Q: What is Freedom Plan Direct?
A: Freedom Plan Direct is a non-gatekeeper product that includes both in-network and out-of-network deductibles and coinsurance. In-network office visits are covered either with an office visit copayment or by deductible and coinsurance. Employers have the ability to choose which option works best for their group. Routine preventive care is always covered without copayment or coinsurance. Where available, this product is offered with either the Freedom Network (Freedom Plan Direct) or Liberty Network (Liberty Plan Direct) of doctors and hospitals.

Q: Where are Freedom Plan Direct and Liberty Plan Direct available?
A: Freedom Plan Direct is available for groups of all sizes in New York, New Jersey and Connecticut. Liberty Plan Direct is available in New York and New Jersey for groups of all sizes. Plans vary by state and size, so please call your Oxford sales representative for exact plan details.

Q: When are Freedom Plan Direct and Liberty Plan Direct the right choice for an employer?
A: These products make sense when an employer wants to provide a plan using our renowned network of providers and innovative administrative platform, but needs to get premiums under control. Through increased in-network cost sharing, employers can expect lower premiums with Freedom Plan Direct and Liberty Plan Direct.

Q: How are these products similar to other Oxford products?
A: The Freedom Plan Direct and Liberty Plan Direct function much like our traditional non-gated, point-of-service (POS) products for most types of care. As with most Oxford products, routine in-network preventive care, including preventive office visits, preventive mammography screenings (according to the well-woman schedule), and laboratory services performed at an Oxford participating lab are covered at no charge to the Member. All other in-network office visits are subject to a copayment or deductible and coinsurance depending on the plan selected. Copayments do not accumulate towards the in-network deductible or maximum-out-of-pocket amount. Out-of-network coverage for these plans is like that of any other Oxford plan that offers out-of-network benefits.

Q: How are these products different from other Oxford products?
A: The difference between these two plans (Freedom Plan Direct and Liberty Plan Direct) and other Oxford products is in-network care at a hospital, outpatient facility or radiology facility is subject to a deductible and coinsurance.

Q: What types of plan designs are available with Freedom Plan Direct and Liberty Plan Direct?
A: There are multiple plan design options that differ depending on where the business is located and how many people the business employs. In New York, New Jersey and Connecticut, these plans have the option of either an office visit copayment and/or deductible and coinsurance. In- and out-of-network deductibles are separate, and coinsurance levels are set at 100%/70%, 90%/70%, 80%/60%, or 90%/60%. In Connecticut, the 100%/70%, 90%/70% and 80%/60% coinsurance options are available. For a complete listing of available plan design options, or to receive a sample Summary of Coverage, please contact your Oxford sales representative.
**Frequently Asked Questions**

**Q: Is in-network coinsurance capped?**
**A:** Yes. Similar to all out-of-network services, there are maximum out-of-pocket amounts for in-network services that are subject to deductible and coinsurance with these products. These amounts vary based on the plan selected.

**Q: Are the in-network deductible and coinsurance accumulated separately from the out-of-network deductible and coinsurance?**
**A:** In most cases, yes. The in-network accumulators and out-of-network accumulators are separate. This means that if a Member meets their in-network deductible, there is an incentive to continue to receive in-network care.

**Q: Will the Member benefit from our negotiated fees on in-network care?**
**A:** Yes. The Member’s responsibility for deductible and coinsurance costs is based on the provider's contracted fee schedule with us. Oxford participating providers will not balance bill the Member for expenses beyond their contracted fee schedule.

**Q: How do Members know how much they owe the Oxford participating provider?**
**A:** Freedom Plan Direct and Liberty Plan Direct Members will receive an explanation of benefits (EOB) for all claims, including in-network claims. The EOB clearly indicates the Member’s financial responsibility and the maximum amount an Oxford participating provider may bill them.

**Q: Are prescription drugs subject to the same deductible as other medical care?**
**A:** No. The prescription drug benefit will always be separate from any other coverage. Groups may elect a deductible on their prescription drug benefit, but that deductible applies only to drugs, and does not accumulate toward any medical benefit deductible. Prescription drug coverage is available as an optional rider, and groups may decide not to purchase this coverage through us.²

**Q: How is radiology covered?**
**A:** Radiology services that appear on Oxford’s Privileging by Specialty list and are performed in an appropriate participating physician’s office are covered by the office visit copayment. If the plan does not offer an office visit copayment, then the service is subject to a deductible and coinsurance. All other radiology services performed outside a physician office setting, including procedures conducted at a radiology center, are subject to deductible and coinsurance.

**Q: How is laboratory work covered?**
**A:** All lab work should be sent to participating network labs managed by LabCorp, our laboratory network manager. All lab work performed by a participating lab are 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 LabCorp network, are included in the facility charge and subject to deductible and coinsurance.

**Q: Does the Freedom Plan Direct and Liberty Plan Direct cover prenatal and postnatal maternity services?**
**A:** If the plan has an office visit copayment option and the Member goes to a participating provider, the initial prenatal office visit is covered by a copayment. All routine office visits thereafter are covered at no charge. If the plan does not offer an office visit copayment, then all prenatal office visits are subject to a deductible and coinsurance. Hospital services are covered as any other hospitalization. In-network well-care office visits for the newborn are considered preventive care and are covered at no charge.

**Q: How are emergency room visits covered?**
**A:** Emergency room visits are covered under an in-network deductible, coinsurance or copayment, depending on the plan selected.


2 Does not apply to Oxford HSA plans.