

Frequently asked questions and helpful resources.

Below you'll find answers to frequently asked questions (FAQs), as well as useful resources, to help you get the most out of your health plan.

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.

You don't have to choose a PCP for all plans, but you should check your **plan documents** (available on myuhc.com[®]) or ask your benefits administrator to find out if you need to.

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. 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 one network well-woman exam every 6 months at no additional charge.

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 if I need lab work or X-rays?

Lab work and radiology services ordered by your network physician are covered. Many outpatient radiology services require prior authorization (sometimes referred to as precertification), 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.

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.

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 insurance premium to ensure coverage from the date of birth.

To make sure your delivery claims are paid as quickly as possible, please let us know about your baby's birth within 48 hours of delivery. You can use myuhc.com or call the toll-free phone number on your health plan ID card. Check your **plan documents** (available on myuhc.com), or talk to your benefits administrator for more details.

How do I add or remove family members from coverage?

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

Are prescription drugs covered?

Not all plans include prescription drug coverage. You should check your **plan documents** (available on 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.

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How do I call to find out which procedures or medications require preauthorization?

Please call the toll-free phone number on your health plan ID card to find out if you need prior authorization for a procedure or medication.

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, or talk to your benefits administrator, for more information on submitting claims.

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**.

OptumRx®

Please call the toll-free Pharmacy phone number on your health plan ID card 24 hours a day, 7 days a week (except for Thanksgiving Day and Christmas Day). OptumRx manages prescription drug benefits (both retail and mail order) for Oxford plan members.

Advocate4Me®

Call the number on your health plan ID card 8am - 6pm ET, Monday - Friday to understand your benefits and claims, maximize health savings and talk through your bill and payments.

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.

What can I do on myuhc.com?

You can search for a doctor, check a referral or claim, and get information on many programs and services. If you are a member, you can log on today and sign up for a username and password.

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 referrals to behavioral health providers or prior authorization for mental health or substance use disorder services.

Rally®

Click on the Health Resources tab on myuhc.com to access Rally—a user-friendly digital wellness experience designed to help motivate you to be healthier.

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.



Questions?

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**.



This plan includes plan participants for a self-funded plan administered by Oxford.

This service 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 the program 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. The program is not an insurance program and may be discontinued at any time. Additionally, if there is any difference between this information and your coverage documents (Summary Plan Description, Schedule of Benefits, and any attached Riders and/or Amendments), your coverage documents govern.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

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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