

BENEFIT		IN-NETWORK	OUT-OF-NETWORK
FINANCIAL			
	Single*	\$1, 00	\$4,000
	Family	\$3, 00	\$8,000
Coinsurance		10%	40%
	Single	\$5,750	\$10, 00
(Including Deductible)	Family	\$11,500	\$2 ,000
Financial Accumulation Period:		3 R O L F \ Year	3 R O L F \ Year
Out-of-Network Reimbursement:		Not Applicable	140% of Medicare

PREVENTIVE CARE  
 Adult Preventive Care

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH CARE</b>		
Inpatient Care**		Deductible & 40% Coinsurance
Outpatient Visits	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
Outpatient Partial Hospitalization**	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
<b>ALLERGY CARE</b>		
Testing and Treatment**	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
<b>ALTERNATIVE MEDICINE</b>		
Chiropractic Care - Unlimited.**	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
<b>SHORT TERM REHABILITATION</b>		
		Deductible & 40% Coinsurance
	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
		Deductible & 40% Coinsurance
	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
<b>DURABLE MEDICAL EQUIPMENT</b>		
Durable Medical Equipment - Unlimited.**	Deductible & 10% Coinsurance	Not Covered
Precertification required for items over \$500		
<b>MEDICAL SUPPLIES</b>		
Medical Supplies When Medically Necessary**	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
<b>HEARING AIDS</b>		
	Deductible & 10% Coinsurance	Deductible & 40% Coinsurance
		\$200 reimbursement per 6 month period
		\$100 reimbursement per 6 month period
<b>OUTPATIENT PRESCRIPTION DRUGS - RETAIL</b>		
The Prescription Drug Benefit is based on a Per Calendar Year limit for any applicable deductibles and/or maximum limits.		
Tier 1	\$10 copay	Not Covered
Tier 2	\$40 copay	Not Covered
Tier 3	\$80 copay	Not Covered
<b>OUTPATIENT PRESCRIPTION DRUGS - MAIL ORDER</b>		
Tier 1	\$25 copay	Not Covered
Tier 2	\$100 copay	Not Covered
Tier 3	\$200 copay	Not Covered

**DEPENDENT ELIGIBILITY:**

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

A Dependent who has attained the above limiting age can continue coverage until they reach age 30 subject to the eligibility requirements outlined in the Certificate.

Domestic Partners are covered with proper documentation.

\*\*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

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