

# myuhc.com® Oxford Member Experience

As of February 20, 2020



#### CONTENT



#### Member experience on myuhc.com:

- Registration
- Member Login
- Website Overview
  - -Home/Dashboard
  - -Find Care & Costs
  - -Claims & Accounts
  - -Coverage & Benefits
  - -Pharmacies & Prescriptions
  - -Health Resources

#### myuhc.com Registration (Page 1 of 2)



#### Sign in for a personalized view of your benefits.

Find information and tools designed to make it easier to use your benefits. It takes just minutes to **register** - and you'll instantly get 24/7 access to manage your plan.

Member receives the URL for myuhc.com in their member mailings.

UnitedHealthcare

Oxford

Member needs to register using the "Register now" button to create their HealthSafe ID (HSID).

#### myuhc.com Registration (Page 2 of 2)



UnitedHealthcare				Sign In	•	Member enters
নি myuhc.com > HealthSafe ID				myuhc.com <sup>®</sup>		their name, date of birth, group #
	1 Personal information	2 Create account	3 Confirm Information			(as listed on the ID card).
This website uses <u>HealthSafe ID</u> * health information.	to help protect the security of your	personal			•	Member to creates a
All fields required unless indic	ated as optional		Already have a HealthSafe	D?		username and
First name			Sign in now >			passwora.
Last name			1-877-844-4999 24 hours a day, 7 days a we Call us 24 hours a day, 7 da or technical questions or is	eek ays a week with any website sues.		Once all information is
Date of birth You must be 13 or older to quardian	register or acknowledge that you a	re a parent or legal	UnitedHealthcare Oxford m 8 a.m 6 p.m. ET from Mor	nembers: 1-800-444-6222, nday to Friday.		keyed in; member will
MM/DD/YYYY			If you just have a Flexible Health Reimbursement Ad medical coverage:	Spending Account (FSA) or ccount (HRA) and no UHC		receive a
Oo you have your Membe ○ Yes ○ No	r ID card? () Global expatriate instr	uction	Choose "Yes" for ID card, u number for your Member II or HRA Group/Policy numb	se your Social Security D number, and use the FSA per from your employer.		email.
Continue						

#### **Member Login**





#### Sign in for a personalized view of your benefits.

Find information and tools designed to make it easier to use your benefits. It takes just minutes to **register** - and you'll instantly get 24/7 access to manage your plan.

Once confirmation email is received, member can log into myuhc.com with their new username and password.

#### **Member Login – Coverage Selector**



UnitedHealthcare®	•	lf member has multiple	
Looks like you have more than of Choose the plan information you want to see.	one plan		coverages, they have to choose the coverage
Plan 1	Plan 2		that they need to view.
Group Name: Member Type: Subscriber Plan Start Date: 06/01/2019 Group/Account #: Member ID	Group Name: 	•	Other Medical coverage and/or stand-alone dental coverage would appear or the list for selection.

#### myuhc.com Overview



				HELP ENGLI	SH 🔻 ACCOUNT / PROFILE 🔻
НОМЕ	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES

- Once logged in, member lands on the "Home" page. The member has quick access to several pieces of the information right on the Home page.
- The top navigation bar is available throughout the portal:
  - 1. <u>Home</u> Provides high level information about the member's plans.
  - 2. <u>Find Care & Costs</u> Takes member to the provider directory where they can search for providers and facilities that are within their network. This section also has a cost estimate tool.
  - 3. <u>Claims & Accounts</u> Provides access to the member's claims. A subscriber can view claims for dependents.
  - 4. <u>Coverage & Benefits</u> Provides information on the member's coverages and benefits.
  - 5. <u>Pharmacies & Prescriptions</u> Provides access to the member's Rx information.
  - 6. <u>Health Resources</u> Provides access to the Wellness programs and incentives that are available.



- Member can choose English or Spanish for the portal.
- Member can click on the Account/Profile to view or update their settings, rewards, messages, etc.



#### **1. Home/Dashboard**

#### Home/Dashboard (Page 1 of 4)





#### Home/Dashboard (Page 2 of 4)

#### UnitedHealthcare<sup>®</sup> Oxford



#### Home/Dashboard (Page 3 of 4)



•



By scrolling down on the "Home" page, members also have quick access to additional benefits that they are eligible for.

#### Home/Dashboard (Page 4 of 4)



Home view for CHANGE MEMBER	
MEDICAL & PRESCRIPTION DRUG MEMBER ID:     VIEW & PRINT MEMBER ID CARDS	
Home View For:	
SUBSCRIBER -	
O SPOUSE - I	
O DEPENDENT-	

• The subscriber can use the dropdown to select and view additional information for their spouse &/or other dependents.



### 2. Find Care & Costs

#### Find Care & Costs (Page 1 of 2)



НОМЕ	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOL	On the "Find Care &
Search	What (	Can we he Glen Cove CHANGE ALTH CARE PROVIDERS FIND CARE F	elp you find a, NY 11542 LOCATION BY CATEGORY BY CATEGORY Amental Health Directory Find a mental health and substance use provider or facility	l near: Q sea	RCH	Costs" tab the member can: • Access to the Medical, Mental Health and Prescription Provider directories available to them.
		Pharmacies Find medica pricing, and	• & Prescriptions IZ tion coverage, pharmacies			

#### Find Care & Costs (Page 2 of 2)



HOME	:	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES
$\langle \rangle$		Wh	nat type of I can we hel	<b>Medical Ca</b> p you find?	are	
	Search For	MEDICAL HEALTH CA	RE PROVIDERS		Q SEA	RCH
			FIND HEALTH CA	RE BY CATEGORY		
	ľ		i∰ ii		Î	
	Doctors, other	People medical groups, and professionals by specialty	Places Hospitals, clinics, labs, imaging centers, medical suppliers	Services and Treatments Providers for office visits, tests, treatments, surgeries	Care by Cond Find care for com concerns	ition mon

Once the member selects a directory, they get additional prompts to guide them to view/save providers, clinics, facilities, labs, etc that are within their network.



### 3. Claims & Accounts

#### Claims & Accounts (Page 1 of 5)





#### Claims & Accounts (Page 2 of 5)



On the "Plan Balances" sub-tab:

UnitedHealthcare

Oxford

- Member can view the deductible and out-of-pocket amounts.
- Member can view their HSA balance and has access to a link that will take them to the Optum Bank site to manage their HSA account (if applicable, if account is with Optum Bank).

#### Claims & Accounts (Page 3 of 5)





Note: Oxford is enhancing the member's experience on a regular basis. Screen shots and experience captured in this deck are subject to change

- On the "Claims" sub-tab:
  - Members can view their claim histories.
    - There are also a variety of sorting, filtering, and organizational options available.

#### Claims & Accounts (Page 4 of 5)



UnitedHealthcare HOME SUMMARY Medical Claim # Patient Name	FIND CARE & COSTS PLAN BALANCES C	CLAIMS & ACCOUNTS LAIMS SUBMIT A CLAIM 07/13/2019 Date Received: 07	HELP ENGLISH      Accor      COVERAGE & BENEFITS HEALTH RE  //31/2019 Status: Processed - 08/06/	SOURCES	K		The deta prov proo deta link	claim ills page vides cla cessing ills and to the	e aim a
VIEW EXPLANATION OF Under North Internation International Control A Research Dave A Research Dave Monter - 1983-444.6222	BENEFITS ASK A QUESTR	DN MAKE A NOTE	\$239.00		Proces	sed - 08/06/2019 Appeal This Claim	expl ben	anation efits.	of
μ <b>γ2</b> January 20, 2000	fealthcare New a result you dan? and benefit information	Plan Discount	\$74.00 \$125.00		Proces	ised - 08/06/2019 ised - 08/06/2019			
Explanation of Benefits Statement This is not a bill. Do not pay. This is to notify you that we proces Claims Summary Detailed claim information is located on the following page Dollar Amount Description	ee(s).	You May Owe	Provided Service	• Amount Billed \$39.00	Plan Discount \$39.00	Plan Paid \$0.00	• Copay \$0.00	Coinsurance	Deductible \$0.00
1930.20     These the that answell they involve block the services period.       Descent the service of the service of the service period.       1931.20     The most that is answell they involve cover denotes the service of the se	does not any service of the service	" Copay	07/13/2019-07/13/2019 Service Description: There are two types of sti bacterial strain. Claim Codes: CAD805 This amount represent discount for this service. The discount is your's please call them for a refund. CES006* The pro 07/13/2019-07/13/2019 Service Description: First office visit with a doc Claim Codes: CAD805* This amount represent copayment amount. It is a fixed amount you pas Biased on an agreement with United Healthcare amount you owe. If you have paid the physician	eptococcus bacteria: a is interest jul UIB-IN wings and is not includ cedure or supply is part \$200.00 tor. The amount of time interest paid. CES004 directly to a provider fr or United Behavioral H or health care provider	and b. There rapid tests to 1 Searce do an any report 24 In the amount of the test of test o	ake a throat swab with ent with United Heath is not eligible for sepa \$125.00 termined by a person processed at the proy ou have not already do ccepted a discount for ou owe, please call the	results in about ar care or United Beh physician or heal physician or heal rate reimburseme \$40.00 s condition and tree ider's contracted one so please pay this service. The em for a refund.	hour. A urine test identified axional Health, the provider the care provider more than t t. \$0.00 atment needs. ate. CAD571 * You are resp. fiscount is your savings and	s the specific strep r has accepted a the amount you owe, \$0.00 sonsible for the provider. UUBH01* d is not included in the
way you use no exceed were precessive way were ware water and/or report to appeal, please follow the appeal precess 170 cOl Own Min COl Administration and	y provided as you to de even representative control of the second	к С							PRINT CLAIM

Note: Oxford is enhancing the member's experience on a regular basis. Screen shots and experience captured in this deck are subject to change

#### Claims & Accounts (Page 5 of 5)



	HOME	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES
	SUMMARY	PLAN BALANCES	CLAIMS	SUBMIT A CLAIM		
			<i>.</i>			
		What ty	pe of claim ca	an we help you	submit?	
			_	_		
				•		
				-		
			Medica PDF Sub	I Claims 🖸 mission Form		
Ot	her Forms					
Ph	armacy Reimbursement Clai	im Form 🛛	Sweat Equity Claim Form	2		
Op	tumRx Mail Order Form		Sweat Equity Waiver			
Ac	cidental Injury Form		Sweat Equity Claim Form (	Spanish) [ 🛛		
Dis	sability Questionnaire		Sweat Equity Waiver (Spar	ish) [ 2]		
Pri	or Carrier Deductible Form	12				
	Aombor Forme					
	ine Hoelth Jesureses Deutshil	its and Assessmentshilling Ast	of 1000, also known as the K	annadu Kasashaum Ast The Ise	violation in internet of the second	a the mestels liter of
health ins	urance, reduce health care fr	aud, guarantee the privac	y and security of health inforr	nation, and standardize healthca	re industry transactions.	e the portability of
Access R	equest Form 🛽					
The HIPA	A Privacy standards provide t	that you have the right of a	access to inspect and/or obta	in a copy of your Protected Heal	th Information.	
Accountin	ng Request Form 🚺			In the second		
treatment	, payment and health care op	perations (TPO) as defined	by HIPAA and any other disc	losures of Protected Health Infor	by the member in writing.	ures which are part of
Amendme	ent Request Form [2]					
The HIPA	A Privacy standards provide t	that you have the right to r	equest changes to your Prote	cted Health Information.		
Confident	tial Communication Request	Form 2	equest confidential communi	cations and that we must accom	modate all reasonable requ	ests if you state the
disclosure	e could endanger you.	and you have the right to r	equest connuclitat commun	cations and that we must accom		usis in you state the
Member	Authorization Form					
The HIPA	A Member Authorization form	n is used in conjunction wi	th all requests for the use or	disclosure of your Protected Hea	lith Information that are non-	routine.
OptumHx	Authorization Form					
Restrictio	n Request Form 🛽					
The HIPA	A Privacy standards provide t	that you have the right to r	equest restriction of uses and	disclosures of Protected Health	Information.	
		0				
Importa	int information	Support	Ac	cessibility		
Notices &	Disclosures	Help & Contact Us	Ac	cessibility Statement		
Provider D	ata Information	Share Feedback	Lai No	nguage Assistance   Non-Discrimina tice	ation	
Legar Entit	100					
© 2020 Linite	dHealthcare Services Inc. & Dally Healt	h Inc. All rights reserved				Made by

On the "Submit A Claim" sub-tab:

- There is a variety of forms the member can print and submit.
- The online electronic claim submission is enabled for NY members and is to be expanded into other markets in 2020.

Note: Oxford is enhancing the member's experience on a regular basis. Screen shots and experience captured in this deck are subject to change

RALLY

Terms of Use | Privacy Policy | About UnitedHealthcare | About Rally



## 4. Coverage & Benefits

#### **Coverage & Benefits (Page 1 of 6)**



HOME	FIND CARE & CO	OSTS CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES		Nd a sea la sea se se se
OVERVIEW	MEDICAL	PHARMACY				· ·	Member can
Get your flu sh	ot today. \$0 Copay f	Coverage and Bei or most insurance plans.*	nefits fo	D CARDS	+		access all their benefit details through this section.
		You are cov	Vered for:				The Deductible and Out-of- Pocket amounts are available.
MEDICAL ACCO	UNT SUMMARY S - As of 02/07/2020	VIEW ALL ACCOUNTS	Ð	KPLANATION OF DEDUCTIBLE A	ND OUT-OF-POCKET MAXIMUM	· ·	Any common questions or
Deductible		Family Deductible	Out-Of-Pocket Max	Family Out	-of-Pocket Max		reminders
\$352.80 of \$1,000.00 S	Spent	\$352.80 of \$2,000.00 Spent	\$392.80 of \$2,500.00 Spent	\$1,095.11	of \$5,000.00 Spent		related to the
\$0.00	\$1,000.00	\$0.00 \$2,000.00	\$0.00	\$2,500.00 \$0.00	\$5,000.00		coverage will appear here.
PERSONS COVERED	D IS AND RESOURCES	ANNUAL MEMBER NOTICE 12	MEDICAL & REIMBURSEMENT	POLICIES COVERAGE	DOCUMENTS		
		Commor					
	How do I	add or remove a dependent or e	dit information about the	m?			

#### **Coverage & Benefits (Page 2 of 6)**



PERSONS COVERED Health programs and reso	ANNUAL MEMBE	ER NOTICE 🖾 ME	DICAL & REIMBURSEMENT POLICIES	COVERAGE DOCUMENTS	•	Subscribers can view persons covered, their coverage
HOME	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	HEALTH RESOURCES		documents and
OVERVIEW	MEDICAL	PHARMACY				available nealth
Coverage Do	ocuments					programs through the links in this section.
WELCOME GUIDE						
Coverage documents des	scribe the features and b	penefits of your specific m	edical and ancillary coverage	э.		
YOUR COVERAGE DOC	UMENTS					
SUMMARY OF BENEFITS AND	D COVERAGE (SBC)	MEMBER HAN				
Some documents on this	; page require Adobe Ac	robat Reader. Download	Acrobat Reader® 🛂			

#### **Coverage & Benefits (Page 3 of 6)**



HOME	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	HEALTH RESOURCES	Or	"Medical" sub-
OVERVIEW	MEDICAL	PHARMACY				
		dical Bene LA RX MEMBER ID : (NYLG_DIRECT_2014_125	fits for	BER ID CARDS	tal	Do a search to quickly look up what they are
	TS SEARCH	ge & Benefits				looking for.
COMMON SERV	VICES & COSTS SHOW ALL	BENEFITS			•	View benefits.
IMMEDIATE CA	ARE NEEDS					
Urgent Car	re Office Visit	Emergency Roo	m	Virtual visit	•	View cost share
In-Network Co	ost	In-Network Cost		1 In-Network Cost		
You pay: \$40	) сорау	You pay: \$500 cop	ay	You pay: \$40 copay		commonly used
FIND AN URGE	INT CARE OFFICE	FIND AN EMERGENCY	ROOM	ACCESS VIRTUAL VISITS		services.
DOCTOR VISIT	'S					
Primary Ca	are Provider	Specialist		Virtual visit		
In-Network Co	ost	In-Network Cost		1 In-Network Cost		
You pay: \$25	сорау	You pay: \$40 copa	у	You pay: \$40 сорау		
FIND A DOCTO	R	FIND A SPECIALIST		ACCESS VIRTUAL VISITS		
*Check your plan doc	cuments to see when your copay applies.					
This is only a summan documents, the terms	ny. If you want more detail about your cove s of your plan documents will apply.	erage and costs, you can get the cor	nplete terms in your group plan docun	nents. If there is a difference between this summary and your plan		

#### **Coverage & Benefits (Page 4 of 6)**

#### HOME **FIND CARE & COSTS CLAIMS & ACCOUNTS COVERAGE & BENEFITS** HEALTH RESOURCES • OVERVIEW MEDICAL PHARMACY Medical Benefit for MEDICAL & RX MEMBER ID : VIEW & PRINT MEMBER ID CARDS OX\_NYLG\_DIRECT\_2014\_125 MEDICAL BENEFITS SEARCH Search for Medical Coverage & Benefits В C M Ν W Accidental Dental Acupuncture Allergy Serum and Testing Allergy Treatment Alternative Treatments Ambulance Services Ambulance Services - Non Emergency Ambulatory Surgery Center Anesthesia Autism Screening Autism Spectrum Disorder **Common Questions** How do I add or remove a dependent or edit information about them?

When the member clicks on the link to "show all benefits", the benefits appear in alphabetical order.

UnitedHealthcare

Oxford

#### **Coverage & Benefits (Page 5 of 6)**



•

номе	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES
OVERVIEW	MEDICAL	PHARMACY			
< Aller	gy Treatment				
		IN-NETWORK	OUT-OF-NETWORK		
In-Network Co	ost		Benefit Details		
You Pay: Care rendered by a \$15.00 per Day.	a PCP is covered as follows: Covered	at 100% with a copayment of	Services related to treatme is freestanding or located	ent of allergies provided in a doctor's in a clinic or hospital.	office, whether the office
Care rendered by a of \$30.00 per Day.	a specialist is covered as follows: Cov	rered at 100% with a copayment			
*Check your plan do	cuments to see when your copay applies	а.			
This is only a summa plan documents, the	ary. If you want more detail about your co terms of your plan documents will apply	overage and costs, you can get the co	mplete terms in your group plan docun	ents. If there is a difference between th	is summary and your
J-NETWORK ACC		3	EXF	LANATION OF DEDUCTIBLE AND O	UT-OF-POCKET MAXIMUM
r Out-of-Poci \$130.00 of \$3,000.00 !	Ket Max Spent		Family Out-of-Pocket Max		
\$0.00		\$3,000.00	\$0.00		\$6,000.00
			IN-NETW	ORK OUT-OF-NETWORK	
	Out-	Of-Network Cost		Benefit Deta	ails
	You Care r	Pay: endered by a provider is covered as	follows: Member pays 30% coinsura	nce Services related	to treatment of allergies provided

When a member chooses a particular benefit, they can view the In-and Out-of-Network cost share and benefit details.

	Care rendered by a provider is covered as follows: Member pays 30% coinsurance	Services related to treatment of allergies provided in a doctor's office, whether the office	
	subject to the OON deductible.	is reestanding or located in a clinic or nospital.	
	*Check your plan documents to see when your copay applies.		
	This is only a summary. If you want more detail about your coverage and costs, you can get the com plan documents, the terms of your plan documents will apply.	plete terms in your group plan documents. If there is a difference between this summary and your	
Noto: Oxford is ophonoing the	member's experience on a regular basis. Sereen	abote and experience contured in this deak are au	- vicat ta abanda
Note. Oxford is enhancing the	Interriber S experience on a regular basis. Screen	Shots and experience captured in this deck are su	Ject to change

#### **Coverage & Benefits (Page 6 of 6)**



НОМЕ	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES	On "Pharmacy" sub-
OVERVIEW Pharmacy Price a medication	MEDICAL Y Benefits Over and find ways to save on your	PHARMACY rview r prescriptions. You can sear Common	ch for any prescription or o Questions	ver-the-counter medication.		<ul> <li>The information on this tab has been relocated to the "Pharmacies &amp; Prescriptions" tab, where</li> </ul>
	How can I save on	prescription medication	s?			members will now be able to access OptumRx.



### **5. Pharmacies & Prescriptions**

#### Pharmacies & Prescriptions (Page 1 of 3)



UnitedHealthcare

actions.

Oxford

#### Pharmacies & Prescriptions (Page 2 of 3)

HOME

Current Medications

No current medications

<

V

Bear

FIND CARE & COSTS CLAIMS & ACCOUN	TS COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES		
Vhat medication	can we help	) you find?			
Look up drug information, covera	ge, pricing and ways to save on this	medication.			
		Show Medications For:	•		
s Medications (0)		Medication a	opearance subject to change.		
	HOME FIND CARE	A COSTS CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARIMACIES & PRESCRIPTIONS	HEALTH RESOURCES
		Dooulto for D	harmanian N	laar	
	() r	nesulis IOI P	narmacies r	vear:	
	() r	nesulis for P	NORWALK CT 06855	vear:	
	Pharmacy Name v	PESUILS IOF P			
	Pharmacy Name +	Pearch for a Pharmacy by Name		Q SEARCH	
	Pharmacy Name - 82 Results Near 06855	Bearch for a Pharmacy by Name		Q SEARCH Sort By: Distance	-
	Pharmacy Name  Pharmacy Name  Results Near 06855 Refine Results Crange a watch the valid result to page	Bearch for a Pharmacy by Name		Q SEARCH Sort By: Distance	<b>-</b>
	Pharmacy Name  Pharma	Bearch for a Pharmacy by Name		Q SEARCH Sert By Distance	
	Pharmacy Name  NORWALK	Beerch for a Pharmacy by Name  Pharmacy  0.8 Miles Away		Sert By: Distance	
	Pharmacy Name  Pharmacy Name  82 Results Near 06855  Refine Results Crange a secon filer will reliad the page results Location Whare NORWALK CT 06855 NORWALK	Pharmacy by Name		Q SEARCH Sort By: Distance	
	Pharmacy Name  Pharmacy Name  Pharmacy Name  Pharmacy Name  Pharmacy Name  Pharmacy Name  NORWALK CT 06855 NORWALK TO 06855 NORWALK TO 06855 NORWALK	Pharmacy by Name Pharmacy by Name Pharmacy Pharm	IN ORIVALK CT 06655 WWW LOCKTON	Q SEARCH Sort By: Distance	
	Pharmacy Name Pharmacy Name Pharmacy Name Pharmacy Name NORWALK CT 06855 Witten 10 Miles NORWALK CT 06855 Witten Phares Pharesequiption Delivery (R0)	Pharmacy by Name Pharmacy by Name Pharmacy Pharm	IN ORIVALK CT 06655 WORE LOCATION In Hours	Sort By: Distance	

When the member selects:

•

•

UnitedHealthcare

Oxford

- "Find & Price a Medication"
  button, they can access their current
  prescriptions
  and lookup
  information on
  their drug
  coverage and
  pricing.
- "Pharmacy Locator" button, they can search for pharmacies near them.

#### Pharmacies & Prescriptions (Page 3 of 3)



Home Order status	Member tools A S	pecialty pharmacy	Information center 🗸	Benefits and claims 🗸	My profile	Cart 🏋 🧕	
My Medicine	Drug pricing and information						
You manage 2 househol	Drug list tool Pharmacy locator My medication	<u>10 you want to v</u>	iew			🖶 Print	
At a glance	r: Save a trip to the end medications righ	nt m	edication reminder: Sta essage reminders. <u>Text</u>	art text notifications	Who is OptumRx?		Mer to Drug
with our home	delivery service.						Ho deli
Sort medications by:	_						Phar loca

When the member selects:

•

"Manage
Prescriptions" or
"Check on
Home Delivery"
buttons, it will
take the
member to the
OptumRx site
where they can
complete those
actions.



#### **6. Health Resources**

#### Health Resources (Page 1 of 2)



НОМЕ	FIND CARE & COSTS	CLAIMS & ACCOUNTS	COVERAGE & BENEFITS	PHARMACIES & PRESCRIPTIONS	HEALTH RESOURCES	•	Members can
Health Resou	irces						access their Health Resources.
Your Rewards						_	
<b>R</b> ▲LLY <sup>®</sup>			0 Rally Coins towar	rds a total of 2,900 F	Rally Coins		
	ntives you could earn!		0 coins		2900 colns	3	
Health & Wellness							
		<b>R</b> ▲LLY <sup>®</sup>					
		A new health b personalized h	enefit for Oxford r ealth recommend	nembers: simpleations.	e, fun and		
		Getting healthier is easy with quitting smoking and much need. You'll earn regards as	Rally. It's an intuitive, personalized nore. We provide daily recommenc you go an can easily track your pro	product with programs for losin lations tailored just for you and gress, making it a snap to stay	ng weight, reducing stress, give you all the support you on target.		
		GET STARTED NOW [2					

#### Health Resources (Page 2 of 2)





As the members scrolls down on the "Home" page, they will view the Programs available to them as well as the many other health related resources.



#### Thank you

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. Administrative services provided by Oxford Health Plans LLC. B2C NY/NJ 9372407.0 03/20 ©2020 Oxford Health Plans LLC. All rights reserved. 19-13719

Proprietary information of Oxford Health Plans LLC. Do not distribute or reproduce with express permission of Oxford Health Plans LLC.

Rev. Date: 03/04/2020