Consumer's Right to Know About Health Plans in Rhode Island

Preferred Dentist Program
Metropolitan Life Insurance Company

Consumer Disclosure

Safe and Healthy Lives in Safe and Healthy Communities

Consumer Disclosure

CONSUMER'S RIGHT TO KNOW ABOUT HEALTH PLANS

THE HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

WHY ARE YOU GETTING THIS INFORMATION?

- Knowing how Health Plans work helps you to be a better consumer.
- Meets State Law requiring Health Plans disclose information.
- Provides information about your specific Health Plan.
- Informs you that a comprehensive list of all participating providers is available to you on the Health Plan Web Site (Hard copies available on request.)

Another document, the *Consumer's Guide to Health Plans in Rhode Island*, gives general information about health plans, including standard definitions of common terms, and is available upon request from Health Plan representatives. This document can also be found on the RI Department of Health Web Site, www.healthri.org.

This Consumer Disclosure has been reviewed and approved by the Rhode Island Department of Health in accordance with R23-17.13 (Rules Regulations for Certifying Health Plans). Requests for more information about Health Plan certification or consumer rights may be addressed to:

> Rhode Island Department of Health, Division of Health Services Regulation, 3 Capitol Hill, Providence, RI 02908-5097, Phone: 401 222-6015.

Q **Who can I contact at the Health Plan for information?** Representatives of this Health Plan are available to help you get the information you need. You can contact a Health Plan representative at:

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MetLife Customer Response Center
125 Business Park Drive
Utica, NY 13502
Toll-free: 1-800-942-0854 Telephone: (315) 738-3200 FAX: (859) 389-6505
TDD Number: 888-638-4863 Email: dentalinfo@metlife.com
Web address: metlife.com/dental

Para contactor a un representante que hable Espanol, llame a:
Nombre del Representante del Plan 1-800-942-0854

Q **How does the Health Plan review and approve covered services?** A Health Plan may review covered services that are recommended by providers to decide if the services are medically necessary. If the plan decides the service is not medically necessary, it will not pay. You and your provider can appeal the Health Plan's decision. For more information about appeals see the Consumer's Guide to Health Plans in Rhode Island.

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The Health Plan reviews and approves covered services consistent with the provisions and limitations set out in your certificate. For procedures in excess of $300 we recommend you ask your dentist to submit a request for a pre-treatment estimate so you will know what the plan will pay prior to services being rendered.

Q **What if I have an emergency?** An emergency is a problem that needs to be addressed by a provider "right-away" to prevent permanent damage or death. Here's what this Health Plan wants you to do when you have an emergency health care problem, at home or out of state.

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There is no requirement for pre-authorization of emergency care. Simply make an appointment with your dentist, or any other dentist, to receive care to relieve the emergency situation.

Q **What if I refuse a referral to a participating provider? (a doctor, nurse, or other health professional in your Health Plan's network)** (not applicable to single service Health Plans) When a specific covered service is recommended, Health Plans may send you to certain participating providers. If you refuse the referral and get the service from another provider, the Plan must tell you what effect it will have on payment.

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Referrals are not required, you may go to any dentist of your choice, whether or not they participate in the Preferred Provider Program.

Q **Does the Health Plan require that I get a second opinion for any services? What if I want a second opinion?** In some cases the Health Plan may require a second opinion before it will pay for a covered service. Or you may just want a second opinion on a plan for diagnosis or treatment.

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Second opinions are not required, however you may get one if desired.

Q **How does the Health Plan make sure that my personal health information is protected and kept confidential?** In general, personal health information must be kept confidential (private) by a Health Plan, its employees and agencies it contracts with. Here's how the Health Plan makes sure that personal health information is protected.

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MetLife treats all personal health information as confidential, and requires employees and agencies to do so as well. MetLife complies with all state federal law with respect to the privacy of personal information.

Q **How am I protected from discrimination?** You have the right to be treated fairly and equally. Health Plans may not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by law.

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Dentists who participate in the Preferred Dentist Program have agreed to provide treatment to anyone covered by a MetLife dental benefit plan, regardless of their age, sex, religion, race or ethnic origin, disability, occupational status or other characteristics protected by law.

Q **If I refuse treatment, will it affect my future treatment?** If you refuse to be treated for any condition, your Health Plan must tell you what effect your decision will have on future coverage.

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Treatment decisions are made between the dentist and the patient, and a refusal of treatment will not effect future coverage.

Q **How does the health plan pay providers?** Your Health Plan must tell you about the kinds of financial arrangements it has with providers.

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This Health Plan is not capitated and does not contain other risk sharing arrangements.

Q **How is my health insurance coverage renewed or canceled?**

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Your coverage is provided under the terms of a group policy between MetLife and your employer. Your coverage will stay in effect as long as premium is paid for this policy and you are enrolled for coverage.

Q **If I am covered by two or more Health Plans, what should I do?** If you or a family member are covered by two or more Health Plans, you may have to give information on your coverage to each Health Plan. This helps the Health Plans to arrange payments between the plans when you or a family member receive a service. Here's what this plan will ask you to tell them.

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Your claim form contains a place for you to indicate that you have other coverage. A copy of the other plan's explanation of benefits should be submitted with the claim form.

Health Benefits Required Under Rhode Island Law as of September 2000:
Health Maintenance Organizations (HMOs) and health insurers in Rhode Island are required by State law to provide enrollees with coverage for certain kinds of health care services. These laws do not apply to Medicare, Medicaid, ERISA self-funded plans or supplemental (e.g. Medigap) or single disease (e.g. Cancer coverage) health insurance policies (check with your workplace benefits administrator. These mandated benefits (see summary list in Consumer's Guide to Health Plans in RI) often apply only under certain circumstances, may be limited to participating providers, and are not always covered in full – other conditions and restrictions not mentioned here may apply. For more information about specific mandated benefits, contact your Health Plan representative or the Rhode Island Department of Business Regulation at 401 222-2223.

Covered Services at a Glance:
The information on the following pages shows you what services are covered under this Health Plan. This is only a summary. You may find complete information in the Official Plan Documents or contact the Health Plan Representative listed on the first page.

Single Service Health Plans (example: dental care, vision care) must provide you with standardized and easy-to-understand information about covered services – including out-of-pocket costs, service limitations and other things you need to know. Single Service Health Plans can do this through general information materials or by using a special insert summary called “Covered Services at a Glance.” For more complete information, read the Official Plan Documents or contact a Health Plan Representative. Using this information you can compare:

- Health Plans
- Out-of-pocket costs
- Limits on services