



Expanding digital solutions – choose paperless invoicing

We appreciate this opportunity to help streamline administrative efficiencies and reduce paper mailings. Our records show that you are still receiving a paper invoice from us. Did you know that you can view your monthly invoice online and further reduce the amount of paper mail that you receive and handle?

Advantages of using the benefits administration website

In addition to being a resource for your specific plan information and covered employee population, **uhceservices.com** offers easy access to your premium invoices and payments. In the Billing and Payment Center of the website, you can:

- View invoices, payments, balances and statements
- Request "Bill vs. Paid" report
- Manage banking information

To go paperless and turn off delivery of your monthly premium invoice by U.S. Mail, please call the customer service phone number on this invoice to have **Electronic Invoice Delivery Only** selected.

Not registered yet?

Visit us at **uhceservices.com** and register using your Customer ID.

Once registered, you can:

- Sign up for paperless billing
- View, manage and pay your bill
- Make eligibility changes
- Request health plan ID cards and more

Easy access to your invoices and payments

- Sign in to **uhceservices.com** to view or print your company's monthly premium invoice
- For help signing in or registering on the website, call **1-866-908-5940**, TTY **711**, 8 a.m. to 8 p.m. ET, Monday – Friday

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. and Oxford Health Plans (NJ), Inc. Administrative services provided by Oxford Health Plans LLC.

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**United
Healthcare
Oxford**

VERATEX

Customer No: 1351166



Invoice No: 350195582383

Invoice Date: 02/07/2024

Bill Group: 263066

Coverage Period: 03/01/2024 - 03/31/2024

Due Date: 03/01/2024

Summary

Description	Employee Count	Total Volume (000's)	Net Amount
312068-ALL ELIGIBLE EMPLOYEES			
NY P FRDM NG 20/40/100 PPO 24			
Employee	1		\$1,512.84
Employee & Child(ren)	1		\$2,571.83
Subtotal, NY P FRDM NG 20/40/100 PPO 24	2		\$4,084.67
Subtotal 312068-ALL ELIGIBLE EMPLOYEES			\$4,084.67
312068-ALL ELIGIBLE EMPLOYEES			
Adjustments			
Account Adjustments			\$0.00
Current Adjustments			\$0.00
Subtotal, Adjustments			\$0.00
TOTAL	2		\$4,084.67

Questions? We're here to help.



Toll free 1-888-201-4216



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Due Date: 03/01/2024

Details

Current Detail - 3/01-3/31/2024								Adjustment Detail			Totals
Policy No.	Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total
312068	D'alessio, Claudio	NY P FRDM NG 20/40/100 PPO 24	*****505900	E	A		\$1,512.84				\$1,512.84
312068	Simon, Carolyn	NY P FRDM NG 20/40/100 PPO 24	*****765600	EC	A		\$2,571.83				\$2,571.83
Total							\$4,084.67			\$0.00	\$4,084.67

Coverage Type				Status		Code	
E	Employee Only	E5D	Employee & One or More Dependent	A	Active	ADD	Retroactive Addition
ES	Employee and Spouse	E6D	Employee & Two or More Dependents	C	Cobra	TRM	Retroactive Termination
ESC	Employee and Family	E7D	Employee & Three or More Dependents	P	Pre 65 Retiree	CHG	Retroactive Change
EC	Employee and Child(ren)	E8D	Employee & Four or More Dependents	R	Post 65 Retiree		
E1D	Employee and One Dependent	E9D	Employee & Five or More Dependents	S	Surviving Insured		

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