



## 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