

# healthy **moves**

WINTER 2009



## GET TO KNOW YOUR MEMBER BENEFITS

Look inside to learn about all the services covered by your health insurance.

Consulte la contraportada para información en español.



## Is It Time to Renew?

**U**HP members with NJ FamilyCare or Medicaid need to renew their insurance every year. Failure to do so can cause you to lose both your NJ FamilyCare/Medicaid and your University Health Plans benefits.

To renew, complete the renewal application

provided by NJ FamilyCare/Medicaid and include any required support documents in the envelope provided. If you need help processing your paperwork or have any questions, contact UHP's Member Services Department at 1-800-564-6847 (TTY/TDD

1-800-852-7897) or contact a Health Benefits Coordinator at 1-800-701-0710. Hearing- or speech-impaired members can be assisted at 1-800-701-0720.

HUN

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Edison, NJ 08837  
1-800-564-6847  
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UNIVERSITY HEALTH PLANS, INC.

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Stevens Point, WI  
Permit #422

# University Health Plans, Inc. New Member Orientation Schedule for 2009

UHP holds an orientation meeting for new members on the third Thursday of each month. Orientation meetings are held at different locations each month. A reminder postcard will be sent to you in the mail to remind you of the time, date and place that the orientation will be held. You may also call the UHP Member Services Department at 1-800-564-6847 or TTY/TDD 1-800-852-7899 and a representative will help you.

**JANUARY 15, 2009**

**FEBRUARY 19, 2009**

**MARCH 19, 2009**

**APRIL 16, 2009**

**MAY 21, 2009**

**JUNE 18, 2009**

**JULY 16, 2009**

**AUGUST 20, 2009**

**SEPTEMBER 17, 2009**

**OCTOBER 15, 2009**

**NOVEMBER 19, 2009**

**DECEMBER 17, 2009**



## YOUR BENEFITS

SERVICES COVERED BY UHP



### NJ FamilyCare/Medicaid Plan A, B or C Members

The following are the benefits and services you will receive as a UHP NJ FamilyCare/Medicaid Plan A, B or C Member. These services will be provided by a participating provider when they are medically necessary. Some services may require a doctor's order or a prior authorization.

#### COVERED SERVICES

As a NJ FamilyCare/Medicaid Plan A, B or C member, UHP will provide you with:

- Your own primary care provider (PCP) to manage your healthcare, 24 hours a day, seven days a week. You choose your PCP from UHP's list of participating providers. You may choose a doctor or a licensed nurse practitioner as a PCP. You may choose different PCPs for other family members if you wish (Plan C has a \$5 copay per visit except for well-child visits).
- Your own dentist whom you select from UHP's list of participating dentists.
- Dental services that include preventive prophylactics, diagnostic, major and minor restorative, endodontic, surgical, and adjunctive services, orthodontia and periodontal services, and prosthodontia (Plan C has a \$5 copay for dental services except preventive dental care).
- Preventive healthcare, counseling and health promotion, including immunizations and well-baby care.
- Specialist care, diagnosis and treatment when ordered by your PCP and preauthorized by UHP (Plan C has a \$5 copay per visit if applicable). Your PCP must make all requests for special medical services. With the exception of life-threatening emergencies, your UHP PCP will make any and all referrals, including verbal or written requests from members for specialty services and submit them to UHP for authorization.
- Laboratory tests, X-rays, and other diagnostic procedures. Routine testing related to the administration of clozapine and similar drugs for non-Division of Developmental Disabilities (DDD) beneficiaries are not covered by UHP. They are covered by the Medicaid Fee-for-Service (FFS) Program.
- Emergency medical care services (Plan C has a \$10 copay for emergency room services).
- Certified nurse midwife visits, 24 hours a day, seven days a week (Plan C has a \$5 copay for nurse midwife visits except for prenatal care).
- Nurse practitioner visits, 24 hours a day, seven days a week (Plan C has a \$5 copay for nurse practitioner visits except for preventive services).
- Clinical nurse specialists' visits and physician's assistant services, 24 hours a day, seven days a week (Plan C has a \$5 copay for clinical nurse specialists' visits and physician's assistant services except for preventive services).

- Independent clinic services, 24 hours a day, seven days a week (including Federally Qualified Health Center; Plan C has a \$5 copay except for preventive services).
- Inpatient hospital care, including blood products, all medical services, equipment and supplies ordered by your healthcare provider.
- Inpatient rehabilitation services.
- Routine physicals. UHP will cover routine physical examination by your PCP when needed for employment, school, camp or other activities.
- Outpatient hospital service (Plan C has a \$5 copay except for preventive services).
- Prescription drugs (all prescriptions and nonprescription drugs that are regularly covered by the Medicaid program).

**Prescription drugs are not a covered benefit for the Aged, Blind & Disabled (ABD) members with or without Medicare. Prescription drugs are covered directly by the Medicaid FFS program for the ABD members. (Plan C has a \$1 copay for generic and a \$5 copay for brand).**

- Optometrist services, eye examinations and select eyewear at participating UHP vision care providers. Referrals are not required (Plan C has a \$5 copay for optometrist services).
- Audiology services, hearing tests and hearing aid services.
- Medical supplies.
- Podiatrist services. Does not include routine hygienic care of the feet (Plan C has a \$5 copay).
- Home health agency services. Not included for the Aged, Blind & Disabled (ABD) members, but are covered by the regular Medicaid program.
- Prenatal (pregnancy), maternity care and newborn care (Plan C has a \$5 copay except for prenatal care visits).
- Family planning services and supplies. NJ FamilyCare/ Medicaid Plans A, B and C members have the option to access family planning services through UHP or the Medicaid Fee-for-Service (FFS) Program. If you need the number to your local MACC office, contact our Member Services Department at 1-800-564-6847, TTY/TDD 1-800-852-7897.
- Durable medical equipment.
- Transportation services including ambulance, mobile intensive care units (MICU) and invalid coach.
- Nutrition counseling.
- Hospice agency services.
- Chiropractic services (Plan C has a \$5 copay).
- Prosthetics and orthotics.
- Organ transplants including liver, lung, heart, heart/lung, pancreas, kidney, cornea, intestine, bone marrow and auto-

logous bone marrow transplants. Does not include experimental organ transplants.

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT), which includes medical examinations, dental, vision, hearing and lead screening services. EPSDT also includes non-legend drugs, ventilator services in the home, and private duty nursing when indicated as a result of the EPSDT screening. Private duty nursing is included only when authorized by UHP. Treatment for conditions identified through the examination is covered, as long as they are included in UHP's benefit package.
- Mental health/substance services for beneficiaries of the Division of Developmental Disabilities (DDD), including the DDD/Community Care Waiver.
- Healthcare counseling and health promotional programs, including wellness programs for asthma, pregnancy, diabetes, HIV/AIDS and smoking cessation. These programs are available through your PCP or UHP.
- A quarterly newsletter to inform you about healthy lifestyles and other health topics.
- Post acute care.

The above services will be provided based on medical necessity without limits unless noted.

If you are unsure whether a service is covered, call UHP at 1-800-564-6847, TTY/TDD 1-800-852-7897.

## TRANSPORTATION

If you require taxi services (lower mode transportation) to your physician, you may access this service by calling your local County Board of Social Services or for Essex and Hudson County residents, by calling your Medical Assistance Customer Center (MACC) office. You must give them at least 72 hours' notification before your visit to your physician. If you need the number to your local MACC office, contact our Member Services Department at 1-800-564-6847, TTY/TDD 1-800-852-7897.

Please call UHP if you cannot travel for routine appointments for a chronic illness or condition. If an invalid coach or ambulance service is ordered by your PCP and approved by UHP, we will make arrangements and cover the costs.

If you require lower mode or routine transportation services, you may also call UHP's Member Services Department at 1-800-564-6847, TTY/TDD 1-800-852-7897. Please contact the County Welfare Agency (CWA) office to get routine or lower mode transportation. For Essex and Hudson County, call your local MACC office. If you need assistance, contact Member Services.

If you are homebound and there exists a medical condition that requires additional assistance, please contact a Member Services

representative. In a life-threatening emergency, you do not need prior authorization. For emergency transportation, dial 911.

## SERVICES YOU CANNOT RECEIVE

### WHILE YOU ARE A UHP MEMBER

NJ FamilyCare/Medicaid recipients who participate in a Home and Community Based Waiver Services Program or are admitted for long-term care in one of the following facilities will be disenrolled from UHP on the date they are admitted. Please notify the UHP Member Services Department at 1-800-564-6847, TTY/TDD 1-800-852-7897, so that a representative may assist you. When you no longer need these services, you may re-enroll in UHP.

- Nursing care facility. (Disenrollment applies only if the member is admitted for inpatient rehabilitation care services for more than 30 days.)
- Psychiatric hospital. (Does not apply to Residential Treatment Centers.)
- Intermediate care facility/mental retardation.
- Home and Community Based Waiver Services. (Does not apply to DDD/Community Care Waiver.)

## MEDICAID BENEFITS RECEIVED AFTER AGE 55

Medicaid benefits received after age 55 may be reimbursable to the state of New Jersey from a deceased member's estate. The recovery may include premium payments made on behalf of the member to UHP.

## COST SHARING

### NJ FamilyCare Plan C Beneficiaries

#### Premiums

A monthly premium, regardless of family size, may be required of members through NJ FamilyCare-Plan C whose family income is between 150 percent and up to and including 200 percent of the federal poverty level. Failure to meet the premium payment requirement could result in disenrollment. The collection of premiums will be done by the State and not UHP.

#### Personal Contribution to Care (PCC) for NJ FamilyCare-Plan C

For members eligible through NJ FamilyCare-Plan C, PCCs will be required for certain services provided to individuals whose family income is above 150 percent and up to and including 200 percent of the federal poverty level. Exception: Both Eskimos and Native American Indian children under the age of 19 may not be required to pay a personal contribution to care.

The total family (regardless of family size) limit on all cost-sharing may not exceed 5 percent of the annual family income.

## NJ FAMILYCARE PLAN D

### Copayments for NJ FamilyCare-Plan D

Copayments may be required of parents/caretakers solely eligible through NJ FamilyCare Plan D whose family income is between 151 percent and up to including 200 percent of the federal poverty level. The same copayments will be required of children solely eligible through NJ FamilyCare Plan D whose family income is between 201 percent and up to and including 350 percent of the federal poverty level. Exception: Both Eskimos and Native American Indian children under the age of 19 are not required to pay copayments.

The total family limit (regardless of family size) on all cost-sharing may not exceed 5 percent of the annual family income.

### No Copayment Shall Be Charged For The Following Services:

- Emergency Ambulance Services
- Outpatient Surgery
- Home Health Services
- Hospice Services
- Inpatient Hospital Services
- Inpatient Mental Health Services
- Inpatient Substance Abuse Detoxification Services
- Skilled Nursing Facility Services

For children and members who are participating in NJ FamilyCare Plans C and D, the cost-sharing amount shall be listed on the card. However, for both Eskimo and Native American Indian children under the age of 19 or if the family limit for cost-sharing has been reached, the identification card shall indicate a zero cost-sharing amount. The state will notify UHP when such limits have been reached.

## OUT-OF-NETWORK COVERAGE

### Coverage When You Are Outside UHP's Service Area

**If you travel outside UHP's service area, you will be covered for:**

- Emergency treatment. Emergency services do not require a referral. If you receive emergency services while outside the UHP service area, call UHP within 48 hours or as soon as possible. You may have someone call for you.
- Non-emergency treatment when coming back to the UHP service area is not possible.

## NJ FAMILYCARE PLAN C

Below are listed the services requiring PCCs and the amount of each PCC.

SERVICE	AMOUNT OF PCC
Outpatient Hospital Clinic Visits	\$5 PCC for each outpatient visit that is not for preventive services
Emergency Room Services Covered for Emergency Services only. [Note: Triage and medical screenings must be covered in all situations.]	\$10 PCC
Physician Services	\$5 PCC for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment; age-appropriate immunizations; prenatal care; and pap smears, when appropriate)
Independent Clinic Services	\$5 PCC for each provider visit (except for preventive care services)
Podiatrist Services (nonroutine care except for members with diabetes)	\$5 PCC for each visit
Optometrist Services	\$5 PCC for each visit
Chiropractor Services	\$5 PCC for each visit
Drugs	\$1 for generic drugs; \$5 for brand-name drugs
Nurse Midwives	\$5 PCC for each visit (except for prenatal care visits)
Dentist	\$5 PCC for each visit (except for preventive dentistry services)
Nurse Practitioners	\$5 PCC for each visit (except for preventive care services)

→ Authorized services that are not available within the UHP service area.

**You will not be covered if you:**

- Live outside the UHP service area for more than 30 days.
- Are a full-time student attending school outside the country. UHP will not cover you while you are away at school.

## NJ FAMILYCARE PLAN D

Below are listed the services requiring copayments and the amount of each copayment.

SERVICE	AMOUNT OF COPAYMENT
Covered Outpatient Hospital Clinic Visits, including Diagnostic Testing	\$5 copayment for each outpatient clinic visit that is not for preventive services
Hospital Outpatient Mental Health Visits	\$25 copayment for each visit
Outpatient Substance Abuse Services for Detoxification	\$5 copayment for each visit
Hospital Outpatient Emergency Services Covered for Emergency Services only, including services provided in an outpatient hospital department or an urgent care facility. [Note: Triage and medical screenings must be covered in all situations.]	\$35 copayment; no copayment is required if the member was referred to the Emergency Room by his or her primary care provider (PCP) for services that should have been rendered in the PCP's office or if the member is admitted into the hospital.
Primary Care Provider Services provided during normal office hours	\$5 copayment for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment; age-appropriate immunizations; prenatal care; or preventive dental services). The \$5 copayment shall only apply to the first prenatal visit.



Primary Care Provider Services during non-office hours and for home visits	\$10 copayment for each visit
Podiatrist Services (non-routine care except for members with diabetes)	\$5 copayment for each visit
Optometrist Services	\$5 copayment for each visit, except for newborns covered under fee-for-service.
Outpatient Rehabilitation Services, including Physical Therapy, Occupational Therapy, and Speech Therapy	\$5 copayment for each visit
Prescription Drugs	\$5 copayment. If greater than a 34-day supply of a prescription drug is dispensed, a \$10 copayment applies.
Nurse Midwives	\$5 copayment for the first prenatal visit; \$10 for services rendered during non-office hours and for home visits. No copayment for preventive services or newborns covered under fee-for-service.
Physician specialist office visits during normal office hours	\$5 copayment per visit
Physician specialist office visits during non-office hours or home visits	\$10 copayment per visit
Nurse Practitioners	\$5 copayment for each visit (except for preventive care services) \$10 copayment per non-office hour visits
Psychologist Services	\$5 copayment for each visit
Laboratory and X-ray Services	\$5 copayment for each visit that is not part of an office visit



## ALL YOU NEED, ONLINE OR BY PHONE



For information about the following topics, visit our website at [www.uhpnet.com](http://www.uhpnet.com) or call Member Services at 1-800-564-6847 (TTY/TDD 1-800-852-7897) to request a hard copy.

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Diabetes in Your Family
- Have a Healthy Heart
- On the Plate
- Help Your Kids Get Fit
- How to Obtain Primary Care Services
- How to Obtain Emergency Care
- How to Obtain Specialty & Hospital Care
- How to Submit a Claim for Covered Services



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