

Summary of major differences between TEIGIT Oxford Plans - 2009

	Liberty Metro Plan	Freedom Metro Plan	Freedom Plan	HSA HD Plan	Freedom Exclusive - EPO	Comments:
Network of Providers:	Liberty Network	Freedom Network				The Oxford Freedom Network has more member providers than the Oxford Liberty Network.
	Outside of the Oxford Tri-State area, United HealthCare Choice Plus Providers are considered In-Network for all plans, with no referrals necessary					
Out-of-Network deductible: Individual/Family	\$2000/\$6000	\$1000/\$3000	\$300/\$750	\$2,850/\$5,700* (does not include In-Network Deductible.)	No Out-of-Network Coverage, except for Emergencies	*Note: HSA HD Plan has 2 separate deductibles; one for In-Network, and one for Out-of-Network. Also: HSA HD only - entire family deductible (\$5,700 in / \$5,700 out of Network) must be met before benefits apply to any one individual in a multi-person policy.
In-Network deductible: Individual/Family	No In-Network deductible			\$2,850/\$5,700* (does not include Out-of-Network Deductible.)	No In-Network Deductible	
Prescription coverage / Deductible	No Prescription Coverage	\$10/\$25/\$50 up to 30 days; \$20/\$50/\$100 for Mail Order up to 90 days				In-network only
		\$50 Tier 2/ Tier 3 deductible	No deductible	Yes, after In-Network Plan Deductible	\$50 Tier 2/ Tier 3 deductible	
In-Network, Outpatient office visits; PCP/Specialist	\$25/\$40	\$15/\$25	\$10/\$10	100% after deductible	\$20/\$40	United HealthCare Choice Plus Providers are considered In-Network when you are outside of the Oxford area.
	Specialist Visits require referrals In-Network			No referrals necessary		
Preventive Care/ Immunizations, In-Network	No Charge (In-Network benefit only)					
Routine pediatric care, out of Network	No charge through age 19, based on UCR; \$500 max/year		Subject to deductible and coinsurance.		N/A	
Pediatric Dental Care	N/A		Preventive Dental Care	N/A		Freedom Plan only - (through age 11) in and out of network
Hospitalization, In-Network	\$250/day copay, max 5 copays/year	\$100/admission	no charge	100% after deductible	\$200/admission	
Short term PT or Rehab outpt	60 visits/ \$40 copay	60 visits/ \$25 copay	90 visits/ \$10 copay	60 visits/100% after deductible	60 visits/ \$40 copay	In-network only, per condition per lifetime
In- or Out-of-Network Mental Health visits; max 30 visits	Specialist co-pay In-network		Unlimited visits for Biologically-based Mental Illness		\$40 copay	EPO: Mental Health visits - in network only
Skilled Nursing Facility	200 days/calendar year		30 (thirty) days/ calendar year	200 days/calendar year		

**** Note that these are just a few of the significant differences between the plans. Review all plans carefully prior to making your decision.. ****

Please contact us with questions. teigit@teigit.com, 518-348-1270, 800-886-7504