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**Healthy U**

6053 S. Fashion Square Drive, Murray UT 84107

[uhealthplan.utah.edu](http://uhealthplan.utah.edu)

Member Services 801-587-6480 or Toll-Free 888-271-5870



## Language Services

### How can I get help in other languages?

Call Healthy U Member Services at **801-587-6480** or **1-888-271-5870 (option 4)** if you speak a language other than English, are deaf, blind, or have a hard time hearing or speaking. We will find someone who speaks your language, free of charge.

If you are deaf or hard of hearing, call Utah Relay Services at **711** or Healthy U Member Services at **801-587-6480** or **1-888-271-5870 (option 4)**. Utah Relay Services is a free public telephone relay service or TTY/TTD. If you need Spanish relay services, call **1-888-346-3162** for Spanish Relay Services.

If you feel more comfortable speaking a different language, please tell your doctor's office or call our Member Services. We can have an interpreter go with you to your doctor visit. We also have many doctors in our network who speak or sign other languages.

You may also ask for our documents in your preferred written language by calling our Member Services team.

## Rights and Responsibilities

### What are my Rights?

You have the right to:

- Have information presented to you in a way that you will understand, including help with language needs, visual needs, and hearing needs
- Be treated fairly and with respect
- Have your health information kept private
- Receive information on all treatment options
- Make decisions about your health care, including agreeing to treatment
- Take part in decisions about your medical care, including refusing service
- Ask for and receive a copy of your medical record
- Have your medical record corrected if needed
- Receive medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability
- Obtain information about grievances, appeals, and hearing requests
- Ask for more information about our plan structure and operations
- Get emergency and Urgent Care 24 hours a day, seven days a week
- Not feel controlled or forced into making medical decisions
- Ask how we pay your providers
- Create an Advance Directive that tells doctors what kind of treatment you do and do not want in case you become too sick to make your own decisions

- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation. This means you cannot be held against your will. You cannot be forced to do something you do not want to do.
- Use your rights at any time and not be treated badly if you do. To be given health care services that are the right kind of services based on your needs.
- To get health care services that are close to where you live
- The right to be furnished health care services in accordance with §§ 438.206 through 438.210.

### What are my Responsibilities?

Your responsibilities are:

- To follow the rules of your plan
- Read your Member Handbook.
- Show your State Medicaid ID card each time you receive medical care
- Cancel doctor appointments 24 hours ahead of time if needed
- Respect the staff and property at your provider's office
- Use doctors and hospitals in the Healthy U network
- Pay your copayments (copay)

## Contacting My Healthy U Medicaid Plan

### Who Can I Call When I Need Help?

Our Member Services team is here to help you. We are here to help answer your questions. You may reach us at **801-587-6480** or **1-888-271-5870 (option 4)**, Monday-Friday from 8:00am-6:00pm.

We can help you:

- Find a provider
- Change providers
- Answer questions about bills
- Understand your benefits
- Find a specialist
- Write a complaint or an appeal
- Help with any other question

You can also find us on the internet at <https://uhealthplan.utah.edu/medicaid/>.

## Medicaid Benefits

### How do I use my Medicaid benefits?

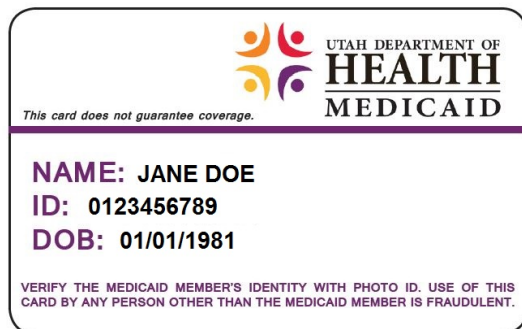
Each Medicaid member will get a Utah Medicaid card.

You will use this card whenever you are eligible for Medicaid. You should show your Medicaid card before you receive services or get a Prescription filled. Always make sure that the provider accepts your Medicaid plan or you may be required to pay for the service.

A list of covered services starts on page 20.

### What does my Utah Medicaid card look like?

The Utah Medicaid card is wallet-sized and will have the member's name, Medicaid ID number and date of birth. Your Utah Medicaid card will look like this:



DO NOT lose or damage your card or give it to anyone else to use. If you lose or damage your card, call the Department of Workforce Services (DWS) at **1-866-435-7414** to get a new card.

### Can I view my Medicaid benefits online?

You can check your Medicaid coverage and plan information online at [mybenefits.utah.gov](https://mybenefits.utah.gov).

Primary individuals can view coverage and plan information for everyone on their case. Adults and children 18 and older can view their own coverage and plan information. Access may also be given to medical representatives.

For additional information on accessing or viewing benefit information, please visit [mybenefits.utah.gov](https://mybenefits.utah.gov) or call **1-844-238-3091**.

You may also view your plan benefits online at <https://uhealthplan.utah.edu/medicaid/>.

## Finding a Provider

### What is a Primary Care Provider?

A Primary Care Provider (PCP) is a doctor that you see for most of your healthcare needs and provides your day-to-day health care. Your PCP knows you and your medical history. With a PCP, your medical needs will be managed from one place. It is a good idea to have a PCP because they will work with your plan to make sure that you receive the care that you need.

### How do I Choose a Primary Care Provider?

You will need to choose a PCP from our provider directory. Once you have chosen a PCP, you will need to contact Member Services and let them know. If you need help choosing a PCP, you may call Member Services and someone will help you. If you have a special health care need, one of our Care Managers will work with you and your doctor to make sure that you select the

right provider for you. To talk to a Care Manager about selecting a PCP, call **801-587-6480** or **1-888-271-5870 (option 2)**.

### How can I Change my PCP?

Call Member Services to change your PCP. We will be happy to help you.

## Copayments, Copays and Cost Sharing

### What are Copayments, Copays and Cost sharing?

You may have to pay a fee for medical care. This fee is called a copayment, copay or cost sharing. Your copay amounts are listed in the copay summary below.

### Who does not have a Copay?

- Members who qualify for EPSDT (Early and Periodic Screening, Diagnostic and Treatment) also referred to as CHEC (Child Health Evaluation and Care)
- Pregnant women
- Alaska Natives
- American Indians

### When Do I Pay Copays?

You may have to pay a copay if you:

- See a doctor
- Go to the hospital for outpatient care
- Have a planned hospital stay
- Use the Emergency Room for a nonemergency
- Get a Prescription Drug

### What Services Don't Have Copays?

Some services that do not have Copays are:

- Labs and radiology
- Family planning services
- Immunizations (shots)
- Preventative services
- Tobacco cessation services
- Outpatient mental health/substance use disorder treatment

### What Is an Out-of-Pocket Maximum?

Medicaid has a limit on how much you have to pay in copays. The Out-of-Pocket can apply to specific types of service or a total yearly amount.

## What happens when I reach my Out-of-Pocket Maximum?

Make sure you save your receipts every time you pay your copay. Once you reach your Out-of-Pocket Maximum, contact Medicaid at **1-866-608-9422** and we will help you through the process.

## Co-pay Chart

**Co-payments (co-pays) are the same for Traditional and Non-Traditional Medicaid.**

The following Medicaid members do not have co-pays:

- American Indians
- Alaska Natives
- Members eligible for EPSDT (also called CHEC)
- Pregnant women
- Members getting hospice care

All other members will have the following copays:

Service	Co-pay
<b>Emergency Room (ER)</b>	\$8 co-pay for non-emergency use of the ER
<b>Inpatient Hospital</b>	\$75 co-pay per inpatient hospital stay <i>(started July 1, 2017)</i>
<b>Pharmacy</b>	\$4 co-pay per prescription, up to \$20 per month
<b>Physician Visits, Podiatrist &amp; Outpatient Hospital Services</b>	\$4 co-pay, up to \$100 per year combined <i>(including ophthalmologists)</i>
<b>Vision Services</b>	\$4 co-pay for ophthalmologists

### Out-of-Pocket Maximum Co-pays:

Pharmacy - \$20 co-pay per month

Physician, podiatry and outpatient hospital services - \$100 co-pay per year\* combined

*\*A co-pay year starts in January and goes through December.*

**Please note:** You might not have a co-pay if you have other insurance, including Medicare.

*You will not have a co-payment for:*

- Family planning
- Immunizations (shots)
- Preventative services
- Outpatient mental health/substance use disorder treatment
- Lab services
- Radiology
- Tobacco cessation services

For more information, please refer to the Medicaid Member Guide. To request a guide, call **1-866-608-9422**. Information is also available online at Utah Medicaid [www.medicaid.utah.gov](http://www.medicaid.utah.gov)



## What should I do if I receive a Medical Bill?

If you receive a bill for services that you believe should be covered by Medicaid, call member services for assistance. Do not pay a bill until you talk to member services. You may not get reimbursed if you pay a bill on your own.

### You may have to pay a medical bill if:

- You agree (in writing) to get specific care or service not covered by Medicaid before receiving the service.
- You ask for and get services that are not covered during an appeal or Medicaid State Fair Hearing. You only pay for medical care if the ruling is not in your favor.
- You don't show your Utah Medicaid Card before you get medical care.
- You are not eligible for Medicaid.
- You get care from a doctor who is not with your Medicaid plan, or is not enrolled with Utah Medicaid (except for Emergency Services).

## Emergency Care and Urgent Care

### What is an Emergency?

An emergency is a medical condition that needs immediate treatment. An emergency is when you think your life is in danger, a body part is hurt badly, or you are in great pain.

### What is an example of an Emergency?

Emergencies can include:

- Poisoning
- Overdose
- Severe burns
- Severe chest pain
- Pregnant with bleeding and/or pain
- Deep cut in which bleeding will not stop
- Loss of consciousness
- Suddenly not being able to move or speak
- Broken bones

### What should I do if I have an emergency?

Call **911** or go to the closest Emergency Room.

Remember:

- Go to the emergency room only when you have a real emergency.
- If you are sick, but it is not a real emergency, call your doctor or go to an urgent care clinic (see below).
- If you are not sure if your problem is a true emergency, call your doctor for advice.
- There is no prior authorization needed to get Emergency Care.

### What if I have questions about poison danger?

For poison, medication or drug overdose emergencies or questions, call the Poison Control Center at **1-800-222-1222**.

### Will I have to pay for Emergency Care?

There is no copay for use of the Emergency Room in an Emergency. A hospital that is not on your plan may ask you to pay at the time of service. If so, submit your emergency service claim to the health plan for reimbursement. You do not need prior approval.

If you use an Emergency room for non-emergency care, you will be charged a copay.

### What should I do after I get Emergency Care?

Call our Member Services at **801-587-6480** or Toll-Free **1-888-271-5870 (option 4)** as soon as you can after getting emergency care. Notify your Primary Care Provider to tell them about your Emergency visit.

### What is Urgent Care?

Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an Urgent Care clinic. You may also call our Nurse Phone line at **801-505-3198**. To find an Urgent Care clinic, call our Member Services at **801-587-6480** or Toll-Free **1-888-271-5870 (option 4)** or see our website or provider directory.

### When should I use an Urgent Care clinic?

You should use an Urgent Care clinic if you have one of these minor problems:

- Common cold, flu symptoms or a sore throat
- Earache or toothache
- Back strain
- Migraine headaches
- Prescription refills or requests
- Stomach ache
- Cut or scrape

## Post-Stabilization Care

### What is Post-Stabilization Care?

Post-stabilization care happens when you are admitted into the hospital from the ER. This care is covered. If you are admitted from the ER, there is no copay. This care includes tests and treatment until you are stable.

### When is Post-Stabilization care covered?

Your plan covers this type of care whether you go to a hospital on the plan or not. Once your condition is stable you may be asked to transfer to an in network hospital on the plan.

## Family Planning

### What Family Planning Services are covered?

Family Planning services include:

- Information about birth control
- Counseling to help you plan when to have a baby
- Family Planning and birth control treatments without a copayment
- The ability to see any provider that accepts Medicaid (in or out of network)
- The ability to see a provider without a referral

You can get the following birth control with a Prescription from any provider who takes Medicaid or Healthy U:

Type of Birth Control	Traditional Medicaid	Non Traditional Medicaid
<b>Condoms</b>	Yes *OTC	Yes *OTC
<b>Contraceptive Implants</b>	Yes	Yes
<b>Creams</b>	Yes *OTC	Yes *OTC
<b>Depo-Provera</b>	Yes	Yes
<b>Diaphragm</b>	Yes *OTC	Yes *OTC
<b>Foams</b>	Yes *OTC	Yes *OTC
<b>IUD</b>	Yes	Yes
<b>Morning After Pill</b>	Yes	Yes
<b>Patches</b>	Yes	Yes
<b>Pills</b>	Yes	Yes
<b>Rings</b>	Yes	Yes
<b>Sterilization (Tubes tied or Vasectomy)</b>	Yes **Consent form required	Yes **Consent form required
<b>Non-surgical Sterilization (like Essure®)</b>	Yes **Consent form required	Yes **Consent form required

Non Covered Family Planning Services:

- Infertility drugs
- In-vitro fertilization
- Genetic counseling

For more information about Family Planning services, call our Member Services at **801-587-6480** or Toll-Free **1-888-271-5870 (option 4)**.

\*OTC means over-the-counter.

\*\*Sterilization consent forms must be signed 30 days before surgery.

There are limits on abortion coverage. Healthy U will cover the cost of an abortion only in cases of rape, incest, or if the mother's life is in danger. Specific documentation is required for abortions.

## Specialists

### What if I need to see a Specialist?

If you need a service that is not provided by your Primary Care Provider (PCP), you can see a specialist in our network. Healthy U specialists can be found at [uhealthplan.utah.edu/medicaid](http://uhealthplan.utah.edu/medicaid). You can also call our Member Services at **(801) 587-6480** or **1-888-271-5870 (option 4)** to help you find a specialist in your area. Your PCP may also help you choose a specialist in our network.

You should be able to get in to see a specialist:

- Within 30 days for non-urgent care
- Within two days for urgent, but not life-threatening care (e.g., care given in a doctor's office)

If you have trouble getting in to see a specialist when you need one, call our Access Assistance line at **801-587-2851** for help.

## Prior Authorization

### What is Prior Authorization?

Some services must be approved before they will be paid. Permission to receive payment for that service is called Prior Authorization.

If you need a service that requires Prior Authorization, your doctor will request permission from Healthy U. If approval is not given for payment of a service, you may appeal the decision. Please call our medical services at **801-587-6480** or **1-888-271-5870 (option 5)** if you have any questions.

U of U Health Plans (Healthy U) requires notification of inpatient admissions (except for routine maternity admissions, C-section and vaginal deliveries). U of U Health Plans will be monitoring all inpatient hospital stays, including skilled nursing facilities and rehabilitation services. Your provider can fax, email, request through UBox or fill in the online forms. It is important that Healthy U is able to determine medical necessity for an inpatient admission to help with any discharge care that you may need. You can look at the UM prior authorization list on UUHP's website to see all the services requiring prior authorization. The link is: [https://uhealthplan.utah.edu/for-providers/pdf/um\\_review\\_guidelines\\_healthy\\_u\\_medicaid](https://uhealthplan.utah.edu/for-providers/pdf/um_review_guidelines_healthy_u_medicaid)

## Restriction Program

### What does it mean to be in the Restriction Program?

Medicaid members who do not use healthcare services properly may be enrolled in the restriction program. This means that you will be restricted to one main doctor and one main pharmacy. If you are in the Restriction program, all medical services and Prescriptions must be approved or coordinated by your assigned physician. All Prescriptions must be filled by your assigned pharmacy. Use of healthcare services is reviewed often.

Examples of improper use are:

- Using the ER for your routine care
- Seeing too many doctors
- Filling too many Prescriptions for pain medications
- Getting controlled substances or potential abuse of drugs from more than one prescriber

Use the Emergency Room only for:

- Heavy bleeding
- Problems breathing
- Chest pain
- Broken bones
- Other symptoms where you feel that your life is at risk

We will contact you if we notice improper use of covered services.

## Other Insurance

### What if I have other Health Insurance?

Some members have other Health Insurance, including Medicare, in addition to Medicaid. Your other insurance or Medicare is called primary insurance.

If you have other insurance, your primary insurance will pay first. Please bring all of your Health Insurance cards with you to your doctor visit.

Other Health Insurance may affect the amount you need to pay. You may need to pay your copay at the time of service.

Please tell Healthy U and your provider if you have other Health Insurance (including Medicare). You must also tell the Office of Recovery Services (ORS) about any other Health Insurance you may have. Call ORS at **801-536-8798**. This helps Healthy U and your providers know who should pay your bills. This information will not change the services you receive from Healthy U.

## Advance Directive

### What is an Advance Directive?

An Advance Directive is a legal document that allows you to make choices about your healthcare ahead of time. There may be a time when you are too sick to make decisions for yourself. An Advance directive will make your wishes known if you cannot do it yourself.

There are four types of Advance Directives:

- Living Will (End of life care)
- Medical Power of Attorney
- Mental Healthcare Power of Attorney
- Pre-Hospital Medical Care Directive (Do Not Resuscitate)

**Living Will:** A living will is a document that tells doctors what types of service you do or do not want if you become very sick and near death, and cannot make decisions for yourself.

**Medical Power of Attorney:** A Medical Power of Attorney is a document that lets you choose a person to make decisions about your health care when you cannot do it yourself.

**Mental Healthcare Power of Attorney:** A Mental Healthcare Power of Attorney names a person to make decisions about your mental health care in case you cannot make decisions on your own.

**Pre-Hospital Medical Care Directive:** A Pre-Hospital Medical Care Directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital Emergency Room. It might also include service provide by other emergency response providers, such as firefighter or police officers. You must complete a special orange form. You should keep the completed orange form where it can be seen.

To find out more information on Advance Directives, please contact a care manager by calling **(801) 587-6480, option #5**.

## Appeals and Grievances

### What is an Adverse Benefit Determination?

An Adverse Benefit Determination is when Healthy U:

- Denies payment for care or approves payment for less care than you wanted.
- Lowers the number of services you can get or ends payment for a service that was approved.
- Denies payment for a covered service.
- Denies payment for a service that you may be responsible to pay for.
- Did not take action on an appeal or grievance in a timely manner.
- Did not provide you with a doctor or a service in a timely manner; defined as 30 days for a routine doctor visit and two days for an urgent care visit.
- Denies an enrollee's request to dispute a financial liability.

You have a right to receive a Notice of Adverse Benefit Determination (sometimes called a Notice of Action) if one of the above occurs. If you did not receive one, contact Healthy U Member Services at **(801) 587-6480** or **1-888-271-5870 (option 4)** to have one sent to you.

### What is an Appeal?

An appeal is when you or your provider contacts us to review an Adverse Benefit Determination to see if the right decision was made to deny your request for service.

### How do I file an Appeal?

- You, your provider or any authorized representative may file an appeal.
- An appeal form can be found on our website at [uhealthplan.utah.edu/medicaid/](http://uhealthplan.utah.edu/medicaid/).
- A request for an appeal will be accepted by filling out an appeal form on our website, by fax **801-281-6121** or over the phone **801-587-6480** or **1-888-271-5870 (option 4)** or by mail:

#### Healthy U

Appeals Team

6053 Fashion Square Drive, Suite 110

Murray, UT 84107

- Submit the appeal within 90 days from the Notice of Action.
- Help will be provided to enrollees, upon request, in carrying out the required steps to file an appeal (e.g., interpreter services, TTY).
- If you are deaf or hard of hearing, you can call Utah Relay Services at **711** or **1-800-346-4128**.

### How long does an Appeal take?

Healthy U will give you a written notice within 30 calendar days from the date we get your appeal. You will be notified in writing if more time is needed to make a decision on your appeal. If you or your provider think it's important to make a decision quickly, you can make a request for a quick appeal. A quick appeal decision will be made within 3 working days.

### What happens to your benefits while you Appeal?

Your benefits will not be stopped because you filed an appeal. If you are appealing because a service you have been receiving is limited or denied, let us know if you want to continue to receive that service. You may have to pay for the service if the decision is not in your favor.

### What is a Quick Appeal?

If waiting 30 days will harm your health, life or ability to maintain or regain maximum function, you can ask for a quick appeal. A quick appeal will be accepted over the phone or in writing. We will make a decision within 3 days or sooner. If we cannot do a quick appeal we will send you a letter and explain why we cannot do a quick appeal.

### How do I request a Quick Appeal?

Call us at **801-587-6480** or **1-888-271-5870 (option 4)** or write to us at:

**Healthy U**

Appeals Team  
6053 Fashion Square Drive, Suite 110  
Murray, UT 84107

**What is a Grievance?**

A grievance is a complaint about the way your health care services were handled by your provider or Healthy U.

**How do I file a Grievance?**

If you are not happy with the way services were provided to you, you have the right to file a grievance. This gives you a chance to tell us about your concerns. You can file a grievance about issues related to your health care such as:

- When you don't agree with the amount of time that the plan needs to make an authorization decision
- Whether care or treatment is appropriate
- Access to care
- Quality of care
- Staff attitude
- Rudeness
- Any other kind of problem you may have had with your health care service

You can file a grievance either over the phone or in writing. To file by phone, call Member Services at **801-587-6480** or **1-888-271-5870 (option 4)**. To file a grievance in writing, please send your letter to:

**Healthy U**

Grievance Team  
6053 Fashion Square Drive, Suite 110  
Murray, UT 84107

**What Is A State Fair Hearing?**

A State Fair Hearing is a hearing with the State Medicaid Agency about your appeal. You, your authorized representative, or your provider, can ask for a State Fair Hearing. When we tell you about our decision on your appeal we will also tell you how to request the State Fair Hearing if you do not agree with our decision. We will also give you the State Fair Hearing Request Form to send to Medicaid.

**How Do I request a State Fair Hearing?**

If you or your provider are unhappy with an action taken by Healthy U, you may file a hearing request with the Office of Administrative Hearings. The hearing request must be made within 120 calendar days of the Notice of Appealed Decision.



## Fraud, Waste and Abuse

### What is Health Care Fraud, Waste and Abuse?

Doing something wrong related to Medicaid could be fraud, waste or abuse. We want to make sure your health care dollars are used the right way. Fraud, waste and abuse can make health care more expensive for everyone.

Let us know if you think a health care provider or a person getting Medicaid is doing something wrong.

Some examples of Fraud, Waste and Abuse are:

#### By a Member

- Lending a Medicaid ID card to someone
- Changing the amount or number of refills on a Prescription
- Lying to receive medical or pharmacy services

#### By a Provider

- Billing for services or supplies that have not been provided
- Overcharging a Medicaid or CHIP member for covered services
- Not reporting a patient's misuse of a Medicaid ID Card

### How can I report Fraud, Waste and Abuse?

If you suspect fraud, waste or abuse, you may contact:

- **Internal ACO compliance**
  - Healthy U Member Services at **801-587-6480** or **1-888-271-5870 (option 4)**
- **Provider Fraud**
  - The Office of Inspector General (OIG) Email: [mpi@utah.gov](mailto:mpi@utah.gov)  
Toll-Free Hotline: **1-855-403-7283**
- **Member Fraud**
  - Department of Workforce Services Fraud Hotline Email: [wsinv@utah.gov](mailto:wsinv@utah.gov)  
Telephone: **1-800-955-2210**

You will not need to give your name to file a report. Your benefits will not be affected if you file a report.

## Transportation Services

### How do I get to the Hospital in an Emergency?

If you have a serious medical problem and it's not safe to drive to the Emergency Room, call **911**. Utah Medicaid covers Emergency Medical Transportation.

## How do I get to the doctor when it's not an emergency and I can't drive?

Medicaid can help you get to the doctor when it is not an emergency. To get this kind of help you must:

- Have Traditional Medicaid on the date the transportation is needed
- Have a medical reason for the transportation
- Call the Department of Work Force Services (DWS) **1-800-662-9651** to find out if you can get help with transportation

## What type of transportation is covered under my Medicaid?

- **UTA Bus Pass, including Trax** (Front Runner and Express Bus Routes are not included): If you are able to ride a bus, call DWS to ask if your Medicaid program covers a bus pass. The pass will come in the mail. Show your Medicaid card and bus pass to the driver.
- **UTA Flex Trans:** special bus services for Medicaid clients who live in Davis, Salt Lake, Utah and Weber Counties. You may use Flex Trans if:
  - You are not physically or mentally able to use a regular bus.
  - You have filled out a UTA application form to let them know you have a disability that makes it so you cannot ride a regular bus. You can get the form by calling:
    - Salt Lake and Davis Counties: **801-287-7433**
    - Davis, Weber and Box Elder Counties **1-877-882-7272**
  - You have been approved to use special bus services and have Special Medical Transportation Card.
- **Dial-A-Ride:** Special bus service available for members who live in Iron County
  - Call CATS at: **435-865-4510**
- **LogistiCare:** non-emergency door-to-door service for medical appointments and Urgent Care. You may be eligible for LogistiCare if:
  - You have Traditional Medicaid.
  - There is not a working vehicle in your household.
  - Your physical disabilities make it so you are not able to ride a UTA bus or Flex Trans.
  - Your doctor has completed a LogistiCare form.

When approved, you can arrange for this service by calling LogistiCare at: **1-855-563-4403**. You must make reservations with LogistiCare three business days before your appointment. Urgent Care does not require a three day reservation. (LogistiCare will call your doctor to make sure the problem was urgent.) Eligible clients will be able to receive services from Logisticare statewide.

## Can I get help if I have to drive long distances?

- **Mileage Refund:** Talk to a DWS worker if you have questions about a mileage refund. You will only be refunded if there is NOT a cheaper way for you to get to your doctor.

Families with a child should check with a DWS worker to see about mileage refund for CHEC well-child medical and dental visits.

- **Overnight Costs:** In some cases, when overnight stays are needed to get medical treatment, Medicaid may pay for overnight costs. The cost includes lodging and food. Overnight costs are rarely paid in advance. Contact a DWS worker to find out what overnight costs may be covered by your Medicaid program.

## Amount, duration and scope of benefits

Benefit	Traditional	Non-Traditional
<b>Abortion</b>	Limited - Call Member Services [Insert phone number] for Benefit information	Limited - Call Member Services [Insert phone number] for Benefit information
<b>Ambulance</b>	Not Covered by Healthy U - Covered by Fee-for-Service Medicaid	Not Covered by Healthy U - Covered by Fee-for-Service Medicaid
<b>Birth control &amp; Family Planning</b>	Covered No copay required (See birth control chart on page 11)	Covered No copay required (See birth control chart on page 11)
<b>Chiropractic</b>	Not Covered by Healthy U - May be covered by Fee-for-Service Medicaid for Members receiving CHEC/EPSTD services and Pregnant Women. Call Medicaid 800-662-9651	Not Covered
<b>Dental Benefits</b>	Not Covered by Health U - May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid 1-800-662-9651	Not Covered by Healthy U - May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid Hotline 800-662-9651
<b>Doctor Visits</b>	Covered See copay chart on page 8	Covered See copay chart on page 8
<b>Emergency and Urgent Care</b>	Covered No copay - (Must use a network provider for urgent care)	Covered No copay - (Must use a network provider for urgent care)
<b>Eye Exam</b>	Covered	Covered

	No copay Limited to one exam every 12 months	No copay Limited to one exam every 12 months
<b>Eye Glasses</b>	Covered No copay -Covered only for pregnant women and those eligible for CHEC/EPSTD services.	Not Covered
<b>Hospice Care</b>	Covered No copay	Covered No copay
<b>Inpatient Hospital Care</b>	Covered (See page 8 for copay chart)	Covered (See page 8 for copay Chart)
<b>Lab and X-Ray Services</b>	Covered No copay	Covered No copay
<b>Maternity Care</b>	Covered No copay	Not Covered
<b>Medical Supplies</b>	Covered No copay	Covered No copay
<b>Mental Health Care</b>	Not Covered -Covered by Fee for Service or other Medicaid plan. Call Medicaid <b>800-662-9651</b>	Not Covered - Covered by Fee for Service or other Medicaid plan. Call Medicaid <b>800-662-9651</b>
<b>Nursing Home</b>	Not Covered by Healthy U -Covered by Fee for Service Medicaid program. Call Medicaid <b>800-608-9422</b>	Not Covered by Healthy U or by Medicaid Fee for Service - Call Medicaid <b>800-608-9422</b>
<b>Personal Care Services</b>	Covered Requires prior Authorization	Covered Requires prior Authorization
<b>Pharmacy</b>	Covered (See page 8 for copay chart)	Covered (See page 8 for copay chart)
<b>Physical and Occupational Therapy</b>	Covered (See page 8 for copay chart)	Covered (See page 8 for copay chart)
<b>Podiatry</b>	Covered (See page 8 for copay chart) (Limited benefit for adults)	Covered (See page 8 for copay chart) (Limited benefit for adults)

<b>Outpatient Care</b>	Covered (See page 8 for copay chart)	Covered (See page 8 for copay chart)
<b>Over-the-Counter Drugs</b>	Covered (See page 8 for copay chart) - Contact Healthy U for Over the Counter PDL	Covered (See page 8 for copay chart) - Contact Healthy U for Over the Counter PDL
<b>Speech and Hearing Services</b>	Covered (Limited )  No copay  - Audiology and hearing services including hearing aids and batteries are covered only for pregnant women and those eligible for CHEC/EPSTD services.	Not Covered
<b>Non Emergent Medical Transportation Services</b>	Not Covered by Healthy U  - Covered by Fee For Service Call Medicaid <b>800-662-9651</b>	Not Covered  - Call Medicaid <b>800-662-9651</b>

### Can I get a service that is not on this list?

Generally, Medicaid does not reimburse non-covered services. However, there are some exceptions:

- Members who qualify for CHEC/EPSTD may obtain services which are medically necessary but are not typically covered.
- Reconstructive procedures following disfigurement caused by trauma or medically necessary surgery.
- Reconstructive procedures to correct serious functional impairments (for example, inability to swallow).
- When performing the procedure is more cost effective for the Medicaid program than other alternatives.

If you would like to request an exception for a non-covered service, you can make that request by:

- Making a benefit consideration request is based on medical necessity if the service:
  - reduces risks or acute setting needs
  - improves your quality of health
  - has a more immediate impact on your health needs
  - addresses unusual or unique circumstances for you
  - is more cost-effective in comparison to denying the service
- U of U Health Plans uses appropriate professionals (pharmacists or provider specialists) to consider a benefit consideration.

## Notice of Privacy Practices

### We Protect Your Privacy

We strive to protect the privacy of your Personal Health Information (PHI):

- We have strict policies and rules to protect PHI.
- We only use or give out your PHI with your consent.
- We only give out PHI without your approval when allowed by law.
- You have the right to look at your PHI.
- We protect Personal Information by limiting access to this information to those who need it to do given tasks and through physical safeguards.

### Contact our Privacy Office

Contact member services if you have questions about the privacy of your health records. They can help with privacy concerns you may have about your health information. They can also help you fill out the forms you need to use your privacy rights.

The complete notice of Privacy Practices is available at <https://uhealthplan.utah.edu/pdf/notice-of-privacy.pdf>. You can also ask for a hard copy of this information by contacting member services at **801-587-6480** or **1-888-271-5870 (option 4)**.