



Need more information? Contact our Navigation Services Team at 303-432-5130 or [navigation@jcmh.org](mailto:navigation@jcmh.org)

These services are examples of benefits that may be available to you and your family. You may qualify for more benefits and services. Some services may require prior authorization or approval from Health First CO. Additionally, there are limits on some services and benefits.\*

**\*Exclusions apply** or may apply to these benefits – contact Medicaid customer service to verify at 1-800-221-3943.

If you notice any changes or inconsistencies with our resources, please inform Navigation to help us stay current.

**For more information on Health First Colorado Benefits, please visit:**

<https://www.healthfirstcolorado.com/benefits-services/>

### **Health Care Providers**

Primary Care (PCMP): \$2 per visit, *Children under the age of 19 and women who are pregnant do not have copays for services.*

Specialist Visits: \$2 per visit

Home Health: No co-pays

- For acute home health needs lasting 60 days or less. If these services are needed ongoing, applying for Home and Community Based Services (HCBS) through Long Term Care (LTC) would be necessary. Ask Navigation for more info as needed.

Telemedicine: No co-pay for telemedicine but co-pays may apply for other services provided

- Limit: Patients must be a part of the telemedicine appointment.

Vision Care: \$2 per visit

- Adult vision care benefit includes medically necessary eye exams, glasses, and contact lenses only after surgery.
- Limit: does not include orthoptic or eye training therapy.

### **Dental Services**

Dental Services\* include cleanings, fillings, root canals, crowns, and partial dentures.

- No copays; annual benefit of up to \$1,500 per state fiscal year which runs from July 1st to June 30<sup>th</sup>.
- Emergency and dentures benefits are not subject to this limit
- There is no annual benefit limit for children under age 21.
- DentaQuest operates a customer service center to specifically answer Health First Colorado members' question regarding dental benefits
  - DentaQuest can be reached at 855-225-1729 or at [dentaquest.com](http://dentaquest.com)

### **Hospitalization, Emergency Services, Transportation and Other Services**

- Emergency Room: No copays if determined to be an emergency; \$6 per visit if not an emergency
- Ambulance Services: No copays

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- Prior authorization only required when it is a non-emergency, like being transferred to a new hospital.
- Non-Emergent Medical Transportation: No copays
- Urgent Care Centers: \$2 per visit if not a part of an emergency room
- Outpatient Surgery\*: \$0 per visit
- Outpatient Hospital Services: \$4 per visit
- Inpatient Medical/Surgical Care: \$10 per covered day or 50% of the averaged allowable daily rate, whichever is less.
  - Cleft palate surgery, bariatric surgery, and dental anesthesia may be covered.
- Organ and Transplants\*: \$10 per covered day or 50% of the averaged allowable daily rate, whichever is less.
- Anesthesia: no co-pay
- Breast Reconstruction\*: No co-pay
  - Breast reconstructive surgery may be covered for members with a history of breast disease diagnosis and surgical procedure within the prior 5 years.
- Hospice: No co-pay
  - No more than 9 months
  - Adults must forego curative care
- Private Duty Nursing: no co-pays
  - Provides one-on-one care to patients
  - Limited to 16 hours a day for adults
  - There is no limit on private duty nursing for children up to their 21<sup>st</sup> birthday
- Radiation Therapy and Chemotherapy: \$4 if performed in an outpatient hospital; \$2 if performed in a doctor's office
- Prenatal and Post-Partum Care: pregnant patients do not have co-pays
  - 1 comprehensive (or complete) visit and 7-13 prenatal visits that last the whole pregnancy plus 60 days after giving birth.
    - Limit: Only for women of childbearing age
  - Delivery and Inpatient Maternity Services
  - Newborn Child Coverage
    - Newborn child coverage for the whole first year after a baby is born
    - Limited to newborns born to mothers on Health First CO
  - Specialty Programs
    - Nurse Home Visitor Program
    - Special Nurse Home Visitor programs for first time mothers
      - Home visits until the child turns two years old
      - Program is only available to first-time mothers
  - Prenatal Plus
    - Prenatal Plus is for at risk mothers and babies
    - Mothers can be in the program their whole pregnancy plus 60 days after giving birth
  - Special Connections
    - Special Connections is for pregnant women who have alcohol and/or drug abuse problems
    - Mothers can be in the program for their whole pregnancy and until their child turns one year old.

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### **Mental Health, Substance Use Disorder, or Behavioral Health Services:**

- Alcohol and/or drug assessment\*: no co-pay
- Physical assessment of detoxification progression including vital signs monitoring: no co-pay\*
- Behavioral health counseling and therapy, individual\*: no co-pay
- Alcohol and/or drug services, group counseling by a clinician\*: no co-pay
- Alcohol and/or drug services, targeted case management\*: no co-pay
- Safety assessment including suicide ideation and other behavioral issues\*: no co-pay
- Level of motivation assessment for treatment evaluation\*: no co-pay
- Drug screening & monitoring\*: no co-pay
- Medication-assisted treatment\*: no co-pay
- Inpatient Hospital\*: no co-pay
- Outpatient Psychotherapy\*: no co-pay
- Group Psychotherapy\*: no co-pay
- Family Psychotherapy\*: no co-pay
- Mental Health Assessment\*: no co-pay
- Pharmacologic Management\*: no co-pay
- Outpatient Day Treatment, non-residential\*: no co-pay
- Emergency/Crisis Services, Case Management\*: no co-pay
- Biologically-based mental illnesses and disorders\*: no co-pay
- Mental Health and Substance Use Disorder
  - Outpatient hospital & physician\*: no co-pay
  - Inpatient hospital\*: no co-pay
- School-based mental health services: no co-pay
  - Available only to children with Individual Education Programs (IEP)

### **Pharmacy and Durable Medical Equipment Benefits**

- Prescription Drugs:
  - Generic and brand name medicines: \$3 per prescription or refill
  - Pregnant women and children do not have to pay co-pays for prescription drugs
  - Exclusions\*: the generic equivalent will be given without prior authorization. Non-generic drugs are given only with prior authorization or if there is no equivalent.
- Durable Medical Equipment
  - Durable medical equipment that can be reused and is prescribed by a provider such as wheelchairs, crutches, gait trainers and others.
  - Some durable medical equipment may have \$1 a day co-payments
  - No co-payments for anyone 19 or younger; no co-payments for pregnant women
  - Limit: Dental and/or prosthodontics services are covered under the dental benefit

### **Physical, Occupation, or Speech Therapy**

- Home Health therapies (physical therapy/occupational therapy/speech therapy)
  - Acute: no co-pay, 60 days of treatment per acute (serious) condition
  - Long term\*: no co-pay, only available to children 20 years of age and younger
- Outpatient Speech Therapy
  - \$4 per visit in outpatient hospital
  - \$2 per visit in physician office
  - No co-pay in therapy clinic or rehab agency

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- Inpatient Speech Therapy
  - \$10 per inpatient day.
  - Children under age 19 and pregnant women do not have copays.
- Outpatient physical therapy/occupational therapy:
  - \$4 per visit in outpatient hospital
  - \$2 per visit in physician office
  - No co-pay in therapy clinic or rehab agency
  - Some daily limits apply
- Inpatient Physical therapy/ occupational therapy:
  - \$10 per inpatient day.

### **Laboratory Services**

- Lab and Radiology\*: \$1 per date of services
  - Dental x-rays do not have a co-pay

### **Preventative and Wellness Services:**

- Preventative and wellness services and chronic disease management\*
  - Such as: aspirin use, blood pressure screening, breast cancer screening, cholesterol screening, depression screening, healthy diet counseling, sexually transmitted disease prevention counseling, tobacco use screening and counseling and others.
  - No co-pay
  - 1 adult annual physical per year
  - Counseling to help quit smoking is limited to three times per year for adults
- Immunizations
  - Such as: influenza, chicken pox, measles and others
  - No co-pay
- Colorectal Cancer Screening
  - Members do not have to pay a co-pay for a screening colonoscopy but do have to pay a \$2 co-pay for a diagnostic or treatment colonoscopy.
- Screening mammography: no co-pay
  - Limited to 1 screening per year
  - Limited to women age 40 and older and for younger women who are high risk
- Audiology: No co-pay
  - Limits:
    - Audiology benefit includes hearing aids for ages 20 and under.
    - Covers supplies.
    - Replacements expected every 3-5 years.
    - Hearing aids may be replaced when they no longer fit, have been lost or stolen, or the current hearing aid is no longer medically appropriate for the child.
    - No ear molds for swimming/noise reduction
  - Covers cochlear implants for only ages 20 and under, replacement when current unit is broken/non-functional
  - All ages: Replacement for current cochlear implant if broken/lost
- Allergy testing & injections: \$2 per visit
  - Limit: Investigative and experimental treatments are not covered
- Screening Pap tests: no co-pay, 1 test per year
- Gynecological exam: no co-pay, 1 exam per year

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- Prostate cancer screening – no co-pay, 1 exam per year
- Routine foot care: \$2 per visit
  - 1 service every 60 days
  - Acute care (serious) issues allow any amount of medically necessary podiatric services

### **Family Planning Services**

- Office Visits & Counseling: no co-pay
  - 1 comprehensive (complete) annual visit will be covered. Annual visits have to be at least 10 months apart.
- Surgical Sterilization : no co-pay
  - Services include tubal ligations and vasectomies
  - Available only to clients 21 years of age and older
  - Informed consent required for surgical sterilization and must be at least 21 years old and mentally able to give informed consent.
  - Procedure may be provided 30 days after informed consent, but within 180 days.
- Routine Contraceptives: no co-pay
  - All FDA approved contraceptive methods are covered.
  - 12-month supply of oral pill, vaginal ring, or topical contraceptives.
  - Certain types of contraceptives such as condoms or shots may have different limits.
- Long Acting Reversible Contraceptives (IUDs and birth control implants): no co-pay
  - Long-acting, reversible contraceptives (LARC) such as intrauterine devices (IUDs) and implants. Coverage includes the device, insertion, removal and re-insertion at any time. Immediate postpartum LARC insertion is covered.
- Emergency Contraception: no co-pay
  - 1 package per fill
  - Requires a prescription from a doctor or pharmacist.
- Fertility Assessments: no co-pay
  - Includes services to identify potential causes or reasons an individual is unable to become pregnant.
  - Treatment for infertility causes is not covered.