



SMALL GROUP HEALTH INSURANCE PROGRAMS-2010

	Oxford Plan #1 Freedom H.S.A. www.oxfd.com	Oxford Plan #2 Freedom POS www.oxfd.com	Oxford Plan #3 Liberty HMO www.oxfd.com	Oxford Plan #4 Liberty EPO www.oxfd.com	Oxford Plan #5 Freedom POS www.oxfd.com	Oxford Plan #6 Freedom H.S.A. www.oxfd.com	Oxford Plan #7 Liberty Direct POS www.oxfd.com	Oxford Plan #8 Freedom EPO www.oxfd.com
Monthly Rates	Individual: \$463.82 Emp & Spouse: \$1,008.41 Emp/Child(ren): \$849.27 Family: \$1,416.84	Individual: \$666.53 Emp & Spouse: \$1,454.37 Emp/Child(ren): \$1,224.57 Family: \$2,045.24	Individual: \$389.13 Emp & Spouse: \$944.08 Emp/Child(ren): \$711.39 Family: \$1,185.30	Individual: \$500.18 Emp & Spouse: \$1,048.38 Emp/Child(ren): \$916.84 Family: \$1,529.56	Individual: \$580.62 Emp & Spouse: \$1,265.37 Emp/Child(ren): \$1,065.65 Family: \$1,778.91	Individual: \$343.65 Emp & Spouse: \$744.03 Emp/Child(ren): \$627.25 Family: \$1,044.32	Individual: \$520.90 Emp & Spouse: \$1,133.98 Emp/Child(ren): \$955.17 Family: \$1,624.45	Individual: \$526.95 Emp & Spouse: \$1,147.29 Emp/Child(ren): \$966.36 Family: \$1,612.56
Referral Requirement	Referrals Required	Referrals Required	Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required	
Deductible	In-Net: \$1250/\$2500 Out-Net: N/A	In-Net: N/A Out-Net: \$1,000/\$2,000	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: \$3,000/\$9,000	In-Net: \$2,850/\$5,700 Out-Net: N/A	In-Net: \$500/\$1,000 Out-Net: \$1,000/\$2,000	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Coinsurance	In-Net: 100%	In-Net: 100% (radiology 20% up to \$100 per procedure)	In-Net: 100%	In-Net: 100%	In-Net: 100%	In-Net: 100%	In-Net: 90% of \$10,000	
Office Co-payments	Out-Net: N/A	Out-Net: 70% of \$10,000	Out-Net: N/A	Out-Net: N/A	Out-Net: 70% of \$10,000	Out-Net: N/A	Out-Net: 70% of \$10,000	
Hospitals	In-Net: 100% After Deductible Out-Net: N/A	In-Net: 70% after Deductible Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: 70% after Deductible Out-Net: N/A	In-Net: 70% after Deductible Out-Net: N/A	In-Net: 100% After Deductible Out-Net: N/A	In-Net: 90% After Deductible Out-Net: 70% after Deductible	
Prescription Benefits	In-Net: 100% After Deductible Generic: \$10 Preferred: \$25 Non-Preferred: \$50 Subject to Deductible Annual Maximum: Unlimited	Out-Net: 70% after Deductible Generic: \$10 Preferred: \$25 Non-Preferred: \$50 \$50 Annual Deductible- Waived for Generic Annual Maximum: Unlimited	Out-Net: N/A Generic: \$15 Preferred: \$35 Non-Preferred: \$75 \$100 Annual Deductible- Waived for Generic Annual Maximum: Unlimited	Out-Net: N/A Generic: \$10 Preferred: \$25 Non-Preferred: \$50 \$50 Annual Deductible- Waived for Generic Annual Maximum: Unlimited	Out-Net: 70% After Deductible Generic: \$15 Preferred: \$30 Non-Preferred: \$60 \$100 Annual Deductible- Waived for Generic Annual Maximum: \$3,000	In-Net: 100% After Deductible Generic: \$10 Preferred: \$25 Non-Preferred: \$50 Subject to Deductible Annual Maximum: Unlimited	In-Net: 90% After Deductible Generic: \$15 Preferred: \$30 Non-Preferred: \$60 \$100 Annual Deductible- Waived for Generic Annual Maximum: \$3,000	In-Net: 90% After Deductible Generic: \$10 Preferred: \$25 Non-Preferred: \$50 \$100 Annual Deductible- Waived for Generic Annual Maximum: Unlimited
Emergency Room	In-Net: 100% After Deductible 19/23 yrs	\$75 Copay Waived If Admitted 19/23 yrs	\$150 Copay 19/23 yrs	\$75 Copay Waived If Admitted 19/23 yrs	\$150 Copay Waived If Admitted 19/23 yrs	90% After Deductible 19/23 yrs	\$75 Copay Waived If Admitted 19/23 yrs	
Mental Health Inpatient (Biologically based mental health services treated as any other illness)	In-Net: 100% After Deductible-30 days max per calendar yr	In-Net: \$250 copay per day- 30 days per yr. max (\$1,250 Calendar max)	In-Net: \$500 per day, \$1,000 max per confinement-30 visits max per calendar yr	In-Net: \$300 per day (5 day max) 30 Days per calendar yr max.	In-Net: \$500 per admission- 30 Days per calendar yr max.	In-Net: 100% After Deductible-30 days per yr. max	In-Net: 90% After Deductible-30 days per yr. max	
Mental Health Outpatient (Biologically based mental health services treated as any other illness)	Out-Net: N/A	Out-Net: 70% after Deductible (30 days max per calendar yr.)	Out-Net: N/A	Out-Net: N/A	Out-Net: 50% after Deductible (30 days max per calendar yr.)	Out-Net: N/A	Out-Net: 70% after Deductible (30 days max per calendar yr.)	
Chiropractic	In-Net: 100% After Deductible Out-Net: N/A	In-Net: \$40 Copay Out-Net: 70% After Deductible	In-Net: \$50 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: 70% After Deductible	In-Net: N/A Out-Net: N/A	In-Net: \$50 Copay Out-Net: N/A	