OXFORD HEALTH INSURANCE, INC.
CT S FRDM NG 3500/90 PPO HSA 23 - Non-Gated
SUMMARY OF COVERAGE
Sample Group

Freedom Network

BENEFIT		IN-NETWORK	OUT-OF-NETWORK
FINANCIAL			
Deductible	Single	$3,500	$7,500
	Family	$7,000	$15,000
Coinsurance		10%	50%
Maximum Out-Of-Pocket:	Single	$7,300	$15,000
(Including Deductible)	Family	$14,600	$30,000
Financial Accumulation Period:		Calendar Year	Calendar Year
Out-of-Network Reimbursement:		Not Applicable	100% of Medicare

Please Note: *All Copayments, Deductibles, and Coinsurance (medical and prescription) paid for In-Network Covered Services contribute to the In-Network, Out-of-Pocket Maximum.*

PREVENTIVE CARE		
Adult Preventive Care	No Charge	Deductible & 50% Coinsurance
Infant and Pediatric Preventive Care	No Charge	Deductible & 50% Coinsurance
Preventive Dental for Children (Up to age 26)**	No Charge	No Charge after Deductible
Adult and Pediatric Vision Exam	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Pediatric Vision Hardware (Up to age 26)	Deductible & 50% Coinsurance	Deductible & 50% Coinsurance
OUTPATIENT CARE		
Primary Care Physician Office Visits	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Specialist Office Visits	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Virtual Visits	Deductible & 10% Coinsurance	Not Covered
Outpatient Surgery - Hospital Setting**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient Surgery - Freestanding Facility**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Designated Diagnostic Provider Laboratory Services**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Non-Designated Diagnostic Provider Laboratory Services**	Deductible & 50% Coinsurance	Deductible & 50% Coinsurance
Radiology Services**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
MRIs, MRAs, CT SCANS, AND PET SCANS		
Freestanding Facility	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient Hospital	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
HOSPITAL CARE		
Physician's and Surgeon's Services**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Semi-Private Room and Board**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
All Drugs and Medication	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
EMERGENCY CARE		
Ambulance Service When Medically Necessary	Deductible & 10% Coinsurance	Deductible & 10% Coinsurance
At Hospital Emergency Room	Deductible & 50% Coinsurance	Deductible & 50% Coinsurance
(If member is admitted to the hospital, notification is required.)		
Emergency Care in Urgi-Center	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
MATERNITY CARE		
Prenatal Care**	No Charge	Deductible & 50% Coinsurance
Postnatal Care**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Hospital Services for Mother and Child**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
SKILLED NURSING FACILITY		
90 days per Calendar Year/combined with Short-Term Rehabilitation - Inpatient**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
HOSPICE CARE		
Inpatient Care**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Home Hospice - Unlimited**	Deductible & 10% Coinsurance	Deductible & 25% Coinsurance
HOME HEALTH CARE		
Home Care Visits - 100 Visits per Calendar Year**	Deductible & 10% Coinsurance	Deductible & 25% Coinsurance
Physician House Calls**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
SUBSTANCE USE DISORDER SERVICES		
Inpatient Rehabilitation**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient Rehabilitation	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient Partial Hospitalization**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
MENTAL HEALTH CARE		
Inpatient Care**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient Visits	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient Partial Hospitalization**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
ALLERGY CARE		
Testing and Treatment**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
ALTERNATIVE MEDICINE		
Chiropractic Care - 30 visits per Calendar Year**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Naturopathic Care - Unlimited	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
REHABILITATION SERVICES		
Inpatient - 90 days per Calendar Year/combined with Skilled Nursing - Inpatient**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient - Limited to 40 combined PT/OT/ST visits per Calendar Year**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
DURABLE MEDICAL EQUIPMENT		
Durable Medical Equipment - Unlimited** *Precertification required for items over $500*	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
MEDICAL SUPPLIES		
Medical Supplies When Medically Necessary**	Supplies obtained from your Physician are subject to the applicable cost share. Supplies obtained through the pharmacy are based on Tier.	Deductible & 50% Coinsurance
EXERCISE FACILITY		
Subscriber	$200 reimbursement per 6-month period	$200 reimbursement per 6-month period
Spouse/Dependents over age 13	$100 reimbursement per 6-month period	$100 reimbursement per 6-month period
INFERTILITY TREATMENT		
Basic, Comprehensive and Advanced Infertility Services. (Covers all services in compliance with the CT Infertility Mandate)		
Specialist Office Visit**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Outpatient Facility Service**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
Inpatient Facility Service**	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
INFERTILITY MEDICATIONS		
Infertility Medications**		
For infertility medications, refer to the Outpatient Prescription Drug benefit. The cost share amount will be based on the Tier Level of the prescribed medication.		
HEARING AIDS		
Hearing Aids - Unlimited	Deductible & 10% Coinsurance	Deductible & 50% Coinsurance
OUTPATIENT PRESCRIPTION DRUGS - DEDUCTIBLE	Subject to Plan Deductible Listed Above	
OUTPATIENT PRESCRIPTION DRUGS - RETAIL		
The Prescription Drug Benefit is based on a Per Calendar Year limit for any applicable deductibles and/or maximum limits.		
Tier 1	$10 copay	Deductible & 50% Coinsurance
Tier 2	$60 copay	Deductible & 50% Coinsurance
Tier 3	50% Coinsurance to $500 max per script	Deductible & 50% Coinsurance
Tier 4	50% Coinsurance to $750 max per script	Deductible & 50% Coinsurance
OUTPATIENT PRESCRIPTION DRUGS - MAIL ORDER		
Tier 1	$25 copay	Deductible & 50% Coinsurance
Tier 2	$150 copay	Deductible & 50% Coinsurance
Tier 3	50% Coinsurance to $1,250 max per script	Deductible & 50% Coinsurance
Tier 4	50% Coinsurance to $1,875 max per script	Deductible & 50% Coinsurance

DEPENDENT ELIGIBILITY:
Eligible dependents include the employee's spouse and dependent children until the child reaches age 26.

Domestic Partners are covered with proper documentation.

**Precertifcation required through Oxford for certain out-of-network services. Members must call Oxford at 1-800-444-6222 at least 14 days in advance of request of treatment to request precertification.
**Mental health and substance use disorder services can be precertified through Oxford's Behavioral Health Department by calling 1-800-201-6991.
**Precertification is required for Pediatric Orthodontia services only

Please Note: 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 of Coverage. Coverage is subject to the terms and conditions of the Certificate.
Refer to the Certificate of Coverage for a more complete listing of all benefits, limitations, and exclusions which include, among other services not authorized by Oxford, cosmetic surgery, routine foot care, custodial care, personal comfort or convenience items, private or special duty nursing, learning and behavioral disorders, Worker's Compensation, military service-related conditions, or, unless otherwise stated, dental services and vision correction services and supplies.

Benefits are subject to final approval by the Department of Insurance and therefore may be subject to change.