

Quick Facts

Primary healthcare is now within your reach.

What is PCN?

The Primary Care Network (PCN) is a health plan offered by the Utah Department of Health. It covers the services administered by a primary care provider.

What does PCN cover?

- Visits to a Primary Care Provider
- Four prescriptions per month
- Dental exams, cleanings, fillings, routine x-rays, tooth extractions
- Immunizations
- Eye exam; no glasses or contacts
- Routine lab services and x-rays
- Emergency room visits (restrictions apply; see PCN Member Guide)
- Emergency medical transportation
- Birth control

What is not covered?

- Hospital stays, MRI's, CT scan, etc.
- Visits to a specialist, such as an orthopedist, cardiologist, ear nose and throat doctor, etc.

A Specialty Care Coordinator may be able to help you find a provider who charges a minimum co-pay.

How much will PCN cost?

- Yearly enrollment fee is \$50, \$25, or \$15 depending on your income
- Low co-pay amounts

Why is enrollment sometimes open to "parents only"?

Occasionally, enrollment may be open only to parents as required by the federal government. To qualify as a parent, you must have a child under age 19 living at home with you.

Do I qualify?

Depending on your family size and income, you may qualify. See example:

Maximum Income Guidelines		
Family Size	Per Month	Per Year
1	\$1,277	\$15,315
2	\$1,712	\$20,535
3	\$2,147	\$25,755
4	\$2,582	\$30,975
5	\$3,017	\$36,195
6	\$3,452	\$41,415

2007. (Guidelines change every year)

You must also be:

- Age 19 through 64
- U.S. citizen or legal resident
- Not covered by other health insurance
- Not qualified for Medicaid
- Not have access to student health insurance, Medicare or Veterans Benefits

How do I apply?

Applications are only accepted during open enrollment periods, which are held when resources are available to cover more people. You should:

- Visit www.health.utah.gov/pcn or call 1-888-222-2542 to find out when enrollment is open
- Then, when an open enrollment period occurs, apply online, by mail, or in person at your local eligibility office

1-888-222-2542
health.utah.gov/pcn

Co-Pay Summary

*Primary
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Services*	Co-Pay Amount
Visits to Primary Care Provider	\$5 per visit
Prescriptions (Limit: 4 per month)	\$5 for generic and OTC 25% of allowed amount for brand name
Dental exams, cleanings, fillings, routine x-rays, tooth extractions	10% of allowed amount
Immunizations	\$5
Eye exam (one per year)*	\$5
Laboratory services	5% of the allowed amount if over \$50
X-rays	5% of the allowed amount if over \$100
Medical equipment and supplies	10% for covered services over \$50
Emergency room visits (Restrictions apply. Not all emergencies are covered. See PCN Member Guide.)	\$30 per visit
Emergency transportation	\$0
Birth Control	\$5

This is only a summary of PCN services and co-pay amounts. Plan restrictions may apply. The maximum co-pays you will be required to pay (out-of-pocket) is no more than \$1,000 per person/per year. (American Indians/Alaska Natives do not have a co-pay when getting services at Indian Health Services or tribal facilities.)

*Services that are not covered include prescription eyeglasses, contact lenses, MRI's, CT Scans, DEXA Scans, outpatient hospital services, specialty care, pregnancy related services, mental health services, occupational therapy, physical therapy, chiropractic services. See the PCN Member Guide for details.