



### III. OXFORD USA PRODUCT/FIRST HEALTH NETWORK/PLAN DESIGN

#### A) Oxford USA (non-gated POS plan design options)

##### 1. Plan Designs

Options	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4	<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 6
Copayment	\$10	\$15	\$15	\$15	\$20	\$20
Single Deductible	\$250	\$250	\$500	\$1,000	\$500	\$1,000
Family Deductible	\$500	\$500	\$1,000	\$2,000	\$1,000	\$2,000
Coinsurance	70%	70%	70%	70%	70%	70%
Single Max. Out-of-Pocket	\$1,750	\$1,750	\$2,000	\$4,000	\$3,500	\$4,000

##### 2. Pharmacy Benefit: Generic/Preferred brand /Non-Preferred brand

- No Pharmacy
- \$5/\$15/\$50
- \$5/\$15/\$50 with \$50 Deductible
- \$5/\$15/\$50 with \$100 Deductible
- \$7/\$20/\$50
- \$7/\$20/\$50 with \$50 Deductible
- \$7/\$20/\$50 with \$100 Deductible (includes contraceptives)

- In-network coverage is through The First Health Network
- All Out of network services are subject to deductibles and 70/30 coinsurance with \$10,000 Coinsurance Limit.
- 70th percentile HIAA UCR
- \$50 Emergency Room Copayment
- 90 Physical Therapy visits per condition per lifetime.
- 30 Mental Health visits- 50% copay in-network/ \$25 out of network.

##### 3. Additional Benefit Information

- Vision
- Dependent Student Eligibility Cutoff:
  - Reaching the age of 23 (Standard)
  - 25 (non standard)
  - Other:

SUBJECT TO HOME OFFICE APPROVAL

#### B) Oxford USA (Freedom Plan Direct plan design options)

No referrals are required for these plan designs

##### 1. Plan Designs

##### In-Network/Out-of-Network

Options	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3
Copayment	\$15	\$25	\$25
Single Deductible	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000
Family Deductible	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	90%/70%	80%/60%	80%/60%
Single Max. Out-of-Pocket	\$1,500/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000

Deductibles and out-of-pocket accumulation periods are on a calendar year basis.

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**2. Additional Benefit Information**

Vision

Dependent Student Eligibility Cutoff:

Reaching the age of 23 (Standard)

25(non standard)

Other:

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**3. Pharmacy Benefit: Generic/Preferred brand /Non-Preferred brand**

(Deductibles are waived for generic drugs)

Options	Generic	Preferred Brand	Non-Preferred Brand	Mail Order	Deductible
<input type="checkbox"/> Option 1	\$10 copay	\$25 copay	\$50 copay	2x copay	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250
<input type="checkbox"/> Option 2	\$15 copay	50%	50%	N/A	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250
<input type="checkbox"/> Waived Coverage	N/A	N/A	N/A	N/A	N/A

Contraceptives:

Yes (Standard)

No (Qualified State Exempt Groups Only)

**IV. RATE INFORMATION**

**Monthly Rates:**

	Single	EE/Spouse	EE/Child	Family
\$				

**V. APPLICANT AGREEMENT**

This Addendum forms a part of the Application between the Group and Us. In the event of a conflict between the provisions of this Addendum and the Application, the provisions of this Addendum will prevail. All other terms and conditions of the Application remain in full force and effect. Nothing contained in this Addendum will be held to vary, alter, waive, or extend any of the terms, conditions, provisions or limitations of the Application to which this Addendum is attached, other than as specifically stated herein.

Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Oxford Health Insurance, Inc.

**X**

Signature of Authorized Officer of the Company

Title

Witness

Duly Licensed Resident Agent/Broker

**Note:** If there are any modifications to the statements and answers given in this application (i.e., crossed out, whited-out, erased information), the applicant must attest to the modifications by giving a complete signature in the margin near the modification.



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**there is another way®**