

Who Do I Call?

This guide explains who can best answer your CHIP questions – your CHIP health plan, the CHIP Premium Line, or your eligibility worker. It also answers common questions for families who have CHIP.

Health Plans:

CHIP has 2 health plans. You can choose which health plan you want. Your eligibility worker will give you a chart to help you pick. Your health plan will:

- Process your medical claims
- Send you medical cards
- Send you a booklet of health care providers for you to choose from
- Pre-authorize procedures when needed
- Answer your questions about benefits

Here are the health plan phone numbers:

Medical

- Molina Health Care of Utah: 1-888-483-0760
- Public Employees Health Program (PEHP): 1-800-765-7347

Dental

- Public Employees Dental Program (PEHP): 1-800-765-7347

Premiums:

Depending on your income, you may need to pay a premium (up to \$60) every quarter. Some families aren't asked to pay a premium, like Native Americans and those who are exempt because of their income. CHIP will bill you when your premiums are due.

If you are required to pay a premium, you will receive a quarterly premium statement, due in February, May, August and November of each year. Depending on your income you will either pay nothing, \$30 or \$60 per quarter, no matter how many children you have. You won't be asked to start paying premiums until the second quarter that you are on CHIP.

If you would like to pay your premiums by credit card or if you have premium questions, call the toll-free CHIP Premium Line at 1-866-772-1261. CHIP also has monthly payment options available. Just call the CHIP Premium Line and ask.

Common Health Plan Questions:

When will I get my medical and dental cards?

Your health plan should send you a card within 4-6 weeks. If you do not get your card or if you lose it, please call your health plan.

What should I do if my children need health care before we get the medical card?

Call your eligibility worker or health plan. In some cases you will need to pay for services and then be reimbursed.

Will I get a new card if I add a family member to CHIP?

Contact your eligibility worker to add a family member to CHIP.

If you are covered through Molina and you add a family member, you will get a card for that child. PEHP issues one medical card per family. If you are covered by PEHP and you add a family member, you will not get a new card.

How do I know what is covered by CHIP?

Your health plan will send you a packet that includes information about covered benefits, pre-authorization and a list of providers you may use. This packet will arrive with your insurance card. Call your health plan if you do not receive it within 4-6 weeks.

What is the maximum I need to pay?

You will not pay more than 5% of your family's income for the cost of premiums and co-pays each plan year (July 1 – June 30). CHIP will send you an approval letter, telling you the out-of-pocket maximum.

Start tracking the day your child becomes eligible for CHIP. Save your co-pay receipts so you can show how much you have paid. Once the co-pays add up to your 5% maximum or more, call us toll-free at 1-866-772-1261 for a claim form.

CHIP
Children's Health Insurance Program

Who Do I Call? (continued)

Common Health Plan Questions Continued:

Who provides CHIP dental benefits?

Regardless of which health plan you choose, PEHP Dental Plan provides benefits for all CHIP enrollees. PEHP will send you a dental card for each child.

Do we have to use a participating provider?

Yes. Both PEHP and Molina require you to use a provider that participates in their networks.

Do I need to get a referral before I can see a specialist?

No. A referral is not needed.

Which pharmacies can I use?

You may use any PEHP approved or Molina approved pharmacy. Your health plan will send you more details.

Can I get help in coordinating my medical services?

Yes. PEHP and Molina offer case management services to help you coordinate your medical services. Contact your health plan for more information.

Can I change my health plan?

You must stay with your selected health plan through June 30th of each year. However, you can change your plan during the yearly plan switch period from May to mid-June. Any changes made at that time will be effective July 1 of that year. You will get a letter each year to remind you of the yearly plan change period.

If you move to a different county within Utah, you must call your eligibility worker because your current health plan may not be available in your new county.

Are there any other benefits I should know about?

Call PEHP or Molina to learn about incentives or other programs they may offer.

Eligibility Worker:

A representative from your local eligibility office reviews your CHIP application, determines if you are eligible and conducts your annual enrollment renewal. You must call your eligibility office if you have a:

- Change in the number of family members living at home
- Change of address, phone number or are moving out of state
- Change in health insurance coverage – Let them know within 10 days if your child enrolls in other health insurance or if insurance becomes available through your work.

You do not need to call your eligibility worker when your income changes. However, if your income goes down a lot, you may want to call your eligibility office to see if you qualify for lower co-pays, premiums or for a different medical assistance program.

Write in your eligibility worker's name and phone number here for future reference:

Name: _____

Phone number: _____

CHIP is a program of the
Utah Department of Health

