UnitedHealthcare
Oxford
Atlanta, GA 30374-0376

Statement No: 3502255233
Statement Date: 10/04/2024
Customer No: 1351166
Due Date: **Upon Receipt**

281IMBSTANDARDBW0009001-11648-01
VERATEX
WEI CHANG
534 W 42ND ST APT 8
NEW YORK NY 10036-6221

Termination Notice

Dear VERATEX:

Your coverage has ended because we have not received the premium for your plan. The plan ended on 08/31/2024.

What happens now?

- Let your employees know immediately that their coverage has been terminated. Under the terms of the Consolidated Appropriations Act, there are some situations in which you may have obligations to provide continued care to members at the in-network benefit level when their current provider is out-of-network for your new benefit plan, and provide notice to members of this right.
- Call us toll free at 1-888-201-4216 within 30 days of the date of this letter to find out if you are eligible for reinstatement.
- Pay all past due balances. If past due balances are not received, we may send all past due amounts to a collection agency.

Please detach and return with your payment.

Customer Name	**Customer Number**	**Payment Due Date**	**Statement No**
VERATEX	1351166	***Upon Receipt***	3502255233

Send payment to:

UHS Premium Billing
PO BOX 94017
Palatine, IL 60094-4017

Amount Due: $8,169.34

Amount Enclosed

$											.		

3501981594001000000081693435019928463 75

Total Premium Due

Due Date	Invoice Number	Outstanding Balance
10/01/2024	350199284637	$4,084.67
09/01/2024	350195124983	$4,084.67

Total Amount Due $8,169.34

Past Due Aging

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
$4,084.67	$4,084.67	$0.00	$0.00	$0.00

Options for making your premium payment:

Online
Go to uhceservices.com to make a one-time payment or schedule monthly payments directly from your bank account.

Phone
Call 1-888-201-4216, TTY **711**, 24 hours a day, 7 days a week to make a payment directly from your bank account.

Mail
Send a check to the address listed on the form. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

Questions? Call 1-888-201-4216, TTY 711, 8 a.m. - 5 p.m. ET, Monday – Friday. Please have your group policy number, billing customer number and bill group number available when you call.

Sincerely,

Financial Operations

Oxford Health Insurance, Inc.

UnitedHealthcare
Oxford

IMPORTANT NOTICE
Your Responsibility under New York Labor Law Section 217

You are responsible to notify all certificate holders of this termination. Certificate holders includes any employees and dependents who currently have Oxford[1] coverage, and any former employers and dependents who have COBRA and/or state continuation coverage underwritten by Oxford.

IMPORTANT: If you are replacing the terminating Oxford coverage with similar coverage for the same classes of employees and former employees (individuals who were eligible will remain eligible), you do not need to provide a notice of termination to the certificate holder.

In accordance with the provisions of Labor Law, section 217(4) and the provisions of 11 N.Y.C.R.R. Part 55, Labor Law section 217(3) (requiring notice to employees) shall not be deemed to apply if, at least 10 days prior to the date of the intended termination, as specified in this notice of intent to terminate, the policyholder has:

(1) taken necessary steps whereby the intended termination is rendered null and void; or

(2) contracted with another insurer to replace the existing insurer for the providing of similar coverage for the same certificate holders and filed an affidavit with the Commissioner of Labor and Superintendent of Insurance to that effect.

(i) Affidavits filed with the Commissioner of Labor shall refer to Labor Law, section 217, and be addressed to:

Director of Labor Standards
Department of Labor
Agency Building 12
State Office Building Campus
Albany, NY 12240

(ii) Affidavits filed with the Superintendent of Insurance shall refer to Labor Law, section 217 and 11 N.Y.C.R.R. Part 55, and shall be addressed to:

Chief, Health Bureau
New York State Insurance Department
One Commerce Plaza
Albany, NY 12257

If you are not replacing your terminated Oxford coverage, you must provide a copy of our termination notice and a letter from you to the certificate holders advising them of the termination of coverage to each of your affected employees as follows:

- At least **nine days** prior to the actual termination date, the notice and letter must be given to certificate holders either by hand-delivering them at their place of employment (this includes placing them in an employee's pay envelope), or mailing them to a certificate holder's last known residential address; and
- At least **nine days** prior to the actual termination date, you must post our notice of termination and the letter from you to your certificate holders advising them of the termination of coverage in conspicuous locations where you believe they will be noticed by the certificate holders.

Rights of certificate holders under the terminating policy: Oxford will not be liable for claims incurred past the termination date except when the certificate holder is eligible for extended benefits or conversion coverage. For more information and the time frames for requesting extended benefits or conversion coverage, please see the Certificate of Coverage.

[1]Oxford insurance products are underwritten by Oxford Health Insurance, Inc.