

eBulletin

Important Product Information

November 10, 2014

2015 New York Plan Changes

It's time to prepare for the 2015 selling season. Many of our marketing materials have been updated to help you navigate your clients' health care choices in 2015. In addition, there are a number of plan changes in the Oxford New York small, individual and large group segments that are considered "uniform modifications" (UM), which will be communicated to employers as part of their renewal packages. We have provided details on these changes by platform and segment below.

2015 New York Product Portfolio Updates

We have updated our Oxford product portfolio for 2015. You will continue to see some of your favorite plans as well as some new ones. We have enclosed new Oxford product brochures and product grids to help you sell these new plans in 2015.

- [2015 Oxford New York Small Group \(1-50\) Product Grid](#)
- [2015 Oxford New York Small Group \(1-50\) Product Brochure](#)
- [2015 Oxford New York Large Group \(51+\) Product Brochure](#)

Change to Oxford New York Small Group (1-50) Participation Guidelines

There has been a change to the minimum participation requirement for our Oxford Health Insurance, Inc. (OHI) products. To be eligible for an OHI plan design, a minimum of 60 percent of all eligible employees, after valid waivers, must be enrolled. Our Oxford New York Small Group (1-50) Underwriting Requirements (off-exchange) are included below.

- [Oxford New York Small Group \(1-50\) Underwriting Requirements \(Off-Exchange\)](#)

2015 Uniform Modifications for New York Small Group (1-50) Plan Designs

Beginning with January 1, 2015 renewals, your UnitedHealthcare and Oxford New York small group (1-50) clients (inclusive of Healthy NY) will experience UM changes. Our 2015 renewal letters will include newly required language as well as details on these UMs. For a complete description of benefits, members should refer to their Certificate of Coverage (COC). We have included copies of our renewal materials for your reference.

- [2015 Oxford New York Small Group \(1-50\) Notice of Renewal and Rates \(ABRP/IDEA\)](#)
- [2015 Oxford New York Small Group \(1-50\) Notice of Renewal and Rates \(MANUAL\)](#)
- [2015 Oxford Healthy NY Notice of Renewal and Rates](#)
- [2015 UnitedHealthcare New York Small Group \(1-50\) Notice of Renewal and Rates](#)

Oxford New York small group (1-50) uniform modifications are as follows:

- **Clinical Trials:** The Certificate of Coverage (COC) clarifies when we cover the routine patient costs for participation in a clinical trial. We will cover "approved clinical trials" that meet the ACA requirements and have the appropriate referral, without a clinical (utilization) review. Other clinical trials will be reviewed using clinical guidelines.

- **Hospice:** The day limit for hospice services is being removed in 2015.
- **Mental Health and Substance Use Services:** The 2015 COC clarifies the types of providers and facilities, and their qualifications, for services to be covered, where residential treatment services are covered and that substance use dependency includes methadone treatment in certain certified facilities. Members should check their COC for more information and for new information about appeal rights.
- **Nonparticipating Urgent Care Centers:** Services will be considered out-of-network. For plans with no out-of-network benefits, these services will not be covered. Employees and covered dependents should make sure to confirm participation status before receiving services.
- **Obesity Surgery:** To be covered in-network, obesity surgery must be performed by designated providers.
- **Out-of-Network Reimbursement:** As a reminder, all small group plans that have out-of-network benefits use a Medicare-based reimbursement methodology for out-of-network claims. Please see your COC for more information. Please note that when we use a relative value scale based on difficulty, time, work, risk and resources of the service, the scale for certain services may be provided by our affiliate OptumInsight. Our HMO and EPO products do not have out-of-network benefits; however, if we are required to reimburse for services from a nonparticipating provider, we will reimburse a reasonable amount and members may not be billed for the amounts above their cost share. Members should contact us if they receive a bill in these instances and we will hold them harmless for the additional billed amount.
- **Pharmacy Changes:**
 - **Cost Share Change:** Coinsurance pharmacy options for certain plans will be changing (see small group renewal materials for new member cost shares). ***(Does not apply to Healthy NY)***
 - **Formulary Exception Process:** If a prescription drug is not on our Formulary, members may request a Formulary exception for a clinically-appropriate prescription drug to be paid at the Tier 1 level of the member's pharmacy benefit. Our Formulary is the list that identifies those prescription drugs for which coverage may be available and is subject to our periodic review and modification. Members should refer to the Formulary to determine which prescription drugs are available for coverage.
- **Referrals and Out-of-Network Services:** A new state law expands member rights related to referrals and out-of network services. These changes will be effective April 1, 2015. The new law clarifies, and for some plans adds, rights to specialty referrals, specialty facility referrals, OB/GYN care and referrals to nonparticipating providers when we do not have an appropriate provider in our network. All plans will hold members harmless if they are billed for amounts above the member cost share for out-of-network emergency services (new for some plans). Members also have new benefit protections from "surprise bills" received when the member is not notified of the out-of-network services in advance. Part of the new protections also apply to health care providers and require doctors and facilities to tell patients whether they participate with us, whether nonparticipating providers might be involved in their care and, upon request, the fees for the out-of-network services.
- **Rehabilitation and Habilitation Services:** In 2015, there will be up to 60 visits available per year for Habilitation Services, up to 60 visits available per year for outpatient rehabilitation services, and up to 60 days per year for inpatient rehabilitation services. Previously, the plan allowed 60 visits or 60 days per condition, per year.

There are also changes to the General Provisions and some administrative processes, for example appeals and claim submission. Upon receiving their COC, members should review for updated information about member rights and responsibilities.

UnitedHealthcare New York small group (1-50) uniform modifications are as follows:

Clinical Trials: The Certificate of Coverage (COC) clarifies when we cover the routine patient costs for participation in a clinical trial. We will cover "approved clinical trials" that meet the ACA requirements and have the appropriate referral, without a clinical (utilization) review. Other clinical trials will be reviewed using clinical guidelines.

- **Mental Health and Substance Use Services:** The 2015 COC clarifies the types of providers and facilities, and their qualifications, for services to be covered, where residential treatment services are covered and that substance use dependency includes methadone treatment in certain certified facilities. Members should check their COC for more information and for new information about appeal rights.
- **Nonparticipating Urgent Care Centers:** Services will be considered out-of-network. For plans with no out-of-network benefits, these services will not be covered. Employees and covered dependents should make sure to confirm participation status before receiving services.
- **Obesity Surgery:** To be covered in-network, obesity surgery must be performed by designated providers.
- **Pharmacy Changes:** If a prescription drug is not on our Formulary, members may request a Formulary exception for a clinically-appropriate prescription drug to be paid at the Tier 1 level of the member's pharmacy benefit. Our Formulary is the list that identifies those prescription drugs for which coverage may be available and is subject to our periodic review and modification. Members should refer to the Formulary to determine which prescription drugs are available for coverage.
- **Referrals and Out-of-Network Services:** A new state law expands member rights related to referrals and out-of network services. These changes will be effective April 1, 2015. The new law clarifies, and for some plans adds, rights to specialty referrals, specialty facility referrals, OB/GYN care and referrals to nonparticipating providers when we do not have an appropriate provider in our network. All plans will hold members harmless if they are billed for amounts above the member cost share for out-of-network emergency services (new for some plans). Members also have new benefit protections from "surprise bills" received when the member is not notified of the out-of-network services in advance. Part of the new protections also apply to health care providers and require doctors and facilities to tell patients whether they participate with us, whether nonparticipating providers might be involved in their care and, upon request, the fees for the out-of-network services.

There are also changes to the General Provisions and some administrative processes, for example appeals and claim submission. Upon receiving their COC, members should review for updated information about member rights and responsibilities.

2015 Uniform Modifications for New York Oxford Individual Off-Exchange Plans

Beginning with January 1, 2015 renewals, Oxford New York Individual plan members enrolled in off-exchange plan designs will experience the following UMs:

- **Clinical Trials:** The Certificate of Coverage (COC) clarifies when we cover the routine patient costs for participation in a clinical trial. We will cover "approved clinical trials" that meet the Affordable Care Act (ACA) requirements and have the appropriate referral, without a clinical (utilization) review. Other clinical trials will be reviewed using clinical guidelines.
- **Mental Health and Substance Use Services:** The 2015 COC clarifies the types of providers and facilities, and their qualifications, for services to be covered, where residential treatment services are covered and that substance use dependency includes methadone treatment in certain certified facilities. Members should check their COC for more information and for new information about appeal rights.
- **Nonparticipating Urgent Care Centers:** Services will be considered out-of-network. For plans with no out-of-network benefits, these services will not be covered. Members should make sure to confirm participation status before receiving services.

- **Obesity Surgery:** To be covered in-network, obesity surgery must be performed by designated providers.
- **Pharmacy Changes:** If a prescription drug is not on our Formulary, members may request a Formulary exception for a clinically-appropriate prescription drug to be paid at the Tier 1 level of their pharmacy benefit. Our Formulary is the list that identifies those prescription drugs for which coverage may be available and is subject to our periodic review and modification. Members should refer to the Formulary to determine which prescription drugs are available for coverage.
- **Referrals and Out-of-Network Services:** A new state law expands member rights related to referrals and out-of network services. These changes will be effective April 1, 2015. The new law clarifies, and for some plans adds, rights to specialty referrals, specialty facility referrals, OB/GYN care and referrals to nonparticipating providers when we do not have an appropriate provider in our network. All plans will hold members harmless if they are billed for amounts above the member cost share for out-of-network emergency services (new for some plans). Members also have new benefit protections from "surprise bills" received when they are not notified of the out-of-network services in advance. Part of the new protections also apply to health care providers and require doctors and facilities to tell members whether they participate with us, whether nonparticipating providers might be involved in members' care and, upon request, the fees for the out-of-network services. As a reminder, our individual HMO product does not have out-of-network benefits; however, if we are required to reimburse a nonparticipating provider for services provided to members, we will reimburse a reasonable amount and members may not be billed for the amounts above their cost share. Members who receive an unexpected bill in these instances should contact us and we will hold them harmless for the additional billed amount.
- **Rehabilitation and Habilitation Services:** In 2015, there will be up to 60 visits available per year for habilitation services, up to 60 visits available per year for outpatient rehabilitation services, and up to 60 days per year for inpatient rehabilitation services. Previously, the plan allowed 60 visits or 60 days per condition, per year.

There are also changes to the General Provisions and some administrative processes; for example, special enrollment periods, eligibility for a new policy, appeals and claim submission. Upon receiving the COC, members should review it for updated information about member rights and responsibilities.

For your convenience, we have included a copy of the renewal communication, which incorporates the UMs listed above, as well as a 2015 rate sheet for Oxford Individual plans.

- **[2015 Oxford New York Individual Off-Exchange Notice of Renewal and Rates](#)**
- **[2015 Oxford New York Individual Plan Rates](#)**

2015 Uniform Modifications for New York Large Group (51+) Plan Designs

Similar to the small group segment, there are a number of UMs applicable for New York large group (51+) employers that will be implemented upon renewal, beginning with January 1, 2015 renewal dates. We have enclosed copies of the 2015 Required Uniform Modification Notices for both UnitedHealthcare and Oxford New York Large Group (51+) employers for use with your clients. Our sales team has been instructed to distribute these notices to you along with each 2015 renewal package. Please ensure the delivery of these notices to your clients.

- **[2015 Required Uniform Modification Notice for Oxford New York Large Group \(51+\) Employers](#)**
- **[2015 Required Uniform Modification Notice for UnitedHealthcare New York Large Group \(51+\) Employers](#)**

Oxford New York large group (51+) uniform modifications are as follows:

- **Clinical Trials:** The Certificate of Coverage (COC) clarifies when we cover the routine patient costs for participation in a clinical trial. We will cover "approved clinical trials" that meet the Affordable Care Act (ACA) requirements and have

the appropriate referral, without a clinical (utilization) review. Other clinical trials will be reviewed using clinical guidelines.

- **Health Savings Account (HSA) Deductible Change:** Due to Internal Revenue Service (IRS) regulations, changes will be made to deductible and out-of-pocket limit amounts. HSA plan designs with deductible amounts of \$1,250 for self-only coverage and \$2,500 for family coverage will change to \$1,300 for self-only coverage and \$2,600 for family coverage. Out-of-pocket limit amounts of \$2,500 and \$5,250 will change to \$2,600 and \$6,450.
- **Hospice Services:** The day limit is being removed.
- **Mental Health and Substance Use Services:** The 2015 COC clarifies the types of providers and facilities, and their qualifications, for services to be covered, where residential treatment services are covered and that substance use dependency includes methadone treatment in certain certified facilities. Members should check their COC for more information and for new information about appeal rights.
- **Nonparticipating Urgent Care Centers:** Services will be considered out-of-network. For plans with no out-of-network benefits, these services will not be covered. Employees and covered dependents should make sure to confirm participation status before receiving services.
- **Obesity Surgery:** To be covered in-network, obesity surgery must be performed by designated providers.
- **Out-of-Network Reimbursement:** If your group has an out-of-network benefit reimbursement that is Medicare-based, please note that, when we use a relative value scale based on difficulty, time, work, risk and resources of the service, the scale for certain services may be provided by our affiliate, OptumInsight. Please see your COC for more information. Our EPO products do not have out-of-network benefits; however, if we are required to reimburse for services from a nonparticipating provider, we will reimburse a reasonable amount and members may not be billed for the amounts above their cost share. Members should contact us if they receive a bill in these instances and we will hold them harmless for the additional billed amount.
- **Pharmacy Change:** If a prescription drug is not on our Formulary, members may request a Formulary exception for a clinically-appropriate prescription drug to be paid at the Tier 1 level of the member's pharmacy benefit. Our Formulary is the list that identifies those prescription drugs for which coverage may be available and is subject to our periodic review and modification. Members should refer to the Formulary to determine which prescription drugs are available for coverage.
- **Referrals and Out-of-Network Services:** A new state law expands member rights related to referrals and out-of-network services. These changes will be effective April 1, 2015. The new law clarifies, and for some plans adds, rights to specialty referrals, specialty facility referrals, OB/GYN care and referrals to nonparticipating providers when we do not have an appropriate provider in our network. All plans will hold members harmless if they are billed for amounts above the member cost share for out-of-network emergency services (new for some plans). Members also have new benefit protections from "surprise bills" received when the member is not notified of the out-of-network services in advance. Part of the new protections also apply to health care providers and require doctors and facilities to tell patients whether they participate with us, whether nonparticipating providers might be involved in their care and, upon request, the fees for the out-of-network services.
- **Rehabilitation and Habilitation Services:** There will be up to 60 visits available per year for habilitation services, up to 60 visits available per year for outpatient rehabilitation services, and up to 60 days per year for inpatient rehabilitation services. Previously, the plan allowed 60 visits or 60 days per condition, per year.

There are also changes to the General Provisions and some administrative processes; for example, appeals and claim submission. Upon receiving their COC, members should review it for updated information about member rights and responsibilities.

UnitedHealthcare New York large group (51+) uniform modifications are as follows:

The UMs listed below will begin with January 1, 2015 renewal dates for New York large groups (51+) on the UnitedHealthcare platform. Additional UMs will be implemented later in the year. We will share more information on this topic as it becomes available.

- **Neurobiological Disorders - Autism Spectrum Disorder ("autism"):** The COC and Schedule of Benefits (SOB) clarify the benefits and limits for autism services. All applied behavior analysis services are limited to a maximum benefit of 680 hours per year, per covered person. The autism benefit clarifies that therapeutic services (provided by licensed or certified speech therapists, occupational therapists, social workers, or physical therapists) are covered up to the benefit maximums stated in the SOB for such therapists or social workers (e.g., habilitation benefit, rehabilitation benefit). The autism benefit does not provide additional visits for Therapeutic services.
- **Pharmacy Changes:** If a prescription drug is not on our Formulary, members may request a Formulary exception for a clinically-appropriate prescription drug to be paid at the Tier 1 level of the member's pharmacy benefit. Our Formulary is the list that identifies those prescription drugs for which coverage may be available and is subject to our periodic review and modification. Members should refer to the Formulary to determine which prescription drugs are available for coverage.
- **Referrals and Out-of-Network Services:** A new state law expands member rights related to referrals and out-of network services. These changes will be effective April 1, 2015. The new law clarifies, and for some plans adds, rights to specialty referrals, specialty facility referrals, OB/GYN care and referrals to nonparticipating providers when we do not have an appropriate provider in our network. All plans will hold members harmless if they are billed for amounts above the member cost share for out-of-network emergency services (new for some plans). Members also have new benefit protections from "surprise bills" received when the member is not notified of the out-of-network services in advance. Part of the new protections also apply to health care providers and require doctors and facilities to tell patients whether they participate with us, whether nonparticipating providers might be involved in their care and, upon request, the fees for the out-of-network services.

New UnitedHealthcare Large Group Options for 2015

In the coming months, we will be introducing several new UnitedHealthcare product options for New York large groups (100+). These products will include access to new UnitedHealthcare networks and new benefit structures. Watch for communications regarding these new options soon.

We hope you find this information valuable. If you have questions on these topics, please contact your UnitedHealthcare Account Executive or Renewal Account Executive.