



Covered Benefits – Rite Care

Benefits Covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, 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.

Benefit	Coverage
Abortion Services	Not covered, except to preserve the life of the woman, or in cases of rape or incest.
Adult Day Services	Covered when ordered by a network physician.
Alcohol and Substance Abuse Treatment	Inpatient: Covered. Includes day treatment, partial hospitalization and residential treatment, except for residential treatment for children ordered by the Department of Children, Youth and Families (DCYF), and except for residential substance abuse treatment for children ages 13 to 17. Covered residential treatment services exclude room and board. (Butler Hospital may be used for services.) Outpatient: Covered. Includes methadone maintenance, outpatient methadone detoxification, collateral visits and court-ordered services provided by a network provider.
Cosmetic Surgery	Not covered, except medically necessary surgery to treat illness or injury to restore or provide function. Breast reconstruction following a mastectomy is covered.

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Dental Care	Emergency: Covered. Emergency care to control pain, bleeding, infection or accidental injury. Routine: Covered. Checkups and treatment using your Medicaid card or RIte Smiles card (children born on or after May 1, 2000).
Dental Care for Children	Covers cleanings, exams, fluoride treatments, X-rays, fillings and crowns through RIte Smiles. For Medicaid-eligible children born on or after May 1, 2000. Some services are not covered under this plan but you may be able to get them from other agencies. UnitedHealthcare Community Plan can help coordinate those services.
Diabetes	Covers education, visits and supplies (glucose meters, test strips, lancets, insulin inject aids, syringes and molded shoes).
Dialysis	Covered.
Drugs (prescription and over-the-counter)	Covered. Generic substitution required unless otherwise ordered by a network provider. Prior authorization for some prescription drugs. Many over-the-counter drugs are covered, including nicotine cessation. Not covered: Medications for sexual or erectile dysfunction.
Durable Medical Equipment (DME)	Covered when ordered by a network physician. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and medical supplies as covered by the Medicaid program.
Early Intervention Services	Covered for children up to age 3.
Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services	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.

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Education Classes (childbirth, parenting, smoking cessation, diabetes, asthma, nutrition, etc.)	Covered.
Emergency Room Services	Covered.
Emergency Transportation	Covered.
Experimental Procedures	Not covered, except when a state mandate for coverage exists.
Eye Care	<p>For adults: Covered. Routine eye exams, including refractions, and one pair of glasses, as needed, in a two-year period. Exams and treatment for illness or injury as ordered by your PCP. Annual eye exams and eyeglass lenses for members who have diabetes; frames are covered only every two years.</p> <p>For children under 21: Covered (including the provision of glasses).</p>
Family Planning Methods (prescription and nonprescription)	Covered. Limited to twelve 30-day supplies per year. Covered contraceptives include oral contraceptives, IUD, cervical cap, diaphragm and Depo-Provera. Covered nonprescription 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 Services	Enrolled female members have freedom of choice of providers of family planning services.
Hearing Therapy	Covered.
Home Health Care Therapy and Services	Covered when ordered by a network provider.
Hospice Care	Covered when ordered by a network physician, up to 210 days lifetime maximum for palliative treatment only.

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Hospital Care	Covered. Private room not covered unless medically necessary.
Infertility Treatment	Not covered.
Interpreters	Covered. Call Member Services. Requires 72-hour notice. Sign language services require two weeks' notice.
Laboratory Tests	Covered when ordered by network provider.
Language Therapy	Covered when ordered by your PCP.
Medical Equipment	Covered when ordered by network provider.
Mental Health (inpatient and outpatient)	Covered. Member may self-refer for outpatient services to a network provider. Includes day and residential treatment. Requires prior authorization from Optum Behavioral Health at 1-800-435-7486 . Butler Hospital may be used for services.
Non-Emergency Medical Transportation	Covered by LogistiCare. Ten bus passes per month may be available for medical appointments. If bus access is a problem, LogistiCare may be able to arrange taxi or van services for appointments and treatments. Routine visits require 48-hour notice. Urgent and sick visits require two-hour notice.
Nursing Homes (skilled nursing facility)	Covered when ordered by a network provider.
Nutrition Counseling	Covered when ordered by network provider. Referrals to licensed dietitian only.
Outpatient Hospital Services (including physical, occupational, hearing, respiratory and language therapy)	Covered when ordered by a network provider. Includes covered services delivered in an outpatient hospital setting.
Outpatient Imaging	Covered. MRIs, MRAs, and CT and PET scans are covered with prior authorization.

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Outpatient Rehab Services (cardiac, physical, occupational and speech)	Covered when ordered by network provider.
Physician Services	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).
Post-Stabilization Care Services	Covered per services related to an emergency medical condition that are provided after the condition is stabilized.
Podiatry (foot) Care	Covered when ordered by a network provider.
Pregnancy Care	Covered. Includes a minimum hospital stay of 48 hours after a vaginal birth and 96 hours after a Caesarean birth, unless the mother requests an early discharge. Also includes postpartum care, lactation services and breast pumps.
Private Hospital Rooms	Not covered unless medically necessary.
School-Based Health Center Services	Covered at all designated sites. Services limited to covered benefits.
Services of Other Practitioners	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.
Services Outside of Rhode Island	Not covered unless from a network provider or if a covered benefit is not available in-network.
Services Outside of the United States	Not covered.

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Surgery (ambulatory, emergency, inpatient and reconstructive)	Covered when ordered by a network provider. Emergency surgery is covered. Second surgical opinions are covered.
Testing (diagnostic)	Lab (blood and urine test, etc.), X-ray and other diagnostic tests covered when ordered by a network provider.
Transplant Services	Covered when ordered by a network physician.