



Frequently asked questions (FAQ) and helpful resources.

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

Member FAQ.

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

A PCP acts as a member's main contact for medical care and coordinates other care a member may need. This includes 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 Certificate of Coverage or ask your benefits administrator to find out if you need to.

How do I select a provider or get a provider directory?

You can search for and choose network doctors (primary care and specialist physicians), hospitals and facilities 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 women need a referral to visit an OB/GYN?

No. You never need a referral to see an OB/GYN. For most plans, you get one network well-woman exam every six months at no additional charge. Please check your Certificate of Coverage or ask your benefits administrator for more information about your coverage.

What do I do in case of an emergency?

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. If your PCP is not available, you can also call us at the toll-free phone number on your health plan ID card or **1-800-444-6222**.

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 to have lab work done or X-rays taken?

Lab work and radiology services ordered by your network physician are covered. Many outpatient radiology services require precertification (sometimes referred to as preauthorization); however, that is the responsibility of your doctor. Preauthorization is your responsibility if you see a doctor who is not in your plan's network.

Can I get an annual physical?

Yes. A preventive, annual exam is covered 100 percent when you visit a network doctor.

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. TTY users can dial **711**. Check your Certificate of Coverage, or talk to your benefits administrator for more details.

How do I add or delete family members from coverage?

To add or remove dependents from your plan, you need to talk to your benefits administrator. Either you or your benefits administrator will be responsible for submitting an Addition/Termination/Change Form.

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Are prescription drugs covered?

Not all plans include prescription drug coverage. You should check your Certificate of Coverage and Summary of Benefits, or talk to your benefits administrator to determine whether your plan provides prescription drug coverage and what that coverage entails.

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

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

Do I need to submit claim forms?

You do not need to submit claim forms for in-network services. Claim forms are only required for out-of-network services. Please refer to your Certificate of Coverage and Summary of Benefits, or talk to your benefits administrator, for more information on submitting claims.

Member resources.

Customer Care

If you have any questions, please call us at the toll-free member 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, seven days a week (except for Thanksgiving Day and Christmas Day). OptumRx manages prescription drug benefits (both retail and mail order) for Oxford plan members.

Talk to a nurse

Call us at the phone number on your health plan ID card or **1-800-444-6222**, 24 hours a day, seven days a week. Talk with a registered nurse who can offer you suggestions and help guide you to the care that is right for you.

Resources on myuhc.com.

Practical Resources

Get the policy and benefit information you need to help you get the most out of your coverage.

Access to Care

Search for a network doctor (primary care or specialist physician), hospital, complementary and alternative medicine (CAM) provider, or laboratory.

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 Certificate of Coverage 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.

Oxford Express®

1-800-444-6222, 24 hours a day, seven days a week. Touch-tone phone options let you confirm eligibility, check the status of a claim, request a new health plan ID card or a roster of participating providers, and more.

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 precertification for mental health or substance abuse services.

Rally®

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

UnitedHealthcare Health4Me®

The UnitedHealthcare **Health4Me**® smartphone app puts your Oxford plan from UnitedHealthcare at your fingertips, 24 hours a day, seven days a week. You can estimate costs, view claims, and find doctors and facilities in your network.



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1-800-444-6222, Monday–Friday, 8 a.m.–6 p.m. ET. TTY users can dial **711**.



UnitedHealthcare and Oxford 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.

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。

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

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