

## **DISCLOSURES TO MEMBERS IN NEW JERSEY FULLY INSURED PLANS REGARDING OUT-OF-NETWORK TREATMENT**

This summary provides an overview of how your health benefit plan covers out-of-network treatment. It is only guidance to help you understand how in-network benefits cover services you may receive from an out-of-network provider and it does not alter coverage in any way.

You should refer to your policy for more information about coverages and costs for in-network treatment and whether your plan has other out-of-network benefits.

### **Coverage of Medically Necessary Treatment on an Emergency or Urgent Basis by Out-Of-Network Health Care Professionals/Facilities**

#### **What this Means:**

- **Emergency** - You are covered for out-of-network treatment for a medical condition manifesting itself by acute symptoms of sufficient severity including, but not limited to, severe pain, psychiatric disturbances and/or symptoms of Substance Use Disorder such that a prudent layperson, who possesses an average knowledge of health and medicine, could expect the absence of immediate medical attention to result in: placing the health of the individual or unborn child in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of a bodily organ or part. This includes any further medical examination and such treatment as may be required to stabilize the medical condition. This also includes if there is inadequate time to affect a safe transfer of a pregnant woman to another hospital before delivery or such transfer may pose a threat to the health or safety of the woman or unborn child.
- **Urgent** - You are covered for out-of-network treatment of a non-life-threatening condition that requires care by a health care professional within 24 hours.

#### **Protections under New Jersey Law:**

- Except as discussed below, you should not be billed by an out-of-network health care professional or facility for any amount in excess of any deductible, copayment, or coinsurance amounts (also known as "cost-sharing") applicable to the same services when received in-network. If you receive a bill for any other amount, please call the toll-free member phone number on your health plan ID card, and/or file a complaint with the Department of Banking and Insurance: <https://www.state.nj.us/dobi/consumer.htm>
- Your carrier and the out-of-network health care professional/facility may negotiate and settle on an amount that is ultimately paid for the emergent/urgent medical services. If that negotiated amount exceeds what was indicated on the initial Explanation of Benefits, your out-of-pocket cost-sharing may increase above the amount indicated on the initial Explanation of Benefits. Your total final costs will be provided on the Final Explanation of Benefits if settled.
- If an agreement cannot be reached, your carrier or the out-of-network health care professional/facility may seek to enter into binding arbitration to determine the amount to be paid for the medical services. The amount awarded by the arbitrator may exceed what the carrier has already paid to the out-of-network health care professional/facility; however, any additional amount paid by the carrier pursuant to the arbitration award will not increase your cost-sharing above the amount indicated as your responsibility on the Pre-Arbitration Explanation of Benefits associated with the last payment made to the health care professional/facility before any arbitration. If arbitration is conducted, you will also receive a Final Explanation of Benefits that will show the total allowed charge for the service(s).

### **Coverage of Inadvertent Out-Of-Network Services**

#### **What this means:**

- You are covered for treatment by an out-of-network health care professional for covered services when you use an in-network health care facility ( e.g. hospital, ambulatory surgery center, etc.) and, for any reason, in-network health care services are unavailable or provided by an out-of-network health care professional in that in-network

facility. This includes laboratory testing ordered by an in-network health care professional and performed by an out-of-network bio-analytical laboratory (e.g., imaging, x-rays, blood tests, and anesthesia).

### **Protections under New Jersey Law:**

- Except as provided below, you should not be billed by an out-of-network health care professional or facility, for any amount in excess of any deductible, copayment, or coinsurance amounts (also known as "cost-sharing") applicable to the same services when received in-network. If you receive a bill for any other amount, please call the member phone number on your ID card, and/or file a complaint with the Department of Banking and Insurance: <https://www.state.nj.us/dobi/consumer.htm>
- Your carrier and the out-of-network health care professional/facility may negotiate and settle on an amount that is ultimately paid for the inadvertent out-of-network services. If that negotiated amount exceeds what was indicated on the initial Explanation of Benefits, your out-of-pocket cost-sharing may increase above the amount indicated on the initial Explanation of Benefits. Your total final costs will be provided on the Final Explanation of Benefits if settled.
- If an agreement cannot be reached, your carrier or the out-of-network health care professional/facility may seek to enter into binding arbitration to determine the amount to be paid for the inadvertent out-of-network services. The amount awarded by the arbitrator may exceed what the carrier has already paid to an out-of-network health care professional/facility; however, any additional amount paid by the carrier pursuant to the arbitration award will not increase your cost-sharing above the amount indicated as your responsibility on the Pre-Arbitration Explanation of Benefits associated with the last payment made to the health care professional/facility before any arbitration. If arbitration is conducted, you will also receive a Final Explanation of Benefits that will show the total allowed charge for the service(s).

### **Coverage of Treatment from Out-Of-Network Health Care Professionals/Facilities if In-Network Health Care Professionals/Facilities are Unavailable**

#### **What this means:**

- Plans are required to have adequate networks to provide you with access to professionals/facilities within certain time/distance requirements so you can obtain medically necessary treatment of all illnesses or injuries covered by your plan.

### **Protections under New Jersey Law:**

- You can request treatment from an out-of-network health care professional/facility when an in-network health care professional/facility is unavailable, through an appeal, often called a request for an "in-plan exception." Please see the Department of Banking and Insurance's guide at: <https://nj.gov/dobi/appeal/>

### **What happens when I use an out-of-network provider?**

- Your costs may be higher.
- Actual amounts paid by your plan to your physician provider or other health care providers may differ from your estimated healthcare costs.
- Always check with your provider, including healthcare facilities to verify costs.
- Additional services may be required that are medically necessary. These other services may result in additional financial responsibility to you.

### **How can I get information on out-of-network costs?**

UnitedHealthcare reimburses health care providers for covered services at varying rates dependent on a number of factors, such as: health plan benefits, services received, billed amounts from provider, our reimbursement policies, etc. There may be differences in reimbursement amounts between emergency care and release, emergency care with in-patient admission, and non-life threatening urgent care. For questions about potential out-of-network costs, please contact the provider for the amount they will bill you for their services.

Information on out-of-network costs for other healthcare procedures and services can be found using FAIRHealth.

Please see the information below on how to access FAIRHealth.

## FAIRHealth

FairHealth.org is a cost estimator tool intended to provide you with a reasonable estimate of your health care costs as of today's date. This tool is not intended to be a guarantee of your costs or benefits. **Your actual costs may be different, based on your personal health situation and your particular Health Plan's coverage terms. Remember to review your Health Plan Coverage documents.**

Also, this cost estimator service is not intended to serve as a substitute for your provider's medical advice. Medical decisions should be made between you and your physician or other health care provider.

### Additionally:

- Additional services may be required that are medically necessary. These other services may result in additional financial responsibility to you.
- Out-of-network estimates are based on the medical codes, which you can obtain from your provider, that you input into the cost estimator tool, while in-network estimates are based on your provider's network contract.
- Actual amounts paid by your Health Plan to your physician or other health care providers may differ from your estimated healthcare costs.
- Always check with your providers, including healthcare facilities, to verify costs.



**Click here to estimate how much doctors in your area charge for services**

[www.fairhealthconsumer.org](http://www.fairhealthconsumer.org)

**Please Note:** Selecting this link will route you to an external site that is not owned or controlled by UnitedHealthcare.

For additional information, including whether a health care professional or facility is in-network or out-of-network, examples of out-of-network costs and estimates for specific services, please visit [oxfordhealth.com](http://oxfordhealth.com), or call us toll-free at 1-866-280-1412, 8:00 a.m. to midnight EST, 7 days a week.