



Aetna Health Insurance Company

Dear Valued HSA Member,

Thank you for selecting an Oxford Health Savings Account (HSA) product. This letter is intended to provide you with some basic information related to your HSA product that we believe will allow you to have a better understanding of your health insurance coverage.

With an Oxford Health Plans Savings Account:

- You do not have an office visit copayment. This may be a change from your prior health coverage.
- In-network routine preventive care is covered at 100%. Routine preventive care includes, but is not limited to, your annual exam and children's immunizations.
- All other in-network services are subject to an in-network deductible and applicable coinsurance.
- Oxford has a list of participating providers you should use when seeking care – this will allow you to make the most of your Health Savings Account dollars. A list of participating providers is available at www.oxfordhealth.com.

What happens when you go to the doctor?

1. When you go to the doctor or healthcare facility, the provider should not collect a payment from you at the point of service. Because the doctor is contracted with Oxford, the amount of reimbursement depends on many factors, including the type of service, the amount of your deductible that you have exhausted, and the doctor's contracted rate with Oxford.
2. Subsequent to your visit, the provider will send a claim to Oxford for processing.
3. Once the claim is processed, you and the provider will receive an Explanation of Benefits or EOB. The EOB will clearly outline the billed and approved charges associated with your visit. Information related to what you are responsible for, as well as the status of your deductible accumulation are also provided.
4. Both you and your provider will receive the EOB from Oxford at approximately the same time. Upon receipt, you have the option of either sending payment directly to the provider, based on the "patient responsibility" information outlined on the EOB, or waiting for the provider to bill you for the same amount. You should not pay the provider before you receive the EOB from Oxford. If there is a discrepancy between the "patient responsibility" amount outlined on the EOB and the amount on the bill from your provider, you should contact the provider's office and let them know that you are only responsible for what is outlined on the EOB.

What does this mean to you?

The Health Savings Account is a new product for our valued Members and providers. **Attached, please find a letter that you can bring to your doctor's office that will help better explain this new product.**

If you have any questions about your HSA product, please call the HSA Special Services team at 1-800-201-6953.

Sincerely,

Oxford Health Plans

Enclosure

MS-05-317



Dear Doctor, Office Manager or Billing Manager,

Oxford's Health Savings Account products are consumer-driven health plans that provide our Members with the opportunity to open a Health Savings Account (HSA). The employer and the employee fund the HSA jointly through payroll deductions. Oxford Health Plans has a number of employer group clients who have elected this product as a benefit offering in 2005. This letter provides important information about the Oxford HSA product, HSA administration including claims turnaround and reimbursement, and where you can get answers to your questions about the plans.

How Oxford's HSA Products Work

- Our HSA Members get basic medical benefits, like those offered by traditional plans; a medical savings account; and access to information, education, tools and support to help them become better healthcare consumers.
- Our HSA products' medical benefit includes a deductible, but Members can use HSA funds to pay these and other appropriate out-of-pocket expenses.
- If our HSA Members do not have sufficient funds in their account, they pay any remaining plan deductible and coinsurance out-of-pocket. However, unused account balances roll over into next year's pool, providing a greater amount to spend. As a result, an enrollee may accrue enough in his or her account to offset all or a large portion of their deductible, along with other out-of-pocket expenses.
- Our HSA products include an enrollee out-of-pocket maximum. Once this is met, Oxford pays 100% of covered services directly to the physician.
- Our HSA Members are encouraged to receive routine preventive care, which services are often covered under the basic medical benefit and not applied to the deductible. Please be sure to properly code all services related to preventive care so your patients receive the maximum benefit.
- Our HSA Members benefit by using Oxford participating physicians, facilities and healthcare professionals. In addition, when you use or recommend in-network laboratories and facilities, you help Members control costs and maximize benefit dollars.

Tips for Fast, Accurate Reimbursement

The following information is provided to help claims processing, billing and collection go smoothly. Following these simple steps can help you and your staff avoid credit balances and underpayments — and the accompanying administrative hassles — and will help promote positive patient relationships.

Step 1: Verify your patient's benefits

- Verify eligibility before your patient's appointment online at www.oxfordhealth.com, or

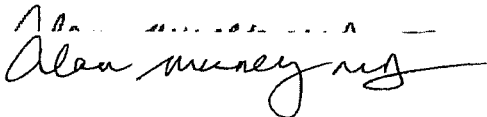
through *Oxford Express*[®], our interactive voice response (IVR) system, at 1-800-666-1353.

Step 2: Use these billing guidelines for accuracy, efficiency and fast claims turnaround

- Our HSA plans **do not** have copayments. You **will not be collecting** a copayment from the Member at the time of service.
- You should not collect any money from your Oxford HSA Members at the time services are delivered. Exact patient responsibility related to deductibles or coinsurance is difficult to calculate until after claim adjudication. The amount owed depends on such factors as type of service, specific plan provisions and percentages, pending claims, and your negotiated fee. If your policy is to collect any patient financial obligations at the time of service, collect only according to negotiated network rates and indicate the amount collected on the claim. Oxford reimbursement will go directly to your patient.
- In addition, any patient financial obligation may be reimbursable from his/her Health Savings Account. You will receive an EOB after the claim has been processed indicating the exact patient balance, and you can then bill your patient for any balance due. The patient can pay this balance (up to the available account balance) with their Health Savings Account debit card from MasterCard[®] or convenience checks linked directly to their account balance.
- Be sure to submit claims for all services. Claims should be sent to:

Oxford Health Plans
P.O. Box 7082
Bridgeport, CT 06601-7082

If you have questions about Oxford's HSA products, please call Provider Services at 1-888-666-1353, or contact your Provider Relations Representative.



Alan M. Muney, MD, MHA
Executive Vice President & Chief Medical Officer