

# Rlite Care and Children with Special Health Care Needs Benefit Summary



Member Services:  
**1-800-587-5187**

 **UnitedHealthcare**<sup>®</sup>  
A UnitedHealth Group Company

# Benefit Summary

HEALTH CARE SERVICES	BENEFITS
<b>ABORTION SERVICES</b>	Not covered, except to preserve the life of the woman, or in cases of rape or incest.
<b>ALCOHOL AND SUBSTANCE ABUSE TREATMENT (Inpatient)</b>	Covered. Includes day treatment, partial hospitalization, and residential treatment, except for residential treatment for children ordered by DCYF; and except for residential substance abuse treatment for children age 13 to 17. Covered residential treatment services do not include room and board. (Butler Hospital may be used for services).
<b>ALCOHOL AND SUBSTANCE ABUSE TREATMENT (Outpatient)</b>	Covered. Includes methadone maintenance, outpatient methadone detoxification, collateral visits and court-ordered services provided by a health plan provider.
<b>COSMETIC SURGERY</b>	Not Covered, except medically necessary surgery to treat illness or injury to restore or provide function. Breast reconstruction following a mastectomy is covered.
<b>DENTAL CARE</b>	<b>EMERGENCY:</b> Emergency care to control pain, bleeding, infection or accidental injury. <b>ROUTINE:</b> Checkups and treatment using your Medical Assistance card or Rite Smiles card (children born on or after May 1, 2000).
<b>DENTAL CARE FOR CHILDREN</b>	UnitedHealthcare Dental is the only provider of dental care for Medicaid eligible children born on or after May 1, 2000. Covers cleanings, exams, fluoride treatments, X-rays, fillings and crowns.
<b>DIABETES</b>	Covers education, visits and supplies (glucose meters, test strips, lancets, insulin inject aids, syringes and molded shoes).
<b>DIALYSIS</b>	Covered.
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	Covered when ordered by a Health Plan physician. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and medical supplies as covered by the Rhode Island Medical Assistance Program.
<b>DRUGS</b> (Prescription and Non-Prescription Over-The-Counter)	Covered. Generic substitution required unless otherwise ordered by your Health Plan physician/ provider. Prior authorization for some prescription drugs. Check with your doctor. Many over the counter (OTC) drugs are covered, including nicotine cessation supplies.
<b>EARLY INTERVENTION</b>	Covered.
<b>EDUCATION CLASSES</b> (For Childbirth, Parenting, to Stop Smoking, Diabetes, Asthma, Nutrition and others)	Covered.
<b>EMERGENCY ROOM SERVICES</b>	Covered.
<b>EMERGENCY TRANSPORTATION SERVICES</b>	Covered.

**QUESTIONS? Call UnitedHealthcare of New England's Member Service**

## Benefit Summary (cont.)

HEALTH CARE SERVICES	BENEFITS
<b>EPSDT SERVICES</b>	Covered for all children and young adults up to age 21. Includes periodic screens, multi-disciplinary evaluation and treatment in children with significant developmental disabilities or delays.
<b>EXPERIMENTAL PROCEDURES</b>	Not Covered, except where a state mandate for coverage exists.
<b>EYE CARE</b>	<b>FOR ADULTS:</b> Routine eye exams, including refractions, and one pair of glasses, as needed, in a 2-year period. Exams and treatment for illness or injury as ordered by your PCP. <b>FOR CHILDREN UNDER 21:</b> Covered (including the provision of glasses).
<b>FAMILY PLANNING METHODS</b> (Prescription and Non-Prescription)	Covered. Limited to twelve (12) 30-day supplies per year. Covered contraceptives include oral contraceptives, IUD, cervical cap, diaphragm and Depo-Provera. Covered non-prescription methods include foam, condoms, and spermicidal jelly. Emergency contraceptives as needed. Sterilization is covered in many cases. Must meet State and Federal guidelines and have Rhode Island Medical Assistance Consent Form signed at least 30 days prior.
<b>HEARING THERAPY</b>	Covered.
<b>HOME HEALTH CARE THERAPY/SERVICES</b>	Covered when ordered by your PCP or another Health Plan physician/provider.
<b>HOSPICE CARE</b>	Covered when ordered by a Health Plan physician, up to 210 days lifetime maximum for palliative treatment only.
<b>HOSPITAL CARE</b>	Covered, private room not covered unless medically necessary.
<b>INFERTILITY TREATMENT</b>	Not Covered.
<b>INTERPRETERS</b>	Covered. Available through your Health Plan. Contact the Member Service Department at 1-800-587-5187. Requires 48 hours prior notice.
<b>LABORATORY TESTS</b>	Covered when ordered by Health Plan physician/provider.
<b>LANGUAGE THERAPY</b>	Covered when ordered by your PCP.
<b>MEDICAL EQUIPMENT</b>	Covered when ordered by your PCP or Health Plan physician/provider.
<b>MENTAL HEALTH</b> (Inpatient & Outpatient)	Covered. Member may self-refer for out patient services to a physician or health care provider within the Health Plan. Includes day and residential treatment (requires notification prior to seeking services to United Behavioral Health at 1-800-435-7486) (Butler Hospital may be used for services).

Department at 1-800-587-5187 – open 24 hours a day, 7 days a week.

## Benefit Summary (cont.)

HEALTH CARE SERVICES	BENEFITS
<b>NON-EMERGENCY MEDICAL TRANSPORTATION</b>	Covered. A pack of ten bus passes per a month may be available for medical appointments. If bus access is a problem, Member Services may be able to arrange Taxi or Van services for appointments and treatments. Contact the Member Service Department at 1-800-587-5187. Routine visits require 48 hours prior notice, urgent and sick visits require 2 hours notice.
<b>NURSING HOME CARE</b> (Skilled Nursing Facility)	Covered. When ordered by a Health Plan physician/ provider.
<b>NUTRITION COUNSELING</b>	Covered when ordered by a Health Plan physician/provider. Referrals to licensed dietician only.
<b>OUTPATIENT HOSPITAL SERVICES</b>	Covered when ordered by your PCP or Health Plan physician/ provider. Includes physical therapy, occupational therapy, hearing therapy, respiratory therapy, language therapy and other covered services delivered in an outpatient hospital setting.
<b>OUTPATIENT REHAB SERVICES</b> (Physical, Occupational, Speech, Cardiac)	Covered when ordered by your PCP or a Health Plan physician/provider.
<b>PHYSICIAN SERVICES</b>	Covered. Including anesthesia for inpatient or outpatient dental and oral surgery including TMJ. Up to one annual and three GYN visits annually to a Health Plan physician/provider for family planning (covered without a referral from a PCP). Immunizations and vaccines covered (except for travel).
<b>PREGNANCY CARE</b>	Covered. Care after birth (post-partum) is also included. Lactation services covered, including breast pumps.
<b>PODIATRY - FOOT CARE</b>	Covered when ordered by a Health Plan physician/provider.
<b>SCHOOL BASED HEALTH CENTER SERVICES</b>	Covered at all designated sites. Services limited to covered benefits as described in this pamphlet.
<b>SURGERY</b> (Ambulatory, Inpatient, Emergency, Reconstructive)	Covered when ordered by your PCP or Health Plan physician unless there is a medical emergency. Second surgical opinions are covered.
<b>TESTING - DIAGNOSTIC</b>	<b>LAB (blood and urine test, etc.):</b> Covered when ordered by your Health Plan physician/provider. <b>X-RAY &amp; OTHER DIAGNOSTIC TESTS:</b> Covered when ordered by your Health Plan physician/provider.
<b>TRANSPLANT SERVICES</b>	Covered when ordered by a Health Plan physician.

**QUESTIONS? Call UnitedHealthcare of New England's Member Service**

# Extended Family Planning Program Benefits

HEALTH CARE SERVICES	THESE BENEFITS ARE COVERED
<b>OUTPATIENT PROCEDURES</b> (In the Office or Clinic) <b>OFFICE VISIT COPAY \$2.00</b>  <b>OUTPATIENT HOSPITAL SERVICES</b> <b>SURGERY &amp; RELATED SERVICES</b> <b>COPAY \$15.00</b>	<ul style="list-style-type: none"> <li>• One comprehensive GYN visit and up to three additional Family Planning method related office visits</li> <li>• Tubal Ligation (Sterilization)</li> <li>• IUD insertion and removal</li> </ul>
<b>PRESCRIPTION AND NON-PRESCRIPTION FAMILY PLANNING METHODS</b> <b>COPAY \$1.00</b>	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.
<b>REFERRALS TO FREE CLINICS FOR OTHER MEDICAL SERVICES</b>	Referral for other services as needed. For example; referrals to the State's: <ul style="list-style-type: none"> <li>• Sexually Transmitted Disease Clinic for treatment</li> <li>• Confidential HIV testing and counseling sites</li> </ul>
<b>GYNECOLOGICAL SERVICES</b> (Well Woman Care) <b>ROUTINE EXAM COPAY \$2.00</b>	Includes annual GYN exam, one comprehensive visit and up to three family planning visits annually.
<b>LABORATORY</b>	Includes pregnancy testing, annual pap smear, sexually transmitted disease testing, anemia testing, dipstick urinalysis, and urine culture.
<b>EXCLUSION: NOT COVERED UNDER THIS PLAN</b>	Infertility Treatment

**NOTE:** 1. Services are covered by your Plan provider only on an outpatient basis.  
 2. Inpatient services are not a covered benefit in the Extended Family Planning Program.

If you need primary care services you can go to the community health center closest to you. Community Health Centers typically provide services using a sliding scale based on your income.

**Primary care services are not a covered benefit under extended family planning.**

All Rlte Care benefits are subject to Rlte Care's Medical Necessity Definition.

**Department at 1-800-587-5187 – open 24 hours a day, 7 days a week.**

## **Benefits Covered by Rhode Island Medical Assistance**

### **All Rlte Care Enrollees**

- Routine dental care for adults and eligible children
- Court ordered mental health and substance abuse services in which the court order specifies a non-network provider
- AIDS Non-medical Case Management

### **Children**

- Special Education Services - as defined in the child's Individual Education Plan (IEP) for children with special health needs or development delays
- Lead Program home assessment and non-medical case management provided by the Department of Health or Lead Centers for lead poisoned children
- CEDARR Family Center Services
- CEDARR Direct Services
- Non-medical case management for Head Start children
- Residential substance abuse treatment services for adolescents aged 13 to 17
- Residential treatment for children ordered by DCYF; covered benefits exclude room and board except in a JCAHO accredited facility
- Child and Adolescent Intensive Treatment Services (CAITS) (administered by DCYF)
- Comprehensive Emergency Services (administered by DCYF)
- Child sexual abuse evaluations, parent/child evaluations, and DCYF ordered emergency room evaluations prior-approved by the State, (medically necessary follow-up therapy is an in-plan benefit)
- Court ordered administratively necessary inpatient days prior-approved by the State
- Intensive community-based treatment prior approved by the State (administered by DCYF)
- Early Start Programs (administrated by DCYF)

### **Benefits covered by Rlte Smiles UnitedHealthcare Dental**

UnitedHealthcare is pleased to be the only provider of dental care for Medical Assistance eligible children born on or after May, 1 2000. Dental problems can start early, so please take your child to the dentist around his or her 1st birthday. Medically necessary dental services are covered including:

- Exams
- Cleanings
- Fluoride Treatments
- X-rays
- Fillings
- Crowns

**Call the Member Service Department for more information: 1-800-587-5187**

**The following services are not covered by the Rhode Island State Medicaid Plan, but are Medicaid covered services as defined by the Social Security act. They are covered if medically necessary for Rlte Care children under age 21, subject to prior approval from the State and will be paid on a fee-for-service basis, and include:**

- Chiropractic services;
- Other services not covered by Rhode Island Medical Assistance that are medically necessary (as determined and prior authorized by the State) to treat or lessen a condition that is discovered during an ESPDT screen.

**Women:**

- Adolescent Self-Sufficiency Collaborative

**Seriously and Persistently Mentally Ill (SPMI) Adults** – At such time that SPMI individuals are identified, these individuals will have all out-of-plan benefits listed above in "All Rlte Care Enrollees" and, in addition will receive the following mental health services out-of-plan:

- Individual, group, and family therapy
- Acute psychiatric inpatient hospitalization
- Emergency room visits for psychiatric emergencies
- Day treatment
- Inpatient psychiatric facility services for individuals under age 21 or 22 if confined beyond 21st birthday
- Community psychiatric supportive treatment
- Multidisciplinary psychiatric treatment planning
- Mobile treatment team
- Crisis intervention

**Postpartum Women Enrolled in Extended Family Planning Only:**

- No out-of-plan benefits for this group

**Pregnant Women who do not meet current Medical Assistance Citizenship or Residency Requirements, or who are greater than 250 % of the Federal Poverty Level (FPL):**

- No out-of-plan benefits for this group



UnitedHealthcare and the Providence Children's Museum invite you to play and learn with your children.

FREE Admission for UnitedHealthcare Rlte Care members with your membership ID card.

# 5 Tips to Keep Your UnitedHealthcare Rlte Care/Rlte Share Insurance

## **1. Remember to renew your Rlte Care coverage every year.**

- Generally, most families must renew their Rlte Care every year. Some families may have to renew more often. You will receive a renewal form in the mail 6-8 weeks before it is due. Complete the renewal form and return it to the Department of Human Services (DHS) immediately.
- Be sure to include copies of the most recent 4 weeks of paystubs or other income with your renewal.
- Federal law now requires U.S Citizens who apply for Rlte Care, Rlte Share or Medical Assistance (except those receiving SSI or Medicaid) to show proof of citizenship and identity. The Department of Human Services will send you a form when it is time to recertify. You will only have to provide this proof once. You can prove your citizenship and identity by showing your: passport or certificate of naturalization or your birth certificate and drivers license or state photo or school ID card. For more information call the DHS InfoLine at 462-5300.

## **2. Call your DHS local office if there are changes in your address, income, or family size, especially if you pay a premium.**

- Need help contacting your DHS local office? Call the DHS InfoLine at 462-5300.

## **3. If you have a monthly premium, pay it on time every month.**

- Be sure to mail the payment in full by the due date to the address on the bill.
- Not sure if you have to pay a premium? Call the DHS InfoLine at 462-5300.

## **4. Make sure your name is on your mailbox.**

- Mail from DHS will not be delivered if your name is not on the mailbox.

## **5. Respond immediately to every request from DHS.**

- Not sure what a notice or letter means? Call the DHS InfoLine at 462-5300.

**Note:** If you need help filling out a Rlte Care/Rlte Share application or renewal form, call the DHS InfoLine at 462-5300.

Ask for the telephone number of a Family Resource Counselor in your community.