

### Need help or have questions? Do not wait. Call today!

We can help you fill out the application, answer your questions, and streamline the whole process for quick enrollment.

To learn more, just call Member Services at 1-877-610-0340 (TTY 711).

#### UniveraHealthcare.com







To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit nystateofhealth.ny.gov or call 1-855-355-5777.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意:如果您说中文,我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。





# **Child Health Plus**



Right here. For you.

# Free or low cost health insurance for your children!

Child Health Plus is a New York State sponsored health insurance program that offers coverage to children up to age 19.

### Coverage and value

Your child will receive health care at a low premium cost, or no cost at all, depending on your household size and income level. Child Health Plus covers services like:

- Regular well child doctor check-ups and immunizations
- Inpatient hospital care
- Prescription and nonprescription drugs if ordered by a licensed provider
- Routine, preventive and emergency dental care

Check out the benefit summary for additional services.

With Child Health Plus, your child will receive services from your child's primary care provider (PCP). If, in some cases, your child's PCP cannot provide the health care your child needs, they will refer your child to see another doctor.

### **Enrolling in Child Health Plus**

There are some eligibility requirements that need to be met in order to enroll. Just give us a call at the number listed below to find out more. Here is a quick look at the requirements.

Your child may be eligible for Child Health Plus if:

- your child is a New York State resident
- your child is less than 19 years of age
- your child is not eligible for Medicaid
- your child does not have other health insurance or access to the public employees' New York State Health Insurance Program, NYSHIP.

For more information or to apply: Call Member Services at 1-877-610-0340 (TTY 711)

## **Benefit Summary\***

| Type of Care   | Benefit  | Coverage**      |
|--|--|-----------------|
| Doctor's Care and<br>Preventive Care                                   | Office visits and treatment by your Primary Care Provider (PCP)                            | Covered in full |
|  | Office visits and treatment by a specialist (authorized by your PCP)                       | Covered in full |
|  | Telemedicine and telehealth visits   | Covered in full |
|  | Allergy tests and allergy injections   | Covered in full |
|  | Immunizations  | Covered in full |
|  | Well-child visits  | Covered in full |
| Hospital Inpatient   | Inpatient hospital stays   | Covered in full |
|  | Inpatient surgical care by a physician   | Covered in full |
|  | Physician visits   | Covered in full |
| <b>Outpatient Services</b>   | Outpatient surgery   | Covered in full |
| Emergency Care   | Emergency care   | Covered in full |
|  | Emergency transportation   | Covered in full |
|  | After hours in PCP's office  | Covered in full |
|  | Freestanding urgent care center  | Covered in full |
| Behavioral and Mental<br>Health and Substance<br>Use Disorder Services | Inpatient Services   | Covered in full |
|  | Outpatient Services  | Covered in full |
| Other Services   | X-ray (including MRA, MRI, CAT, and PET scans)   | Covered in full |
|  | Laboratory and pathology   | Covered in full |
|  | Chemotherapy and radiation therapy   | Covered in full |
|  | Diabetic supplies  | Covered in full |
|  | Medical supplies   | Covered in full |
|  | Routine, preventive and emergency dental care  | Covered in full |
|  | Orthodontic services for severe physically handicapping malocclusion (with prior approval) | Covered in full |
|  | Eye exams and eye glasses  | Covered in full |
|  | Prescription and non-prescription drugs if ordered by a licensed provider                  | Covered in full |

Note: All care must be medically appropriate. Specialty care requires a referral.

<sup>\*</sup> Not a complete list of benefits. Benefits are outlined fully in the subscriber contract or member handbook

<sup>\*\*</sup>Benefits subject to New York State mandates