



## SMALL GROUP HEALTH INSURANCE PROGRAMS-2010

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oxford Plan #1 Freedom H.S.A. <a href="http://www.oxhp.com">www.oxhp.com</a>	Oxford Plan #2 Freedom POS <a href="http://www.oxhp.com">www.oxhp.com</a>	Oxford Plan #3 Liberty HMO <a href="http://www.oxhp.com">www.oxhp.com</a>	Oxford Plan #4 Liberty EPO <a href="http://www.oxhp.com">www.oxhp.com</a>	Oxford Plan #5 Freedom HMO <a href="http://www.oxhp.com">www.oxhp.com</a>	Oxford Plan #6 Freedom H.S.A. <a href="http://www.oxhp.com">www.oxhp.com</a>	Oxford Plan #7 Liberty Direct POS <a href="http://www.oxhp.com">www.oxhp.com</a>	Oxford Plan #8 Freedom EPO <a href="http://www.oxhp.com">www.oxhp.com</a>
<b>Monthly Rates</b>	Individual: <b>\$463.82</b>	Individual: <b>\$666.53</b>	Individual: <b>\$389.13</b>	Individual: <b>\$500.18</b>	Individual: <b>\$580.62</b>	Individual: <b>\$343.65</b>	Individual: <b>\$520.90</b>	Individual: <b>\$526.95</b>
	Emp & Spouse: <b>\$1,008.41</b>	Emp & Spouse: <b>\$1,454.37</b>	Emp & Spouse: <b>\$844.08</b>	Emp & Spouse: <b>\$1,088.38</b>	Emp & Spouse: <b>\$1,265.37</b>	Emp & Spouse: <b>\$744.03</b>	Emp & Spouse: <b>\$1,133.98</b>	Emp & Spouse: <b>\$1,147.29</b>
	Emp/Child(ren): <b>\$849.57</b>	Emp/Child(ren): <b>\$1,224.57</b>	Emp/Child(ren): <b>\$711.39</b>	Emp/Child(ren): <b>\$916.84</b>	Emp/Child(ren): <b>\$1,065.65</b>	Emp/Child(ren): <b>\$627.25</b>	Emp/Child(ren): <b>\$955.17</b>	Emp/Child(ren): <b>\$966.36</b>
	Family: <b>\$1,416.84</b>	Family: <b>\$2,045.24</b>	Family: <b>\$1,185.30</b>	Family: <b>\$1,529.56</b>	Family: <b>\$1,778.91</b>	Family: <b>\$1,044.32</b>	Family: <b>\$1,624.45</b>	Family: <b>\$1,612.56</b>
<b>Referral Requirement</b>	Referrals Required	Referrals Required	Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required
<b>Deductible</b>	In-Net: \$1250/\$2500	In-Net: N/A	In-Net: N/A	In-Net: N/A	In-Net: N/A	In-Net: \$2,850/\$5,700	In-Net: \$500/\$1,000	In-Net: N/A
	Out-Net: N/A	Out-Net: \$1,000/\$3,000	Out-Net: N/A	Out-Net: N/A	Out-Net: \$3,000/\$9,000	Out-Net: N/A	Out-Net: \$1,000/\$2,000	Out-Net: N/A
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Out-Net: \$1,000,000	Unlimited
<b>Coinsurance</b>	In-Net: 100%	In-Net: 100%	In-Net: 100%	In-Net: 100%	In-Net: 100%	In-Net: 100%	In-Net: 90% of \$10,000	In-Net: 100%
	Out-Net: N/A	Out-Net: 70% of \$10,000	Out-Net: N/A	Out-Net: N/A	Out-Net: 70% of \$10,000	Out-Net: N/A	Out-Net: 70% of \$10,000	Out-Net: N/A
<b>Office Co-payments</b>	In-Net: 100% After Deductible	In-Net: \$25/\$40	In-Net: \$30/\$50 Copay	In-Net: \$25/\$50	In-Net: \$30/\$50	In-Net: 100% After Deductible	In-Net: 90% After Deductible	In-Net: \$25/\$50
	Out-Net: N/A	Out-Net: 70% after Deductible	Out-Net: N/A	Out-Net: N/A	Out-Net: 70% after Deductible	Out-Net: N/A	Out-Net: 70% after Deductible	Out-Net: N/A
<b>Hospitals</b>	In-Net: 100% After Deductible	In-Net: \$250 per day (\$1,250 calendar yr max), \$250 Outpatient Surgery Copay	In-Net: \$500 per day, \$1,000 max per admission Inpatient/\$150 Copay Outpatient Surgery	In-Net: \$300 per day (5 day max) Inpatient/\$300 Copay Outpatient Surgery	In-Net: \$500 per admission Inpatient/\$500 Copay Outpatient Surgery	In-Net: 100% After Deductible	In-Net: 90% After Deductible	In-Net: \$300 per day (5 day max) Inpatient/\$300 Copay Outpatient Surgery
	In-Net: 100% After Deductible	Out-Net: 70% after Deductible	Out-Net: N/A	N/A	Out-Net: 70% After Deductible	N/A	Out-Net: 70% After Deductible	Out-Net: N/A
<b>Prescription Benefits</b>	Generic: \$10	Generic: \$10	Generic: \$15	Generic: \$10	Generic: \$15	Generic: \$10	Generic: \$15	Generic: \$10
	Preferred: \$25	Preferred: \$25	Preferred: \$35	Preferred: \$25	Preferred: \$30	Preferred: \$25	Preferred: \$30	Preferred: \$25
	Non-Preferred: \$50	Non-Preferred: \$50	Non-Preferred: \$75	Non-Preferred: \$50	Non-Preferred: \$60	Non-Preferred: \$50	Non-Preferred: \$60	Non-Preferred: \$50
	Subject to Deductible	\$50 Annual Deductible- Waived for Generic.	\$100 Annual Deductible- Waived for Generic.	\$50 Annual Deductible- Waived for Generic.	\$100 Annual Deductible- Waived for Generic.	Subject to Deductible	\$100 Annual Deductible- Waived for Generic.	\$100 Annual Deductible- Waived for Generic.
	Annual Maximum: Unlimited	Annual Maximum: Unlimited	Annual Maximum: Unlimited	Annual Maximum: Unlimited	Annual Maximum: \$3,000	Annual Maximum: Unlimited	Annual Maximum: \$3,000	Annual Maximum: Unlimited
<b>Emergency Room</b>	In-Net: 100% After Deductible	\$75 Copay Waived If Admitted	\$150 Copay	\$75 Copay Waived If Admitted	\$150 Copay Waived If Admitted	In-Net: 100% After Deductible	90% After Deductible	\$75 Copay Waived If Admitted
<b>Dependents</b>	19/23 yrs	19/23 yrs	19/23 yrs	19/23 yrs	19/23 yrs	19/23 yrs	19/23 yrs	19/23 yrs
<b>Mental Health Inpatient (Biologically based mental health services treated as any other illness)</b>	In-Net: 100% After Deductible-30 days max per calendar yr	In-Net: \$250 copay per day- 30 days per yr. max (\$1,250 Calendar max)	In-Net: \$500 per day, \$1000 max per confinement-30 days max per calendar yr	In-Net: \$300 per day (5 day max) 30 Days per calendar yr max.	In-Net: \$500 per admission- 30 Days per calendar yr max.	In-Net: 100% After Deductible-30 days per yr. max	In-Net: 90% After Deductible-30 days per yr. max	In-Net: \$300 per day (5 day max) 30 Days per calendar yr max.
	Out-Net: N/A	Out-Net: 70% after Deductible (30 days max per calendar yr.)	Out-Net: N/A	Out-Net: N/A	Out-Net: 50% after Deductible (30 days max per calendar yr.)	Out-Net: N/A	Out-Net: 70% after Deductible (30 days max per calendar yr.)	Out-Net: N/A
<b>Mental Health Outpatient (Biologically based mental health services treated as any other illness)</b>	In-Net: 100% After Deductible-30 days max per calendar yr	In-Net: \$40 Copay per office visit (30 visits max per calendar yr.)	In-Net: \$50 Copay-30 visits max per calendar yr	In-Net: \$50 Copay per office visit (30 visits max per calendar yr.)	In-Net: \$50 Copay per office visit (30 visits max per calendar yr.)	In-Net: 100% After Deductible-30 visits per yr. max	In-Net: 90% After Deductible-60 days per yr. max	In-Net: \$50 Copay per office visit (30 visits max per calendar yr.)
	Out-Net: N/A	Out-Net: 70% after Deductible (30 days max per calendar yr.)	Out-Net: N/A	Out-Net: N/A	Out-Net: 50% after Deductible (30 days max per calendar yr.)	Out-Net: N/A	Out-Net: 70% after Deductible (60 days max per calendar yr.)	Out-Net: N/A
<b>Chiropractic</b>	In-Net: 100% After Deductible	In-Net: \$40 Copay	In-Net: \$50 Copay	In-Net: \$50 Copay	In-Net: \$50 Copay	In-Net: 100% After Deductible	In-Net: N/A	In-Net: \$50 Copay
	Out-Net: N/A	Out-Net: 70% After Deductible	Out-Net: N/A	N/A	Out-Net: 70% After Deductible	Out-Net: N/A	Out-Net: N/A	Out-Net: N/A

**\*Payments are due monthly in advance to TriState Special Marketing Corp.\***

I have placed an "X" in the red box above the plan I have chosen.  
My new premium is \$\_\_\_\_\_ (rate includes \$10.00 monthly administrative billing fee) and a check in this amount is enclosed.

Please accept this completed form as acknowledgment of my 2010 plan election:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Company Name \_\_\_\_\_