# *Consumer's Right to Know About Health Plans in Rhode Island*

**UnitedHealthcare Insurance Company**

**Non-Differential PPO**

**January 1, 2017**

## ***Consumer Disclosure***

*Safe and Healthy Lives in Safe and Healthy Communities*

# Consumer Disclosure

## CONSUMER'S RIGHT TO KNOW ABOUT HEALTH PLANS

THE HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

WHY ARE YOU GETTING THIS INFORMATION?

- Knowing how Health Plans work helps you to be a better consumer.
- Meets State Law requiring Health Plans to disclose information.
- Provides information about your specific Health Plan.
- Informs you that a comprehensive list of all participating providers is available to you on the Health Plan Web Site (Hard copies available on request.)

Another document, the *Consumer's Guide to Health Plans in Rhode Island*, gives general information about health plans, including standard definitions of common terms, and is available upon request from Health Plan representatives. This document can also be found on the RI Department of Health Web Site, www.healthri.gov.

This Consumer Disclosure has been reviewed and approved by the Rhode Island Department of Health in accordance with R23-17.13 (Rules and Regulations for Certifying Health Plans). Requests for more information about Health Plan certification or consumer rights may be addressed to:

> Rhode Island Department of Health, Division of Health Services Regulation, 3 Capitol Hill, Providence, RI 02908-5097, Phone: 401-222-6015.

**Q** **Who can I contact at the Health Plan for information?** Representatives of this Health Plan are available to help you get the information you need. You can contact a Health Plan representative at:

**A**

**Customer Service Department**
475 Kilvert Street, Warwick, RI 02886-1392
**Toll-free** 1-800-422-1404 **Fax** 401-732-6959 **Web Site**: www.MyUHC.com
Nombre del Representante del Plan 1-800-422-1404
(AT&T Line Interpreter Services available in 140 languages)
TDD (Telecommunications for the Deaf) 1-800-807-1587
For information about the UnitedHealthcare Quality Improvement program, please contact the Quality Improvement Department at 401-737-6900.

**Q How does the Health Plan review and approve covered services?** A Health Plan may review covered services that are recommended by providers to decide if the services are medically necessary. If the plan decides the service is not medically necessary, it will not pay. You and your provider can appeal the Health Plan's decision. For more information about appeals see the Consumer's Guide to Health Plans in Rhode Island.

**A**

This health plan pays only for covered services that are medically necessary. Some covered services (such as non-emergency hospitalization) always require a review by the health plan before they are received. Other covered services which are recommended by participating providers may be reviewed by the health plan as they occur or after they occur prior to payment to make sure they are medically necessary. You and/or your provider can appeal the health plan's decision. If after exhausting all appeals, you are dissatisfied with the health plan's decision, you may contact the Department of Health. Additional information can be received from the Customer Service Department.

Some medical practices and treatments are not yet proven effective. New practices, treatments, tests and technologies are reviewed nationally by the Medical Technology Assessment Unit of UnitedHealthcare. Doctors and researchers in this unit research medical and scientific material about the topic and prepare an assessment and coverage recommendation. This information is reviewed by a Committee of UnitedHealthcare doctors, nurses, pharmacists and guest experts who make the final coverage decision.

**Q What if I have an emergency?** An emergency is a problem that needs to be addressed by a provider "right-away" to prevent permanent damage or death. Here's what this Health Plan wants you to do when you have an emergency health care problem, at home or out of state.

**A**

This health plan covers health services during the course of the emergency and when medically necessary for stabilization and the beginning of treatment including out-of-state or out-of-area emergencies. You need to contact the health plan within 48 hours or as soon as reasonably possible for emergency services received out-of-state or out-of-area. These services are subject to a copay if no hospital admission results. To be certain about coverage, members should call the Customer Services Department.

**Q What if I refuse a referral to a participating provider? (a doctor, nurse, or other health professional in your Health Plan's network)** (not applicable to single service Health Plans) When a specific covered service is recommended, Health Plans may send you to certain participating providers. If you refuse the referral and get the service from another provider, the Health Plan must tell you what effect it will have on payment.

**A**

Providers participating with this health plan belong to established networks to make referrals between primary care and specialty providers easy and effective. If you prefer a particular specialist, please discuss this with your primary care physician and contact Customer Service to find out if the provider is part of the provider network. If you decide to use a nonparticipating provider, all costs will be eligible at the out-of-network level.

**Q Does the Health Plan require that I get a second opinion for any services? What if I want a second opinion?** In some cases the Health Plan may require a second opinion before it will pay for a covered service. Or you may just want a second opinion on a plan for diagnosis or treatment.

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Coverage of certain Health Services may require that you get a second prior to the scheduling of a Health Service. Your primary care physician would notify you that a particular Health Service requires a second opinion and provide you with a referral to a participating provider. Failure to get a second opinion when required may result in an increased copayment for the Health Service. If you request a second opinion for any service, you need to get a referral from your primary care physician. You will be responsible for the copayment.

**Q How does the Health Plan make sure that my personal health information is protected and kept confidential?** In general, personal health information must be kept confidential (private) by a Health Plan, its employees and agencies it contracts with. Here's how the Health Plan makes sure that personal health information is protected.

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This health plan requires your signature before we give your member information to another person. All employees of this health plan and contracted organizations sign confidentiality statements as well as follow specific procedures about handling member health information.

These measures meet all applicable state and federal laws.

**Q How am I protected from discrimination?** You have the right to be treated fairly and equally. Health Plans may not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by law.

**A**

United HealthCare members have certain rights and responsibilities, as outlined in their Member Rights and Responsibilities Statement. Please call the Customer Service Department if you wish to receive a copy of this document.

**Q If I refuse treatment, will it affect my future treatment?** If you refuse to be treated for any condition, your Health Plan must tell you what effect your decision will have on future coverage.

**A**

This health plan's members have the right to refuse treatment. If you refuse treatment, it will not affect future treatment.

**Q How does the health plan pay providers?** Your Health Plan must tell you about the kinds of financial arrangements it has with providers.

**A**

This health plan may include a capitated reimbursement arrangement or other similar risksharing arrangement and other financial arrangements with your provider.

Our Care Coordination program employs doctors, nurses and other staff to assist you and your doctor. No staff working in Care Coordination is rewarded, in any way, for reducing care.

**Q How is my health insurance coverage renewed or canceled?**

**A**

This health plan will renew your coverage on your employer's calendar anniversary date unless you choose another plan offered by your employer. Some provisions may change, including out-of-pocket costs. Your coverage may be cancelled if your employer fails to pay the premiums for your group. There are also situations when a covered person's coverage can be cancelled. Contact the Customer Service Department for further information.

**Q If I am covered by two or more Health Plans, what should I do?** If you or a family member are covered by two or more Health Plans, you may have to give information on your coverage to each Health Plan. This helps the Health Plans to arrange payments between the plans when you or a family member receive a service. Here's what this plan will ask you to tell them.

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| If you or one of your enrolled dependents is covered under another health plan, this health plan needs to know the following: name of other insurance company, name of policyholder, policy or ID number, family members covered, Medicare number, if the person is retired, and effective dates of Medicare Parts A and B. |
|---|

**Health Benefits Required Under Rhode Island Law as of September 2000:**
Health Maintenance Organizations (HMOs) and health insurers in Rhode Island are required by State law to provide enrollees with coverage for certain kinds of health care services. These laws do not apply to Medicare, Medicaid, ERISA self-funded plans or supplemental (e.g. Medigap) or single disease (e.g. Cancer coverage) health insurance policies (check with your workplace benefits administrator. These mandated benefits (see summary list in Consumer's Guide to Health Plans in RI) often apply only under certain circumstances, may be limited to participating providers, and are not always covered in full--other conditions and restrictions not mentioned here may apply. For more information about specific mandated benefits, contact your Health Plan representative or the Rhode Island Department of Business Regulation.

**Covered Services at a Glance:**
The information on the following pages shows you what services are covered under this Health Plan. This is only a summary. You may find complete information in the Official Plan Documents or contact the Health Plan Representative listed on the first page.

Single Service Health Plans (example: dental care, vision care) must provide you with standardized and easy-to-understand information about covered services -- including out-of-pocket costs, service limitations and other things you need to know. Single Service Health Plans can do this through general information materials or by using a special insert summary called "Covered Services at a Glance." For more complete information, read the Official Plan Documents or contact a Health Plan Representative. Using this information, you can compare:

- Health Plans
- Out-of-pocket costs
- Limits on services

Summary for consumer information only. This is not a contract.

UnitedHealthcare Insurance Company – Non-Differential PPO
**COVERED SERVICES AT-A-GLANCE**

**Annual Deductible:** Individual $0-$3,000/Family $0-$6,000 **Out-of-Pocket Maximum:** Individual $3,000-$5,000/Family $6,000-$10,000

| Type of Service (note: not all services are listed, call plan or check official plan documents for details) | Is prior authorization required? (Yes/No) | What out-of-pocket expenses will I have to pay? | What other limitations apply? | If I choose a non-participating provider will the service be covered? |
|---|---|---|---|---|
| Ambulance (ground) | No, for Emergency services. Yes, for non-emergency services. | $50 copayment per trip; or [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Chiropractic Treatment | No (In-Network). Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | Maximum of 20 visits covered per year. | Yes. |
| Dental Care | Not applicable. | Not applicable. | Employer must purchase dental coverage separately for services to be covered. | Not applicable. |
| Emergency Services | Yes, for non-network hospital admissions resulting from Emergency Room services. | [0-50]% coinsurance, subject to deductible. | Copayment applies to the hospital emergency room only. Coverage for other professional services is based on eligible expenses for the service rendered. Contact Health Plan for more information. | Yes. |
| Experimental Treatments | No, but it is suggested (In-Network). Yes (Out-of-Network). | Same as other similar covered health services. | Coverage for certain clinical trials only – Contact the Health Plan for more information. | Yes. |
| Eye Care | Not applicable. | Not applicable. | Not covered unless purchased by employer. | Not applicable. |
| Foot Care | No. | Same as other similar covered health services. | Routine foot care covered only for diabetes diagnosis. | Yes. |
| Health Education & Wellness | No. | Same as other similar covered health services. | Contact Health Plan for more information. | Yes. |
| Home Health Care | No (In-Network). Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | None. | Yes. |

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| Type of Service (note: not all services are listed, call plan or check official plan documents for details) | Is prior authorization required? (Yes/No) | What out-of-pocket expenses will I have to pay? | What other limitations apply? | If I choose a non-participating provider will the service be covered? |
|---|---|---|---|---|
| Hospice Care | No (In-Network).<br>Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | None. | Yes.<br>. |
| Hospitalization Inpatient Services | No (In-Network).<br>Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | Semi-private room including room/board, related services and supplies. | Yes. |
| Lab, X-ray and Minor Diagnostics | No (In-Network).<br>Yes (Out-of-Network sleep studies). | [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Lab, X-ray and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine) | No (In-Network).<br>Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Maternity | No (In-Network).<br>Yes (Out-of-Network). | Same as other similar covered health services. | Benefits for an inpatient stay: at least 48 hours (vaginal delivery) or 96 hours (C-section). | Yes. |
| Medical Equipment and Supplies | No (In-Network).<br>Yes (Out-of-Network over $1,000). | [0-50]% coinsurance, subject to deductible. | Contact Health Plan for more information. | Yes. |
| Mental Health, Inpatient | No (In-Network).<br>Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Mental Health, Outpatient | No. | [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Nursing Home Care (Skilled Nursing Facility) | No (In-Network).<br>Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Physician Office Visits | No. | $[10-50] copayment per visit; or [0-50]% coinsurance, subject to deductible. | None. | Yes. |

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| Type of Service (note: not all services are listed, call plan or check official plan documents for details) | Is prior authorization required? (Yes/No) | What out-of-pocket expenses will I have to pay? | What other limitations apply? | If I choose a non-participating provider will the service be covered? |
|---|---|---|---|---|
| Prescription Drugs | No. | Various copayment ranges. | Rider Only. Formulary generally applies and some supply limitations. Contact Health Plan for more information. | Generally, yes, Rider Only. |
| Preventive Care | No. | None. | None. | Yes. |
| Rehabilitation Services (including Physical, Occupational and Speech Therapy) | No (In-Network). Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | Visit limits apply to some services. Contact Health Plan for more information. | Yes. |
| Substance Abuse, Inpatient | No (In-Network). Yes (Out-of-Network). | [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Substance Abuse, Outpatient | No. | [0-50]% coinsurance, subject to deductible. | None. | Yes. |
| Surgery, Outpatient | No (In-Network). Yes (Out-of-Network, some procedures). | [0-50]% coinsurance, subject to deductible. | None | Yes. |
| Second Opinion | No. | Same as other similar covered health services. | Same as other similar covered health services. | Yes. |