

A provider can refuse to see you if you do not pay your co-pay

Benefit	Traditional Medicaid Purple Medicaid Card (Adults 18 years and older)	Non Traditional Medicaid Blue Medicaid Card (19 years old and older)	Primary Care Network Yellow PCN Card (19 years and older)
Out of Pocket Maximum	Pharmacy - \$15 per month Inpatient - \$220 per year Physician and Outpatient - \$100 per year combined	\$500 per year	\$1,000 per year (Enrollment fee is not included)
Dental	Not covered	Not covered	10% co-pay, limited benefits
Emergency Room	No co-pay when the ER is used properly \$6 co-pay for non emergency use of the ER	No co-pay when the ER is used properly \$6 co-pay for non emergency use of the ER	\$30 co-pay per visit (See PCN Member Guide for limits)
Family Planning	Office visit – no co-pay Pharmacy – no co-pay (Check current Birth Control & Over-the-Counter lists)	Office visit – no co-pay Pharmacy – no co-pay (Check current Birth Control & Over-the-Counter lists)	Office visit - \$5 co-pay per visit Pharmacy - see pharmacy benefits (Check current Birth Control & Over-the-Counter lists)
Inpatient Hospital	\$220 per year for non emergent stay	\$220 co-pay for each non emergent stay	Not a covered service
Lab	No co-pay	No co-pay	5% co-pay if the amount Medicaid will pay is over \$50
Medical Equipment & Supplies	No co-pay	No co-pay	10% co-pay for covered services
Mental Health	No co-pay when the Prepaid Mental Health Plan is used	No co-pay (Limited to 30 annual inpatient & 30 annual outpatient visits)	Not a covered service
Occupational & Physical Therapy	No co-pay	\$3 co-pay (Limited to a combined 10 visit limit per year)	Not a covered service
Office Visits & Outpatient	Office visit \$3 co-pay per visit (No co-pay for covered preventative care or immunizations) Outpatient \$3 co-pay	Office visit \$3 co-pay per visit (No co-pay for covered preventative care or immunizations) Outpatient \$3 co-pay	Office visits \$5 co-pay per visit
Pharmacy	*\$3 co-pay per prescription limited to \$15 monthly (Limited over-the-counter drug coverage)	*\$3 co-pay per prescription (Limited over-the-counter drug coverage)	Generic - \$5 co-pay Brand Name - co-pay is 25% (Limited to 4 prescriptions per month)
Transportation	No co-pay	No co-pay (Limited to emergency transportation)	No co-pay (Limited to emergency transportation)
Vision Services	Optometrist – no co-pay for annual eye exam Ophthalmologist \$3 co-pay for annual eye exam (Glasses not covered)	Annual coverage limited to \$30 for annual eye exam (Glasses not covered)	\$5 co-pay for annual eye exam (Glasses not covered)
X-Ray	No co-pay	No co-pay	5% co-pay if the amount Medicaid will pay is over \$100

Please note: Native Americans, pregnant women and children do not have co-pays. Other insurance, including Medicare, may affect the co-payments.

For general information and benefits refer to the Medicaid Member Guide or the PCN Member Guide. Information is also available on our Utah Medical Benefits website: www.health.utah.gov/umb.

Traditional and Non-Traditional Medicaid - For full benefit information please refer to the Medicaid Member Guide that was mailed you. For another copy of the guide, please call 1-866-608-9422.

PCN - For benefit information please refer to the PCN Member Guide sent to you by mail. For another copy of the guide, please call 1-866-608-9422.

What happens after I choose a health plan or PCP?

The health plan or PCP (Primary Care Provider) you chose will be printed on your monthly Medicaid card. You will receive information from the health plan that will explain what services are offered and how to use them.

What other things do I need to know?

1. Always check your Medicaid card and make sure the information is correct.
2. Always show your current Medicaid card to your doctor or other health care provider *before* receiving treatment. You will need a referral to see a doctor other than your PCP if a PCP prints on your card.
3. If you have a health plan and choose to see a doctor or another health care provider who is not part of the plan, you may have to pay the bill yourself.
4. Some Medicaid services are not paid by your health plan such as dental and pharmacy. You must receive those services from a provider who will accept your Medicaid card.
5. Use the hospital Emergency Room (ER) only for emergencies. If it is not a true emergency you will have to pay the emergency room co-payment of \$6.00. Get urgent care from an urgent care facility or your primary care physician (PCP).
6. Keep all of your medical appointments. If you need to cancel or reschedule an appointment, call the office at least 24 hours in advance. A provider may charge you and/or refuse to keep you as a patient if you do not keep scheduled appointments.
7. Save your old Medicaid cards for 12 months. They are proof that you are eligible for Medicaid.
8. For questions about your eligibility, if you didn't get your Medicaid card or have lost your Medicaid card, please call DWS at 1-866-435-7414.

Appeals and Fair Hearing Rights

You may feel a service or bill was denied unfairly. You have the right to question these decisions. You have the right to a Fair Hearing.

- Call your health plan to talk about the problem. Many times the problem can be taken care of easily.
- If there are still problems, contact your health plan to request an appeal.
- You can call your HPR to talk about the problem.
- If you don't have a health plan, you can talk to your HPR.
- You can ask for a Fair Hearing with the State by calling 801-538-6155 or 1-800-662-9651.