Billing Basics
Your Invoice
How to Verify Invoice Accuracy
How Premiums are Prorated
Billing Discrepancies and Member Information

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How to Check Your Invoice on Our Web Site
How to Check Oxford Express®

Billing Contact Information

Need to pay your invoice?

▪ Please make checks payable to Oxford

▪ Send your remittance advice payment stub and check only to the address found on your Invoice Summary. See “Billing Statement – Invoice Summary” in the Billing section for a detailed description of the billing statement. Do not send your check to any other address and do not include any other forms.

Need to report billing inconsistencies?

▪ Please report any inconsistencies to your Account Manager,

Or

▪ E-mail: groupservices@oxfordhealth.com. The response time is generally within 24 hours.

Need to update member information?

▪ Complete an Addition/Termination/Change Form (ATC) prior to the due date shown on your Invoice Summary and send it to:

Oxford
Enrollment Department
P.O. Box 7085
Bridgeport, CT 06601-7085

Or

▪ Log on to www.oxfordhealth.com and go to the “Employer” section. You can update member information effective immediately under the “Transactions” tab.
Billing Basics

Oxford is a Prepaid Health Plan

Invoices are mailed approximately two weeks in advance and are due by the first of the month.

Example of the monthly billing cycle for August:

- August 1:
  - Premium is due for the month of August
  - August’s 30-day grace period begins
- August 10 (approximately):
  - Invoices are generated and mailed for the following month (September)
- Between August 15 and 18:
  - Automatic reminder letters are sent to groups that have not paid for August and have a balance due
- September 1:
  - Groups that did not pay their August invoice are terminated.

Each month’s payment should include:

- a Remittance Advice (payment stub) for each invoice;
- the payment amount for that billing group noted in the appropriate space and
- a check for the total amount due for each invoice payable to Oxford.

Or

Employer groups that have multiple billing groups, and receive an invoice for each billing group, may submit a single check for multiple invoices by indicating the amount they would like applied to each invoice in the “Payment Breakdown” box.

- Please be advised that we may terminate coverage for all groups that do not remit full payment by the 30th or 31st day of the month on which payment is due. Please see your Group Enrollment Agreement (GEA) for your group’s specific grace period.

- We will not pay claims incurred after the termination date, and we will not reinstate groups that have been terminated due to a delinquent payment history.
### Large Group Billing Addresses

**Commercial:** Oxford  
P.O. Box 26973  
New York, NY 10087-6973

**Self-funded:** Oxford  
P.O. Box 26417  
New York, NY 10087-6417
Billing

Your Invoice

Invoice Front

Invoice includes:

- **Remittance Advice** (payment stub) should be detached and sent back with your payment

- **Invoice Summary** summarizes your account activity and should be kept for your company records. It provides more detailed information, such as total balance forward, adjustment to prior bills, and current premium.

Legend

**Remittance Advice**

1. Group Number: The assigned group number, also referred to as the Policy Number
2. Invoice Number: The assigned invoice number for the billing statement
3. Billing Group: We produce a separate bill for each billing group, and there will be a separate billing group for each product offered to your employees. To help you administer your plan, your company may choose to have different classes of employees in separate billing groups.
4. Pay This Amount: This is the total amount due and must be received by the due date. It incorporates the Total Balance Forward, Adjustments to Prior Bills, and the Current Premium.
5. Indicate Amount Remitted: The payment amount that you are submitting with the remittance stub.
6. Due Date of Payment: The date by which we must receive payment
7. Address: Address where the payment and stub must be mailed

**Invoice Summary**

8. Coverage Period: The benefit coverage period
9. Previous Balance: The total amount due from prior billing period
10. Payments Received: Payment activity affecting the billing group since the prior billing
Billing

Your Invoice continued

Invoice Back

- If submitting a single check for multiple billing groups, indicate on both the back of the invoice and on the check how the payment should be applied. If this is not indicated, payment will be applied to the oldest invoice. See item 19 in the Legend.

You can also review your latest billing statement online at www.oxfordhealth.com.

Legend continued

11. Debit Memos: Manual charge adjustments
12. Credit Memos: Manual credit adjustments
13. Total Balance Forward: The total amount unpaid from previous billing periods
14. Adjustments to Prior Bills: Adjustments to the prior periods (retroactive account credits or charges)
15. Totals by Contract Type: The current premium of contract type
17. Total Amount Due: Incorporates the Total Balance Forward, Adjustments to Prior Bills, and the Current Premium
18. Note: Important information from us regarding your invoice
19. Payment Breakdown: If you are paying multiple invoices with one check, please indicate how the payment should be applied to each invoice.
20. Legend for Invoice Details: Explanation of abbreviations used in the Invoice Details
21. Notice: Explanation of our group termination policy
Billing

Your Invoice continued

Invoice Details

- Invoice Details can be several pages, based on the size of your group. Invoice Details lists your group’s subscribers for the current coverage period, as well as any adjustments to prior bills.

Please note: Only the subscribers’ information is listed. Spouses and/or dependents are not individually listed. Item 27, “# of Members,” lists the number of members associated with each subscriber’s name and ID number.

Legend continued

Invoice Details

22. Current Period: Current premium period for each subscriber
23. Subscriber: The subscriber's identification (ID) number
24. Social Security #: The subscriber’s Social Security number
25. Subscriber Name: The subscriber’s name
26. Contract Type: The contract type for the subscriber. Please refer in the Legend to Invoice Details on the previous page for a list of contract types that may appear on the bill.
27. # of Members: The total number of members associated with that subscriber’s ID number
28. Coverage Type: Each benefit plan offered by a group is called a Contract Specific Package (CSP). This represents the plan design, including the basic medical coverage and any riders purchased. Each member is assigned to a CSP.
29. Benefit: The type of benefit coverage will appear here. Please refer in the Legend to Invoice Details for a list of the types of benefits that may appear on the bill.
30. Current Premium: The current monthly premium for that subscriber
31. Total: The total current premium, total adjustments to prior bills, and total subscriber’s total premium
32. Adjustments to Prior Bills: Retroactive adjustments (additions, terminations, or changes to a subscriber’s account for prior benefit periods)
33. Period: The period(s) related to any retroactive adjustment
34. Code: An adjustment code for any retroactivity will appear here. Please refer to the box on the previous page for a list of adjustment codes that may appear on the bill.
35. Premium: The subscriber’s retroactive adjustment amount
36. Total: The subscriber’s total premium, including current adjustments, and retroactivity
Billing

How To Verify Invoice Accuracy

When reviewing your Invoice Details each month, please check to see that all subscribed employees are accurately enrolled by reviewing the following:

• Is the employee assigned to the correct CSP (Contract Specific Package)?
• Does the employee have the correct Contract Type?
• Is the employee appearing on the appropriate billing group’s statement?
• Is the correct Current Premium being applied to each employee? (Learn how late enrollments and disenrollments are calculated in the below section: “How Premiums are Prorated”)

To find where these items are located on your Invoice Details, see the preceding page for a complete overview.

Important Note: We will not enroll individuals after 31 days from their eligibility date. Therefore, please carefully review the Invoice Details page of your billing statement. Immediately notify our Enrollment Department of any omission or changes to avoid denial of coverage at a later date. For more information, see “Who to Contact About Billing Discrepancies” on the following page.

How Premiums are Prorated

Invoices are mailed approximately two weeks in advance of the insured month and due by the first of the month. Adjustments due to late enrollments or disenrollments may not always appear on your statement, due to late receipts.

We recommend that you submit your enrollment materials on or before the first day of the month. Premium adjustments for enrollment materials received after the first day of the month may not appear until two invoices later.

Premium adjustments are based on the following schedule:

Member Effective/Termination Dates and Premiums Due:

• If a member is effective between the 1st and 15th of the month, the group is charged for the entire month.
• If a member is effective between the 16th and the last day of the month, the group will not be charged for that month.
• If a member is terminated between the 1st and 15th of the month, the group would not be charged for that month.
• If a member is terminated between the 16th and the last day of the month, the group is charged for the entire month.
Billing

Who to Contact About Billing Discrepancies and How to Update Member Information

If you find any inconsistencies on your Invoice Summary, please call your Account Manager.

To update member information, please notify our Enrollment Department within 31 days of the event. Notify us through our web site or complete and mail* one of the forms below, as appropriate, to Oxford.

- Make changes online at www.oxfordhealth.com. Go to the “Employer” section. Your changes will be effective immediately.

Or, complete and mail one of the following forms, as appropriate:

- Addition/Termination/Change Form - use for New York and Connecticut current members,
- New Jersey Large Group Member Enrollment/Change Request Form - use for New Jersey current members.
- Member Enrollment Form - use for New York and Connecticut new subscribers
- New Jersey Large Group Member Enrollment/Change Request Form - use for New Jersey new subscribers

Mail the appropriate forms to: Oxford
Enrollment Department
P.O. Box 7085
Bridgeport, CT 06601-7085

Please note that forms sent to any other address other than the Enrollment Department address shown above may not be processed. Do not mail forms to the address shown on your Invoice Summary or make changes on the Invoice Summary itself. For more information, please see the section “Enrollment, Verifying Enrollment of New Subscribers.”

How to Submit a Payment

- Include the remittance advice (payment stub) and payment only to the address shown on your Invoice Summary. Do not send payment to any other address.

- If you do not have your original payment stub, we will accept a printed copy of your statement from the Employer section of www.oxfordhealth.com.

Important Notes:

- Make checks payable to Oxford.
- Indicate the group number and invoice number on the check.
- We will not be responsible for improperly addressed payments, or any other forms sent with your payment, e.g., Member Enrollment Forms, Addition/Termination/Change Forms. Changes to forms submitted with payments will not be processed.
- Manual adjustments to the bill will not be processed.
- Make sure your payment is sent on or before the due date.

*If mailing a form, please keep in mind that we need to receive it within 31 days of the event.
How to Check Your Invoice on Our Web Site

Electronic Billing

<table>
<thead>
<tr>
<th>Billing Group</th>
<th>Coverage Period</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG01 - MANAGEMENT</td>
<td>03/01/2005 - 03/31/2005</td>
<td>March 01, 2005</td>
</tr>
<tr>
<td>BG04 - NON-MANAGEMENT</td>
<td>03/01/2005 - 03/31/2005</td>
<td>March 01, 2005</td>
</tr>
<tr>
<td>BG01 - MANAGEMENT</td>
<td>02/01/2005 - 02/28/2005</td>
<td>February 01, 2005</td>
</tr>
<tr>
<td>BG04 - NON-MANAGEMENT</td>
<td>02/01/2005 - 02/28/2005</td>
<td>February 01, 2005</td>
</tr>
<tr>
<td>BG01 - MANAGEMENT</td>
<td>01/01/2005 - 01/31/2005</td>
<td>January 01, 2005</td>
</tr>
<tr>
<td>BG04 - NON-MANAGEMENT</td>
<td>01/01/2005 - 01/31/2005</td>
<td>January 01, 2005</td>
</tr>
</tbody>
</table>

Notice
According to the terms of your Group Enrollment Agreement with Oxford, premium payments are due on the first of the month. The purpose of this notice to advise you that your group coverage may terminate on the last day of the coverage period indicated on page one of this bill (the Coverage Period). If you do not receive the required premium payment by the end of the grace period.

Your invoice can be viewed online in an easy-to-read format. Just click on “Check Billing” and the Electronic Billing page will appear. Then, select the coverage period for the billing group you want to view.

- The Invoice Summary page for the billing group you selected will appear.
- Click on “Invoice Details” to view a listing of all members billed during that period.
- On the Invoice Details page: If the member information is incorrect, simply click on the “Member Info” link in the Change column next to each member’s ID number.
- Print or download into:
  - ASCII text
  - Microsoft Excel

To download information into ASCII text or Excel files:
1. Log on to Your Account home page at www.oxfordhealth.com with a user name and password.
2. Click the “Transactions” tab at the top
3. Check billing
Billing

How to Check Oxford Express®

Oxford Express® IVR

Oxford Express Interactive Voice Response system (IVR) is an electronic tool that gives benefits administrators access to member and group information directly over the telephone. Simply call Client Services at 1-888-654-0065 and, when prompted, enter your group number or group tax ID number.

With the IVR, you can check:

• Current balance
• Last payment amount
• Date the last payment was credited
• Past invoice (fax back available)
• General billing addresses (fax back available)