Getting the Most From Your Health Care Coverage

This guide is designed to help you get the most from your Oxford[1] benefits. We work with the National Committee for Quality Assurance® (NCQA®) and state and federal regulators to ensure members receive this information on an annual basis.

Important note: Not all information provided in this guide is applicable to all members. Some information may not apply if your plan does not provide certain coverage, products and/or services referenced within this notice. Your Certificate of Coverage (COC) or Summary Plan Description (SPD), including all of its additional coverage, amendments or summary of material modifications, contains a complete listing of the terms and conditions of your coverage and prevails in the event of any conflict between this guide and your COC or SPD.

In addition, information in this guide is current as of the date of issue and may be subject to change at any time due to employer-directed health plan changes, state mandates and federal laws. For the most up-to-date information, please contact your employer's benefit administrator or refer to your health plan's member website, as listed on your health plan ID card.

Getting Answers to Your Questions

Information about your health care benefits is just a click or phone call away.

Log in to your health plan's member website, such as **myuhc.com®**, for easy access to information about:

- **Coverage & Benefits** — Learn whether a service is included or excluded from coverage and if notification is required, the coverage levels for different types and places of care, and your copayment, coinsurance and deductible amounts (as applicable).
- **Pharmacies & Prescriptions** — Access pharmacy benefit information, including notification requirements, supply limits or step therapy requirements, if applicable. You can also price medications, look for lower-cost alternatives and locate a participating (network) pharmacy.
- **Claims & Accounts** — Check your claims status and find out what has been paid and your payment responsibility. If you use our network of participating providers, you won't have to submit a claim; but in the event that you do need to submit a claim, information and forms are available from this site. There is also information on how to submit an appeal if you disagree with our payment decision.
- **ID Cards:** Print a temporary health plan ID card or order a replacement.

If you don't have access to a computer or if you have any questions, please call us at the toll-free phone number on your health plan ID card or **1-800-444-6222**, Monday through Friday, 8 a.m. to 6 p.m. ET. TTY/RTT users can dial **711**.

The UnitedHealthcare® app makes it easy to find nearby doctors, check the status of a claim, see your account balance or view your ID card. You may even be able to video chat with a doctor—all from your smartphone or tablet.[2]

[1]Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc.

[2]The UnitedHealthcare® app is available for download for iPhone® or AndroidTM. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC. 24/7 Virtual Visits and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Data rates may apply.

Oxford Behavioral Health

If you have questions about your behavioral health benefits, please call **1-800-201-6991.**

Clinical Services

Clinical Services includes our prior authorization unit and inpatient and outpatient care programs. If you have questions about a prior authorization or your use of medical services, you can call us at the toll-free phone number on your health plan ID card. Language assistance is also available at this same toll-free number. TTY/RTT users can dial 711.

Questions or concerns about benefit determinations

If you have questions or concerns about a benefit determination, you may call us at the toll-free phone number on your health plan ID card. If the customer service associate (CSA) cannot resolve the issue to your satisfaction over the phone, or if you disagree with the determination and you wish to appeal the determination, ask the CSA to provide you with the appropriate forms and address to submit your written appeal request. The appeal process is also outlined in your COC/SPD and on every Explanation of Benefits (EOB)/health statement you receive from us for services provided by Oxford network participating and nonparticipating (out-ofnetwork) providers.

When requesting an appeal of a benefit determination, include the following information:

- Patient's name and ID number from the health plan ID card
- The date(s) of medical service(s)
- The physician's/health care professional's/facility's name
- The reason you believe the claim or benefit should be paid
- Any documentation or other written information to support your request for claim payment or benefit coverage

Your first appeal request must be submitted to Oxford Clinical Appeals within 180 days, or a longer period as required by applicable law, after you receive the claim/benefit denial. You or your authorized representative may submit any written comments, documents, records, or other information you feel is relevant. You have the right, upon request and at no additional cost, to receive reasonable access to and copies of all documents, records and other information relevant to your claim benefits. Refer to your COC or SPD for specific information on preservice, post-service and urgent appeals. If someone submits an appeal on your behalf, we may require written authorization from you allowing that person to act as your authorized representative.

External review program

Although we strive to offer members programs and services to make their health plan benefits experience a positive one, we understand that from time-to-time a member may wish to formally report a grievance. That is why we have developed a meaningful, dignified and confidential grievance procedure to hear and resolve member grievances. If a member has followed the required grievance procedure and is not satisfied with our final decision regarding a medical necessity determination, the member may be entitled to appeal the decision with an independent, external agent of the appropriate state. Information on how to submit an external appeal is outlined in your COC/SPD and Member Handbook, as well as in the initial denial letter and all subsequent appeal decision letters. For information about grievances and external appeal procedures, please call us at the toll-free phone number on your health plan ID card or at **1-800-444-6222.**

How to submit a complaint

If you are dissatisfied with the handling of an Oxford claim issue or any other experience with your health plan benefits service, you may file a complaint by calling us at the toll-free phone number on your health plan ID card.

We will investigate the issue and in the case of a written complaint provide a response in writing, including any corrective actions that may be taken to resolve the issue.

Getting the Right Care at the Right Place

We recognize that timely access to medical services is important whether you need a physical, a mammogram or an appointment to be treated for an unexpected illness. That's why we've developed provider service standards and regularly monitor our provider network for compliance with these standards. As an Oxford plan member, you can expect to see a provider for urgent care the same day, routine symptomatic care (non-urgent, but in need of attention) within 72 hours or a regular physical exam within six weeks. Your wait in a provider's office should be no more than 30 minutes. We also set standards for the maximum number of appointments a primary care physician (PCP) should have scheduled per hour, and how many patients he or she can care for in the practice. Measures like these are designed to help promote quality care. Please see your COC or SPD for a definition of what we consider a medical emergency.

You get the highest level of health plan benefit coverage when you choose facilities, doctors and other health care professionals that participate in your health plan's provider network.

Services from out-of-network (nonparticipating) providers may result in higher out-of-pocket costs for you – or may not be covered at all – depending on your plan. Some plans do not provide benefit coverage for care received outside the network. Check your plan coverage before selecting a physician or hospital.

For plans that include out-of-network coverage, in addition to your cost share, you may be required to pay any difference between the covered amount and the amount charged by the out-of-network provider.

If you need covered health care services that are not available from a network (participating) provider—or access to a network provider would require unreasonable delay or travel—you, your doctor or a representative acting on your behalf can ask for a referral to an out-of-network (nonparticipating) provider. To request a referral to an out-of-network provider, call the toll-free member phone number on your health plan ID card. For mental health and substance use disorder services, call the Mental Health phone number on your ID card.

Finding a network health care provider

Log in to your member website, such as **myuhc.com**, to find information on network doctors and other health care professionals who can meet your need for primary care, specialty care or behavioral health care, if applicable. You can search and filter by name, specialty, location and other options. Information on network hospitals and other health care facilities can also be found here.

For more information on the professional qualifications of a network provider, or to request a printed copy of the directory of participating physicians and providers, call **1-800-444-6222** or the toll-free phone number on your health plan ID card.

Choosing a doctor is one of the most important health care decisions you'll make. The UnitedHealth Premium® designation makes it easier for you to find doctors who meet national standards for quality and local market benchmarks for cost efficiency.[3]

[3]For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please visit your member website.

Where to go for medical care

Your health plan includes coverage for various types of care. Where to go for medical services depends on your health needs. If you are not sure what type of care you need, use the guidelines below or call the toll-free phone number on your health plan ID card.

For **routine or primary/preventive care**, it is best to go to your own doctor's office. It is important that you establish a relationship with a primary care physician (PCP) to make it easier to get the care you need when you need it and to provide continuity of care. Some plans may require members to designate a PCP and to get referrals before seeing other network providers. We have a large network of PCPs you can access by looking in our online provider directory or by calling the toll-free phone number on your health plan ID card.

Another option to consider for non-emergency health conditions is a virtual visit. A virtual visit lets you see and talk to a doctor from your computer or mobile device, without an appointment.[4] Sign in to **myuhc.com** or the UnitedHealthcare app to learn more.

For **hospital care**, work with your physician to determine which hospital is best for your medical/surgical needs. Your benefit plan may require you or your physician to notify us of a hospital admission.

For **care after hours**, first call your network physician. Network physicians may provide either an answering service or a detailed answering machine message with instructions for accessing care after hours. You can also call the member phone number on your health plan ID card.

Is it urgent? – Urgent care centers provide medical care with less wait time and typically at a lower cost to you than an emergency department of a local hospital. Go to an urgent care center for:

- Sprains and strains
- Minor broken bone
- Minor infection
- Small cut
- Sore throat
- Rash

Is it an emergency?

A medical emergency is generally defined as a medical or behavioral condition for which the onset is sudden. The condition shows itself by symptoms that can be serious, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the afflicted member with such a condition in serious jeopardy, or in the case of a behavioral condition, placing the health of such member or others in serious jeopardy; (b) serious impairment to the member's bodily functions; (c) serious dysfunction of any bodily organ or part of such member; or (d) serious disfigurement of such member. Please see your COC or SPD for a definition of what we consider a medical emergency.

In an emergency, no matter if you are at home or out of town, dial 911 on your phone or go to the nearest emergency room (ER).

[4]24/7 Virtual Visits and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check you plan benefits to determine if these services are available. Data rates may apply.

Please keep in mind, when ER services are used inappropriately, there may be a number of unfavorable outcomes, including:

- Higher out-of-pocket costs: Generally, your share of the cost for ER care is considerably higher than your share of the cost for an office visit. Also, non-emergent care received in the emergency room is not covered.
- Rising costs of health care: Non-emergent ER visits contribute to the rising costs of health care. The total cost of an ER visit far exceeds the costs of being seen by your PCP in an office setting. Because only your PCP and specialists will know your full health history, nonurgent tests and treatments received in ER settings can be costly and unnecessary.

Finding care if you are out of town or state

Call the member phone number on your health plan ID card to find doctors and other health care providers near your location, and to learn if any restrictions apply.

Coordination of Care

It is important that all providers you receive care from share your treatment information. It is equally important for you to be an active partner in this exchange. You can do this by maintaining an open dialogue with your providers about all forms of treatment you receive. Failure to maintain an open dialogue with your providers can result in fragmented care. Fragmented care occurs when a PCP and a specialist treat you at the same time, and each is unaware of the other's treatment or involvement. PCPs and specialists capture different information when determining your treatment plan, and combining this information is essential to forming a complete picture of your health status.

We understand that behavioral health (BEH) is a sensitive and important issue. That said, it is especially important that BEH care be coordinated with traditional care, as well as complementary and alternative medicine (CAM) care. A BEH provider may be treating a disorder with a medical basis that affects your physical health. Likewise, a PCP may be treating a medical illness that can lead to BEH conditions, such as depression. CAM providers can be used to assist in the treatment of both medical and behavioral health problems. These possibilities also make it necessary and important for providers and patients to keep each other informed.