Welcome to the community.

Rhode Island Medicaid Member Handbook

- Rite Care
- Children with Special Needs
- Rhody Health Partners
- Rhody Health Partners ACA Adult Expansion
Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this Member Handbook. We’re ready to answer any questions you may have. Just call Member Services at 1-800-587-5187, TTY 711, 8:00 a.m. to 7:00 p.m. Monday – Friday.

You can also visit our website at myuhc.com/CommunityPlan.
Getting started.

We want you to get the most from your health plan right away. Start with these three easy steps:

1. **Call your Primary Care Provider (PCP) and schedule a checkup.**
   Regular checkups are important for good health. Your PCP’s phone number should be listed on the member ID card that you recently received in the mail. If you don’t know your PCP’s number, or if you’d like help scheduling a checkup, call Member Services at 1-800-587-5187, TTY 711. We’re here to help.

2. **Take your Health Assessment.** This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. You’ll find it on page 17. Fill it out and send it to us in the postage-paid envelope provided.

3. **Get to know your health plan.** Start with the Health Plan Highlights section on page 7 for a quick overview of your new plan.
Thank you for choosing UnitedHealthcare Community Plan for your health plan.

We’re happy to have you as a member. You’ve joined the millions of members who have health insurance with UnitedHealthcare Community Plan. You’ve made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers — doctors, nurses, hospitals and drugstores — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We’re dedicated to improving your health and well-being.

Remember, we’re always ready to answer any questions you may have. Just call Member Services at 1-800-587-5187, TTY 711. You can also visit our website at myuhc.com/CommunityPlan.

For help to translate or understand this, please call 1-800-587-5187, TTY: 711.
Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-587-5187, TTY: 711.
Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-587-5187, TTY: 711.
Если вам не всё понятно в этом документе, позвоните по телефону 1-800-587-5187, TTY: 711.
Table of Contents (continued)

33 Benefits — Rite Care
33 Benefits Covered by UnitedHealthcare Community Plan
41 Rhode Island Medicaid – Benefits Covered by Rite Care

51 Benefits — Rhody Health Partners
51 Benefits Covered by UnitedHealthcare Community Plan
59 Rhody Health Partners ACA Adult Expansion IN Plan Benefits
66 Benefits Covered by Rite Smiles UnitedHealthcare Dental

67 Additional Services
67 Behavioral Health Benefits
68 Disease and Care Management
68 Post Stabilization Services
69 Wellness Programs
69 For Moms-to-Be and Children

71 Other Plan Details
71 Finding a Network Provider
71 Provider Directory
72 Interpreter Services and Language Assistance
72 If You Get a Bill for Services
73 Rhode Island All-Payer Claims Database Member Opt-Out
74 Advance Directives
74 Updating Your Information
75 Fraud and Abuse
76 Your Opinion Matters
76 Enrollment and Membership
78 Utilization Management
78 Quality Program
79 Safety and Protection From Discrimination
79 Clinical Practice Guidelines and New Technology
80 Member Rights and Responsibilities
82 Non-Discrimination Notice
84 Complaints, Grievances and Appeals
87 Health Plan Notices of Privacy Practices
Member ID Card

Front of card.

UnitedHealthcare Community Plan
Health Plan (80840) 911-87726-04
Member ID: 91000-999999999-00
Member: SUBSCRIBER BROWN
PCP Name: DR. PROVIDER BROWN
PCP Phone: (999)999-9999

RxE bin: 610494
Rx Gp: ACURI
Rx PCN: 9999

Payer ID: 87726

0501 Administered by UnitedHealthcare of New England, Inc.

Back of card.

Your plan ID number
Your member ID number
Member Services

In an emergency go to nearest emergency room or call 911. Printed: 06/01/11

This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website www.uhccommunityplan.com or call.

For Members: 1-800-687-5187
TTY 711
Mental Health: 800-435-7486
For Providers: www.unitedhealthcareonline.com
Medical Claims: PO Box 31361, Salt Lake City, UT 84131
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903

Lost your enrollee ID card?

If you or a family member loses a card, contact Member Services right away and we'll send you a new one.

You may also print your member ID card at myuhc.com. Registration takes only a few minutes and it will give you access to a lot of information about your health care.

For details, see page 11.

Name of your Primary Care Provider

Information for your pharmacist

Your member ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure all the information is correct on your card or your family member’s cards. If any information is wrong, call Member Services at 1-800-587-5187, TTY 711.

- Take your member ID card to your appointments.
- Show it when you fill a prescription.
- Have it ready when you call Member Services; this helps us serve you better.
- Do not let someone else use your card(s). It is against the law.
Show both cards! Your Rhode Island Medicaid Card will be mailed from the State of Rhode Island. Always show your Rhode Island Medicaid card (with the anchor on it) and your UnitedHealthcare member ID card when you get care. This helps ensure you get all the benefits available to you. And prevents billing mistakes. You may use this card for services covered by Rhode Island Medicaid. See the Benefits Section for benefits covered under Rhode Island Medicaid.

Rhode Island Medicaid Card.

For assistance in English and Spanish, call: 1-855-MYRIDHS
1-855-697-4347

For TDY, dial: 711

If you are a doctor or hospital, dial: (401) 784-8100 In-State or 1-800-964-6211 for Toll or Long Distance

This card does not guarantee eligibility.

MISUSE OR ABUSE OF THIS CARD MAY MAKE YOU LIABLE FOR CIVIL ACTION OR CRIMINAL PROSECUTION
Benefits at a Glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You’ll find a complete listing in the Benefits section, see page 33.

**Primary Care Services.**
You are covered for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.

**Large Provider Network.**
You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and drug stores — giving you many options for your health care. Find a complete list of network providers online at myuhc.com/CommunityPlan or UHCCommunityPlan.com. Click on “Find a Provider” to use our searchable tool. You may also call Member Services at 1-800-587-5187, TTY 711, to request that a Provider Directory be mailed to you.

**Specialist Services.**
Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first, see page 25.

**Medicines.**
Your plan covers prescription drugs for members of all ages. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins, see page 31.

**Hospital Services.**
You’re covered for hospital stays. You’re also covered for outpatient services. These are services you get in the hospital without spending the night.

**Laboratory Services.**
Covered services include blood tests and X-rays that help find the cause of illness.
Health Plan Highlights

Well-Child Visits.
All well-child visits and immunizations are covered by your plan.

Maternity and Pregnancy Care.
You are covered for doctor visits before and after your baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.

Baby Blocks.
Pregnant women can earn great rewards — even up to 15 months after the baby is born. Visit UHCBabyBlocks.com to sign up or for more information.

Healthy First Steps.
Special program for expectant moms. It gives you extra help to make sure you stay healthy and have a healthy baby. See page 69 for more information.

Family Planning.
You are covered for services that help you manage the timing of pregnancies. These include birth control products and procedures.

Vision Care.
Your vision benefits include routine eye exams and glasses.

Behavioral Health Services.
Get help with issues such as depression, anxiety, or substance use disorder.

Brains need exercise too, just like bodies. Give all the brains in your family a great workout and have fun while you’re at it. Rite Care Members receive complimentary admission at the Providence Children’s Museum, just show your UnitedHealthcare Community Plan Member ID Card.
Member Support

We want to make it as easy as possible for you to get the most from your health plan. As our member, you have many services available to you, including wellness programs and interpreters if needed. And if you have questions, there are many places to get answers.

**Website offers 24/7 access to plan details.**
Go to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) to view plan details and helpful tools including:

- Find a provider or pharmacy.
- Search for a medicine on the Preferred Drug List.
- Get benefit details.
- Download a new Member Handbook.

**Member Services is available.**
Member Services can help with your questions or concerns. This includes:

- Understanding your benefits.
- Help getting a replacement member ID card.
- Finding a doctor or urgent care clinic.
- Filing an appeal or complaint.

Call 1-800-587-5187, TTY 711 8:00 a.m. – 7:00 p.m. Monday – Friday.

**Disease and Care Management program.**
If you have a chronic health condition, like asthma or diabetes, you may benefit from our Disease and Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call 1-401-732-7373, or toll-free 1-800-672-2156, TTY 711.

**myuhc.com Member Portal.**
[myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan) is our secured member portal. This secured site keeps all of your health information in one place. Please log on and register to use. Create your own unique username and password and get access to view your claims and benefits, and print your Member ID card. Go to [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan) to access your member portal.
Optum Behavioral Health (OBH).
Learn about and access your mental health and substance use disorder benefits through Optum Behavioral Health. Call 1-800-435-7486, TTY 1-800-486-7914, or visit LiveandWorkWell.com.

Transportation services are available.
As a member, you may qualify for a bus pass for you and your family to use to get to the doctor’s office. For members with a medical disability or who live more than half a mile from a bus stop or the doctor’s office, there is a van or taxi service. For details, see page 27. Call LogistiCare at 1-855-330-9131 (TTY 1-866-288-3133) to get help with transportation to and from medical, dental and behavioral health appointments.

We speak your language.
If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You’ll find more information about Interpretive Services and Language Assistance on page 72. Or call Member Services at 1-800-587-5187, TTY 711.

Emergencies.
In case of emergency, call 911.
Your Health Assessment

A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and your health. When you fill it out and mail it to us, we can get to know you better. And it helps us match you with the many benefits and services available to you.

In your welcome packet, you received an HRA form and a postage-paid envelope. Please take a few minutes to complete the HRA you received and mail it back to us. If you prefer, you can complete the HRA by phone, by calling 1-877-460-7681, TTY 711, or online through the secure member portal myuhc.com/CommunityPlan.
You can start using your pharmacy benefit right away.

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan’s Preferred Drug List. Your doctor uses this list to make sure the medicines you need are covered by your plan. You can find the Preferred Drug List online at myuhc.com/CommunityPlan or UHCCommunityPlan.com. Click on “Find a Drug” to view or download the Preferred Drug List. You can also search by a medicine name on the website. It’s easy to start getting your prescriptions filled. Here’s how:

1. Are your medicines included on the Preferred Drug List?

   Yes.  
   If your medicines are included on the Preferred Drug List, you’re all set. Be sure to show your pharmacist your new member ID card every time you get your prescriptions filled.

   No.  
   If your prescriptions are not on the Preferred Drug List, schedule an appointment with your doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List. Your doctor can also help you ask for an exception if they think you need a medicine that is not on the list.

   Not sure.  
   View the Preferred Drug List online at myuhc.com/CommunityPlan. You can also call Member Services. We’re here to help.

2. Do you have a prescription?

   When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your member ID card. Find a complete list of network pharmacies online at myuhc.com/CommunityPlan. Click on “Find a Provider” to use our searchable tool. You may also call Member Services at 1-800-587-5187, TTY 711, to request that a Provider Directory be mailed to you.
Do you need to refill a drug that’s not on the Preferred Drug List?

If you need refills of medicines that are not on the Preferred Drug List, you can get a temporary 5-day supply. To do so, visit a network pharmacy and show your member ID card. If you don’t have your member ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

Attention Pharmacist

Please process this UnitedHealthcare Community Plan member’s claim using:
BIN: 610494
Processor Control Number: 9999
Group: ACURI

If you receive a message that the member’s medication needs a prior authorization or is not on our formulary, please call OptumRx® at 1-877-305-8952, TTY 711 for a transitional supply override.
Help us match you with the benefits and services available to you.

Fill out and return today.

Completing your Health Assessment.
Please complete one for each person in your family who has joined UnitedHealthcare Community Plan. You’ll find an Adult and a Child Health Assessment on the following pages.

There are three easy ways to complete your health assessment:

- **MAIL IT.** Fill out the Health Assessment forms we’ve included on the following pages, and send it back in the enclosed postage-paid envelope.
- **GO ONLINE** at myuhc.com/CommunityPlan. Visit your secure member website anytime and complete your Health Assessment.
- **CALL US** at 1-877-460-7681, TTY 711. We can help you complete your Health Assessment in just a few minutes.

If you need more Health Assessment forms you can:

- Make copies before filling them out.
- Call us at 1-877-460-7681, TTY 711 to request more forms, or to complete the Health Assessments by phone.

Return the forms in the enclosed postage-paid envelope. Your health information is kept confidential.

Or mail to:
UnitedHealthcare Community Plan
HARC Department
1001 Brinton Road
Pittsburgh, PA 15221-9907

---

Questions about Health Assessments?
Call us at 1-877-460-7681, TTY 711
Monday – Thursday 8:00 a.m. – 7:00 p.m. and Friday 8:00 a.m. – 4:30 p.m.
Adult Health Assessment

Your health is important to us at UnitedHealthcare Community Plan. We want you to stay as healthy as possible, and get the most from your health plan. That’s why it’s important that you fill out this survey and send it back to us right away. It will help us connect you with benefits and services available to you. Your answers will not reduce your health care coverage in any way. Your responses to this survey will be kept confidential.

Thank you for being a member of UnitedHealthcare Community Plan. We look forward to serving your health care needs.

Please fill out a survey for every adult in your family who has joined UnitedHealthcare Community Plan.

Name ___________________________________________ Member ID Number _______________________

Address __________________________________________________________________________________

City, State, ZIP ___________________________ Date of Birth ________________________________

Current Phone Number ___________________________ Today’s Date ____________________________

1. Have you been told you have, or had, any of the following medical conditions?
   □ High Blood Pressure □ High Cholesterol □ Heart Disease
   □ Heart Failure □ Emphysema (COPD) or Asthma □ Currently on Dialysis
   □ Sickle Cell Disease □ Currently Under Treatment for Cancer □ HIV/AIDS
   □ Diabetes or Sugar Problems □ Depression □ Bi-Polar
   □ Schizophrenia □ None □ Don’t know

2. If you’ve been told you have other conditions not listed above, list them here:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

3. Are you currently pregnant?
   □ Yes □ No

4. Do you take prescription medications?
   □ Yes □ No □ Don’t know

5. How many prescription medications do you take every day? ________________________________
How much do you weigh?  ___________ pounds

How tall are you?  ___________ feet  ___________ inches

Which of the following statements best describe your health?
☐ Must stay in bed all or most of the time
☐ Must stay in the house all or most of the time
☐ Need the help of another person in getting around inside or outside the house
☐ Need the help of a special aid, like a cane or wheelchair, to get around inside or outside the house
☐ Do not need the help of another person or a special aid but have trouble getting around freely
☐ Not limited in any of these ways
☐ Don’t know

Do you need help at home because of health problems and are unable to get help?
☐ Yes  ☐ No

In the last 12 months have you stayed overnight as a patient in the hospital?
☐ Yes  ☐ No  ☐ Don’t know

How many times?
☐ 1 time  ☐ 2 – 3 times  ☐ 4 or more times

In the past six months, how many times did you visit the ER or Urgent Care Center?
☐ None  ☐ 1 visit  ☐ 2 visits  ☐ 3 or more visits

Are you currently being treated for, or do you have, serious memory loss?
☐ Yes  ☐ No  ☐ Don’t know

Over the last 2 weeks, how often have you been bothered by any of the following problems?
**Little interest or pleasure in doing things:**
☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

**Feeling down, depressed, or hopeless:**
☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Do you sometimes drink alcoholic beverages and/or use drugs?
☐ Yes  ☐ No  If yes, how many times a week? _____________________

Thank you for completing your Health Assessment!

Please return this form in the enclosed postage-paid envelope. If you would rather talk to someone to complete it by phone, call us at 1-877-460-7681, TTY 711, Monday – Thursday 8:00 a.m. – 7:00 p.m. and Friday 8:00 a.m. – 4:30 p.m.
Child Health Assessment

Dear Parent or Guardian:

Your child’s health is important to us at UnitedHealthcare Community Plan. We want your child to stay as healthy as possible, and get the most from their health plan. That’s why it’s important that you fill out this survey and send it back to us right away. It will help us connect your child with benefits and services available to them. **Your answers will not reduce their health care coverage in any way.** We are glad to have your child as a member of UnitedHealthcare Community Plan and we look forward to serving their health care needs. Your responses to this survey will be kept confidential.

Please fill out a survey for each child in your family who has joined UnitedHealthcare Community Plan.

Child’s Name __________________________ Member ID Number __________________

Address ________________________________________________________________

City, State, ZIP __________________________________________________________

Date of Birth ___________________________ Today’s Date _______________________

Current Phone Number __________________________

1. Does your child see the doctor regularly for things like Well-Child Exams, immunizations, hearing and vision tests?
   - Yes  - No  - Don’t know

2. In the last 12 months has your child stayed overnight as a patient in the hospital?
   - Yes  - No  - Don’t know

3. How many times?
   - 1 time  - 2 – 3 times  - 4 or more times

4. Was one of the hospital stays in an NICU (Neonatal Intensive Care Unit) after birth?
   - Yes  - No

5. Has your child been in the Emergency Room 3 or more times in the last 6 months?
   - Yes  - No

6. Is there any activity that your child can’t do that other children do at his/her age?
   - Yes  - No

7. Do you need help at home caring for your child because of his/her health problems — and are unable to get help?
   - Yes  - No

8. How much does your child weigh? ___________ pounds
How tall is your child? _______ feet _______ inches

Have you ever been told that your child has any of the following conditions?
If yes, put a check by those conditions.
☐ Asthma
☐ Bi-Polar
☐ Cancer
☐ Cerebral Palsy / Developmental Delay
☐ Congenital Deformities / “Born with abnormal heart”
☐ Depression
☐ Diabetes or Sugar Problems
☐ HIV/AIDS
☐ Schizophrenia
☐ Sickle Cell Disease
☐ Other Conditions — please describe:

Does your child currently receive Social Security Income (SSI)?
☐ Yes  ☐ No

Does your child have any sensory problems? This would include vision problems that are not corrected with glasses, or hearing problems that are not corrected with hearing aids or other special services?
☐ Yes  ☐ No  ☐ Don’t know

Does your child receive any of the following services? (Check all that apply)
☐ Private Duty Nursing — extended hours of nursing care
☐ Physical Therapy
☐ Home Health Aide / Personal Care Attendant
☐ Occupational Therapy
☐ Speech Therapy
☐ Other Therapy — please describe:

Does your child receive Durable Medical Equipment (DME) services? (Check all that apply)
☐ Oxygen
☐ Apnea Monitor
☐ Wheelchair
☐ Other DME Services — please describe:

Is your child currently pregnant?
☐ Yes  ☐ No  ☐ Don’t know

Does your child need (or already get) treatment or counseling for any kind of emotional, developmental or behavioral problems?
☐ Yes  ☐ No

Thank you for completing your child’s Health Assessment!

Please return this form in the enclosed postage-paid envelope. If you would rather talk to someone to complete it by phone, call us at 1-877-460-7681, TTY 711, Monday – Thursday 8:00 a.m. – 7:00 p.m. and Friday 8:00 a.m. – 4:30 p.m.
Going to the Doctor

Your Primary Care Provider (PCP)

We call the main doctor you see a Primary Care Provider, or PCP. When you see the same PCP over time, it’s easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. You will see your PCP for:

- Routine care, including yearly checkups.
- Coordinate your care with a specialist.
- Treatment for colds and flu.
- Other health concerns.

You have options.

You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) — cares for children and adults.
- Gynecologist (GYN) — cares for women.
- Internal medicine doctor (also called an internist) — cares for adults.
- Nurse Practitioner (NP) — cares for children and adults.
- Obstetrician (OB) — cares for pregnant women.
- Pediatrician — cares for children.
- Physician Assistant (PA) — cares for children and adults.

Choosing your PCP.

If you’ve been seeing a doctor before becoming a UnitedHealthcare member, check to see if your doctor is in our network. If you’re looking for a new PCP, consider choosing one who’s close to your home or work. This may make it easier to get to appointments. If you do not choose a PCP, we will choose one for you based on your location and language spoken. His/her name will be listed on your Member ID card. Call Member Services if you want to change your PCP.

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don’t need to call us before seeing one of these providers. There may be times when you need to get services outside of our network. Call Member Services to learn if they are covered in full. You may have to pay for those services.
There are three ways to find the right PCP for you.

1. Use the “Find A Provider” search tool at myuhc.com/CommunityPlan.
2. Call Member Services at 1-800-587-5187, TTY 711. We can answer your questions and help you find a PCP close to you.
3. Look through our printed Provider Directory. Call Member Services to have one mailed to you.

Once you choose a PCP, call Member Services and let us know. We will make sure your records are updated.

**Changing your PCP.**

It’s important that you like and trust your PCP. You can change PCPs at any time. Call Member Services and we can help you make the change.

**Learn more about network doctors.**

You can learn information about network doctors, such as board certifications, and languages they speak, at myuhc.com/CommunityPlan, or by calling Member Services.

We can tell you the following information:

- Name, address, telephone numbers.
- Professional qualifications.
- Specialty.
- Medical school attended.
- Residency completion.
- Board certification status.

**Annual Checkups**

**The importance of your annual checkup.**

You don’t have to be sick to go to the doctor. In fact, yearly checkups with your PCP can help keep you healthy. In addition to checking on your general health, your PCP will make sure you get the screenings, tests and shots you need. And if there is a health problem, they’re usually much easier to treat when caught early.

Here are some important screenings. How often you get a screening is based on your age and risk factors. Talk to your doctor about what’s right for you.

**For women.**

- Pap smear — helps detect cervical cancer.
- Breast exam/Mammography — helps detect breast cancer.

**For men.**

- Testes exam — helps detect testicular cancer.
- Prostate exam — helps detect prostate cancer.
**Well-child visits.**
Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child’s behavior and overall well-being, including:

- Eating.
- Sleeping.
- Behavior.
- Social interactions.
- Physical activity.

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevent two common liver infections.
- **Rotavirus:** protects against a virus that causes severe diarrhea.
- **Diphtheria:** prevents a dangerous throat infection.
- **Tetanus:** prevents a dangerous nerve disease.
- **Pertussis:** prevents whooping cough.
- **HiB:** prevents childhood meningitis.
- **Meningococcal:** prevents bacterial meningitis.
- **Polio:** prevents a virus that causes paralysis.
- **MMR:** prevents measles, mumps and rubella.
- **Varicella:** prevents chickenpox.
- **Influenza:** protects against the flu virus.
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis.
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men.

**Checkup schedule.**
It’s important to schedule your well-child visits for these ages:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 5 days</td>
<td>15 months</td>
</tr>
<tr>
<td>1 month</td>
<td>18 months</td>
</tr>
<tr>
<td>2 months</td>
<td>24 months</td>
</tr>
<tr>
<td>4 months</td>
<td>30 months</td>
</tr>
<tr>
<td>6 months</td>
<td>3 years</td>
</tr>
<tr>
<td>9 months</td>
<td>4 years</td>
</tr>
<tr>
<td>12 months</td>
<td>Once a year after age 5</td>
</tr>
</tbody>
</table>
# Going to the Doctor

## Making an Appointment With Your PCP

Call your doctor’s office directly. The number should be on your Member ID card. When you call to make an appointment, be sure to tell the office what you’re coming in for. This will help make sure you get the care you need, when you need it. This is how quickly you can expect to be seen:

<table>
<thead>
<tr>
<th>How long it should take to see your PCP:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>Immediately or sent to an emergency facility.</td>
</tr>
<tr>
<td>Urgent (but not an emergency)</td>
<td>Within 1 day or 24 hours.</td>
</tr>
<tr>
<td>Routine</td>
<td>Within 1 month or 30 days.</td>
</tr>
<tr>
<td>Preventive, Well-Child and Regular</td>
<td>Within 1 month or 30 days.</td>
</tr>
</tbody>
</table>

## Preparing for Your PCP Appointment

### Before the visit.

1. Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).

2. Make note of any new symptoms and when they started.

3. Make a list of any drugs or vitamins you take on a regular basis.

### During the visit.

When you are with the doctor, feel free to:

- Ask questions.
- Take notes if it helps you remember.
- Ask the doctor to speak slowly or explain anything you don’t understand.
- Ask for more information about any medicines, treatments or conditions.
Referrals and Specialists

A referral is when your PCP says you need to go to another doctor called a specialist, who focuses on caring for a certain part of the body or treating a specific condition. You must see your PCP before you see a specialist. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

- Cardiologist — for problems with the heart.
- Pulmonologist — for problems with the lungs and breathing.

You do not need a referral from your PCP for:

- Emergency services.
- Mental health — you must call Optum Behavioral Health at 1-800-435-7486, TTY 1-800-486-7914, so we can coordinate your care.
- Substance use disorder treatment — you must call Optum Behavioral Health at 1-800-435-7486, TTY 1-800-486-7914, so we can coordinate your care.
- Sexually transmitted disease (STD) testing and treatment — includes annual exam and up to five gynecologist (GYN) visits per year.
- Routine eye exams.
- Education classes — including parenting, smoking cessation and childbirth.

Getting a Second Opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion. A second opinion from an out-of-network provider is available with a prior authorization.
Prior Authorizations

In some cases your provider must get permission from the health plan before giving you a certain service. This is called prior authorization. This is your provider’s responsibility. If they do not get prior authorization, you will not be able to get those services.

You do not need prior authorization for advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay. You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women’s health care provider for women’s health services or if you are pregnant.

A prior authorization may be needed.

Some services that need prior authorization include:
- Hospital admissions.
- Home health care services.
- Certain outpatient imaging procedures, including MRIs, MRAs, CT scans and PET scans.
- Sleep studies.

Continued Care if Your Provider Leaves the Network

Sometimes providers leave the network. If this happens to your provider, you will receive a letter from us letting you know. Sometimes UnitedHealthcare Community Plan will pay for you to get covered services from doctors for a short time after they leave the network. You may be able to get continued care and treatment when your doctor leaves the network if you are being actively treated for a serious medical problem. For example, you may qualify if you are getting chemotherapy for cancer or are at least six months pregnant when your doctor leaves the network. To ask for this, please call your doctor. Ask them to request an authorization for continued care and treatment from UnitedHealthcare.

CurrentCare

Many people in Rhode Island have signed up for CurrentCare. It is a free service developed by the Rhode Island health care community that gives each of your trusted providers quick access to important medical information from the doctors, hospitals, pharmacies and labs you’ve visited. It’s an easy way for you to make sure the doctors and providers who take care of you see all the care you have had and use that information to provide faster, better, safer care to you. To enroll or for more information, visit CurrentCareRI.org or call 1-888-858-4815.
Transportation Services

Rite Care Transportation.
As a Rite Care member, you may qualify for a bus pass for you and your family to use to get to the doctor’s office. You will need to call LogistiCare at 1-855-330-9131, TTY 1-866-288-3133, to request a bus pass at least seven business days before the appointment. Tell them the date and time of the medical, dental or behavioral health appointment as well as the name of the provider, and a bus pass will be mailed to you. Please use family and friends for transportation needs before calling LogistiCare.

Rhody Health Partners Transportation.
Rhody Health Partner members may be eligible to ride RIPTA buses with a “RIPTA No Fare ID Pass.” You can get the pass at the RIPTA Identification Office at One Kennedy Plaza, Providence, RI 02905, in Providence or at one of the Road Trip Community Outreach locations. Call the RIPTA Identification Office at 1-401-784-9500 extension 604 for more information.

Rhody Health Partners members can get transportation for non-emergency medical appointments through the Rlde Program if you are unable to use the RIPTA bus services. Rlde Van requests must be scheduled at least two weeks before your appointment. You can call the Rlde Van Program at 1-401-461-9760.

Rhody Health Partners ACA Adult Expansion Transportation.
ACA Adult Expansion members may qualify for a bus pass for you to use to get to the doctor’s office. You will need to call LogistiCare at 1-855-330-9131, TTY 1-866-288-3133, to request a bus pass at least seven business days before the appointment. Tell them the date and time of the medical appointment as well as the name of the provider and a bus pass will be mailed to you. Please use family and friends for transportation needs before calling LogistiCare.

Not all appointments qualify for this service.

Non-Emergency Medical Transportation (NEMT) for medical appointments.
Members can get other appropriate non-emergency transportation by calling LogistiCare at 1-855-330-9131, TTY 866-288-3133.
Communities of Care

Communities of Care is a program designed to help members use their regular doctor or an urgent care center for care, leaving emergency rooms for people who are injured or seriously ill.

You may get a letter or phone call if Communities of Care is right for you. As part of the Communities of Care program, you can learn about services that can keep you healthy. You can talk to a peer navigator who is familiar with both the health care system and services available in your community. To learn more, please call 1-800-672-2156, TTY 711 or 1-401-732-7373.

Accountable Entity

Your PCP may be part of what is called an accountable entity. An accountable entity is a provider organization that helps manage all your health care needs. In some cases, you may meet with a nurse or other care manager who helps you get the services you need.
Emergency Care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Some reasons to go to the ER include:

- Serious illness.
- Broken bones.
- Heart attack.
- Poisoning.
- Severe cuts or burns.

UnitedHealthcare Community Plan covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, call Member Services at 1-800-587-5187, TTY 711. You should also call your PCP and let them know about your visit so they can provide follow-up care if needed.

Urgent Care

Urgent care clinics are there for you when you need to see a doctor for a non-life-threatening condition but your PCP isn’t available or it’s after clinic hours. Common health issues ideal for urgent care include:

- Sore throat.
- Ear infection.
- Minor cuts or burns.
- Flu.
- Low-grade fever.
- Sprains.

If you or your children have an urgent problem, call your PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Planning ahead.

It’s good to know what urgent care clinic is nearest to you. Find a complete list of urgent care clinics online at myuhc.com/CommunityPlan. Click on “Find a Provider” to use our searchable tool. You may also call Member Services at 1-800-587-5187, TTY 711, to request that a Provider Directory be mailed to you.
Hospital Services

There are times when your health may require you to go to the hospital. There are both inpatient and outpatient hospital services.

**Outpatient services** include X-rays, lab tests and minor surgeries. Your PCP will tell you if you need outpatient services. Your doctor’s office can help you schedule them.

**Inpatient services** require you to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Inpatient services require you to be admitted (called a hospital admission) to the hospital. The hospital will contact UnitedHealthcare Community Plan and ask for authorization for your care. If the doctor who admits you to the hospital is not your PCP, you should call your PCP and let them know you are being admitted to the hospital.

---

Emergency Dental Care

Emergency dental care services to control pain, bleeding or infection are covered by your plan.

---

No Medical Coverage Outside of U.S.

If you are outside of the United States or its territories, and need medical care, any health care services you receive will not be covered by UnitedHealthcare Community Plan. Medicaid cannot pay for any medical services you get outside of the United States or its territories.
Prescription Drugs

Your benefits include prescription drugs. UnitedHealthcare Community Plan covers hundreds of prescription drugs from hundreds of pharmacies. The Preferred Drug List (PDL) is a list of drugs covered under your plan. You can fill your prescription at any in-network pharmacy. All you have to do is show your member ID card.

Generic and brand name drugs.
The Rhode Island General Assembly passed a law that requires all members to use generic drugs first. Generic drugs have the same ingredients as brand name drugs — they often cost less, but they work the same.

In some cases, a limited number of brand name drugs are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan.

What is the Preferred Drug List?
The Preferred Drug List is a list of drugs covered under your plan. You can view the complete list of covered drugs online at myuhc.com/CommunityPlan. Click on “Find a Drug” to use the searchable tool or to view the Preferred Drug List.

Changes to the Preferred Drug List.
The list of covered drugs is reviewed by the Rhode Island Executive Office of Health and Human Services on a regular basis and may change when new generic drugs are available. There are some members who may have to pay a small amount (called a copay) for their prescriptions. If you have a copay, the amount is on the front of your member ID card.
Over-the-Counter (OTC) Medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. You must have a written prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription. Your pharmacy may dispense the store-brand or the generic version of the OTC medication. Both OTC store brands and generic substitutions are covered. OTCs include:

- Pain relievers.
- Cough medicine.
- First-aid cream.
- Cold medicine.
- Contraceptives.

For a complete list of covered OTCs, go to myuhc.com/CommunityPlan. Click on “Find a Drug” to use the searchable tool or to view the Over-the-Counter Medication List. Or call Member Services at 1-800-587-5187, TTY 711.

Injectable Medicines

Injectable medications are medicines given by shot, and they are a covered benefit. Your PCP can have the injectable medication delivered either to the doctor’s office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

Pharmacy Home

Some UnitedHealthcare Community Plan members will be assigned a pharmacy home. In this case, members must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at 1-800-587-5187, TTY 711. After 30 days from the date of the letter or if you have moved, you can call Member Services to change pharmacies. You can also make your request in writing. Send your request to:

UnitedHealthcare Community Plan
Pharmacy Department
P.O. Box 41566
Philadelphia, PA 19101
Benefits — Rite Care

Benefits Covered by UnitedHealthcare Community Plan

As a member of UnitedHealthcare Community Plan – Rite Care, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at 1-800-587-5187, TTY 711, to ask questions about benefits.

Rite Care IN Plan Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion Services</td>
<td>Not covered, except to preserve the life of the woman, or in cases of rape or incest.</td>
</tr>
<tr>
<td>Adult Day Services</td>
<td>Covered when medically necessary. Prior Authorization is required.</td>
</tr>
<tr>
<td>AIDS/HIV Non-Medical Targeted Case Management</td>
<td>Covered. These case management services are for members living with AIDS, and for those at a high risk of acquiring HIV. Benefit includes and is not limited to counseling, assistance with accessing food, housing, transportation and referrals to community programs.</td>
</tr>
<tr>
<td>AIDS/HIV Medical Case Management</td>
<td>Covered. Medical case management services provided by participating providers.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Children’s Evaluations</td>
<td><strong>Rite Care only.</strong> Covered as needed. This includes evaluations for sexual abuse, parent/child evaluations, fire setter, PANDA clinic and other evaluations as medically necessary.</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Not covered, except medically necessary surgery to treat illness or injury to restore or provide function. Breast reconstruction following a mastectomy is covered.</td>
</tr>
</tbody>
</table>
| Dental Care (Inpatient and Outpatient) | **Emergency:** Emergency care to control pain, bleeding, infection or accidental injury.  
**Routine:** Not an in-plan benefit; checkups and treatment covered using your RI Medicaid card or Rite Smiles card (children born on or after May 1, 2000).  
**Oral surgery:** Covered when medically necessary. |
| Dental Care for Children      | **Emergency:** Covered. Emergency care to control pain, bleeding, infection or accidental injury.  
**Routine:** Not an in-plan benefit. Checkups and treatment using your RI Medicaid card or Rite Smiles card (children born on or after May 1, 2000). |
| Diabetes                      | Covers education, visit, and supplies (glucose meters, test strips, lancets, insulin inject aids, syringes, and molded shoes). |
| Dialysis                      | Covered based on medical necessity. Covers the following services:  
• Dialysis supplies.  
• Diagnostic testing.  
• Medications.  
Services may be provided on an outpatient or inpatient basis. |
<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs (Prescription and over-the-counter medications)</td>
<td>Covered. Generic substitution required unless otherwise ordered by a network provider. Prior authorization may be needed for some prescription drugs. Many over-the-counter drugs are covered, including routine nicotine cessation, aspirin, and cold medicines. Nutritional supplements covered when medically necessary. Medications for sexual or erectile dysfunction are not covered.</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>Covered when ordered by a network provider. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and medical supplies as covered by the Medicaid program.</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Covered for children up to age 3.</td>
</tr>
<tr>
<td>Early Periodic Screening, Diagnosis, and Treatment (EPSDT)</td>
<td>Covered for all children and young adults up to age 21. Includes periodic screenings, multidisciplinary evaluation and treatment in children with significant developmental disabilities or delays.</td>
</tr>
<tr>
<td>Education Classes (Childbirth, parenting, smoking cessation, diabetes, asthma, nutrition, etc.)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>Covered. Emergency room services are covered both in and out of state for emergency situations.</td>
</tr>
<tr>
<td>Emergency Transportation</td>
<td>Covered.</td>
</tr>
<tr>
<td>Experimental Procedures</td>
<td>Not covered, except when a state mandate for coverage exists.</td>
</tr>
<tr>
<td>Eye Care</td>
<td><strong>For adults:</strong> Covered. Routine eye exams, including refractions, and one pair of glasses, as needed, every 24 months. Exams and treatment for illness or injury as ordered by your PCP. Annual eye exams and eyeglass lenses for members who have diabetes; frames covered only every two years.</td>
</tr>
<tr>
<td></td>
<td><strong>For children under 21:</strong> Covered as medically necessary with no other limitations. Coverage includes lenses, frames and dispensing fee.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Family Planning Methods</strong></td>
<td>Covered. Limited to twelve 30-day supplies per year. Covered contraceptives include oral contraceptives, IUD, cervical cap, diaphragm and Depo-Provera. Covered non-prescription methods include foam, spermicidal jelly and condoms. Emergency contraceptives as needed. Sterilization is covered in many cases. Must meet state and federal guidelines and have Rhode Island Medicaid Consent Form signed at least 30 days prior.</td>
</tr>
<tr>
<td><strong>Family Planning Services</strong></td>
<td>Enrolled female members have freedom of choice of providers of family planning services.</td>
</tr>
<tr>
<td><strong>Gender Dysphoria Treatment</strong></td>
<td>Covered when ordered by a network provider. Some services may require prior approval.</td>
</tr>
<tr>
<td><strong>Hearing Therapy</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td><strong>Home Health Care (Therapy and Services)</strong></td>
<td>Covered when ordered by a network provider. Services are limited to those services covered by Medicare.</td>
</tr>
<tr>
<td><strong>Hospice Care</strong></td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td><strong>Hospital Care</strong></td>
<td>Covered. Private room not covered unless medically necessary.</td>
</tr>
<tr>
<td><strong>Infertility Treatment</strong></td>
<td>Not covered.</td>
</tr>
<tr>
<td><strong>Interpreters</strong></td>
<td>Covered. Please call member services to arrange for interpreter services. We require a 72-hour advance notice for languages and a 14-day advance notice for American sign language.</td>
</tr>
<tr>
<td><strong>Laboratory Tests</strong></td>
<td>Covered for diagnostic, screening, and monitoring purposes when medically necessary.</td>
</tr>
<tr>
<td><strong>Language Therapy</strong></td>
<td>Covered when ordered by your PCP.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Services (Inpatient and Outpatient)</td>
<td>Covered as needed. Mental Health and Substance Use Disorder treatment includes and is not limited to the following services: Community-based narcotic treatment, methadone, detoxification, emergency service intervention, observation/crisis stabilization, acute inpatient services, acute residential treatment, partial hospitalization programs, psychiatric rehabilitation residences (MHPRR), day programs, intensive outpatient treatment programs, assertive community treatment (ACT), integrated health homes (IHH), community mental health center services, home-based treatment services (HBTS), applied behavior analysis (ABA), personal assistance services and supports (PASS) and Respite. Residential treatment does not include room and board. Services also include DCYF ordered administratively necessary days.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Services (Court Ordered Services – Criminal and Civil)</td>
<td>Covered as needed and mandated by the court system to an in-network provider or facility.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Services (Opioid Treatment Health Homes)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Mental Health – Seriously and Persistently Mentally Ill (SPMI) Adults</td>
<td>Covered as medically needed. Includes Integrated Health Homes (IHH) and Assertive Community Treatment (ACT) services.</td>
</tr>
<tr>
<td>Nursing Homes (Skilled Nursing Facility)</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Covered when ordered by a network provider. Referrals to licensed dietitian only.</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Covered when ordered by a network provider. Includes covered services delivered in an outpatient hospital setting.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient Imaging</td>
<td>Covered. MRIs, MRAs, and CT and PET scans are covered with prior authorization.</td>
</tr>
<tr>
<td>Outpatient Rehab Services</td>
<td>Covered when ordered by network provider.</td>
</tr>
<tr>
<td>Physician Services (Primary and Specialty Care)</td>
<td>Covered. Including anesthesia for dental and oral surgery including temporomandibular joint (TMJ). Up to one annual visit and five GYN visits annually to a network provider for family planning (covered without a referral from a PCP). Immunizations and vaccines covered (except for travel).</td>
</tr>
<tr>
<td>Post Stabilization Care Services</td>
<td>Covered per services related to an emergency medical condition that are provided after the condition is stabilized.</td>
</tr>
<tr>
<td>Pregnancy Care</td>
<td>Covered. Includes a minimum hospital stay of 48 hours after a vaginal birth and 96 hours after a Cesarean birth, unless the mother requests an early discharge. Also includes postpartum care, lactation services and breast pumps.</td>
</tr>
<tr>
<td>Podiatry (Foot) Care</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>School-Based Health Center Services</td>
<td>Covered at all designated sites. Services limited to covered benefits.</td>
</tr>
<tr>
<td>Services of Other Practitioners</td>
<td>Covered if referred by an in-network provider. Practitioners certified and licensed by the State of Rhode Island including nurse practitioners, physicians’ assistants, social workers, licensed dietitians, psychologists and licensed nurse midwives.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Covered when ordered by a network provider. Emergency surgery is covered. Second surgical opinions are covered.</td>
</tr>
<tr>
<td>Testing</td>
<td>Lab (blood and urine test, etc.), X-ray and other diagnostic tests covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Transplant</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>X-Ray</td>
<td>Covered as medically necessary. Some services may require prior authorization.</td>
</tr>
</tbody>
</table>
Out-of-Plan Benefits Covered by Rhode Island Medicaid

For the benefits listed below, you will use your RI Medicaid Card (otherwise referred to as the Anchor Card). The benefits below are not provided by UnitedHealthcare Community Plan and are provided Out of Plan by RI Medicaid.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All RIte Care Enrollees</td>
<td>Dental Services.</td>
</tr>
<tr>
<td></td>
<td>Dental services for children born on or after May 1, 2000 are covered by RIte Smiles; all other dental services are covered by RI Medicaid.</td>
</tr>
<tr>
<td></td>
<td>Court-ordered mental health and substance use disorder services ordered to a non-network facility or provider.</td>
</tr>
<tr>
<td></td>
<td>Non-Emergency Transportation through LogistiCare.</td>
</tr>
<tr>
<td></td>
<td>Transportation, including Bus Passes for medical appointments, can be arranged directly through LogistiCare at 1-855-330-9131, TTY 1-866-288-3133.</td>
</tr>
<tr>
<td>Children Enrolled in RIte Care</td>
<td>Dental Services for children born before May 1, 2000.</td>
</tr>
<tr>
<td></td>
<td>Court-ordered mental health and substance use disorder services ordered to a non-network facility or provider.</td>
</tr>
<tr>
<td></td>
<td>Non-Emergency Transportation through LogistiCare.</td>
</tr>
<tr>
<td></td>
<td>Transportation, including Bus Passes for medical appointments, can be arranged directly through LogistiCare at 1-855-330-9131, TTY 1-866-288-3133.</td>
</tr>
<tr>
<td></td>
<td>Special Education services as defined in the child's Individual Education Plan (IEP) for children with special health needs or developmental delays.</td>
</tr>
<tr>
<td></td>
<td>Lead program home assessment and non-medical case management provided by the Department of Health or Lead Centers for lead-poisoned children.</td>
</tr>
<tr>
<td></td>
<td>Comprehensive Emergency Services (administered by DCYF).</td>
</tr>
<tr>
<td></td>
<td>Chiropractic Services, if medically necessary and if child is under age 21 and prior approval has been received.</td>
</tr>
</tbody>
</table>
Non-Covered Benefits

The following benefits are not covered by UnitedHealthcare or RI Medicaid.
- Experimental procedures, except where state mandate for coverage exists.
- Abortion services, except to preserve the woman’s life or in the case of rape or incest.
- Private rooms (except for a medical necessity).
- Cosmetic surgery.
- Infertility treatment services.
- Services outside of United States Territory.
- Services outside of Rhode Island, unless a network provider or if a covered benefit is not available in network. Emergency situations are covered both in and out of network.
- Medications for sexual or erectile dysfunction.
Rhode Island Medicaid – Benefits Covered by RIte Care

Extended Family Planning program benefits.
The following is a list of covered services for UnitedHealthcare RIte Care members who have Extended Family Planning (EFP) Coverage. You must have your UnitedHealthcare Member ID card to be eligible to receive only these services through UnitedHealthcare. If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at 1-800-587-5187, TTY 711 to ask questions about benefits.

Extended Family Planning IN Plan Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Procedures (In the Office or Clinic) Office Visit</td>
<td>• One comprehensive GYN visit and up to 5 additional Family Planning method related office visits.</td>
</tr>
<tr>
<td>Copay $2.00</td>
<td>• Tubal Ligation (Sterilization).</td>
</tr>
<tr>
<td></td>
<td>• IUD insertion and removal.</td>
</tr>
<tr>
<td>Outpatient Hospital Services and Surgery Related Services (Copay $15.00)</td>
<td>• One comprehensive GYN visit and up to 5 additional Family Planning method related office visits.</td>
</tr>
<tr>
<td></td>
<td>• Tubal Ligation (Sterilization).</td>
</tr>
<tr>
<td></td>
<td>• IUD insertion and removal.</td>
</tr>
<tr>
<td>Prescription and Non-Prescription Family Planning Methods</td>
<td>Limited to 12 months of 30-day supplies per year. Oral contraceptives, IUD, cervical cap, diaphragm, Depo-Provera and emergency contraceptive pills. Over-the-Counter Coverage includes foam, condoms and spermicidal jelly with a prescription from your doctor. Emergency contraceptive pills are covered when prescribed by a UnitedHealthcare provider as needed.</td>
</tr>
<tr>
<td>Copay $1.00</td>
<td></td>
</tr>
</tbody>
</table>
### Rite Care/Extended Family Planning Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
</table>
| Referrals to Free Clinics for Other Medical Services. Contact the Rhode Island Department of Health at 1-401-222-2320 for a list of clinics and counseling locations that can provide these services to you. | Referral for other services as needed. For example, referrals to the State’s:  
- Sexually Transmitted Disease Clinic for treatment.  
- Confidential HIV testing and counseling sites. |
| Gynecological Services (Well Woman Care) Routine Exam Copay $2.00 | Includes annual GYN exam, one comprehensive visit and up to 5 family planning visits annually. |
| Laboratory | Includes pregnancy testing, annual pap smear, sexually transmitted disease testing, anemia testing, dipstick urinalysis and urine culture. |
Out-of-Plan Benefits Covered by Rhode Island Medicaid

For the benefits listed below, you will use your RI Medicaid Card (otherwise referred to as the Anchor Card). The benefits below are not provided by UnitedHealthcare Community Plan and are provided Out of Plan by RI Medicaid.

Please refer to your Medicaid Fee For Service member handbook for services provided by Medicaid.

Non-Covered Benefits

The following benefits are not covered by UnitedHealthcare or RI Medicaid.

- Infertility treatment.
- Primary care services.
- Experimental procedures, except where state mandate for coverage exists.
- Abortion services, except to preserve the woman’s life or in the case of rape or incest.
- Private rooms (except for a medical necessity).
- Cosmetic surgery.
- Infertility treatment services.
- Services outside of United States Territory.
- Services outside of Rhode Island, unless a network provider or if a covered benefit is not available in network. Emergency situations are covered both in and out of network.
- Medications for sexual or erectile dysfunction.

Primary care services are not a covered benefit under Extended Family Planning.

All Rite Care benefits are subject to Rite Care’s Medical Necessity Definition.
**Children With Special Needs IN Plan Benefits**

As a member of UnitedHealthcare Community Plan – Children With Special Needs program, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at 1-800-587-5187, TTY 711, to ask questions about benefits.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion Services</td>
<td>Not covered, except to preserve the life of the woman, or in cases of rape or incest.</td>
</tr>
<tr>
<td>Adult Day Services</td>
<td>Covered when medically necessary. Prior Authorization is required.</td>
</tr>
<tr>
<td>AIDS/HIV Non-Medical Targeted Case Management</td>
<td>Covered. These case management services are for members living with AIDS, and for those at a high risk of acquiring HIV. Benefit includes and is not limited to counseling, assistance with accessing food, housing, transportation and referrals to community programs.</td>
</tr>
<tr>
<td>AIDS/HIV Medical Case Management</td>
<td>Covered. Medical case management services provided by participating providers.</td>
</tr>
<tr>
<td>Children's Evaluations</td>
<td>Covered as needed. This includes evaluations for sexual abuse, parent/child evaluations, fire setter, PANDA clinic and other evaluations as medically necessary.</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Not covered, except medically necessary surgery to treat illness or injury to restore or provide function. Breast reconstruction following a mastectomy is covered.</td>
</tr>
<tr>
<td>Dental Care for Children</td>
<td><strong>Emergency</strong>: Covered. Emergency care to control pain, bleeding, infection or accidental injury. <strong>Routine</strong>: Not an in-plan benefit. Checkups and treatment using your Medicaid card or Rite Smiles card (children born on or after May 1, 2000).</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Covers education, visit, and supplies (glucose meters, test strips, lancets, insulin inject aids, syringes, and molded shoes).</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Covered based on medical necessity. Covers the following services:</td>
</tr>
<tr>
<td></td>
<td>• Dialysis supplies.</td>
</tr>
<tr>
<td></td>
<td>• Diagnostic testing.</td>
</tr>
<tr>
<td></td>
<td>• Medications.</td>
</tr>
<tr>
<td></td>
<td>Services may be provided on an outpatient or inpatient basis.</td>
</tr>
<tr>
<td>Drugs (Prescription and over-the-counter medications)</td>
<td>Covered. Generic substitution required unless otherwise ordered by a network provider. Prior authorization may be needed for some prescription drugs. Many over-the-counter drugs are covered, including routine nicotine cessation, aspirin, and cold medicines. Nutritional supplements covered when medically necessary. Medications for sexual or erectile dysfunction are not covered.</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>Covered when ordered by a network provider. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and medical supplies as covered by the Medicaid program.</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Covered for children up to age 3.</td>
</tr>
<tr>
<td>Early Periodic Screening, Diagnosis, and Treatment (EPSDT)</td>
<td>Covered for all children and young adults up to age 21. Includes periodic screenings, multidisciplinary evaluation and treatment in children with significant developmental disabilities or delays.</td>
</tr>
<tr>
<td>Education Classes (Childbirth, parenting, smoking cessation, diabetes, asthma, nutrition, etc.)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>Covered. Emergency room services are covered both in and out of network for emergency situations.</td>
</tr>
<tr>
<td>Emergency Transportation</td>
<td>Covered.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Experimental Procedures</td>
<td>Not covered, except when a state mandate for coverage exists.</td>
</tr>
</tbody>
</table>
| Eye Care                        | **For adults:** Covered. Routine eye exams, including refractions, and one pair of glasses, as needed, every 24 months. Exams and treatment for illness or injury as ordered by your PCP. Annual eye exams and eyeglass lenses for members who have diabetes; frames covered only every two years.  
**For children under 21:** Covered as medically necessary with no other limitations. Coverage includes lenses, frames and dispensing fee. |
<p>| Family Planning Methods         | Covered. Limited to twelve 30-day supplies per year. Covered contraceptives include oral contraceptives, IUD, cervical cap, diaphragm and Depo-Provera. Covered non-prescription methods include foam, spermicidal jelly and condoms. Emergency contraceptives as needed. Sterilization is covered in many cases. Must meet state and federal guidelines and have Rhode Island Medicaid Consent Form signed at least 30 days prior. |
| Family Planning Methods         | Enrolled female members have freedom of choice of providers of family planning services.                                                                                               |
| Gender Dysphoria Treatment      | Covered when ordered by a network provider. Some services may require prior approval.                                                                                                     |
| Hearing Therapy                 | Covered.                                                                                                                                                                                |
| Home Health Care (Therapy and Services) | Covered when ordered by a network provider.                                                                                                                                               |
| Hospice Care                    | Covered when ordered by a network provider. Services are limited to those services covered by Medicare.                                                                                 |
| Hospital Care                   | Covered. Private room not covered unless medically necessary.                                                                                                                            |
| Infertility Treatment           | Not covered.                                                                                                                                |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreters</td>
<td>Covered. Call member services to arrange for interpreter services. We require a 72-hour advance notice for languages and 14-day advance notice for American sign language.</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>Covered for diagnostic, screening, and monitoring purposes when medically necessary and ordered by network provider.</td>
</tr>
<tr>
<td>Language Therapy</td>
<td>Covered when ordered by your PCP.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Services (Inpatient and Outpatient)</td>
<td>Covered as needed. Mental Health and Substance Use Disorder treatment includes and is not limited to the following services: Community-based narcotic treatment, methadone, detoxification, emergency service intervention, observation/crisis stabilization, acute inpatient services, acute residential treatment, partial hospitalization programs, psychiatric rehabilitation residences, day programs, intensive outpatient treatment programs, assertive community treatment (ACT), integrated health homes, community mental health center services, home-based treatment services (HBTS), applied behavior analysis (ABA), personal assistance services and supports (PASS). Residential treatment does not include room and board. Services also include DCYF ordered administratively necessary days.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder (Court Ordered Services – Criminal and Civil)</td>
<td>Covered as needed and mandated by the court system to an in-network provider or facility.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder (Opioid Treatment Health Home Services)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Nursing Homes (Skilled Nursing Facility)</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Covered when ordered by a network provider. Referrals to licensed dietitian only.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Covered when ordered by a network provider. Includes covered services delivered in an outpatient hospital setting.</td>
</tr>
<tr>
<td>Outpatient Imaging</td>
<td>Covered. MRIs, MRAs, and CT and PET scans are covered with prior authorization.</td>
</tr>
<tr>
<td>Outpatient Rehab Services</td>
<td>Covered when ordered by network provider.</td>
</tr>
<tr>
<td>Physician Services (Primary and Specialty Care)</td>
<td>Covered. Including anesthesia for dental and oral surgery including temporomandibular joint (TMJ). Up to one annual visit and five GYN visits annually to a network provider for family planning (covered without a referral from a PCP). Immunizations and vaccines covered (except for travel).</td>
</tr>
<tr>
<td>Post Stabilization Care Services</td>
<td>Covered per services related to an emergency medical condition that are provided after the condition is stabilized.</td>
</tr>
<tr>
<td>Pregnancy Care</td>
<td>Covered. Includes a minimum hospital stay of 48 hours after a vaginal birth and 96 hours after a Cesarean birth, unless the mother requests an early discharge. Also includes postpartum care, lactation services and breast pumps.</td>
</tr>
<tr>
<td>Podiatry (Foot) Care</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>School-Based Health Center Services</td>
<td>Covered at all designated sites. Services limited to covered benefits.</td>
</tr>
<tr>
<td>Services of Other Practitioners</td>
<td>Covered if referred by an in-network provider. Practitioners certified and licensed by the State of Rhode Island including nurse practitioners, physicians’ assistants, social workers, licensed dietitians, psychologists and licensed nurse midwives.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Covered when ordered by a network provider. Emergency surgery is covered. Second surgical opinions are covered.</td>
</tr>
<tr>
<td>Testing</td>
<td>Lab (blood and urine test, etc.), X-ray and other diagnostic tests covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Transplant</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>X-Ray</td>
<td>Covered as medically necessary. Some services may require prior authorization.</td>
</tr>
</tbody>
</table>
Out-of-Plan Benefits Covered by Rhode Island Medicaid

For the benefits listed below, you will use your RI Medicaid Card (otherwise referred to as the Anchor card). The benefits below are not provided by UnitedHealthcare Community Plan and are provided Out of Plan by RI Medicaid.

### Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Enrolled in Rite Care</td>
<td>Dental Services for children born before May 1, 2000. Court-ordered mental health and substance use disorder services ordered to a non-network facility or provider. Non-Emergency Transportation through LogistiCare. Transportation, including Bus Passes for medical appointments can be arranged directly through LogistiCare at 1-855-330-9131, TTY 1-866-288-3133. Special Education services as defined in the child’s Individual Education Plan (IEP) for children with special health needs or developmental delays. Lead program home assessment and non-medical case management provided by the Department of Health or Lead Centers for lead-poisoned children. Comprehensive Emergency Services (administered by DCYF). Chiropractic Services, if medically necessary and if child is under age 21 and prior approval has been received.</td>
</tr>
</tbody>
</table>
Non-Covered Benefits

The following benefits are not covered by UnitedHealthcare or RI Medicaid.

- Experimental procedures, except where state mandate for coverage exists.
- Abortion services, except to preserve the woman’s life or in the case of rape or incest.
- Private rooms (except for a medical necessity).
- Cosmetic surgery.
- Infertility treatment services.
- Services outside of United States Territory.
- Services outside of Rhode Island, unless a network provider or if a covered benefit is not available in network. Emergency situations are covered both in and out of network.
- Medications for sexual or erectile dysfunction.
Benefits Covered by UnitedHealthcare Community Plan

As a member of UnitedHealthcare Community Plan – Rhody Health Partners, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at 1-800-587-5187, TTY 711, to ask questions about benefits.

Rhody Health Partners IN Plan Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion Services</td>
<td>Not covered, except to preserve the life of the woman, or in cases of rape or incest.</td>
</tr>
<tr>
<td>Adult Day Services</td>
<td>Covered when medically necessary. Prior Authorization is required.</td>
</tr>
<tr>
<td>AIDS/HIV Non-Medical Targeted Case Management</td>
<td>Covered. These case management services are for members living with AIDS, and for those at a high risk of acquiring HIV. Benefit includes and is not limited to counseling, assistance with accessing food, housing, transportation and referrals to community programs.</td>
</tr>
<tr>
<td>AIDS/HIV Medical Case Management</td>
<td>Covered. Medical case management services provided by participating providers.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Not covered, except medically necessary surgery to treat illness or injury to restore or provide function. Breast reconstruction following a mastectomy is covered.</td>
</tr>
<tr>
<td>Dental Care (Inpatient and Outpatient)</td>
<td><strong>Emergency</strong>: Emergency care to control pain, bleeding, infection or accidental injury.</td>
</tr>
<tr>
<td></td>
<td><strong>Routine</strong>: Not an in-plan benefit; checkups and treatment covered using your RI Medicaid card.</td>
</tr>
<tr>
<td></td>
<td><strong>Oral surgery</strong>: Covered when medically necessary.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Covers education, visit, and supplies (glucose meters, test strips, lancets, insulin inject aids, syringes, and molded shoes).</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Covered based on medical necessity. Covers the following services:</td>
</tr>
<tr>
<td></td>
<td>• Dialysis supplies.</td>
</tr>
<tr>
<td></td>
<td>• Diagnostic testing.</td>
</tr>
<tr>
<td></td>
<td>• Medications.</td>
</tr>
<tr>
<td></td>
<td>Services may be provided on an outpatient or inpatient basis.</td>
</tr>
<tr>
<td>Drugs (Prescription and over-the-counter medications)</td>
<td>Covered. Generic substitution required unless otherwise ordered by a network provider. Prior authorization may be needed for some prescription drugs. Many over-the-counter drugs are covered, including routine nicotine cessation, aspirin, and cold medicines. Nutritional supplements covered when medically necessary. Medications for sexual or erectile dysfunction are not covered.</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>Covered when ordered by a network provider. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and medical supplies as covered by the Medicaid program.</td>
</tr>
</tbody>
</table>
### Service Coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Classes (Childbirth, parenting, smoking cessation, diabetes, asthma, nutrition, etc.)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>Covered. Emergency room services are covered both in and out of network for emergency situations.</td>
</tr>
<tr>
<td>Emergency Transportation</td>
<td>Covered.</td>
</tr>
<tr>
<td>Experimental Procedures</td>
<td>Not covered, except when a state mandate for coverage exists.</td>
</tr>
<tr>
<td>Eye Care</td>
<td>For adults: Covered. Routine eye exams, including refractions, and one pair of glasses, as needed, every 24 months. Exams and treatment for illness or injury as ordered by your PCP. Annual eye exams and eyeglass lenses for members who have diabetes; frames covered only every two years.</td>
</tr>
<tr>
<td>Family Planning Methods (Prescription and Non-prescription)</td>
<td>Covered. Limited to twelve 30-day supplies per year. Covered contraceptives include oral contraceptives, IUD, cervical cap, diaphragm and Depo-Provera. Covered non-prescription methods include foam, spermicidal jelly and condoms. Emergency contraceptives as needed. Sterilization is covered in many cases. Must meet state and federal guidelines and have Rhode Island Medicaid Consent Form signed at least 30 days prior.</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>Enrolled female members have freedom of choice of providers of family planning services.</td>
</tr>
<tr>
<td>Gender Dysphoria Treatment</td>
<td>Covered when ordered by a network provider. Some services may require prior authorization.</td>
</tr>
<tr>
<td>Hearing Therapy</td>
<td>Covered.</td>
</tr>
<tr>
<td>Home Health Care (Therapy and Services)</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Home Modifications and Specialty Equipment Supplies</td>
<td>Covered when medically necessary. Services require prior authorization.</td>
</tr>
<tr>
<td>Hospital Care</td>
<td>Covered. Private room not covered unless medically necessary.</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Covered when ordered by a network provider. Services are limited to those services covered by Medicare.</td>
</tr>
<tr>
<td>Infertility Treatment</td>
<td>Not covered.</td>
</tr>
<tr>
<td>Interpreters</td>
<td>Covered. Call member services to arrange interpreter services. We require a 72-hour advance notice for language services, and a 14-day advance notice for American sign language.</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>Covered for diagnostic, screening, and monitoring purposes when medically necessary.</td>
</tr>
<tr>
<td>Language Therapy</td>
<td>Covered when ordered by your PCP.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Services (Outpatient and Inpatient)</td>
<td>Covered as needed. Mental Health and Substance Use Disorder treatment includes and is not limited to the following services: Community-based narcotic treatment, methadone, detoxification, emergency service intervention, observation/crisis stabilization, acute inpatient services, acute residential treatment, partial hospitalization programs, psychiatric rehabilitation residences, day programs, intensive outpatient treatment programs, assertive community treatment (ACT), integrated health homes (IHH), and community mental health center services. Residential treatment does not include room and board.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder (Court Ordered Services – Criminal and Civil)</td>
<td>Covered as needed and mandated by the court system to an in-network provider or facility.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Services (Opioid Health Home Services)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mental Health – Seriously and Persistently Mentally Ill (SPMI) Adults</td>
<td>Covered. Includes Assertive Community Treatment and Integrated Health Home programs.</td>
</tr>
<tr>
<td>Nursing Homes (Skilled Nursing Facilities)</td>
<td>Covered when ordered by a network provider. Rhody Health Partners are covered for 30 consecutive days. If services are required beyond 30 consecutive days, see Out-of-Plan Benefits.</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Covered when ordered by a network provider. Referrals to licensed dietitian only.</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Covered when ordered by a network provider. Includes covered services delivered in an outpatient hospital setting.</td>
</tr>
<tr>
<td>Outpatient Imaging</td>
<td>Covered. MRIs, MRAs, and CT and PET scans are covered with prior authorization.</td>
</tr>
<tr>
<td>Outpatient Rehab Services</td>
<td>Covered when ordered by network provider.</td>
</tr>
<tr>
<td>Personal Emergency Response System</td>
<td>Covered when medically necessary.</td>
</tr>
<tr>
<td>Physician Services (Primary and Specialty Care)</td>
<td>Covered. Including anesthesia for dental and oral surgery including temporomandibular joint (TMJ). Up to one annual visit and five GYN visits annually to a network provider for family planning (covered without a referral from a PCP). Immunizations and vaccines covered (except for travel).</td>
</tr>
<tr>
<td>Post Stabilization Care Services</td>
<td>Covered per services related to an emergency medical condition that are provided after the condition is stabilized.</td>
</tr>
<tr>
<td>Pregnancy Care</td>
<td>Covered, including postpartum care, lactation services and breast pumps.</td>
</tr>
<tr>
<td>Podiatry (Foot) Care</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Services of Other Practitioners</td>
<td>Covered if referred by an in-network provider. Practitioners certified and licensed by the State of Rhode Island including nurse practitioners, physicians’ assistants, social workers, licensed dietitians, psychologists and licensed nurse midwives.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Surgery</td>
<td>Covered when ordered by a network provider. Emergency surgery is covered. Second surgical opinions are covered.</td>
</tr>
<tr>
<td>Testing</td>
<td>Lab (blood and urine test, etc.), X-ray and other diagnostic tests covered when ordered by a network provider, and covered in emergency situations.</td>
</tr>
<tr>
<td>Transplant</td>
<td>Covered when ordered by network provider.</td>
</tr>
<tr>
<td>X-Ray</td>
<td>Covered as medically necessary. Some services may require prior authorization.</td>
</tr>
</tbody>
</table>
Out-of-Plan Benefits Covered by Rhode Island Medicaid

For the benefits listed below, you will use your RI Medicaid Card (otherwise referred to as the Anchor Card). The benefits below are not provided by UnitedHealthcare Community Plan and are provided Out of Plan by RI Medicaid.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Rhody Health Partners Enrollees</td>
<td>Dental Services.</td>
</tr>
<tr>
<td></td>
<td>Court-ordered mental health and substance use disorder services ordered to a non-network facility or provider.</td>
</tr>
<tr>
<td></td>
<td>Non-emergency transportation is covered with a RIPTA No Fare ID Pass or through LogistiCare. Transportation can be arranged directly through LogistiCare at 1-855-330-9131, TTY 1-866-288-3133.</td>
</tr>
<tr>
<td></td>
<td>Nursing home services in excess of 30 consecutive days.</td>
</tr>
</tbody>
</table>
Non-Covered Benefits

The following benefits are not covered by UnitedHealthcare or RI Medicaid.

- Experimental procedures, except where state mandate for coverage exists.
- Abortion services, except to preserve the woman’s life or in the case of rape or incest.
- Private rooms (except for a medical necessity).
- Cosmetic surgery.
- Infertility treatment services.
- Services outside of United States Territory.
- Services outside of Rhode Island, unless a network provider, or if a covered benefit is not available in network. Emergency situations are covered both in and out of network.
- Medications for sexual or erectile dysfunction.
Rhody Health Partners ACA Adult Expansion IN Plan Benefits

As a member of UnitedHealthcare Community Plan – Rhody Health Partners ACA Adult Expansion, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at 1-800-587-5187, TTY 711, to ask questions about benefits.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion Services</td>
<td>Not covered, except to preserve the life of the woman, or in cases of rape or incest.</td>
</tr>
<tr>
<td>Adult Day Services</td>
<td>Covered when medically necessary. Prior Authorization is required.</td>
</tr>
<tr>
<td>AIDS/HIV Non-Medical Targeted Case Management</td>
<td>Covered. These case management services are for members living with AIDS, and for those at a high risk of acquiring HIV. Benefit includes and is not limited to counseling, assistance with accessing food, housing, transportation and referrals to community programs.</td>
</tr>
<tr>
<td>AIDS/HIV Medical Case Management</td>
<td>Covered. Medical case management services provided by participating providers.</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Not covered, except medically necessary surgery to treat illness or injury to restore or provide function. Breast reconstruction following a mastectomy is covered.</td>
</tr>
<tr>
<td>Dental Care (Inpatient and Outpatient)</td>
<td><strong>Emergency:</strong> Emergency care to control pain, bleeding, infection or accidental injury. <strong>Routine:</strong> Not an in-plan benefit; checkups and treatment covered using your RI Medicaid card. <strong>Oral surgery:</strong> Covered when medically necessary.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Covers education, visit, and supplies (glucose meters, test strips, lancets, insulin inject aids, syringes, and molded shoes).</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Covered based on medical necessity. Covers the following services: • Dialysis supplies. • Diagnostic testing. • Medications. Services may be provided on an outpatient or inpatient basis.</td>
</tr>
<tr>
<td>Drugs (Prescription and over-the-counter medications)</td>
<td>Covered. Generic substitution required unless otherwise ordered by a network provider. Prior authorization may be needed for some prescription drugs. Many over-the-counter drugs are covered, including routine nicotine cessation, aspirin, and cold medicines. Nutritional supplements covered when medically necessary. Medications for sexual or erectile dysfunction are not covered.</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>Covered when ordered by a network provider. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and medical supplies as covered by the Medicaid program.</td>
</tr>
<tr>
<td>Education Classes (Childbirth, parenting, smoking cessation, diabetes, asthma, nutrition, etc.)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>Covered. Emergency room services are covered both in and out of network for emergency situations.</td>
</tr>
<tr>
<td>Emergency Transportation</td>
<td>Covered.</td>
</tr>
<tr>
<td>Experimental Procedures</td>
<td>Not covered, except when a state mandate for coverage exists.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Eye Care</strong></td>
<td>For adults: Covered. Routine eye exams, including refractions, and one pair of glasses, as needed, every 24 months. Exams and treatment for illness or injury as ordered by your PCP. Annual eye exams and eyeglass lenses for members who have diabetes; frames covered only every two years.</td>
</tr>
<tr>
<td><strong>Family Planning Methods</strong></td>
<td>Covered. Limited to twelve 30-day supplies per year. Covered contraceptives include oral contraceptives, IUD, cervical cap, diaphragm and Depo-Provera. Covered non-prescription methods include foam, spermicidal jelly and condoms. Emergency contraceptives as needed. Sterilization is covered in many cases. Must meet state and federal guidelines and have Rhode Island Medicaid Consent Form signed at least 30 days prior.</td>
</tr>
<tr>
<td><strong>Family Planning Services</strong></td>
<td>Enrolled female members have freedom of choice of providers of family planning services.</td>
</tr>
<tr>
<td><strong>Gender Dysphoria Treatment</strong></td>
<td>Covered when ordered by a network provider. Some services may require prior authorization.</td>
</tr>
<tr>
<td><strong>Hearing Therapy</strong></td>
<td>Covered.</td>
</tr>
<tr>
<td><strong>Home Health Care</strong> (Therapy and Services)</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td><strong>Hospital Care</strong></td>
<td>Covered. Private room not covered unless medically necessary.</td>
</tr>
<tr>
<td><strong>Hospice Care</strong></td>
<td>Covered when ordered by a network provider. Services are limited to those services covered by Medicare.</td>
</tr>
<tr>
<td><strong>Infertility Treatment</strong></td>
<td>Not covered.</td>
</tr>
<tr>
<td><strong>Interpreters</strong></td>
<td>Covered. Call member services to arrange for interpreter services. We require a 72-hour advance notice for languages and 14-day advance notice for American sign language.</td>
</tr>
<tr>
<td><strong>Laboratory Tests</strong></td>
<td>Covered for diagnostic, screening, and monitoring purposes when medically necessary.</td>
</tr>
<tr>
<td><strong>Language Therapy</strong></td>
<td>Covered when ordered by your PCP.</td>
</tr>
</tbody>
</table>
## Benefits — Rhody Health Partners Benefits ACA Adult Expansion

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Substance Use Disorder Services (Outpatient and Inpatient)</td>
<td>Covered as needed. Mental Health and Substance Use Disorder treatment includes and is not limited to the following services: Community-based narcotic treatment, methadone, detoxification, emergency service intervention, observation/crisis stabilization, acute inpatient services, acute residential treatment, partial hospitalization programs, psychiatric rehabilitation residences, day programs, intensive outpatient treatment programs, assertive community treatment (ACT), integrated health homes (IHH), community mental health center services, home-based treatment services (HBTS), applied behavior analysis (ABA), personal assistance services and supports (PASS). Residential treatment does not include room and board.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder (Court Ordered Services – Criminal and Civil)</td>
<td>Covered as needed and mandated by the court system to an in-network provider or facility.</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder (Opioid Health Home Services)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Mental Health – Seriously and Persistently Mentally Ill (SPMI) Adults</td>
<td>Covered. Includes Assertive Community Treatment and Integrated Health Home programs.</td>
</tr>
<tr>
<td>Nursing Homes (Skilled Nursing Facility)</td>
<td>Covered when ordered by a network provider. ACA Adult Expansion are covered for 30 consecutive days. If services are required beyond 30 consecutive days, see Out-of-Plan Benefits.</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Covered when ordered by a network provider. Referrals to licensed dietitian only.</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Covered when ordered by a network provider. Includes covered services delivered in an outpatient hospital setting.</td>
</tr>
<tr>
<td>Outpatient Imaging</td>
<td>Covered. MRIs, MRAs, and CT and PET scans are covered with prior authorization.</td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient Rehab Services</td>
<td>Covered when ordered by network provider.</td>
</tr>
<tr>
<td>Physician Services (Primary and Specialty Care)</td>
<td>Covered. Including anesthesia for dental and oral surgery including temporomandibular joint (TMJ). Up to one annual visit and 5 GYN visits annually to a network provider for family planning (covered without a referral from a PCP). Immunizations and vaccines covered (except for travel).</td>
</tr>
<tr>
<td>Post Stabilization Care Services</td>
<td>Covered per services related to an emergency medical condition that are provided after the condition is stabilized.</td>
</tr>
<tr>
<td>Pregnancy Care</td>
<td>Covered, including postpartum care, lactation services and breast pumps.</td>
</tr>
<tr>
<td>Podiatry (Foot) Care</td>
<td>Covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Services of Other Practitioners</td>
<td>Covered if referred by an in-network provider. Practitioners certified and licensed by the state of Rhode Island including nurse practitioners, physicians' assistants, social workers, licensed dietitians, psychologists and licensed nurse midwives.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Covered when ordered by a network provider. Emergency surgery is covered. Second surgical opinions are covered.</td>
</tr>
<tr>
<td>Testing</td>
<td>Lab (blood and urine test, etc.), X-ray and other diagnostic tests covered when ordered by a network provider.</td>
</tr>
<tr>
<td>Transplant</td>
<td>Covered when ordered by network provider.</td>
</tr>
<tr>
<td>X-Ray</td>
<td>Covered as medically necessary. Some services may require prior authorization.</td>
</tr>
</tbody>
</table>
Out-of-Plan Benefits Covered by Rhode Island Medicaid

For the benefits listed below, you will use your RI Medicaid Card (otherwise referred to as the Anchor Card). The benefits below are not provided by UnitedHealthcare Community Plan and are provided Out of Plan by RI Medicaid.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Rhody Health Partners Enrollees</td>
<td>Dental Services.</td>
</tr>
<tr>
<td></td>
<td>Court-ordered mental health and substance use disorder services ordered to a non-network facility or provider.</td>
</tr>
<tr>
<td></td>
<td>Non-Emergency Transportation through LogistiCare. Transportation, including Bus Passes for medical appointments can be arranged directly through LogistiCare at 1-855-330-9131, TTY 1-866-288-3133.</td>
</tr>
<tr>
<td></td>
<td>Nursing Home Services in excess of 30 consecutive days.</td>
</tr>
</tbody>
</table>
Non-Covered Benefits

The following benefits are not covered by UnitedHealthcare or RI Medical Assistance.

• Experimental procedures, except where state mandate for coverage exists.
• Abortion services, except to preserve the woman’s life or in the case of rape or incest.
• Private rooms (except for a medical necessity).
• Cosmetic surgery.
• Infertility treatment services.
• Services outside of United States Territory.
• Services outside of Rhode Island, unless a network provider or if a covered benefit is not available in network. Emergency situations are covered both in and out of network.
• Medications for sexual or erectile dysfunction.
Benefits Covered by RIte Smiles
UnitedHealthcare Dental

UnitedHealthcare is pleased to be the only provider of dental care for Medicaid eligible children born on or after May 1, 2000. Medically necessary dental services are covered including:

- Exams.
- Cleanings.
- Fluoride treatments.
- X-rays.
- Fillings.
- Crowns.

If you would like more information or need to find a dentist, call 1-866-375-3257, TTY 1-800-207-5909, or visit www.uhc.com/ritesmiles.

Healthy smiles start young.

Did you know that kids should start seeing a dentist soon after their first birthday?

Preventive care helps stop tooth decay before it starts.
As a member of UnitedHealthcare Community Plan, in addition to your medical and behavioral health benefits you may be able to receive additional services. For more information on these services, please call Member Services at 1-800-587-5187, TTY 711, 8:00 a.m. to 7:00 p.m. Monday – Friday.

### Behavioral Health Benefits

As a UnitedHealthcare Community Plan member, you have access to mental health and substance use disorder services through Optum Behavioral Health.

Behavioral health services include:

- Family or individual counseling.
- Day programs.
- Hospitalization.
- Methadone maintenance.

**NEW! Integrated Health Homes (IHH)/Assertive Community Treatment (ACT).**

These services are now part of your behavioral health coverage. The program is for members with multiple chronic illnesses. It links the member with social support in the community. It helps manage medical and behavioral services.

**Opioid Treatment Program Health Homes.**

The Opioid Treatment Program (OTP) Health Home (HH) initiative is a state-wide collaborative model designed to decrease stigma and discrimination, monitor chronic conditions, enhance coordination of physical care and treatment for opioid dependence, and promote wellness, self-care, and recovery through preventive and educational services. It is a person-centered care model that addresses primary medical, specialists, and behavioral health care needs. An individual works with a team to ensure that all needs are being addressed and met. OTP Health Home services include comprehensive care management services, health promotion services, individual and family support, referrals to community and social support services, care coordination and comprehensive transitional care services.
Additional Services

Your behavioral health benefits are listed in the benefits grid. (See Mental Health and Substance Use Disorder Services.) Find a list of network providers online at myuhc.com/CommunityPlan. Click on “Find a Provider.” Then use the search tool. You may also call Member Services at 1-800-587-5187, TTY 711, to request that a Provider Directory be mailed to you.

Disease and Care Management

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting. They can also help you with other things like weight loss, quitting smoking, making appointments with your doctor and reminding you about special tests that you might need.

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us at 1-800-672-2156, TTY 711, or 1-401-732-7373.

Post Stabilization Services

If you are treated for an emergency, you may need additional treatment once the emergency is over. These are services you receive after the emergency to ensure you are getting better.
Wellness Programs

UnitedHealthcare Community Plan has many programs and tools to help keep you and your family healthy, including:

• Classes to help you quit smoking.
• Pregnancy care and parenting classes.
• Nutrition classes.
• Well-care reminders.

Your provider may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at 1-800-587-5187, TTY 711.

For Moms-to-Be and Children

Healthy First Steps™.
Our Healthy First Steps program makes sure that both mom and baby get good medical attention.

We will help:
• Get good advice on nutrition, fitness and safety.
• Get supplies, including breast pumps for nursing moms.
• Choose a doctor or nurse midwife.
• Schedule visits and exams.
• Arrange rides to doctor’s visits.
• Connect with community resources such as Women, Infants and Children (WIC) services.
• Get care after your baby is born.
• Choose a pediatrician (child’s doctor).
• Get family planning information.

Call us toll-free at 1-800-599-5985.

It’s important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn’t your first baby.

Having a baby?
When you know that you are pregnant, call your local Department of Human Services (DHS) office and Member Services at 1-800-587-5187, TTY 711. This will help ensure you get all the services available to you.


Addional Services

Baby Blocks™.
If you are pregnant, you can earn rewards with Baby Blocks. When you join, you get a gift card or cool gear for your baby. Then earn up to seven more rewards with doctor visits during pregnancy and your baby’s first 15 months. You earn great rewards while both you and your baby get the care you need to stay healthy.

It’s easy to get started.
1. Enroll at UHCBabyBlocks.com. Get appointment reminders by text or email.
2. Go to your appointments and record them at UHCBabyBlocks.com.
3. Choose your rewards for going to the doctor.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT).
The purpose of EPSDT is to find and treat health problems early so that children can have the best health and development possible. Covered services include periodic screenings, as well as evaluations and treatments for children with significant developmental disabilities or delays. EPSDT services are covered for all children and young adults up to age 21.

Providence Children’s Museum Rite Care Members.
Show your UnitedHealthcare Rite Care member ID card for admission to the Providence Children’s Museum! The museum is one of the leading resources in the state for interactive learning. It offers hands-on, play-filled exhibits and programs that explore the arts, culture, history and science.

Providence Children’s Museum
100 South Street
Providence, Rhode Island 02903

Call 1-401-273-5437 for museum hours or visit www.childrenmuseum.org.
Finding a Network Provider

We make finding a network provider easy. To find a network provider or a pharmacy close to you:

Visit myuhc.com/CommunityPlan for the most up-to-date information and to search for providers in our network. Click on “Find a Provider.” Use our searchable tool.

Call Member Services at 1-800-587-5187, TTY 711. We can look up network providers for you. Or, if you’d like, we can send you a Provider Directory in the mail.

Provider Directory

You have a directory of providers available to you in your area. The directory lists provider names, addresses and phone numbers, languages spoken, specialty and board certifications of our in-network providers.

Provider information changes often. Visit our website for the most up-to-date listing at myuhc.com/CommunityPlan. Click on “Find a Provider” to use our online searchable tool.

If you would like to know the professional qualifications, medical school attended or residency completed of an in-network provider, please call Member Services at 1-800-587-5187, TTY 711.

If you would like a printed copy of our directory, please call Member Services at 1-800-587-5187, TTY 711, and we will mail one to you.
Other Plan Details

Interpreter Services and Language Assistance

Many of our Member Services employees speak more than one language. If you can’t connect with one who speaks your language, you can use an interpreter to help you speak with Member Services.

Many of our network providers also speak more than one language. If you see one who doesn’t speak your language, you can use our interpreter or sign language services to help you during your appointment. Arrange for your interpreter services at least 72 hours before your appointment. Sign language services require two weeks’ notice.

You can also have any printed materials we send you either sent in a different language or translated for you. To arrange for interpreter, translation services or audio format, call Member Services at 1-800-587-5187, TTY 711.

For help to translate or understand this, please call 1-800-587-5187, TTY: 711.

If You Get a Bill for Services

Participating hospitals and doctors cannot bill members for covered services. If you get a bill, call Member Services at 1-800-587-5187, TTY 711. A representative will work with you to find out if you need to pay the bill or if you should send it to us at:

UnitedHealthcare Community Plan
Attention: Member Appeals
P.O. Box 31364
Salt Lake City, UT 84131

Keep a copy of the bill for yourself. We will review these bills to make sure the services are covered benefits. If they are covered, we will pay the health care provider right away. Call Member Services at 1-800-587-5187, TTY 711, with any questions.

If you receive a service covered under UnitedHealthcare Community Plan, you should not receive a bill. If you do, call your provider (doctor or hospital) right away. Tell them you have insurance with UnitedHealthcare Community Plan and make sure they have your ID number. Tell the provider to stop billing you and to send a claim to UnitedHealthcare Community Plan.
If you keep getting bills, call Member Services at 1-800-587-5187, TTY 711. A representative will work with you and we will contact the provider and tell them to stop billing you. If you agree to receive services that are not covered by UnitedHealthcare Community Plan, you may have to pay the bill.

---

**Rhode Island All-Payer Claims Database Member Opt-Out**

As of May 2014, health plans are required to submit certain information about their members to the Rhode Island All-Payer Claims Database (RI APCD). Information to be submitted by UnitedHealthcare will include your eligibility details and medical and pharmacy claims data. Personal information such as your name or any other information that could be used to identify you will not be given.

**What is the RI APCD?**
The RI APCD was created by the Rhode Island Office of Health Insurance Commissioner (RI OHIC). It will include medical and pharmacy claims, provider information, and your eligibility data. The RI APCD will provide reports about health care quality, cost and reforms. These can be used to help improve the health care system for Rhode Island. Several other states have similar programs in place.

**What information will be shared with the APCD?**
The information that will be shared will include your eligibility, medical and pharmacy claims data. We will not send your name, address, Social Security number, telephone number, email address, or any other information that could identify you. RI OHIC will be responsible for protecting your information according to federal law.

If you do not want your information shared with RI OHIC, you can opt-out of the program. You can go to the website www.riapcd-optout.com at any time to remove yourself (opt-out) from the RI APCD program. UnitedHealthcare will be contacted by the RI OHIC to confirm that you are removed from the RI APCD data. If you cannot go on the internet and would like to opt-out, please call Rhode Island’s Health Insurance Consumer Support toll-free at 1-855-747-3224. Although you can decide not to be part of RI APCD anytime, this will be your only notice from UnitedHealthcare about the opt-out option.

If you have any questions regarding the APCD or opt-out process, please contact the Rhode Island All-Payer Claims Database at RIAPCD@ohic.ri.gov.

If you have questions about your health plan benefits, please call 1-800-587-5187, TTY 711.
Advance Directives

An advance directive is a set of written steps you want to be taken when you can no longer make health care choices for yourself. It tells what health care you want or do not want. You should talk about your wishes with your doctor, family and friends. These steps will not change your health care benefits. Some examples of advance directives include:

**Living wills.**
A living will tells your doctor the kinds of life support you want or do not want.

**Power of Attorney for health care.**
In this form, you name another person who can make health choices for you. It would be used only if you cannot make choices yourself.

You can ask your doctor for more information about advance directives. You can also find more information on the Rhode Island Department of Health website at [health.ri.gov/lifestages/death/about/livingwill](http://health.ri.gov/lifestages/death/about/livingwill).

---

Updating Your Information

To ensure that the personal information we have for you is correct, please tell us if and when any of the following changes:

- Marital status.
- Address.
- Member name.
- Phone number.
- You become pregnant.
- Family size (new baby, death, etc.).
- Other health insurance.

Please call Member Services at **1-800-587-5187, TTY 711**, if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information. Members should contact HealthSourceRI to update your information. They need updated address information every time you move, or if your income or family size has changed. You can contact HealthSourceRI at **1-855-840-4774** or visit [HealthSourceRI.com](http://HealthSourceRI.com). Children with Special Needs should contact their local DHS office with any changes.
Any changes to your demographic information should be reported.

- Rite Care Members and ACA Adult Expansion Members can contact HealthSourceRI to update information.
- Children with Special Needs and Rite Care notify your local Rhode Island Department of Human Services (DHS) office.
- Rhody Health Partners and ACA Adult Expansion Members notify your local Rhode Island Department of Human Services (DHS) office.

Other insurance.
If you have any other insurance, call Member Services and let us know. If you are a member, your other health insurance will have to pay your health care bills first. When you get care, always show both member ID cards (for UnitedHealthcare Community Plan and your other insurance).

Fraud and Abuse

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, call Member Services at 1-800-587-5187, TTY 711, to report it. Some examples of fraud and abuse are:

- Receiving benefits in Rhode Island and another state at the same time.
- Altering or forging prescriptions.
- A person getting Medicaid benefits who is not eligible for benefits.
- Giving a UnitedHealthcare Community Plan ID card to someone else to use.
- Excessive use or overuse of Rite Care, Rhody Health Partners, including ACA Adult Expansion, or Medicaid benefits.
- Doctors or hospitals that bill you or UnitedHealthcare for services that were not provided to you.
- Doctors or hospitals who bill UnitedHealthcare more than once for services you received only once.
- Doctors who submit false documentation to UnitedHealthcare so that you may receive services that are only provided when medically needed.

You can also report Medicaid fraud to the Rhode Island Attorney General Office, Fraud Division, at 401-222-2566 or 401-274-4400, extension 2269, or by mail:

Medicaid Fraud Control Unit
Office of the Attorney General
150 South Main Street
Providence, RI 02903
Your Opinion Matters

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are many ways you can tell us what you think.

- Call Member Services at 1-800-587-5187, TTY 711.
- Write to us at:
  UnitedHealthcare Community Plan
  Member Advocate
  475 Kilvert Street, Suite 310
  Warwick, RI 02886
- Attend our Member Meetings. Call Member Services for information on upcoming meetings.

Member Meetings.

Our Member Meetings meet four times a year. It’s great way to learn about the health plan and give us your feedback.
If you’d like to join us, call Member Services.

Enrollment and Membership

Eligibility.
UnitedHealthcare Community Plan covers health benefits for people who live in Rhode Island and are enrolled in RIte Care (including Children with Special Health Care Needs) and in Rhody Health Partners, including Affordable Care Act (ACA) Adult Expansion. Eligibility for these programs is determined by the Rhode Island Department of Human Services.

Conversion plans for RIte Care members.
If you lose your eligibility for enrollment in UnitedHealthcare Community Plan’s RIte Care program, you may be eligible for either the RIte Care extended family planning program (EFP) or you may be eligible to purchase the UnitedHealthcare Conversion Plan. Call your local Department of Human Services office for information about the EFP program or Member Services at 1-800-587-5187, TTY 711, to learn more about your conversion options. You may contact HealthSourceRI at 1-855-840-HSRI or visit them online at www.healthsourceri.com to see if you are eligible for other health insurance.
Changing Health Plans.
If you are a member of UnitedHealthcare Community Plan, there are three ways you can leave the program (disenroll):

- You can change plans during the Executive Office of Health and Human Services (EOHHS) open enrollment period. DHS will send you a letter saying when open enrollment periods occur.
- You can leave UnitedHealthcare Community Plan if you have a good reason. A member who wishes to disenroll from UnitedHealthcare Community Plan needs to fill out a Request to Change Health Plans form. You can call Member Services at 1-800-587-5187, TTY 711 to get the form. You can do this at any time. The Health Plan Change form will also be available on the EOHHS website. The Rhode Island Executive Office of Health and Human Services (EOHHS) decides if a member has a good reason to change plans.
- During your first 90 days with UnitedHealthcare Community Plan, you may request to disenroll by calling Member Services at 1-800-587-5187, TTY 711.

If you plan to move to another state, call your local DHS office or UnitedHealthcare Community Plan as soon as you can. Your benefits end when you move out of Rhode Island.

Loss of Eligibility.
For Rite Care members and Rhody Health Partners ACA members, be sure that HealthSourceRI has your most current information. If your family size, address or employment status changes, call HealthSourceRI to update your information at 855-840-HSRI (4774).

On a yearly basis, your Medicaid eligibility will be reviewed by the State of RI. If your information is not current, it may impact your Medicaid coverage. Call HealthSourceRI to update your information.

For Children with Special Needs, be sure to contact your local Department of Human Services (DHS) office to report any changes to your information. For Rhody Health Partners, be sure to contact your local Department of Human Services (DHS) office to report any changes to your information.

Recertification.
For Rite Care and Rhody Health Partners ACA Adult Expansion members, the State of Rhode Island will redetermine your eligibility on a yearly basis. Be sure to keep your information updated with HealthSourceRI. For Rhody Health Partners ACA Adult Expansion members, the State of Rhode Island will redetermine your eligibility on a yearly basis. Be sure to keep your information updated with HealthSourceRI. For Rhody Health Partners members, be sure to contact your local Department of Human Services (DHS) office to report any changes to your information.
Other Plan Details

How we pay our providers.
UnitedHealthcare Community Plan pays our network PCPs, specialists, hospitals and all other types of providers every time they see one of our members. This is known as fee-for-service. If you have any questions on provider reimbursements or incentive programs, you can call Member Services at 1-800-587-5187, TTY 711.

Utilization Management
UnitedHealthcare Community Plan does not want you to get too little care or care you don’t really need. We also have to make sure that the care you get is a covered benefit. We use utilization management (UM) to make sure you are getting the right care at the right time and in the right place.

Only doctors and pharmacists perform UM. Approval or denial decisions are based on care and service as well as your benefits. The decisions are not made because of financial or other rewards. If you have any questions, you can talk to our UM staff directly at 1-800-672-2156, TTY 711, or 1-401-732-7373. Language assistance is available.

Quality Program
Our Quality program can help you stay healthy by working with your doctor. The Quality program helps you remember to get preventive tests and shots that prevent sickness. We send you and your providers reminders about lead tests, Pap tests, mammograms and shots that prevent diseases like polio, mumps, measles and chickenpox.

UnitedHealthcare Community Plan uses HEDIS® standards to help measure how we are doing with our Quality program. HEDIS is a set of standard performance measures and scores to help people compare the performance of managed care plans. HEDIS studies many areas, such as prenatal care and disease prevention programs.

UnitedHealthcare Community Plan wants to make sure you are happy with the services you get from your doctor and from us. To do this, we look at CAHPS® data. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. This survey asks questions to see how happy you are with the care you receive. If you get a member survey in the mail, please fill it out and return it to us.

UnitedHealthcare Community Plan looks at the results of HEDIS and CAHPS. Then we share the results with our providers. We work with providers to make sure the services they give you and the services we give you add to your health care in a positive way.

If you would like to know more about the quality program, call Member Services at 1-800-587-5187, TTY 711.
Safety and Protection From Discrimination

Patient safety is very important to us. Although we do not direct care, we want to make sure that our members get safe care. We track quality-of-care issues, develop guidelines to promote safe care, provide information to members about patient safety, and work with hospitals, doctors and others to improve continuity and coordination between sites of care. If you would like more information on patient safety or places to get information, call Member Services at 1-800-587-5187, TTY 711.

UnitedHealthcare Community Plan and its providers are prohibited from discriminating against anyone because of age, race, ethnicity, sex or religion. UnitedHealthcare Community Plan providers must follow the Americans with Disabilities Act and cannot discriminate on the basis of health or mental health, need for health care or pre-existing conditions. If you think you have been subject to any form of discrimination, please call Member Services at 1-800-587-5187, TTY 711, immediately.

Clinical Practice Guidelines and New Technology

UnitedHealthcare Community Plan gives our providers clinical guidelines that have information about the best way to provide care for some conditions. Each clinical guideline is an accepted standard of care in the medical profession, which means other doctors agree with that approach. We want to improve your health by giving our providers information that supports their clinical practices, consistent with nationally recognized standards of care.

If you have any questions about UnitedHealthcare Community Plan’s clinical guidelines or would like a paper copy of a clinical practice guideline, please call Member Services at 1-800-587-5187, TTY 711. You can also find the clinical practice guidelines on our website at myuhc.com/CommunityPlan.

New technology assessment.

Some medical practices and treatments are not yet proven to be effective. New practices, treatments, tests and technologies are reviewed nationally by UnitedHealthcare Community Plan to make decisions about new medical practices and treatments and what conditions they can be used for. This information is reviewed by a committee of UnitedHealthcare Community Plan doctors, nurses, pharmacists and guest experts who make the final decision about coverage. If you would like more information about how we make decisions about new medical practices and treatments, call us at 1-800-587-5187, TTY 711.
Member Rights and Responsibilities

As a UnitedHealthcare Community Plan member, you have the following rights:

• To get information regarding your member rights and responsibilities.
• To be treated with respect and dignity by UnitedHealthcare Community Plan employees and network providers.
• To privacy and confidentiality for treatments, tests or procedures you receive and all records and communications to the extent of the law.
• To voice concerns about services and care you receive.
• To register grievances, complaints and appeals concerning your health plan or the care provided to you.
• To receive timely responses to your concerns.
• To participate in candid discussions with your physicians about appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
• To be provided with access to health care, physicians and providers.
• To obtain a second opinion for medical and surgical procedures.
• To participate with your doctor and other caregivers in decisions about your care.
• To refuse treatment and not have it affect your future treatment.
• To receive information about the minimum length of stay for mothers and newborns to the extent required by law.
• To suggest changes to UnitedHealthcare Community Plan’s member rights and responsibilities.
• To receive information about UnitedHealthcare Community Plan, our services and network providers.
• To be informed of and refuse to participate in any experimental treatment.
• To have coverage decisions and claims processed according to regulatory standards.
• To make an advance directive to designate the kind of care you wish to receive should you be unable to express your wishes.
• To change Primary Care Providers at any time.
• To receive covered benefits and services regardless of race, color, gender, religion, age, national origin, ability to speak English, disability, ability to pay, marital status, sexual preference, genetic information or physical or mental disability.
• To have services given in a way that respects your culture, language, background, and abilities.
• To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

As a UnitedHealthcare Community Plan member, you have the following responsibilities:
• To know and confirm your benefits prior to receiving treatment.
• To choose a Primary Care Provider (PCP).
• To see an appropriate health care professional when you have a medical need or concern.
• To show your UnitedHealthcare Community Plan member ID card before receiving health care.
• To pay any necessary copayments at the time you receive treatment.
• To keep scheduled appointments.
• To provide information needed for your care.
• To follow agreed-upon instructions and guidelines of physicians and health care professionals.
• To participate in understanding your health problems and developing mutually agreed-upon treatment goals.
• To use emergency room services only for an injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardy to life or death.
• To notify Member Services and your local DHS office of changes in name, address, phone number, family status or if you have other insurance.
• To know what benefits and which providers are covered by UnitedHealthcare Community Plan and which are not.
• To call Member Services when you have questions about your eligibility, benefits or claims.
• To call Member Services to make sure your PCP belongs to UnitedHealthcare Community Plan’s provider network before receiving care.
UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at

Phone:
Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail:
U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m.
ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-587-5187, TTY 711.

Spanish
ATENCIÓN: Los servicios de asistencia de idiomas están a su disposición sin cargo. Llame al 1-800-587-5187, TTY 711.

Portuguese
ATENÇÃO: Encontram-se disponíveis serviços de assistência de idioma. Contacte 1-800-587-5187, TTY 711.

Chinese
注意：我們提供免費的語言協助服務。請致電 1-800-587-5187 或聽障專線 (TTY) 711。

French Creole (Haitian Creole)
ATANSYON: Gen sèvis e ki pou lang, gratis, ki disponib pou ou. Rele 1-800-587-5187, TTY 711.

Mon-Khmer, Cambodian
ក្រុមប្រឹក្សាទូទៅ: មានប្រាកដភេធម្មជាតិនៃការសិក្សាថ្នាំ និងសិក្សាថ្នាក់ ដែលអាចបញ្ចប់បានដោយសារេឆ្លាស់ប្រយោជន៍។ ទូទៅ អំពីការពោរពោតជាតិបុរាណ 1-800-587-5187, TTY 711។

French
ATTENTION : vous pouvez profiter d’une assistance linguistique sans frais en appelant le 1-800-587-5187, TTY 711.

Italian

Laotian
ພາສາລາວ: គម្ពីរភាសាចិត្តមការប្រការដ់ដោយ៉េសម្រាប់៉េសម្រាប់មម៉ូ៍តិច្ចារអាច។ ដោយសារេ 1-800-587-5187, TTY 711.

Arabic
تنبيه: تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم 1-800-587-5187, TTY 711.

Russian
ВНИМАНИЕ! Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-800-587-5187, TTY 711.

Vietnamese
LUU Y: Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho bạn. Hãy gọi 1-800-587-5187, TTY 711.

Kru (Bassa)

Igbo

Yoruba
AKIYESI: Irianiowo siso ede, o wa ni ofe fun o. Pe 1-800-587-5187, TTY 711.

Polish
Complaints, Grievances and Appeals

Complaints.
If you have a complaint, please call Member Services at 1-800-587-5187, TTY 711. We will be happy to address your questions or concerns. You can file a complaint at any time. Our complaint process is set up to look at your problem as quickly as possible. You or your authorized representative can also send a written notice of your complaint to Member Services at:

UnitedHealthcare Community Plan
P.O. Box 31364
Salt lake City, UT 84131

Examples of complaints include:
• Not being able to get an appointment with a health care provider.
• Not being able to get interpreter services for your doctor visits.

At any time, you may call the DHS Call Center at 1-401-462-5300 to ask them to review your complaint. You can also ask about your right to a Department of Human Services Fair Hearing and your right to representation at the hearing. You have the right to request continuation of benefits during an appeal or Fair Hearing. However, you may be liable for the cost of any continued benefits if the final decision is not in your favor.

Additionally, you have the right to notify the Rhode Island Department of Health or the Office of the Health Insurance Commissioner if you are not satisfied with the outcome of the health plan's internal complaint/appeal process by calling or writing to them at:

Rhode Island Department of Health
Office of Managed Care
3 Capitol Hill
Providence, RI 02908
Telephone: 1-401-222-6015

Office of the Health Insurance Commissioner
Building #69, First Floor
Cranston, RI 02920
Telephone: 1-855-747-3224 (RIREACH)

Grievances.
A grievance is a formal statement of dissatisfaction about any matter other than an “action.” You can tell us about your grievance by contacting us on the phone or sending us a letter. You can call Member Services at 1-800-587-5187, TTY 711.
Appeals.

If UnitedHealthcare Community Plan doesn’t pay a medical claim, you can call Member Services at 1-800-587-5187, TTY 711, and ask us to review your claim. When you ask for a review, UnitedHealthcare Community Plan will look at your request and reconsider your decision as soon as possible. We will let you know our decision in writing.

An appeal is a request to change a decision made by UnitedHealthcare Community Plan for medical care or drugs requested by your doctor. A member or an authorized representative (doctor, family member, etc.) with written member consent may appeal a medical care decision. The appeal form can be found on our website at myuhc.com/CommunityPlan or by calling Member Services at 1-800-587-5187, TTY 711. Appeals can be made before the medical care happens as well as after the medical care occurs.

You have the right to continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must let us know within 10 calendar days of being notified. If you get services during the appeal, but the decision is not in your favor, you may have to pay for the services you got during that time. If your appeal is urgent because of your health, you can ask for an expedited appeal. Expedited appeals must be decided right away so the health of the member is not at risk.

You have the right to appeal the following decisions:

- Denial of services.
- Determinations of non-emergency care.

You must make an appeal within 90 days of the original denial. UnitedHealthcare Community Plan must make a decision about an appeal within:

- Non-urgent appeal: 15 days.
- Urgent (expedited) appeal: Two business days or 72 hours (whichever is less) if your doctor thinks the care is an emergency.

A second-level appeal can be made when the initial appeal decision is upheld. A second-level appeal must be filed within 60 days of the first-level appeal decision and will be completed within 15 days after receiving the necessary medical information. Urgent (expedited) second-level appeals will be completed in two business days or 72 hours, whichever is less.

UnitedHealthcare Community Plan can help you or your representative file an appeal. Please call Member Services at 1-800-587-5187, TTY 711. You can also write to:

Grievance and Appeals
UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131
If you are not satisfied with the outcome of both first-level and second-level appeals, you can request a Fair Hearing with the Department of Human Services (DHS). Members must go through the appeal process before asking for a DHS Fair Hearing. Call the DHS Call Center at 1-401-462-5300 to request a Fair Hearing.

You may also file an external appeal, which must be filed with the External Review Agency (ERA) within four months of the receipt of the notice that the second-level appeal was denied. For providers who request an independent external review on their own behalf, there is an upfront cost of $210. The ERA is MAXIMUS Center for Health Dispute Resolution. Please call us at 1-800-587-5187, TTY 711, if you need help filing an external appeal.

You also have the right to call the Rhode Island Department of Health’s Office of Managed Care at 1-401-222-6015, or write to:

Department of Health
Office of Managed Care
3 Capitol Hill
Providence, RI 02908

Or:
Office of the Health Insurance Commissioner
1511 Pontiac Ave., Building #69, First Floor
Cranston, RI 02920
Telephone: 1-855-747-3224 (RIREACH)
HEALTH PLAN NOTICES OF PRIVACY PRACTICES

THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2017.

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

• How we may use your HI.
• When we can share your HI with others.
• What rights you have to access your HI.

By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or email. We will also post the new notice at this website (www.uhccommunityplan.com). We will notify you if a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Use or Share Your Information

We must use and share your HI with:

• You or your legal representative.
• Government agencies.

We have the right to use and share your HI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

• For Payment. We may use or share your HI to process premium payments and claims. This may include coordinating benefits.
• For Treatment or Managing Care. We may share your HI with your providers to help with your care.
• For Health Care Operations. We may suggest a disease management or wellness program. We may study data to improve our services.
• To Tell You about Health Programs or Products. We may tell you about other treatments, products, and services. These activities may be limited by law.
• For Plan Sponsors. We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
Other Plan Details

- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.

- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

We may use or share your HI as follows.

- **As Required by Law.**

- **To Persons Involved With Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.

- **For Public Health Activities.** This may be to prevent disease outbreaks.

- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.

- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.

- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.

- **For Law Enforcement.** To find a missing person or report a crime.

- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.

- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.

- **For Workers’ Compensation.** To comply with labor laws.

- **For Research.** To study disease or disability.

- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.

- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.

- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.

- **To Our Business Associates if needed to give you services.** Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.
• **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below.
  1. HIV/AIDS
  2. Mental health
  3. Genetic tests
  4. Alcohol and drug abuse
  5. Sexually transmitted diseases and reproductive health
  6. Child or adult abuse or neglect or sexual assault

We will follow stricter laws that apply. The attached “Federal and State Amendments” document describes those laws.

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

---

**Your Rights**

You have the following rights.

• **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**

• **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.

• **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request.

• **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

• **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.

• **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website, ([www.uhccommunityplan.com](http://www.uhccommunityplan.com)).
Using Your Rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-866-633-2446, or TTY 711.

- **To Submit a Written Request.** Mail to:
  
  UnitedHealthcare Privacy Office
  
  MN017-E300
  
  P.O. Box 1459
  
  Minneapolis MN 55440

- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

---

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2017.

We protect your “personal financial information” ("FI"). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

• We get FI from your applications or forms. This may be name, address, age and social security number.
• We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

• We may share your FI to process transactions.
• We may share your FI to maintain your account(s).
• We may share your FI to respond to court orders and legal investigations.
• We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.
Questions About This Notice
Please call the toll-free member phone number on your health plan ID card or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446, or TTY 711.

2 For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Alere Women’s and Children’s Health, LLC; AmeriChoice Health Services, Inc.; Connexions HCI, LLC; Dental Benefit Providers, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions.
UNITEDHEALTH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2017.

The first part of this Notice (pages 87 – 90) says how we may use and share your health information ("HI") under federal privacy rules. Other laws may limit these rights. The charts below:

1. Show the categories subject to stricter laws.
2. Give you a summary of when we can use and share your HI without your consent.

Your written consent, if needed, must meet the rules of the federal or state law that applies.

### SUMMARY OF FEDERAL LAWS

#### Alcohol and Drug Abuse Information

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

#### Genetic Information

We are not allowed to use genetic information for underwriting purposes.

### SUMMARY OF STATE LAWS

#### General Health Information

<table>
<thead>
<tr>
<th>We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.</th>
<th>AR, CA, DE, NE, NY, PR, RI, VT, WA, WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.</td>
<td>KY</td>
</tr>
<tr>
<td>You may be able to restrict certain electronic disclosures of health information.</td>
<td>NC, NV</td>
</tr>
<tr>
<td>We are not allowed to use health information for certain purposes.</td>
<td>CA, IA</td>
</tr>
<tr>
<td>We will not use and/or disclosure information regarding certain public assistance programs except for certain purposes.</td>
<td>KY, MO, NJ, SD</td>
</tr>
<tr>
<td>We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.</td>
<td>KS</td>
</tr>
</tbody>
</table>
## Other Plan Details

### Prescriptions
We are allowed to disclose prescription-related information only
(1) under certain limited circumstances, and/or
(2) to specific recipients.

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID, NH, NV</td>
</tr>
</tbody>
</table>

### Communicable Diseases
We are allowed to disclose communicable disease information only
(1) under certain limited circumstances, and/or
(2) to specific recipients.

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ, IN, KS, MI, NV, OK</td>
</tr>
</tbody>
</table>

### Sexually Transmitted Diseases and Reproductive Health
We are allowed to disclose sexually transmitted disease and/or reproductive health information only
(1) under certain limited circumstances and/or
(2) to specific recipients.

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY</td>
</tr>
</tbody>
</table>

### Alcohol and Drug Abuse
We are allowed to use and disclose alcohol and drug abuse information
(1) under certain limited circumstances, and/or disclose only
(2) to specific recipients.

Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI</td>
</tr>
</tbody>
</table>

### Genetic Information
We are not allowed to disclose genetic information without your written consent.

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA, CO, KS, KY, LA, NY, RI, TN, WY</td>
</tr>
</tbody>
</table>

We are allowed to disclose genetic information only
(1) under certain limited circumstances and/or
(2) to specific recipients.

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK, AZ, FL, GA, IA, IL, MD, MA, ME, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT</td>
</tr>
</tbody>
</table>

Restrictions apply to
(1) the use, and/or
(2) the retention of genetic information.

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL, GA, IA, LA, MD, NM, OH, UT, VA, VT</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
</tr>
<tr>
<td>Certain restrictions apply to oral disclosures of HIV/AIDS-related information.</td>
</tr>
<tr>
<td>We will collect certain HIV/AIDS-related information only with your written consent.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mental Health</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
<td>CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI</td>
</tr>
<tr>
<td>Disclosures may be restricted by the individual who is the subject of the information.</td>
<td>WA</td>
</tr>
<tr>
<td>Certain restrictions apply to oral disclosures of mental health information.</td>
<td>CT</td>
</tr>
<tr>
<td>Certain restrictions apply to the use of mental health information.</td>
<td>ME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Child or Adult Abuse</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.</td>
<td>AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI</td>
</tr>
</tbody>
</table>
We’re here for you.

Remember, we’re always ready to answer any questions you may have. Just call Member Services at **1-800-587-5187, TTY 711**
8:00 a.m. to 7:00 p.m. Monday – Friday. You can also visit our website at myuhc.com/CommunityPlan.