



DENVER HEALTH
MEDICAL PLAN INC.™

2023 HPHMO PLAN

DENVER HEALTH & HOSPITAL AUTHORITY



MEMBER QUICK REFERENCE GUIDE

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DENVER HEALTH MEDICAL PLAN
WE TAKE YOUR HEALTH PERSONALLY



WELCOME TO DHMP

On behalf of Denver Health Medical Plan, Inc. (DHMP), we would like to welcome you to your health insurance plan for 2023. We know you will find many advantages to being a member of DHMP, including personalized service and comprehensive health care benefits. Our members come first!

This Quick Reference Guide is filled with very important information on how to get the most out of your health plan. The following tips will help you navigate the process and take advantage of your benefits.

welcome

1 SCHEDULE AN APPOINTMENT TO ESTABLISH CARE IF YOU'RE NEW TO DHMP, OR SCHEDULE YOUR PREVENTIVE CARE VISIT WITH YOUR PCP

Make sure you're up-to-date on your preventive care:

- Annual checkups
- Immunizations
- Cancer screenings
- Prenatal visits
- Well-child visits
- Well-woman exams



MEMBER TIP:

When you visit your provider for an annual preventive exam, it is also a great time to talk to your provider about chronic issues such as high blood pressure, diabetes, etc. or any new health issues. You and your provider can develop a plan that supports your health and well-being and fits your lifestyle. Cost-sharing may apply if additional services such as an ultrasound, x-rays, bloodwork, etc. are needed.

2 SAVE ON PRESCRIPTION COSTS

Prescription pricing at Denver Health pharmacies is lower than at National Network retail pharmacies. You can save up to **50% off** your prescription costs at a Denver Health pharmacy (prescriptions must be written by a Denver Health provider).



3 LOG IN TO OUR MEMBER PORTAL

Register for our member portal, your go-to resource for managing your health insurance plan at any place, any time. With it, you can access important information, member materials (including ID cards), communicate with your health plan, check claim status and more – all from your desktop, tablet or smartphone. Scan the QR code below to get started!



SIGN-UP TODAY:

Visit DenverHealthMedicalPlan.org and click on 'MyDHMP Portal' or download the 'MyDHMP' mobile app for iPhone and Android devices!



4 DHMP PHARMACY PORTAL

DHMP has an online Pharmacy Portal where you can login to view your pharmacy claims, print tax documents, use search tools to find a pharmacy or check the price of a drug and get information on drug side effects. Visit DenverHealthMedicalPlan.org/Current-Members/DHHA/DHHA-Pharmacy and click on "Member Pharmacy Portal".



5 MYSTRENGTH™ SUPPORT

myStrength is an evidence-based, self-management tool to help manage emotional well-being and motivation. Visit **App.myStrength.com/Signup** or access myStrength on your mobile phone by downloading the myStrength app for IOS or Android. Enter this access code for your health plan: **DHMPcommercial**, then complete the sign-up process.



6 ELEVATE MIND MENTAL HEALTH SERVICES

Elevate Mind is a virtual mental health service available to you 24/7; no referral necessary. This is an easy, fast option to get the mental health care you need. Simply visit **ElevateMind.org**, download the Elevate Mind mobile app or scan the QR code below, then select a provider to connect. Therapists are U.S. trained and board-certified; available by video or phone. Copays will apply.



SCAN ME



MEMBER TIP:

Telehealth services are a covered benefit. Telehealth can be used for many services like PCP visits, some specialist visits, behavioral health services and more. Telehealth copays and cost-sharing work just like an in-person visit to your provider. There is no additional fee to use telehealth services.

YOUR DHMP MEMBER IDENTIFICATION CARD

You, and each member of your family on this plan, will receive a Member Identification (ID) card upon enrollment. The ID card lists the most common services. You will need to have this card with you when accessing care. If you have misplaced it, log into the Member Portal to request or print a new one, or call Health Plan Services at 303-602-2100 for a replacement card.

Front of card

YOUR PLAN DESCRIPTION (points to Card Issued)

YOUR UNIQUE MEMBER ID INFORMATION (points to Member ID #, Name, Group #)

PHARMACY INFORMATION FOR YOUR PHARMACIST (points to MedImpact, RxBIN, RxPCN, RxGrp, Rx ID #)

CARD INFORMATION: Card Issued: CO-DOI

MEMBER INFORMATION: Member ID #: [Redacted]
 Name: [Redacted]
 Group #: [Redacted]

INDIVIDUAL/FAMILY COST SHARING: Individual/Family Ded: \$X
 MOOP: \$X / \$X

IN NETWORK COST SHARING: Preventive: \$X
 PCP: \$X / SPC: \$X / ER: \$X
 UC: \$X / Hospital: \$X

OUT OF NETWORK COST SHARING: Out of Network ER: \$X / UC: \$X

Back of card

In case of emergency call 911 or go to the nearest hospital emergency room. ER/UC is covered anywhere in the U.S.
 This card does not prove membership or guarantee coverage.
 Prior Authorization is required for some services.
DenverHealthMedicalPlan.org

Health Plan Services: 800-700-8140	<u>Pharmacy Providers</u>
TTY Users: 711	Rx Help Desk/Auths: 303-602-2070
NurseLine: 303-739-1261	MedImpact Help Desk: 800-788-2949

P.O. Box 6300
 Columbia, MD 21045
 EDI Payor ID # 84-135

P.O. Box 21524
 Eagan, MN 55121
 EDI Payor ID # 65456

Cost sharing amounts. Visit our website to see details about your specific plan.

Important phone numbers for you and your doctor.



HOW TO A

At DHMP, our goal is for you to receive quality health care services when you need them. Below is an overview of the network that is available to you. Visit **DenverHealthMedicalPlan.org/Find-Doctor** or call Health Plan Services 303-602-2100 for help.

HIGHPOINT



DENVERHEALTH.ORG

UCHEALTH.ORG



 CALL
APPOINTMENT CENTER
303-436-4949

 CALL
PROVIDER DIRECTLY
OR MAKE AN
APPOINTMENT ONLINE



MyChart

SCHEDULE APPOINTMENTS,
EMAIL YOUR DOCTOR AND
ACCESS YOUR LAB RESULTS

MYCHART.
DENVERHEALTH.ORG

MY HEALTH

SCHEDULE APPOINTMENTS,
EMAIL YOUR DOCTOR AND
ACCESS YOUR LAB RESULTS

UCHEALTH.ORG/
ACCESS-MY-HEALTH-
CONNECTION/

ACCESS CARE

As a member, you can find provider information by reviewing the Provider Directory available online, or by calling Health Plan Services. Filter by provider: (1) Name, gender or location; (2) Network affiliation; (3) Specialty; (4) Languages spoken; and more.

NETWORK



Children's Hospital Colorado

CHILDRENSCOLORADO.ORG



 **CALL**
PROVIDER DIRECTLY
OR MAKE AN
APPOINTMENT ONLINE



 **MyChart**

SCHEDULE APPOINTMENTS,
EMAIL YOUR DOCTOR AND
ACCESS YOUR LAB RESULTS

**MYCHART.
CHILDRENSCOLORADO.ORG**



SCLHEALTH.ORG



 **CALL**
PROVIDER DIRECTLY
OR MAKE AN
APPOINTMENT ONLINE



MY CHART

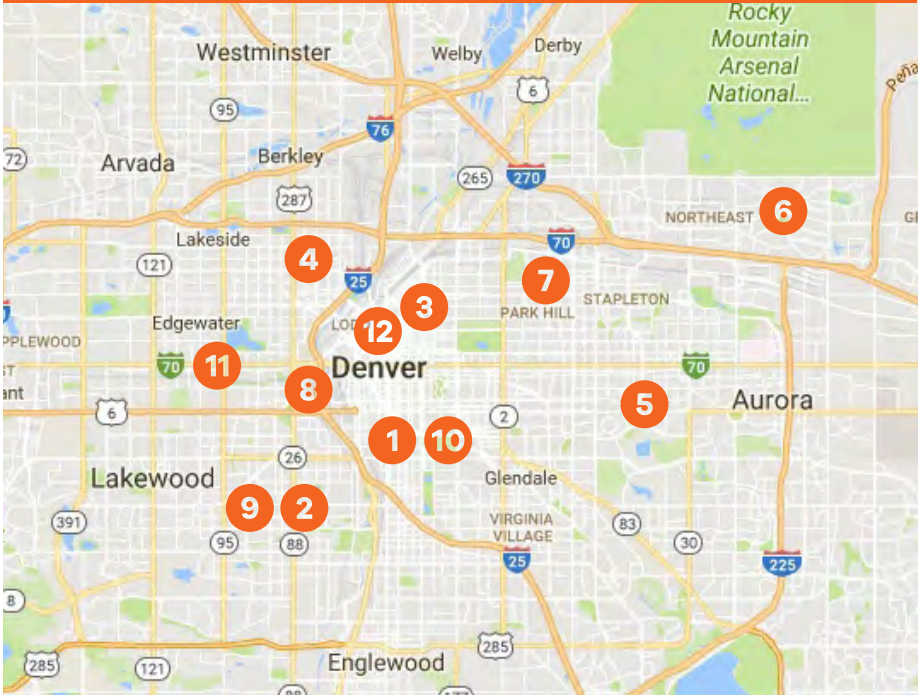
SCHEDULE APPOINTMENTS,
EMAIL YOUR DOCTOR AND
ACCESS YOUR LAB RESULTS

**MYCHART.SCLHEALTH.ORG/
MYCHART**



**DENVER
HEALTH™**
— est. 1860 —

NETWORK LOCATIONS



To view a complete
Provider Directory visit:
DenverHealthMedicalPlan.org



Pharmacy
at this clinic



Urgent Care
at this clinic

- 1 Wellington Webb Center for Primary Care
301 W. 6th Ave.
Rx
- 2 Federico F. Peña Southwest Family Health Center
1339 S. Federal Blvd.
Rx +
- 3 Gipson Eastside Family Health Center
501 28th St.
Rx
- 4 La Casa/Quigg Newton Family Health Center
4545 Navajo St.
Rx
- 5 Lowry Family Health Center
1001 Yosemite St.
Rx
- 6 Montbello Family Health Center
12600 Albrook Dr.
Rx

- 7 Park Hill Family Health Center
4995 E. 33rd Ave.
Rx
- 8 Sandos Westside Family Health Center
1100 Federal Blvd.
Rx
- 9 Westwood Family Health Center
4320 W. Alaska Pl.
Rx
- 10 Denver Health Medical Center
777 Bannock St.
Rx +
- 11 Sloan's Lake Primary Care Center
4007 W. Colfax Ave.
- 12 Downtown Urgent Care Center
1545 California St.
+



HEALTH INSURANCE 101: SIMPLE LANGUAGE

MONTHLY PREMIUM:

Monthly charge to a subscriber for medical benefit coverage for the subscriber and their eligible, enrolled dependents.

OUT-OF-POCKET COSTS:

What you pay for medical expenses that aren't paid by your health insurance plan. Your out-of-pocket costs include deductibles, copays and coinsurance for health care services. In other words, any costs you personally pay for covered medical or pharmacy services.

BILLED AMOUNT:

This is what the provider bills to the insurance plan for a service you received. These are the full charges and the discount DHMP negotiated has not been applied yet.

ALLOWED AMOUNT:

DHMP negotiates a discount with each provider in our network. You have the advantage of this discount (allowed amount) and will never pay more than this negotiated price.

EMBEDDED DEDUCTIBLE PLAN:

In an embedded deductible plan, cost sharing for a member will begin when that member reaches their individual deductible, or when a combination of members reaches the family deductible. This means that a member will start to pay copays and/or coinsurance for the remainder of the plan year or until the individual out-of-pocket maximum is met. Once the individual reaches their out-of-pocket maximum, then the plan will pay 100% of covered services for that member for the remainder of the plan year.

Note: an individual who meets their individual deductible will initiate cost sharing with the plan prior to other members on the plan.

COINSURANCE:

This is the charge, stated as a percentage of eligible expenses, that you are required to pay for certain covered health services.

OUT-OF-POCKET MAXIMUM:

The maximum amount you will have to pay for allowable covered expenses under a health plan. The specific deductibles or cost sharing included in the out-of-pocket maximum may vary by policy.



SAME DAY CARE

When you can't get in to see your Primary Care Provider or need care outside of normal business hours...



THE NURSELINE IS HERE TO HELP YOU.

Call **303-739-1261** and speak to a Denver Health nurse about your health concerns at no cost to you. The NurseLine is available 24/7 and can help you decide the best plan to get the care you need.

DISPATCHHEALTH WILL COME TO YOU

DispatchHealth is our on-demand health care provider that can treat a range of injuries and illnesses in the comfort and convenience of your home. Visit **DispatchHealth.com** or call **303-500-1518**, 8 a.m. – 10 p.m., 365 days a year.

VISIT AN URGENT CARE CENTER

Denver Health offers multiple Urgent Care centers. There are separate Pediatric (open 24/7 at 777 Bannock St.) and Adult (open daily, 7 a.m. to 8 p.m. at 660 Bannock St.) Urgent Care centers on its Main Campus, as well as the Federico F. Peña Southwest Clinic for Pediatrics and Adults at 1339 Federal Blvd. (open Mon. – Fri., 9 a.m. to 8 p.m. | Sat. – Sun., 9 a.m. to 4 p.m., closed holidays), and the Downtown Urgent Care Clinic at 1545 California St. (open daily, 7 a.m. to 7 p.m.). In addition, virtual Urgent Care is now available for Denver Health MyChart users.

Note: You are covered at any urgent care center, anywhere in the U.S.

EMERGENCY ROOM

You can access 24/7 emergency care for both children and adults on the Denver Health Main Campus at 777 Bannock St. The Denver Health Pediatric Emergency Department is designed just for kids and is completely separate from the Adult Emergency Department.

Note: If you need emergency care, go to the nearest hospital or call 9-1-1. You are covered at any emergency room, anywhere in the U.S.



PHARMACY BENEFITS

WHERE YOU CAN FILL YOUR PRESCRIPTION

- » Want to lower your out-of-pocket costs? Denver Health pharmacies are conveniently located in many of the Denver Health clinics and will give you the lowest out-of-pocket costs.
 - Important: Prescriptions must be written by a Denver Health provider in order to be filled at a Denver Health pharmacy.
- » You can fill your prescription at one of thousands of contracted pharmacies nationwide including Denver Health pharmacies, King Soopers, Safeway, Target, Walgreens and more.

WE PASS THE SAVINGS ON TO YOU

DHMP will never charge you more than your copay, and if the pharmacy submits a cost less than your copay, that savings is passed on to you. Example: If your copay is \$8 and the pharmacy submits a cost of \$10, you will pay \$8. However, if your copay is \$8 and the pharmacy submits a cost of \$6, you will only pay \$6.

HOW TO SAVE MONEY ON PRESCRIPTIONS

- » Ask your provider for a 90-day supply; the cost of a 90-day supply is less than getting a 30-day supply each month.
 - 90-day supplies can also be sent to your home through the mail using the plan's Mail Order Pharmacy.
- » Fill your prescriptions at a Denver Health pharmacy (if your prescription is written by a Denver Health provider).
 - Don't have time to get to a Denver Health pharmacy? Denver Health Pharmacy by Mail will send prescriptions directly to your home!

SPECIALTY DRUGS

- » If you fill prescriptions written by a specialist provider such as an infectious disease specialist, rheumatologist, neurologist or oncologist, you may have specialty drugs.
- » Specialty drugs can only be filled at a Denver Health pharmacy or the preferred specialty pharmacies chosen by DHMP.
- » Most specialty drugs can only be filled for a 30-day supply, even if they are sent to your home in the mail.

VISIT [DENVERHEALTHMEDICALPLAN.ORG](https://denverhealthmedicalplan.org) FOR:

- » Mail order information
- » The Formulary and Pharmaceutical Management Procedures, which contain:
 - A list of covered pharmaceuticals (i.e., the drug formulary)
 - An explanation of limits on refills, doses or prescriptions
 - Pharmaceuticals that require Prior Authorization (PA)
 - Use of generic substitution, therapeutic interchange and step-therapy protocols
 - An explanation of how to start a PA (i.e., exception request) and what information must be provided
 - The list of drugs that are excluded from coverage
 - Procedures that affect coverage of pharmaceuticals
 - The copayment structure for restricted pharmaceuticals
- » Access to the Member Pharmacy Portal



2023 SUMMARY OF BENEFITS

HPHMO PLAN	HIGHPOINT NETWORK
	Individual Family
Deductible	\$100 \$200 (Note: deductible applies to all medical services.)
Out-of-Pocket Maximum	\$5,000 \$10,000
Coinsurance	20%
Preventive Care	No charge
Primary Care Provider (PCP)/Telehealth	\$35 copay per visit. Three PCP visits per calendar year at \$0 cost sharing at Denver Health facilities only.
Specialist/Telehealth	\$40 copay per visit
Lab/X-ray	No Charge
Hospital Services	\$600 copay per visit
Emergency Care (Facility)	\$150 copay per visit
Urgent Care	\$50 copay per visit
Prescription Drugs Note: Prescriptions filled at a Denver Health pharmacy must be prescribed by a Denver Health provider.	<p>Denver Health Pharmacy (30-day) Discount: \$4 Generic: \$15 Non-Preferred Generics: \$25 Preferred Brands: \$40 Non-Preferred Brands: \$50 Specialty: \$60</p> <p>National Network Pharmacy (30-day) Discount: \$8 Generic: \$30 Non-Preferred Generics: \$50 Preferred Brands: \$80 Non-Preferred Brands: \$100 Specialty: \$120</p>

*This is a summary of the most frequently asked about benefits. For a complete explanation and list of full benefits, please refer to the Member Handbook on our website at **DenverHealthMedicalPlan.org***

UTILIZATION MANAGEMENT/ PRIOR AUTHORIZATION PROCESS

DHMP uses key Utilization Management (UM) procedures including, but not limited to: (1) Preservice review; (2) Urgent concurrent review; (3) Postservice review; and (4) Filing an appeal. Prior Authorization (PA) may be required for many services. Please refer to the PA list on our website at:

[DenverHealthMedicalPlan.org/Medical-Prior-Authorization-List](https://www.denverhealth.com/medical-prior-authorization-list)

For questions regarding PA, please call Health Plan Services at 303-602-2100 or toll-free 1-800-700-8140. TTY users call 711.

CARE MANAGEMENT

For information on our Care Management programs, call our Care Management Department at 303-602-2184.

QUALITY IMPROVEMENT PROGRAM

DHMP continually strives to improve the quality of care and service to members by ongoing monitoring of services. Please visit:

[DenverHealthMedicalPlan.org/Quality-Improvement-Program](https://www.denverhealth.com/quality-improvement-program)

to learn more about our programs such as goals, processes, outcomes and specific measurements.



WHERE TO LOCATE IMPORTANT PLAN INFORMATION

The following resources are located in the member handbook online at: **DenverHealthMedicalPlan.org**

- » Benefits and services included in, and excluded from, coverage
- » Benefit restrictions that apply to services obtained outside the health insurance plan's system or service area
- » Copayments and other charges for which you are responsible
- » How the health insurance plan evaluates new technology for inclusion as a covered benefit
- » How to appeal a decision that adversely affects coverage, benefits or your relationship with the health insurance plan
- » How to obtain care and coverage when you are out of the health plan's service area, including information on covered and noncovered benefits
- » How to submit a claim for covered services, if applicable
- » How to submit a complaint, both orally and in writing
- » Member Handbook
- » Member Rights and Responsibilities
- » Potential network, service or benefit restrictions that apply to services obtained outside the health insurance plan's service area
- » Protected Health Information (PHI) Use and Disclosure, including:
 - DHMP's routine use and disclosures of PHI
 - Use of authorizations to approve the release of information
 - Access to medical records and PHI
 - Protection of oral, written and electronic information across the health insurance plan
 - Protection of information disclosed to health insurance plan sponsors or employers
- » Pharmacy benefits and pharmaceutical management procedures

If you do not have access to the internet, fax or email, please contact Health Plan Services at 303-602-2100 to request a mailed copy of your plan information.

LANGUAGE ASSISTANCE

We're here to help all members regardless of any language barriers that may exist. We offer translation services, bilingual staff and interpretation professionals to help members obtain information about benefits, access to medical services and more. DHMP contracts with certified translation services to provide translation assistance at no cost to our plan members. Some documents can also be translated upon request. To request language services at any point during an interaction, contact Health Plan Services at 303-602-2100 or toll-free at 1-800-700-8140. TTY users call 711.

COORDINATION OF BENEFITS

You must tell DHMP if you are covered by more than one health insurance plan. This helps us know which plan should pay your claims first and which should pay second. If this applies to you, please fill out the form found online at: **DenverHealthMedicalPlan.org/Coordination-Benefits** and send it back using the instructions listed, or call Health Plan Services at 303-602-2100 with questions.

HOW ARE WE DOING?

Our loyal members, like you, are important to us and we value your opinion. Tell us about your latest experience or something you love about your medical plan.

Your feedback will help us continue to improve our health plans and help others like you find us and get the most out of their health benefits. Visit **DenverHealthMedicalPlan.org/Member-Reviews** or scan the QR code below.



SCAN ME





Health insurance for the community where we live.

777 Bannock St., MC 6000
Denver, CO 80204

CONTACT US:



Health Plan Services: 303-602-2100

Toll-Free: 1-800-700-8140

TTY: 711

DenverHealthMedicalPlan.org



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