

Frequently Asked Questions Regarding the 2009 Active UHC Medical Plan

Q. When will the benefit changes go into effect?

A. January 1, 2009

Q. Will I receive a new card?

A. **Yes.** The new card will list the new Office Visit, Urgent Care, and Emergency Services co-payments.

Q. What should I do if I do not receive a new card, or if I need additional cards?

A. It is expected that you will receive your new card by January 1, 2009. If you do not receive your new ID card by January 1st, you may print a temporary card from www.myuhc.com and order a new one, or you may call Customer Service at 1-866-202-0434 to order. This also applies if you need additional cards.

Q. Will my Subscriber Identification number change?

A. **No.** Your Subscriber ID number will not change.

Q. Should I throw my old Identification Card away?

A. **Yes.** After you receive your new ID card, it is recommended to cut up your old Identification Card and dispose of it.

Q. What happens if I use my old card after I am on the new plan?

A. Your physician might charge you the old co-payments at the time of service and then bill you the remainder once the claim is processed and the new co-payments are assessed. For example, if you use your old card and pay a \$10 co-payment to a Specialist, you may receive a bill at a later date for the remaining \$10.

Q: Since there will be a split co-payment structure for Primary Care Physicians (\$10) and Specialists (\$20), which providers are considered to be Primary Care Physicians (PCP's)?

A. Internal Medicine, Family Practice, Pediatrics, and Geriatrics fall under Primary Care. All other disciplines are considered Specialists, including Behavioral Health, Neurology, Obstetrics/Gynecology, Allergy, Endocrinology, Chiropractic, Podiatry, Nutrition, Oncology, etc...

Q. Do I have to pay \$20 when I go for my annual OB/GYN appointment?

A. No. There is no co-payment for an annual OB/GYN routine care visit. If you go to your OB/GYN for a “sick visit” you will be required to pay the \$20 co-payment for a specialist visit.

Q. If I take a maintenance medication I can save money by going through Mail Order. How do I obtain a Mail Order Form? How do I set this up?

A. You can print a Mail Order form from the Employee Benefits website www.employeebenefits.ri.gov. Additionally, you can request a Mail Order form be mailed to you by calling the United Healthcare Prescription Drug Program at 1-877-842-6048. Say, “Representative”, and you will be transferred to a Customer Service Representative who can order forms for you, assist you with completing one, and answer any other pharmacy related questions.

Q. How can I find out what Tier my medication is on?

A. Log onto www.myuhc.com. Select “Refill a Prescription” on the Home Page. Select “Price a medication” to enter the name of your medication. The Tier placement and cost of the medication will be displayed. You can also call the United Healthcare Prescription Drug Program at 1-877-842-6048.

Q. How do I determine if there are any generic/lower cost alternative drug options available for my prescription drugs?

A. It is recommended that you discuss generic/lower cost alternative drug options with your physician. To obtain a Prescription Drug List (PDL) to take to your physician go to www.myuhc.com. DO NOT log on with your username and password. See “Links and Tools” on the upper right. Click onto “Prescription Drug Information”; then select “Prescription Drug List”. This is United Healthcare’s general PDL. While it is not specific to the State of RI it is a good reference for a discussion with your physician.

Please contact United Healthcare Customer Service at 1-866-202-0434 if you have additional questions about your benefits.

Rhode Island Public Transit Authority Benefits Summary: 2009 Active Employees, Effective January 1, 2009

<i>Covered Health Service</i>	<i>Within the UHC Network you pay:</i>	<i>Outside of the UHC Network you pay:</i>
1. Ambulance Services – Emergency Ground Transportation Air/Water Transportation	0% of Eligible Expenses 0% of Eligible Expenses up to \$3,000	Same as Network Benefit Same as Network Benefit
2. Cardiac Rehabilitation Inpatient – Up to 12 weeks or 36 visits, whichever comes first. Outpatient – 3 visits per week up to 12 weeks.	0% of Eligible Expenses 20% of Eligible Expenses	20% of Eligible Expenses **20% of Eligible Expenses
3. Chiropractic Treatment Maximum 12 visits per year.	\$20 per visit	20% of Eligible Expenses
4. Dental Services– Accident only	0% of Eligible Expenses	*Same as Network Benefit
5. Diabetes Education 1 pre-assessment, 5 individual, and 7 group sessions.	\$20 per visit	20% of Eligible Expenses
6. Durable Medical Equipment / Medical Supplies/Prosthetic Devices Inpatient Outpatient	0% of Eligible Expenses 20% of Eligible Expenses	20% of Eligible Expenses **20% of Eligible Expenses
7. Emergency Health Services Covered anywhere in the world.	\$100 per visit (Waived if admitted to hospital within 24-hours)	Same as Network Benefit
8. Hearing Aids Must be ordered by physician. Limited to \$1,500 per hearing aid per ear every three years for members under age 19, and \$700 per hearing aid per ear every three years for members age 19 and older.	0% of Eligible Expenses See maximum plan benefit at left.	20% of Eligible Expenses See maximum plan benefit at left.
9. Hemodialysis Services Inpatient or in <i>your</i> home, when under the supervision of a hospital or program approved by UHC.	0% of Eligible Expenses	20% of Eligible Expenses

<p>10. Hemophilia Services</p> <p>Up to 56 treatments/calendar year. Subject to office visit co-payment if received in doctor's office.</p>	<p>0% of Eligible Expenses</p>	<p>20% of Eligible Expenses</p>
<p>11. Home Health Care/Home Infusion Therapy</p> <p>When part of a coordinated home care program.</p> <p>When not part of a coordinated home care program</p>	<p>0% of Eligible Expenses 20% of Eligible Expenses</p>	<p>*20% of Eligible Expenses **, **20% of Eligible Expenses</p>
<p>12. Hospice Care</p> <p>Approved hospice care providers only.</p>	<p>0% of Eligible Expenses</p>	<p>*20% of Eligible Expenses</p>
<p>13. Hospital – Inpatient Stay</p> <p>Unlimited days at a general hospital; 45 days/calendar year at specialty hospital or in a general hospital for specialty services.</p> <p>Doctor's Hospital Services – 1 visit per day per specialty</p> <p>Surgery Services - Inpatient</p>	<p>0% of Eligible Expenses</p> <p>0% of Eligible Expenses 0% of Eligible Expenses</p>	<p>*20% of Eligible Expenses</p> <p>20% of Eligible Expenses **20% of Eligible Expenses</p>
<p>14. House Calls</p>	<p>\$10 per visit for PCP \$20 per visit for Specialist</p>	<p>20% of Eligible Expenses</p>
<p>15. Human Leukocyte Antigen Testing</p> <p>Once per member per lifetime</p>	<p>0% of Eligible Expenses</p>	<p>20% of Eligible Expenses</p>
<p>16. Infertility Services</p> <p>Includes infertility drugs not obtained at pharmacy</p>	<p>20% of Eligible Expenses</p>	<p>**20% of Eligible Expenses</p>
<p>17. Injections Received in a Physician's Office</p>	<p>20% per injection</p> <p>Allergy: \$20 per visit, No copayment applies when no Physician charge is assessed.</p>	<p>20% per injection</p>
<p>18. Maternity Services</p> <p>Pre-natal, post-natal, and delivery. Notification is required if inpatient stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a caesarian section delivery.</p>	<p>0% of Eligible Expenses</p> <p>No Copayment applies to Physician office visits for prenatal care after the first visit in which a \$20 copayment applies</p>	<p>*20% of Eligible Expenses</p>

24. Private Duty Nursing If no intensive care unit available	0% of Eligible Expenses	*0% of Eligible Expenses
25. Radiation/Chemotherapy Services Radiation Therapy/Chemotherapy – Inpatient/Outpatient Chemotherapy Services in a doctor's office. Includes drugs and administration	0% of Eligible Expenses 20% of Eligible Expenses	20% of Eligible Expenses **20% of Eligible Expenses
26. Respiratory Therapy	0% of Eligible Expenses	20% of Eligible Expenses
27. Scalp Hair Prosthesis Network and Non-Network Benefits for a scalp hair prosthesis are limited to \$350 per calendar year.	20% of Eligible Expenses See maximum plan benefit at left.	20% of Eligible Expenses See maximum plan benefit at left.
28. Skilled Care in a Nursing Facility	0% of Eligible Expenses	*20% of Eligible Expenses
29. Speech Therapy Outpatient In a doctor's/therapist's office	20% of Eligible Expenses	* , **20% of Eligible Expenses
30. Transplantation Services Must be performed at a Center of Excellence	0% of Eligible Expenses	Not available
31. Tobacco Cessation Treatment – Outpatient Visits Network and Non-Network Benefits are limited to eight, thirty (30) minute counseling sessions each calendar year.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Summary Plan Document.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Summary Plan Document.
32. Urgent Care Center Services	\$35 per visit	20% of Eligible Expenses
Prescription Coverage Injectable Drugs obtained at the pharmacy Injectable drugs provided by a doctor and administered in a doctor's office Oral or injectable chemotherapy drugs If used for other than cancer treatment and not otherwise covered under pharmacy	Same as pharmacy coverage 20% of Eligible Expenses 20% of Eligible Expenses	Same as pharmacy coverage **20% of Eligible Expenses **20% of Eligible Expenses
Pharmacy Coverage Quantity Limit per co-payment: Up to a 31-day supply	\$5 Tier 1 \$20 Tier 2 \$40 Tier 3	**\$5 Tier 1 **\$20 Tier 2 **\$40 Tier 3

Mail Order network pharmacies: For up to a 90 day supply	\$10 Tier 1 \$40 Tier 2 \$80 Tier 3	Not covered
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*Pre-authorization is recommended for this service. If you do not obtain pre-authorization and the services are determined to be not medically necessary or the setting where services were received is determined to be inappropriate, this plan will not cover these services.

**Out-of-pocket amounts on this benefit will not accumulate to the annual maximum out-of-pocket expense. This benefit level will not increase due to having satisfied the annual maximum out-of-pocket expense through other benefits.

Network Out-of-Pocket Maximum: No Out-of-Pocket maximum

Non-Network Out-of-Pocket Maximum: \$3,000 per Covered Person per calendar year, not to exceed \$9,000 for all Covered Persons in a family. Copayments for some Covered Health Services will never apply to the Out-of-Pocket Maximum as specified in Section 1 of the SPD.

Non-Network Charges: If you choose to seek care outside the Network, you will also be responsible for payment of the difference between the provider's billed charges and the expenses eligible for reimbursement.

Dependent Age: Until the end of the calendar year after their 19th birthday.

Student Status: Until the end of the calendar year after their 25th birthday. If student status ends, coverage will end the last day of the calendar year of the student status change.

This Summary of Benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. More complete descriptions of Benefits and the terms under which they are provided, including related exclusions, are contained in the Summary Plan Description available online at www.employeebenefits.ri.gov. This plan may not cover all your health care expenses. Please refer to the Summary Plan Description for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Summary Plan Description, the Summary Plan Description prevails. Terms that are capitalized in the Benefits Summary are defined in the Summary Plan Description.