

Enrollee Handbook

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1-888-888-1211
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JeffersonHealthPlans.com/CHIP

chip Pennsylvania's Children's Health Insurance Program
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Jefferson Health Plans

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SECTION 1 – WELCOME
Introduction

What is CHIP?

The Children's Health Insurance Program (CHIP) is a state and federally funded program that provides comprehensive health insurance to children up to 19 years of age. Our enrollees have a wide range of benefits available to them through the CHIP program. With CHIP, children receive high quality health insurance covering physical health, behavioral health, vision, and dental services.





Welcome to Jefferson Health Plans CHIP

Thank you for enrolling your child in the Children's Health Insurance Program (CHIP) brought to you by *Jefferson Health Plans*. Jefferson Health Plans CHIP is a managed care organization that serves enrollees in all Pennsylvania counties. We are the health plan that puts your needs first. We have been serving Pennsylvania families since 1985. We're pleased to give you the health care benefits you need for your children, and the quality service you expect, all delivered with the respect you deserve. We work hard to earn your trust — and over the years, our enrollees have told us they think we do a very good job.

Our Jefferson Health Plans CHIP program brings you all the benefits and services provided by Pennsylvania's Children's Health Insurance Program (CHIP), plus the excellence in customer service that our enrollees have come to depend on. We are committed to constantly earning the trust you have placed in Jefferson Health Plans CHIP.

Jefferson Health Plans CHIP has a network of contracted providers, facilities, and suppliers to provide covered health services to enrollees. As a Jefferson Health Plans CHIP enrollee, your children must use our participating providers — including doctors, hospitals, and pharmacies — for all their health care (except for urgently needed care when you are out of the area, or for emergency care or family planning services).

Our carefully selected network includes PCPs, specialists, and other providers who work together to meet your children's health needs. Your child's PCP is their main health care advocate, ready to provide care, make referrals, and follow up after visits or hospital stays.

It is important to visit providers within the Jefferson Health Plans CHIP network to ensure that you are getting the best quality of care.



Enrollee Services

Staff at Enrollee Services can help you with:

- Questions about your benefits and services
- Finding an in-network provider
- How to order a new ID card
- How to choose or change your child's primary care provider
- Other services

If you ever have questions about your coverage or the care you are receiving, just call our Enrollee Relations department at 1-888-888-1211. We're here 24 hours a day, seven days a week to help you!

Enrollee Relations can also be contacted in writing at:

Jefferson Health Plans CHIP
1101 Market Street, Suite 3000
Philadelphia, PA 19107

No matter what language you speak, we can help. Through a special service, you have access to over 140 different languages to speak to us. We can also help coordinate interpreter services when your child is getting health services, at no cost to you. Just call Enrollee Relations for help.

If you are hearing impaired and are calling from a TTY phone, please call 1-877-454-8477.

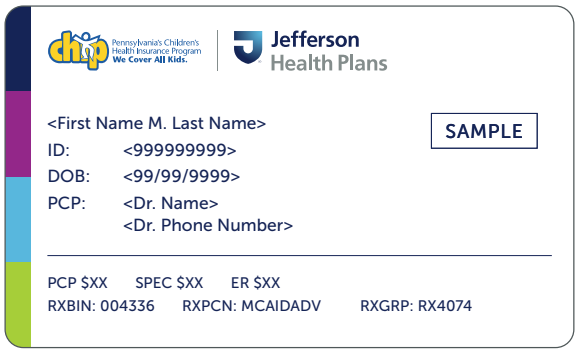
If you need help reading the information contained in this Enrollee Handbook, please call us at the numbers above.

You may also visit our website at **JeffersonHealthPlans.com/CHIP** for more information about using Jefferson Health Plans CHIP to help keep your children healthy.

Enrollee Identification Cards

Your enrollee ID card lets everyone know that your children are Jefferson Health Plans CHIP enrollees. The name and telephone number of their primary care provider (PCP) are on your card. Your card is important. You must show it when your children go for doctor and dentist visits, to get prescriptions filled and to get all other covered benefits and services. Do not let anyone else use your children's cards.

If you do not have your card, your children's provider can call us. We'll let him or her know that your children are Jefferson Health Plans CHIP enrollees. If your card is ever lost or stolen, please call our Enrollee Relations department at 1-888-888-1211 (TTY 1-877-454-8477). Someone is available to help you 24 hours a day, seven days a week. If your card is lost or stolen all services you are receiving will continue and all services will continue to be available while you wait for a new card to be delivered.



Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Enrollee Services for help: 1-888-888-1211 (TTY 1-877-454-8477).

Emergencies

Please see ***Section 3, Covered Services***, beginning on page **14**, for more information about emergency services. If you have an emergency, you can get help by calling the nearest emergency department, calling **911**, or contacting your local ambulance service.

Important Contact Information – At a Glance

Name	Contact Information: Phone or Website	Support Provided
Pennsylvania Department of Human Services Phone Numbers		
Bureau of CHIP	1-800-986-KIDS (5437) **https://www.pa.gov/agencies/dhs/resources/chip**	Enrollment questions. Plan transfers. General program questions/guidance. Unresolved issues.
COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or Philadelphia: 1-215-560-7226 or **https://www.compass.dhs.pa.gov** *or* myCOMPASS PA mobile app for smart phones	Inquiries about applications and renewals. Updating your personal information for CHIP eligibility. See page **5** of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report enrollee or provider fraud or abuse in the CHIP program. See page **13** of this handbook for more information.
Other Important Phone Numbers		
Teladoc	1-800-Teladoc (835-2362), 1-800-877-8973 (TTY)	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page **8** of this handbook for information.
Pennsylvania Insurance Department; Bureau of Consumer Services	Consumer Help Center: 1-877-881-6388 **https://www.pa.gov/agencies/insurance/consumer-help-center**	Help consumers understand options for dealing with insurance-related matters. Receive assistance with the complaint process against Jefferson Health Plans CHIP.
Behavioral Health Services	1-800-424-3701	Drug and Alcohol Treatment and Mental Health Services
Davis Vision	1-888-888-1211	Jefferson Health Plans Enrollee Services can help answer questions about vision benefits and help you find a provider.
Avēsis Dental	1-888-888-1211	Jefferson Health Plans Enrollee Services can help answer questions about dental benefits and help you find a provider.

Other Phone Numbers	
Childline	1-800-932-0313
Crisis Intervention Services	**See page 46**
Legal Aid	1-800-274-3258
Mental Health/Intellectual Disability Services	1-888-565-9435
National Suicide Prevention Lifeline	1-800-273-8255
Women, Infants, and Children Program (WIC)	1-800-942-9467
Domestic Violence Hotline	1-800-799-7233
Suicide and Crisis Lifeline The 988 Suicide and Crisis Lifeline number is available 24/7.	Call: **988** Text: **988** Visit or Chat: **988lifeline.org**

Communication Services

Jefferson Health Plans CHIP can provide this Handbook and any other communications you may need in your preferred language at no cost to you. Jefferson Health Plans CHIP can also provide your Handbook and other communications you may need in other formats such as but not limited to compact disc, Braille, large print, DVD, electronic communication, and other formats if necessary, at no cost to you. Please contact Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) to ask for any help you need. Depending on the information you need, it may take up to five (5) business days for Jefferson Health Plans CHIP to send you the information.

Jefferson Health Plans CHIP will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Enrollee Services at 1-888-888-1211 and Enrollee Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at TTY 1-877-454-8477 or call Enrollee Services who will connect you to the next available TTY line.

If your PCP or other provider cannot provide an interpreter for your appointment, Jefferson Health Plans CHIP will provide one for you.

Call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) if you need an interpreter for an appointment.

Enrollment

In order to qualify for health insurance coverage under the CHIP program, your child must be:

- Under 19 years of age
- A resident of Pennsylvania
- A U.S. citizen, U.S. national, or lawfully present immigrant
- Uninsured (not covered by any other health insurance coverage)
- Not eligible for Medical Assistance (Medicaid)

Most families can receive CHIP coverage for free. Others can get the same benefits at a low cost that is determined by the household size and income: **pa.gov/en/agencies/dhs/resources/chip/eligibility-and-benefits.html**. You will receive CHIP coverage for a twelve (12) month enrollment period unless one of the situations under the "loss of benefit" section occur.

Renewal

CHIP coverage must be renewed at the end of the twelve (12) month enrollment period. A child's coverage may be renewed, if eligible, every twelve (12) months until the child reaches the age of 19.

A renewal is a review of the family situation. You will only be requested to verify the household income unless other household factors have changed and require verification.

Ninety (90) calendar days before the end of the twelve (12) month enrollment period, a change reporting flyer will be sent to you. The flyer will explain that your child's eligibility for medical coverage will be reviewed soon and reminds you to report any changes that may impact eligibility. DHS will try to perform the renewal using electronic verification sources.

If DHS is unable to perform the renewal using electronic verification sources, a renewal packet will be sent to you. You will be given thirty (30) calendar days to return the packet and all necessary information. The packet will include pre-populated renewal forms as well as a postage-paid envelope. You must provide the

renewal form and verifications prior to the end of the twelve (12) month enrollment period.

You also have the option to complete the renewal online with COMPASS. To renew online using COMPASS you will need your Case Record # and renewal month. You can find this information in the renewal letter you received in the mail from DHS.

The Jefferson Health Plans CHIP Community Engagement team can help you complete the renewal forms at no cost to you. The Community Engagement team can be reached at 1-833-435-1995 or by e-mail at **communityconnect@jeffersonhealthplans.com**.

It is important you follow instructions so that your CHIP coverage does not end. If you have questions about any paperwork you get or are unsure whether your eligibility for CHIP is up-to-date, call the Bureau of CHIP, or the Customer Service Center at 1-877-895-8930 (in Philadelphia call 215-560-7226).

Changing Your CHIP Plan

You may change your CHIP plan at any time, for any reason. Please contact CHIP at 1-800-986-KIDS (5437) to request the change. They can transfer your application to the new company that you select. Also, if you wish to stay with your current PCP, please call your physician to be sure that he/she participates with the new CHIP insurance provider you are considering. CHIP will tell you when the change to your new CHIP plan will start, and you will stay in Jefferson Health Plans CHIP until then. Your plan change will begin on the first day of the next month, following the month of the request. Use your Jefferson Health Plans CHIP ID card at your appointments until your new plan starts.

Changes in the Household

Call the Customer Service Center at 1-877-895-8930 (in Philadelphia call 215-560-7226), or send a message to your caseworker through your MYCOMPASS account or the mobile app if there are any changes to your household.

For example:

- Someone in your household is pregnant or has a baby.
- Your address or phone number changes.
- You or a family member who lives with you gets other health insurance.
- You or a family member who lives with you gets very sick or becomes disabled.
- A family member moves in or out of your household.
- There are changes in your income.
- There is a death in the family.

When a newborn's mother is receiving CHIP, the newborn is automatically eligible for MA or CHIP beginning with their date of birth. A new application is not required. If the mother is not open for CHIP or MA, a new application for the newborn is required. If you want coverage to start on date of birth, you must apply within 30 days of the birth and request it.

What Should I Do if I Move?

If you move, please contact the Customer Service Center (CSC) at 1-877-395-8930 or 1-215-560-7226 in Philadelphia to update your address.

If you move out of your county, you may need to choose a new CHIP plan. Contact Jefferson Health Plans CHIP if you move. If Jefferson Health Plans CHIP also serves your new county, you can stay with Jefferson Health Plans CHIP. If Jefferson Health Plans CHIP does not serve your new county, contact CHIP at 800-986-KIDS (5437) and they will help you transfer to a new MCO for your new county.

If you move out-of-state, you will no longer be eligible to receive services through Pennsylvania CHIP. Contact the Customer Service Center (CSC) at 1-877-395-8930 or 1-215-560-7226 in Philadelphia if you move out of the state. Jefferson Health Plans CHIP will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Eligibility

If your CHIP coverage ends for any reason, but you become eligible again within six (6) months, you will be re-enrolled in the same insurance company. You may choose a different MCO at any time.

There are a few reasons why you may lose access to services during the twelve (12) month enrollment period.

They include:

- Eligibility for certain other credible medical insurance coverage (including certain employer insurances, etc.). (Applied at application or renewal only).
- Eligibility for Medical Assistance (MA).
- Failure to pay the initial premium.
- Failure to pay monthly premiums (Full Cost program only).
- Failure to complete a renewal.
- All appeals options have been exhausted.
- Voluntary withdrawal.
- Turning age 19.
- Death of enrollee.
- Moves out-of-state.
- An enrollee becomes a prison inmate, placed in a youth development center, or a patient in a public institution for behavioral health.
- Misinformation was provided at the time of application or renewal that would have resulted in a determination of ineligibility.

Provider Directory Information

The Jefferson Health Plans CHIP provider directory has information about the providers in Jefferson Health Plans CHIP's network. The provider directory is located online here **JeffersonHealthPlans.com/CHIP**. You may call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) to ask that a copy of the provider directory be sent to you or to request information about a doctor's medical school or residency program. You may also call to get help finding a provider. The provider directory includes the following information about network providers:

- Name, address, website address, email address, and telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- Credentials and board certifications of the provider
- Specialty of and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

The information in the printed provider directory may change. You can call Enrollee Services to check if the information in the provider directory is current. Jefferson Health Plans CHIP updates the printed provider directory monthly. The online directory is updated at least daily.

Picking Your Primary Care Provider (PCP)

Your PCP is the doctor or doctors' group who serves as your main point of contact for non-emergency health concerns, routine check-ups and ongoing health management. Your PCP refers you to specialists and coordinates the care you receive from other providers.

A PCP may be a family doctor, a general practice doctor, a pediatrician, or an internist (internal medicine doctor). You may also pick a certified registered nurse practitioner (CRNP) as a PCP. A CRNP works under the direction of a doctor and can do many of the same things a doctor can do such as prescribing medicine and diagnosing illnesses.

All enrolled children must have a PCP. You have fourteen (14) days from the receipt of your notice of enrollment letter to select a PCP. If you do not select a PCP, Jefferson Health Plans CHIP will assign a PCP for your child.

Some doctors have other medical professionals who may see you and provide care and treatment under the supervision of your PCP.

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

If you have special medical needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in Jefferson Health Plans CHIP's network.

Changing Your PCP

If you want to change your PCP for any reason, you can visit the Enrollee Portal or call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) to ask for a new PCP.

If you need help finding a new PCP, you can go to **JeffersonHealthPlans.com/CHIP**, which includes a provider directory, or ask Enrollee Services to send you a printed provider directory.

Jefferson Health Plans CHIP will send you a new ID card with the new PCP's name and phone number on it. The Enrollee Services representative will tell you when you can start seeing your new PCP.

When you change your PCP, Jefferson Health Plans CHIP can help coordinate sending your medical records from your old PCP to your new PCP. In emergencies, Jefferson Health Plans CHIP will help to transfer your medical records as soon as possible.

If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides Family Practice services at any time.

Who Can My Child See for Dental Care?

Your child can be seen by any in-network dental provider. A referral is not needed for dental care. If you need help finding a dental provider, you can go to **JeffersonHealthPlans.com/CHIP**, which includes a provider directory, or you can contact Jefferson Health Plans CHIP Enrollee Services.

For enrollees needing anesthesia for dental care, Jefferson Health Plans CHIP will ensure a choice of at least two (2) dentists within the provider network with privileges or certificates to perform specialized dental procedures under general anesthesia or the Jefferson Health Plans CHIP will pay for an out of network provider.

Continuity of Care

In certain instances, if your child is currently receiving care or treatment from a provider that will be leaving Jefferson Health Plans CHIP's network, you may be able to continue the ongoing course of treatment from your current provider for up to sixty (60) days from the date you are notified by Jefferson Health Plans CHIP of the termination or pending termination of your provider. This is considered a transitional period.

An enrollee is considered to be receiving an ongoing course of treatment from a provider if:

- During the previous twelve (12) months, they were:
  - o treated by the provider for a condition that requires follow-up care or additional treatment, or
  - o the services have received prior authorization.
- They have a previously scheduled appointment, including an appointment for well childcare.

The transitional period may be extended by Jefferson Health Plans CHIP if the extension is determined to be clinically appropriate. For existing pregnant enrollees or new enrollees in the second or third trimester at the time of notice, the transitional period shall extend through the postpartum period following delivery.

Any health care services provided under this transitional period shall be covered by Jefferson Health Plans CHIP under the same terms and conditions as applicable for participating health care providers.

If you believe your child is in an ongoing course of treatment, you will need to contactJefferson Health Plans CHIP's Enrollee Services. We will review your request to continue to receive care and will notify you within 2 business days of our decision. If it is determined that an enrollee is not in an ongoing course of treatment, a denial notice will be issued.

Office Visits

Making an Appointment with Your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call Jefferson Health Plans CHIP's Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

If you do not have your Jefferson Health Plans CHIP ID card by the time of your appointment, you can contact Enrollee Services for your ID number to provide to your PCP's office.

Appointment Standards

Jefferson Health Plans CHIP's providers must meet the following appointment standards:

- Your PCP should see you within ten (10) business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than thirty (30) minutes unless the doctor has an emergency or at any time no more than one (1) hour when the physician

encounters an unanticipated urgent medical condition or is treating an enrollee with a difficult medical need.

- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.
- If you are pregnant and
  - In your first trimester, your provider must see you within ten (10) business days of Jefferson Health Plans CHIP learning you are pregnant.
  - In your second trimester, your provider must see you within five (5) business days of Jefferson Health Plans CHIP learning you are pregnant.
  - In your third trimester, your provider must see you within four (4) business days of Jefferson Health Plans CHIP learning you are pregnant.
  - Have a high-risk pregnancy, your provider must see you within 24 hours of Jefferson Health Plans CHIP learning you are pregnant.

Referrals

A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctors' group) or a CRNP who focuses their practice on treating one disease, medical condition, or specific part of the body. If you go to a specialist without a referral from your PCP, you may have to pay the bill.

If Jefferson Health Plans CHIP only has one or two specialists in your area, and you do not want to see either specialist, Jefferson Health Plans CHIP will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact Jefferson Health Plans CHIP to get approval before an out-of-network specialist can be seen.

Your PCP will help you make the appointment with the specialist. The PCP and the specialist will work with you and with each other to make sure you get the health care needed.

Sometimes an enrollee may have a special medical condition where they need to see the specialist often. When a PCP refers an enrollee for several visits to a specialist, this is called a standing referral.

For a list of specialists in Jefferson Health Plans CHIP's network, please see the provider directory on our website at **JeffersonHealthPlans.com/CHIP** or call Enrollee Services to ask for help or a printed provider directory.

Self-Referrals

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the services. You must use a Jefferson Health Plans CHIP network provider unless Jefferson Health Plans CHIP approves an out-of-network provider.

Services that do not need a referral include:

- Prenatal visits
- Routine obstetric (OB) care
- Routine gynecological (GYN) care
- Routine family planning services (may see out-of-network provider)
- Routine dental services
- Routine eye exams
- Emergency services
- Specialist services
- Surgical consultation

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see section 3 of the handbook on page **14** for more information.

After-Hours Care

You can call your PCP for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

Jefferson Health Plans CHIP works with Teladoc to connect you with doctors who can help you with many non-emergency medical conditions. Teladoc is a toll-free advice line at 1-800-Teladoc (835-2362), 1-800-877-8973 (TTY). Visit **TeladocHealth.com** to set up an account for easier access. Teladoc is available 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Your child has free access to Jefferson providers 24/7 with JeffConnect. Visit **JeffConnect.org** or download the JeffConnect app from the App Store or Google Play to get started.

Enrollee Engagement

Suggesting Changes to Policies and Services

Jefferson Health Plans CHIP would like to hear from you about ways to make your experience with CHIP better. If you have suggestions for how to make the program better or how to deliver services differently, please contact Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Jefferson Health Plans CHIP Quality Improvement Program

Jefferson Health Plans CHIP's Quality Improvement and Performance (QIP) Program is focused on improving the health outcomes and quality of life for our enrollees.

The Quality Improvement Team plans and runs projects that help our enrollees stay healthy. They help people make appointments, set up health events with our partners, arrange in-home visits, and mail health kits. They also connect enrollees to community resources, help with medicines, and work to reduce health gaps. The Quality Improvement Team works directly with providers on initiatives to improve the overall enrollee experience and enhance patient-centered care. To learn more, call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).



SECTION 2 – RIGHTS AND RESPONSIBILITIES

Enrollee Rights and Responsibilities

Jefferson Health Plans CHIP and its network of providers do not discriminate against enrollees based on race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, CHIP status, income status, program participation, health status, disease or pre-existing condition, anticipated need for health care, or physical or mental disability, except where medically indicated.

As a Jefferson Health Plans CHIP enrollee, you have the following rights and responsibilities.

Enrollee Rights

You have the right to:

1. Be treated with respect, recognizing your dignity and need for privacy, by Jefferson Health Plans CHIP staff and network providers.
2. Get information you can easily understand about Jefferson Health Plans CHIP, its services, and the doctors and other providers that provide care.
3. Pick the network health care providers you want to treat your child.
4. Get emergency services when needed, from any provider without Jefferson Health Plans CHIP's approval.
5. Talk to your providers about treatment options, risks of treatment, alternative therapies, and consultation or tests that may be self-administered without any interference from Jefferson Health Plans CHIP regardless of cost or benefit coverage.
6. Make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.

7. Talk with providers confidentially, and to have your health care information and records kept confidential.
8. See and receive a copy of your medical records. You can request changes or corrections to your medical records.
9. Ask for a second opinion.
10. File a Grievance if you disagree with Jefferson Health Plans CHIP's decision that a service is not medically necessary for you.
11. File a complaint if you are unhappy about the care or treatment you have received.
12. Ask for an external review of any enrollment, coverage, health service, or authorization decision made by Jefferson Health Plans CHIP, or a healthcare provider that you do not agree with.
13. Be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
14. Get information about services that Jefferson Health Plans CHIP or a provider does not cover because of moral or religious objections and about how to obtain those services.
15. Exercise your rights without it negatively affecting the way DHS, Jefferson Health Plans CHIP, and network and out-of-network providers treat you.
16. Make recommendations about the rights and responsibilities of Jefferson Health Plans CHIP's enrollees.

Enrollee Responsibilities

Enrollees are asked to work with their health care providers. Jefferson Health Plans CHIP needs your help so that you get the services and supports you need. You have the responsibility to:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Learn about Jefferson Health Plans CHIP coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless Jefferson Health Plans CHIP approves an out-of-network provider. You may have to pay if you do not use in-network providers.
8. Get a referral from your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

Jefferson Health Plans CHIP must protect the privacy of your protected health information (PHI). Jefferson Health Plans CHIP must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you so that Jefferson Health Plans CHIP can pay your providers. It also includes sharing your PHI with DHS. This information is included in Jefferson Health Plans CHIP's Notice of Privacy Practices. To get a copy of Jefferson Health Plans CHIP's Notice of Privacy Practices, please call 1-888-888-1211 (TTY 1-877-454-8477) or visit **JeffersonHealthPlans.com**.

Your Costs for Covered Services

Premiums

Premiums are the regularly scheduled monthly payments you pay to Jefferson Health Plans CHIP for CHIP coverage. **There are no premiums for enrollees with Free CHIP coverage**. If your child is enrolled in Low-cost or Full-cost CHIP, each month you will receive a bill for the following month's premium. You will receive notice from Jefferson Health Plans CHIP of any change in your monthly premium.

If your child is terminated due to non-payment of premiums, you will need to complete a new application.

Co-Payments
A co-payment is the amount you pay for some covered services. It is usually only a small amount. You will be asked to pay your co-payment when you receive the service, but you cannot be denied a service if you are not able to pay a co-payment at that time. If you did not pay your co-payment at the time of the service, you may receive a bill from your provider for the co-payment.

Co-payment amounts can be found in the Covered Services chart starting on page **14** of this Handbook.

Enrollees in the free program do not have co-payments. The following services do not require a co-payment:

- Well-child PCP visit
- Outpatient medical therapy
- Inpatient facility stay.
- Inpatient/outpatient behavioral health visit for mental health or substance abuse
- Routine dental care
- Routine vision care
- Ambulance services
- Laboratory services
- Family planning services, including supplies
- Hospice services
- Home health services

What If I Am Charged a Co-Payment and I Disagree?

If you believe that a provider charged you the wrong amount for a co-payment you believe you should not have had to pay, you can file a complaint with Jefferson Health Plans CHIP. Please see ***Section 6, Complaints, Grievances, and External Review*** for information on how to file a Complaint, Grievance, or External Review or call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Dental Costs

Except in the case of an emergency, for dental services to be completely covered by CHIP, dental care must be provided by a dentist who is an in-network Jefferson Health Plans CHIP provider.

Covered dental benefits provided by a network provider and approved by Jefferson Health Plans CHIP will not have out of pocket costs.

Some out-of-network dental providers will expect payment in full for services at the time of the visit. In this case, it will be your responsibility to pay the bill and then submit the bill to Jefferson Health Plans CHIP to request reimbursement. You will be sent a check for the allowed amount of the covered services your child received. This check may be less than the amount you paid the out-of-network dentist.

In a case involving a covered service in which the dentist, the enrollee, or the enrollee's parent selects a more expensive course of treatment than is customarily provided for the dental condition, payment under this benefit will be based on the charge allowance for the lesser procedure. In this case, the parent is responsible for paying the difference between the charge of the actual service rendered and the amount received from Jefferson Health Plans CHIP.

Billing Information

Providers in Jefferson Health Plans CHIP network may not bill you for medically necessary services that Jefferson Health Plans CHIP covers. Even if your provider has not received payment or the full amount of his or her charge from Jefferson Health Plans CHIP, the provider may not bill you. This is called balance billing.

When Can a Provider Bill Me?
Providers may bill you if:

- You did not pay your co-payment.
- You received services from an out-of-network provider without approval from Jefferson Health Plans CHIP, the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by Jefferson Health Plans CHIP, the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- Your child received a service from a provider who is not enrolled with the Commonwealth.
- Your child goes over a benefit limit on a service.

Out-of-network providers are not allowed to bill enrollees for services above and beyond Jefferson Health Plans CHIP's agreed upon reimbursement rate. This means that, other than in the above circumstances, you should not receive a bill from an out-of-network provider. If you do receive a bill from an out-of-network provider, call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) immediately so the situation can be resolved as soon as possible.

What Do I Do if I Get a Bill?
If you get a bill from a Jefferson Health Plans CHIP network provider and you think the provider should not have billed you, you can call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Participating providers cannot bill you unless they tell you that you will have to pay for the service before you get the service.

Sometimes, you may also receive a bill from your hospital or doctor by mistake.

If you do receive a bill:

1. Open it right away.
2. If the bill is for services that you believe are covered by Jefferson Health Plans CHIP, do not pay it. Just write "Jefferson Health Plans CHIP" and your child's Jefferson Health Plans CHIP identification number from his or her ID card on the bill.
3. Mail the bill back to the office that sent it to you. Or,
4. Call the "billing questions" phone number shown on the bill, and give them your child's Jefferson Health Plans CHIP ID number.

If you follow these steps right away, you should not receive any more bills for your children's health care (except for unpaid copay amounts) as long as you are going to Jefferson Health Plans CHIP participating doctors, hospitals, pharmacies and other providers.

If you get a bill from a provider for one of the above reasons that allows a provider to bill you, you should pay the bill or call the provider.

Third-Party Liability

CHIP Enrollees are not allowed to have any other creditable medical insurance coverage in addition to CHIP at application or renewal, but occasionally there are times when some of your child's health care bills may be covered by a different policy other than CHIP. An example of when this might happen is when an enrollee is involved in a motor vehicle accident, and some of the cost of his or her medical care is covered by the automobile insurance policy. This is called subrogation. If your child is injured or ill as a result of an accident and another insurance policy is involved, call Jefferson Health Plans CHIP and inform them of the situation.

CHIP coverage will be terminated at renewal for having other creditable medical insurance. CHIP enrollees also have the option to withdraw from CHIP coverage at any time during the enrollment period by contacting the Statewide Customer Service Center at 1-877-395-8930 or the Philadelphia Customer Service Center at 215-560-7226.

This does not apply to full cost CHIP. Full-cost CHIP will be terminated at any time for having other insurance.

Coordination of Benefits

If other creditable medical insurance coverage is obtained during an enrollment period, coverage will not be terminated. Jefferson Health Plans CHIP will become payor of last resort.

You will remain responsible for premiums even if Jefferson Health Plans CHIP is no longer the primary health insurance and is now the payor of last resort. You have the option to voluntarily withdraw from CHIP during the enrollment period for any reason. CHIP coverage will continue until a request to voluntarily withdraw is completed by DHS.

Reporting Fraud or Abuse

How Do I Report Enrollee Fraud, Waste, or Abuse?

If you think that someone is using your or another enrollee's Jefferson Health Plans CHIP card to obtain services, equipment, or medicines, is forging or changing their prescriptions, or is receiving services they do not need, you should call the Jefferson Health Plans CHIP Fraud and Abuse Hotline at 1-866-477-4848 (TTY 1-877-454-8477) to give Jefferson Health Plans CHIP this information. You may also report this information to the the Pennsylvania Office of Attorney General, Insurance Fraud Section at 717-787-0272.

How Do I Report Provider Fraud, Waste, or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not receive or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud, you can call the Jefferson Health Plans CHIP's Fraud and Abuse Hotline at 1-866-477-4848. You may also report this information to the Pennsylvania Office of Attorney General, Insurance Fraud Section at 717-787-0272.





SECTION 3 – HEALTH SERVICES

Covered Services

The chart below lists the services that are covered by Jefferson Health Plans CHIP when the services are medically necessary. Some of the services have limits or co-payments, need a referral from your PCP, or require prior authorization by Jefferson Health Plans CHIP. If you need services beyond the limits listed below, your provider can ask for an exception, as explained later in this section.

Service		Free	Subsidized	Full
Well-Child Primary Care Visits	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/Referral	No	No	No
Primary Care Visits	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$5	$15
	Prior Authorization/Referral	No	No	No
Specialist	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$10	$25
	Prior Authorization/Referral	N/A	N/A	N/A
Certified Registered Nurse Practitioner	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$5	$15
	Prior Authorization/Referral	No	No	No
Federally Qualified Health Center/Rural Health Center	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$5	$15
	Prior Authorization/Referral	No	No	No
Outpatient Non-Hospital Clinic	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$5	$15
	Prior Authorization/Referral	No	No	No
Outpatient Hospital Clinic	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$5	$15
	Prior Authorization/Referral	No	No	No
Podiatrist Services	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$5	$15
	Prior Authorization/Referral	Yes	Yes	Yes
Chiropractor Services	Limit	20 visits per year	20 visits per year	20 visits per year
	Co-payment	$0	$5	$15
	Prior Authorization/Referral	Yes	Yes	Yes

Service		Free	Subsidized	Full
Optometrist Services	Limit	1 exam per year	1 exam per year	1 exam per year
	Co-payment	$0	$5	$15
	Prior Authorization/ Referral	No	No	No
Hospice Care	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Dental Care Services	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Prior Authorization may be required based on dental procedure	Prior Authorization may be required based on dental procedure	Prior Authorization may be required based on dental procedure
Radiology (ex. X- rays, MRIs, CTs)	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Outpatient Hospital Short Procedure Unit	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Outpatient Ambulatory Surgical Center	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	No	No	No
Outpatient Hospital Clinic	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$5	$15
	Prior Authorization/ Referral	No	No	No
Non-Emergency Medical Transport	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	No	No	No
Family Planning Services	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	No	No	No
Renal Dialysis	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes

Service		Free	Subsidized	Full
Emergency Services	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$25 This co-payment is waived if your child is admitted	$50 This co-payment is waived if your child is admitted
	Prior Authorization/ Referral	No	No	No
Urgent Care Services	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$10	$25
	Prior Authorization/ Referral	No	No	No
Ambulance Services	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	No	No	No
Inpatient Hospital	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Inpatient Rehab Hospital	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Inpatient Behavioral Health	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Outpatient Behavioral Health	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Autism Spectrum Disorder Treatment	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Outpatient Substance Use Treatment	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Substance Use – Inpatient Rehabilitation	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes

Service		Free	Subsidized	Full
Substance Use – Inpatient Detoxification	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Prosthetics and Orthotics	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$10	$25
	Prior Authorization/ Referral	Yes	Yes	Yes
Eyeglass Lenses	Limit	1 pair per year	1 pair per year	1 pair per year
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Eyeglass Frames	Limit	1 pair per year	1 pair per year	1 pair per year
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Contact Lenses	Limit	1 pair per year	1 pair per year	1 pair per year
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Medical Supplies	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Prior Authorization required if over $500	Prior Authorization required if over $500	Prior Authorization required if over $500
Therapy (Physical, Occupational, Speech)	Limit	Covered up to 30 visits per therapy per year	Covered up to 30 visits per therapy per year	Covered up to 30 visits per therapy per year
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes
Laboratory	Limit	No Limits	No Limits	No Limits
	Co-payment	$0	$0	$0
	Prior Authorization/ Referral	Yes	Yes	Yes

Services That Are Not Covered

Listed below are the services that Jefferson Health Plans CHIP does not cover. If you have any questions about whether or not Jefferson Health Plans CHIP covers a service for you, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

- Experimental medical procedures, medicines, and equipment
- Non-medically necessary services
- Administrative costs, such as charges for completing health forms or for missed appointments
- Alternative medicine, such as massage therapy and yoga
- Any service that is not provided or ordered by your Jefferson Health Plans CHIP PCP or specialist, except for emergency, mental health and substance abuse, and family planning services
- Consumable supplies
- Cosmetic surgery such as face lifts, tummy tucks, nose jobs, or any surgery intended solely to improve appearance; only surgery considered to be reconstructive or restorative with prior authorization
- Food supplements
- Infertility services
- Items for comfort or convenience, such as air conditioners and exercise equipment
- Non-formulary drugs, unless pre-approved by Jefferson Health Plans CHIP
- Non-prescription eyeglasses or contact lenses
- Organ donation to non-enrollees
- Paternity testing
- Physical exams performed primarily to meet third-party requirements, such as for school, camp, sports participation, or a driver's license
- Respite care
- Routine podiatry services
- Services offered or covered by other programs, such as Medicare, Worker's Compensation, or Veterans Administration
- Services provided by non-participating providers, excluding emergencies
- Services provided outside the United States and its territories, with limited exceptions in Canada, Mexico, and U.S. territorial waters
- Services requiring prior authorization if this authorization is not obtained
- Temporomandibular joint (TMJ) syndrome treatment
- Transportation provided for enrollee convenience

This is not an all-inclusive list.

Second Opinions

You have the right to ask for a second opinion if you are unsure about any medical treatment, service, or non-emergency surgery that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion can be provided from a network provider or may be obtained by an out-of-network provider at no cost.

Call your PCP to ask for the name of another Jefferson Health Plans CHIP network provider to get a second opinion. If there are not any other providers in Jefferson Health Plans CHIP's network, you may ask Jefferson Health Plans CHIP for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

Some services or items need approval from Jefferson Health Plans CHIP before you can get the service. This is called prior authorization. For services that need prior authorization, Jefferson Health Plans CHIP decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to Jefferson Health Plans CHIP for approval before you get the service.

What Does Medically Necessary Mean?
Medically necessary means that a service, item, or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability.
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- It will help an enrollee to get or keep the ability to perform daily tasks, taking into consideration both the enrollee's abilities and the abilities of someone of the same age.

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

How to Ask for Prior Authorization
Sometimes, there are services or items that your PCP must ask Jefferson Health Plans CHIP to approve for you. This is known as prior authorization.

When Jefferson Health Plans CHIP receives a complete request for prior authorization, we will contact you by phone within two business days from the date we received the request to tell you if we approved the service or item requested. A written decision notice will be mailed to you within two business days from the date of our decision.

If Jefferson Health Plans CHIP believes that we do not have all the information needed to make a decision, we will ask for the additional information needed from your children's provider within 48 hours of when we get the request. Jefferson Health Plans CHIP will let you know that we asked your provider for this additional information.

Jefferson Health Plans CHIP will contact you by phone and in writing with our decision within two business days after we get the additional information from your provider.

If your provider does not send the additional information within 14 calendar days of our request, then we will base our decision on the information available, will send you a written notice of our decision and will contact you verbally within two business days.

You have the right to appeal any prior authorization request that is denied. The written notice will tell you what you have to do to appeal.

Jefferson Health Plans CHIP follows set standards when making a decision about prior authorization or whether a procedure is medically necessary. These standards are called clinical criteria. Your provider can get a copy of these criteria by calling the provider helpline.

You may get a copy of the clinical criteria used in making a medical necessity decision by calling Enrollee Relations at 1-888-888-1211 (TTY 1-877- 454-8477).

If your children's provider calls for an authorization for a service and it is not approved, Jefferson Health Plans CHIP will not pay for that service. However, you may still receive the service if you are willing to pay out of pocket. Your provider will have you sign a form saying you are aware you are responsible for paying for this unauthorized service.

Before your children receive any service requiring prior authorization, you have the right to check that authorization has been approved by calling Enrollee Relations at 1-888-888-1211 (TTY 1-877- 454-8477).

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call Enrollee Services.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, you can call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477). Your provider can call the Provider Services Helpline at 1-888-991-9023.

What Services, Items, or Medicines Need Prior Authorization?
The following chart identifies some, but not all services, items, and medicines that require prior authorization.

These services include, but are not limited to:

- All non-emergency services performed by non-Jefferson Health Plans CHIP participating providers
- All scheduled (non-emergency) hospital admissions
- Ambulance services (non-emergency)
- Ambulatory Surgical Center/Short Procedure Unit procedures
- Certain durable medical equipment, such as wheelchairs and repairs
- Chemotherapy
- CT scans/PET scans/MRI
- Echocardiography
- Medicines not included in the Jefferson Health Plans CHIP formulary
- Occupational/Physical/Speech Therapy
- Other services as indicated in the Covered Services chart in **Section 3.**

For those services that have limits, if you or your provider believes that you need more services than the limit on the service allows, you or your provider can ask for more services through the prior authorization process.

If you or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Prior Authorization of a Service or Item
Jefferson Health Plans CHIP will review the prior authorization request and the information you or your provider submitted. Jefferson Health Plans CHIP will tell you of its decision within two (2) business days of the date Jefferson Health Plans CHIP received the request as long as Jefferson Health Plans CHIP has been given enough information to decide if the service or item is medically necessary.

If Jefferson Health Plans CHIP does not have enough information to decide the request, we must tell your provider within forty-eight (48) hours of receiving the request that we need more information to decide the request and allow fourteen (14) days for the provider to give us more information. Jefferson Health Plans CHIP will tell you of our decision within two (2) business days after Jefferson Health Plans CHIP receives the additional information.

You and your provider will receive a written notice telling you if the request was approved or denied and, if it was denied, the reason it was denied.

Prior Authorization of Outpatient Drugs
Jefferson Health Plans CHIP will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when Jefferson Health Plans CHIP gets the request. You and your provider will receive a written notice telling you if the request was approved or denied and, if it was denied, the reason it was denied.

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine may cause harm to you. If you have not already been taking the medicine, you will get a 72-hour supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask Jefferson Health Plans CHIP for prior authorization as soon as possible.

The pharmacist will not give you the 15-day supply for a medicine that you have been taking if you are issued a denial notice from Jefferson Health Plans CHIP ten (10) days before your prescription ends telling you the medicine will not be approved again, and you have not filed a Grievance.

What If I Receive a Denial Notice?
If Jefferson Health Plans CHIP denies a request for a service, item, or drug or does not approve it as requested, you can file a Complaint or a Grievance. If you file a Complaint or a Grievance for denial of an ongoing medication, Jefferson Health Plans CHIP must authorize the medication until the Complaint or Grievance is resolved

unless the pharmacist thinks the medicine will harm you. See Section 6, Complaints, Grievances, and External Review, starting on page **37** of this Handbook for detailed information on Complaints and Grievances.

Program Exception Process

For those services that have limits, if you or your provider believes you need more services than the limits on the service allows, you or your provider can ask for a program exception (PE). Your provider can call the Enrollee Services team at 1-888-888-1211 (TTY 1-877-454-8477) or send a request to:

Jefferson Health Plans CHIP
Enrollee Services
1101 Market Street, Suite 3000
Philadelphia, PA 19107

PE requests must include the following information:

- Your name
- Your address
- Your phone number
- The service you need
- The reason you need the service
- Your provider's name
- Your provider's phone number

Service Descriptions

Service descriptions listed in the Handbook are taken from the Pennsylvania CHIP State Plan. The Pennsylvania CHIP State Plan lists all the services available to CHIP enrollees and is subject to change. For more information about services covered by CHIP, please contact Jefferson Health Plans CHIP.

Autism Related Services: Covers medically necessary services included on an autism treatment plan developed by a physician or licensed psychologist. Coverage includes evaluations and tests performed to diagnose autism disorder, services of a psychologist/psychiatrist, rehabilitative care including applied behavioral analysis, speech/language, occupational, and physical therapy, and prescription and over-the-counter drug coverage. Enrollees are eligible to use the expedited appeals process defined in Act 62 for autism related complaints and grievances. To provide your child with the best possible autism related services, you should contact Jefferson Health Plans CHIP Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) and ask to speak with a Case Manager. You may also visit the Department of Human Services Autism website at **PAautism.org** for more information about autism and Act 62.

Behavioral Health: includes mental health and substance use disorder services treatment. Further information is on page **26**.

Chiropractic Services: Includes spinal manipulations or other body parts as treatment of diagnosed musculoskeletal conditions. Consultations and x-rays are included.

Preauthorization may be required. Limit to 20 visits per year.

Diabetic Treatment, Equipment, and Supplies: *Includes blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar, orthotics, and outpatient management training and education. Physician orders required.*

Dental Care (Emergency, Preventive, and Routine): Services include diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral and maxillary surgery, orthodontic, and adjunctive dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions as mandated by law. Cosmetic related services are not covered. Further information on dental coverage will be on page **14**.

Disposable Medical Supplies: Equipment designed to serve a medical purpose for a medical condition, is intended for single or temporary use, is disposable, and is appropriate for home or school use. Must be deemed medically necessary. May require prior authorization and an order from your provider. No limits apply.

Includes but is not limited to:

- Ostomy supplies
- Urological supplies
- Diabetic treatment, equipment and supplies
- Medical foods and prescribed nutritional formulas used to treat Phenylketonuria (PKU) and related disorders.

Durable Medical Equipment (DME): Equipment designed to serve a medical purpose for a medical condition, is intended for repeated use, and is not disposable, and is appropriate for home or school use. May require prior authorization.

Emergency Transportation: Transportation by land, air, or water ambulance rendered in response to an emergency. Emergency transportation must be medically necessary.

Emergency services: Services provided for a sudden onset of a medical condition that is accompanied by a rapidly progressing symptoms such that enrollee would suffer serious impairment or loss of function of a body part or organ, or the enrollee's life or the life of the enrollee's unborn child would be in danger.

Family Planning Services: These services include, but are not limited to, birth control pills, injectables, transdermal (patches) and insertion and implantation of contraceptive devices approved by the FDA, voluntary sterilization and counseling.

Abortifacient drugs are not covered.

Gender Transition: These services include coverage related to gender affirming services that otherwise fall within the enrollee's scope of covered services including physician services, inpatient and outpatient hospital services, surgical services, prescribed drugs, therapies, and behavioral health care. Medical necessity is to be determined utilizing the World Professional Association for Transgender Health (WPATH) guidelines and any successor to WPATH guidelines.

Services provided for a sudden onset of a medical condition that is accompanied by rapidly progressing symptoms such that the enrollee would suffer serious impairment or loss of function of a body part or organ, or whose life or life of an unborn child would be in in danger. No limits apply.

Hearing care: Hearing aids and devices and the fitting and adjustment of such devices are covered when determined to be medically necessary. Payment limited to one routine hearing examination and one audiometric examination per calendar year.

Includes the cost of examinations and one hearing aid or device per ear every two calendar years.

Home and Community-based Health Care services: Covered for homebound patients, including nursing care, home health aide services, oxygen, medical and surgical supplies and home infusion therapy. Home infusion therapy does not include blood or blood products. Private duty nursing and custodial services are not covered. No copays apply. No visit limitations.

Hospice Care: Care for an enrollee who is suffering from a terminal illness. Respite care is also included. Requires a certification by a physician stating that the enrollee has a terminal illness and prior authorization. There are no day limits. Enrollees receiving hospice care may still receive care for other illnesses and conditions.

Immunizations: Coverage will be provided for pediatric and adult immunizations (except those required for employment or travel), including immunizing agents, which conform to the standards of leading medical associations including American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and the American college of Obstetricians and Gynecologists (ACOG). Child and adolescent immunization schedules may be found by accessing the following link: **AAP Immunization Schedule | Red Book Online | American Academy of Pediatrics**.

Influenza vaccines can be administered by a participating pharmacy for enrollees starting at the age of five years old, with parental consent, according to Act 77 of 2024, known as the Pharmacy Audit Integrity and Transparency Act (P.L. 852, No. 77).

Injections and Medications: Includes all injections and medications provided at the time of the office visit or therapy and outpatient surgery performed in the office, a hospital, or freestanding ambulatory service center. Includes immunizations as described in this benefits package and anesthesia services when performed in conjunction with covered services, including emergency services. Must be medically necessary.

Inpatient Mental Health Services: Includes services furnished in a state-operated mental

hospital, residential facility, or other 24-hour therapeutically structured services. These services cover medical care including psychiatric visits and consultations, nursing care, group and individual counseling, and therapeutic services, and concurrent care and services normally provided relating to inpatient hospitalization. Enrollees may self-refer. No day limits apply.

Inpatient Hospitalization: Includes pre-admission testing, semi-private room unless private room is medically necessary, board, general nursing care, intensive or special care facilities, operating room, and related facilities, anesthesia, oxygen, therapy services, and any other services normally provided with inpatient care. No day limits apply. Preauthorization required for non-emergency services.

Covered services include inpatient therapy up to 45 visits per calendar year for treatment of Cerebrovascular accident (stroke), head injury, spinal cord injury, or as a result of a post-operative brain injury.

Inpatient rehabilitation stays are covered when an enrollee requires skilled rehabilitation daily. Requires a physician's prescription. No day limits apply.

Inpatient Substance Use Disorder Services: Services provided in a hospital or an inpatient non-hospital facility that meets the requirements established by the Department of Health and is licensed as an alcohol/drug addiction treatment program. Covers detoxification stays, services of physicians, psychologists, psychiatrists, counselors, trained staff, laboratory and psychological/psychiatric testing, individual and family therapy and interventions and medication management and services normally provided to inpatients. Treatment for tobacco use cessation is included. No day limits apply.

Maternity care: Prenatal care is the health care an enrollee receives through their pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or a nurse-midwife. Further information can be found on page **28**.

Maternity home care visit: Includes at least one (1) visit provided at the enrollee's home when the CHIP enrollee is released prior to 48 hours of inpatient care following a vaginal delivery or 96 hours following a Cesarean delivery, or in the case of a newborn, in consultation with the mother or the newborn's representative.

Medical Foods: Includes medical foods and prescribed nutritional formulas used to treat Phenylketonuria (PKU) and related disorders given orally or by tube feeding. No limits apply.

Newborn Care: Includes the provision of benefits for a newborn child of an enrollee for a period of thirty-one (31) days following birth. Includes routine nursery care, prematurity services, preventive/ well-child health care services, newborn hearing screens, and coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

Organ Transplants: Includes transplants that are medically necessary and not considered to be experimental or investigative for a recipient who is an enrollee. Includes services related to inpatient care related to the transplant and includes immunosuppressants. Preauthorization is required.

Orthotic Devices: Includes the purchase, fitting, necessary adjustment, repairs, and replacement of a rigid or semi-rigid device designed to support, align, or correct bone and muscle injuries or deformities. Replacements are covered only when the replacement is deemed medically necessary and appropriate and due to the normal growth of the enrollee.

Osteoporosis Screening: Coverage is provided for bone mineral density testing using a U.S. FDA approved method. Requires a prescription from a legally licensed provider.

Outpatient Mental Health Services: Includes behavioral health services such as partial hospitalization and intensive outpatient mental health services, psychological testing, visits with outpatient mental health providers, individual, group, and family counseling, targeted mental health case management and medication management. Also includes in-home treatment, day treatment, emergency services, and continuing care. No limits on visits per benefit year apply. No day limits apply.

Outpatient Habilitation Services: Health care services that help a person keep, learn, or improve

skills and function for daily living. Examples include therapy for an enrollee who isn't walking or talking at the expected age.

These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of outpatient settings.

Covered services are limited to 60 visits per calendar year for physical therapy, 60 visits per calendar year for occupational therapy, and 60 visits per calendar year for speech therapy, for a combined visit limit of 180 days per calendar year.

Outpatient Hospital Services: Includes medical services, nursing, counseling or therapeutic treatment, or supplies received from an approved health care facility while not an inpatient. Outpatient physical health services related to ambulatory surgery, outpatient hospitalization, specialist office visits, follow up visits or sick visits with a PCP are included. No visit limits.

Outpatient Medical Services: Includes chemotherapy, dialysis, radiation treatments, and respiratory therapy when the enrollee has a documented diagnosis which necessitates the prescribed therapy. There is no limit on number of visits.

Outpatient Rehabilitative Therapy Services: Speech, occupational, and physical therapy to regain lost skills. Enrollees must have a documented diagnosis that indicates the prescribed therapy is medically necessary. Limited to 60 visits for each type of therapy per calendar year.

Outpatient Substance Use Disorder Services: Services provided in a facility licensed by the Department of Health as an alcohol/drug addiction treatment program. Covers services of physicians, psychologists, psychiatrists, counselors, trained staff, laboratory and psychological/psychiatric testing, individual and family therapy. No limit on number of visits. Treatment for tobacco use cessation is covered.

Physician Office Services: Includes visits for the examination, diagnosis and treatment of an illness or injury at the enrollee's PCP's office, during and after regular office hours, emergency visits, house-calls in the physician's service area, and telehealth services. Coverage includes medical care at a Retail Health Clinic staffed by a Certified Registered Nurse Practitioner (CRNP) supported by a local physician who is on-call during clinic hours or at an Urgent Care Center.

Remember that you may contact your child's PCP 24 hours a day, 7 days a week, if your child becomes ill and you need a doctor's advice. Your child's PCP can provide many of the health care services your child needs including:

- Preventive and well-child visits and services including immunizations
- Physical examinations and routine diagnostic tests
- Oral health risk assessment and fluoride varnish for children up to age 19
- Blood lead testing
- Sick and urgent care office visits including those that occur after normal office hours when medically necessary
- Follow up care after emergency services
- Women's health services and family planning services (see benefit description for details)
- House-calls in the physician's service area
- Telehealth services

Prescription Medicines: Medication that is prescribed by a doctor. Further information about prescription medications can be found on page **29**.

Prosthetic Devices: Includes the purchase of prosthetic devices and supplies required as a result of injury or illness to replace all or part of an absent body part or to restore function to permanently malfunctioning body organs. The benefit extends to the purchase, fitting, and necessary adjustment of prosthetic devices. Replacements are covered only when the replacement is deemed medically necessary and appropriate due to the normal growth of the enrollee.

Qualifying Clinical Trials: Clinical trials conducted in relation to prevention, detection and treatment of cancer of other life-threatening disease or condition. Covers items and services consistent with what the plan normally covers. Notification of participation in the trial must be given before enrolling in the trial.

Skilled Nursing Services: Medically necessary skilled nursing and related services are covered on an inpatient basis in semi-private accommodations for enrollees requiring skilled nursing services, but not requiring confinement in a hospital. No day limits apply.

Specialist Physician Services: Includes medical care in any generally accepted medical specialty or subspecialty. Covers office visits, diagnostic testing, and treatment if medically necessary and the enrollee has an illness or condition outside the scope of practice of the enrollee's PCP. Services must be within the scope of practice of the specialist. A PCP referral is not required to see a specialist. However, some services may require preauthorization.

Surgical Services: Includes services provided for treatment of disease or injury. Surgery performed for treatment of disease is covered on an inpatient or outpatient basis. Cosmetic surgery, intended solely to improve appearance, but not to restore bodily function or to correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes (excluding surgery resulting from an accident) is not covered. Includes anesthesia administered by or under the supervision of a specialist other than the surgeon, assistant surgeon, or other attending specialist. Includes general anesthesia and hospitalization and other expenses normally incurred with administration of general anesthesia. Surgical services also include consultations for a second opinion to determine the medical necessity of elective surgery or when an enrollee's family desires another opinion about medical treatment. No referral is needed for consultation. Surgical services may require prior authorization.

Mastectomy and breast reconstruction benefits are provided for a mastectomy performed on an inpatient or outpatient basis. Benefits include all stages of reconstruction on the breast on which the mastectomy has been performed, surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to, augmentation, mammoplasty, reduction mammoplasty, mastopexy, and surgery on the other breast to produce a symmetrical appearance. Covers surgery for initial and subsequent insertion or removal of prosthetic devices to replace a removed breast or portions of the breast, and treatment of physical complications of all stages of mastectomy, including lymphedema. Coverage is also provided for one Home Health Care visit, as determined by the enrollee's physician, received within forty-eight (48) hours after discharge.

Oral surgery may be performed at an inpatient or outpatient facility depending on the nature of the surgery and medical necessity. Examples of covered services include: removal of partially or fully impacted third molars (wisdom teeth), non-dental treatments of the mouth relating to medically diagnosed congenital defects, birth abnormalities, surgical removal of tumors, cysts and infections, surgical correction of dislocated or completely degenerated temporomandibular joints, incision and drainage of abscesses, and baby bottle syndrome. Preauthorization is required. Must be medically necessary.

Reconstructive surgery will only be covered when required to restore function following accidental injury, result of a birth defect, infection, or malignant disease or in relation to gender transition surgery deemed medically necessary in order to achieve reasonable physical or bodily function; in connection with congenital disease or anomaly through the age of 18; or in connection with the treatment of malignant tumors or other destructive pathology which causes functional impairment; or breast reconstruction following a mastectomy. Preauthorization required. Must be medically necessary.

Vision Care: Includes vision exams, corrective lenses, frames, or contacts in lieu of glasses, or when medically necessary. Limited to one exam every 12 months unless an additional exam is medically necessary. Includes dilation if professionally indicated. Covers one pair of prescription eyeglass lenses and one frame, unless a second frame is medically necessary, or contacts every calendar year. Eyeglass lenses may be plastic or glass, single vision, bifocal or trifocal, lenticular lens powers and/or oversize lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, or polycarbonate prescription lenses with scratch resistant coating. There may be co-payments for optional lens types and treatments. Further information may be found on page **30**.

Urgent Care Services: Jefferson Health Plans CHIP covers urgent care for an illness, injury, or condition which, if not treated within 24 hours, could rapidly become a crisis or an emergency medical condition. This is when you need attention from a doctor, but not in the emergency room.

If you need urgent care, but you are not sure if it is an emergency, call your PCP or the Teladoc toll-free advice line at 1-800-Teladoc (835-2362), 1-800-877-8973 (TTY) first. Your PCP or the Teladoc advice line will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within Jefferson Health Plans CHIP's network. Prior authorization is not required for services at an Urgent Care center.

In-Depth Service Descriptions

Behavioral Health Care

Behavioral health services include both mental health services and substance use disorder services. These services are provided through behavioral health managed care organizations (BH-MCOs). Call 1-800-424-3701 for more information on behavioral health services. Contact your BH-MCO at 1-800-424-3701.

You do not need a referral from your PCP to get behavioral health services; an enrollee (14 years of age or older) or a parent or guardian may self-refer.

Covered behavioral health services include, but are not limited to:

- Screenings and Assessments
- Emergency Services
- Inpatient Services
- Outpatient Services
- Rehabilitation Services
- Drug and Alcohol Treatment Services
- Tobacco Cessation
- Medication Assisted Treatment
- Residential Treatment Facilities, if not court-ordered
- Peer Support Services
- Laboratory Services (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner's scope of practice)
- Care Coordination and Case Management

If you have questions about your child's behavioral health benefits, contact Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Behavioral Health or Substance Use Disorder Emergency

A behavioral health emergency is the sudden onset of a potentially life-threatening condition where you believe that your child is at risk of injury to himself/herself or others if immediate medical attention is not given.

A substance use crisis is where your child is considered in an imminent, potentially life-threatening physical danger with a need for immediate detoxification for chemical dependency.

If you believe your child is in a behavioral health or substance use crisis or emergency, go to the nearest emergency room or dial **911**.

For suicidal crisis or emotional distress, you can call or text 988. 988 is the Suicide & Crisis Lifeline and is available 24 hours a day, 7 days a week.

If the condition is not life-threatening and requires immediate inpatient admission, then call the Jefferson Health Plans CHIP Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) and they will assist with scheduling your child for an urgent care appointment.

Admission to a non-hospital residential treatment facility for rehabilitation treatment is never considered a part of emergency treatment.

The **initial** treatment for a behavioral health emergency is covered even when provided by out-of-network behavioral health providers or rendered at an out-of-network facility if the symptoms are severe enough to need immediate attention.

If you have questions about your child's

behavioral health benefits, contact Jefferson Health Plans CHIP Enrollee Services.

Dental Care Services

Jefferson Health Plans CHIP provides all medically necessary dental services for enrollees under the age of 19. Enrollees may go to a participating dentist within the Jefferson Health Plans CHIP network.

For more information on dental services, contact Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Emergency Services
Emergency services are services needed to treat or evaluate an emergency medical condition. An emergency medical condition is an injury or illness that is so severe that a reasonable person with no medical training would believe there is an immediate risk to a person's life or long-term health. If you have an emergency medical condition, go to the emergency room or dial **911**. You do not have to get approval from Jefferson Health Plans CHIP to get emergency services and may use any hospital or other emergency care setting.

Below are some examples of emergency medical conditions and non-emergency medical conditions:

Emergency medical conditions

- Heart Attack
- Chest Pain
- Severe Bleeding
- Intense Pain
- Unconsciousness
- Poisoning

Non-emergency medical conditions

- Sore Throat
- Vomiting
- Cold or Flu
- Backache
- Earache
- Bruises, Swelling, or Small Cuts

If you are unsure if your condition requires emergency services, call your PCP or the Teladoc advice line at 1-800-Teladoc (835-2362), 1-800-877-8973 (TTY) 24 hours a day, 7 days a week.

Hospital Services

Jefferson Health Plans CHIP covers inpatient and outpatient hospital services. If you need to be admitted to a hospital for an inpatient stay that is not an emergency, your PCP or specialist will arrange for you to go to a hospital in Jefferson Health Plans CHIP's network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by Jefferson Health Plans CHIP. To find out if a hospital is in the Jefferson Health Plans CHIP network, please call Enrollee Services 1-888-888-1211 (TTY 1-877-454-8477) or check the provider directory on Jefferson Health Plans CHIP's website at **JeffersonHealthPlans.com/CHIP/Get-Care/Find-A-Doctor** if you have any other questions about hospital services, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

If you have an emergency and are admitted to the hospital, you, a family member, or a friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital.

If you are admitted to a hospital that does not accept Jefferson Health Plans CHIP, you may be transferred to a Jefferson Health Plans CHIP participating hospital. You will not be moved until you are strong enough to be transferred.

It is very important to make an appointment to see your PCP within seven (7) days after you are discharged from the hospital. Seeing your PCP soon after your hospital stay will help you follow any instructions you got while you were in the hospital and prevent the possibility of readmission to the hospital.

Sometimes you may need to see a physician specialist or receive treatment at a hospital without being admitted overnight. These services are referred to as Outpatient Hospital Services.

If you have any other questions about hospital services, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Maternity Care

Care during Pregnancy

Prenatal care is the health care a CHIP enrollee receives through their pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or nurse-midwife. Early and regular prenatal care is very important for your and your baby's health. Even if you have been pregnant before, it is important to go to a maternity care provider regularly through each pregnancy.

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:

- Call or visit your PCP, who can help you find a maternity care provider in the Jefferson Health Plans CHIP's network.
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services.
- Call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) to find a maternity care provider.

You should see a doctor as soon as you find out you are pregnant. Your maternity care provider must schedule an appointment to see you:

- If you are in your first trimester, within 10 business days of Jefferson Health Plans CHIP learning you are pregnant.
- If you are in your second trimester, within 5 business days of Jefferson Health Plans CHIP learning you are pregnant.
- If you are in your third trimester, within 4 business days of Jefferson Health Plans CHIP learning you are pregnant.
- If you have a high-risk pregnancy, within 24 hours of Jefferson Health Plans CHIP learning you are pregnant.

If you have an emergency, go to the nearest emergency room or dial **911**.

If you are pregnant and are already seeing a maternity care provider when you enroll in Jefferson Health Plans CHIP, you can continue to see that provider even if they are not in Jefferson Health Plans CHIP's network.

The provider will need to be enrolled in the CHIP Program and must call Jefferson Health Plans CHIP for approval to treat you.

Care for You and Your Baby After Your Baby Is Born

Following the delivery of your baby, you should receive follow-up care as recommended by your provider.

Coverage is provided following the end of a pregnancy during the postpartum period for the duration of 12 months. Coverage cannot be terminated during the 12-month postpartum period.

Your baby should have an appointment with the baby's PCP when they are 3 to 5 days old, unless the doctor requests to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Jefferson Health Plans CHIP Maternity Program

Jefferson Health Plans CHIP has a special program for pregnant women called Baby Partners. Through our Baby Partners program, Jefferson Health Plans CHIP provides all pregnant moms with important information about prenatal dental care. Moms who take good care of their teeth have healthier babies! Dental insurance covers routine prophylaxis (including clean, scaling and polishing of teeth) once every 6 months, with the exception of an enrollee under the care of a medical professional for pregnancy, who shall be eligible for one additional prohpylaxis during pregnancy. In addition, Jefferson Health Plans CHIP offers two home visits to every new mom and her newborn. Visits are usually scheduled within the first two weeks and the second two weeks following hospital discharge. Staying with Jefferson Health Plans CHIP throughout your pregnancy will help assure that you and your baby receive all necessary care. Jefferson Health Plans CHIP offers its pregnant enrollees additional assistance through our Baby Partners program. This includes talking to a care coordinator who can assist with questions you may have about your pregnancy and a welcome packet with important information on how to

stay healthy while you are pregnant. For more information on our Baby Partners program, contact Enrollee Relations at 1-888-888-1211 or the Baby Partners line at 1-866-500-4571 (TTY 1-877-454-8477).

Prescriptions

When a provider prescribes a medication for you, you can take it to any pharmacy that is in Jefferson Health Plans CHIP's network. You will need to have your Jefferson Health Plans CHIP prescription ID card with you, and you may have a co-payment. For Jefferson Health Plans CHIP to provide coverage for certain medications on their formulary, a prior authorization may be required and for medications not on their formulary, a prior authorization is required. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get one refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in Jefferson Health Plans CHIP's network, or have any other questions, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Drug Formulary

A formulary, also called a preferred drug list (PDL), is a list of medicines that Jefferson Health Plans CHIP covers. This is what your PCP or other doctor should use when deciding what medicine, you should take. The formulary has both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs and when available, will be substituted for brand-name drugs unless the provider indicated that the brand-name version is medically necessary. Some medicines on the formulary and any medicine prescribed by your doctor that is not on Jefferson Health Plans CHIP's formulary need prior authorization. The formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or to get a copy of the drug formulary, call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) visit the Jefferson Health Plans CHIP website at **JeffersonHealthPlans.com/CHIP**.

Reimbursement for Medication

Jefferson Health Plans CHIP will review all requests for reimbursement. Jefferson Health Plans CHIP does not require a specific form, but a receipt is necessary to process the request.

Specialty Medicines

The drug formulary includes medicines that are called specialty medicines. A prescription for these medicines needs prior authorization. To see the drug formulary and a complete list of specialty medicines, call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) or visit Jefferson Health Plans CHIP'S website at **JeffersonHealthPlans.com/CHIP/Get-Care**.

You will need to obtain these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to your home at no cost. You may have a co-payment for your medicine. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in Jefferson Health Plans CHIP's network. For the list of network specialty pharmacies, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) or see the provider directory on Jefferson Health Plans CHIP's website at **JeffersonHealthPlans.com/CHIP/Get-Care**. For any other questions or more information please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Over-the-Counter Medicines

Jefferson Health Plans CHIP covers some over-the-counter medicines when the drug is part of the formulary. You must have a prescription from your provider for these medicines for Jefferson Health Plans CHIP to pay for them and a documented medical condition that indicates that the drug is medically necessary. You will need to have your Jefferson Health Plans CHIP ID card with you, and you may have a co-payment. The following are some examples of covered over-the-counter medicines:

- Sinus and allergy medicine
- Tylenol or aspirin
- Vitamins
- Cough medicine
- Heartburn medicine

You can find more information about covered

over-the-counter medicines by visiting Jefferson Health Plans CHIP's website at **JeffersonHealthPlans.com/CHIP** or by calling Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Vision Care Services

Jefferson Health Plans CHIP covers all medically necessary vison services. Enrollees may go to a participating vision provider within the Jefferson Health Plans CHIP network.

Visits for routine eye exams and glasses or medically necessary contact lenses are covered. A participating vision provider must be used. Your child does not need a referral from a PCP to see a vision provider. There are no co-payments for routine eye examinations. If any vision service is provided under the medical benefit for a diagnosis of cataracts, keratoconus or aphakia, then a co-payment may apply.

Frequency of eye exam: One routine examination and refraction every 12 months. The examination includes dilation, if professionally indicated. There is no cost to enrollees for in-network. There is no coverage for out-of-network services.

Frames and lenses: One pair of eyeglasses (lenses and frame) is covered every 12 months.

Frequency of lens and frame replacement: One pair of eyeglasses every 12 months when medically necessary for vision correction.

Lenses: One pair is covered in full every 12 months. There is no coverage out-of-network. There are no co-payments for covered standard eyeglass lenses (Single Vision, Conventional [Lined] Bifocal, Conventional [Lined] Trifocal, Lenticular).

Note: Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, lenticular), fashion and gradient tinting, oversized and glass-gray #3 prescription sunglass lenses. Polycarbonate and clear plastic lenses are covered in full. Scratch-resistant coating is covered in full for all lenses.

Co-payments apply for these optional lens types and treatments:

Anti-Reflective Coating.....$40-85 copay

Blue Light Filtering.....$15 copay

Digital Single Vision.....$30 copay

(Intermediate)

High-Index Lenses.....$60-120 copay

Plastic Photochromic Lenses.....$70 copay

Polarized Lenses.....$75 copay

Progressive Lenses.....$65-175 copay

Scratch Protection Plan.....$20-40 copay

Tinting of Plastic Lenses.....$15 copay

Ultraviolet Coating.....$15 copay

Frames: Standard collection frames are covered in full up to $100, with a 20 percent discount on any overage.

Designer and Premier collection frames are covered with a $15 and $40 copay respectively. There is no coverage for out-of-network services.

Replacement of lost, stolen, or broken frames and lenses is provided once a year when deemed medically necessary.

Contact lenses: Covered once a year up to $100 (with 15 percent discount on any balance) in lieu of eyeglasses or when medically necessary for vision correction.

Evaluation, fitting and follow-up care is covered in full for standard lens types. A $60 allowance is provided for specialty lens types, with a 15 percent discount for any overage.

Additional discounts may be available from participating providers.

Out-of-network exclusion only applies if child is in his or her coverage area at time of eyeglass contact replacement.

If your child is unexpectedly out of the area when a replacement is needed (such as for vacation), documentation of expenses can be sent to the plan for reimbursement. Prior authorization is required for medically necessary contact lenses

for aphakia, pseudophakia or keratoconus, or if the patient has had cataract surgery or implant, or corneal transplant surgery. Prior authorization is also required if visual activity is not correctable to 20/40 in the worse eye by use of spectacle lenses in a frame but can be improved to 20/40 in the worse eye by use of contact lenses. Jefferson Health Plans CHIP covers routine vision exams. Treatment of other eye problems may be covered as a medical benefit. Your children's PCP can refer you to an eye specialist if necessary.

When your children need a vision exam, just check our online Jefferson Health Plans CHIP Provider Directory or call Enrollee Relations at 1-888-888-1211 (TTY 1-877-454-8477) for help finding a convenient vision care provider. When you call to make an appointment, be sure to tell the office your children are enrollees of Jefferson Health Plans CHIP. Remember to bring your children's enrollee ID cards with you to the appointment. Your children's vision benefit also includes one comprehensive low vision evaluation every 5 years, with a maximum charge of $300; maximum low vision aid allowance of $600 with a lifetime maximum of $1,200 for items such as high power spectacles, magnifiers and telescopes; and follow-up care – four visits in any five-year period, with a maximum charge of $100 per visit.

Providers will obtain the necessary preauthorization for these services. The benefit is not covered if performed by an out-of-network provider.

New Medical Technology

Jefferson Health Plans CHIP may cover new medical technologies such as procedures and equipment if requested by your PCP or specialist. Jefferson Health Plans CHIP wants to make sure that new medical technologies are safe, effective, and right for you before approving the service.

Before Jefferson Health Plans CHIP approves new treatments, drugs, or equipment that are still considered experimental, the request goes through the following processes:

- We request that the provider submit a detailed narrative description of the service or item.
- We check to ensure that existing Federal and State Regulations do not preclude coverage.
- We research available data via online medical resources to obtain more detailed information on the service or item including, but not limited to:
  - FDA approval status
  - Peer-Review Literature

If you need more information on new medical technologies, please call Jefferson Health Plans CHIP Enrollee Relations at 1-888-888-1211 (TTY 1-877-454-8477).

Bright Futures

Bright Futures services are available for children under the age of 19. They are sometimes also referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP. The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

When Should a Bright Futures Exam Be Completed?

Children and young adults should have their examinations completed based on the schedule listed below. It is important to follow this schedule even if your child is not sick. Your provider will tell you when these visits should occur. Infants and toddlers will need several visits per year, while children between the ages of 3 to 19 will need just one visit per year.

Recommended Screening Schedule			
Newborn	3-5 Days	By 1 Month	2 Months
4 Months	6 Months	9 Months	12 Months
15 Months	18 Months	24 Months	30 Months
Children ages 3-19 should be screened yearly			

What Will the Provider Do During the Bright Futures Exam?

Your provider will ask you and your child questions, perform tests, and check how much your child has grown. The following services are some of the services that may be performed during an exam depending on the child's age and the needs of the child:

- Health and safety education
- A complete physical exam
- Measurements, including body mass index (BMI), height, weight, and blood pressure
- Newborn blood testing
- Oral health exam
- Immunization
- Blood lead screening testing
- Developmental screening
- Autism Spectrum Disorder screening
- Vision testing
- Hearing testing
- Anemia testing
- Tuberculosis screening
- Dyslipidemia
- Screen and/or counsel for tobacco, alcohol, and substance use starting at age 11
- Depression screening starting at age 12
- Urinalysis
- Sexually transmitted infections screening
- HIV testing
- Maternal depression screening

Jefferson Health Plans covers services that are needed to treat health problems that are identified during the Bright Futures exam.

Additional services are available for children with special needs. Talk to your provider about whether or not your child may need these additional services.



SECTION 4 – OUT-OF-NETWORK AND OUT-OF-PLAN SERVICES

Out-of-Network Providers

An out-of-network provider is a provider that does not have a contract with Jefferson Health Plans CHIP to provide services to Jefferson Health Plans CHIP's enrollees. There may be a time when you need to use a doctor or hospital that is not in the Jefferson Health Plans CHIP network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask Jefferson Health Plans CHIP that you be allowed to go to an out-of-network provider. Jefferson Health Plans CHIP will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If Jefferson Health Plans CHIP cannot give you a choice of at least two (2) providers in your area, Jefferson Health Plans will cover the medically necessary treatment by the out-of-network provider.

Getting Care While Outside of Jefferson Health Plans CHIP's Service Area

If you are outside of Jefferson Health Plans CHIP's service area and have a medical emergency, go to the nearest emergency room or call **911**. For emergency medical conditions, you do not have to get approval from Jefferson Health Plans CHIP to receive care. If you need to be admitted to the hospital, you should let your PCP know.

If you need care for a non-emergency condition while outside of the service area, call your PCP or Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477) who will help you to get the most appropriate care.

Jefferson Health Plans CHIP will not pay for non-emergency services received outside of the United States and its territories.

Out-of-Plan Services

You may be eligible to get services other than those provided by Jefferson Health Plans CHIP. Below are some services that are available but are not covered by Jefferson Health Plans CHIP. If you would like help with getting these services, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).

Women, Infants, and Children Program

The Women, Infants, and Children Program (WIC) provide healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can call 1-800-WIC-WINS (1-800-942-9467), apply online, or ask your provider for a WIC application. For more information visit the WIC website at **wic.health.pa.gov/pawic/**.

Domestic Violence Crisis and Prevention

Domestic violence is a pattern of coercive behavior where one person tries to gain power and control over another person in a family or intimate relationship.

There are many types of domestic violence. Some examples include:

- Emotional Abuse
- Physical Violence
- Stalking
- Sexual Violence
- Financial Abuse
- Verbal Abuse
- Intimate partner abuse
- Domestic Violence in the LGBTQIA+ Community

There are many words used to talk about domestic violence. It can be called: abuse, domestic violence, battery, intimate partner violence, or family, spousal, relationship, or dating violence.

If any of these things are happening to you, or have happened, or you are afraid of your partner, you may be in an abusive relationship.

Domestic violence is a crime, and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

National Domestic Violence Hotline
thehotline.org
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence
The services provided to domestic violence victims include: crisis intervention, counseling, going along to police, medical, and court appointments, and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania)
1-800-537-2238 (national)

Sexual Violence and Rape Crisis

Sexual violence is a term which includes any type of unwanted sexual contact. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include words and actions of a sexual nature including, but not limited to:

- Rape
- Sexual assault
- Incest
- Child sexual assault
- Date and acquaintance rape
- Grabbing or groping
- Sexting without permission
- Ritual abuse
- Commercial sexual exploitation (for example prostitution)
- Sexual harassment
- Sexual or anti-LGBTQ bullying
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy)

- Forced participation in the production of pornography

Survivors can have physical, mental, and/or emotional reactions to sexual violence. While every survivor is different, many feel alone, scared, ashamed, and afraid that no one will believe them. Healing can take years with advances and setbacks, but healing can happen.

Where to get help:
Pennsylvania Coalition to Advance Respect (**pcar.org**)

Pennsylvania rape crisis centers serve all adults and children. Services include:

- Free and confidential crisis counseling twenty-four (24) hours a day
- Services for the survivor's family, friends, partners or spouses
- Information and referrals to other services in your area and prevention education programs

Call 1-888-772-7227 or visit the link above to reach your local rape crisis center.

Early Intervention Services
While all children grow and develop in unique ways, some children experience delays in their development. Children with developmental delays and disabilities can benefit from the Early Intervention Program.

The Early Intervention Program provides support and services to families with children from birth to the age of five (5) who have developmental delays or disabilities. Services are provided in natural settings, which are settings where a child would be if the child did not have a developmental delay or disability.

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family. These services and supports address the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

Parents who have questions about their child's development may contact the CONNECT Helpline at 1-800-692-7288 or visit **pa.gov/agencies/dhs/resources/early-learning-child-care/early-intervention-services.html**. The CONNECT Helpline assists families with locating resources and providing information regarding child development for children from birth to age five (5). In addition, CONNECT can help parents with contacting their county Early Intervention Program or local preschool Early Intervention Program.

SECTION 5 – SPECIAL MEDICAL NEEDS AND CARE/DISEASE MANAGEMENT

Special Needs

Jefferson Health Plans CHIP wants to make sure all of our enrollees get the care they need. We have trained case managers that help our enrollees with special needs to receive the care they need. The case managers help enrollees and their caregivers with physical or behavioral disabilities, complex or chronic conditions, and other special needs. Jefferson Health Plans CHIP understands that your family may need help with issues that may affect your child's health but not typically thought of as health care. Jefferson Health Plans CHIP can assist you with finding programs and agencies in the community that can help you and your family address these needs.

If you think you or someone in your family has a special need and would like Jefferson Health Plans CHIP to help you, please contact them by calling 1-866-500-4571 (TTY 1-877-454-8477). Staff are available Monday-Friday from 8:00 am –4:30 pm. If you need assistance when staff are not available, you may call Enrollee Relations at 1-888-888-1211 (TTY 1-877-454-8477).

Coordination of Care

Jefferson Health Plans CHIP will help you coordinate care for your child/children who are covered under Jefferson Health Plans CHIP. In addition, Jefferson Health Plans can assist in connecting you with other state and local programs.

If you need help with any part of your care, your child's care, or coordinating that care with another state, county, or local program, please contact Jefferson Health Plans for assistance.

Jefferson Health Plans will also assist enrollees in transitioning care from services received in a hospital or temporary medical setting to care received at home. We want our enrollees to be able to safely move back home as soon as possible. Please contact Jefferson Health Plans for assistance in receiving care in your home.



Care Management

Jefferson Health Plans has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. Jefferson Health Plans has care managers who will work with you and your providers to make sure you get the services you need. You do not need a referral from your PCP for these programs, and there is no co-payment. Examples of diagnoses that our case management team can support you with are:

- Pregnancy
- HIV/AIDS
- Asthma
- Developmental Delay/Autism/Attention Deficit Hyperactivity Disorder (ADHD)
- Diabetes

By following your provider's recommendations and learning about your disease or condition, you can stay healthier. Jefferson Health Plans care managers are here to help you understand how to take better care of yourself by following your doctor's orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call Enrollee Services at 1-888-888-1211 (TTY 1-877-454-8477).



SECTION 6 – COMPLAINTS, GRIEVANCES, AND EXTERNAL REVIEWS

Complaints, Grievances, and External Reviews

If a provider or Jefferson Health Plans CHIP does something you are unhappy about or do not agree with, you can tell Jefferson Health Plans CHIP or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Jefferson Health Plans CHIP has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A Complaint is when you tell Jefferson Health Plans CHIP you are unhappy or do not agree with a participating health care provider or the coverage, operations or management policies of Jefferson Health Plans CHIP.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not received services that Jefferson Health Plans CHIP has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

First Level Complaint

What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call Jefferson Health Plans CHIP at 1-888-888-1211 (TTY 1-877-454-8477) and tell Jefferson Health Plans your Complaint; or
- Write down your Complaint and send it to Jefferson Health Plans by mail or fax; or
- If you received a notice from Jefferson Health Plans CHIP telling you Jefferson Health Plans CHIP's decision, and the notice included a Complaint/Grievance Request Form, fill out the form and send it to Jefferson Health Plans CHIP by mail or fax.

Jefferson Health Plans CHIP's address and fax number for Complaints:

Complaint & Grievance Unit
Jefferson Health Plans CHIP
1101 Market Street, Suite 3000
Philadelphia, PA 19107

By fax at 215-991-4105

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When Should I File a First Level Complaint?
Some Complaints have a time limit on filing. You must file a Complaint **within 60 days of receiving a notice telling you that**:

- Jefferson Health Plans CHIP has decided that you cannot receive a service or item you want because it is not a covered service or item.
- Jefferson Health Plans CHIP will not pay a provider for a service or item you got.
- Jefferson Health Plans CHIP did not tell you its decision about a Complaint or Grievance you told Jefferson Health Plans CHIP about within 30 days from when Jefferson Health Plans CHIP got your Complaint or Grievance.
- Jefferson Health Plans CHIP has denied your request to disagree with Jefferson Health Plans CHIP's decision that you must pay your provider.

You must file a Complaint **within 60 days of the date you should have received a service or item** if you did not receive a service or item in a timely manner.

You may file **all other Complaints at any time**.

What Happens after I File a First Level Complaint?
After you file your Complaint, you will get a letter from Jefferson Health Plans CHIP telling you that Jefferson Health Plans CHIP has received your Complaint, and about the First Level Complaint review process.

You may ask Jefferson Health Plans CHIP to see any information Jefferson Health Plans CHIP has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Jefferson Health Plans CHIP.

If you want, you may attend the Complaint review. Jefferson Health Plans CHIP will tell you the location, date, and time of the Complaint review at least 7 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more Jefferson Health Plans CHIP staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee, and Jefferson Health Plans CHIP will mail you a notice within **30 days from the date you filed your First Level Complaint** to tell you about the decision on your First Level Complaint. Upon your request the timeframe for deciding on the complaint may be extended by up to 14 days. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page **44**.

What to do to continue receiving services:
If you have been receiving the services or items that are being reduced, changed, or denied, and you file a Complaint verbally or that is faxed, postmarked, or hand-delivered within ten (10) days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

What If I Do Not Like Jefferson Health Plans CHIP's Decision?
You may ask for an external Complaint review if the Complaint is about one of the following:

- Jefferson Health Plans CHIP's decision that you cannot receive a service or item you want because it is not a covered service or item.
- Jefferson Health Plans CHIP's decision to not pay a provider for a service or item you received because the provider is not enrolled with the Department.

- Jefferson Health Plans CHIP's failure to decide a Complaint you told Jefferson Health Plans CHIP about within **30** days from when Jefferson Health Plans CHIP received your Complaint or Grievance.
- Not receiving a service or item in a timely manner.
- Jefferson Health Plans CHIP's decision to deny your request to disagree with Jefferson Health Plans CHIP's decision that you have to pay your provider.

You must ask for an external Complaint review within **fifteen (15) days of the date you got the First Level Complaint decision notice**.

To ask for an external review of your Complaint, send your request to the following:

Bureau of Health Coverage Access,
Administration and Appeals (HCA3)
1311 Strawberry Square / Harrisburg, PA 17120
Phone: (717) 787-4192
Toll-free: 1-888-466-2787 Fax: 717.787.8555

or

Go to the "File a Complaint Page" at **https://www.insurance.pa.gov/Consumers/Pages/default.aspx**.

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388.

For all other Complaints, you may file a Second Level Complaint within **forty-five (45) days of the date you got the Complaint decision notice**.

For information about external Complaint reviews, see page **40**.

If you need more information about help during the Complaint process, see page **44**.

Second Level Complaint

What Should I Do if I Want to File a Second Level Complaint?

To file a Second Level Complaint:

- Call Jefferson Health Plans CHIP at 1-888-888-1211 (TTY 1-877-454-8477) and tell Jefferson Health Plans CHIP your Second Level Complaint, or
- Write down your Second Level Complaint and send it to Jefferson Health Plans CHIP by mail or fax, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to Jefferson Health Plans CHIP by mail or fax.

Jefferson Health Plans CHIP's address and fax number for Second Level Complaints

Complaints, Grievances & Appeals Unit
1101 Market Street, Suite 3000
Philadelphia, PA 19107

By fax at 215-991-4105

What Happens after I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from Jefferson Health Plans CHIP telling you that Jefferson Health Plans CHIP has received your Complaint and about the Second Level Complaint review process.

You may ask Jefferson Health Plans CHIP to see any information Jefferson Health Plans CHIP has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Jefferson Health Plans CHIP.

If you want, you can attend the Complaint review. Jefferson Health Plans CHIP will tell you the location, date, and time of the Complaint review **at least fifteen (15) days before the Complaint review**. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least one person who does not work for from Jefferson Health Plans CHIP, and were not involved in any previous level of review

or decision-making, will meet to decide your Second Level Complaint. The Jefferson Health Plans CHIP staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist will be on the committee, and Jefferson Health Plans CHIP will mail you a notice **45 days from the date your Second Level Complaint was received** to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information or help during the Complaint process, see page **44**.

What If I Do Not Like Jefferson Health Plans CHIP's Decision on My Second Level Complaint?
You may ask for an external review from the Pennsylvania Insurance Department Bureau of Managed Care.

You must ask for an appeal **within 15 days of the date you received the Second Level Complaint decision notice**.

External Review of a Complaint

How Do I Ask for an External Review of a Complaint?
You must send your request for an appeal of your Complaint in writing to either:

Bureau of Health Coverage Access,
Administration and Appeals (HCA3)
1311 Strawberry Square / Harrisburg, PA 17120
Phone: (717) 787-4192
Toll-free: 1-888-466-2787 Fax: 717.787.8555

You can also go to the "File a Complaint Page" at: **insurance.pa.gov/Consumers/Pages/default.aspx**.

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388.

If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

What Happens after I Ask for an External Review of My Complaint?
The Pennsylvania Insurance Department will obtain your file from Jefferson Health Plans CHIP. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person, such as your representative, during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue receiving services:
If you have been receiving the services or items that are being reduced, changed, or denied, and your request for an external review is postmarked or hand-delivered within 15 days of the date on the notice telling you Jefferson Health Plans CHIP's First Level Complaint decision that you cannot receive services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made.

Grievances

What is a Grievance?
When Jefferson Health Plans CHIP denies or decreases a service or item you requested because it is not medically necessary or approves a service or item different than the service or item you requested, you will receive a notice telling you Jefferson Health Plans CHIP's decision.

A Grievance is when you tell Jefferson Health Plans CHIP you disagree with Jefferson Health Plans CHIP's decision to deny or decrease a healthcare service.

What Should I Do if I Have a Grievance?
To file a Grievance:

- Call Jefferson Health Plans CHIP at 1-888-888-1211 (TTY 1-877-454-8477) and tell Jefferson Health Plans CHIP your Grievance, or
- Write down your Grievance and send it to Jefferson Health Plans CHIP by mail or fax, or

- Fill out the Complaint/Grievance Request Form included in the denial notice you received from Jefferson Health Plans CHIP and send it to Jefferson Health Plans CHIP by mail or fax.

Jefferson Health Plans CHIP's address and fax number for Grievances:

Complaints, Grievances & Appeals Unit
1101 Market Street, Suite 3000
Philadelphia, PA 19107

By fax at 215-991-4105

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should I File a Grievance?
You must file a Grievance **within 60 days from the date you receive the notice** telling you about the denial, decrease, or approval of a different service or item for you.

What Happens After I File a Grievance?
After you file your Grievance, you will receive a letter from Jefferson Health Plans CHIP telling you that Jefferson Health Plans CHIP has received your Grievance and about the Grievance review process.

You may ask Jefferson Health Plans CHIP to see any information that Jefferson Health Plans CHIP used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to Jefferson Health Plans CHIP.

If you want, you can attend the Grievance review. Jefferson Health Plans CHIP will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. If the Grievance is about dental services, the Grievance review committee will include a licensed dentist. The Jefferson Health Plans CHIP staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. Jefferson Health Plans CHIP will mail you a notice within 30 days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page **44**.

What to do to continue receiving services:

If you have been receiving services or items that are being reduced, changed, or denied and you file a Grievance verbally or that is faxed, postmarked, or hand-delivered within ten (10) days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What If I Do Not Like Jefferson Health Plans CHIP's Decision?
You may ask for an external Grievance review. An external Grievance review is a review by a doctor who does not work for Jefferson Health Plans CHIP.

You must ask for an external Grievance review within 15 days of the date you received the Grievance decision notice.

For information about external Grievance reviews, see below. If you need more information about help during the Grievance process, see page **44**.

External Review of a Grievance

How Do I Ask for External Review of a Grievance?

To ask for an external review for a Grievance:

- Call Jefferson Health Plans CHIP at 1-888-888-1211 (TTY 1-877-454-8477) and tell Jefferson Health Plans CHIP your Grievance, or
- Write down your Grievance and send it to Jefferson Health Plans CHIP using one of the following methods:
  - o By mail at
    Complaints, Grievances & Appeals Unit
    1101 Market Street, Suite 3000
    Philadelphia, PA 19107
  - o By fax at 215-991-4105

Jefferson Health Plans CHIP will send your request for external Grievance review to the Pennsylvania Department of Insurance.

What Happens after I Ask for an External Review of my Grievance?

Jefferson Health Plans CHIP will notify you of the external Grievance reviewer's name, address, and phone number. You will also be given information about the external Grievance review process.

Jefferson Health Plans CHIP will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 20 days of filing the request for an external Grievance review.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue receiving services:
If you have been receiving the services or items that are being reduced, changed, or denied, and want to continue getting service, you must ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within ten (10) days of the date on the notice telling you Jefferson Health Plans CHIP's Grievance decision for the services or items to continue until a decision is made.

Expedited Complaints and Grievances

What Can I Do if My Health Is at Immediate Risk?

If your doctor or dentist believes that waiting 30 days to get a decision about your Complaint or Grievance could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask Jefferson Health Plans CHIP for an early decision by calling Jefferson Health Plans CHIP at 1-888-888-1211 (TTY 1-877-454-8477), faxing a letter or the Complaint/Grievance Request Form to 215-991-4105, or sending an email to **quickcga@jeffersonhealthplans.com**.
- Your doctor or dentist should fax a signed letter to 215-991-4105 within 72 hours of your request for an early decision that explains why Jefferson Health Plans CHIP taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If Jefferson Health Plans CHIP does not receive a letter from your doctor or dentist, and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, Jefferson Health Plans CHIP will decide your Complaint or Grievance in the usual time frame of 45 days from when Jefferson Health Plans CHIP first received your Complaint or Grievance.

Expedited Complaint and Expedited External Review of your Complaint

Your expedited Complaint will be reviewed by a committee that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

If you want, you can attend the expedited Complaint review. You can attend the Complaint review in person if possible but may have to appear by phone or by videoconference because Jefferson Health Plans CHIP has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

Jefferson Health Plans CHIP will tell you the decision about your Complaint within 48 hours of when Jefferson Health Plans CHIP receives your doctor or dentist's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when Jefferson Health Plans CHIP receives your request for an early decision, whichever is sooner, unless you ask Jefferson Health Plans CHIP to take more time to decide your Complaint. You can ask Jefferson Health Plans CHIP to take up to 14 more days to decide your Complaint. You will also receive a notice telling you the reason(s) for the decision and how to ask for an expedited external Complaint review if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external review of your Complaint from the Pennsylvania Insurance Department **within 2 business days from the date you receive the expedited decision notice**. To ask for an expedited external review of a Complaint, send your request to the following:

Bureau of Health Coverage Access,
Administration and Appeals (HCA3)
1311 Strawberry Square / Harrisburg, PA 17120
Phone: (717) 787-4192
Toll-free: 1-888-466-2787 Fax: 717.787.8555

or

Go to the "File a Complaint Page" at: **insurance.pa.gov/Consumers/Pages/default.aspx**.

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388

Expedited Grievance and Expedited External Review of your Grievance

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. If the Grievance is about dental services, the expedited Grievance review committee will include a dentist. The Jefferson Health Plans CHIP staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

If you want, you can attend the expedited Grievance review. You can attend the Grievance review in person if possible but may have to appear by phone or by videoconference because Jefferson Health Plans CHIP has a short amount of time to decide the expedited Grievance.

If you decide that you do not want to attend the Grievance review, it will not affect the decision.

Jefferson Health Plans CHIP will tell you the decision about your Grievance within 48 hours of when Jefferson Health Plans CHIP received your doctor or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when Jefferson Health Plans CHIP receives your request for an early decision, whichever is sooner, unless you ask Jefferson Health Plans CHIP to take more time to decide your Grievance. You can ask Jefferson Health Plans CHIP to take up to fourteen (14) more days to decide your Grievance. You will also receive a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external review of your Grievance. An expedited external Grievance review is a review by a doctor who does not work for Jefferson Health Plans CHIP.

You must ask for expedited external review of your Grievance by the Department of Health **within 2 business days from the date you receive the expedited Grievance decision notice**. To ask for an expedited external review of a Grievance:

- Call Jefferson Health Plans CHIP at 1-888-888-1211 (TTY 1-877-454-8477) and tell Jefferson Health Plans CHIP what your Expedited Grievance is, or
- Send an email to Jefferson Health Plans CHIP at **quickcga@jeffersonhealthplans.com**, or
- Write down your Expedited Grievance and send it to Jefferson Health Plans CHIP by mail or fax:
  - By mail at
    Complaints, Grievances & Appeals Unit
    1101 Market Street, Suite 3000
    Philadelphia, PA 19107
  - By fax at 215-991-4105

Jefferson Health Plans CHIP will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

What Kind of Help Can I Have with the Complaint and Grievance Processes?

If you need help filing your Complaint or Grievance, a staff member of Jefferson Health Plans CHIP will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not be involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer, or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, inform Jefferson Health Plans CHIP, in writing, of the name of that person and how Jefferson Health Plans CHIP can reach him or her.

You or the person you choose to represent you may ask Jefferson Health Plans CHIP to see any information Jefferson Health Plans CHIP has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call Jefferson Health Plans CHIP's toll-free telephone number at 1-888-888-1211 (TTY 1-877-454-8477) if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

Persons Whose Primary Language Is Not English
If you ask for language services, Jefferson Health Plans CHIP will provide the services at no cost to you.

Persons with Disabilities
Jefferson Health Plans CHIP will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters.
- Providing information submitted by CHIP at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

Jefferson Health Plans CHIP Quick Reference

Enrollee Relations
Call 1-888-888-1211
Available 24 hours, every day, for questions about coverage and help with plan services.

TTY users
Call 1-877-454-8477
For deaf and hearing/speech-impaired enrollees with access to special telephone equipment.

Teladoc Medical Assistance Line
Call 1-800-Teladoc (835-2362)
Available 24 hours, every day, to answer health questions. (Not for emergency situations. Call **911** in an emergency.)

Office Address
1101 Market Street, Suite 3000
Philadelphia, PA 19107
Office Hours: Monday – Friday, 9 a.m. to 5 p.m.

Website
JeffersonHealthPlans.com/CHIP
Learn more about Jefferson Health Plans CHIP, find participating doctors, health information, and more.

Community Wellness Centers
JeffersonHealthPlans.com/Community-Engagement
267-831-5300
Monday – Friday, 8 a.m. to 4:30 p.m.

SIU Fraud & Abuse Hotline:
- Call the anonymous Jefferson Health Plans hotline: 1-866-477-4848
- Email: **siutips@jeffersonhealthplans.com**

Appendix

Crisis Intervention Services

988 Suicide & Crisis LifeLine — Available 24/7

Call: **988**

Text: **988**

Visit or Chat: **988lifeline.org**

You can also access this list at **dhs.pa.gov/Services/Mental-Health-In-PA/Pages/Crisis-Intervention.aspx**.

Location	Phone number
Allegheny County Department of Human Services	**Phone:** 412-350-5701 **Crisis Services:** 1-888-796-8226 (1-888-7-YOU CAN)
Armstrong/Indiana Behavioral and Developmental Health Program	**Phone:** 724-548-3451 **Crisis Services:** 1-877-333-2470
Beaver County Behavioral Health	**Phone:** 724-891-2827 **Crisis Services:** 1-800-400-6180
Bedford-Somerset Developmental and Behavioral Health Services (DBHS)	**Phone**: **Bedford:** 814-623-5166 **Somerset:** 814-443-4891 **Crisis Services:** 1-866-611-6467
Berks County MH/DD	**Phone:** 610-478-3271 **Crisis Services:** 610-236-0530
Blair County MH/BH/ID Programs	**Phone:** 814-693-3023 **Crisis Services:** 814-889-2141, Choose option 1
Bradford/Sullivan MH/ID	**Phone:** 570-265-1760 **Crisis Services:** 1-800-588-1828 (after hours: 1-877-724-7142
Bucks County Dept. of Mental Health/Developmental Programs	**Phone:** **Central & Upper Bucks:** 215-345-2273 **Lower Bucks:** 215-785-9765 **Crisis Services:** 1-800-499-7455
Butler County MH/EI/ID Program	**Phone:** 724-284-5114 **Crisis Services:** 1-800-292-3866
Cambria County Behavioral Health/Intellectual Disabilities Program	**Phone:** 814-535-8531 **Ebensburg Satellite Office:** 814-472-4400 **Crisis Services:** 1-877-268-9463
Cameron/Elk Counties Behavioral & Development Programs	**Phone:** 814-772-8016 **Crisis Services:** 1-800-652-0562
Carbon-Monroe-Pike MH/DS	**Phone:** **Monroe:** 570-421-2901 **Carbon:** 610-377-0773 **Pike:** 570-296-6484 **Crisis Services:** 1-800-849-1868
Centre County MH/ID/EI	**Phone:** 814-355-6786 and 814-355-6744 **Crisis Services:** 1-800-643-5432
Chester County Dept. of Mental Health/Intellectual & Developmental Disabilities	**Phone:** 610-344-6265 **Crisis Services:** 610-344-6265 **Valley Creek Crisis Center:** 610-280-3270
Clarion County MH/DD	**Phone:** 814-226-1080 **Crisis Services:** 1-800-226-7223
CMSU Behavioral Health & Developmental Services	**Phone:** 570-275-5422 **Crisis Services:** 1-800-222-9016
Community Connections of Clearfield/Jefferson Counties	**Phone:** 814-371-5100 **Crisis Services:** 1-800-341-5040
Crawford County Human Services	**Phone:** 814-724-8380 **Crisis Services:** 814-724-2732

Location	Phone number
Cumberland/Perry MH/IDD	**Phone:** **Cumberland:** 717-240-6320 **Perry:** 866-240-6320 **Crisis Services:** **Camp Hill:** 717-763-2222 **Carlisle:** 717-243-6005 **All other areas:** 1-866-350-4357
Dauphin County Mental Health/ Intellectual Disabilities Program	**Phone:** 717-780-7050 **Crisis Services:** 717-232-7511 or 1-888-596-4447
Delaware County BH/ID	**Phone:** 610-713-2365 **Crisis Services:** 1-855-889-7827
Erie County MH/ID	**Phone:** 814-451-6000 **Crisis Services:** 814-456-2014 or 1-800-300-9558
Fayette County Behavioral Health Administration	**Phone:** 724-430-1370 **Crisis Services:** 724-437 1003
Forest/Warren Human Services	**Phone:** **Warren:** 1-866-641-3488 **Forest:** 814-755-7995 **Crisis Services:** Weekdays 8:30 a.m. – 5 p.m.: 814-726-2100 / 814-726-8413 After 5 p.m., weekends/holidays: 814-723-2800 / 1-800-406-1255
Franklin/Fulton MH/ID/EI	**Phone:** 800-841-3593 **Crisis Services:** Keystone: 717-264-2555 **True North Wellness:** 1-866-918-2555
Greene County Human Services	**Phone:** 1-888-317-7106 **Crisis Services:** 1-800-417-9460
Juniata Valley Behavioral & Developmental Services – HMJ	**Phone:** 717-242-6467 **Crisis Services:** 1-800-929-9583
Lackawanna/ Susquehanna BH/ ID/EI Programs	**Phone:** 570-346-5741 **Crisis Services:** **Lackawanna:** 570-348-6100 **Susquehanna:** 570-278-6822

Location	Phone number
Lancaster County BH/DS	**Phone:** 717-299-8021 **Crisis Services:** 717-394-2631
Lawrence County Mental Health & Developmental Services	**Phone:** 724-658-2538 **Crisis Services:** 724-652-9000
Lebanon County MH/ID/EI	**Phone:** 717-274-3415 **Crisis Services:** 717-274-3363
Lehigh County MH/ ID/D&A/EI	**Phone:** 610-782-3200 **Crisis Services:** 610-782-3127
Luzerne-Wyoming Counties Mental Health and Developmental Services	**Phone:** 1-800-816-1880 **Crisis Services:** 570-552-6000
Lycoming/Clinton MH/ID	**Phone:** **Lycoming:** 570-326-7895 **Clinton:** 570-748-2262 **Crisis Services:** 570-326-7895
McKean County Mental Health Services	**Phone:** 814-887-3350 **Crisis Services:** 1-800-459-6568
Mercer County MH/DS	**Phone:** 724-662-2230 **Crisis Services:** 724-662-2227
Montgomery County MH/DD/EI Program Office	**Phone:** 610-278-3642 **Crisis Services:** 1-855-634-HOPE (4673)
Northampton County MH/EI/Dev. Prog. Div.	**Phone:** 610-829-4840 **Crisis Services:** 610-252-9060
Northumberland County BH/ID Services	**Phone:** 570-495-2040 **Crisis Services:** 1-855-313-4387
Philadelphia Dept of BH & Intellectual Disability Services	**Phone:** 1-888-545-2600 **Crisis Services:** 215-686-6640
Potter County Human Services	**Phone:** 1-800-800-2560 **Crisis Services:** 1-877-724-7142
Schuylkill County Administrative Offices of MH/ DS/D&A	**Phone:** 570-621- 2890 **Crisis Services:** 1-877-9WE-HELP or 1-877-993-4357

Location	Phone number
Tioga County Dept. of Human Services	**Phone:** 570-724-5766 **Crisis Services:** 877-724-7142
Venango County Mental Health & Developmental Services	**Phone:** 814-432-9100 **Crisis Services:** 814-432-9111
Washington County BH/DS	**Phone:** 724-228-6832 **Crisis Services:** 1-877-225-3567
Wayne County Office of Behavioral & Developmental Programs/EI	**Phone:** 570-253-9200 **Crisis Services:** 570-253-0321
Westmoreland County Behavioral Health & Dev. Services	**Phone:** 1-800-353-6467 **Crisis Services:** 1-800-836-6010

Location	Phone number
York/Adams MH/ IDD	**Phone:** 717-771-9618 or 1-800-441-2025 **Crisis Services:** **WellSpan at York Hospital:** 717-851-5320 **WellSpan at Gettysburg Hospital:** 717-334-2121 **TrueNorth at Hanover Hospital:** 717-637-3711 **TrueNorth at Memorial Hospital:** 717-632-4900 **TrueNorth Mobile Crisis Intervention:** 717-637-7633 or 1-866-325-0339

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Jefferson Health Plans

Discrimination is Against the Law

Jefferson Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Jefferson Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Jefferson Health Plans provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Jefferson Health Plans provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Jefferson Health Plans at **1-888-888-1211 (TTY 1-877-454-8477)**.

If you believe that Jefferson Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Jefferson Health Plans
Attn: Complaints, Grievances & Appeals Unit
1101 Market Street, Suite 3000
Philadelphia, PA 19107
Phone: 1-888-888-1211 (TTY 1-877-454-8477)
Fax: 1-215-991-4105

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, TTY/PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Jefferson Health Plans and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or email at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).
OCRMail@hhs.gov

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

Pennsylvania's Children's Health Insurance Program
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Jefferson Health Plans

Notices of Availability

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-888-1211 (TTY 1-877-454-8477) or speak to your provider.

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-888-1211 (TTY 1-877-454-8477) o hable con su proveedor.

Chinese; Mandarin
注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-888-1211（文本电话：1-877-454-8477）或咨询您的服务提供商。

Nepali
सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि गि: शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि: शुल्क उपलब्ध छन्। 1-888-888-1211 (TTY 1-877-454-8477) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Russian
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-888-1211 (TTY: 1-877-454-8477) или обратитесь к своему поставщику услуг.

Arabic
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-888-1211 (1-877-454-8477) أو تحدث إلى مقدم الخدمة.

Haitian Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-888-888-1211 (TTY: 1-877-454-8477) oswa pale avèk founisè w la.

Vietnamese
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-888-1211 (Người khuyết tật: 1-877-454-8477) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-888-1211 (TTY: 1-877-454-8477) або зверніться до свого постачальника.

Chinese; Cantonese
注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-888-1211 (TTY: 1-877-454-8477) 或與您的提供者討論。

Portuguese
ATENÇÃO: Se você fala português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-888-1211 (TTY: 1-877-454-8477) ou fale com seu provedor.

Bengali
মনোযোগ দি: দি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-888-888-1211 (TTY: 1-877-454-8477) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

French
ATTENTION: Si vous parlez Français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-888-1211 (TTY: 1-877-454-8477) ou parlez à votre fournisseur.

Cambodian
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-888-888-1211 (TTY: 1-877-454-8477) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Korean
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-888-1211 (TTY: 1-877-454-8477)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Gujarati
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-888-1211 (TTY: 1-877-454-8477) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.



Jefferson Health Plans
1101 Market Street, Suite 3000
Philadelphia, PA 19107

Visit us at **JeffersonHealthPlans/CHIP**

For additional help, 24 hours a day, 7 days a week, please call Enrollee Relations at 1-888-888-1211 (TTY 1-877-454-8477).

chip Pennsylvania's Children's Health Insurance Program **We Cover All Kids.**

Jefferson Health Plans

JHPCHP43045 11/2026