

New York Disclosure of Information

In accordance with NY Ins. Law s. 3217-a, upon request Mutual of Omaha will:

1. Provide a list of the names, business addresses and official positions of the membership of the board of directors, officers, and members of Mutual of Omaha. Provide a copy of the most recent annual certified financial statement of Mutual of Omaha, including a balance sheet and summary of receipts and disbursements prepared by a certified public accountant.
2. Provide information relating to consumer complaints.
3. Provide the procedures for protecting the confidentiality of medical records and other insured information.
4. Provide a written description of the organizational arrangements and ongoing procedures of Mutual of Omaha's processes to support our commitment to quality assurance.
5. Upon written request, provide prospective insured, or health care professional acting on an insured's behalf, specific written clinical review criteria relating to a particular determination. This information may only be used for the purposes of assisting the enrollee or prospective enrollee in evaluating the covered services provided by the organization.
6. Disclose such other information as required by the superintendent pursuant to the state administrative procedure act.
7. Disclose whether a health care provider scheduled to provide a health care service is an in-network provider.
8. As applied to out-of-network coverage, disclose the approximate dollar amount that the insurer will pay for a specific out-of-network health care service, including that the approximation is not binding on the insurer and that the approximate dollar amount that the insurer will pay for a specific out-of-network health care service may change.

Additional Information

- Please see your issued plan booklet for information such as a description of coverage provisions, health care benefits, benefit maximums including benefit limitations; exclusions of coverage, including the definition of medically necessary used in determining whether benefits will be covered
- Please access our Dental Provider Directory at [Find a Dentist](#) and our Vision Provider Directory at [Find an Eye Doctor](#)
- If you need help in another language or a document in another format, please call us toll-free at 800-927-9197.
- Mutual of Omaha offers our members dental coverage with access to the Mutually Preferred Network which includes a diverse network of contracted dentists and dental specialists. Each plan offers distinct advantages that caters to the unique needs of our members. Our PPO and EPO plans have dentists who are in our plan's network. These providers have agreed to a pre-negotiated fee schedule, ensuring lower costs for covered procedures.
- For our Vision plans, we reimburse our providers based on whether they are participants in a pre-determined network. Members covered under our vision plans will either have a benefit allowance to use or a co-pay to satisfy. An out-of-network claim is paid in full by the member at the point of sale, and a claim form is submitted for reimbursement.