

State-Specific Notices

The following pages include state-specific notices for members of those plans. Information in these notices is current as of the date of issue and may be subject to change at any time due to employer-directed plan changes, state mandates and federal laws. Please refer to your Certificate of Coverage (COC) or Summary Plan Description (SPD) for specific information on your benefits or refer to your member website for the most up-to-date information.

Connecticut

Important Information for Connecticut Plan Subscribers

Health Care Services from Out-of-Network Providers

For plans that contain Network and Out-of-Network benefits:

You may be eligible for Network Benefits when Covered Health Care Services are received from Out-of-Network providers if (i) you are diagnosed with a condition or disease that requires specialty care and we do not have a Network provider with the required specialty training within our Network; or (ii) a participating provider is not available to provide the covered benefit without unreasonable travel or delay. In this situation, you may contact us at the telephone number on your ID card, or your Network provider can notify us. If we confirm that care is not available from a Network provider due to the reasons above, we will work with you and/or your Network provider to coordinate care through an Out-of-Network provider. If your care is coordinated through an Out-of-Network provider, Covered Health Care Services will be paid as Network Benefits.

For plans that only contain Network benefits:

You may be eligible for Network Benefits when Covered Health Care Services are received from Out-of-Network providers if (i) you are diagnosed with a condition or disease that requires specialty care and we do not have a Network provider with the required specialty training within our Network; or (ii) a participating provider is not available to provide the covered benefit without unreasonable travel or delay. In this situation, you may contact us at the telephone number on your ID card or your Network provider can notify us. If we confirm that care is not available from a Network provider due to the reasons above, we will work with you and/or your Network provider to coordinate care through an Out-of-Network provider.

New Hampshire

Important Information for Subscribers of Oxford Plans who Reside in New Hampshire

Continuation of Coverage Rights

If your coverage ends under the policy, you may be entitled to elect continuation coverage (coverage that continues on in some form) in accordance with federal or New Hampshire state law. For further information about your federal and state continuation of coverage rights, please refer to your Certificate of Coverage. For a detailed summary of your current continuation of coverage rights under New Hampshire law, visit <https://www.uhc.com/legal/required-state-notice/new-hampshire>.

New Jersey

Important Information for Subscribers of Oxford Health Plans (NJ), Inc.

Independent Consumer Satisfaction Survey results

If you are a New Jersey member and would like to request the New Jersey Independent Consumer Satisfaction Survey results and an analysis of quality outcomes of health care services of managed care plans in the State, contact the Office of Health Care Quality Assessment at:

New Jersey Department of Health
P.O. Box 360
Trenton, NJ 08625-0360
or 609-984-7334.

Managed Health Care Consumer Assistance Program

This program was created as a means to assist consumers in better understanding the current status of the health insurance market and particularly managed care. The toll-free phone number for the Managed Health Care Consumer Assistance Program is 1-800-446-7467.

Organ Donation

Organ, eye and tissue donation gives people a second chance at life. To learn more about the benefits of organ and tissue donation and transplantation, or register to be a donor, visit <https://www.njsharingnetwork.org/>.

Rhode Island

Important Information for Subscribers of Oxford Plans who Reside in Rhode Island

Rhode Island All-Payer Claims Database Member Opt-Out Notification

State law requires health insurers and administrators in Rhode Island to submit certain information about plan enrollees to the Rhode Island All-Payer Claims Database (RI APCD). Information we submit includes your eligibility details and medical and pharmacy claims data. Personal information such as names or any other information that could be used to identify you will not be provided to the State of Rhode Island, but will be provided to a separate database that is required to keep personal information secure.

Even though your information will be kept anonymous, you have the option to not participate in the RI APCD program. If you do not want your eligibility, medical and pharmacy claims data shared with RI Department of Health (DOH), you may opt-out at any time.

To opt-out, visit the RI APCD Opt-Out website at riapcd-optout.com, or call the Rhode Island Health Insurance Consumer Support Line (RI-REACH) toll-free at 1-855-747-3224 to ask questions about the opt-out process. We will be contacted by the RI DOH to confirm your exclusion from our RI APCD data submission.

You may register opt-out preferences on behalf of any minors covered under your plan. Each adult individual in your family who chooses not to participate in the RI APCD will need to opt out separately.

Visit www.health.ri.gov/healthcare/about/quality/ for more information, or email questions to OHIC.RIAPCD@ohic.ri.gov.

Vermont

Important Information for Subscribers of Oxford Plans who Reside in Vermont

Your policy or certificate is not subject to regulation by Vermont.