

**2012 OXFORD EPO BENEFIT SUMMARY
(LIBERTY NETWORK)**

	OXFORD
<p>A. HOSPITAL SERVICE</p> <ul style="list-style-type: none"> • Number of Days Room & Board in Semi-Private Facility, Operating Room, Laboratory & X-Ray Services, Drugs and Medications, Radiotherapy • Physician Visits • Surgeon Services • Anesthesia • Specialist Consultations • Special Duty Nursing 	<p>All non-emergencies require PCP Referral</p> <p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p> <p>Not Covered</p>
<p>B. PHYSICIAN SERVICES</p> <ul style="list-style-type: none"> • Treatment of Illness or Injury, Diagnosis & Treatment, Specialist's Care, Diagnostic Services including X-Rays & Laboratory Exams • Preventive Care Adult Periodic Physical Exams, Pediatric Routine Physical Exams, & Well Baby Care, OB-GYN Periodic Routine Exams, Immunization, X-Rays & Laboratory Tests 	<p>\$20 co-pay per visit</p> <p>Covered in full</p> <p>1 visit per year – Adults</p> <p>2 OBGYN visits per year - Women</p>
<p>C. MATERNITY CARE Physician's Services:</p> <ul style="list-style-type: none"> • Delivery • Anesthesia • Pediatrician Visits • Routine Nursery Care 	<p>\$20 co-pay Pre-natal, Covered in full, includes postnatal care</p> <p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p>
<p>D. EMERGENCY SERVICES</p> <ul style="list-style-type: none"> • Hospital Services In & Out of Area 	<p>\$100 co-pay waived if admitted</p> <p>Oxford must be notified within 48 hours of these services</p>

	OXFORD
<p>E. SPECIAL CONDITIONS</p> <ul style="list-style-type: none"> • Mental & Nervous In-patient <p>Out-patient</p> <p>ALCOHOL AND DRUG ABUSE</p> <ul style="list-style-type: none"> • Detox <p>Rehab</p> <p>OTHER</p> <ul style="list-style-type: none"> • Care in Extended Facility • Physical Therapy • Ambulance • Chiropractic Visits 	<p>Covered in full in Oxford approved facilities Pre-certification required</p> <p>\$20 co-pay referral required</p> <p>Covered in full</p> <p>Covered in full, \$20 co-pay</p> <p>30 days per calendar year - No charge</p> <p>60 out-patient visits per condition, per lifetime, \$20 co-pay per visit 60 consecutive in-patient days, per condition, per lifetime referral required</p> <p>No charge when medically necessary</p> <p>\$20 co-pay / visit After one visit per calendar year, a care plan may be needed to develop a treatment plan referral required</p>
<p>F. HOME CARE</p> <ul style="list-style-type: none"> • Organized Home Health Services including Visiting Nurse & Homemaker Services 	<p>60 home care visits, \$20 co-pay per visit</p>
<p>G. HOSPICE CARE</p>	<p>Covered in full lifetime max. of 210 days Pre-certification required</p>
<p>H. MANAGED CARE</p>	<p>Covered in full</p>
<p>I. PROSTHETIC DEVICES</p>	<p>Covered in full – Precertification may be required</p>

	OXFORD
<p>J. SPECIAL SERVICES</p> <ul style="list-style-type: none"> • Vision Care • Hearing Tests • Prescription Drugs 	<p>Discounts through General Vision Services (GVS)</p> <p>Covered in full</p> <p>\$10 Tier I co-pay; \$25 Tier II co-pay; \$50 Tier III copay; \$20 Tier I mail order co-pay; \$50 Tier II mail order co-pay; \$100 Tier III mail order co-pay for 90 day supply - No limit</p>
<p>K. DEPENDENT COVERAGE</p>	<p>Eligible dependent children covered through the end of the calendar year in which the child reaches age 26</p>
<p>L. FREEDOM TO CHOOSE PROVIDERS</p> <ul style="list-style-type: none"> • Hospitals • Physicians 	<p>Determined where Primary Physician or Referral Specialist has admitting privileges. Hospital must be participating.</p> <p>Choice of Physicians from Oxford's Liberty list of Physicians</p>

The descriptions of benefits used in this summary are subject to all the terms, conditions, and limitations of the current plan.

CUSTOMER SERVICE:

- 1) **Oxford Members: 1-800-444-6222**
- 2) **General Information: 1-800-760-4566**