

Reproductive Health Care Services Program

WHO IS ELIGIBLE?

- People who are not U.S. citizens:
 - Deferred Action for Childhood Arrivals (DACA).
 - Adults who have been lawfully present in the U.S. for less than five years.
 - People without immigration documentation.
 - **IMPORTANT TIP!** There is no public charge impact for using this program.
- People under 65 years old.
- People who would [qualify for Health First Colorado](#) (Colorado's Medicaid program) if not for their immigration status.

IMPORTANT TIP! If you have Emergency Medicaid, you are automatically enrolled in this benefit program.

WHAT IS COVERED?

- Contraception (examples: birth control pills, patches, Depo shots, IUDs, vasectomy, tubal ligations).
- Device insertion and removal.
- Office visits related to administering and monitoring contraceptives, including managing side effects.
- Family planning office visits (helping you decide whether to become a parent or when to become a parent).
- Diagnosis, treatment, prevention and follow up visits for STI, STD, and UTI if diagnosed at a family planning visit.
- Cervical cancer screening and prevention.
- Pregnancy tests.

HOW MUCH DOES IT COST?

- The cost for the services listed above is \$0.

WHERE CAN I USE THESE BENEFITS?

- Any provider who accepts Health First Colorado (Colorado's Medicaid program) patients.

HOW TO APPLY?

- Contact the number below to get help applying on the paper application.
- Through PEAK:
 - When applying for benefits, select "Health First Colorado (Colorado's Medicaid program)"
 - Then select "Does [your name] want to apply for Family Planning Benefits?" *See example on the next page.*
 - *Note:* You will also be screened for benefits if you report a pregnancy on PEAK.

IMPORTANT TIP! You can apply for coverage for reproductive health services you got in the 90 days before you applied.

Example of PEAK application screen



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Apply for benefits

<	Household members ✓	Programs requested ✓	Citizenship and lawful presence	Pregnancy >
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Test (29 yrs)



Citizenship

You do not have to answer these questions if this person is not asking for benefits.

*Is this person a U.S. citizen? [Learn more](#)

Yes No

*Is Test, or their spouse or parent, a veteran or an active-duty member of the U.S. military?

Yes No

*Non citizenship status [Learn more](#)

Select non citizenship status

*When did Test enter the U.S.? (If you don't know the exact date, you can estimate.)

MM DD YYYY

*Does Test have a non-citizen document?

Yes No

Does Test want to apply for Emergency Medicaid and/or Reproductive Benefits?

Yes No

SCROLL



Complete