Freedom Plan® DirectSM and Liberty Plan DirectSM with office visit copayments

Answers to Frequently Asked Questions

1. What are the Freedom Plan Direct and Liberty Plan Direct?
   Freedom Plan Direct and Liberty Plan Direct are insured non-referral health plans that include both in-network and out-of-network deductibles and coinsurance. In-network office visits are covered by a copayment and routine preventive care is covered at no charge. Freedom Plan Direct Members use the Freedom Network and Liberty Plan Members use the Liberty Network.

2. Why did Oxford introduce plans with in-network deductibles and coinsurance?
   Freedom Plan Direct and Liberty Plan Direct were created as an answer to the rising cost of healthcare, in an effort to control monthly premium expenditures for Employers and Members. Having an in-network deductible and coinsurance allow these plans to be more affordably priced.

3. How does the in-network plan work?
   Routine preventive care and laboratory services performed at an Oxford participating laboratory are covered at no charge. All other in-network office services are subject to a copayment, which does not accumulate towards the in-network deductible. In-network care at a hospital, outpatient facility, or radiology facility is subject to deductible and coinsurance.

   There is a maximum out-of-pocket amount for in-network services subject to the deductible and coinsurance. These amounts vary depending on the plan selected. Once the annual deductible is reached, coinsurance will apply. The in-network and out-of-network accumulators are separate. (For New Jersey small group plans, the deductible and coinsurance maximums are combined for both in- and out-of-network care.)

4. Are all in-network services subject to deductible and coinsurance?
   No, not all in-network services are subject to deductible and coinsurance. Some services are no charge while others are subject to an office visit copayment. See Question 5, 6 and 7 for more detail.

5. What in-network services are available at no charge?
   - Annual preventive care visit to your primary care physician
   - Well-woman visit to an OB/GYN every six months
   - Pediatric and infant preventive care
   - Childhood and adult immunizations
   - In-network laboratory services at participating laboratories managed by Quest Diagnostics, Oxford’s laboratory network manager.

6. What in-network charges are subject to an office visit copayment?
   - Office visits to your Primary Care Physician
   - Specialist visits
   - In-office ambulatory surgery*
   - Pre-natal and postnatal care (initial visit only)
   - Urgent care center
   - Outpatient short-term rehabilitation
   - Outpatient alcohol and substance abuse *
   - Outpatient mental health* (all applicable mental health mandates will apply)
   - Chiropractic services

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7. What services are subject to in-network deductible and coinsurance?
   - Inpatient and outpatient hospital care, including physicians and surgeon’s services as well as hospital room and board*.
   - Radiology services performed in a radiology center including MRI, PT, CT scans*.
     (Excluding routine preventive mammography)
   - Inpatient short-term rehabilitation*.
   - Alcohol and substance abuse*.

   This is a sample listing. For a detailed description of your coverage, please refer to your Certificate of Coverage and Summary of Benefits.

8. What are deductibles and coinsurance?

   **Deductible** is the amount of eligible expenses a Member must pay each calendar year (or contract year, depending on your plan) before Oxford will make a payment for eligible benefits.

   **Coinsurance** is a fixed percentage of the allowable charge for the cost of medical care that the Member pays after the deductible has been paid. For example, Oxford might pay 80 percent of the allowable charge, with the Member being responsible for the remaining 20 percent; the 20 percent amount is then referred to as the coinsurance amount. Please refer to your Summary of Benefits for more information.

9. Since my plan has an in-network deductible and coinsurance, how much do I owe the in-network provider, and does this work to reduce my annual deductible?

   Freedom Plan Direct and Liberty Plan Direct Members will receive an Explanation of Benefits (EOB) for all claims, including in-network claims. The EOB will clearly identify the Member’s financial responsibility and indicate the maximum amount an in-network provider may bill them.

   The annual deductible amount is reduced every time a Member incurs a service that is subject to deductible and coinsurance. (Please see sample EOB on last page).

10. What happens if I go to an in-network hospital with an out of network physician?

    You do not have to submit a claim for services provided by Oxford in-network facilities. The in-network facility should submit the claim directly to Oxford. If you voluntarily select an out-of-network provider, coverage will be provided for covered services under the terms of your out-of-network benefits, which are usually subject to applicable deductibles, coinsurance and usual, customary and reasonable (UCR) charges limitations.

11. Are prescription drugs subject to the same deductible as other medical costs?

    No. The prescription drug benefit will always be separate from any other coverage. Prescription drug coverage is available as an optional rider. Please check with your company Benefits Administrator.
12. How do I file a claim and how long do I have to file it?
You do not have to submit claims for services provided by Oxford in-network providers. The
in-network provider should submit the claim directly to Oxford. If you receive care from an
out-of-network provider, forward the bill directly to:

Oxford Health Plans
P.O. Box 7082
Bridgeport, CT 06601-7082

All requests for reimbursement for Members of the Freedom Plan Direct and Liberty Plan
Direct in New Jersey, Connecticut, Pennsylvania and Delaware must be made within 180
days of the date that covered services were rendered. Oxford will not be liable for a claim that
is submitted more than 180 days after the date services were rendered.

For Members with Freedom Plan Direct and Liberty Plan Direct in New York, claims may be
submitted as soon as reasonably possible (you may submit a claim after 180 days after the
date of service if you were reasonably unable to do so sooner).

13. How is radiology covered?
Radiology services appearing on Oxford’s “Privileging by Specialty” list that are performed
in an appropriate participating physician’s office will be covered by the office visit
copayment. All other radiology services performed outside a physician office setting,
including procedures conducted at a radiology center, will be subject to the applicable
deductible and coinsurance.

14. How is laboratory work covered?
All lab work should be sent to participating labs managed by Quest Diagnostics, Oxford’s
laboratory network manager. All lab work performed by a participating lab will be covered at
no charge. Lab work performed by a hospital or other facility both in- and out-of-network,
unless performed by a hospital or facility participating in the Quest Diagnostics network, will
be included in the facility charge and be subject to deductible and coinsurance.

*For most plans, these services require precertification through Oxford. You must call Oxford at 800-444-
6222 at least 14 days in advance of request. Mental health and substance abuse services can be precertified
through Oxford’s Behavioral Health Department by calling 800-201-6991. A list of radiological services
that require precertification can be found in your Certificate of Coverage and Summary of Benefits.
Radiological services can be precertified by calling 877-PRE-AUTH.
**EXPLANATION OF BENEFITS**

Subscriber Name: Davey Crockett  
Subscriber ID #: 1234567890-1234567890  
Member Name: Any Member you want  
Provider Name: NEW YORK PRESBYTERIAN HOSPITAL  
Member ID: 12345678701  
Provider ID: HO3119  
Patient Acct #: 1234567890123450044  
Claim #: 2310982358

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Check Number: 123935459

Adjustment Code Descriptions:  
A57 Payment for this claim was issued according to the rate Oxford contracted with your facility. You are not responsible for any payment beyond the applicable copayment, coinsurance or deductible requirements noted in your Certificate of Coverage.

A32A This amount reflects Oxford's payment of the New York State assessment for bad debt and charity care and is not included in the total amount paid to you on this claim.

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**ATTENTION: THIS MAILING MAY CONTAIN DOCUMENTATION ON VARIOUS MATTERS**

Oxford Health Plans (CT), Inc.  
Please see last page for Appeals Rights

Oxford Health Plans (CT), Inc.  
7120 Main St., Trumbull, CT 06611

Davey Crockett  
141 E. 88TH STREET  
APT 10 C  
NEW YORK, NY 10128

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