

**Summary of major differences between TEIGIT Oxford Plans - 2010**

<b>Rates</b>	<b>Liberty Metro Plan</b>	<b>Freedom Metro Plan</b>	<b>Freedom Plan</b>	<b>Freedom Exclusive - EPO</b>	<b>HSA HD Plan</b>	<b>Comments:</b>	
<b>Member Only</b>	\$551.57	\$812.33	\$1,028.65	\$633.29	\$470.14		
<b>Couple</b>	\$1,213.47	\$1,787.11	\$2,057.30	\$1,393.24	\$1,034.31		
<b>Member &amp; Child(ren)</b>	\$1,020.42	\$1,502.80	\$1,954.44	\$1,171.60	\$869.77		
<b>Family</b>	\$1,709.88	\$2,518.20	\$3,188.82	\$1,963.21	\$1,485.65		
<b>Network of Providers:</b>	Liberty Network	Freedom Network					<i>The Oxford Freedom Network has more member providers than the Oxford Liberty Network.</i>
	Outside of the Oxford Tri-State area, United HealthCare Choice Plus Providers are considered In-Network for all plans, with no referrals necessary						
<b>Gated/Non-Gated</b>	<b>Gated:</b> Referrals from Primary Care Provider required to see in-network specialists. (PCP, Ob/Gyn considered Primary Care)			<b>Non-Gated:</b> No Referrals Required.			
<b>Out-of-Network deductible: Individual/Family</b>	\$2000/\$6000	\$1000/\$3000	\$300/\$750	<b>No Out-of-Network Coverage, except for Emergencies</b>	\$2,850/\$5,700* (does not include In-Network Deductible.)	<i>*Note: HSA HD Plan has 2 separate deductibles; one for In-Network, and one for Out-of-Network.</i>	
<b>In-Network deductible: Individual/Family</b>	No In-Network deductible				\$2,850/\$5,700* (does not include Out-of-Network Deductible.)	<i>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.</i>	
<b>Out-of-Network Coinsurance</b>	70% based on Medicare rates	70% of Usual, Customary and Reasonable (UCR)		N/A	70% of UCR	<i>Liberty Metro reimburses out-of-network care based on 140% of Medicare rates.</i>	
<b>Prescription Coverage / Deductible</b>	<b>No Prescription Coverage</b>	\$10/\$25/\$50 up to 30 days; \$20/\$50/\$100 for Mail Order up to 90 days					
		\$50 Tier 2/ Tier 3 deductible	No deductible	\$50 Tier 2/ Tier 3 deductible	Yes, after In-Network Plan Deductible (\$2,850/\$5,700)	<b>In-network only</b>	
<b>In-Network, Outpatient office visits; PCP/Specialist</b>	\$25/\$40	\$15/\$25	\$10/\$10	\$20/\$40	100% after deductible	<i>United HealthCare Choice Plus Providers are considered In-Network when you are outside of the Oxford Tri-State area.</i>	
	In-Network Specialist Visits require referrals			No referrals necessary			
<b>Preventive Care/ Immunizations, In-Network</b>	No Charge (In-Network benefit only)						
<b>Routine pediatric care, out of Network</b>	No charge through age 19, \$500 max/year			N/A	Deductible & Coinsurance/ max \$300/year		
	Based on 140% Medicare Rates	based on UCR					
<b>Pediatric Dental Care</b>	N/A		Preventive Dental Care	N/A		<b>Freedom Plan only - (through age 11) in and out of network</b>	
<b>Hospitalization, In-Network</b>	\$250/day copay, max 5 copays/year	\$100/admission	no charge	\$200/admission	100% after deductible		
<b>Short term PT or Rehab outpt</b>	60 visits/ \$40 copay	60 visits/ \$25 copay	90 visits/ \$10 copay	60 visits/ \$40 copay	60 visits/100% after deductible	<i>Per condition per lifetime</i>	
<b>Mental Health Visits</b>	30 Visits/Calendar year		30 Visits per calendar year, non-biologically based. Unlimited visits for biologically-based diagnoses.			<i>EPO: Mental Health visits - in network only</i>	
<b>Skilled Nursing Facility</b>	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