State of Rhode Island

Medical Plan Deductibles Effective 1/1/16
(Note: Prescription Co-Pays do not count toward the medical plan deductible and are not included in the examples and costs provided below. Members will continue to pay their prescription co-pays after they meet the medical deductible and in-network out of pocket maximums.)

What is a deductible?

A deductible is the fixed amount you pay out of pocket for certain covered services in a calendar year before a health insurance plan begins to cover certain health care costs. The deductible does not apply to all covered services. The plan’s annual in-network medical deductible amount is $250 for an individual and $500 collectively for a family.

What is an out of pocket maximum (OOPM)?

The out of pocket maximum (OOPM) is the maximum amount including the deductible, co-payments, and coinsurance that will have to be paid each calendar year. Once the out-of-pocket maximum has been met, the plan will pay 100% of covered medical expenses. The plan’s annual in-network medical OOPM is $250 for an individual and $500 collectively for a family.

How does a medical deductible work?

Individual Plan: For those covered on an individual plan, you will pay the full plan cost for your medical services (such as an MRI, outpatient surgery, or a hospital stay, etc.) until you meet the $250 deductible amount for the calendar year and then those expenses that require a deductible will be covered at 100%.

Family Plan: For those covered under a family plan, your family will pay the full plan cost for medical services (such as an MRI, outpatient surgery, or a hospital stay, etc.) until the family collectively meets the $500 deductible amount for the calendar year. Once the $500 deductible is met by combining and applying all covered family member costs to the deductible, the entire family is then covered at 100% for those expenses that require a deductible.

Examples: If you are covered on an individual plan and have an in-patient stay that costs $10,000, you will be responsible for the first $250 and the remainder of the covered charges will be paid at 100% and you have met your deductible for the calendar year.

If the above covered person is in a family plan, they will be required to pay the first $500 and the family deductible will have been met and all family members will have no further deductibles for the calendar year.
Charges not subject to the Medical Deductible include:

Ambulance Services
Chiropractic Services
Emergency Room
Hearing Aids
Labs and X-rays
Nutritional Counseling
Office visits
Outpatient Mental Health and Substance Abuse Disorder Services
Prescriptions
Preventive Care
Urgent Care

Charges Subject to the Medical Deductible include:

Cardiac Rehabilitation
Diagnostic CT Scans, PET Scans, MRIs, Nuclear Medicine
Durable Medical Equipment
Hemodialysis Services (Inpatient or at home)
Hospice Care
Infertility Services
Injections Received in Physician’s Office
Inpatient Hospital Stays (including Mental Health services)
Maternity Services (deductible does not apply for office visits)
Outpatient Surgery
Physical/Occupational Therapy
Radiation/Chemotherapy
Respiratory Therapy
Skilled Care in a Nursing Facility
Speech Therapy Outpatient
Transplantation Services

If you have questions after reviewing the information above or examples below, please call UnitedHealthcare at 1-866-202-0434 and select the enrollment prompt to talk with a representative.
Coverage Examples:

Example 1: Individual Plan

Jane has an individual plan with a $250 deductible and a $250 out of pocket maximum for in-network medical services.

Jane has an MRI of her spine in January. The total contracted rate of the MRI is $638. Jane pays $250 and her individual deductible of $250 has been met. The Plan pays $388.

In March and April, Jane then has eight visits with a physical therapist at a contracted rate of $45 per visit. Since she has met her individual deductible and out of pocket maximum, the Plan pays 100% of the contracted rate. Jane pays $0.

For the remainder of the calendar year, since the individual deductible and out of pocket maximum has been met, the Plan pays 100% of covered medical services. Jane no longer has any out of pocket costs for covered medical services.

Example 2: Family Plan

Bob has a family plan with a $500 deductible and a $500 out of pocket maximum for in-network medical services. His wife Carol and daughter Emily are covered under his family plan.

Bob has eight visits with a physical therapist in January and February. Each visit has a contracted rate of $45. Since physical therapy services apply to the deductible, Bob pays a total of $360 for the eight visits. The $360 accumulates to the $500 family deductible.

In March, Carol has knee surgery (Reconstruction of Torn Anterior Cruciate Ligament). The contracted rate of the surgery is $8,367. Carol pays $140 and the family deductible of $500 and the out of pocket maximum of $500 have now been met. The Plan pays the remaining $8,227.

Carol has eight visits with a physical therapist in April and May. Each visit has a contracted rate of $45. Since the family deductible and out of pocket maximum has been met, Carol has no out of pocket costs. The Plan pays 100% of the contracted rates. Total paid by Plan $360.

For the remainder of the calendar year, since the family deductible and out of pocket maximum has been met, the Plan pays 100% of covered medical services. Bob, Carol, and Emily no longer have any out of pocket costs for medical services.