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

Lincoln VisionConnect℠

Operated by SPECTERA, INC.

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 to 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 and 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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Customer Service Department
5959 Northwest Parkway, Suite 107
San Antonio, Texas 78249
Toll-free: 1-800-440-8453 Telephone: 1-800-440-8453 Fax: 210-694-6833
TDD Number: 1-800-524-3157 Email: None Web address: http://lvc.lfg.com

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Para contractor a un representative que hable Espanol, llame a:
Nombre del Representante del Plan 1-800-440-8453

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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Medical necessity determinations are not required under your Plan. Instead, upon receipt of a claim for covered services provided to you, Spectera will provide benefits for an eye exam and a pair of eye glasses or contact lenses, as available to you under your Group Vision Care Insurance Policy.

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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If you are experiencing a health problem that needs to be addressed immediately, you should immediately contact your doctor or an appropriate emergency care provider in your area.

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 Health Plan must tell you what effect it will have on payment.

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Because this Plan is a single service (vision) Health Plan, referrals to participating providers are not applicable to the covered benefits provided under your Group Vision Care Insurance Policy.

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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This Plan does not require that you get a second opinion before it will pay for any covered services. A second opinion for diagnosis or treatment is not applicable to the type of vision care benefits provided under the Plan.

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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In general, it is Spectera's policy that any information that pertains to the diagnosis, treatment or health of any Plan enrollee and is obtained from the enrollee or Provider by Spectera is confidential and may not be disclosed to any person, except it may be disclosed: (i) upon the express consent of the covered person; (ii) pursuant to statute or regulation; (iii) pursuant to court order for the production of evidence or the discovery thereof; (iv) in the event of a claim or litigation between such covered person and the carrier or the covered person and Spectera wherein such data or information is pertinent; or (v) as otherwise required by law.

Spectera's agreements with its network providers specifically provide that the provider will maintain the enrollee's records in a confidential manner as required by state and federal law.

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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It is Spectera's policy to treat all Plan enrollee's fairly and equally. This Plan shall not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by state or federal 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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Whether or not you choose to utilize the covered vision benefits available to you under the Plan, which include an annual exam and a pair of eye glasses or contact lenses every 12 to 24 months, depending on the specifics of your Group Vision Care Insurance Policy, will have no affect on the future covered benefits available to you under the Plan.

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 may include a capitated reimbursement arrangement or other similar risk sharing arrangement and other financial arrangements with your provider.

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

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This Health Plan will renew your coverage on its calendar anniversary date unless you choose another plan offered by your employer. Some provisions may change, including out-of-pocket costs. Your coverage may only be cancelled if your employer fails to pay the premiums for your group.

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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As a single service (vision) Health Plan, Spectera does coordinate benefits. You're being covered by multiple health plans will have no impact on the benefits paid by Spectera for covered services provided to you under the Plan. Upon receipt of a claim for covered services rendered to you, Spectera will pay the maximum benefit available, minus any applicable copayment and/or deductible, for the covered services provided.

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