

III. OXFORD USA PRODUCT/PLAN DESIGN

A) Oxford USA (Non-gated POS plan design options – In-network and Out-of-network)

1. Plan Designs (No referrals are required for these plan designs)

Instructions: Please select a plan option and any additional benefit options as provided below.

| 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 | <input type="checkbox"/> Plan 7 | <input type="checkbox"/> Plan 8 | <input type="checkbox"/> Plan 9 | <input type="checkbox"/> Plan 10 |
|---------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Copayment | \$10 | \$15 | \$15 | \$15 | \$20 | \$20 | \$20 | \$25 | \$15/\$25 | \$25/\$40 |
| Hospital Copayment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$500 inpatient | \$100 inpatient \$100 outpatient | \$500 inpatient \$150 outpatient |
| Single Deductible | \$250 | \$250 | \$500 | \$1,000 | \$500 | \$1,000 | \$2,000 | \$2,000 | \$1,000 | \$2,000 |
| Family Deductible | \$625 | \$625 | \$1,250 | \$2,500 | \$1,250 | \$2,500 | \$5,000 | \$5,000 | \$2,500 | \$5,000 |
| Coinsurance | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% |
| Single Max. Out-of-Pocket | \$1,750 | \$1,750 | \$2,000 | \$4,000 | \$3,500 | \$4,000 | \$5,000 | \$5,000 | \$4,000 | \$5,000 |
| Out-of-Network | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ |

2. Pharmacy Benefit:

| Options | Tier 1 | Tier 2 | Tier 3 | Mail Order | Deductible** (Please select one) |
|--|----------------|----------------|----------------|-----------------------|---|
| <input type="checkbox"/> Option 1 | \$7 Copayment | \$20 Copayment | \$40 Copayment | 2.5x Copayment | <input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 |
| <input type="checkbox"/> Option 2 | \$10 Copayment | \$30 Copayment | \$60 Copayment | 2.5x Copayment | <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 |
| <input type="checkbox"/> Option 3 | \$15 Copayment | 50% | 50% | 2.5x Copayment or 50% | <input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 |
| <input type="checkbox"/> Option 4 | \$15 Copayment | \$35 Copayment | \$75 Copayment | 2.5x Copayment | \$100 |
| <input type="checkbox"/> Waived Coverage | N/A | N/A | N/A | N/A | N/A |

**Deductible applies to Tier 2 and Tier 3 drugs.

Contraceptives:

Yes (Standard) No (Qualified State Exempt Groups Only)

3. Additional Benefit Information:

- Vision
- Domestic Partner
- Coverage for Biologically Based Mental Illness and Children with Serious Emotional Disturbances
- Unlimited Mental Health***
- In-network coverage is through UnitedHealthcare Choice Plus Network
- \$50 Emergency Room Copayment
- 90 Physical Therapy visits per condition, per lifetime

*** Required for employers who average 51 or more total employees, including seasonal and/or part-time employees, during the prior calendar year.

Dependent Student Eligibility Cutoff:

- Mandated Offering – Dependent Age Extension to 29
- Other: _____

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¹When a Medicare rate is not available, reimbursement is based upon certain gap methodology, including a gap methodology using relative value data from Ingenix, Inc. We and Ingenix are related companies through common ownership by UnitedHealth Group. When a gap methodology is not available, reimbursement is based upon 50% of the provider's billed charge.

III. OXFORD USA PRODUCT/PLAN DESIGN (CONTINUED)

B) Oxford (Freedom Plan Metro Access Non-gated – No referrals required)

1. Plan Designs (No referrals are required for these plan designs)

Instructions: Please select a plan option and any additional benefit options as provided below.

| Options | <input type="checkbox"/> Option 1 | <input type="checkbox"/> Option 2 | <input type="checkbox"/> Option 3 |
|--|------------------------------------|------------------------------------|------------------------------------|
| Office visit copayment | \$20 PCP/\$30 specialist | \$30 PCP/\$50 specialist | \$50 PCP/\$75 specialist |
| Hospital copayment | \$500 per admission | \$500 per admission | \$750 per admission |
| Outpatient/Hospital ambulatory surgery | \$250 copayment | \$500 copayment | \$500 copayment |
| Out-of-network deductible - Single/Family | \$2,000/\$6,000 | \$3,000/\$9,000 | \$3,000/\$9,000 |
| Out-of-network coinsurance - Single/Family | 70% to \$10,000/\$30,000 | 70% to \$10,000/\$30,000 | 70% to \$20,000/\$60,000 |
| Out-of-network Reimbursement | 140% of Medicare rate ¹ | 140% of Medicare rate ¹ | 140% of Medicare rate ¹ |

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

2. Pharmacy Benefit

| Options | Tier 1 | Tier 2 | Tier 3 | Mail Order | Deductible** (Please select one) |
|--|----------------|----------------|----------------|-----------------------|--|
| <input type="checkbox"/> Option 1 | \$10 copayment | \$30 copayment | \$60 copayment | 2.5x copayment | <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 |
| <input type="checkbox"/> Option 2 | \$15 copayment | 50% | 50% | 2.5x copayment or 50% | <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 |
| <input type="checkbox"/> Option 3 | \$15 copayment | \$35 copayment | \$75 copayment | 2.5x copayment | \$100 |
| <input type="checkbox"/> Waived Coverage | N/A | N/A | N/A | N/A | N/A |

**Deductible applies to Tier 2 and Tier 3 drugs.

3. Additional Benefit Options:

- Vision Domestic Partner Other: _____
- SUBJECT TO HOME OFFICE APPROVAL
- Coverage for Biologically Based Mental Illness and Children with Serious Emotional Disturbances
- Mandated Offering – Dependent Age Extension to 29
- Unlimited Mental Health***

***Required for employers who average 51 or more total employees, including seasonal and/or part-time employees, during the prior calendar year.

Contraceptives: Yes (Standard) No (Qualified State Exempt Groups Only)

C) Oxford USA (Freedom Plan Direct plan design options – NON-GATED)

1. Plan Designs (No referrals are required for these plan designs) In-network/Out-of-network

| Options | <input type="checkbox"/> Plan 1 | <input type="checkbox"/> Plan 2 | <input type="checkbox"/> Plan 3 | <input type="checkbox"/> Plan 4 |
|------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Copayment | \$25/\$40 | \$25/\$40 | \$30/\$50 | \$50/\$75 |
| Single Deductible | \$500/\$1,000 | \$1,000/\$2,000 | \$2,000/\$2,000 | \$2,500/\$6,000 |
| Family Deductible | \$1,250/\$2,500 | \$2,500/\$5,000 | \$5,000/\$5,000 | \$6,250/\$15,000 |
| Coinsurance | 80%/60% | 80%/60% | 80%/60% | 80%/60% |
| Out-of-network Reimbursement | 140% of Medicare rate ¹ | 140% of Medicare rate ¹ | 140% of Medicare rate ¹ | 140% of Medicare rate ¹ |
| Single Max Out-of-Pocket | \$2,500/\$5,000 | \$3,000/\$6,000 | \$4,000/\$6,000 | \$6,500/\$18,000 |

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

III. OXFORD USA PRODUCT/PLAN DESIGN (CONTINUED)

2. Pharmacy Benefit:

| Options | Tier 1 | Tier 2 | Tier 3 | Mail Order | Deductible** (Please select one) |
|--|----------------|----------------|----------------|-----------------------|--|
| <input type="checkbox"/> Option 1 | \$10 Copayment | \$30 Copayment | \$60 Copayment | 2.5x Copayment | <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 |
| <input type="checkbox"/> Option 2 | \$15 Copayment | 50% | 50% | 2.5x Copayment or 50% | <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Option 3 | \$15 Copayment | \$35 Copayment | \$75 Copayment | 2.5x Copayment | \$100 |
| <input type="checkbox"/> Waived Coverage | N/A | N/A | N/A | N/A | N/A |

**Deductible applies to Tier 2 and Tier 3 drugs.

Contraceptives:

Yes (Standard)

No (Qualified State Exempt Groups Only)

3. Additional Benefit Information:

Vision

Domestic Partner

Other: _____

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Coverage for Biologically Based Mental Illness and Children with Serious Emotional Disturbances

Unlimited Mental Health***

***Required for employers who average 51 or more total employees, including seasonal and/or part-time employees, during the prior calendar year.

Dependent Student Eligibility Cutoff: Mandated Offering - Dependent Age Extension to 29

D) Oxford USA HSA Direct

Please note: Groups enrolling in the Oxford USA HSA Direct must also fill out an Oxford HSA Bank Notification Form (#7423). No referrals are required for these plan designs.

In-Network/Out-of-Network

| 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 |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Single Deductible** | \$1,250/ \$2,000 | \$2,000/ \$2,000 | \$2,850/ \$2,850 | \$1,250/ \$2,000 | \$2,000/ \$2,000 | \$2,850/ \$2,850 |
| Family Deductible** | \$2,500/ \$4,000 | \$4,000/ \$4,000 | \$5,700/ \$5,700 | \$2,500/ \$4,000 | \$4,000/ \$4,000 | \$5,700/ \$5,700 |
| Coinsurance | 80%/60% | 90%/70% | 90%/70% | 100%/70% | 100%/70% | 100%/70% |
| Single Medical Maximum Out-of-Pocket | \$3,250/ \$6,000 | \$3,000/ \$5,000 | \$3,850/ \$5,850 | \$1,250/ \$5,000 | \$2,000/ \$5,000 | \$2,850/ \$5,850 |
| Family Medical Maximum Out-of-Pocket | \$6,500/ \$12,000 | \$6,000/ \$10,000 | \$7,700/ \$11,700 | \$2,500/ \$10,000 | \$4,000/ \$10,000 | \$5,700/ \$11,700 |
| Out-of-Network Reimbursement | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ | 140% of Medicare Rate ¹ |

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

Additional Benefit Options: Vision Domestic Partner Other: _____

SUBJECT TO HOME OFFICE APPROVAL

Coverage for Biologically Based Mental Illness and Children with Serious Emotional Disturbances

Mandated Offering – Dependent Age Extension to 29

Unlimited Mental Health***

***Required for employers who average 51 or more total employees, including seasonal and/or part-time employees, during the prior calendar year.

III. OXFORD USA PRODUCT/PLAN DESIGN(CONTINUED)

Please select optional prescription drug coverage** (Required):

| Options | Tier 1 | Tier 2 | Tier 3 | Mail-Order |
|-----------------------------------|----------------|----------------|----------------|-----------------------|
| <input type="checkbox"/> Option 1 | \$10 copayment | \$30 copayment | \$60 copayment | 2.5x copayment |
| <input type="checkbox"/> Option 2 | \$15 copayment | 50% | 50% | 2.5x copayment or 50% |
| <input type="checkbox"/> Option 3 | \$15 copayment | \$35 copayment | \$75 copayment | 2.5x copayment |

Contraceptives:

Yes (Standard)

No (Qualified State Exempt Groups Only)

****NOTE:** As of April 1, 2005, all in-network medical and pharmacy services are subject to the in-network deductible. Once the deductible has been satisfied, the applicable medical coinsurance and prescription drug copayment will apply based on the option selected at plan inception. Out-of-network benefits are accumulated separately. No individual on a multiple person contract may satisfy the individual deductible and maximum out-of-pocket until the entire family deductible or maximum out-of-pocket have been met.

IV. RATE INFORMATION

Monthly Rates: All new groups are subject to the four-tier rate structure indicated below. Rates must be included in the spaces below for application processing.

Please note: All four categories must be completed.

| Single | Couple | Parent/Children | 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. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Dated at: _____ this _____ day of _____ 20 _____

Oxford Health Insurance, Inc.

X

Signature of Authorized Officer of the Company

Title

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.

Witness

Duly Licensed Resident Agent/Broker