

Open Enrollment is
November 14, 2016
through **December 1, 2016**

You're one step closer to simple health care.

STATE OF RHODE ISLAND
2017 BENEFITS GUIDE



Health care can be hard. We're here to help you through it.

You can count on us to help protect you financially and guide you through your health care needs. We'll help make your health experience easier by giving you tools and support to help you save time, save money and find care when you need it.

Call us.



Toll-Free **1-866-202-0434**
Habla Español? Podemos ayudar.

Your benefits

MEDICAL PLAN

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Stay healthy, get the care you need and connect on your schedule.



Preventive care is covered 100% in our network.*

- ✓ Immunizations
- ✓ Preventive exams and health screenings

VIEW BENEFITS on pages 4-5.



Help is a call, email or web chat away.

- ✓ Contact us for help and answers at 1-866-202-0434.
- ✓ Talk or chat online with a registered nurse, 24/7.

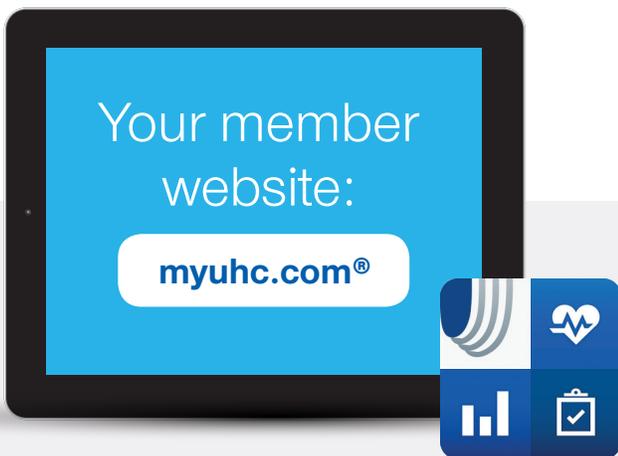


Save on covered services when you use network providers.¹

- ✓ Doctor office visits
- ✓ Emergency services
- ✓ Hospital care
- ✓ Lab services
- ✓ Pregnancy care services
- ✓ Outpatient care services
- ✓ Rehabilitative services and devices
- ✓ Wellness services
- ✓ Mental health and substance use disorder services and more

¹If you're wondering, this is not the complete list of covered services. See your official health plan documents for more details.

VIEW BENEFITS on pages 4-5.



Download the Health4Me app.

Manage your health and your plan online and on the go.

*Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a co-pay, co-insurance or deductible.

Questions to help you choose

What do I pay for covered services?

COPAYMENT OR COPAY

You'll pay a fixed amount of money for each covered doctor visit.

DEDUCTIBLE

This is the amount you will need to pay for covered services before your plan begins to pay.

COINSURANCE

This is your share of the costs of a covered service, calculated as a percent.

FIND INSURANCE TERMS CONFUSING?

Visit justplainclear.com

What is the most I may have to pay?

OUT-OF-POCKET LIMIT

You'll never pay more than your out-of-pocket limit during your plan year.

STATE OF RHODE ISLAND HSA CONTRIBUTION

Individual/Family

DEDUCTIBLE

Employee/Family

COVERED SERVICES

Doctors and Specialists

PCP Visit (Illness or Injury)
Virtual Visit (online)
Specialist Visit
Non-preventive Tests (Lab, X-ray, etc.)

Preventive Care

Screenings & Counseling
Immunizations
Well-Child & Well-Woman Visits
Labs & Imaging Tests (e.g. X-rays, MRI)

Emergency Care

Urgent Care Visit
Emergency Room
Emergency Transportation

Pregnancy Services

Office Visits
Childbirth Professional Services
Childbirth Facility Services

Other care

Mental Health Visit (outpatient)
Chiropractic Care - 12 visits per year
Hospital Stay Facility Fee
Hospital Stay Provider Fee

OUT-OF-POCKET LIMIT

Employee/Family

CHOICE PLUS PLAN WITH HSA

2014 PLAN

\$1,500/\$3,000

N/A

◀ How do I use my HSA?

Use the money in your HSA to help pay for your health care costs.

WHAT YOU PAY IN THE NETWORK \$1,500/\$3,000	WHAT YOU PAY OUT OF THE NETWORK \$2,250/\$4,500	WHAT YOU PAY IN THE NETWORK \$250/\$500	WHAT YOU PAY OUT OF THE NETWORK \$500/\$500
10% after deductible	30% after deductible	\$15	20% after deductible
10% after deductible	30% after deductible	\$15	N/A
10% after deductible	30% after deductible	\$25	20% after deductible
10% after deductible	30% after deductible	\$0 after deductible	20% after deductible
\$0	30% after deductible	\$0	20% after deductible
\$0	30% after deductible	\$0	20% after deductible
\$0	30% after deductible	\$0	20% after deductible
\$0	30% after deductible	\$0	20% after deductible
10% after deductible	30% after deductible	\$50	20% after deductible
10% after deductible	10% after deductible	\$125	\$125
10% after deductible	10% after deductible	\$0	\$0
10% after deductible	30% after deductible	\$15 first visit only	20% after deductible
10% after deductible	30% after deductible	\$0 after deductible	20% after deductible
10% after deductible	30% after deductible	\$0 after deductible	20% after deductible
10% after deductible	30% after deductible	\$15	20% after deductible
10% after deductible	30% after deductible	\$25	20% after deductible
10% after deductible	30% after deductible	\$0 after deductible	20% after deductible
10% after deductible	30% after deductible	\$0 after deductible	20% after deductible

◀ What will it cost to see providers in and out of the network?

Providers in our network have agreed to charge lower prices. If you use out-of-network providers, your costs may be higher.

\$3,000/\$6,000

\$4,500/\$9,500

\$250/\$500

\$3,250/\$6,500

Choice Plus Plan with HSA

Get network freedom and an HSA.



There's coverage if you need to go out of the network.

Out-of-network means that a provider does not have a contract with us. You can receive care and services from anyone in or out of our network. Choose what's best for you. Just remember, out-of-network providers will likely charge you more.



There's no need to choose a primary care physician (PCP) or get referrals to see a specialist.

Consider a PCP; they can be helpful in managing your care.



Preventive care is covered 100% in our network.

DETAILED BENEFITS on pages 4-5..

Look for care in our network first.



The doctors and facilities in our network have agreed to provide you services at a discount. This plan's network includes:

- ✓ **840,000+** doctors and health care professionals
- ✓ **5,600+** hospitals

You can open a health savings account (HSA).

An HSA is a personal savings account to help you save and pay for your health care.

It's your money.

- ✓ There's no "use it or lose it" rule. You get to keep it even if you change plans, change employers or retire.

Set a goal - even a small one.

- ✓ Make regular, pretax deposits to your HSA through payroll deduction.

Open your account.

- ✓ Don't leave money on the table. Open an account to make sure you get the money the State is giving you.

State HSA Contributions:

Employee only coverage: \$1,500

Family coverage: \$3,000



If you go out of network, your costs may be higher. Out-of-network providers can even bill you for amounts higher than what your plan will cover. For all of the **COVERAGE DETAILS**, see your official health plan documents.

Save on taxes.

You don't have to pay federal taxes, or in most cases, state income taxes when you deposit money into your HSA, let it collect interest or use it for qualified expenses. The 2017 IRS HSA deposit limits are:

Individual	\$3,400*
Family	\$6,750*

Paying for prescriptions.

You will have to pay the full cost of your covered prescriptions until you've paid the deductible. You can use your HSA to help pay. After the deductible, you will pay a copayment.

There is list of preventive therapy medications that you do not have to pay the full cost for. For more details, see your official pharmacy plan documents.

Open an account with Optum Bank, Member FDIC.

Open an account with the preferred HSA bank of more than a million people.

VISIT optumbank.com.

**You own the HSA.
Use it to save and pay.**



Qualified expenses:

- ✓ Doctor office visits
- ✓ Prescriptions
- ✓ Eyeglasses and contacts
- ✓ Dental care and braces
- ✓ Chiropractic services and more

How paying for network care works with an HSA



Your deductible

You pay for all services, including prescriptions, until you meet your deductible. You can use an HSA to help pay it.

Pay with your HSA or pay another way



Your coinsurance

After you reach the deductible, you share the costs with the plan. You can use an HSA to help pay your share.

Your plan pays 90% + You pay 10%



Your out-of-pocket limit

When you reach the limit, you are done paying. The plan pays 100% of covered services for the rest of the coverage year.

You are done paying

Preventive care is covered 100% when you use a network doctor.

SEE BENEFITS on pages 4-5.

*This includes all deposits, including any contributions State of Rhode Island makes. You may be required to receive approval for some services before they can be covered.

2014 Plan

Get more protection with a national network and out-of-network coverage.



There's coverage if you need to go out of the network.

Out-of-network means that a provider does not have a contract with us. You can receive care and services from anyone in or out of our network. Choose what's best for you. Just remember, out-of-network providers will likely charge you more.



There's no need to choose a primary care physician (PCP) or get referrals to see a specialist.

Consider a PCP; they can be helpful in managing your care.



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- ✓ **5,600+** hospitals

Paying for care

Copayment (copay)*

You'll pay a fixed amount of money for each covered doctor visit or prescription.



Deductible*

This is the amount you will need to pay before your plan will start to pay for covered services.



Coinsurance*

After you've reached your deductible, you'll only pay a percentage of each covered service.

Out-of-pocket limit

You'll never pay more than your out-of-pocket limit during the plan year. The out-of-pocket limit includes all of your network payments.

* You won't need to worry about these costs for preventive care if you stay in the network.



If you go out of the network, your costs may be higher. Out-of-network providers can even bill you for amounts higher than what your plan will cover. For all of the **COVERAGE DETAILS**, see your official health plan documents.

You may be required to receive approval for some services before they can be covered.



State of Rhode Island Your Personal Prescription Benefit Plans

	<u>Choice Plus Plan with Health Savings Account (HSA)</u>	<u>2014 Plan</u>
Where Short-term medications	CVS Caremark retail network includes more than 68,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies and 7,500 CVS/pharmacy locations	CVS Caremark retail network includes more than 68,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies and 7,500 CVS/pharmacy locations
Where Maintenance medications	At Mail Service or CVS/pharmacy up to 90-day supply OR Any participating retail pharmacy by calling Customer Care to Opt-out (30-day supply copay will apply)	At Mail Service or CVS/pharmacy up to 90 day-supply OR Any participating retail pharmacy by calling Customer Care to Opt-out (30-day supply copay will apply)
Annual Deductible	Individual: \$1,500 Family: \$3,000 (Medical & Rx Combined)	None
Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000 (Medical & Rx Combined)	Individual: \$6,350 Family: \$12,700 (Rx only)
Generic Medications Ask your doctor if there is a generic available, as these generally cost less.	Drugs on Preventive Therapy List: Short-term medications: \$7 copay Maintenance medications: \$14 copay (90-day supply) Drugs not on Preventive Therapy List: You must meet the deductible, then above copays apply	Short-term medications: \$7 copay Maintenance medications: \$14 copay (90-day supply)
Preferred Brand-Name Medications If generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	Drugs on Preventive Therapy List: Short-term medications: \$25 copay Maintenance medications: \$50 copay (90-day supply) Drugs not on Preventive Therapy List: You must meet the deductible, then above copays apply	Short-term medications: \$25 copay Maintenance medications: \$50 copay (90-day supply)
Non-Preferred Brand-name Medications You will pay the most for medications not on your plan's preferred drug list.	Drugs on Preventive Therapy List: Short-term medications: \$45 copay Maintenance medications: \$90 copay (90-day supply) Drugs not on Preventive Therapy List: You must meet the deductible, then above copays apply	Short-term medications: \$45 copay Maintenance medications: \$90 copay (90-day supply)
Website	Register at www.caremark.com	Register at www.caremark.com
Customer Care	1-800-307-5432	1-800-307-5432



Get access to support and care at any time.

Advocate4Me: Need help? We're on it.

We know that managing your health plan benefits and your health isn't always easy. That's why we have a team of people dedicated to helping you. From understanding your claims to estimating costs ahead of time, we're here to help.

You may want to know:

- ✓ Is this treatment covered?
- ✓ How much will I have to pay for a test my doctor wants me to get?
- ✓ What does this charge mean on my bill? And why is it this amount?
- ✓ Can you help explain my benefits and what I need to do?
- ✓ If I need to find a new doctor, can you help me?

Contact us to get help with a personal touch.



To reach your Healthcare Advocate call the number listed on your health plan ID card.

Get care online with virtual visits.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10–15 minutes and doctors can write a prescription,* if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.



Conditions commonly treated through a virtual visit.

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- | | | |
|---|----------------------|------------------|
| ✓ Bladder infection/
Urinary tract infection | ✓ Diarrhea | ✓ Rash |
| ✓ Bronchitis | ✓ Fever | ✓ Sinus problems |
| ✓ Cold/flu | ✓ Migraine/headaches | ✓ Sore throat |
| | ✓ Pink eye | ✓ Stomach ache |

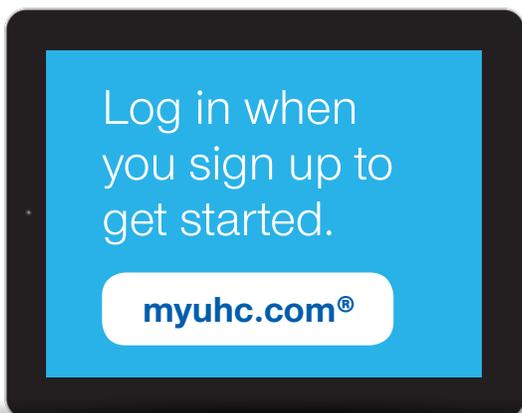


It's easy to get started.

Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

* Prescription services may not be available in all states.

Get the most out of your benefits when you go digital.



- ✓ Find network providers and care centers.
- ✓ Manage your claims, track expenses and pay your medical bills.
- ✓ View benefit cost details for your entire family.

On the go? Take your plan with the UnitedHealthcare Health4Me® app.



Download at the App store



Android available at Google Play



Easily estimate health care costs.

myHealthcare Cost Estimator is an easy-to-use tool so you can see what a treatment or procedure typically costs, and see what your share of expenses may be.



Join health and wellness missions.

Join our health and wellness program powered by RallySM to become more active and achieve your goals.



Find quality doctors.

We make it easy to find doctors and other health care providers who have met criteria for providing quality and cost-efficient care in the UnitedHealth Premium program. Look for the blue hearts. 

App Store is a service mark of Apple, Inc. Android is a registered trademark of Google, Inc.

*Some features may not be available for all employer plans.

We're here to help.

Whether it's finding care or managing a complex health condition, you'll get help whenever you need it. Here are some of the programs and services that are available as part of your health plan with no additional cost to you. To access these services, call the number on the back of your health plan ID card.

Employee Assistance Program: Get help if you have work-related or personal issues



You'll have the **Employee Assistance Program (EAP)**, which gives you confidential support to help you with:

- ✓ Depression, stress and anxiety
- ✓ Relationship difficulties
- ✓ Financial and legal resources
- ✓ Child and elder care support
- ✓ Substance use and recovery and more

Visit liveandworkwell.com to learn more.

Talk to a registered nurse 24/7.



When a health question comes up, you can talk with a registered nurse to help you find answers. They can:

- ✓ Answer questions about an illness or injury.
- ✓ Provide support on managing a chronic condition.
- ✓ Help you find doctors and schedule appointments.

As a member, you can connect with a nurse through the [Health4Me app](#).

Get help managing diabetes.



The Diabetes Management Program connects you with nurses who can give you information to help you manage your diabetes, manage your medications and improve your diet and exercise.

You don't have to face cancer alone.



With Cancer Resource Services, you and your family will get personal support from an experienced cancer nurse to help you understand your diagnosis and share information to help you make informed decisions about your care.

Get help through pregnancy and delivery.



Enroll in the Healthy Pregnancy Program by calling the number on your health plan ID card to access nurses, get information to help you identify health risks and more. You'll even get a gift for mom and baby.

What comes next?

1 Choose the best plan

Open enrollment is **November 14 through December 1, 2016**.

2 Before coverage starts

While we're setting up your insurance:



SEARCH OUR NETWORK for providers near you at .

3 Once coverage begins

Your coverage starts **January 1, 2017**.



WATCH THE MAIL for your ID card (if changing plans or a new member).



GET STARTED ONLINE at myuhc.com and download the Health4Me app to manage your health and benefits.

1. Go to myuhc.com.
2. Click on Register Now. You'll need your health plan ID card, or you can use your Social Security number and date of birth to register.
3. Follow the step-by-step instructions.



START USING YOUR PLAN once your coverage starts.

4 Use your plan

Here are some great ways to use your plan throughout the year:



SCHEDULE AN ANNUAL EXAM, flu shot or other preventive care.



ESTIMATE YOUR COSTS before you get care with myuhc.com or the Health4Me app.



USE OUR RESOURCES to stay healthy and save money.



GET ON-THE-GO ACCESS to health and account info, tools and resources with the Health4Me app.



CALL US FOR HELP when you need us.



MANAGE YOUR PLAN AND HEALTH ONLINE at myuhc.com.

Do you need more help?



Toll-Free **1-866-202-0434**
Habla Español? Podemos ayudar.



The information in this guide is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents which may include a Summary of Benefits and Coverage and Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc., or their affiliates.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Information for individuals residing in the state of Louisiana or who have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those non-network services, in addition to applicable amounts due for co-payments, co-insurance, deductibles, and non-covered services. Specific information about network and non-network facility-based physicians can be found at myuhc.com or by calling the toll-free Customer Care telephone number that appears on the back of your health plan ID card.

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Disclosure: The Health Discount Program is administered by HealthAllies® Inc., a discount medical plan organization. The Health Discount Program is NOT insurance. The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA, 91209, 1-800-860-8773, www.unitedhealthallies.com, ohacustomer@optumhealth.com.

The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. This program may not be available in all states or for all groups. Components subject to change.

Advocate services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate (Advocate4Me) services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you.

The myNurseLine.SM Care Coordination Nurse, and Cancer Nurse Advocate services are for informational purposes only, and should not be used for emergency or urgent care situations. In an emergency, call 911 or go to the nearest emergency room. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance program and may be discontinued at any time. They are included as part of your health plan.

Source4Women content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor's care. Lists of potential treatment options and/or symptoms may not be all inclusive. Source4Women is a registered trademark of UnitedHealth Group Incorporated.