



## CompreHealth HMO+ 30/50-1000

HealthPass

CompreHealth HMO+ 30/50-1000

### Benefit

### In-Network

#### Drug Card

Prescription Card	15(Generic) 35(Brand) 75/Yes/100(d)
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#### Major Medical

Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$0 copay
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited

#### Hospital Benefits

Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (wavierd if admit)
Private Nursing	Not covered

#### Surgical Benefits

Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay

#### Mental Health

Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr
Substance Abuse In-Patient	\$1,000/admis Rehab- Not covered Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr

#### Other

Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	\$0 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr

CompreHealth HMO - Gated  
7.01.11

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.  
(d) Non-Formulary / Oral Contraceptive / Deductible



## CompreHealth HMO+ 30/50-1000 G

HealthPass	CompreHealth HMO+ 30/50-1000
Benefit	In-Network
<b>Drug Card</b>	\$15 Generic Only
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	No charge
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (wavier if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr
Substance Abuse In-Patient	\$1,000/admis Rehab- Not covered Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	\$30 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	No charge; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr

Emblem CompreHealth HMO - Gated  
8.23.10



## Oxford Freedom Ease EPO 50-500(2500max)

HealthPass	Oxford Freedom Ease EPO 50-500(2500max)
Benefit	In-Network
<b>Drug Card</b>	15/35/75/Yes/100
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$50
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$500/day; \$2,500 max/cal yr
Hospital Out-Patient	\$500 copay
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No charge
Surgical Out-Patient	\$500 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$500/day; \$2,500 max/cal yr 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$2,500 max/cal yr Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	No charge 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$50 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$2,500 max/cal yr 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr

12.29.10



## Oxford Liberty HMO 30/50-500(1000max)

HealthPass	Oxford Liberty HMO 30/50-500
Benefit	In-Network
<b>Drug Card</b>	15/35/75/Yes/100
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30
DXL/Lab Fees	Lab-no charge; DXL-20% CoIns up to \$100/procedure
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$500/day; \$1,000 max/admis
Hospital Out-Patient	\$150 copay
Emergency Room	\$150 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No charge
Surgical Out-Patient	\$150 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$500/day; \$1,000 max/admis 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$1,000 max/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$30 copay 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$30 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$1,000 max/admis 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr

Oxford - HMO Gated  
7.15.10



## Oxford Liberty EPOcs 25/50-2000

HealthPass	Oxford Liberty EPOc 25/50-2000
Benefit	In-Network
<b>Drug Card</b>	15/35/75/Yes/100
<b>Major Medical</b>	
Deductible Ind/Fam	\$2,000/\$5,000 (plan yr)
Co-Insurance	90%
Out-of-Pocket	\$3,000/\$7,500 (incl ded)
Office Co-pay	\$25
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$50 copay per visit 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	10% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr

12.29.10



## Oxford Liberty PPOcs 25/40-1000/2000

<b>HealthPass</b>	<b>Oxford Liberty PPOcs 25/40 -1000/2000</b>
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<b>Benefit</b>	<b>In-Network</b>	<b>Out-Network</b>
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<b>Drug Card</b>	15/50%/50%/Yes/100	
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**Major Medical**

Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited

**Hospital Benefits**

Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)
Private Nursing	Not covered	Not covered

**Surgical Benefits**

Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns

**Mental Health**

Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr	In-network only
Mental Nervous Out-Patient	\$40 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr

**Other**

Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	25% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$40 copay 60 visits/cond/life	Ded & Colns 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

\*140% of Medicare  
12.29.10