



# Frequently asked questions and helpful resources

## What can I do on myuhc.com?

You can search for a doctor, check a referral or claim, access important plan information and find out about available programs and services. If you're an Oxford member or plan participant, you can register for a username and password on the website as soon as you get your health plan ID card in the mail.

## What is a primary care physician (PCP), and do I need to choose one?

A PCP acts as your main contact and coordinator for medical care, including visits to a specialist or hospitalization. PCPs are usually internists, family practitioners or pediatricians.

Some plans require the use of a PCP. They're commonly referred to as gated or gatekeeper plans and have a "G" instead of an "NG" within the plan name. Members in gated plans must have their care provided, arranged or authorized in advance by their PCP of record. These plans require members to get a referral from their PCP before seeing another provider.<sup>1</sup> If members in a gated plan do not receive care from their PCP of record or the provider named in their PCP's referral, claims will be denied or paid at the out-of-network benefit level if the plan has out-of-network benefits. Check your plan documents (available on [myuhc.com](https://myuhc.com)<sup>®</sup>) or ask your benefits administrator to find out if your plan requires that you choose a PCP.

## How do I find or select a provider?

You can search for and choose network doctors (primary care and specialist physicians), hospitals, facilities, complementary and alternative medicine (CAM) providers, or laboratories online at [myuhc.com](https://myuhc.com). You also can request a paper copy of our roster of network doctors by calling us at the toll-free phone number on your health plan ID card or **1-800-444-6222**.

## Do I need a referral to see a specialist?

Some plans may require a referral to see a specialist, so be sure to check your plan documents or ask your benefits administrator for coverage details. However, you do not need a referral to see an OB/GYN, as most plans offer 1 network well-woman exam every 6 months at no additional charge.

## How do I call to find out which procedures or medications require prior authorization?

Some services require our approval in advance (i.e., a review for medical necessity). This is called prior authorization or preauthorization. Examples of services requiring prior authorization include surgeries, lab services and radiology services—even when performed in a doctor's office.

Your PCP of record or the provider named in the referral will request this approval from us.

For plans with out-of-network benefits, members must request this approval when choosing to see an out-of-network provider and the service requires prior authorization.

Please call the toll-free number on your health plan ID card to request prior authorization or with questions about whether it's needed for a procedure or medication.

## Can I get an annual physical?

Yes, routine wellness exams—as well as certain recommended screenings and immunizations—are covered by most Oxford plans at no additional cost when you see network providers.<sup>2</sup>

## What if I need lab work or X-rays?

Medically necessary lab work and radiology services ordered by your network physician are covered subject to our reimbursement policies.<sup>3</sup> Many outpatient radiology services require prior authorization; however, that is the responsibility of your doctor. Prior authorization is your responsibility if you see a doctor who is not in your plan's network.

## Are prescription drugs covered?

Not all plans include prescription drug coverage. You should check your plan documents (available on [myuhc.com](https://myuhc.com)) and Summary of Benefits or talk to your benefits administrator to determine whether your plan provides prescription drug coverage and what that coverage entails.

If your plan includes this coverage, be sure to review the Prescription Drug List (PDL) with your doctors. This guide tells you if a medication is generic or a brand name, and if there are coverage requirements or limits. For example, some medications require prior authorization, which means the doctor must provide additional clinical information to verify benefit coverage.

You can find the PDL on your member website or call the number on your health plan ID card for a copy.

## How do I add or remove family members from coverage?

To add or remove dependents from your plan, please talk to your benefits administrator.

## How can I make sure my newborn is covered from birth?

Talk to your benefits administrator to have your newborn added to your policy. Some states and some plans require you to submit an Addition/Termination/Change Form within 31 days of the birth and pay any applicable premium or contribution to ensure coverage from the date of birth. Check your plan documents (available on [myuhc.com](https://myuhc.com)) or talk to your benefits administrator for more details.

## Do I need to submit claim forms?

You do not need to submit claim forms for network services. Claim forms are only required for out-of-network services. Please refer to your plan documents and Summary of Benefits to confirm whether you have out-of-network benefits and for more information about submitting out-of-network claims, or talk to your benefits administrator.

## What do I do in case of an emergency?

Medically necessary emergency room treatment is always covered. If you have a medical emergency, call 911 or get immediate care at the nearest emergency room. If you're not sure your condition is a medical emergency, you may want to contact your PCP first.

Note: You do not have to let us know of an emergency room visit that has already happened, as long as you are treated and released without an admission. You are still responsible for the emergency room copayment, if your plan has one.

## What happens to my coverage if I resign from or lose my job?

If you lose your job for any reason (except for gross misconduct on your part), you can continue coverage under COBRA or state continuation. Check your plan documents for details or talk to your benefits administrator. Your employer must tell you about COBRA/state continuation rights if you lose your job.

# Helpful resources

## Customer Service

If you have any questions, please call us at the toll-free phone number on your health plan ID card or **1-800-444-6222**, Monday–Friday, 8 a.m.–6 p.m. ET. TTY users can dial **711**.

## Advocate4Me

Whatever your health plan questions and care needs are, you can count on any of our experts to help with answers and guidance. With Advocate4Me®, you can feel the support of a team that's dedicated to helping you understand your benefits and claims, talk through your bill or payment, avoid overpaying, find the right care and cost options for you, and more. Call the toll-free phone number on your health plan ID card, Monday–Friday, 8 a.m.–6 p.m. ET.

## Optum Rx

If your Oxford plan includes prescription drug coverage, Optum Rx® manages these benefits—both retail and mail order. You can find more information about your coverage in the Pharmacy section of **myuhc.com** or call the phone number on your health plan ID card with questions.

## Behavioral Health Line

Call the toll-free phone number on your health plan ID card or **1-800-444-6222**, Monday–Friday, 8 a.m.–6 p.m. ET. Get any needed referrals to behavioral health providers or prior authorization for mental health or substance use disorder services.

## UnitedHealthcare Rewards

With UnitedHealthcare Rewards, you can earn dollars for reaching program goals and completing one-time activities. The reward activities you go for are up to you. Start earning by downloading the UnitedHealthcare® app and activating UHC Rewards.

## UnitedHealthcare app

The UnitedHealthcare app puts your Oxford plan at your fingertips, 24 hours a day, 7 days a week. You can view claims, find doctors and facilities in your network and more.

## Learn more

Call the toll-free phone number on your health plan ID card or **1-800-444-6222**, Monday through Friday, 8 a.m. to 6 p.m. ET; TTY users can dial **711**

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<sup>1</sup> Some specialty care does not require a referral. For example, most plans do not require a referral to receive care from an OB/GYN.

<sup>2</sup> Not all members have 100% coverage for immunizations, flu vaccines and other preventive care in-network; for example, members of some grandfathered plans are not required to follow the PPACA preventive mandate.

<sup>3</sup> These services are subject to our reimbursement policies, which may change the way we pay for services.

Advocate4Me services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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.

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