

MEHIP/Oxford Commercial Small Group Plan Point of Service Option-C

| Benefit Features | MEHIP POS – In-Network <i>(Services Provided by a Network Provider)</i> | MEHIP POS – Out-of-Network <i>(Services Provided by any Provider)</i> |
|--|--|--|
| Outpatient Physician Visits | \$25/\$40 specialist copay | 70% after deductible |
| well-child and immunizations. Preventive dental (under age 12) | \$0 copay Age-based schedule | 70% after deductible |
| Diagnostic X-ray and Lab (MRI) | 100% at participating laboratories | 70% after deductible |
| Chiropractic/Naturopathic Therapy | \$40 copay (treatment plan required for chiro) | 70% after deductible |
| Allergy Services | \$40 copay | 70% after deductible |
| Durable Medical Equipment \$1,500 per calendar year | .Pre certified by Oxford in advance and ordered by an Oxford participating provider | 70% after deductible (prior authorization required) |
| Prescription Drugs <i>Oxford : Mac C</i> | \$10 generic/\$20 formulary/ \$40 non-formulary, 2X mail order copay, Unlimited maximum, Includes contraceptive drugs | Not covered |
| Emergency Care | \$100 (subject to guidelines, waived if admitted-notification required) | \$100 (subject to guidelines, waived if admitted) |
| Urgent Care | \$40 copay (subject to guidelines) | 70% after deductible |
| Ambulance | 100% (if emergency) | 100% (if emergency) |
| Pre-admission Testing | 100% | 70% after deductible |
| Pre-Admission Certification/Concurrent Review | Through network physician | 70% after deductible |
| Inpatient Hospital | \$250 per day copay up to \$2000 per calendar year | 70% after deductible (pre-certification required) |
| Inpatient Physician | 100% (pre-certification required) | 70% after deductible (pre-certification required) |
| Outpatient Surgical Facility | \$100 copay (pre-certification required) | 70% after deductible (pre-certification required) |
| Mental Health | Inpatient – \$250 copay per day up to \$2000 per calendar year (pre-certification required) Outpatient - \$40 copay | 70% after deductible (pre-certification required) |
| Substance Abuse | (pre-certification required) | (pre-certification required) |
| Inpatient | \$250 copay per day up to up to \$2000 per calendar year | 70% after deductible |
| Outpatient | No charge | 70% after deductible |
| Family Rehabilitation 20 visits per calendar year | No charge. | 70% after deductible |
| Skilled Nursing Facility 30 days per calendar year | \$250 copay per day up to \$2,000 per calendar year, (pre-certification required) | 70% after deductible (pre-certification required) |
| Home Health Care 80 visits per calendar year | \$25 copay (pre-certification required) | 80% after deductible(pre-certification required) |
| Hospice 210 days per lifetime | \$250 copay per day up to \$2,000 per calendar year (pre-certification required) | 70% after deductible (pre-certification required) |
| Dependent Child Rider | 19/23 if full time student | |
| Deductibles | | |
| Individual | None | \$1,000 |
| Family | None | \$3,000 |
| Coinsurance Limit | | |
| Individual | None | \$4,500 |
| Family | None | \$13,500 |
| Out-of-Pocket Maximums | | |
| Individual | None | \$ 5,500 (Includes Deductible) |
| Family | None | \$ 16,500(Includes Deductible) |
| Coinsurance | None | 70/30% of allowable charges |
| Lifetime Maximum | None | None |

This sample summary of coverage is provided for informational purposes only. The applicable summary of benefits will be issued to eligible, enrolled members as part of the certificate.