did not respect your rights
- > You were not treated fairly, or you feel you were denied your member rights or discriminated against
- > A doctor won't see you in a reasonable amount of time

How Do I File a Grievance?

You, your approved agent, or your doctor may file a grievance. You can call Member Services and tell them about your grievance. Or you may choose to file your grievance in writing. Send it to:

**Attn: Appeals
SelectHealth
P.O. Box 30192
Murray, Utah 84130-0192**

We will try to decide about your grievance right away. We can often solve the problem over the phone. Call **844-208-9012**. If not, we will give you a decision within 45 days after we get your grievance. We will call to let you know what we decide. If you sent us your grievance in writing, we will send you a letter.

Sometimes we won't be able to make a decision within 45 days. In this case, we will ask for 14 more days. We will let you know in writing why we need more time.

What Is a Quick Grievance?

You can ask for a Quick Grievance. We will usually make a decision within 72 hours from the time we got your request.

WHAT IS A STATE FAIR HEARING?

There are things you can do if you are not happy with a decision. You, your agent, or your doctor can request a State Fair Hearing with the Department of Health within 30 days from the denial of an appeal. We will send a letter that will tell you how to ask for the hearing. We will give you the forms needed. The request must be mailed to the address on the form. It must be mailed within 30 days of the date on our letter.

ADVANCE DIRECTIVES (LIVING WILLS)

What Is an Advance Directive?

It lets you make choices about your healthcare ahead of time. You can name someone to make choices for you. This person will help decide about your healthcare if you cannot do it yourself. Once it is made a copy should go to your doctor.

Healthcare Special Power of Attorney

You may choose a person to make healthcare choices for you. This will take place only if you can no longer make them yourself.



Living Will

You may not want to choose someone. Instead, you may write down now what you want to happen in case someday you are not able to decide for yourself.

Discuss with Family

If you do not want a Living Will and you cannot speak for yourself, doctors will talk to your family. They will make healthcare choices for you. You or your family can call the Utah Survey and Certification Agency at **800-662-4157**. They can answer questions about Advance Directives.

ENDING YOUR MEMBERSHIP

What if you want to change your health plan? You must call or see your HPR (Health Program Representative). Ask for the change to be made. If you don't know who your HPR is, call the CHIP Office at **866-608-9422**. We want you to be happy with your health plan. Please tell us why you are not happy with us. This will help us improve. Call Member Services and let them know the reason.

CANCELATION

You will no longer be a member if:

- > You are abusive or you make threats or act violent
- > You do not follow the member responsibilities listed in this book
- > You let someone else use your CHIP ID Card

FRAUD, WASTE, AND ABUSE

You may think there is fraud, waste, or abuse. If so, call Member Services, our compliance officer, or one of the state agencies listed below. You do not have to give your name when you call.

- > Intermountain Compliance Hotline: **800-442-4845**.
- > Utah Department of Health Doctor Fraud, Waste, or Abuse: **855-403-7283**.
- > Utah Department of Workforce Services, Member Fraud, Waste, or Abuse. Call the Information Fraud Line: **800-955-2210**.

WE PROTECT YOUR PRIVACY

SelectHealth has detailed guidelines to protect the privacy of your personal information such as:

- > Collection of personal information
- > Uses and disclosures with your authorization
- > Uses and disclosures permitted by law without an authorization
- > Your individual privacy rights
- > Right to inspect and copy your personal information



Call Our Privacy Office

Call Compliance at **800-442-4845**. Intermountain's Privacy Coordinators can help you with any questions you may have about the privacy of your health information. They can help you fill out forms that are needed to exercise your privacy rights. You can also get a copy of this notice from any Intermountain staff. This information is also found in the CHIP Member Guide given to you by the state and on **intermountainhealthcare.org**. Click on "Privacy Practices."

WHEN YOU NEED TO PAY

Should you choose to get care that is not covered, you will be liable to pay for it. You may also need to pay in the cases listed below:

- > You get service that was not approved ahead of time by SelectHealth but should have been
- > You do not go to a participating SelectHealth doctor
- > You signed in writing that you would pay before you received the care
- > You go to the emergency room for routine care
- > You are not on CHIP when you get the care

If any of the above happens, the doctor might ask you to pay for the care.





CO-PAY SUMMARY

Molina: 1-888-483-0760

• www.health.utah.gov/chip

• SelectHealth: 1-800-538-5038

BENEFITS (per plan year)	CO-PAY PLAN B*	CO-PAY PLAN C*
OUT-OF-POCKET MAXIMUM	5% of family's annual gross income, including dental expenses**	5% of family's annual gross income, including dental expenses**
PREMIUM	\$30/family/quarter	\$75/family/quarter
PRE-EXISTING CONDITION	No waiting period	No waiting period
DEDUCTIBLE	\$40/family	\$500/child; \$1,500/family
WELL-CHILD EXAMS	\$0	\$0
IMMUNIZATIONS	\$0	\$0
DOCTOR VISITS	\$5	\$25
SPECIALIST VISITS	\$5	\$40
EMERGENCY ROOM	\$5; \$10 non-emergency	\$300 after deductible
AMBULANCE	5% of approved amount after deductible	20% of approved amount after deductible
URGENT CARE CENTER	\$5	\$40
AMBULATORY SURGICAL & OUTPATIENT HOSPITAL	5% of approved amount after deductible	20% of approved amount after deductible
INPATIENT HOSPITAL SERVICES	\$150 after deductible	20% of approved amount after deductible
LAB & X-RAY	\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
SURGEON	5% of approved amount	20% of approved amount after deductible
ANESTHESIOLOGIST	5% of approved amount	20% of approved amount after deductible
PRESCRIPTIONS -Preferred Generic Drugs -Preferred Brand Name Drugs -Non-Preferred Drugs	- \$5 - 5% of approved amount - 5% of approved amount	- \$15 - 25% of approved amount - 50% of approved amount
MENTAL HEALTH -Inpatient & Outpatient Facility -Office Visit	- \$150 after deductible - \$0	- 20% of approved amount after deductible - \$0
RESIDENTIAL TREATMENT	5% of approved amount after deductible (25 day limit per year)	20% of approved amount after deductible (25 day limit per year)
PHYSICAL THERAPY	\$5 (20 visit limit per year)	\$40 after deductible (20 visit limit per year)
CHIROPRACTIC VISITS	Not a covered benefit	Not a covered benefit
HOME HEALTH & HOSPICE CARE	5% of approved amount after deductible	20% of approved amount after deductible
MEDICAL EQUIPMENT & MEDICAL SUPPLIES	5% of approved amount after deductible	20% of approved amount after deductible
DIABETES EDUCATION	\$0	\$0
VISION SCREENING	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)
HEARING SCREENING	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)

*Co-pay plans are based on your income. American Indian/Alaska Natives will not be charged co-pays, premiums, or a deductible.

** CHIP will send you an approval letter telling you the approximate out-of-pocket maximum amount for your family.



CO-PAY SUMMARY

Premier Access: 1-877-854-4242 • www.health.utah.gov/chip • DentaQuest: 1-800-483-0031

BENEFITS CON'T (per plan year)	CO-PAY PLAN B*	CO-PAY PLAN C*
DEDUCTIBLE	\$0	\$50/child; \$150/family
MAXIMUM BENEFIT - Preventive, Basic & Major services per child, per year	\$1,000 per plan year	\$1,000 per plan year
PREVENTIVE SERVICES - Routine exams - Cleanings (2 per year) - Topical fluoride - X-rays	\$0	\$0
BASIC SERVICES - Fillings - Extractions - Oral surgery - Endodontics - Periodontics	5% of approved amount	20% of approved amount after deductible
MAJOR SERVICES - Crowns - Bridges - Dentures	5% of approved amount	50% of approved amount after deductible
ORTHODONTICS - requires prior authorization - covered only if medically necessary	5% of approved amount (\$1,000 lifetime maximum**)	50% of approved amount (\$1,000 lifetime maximum**)
SPECIALISTS - Endodontists - Oral Surgeons - Periodontists - Pediatric Specialists - Prosthodontists	5% of approved amount	Talk to your dental plan for an estimate of additional charges.

* Co-pay plans are based on your income. American Indian/Alaska Natives will not be charged co-pays, premiums, or a deductible.

** Orthodontic services are not included in the annual maximum benefit.