

# Kid CARE

CHILDREN'S HEALTH  
INSURANCE PROGRAM

## *Handbook*

*Insurance provided by:*



**WYOMING**

*An independent licensee of the Blue Cross and Blue Shield Association*

## *Important Phone Numbers*

	<b>Phone Number</b>
My Child's Doctor	
My Child's Dentist	
My Child's Pharmacist	
Blue Cross Blue Shield of Wyoming Member Services (for claims and benefit questions)	1-800-209-9720
Blue Cross Blue Shield of Wyoming Telephone Device for the Deaf (TDD) Line	1-800-696-4710
Hospitalization Approval	1-800-209-9720
Kid Care CHIP Eligibility Questions	1-855-294-2127
Delta Dental (for claims and benefit questions)	1-800-735-3379

The information in this handbook is meant to be a summary of benefits and is not meant to be used as a contract. For details about your benefits, please review your Subscription Agreement.

# Contents

<b>Introduction</b>	<b>3</b>
<b>Provider Networks</b>	<b>3</b>
<b>Telephone Numbers</b>	<b>3</b>
<b>ID Card (Insurance Card)</b>	<b>3</b>
<b>If You Move</b>	<b>3</b>
<b>How to Get Medical Care</b>	<b>4</b>
<b>What Is Covered</b>	<b>5</b>
<b>Emergency Care</b>	<b>5</b>
<b>Maternity Care</b>	<b>5</b>
<b>Medical Services</b>	<b>5-6</b>
<b>Mental Health or Substance Use Disorder</b>	<b>6</b>
<b>Medications</b>	<b>6</b>
<b>Early and Periodic Screening, Diagnostic and Treatment Services</b>	<b>6-7</b>
<b>Urgent Care</b>	<b>7</b>
<b>Dental Services</b>	<b>7-8</b>
<b>Vision Services</b>	<b>8</b>
<b>Lifetime Maximum Benefit</b>	<b>8</b>
<b>Out of Town Care</b>	<b>8</b>
<b>If Your Child Has to Stay Overnight at the Hospital</b>	<b>8</b>
<b>Other Kid Care CHIP Services</b>	<b>8</b>
<b>What Is Not Covered</b>	<b>9</b>
<b>Dental Care</b>	<b>10-11</b>
<b>Cost Sharing</b>	<b>12-13</b>
<b>How to End Your Kid Care CHIP Insurance</b>	<b>14</b>
<b>Certificate of Creditable Coverage</b>	<b>14</b>
<b>Nondiscrimination Policy</b>	<b>14</b>
<b>Rights under Kid Care CHIP</b>	<b>14</b>
<b>Responsibilities under Kid Care CHIP</b>	<b>15</b>
<b>What is the Explanation of Benefits (EOB) Letter</b>	<b>16</b>
<b>Request for Review of a Claim</b>	<b>17</b>
<b>Resources for Parents</b>	<b>18</b>

**Blue Cross Blue Shield of Wyoming  
1-800-209-9720**

# Introduction

*Welcome*

Kid Care CHIP is a partnership between Blue Cross Blue Shield of Wyoming (BCBSWY), Delta Dental of Wyoming, physicians, hospitals, dentists and other health care providers and the State of Wyoming Department of Health. Kid Care CHIP provides health, dental and vision insurance for Wyoming's children who do not have any other insurance. Together we provide your child personal, coordinated health care.

## The KID CARE CHIP PPO Provider Network

KID CARE CHIP PPO (Preferred Provider Organization) providers are a network of doctors, hospitals, and other healthcare providers who work with Blue Cross Blue Shield of Wyoming (BCBSWY) to provide medical care and supplies.

Kid Care CHIP provides healthcare coverage including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) as recommended by the American Academy of Pediatrics and Bright Futures in the most appropriate and cost-effective setting. The program was made to keep your child healthy, and not just to treat illnesses.

A list of BCBSWY KID CARE CHIP PPO Providers can be found on our website <http://provider.bcbswy.com>. You can also visit the Kid Care CHIP website at [www.health.wyo.gov/CHIP](http://www.health.wyo.gov/CHIP) for a list of participating providers.

## Telephone Numbers

If you have questions about your child's Kid Care CHIP benefits, call BCBSWY between 8:00 a.m. and 5:00 p.m., Monday through Friday at the number listed below.

Other Kid Care CHIP phone numbers that you may need:

Blue Cross Blue Shield of Wyoming (BCBSWY)	1-800-209-9720
Telecommunications Device for the Deaf (TDD)	1-800-696-4710
Limited English (use this number and someone will assist you)	1-800-209-9720
Pre-admission Hospital Approval	1-800-209-9720
Kid Care CHIP Eligibility Questions	1-855-294-2127
Delta Dental of Wyoming	1-800-735-3379

## Insurance Cards

You will get your child's medical Insurance Card from BCBSWY. Carry this card with you at all times and show it to the provider when your child needs medical care. This card is also used to get medicine (prescription drugs) and vision services. Information about dental coverage is on the Delta Dental of Wyoming Insurance Card.

If your child's Kid Care CHIP plan changes, you will receive new cards with new cost sharing amounts.

## If You Move

If you move, please notify Kid Care CHIP at 1-855-294-2127.

# How to Get Medical Care

## *Do I have to choose a primary care doctor?*

You should choose a doctor for your child from the provider list found at <http://provider.bcbswy.com>.

## *What if my child needs special care?*

If your child needs special care, the doctor will send you to a specialist. Referrals are not required for special care, including obstetrical and gynecological care (Ob-Gyn), as long as your child sees a KID CARE CHIP PPO provider.

**Treatment received from a provider who is not in the KID CARE CHIP PPO network will not be covered without prior approval from Blue Cross Blue Shield of Wyoming.**

If special care is needed and a doctor in the KID CARE CHIP PPO Provider network is not available in your area, you must call Blue Cross Blue Shield of Wyoming at 1-800-209-9720.

## *What if my child needs to go to the Emergency Room?*

Emergency visits are covered. You should try to call your child's doctor before going to the Emergency Room. If the condition is life threatening or is a severe physical injury, go to the nearest doctor or hospital. All you need to do is show your child's Insurance Card and pay your co-pay. If your child is admitted to the hospital you will only pay the inpatient co-pay.

You should tell your child's doctor as soon as possible that your child went to the Emergency Room. If you take your child to the Emergency Room for something that is not an emergency, you may have to pay for the services you receive. Your child's doctor should arrange any follow-up care.

## *What if my child has to be in the hospital?*

You must call BCBSWY for approval before any hospital stay. When you know ahead of time that your child is going in the hospital, call BCBSWY at 1-800-209-9720. In the case of any emergency, call BCBSWY within 24 hours or by the next working day.

# What Is Covered

Children on Kid Care CHIP are not subject to pre-existing condition limits. That means benefits for covered services are available beginning on the date your child is enrolled in Kid Care CHIP.

Kid Care CHIP's benefit year is from January 1 to December 31.

BCBSWY and Delta Dental of Wyoming will not pay for services that are not approved by Kid Care CHIP. If a parent/guardian agrees to a service that is not covered, the parent/guardian is responsible for payment in full to the medical or dental provider.

BCBSWY and Delta Dental of Wyoming comply with federal guidelines for Managed Care. Managed Care is a health care system that manages cost, utilization and quality of healthcare services. The goals of managed care include keeping children healthier and improving the quality of healthcare they receive. The services are provided to help keep your child healthy, not only to treat illnesses. Services like Early and Periodic, Screening, Treatment and Development (EPSDT) make sure any health problems are identified and treated as early as possible so that children live their healthiest lives.

The following benefits are most often used by children. If you need more information, please read your Subscription Agreement. If you have lost your copy of the Subscription Agreement, you can ask for one by calling BCBSWY at 1-800-209-9720.

## **Emergency Care**

If your child needs emergency care, go to the nearest doctor or hospital. Your child may need emergency care if their condition is severe, if they have severe pain, or if they need immediate medical care to prevent any of the following:

- ◆ Serious risk to your child's health;
- ◆ Serious risk to your child's bodily functions;
- ◆ Serious risk to a body part or organ.

You should tell your primary care doctor as soon as possible if your child gets emergency care. If the Emergency Room is used for something that is not an emergency, you may have to pay for the services that your child receives. Your child's doctor should arrange any follow-up care.

## **Maternity Care**

The following services are covered:

- Hospital - Inpatient and Outpatient
- Doctor - Delivery, Lab and X-ray
- Pre-Natal Care
- Family Planning

Please review your Subscription Agreement for further details.

## **Medical Services**

### ***Accidents and Illnesses***

Benefits available for the diagnosis and treatment of an injury or illness. Services can be provided in a KID CARE CHIP PPO doctor's office or hospital.

## ***Hospital Services***

Medically necessary inpatient and outpatient hospital services are covered if provided in a KID CARE CHIP PPO hospital. Inpatient care that can be provided on an outpatient basis is not a benefit.

**NOTE:** Emergency room care is covered ONLY if your child has a life threatening condition or a severe physical injury. Routine care (non-emergency) received in the emergency room is not covered.

## ***Lab Services***

X-ray and lab services are covered ONLY if a KID CARE CHIP PPO provider is used. Services must be ordered by a KID CARE CHIP PPO provider. Please verify that the provider is sending the x-ray or lab work to a KID CARE CHIP PPO provider or to an authorized specialist.

## ***Occupational, Speech, and Physical Therapy***

Occupational, speech, and physical therapy are covered up to a combined total of \$750.00 per benefit year. Approval is needed prior to receiving services for speech and occupational therapy.

## ***Diabetic Education***

Kid Care CHIP pays for outpatient diabetic educational programs.

## **Mental Health or Substance Use Order**

### ***Inpatient Services***

Services furnished in a Kid Care CHIP PPO hospital, including a state-operated mental hospital, a residential treatment center, or an inpatient psychiatric facility are covered.

### ***Outpatient Services***

Professional outpatient mental health services are covered. These benefits can be furnished in a variety of community based settings or in a mental hospital.

## **Medications**

Kid Care CHIP prescription drug coverage is provided through Prime Therapeutics Inc (“Prime”).

There may be medications that are not covered or require prior approval. There is NO COVERAGE for “Non-Preferred Brand” drugs. To see the Medication Drug List, go to [www.bcbswy.com/pharmacy](http://www.bcbswy.com/pharmacy), and click on the link for Kid Care CHIP.

Medications are only covered if you go to a participating Prime pharmacy. A list of participating pharmacies can be found at [www.bcbswy.com/pharmacy](http://www.bcbswy.com/pharmacy). **You must present your child's Blue Cross Blue Shield of Wyoming's Insurance Card when you drop off your medication.**

For any question contact BCBSWY at 1-800-209-9720.

## **Early and Periodic Screening, Diagnostic and Treatment Services**

Provides coverage for physical exams, screenings, diagnostic tests, immunizations and medications. You should meet with the doctor about your child's healthcare needs and immunization status. Together you can make sure your child's healthcare needs are met.

## ***EPSDT Screenings***

- ◆ Lab tests
- ◆ Dental services
- ◆ Lead toxicity screening
- ◆ Hearing services
- ◆ Vision services
- ◆ Health education

## ***Well-Child Visits and Immunizations***

Coverage for routine immunizations according to the schedule recommended by the American Academy of Pediatrics and Bright Futures. Immunizations can be provided by your child's doctor or the local county public health clinic. Well-child visits and immunizations require no co-pay.

### ***Recommended Well-Child Visits***

The following is a recommended list of ages when a child should be seen by a doctor for a well child visit:

- ◆ 2 Weeks
- ◆ 2 Months
- ◆ 4 Months
- ◆ 6 Months
- ◆ 12 Months
- ◆ 15 Months
- ◆ 18 Months
- ◆ 24 Months
- ◆ 36 Months
- ◆ 48 Months
- ◆ 60 Months
- ◆ 72 Months

### ***Physical Exams for Adolescents***

Benefits are provided for routine physical exams for children over the age of 7, including sports physicals and diagnostic tests. Please access these services from your child's primary care doctor.

Benefits are provided for a female enrollee to receive a routine gynecological exam with a pap smear once every 12 months.

More information on screenings may be found at [www.brightfutures.org](http://www.brightfutures.org).

### ***Urgent Care***

Some situations require prompt medical care although they are not emergencies. In these situations, call your child's doctor and describe the situation. Examples include, but are not limited to:

- ◆ Sprains
- ◆ Non-severe bleeding
- ◆ Sore throats
- ◆ Ear aches

Your child must receive urgent care from a doctor on the KID CARE CHIP PPO Provider list unless approval is received from BCBSWY. **IF YOUR CHILD RECEIVES SERVICES FROM A NON-KID CARE CHIP PPO PROVIDER, YOU MAY HAVE TO PAY FOR THE SERVICES THAT YOUR CHILD RECEIVED.**

Kid Care CHIP will pay for all medically necessary care your child gets from KID CARE CHIP PPO providers. Kid Care CHIP will provide a benefit for emergency care and urgent care **if** you follow the rules above.

### ***Dental Services***

Coverage for dental services is provided by Delta Dental of Wyoming. See page 10 for more details.

Your Kid Care CHIP medical coverage may cover dental services if they are because of an accidental injury to sound, natural teeth. Please contact BCBSWY before receiving services.

Your Kid Care CHIP medical coverage may cover surgery centers, hospital and anesthesia costs when a child is 5 years of age or under, and requires the use of a surgery center or hospital for dental services. **Prior approval is needed for this**

**benefit.** You must contact BCBSWY before getting any services to make sure it is covered. If you do not get the dental services approved, you may have to pay the entire bill.

### **Vision Services**

Kid Care CHIP will pay for either glasses OR contact lenses if services are received from a KID Care CHIP PPO doctor:

- ◆ One vision exam for each enrolled child during the benefit year.
- ◆ One eyeglass frame for each enrolled child during the benefit year up to \$100. If a frame costs more than \$100, you must pay the difference.
- ◆ One pair of lenses (except in the case of a prescription change) for each enrolled child during the benefit year.
- ◆ Contact lenses and related services (including contact fitting exams) will be covered up to \$100 per benefit year. If the contact lenses and related services cost more than the \$100 benefit, you must pay the difference.

Children may only have glasses OR contacts in a benefit year. Kid Care CHIP will not pay for both. Lasik surgery is NOT a covered benefit under Kid Care CHIP and WILL NOT be paid for.

Optometric services and services for the medical treatment of diseases or injury to the eye by a licensed doctor or optometrist working within the scope of his/her license are covered.

### **Lifetime Maximum Benefit**

The lifetime maximum benefit for each enrolled child is \$1 million.

If a child reaches their lifetime maximum, no further benefits will be paid. They will be removed from the program at the end of that month. They will not be eligible to enroll again since they have met their lifetime maximum.

### **What If You Are Out Of Town Or Out Of State?**

The rules about emergency and urgent care are the same everywhere you go. If your child receives emergency care, your child's coverage will pay for services received by both KID CARE CHIP PPO providers and Non-KID CARE CHIP PPO providers.

However, your child's coverage will only pay for urgent care while your child is out of town or out of state according to the conditions stated in the section above. When receiving urgent care services outside of Wyoming, you will need to make sure to see a PPO provider for services to be covered. This means your child can not get routine care while you are on a trip.

Children who spend time away from home will have services paid for if BCBSWY approves the service.

### **If Your Child has to Stay Overnight at the Hospital**

#### **Getting Approval Before Your Child Is Admitted To A Hospital**

If you know your child will be going to the hospital, you must call BCBSWY to get approval for the admission. To receive this approval, call 1-800-209-9720. Be sure you have your child's name and insurance number, the doctor's name and telephone number and the name and telephone number of the hospital.

**IF YOU DO NOT CALL and ask for this approval, it could result in unexpected expenses to you.**

### **Other Kid Care CHIP Services**

Please see your Subscription Agreement for a full description of all covered services. If you have any questions on whether a service is covered please contact BCBSWY or Delta Dental.

# What's Not Covered

Acupuncture	Learning disabilities
Alternative medicine	Legal payment obligations
Any service not specifically identified in the Subscription Agreement	Medical services as a result of contractual obligations or a third party guarantee to pay
Artificial conception	Most educational programs
Autopsies	Obesity and weight loss services
Biofeedback	Orthognathic (TMJ) surgery
Cardiac Rehabilitation	Personal comfort or convenience items
Care provided by government institutions & facilities	Private duty nursing
Chiropractic Care (except for spinal manipulations)	Procedures related to studies
Complications of non-benefit services	Prophylaxis/prophylactic medicine
Convalescent care	Radial keratotomy and related procedures
Cosmetic surgery	Report preparation
Custodial care	Services before or after coverage ends
Diagnostic admissions	Services or supplies that are not medically necessary
Domiciliary care	Services relating to work-related injury or illness
Environmental medicine	Services unrelated to a specific injury or illness
Experimental or investigational procedures	Sex change operations
Eye care (except as noted under Vision Section)	Subluxation
Foot care services	Taxes, service or mailing charges
Genetic and chromosomal testing/counseling	Treatment for Temporomandibular joint dysfunction (TMJ)
Hair loss	Therapies not specifically covered
Hospitalizations that are not medically needed	Tobacco dependency
Hypnosis	Transplants
Jail or prison (services received while incarcerated)	Travel expenses/administrative travel
	War, or related to disease or injury arising there from

***This is only a brief summary of exclusions and limitations. For a more detailed listing of exclusions and limitations, please refer to the Kid Care CHIP Subscription Agreement. Certain services related to EPSDT screenings may be covered based on the diagnosis and if the treatment is medically necessary.***

# Dental Care

## How Does The Program Work?

Delta Dental of Wyoming provides your child's dental benefits. You must select a **Kid Care CHIP Participating Dentist** to visit. To find a dentist or to see if a dentist is a Kid Care CHIP Participating Dentist, call either the dental office or Delta Dental at (307) 632-3313 or 1-800-735-3379 Monday through Friday 8:00 a.m. to 5:00 p.m. and ask if the dentist you have selected is a Kid Care CHIP Participating Dentist. You can also visit the Kid Care CHIP website at [www.health.wyo.gov/CHIP](http://www.health.wyo.gov/CHIP) or the Insure Kids Now website at [www.insurekidsnow.gov](http://www.insurekidsnow.gov) for a list of Dental participating providers.

At your first visit, tell the dentist that your child is covered by Delta Dental under the Kid Care CHIP plan and show the dentist your child's Delta Dental Insurance Card. Kid Care CHIP will assist in the cost of dental care or treatment. However, the plan does not pay for every procedure that may be needed.

Approval of benefits is recommended for all dental care in the amount of \$250 or more.

## What Is Covered?

Delta Dental will pay for the following services when you go to a Kid Care CHIP Participating Dentist and when necessary and customary, as determined by the standards of generally accepted dental practice. Covered dental services are paid at 100% with co-payments based on the Kid Care CHIP Plan your child is enrolled in.

The maximum benefit per child per benefit year is \$1,000.

Your child's Diagnostic and Preventive services (exams, cleanings, fluoride, space maintainers, sealants and X-rays) are not included in the child's yearly benefit maximum. All children will have the opportunity to receive two cleanings a year (every 6 months) whether or not they have used up their \$1,000 maximum benefit.

### **Diagnostic Services - Covered 100%**

- ◆ Diagnostic services include exams and bitewing X-rays that are a benefit once in a six (6) month period (not to exceed two in one year).
- ◆ Full mouth X-rays are a benefit once in a thirty-six (36) month period.

### **Preventive Services - Covered 100%**

- ◆ Preventive services include prophylaxis (cleaning) and are a benefit once every six (6) months.
- ◆ Topical fluoride applications are a benefit once every six (6) months (through age 18).
- ◆ Space maintainers are a benefit only to maintain space of primary (baby) teeth once every three (3) years (through age 18).
- ◆ Sealants for participants on posterior (back) permanent teeth are a benefit once in a three (3) year period (through age 18). Teeth must be without caries or restorations, with the occlusal surface intact.

### **Basic Services - Maximum benefit \$1,000 per benefit year (Subject to Cost-Sharing)**

- ◆ Basic services include simple extractions (pulling of teeth) and emergency treatment for relief of pain.
- ◆ Amalgam restorations (silver fillings) on posterior (back) teeth and synthetic restorations (white fillings) on anterior (front) teeth.
- ◆ Sedation, in the dentist office, for children up to the age of 8 years old.  
Kid Care CHIP may also cover surgery-centers, hospitals, and anesthesia charges when a child is five (5) years of age or under, and requires the use of a surgery-center or hospital for dental related services. See page 5 for additional information.
- ◆ Pulpotomies (children's root canals) and root canals for older children.
- ◆ Stainless steel crowns, stainless steel crowns with resin windows, and prefabricated resin crowns.
- ◆ Full mouth debridement for children age 13 - 18 years old.

- ◆ Gold or porcelain crowns for children age 16 - 18 years old.
- ◆ Partial dentures for children age 16 - 18 years old missing anterior (front) teeth.
- ◆ Other services deemed medically necessary (as determined by the Dental Consultant at Delta Dental of Wyoming)

### **Medically Necessary Orthodontic Services (Subject to Cost-Sharing)**

This benefit is only available to children who meet specific criteria and who are found eligible by the Delta Dental Orthodontic Consultant.

- ◆ Cost sharing for Medically Necessary Orthodontia is separate than the cost sharing for basic services.

### **What's Not Covered (Exclusions)**

Delta Dental **excludes** the following services:

- ◆ Services before Kid Care CHIP coverage begins or after coverage terminates.
- ◆ Any procedure which is covered by medical, automobile or liability coverage must be submitted to that carrier first and any balance not paid, up to the amount allowed by Delta Dental will be paid.
- ◆ Services in excess of any limitation specified in the list of "Covered Dental Services".
- ◆ Dental or surgical procedures performed to correct congenital, developmental malformation, acquired malformation or for cosmetic reasons.
- ◆ Diet planning or training in oral hygiene or preventive care.
- ◆ Replacement of a Prosthesis.
- ◆ Replacement of a lost, stolen or broken appliance.
- ◆ Splinting (the joining of teeth to support each other) for periodontal reasons (stabilization) by crowns or other means. Splinting for stabilization due to an accident or injury is a covered benefit.
- ◆ Any procedure which: (1) is for the purpose of changing vertical dimension; or (2) relates to bite registration, bite analysis, or the correction of the bite; or (3) is for replacing tooth structure lost as a result of abrasion or attrition; or (4) is for equilibration or restorations for malalignment of the teeth; or (5) gnathologic recordings.
- ◆ Implants or standard appliances, either fixed or removable.
- ◆ Cosmetic dentistry, acid etch, laminates, bite guards, athletic mouthguards, precision or semi-precision attachments.
- ◆ Treatment of Temporomandibular Joint Dysfunction (TMJ).
- ◆ Pre-medication, analgesia or general anesthesia.
- ◆ Costs incurred for failure to keep a scheduled visit with a Dentist or for completing insurance forms.
- ◆ Services for which participant has or had a right to payment under: (1) a workers' compensation or similar law; or (2) a program of a government or plan established by law, except: (a) Medicare; (b) Medicaid; (c) the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and (d) where the law does not permit this type of exclusion.
- ◆ General or Cosmetic Orthodontic Services are not a benefit.
- ◆ Sterilization Preparation, Infection Control, and Operatory Preparation and Sepsis Control are considered part of all procedures.
- ◆ Periodontics (treatment of gums).
- ◆ Surgical and anesthesia procedures involved in removal or care of teeth are NOT a benefit when performed in a Surgery Center or Hospital, for children age 6-18.
- ◆ Prescription drugs and relative analgesia.
- ◆ Charges for hospital services or hypnosis.
- ◆ Surgical extractions; or surgical procedures involved in the removal of teeth (unless determined to be medically necessary by the Dental Consultant at Delta Dental).
- ◆ Claims submitted more than twelve (12) months after the date of the service.

***Please refer to the Dental Benefits book or call Delta Dental at (307) 632-3313 or  
1-800-735-3379 Monday through Friday 8:00 a.m. - 5:00 p.m.  
for any questions regarding this dental plan.***

## Cost Sharing

Most Kid Care CHIP families will have a co-pay for medical, pharmacy, and dental services. The amount you pay is based on the income that you supplied to Kid Care CHIP when you enrolled your child. The cost sharing plan that your child is on will be provided to you by Kid Care CHIP and listed on your BCBSWY and Delta Dental Insurance cards. The tables below outline the co-pays required for each plan. The benefit year is from January 1 to December 31 of each year. The enrollment year is based on when your child was enrolled in Kid Care CHIP.

<b>Benefit Year Out Of Pocket Maximums</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
Medical Out of Pocket Maximum per Benefit Year	None	\$200 per child	\$300 per child
Pharmacy Out of Pocket Maximum per Benefit Year	None	\$100 per child	\$200 per child
Dental Out of Pocket Maximum per Benefit Year	None	\$15 per child	\$75 per child
Dental Medically Necessary Orthodontic Services Out of Pocket Maximum per Benefit Year	None	\$15 per child	\$75 per child

<b>Enrollment Year Out Of Pocket Maximums</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
Total Family Out of Pocket Maximum per Enrollment Year	None	5% of the family's gross yearly income***	

<b>Benefits</b>	<b>Plan A Co-Payment</b>	<b>Plan B Co-Payment</b>	<b>Plan C Co-Payment</b>
<b>Medical</b>			
Office Visits (including mental health or substance use disorders)	None	\$5	\$10
Well-Child Exams	None	None	None
Immunizations	None	None	None
Lab and X-ray	None	None	None
Outpatient Hospital	None	\$5	\$10
Inpatient Hospital	None	\$30	\$50
Emergency Room	None	\$5	\$25
<b>Pharmacy</b>			
Generic Prescriptions	None	\$3	\$5
Preferred Brand Name Prescriptions	None	\$5	\$10
Non-Preferred Brand Prescriptions	No Coverage	No Coverage	No Coverage
<b>Dental</b>			
Diagnostic and Preventive Services (exams, cleaning, fluoride, sealants)	None	None	None
Basic Services (fillings, extractions, etc.)	None	\$5 per visit	\$25 per visit
Medically Necessary Orthodontic Services	None	\$5 per visit	\$25 per visit

Kid Care CHIP will send you an approval letter or an approved renewal letter telling you the out of pocket maximum amount for your family. This out of pocket maximum could possibly change each enrollment year.

**Maximum Out of Pocket Costs:**

You will not pay more than 5% of your family's gross income for the cost of co-pays each enrollment year. Kid Care CHIP will tell you what the out of pocket maximum is for your family in the Approval letter or Renewal Approval letter.

Once you have reached 5% of your family's income, your family will no longer have co-pays for that enrollment year.

**Tracking of Expenses:**

You will need to start tracking your expenses the day your child becomes eligible for Kid Care CHIP. You must keep all of your receipts for co-pays for all of the children in your family who are enrolled in Kid Care CHIP. A form is available to help you track these expenses throughout the enrollment year.

Only money you spend on covered services will be counted towards your cost sharing limit. If you feel you have met or paid more than the cost sharing limit listed on your letter from Kid Care CHIP, you will need to send your receipts and your claim form into the Kid Care CHIP office at:

Kid Care CHIP  
6101 Yellowstone Rd, Ste 210  
Cheyenne, WY 82002

You can get more out of pocket claim forms by calling 1-855-294-2127 or downloading it from the Kid Care CHIP website at [www.health.wyo.gov/CHIP](http://www.health.wyo.gov/CHIP).

**What happens after I turn in my receipts?**

Kid Care CHIP will make sure you have met the 5% maximum for your family.

If you have met your maximum, Kid Care CHIP will send you a letter verifying your out of pocket maximum is met and that you do not owe any further co-pays through the end of the enrollment year.

You can use the letter to show your healthcare provider or pharmacist that you do not owe co-pays.

# How to End Your Kid Care CHIP Insurance

You have the right to request that your child's coverage be canceled. To cancel your child's coverage call 1-855-294-2127.

## Certificate of Creditable Coverage

The time your child was covered by Kid Care CHIP can be used as a credit towards a pre-existing waiting period. You can get a Certificate of Creditable Coverage by contacting BCBSWY at 1-800-209-9720.

## Nondiscrimination Policy

BCBSWY, Delta Dental of Wyoming, and Kid Care CHIP do not discriminate on the basis of race, color, national origin, age or disability in admission or access to, or treatment or employment in, their programs and activities.

## Rights Under Kid Care CHIP

You and your child have the right to:

- ◆ Expect the same quality of medical care that is available to the general public.
- ◆ Be treated politely and with respect by providers and their staff.
- ◆ Understand your child's medical condition.
- ◆ Be told about the treatment the doctor advises before it happens.
- ◆ Refuse treatment to the extent of the law.
- ◆ Be told of possible results before accepting or refusing treatment.
- ◆ Talk to the provider and expect that your child's records and conversations are kept confidential.
- ◆ Choose your child's provider from the Provider lists.
- ◆ Make a complaint about Kid Care CHIP and receive an answer.
- ◆ Understand how Kid Care CHIP works.
- ◆ Know what medical services are covered by Kid Care CHIP.

# Responsibilities Under Kid Care CHIP

You and your child's provider (doctor or dentist) are a team in protecting your child's health. Your job is to help the provider give your child the best healthcare. So, keep the following in mind:

- ◆ Treat the provider with respect - as you would like to be treated.
- ◆ Don't use the emergency room if it's not an emergency. Use the emergency room only for life threatening situations. Don't go there for routine care or just because it's easy.
- ◆ Call ahead for an appointment. Health care providers don't have time to see drop-in patients, so please call for an appointment.
- ◆ Keep the appointments and be on time. Call the provider ahead of time if you are going to be late or can't keep the appointment. You may have to pay a no-show charge if you don't call and cancel. These charges won't be paid by Kid Care CHIP.
- ◆ Regular check-ups are an important part of a child's healthy life. The program provides the coverage for exams, screenings, tests and immunizations that are a part of a regular check-up.
- ◆ Help the provider get your child's previous medical records or fill out new ones.
- ◆ Fully inform the provider about your child's medical problems. Tell the provider the signs of trouble, pain or changes you have noticed. Tell the provider about allergies and unusual health needs. Ask questions. Sometimes it helps to write a list of questions before you go to the appointment. Before treatment is given or medications prescribed ask about risks, choices, and costs.
- ◆ You should always try to have your child's prescriptions filled at the same pharmacy. The pharmacist can answer questions about prescription drugs and how they work.
- ◆ Use generic medications whenever possible.
- ◆ Get complete directions about all medications, treatments or tests. Write them down, or ask the provider to write them down.
- ◆ Pay the co-pay (if required) when services are received.
- ◆ Take time to decide about having a treatment or procedure before it happens. Carefully consider choices regarding a treatment or procedure. Discuss options with the provider(s). For some procedures, the provider will need time to get BCBSWY approval.
- ◆ Don't sign anything you don't understand. Ask questions until you do understand. Consider what will happen if you don't have something done.
- ◆ If your child gets other health insurance coverage, call the Kid Care CHIP office right away at 1-855-294-2127.
- ◆ Dental health is another important part of good overall health. Regular check-ups and cleanings play an important role in keeping teeth strong and healthy.

# What is the Explanation of Benefits (EOB) Letter?

Your Explanation of Benefits or EOB is sent to you after the doctor files a claim for services. Claims are usually filed within a week or two after the visit. Once BCBSWY processes the claim, the EOB is sent to you as a record of the claim. It tells you what services BCBSWY paid for when your child goes to the doctor, hospital or pharmacy.

**The EOB is not a bill.** You do not send any money to BCBSWY. The doctor will bill you for any balances due, such as an unpaid co-pay and for any services that were not covered under Kid Care CHIP. Many times the doctor's office will collect the co-pay at the time of service. You should always pay the co-pay as requested.

## Things to note:

- ◆ Patient summary: This section shows your child's name, the name of the provider billing for services, the amount billed, the amount paid by the plan or discounted, and the amount you are responsible for. This can include the co-pay and any services that were not covered by Kid Care CHIP. More detail about each charge can be found on the back side of the EOB.
- ◆ Co-pays: This section shows the total amount of co-pays and other non-covered services that have accumulated during the benefit year. If the co-pay amount reaches the limit identified in your enrollment letter, you will no longer have to pay co-pays until the end of the enrollment year. The co-pays begin again at the start of the enrollment year. However, you would still be responsible for paying for any non-covered services.

# Request for Review of a Claim

If you do not agree with a decision by BCBSWY, you may contact them to ask questions or ask for a review of a decision. You may file a written appeal by sending your request to:

Blue Cross Blue Shield of Wyoming  
Member Services Department  
P.O. Box 2266  
Cheyenne, WY 82003

You will receive a response to your internal appeal within 30 days of receipt.

If you do not agree with a decision by Delta Dental Plan of Wyoming, you may contact them to ask for a review of a decision. You may also file a written appeal by sending to:

Delta Dental Plan of Wyoming  
P. O. Box 29  
6234 Yellowstone Rd  
Cheyenne, WY 82003

You will receive a response to your internal appeal within 30 days of receipt.

If you are not satisfied with BCBSWY or Delta Dental's decision about your appeal, you may appeal the decision. Within 45 days of receiving a letter about BCBSWY or Delta Dental's decision, you may write your grievance and mail it to the address below:

Kid Care CHIP  
Wyoming Department of Health Fair Hearings  
6101 Yellowstone Road, Suite 210  
Cheyenne, WY 82002

You may also have rights under Wyoming insurance law. For more information about those rights, you may call or write:

Wyoming Insurance Department  
106 East 6th Avenue  
Cheyenne, WY 82002  
1-800-438-5768

Children enrolled in Kid Care CHIP have a right to:

1. Equal access to services without regard to race, color, sex, national origin, disability or age;
2. A bilingual interpreter, where necessary for effective communication;
3. Auxiliary aids to accommodate a disability;
4. File a complaint if you believe that you were treated in a discriminatory fashion.

If you need additional information regarding these protections, please contact:

Office for Civil Rights  
US Department of Health and Human Services  
Federal Office Building  
1961 Stout Street, Room 1426  
Denver, CO 80294-3538  
Phone Number: 303-844-2024  
FAX: 303-844-2025  
TDD Number: 303-844-3439

# Resources for Parents

***Best Beginnings:*** (307) 777-7944

Development of local community health systems regarding the issues of pregnancy and the prenatal period.

***Children's Special Health Services:*** (800) 438-5795

Provides care coordination, limited financial assistance via fee-for-service provider reimbursement for selected diagnoses, and access to specialty services for children and adolescents with special health care needs within their own communities.

***Children's Mental Health Waiver:*** (307) 777-3352

Provides non-clinical services to families in need, including family care coordination, limited individualized child training and support (respite) and family training and support (for unpaid care givers). Children ages 4 through 20 years of age with Serious Emotional Disturbance who live in Fremont, Laramie, Natrona, and Teton Counties can apply for the waiver.

***Diabetes Prevention & Control Program:*** (307) 777-3579

Provides leadership and coordination of statewide diabetes prevention and control activities focused on public awareness, provider education, improved patient care, synergistic partnership, and policy development.

***Public Health Nursing (PHN):*** (307) 777-6360

PHN offices are located throughout the counties in Wyoming, and provide direct services in the areas of communicable disease, prevention, and health promotion; maternal and child health; pre-admission screening for nursing home placement; and home health care for all ages. PHN serves as the local service provider for many departmental programs.

***Women Infants and Children (WIC) Program:*** 1-800-994-4769

One hundred percent federally-funded program that provides a nutritious supplemental food package, nutrition, and breast-feeding education and health referral to pregnant, postpartum, and breast-feeding women; infants; and children up to age five whose incomes fall at or below 185% of poverty and who exhibit a nutrition-related health risk. Services to an average of 11,500 clients per month are provided through 17 local WIC offices serving 37 Wyoming communities.

# Notes

*Remember to bring the Blue Cross Blue Shield of Wyoming Insurance Card to the doctor, the pharmacy and for vision services.*

*Remember to bring the Delta Dental of Wyoming Insurance Card to the dentist.*

# Notes

**Blue Cross Blue Shield of Wyoming  
Kid Care CHIP Member Service  
1-800-209-9720**



**WYOMING**

*An independent licensee of the Blue Cross and Blue Shield Association*

**Blue Cross Blue Shield of  
Wyoming  
PO Box 2266  
Cheyenne, WY 82003  
(307) 634-1393**