OXFORD HEALTH PLANS®
A UnitedHealthcare Company

Exhibit 2 - Option II
POS HMO Plan

	Oxford Access Plan	
	IN NETWORK	OUT OF NETWORK
FINANCIAL		
Office Visit Copayment	$15	Ded & Coins
Specialist Visit Copayment	$15	Ded & Coins
Hospital Copayment	$0	Ded & Coins
Urgent Care Copayment	$15	Ded & Coins
ER Copayment (waived if admitted)	$50	$50
Outpatient Surgery Copayment	$0	Ded & Coins
Annual Deductible (individual/family)	n/a	$2000/4000
Coinsurance	n/a	70/30
Maximum out of pocket (individual/family)	n/a	$25,000
Lifetime Maximum	unlimited	unlimited
PREVENTIVE CARE		
Well Child Care	No Charge - one per year	Ded & Coins
Periodic Routine Health Exams	No Charge - one per year	Ded & Coins
Routine Eye Exams - one every two years	No Charge	Ded & Coins
Routine OB/GYN visits	No Charge - 2 exams/year	Ded & Coins
Mammography		
one baseline age 35-39	No Charge	Ded & Coins
one screening per year age 40+	No Charge	Ded & Coins
addt'l exams when medically necessary		
Preventive Dental (children up to 12 years of age)	No Charge	No Charge
MEDICAL CARE		
Primary care office visit	$15 Copay	Ded & Coins
Specialist consultation	$15 Copay	Ded & Coins
OB/GYN care - no referral required	$15 Copay	Ded & Coins
Maternity care - initial visit subject to copay	$15 Copay	Ded & Coins
Laboratory	No Charge	Ded & Coins
X-ray and Diagnostic testing	No Charge	Ded & Coins
Allergy services	$15 Copay	Ded & Coins
HOSPITAL CARE - proir authorization required		
Semi-private room	$0	Ded & Coins
Maternity and newborn care	$0	Ded & Coins
Skilled nursing facility	$0	Ded & Coins
- up to 90 days per calendar year		
Rehab services - 60 days per cal yr	$0	Ded & Coins
Hospice - unlimited max	No Charge	Ded & Coins
Outpatient surgery (hospital or surgi-center)	$0	Ded & Coins
EMERGENCY CARE - No referrals required		
Walk-in centers	$15	Ded & Coins
Urgent care - at participating centers	$15	Ded & Coins
Emergency care - copayment waived if admitted	$50	$100
Ambulance - air no maximum per trip	No charge	Ded & Coins
OTHER HEALTH CARE		
Outpatient rehab services		
- unlimited including PT, ST and OT	$15 Copay	Ded & Coins
Home Health Care - unlimited	No charge	Coins
DME - up to $1,000 per calendar year	20% Coinsurance	Ded & Coins
Chiropractic Services		
-unlimited	$15 Copay	Ded & Coins
Infertility	State Mandate	State Mandate
MENTAL HEALTH/SUBSTANCE ABUSE CARE		
Inpatient	$0	Ded & Coins
outpatient/office visits	$15 Copay	Ded & Coins
RX		
Mail Order		