

Summary of major differences between TEIGIT Oxford Plans - 2012

	** Note: Significant changes to the policies for 2012 **					Comments:
	Liberty Direct Plan*	Freedom Direct Plan*	Freedom Plan	Freedom Exclusive - EPO	Freedom HSA HD Plan	
						*Liberty Direct Plan replaces Liberty Metro Plan *Freedom Direct Plan replaces Freedom POS Plan
Individual	\$513.55	\$841.56	\$1,121.01	\$726.09	\$551.24	
Couple	\$1,129.80	\$1,851.43	\$2,242.02	\$1,597.40	\$1,212.73	
Member/Child(ren)	\$954.28	\$1,561.11	\$2,151.64	\$1,347.24	\$1,024.02	
Family	\$1,629.87	\$2,666.40	\$3,501.89	\$2,257.53	\$1,749.00	
Network of Providers:	Liberty Network	Freedom Network				
	Outside of the Oxford Tri-State area, United HealthCare Choice Plus Providers are considered In-Network for all plans, with no referrals necessary					The Oxford Freedom Network has more member providers than the Oxford Liberty Network.
* Referrals Required?	No Referrals		Referrals Required	No Referrals		Only the Freedom Plan requires referrals. No referrals for Ob/gyn
* In-Network deductible: Individual/Family	\$2000/\$5000 <i>In-Network deductible in these plans only applies when there is no standard copay. ie - hospitalization.</i>	\$500/\$1250	N/A	N/A	\$2,850/\$5,700* Preventive Care covered before deductible	*Note: Liberty Direct, Freedom Direct and the HSA HD Plans all have both in and out of network deductibles. 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 Coinsurance - Out of Pocket (OOP) Max (Ind/Family)	80% (\$4000/\$10,000)	80% (\$2500/\$6250)	N/A	N/A	90% (\$3,850/\$7,750)	
* Out-of-Network deductible: Individual/Family	\$2000/\$5000	\$1000/\$2500	\$300/\$750	No Out-of-Network Coverage, except for Emergencies	\$2,850/\$5,700*	
* Out-of-Network Coinsurance - Out of Pocket (OOP) Max (Ind/Family)	60% (\$6,000/\$15,000)	60% (\$5,000/\$12,500)	80% (\$1,300/\$3250)	N/A	70% (\$5,850/\$11,700)	Coinsurance is based on 140% of Medicare rates. Max includes Deductible.
Preventive Care/ Immunizations, In-Network	No Charge (In-Network benefit only)					
* In-Network, Outpatient office visits; PCP/Specialist	\$30/\$50	\$25/\$40	\$20/\$20	\$25/\$50	90% after deductible	United HealthCare Choice Plus Providers are considered In-Network when you are outside of the Oxford Tri-State area.
	No referrals necessary		Specialist Visits require referrals	No referrals necessary		
Prescription Coverage / Deductible	No Prescription Coverage	\$10/\$30/\$60 up to 30 days; \$25/75/\$150 for Mail Order up to 90 days			Yes, after In-Network Plan Deductible (\$2,850/\$5,700)	In-network only
* Outpatient Services, In-network	In-network deductible & coinsurance		No charge	\$300	90% after deductible	
ER visits (if not admitted)	\$200 (Ambulance - Deduct & Coinsurance)		\$50	\$200		
* Hospitalization, In-Network	In-network deductible & coinsurance		\$100/admission	\$300/day copay, max 5 copays/year		
* Radiology	50% to max of \$100		No Charge	50% to max of \$100		Patient payment per procedure
* Short term PT or Rehab outpt	60 visits/ \$50 copay	60 visits/ \$40 copay	90 visits/ \$20 copay	60 visits/ \$50 copay	60 visits/90% after deductible	Per condition per lifetime
Mental Health Visits	30 Visits/Calendar year	30 Visits per calendar year, non-biologically based. Unlimited visits for biologically-based diagnoses.				EPO: Mental Health visits - In-network only
* Skilled Nursing Facility	200 days/calendar year		Unlimited Days	200 days/calendar year		
Pediatric Dental Care	N/A		Preventive Dental Care thru age 11	N/A		Only available in Freedom Plan
Acupuncture - In-network	N/A		\$20/visit	N/A		Only available in Freedom Plan

**** 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

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