



December 1, 2012

<Member First Name> <Member Last Name>  
<Address 1>  
<Address 2>  
<City>, <State> <ZIP>

**RE: South Jersey Healthcare's (SJH Regional Medical Center and SJH Elmer Hospital) Participation in the Oxford Network**

Dear <Member First Name> <Member Last Name>,

We are committed to providing you with access to comprehensive and affordable health care services. We also want to keep you informed of changes in our network so that you do not incur any unnecessary out-of-network costs.

This letter is meant to provide you with information regarding our agreement with **South Jersey Healthcare (SJH Regional Medical Center, in Vineland, New Jersey and SJH Elmer Hospital in Elmer, New Jersey)**. We have been working diligently with South Jersey Healthcare to extend the network's contract with us; however, despite good faith efforts by both parties to negotiate a new contract, we have not yet reached an agreement. Therefore, our contract with South Jersey Healthcare **may terminate on Jan. 1, 2013**. Unless a new agreement is reached by that time, South Jersey Healthcare will no longer participate in the Oxford network as of Jan. 1, 2013.

**What does this mean to you?**

1. **Through Dec. 31, 2012**, to help minimize any disruption this may cause you and to provide you sufficient time to arrange care at another Oxford participating (network) hospital, care received at South Jersey Healthcare will be considered in-network.
2. **Effective Jan. 1, 2013**, and consistent with our standard policy, care for an emergency illness, injury or condition will be treated as in-network care at any hospital. However, you may be asked to transfer to a participating (in-network) hospital once your condition stabilizes. Should you decide not to be transferred, additional services will be covered on an out-of-network basis (or denied if you do not have out-of-network coverage). Any non-emergent care that you receive from South Jersey Healthcare, other than Transitional Care (sometimes called Continuity of Care; see below), may be covered as out-of-network or denied (if you do not have out-of-network coverage). If you have a plan with out-of-network benefits, higher deductibles and coinsurance may apply. Exceptions include:
  - If you received an authorization from us prior to Jan. 1, 2013 to receive inpatient or outpatient hospital services at South Jersey Healthcare that will occur on or after Jan. 1, 2013, the authorization will be honored provided Transitional Care has been granted.

**Approval for Transitional Care must be obtained in accordance with the terms of your Certificate of Coverage or Summary Plan Description, depending on your plan's funding type.**

**Members in Commercial Fully Insured Plans:** If you are receiving an ongoing course of treatment or are hospitalized at South Jersey Healthcare on or beyond Dec. 31, 2012, medically necessary covered services under your plan will be eligible for Transitional Care as follows:

1. **Post-Operative Follow-Up Care:** you may receive medically necessary covered services for up to six months from the date your provider disenrolls.
2. **Oncological or Psychological Treatment (excluding substance abuse):** you may receive medically necessary covered services for up to one year from the date your provider disenrolls.
3. **Pre-Natal Care:** you may receive medically necessary covered services for up to six weeks following a normal, vaginal delivery or six months following a cesarean section.

**Members in Self-Funded Plans:** Please refer to your Summary Plan Description for information regarding Transitional Care.

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**Important:** You or your provider must request Transitional Care to be evaluated for it. Please call Customer Service at the telephone number on your health plan ID card or at 1-800-444-6222 for details about Transitional Care, including how to make a request for Transitional Care if you believe it is warranted.<sup>1</sup>

We will continue good faith efforts to negotiate a new agreement with South Jersey Healthcare and will notify you if we reach a new agreement. **However, after Dec. 31, 2012**, to receive in-network services, a primary care physician or specialist should not refer you to South Jersey Healthcare for any treatment or test. Instead, you should be referred to one of the major neighboring hospitals in our network, as listed below. You can also search for one of our participating hospitals on our website, oxfordhealth.com (on the Member home page, click on *Find a Physician or Facility* under *Links & Tools*), or you may call Customer Service at the telephone number on your health plan ID card for assistance with identifying a participating hospital.

<b>Neighboring Hospitals in Salem, Atlantic and Cape May Counties</b>
Memorial Hospital of Salem County
Shore Medical Center
Cape Regional Medical Center

If you have questions, or would like more information about Transitional Care, please call Customer Service at the telephone number on your health plan ID card. If you are hearing impaired and require assistance, please call our TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for assistance in Chinese, 1-888-201-4746 for assistance in Korean, or the telephone number on your health plan ID card for assistance in English and other languages.

If you call Customer Service seeking information about Transitional Care, in order to help us better serve you, please let us know that you received this letter about South Jersey Healthcare's participation in our network and you have a question about Transitional Care.

If your provider is calling us about Transitional Care, the provider should use the following telephone number: 1-800-666-1353, select option 2 and follow the prompts (e.g., self-identify as a participating or nonparticipating provider, select option 3 for referrals and precertifications).

We apologize for any inconvenience this may cause you.

Wishing you the best of health.

Sincerely,

Oxford

<sup>1</sup>This language refers to the Transitional Care benefits of commercial fully insured New Jersey members. If you are a member of commercial a fully insured New Jersey plan, you must refer to the Transitional Care benefit described in your Certificate of Coverage. If you are not a member of a fully insured New Jersey plan, you must refer to the Transitional Care benefit (may also be referred to as Continuity of Care), if any, described in your Summary Plan Description or other governing member document that applies to your plan.

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