



**OXFORD HEALTH INSURANCE, INC.**  
**NY G FRDM NG 1750/100 EPO HSAM 23 - Non-Gated**  
**SUMMARY OF COVERAGE**

**Freedom Network**

BENEFIT	IN-NETWORK
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**FINANCIAL**

Deductible:	Single*	\$1,750
	Family	\$3,500
Coinsurance:		None
Maximum Out-Of-Pocket:	Single	\$7,050
	(Including Deductible) Family	\$14,100
Financial Accumulation Period:		Policy Year
Out-of-Network Reimbursement:		Not Applicable

*Please Note: All Copayments, Deductibles, and Coinsurance (medical and prescription) paid for In-Network Covered Services contribute to the In-Network, Out-of-Pocket Maximum.*

*\*If you have a family contract, the entire family Deductible must be satisfied before coverage under this Plan is available. A family contract is a Plan that covers you and one or more dependents.*

**PREVENTIVE CARE**

Adult Preventive Care	No Charge
Infant and Pediatric Preventive Care	No Charge
Preventive Dental for Children (Up to age 19)	No Charge after Deductible
Pediatric Vision Exam (Up to age 19)	No Charge
Pediatric Vision Hardware (Up to age 19)	Deductible & 50% Coinsurance
Additional Coverage Adult and Pediatric Vision Exam	\$10 copay

*Please see your Certificate for more information about the Additional Vision coverage*

**OUTPATIENT CARE**

Primary Care Physician Office Visits	No Charge after Deductible
Specialist Office Visits	No Charge after Deductible
Virtual Visits	No Charge after Deductible
Outpatient Surgery - Hospital Setting	No Charge after Deductible
Outpatient Surgery - Freestanding Facility	No Charge after Deductible
Laboratory Services	No Charge after Deductible
Radiology Services	No Charge after Deductible

**DIABETIC SUPPLIES AND MEDICATIONS**

Diabetic Supplies	No Charge after Deductible
Diabetic Medications	No Charge after Deductible

**MRIs, MRAs, CT SCANS, AND PET SCANS**

Outpatient Hospital Services	No Charge after Deductible
Freestanding Radiology Facility	No Charge after Deductible

**HOSPITAL CARE**

Physician's and Surgeon's Services	No Charge after Deductible
Semi-Private Room and Board	No Charge after Deductible
All Drugs and Medication	No Charge after Deductible

**EMERGENCY CARE**

Ambulance Service When Medically Necessary	No Charge after Deductible
At Hospital Emergency Room <i>(waived if admitted)</i> <i>(If member is admitted to the hospital, notification is required.)</i>	Deductible & 50% Coinsurance
Emergency Care in Urgi-Center	No Charge after Deductible

**MATERNITY CARE**

Prenatal and Post-Natal Care	No Charge
Hospital Services for Mother and Child	No Charge after Deductible

**SKILLED NURSING FACILITY**

200 days per Plan Year.	No Charge after Deductible
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**HOSPICE CARE**

Inpatient Care	No Charge after Deductible
Home Hospice - Unlimited.	No Charge after Deductible

**HOME HEALTH CARE**

Home Care Visits - 40 visits per Plan Year.	No Charge after Deductible
Physician House Calls	No Charge after Deductible

**SUBSTANCE USE DISORDER SERVICES**

Inpatient Rehabilitation	No Charge after Deductible
Outpatient Rehabilitation	No Charge after Deductible
Outpatient Partial Hospitalization	No Charge after Deductible

BENEFIT	IN-NETWORK
<b>MENTAL HEALTH CARE</b>	
Inpatient Care	No Charge after Deductible
Outpatient Visits	No Charge after Deductible
Outpatient Partial Hospitalization	No Charge after Deductible
<b>ALLERGY CARE</b>	
Testing and Treatment	No Charge after Deductible
<b>ALTERNATIVE MEDICINE</b>	
Chiropractic Care - Unlimited Visits	No Charge after Deductible
<b>SHORT TERM REHABILITATION</b>	
Inpatient - Limited to 60 combined PT/OT/ST days per Plan Year.	No Charge after Deductible
Outpatient - Limited to 60 combined PT/OT/ST visits per condition per Plan Year.	No Charge after Deductible
<b>HABILITATIVE SERVICES</b>	
Inpatient - Limited to 60 combined PT/OT/ST days per Plan Year.	No Charge after Deductible
Outpatient - Limited to 60 combined PT/OT/ST visits per condition per Plan Year.	No Charge after Deductible
<b>DURABLE MEDICAL EQUIPMENT</b>	
Durable Medical Equipment - Unlimited. <i>Precertification required for items over \$500</i>	No Charge after Deductible
<b>MEDICAL SUPPLIES</b>	
Medical Supplies When Medically Necessary	No Charge after Deductible
<b>HEARING AIDS</b>	
Hearing Aids - Coverage is limited to a single purchase (including repair/replacement) per hearing impaired ear every three years.	No Charge after Deductible
<b>EXERCISE FACILITY</b>	
Subscriber	\$200 reimbursement per 6 month period
Spouse/Dependents over age 13	\$100 reimbursement per 6 month period
<b>OUTPATIENT PRESCRIPTION DRUGS - DEDUCTIBLE</b>	
	Subject to Plan Deductible listed above
<b>OUTPATIENT PRESCRIPTION DRUGS - RETAIL</b>	
<i>The Prescription Drug Benefit is based on a Per Policy Year limit for any applicable deductibles and/or maximum limits.</i>	
Tier 1	\$10 copay
Tier 2	\$40 copay
Tier 3	\$80 copay
<b>OUTPATIENT PRESCRIPTION DRUGS - MAIL ORDER</b>	
Tier 1	\$25 copay
Tier 2	\$100 copay
Tier 3	\$200 copay

**DEPENDENT ELIGIBILITY:**

Eligible dependents include the employee's spouse and dependent children until the child reaches age 26.

A Dependent who has attained the above limiting age can continue coverage until they reach age 30 subject to the eligibility requirements outlined in the Certificate.

Domestic Partners are covered with proper documentation.

**Please Note: This sample summary of coverage is provided for informational purposes only. The applicable Summary of Benefits will be issued to eligible enrolled members as part of the Certificate of Coverage. Coverage is subject to the terms and conditions of the Certificate.**

Refer to the Certificate of Coverage for a more complete listing of all benefits, limitations, and exclusions which include, among other services not authorized by Oxford, cosmetic surgery, routine foot care, custodial care, personal comfort or convenience items, private or special duty nursing, learning and behavioral disorders, Worker's Compensation, military service-related conditions, or, unless otherwise stated, dental services and vision correction services and supplies.

*Benefits are subject to final approval by the Department of Insurance and therefore may be subject to change.*