

How much will I pay when I see a doctor or go to a facility?

Using your health plan to see a network doctor or go to a network facility can sometimes cost you money, but using out-of-network doctors and facilities could cost you a lot more. Below is a general idea of the costs (other than your premium) that you may have to pay. Keep in mind, the amount you pay is based on your plan benefits.

Type of Cost	Meaning	How It Works
Cost-sharing	Cost-sharing is when you pay some of the costs of your health care.	Cost-sharing can include your deductible, your copayment and your coinsurance. Most plans have separate cost-sharing for network and out-of-network services.
Deductible	The amount you owe for covered health care services before your health insurance or plan begins to pay. The deductible may not apply to all services.	If your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.
Copayment	A fixed amount (for example, \$15) you pay for a covered health care service— usually when you receive the service. The amount can vary by the type of covered health care service.	When you go to the doctor's office, the front desk staff will ask you to pay a dollar amount for the visit. A copayment usually only applies to network services.
Coinsurance	Your share of the costs of a covered health care service, calculated as a percent (for example, 20 percent) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.	If the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20 percent would be \$20. The health insurance or plan pays the rest of the allowed amount.
Balance billing	Balance billing is when a provider bills you for the difference between their charge and what your health plan will pay.	If an out-of-network doctor charges \$100 to review your X-ray, but your plan will only allow the doctor to be paid \$70, the doctor may bill you for the remaining \$30.

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Out-of-network costs.

Out-of-network providers don't have an agreement with us to provide services at lower rates. As a result, your cost-sharing is usually higher, and there may be other costs like balance billing.

If I go to a network hospital, will all of the doctors there be in the network?

Not always. For example, if you go to a network hospital for an X-ray, the doctor reading the X-ray may not be in the network.

What do I do if I get a balance bill?

If you get a balance bill from any doctor or facility, call us at the toll-free phone number on your health plan ID card.

Will my health plan pay the balance bill for me?

That depends on your plan benefits, the amount that you're being billed, and if the doctor or facility is part of our network. Sometimes (not always), you may have to pay a balance bill if you used an out-of-network provider. One of the advantages of using network providers is that they aren't allowed to balance bill.

What can I do to help keep my costs down?

Use network doctors and facilities.

If you don't have a network doctor, you can use your health plan member website to find network doctors near you.

Talk to your doctor.

Before you have a health care procedure, be sure to ask your doctor if the facility—and all other doctors who may be involved—participate in your plan network.

Use these tools.

The **Health4Me**® app is designed to give you easier access to your health plan wherever you are. Review claims, connect to a doctor online 24/7, find nearby care options in your network and more.

Fairhealthconsumer.org has a cost lookup feature that can help you estimate how much you may have to pay.

Understand your benefits.

You should review your health plan documents to fully understand your coverage and benefits. Most members can find their coverage details on your health plan member website.

If you can't find your coverage details online, you can get a free, printed copy by calling the toll-free phone number on your health plan ID card or **1-800-444-6222**, Monday through Friday, 8 a.m.–6 p.m. ET. TTY users can dial **711**.

Let us help you figure out what to do next if you get a balance bill.



This document is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. This document may not be applicable to all benefit plan options. Some products vary by state or may not be available in all states.

If this information is different than what is in your coverage documents, the coverage documents will be used. Look at your health plan documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

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We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card Monday through Friday, 8 a.m. to 6 p.m. ET. TTY users can dial 711.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意:如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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