Understanding Out-of-Network Expenses

We encourage you to take an active role in your health care and learn which doctors, health care professionals and facilities participate in our network so you can better understand expenses that may come with using nonparticipating (sometimes called "non-network") providers.

Using our partifipating doctors and facilities

Doctors and facilities (including laboratories) who participate in our network have agreed to provide services to you at a discount in exchange for obtaining access to provide you and other members with services. Through your Oxford medical plan you have access to our Freedom Network, which includes more than 104,000 physicians and other health care professionals at more than 173,000 locations in the tri-state region of Connecticut, New York and New Jersey - of which almost 30,000 of those physicians have their practice in Connecticut.[1] Most plans also provide access to our national UnitedHealthcare Choice Plus network of more than 720,000 physicians, 5,622 hospitals and 65,000 pharmacies when you are outside of the Oxford service area.[2] When you use our network, you are responsible for paying your in-network (sometimes called "network") copayment and out-of-pocket expenses such as deductibles and coinsurance rather than higher out-of-network deductibles and coinsurance.

Why does the network change?

To continue offering you the best value for your health care dollars, we regularly evaluate our network relationships to enhance our network's quality, convenience and affordability. As a result of this review, doctors, health care facilities and laboratories in our network may change.

What you should do

If you don't have a doctor, find a doctor now who participates in our network. You will save yourself time when you aren't feeling your best and need to see a doctor. If you have a doctor already, make sure your doctor participates in our network. To find out if your doctor or other health care professional participates in our network, use our online directory on the member portal of **oxfordhealth.com** or call the Customer Service telephone number on the back of your health plan ID card. It is your responsibility to confirm that the doctor, facility or laboratory participates in our network in order to receive network benefits.

Understand the costs for care outside our network

Doctors, facilities and laboratories that may not participate in our network are free to set their prices for the care and services they provide. They do not offer services at a discounted rate because they do not participate in our network.

When you use nonparticipating doctors, facilities and laboratories for anything other than emergency care, you may pay higher deductible and coinsurance amounts for similar services had you used a health care provider who participates in our network.

If you have an out-of-network benefit[3], your Oxford medical plan only pays a portion of out-of-network charges, and it is your responsibility to pay the remainder of the charges. The amount above the allowed amount, which you are required to pay, may be significant and does not apply to your maximum out-of-pocket amount.

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Reimbursement for out-of-network charges is based primarily on a percentage of the published rates allowed by Medicare. A description of your out-of-network reimbursement coverage can be found in your Certificate of Coverage.

In states where we are permitted to pay you directly, you may receive a check for the portion of the charges that are covered by your benefit plan. You will need to forward the payment to the nonparticipating doctor or facility where services were performed. In some situations, nonparticipating providers may require you to pay the entire amount up front.

What to do if you choose care outside our network

If you choose to receive care from a nonparticipating doctor, facility or laboratory, before you receive care, we recommend you:

▸ Understand your benefits. Check your benefit plan documents to confirm that you have out-of-network benefits and understand the details of your out-of-network benefits, including understanding the difference between your in-network deductible and coinsurance, and your out-of-network deductible and coinsurance.

▸ Understand what you might have to pay. Ask the doctor or facility about their billed charges for the services you need. Call the Customer Service number on the back of your health plan ID card to have a customer service professional help you estimate how much your Oxford plan will pay. Some services require you to notify us first in order to receive out-of-network benefits.

The network delivers real value

The following examples show how your financial responsibility may be significantly lower when you seek care from a doctor in the network rather than outside the network.[4]

Physician's office visit and facility claims examples for the Out-of-Network Reimbursement Program

Please note this example is for illustration only; check your coverage documents for details specific to your plan.

Example 1
Physician office visit claim

	Network	Out-of-Network
A: Billed charge amount	$270	$270
B: Eligible expense (allowed amount)	paid per contract	$150 (MNRP pricing)
C: Network copayment/30% out-of-network coinsurance	$20	$45 (30% of B)
D: Additional enrollee responsibility	$0	$120*
Enrollee financial responsibility	**$20**	**$165**

Example 2
Facility claim

	Network	Out-of-Network
A: Billed charge amount	$3,700	$3,700
B: Eligible expense (allowed amount)	paid per contract	$1,740 (MNRP pricing)
C: Network copayment/30% out-of-network coinsurance	$500	$522 (30% of B)
D: Additional enrollee responsibility	$0	$1,960*
Enrollee financial responsibility	**$500**	**$2,482**

*This amount does not apply to the maximum out-of-pocket.

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