

FREQUENTLY ASKED QUESTIONS

Q. What is the deductible?

- A. The deductible is the amount you must pay for health care services before the plan begins to pay for covered services you use. The deductible may not apply to all services. For further details regarding what services are subject to the deductible, please refer to [Summary Plan Description \(SPD\)](#).

Network: \$250 Individual / \$500 Family – Non-Network: \$500 Individual / \$500 Family / Per calendar year.

Q. What is an Out-of-Pocket maximum (OOPM)?

- A. The annual Out-of-Pocket Maximum (OOPM) is the most you pay each calendar year for covered services. All out-of-pocket costs for In-network services that are covered by the State's Medical Plan apply to the OOPM. Once the Out-of-Pocket Maximum has been met, the plan will pay 100% of covered expenses for the remainder of the calendar year. For further details regarding the Out-of-Pocket Maximum, please refer to [Summary Plan Description \(SPD\)](#).

Network: \$250 Individual / \$500 Family
Non-Network: \$3,250 Individual / \$6,500 Family / Per calendar year.

Q. I have met my In-Network Out-of-Pocket Maximum (OOPM) for the calendar year and my Doctor's office requests that I continue to pay co-payments.

- A. Once the In-Network OOPM has been met (\$250 Individual/\$500 Family); all In-Network eligible services will be paid at 100% for the remainder of the calendar year.

You can verify to your Doctor that the OOPM has been met by:

- 1) Asking the Provider to call UnitedHealthcare Customer Service or log onto the Provider web portal to view benefits and verify that the OOPM has been met.
- 2) Bringing documentation to the medical appointment
 - Use the Health4Me App on your smart phone to show the Out-of-Pocket Maximum has been met.
 - Log onto www.myuhc.com and print-out the Health Statement indicating the Out-of-Pocket Maximum has been met.
- 3) Calling Customer Service
 - Call the UnitedHealthcare Customer Service telephone number on the back of your Medical Identification Card (1-866-202-0434) and ask the Customer Service Representative to make an outreach call to the Provider and explain the State of RI's benefit plan.