



Broker Resource Guide for Oxford Products

Broker Resource Guide

This guide is designed to make it easier to conduct business with us. It provides easy access to a wealth of information on Oxford products and services, including:

- Frequently used telephone numbers and addresses
- Product charts and descriptions
- Online functionalities for all audiences
- Group and member eligibility information
- And many more topics

Use this guide along with the broker website at oxfordhealth.com to access the information you need. As always, contact your sales representative with any questions you may have.

Please note: The Broker Resource Guide has been designed to provide you with important information in a user friendly format. To the extent any of the information in the Broker Resource Guide is inconsistent with the terms of your Broker Contract, the Broker Contract will be controlling. Please be advised that information in this guide is subject to change. Please contact your sales representative with questions. Information is as of 12/31/11.

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Customer Service for Brokers

Client Services Department

Monday through Friday, 8:00 AM to 5:00 PM **1-888-201-4216**

What is Client Services?

- Primary customer service contact for brokers and all group accounts
- Supports brokers and benefits administrators (BAs) regarding all aspects of plan administration:
 - Verifies enrollment and eligibility status for both members and groups
 - Facilitates small group renewals
 - Responds to general inquiries on member benefits
 - Assists with billing questions
 - Advises on policies and procedures

groupservices@uhc.com

- groupservices@uhc.com is an email box created specifically for both brokers and benefits administrators to interact with us for both issue resolution and general inquiries.
- This email address offers a service distribution channel for our customers to further enhance the overall accessibility of service provided by Client Services.
- For confidentiality, all emails are verified using the email address of the sender. Only general information can be obtained from this email address unless the sender is clearly identified as an authorized broker¹ or benefits administrator.

Types of inquiries sent to groupservices@uhc.com

- Any client service-related inquiry can be sent to the email box. The following are some examples of issues that would be well served via the email box¹:
 - Benefits administrator or contact name changes
 - Corrections/missing information on Member Enrollment Forms (e.g., date of hire, date of marriage, Social Security number, complete address, gender)
 - Requests for materials, copies of invoice and renewal rate options
 - Eligibility verification

Turnaround time for inquiries sent to groupservices@uhc.com

- The Oxford Client Services team will generally respond within one business day of receiving an email. This response will either provide an answer to the question posed or state that the inquiry is being processed.

¹ Brokers need to obtain a HIPAA consent form to act on behalf of a group or individual member where protected health information is involved. Please see the [Brokers Acting on Behalf of Benefits Administrators](#) section of this guide.

Customer Service for Brokers

Oxford Express® IVR for brokers and benefits administrators

The *Oxford Express* interactive voice response (IVR) system allows you to access the following by telephone:

- Member eligibility status information, such as member ID number, effective date of coverage, plan and network, and dependent information when subscriber number is entered.
- Billing and payment information, such as current balances, last payment amount, last five checks posted and copies of past invoices.
- Group status and benefits information, such as valid tier types, employee contribution percentage, group deductibles and coinsurance, and group pharmacy copayment.
- Broker status, including phone and fax numbers on file and Broker of Record status (only brokers are given this option).
- Material requests, such as ID cards, rosters, claim forms and self-help literature.
- General Oxford addresses.

The *Oxford Express* IVR system is just one more avenue for our customers to obtain the information they need, when they need it. If you have any questions, please contact Client Services, or email us at groupservices@uhc.com.

Important Phone Numbers

Asian Broker Unit	1-212-801-1995	9 AM to 5 PM, Mon. – Fri.
Commissions	1-888-666-6844	9 AM to 4 PM, Mon. – Fri.
Customer Service	1-800-444-6222	8 AM to 6 PM, Mon. – Fri.
Individual Product Sales	1-800-216-0778	9 AM to 5 PM, Mon. – Fri.
Oxford Behavioral Health	1-800-201-6991	8 AM to 6 PM, Mon. – Fri.
Oxford Benefit Management (OBM)	1-800-815-0713	8 AM to 5 PM, Mon. – Fri.
Oxford Client Services	1-888-201-4216	8 AM to 5 PM, Mon. – Fri.
<i>Oxford Express</i>	1-888-201-4216	24 hours/7 days a week
<i>Oxford On-Call</i> ®	1-800-201-4911	24 hours/7 days a week
Prospective Medicare Members	1-800-303-6720	8 AM to 5:30 PM, Mon. – Fri.
Provider Services	1-800-666-1353	8 AM to 6 PM, Mon. – Fri.
Web Help Desk	1-800-811-0881	8 AM to 6 PM, Mon. – Fri.

Customer Service for Brokers

Important Addresses

New Group Submissions:	Oxford Group Enrollment 14 Central Park Drive Hooksett, NH 03106-2507
Group Renewals/ Group Changes:	Oxford Group Enrollment P.O. Box 29142 Hot Springs, AR 71903-9142
Commissions:	Oxford Broker Commissions & Credentialing Dept. 48 Monroe Turnpike Trumbull, CT 06611-1341
Member Enrollment and Broker Acting as Benefits Administrator Consent:	Oxford Enrollment Department P.O. Box 29142 Hot Springs, AR 71903-9142
Claims:	Oxford Claims Department P.O. Box 29130 Hot Springs, AR 71903-9130 Process Works ² P.O. Box 2490 Brookfield, NJ 53008-2490
Claims Resubmission:	Oxford Corrected/Resubmitted Claims P.O. Box 29133 Hot Springs, AR 71903-9133
Mail Order Pharmacy Service:	OptumRx P.O. Box 2975 Mission, KS 66201
Clinical Appeals:	Oxford Clinical Appeals P.O. Box 29139 Hot Springs, AR 71903-9139
Health Net Transition Team:	Health Net Transition Team 14 Central Park Drive Hooksett NH 03106-2507

² Health Reserve Account (HRA) Reimbursement and OxfordFlexSM members only

Large Group Billing

Commercial: Oxford Health Insurance
P.O. Box 26973
New York, NY 10087-6973

or

Oxford Health Plans
P.O. Box 1697
Newark, NJ 07101-1697

Self-funded: Oxford Health Plans
P.O. Box 26417
New York, NY 10087-6417

Small Group Billing

All States: **With or without remittance advice, send to:**
Oxford Health Plans
P.O. Box 1697
Newark, NJ 07101-1697

Commissions

Commission Basics

If you receive commissions by check, they are mailed by the fifteenth of each month. If you receive commissions electronically, payments will be received by the tenth of each month to the bank account we have on file.

A broker must be licensed and appointed as an Oxford agent to solicit, negotiate and affect coverage. No broker will be installed on a group or paid commissions until they are licensed and appointed with us.

- Commission statements and checks are generally mailed to brokers by the fifteenth of the month following the month in which the group premium is received. Questions regarding broker and commissions status should be directed to the following address/phone number:

UnitedHealthcare Commissions – Northeast Region

48 Monroe Turnpike

Trumbull, CT 06611-1341

Phone: **1-888-666-6844**

Fax: **1-888-289-0069**

Hours: 9 AM to 4 PM, Monday through Friday

- Email inquiries should be directed to OxProducerComp@uhc.com.

How to become licensed and appointed with us:

- Broker submits a fully completed and fully executed Oxford Broker Contract and EFT Authorization form to the Commissions Department, along with copies of his or her current state health insurance license(s).
- The Commissions Department will set up the broker in our system, send a license appointment form to the respective state Department of Insurance office and assign the broker an Oxford Broker Code (vendor ID).
- A welcome letter is emailed to the broker with the assigned Oxford Broker Code. This code should be used on all correspondence to us from the broker, particularly in the broker section of the Group Enrollment Application.

Broker of Record (BOR)

What is a Broker of Record?

The Broker of Record is a broker designated by the group as the current servicing broker. The Broker of Record's name, writing agent's name (if BOR is an agency) and Oxford Broker Codes must be specified clearly on the initial Group Enrollment Application completed for each new group.

How to become a Broker of Record:

- Broker of Record letters must be on company letterhead and signed by the president, officer or other decision maker of the employer group and should include a fax number for confirmation.

Commissions

- The Broker of Record letter must be received in the Commissions Department by end of business on the first business day of the month to be effective for that month.
- The Broker of Record letter must be **sent directly** to the Commissions Department (please route the original letter through your General Agent if you are required to do so).

Broker of Record letters may be mailed to:

UnitedHealthcare Commissions – Northeast Region

48 Monroe Turnpike
Trumbull, CT 06611-1341

You can fax the BOR letter directly to the Commissions Department at **1-888-289-0069**, or email a PDF of the BOR letter to OxProducerComp@uhc.com.

- We cannot guarantee your Broker of Record change unless it is sent directly to the Commissions Department.
- Upon receipt of the Broker of Record letter, the Commissions Department will send confirmation of the effective date of assignment to both the new and the previous broker. If you have not received your confirmation within five business days of submission, call the Commissions Department at **1-888-666-6844**. Broker of Record letters must be confirmed by the Commissions Department, or they will not be honored.
 - The previous broker has 30 days from the effective date of the change to dispute the new assignment. Oxford sales management will settle such disputes.
 - The group for which you are being designated Broker of Record will receive a letter of notification of the change.
 - All cases sold by a direct Oxford representative are vested for one year. Any Broker of Record letter submitted after a group's coverage begins will become effective upon the renewal date.

Check commissions online

Visit the Broker site at oxfordhealth.com by logging in with your username and password. You can check commissions from the mouse-over menus on the My Account tab or from the Transactions tab.

5500 Rules

5500 reports are automatically sent to groups with over 100 members. If you would like to request 5500 rules for other groups, contact your Oxford sales representations or email OxProducerComp@uhc.com.

Medical Base Commissions for Groups up to 50 Eligible Employers

New York – 3%; New Jersey – 5.5% first year, 4.5% renewal; and Connecticut – 1% (1-2), 5% (5-50)

Broker, Employer, Member and Provider Site Functionality

To visit these sites, visitors must authenticate by entering their selected username and password on the appropriate login page.

Brokers can:

Check: Billing, Eligibility, Benefits, Commissions, New Group Enrollment Status

Request: ID Cards, Materials

Create: New Proposals, Rate Tables, Enroll New Group, Enroll Member

Change: Email Address, Username, Password

Search for: Doctors & Specialists, Hospitals & Health Facilities, Complementary & Alternative Care, Participating Pharmacies, Laboratories

Additional Features & Functionality: Idea Management SystemSM, Oxford Prescription Drug List, Oxford Benefit ManagementSM, Health Assessment

Employers can:

Check: Billing, Eligibility, Benefits

Enroll: Employee/Spouse/Dependent; Terminate a Member

Request: Subscriber/Member Lists, Materials, ID Cards

Change: Member information, Email address, Username, Password

Search for: Doctors & Specialists, Hospitals & Health Facilities, Complementary & Alternative Care, Participating Pharmacies, Laboratories

Additional Features & Functionality: Idea Management SystemSM, Oxford Prescription Drug List, Oxford Benefit ManagementSM, Health Assessment

Members can:

Check: Benefits, Claims, Referrals, Billing (IP only), Disenroll (IP only)

Notify Us: Pregnancy/Birth

Request: Materials/ID Cards

Change: Physician/OB-GYN, Address, Email Address, Username, Password

Search for: Doctors & Specialists, Hospitals & Health Facilities, Complementary & Alternative Care, Participating Pharmacies, Laboratories

Additional Features & Functionality: Oxford Prescription Drug List, Health Assessment, Health Coach Programs, Print a temporary ID card

Providers can:

Check: Eligibility, Benefits, Claims, Referrals & Precertification Status

Submit: Referrals, Claims, Precertification Requests

Request: Materials

Change: Address, Email Address, Username, Password, Referral Fax Number

Search for: Doctors & Specialists, Hospitals & Health Facilities, Complementary & Alternative Care, Participating Pharmacies, Laboratories

Additional Features & Functionality: Oxford Prescription Drug List, MD On-line

Sign Up Today

Brokers who do not have a username and password can register online at oxfordhealth.com by following these steps:

1. Go to oxfordhealth.com
2. Click on Brokers
3. Click the **Need to Register?** button
4. Fill in the requested information
5. Begin to manage your account

Brokers can also call the website help desk at **1-800-811-0881** for assistance in obtaining a username and password instantly.

Easy Navigation. Enhanced Functionality.

Our website features a sleek four-tab layout that enables you to quickly access information, tools and transactions to help you grow and serve your book of business.

My Account

Our enhanced **Business Center**, located on the left of the page, makes it easy to search product information via convenient pull down menus.

Search for information by:

- **State** – New York, New Jersey and Connecticut
- **Group size/type** – Small, Large, Individual or State-Mandated
- **Search criteria** – Product Information, How to Sell or Forms

The **Featured Product** section, located in the top right of the Business Center, changes periodically to highlight new Oxford plans.

Broker Highlights are listed in the center of the page. They rotate frequently, providing instant access to our latest news and product information. The Broker Highlight Archive contains the highlights that have rotated off the page.

Our innovative **Idea Management SystemSM** is only a click away on the right side of the My Account screen. For details on how this tool enables you to manage your entire block of Oxford small group business with ease, please see the [Idea Management System](#) section of this guide.

Tools and Resources

Access forms and materials online – Requested forms and materials can be sent to the broker's mailing address, or be mailed directly to their clients.

Stay informed. View recent communications online – Brokers can view all communications sent to Oxford brokers within the last year, including broker Web highlights, newsletters and blast emails.

Help your groups stay healthy – Brokers can access our wellness library, learn about our member programs, read Oxford publications and take the Health Assessment.

Transactions

Check Commissions

- Inquire about Commissions and Commission History going back three months.
- Select desired month. Click on Current Commission Calculation or Adjustments this Period. View Commissions for all groups or a specific group.

View Summary of Benefits online

Brokers and employer groups can access member Summaries of Benefits online.

- Simply click on Check Benefits and enter a valid Oxford member ID number or Social Security number.

Check member eligibility

Simply enter the member's Oxford member ID number or Social Security number and get instant status of the member's eligibility.

Check billing

- View Invoice Summaries for your groups simply by entering the group's Oxford ID number.
- Select a billing group you would like to view. Note that non-group Consolidated Omnibus Reconciliation Act (COBRA) billing groups are not included.
- Once you have selected a billing group, you will be taken to the latest Invoice Summary for that group. To inquire about payments received since the invoice was generated, click on Payment Inquiry.

Brokers Acting on Behalf of the Benefits Administrator (BA)

Brokers or benefits administrators can make updates to members' accounts for those members assigned to the benefits administrator's billing groups. The following updates can be made:

- Change name (first name, last name, middle initial, suffix)
- Update gender if "unknown" was selected on enrollment form
- Change date of birth
- Change Social Security number
- Change subscriber address and email information
- Change subscriber home and business phone numbers
- Make initial primary care physician (PCP) and OB/GYN selection
- Change member contract specific package (CSP) and billing group
- Change member coverage information
- Enroll and/or terminate dependents

Brokers acting on behalf of the benefits administrator will only have access to the BA Self-Administration function through the employer site. See the [Brokers Acting on Behalf of the Benefits Administrators](#) section of this guide for more information.

Search

Brokers, BAs and members can search for participating doctors, specialists, hospitals and health facilities, complimentary and alternative care providers, pharmacies, and laboratories.

Online Member Enrollment

Streamline the enrollment process with real-time online member enrollment

To enroll a new member to an existing group, follow these easy steps:

- Go to oxfordhealth.com
- Log in to the website with your username and password
- Mouse over Enroll for the drop down list or go to the Transaction tab and look at the Enroll column
- Make your selection for adding, changing or terminating a member
- Follow the simple instructions, and in minutes you receive the member's Oxford ID

For more information, visit the broker site at oxfordhealth.com

To enroll new members as part of Idea Management SystemSM (IDEA) online group enrollment (2-50 lives only):

- Continue from Group Enrollment Manager by clicking the Member Enrollment button and follow the simple on screen instructions
- Once online forms are completed, the Oxford member ID will be immediately available
- If appropriate, the member's spouse and dependents can be added from the Add Employee Results screen

Note: To return to the Group Enrollment Manager at a future time, select "check group enrollment status" to search for the group in question and click Group Enrollment Manager in the Action column.

UnitedHealth Premium[®] Designation Program

The UnitedHealth Premium designation program provides members with important tools and data to help them make informed health care decisions. This program identifies physicians and hospitals with services that meet or exceed the externally developed standards we use in evaluating quality and efficient care.³ Doctors practicing in the following medical specialties have been evaluated against these standards for quality and efficiency:

- Cardiac & cardiac surgery (heart)
- Oncology (cancer)
- Orthopaedic (musculoskeletal, rheumatology)
- Respiratory (allergies, lungs)
- Metabolic (diabetes, endocrine glands, thyroid, kidneys)
- Nervous system (neurology)
- Spine care
- Adult primary care/internal medicine
- Pediatrics
- Obstetrics & gynecology (OB/GYN)

UnitedHealth Premium designation makes the choice easier with our UnitedHealth Premium designation rating system. It clearly shows which doctors and cardiac facilities meet the quality and efficiency standards we use.

To find information about physicians and other health care providers meeting these standards, you just have to look for the stars. Log on to oxfordhealth.com to do a physician or hospital search and look for the UnitedHealth Premium designation blue star icon (★ = quality physician or hospital; ★ ★ = quality and efficiency of care physician or hospital). Oxford members may call Customer Service at the number on their health plan ID card.

³Assessment for this program is based on data from services delivered in the UnitedHealthcare commercial, Oxford Freedom Network and Oxford Liberty Network (New York and New Jersey) products.

Idea Management SystemSM (IDEA)

Businesses today are faced with a lot of difficult decisions. Finding the right health care benefits plan should not be one of them. Our Idea Management System (IDEA) tool can help you save time, reduce administrative costs and increase the overall efficiency of your transactions. You can use IDEA to review many different Oxford plan options and customize a plan to meet your clients' particular health insurance needs. And, IDEA allows you to manage and maintain all of your Oxford small group business in one place.

Small business services

Available for groups with 2-50 enrolling employees

IDEA for Brokers

Get an instant quote	<ul style="list-style-type: none"> • Enter group information • Design a benefit plan • Get rates • Compare designs and rates • Create and send a proposal
Enroll your groups	<ul style="list-style-type: none"> • Create proposal before enrolling • Enroll group from an existing proposal • Check group enrollment status
Enroll members	<ul style="list-style-type: none"> • Enroll members in real time • Receive new member IDs in minutes
Create rate tables	Create your own generic rate tables for reference and communication (New York & Connecticut only)
Your proposals	Retrieve and review proposals that are in progress
Your groups' renewals	<ul style="list-style-type: none"> • Review your groups that are within 60 days of their annual renewal • Create optional plan designs and submit the request for changes to us

Log in to IDEA today.

IDEA is accessible from the broker My Account, Transactions, and Tools and Resources tabs on oxfordhealth.com. You can run the IDEA demo live from the broker website by clicking the “View IDEA Demo” button anywhere it appears.

IDEA for Employer Groups

The IDEA renewal tool is also available to employer groups. An IDEA icon will appear on the employer group’s home page 60 days prior to their renewal. The benefits administrator can create new business quotes, review their renewal, examine plan options prepared by their broker and finalize the renewal option of their choice. It’s that easy.

Online Administration – Fast and Efficient

Here are some great uses of oxfordhealth.com for you and your clients:

- Online Enrollment – Employer groups can save time and cut down on paperwork by enrolling employees, dependents and spouses online. Terminating a member is also easy – takes just a few clicks. Encourage your clients to use these timesaving tools.
- Oxford Prescription Drug Lists (PDL) are available without logging in. Our Prescription Drug Lists are easy to understand, with a legend that clearly distinguishes between drug tier levels, quantity and precertification requirements. The links in the red Get to Know Oxford section at the bottom of the home page allow access to the PDL and a limited number of other resources without the need to log in.

Oxford Product Capabilities

UnitedHealthcare is proud to offer both Oxford and UnitedHealthcare products in the tri-state markets of New York, New Jersey and Connecticut. By having these two product platforms, we have the ability to offer a variety of choices to suit employer needs.

We provide our customers with a unique experience by offering:



Better information. We alert our members and their doctors of health risks or opportunities to take action and let employers track results.



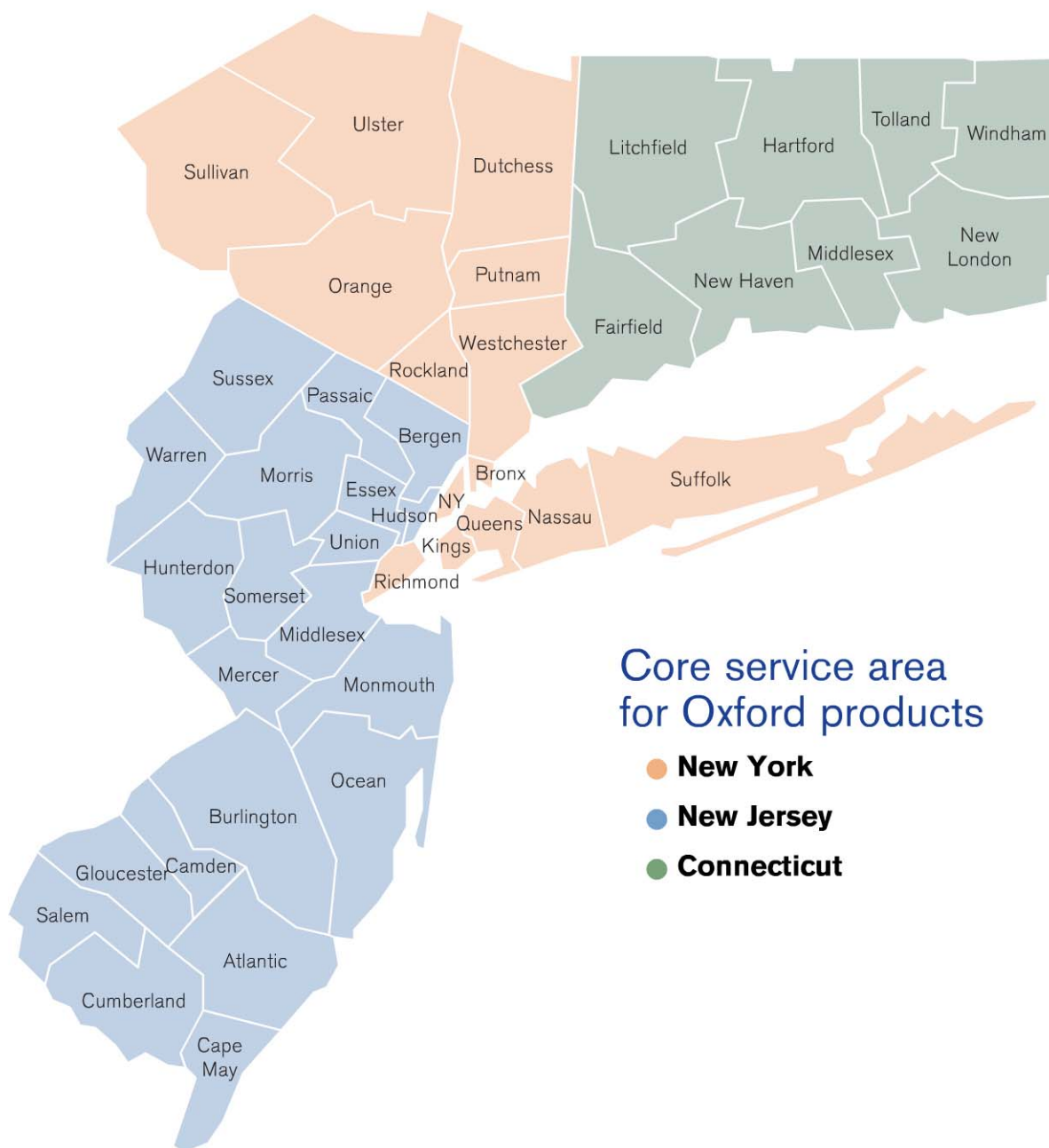
Better decisions. We provide the insights members, doctors and employers need to make better informed choices.



Better health. Our goal is to help members live healthier lives and help organizations be more productive.

Oxford Products

Service Area Map



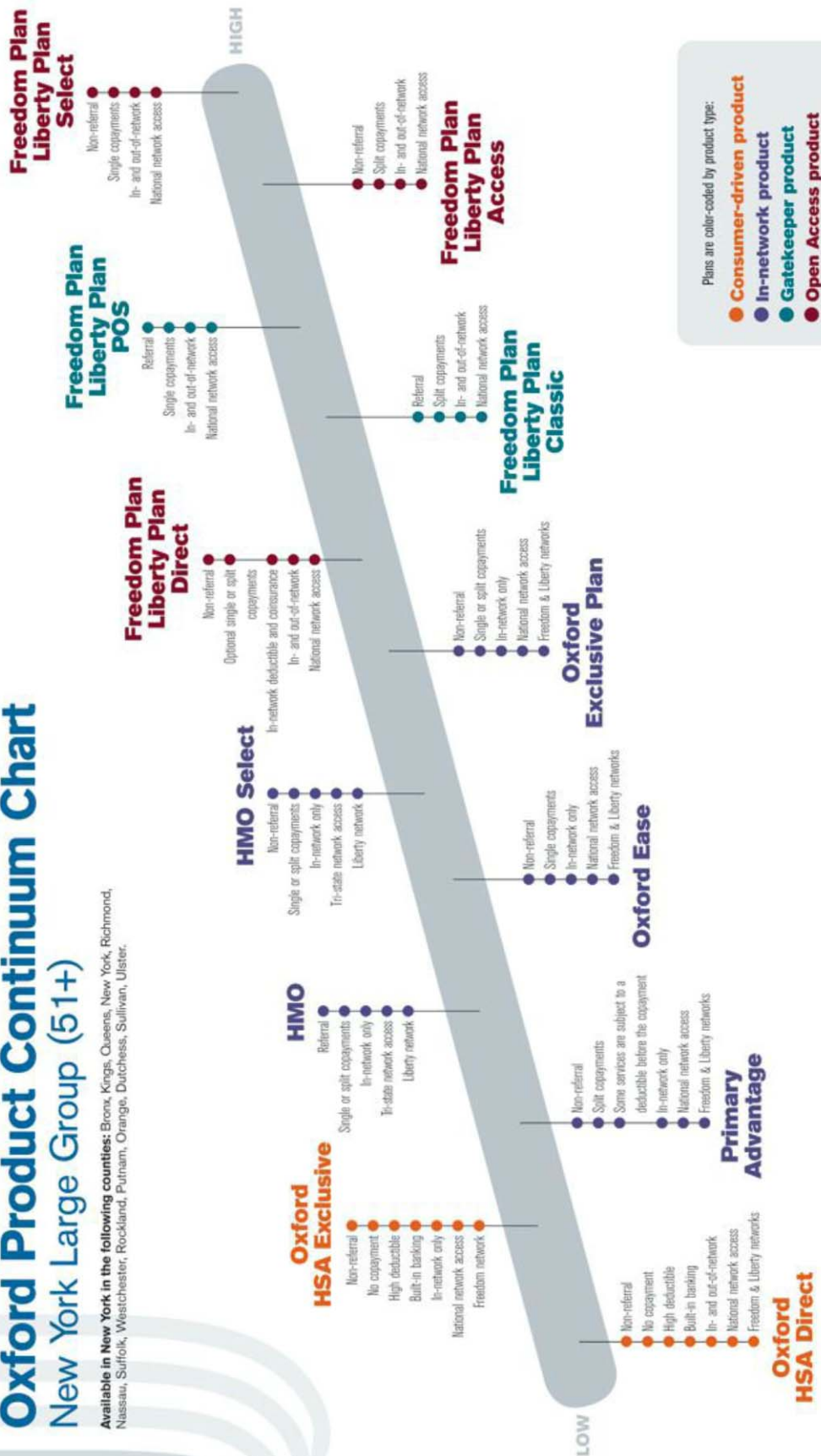
Core service area
for Oxford products

- **New York**
- **New Jersey**
- **Connecticut**

Oxford Product Continuum Chart

New York Large Group (51+)

Available in New York in the following counties: Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Dutchess, Sullivan, Ulster.

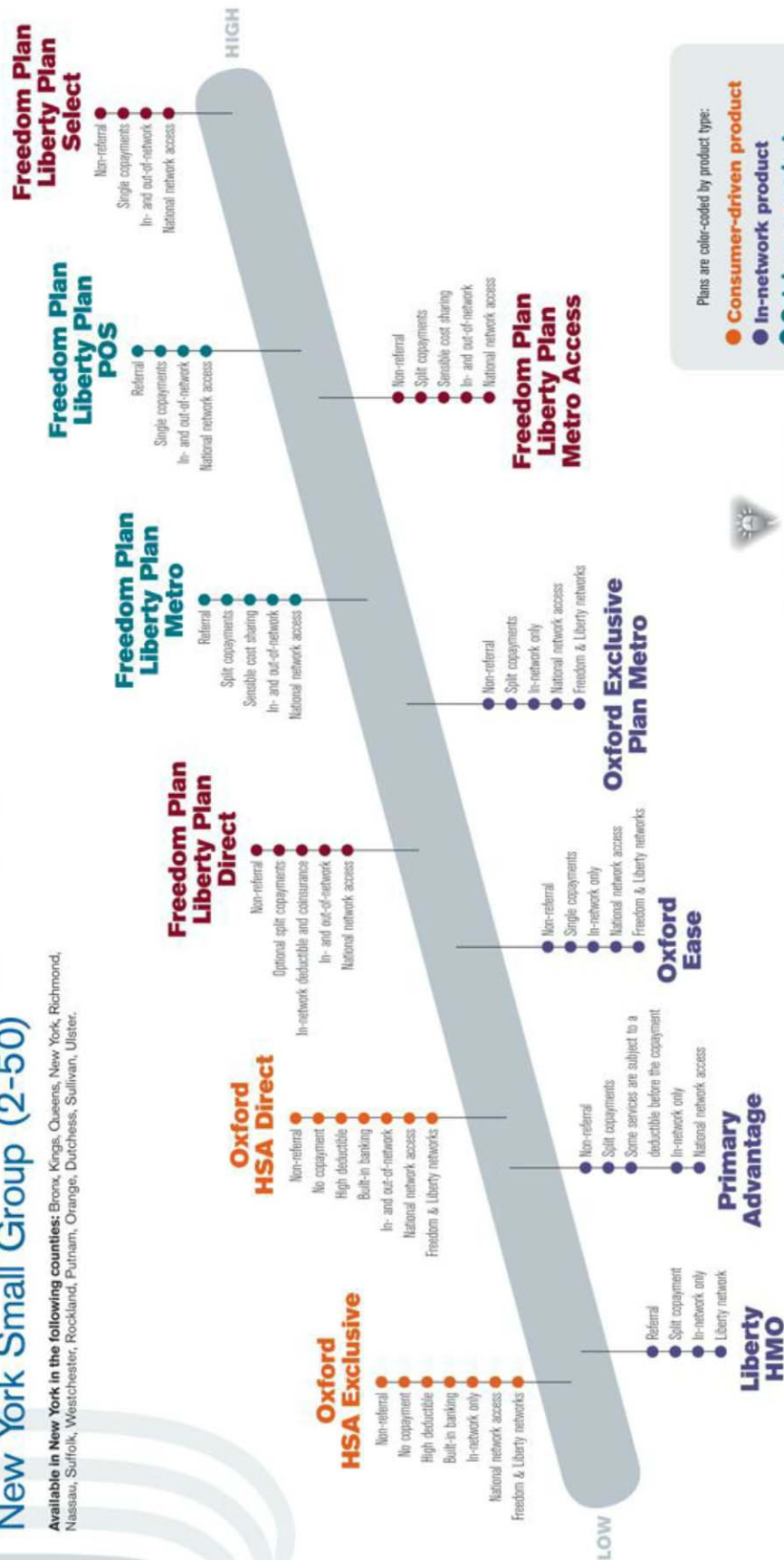


See the Specialty Products section of this guide for information on our stand-alone products.

Oxford Product Continuum Chart

New York Small Group (2-50)

Available in New York in the following counties: Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Dutchess, Sullivan, Ulster.



Plans are color-coded by product type:

- Consumer-driven product
- In-network product
- Gatekeeper product
- Open Access product



idea management system™

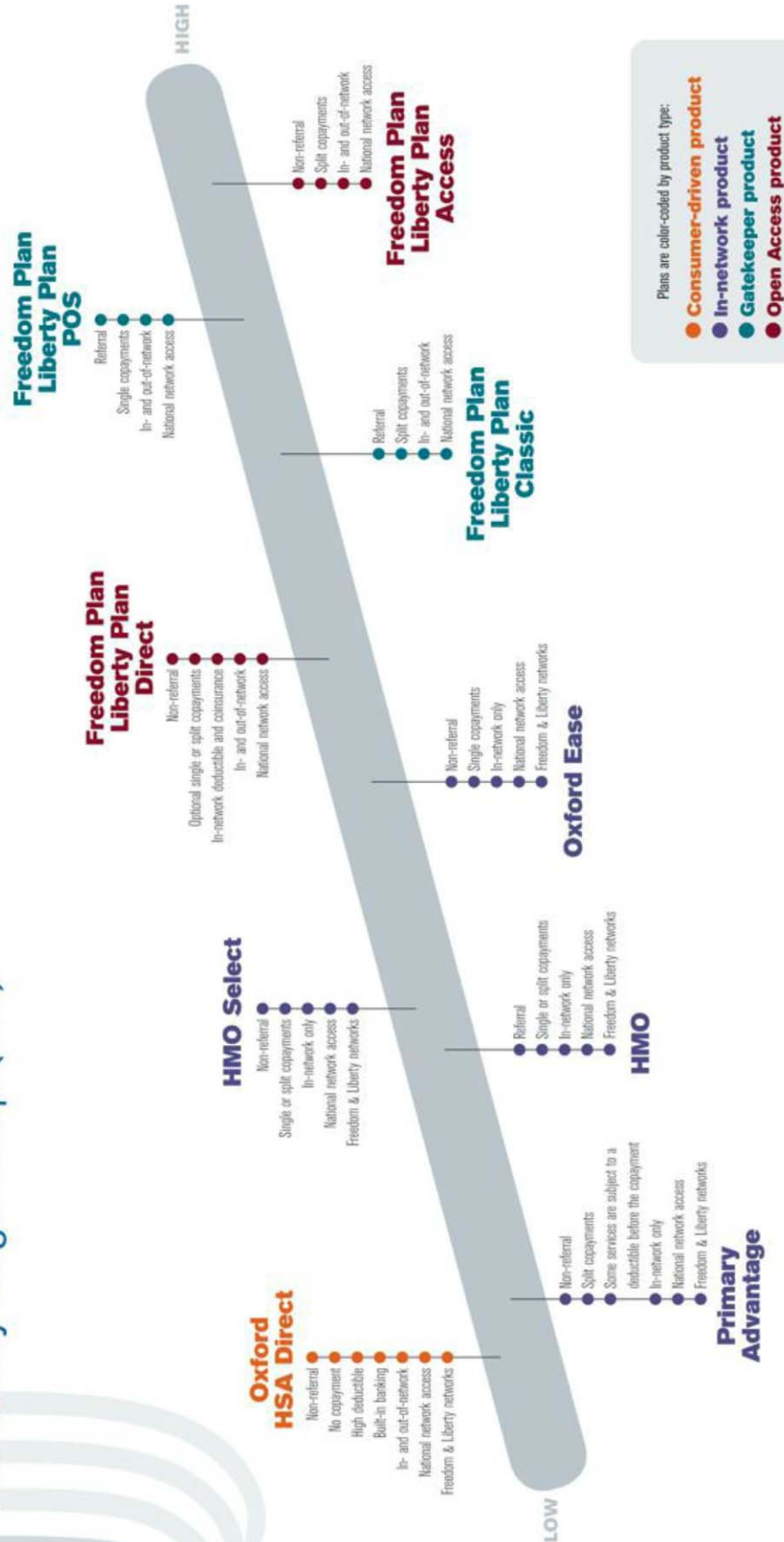
Quote, enroll and renew

in real time at oxfordhealth.com

See the Specialty Products section of this guide for information on our stand-alone products.

Oxford Product Continuum Chart

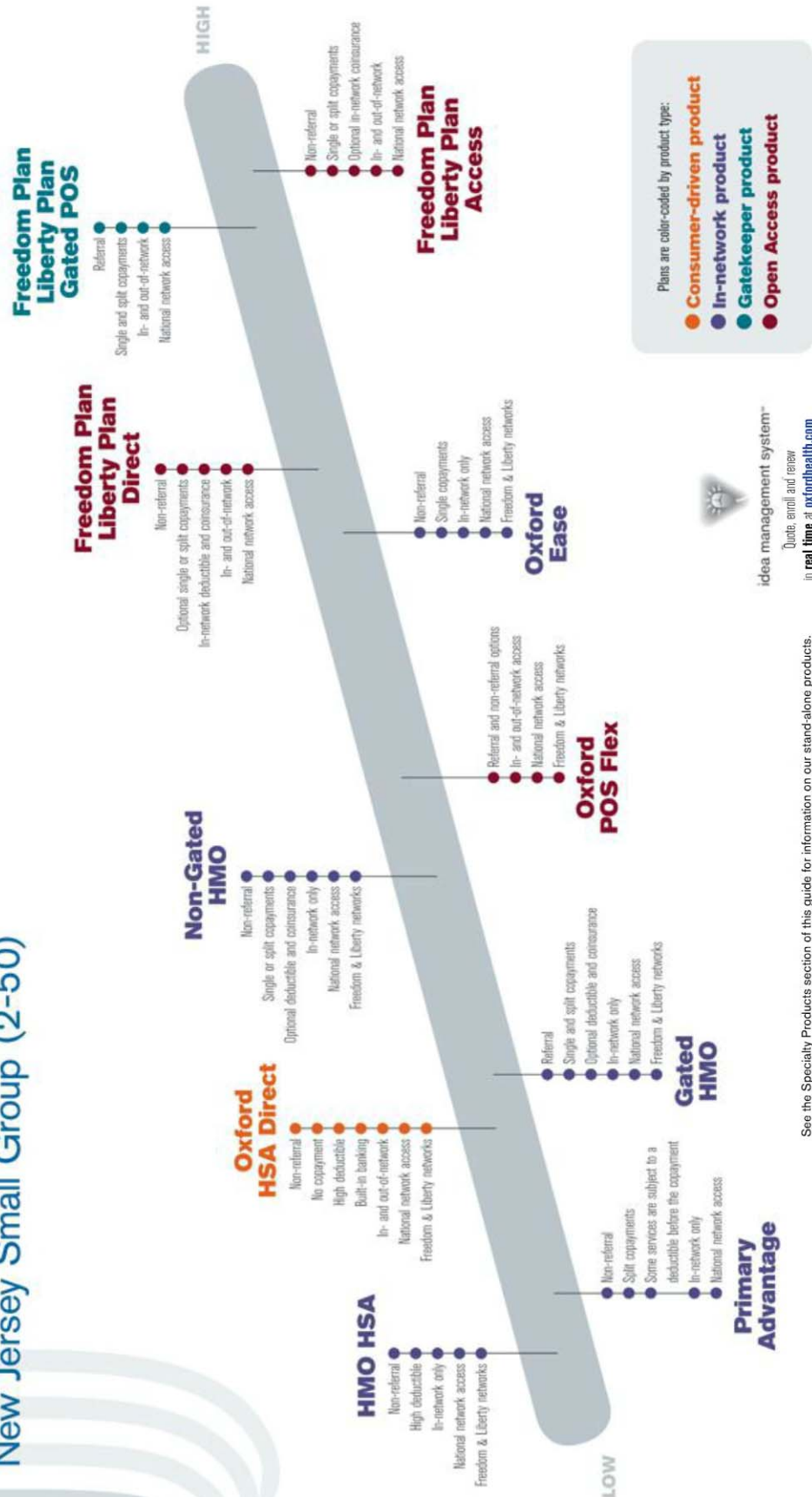
New Jersey Large Group (51+)



See the Specialty Products section of this guide for information on our stand-alone products.

Oxford Product Continuum Chart

New Jersey Small Group (2-50)

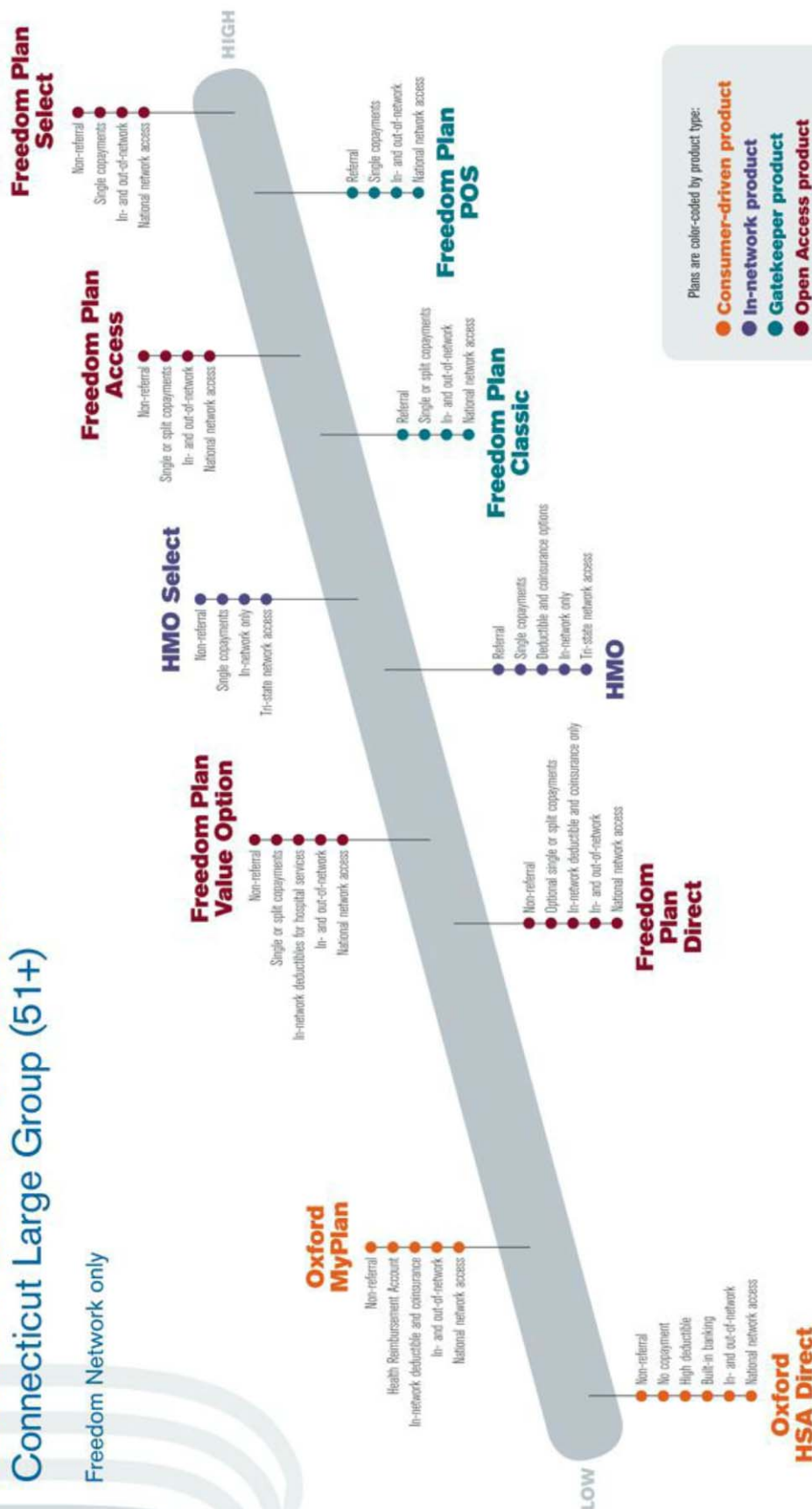


See the Specialty Products section of this guide for information on our stand-alone products.

Oxford Product Continuum Chart

Connecticut Large Group (51+)

Freedom Network only

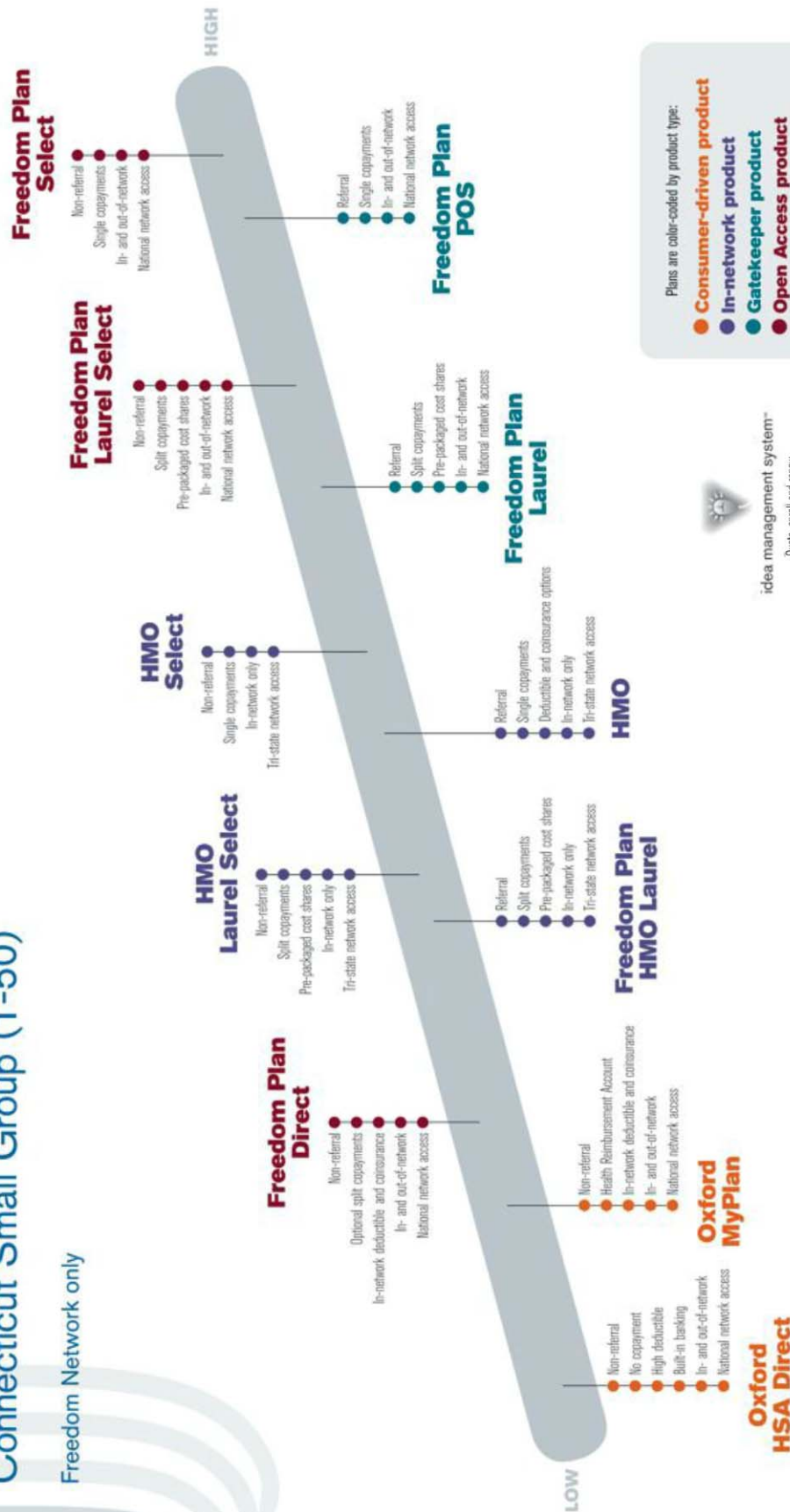


See the Specialty Products section of this guide for information on our stand-alone products.

Oxford Product Continuum Chart

Connecticut Small Group (1-50)

Freedom Network only



Plans are color-coded by product type:

- **Consumer-driven product**
- **In-network product**
- **Gatekeeper product**
- **Open Access product**



idea management system™
 Quote, enroll and renew
 in **real time** at oxfordhealth.com

See the Specialty Products section of this guide for information on our stand-alone products.

Full Suite of Specialty Products

Looking for specialty products beyond Oxford medical coverage to offer your clients? Look no further. For over 20 years, Oxford has been a trusted name for your health care needs. And now, we've got even more to offer you through UnitedHealthcare Specialty Benefits, including an innovative selection of specialty products and services – dental, vision, life, disability and prepackaged benefit plans.

There are two ways to buy ancillary products from UnitedHealthcare Specialty Benefits:

Pre-Packaged Ancillary Options

Through Oxford Benefit Management (OBM), we offer employers a unique selection of products that include dental, vision, an employee assistance program with work & life services, and a health discount program. There are six competitively priced packages, which offer a range of choices to suit varying needs and price points. For more information, visit oxfordbenefitmanagement.com. Prepackaged benefit plan features include:

- All specialty products bundled into one convenient package providing a single monthly bill and one ID card
- Instant online rate quotes
- Competitive pricing
- Informative website at oxfordbenefitmanagement.com

Stand-Alone Ancillary Products

If prepackaged options do not fit your needs, a comprehensive portfolio of dental, vision, life and disability insurance benefits – each with a wide range of flexible benefit options plus value-added services embedded at no additional cost – are also available to you. For more information, visit uhcspecialtybenefits.com.

Dental

UnitedHealthcare Dental is an experienced dental benefit organization with more than 20 years of industry experience and a large national preferred provider organization (PPO) network of over 166,000 dentists and dental specialists.⁴ UnitedHealthcare Dental offers a flexible dental product portfolio with varying employee expense options including Dental Options PPO, in-network only (INO), voluntary, dental plus vision and Indemnity plans.

Dental product features:

- Industry-leading dental products providing flexibility and convenience
- National average PPO discount of 37%
- 24-hour access to benefits information and interactive voice response (IVR) system

⁴Data as of August 2011.

Vision

UnitedHealthcare Vision has been providing vision care benefits since 1964. As one of the top vision benefit companies in the United States, they have provided and administered vision care benefits for over 9 million members nationwide. UnitedHealthcare Vision offers many plan options to receive coverage for eye examinations, lenses and frames, or contacts (in lieu of eyeglasses). UnitedHealthcare Vision's network includes more than 34,000 contracted vision providers, including private practice and retail chains.⁵

Vision product features:

- State-of-the-art, company-owned optical lab
- Preferred pricing on materials and selection options
- No claim forms to submit and no separate vision ID card
- 24-hour access to benefit information and interactive voice response (IVR) system

Life & Disability

UnitedHealthcare Specialty Benefits unites a comprehensive portfolio of specialty insurance products from one credible source. Our broad array of products includes group and voluntary insurance, as well as non-insurance programs and worksite products.

Life features

- Portfolio of basic, dependent and supplemental life insurance policies
- AD&D benefit available with purchase of a basic policy
- Accelerated death benefit up to 50% of covered amount, under certain circumstances
- Portability for supplemental coverage

Disability features

- Array of standard benefits and optional enhancements
- Emphasis on employee productivity and return to work
- Claims management expertise

Integrated Medical and Disability Management

UnitedHealthcare invested its resources, experience and vision into developing the Integrated Medical and Disability Management program (IMDM). IMDM is an innovative approach to integrated benefits that influences health outcomes, reduces absence days, and better manages health care and absentee costs. It is available at no additional cost to groups with Oxford Health Plans medical and UnitedHealthcare disability coverages.

⁵ Data as of August 2011

How We Help Members Stay Healthy

We know our members want to stay healthy, and we want to help them along on the path to better health. That's why we've come up with several ways to help our members feel their best. Our preventive programs feature various services that can help members stay well.

Oxford On-Call® offers health care guidance from registered nurses 24 hours a day, seven days a week.

Complementary & Alternative Medicine Program offers access to a network of approximately 4,100 complementary & alternative medicine providers in New York, New Jersey and Connecticut — from massage therapists to chiropractors.⁶

Oxford Healthy Mother, Healthy Baby® complements the care that expectant members receive from their doctor by providing educational information from expert sources on prenatal and newborn care. Expectant mothers who notify us of their pregnancy and/or delivery will receive these materials.

Reminder mailings are sent to members who have not received a preventive exam within the recommended time period — based upon clinical guidelines — to remind them to make appointments for the preventive care they need.

Healthy Mind Healthy Body® magazine features articles on prevention, exercise, nutrition, health and wellness.

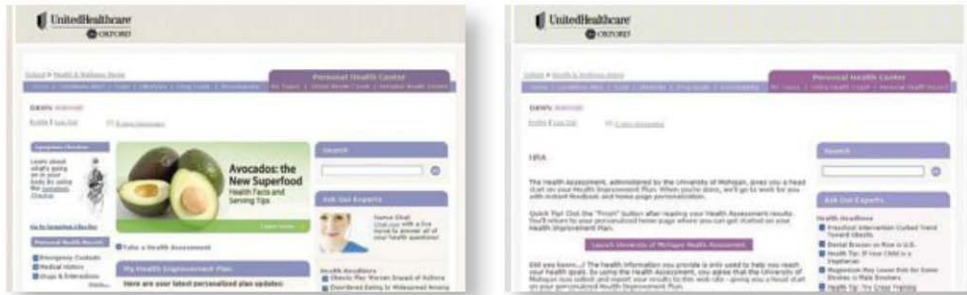
Healthy Bonus® program offers members access to discounts and special offers on a wide variety of health-related products.

Health Assessment We believe good health starts with education and empowerment. Our online health assessment tool is designed to help members create goals for health care behaviors they wish to change.

The Health Assessment is available on the member site of oxfordhealth.com.

⁶ December 2009 UnitedHealth Networks national Network Statistics. Includes acupuncturists, massage therapists, chiropractors, naturopaths, nutritionists and yoga instructors. Provider type and availability vary by state and plan.

Oxford Programs



Once a member has completed the health assessment, they will receive a personalized health report focusing on these 18 key health areas:

- Fitness
- Alcohol
- Smoking and tobacco
- Safety: driving, home safety
- Nutrition: full analysis of diet
- Body image: body mass index (BMI)
- Back pain
- High blood pressure
- Cholesterol
- Stress
- Depression
- Family planning
- Pregnancy
- Family health history
- Preventive measures
- Cancer risks
- Diabetes
- Heart disease

Managing Chronic Conditions

Helping people make more informed health care decisions is a critical component of realizing better health results and improving the health care system overall. Across the many individual health needs, we offer support to help individuals make well informed decisions about their health and the care they receive. Through our various integrated clinical programs, we help people understand their options and become more engaged in making informed health care decisions with their physician.

All our tools, programs, customer service model and the information we share are designed to help consumers understand their health status and risk factors and take steps to address them, as well as support to help those who are healthy stay that way. Additional information is available at oxfordhealth.com.

Better Breathing[®] program

This program is designed to help educate children and adults with asthma. Members participating in this program receive information about the triggers of asthma and how to avoid them, as well as the proper way to administer medication. Eligible program members can receive a complimentary peak flow meter and/or spacer to help them manage their asthma.

Living with DiabetesSM program

This program emphasizes patient education to improve self-management and to keep physicians informed about the current guidelines of the American Diabetes Association.

Heart Smart program

This program helps members with cardiovascular disease (CVD) and congestive heart failure (CHF) understand and improve their health and quality of life. Materials are available to educate members about hypertension, cholesterol management, the needs associated with medication compliance and lifestyle modification.

Active Care Engagement (ACE) program

The Active Care Engagement (ACE) program is a comprehensive health management program for high-risk members with congestive heart failure, coronary artery disease and diabetes. The program is designed to help members manage their chronic condition, resulting in improved health status and quality of life. Member support includes regular telephonic nursing intervention focusing on lifestyle modification, education of the disease process, symptom management and medication adherence.

Additionally, the ACE program helps assist physicians in their successful management of the chronically ill member. Physicians with members participating in the program receive disease-specific guidelines for care, patient-specific data reports and a variety of educational and support materials geared toward improving adherence to nationally recognized care guidelines for cardiac and diabetic conditions.

One Hospital/One Nurse

This program assigns one nurse (sometimes two or three in highest-volume institutions) to oversee utilization in an individual hospital on an ongoing basis. As a result, the nurses know the hospital staff, issues and opportunities intimately, and manage our members in all segments (e.g., Commercial, Medicare, Medicaid, etc.). The result is more informed decision-making and much more responsive performance. The results tell the story: the “One Hospital/One Nurse” program has led to a decrease in inpatient care cost trends for the past three years – despite increases in industry averages.⁷ To our knowledge, no other competitive insurance company offers a similar approach.

⁷ Based on 2006-2009 UnitedHealthcare average book performance. Actual savings by client will depend upon illness burden, final program adoption, and any customization.

It's no secret that the longer the hospitalization, the greater likelihood of unnecessary complications. The chance of a crisis or complication increases 6% with every unnecessary day, according to a 2004 study published in the *American Journal of Medical Quality*.⁸ A top priority of these nurse utilization managers is to reduce unintended and unnecessary days in the hospital. Today this program has more than 600 nurses and 80 field medical directors covering all of the hospitals in our network. The nurses and medical directors are on site at the 500 hospitals with the highest volume, available seven days a week; immediately accessible for all discharges and admissions.

In addition, they provide evidence-based clinical criteria to medical staff to consider, for future services, in the hospital and after discharge. The nurses' close proximity and access also lets them participate fully in discharge planning, and ensure safe disposition that can help decrease the likelihood of readmission. The team's ongoing presence also makes it easier to provide the medical staff with information on evidence-based guidelines.

Pharmacy Programs

Did you know that the pharmacy benefit is the most used part of each benefit plan and the first line of therapy for 88% of chronic conditions?⁹ Now more than ever, it's important to connect medical and pharmacy benefits to help manage costs and focus on each members' total health care experience. One of the best ways members can manage their pharmacy benefit is by visiting oxfordhealth.com. We provide a one-stop resource to manage both medical and pharmacy benefits.

Prescription drug list management: Based on total health care value

While pharmaceutical companies spend an estimated \$20 billion¹⁰ each year to influence physicians and consumers, we cut through the clutter and look at evidence. With one of the largest integrated databases, we know exactly how physicians prescribe, how members use drugs and the resulting medical impact to inform better decisions. We manage our prescription drug list (PDL) to provide access to the medications with the highest total health care value. This includes a medication's clinical effectiveness, cost and impact on other health care costs such as hospitalization and work place productivity. This means we're not just assigning a medication to a tier based on its drug cost, but instead by its overall impact on total health care costs.

- Generics We encourage members to use low-cost generics
- Brands We drive preference for brands with the best health care value
- Specialty We support members with complex diseases with a total condition management approach

⁸ Agency for Healthcare Research and Quality. Dulworth and Pyenson: "Healthcare-Associated Infections and Length of Hospital Stay in the Medicare Population. *American Journal of Medical Quality*. Vol. 19, No. 3: May/June 2004.

⁹ 2008 Dartmouth Atlas Healthcare study.

¹⁰ Congressional Budget Office brief, Dec. 2009 issue.

Member engagement: Simple, integrated health support

We know that navigating health care can be challenging. Our goal is to make it easier for your clients and their employees to access the support they need to maximize their health care benefits. Helping members understand their pharmacy benefit and their medication choices allows them to fully optimize the value of the benefit and better manage costs. Whether members seek out our resources on their own or respond to one of our directed communications, they'll be empowered to make better decisions and live healthier lives. We provide pharmacy information through the member website, direct mail campaigns, member service phone calls and point of sale pharmacy messaging.

Specialty pharmacy: Supporting members with complex conditions

Specialty medications, managed through either the pharmacy or medical benefit, are used to treat the most complex and debilitating diseases, such as hemophilia, hepatitis and oncology. They account for only 1% of utilization but equate to more than 33% of pharmacy benefit costs.

Typically, a member using specialty medications incurs a monthly pharmacy cost of \$1,900.3

As an integrated benefits provider, our Total Condition Management approach focuses not only on medication management, but also on helping members manage their condition. Through our Clinical Management Programs, we engage members in their care, improving adherence and reducing medical costs and waste. Medication management ensures that the right drug is delivered at the right time, under the right benefit to ensure timely access, clinically appropriate administration, and ease of use and convenience for the member and provider.

Clinical management: Faster, consistent health information

As an integrated benefits provider, our pharmacy programs work in concert with our clinical and disease management programs. Our access to daily integrated member information goes above and beyond the industry standard of a monthly pharmacy data feed. Member health information is updated in real-time and constantly scanned for health and savings opportunities. Over 70% of these opportunities are driven by pharmacy data. This empowers us to help close gaps in care, increase compliance, prevent harmful interactions and lower pharmacy costs.

What is precertification?

Precertification, also known as prior authorization, is a process in which the member's doctor must provide information regarding the condition for which a select medication is being prescribed.

To obtain precertification, a member should ask his or her doctor to call **1-800-753-2851**.

Why do we limit the quantity covered at one time for certain medications?

For certain medications, there is a maximum quantity that can be covered for one prescription. The maximum quantity covered can be for a certain period of time or for one copayment. These quantity limits can be based upon the manufacturer's package size, dosing indications that are included in the FDA labeling, and medical literature or guidelines. If a member's prescription exceeds the limit, his or her pharmacist will be notified of the quantity covered.

The member will have the option to:

- Accept the established quantity limit.
- Pay additional out-of-pocket costs for amounts that exceed the quantity limit.
- Discuss alternatives with his or her doctor before deciding whether to fill the prescription.
- Request precertification for the additional amounts (when precertification is available).

In all cases, our goal is to encourage appropriate use of medications by our members based upon published clinical evidence.

What's a Prescription Drug List and what does it mean to a member's coverage?

The Prescription Drug List (PDL)¹¹ is a tool that helps our members and their doctors select prescription medications. The PDL includes brand and generic prescription medications approved by the FDA.

It is important to note that the listing of a medication in the PDL does not guarantee coverage, as certain products are excluded due to benefit plan design limitations specific to your pharmacy benefit. The PDL only applies to outpatient prescription medications dispensed by participating pharmacies and does not apply to inpatient medications or to medications obtained from and/or administered in a doctor's office. Members should check their Summary of Benefits and Prescription Drug Rider for details on their pharmacy plan, including any exclusions that may apply.

Can a member order prescription medications by mail?

To obtain prescription medications filled through our mail-order pharmacy, OptumRx®, a member's coverage must include a mail-order benefit. If a member is not sure if they have a mail-order benefit, they should call Customer Service at **1-800-444-6222**.

Oxford members should log on to oxfordhealth.com for specific instructions on filling prescription medications by mail.

It is important to note that only certain medications used on an ongoing basis can be filled through the mail-order benefit.

⁸ We offer a Traditional and an Advantage PDL. PDL selection is dependent upon the group's plan design.

Voluntary Consumer Programs

OptumRx, the designated pharmacy benefit manager (PBM) for Oxford commercial members, has established voluntary consumer programs to educate and inform members about potential cost savings available through their pharmacy benefit.

These programs are committed to providing information to members to help them make informed decisions about prescription medications and to get the most value from their pharmacy benefit. OptumRx sends periodic mailings to members who may benefit from these programs.

Mail Acquisition Program	<ul style="list-style-type: none">• Drives savings by promoting the use of OptumRx Mail Service Pharmacy for select maintenance medications.• Identifies members filling prescriptions for maintenance medications at retail pharmacies who would save money if they switched to OptumRx Mail Service Pharmacy.• Personalized letters may include estimated savings amount for up to five prescriptions per letter.• Follow-up phone calls by Customer Service representatives help to address member questions and facilitate transactions by mail.
High Utilization Narcotic Program	Identifies potential over-utilizers of narcotic medications or those members that may be seeking narcotics inappropriately.
Free Glucose Meter Program	Encourages the use of self monitoring of blood glucose which measures the member's blood sugar.

**Specialty
Pharmacy
Program**

Applies to certain specialty medications covered under the pharmacy benefit. Specialty medications cost greater than \$250 per prescription, are frequently administered by injection or infusion, and treat rare, unusual or complex diseases. This program promotes the use of a Specialty Pharmacy Network that is uniquely designed to provide employees with convenient access to certain specialty medications at an affordable price.

Group Enrollment and Eligibility

Large Group (51+ Lives) Eligibility Requirements by State: New York

All group enrollment forms are available on the broker site at oxfordhealth.com. This coverage is available for groups located in a county where we offer Oxford products.

Eligibility Requirements New York Large Group	
# of employees	Group size is based on the number of eligible employees; 51 or more eligible employees are required to be considered a large group. Group size is calculated based on the number of employees of the employer and of all subsidiaries or affiliates of a corporate employer.
# of eligible employees	51 or more eligible employees
Full-time hours	Full-time employees must work the minimum hours set by the group but no fewer than 30 hours per week
Ineligible employees	Residence out of country (contact an Oxford sales representative regarding eligibility of union, 1099, COBRA and part-time employees)
Employer contributions	Must be at least 50%
Length of contract	12 months
Rates	Manual: Based on plan design, effective date, location, industry and demographics (generally 51-100 lives) Experience: Based on the group's experience and, in most cases, blended with manual rates (generally 100+ lives) Community (HMO/Liberty Network): Based on benefits chosen, effective date and location of business
Plan participation	Full Conversion: 75% participation of eligible employees Offering: Minimums may apply
Primary address	Must not be a P.O. Box. Must have a home or branch office in the Oxford New York service area
Service area	See the Oxford product service area map

Group Enrollment and Eligibility

Large Group (51+ Lives) Eligibility Requirements by State: New Jersey

All group enrollment forms are available on the broker site at oxfordhealth.com.

Eligibility Requirements	New Jersey Large Group
# of employees	51 or more full-time employees
# of eligible employees	51 or more eligible employees
Full-time hours	Full-time employees must work the minimum hours set by the group but no fewer than 30 hours per week
Ineligible employees	Residence out of country (contact an Oxford sales representative regarding eligibility of union, 1099, COBRA and part-time employees)
Employer contributions	Must be at least 50%
Length of contract	12 months
Rates	Manual: Based on plan design, effective date, location, industry and demographics (generally 51-100 lives) Experience: Based on the group's experience and, in most cases, blended with manual rates (generally 100+ lives)
Plan participation	Full Conversion: 75% participation of eligible employees Offering: Minimums may apply
Primary address	Must not be a P.O. Box. Must have a home or branch office in the Oxford New Jersey service area
Service area	See the Oxford product service area map

Large Group (51+ Lives) Eligibility Requirements by State: Connecticut

All group enrollment forms are available on the broker site at oxfordhealth.com.

Eligibility Requirements	Connecticut Large Group
# of employees	51 or more full-time employees
# of eligible employees	51 or more eligible employees
Full-time hours	Full-time employees must work the minimum hours set by the group but no fewer than 30 hours per week
Ineligible employees	Residence out of country (Contact an Oxford sales representative regarding eligibility of union, 1099, COBRA and part-time employees)
Employer contributions	Must be at least 50%
Length of contract	12 months
Rates	Manual: Based on plan design, effective date, location, industry and demographics (generally 51-100 lives) Experience: Based on the group's experience and, in most cases, blended with manual rates (generally 100+ lives)
Plan participation	Full Conversion: 75% participation of eligible employees Offering: Minimums may apply
Primary address	Must not be a P.O. Box. Must have a home or branch office in the Oxford Connecticut service area
Service area	See the Oxford product service area map

Group Enrollment and Eligibility

Small Group (2-50 Lives) Eligibility Requirements by State: New York

Enroll your Small groups online with the Idea Management System on the broker site at oxfordhealth.com. This coverage is available for groups located in a county where we offer Oxford products.

Eligibility Requirements New York Small Group	
# of employees	New York bases group size on the number of eligible employees; 2- 50 eligible employees are required to qualify as a small group. Group size is calculated based on the number of employees of the employer and of all subsidiaries or affiliates of a corporate employer.
# of eligible employees	At least two, but not more than 50, eligible employees.
Eligible employees	Must work 20 or more hours per week and be eligible for health benefits through the employer's group health plan
Ineligible employees	Employees not eligible and not in the employee count include: <ul style="list-style-type: none">• any person who performs services for the company that are reported on an IRS 1099 form.• employees who work less than 20 hours per week.• employees who do not live, work or reside in the United States. Additionally, employees enrolled in a New York small group HMO plan must live, work or reside in our New York service area.
Employer Classes	An employer may elect to offer coverage to a class of employees based on conditions pertaining to employment: geographic situs of employment, earnings, method of compensation, hours and occupational duties. For example, employers may elect to offer coverage only to employees who work at least 40 hours per week.
Who may enroll	Eligible employees, former employees eligible for COBRA or state continuation and, if the group offers retiree benefits, all eligible retired former employees can be enrolled in Oxford small group products.
Employer contributions	No state-mandated employer contributions
Length of contract	If the initial effective date is on the first of the month, the group will renew on the first of the same month each year (12 months). If the initial effective date is on the 15 th of the month, the group will renew on the first of the following month (12.5 months)
Rates	Community rated based on benefits chosen, effective date and location of business

¹² COBRA employees and retirees are not included in the employee count but can still be enrolled.

Group Enrollment and Eligibility

Eligibility Requirements New York Small Group (cont.)	
Plan participation	<ul style="list-style-type: none">• The minimum participation will be 51% of eligible employees• A group's eligible employee count will be calculated based on the total number of eligible employees after valid waivers (i.e., Spousal, Medicare, Medicaid and VA)• Oxford Health Insurance Inc. must be the sole carrier when an insurance plan is offered<ul style="list-style-type: none">– An employer may limit coverage to specific class(es) of employees if they are the only employees offered coverage in New York. For example, if the employer only offers coverage to a management class, coverage is available for the class. However, if the employer offers coverage to both management and non-management employees in the New York service area, both classes must be covered and an Oxford plan is not available only for the management class.– When calculating whether a group has met overall participation levels, we will allow both HMO and insurance eligible employees on all Oxford products to be counted• Multiple plan options<ul style="list-style-type: none">– Groups that have 15 or more eligible employees enrolled may select two in-area OHI plan design options.– Rider rules will also apply• Based on the size of the group at renewal, it may require a change to the group's regulatory segment (i.e., small [2-50] group or large [51+] group)
Primary address	Must not be a P.O. Box. Primary business address must be within the Oxford New York service area
Service area	See the Oxford product service area map
Pre-existing conditions	See the New York Small Group Member Eligibility section of this guide for pre-existing condition rules
Effective Dates	May choose the 1 st or the fifteenth of the month; packets must be received on or before the chosen effective date

Group Enrollment and Eligibility

Small Group (2-50 Lives) Eligibility Requirements by State: Healthy NY

Enroll your Healthy NY groups online with the Idea Management System on the broker site at oxfordhealth.com.

Eligibility Requirements

State-mandated HMO product offered to New York small groups that meet the following requirements:

- 50 or fewer eligible employees
- 30% of the employees offered coverage must earn annual wages of \$40,000¹³ or less
- Employer must certify that they have not provided medical and hospital coverage for their employees within the last 12-month period preceding the requested effective date on the Healthy NY application. A business is considered to have provided health insurance if the business has arranged for comprehensive coverage that includes both hospital and medical coverage.
- A small employer is considered to have provided health insurance if the employer has arranged for AND contributed more than \$50 (or \$75 if the business is located in the Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk or Westchester counties) per employee, per month toward health insurance
- 50% of the eligible employees must participate in the program, and at least one participant must earn annual wages of \$40,000* or less
- Employees who have health insurance coverage through another source may count toward the 50% participation requirement
- Employer is responsible for contributing at least 50% toward the premium
- Business must be located within New York State
- The employer will offer HNY to all employees who are working 20 or more hours per week and earning \$40,000 or less

¹³ Adjusted annually for inflation

Group Enrollment and Eligibility

Small Group (2-50 Lives) Eligibility by State: New Jersey

Enroll your small groups online with the Idea Management System on the broker site at oxfordhealth.com.

Eligibility Requirements	New Jersey Small Group
# of employees	2-50 full-time employees; employer groups of one are not covered in New Jersey
# of eligible employees	Minimum of two eligible employees, at least one enrolled in an Oxford product
Eligible Employees	Eligible employees must work a minimum of 25 hours per week
Ineligible employees	Employees not eligible and not in the employee count include: <ul style="list-style-type: none">• Employees hired on a temporary or substitute basis, regardless of the number of hours worked• Employees who are covered as a member under a union's collectively bargained welfare arrangement• Employees who work less than 25 hours per week
Employer contributions	State mandates 10% minimum of employer contribution toward employee premiums
Length of contract	If the initial effective date is the first of the month, the group will renew on the first of the same month each year. If the initial effective date is after the first of the month, the group will renew on the first of the following month
Rates	Manually rated based on benefits chosen, location of business, effective date of coverage, number of employees, age and sex of employees, and contract (tier) type
Plan participation	<ul style="list-style-type: none">• Minimum of 75% of eligible employees are required net of valid waivers (group health plan offered by spouse, parent, or another employer; Medicare; Medicaid; NJ Family Care; or other Federal or State sponsored health plan)• No more than 80% of enrolled employees may reside outside the service area
Primary address	Primary address can be P.O. Box. However, the NJ Small Employer Certification Form must contain the group's physical address within New Jersey. Primary business address must be in the state of New Jersey
Service area	See the Oxford product service area map
Pre-existing conditions	See the New Jersey Small Group Member Eligibility section of this guide for pre-existing condition rules
Effective dates	May choose any day of the month. Packets must be received on or before the chosen effective date

¹⁴ COBRA employees and retirees are not included in the employee count but can still be enrolled.

Group Enrollment and Eligibility

Small Group (1-50 Lives) Eligibility by State: Connecticut

Enroll your small groups online with the Idea Management System on the broker site at oxfordhealth.com.

Eligibility Requirements Connecticut Small Group	
# of employees	50 or fewer full-time employees ¹⁵
# of eligible employees	Minimum of one eligible employee. State mandate provides for coverage for sole proprietorship
Full-time hours	Full-time employees must work a minimum of 20 hours per week. Groups can elect to cover employees who work 20-29 hours per week on an optional basis. This optional class of employees would not count toward group size
Ineligible employees	Employees not eligible and not in the employee count include union, 1099, COBRA, ¹⁶ part-time and residence out of country
Employer contributions	We require 50% minimum of employer contribution toward employee premiums only
Length of contract	If the initial effective date is on the first of the month, the group will renew on the first of the same month each year (12 months). If the initial effective date is on the 15 th of the month, the group will renew on the first of the following month (12.5 months)
Rates	Based on benefits chosen, effective date of coverage, location of business, number of enrolling employees, gender, age of the employee at the time of the effective date and contract type
Plan participation	<p>The company must be in business for three consecutive months prior to the requested effective date</p> <ul style="list-style-type: none">• No more than 10% of enrollees may be retirees• No more than 49% of enrollees may reside outside the service area. Expanded area membership is included in the in-area total• Groups with one life require 100% enrollment• Groups with 2-9 lives require 75% enrollment from active eligible employees (Note: two-life group that is husband/wife requires 50% enrollment)• Groups with 10-50 lives require 65% enrollment from active eligible employees• Valid waivers include: spousal, Medicare, Medicaid and parental waivers
Primary address	Must not be a P.O. Box. Primary business address must be in the State of Connecticut
Service area	See the Oxford product service area map
Pre-existing conditions	See the Connecticut Small Group Member Eligibility section of this guide for pre-existing condition rules
Effective dates	May choose the 1 st or the 15 th of the month. Packets must be received on or before the chosen effective date

¹⁵ Company must be in effect for three consecutive months from their effective date of business as registered with the State of Connecticut when applying for their Connecticut State Tax ID.

¹⁶ COBRA employees are not included in the employee count but can still be enrolled.

Group Enrollment and Eligibility

Small Group (1-50 Lives) Eligibility Requirements by State: CT Blue Ribbon

Enroll your Blue Ribbon groups online with the Idea Management System on the broker site at oxfordhealth.com.

Eligibility Requirements

State-mandated product offered to Connecticut small groups that meet the following definitions:

- Small employer with 50 or fewer employees, including groups of one person
- Self-employed person who must be actively in business in Connecticut for three consecutive months and work a minimum of 30 hours per week

A one-person group may be eligible for other Connecticut products, but most often is placed on a Blue Ribbon product

Group Enrollment and Eligibility

Sole Proprietor Eligibility by State: New York

Enroll your sole proprietors online with the Idea Management System on the broker site at oxfordhealth.com.

Eligibility Requirements

Business Organizations in Operation more than 12 months

Sole Proprietors:

- Provide at least one of the following from the most recent tax year:
 - Schedule C – Profit & Loss From Business (Sole Proprietorship)
 - Schedule C-EZ – Net Profit From Business (Sole Proprietorship)
 - Schedule F – Profit & Loss From Farming
- Provide a current signed copy of the first two pages of the U.S. Individual Tax Return Form 1040
 - Any W-2 forms reported on the sole proprietor's 1040 must be submitted
 - Gross income from Schedule C, C-EZ or F must exceed any W-2 income the applicant may have received
- Sign the Oxford Sole Proprietor and Group of One Attestation Form

S-Corporations:

- Provide an IRS Form 1120-S – Income Tax Form for S Corporations
- Provide a Schedule K-1
 - Schedule K-1 must show 100% ownership (i.e., sole S-Corp shareholder) for prospective insured
- Provide a W-2
 - Received by the shareholder-employee from the S-Corporation under which group coverage with us is sought. In addition, if applicable, S-Corporation shareholder must provide any other W-2s reported on their 1040 from other business organizations
 - Gross income from IRS Form 1120-S must exceed any W-2 income the applicant may have received from other business organizations
- Provide a current signed copy of the first two pages of the U.S. Individual Tax Return Form 1040 and Schedule E (if applicable) for the S-Corporation shareholder who seeks coverage
- Sign the Oxford Sole Proprietor and Group of One Attestation Form

Business Organizations in Operation less than 12 months

- Provide the following:
 - Certificate of Incorporation (for S-Corporations only)
 - NYS Business License (if applicable)
 - Copy of Business Bank Statement (for Sole Proprietors only)
- Sign the Oxford Sole Proprietor and Group of One Attestation Form

We reserve the right to modify the above eligibility requirements and required documentation

- Deadline for application receipt (both paper and online) is the day before the effective date.

Billing and Payments

Billing Basics

Oxford plans are prepaid – groups receive a bill each month for the following month's coverage.

- Each month's payment should include:
 - A remittance advice for each invoice, with the payment amount for that billing group noted in the appropriate space.
 - A check for the total amount due for each invoice. The group may submit a single check for multiple invoices. If the group does so, the group should clearly state the amount to be applied to each invoice.
- Please be advised that we may terminate coverage for any group that does not remit full payment by the end of the grace period in which payment is due. We will terminate groups at the end of the month (which corresponds to the grace period).
- We will not pay claims incurred after the termination date, and we will not reinstate groups that have been terminated due to a delinquent payment history.

Example of the monthly billing cycle for September:

- September premium is due on September 1st. The grace period begins on this date.
- Groups that did not remit full payment during grace periods ending in the previous month (August) are terminated, effective as of the end of the grace period.
- On approximately the 8th of September, bills are generated for the following month (October). **Additions and terminations made after the bill is generated will be reflected on the following month's bill.**
- Between the 15th and 18th of September, automatic reminder letters are sent to groups that have not paid for September and have a balance due of \$1 or more.

Member Effective/Termination Dates and Premium Due

- If the member becomes **effective** between the 1st and the 15th of the month, the group is charged for the member for the entire month.
- If the member becomes **effective** between the 16th and the last day of the month, the group will not be charged for the member for that month.
- If the member is **terminated** between the 1st and the 15th of the month, the group is not charged for the member for the entire month.
- If the member is **terminated** between the 16th and the last day of the month, the group will be charged for the member for the entire month.

Billing and Payments

Remittance Advice

- The group should indicate, in the appropriate box on the front of the form, the amount they are submitting.
- How to submit payment:
 - Include the remittance advice and payment only
 - Indicate the group number and invoice number on the check
 - Make sure payment is sent in on or before the due date

Check Billing on the Web and *Oxford Express*

- With a username and password, brokers can check a group's billing status at oxfordhealth.com.
- With *Oxford Express*, brokers can check:
 - Current balance
 - Last payment amount
 - Date the last payment was credited
 - Past invoice (fax back available)
 - General billing addresses (fax back available)

Frequently Asked Billing Questions

Q: Who should a broker call to assist their group with a discrepancy with their bill?

A: They should call Client Services if there is a discrepancy.

Q: If there is a problem with a bill, do groups have to pay in full?

A: Yes. All invoices should be paid as billed. We will adjust for changes and will credit/debit the group's next bill.

Q: Can groups submit additions, terminations changes and address changes with the monthly payment?

A: No. Changes that are submitted to the payment location will not be processed. Please submit all addition/termination/enrollment requests to the Oxford Enrollment Department address listed in the Important Addresses section of this guide.

Q: When will additions and terminations appear on a group's Oxford bill?

A: Changes that are entered prior to the 8th of the month will be reflected on the next bill. If processed after the 8th, they will appear on the subsequent bill.

Q: If an employee resigns, is terminated or becomes ineligible for health benefits per the company's policies or the provisions of the Oxford coverage, what should be submitted?

A: An Addition/Termination/Change (ATC) Form must be signed within 31 days of the termination date by the benefits administrator. The form can be mailed to the Oxford Enrollment Department address listed in the [Important Addresses](#) section of this guide.

Billing and Payments

Direct Debit Authorization

Direct Debit	
Overview	Direct debit is a secure and cost effective process by which groups authorize us to withdraw monthly premiums from their bank account electronically
How to request	<p>New groups:</p> <ul style="list-style-type: none">• Send group application and binder check as indicated on the group enrollment package. Once the group receives their first bill, the Group Contact should call us at 1-800-366-4148 to request Direct Debit <p>Existing Groups:</p> <ul style="list-style-type: none">• Contact our Financial Operations Department at 1-800-366-4148 to request Direct Debit
How to enroll	<ul style="list-style-type: none">• Complete and sign the Direct Debit authorization form• List the group number to be paid by automatic withdrawal Note: All billing groups for any group number must be drawn from the same account• Provide a voided check for the account from which the funds will be drawn• Fax or email this information to 1-203-459-7372 or directdebit@uhc.com

The Direct Debit Authorization Form is available on the Transaction tab, under Request on the employer site at oxfordhealth.com.

Oxford Payment Center

The Oxford Payment Center website enables employers to make Oxford payments by electronic withdrawal of funds directly from your bank account. It is a secure, time saving and cost-effective method to remit monthly premiums.

Oxford payment center website address: www.payerexpress.com/billmail/EBPP/Sites/Oxford.

Member Enrollment and Eligibility

Large Group (51+ Lives) Requirements by State: New York, New Jersey and Connecticut

Enrollment: Employee/Subscriber	
Eligibility	Any employee meeting the eligibility requirements of the group
Effective dates	<ul style="list-style-type: none">• Date the employee meets the eligibility lag• Open enrollment• Date of a HIPAA event (See HIPAA section)
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Member Enrollment Form• EDI: 100+ life groups via an Account Manager• Note: Supporting documentation may be required
Submission	Within 31 days of the effective date
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
Retirees	Coverage for retirees must be specified on group application
Enrollment: Spouse	
Eligibility	<ul style="list-style-type: none">• Legal spouse• Domestic partner: Connecticut: opposite sex only; New Jersey: same or opposite sex partners who are both age 62 or over; New York: all members
Effective dates	<ul style="list-style-type: none">• Civil union: Connecticut and New Jersey only• At the same time as the subscriber• Open enrollment• Date of marriage• Date of U.S. immigration on passport• Date of HIPAA event (See HIPAA section)• Date of domestic partnership (as specified by group or state)• Date of civil union (Connecticut and New Jersey only)
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Addition/Termination/Change Form• EDI: 100+ life groups via an Account Manager• Note: Supporting documentation may be required
Submission	Within 31 days of the effective date
Enrollment: Dependent	
Eligibility	Beginning September 23, 2010, group health plans that provide dependent coverage are required to cover adult children until the age of 26, or older if required by state law. Until 2014, grandfathered plans may exclude adult children who are eligible for coverage under another employer-based plan. Employers have the option of purchasing a rider to extend the age of dependency under their policy through the age of 29 in New York and through the age of 31 in New Jersey

Member Enrollment and Eligibility

Enrollment: Dependent (cont.)

Effective dates	<ul style="list-style-type: none">• At the same time as the subscriber• Open enrollment• Date of birth• Date of adoption (per state regulation)• Date of U.S. immigration on passport• Date of HIPAA event (See HIPAA section)• NJ Only: Date a dependent under age 31 becomes eligible
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Addition/Termination/Change Form• EDI: 100+ life groups via an Account Manager• Note: Supporting documentation may be required
Submission	Within 31 days of the effective date
Newborn	<p>New Jersey/Connecticut: Coverage is automatically provided for the first 31 days from the date of birth; however, the dependent must be enrolled to continue coverage beyond the first 31 days</p> <p>New York: Coverage is automatically provided for the first 48 hours after a vaginal delivery or the first 96 hours after a Caesarean delivery. Thereafter, a newborn must be properly enrolled within 31 days of birth</p> <p>Note: Newborn enrollment is not automatic; benefits administrators should call to verify enrollment of a newborn</p>
Adoption	<p>New Jersey/Connecticut: All adopted children under age 18 are eligible for coverage from the date of legal adoption or permanent placement in the home. Automatic coverage for the first 31 days does not apply</p> <p>New York: A legally adopted child or proposed adoptive child who is physically placed in the home.</p> <p>Newly born: if the subscriber takes physical custody upon release from the hospital and files a petition pursuant to Section 115-c of the Domestic Relations Law within 31 days of birth and provided no notice of revocation has been filed and consent for the adoption has been revoked.</p> <p>International Adoptions: eligibility for coverage is on the date of adoption, regardless of where the child is living at the time of the adoption. Proposed adoptive children are eligible for coverage during any waiting period prior to the finalization of the child's adoption when the insured assumes and retains legal obligation for support of the child.</p>

Member Enrollment and Eligibility

Changes to Existing Member Information

Types of changes Any change that needs to be made to the member's personal information (e.g., address, name, date of birth)

How to request change

- Online: oxfordhealth.com
- Form: Addition/Termination/Change Form

Health Insurance Portability and Accountability Act (HIPAA)

Special enrollment period Members may be added to the plan off-cycle for the effective date of any of the following:

1. Loss of coverage under another health plan for reasons including, but not limited to:
 - Divorce/separation
 - Death
 - Termination/reduction in hours
 - Termination of group coverage/change in contribution
 - COBRA or continuation has been exhausted
2. Change in family status:
 - Marriage
 - Birth of child/adoption or placement of child in home

How to enroll

- Online: oxfordhealth.com
- Forms:
 - Member Enrollment Form if adding subscriber
 - Addition/Termination/Change Form if adding spouse or dependent
- Note: Supporting documentation will be required (e.g., HIPAA Certificate, legal paperwork, etc.)

Termination of Coverage

Eligibility If employee resigns, is terminated or becomes ineligible for health benefits per the group's policies or the provisions of the Oxford coverage

How to terminate

- Online: oxfordhealth.com
- Forms: Addition/Termination/Change Form

Submission Within 31 days of the requested date of termination

Effective dates of termination Groups have one of two lags:

1. End of month in which employment was terminated
2. Date employment was terminated

Spouse/dependent dates of termination

- Divorce, cessation of domestic partnership or civil union
- Reaching the age limit set by group

Member Enrollment and Eligibility

Small Group (2-50 Lives) Requirements by State: New York

Enrollment: Employee/Subscriber	
Eligibility	Any full-time employee working a minimum of 20 hours per week can enroll as an Oxford member
Effective dates	<ul style="list-style-type: none">• Date employee meets the eligibility lag• Open enrollment• Date of HIPAA event (See HIPAA section)
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Member Enrollment Form• Note: Supporting documentation may be required
Submission	Within 31 days of the effective date
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
Retirees	Coverage for retirees must be specified on group application
Enrollment: Spouse	
Eligibility	<ul style="list-style-type: none">• Legal spouse only• Domestic partner (rider required)
Effective dates	<ul style="list-style-type: none">• At the same time as the subscriber• Open enrollment• Date of marriage• Date of U.S. immigration on passport• Date of HIPAA event (see HIPAA section)• Date of domestic partnership (as specified by the group or state)
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Addition/Termination/Change Form• Note: Supporting documentation may be required
Submission	Within 31 days of the effective date
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
Enrollment: Dependent	
Eligibility	Beginning September 23, 2010, group health plans that provide dependent coverage are required to cover adult children until the age of 26, or older if required by state law. Until 2014, grandfathered plans may exclude adult children who are eligible for coverage under another employer-based plan. Employers have the option of purchasing a rider to extend the age of dependency under their policy through the age of 29 in New York and through age of 31 in New Jersey

Member Enrollment and Eligibility

Enrollment: Dependent (cont.)	
Effective dates	<ul style="list-style-type: none"> • At the same time as the subscriber • Open enrollment • Date of birth • Date of adoption (per state regulations) • Date of U.S. immigration on passport • Date of HIPAA event (See HIPAA section)
How to enroll	<ul style="list-style-type: none"> • Online: oxfordhealth.com • Form: Addition/Termination/Change Form • Note: Supporting documentation may be required
Submission	Within 31 days of the effective date
Newborn	<p>New Jersey/Connecticut: Coverage is automatically provided for the first 31 days from the date of birth; however, the dependent must be enrolled to continue coverage beyond the first 31 days</p> <p>New York: Coverage is automatically provided for the first 48 hours after a vaginal delivery or the first 96 hours after a Caesarean delivery. Thereafter, a newborn must be properly enrolled within 31 days of birth</p>
Adoption	<p>A legally adopted child or proposed adoptive child who is physically placed in the home.</p> <p>Newly born: if the subscriber takes physical custody upon release from the hospital and files a petition pursuant to Section 115-c of the Domestic Relations Law within 31 days of birth and provided no notice of revocation has been filed and consent for the adoption has been revoked</p> <p>International Adoptions: eligibility for coverage is on the date of adoption, regardless of where the child is living at the time of the adoption. Proposed adoptive children are eligible for coverage during any waiting period prior to the finalization of the child's adoption when the insured assumes and retains legal obligation for support of the child</p>
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
Changes to Existing Member Information	
Types of changes	Any change that needs to be made to the member's personal information (e.g., address, name, date of birth)
How to request change	<ul style="list-style-type: none"> • Online: oxfordhealth.com • Form: Addition/Termination/Change Form

Member Enrollment and Eligibility

Health Insurance Portability and Accountability Act (HIPAA)

Special enrollment period	<p>Members may be added to the plan off-cycle for the effective date of any of the following:</p> <ol style="list-style-type: none">1. Loss of coverage under another health plan for reasons including, but not limited to:<ul style="list-style-type: none">• Divorce/separation• Death• Termination/reduction in hours• Termination of group coverage/change in contribution• COBRA or continuation has been exhausted2. Change in family status:<ul style="list-style-type: none">• Marriage• Birth of child/adoption or placement of child in home
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How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Forms:<ul style="list-style-type: none">• Member Enrollment Form if adding subscriber• Addition/Termination/Change Form if adding spouse or dependent• Note: Supporting documentation will be required (e.g., HIPAA Certificate, legal paperwork, etc.)
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Termination of Coverage

Eligibility	<p>If employee resigns, is terminated or becomes ineligible for health benefits per the group's policies or the provisions of the Oxford coverage</p>
How to terminate	<ul style="list-style-type: none">• Online: oxfordhealth.com• Forms: Addition/Termination/Change Form
Submission	<p>Within 31 days of the requested date of termination</p>
Effective dates of termination	<p>Groups have one of two lags:</p> <ol style="list-style-type: none">1. End of month in which employment was terminated2. Date employment was terminated
Spouse/dependent dates of termination	<ul style="list-style-type: none">• Divorce, cessation of domestic partnership or civil union• Reaching the age limit set by group

Member Enrollment and Eligibility

Small Group (2-50 Lives) Requirements by State: New Jersey

Enrollment: Employee/Subscriber	
Eligibility	Any full-time employee meeting the eligibility requirement for the group
Effective dates	<ul style="list-style-type: none">• Date the employee meets the eligibility lag• Open enrollment• Date of a HIPAA event (see HIPAA section)
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: New Jersey Member Enrollment/Change Request Form• Note: Supporting documentation may be required
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
Late enrollee	If an eligible employee, spouse or dependent does not enroll within 31 days of their effective date, they may enroll any time; however, they may only be effective for one of the following dates based on when the request was received: <ul style="list-style-type: none">• Prior to the requested effective date – enroll for date requested• After requested effective date – enroll for date of receipt
1099 employees	Must meet the following criteria to be eligible: <ul style="list-style-type: none">• Performs a service for the employer for monetary or other legal consideration• Works full-time for the employer (not on a temporary basis), minimum of 25 hours per week• Serves a substantial business need of the employer and has established an independent contractor relationship• Has completed and submitted the Employer's Independent Contractor Statement (as a 1099, they should have access to this form required by the state of New Jersey)
Retirees	Coverage for retirees must be specified on group application
Enrollment: Spouse	
Eligibility	<ul style="list-style-type: none">• Legal spouse• Civil union spouse• Domestic partner: same or opposite-sex partners who are both age 62 or over
Effective dates	<ul style="list-style-type: none">• At the same time as the subscriber• Open enrollment• Date of marriage• Date of U.S. Immigration on passport• Date of HIPAA event (See HIPAA section)• Date of domestic partnership (as specified by group or state)• Date of civil union

Member Enrollment and Eligibility

Enrollment: Spouse (cont.)

How to enroll	<ul style="list-style-type: none"> • Online: oxfordhealth.com • Form: New Jersey Member Enrollment/Change Request Form • Note: Supporting documentation may be required
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger

Enrollment: Dependent

Eligibility	Beginning September 23, 2010, group health plans that provide dependent coverage are required to cover adult children until the age of 26, or older if required by state law. Until 2014, grandfathered plans may exclude adult children who are eligible for coverage under another employer-based plan. Employers have the option of purchasing a rider to extend the age of dependency under their policy through the age of 29 in New York and through the age of 31 in New Jersey
How to enroll	<ul style="list-style-type: none"> • Online: oxfordhealth.com • Open enrollment • Date of birth • Date of HIPAA event (See HIPAA section) • Late enrollee • NJ only: date a dependent under age of 31 becomes eligible
Submission	Within 31 days of the effective date
Newborn	<p>Coverage is automatically provided for the first 31 days from the date of birth; however, the dependent must be enrolled to continue coverage beyond the first 31 days.</p> <p>Note: benefits administrators should contact us to ensure correct enrollment of any newborn continuing coverage beyond the first 31 days.</p>
Adoption	<p>All adopted children under age 18 are eligible for coverage from the date of legal adoption or permanent placement in the home; automatic coverage for the first 31 days does not apply.</p> <p>Note: Benefits administrator should contact us to ensure correct enrollment of any newborn continuing coverage beyond the first 31 days</p>
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger

Member Enrollment and Eligibility

Changes to Existing Member Information

Types of changes	Any change that needs to be made to the member's personal information (e.g., address, name, date of birth)
How to request	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: New Jersey Member Enrollment/Change Request Form

Health Insurance Portability and Accountability Act (HIPAA)

Special enrollment period	Members may be added to the plan off-cycle for the effective date of any of the following: <ol style="list-style-type: none">1. Loss of coverage under another health plan for reasons including, but not limited to:<ul style="list-style-type: none">• Divorce/separation• Death• Termination/reduction in hours• Termination of group coverage/change in contribution• COBRA or continuation has been exhausted2. Change in family status:<ul style="list-style-type: none">• Marriage• Birth of child/adoption or placement of child in home
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: New Jersey Member Enrollment/Change Request Form• Note: Supporting documentation will be required (e.g., HIPAA Certificate, legal paperwork, etc.)

Termination of Coverage

Eligibility	If employee resigns, is terminated; or becomes ineligible for health benefits per the group's policies or the provisions of the Oxford coverage
How to terminate	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: New Jersey Member Enrollment/Change Request Form
Submission	Within 31 days of the requested date of termination
Effective dates of termination	Refer to page 2 of the group's Enrollment Agreement
Spouse/dependent dates of termination	<ul style="list-style-type: none">• Divorce, cessation of domestic partnership or civil union• Reaching the age limit set by group

Member Enrollment and Eligibility

Small Group (1-50 Lives) Requirements by State: Connecticut

Enrollment: Employee/Subscriber	
Eligibility	Any full-time employee working a minimum of 20 hours per week
Effective dates	<ul style="list-style-type: none">• Date the employee meets the eligibility lag• Open enrollment• Date of a HIPAA event (See HIPAA section)
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: A Connecticut Family Health Statement is required and additional supporting documentation may be required
Submission	Within 31 days of the effective date
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
Retirees	Coverage for retirees must be specified on group application
Enrollment: Spouse	
Eligibility	<ul style="list-style-type: none">• Legal spouse• Civil union spouse
Effective dates	<ul style="list-style-type: none">• At the same time as the subscriber• Open enrollment• Date of marriage• Date of U.S. immigration on passport• Date of HIPAA event (See HIPAA section)• Date of civil union
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: A Connecticut Family Health Statement is required and additional supporting documentation may be required
Submission	Within 31 days of the effective date
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
Enrollment: Dependent	
Effective dates	<ul style="list-style-type: none">• At the same time as the subscriber• Open enrollment• Date of birth• Date of HIPAA event
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Additon/Termination/Change Form
Submission	Within 31 days of the effective date

Member Enrollment and Eligibility

Enrollment: Dependent (cont.)

Newborn	Coverage is automatically provided for the first 31 days from date of birth; however, the dependent must be enrolled to continue coverage beyond the first 31 days Note: Benefits administrator should contact us to ensure correct enrollment of any newborn continuing coverage beyond the first 31 days
Adoption	All adopted children under the age of 18 are eligible for coverage from the date of legal adoption or permanent placement in the home; automatic coverage for the first 31 days does not apply
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger

Changes to Existing Member Information

Types of changes	Any change that needs to be made to the member's personal information (e.g., address, name, date of birth)
How to request	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Addition/Termination/Change Form

Health Insurance Portability and Accountability Act (HIPAA)

Special enrollment period	Members may be added to the plan off-cycle for the effective date of any of the following: 1. Loss of coverage under another health plan for reasons including, but not limited to: <ul style="list-style-type: none">• Divorce/separation• Death• Termination/reduction in hours• Termination of group coverage/change in contribution• COBRA or continuation has been exhausted 2. Change in family status: <ul style="list-style-type: none">• Marriage• Birth of child/adoption or placement of child in home
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Forms:<ul style="list-style-type: none">• Member Enrollment Form if adding subscriber• Addition/Termination/Change (ATC) if adding spouse or dependent• Family Health Statement• HIPAA Certificate (only if enrolled for loss of coverage)• Note: A Connecticut Family Health Statement is required (newborns excluded) as is any supporting documentation (e.g., HIPAA Certificate, legal paperwork, etc.)
Submission	Within 31 days of the effective date

Member Enrollment and Eligibility

Termination of Coverage

Eligibility	If employee resigns, is terminated or becomes ineligible for coverage per the group's policies or the provisions of the Oxford coverage
How to terminate	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Addition/Termination/Change
Submission	Within 31 days of the requested date of termination
Effective dates of termination	Groups have one of two lags: <ul style="list-style-type: none">• End of month in which employment was terminated• Date employment was terminated
Spouse/dependent dates of termination	<ul style="list-style-type: none">• Divorce, cessation of domestic partnership or civil union• Reaching the age limit set by group

Member Enrollment and Eligibility

Individual Product Requirements: New York and New Jersey

Enrollment: Employee/Subscriber

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| Eligibility | <ul style="list-style-type: none">• Must reside in an Oxford service area within the state in which they are applying for coverage (proof of residency required)• Not be eligible for any other type of similar or group health insurance coverage• Not have been terminated for non-payment of premium within the past 12 months (New York only)• Not be eligible for or currently on Medicare or Medicaid• Not be covered by any other similar health insurance coverage |
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|------------------------|---|
| Effective dates | <ul style="list-style-type: none">• At same time as the subscriber• First of any month• Date of HIPAA event (See HIPAA section)• Date of civil union (New Jersey only)• Date of domestic partnership (New Jersey only)• Date of U.S. immigration on passport |
|------------------------|---|

How to enroll	Call the Oxford Individual Product Sales line at 1-800-216-0778
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Submission	Prior to the requested first of the month effective date
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Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
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Enrollment: Spouse

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| Eligibility | <ul style="list-style-type: none">• Legal spouse• Same Sex Domestic Partner (New Jersey only) |
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How to enroll	Forms: <ul style="list-style-type: none">• Addition/Termination/Change Form• NJ only: New Jersey Individual Application/Change Request Note: Supporting documentation may be required
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Submission	Prior to the requested first of the month effective date
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Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger
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Member Enrollment and Eligibility

Enrollment: Dependent

Eligibility	Beginning September 23, 2010, group health plans that provide dependent coverage are required to cover adult children until the age of 26, or older if required by state law. Until 2014, grandfathered plans may exclude adult children who are eligible for coverage under another employer-based plan. Employers have the option of purchasing a rider to extend the age of dependency under their policy through the age of 29 in New York and through age of 31 in New Jersey
Effective dates	<ul style="list-style-type: none">• At the same time as the subscriber• Open enrollment• Date of birth• Date of HIPAA event (See HIPAA section)
How to enroll	Forms: <ul style="list-style-type: none">• Addition/Termination/Change Form• NJ only: New Jersey Individual Application/Change Request Form Note: Supporting documentation may be required
Submission	Within 31 days of the effective date
Newborn	<ul style="list-style-type: none">• Notify us within 48 hours of the birth <p>New York: Coverage is automatically provided for the first 48 hours after a vaginal delivery or the first 96 hours after a cesarean delivery. Thereafter, a newborn must be properly enrolled within 31 days of birth.</p> <p>New Jersey: Covered for the first 31 days from the date of birth at no charge. To continue coverage, the child must be enrolled within 31 days of birth and applicable premium paid</p> <p>Note: Member should contact us to ensure correct enrollment of any newborn</p>
Adoption	<p>New York: See New York Small Group Adoption Guidelines.</p> <p>New Jersey: All adopted children under the age of 18 are eligible for coverage from the date of acceptance or permanent placement in the home; if enrolled per a court order, the child must be enrolled within 60 days of the court order</p>
Pre-existing conditions	No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger

Member Enrollment and Eligibility

Changes to Existing Member Information

Types of changes	Any change that needs to be made to the member's personal information (e.g., address, name, date of birth)
How to request change	Request must be made in writing, containing the member ID and a clear explanation of the requested change New Jersey members can use the NJ Individual Application/Change Request Form

Health Insurance Portability and Accountability Act (HIPAA)

Special enrollment period	Members may be added to the plan off-cycle for the effective date of any of the following: <ol style="list-style-type: none">1. Loss of coverage under another health plan for any of the following reasons:<ul style="list-style-type: none">• Divorce/separation• Death• Termination/reduction in hours• Termination of group coverage/change in contribution• COBRA or continuation has been exhausted2. Change in family status:<ul style="list-style-type: none">• Marriage• Birth of a child/adoption or placement of child in home
How to enroll	<ul style="list-style-type: none">• Forms:<ul style="list-style-type: none">• Addition/Termination/Change Form• NJ Only: New Jersey Individual Application/Change Request Form <p>Note: Supporting documentation will be required (e.g., HIPAA Certificate, legal paperwork, etc.)</p>

Termination of Coverage

Eligibility	Upon written advance notice from the subscriber
How to terminate	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Addition/Termination/Change
Submission	Within 31 days of the requested date of termination
Effective dates of termination	<ul style="list-style-type: none">• On the date the member fails to meet the eligibility requirements• For cause, if a member:<ul style="list-style-type: none">• Fails to pay required premium• Performs an act or practice that constitutes fraud or made an intentional misrepresentation of a material fact• No longer resides, lives or works in the service area• Divorce, cessation of domestic partnership or civil union• Reaching age limit

Member Enrollment and Eligibility

Mandated Product Requirements: Healthy NY (Small Group/Individual/Sole Proprietor)

Enrollment: Employee/Subscriber

Overview	State-mandated product designed to promote and provide affordable insurance coverage to eligible small business, sole proprietors and individuals. Refer to Group Enrollment section for more information on sole proprietor eligibility and enrollment
Eligible	<ul style="list-style-type: none">• Small groups (2-50 eligible lives)• Sole proprietors• Individuals (working and uninsured)
Products	<ul style="list-style-type: none">• HMO• High deductible with a Health Savings Account (HSA)
Eligibility requirements	<p>Individuals:</p> <ul style="list-style-type: none">• Employer does not currently provide health insurance and has not provided group health insurance during the 12-month period preceding application• Gross household income level is at or below 250% of the gross federal poverty level• Health insurance coverage has not been in effect for the 12-month period preceding application or have lost their coverage due to a qualifying event• Must be ineligible for Medicare• Must reside in New York State• Must be employed on a full-time, part-time or episodic basis• Oxford determines final eligibility <p>Sole Proprietor:</p> <ul style="list-style-type: none">• Uninsured for the 12-month period preceding application or have lost their coverage due to a qualifying event• Gross household income level at or below 250% of the gross federal poverty level• Must be ineligible for Medicare• Must reside in New York State• Must not currently work for an employer that provided health coverage during the prior 12-month period• Eligibility criteria for small businesses is inapplicable to sole proprietors• We determine eligibility<ul style="list-style-type: none">– You or your spouse must either be currently employed or must have been employed within the past 12 months <p>Small Groups: (See Healthy NY Small Group requirements)</p>

Member Enrollment and Eligibility

Enrollment: Employee/Subscriber (cont.)

Eligibility for individuals or sole proprietors who have had prior insurance

An individual or sole proprietor shall be eligible for the Healthy NY program without regard to the existence of health insurance coverage or the availability of employer provided coverage during the 12-month period preceding application if such health insurance coverage terminated due to one of the following:

- Loss of employment
- Death of a family member
- Change to a new employer
- Change of residence
- Discontinuation of a group health plan
- Termination or cancellation of COBRA coverage
- Legal separation, divorce or annulment
- Loss of eligibility for group health insurance coverage
- Reaching the maximum age for dependent coverage
- If eligible for or currently covered through COBRA or other continuation type coverage, they may apply for Healthy NY

How to enroll

Call the Oxford Individual Product Sales line at **1-800-216-0778**

Effective dates

The 1st of every month

Pre-existing conditions

No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger

Enrollment: Spouse

Eligibility

- Legal spouse
- Domestic partners (sole proprietor and small group plans only)

Effective dates

- At the same time as the subscriber
- Date of domestic partnership
- Date of HIPAA event (See [HIPAA](#) section)

How to enroll

Call the Oxford Individual Product Sales line at **1-800-216-0778**

Submission

Within 31 days of the requested effective date

Pre-existing conditions

No child under age 19 can be denied coverage because of a pre-existing medical condition. This applies both to employees and dependents age 19 and younger

Member Enrollment and Eligibility

Enrollment: Dependent

Eligibility	<ul style="list-style-type: none">• Regardless of age, any child proven to be disabled• Children do not need to be financially dependent upon you for support or claimed as dependents on your tax return, residents of your household, enrolled as full-time students or unmarried
Effective dates	<ul style="list-style-type: none">• At the same time as the subscriber• Date of HIPAA event (See HIPAA section)
How to enroll	<ul style="list-style-type: none">• Form: Addition/Termination/Change Form• Note: Supporting documentation may be required
Submission	Prior to the requested effective date
Newborn	Child must be enrolled within 31 days of birth
Adoption	<p>A legally adopted child or proposed adopted child who is physically placed in the home.</p> <p>Newly born: if the subscriber takes physical custody upon release from the hospital and files a petition pursuant to Section 115-c of the Domestic Relations Law within 31 days of birth and provided no notice of revocation has been filed and consent for the adoption has been revoked</p>

Changes to Existing Member Information

Types of changes	Any change that needs to be made to the member's personal information (e.g., address, name, date of birth)
How to request change	<ul style="list-style-type: none">• Online: oxfordhealth.com• Form: Addition/Termination/Change Form

Health Insurance Portability and Accountability Act (HIPAA)

Special enrollment periods	<p>Members may be added to the plan off-cycle for the effective date of any of the following:</p> <ol style="list-style-type: none">1. Loss of coverage under another health plan for reasons including but not limited to:<ul style="list-style-type: none">• Divorce/separation• Death• Termination/reduction in hours• Termination of group coverage/change in contribution• COBRA or continuation has been exhausted2. Change in family status:<ul style="list-style-type: none">• Marriage• Birth of a child/adoption or placement of child in home
How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Forms:<ul style="list-style-type: none">• Healthy New York Application• Addition/Termination/Change Form• Note: Supporting documentation will be required (e.g., HIPAA Certificate, legal paperwork, etc.)

Member Enrollment and Eligibility

Termination of Coverage

Eligibility	Coverage will terminate or not be renewed: <ul style="list-style-type: none">• Upon written notice from the subscriber• On the date the dependent fails to meet the dependent eligibility requirements• For cause, if a member:<ul style="list-style-type: none">• Fails to pay required premium• Performs an act or practice that constitutes fraud or made an intentional misrepresentation of a material fact• No longer resides, lives or works in the service area
How to terminate	Written advance notice
Submission	More than one month prior to the requested date of termination

Sole Proprietor Product Requirements

Enrollment

Overview	Big company benefits for companies of one – a suite of products designed especially for sole proprietors doing business in the New York metropolitan area
Eligibility requirements	Refer to the Group Enrollment section for more information on sole proprietor enrollment and eligibility requirements

Member Enrollment and Eligibility

Oxford HSA Product Requirements

Enrollment: Employee/Subscriber

Special enrollment periods	Members may be added to the plan off-cycle for the effective date of any of the following: <ol style="list-style-type: none">1. Loss of coverage under another health plan for reasons including but not limited to:<ul style="list-style-type: none">• Divorce/separation• Death• Termination/reduction in hours• Termination of group coverage/change in contribution• COBRA or continuation has been exhausted2. Change in family status:<ul style="list-style-type: none">• Marriage• Birth of a child/adoption or placement of child in home
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How to enroll	<ul style="list-style-type: none">• Online: oxfordhealth.com• Forms:<ul style="list-style-type: none">• Healthy NY Application• Addition/Termination/Change Form• Note: Supporting documentation will be required (e.g., HIPAA Certificate, legal paperwork, etc.)
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Termination of Coverage

Eligibility	Coverage will terminate or not be renewed: <ul style="list-style-type: none">• Upon written notice from the subscriber• On the date the dependent fails to meet the dependent eligibility requirements• For cause, if a member:<ul style="list-style-type: none">• Fails to pay required premium• Performs an act or practice that constitutes fraud or made an intentional misrepresentation of a material fact• No longer resides, lives or works in the service area
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How to terminate	Written advance notice
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Submission	More than one month prior to the requested date of termination
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Renewals

Contract Renewal

Prior to the group's policy anniversary, we will send the group and its broker/consultant (if applicable) a letter to remind the group of their renewal date.

At this point, changes can be made to the group's policy, including, but not limited to:

- Adding, dropping or changing riders
- Changing waiting periods and eligibility requirements (subject to state laws)
- Increasing or decreasing deductibles and coinsurance levels

The renewal period is the only time during the year that we will accept changes to the group's plan. Renewals and changes are contingent upon the group's account with Oxford being current.

Oxford Renewal Process

- Renewal letters are created and distributed to brokers (60-75 days prior to renewal)
- Renewal letters are created and distributed to groups (45-60 days prior to renewal)
- Our systems are updated with the group's renewal decision, either no changes ("as is") or with requested benefit changes (15-45 days prior to renewal). There is a seven-day processing time from receipt of paperwork

Online Renewals: Idea Management Systemsm (IDEA)

IDEA is a resource for small group renewals defined as 2-50 employees for New York and New Jersey groups and 1-50 employees for Connecticut groups. You can review your groups that are within 60 days of their annual renewal, create optional plan designs and submit the renewal or request for changes to Oxford using the Idea Management System. For more information, see the [Idea Management System](#) section of this guide..

Claim Submission

When members receive care on an in-network basis, there are usually no claim forms to complete. They simply show their health plan ID cards and pay any applicable cost shares.

Oxford members may be required to complete claim forms to receive reimbursement, in cases such as:

- When a member has out-of-network coverage and/or obtains care on an out-of-network basis
- When Oxford is the secondary insurance carrier
- When a member receives laboratory services from a non-participating laboratory
- When a member receives refractive vision services

To submit an out-of-network claim:

- The member must complete an Insurance Claim Form
- Send the claim form and the original provider invoice to:

Oxford Claims Department
P.O. Box 29130
Hot Springs, AR 71903-9130

Claims Resubmissions should be mailed to:

Oxford Corrected/Resubmitted Claims
P.O. Box 29133
Hot Springs, AR 71903-9133

Claim Filing Deadlines

- Filing deadlines are based on the claim's date of service. The deadline is not based on the date that the claim was mailed to or received by us.
- Commercial members and participating providers have 90 days to submit an in-network claim to us.
- Commercial members and non-participating providers have 180 days to submit a claim to us.

Clean claims are processed within the regulated time frames which are typically less than 30 business days.

- A clean claim does not require any additional information to be processed and includes all of the following:
 - Patient name and Oxford member ID number
 - Oxford provider ID number
 - Provider information, including federal tax ID number (FTIN)
 - Date of service
 - Place of service
 - Diagnosis code
 - Procedure code
 - Individual charge for each service
 - Provider signature

If you have any questions regarding a particular claim submission, please contact Client Services or your Oxford sales representative.

Members can check claims online at oxfordhealth.com or by calling Oxford Customer Service at **1-800-444-6222**. If a member is hearing impaired and requires assistance, they may call our TTY/TDD line at **1-800-201-4875**. They may also call **1-800-303-6719** for assistance in Chinese, **1-800-544-4249** for assistance in Korean, or the telephone number on their health plan ID card for assistance in English and other languages.

Miscellaneous Items

Brokers Acting on Behalf of Benefits Administrators

Brokers can act on behalf of benefits administrators to assist them with the day-to-day administrative functions associated with their employees.

What does this mean?

With written consent from the benefits administrator, brokers will have authorization to complete the following transactions¹⁷:

- New group applications
- Member enrollment forms and other necessary enrollment documents
- Renewals

How can you get started?

- The benefits administrator must complete the “Consent Form – Authorization for Broker to Act as Benefits Administrator” (located on the broker site at oxfordhealth.com) and return it to the broker
- The broker is encouraged to call Client Services to review the process prior to sending in the completed form
- Please allow four to seven business days for us to update our files to recognize that the broker can now act on behalf of the benefits administrator. Send the “Consent Form – Authorization for Broker to Act as Benefits Administrator” to:

Oxford
P.O. Box 29142
Hot Springs, AR 71903-9142

Note: Once a broker has obtained the consent form and submits it to us, they may contact the Web Help Desk to receive a username and password to administer online transactions on behalf of their group. Unfortunately, a single username/password for brokers across all groups is not currently possible. Brokers must get a unique username and password for each group that they have consent to administer and wish to administer online.

To obtain a copy of the “Consent Form – Authorization for Broker to Act as Benefits Administrator,” log on to oxfordhealth.com, go to the Forms and Applications link on the Tools & Resources tab and select Authorization Forms for All States.

¹⁷ In order to perform any transaction that involves protected health information and is not listed under this heading, the broker needs to obtain a HIPAA Authorization Form from the member(s) involved.

Health Insurance Portability and Accountability Act (HIPAA)

We are pleased to acknowledge that we are HIPAA compliant with both the Privacy provision as of April 14, 2003, as well as the Transactions and Code Sets provision as of October 16, 2003. As of April 20, 2005, we are also compliant with the security requirements of HIPAA. Policies and Procedures have been developed to ensure that member information is protected and safeguarded according to the law.

Members can contact us directly by phone or mail to obtain a copy of the Privacy Notice outlining their individual rights.

Miscellaneous Items

Oxford Confidentiality Policy

For Client Services to release confidential medical information regarding a member's claims, we require that the member complete and sign the HIPAA Member Authorization Form. The completed authorization form provides us with a signed, written release from the member (or from a legal guardian/power of attorney, with appropriate documentation) authorizing us to release the confidential information to the benefits administrator or broker.

The following explains what information regarding a member's claim can and cannot be released to a broker without the member's signed, written authorization:

An Authorization Form is NOT required for:

- Oxford member ID number
- Claims payment date
- Check number
- Claim status (paid, denied, currently in process)
- Amount paid on the claim
- Amount on a particular claim that was applied to copayment, deductible or coinsurance
- Denial code if it does not indicate diagnosis
- Member's effective date of Oxford coverage or termination
- Name, date of birth, date of hire (verification only)

An Authorization Form is required for:

- Diagnosis codes
- Provider names
- CPT codes
- Explanation of Benefits
- Social Security number
- Member authorizations on file
- Inquiries regarding which members of a group utilized the plan during a retroactive group disenrollment

To obtain a copy of the Member Authorization Form, log on to oxfordhealth.com and go to the Forms & Materials link on the Tools & Resources tab.

Miscellaneous Items

Medical Policy Information

To view our Medical Policy information online, log on to oxfordhealth.com and go to the Medical and Administrative Policies link on the Tools & Resources tab.



Rate Quotes for Large Groups

In addition to plan details, the following items may be needed to obtain a large group rate quote:

Material requirements:

- Census
- Out-of-area employee ZIP codes
- Large claims
- Current and prior area
- Current enrollment breakdown
- Current rates
- Renewal rates
- Current carrier benefit summary
- Employer contribution
- Current carrier bill
- COBRA information
- Retiree information
- Original/renewal effective dates

Additional material requirements for experience-rated submissions:

- Claims experience
- Average/monthly enrollment
- Large claim information (detailed)

If you have any questions, please contact your Oxford sales representative.

Miscellaneous Items

COBRA

Important Note: Employer groups should consult with their legal counsel regarding their specific obligations with respect to continuation coverage.

COBRA	<p>Federal law requires employers with group health plans to provide continuation coverage to former covered employees and their covered dependents in certain instances. Groups exempt from COBRA include:</p> <ul style="list-style-type: none">• Companies with fewer than 20 employees on a typical business day during the preceding calendar year• State and local government plans• Church plans• Federal government employees
State Continuation	<p>State laws require employers with group health plans with fewer than 20 employees on a typical business day during the preceding calendar year to provide continuation of coverage. New York, New Jersey and Connecticut State Continuation provisions are similar to COBRA. New York State Continuation Extension offers continuation of coverage for up to 36 months; Connecticut State Continuation Extension offers continuation of coverage for up to 30 months</p>
Qualifying events	<ul style="list-style-type: none">• Events that qualify the covered employee and his/her covered dependent(s) for 18 months of coverage include:<ul style="list-style-type: none">• Voluntary termination of employment• Involuntary termination of employment (excluding gross misconduct)• Reduction in hours of employment (strike, layoff, full-time to part-time, leave of absence) that no longer qualifies the employee for health coverage• Events that qualify the covered spouse or covered dependent child(ren) for 36 months of coverage include:<ul style="list-style-type: none">• Death of the employee• Divorce or legal separation from the employee• Dependent child(ren) exceeding the dependent cut-off age <p>Effective July 1, 2009 – NY allows 36 months of coverage (fully-insured) for all qualifying events (including disability). Effective May 5, 2010 – CT allows 30 months of coverage (fully-insured). Members with one of the following qualifying events: layoff, reduction in hours or leave of absence</p> <p>The coverage periods listed above may be different depending on the state</p>
COBRA administrative requirements	<ul style="list-style-type: none">• COBRA administration is complex; the law specifies notice requirements, model notice forms and time frames for providing notice of the COBRA rights, election of COBRA coverage and payment of COBRA premium• Generally, employers need to notify any eligible employee of COBRA rights within 14 days of the qualifying event• Covered employees and their covered dependent(s) have 60 days from the qualifying event date or from the date they receive a COBRA notice from the employer, whichever is later, to elect to continue coverage

Miscellaneous Items

COBRA/State Continuation administration	Administration may be available through UnitedHealthcare Benefit Services. To find out more, please contact their Customer Advocate Center at 1-800-318-5311 or via email at cac@uhcservices.com . You can also find out more by visiting uhcservices.com 24 hours a day, seven days a week
Methods of enrollment	<ul style="list-style-type: none"> • Addition/Termination/Change Form must be completed to enroll subscriber and family into COBRA • A Member Enrollment Form must be completed to enroll a spouse or dependent as the subscriber into COBRA <p>Note: To ensure accurate billing, it is strongly suggested that an Addition/Termination/Change Form be submitted to terminate an active employee prior to his/her election of COBRA</p>
Disability extension	<ul style="list-style-type: none"> • Disabled individuals (New Jersey State Continuation with a qualifying event on or after March 7, 2005 excluded) may qualify for an extension that extends the otherwise applicable 18-month coverage period to 29 months • Disability extension will only apply if a qualified beneficiary: <ul style="list-style-type: none"> • Is determined, under the Social Security Act, to have been disabled prior to or within the first 60 days of continuation coverage; and • Applies for the disability extension within 60 days of the date of the determination of disability by the Social Security Administration (SSA) and before the end of the 18-month continuation period
Termination	<ul style="list-style-type: none"> • Coverage will terminate: <ul style="list-style-type: none"> • On the last day of the continuation coverage period; • If any premium payment is not made within the grace period; or • If the employer ceases to provide group health coverage to employees • A qualified beneficiary is no longer eligible: <ul style="list-style-type: none"> • When the qualified beneficiary becomes covered under another group health plan, which does not limit or exclude a pre-existing condition; or • If the qualified beneficiary is entitled to Medicare after the date of election <p>Note: In the case of the company's termination of coverage with Oxford, all COBRA enrollees will also be terminated</p>
Requesting termination	<ul style="list-style-type: none"> • The benefits administrator can complete an Addition/Termination/Change Form; or • The qualified beneficiary can submit a letter requesting that COBRA/State Continuation coverage be terminated. The letter should contain the member's name, Oxford ID, Oxford group ID and BA or Member signature, and exact date of termination. The letter should be mailed to: Oxford Enrollment Department P.O. Box 29142 Hot Springs, AR 71903-9142

Miscellaneous Items

Termination and Disenrollment

If an employee resigns, is terminated or becomes ineligible for health benefits per the group's policies or the provisions of the Oxford coverage, an Addition/Termination/Change Form must be signed by the benefits administrator and sent to us within 31 days for small groups (up to 50 employees) and 60 days for large groups (51 or more employees).

Addition/Termination/Change Forms should be sent to:

Oxford Enrollment Department
P.O. Box 29142
Hot Springs, AR 71903-9142

Group Conversions

Location conversions

Location conversions occur when an employer group moves its office location. Plan benefits and pricing can vary based on an employer group's county location. Contact your Oxford sales representative to determine if benefits and rates are affected when an employer group changes location.

Large group to small group conversions

Large group to small group conversions occur when an employer no longer qualifies for large group coverage due to the fact that they no longer have over 50 employees. Upon renewal, if an employer group falls below 50 employees, contact your Oxford sales representatives to verify that the group no longer qualifies for large group coverage and to obtain a small group quote.

Small group to large conversions

Small group to large group conversions occur when an employer no longer qualifies for small group coverage due to the fact that they have over 50 employees. Upon renewal, if an employer group has over 50 employees, contact your Oxford sales representatives to find out what information is required to determine if the employer group qualifies to receive a large group quote.

Miscellaneous Items

Coordination of Benefits (COB) Frequently Asked Questions

What is a Coordination of Benefits?

COB is a provision used to establish the order in which health insurance plans pay claims when more than one plan exists.

Why is COB important?

COB contributes to medical cost savings and is an integral component of Oxford's commitment to affordability.

What information is needed for COB?

- Carrier name
- Policyholder name and all covered dependents
- Original effective date of coverage
- Telephone number of other carrier
- Type of coverage (medical, dental, vision, pharmacy)
- Workers' Compensation and MVA (Refer to oxfordhealth.com for more details)

Why do we collect prior coverage information?

Prior coverage information is collected in an effort to reduce a member's waiting period for certain benefits.

How does a member update COB?

Members may change COB through:

- Customer Service
- Enrollment forms
- Automated phone questionnaires
- Providers

When is COB updated?

A member's COB is updated when we receive other coverage information:

- Enrollment forms
- Change request
- From Medicare
- Notification from a member involved in a motor vehicle accident or injured at work
- When a provider submits a claim

How often are the member or dependents files updated?

The member is required to update their record with us yearly or more often if they add or terminate other medical coverage or enroll with Medicare.

For more information on Oxford Coordination of Benefits, visit the broker site at oxfordhealth.com.

Miscellaneous Items

Tax Forms

Below is a list of accepted tax forms to verify a group's eligibility for group health care coverage in New York.

Official group filing in New York and required documentation:

New Corporation

Articles of Incorporation and W4 for at least two employees

Existing Corporation

NYS-45 (indicating all eligible employees)

New Partnership

Partnership Agreement indicating all eligible partners and W4 for at least two employees

Existing Partnership

K1 indicating at least two eligible partners and NYS-45 (indicating all eligible non-partner employees)

New Proprietorship

W4 for at least two employees

Existing Proprietorship

Schedule C and NYS-45 (indicating all eligible employees)

New Subchapter S Corporation

CT6 and W4 for each employee

Existing Subchapter S Corporation

1120S and NYS-45 (indicating all eligible employees)

New Limited Liability Corporation

Articles of Incorporation and W4 for at least two employees

Existing Limited Liability Corporation

NYS-45 (indicating all eligible employees)

Sole Proprietor

1040 and one of the following: Schedule C, E or F indicating income of \$0 or more

Miscellaneous Items

Below is a list of accepted tax forms to verify a group's eligibility for group health care coverage in Connecticut.

Official group filing in Connecticut and required documentation:

New Corporation

1. Copy of the UC1A
2. Federal and State of Connecticut documents confirming registration of the business and copies of current paystubs for all active eligible employees

Existing Corporation

A copy of the UC2-5A or 941 with a copy of the electronic payroll report (ADP)

Partnership or LLC

A copy of the current year's 1065 and K-1s, and paystubs for all other active eligible employees

Existing Proprietorship

A copy of the current year Schedule C

Non-profit Organization

A copy of the UC1NP Form with current paystubs for all active eligible employees

"S" Corporation

A copy of the current year's Form 1120 or 1120S with copies of current paystubs for all active eligible employees

Note: Tax forms are not required for New Jersey group enrollment

Miscellaneous Items

Health Plan ID Card

Below is a sample of a health plan ID card. Actual member cards may vary slightly.

1.  Oxford

2. Health Plan (80840) 911-06111-07
Member ID: 999999999 Group Number: VS5272
Member:
Marina BROWN

3. PCP: \$30 Spec: \$50

4. Payer ID 06111

Rx Bin: 610279
Rx PCN: 9999
Rx Grp: OXFRDHP

DOI-0501 Oxford Exclusive Plan (SM) /Liberty Plan
Underwritten by Oxford Health Insurance, Inc.

6. Printed: 09/10/13

6. 

5. Precertification is required for certain services, as described in your member documents. You may be penalized if you fail to obtain a required precertification.
For Members: www.oxfordhealth.com 888-201-3080
On-Call Nurseline: 800-201-4911

7. For Providers: www.oxfordhealth.com 800-666-1353
Medical Claim Address: PO Box 29130, Hot Springs, AR 71903

8.   
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 855-816-6615

1. Oxford logo
2. Member ID number
3. Primary care physician (PCP) and specialist copayment
4. Pharmacy ID numbers (if applicable)
5. Customer Service and *Oxford On-Call*® telephone numbers
6. Legal text (varies by plan) outlines emergency, hospital admission, precertification and the referral (if applicable) instructions
7. In-network access to the UnitedHealthcare Choice Plus national physician network, available with most Oxford plans that have an out-of-network benefit
8. Pharmacy claims information for pharmacists



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

Administrative services provided by Oxford Health Plans LLC.

UnitedHealthcare Dental® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company; and in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York.

Specialty products may not be available in all states or for all group sizes.

