



Oxford Health Plans

OXFORD HEALTH PLANS (NY), INC.

Oxford HMO

2003 SUMMARY OF COVERAGE

NEW YORK UNIVERSITY – FACULTY, ADMINISTRATORS, AND PROFESSIONAL RESEARCH STAFF

BENEFIT	COVERAGE
PREVENTIVE CARE	
Physical Examination	No Charge
Routine pediatric care	No Charge
Immunizations	No Charge
Preventive dental for children (Under age 12)	No Charge
OUTPATIENT CARE	
Primary Care Physician office visits	\$5 copay per visit
Specialist Office Visits`	\$5 copay per visit
Surgery`""	No Charge
Laboratory services	At Participating Laboratories Only; No Charge
Magnetic Resonance Imaging (MRI)**	No Charge-
ALLERGY CARE	
Initial visit, and all subsequent referral visits*	\$5 copay per visit
HOSPITAL CARE	
Physician's and surgeon's services**	No Charge
Semi-private room and board**	No Charge
All drugs and medication	No Charge
EMERGENCY CARE	
Ambulance service when Medically Necessary	No Charge
At hospital emergency room <i>(If member is admitted to the hospital, notification is required)</i>	\$25 copay per visit
Emergency Care in Urgi-Center**	\$5 copay per visit
MATERNITY CARE	
Prenatal and post-natal care**	No Charge
Hospital services for mother and child**	No Charge
HOME HEALTH CARE	
60 home care visits**	\$5 copay per visit
Physician house calls	\$5 copay per visit
SKILLED NURSING FACILITY	
Standard 30 days**	No Charge
SHORT TERM REHABILITATION	
60 consecutive inpatient days per condition / lifetime**	No Charge
60 outpatient visits per condition / lifetime**	\$5 copay per visit
SUBSTANCE ABUSE	
7 days of inpatient detox. per calendar year**	No Charge
30 days of inpatient rehab. per calendar year**	No Charge
60 outpatient rehab. visits per calendar year**	No Charge
MENTAL HEALTH CARE	
30 visits per calendar year**	50% copayment
30 days of inpatient care per calendar year**	No Charge

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BENEFIT	COVERAGE
PRESCRIPTION DRUGS – Administered by Caremark, Inc.	
<i>Caremark Participating Retail Pharmacies (30-day supply)</i>	
Per generic prescription	\$5 copay
Per brand-name prescription on Caremark's Primary Drug List	\$15 copay
Per brand-name prescription not on Caremark's Primary Drug List	\$30 copay
<i>Caremark Mail-Service Pharmacy (90-day supply)</i>	
Per generic prescription	\$10 copay
Per brand-name prescription on Caremark's Primary Drug List	\$30 copay
Per brand-name prescription not on Caremark's Primary Drug List	\$50 copay
Note: Maintenance medications should be obtained through Caremark's Mail Service Pharmacy and are limited to 2 fills per calendar year at retail. Third and subsequent fills at retail are subject to \$50 copay.	
HOSPICE CARE (210 DAYS)	
Inpatient care**	No Charge
Outpatient care**	No Charge
EXERCISE FACILITY	
Subscriber	\$100 reimbursement per 6 month period
Spouse	\$50 reimbursement per 6 month period
ALTERNATIVE MEDICINE	
Chiropractic visits	\$5 copay per visit
INFERTILITY TREATMENT(\$10,000 per lifetime)	
Specialist office visits'	\$5 copay per visit
Outpatient facility services	No Charge
DURABLE MEDICAL EQUIPMENT	Not Covered

DEPENDENT ELIGIBILITY

Eligible dependents include the employee's spouse and dependent children until the child reaches age 19, or age 25 if a full time student. Benefits discontinue at the end of the Calendar Year.

*Visits to an Oxford participating specialist require an authorized referral from your Primary Care Physician.

** These services require **precertification** through Oxford. Your physician must call Oxford at 800-444-6222 at least 14 days in advance of treatment to request **precertification**.

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. Coverage is subject to the terms and conditions of the Certificate.

Refer to your 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, hearing aids, or, unless otherwise stated, dental services and vision correction services and supplies.

January 1, 2004