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Area Westchester 10589	Oxford Metro Frdm Metro 25-50/\$1000Ded/Coins/NG (EPOc)		Oxford Metro Lbty Metro 25-50/300/NG (EPO)		Oxford Metro Frdm Metro 30-50/500/NG (POS)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b><u>Drug Card</u></b>						
Prescription Card	15/50%/50%/Yes/100		15/50%/50%/Yes/100		15/50%/50%/Yes/100	
<b><u>Major Medical</u></b>	UCR=N/A		UCR=N/A		UCR=70%	
Deductible Ind/Fam	\$1,000/\$2,000		N/A		N/A \$3000/\$9000	
Co-Insurance	90%		N/A		None 70% of \$10,000	
Out-of-Pocket	\$1,000/\$2,000 excl ded		N/A		N/A \$3000/\$9000 excl ded	
Office Co-pay	\$25		\$25 Copay		\$30 Copay Ded & Co-Ins	
DXL/Lab Fees	Par Lab-No Charge; X Ray-Ded & Coins		No Charge at Part. Lab Only		No Charge at Part. Lab Only Ded & Co-Ins	
Specialist Co-pay	\$50		\$50 Copay		\$50 Copay Ded & Co-Ins	
Lifetime Maximum	Unlimited		Unlimited		Unlimited Unlimited	
<b><u>Hospital Benefits</u></b>						
Hospital In-Patient	Ded & CoIns		\$300/day; 5 days max/cal yr		\$500 Copay Ded & Co-Ins	
Hospital Out-Patient	Ded & CoIns		\$300/incident		\$500 Copay Ded & Co-Ins	
Emergency Room	\$75 Copay		\$75 Copay		\$150 Copay \$150 Copay	
Private Nursing	No Information Available		Not Covered		Not Covered Not Covered	
<b><u>Surgical Benefits</u></b>						
Surgical In-Patient	Ded & CoIns		No Charge		No Charge Ded & Co-Ins	
Surgical Out-Patient	Ded & CoIns		\$300/incident		\$500 Copay Ded & Co-Ins	
<b><u>Mental Health</u></b>						
Mental Nervous In-Patient	Ded & CoIns 30 days/yr max		\$300/day; 5 days max/cal yr 30 days/calendar year		\$500 Copay Ded & Co-Ins 30 days/max 30 Visits/Year	
Substance Abuse In-Patient	Ded & CoIns 30 days/yr max-rehab 7 days/yr max- detox		\$300/day; 5 days max/cal yr 7 days of detox./calendar year		\$500 Copay Ded & 50% Co-Ins 30 days/max-Rehab 30 days/max-Rehab 7 days/max-detox 7 days/max-detox	
Mental Nervous Out-Patient	\$50 Copay 30 visits per year		\$50 Copay 30 visits per year		\$50 Copay Ded & Co-Ins 30 visits per year 30 visits per year	
Substance Abuse Out-Patient	No Charge 60 vists/yr max		No Charge 60 visits/calendar year		No Charge Ded & Co-Ins 60 Visits/Year 60 Visits/Year	
<b><u>Other</u></b>						
Well Care(Up to 19)	No Charge		No Charge		No Charge No Charge Prev Care thru Age 19/\$500 annual max payable	
Routine Adult Care	No Charge		No Charge		No Charge In-Net Benefit Only	
Chiropractic Care	\$50 Copay		\$50 Copay		\$50 Copay Ded & Co-Ins	
Home Health Care	Coinsurance No Deductible -40 vists/yr max		\$50 Copay, 40 visits max		\$50 Copay, 40 visits max 20% Co-Insurance, 40 visits max	
Non-Authorization	No Information Available		50% Reduction		50% Reduction 50% Reduction	
Single	1 x	380.10	1 x	387.51	1 x	494.85
EE with Spouse	1 x	836.22	1 x	852.52	1 x	1,088.67
EE with Child(ren)	1 x	703.19	1 x	716.90	1 x	915.47
Family	1 x	1,178.31	1 x	1,201.29	1 x	1,534.03
Medicare	0	0.00	0	0.00	0	0.00
<b>Monthly Cost</b>	<b>4</b>	<b>3,097.82</b>	<b>4</b>	<b>3,158.22</b>	<b>4</b>	<b>4,033.02</b>
Annual Cost	37,173.84		37,898.64		48,396.24	

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.

(d) Non-Formulary / Oral Contraceptive / Deductible

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**Footnote Report**

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**Prepared By:** Christopher Serraro  
**Prepared For:** CLIENT X  
**Report Id:** 9961001

**Prepared On:** 2/5/2009  
**Effective Date:** 3/1/2009

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**Oxford Metro**

Rx Tier Structure  
Description

Effective 1/1/2007, Pharmacy copayments are based on the following tier structure Tier 1 lowest copay, Tier 2 middle copay and Tier 3 highest copay. Please contact the carrier for additional information.