



## CompreHealth HMO+ 30/50-1000

HealthPass	CompreHealth HMO+ 30/50-1000
Benefit	In-Network
Drug Card	
Prescription Card	15/35/75/Yes/100
The product of the pr	
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$0 copay
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
Heavital Danafita	
Hospital Benefits Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (wavied if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay
Mental Health	
Mental Nervous In-Patient	\$1,000/admis
	30 days/cal yr
	Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis
	Rehab- Not covered
	Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child
	20 visits/cal yr
	Unlimited bio-based
Substance Abuse Out-Patient	\$25 copay/\$0 dep child
	60 visits/cal yr
Other	
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	\$0 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis
Therapy Services Out-Patient	30 days/cal yr \$50 copay/\$0 dep child
merapy ocivides out-rationt	30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr
Optical (1 exam every 24 months)	\$50 copay
(Eyeglasses)	\$45 a pair
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CompreHealth HMO - Gated 1.31.11





## CompreHealth HMO+ 30/50-1000 G

HealthPass	CompreHealth HMO+ 30/50-1000 G
Benefit	In-Network
Drug Card	
	\$15 Generic Only
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$0 copay
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay
Mental Health	
Mental Nervous In-Patient	\$1,000/admis
	30 days/cal yr
	Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis
	Rehab- Not covered
Mantal Namiaus Out Dationt	Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr
	Unlimited bio-based
Substance Abuse Out-Patient	\$25 copay/\$0 dep child
Substance Abuse Out-Patient	60 visits/cal vr
	······································
Other	Φ0 agray.
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care Home Health Care	\$50 copay/\$0 dep child
Non-Authorization	\$0 copay; 40 visits/cal yr Refer to carrier
Therapy Services In-Patient	\$1,000/admis
Therapy Services III-Falletil	30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child
Therapy dervices Out-Falletit	30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr
Optical (1 exam every 24 months)	\$500 ded/cai yi
(Eveglasses)	\$45 a pair
(Lycyiasscs)	у <del>т</del> о а рап

CompreHealth HMO - Gated

1.31.12





# Oxford Freedom Ease EPO 50-500(2500max)

HealthPass	Oxford Freedom Ease EPO 50-500(2500max)	
Benefit	In-Network	
Drug Card		
	15/35/75/Yes/100	
Major Medical		
Deductible Ind/Fam	N/A	
Co-Insurance	N/A	
Out-of-Pocket	N/A	
Office Co-pay	\$50	
DXL/Lab Fees Specialist Co-pay	Lab-no charge; DXL 50%; \$100 max \$50	
Lifetime Maximum	Unlimited	
Lifetime Maximum	Offillifiled	
Hospital Benefits		
Hospital In-Patient	\$500/day; \$2,500 max/cal yr	
Hospital Out-Patient	\$500 copay	
Emergency Room	\$200 copay (waived if admitted)	
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	No charge	
Surgical Out-Patient	\$500 copay	
Mental Health		
Mental Nervous In-Patient	\$500/day; \$2,500 max/cal yr	
	30 days/cal yr	
Substance Abuse In-Patient	\$500/day; \$2,500 max/cal yr	
	Rehab-30 days/cal yr	
	Detox-7 days/cal yr	
Mental Nervous Out-Patient	\$50 copay	
Cubatanas Abusa Out Dationt	30 visits/cal yr	
Substance Abuse Out-Patient	No charge 60 visits/cal yr	
Out.	•	
Other Well Care(Up to 19)	No charge	
Routine Adult Care	No charge	
Chiropractic Care	No charge \$50 copay	
Home Health Care	\$50 copay; 40 visits/cal yr	
Non-Authorization	Refer to carrier	
Therapy Services In-Patient	\$500/day; \$2,500 max/cal yr	
	60 cons/cond/life	
Therapy Services Out-Patient	\$50 copay	
•	60 visits/cond/life	
Durable Medical Equipment	No charge; \$1,500 max/cal yr	





### Oxford Liberty HMO 30/50-500(1000max)

HealthPass	Oxford Liberty HMO 30/50-500	
Benefit	In-Network	
Delient	III-ING (WOLK	
Drug Card		
	15/35/75/Yes/100	
Major Medical		
Deductible Ind/Fam	N/A	
Co-Insurance	N/A	
Out-of-Pocket	N/A	
Office Co-pay	\$30	
DXL/Lab Fees	Lab-no charge; DXL-20% Colns up to \$100/procedure	
Specialist Co-pay Lifetime Maximum	\$50 Unlimited	
Lifetime Maximum	Onlimited	
Hospital Benefits		
Hospital In-Patient	\$500/day; \$1,000 max/admis	
Hospital Out-Patient	\$150 copay	
Emergency Room	\$150 copay (waived if admitted)	
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	No charge	
Surgical Out-Patient	\$150 copay	
Mental Health		
Mental Nervous In-Patient	\$500/day; \$1,000 max/admis	
	30 days/cal yr	
Substance Abuse In-Patient	\$500/day; \$1,000 max/admis	
	Rehab-30 days/cal yr	
	Detox-7 days/cal yr	
Mental Nervous Out-Patient	\$50 copay	
0.1.1	30 visits/cal yr	
Substance Abuse Out-Patient	\$30 copay	
	60 visits/cal yr	
Other		
Well Care(Up to 19)	No charge	
Routine Adult Care	No charge	
Chiropractic Care	\$50 copay	
Home Health Care	\$30 copay; 40 visits/cal yr	
Non-Authorization	Refer to carrier	
Therapy Services In-Patient	\$500/day; \$1,000 max/admis	
Therapy Services Out-Patient	60 cons/cond/life \$50 copay	
merapy Services Out-Fatterit	จอบ copay 60 visits/cond/life	
Durable Medical Equipment	No charge; \$1,500 max/cal yr	
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Oxford - HMO Gated 7.15.10





### EmblemHealth EPOcs+ 40-2500 1K/50%

Benefit	HealthPass	EH EPOcs+ 40-2500 1K/50%
Major Medical	Benefit	In-Network
Major Medical	Drug Card	
Deductible Ind/Fam         \$2,50087,500 (cal yr)           Cot-Insurance         80%           Out-of-Pocket         \$4,5008 13,500 (incl ded)           Office Co-pay         \$4,050 dep child           DXL/Lab Fees         Lab-\$40, DXL_40% Colns; \$150 max/\$0 dep child           Specialist Co-pay         \$40,500 dep child           Lifetime Maximum         Unlimited           Hospital Benefits         The Special Benefits           Hospital In-Patient         Ded & Colns           Hospital Out-Patient         Ded & Colns           Emergency Room         \$200 copay (waived if admit)           Private Nursing         Not covered           Surgical Praffiert         Ded & Colns           Surgical Praffiert         Ded & Colns           Surgical Praffiert         Ded & Colns           Surgical In-Patient         Ded & Colns           Mental Nervous In-Patient         Ded & Colns           Substance Abuse In-Patient         Ded & Colns           Mental Nervous Out-Patient         Patient Praffier		10/30/50/Yes/50 thresh 1000 then 50%
Co-Insurance		
Out-6-Pocket         \$4,5008;13,500 (incl ded)           Office Co-pay         \$40/50 dep. child           DXL/Lab Fees         Lab-\$40; DXL-40% Coins; \$150 max/\$0 dep child           Specialist Co-pay         \$40/50 dep. child           Lifetime Maximum         Unlimited           Hospital In-Patient           Hospital In-Patient         Ded & Coins           Emergency Room         \$200 copay (waived if admit)           Private Nursing         Not covered           Surgical Benefits           Surgical In-Patient         Ded & Coins           Surgical In-Patient         Ded & Coins           Mental Health           Mental Health         Ded & Coins           Mental Nervous In-Patient         Ded & Coins           Substance Abuse In-Patient         Ded & Coins           Substance Abuse In-Patient         Peto-7 days/cal yr           Wental Nervous Out-Patient         \$40,50 dep child           Substance Abuse Out-Patient         \$40,50 dep child           Substance Abuse Out-Patient         \$40,50 dep child           Well Care (Up to 19)         No charge           Well Care (Up to 19)         No charge           Routine Adult Care         No charge           Chiropractic Care <td></td> <td></td>		
Office Co-pay         \$40*\$0 dep child           Specialist Co-pay         \$40*\$0 dep child           Lifetime Maximum         Unlimited           Hospital In-Patient         Ded & Colns           Hospital Out-Patient         Ded & Colns           Emergency Room         \$200 copay (waived if admit)           Private Nursing         Not covered           Surgical In-Patient         Ded & Colns           Surgical In-Patient         Ded & Colns           Surgical Out-Patient         Ded & Colns           Mental Health         Ded & Colns           Mental Nervous In-Patient         Ded & Colns           Substance Abuse In-Patient         Ded & Colns           Substance Abuse In-Patient         Ded & Colns           Mental Nervous Out-Patient         \$40*\$0 dep child           Substance Abuse Out-Patient         \$40*\$0 dep child           Substance Abuse Out-Patient         \$40*\$0 dep child           Substance Abuse Out-Patient         \$40*\$0 dep child           Other         Unlimited bit-based           Well Care(Up to 19)         No charge           Routine Adult Care         No charge           Home Health Care         \$40*\$0 dep child           Home Health Care         \$40*\$0 dep child           No		
DXLLab Fees   Lab-\$40; DXL-40% Colns; \$150 max/\$0 dep child   Colns   Separation   Colns   Colns   Separation   Colns		
Specialist Co-pay Lifetime Maximum S40% dep child Unlimited Unlimited Williams S40% dep child Unlimited Williams S40% dep child Unlimited Williams S40% dep child S60% dep		
Lifetime Maximum  Hospital Benefits Hospital In-Patient Hospital Out-Patient Hospital Out-Patient Hospital Out-Patient Hospital Out-Patient Emergency Room \$200 copay (waived if admit) Private Nursing  Not covered  Surgical Benefits Surgical In-Patient Surgical In-Patient Ded & Colns Surgical Out-Patient Ded & Colns Surgical Virual Bealth Mental Nervous In-Patient Ded & Colns Substance Abuse In-Patient Ded & Colns Rehab-30 days/cal yr Unlimited toil-obased Ded & Colns Substance Abuse Out-Patient Substance		
Hospital In-Patient Hospital Out-Patient Emergency Room Private Nursing Surgical Benefits Surgical In-Patient Surgical Out-Patient Ded & Colns Surgical Out-Patient Surgical Out-Patient Ded & Colns  Mental Health Mental Nervous In-Patient Ded & Colns Substance Abuse In-Patient Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr Detox-7 days/cal yr Unlimited bio-based Substance Abuse Out-Patient Substance Out-Patient Substance Abuse Out-Patient Substance Abuse Out-Patient Substance Abuse Out-Patient Substance Abuse Out-Patient Substance Out-Patie		
Hospital Out-Patient S200 copay (waived if admit) Private Nursing S200 copay (waived if admit) Not covered S200 copay (waived if admit) S200 c		
Emergency Room Private Nursing Surgical Benefits Surgical In-Patient Surgical Out-Patient Surgical Out-Patient Mental Health Mental Nervous In-Patient Substance Abuse In-Patient Substance Abuse Out-Patient Ded & Colns Substance Abuse Out-Patient Mental Nervous Out-Patient Substance Abuse Out-Patient Mental Nervous Out-Patient Substance Abuse Out-Patient Mental Nervous Out-Patient Substance Abuse Out-Patient Substance A		
Private Nursing  Surgical Benefits  Surgical In-Patient Surgical Out-Patient Ded & Colns Surgical Out-Patient Mental Health  Mental Nervous In-Patient Ded & Colns  Substance Abuse In-Patient Ded & Colns  Substance Abuse In-Patient Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr Detox-7 days/cal yr Detox-7 days/cal yr Unlimited bio-based  Substance Abuse Out-Patient Substance Abuse Out-Patient Substance Abuse Out-Patient Substance Abuse Out-Patient Other  Other  Other  Other  No charge Routine Adult Care Non-Authorization Refer to carrier Therapy Services In-Patient Substance Abuse Out-Patient Ded & Colns Rehab-30 days/cal yr Unionited bio-based Substance Abuse Out-Patient Other  Refer to carrier Therapy Services Out-Patient Ded & Colns Substance Abuse Out-Patient Substance Abuse Out-Patient Ded & Colns Substance Abuse Out-Patient Ded & Colns Substance Abuse Out-Patient Substance Abuse Out-Patient Ded & Colns Substance Abuse Out-Patient Ded & Colns Substance Abuse Out-Patient Substance Abuse		
Surgical Benefits   Surgical In-Patient   Ded & Colns		
Surgical In-Patient Surgical Out-Patient  Mental Health  Mental Nervous In-Patient  Substance Abuse In-Patient  Mental Nervous Out-Patient  Substance Abuse Out-Patient  Mental Nervous Out-Patient  Substance Abuse Out-Patient  Mental Nervous Out-Patient  Substance Abuse Out-Patient  Substance Abuse Out-Patient  No charge  Well Care(Up to 19)  No charge  No charg	r iivate ivuisiiig	Not covered
Mental Health       Mental Nervous In-Patient     Ded & Coins 30 days/cal yr Unlimited bio-based       Substance Abuse In-Patient     Ded & Coins Rehab-30 days/cal yr Detox-7 days/cal yr Unlimited bio-based       Substance Abuse Out-Patient     \$40/\$0 dep child 60 visits/cal yr Unlimited bio-based       Substance Abuse Out-Patient     \$40/\$0 dep child 60 visits/cal yr Up to 20 family visits       Other       Well Care(Up to 19)     No charge       Routine Adult Care     No charge       Chiropractic Care     \$40/\$0 dep child       Home Health Care     20% Coins; 200 visits/cal yr       Non-Authorization     Refer to carrier       Therapy Services In-Patient     Ded & Coins       30 days/cal yr       Therapy Services Out-Patient     30 days/cal yr       Durable Medical Equipment     Ded & Coins       Optical (1 exam every 24 months)     \$10 Copay/\$0 dep child       (hardware only children under age 26     \$20 Copay		
Mental Health  Mental Nervous In-Patient  Ded & Colns 30 days/cal yr Unlimited bio-based  Substance Abuse In-Patient  Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr Detox-7 days/cal yr Detox-7 days/cal yr Detox-8 days/cal yr Detox-9 child 30 visits/cal yr Unlimited bio-based  Substance Abuse Out-Patient  \$40/\$0 dep child 60 visits/cal yr Up to 20 family visits   Other  Well Care(Up to 19)  No charge Chiropractic Care Adult Care Chiropractic Care Substance Abuse Out-Patient  No charge Chiropractic Care Substance Abuse Out-Patient  Ded & Colns Substance Abuse		
Mental Nervous In-Patient  Bed & Colns 30 days/cal yr Unlimited bio-based  Substance Abuse In-Patient  Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr Detox-7 days/cal yr Mental Nervous Out-Patient  \$40/\$0 dep child 30 visits/cal yr Unlimited bio-based  Substance Abuse Out-Patient  \$40/\$0 dep child 60 visits/cal yr Unlimited bio-based  \$40/\$0 dep child 60 visits/cal yr Un to 20 family visits   Cotter  Well Care(Up to 19)  Routine Adult Care No charge Routine Adult Care No charge Chiropractic Care No charge Chiropractic Care Adult Care Non-Authorization Refer to carrier Therapy Services In-Patient Ded & Colns 30 days/cal yr Therapy Services Out-Patient  Ded & Colns 30 days/cal yr Durable Medical Equipment Ded & Colns Optical (1 exam every 24 months) (hardware only children under age 26  \$20 Copay	Surgical Out-Patient	Ded & Colns
Substance Abuse In-Patient  Substance Abuse In-Patient  Annual Nervous Out-Patient  Mental Nervous Out-Patient  Substance Abuse Out-Patient  Annual Nervous Out-Patient  Substance Abuse Out-Patient  Substance Abuse Out-Patient  Annual Nervous Out-Patient  Substance Abuse Out-Patient  Annual Nervous Out-Patient  Substance Abuse Out-Patient  Annual Nervous Out-Patient  No charge  No charge  No charge  Chiropractic Care  Annual Nervous Out-Patient  A		
Substance Abuse In-Patient  Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr Detox-7 days/cal yr Mental Nervous Out-Patient  Substance Abuse Out-Patient  Substance Abuse Out-Patient  Other  Well Care(Up to 19) Routine Adult Care Chiropractic Care Home Health Care Chiropractic Care Non-Authorization Therapy Services In-Patient  Ded & Colns Jo visits/cal yr Refer to carrier Ded & Colns Jo days/cal yr Norable Medical Equipment  Optical (1 exam every 24 months) (hardware only children under age 26  Substance Abuse In-Patient Ded & Colns Substance Abuse Out-Patient Substance Abuse	Mental Nervous In-Patient	
Rehab-30 days/cal yr Detox-7 days/cal yr  Mental Nervous Out-Patient  Mental Nervous Out-Patient  Substance Abuse Out-Patient  Substance Abuse Out-Patient  Well Care (Up to 19)  Routine Adult Care Chiropractic Care Chiropractic Care Home Health Care Chiropractic Services In-Patient  Detax Services In-Patient  Patient  Detax Services Out-Patient  Refer to carrier  Therapy Services Out-Patient  Substance Abuse Out-Patient  Patient  Substance Abuse Out-Patient  Authorization  Refer to carrier  Therapy Services In-Patient  Substance Abuse Out-Patient  Substance Out-Pat		Unlimited bio-based
Mental Nervous Out-Patient  Adv/\$0 dep child \$40/\$0 dep child 30 visits/cal yr Unlimited bio-based  Substance Abuse Out-Patient  Adv/\$0 dep child 60 visits/cal yr Up to 20 family visits   Other  Well Care(Up to 19) Routine Adult Care Chiropractic Care Abuse Care Chiropractic Care Abuse Care Abuse Avorable Avorable Home Health Care No charge Chiropractic Care Substance Avorable A	Substance Abuse In-Patient	
Mental Nervous Out-Patient  \$40/\$0 dep child 30 visits/cal yr Unlimited bio-based  Substance Abuse Out-Patient  \$40/\$0 dep child 60 visits/cal yr Up to 20 family visits   Other  Well Care(Up to 19) Routine Adult Care No charge Routine Adult Care Chiropractic Care Home Health Care Non-Authorization Therapy Services In-Patient  Ded & Colns 30 days/cal yr  Durable Medical Equipment Optical (1 exam every 24 months) (hardware only children under age 26  \$40/\$0 dep child 30 visits/cal yr Durable Medical Equipment Optical (1 exam every 24 months)  \$10 Copay/\$0 dep child (hardware only children under age 26  \$20 Copay  \$20 Copay  \$20 Copay		
Substance Abuse Out-Patient  Substance Out-Pa	Mandal Names of Oat Dations	
Substance Abuse Out-Patient  \$40/\$0 dep child 60 visits/cal yr Up to 20 family visits   Other  Well Care(Up to 19) Routine Adult Care Chiropractic Care Health Care No charge Chiropractic Care Health Care Non-Authorization Refer to carrier Therapy Services In-Patient Ded & Colns 30 days/cal yr Therapy Services Out-Patient Ded & Colns 30 visits/cal yr  Durable Medical Equipment Ded & Colns Optical (1 exam every 24 months) (hardware only children under age 26  Ded & Copay	Mental Nervous Out-Patient	
Substance Abuse Out-Patient  \$40/\$0 dep child 60 visits/cal yr Up to 20 family visits   Other  Well Care(Up to 19) Routine Adult Care Chiropractic Care Alouse Care Home Health Care No charge Chiropractic Care \$40/\$0 dep child Home Health Care Conno, 200 visits/cal yr Non-Authorization Refer to carrier Therapy Services In-Patient Ded & Colns 30 days/cal yr Therapy Services Out-Patient \$40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment Ded & Colns Optical (1 exam every 24 months) (hardware only children under age 26 \$20 Copay		
Other  Well Care(Up to 19) Routine Adult Care Chiropractic Care Home Health Care Chiropractic Care No charge Chiropractic Care S40/\$0 dep child Home Health Care Consequence Chiropractic Care S40/\$0 dep child Care Chiropractic Care S40/\$0 dep child Care Consequence Chiropractic Care S40/\$0 dep child Care Consequence Chiropractic Care S40/\$0 dep child Care Consequence Chiropractic Care S40/\$0 dep child Consequence Chiropractic Care S40/\$0 dep child S0 days/cal yr Consequence Conseque	Substance Abuse Out-Patient	
OtherWell Care(Up to 19)No chargeRoutine Adult CareNo chargeChiropractic Care\$40/\$0 dep childHome Health Care20% Colns; 200 visits/cal yrNon-AuthorizationRefer to carrierTherapy Services In-PatientDed & Colns 30 days/cal yrTherapy Services Out-Patient\$40/\$0 dep child 30 visits/cal yrDurable Medical EquipmentDed & ColnsOptical (1 exam every 24 months) (hardware only children under age 26\$20 Copay	Cubstance Abuse Cut I ducin	
Well Care(Up to 19) Routine Adult Care Routine Adult Care Chiropractic Care S40/\$0 dep child Home Health Care Connection Non-Authorization Refer to carrier Therapy Services In-Patient Ded & Colns 30 days/cal yr Therapy Services Out-Patient S40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment Ded & Colns Optical (1 exam every 24 months) (hardware only children under age 26  No charge No charge No charge No charge No charge S40/\$0 dep child 30 visits/cal yr Ded & Colns S10 Copay/\$0 dep child \$20 Copay		
Routine Adult Care Chiropractic Care S40/\$0 dep child Home Health Care Pon-Authorization Refer to carrier Therapy Services In-Patient Therapy Services Out-Patient Therapy Services Out-Patient  Ded & Colns 30 days/cal yr Therapy Services Out-Patient S40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment Ded & Colns Optical (1 exam every 24 months) (hardware only children under age 26  No charge  \$40/\$0 dep child 30 visits/cal yr  Ded & Colns  \$10 Copay/\$0 dep child \$20 Copay	Other	
Chiropractic Care \$40/\$0 dep child Home Health Care 20% Colns; 200 visits/cal yr Non-Authorization Refer to carrier Therapy Services In-Patient Ded & Colns 30 days/cal yr Therapy Services Out-Patient \$40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment Ded & Colns Optical (1 exam every 24 months) \$10 Copay/\$0 dep child (hardware only children under age 26 \$20 Copay	` ' '	No charge
Home Health Care  Non-Authorization  Refer to carrier  Therapy Services In-Patient  Ded & Colns 30 days/cal yr  Therapy Services Out-Patient  \$40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment  Ded & Colns  Coptical (1 exam every 24 months) (hardware only children under age 26)  20% Colns; 200 visits/cal yr  Ded & Colns  \$40/\$0 dep child \$0 visits/cal yr  Ded & Colns  \$10 Copay/\$0 dep child		
Non-Authorization Therapy Services In-Patient Ded & Colns 30 days/cal yr Therapy Services Out-Patient \$40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment Ded & Colns Optical (1 exam every 24 months) (hardware only children under age 26  Refer to carrier  Ded & Colns \$40/\$0 dep child 30 visits/cal yr  Ded & Colns \$10 Copay/\$0 dep child \$20 Copay	•	
Therapy Services In-Patient  Ded & Colns 30 days/cal yr  Therapy Services Out-Patient  \$40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment  Ded & Colns  Optical (1 exam every 24 months) (hardware only children under age 26)  Ded & Colns  \$10 Copay/\$0 dep child \$20 Copay		
Therapy Services Out-Patient  \$40/\$0 dep child \$30 visits/cal yr  Durable Medical Equipment  Ded & Colns  Optical (1 exam every 24 months)  (hardware only children under age 26  \$20 Copay		
Therapy Services Out-Patient  \$40/\$0 dep child 30 visits/cal yr  Durable Medical Equipment  Ded & Colns  Optical (1 exam every 24 months) (hardware only children under age 26  \$20 Copay	Therapy Services III-F allent	
Optical (1 exam every 24 months) \$10 Copay/\$0 dep child (hardware only children under age 26 \$20 Copay	Therapy Services Out-Patient	\$40/\$0 dep child
Optical (1 exam every 24 months) \$10 Copay/\$0 dep child (hardware only children under age 26 \$20 Copay	Durable Medical Equipment	
(hardware only children under age 26 \$20 Copay	Optical (1 exam every 24 months)	





#### EmblemHealth EPOcs+ 50-2500 G

HealthPass	EmblemHealth EPOcs+ 50-2500 G
Donafit	In Matrica de
Benefit	In-Network
Drug Card	
	\$15 Generic Only
	•
Major Medical Deductible Ind/Fam	\$2,500/\$7,500
Co-Insurance	\$2,300/\$7,300 70%
Out-of-Pocket	\$5,000/\$15,000 (incl ded)
Office Co-pay	\$5,000/\$15,000 (included) \$50/\$0 dep child
DXL/Lab Fees	Lab-\$50; DXL-40% Colns; \$150 max/\$0 dep child
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
	- Intrinod
Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
Sangisti Sat Fation	253 % 651116
Mental Health	
Mental Nervous In-Patient	Ded & Colns
	30 days/cal yr
	Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns
	Rehab-30 days/cal yr
	Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50/\$0 dep child
	30 visits/cal yr
	Unlimited bio-based
Substance Abuse Out-Patient	\$50/\$0 dep child
	60 visits/cal yr
	Up to 20 family visits
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns
••	30 days/cal yr
Therapy Services Out-Patient	\$50/\$0 dep child
••	30 visits/cal yr
Durable Medical Equipment	Ded & Colns
Optical (1 exam every 24 months)	\$10 Copay/\$0 dep child
(hardware only children under age 26	\$20 Copay
every 24 months)	

4.01.12





### Oxford Liberty EPOcs 25/50-2000

HealthPass	Oxford Liberty EPOc 25/50-2000	
Benefit	In-Network	
Drug Card		
	15/35/75/Yes/100	
Major Medical		
Deductible Ind/Fam	\$2,000/\$5,000 (plan yr)	
Co-Insurance	90%	
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	
Office Co-pay DXL/Lab Fees	\$25	
Specialist Co-pay	Lab-no charge; DXL 50%; \$100 max \$50	
Lifetime Maximum	Unlimited	
Lileunie Maximuni	Offillifilted	
Hospital Benefits		
Hospital In-Patient	Ded & Colns	
Hospital Out-Patient	Ded & Colns	
Emergency Room	\$200 copay (waived if admitted)	
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	Ded & Colns	
Surgical Out-Patient	Ded & Colns	
Mental Health		
Mental Nervous In-Patient	Ded & Colns	
	30 days/cal yr	
Substance Abuse In-Patient	Ded & Colns	
	Rehab-30 days/cal yr	
	Detox-7 days/cal yr	
Mental Nervous Out-Patient	\$50 copay	
	30 visits/cal yr	
Substance Abuse Out-Patient	\$50 copay per visit	
	60 visits/cal yr	
Other		
Well Care(Up to 19)	No charge	
Routine Adult Care	No charge	
Chiropractic Care	\$50 copay	
Home Health Care	10% Colns; 40 visits/cal yr	
Non-Authorization	Refer to carrier	
Therapy Services In-Patient	Ded & Colns	
Therapy Services Out-Patient	60 cons/cond/life \$50 copay	
Therapy Services Out-Fatterit	60 visits/cond/life	
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	
• •	•	





### **Oxford Liberty PPOcs 25/40-1000/2000**

	Oxford Liberty PPOcs 25/40 -1000/2000	
Benefit	In-Network	Out-Network
Drug Card		
	15/50%/50%/Yes/100	
Major Medical		
	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
	80%	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
Hospital Benefits		
Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)
Private Nursing	Not covered	Not covered
Surgical Benefits		
3	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns
Mental Health		
	Ded & Colns	Ded & Colns
	30 days/cal yr	30 days/cal yr
	Ded & Colns	In-network only
	Rehab-30 days/cal yr	
	Detox-7 days/cal yr	D 1001
	\$40 copay	Ded & Colns
	30 visits/cal yr	30 visits/cal yr
	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr
Othor	·	
Other Well Care(Up to 19)	No oborgo	Ded & Colns; \$300 max/cal yr
	No charge No charge	In-network only
	\$40 copay	Ded & Colns
	20% Colns; 40 visits/cal yr	25% Colns; 40 visits/cal yr
	Refer to carrier	Refer to carrier
	Ded & Colns	Ded & Colns
	60 cons/cond/life	60 cons/cond/life
	\$40 copay	Ded & Colns
	60 visits/cond/life	60 visits/cond/life
	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

<sup>\*140%</sup> of Medicare 12.29.10





#### **EmblemHealth HSA EPO 5800**

HealthPass EmblemHealth	EmblemHealth HSA EPO 5800	
Benefit	In-Network	
Drug Card		
Mater Madical	100% after ded	
Major Medical Deductible Ind/Fam	ØE 000/011 000 (plan ur)	
Co-Insurance	\$5,800/\$11,600 (plan yr) N/A	
Out-of-Pocket	\$5,800/\$11,600 (incl ded)	
Office Co-pay	No charge after ded	
DXL/Lab Fees	No charge after ded	
Specialist Co-pay	No charge after ded	
Lifetime Maximum	Unlimited	
Hospital Benefits		
Hospital In-Patient	No charge after ded	
Hospital Out-Patient	No charge after ded	
Emergency Room	No charge after ded (waived if admitted)	
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	No charge after ded	
Surgical Out-Patient	No charge after ded	
Mental Health		
Mental Nervous In-Patient	No charge after ded	
	30 days/cal yr	
	Unlimited bio-based	
Substance Abuse In-Patient	No charge after ded	
	Rehab-30 days/cal yr	
Mantal Namero Out Patient	Detox-7days/cal yr	
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr	
	Unlimited bio-based	
Substance Abuse Out-Patient	No charge after ded	
Substance Abuse Out-Fatterit	60 visits/cal yr	
	Up to 20 family visits	
Other		
Well Care(Up to 19)	No charge	
Routine Adult Care	No charge	
Chiropractic Care	No charge after ded	
Home Health Care	No charge after ded; 200 visits/cal yr	
Non-Authorization	Refer to carrier	
Therapy Services In-Patient	No charge after ded	
T	30 days/cal yr	
Therapy Services Out-Patient	No charge after ded	
Donalds Madical Engineers	30 visits/cal yr	
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr	

#### 4.01.12

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers.

Final rates must be based on insurance carrier confirmation and finalenrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.





#### **EmblemHealth HealthEssentials**

HealthPass EmblemHealth	EmblemHealth HealthEssentials	
Benefit	In-Network	
Drug Card		
	\$15 Generic Only	
Major Medical		
Deductible Ind/Fam	N/A	
Co-Insurance	N/A	
Out-of-Pocket	N/A	
Office Co-pay	Not covered	
DXL/Lab Fees	Not covered	
Specialist Co-pay	Not covered	
Lifetime Maximum	Unlimted	
Hospital Benefits		
Hospital In-Patient	\$500 copay; \$1,500 max/admis	
Hospital Out-Patient	\$750 copay	
Emergency Room	\$200 copay (waived if admit)	
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	\$500 copay; \$1,500 max/admis	
Surgical Out-Patient	\$750 copay	
Mental Health		
Mental Nervous In-Patient	\$500 copay; \$1,500 max/admis	
	30 days/cal yr	
Substance Abuse In-Patient	\$500 copay; \$1,500 max/admis	
	Rehab- unlimited	
	Detox-7 days/cal yr	
Mental Nervous Out-Patient	No charge	
	30 visits/cal yr	
Substance Abuse Out-Patient	No charge	
	60 visits/cal yr	
Other		
Well Care(Up to 19)	No charge	
Routine Adult Care	No charge	
Chiropractic Care	Not covered	
Home Health Care	No charge; 40 visits/cal yr	
Non-Authorization	Refer to carrier	
Therapy Services In-Patient	\$500 copay; \$1,500/admis 30 days/cal yr	
Therapy Services Out-Patient	Not covered	
Durable Medical Equipment	Not covered	
Advanced Radiology	No charge	
Urgent Care	Not covered	
Prenatal/Postnatal Care	Not covered Not covered	
Delivery & Inpatient	Not covered	
Habilitation services	Not covered	
Annual Maximum	N/A	
A HITIGAT MAZATITATI	13// 1	

#### 11.1.12

Please note that this is a hospital based plan. Except for preventive care, medical services that are billed by a physician rather than a network hospital are not covered under this plan.





### Oxford USA PPOcs 25/40-1000/2000

HealthPass/Oxford	ss/Oxford Oxford USA PPOc 25/40-1000/2000	
Benefit	In-Network	Out-Network
benefit	in-Network	Out-Network
Drug Card		
	15/50%/50%/Yes/100	
Major Medical		
Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%*	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
Hospital Benefits		
Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	Ded & Colns (waived if admitted)
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns
Mental Health		
Mental Nervous In-Patient	Ded & Colns	Ded & Colns
	30 days/cal yr	30 days/cal yr
Substance Abuse In-Patient	Ded & Colns	In-network only
	Rehab-30 days/cal yr	
	Detox-7 days/cal yr	
Mental Nervous Out-Patient	\$40 copay	Ded & Colns
	30 visits/cal yr	30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay	Ded & Colns
	60 visits/cal yr	60 visits/cal yr
Other		
Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	20% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns	Ded & Colns
	60 cons/cond/life	60 cons/cond/life
Therapy Services Out-Patient	\$40 copay	Ded & Colns
	90 visits/cond/life	90 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

<sup>\*140%</sup> of Medicare 12.29.10