

III. OXFORD USA PRODUCT/PLAN DESIGN

A) Oxford USASM (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

2. Pharmacy Benefit:

Options	Generic	Preferred Brand	Non-preferred Brand	Mail Order	Deductible** (Please select one)
<input type="checkbox"/> Option 1	\$7 Copayment	\$20 Copayment	\$40 Copayment	2x 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	\$25 Copayment	\$50 Copayment	2x 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 3	\$15 Copayment	50%	50%	2x 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	\$30 Copayment	\$60 Copayment	\$30/\$60/\$180	\$100 (Required)
<input type="checkbox"/> Waived Coverage	N/A	N/A	N/A	N/A	N/A

* This pharmacy plan has a maximum per contract year of \$3,000, applicable to all drugs.

**Deductible waived for generic drugs.

Contraceptives:

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

3. Additional Benefit Information:

Vision

Dependent Student Eligibility Cutoff:

Reaching the age of 23 (standard)

25 (non-standard)

Other:

- In-network coverage is through United Choice Plus Network
- 70th percentile HIAA UCR
- \$50 Emergency Room Copayment
- 90 Physical Therapy visits per condition, per lifetime
- 30 Mental health visits

In-network

50% Copayment

Out-of-network

Maximum amount payable is \$25 per visit

SUBJECT TO HOME OFFICE APPROVAL

III. OXFORD USA PRODUCT/PLAN DESIGN (CON'T)

B) Oxford USA, (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
Office visit copayment:	\$20 PCP/\$30 specialist	\$30 PCP/\$50 specialist
Hospital copayment	\$500 per admission	\$500 per admission
Outpatient/Hospital Ambulatory surgery	\$250 copayment	\$500 copayment
Out-of-Network deductible - Single/Family	\$2,000/\$6,000	\$3,000/\$9,000
Out-of-Network coinsurance - Single/Family	70% to \$10,000/\$30,000	70% to \$10,000/\$30,000
Out-of-Network Reimbursement	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR

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

2. Pharmacy Benefit

Options	Generic	Preferred Brand	Non-Preferred Brand	Mail Order	Deductible ** (Please select one)
<input type="checkbox"/> Option 1	\$10 copayment	\$25 copayment	\$50 copayment	2x copayment	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500
<input type="checkbox"/> Option 2	\$15 copayment	50%	50%	2x 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	\$30 copayment	\$60 copayment	\$30/\$60/\$180	\$100 (Required)
<input type="checkbox"/> Waived Coverage	N/A	N/A	N/A	N/A	N/A

*This pharmacy plan has a maximum per contract year of \$3,000, applicable to all drugs.

**Deductible waived for generic drugs.

3. Additional Benefit Options: Vision

Other: _____

Age 25 Dependent Student Cutoff (Age 23 is standard)

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Note: Cutoff must match for all plan designs selected.

Contraceptives:

Yes (Standard)

No (Qualified State Exempt Groups Only)

C) Oxford USASM (Freedom Plan[®] DirectSM 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	<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 6
Copayment	\$15/\$25	\$25/\$40	\$25/\$40	N/A	N/A	N/A
Single Deductible	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$500/\$1,000	\$2,000/\$2,000	\$1,000/\$2,000
Family Deductible	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$4,000/\$4,000	\$2,000/\$4,000
Coinsurance	90%/70%	80%/60%	80%/60%	90%/70%	90%/70%	80%/60%
Out-of-network Reimbursement	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR	<input type="checkbox"/> 150% of Medicare rate <input type="checkbox"/> 70% UCR
Single Max. Out-of-Pocket	\$1,500/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$1,500/\$4,000	\$3,000/\$5,000	\$3,000/\$6,000

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

III. OXFORD USA PRODUCT/PLAN DESIGN (CON'T)

2. Pharmacy Benefit:

Options	Generic	Preferred Brand	Non-preferred Brand	Mail Order	Deductible** (Please select one)
<input type="checkbox"/> Option 1	\$10 Copayment	\$25 Copayment	\$50 Copayment	2x Copayment	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$250
<input type="checkbox"/> Option 2	\$15 Copayment	50%	50%	2x 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	\$30 Copayment	\$60 Copayment	\$30/\$60/\$180	\$100 (Required)
<input type="checkbox"/> Waived Coverage	N/A	N/A	N/A	N/A	N/A

*This pharmacy plan has a maximum per contract year of \$3,000, applicable to all drugs.

**Deductible waived for generic drugs.

Contraceptives:

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

3. Additional Benefit Information:

Other:

Vision

Dependent Student Eligibility Cutoff: _____

Reaching the age of 23 (Standard)

25 (non-standard)

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D) Oxford USA HSA DirectSM

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 **	\$1,100/ \$2,000	\$2,000/ \$2,000	\$2,850/ \$2,850	\$1,100/ \$2,000	\$2,000/ \$2,000	\$2,850/ \$2,850
Family Deductible **	\$2,200/ \$4,000	\$4,000/ \$4,000	\$5,700/ \$5,700	\$2,200/ \$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	\$3,100/ \$6,000	\$3,000/ \$5,000	\$3,850/ \$5,850	\$1,100/ \$5,000	\$2,000/ \$5,000	\$2,850/ \$5,850
Family Medical Maximum Out-of-Pocket	\$6,200/ \$12,000	\$6,000/ \$10,000	\$7,700/ \$11,700	\$2,200/ \$10,000	\$4,000/ \$10,000	\$5,700/ \$11,700

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

Additional Benefit Options:

Vision

Age 25 Dependent Student Cutoff (Age 23 is standard)

Other: _____

SUBJECT TO HOME OFFICE APPROVAL

Note: Cutoff must match for all plan designs selected.

III. OXFORD USA PRODUCT/PLAN DESIGN (CON'T)

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

Options	Generic	Preferred Brand	Non-Preferred Brand	Mail-Order
<input type="checkbox"/> Option 1	\$10 copayment	\$25 copayment	\$50 copayment	2x copayment
<input type="checkbox"/> Option 2	\$15 copayment	50%	50%	2x copayment or 50%

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 copay will apply based on the option selected at plan inception. Out-of-network benefits are accumulated separately.

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