# NEW YORK EHB BENCHMARK PLAN

## SUMMARY INFORMATION

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan from largest small group product, Exclusive Provider Organization</th>
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<tbody>
<tr>
<td>Issuer Name</td>
<td>Oxford Health Insurance, Inc.</td>
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<tr>
<td>Product Name</td>
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<td>Plan Name</td>
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<tr>
<td>Supplemented Categories (Supplementary Plan Type)</td>
<td>• Pediatric Oral (State CHIP)</td>
</tr>
<tr>
<td></td>
<td>• Pediatric Vision (State CHIP)</td>
</tr>
<tr>
<td>Habilitative Services Included Benchmark (Yes/No)</td>
<td>No</td>
</tr>
<tr>
<td>Habilitative Services Defined by State (Yes/No)</td>
<td>Yes: New York will set habilitative services at modified parity with rehabilitative services. The intent is to set the habilitative benefit at parity with the rehabilitative benefit in the outpatient setting only. Further, in New York’s Base Benchmark Plan, the rehabilitative services benefit is covered only if the services are provided on a post-hospitalization or post-surgical basis. By setting habilitative services at parity with rehabilitative services, New York will require the same types of services and the same number of covered days for both benefits, but New York does not consider the post-hospitalization and post-surgical requirements for rehabilitative services to be requirements for habilitative services.</td>
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## BENEFITS AND LIMITS

<table>
<thead>
<tr>
<th>Benefit Information</th>
<th>General Information</th>
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<tbody>
<tr>
<td><strong>A Benefit</strong></td>
<td><strong>B</strong> EHB</td>
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<tr>
<td>Primary Care Visit to Treat an Injury or Illness</td>
<td>Yes</td>
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<tr>
<td>Specialist Visit</td>
<td>Yes</td>
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<tr>
<td>Other Practitioner Office Visit (Nurse, Physician Assistant)</td>
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<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
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</tr>
<tr>
<td>Outpatient Surgery Physician/Surgical Services</td>
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<tr>
<td>Hospice Services</td>
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<tr>
<td>Non-Emergency Care When Traveling Outside the U.S.</td>
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<td>Routine Dental Services (Adult)</td>
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<td>Infertility Treatment</td>
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<tr>
<td>Long-Term/Custodial Nursing Home Care</td>
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<td>Private-Duty Nursing</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td><strong>Routine Eye Exam (Adult)</strong></td>
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<tr>
<td>No</td>
<td>Available as optional buy up for groups to purchase. $50 reimbursement per exam. Limited to one per year.</td>
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<td><strong>Inpatient Hospital Services (e.g., Hospital Stay)</strong></td>
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<td><strong>Generic Drugs</strong></td>
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New York—3
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<td>Chiropractic Care</td>
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<td>Durable Medical Equipment</td>
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<td>Diagnostic Test (X-Ray and Lab Work)</td>
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<td>Imaging (CT/PET Scans, MRIs)</td>
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<td>Preventive Care/Screening/Immunization</td>
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<td>Routine Foot Care</td>
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<td>Acupuncture</td>
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<td><strong>Eye Glasses for Children</strong></td>
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<td><strong>Rehabilitative Occupational and Rehabilitative Physical Therapy</strong></td>
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<td><strong>Well Baby Visits and Care</strong></td>
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<td><strong>Laboratory Outpatient and Professional Services</strong></td>
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<td><strong>X-rays and Diagnostic Imaging</strong></td>
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<td><strong>Basic Dental Care - Child</strong></td>
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<td><strong>Orthodontia - Adult</strong></td>
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<td><strong>A Benefit</strong></td>
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<td>Transplant</td>
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<td>Accidental Dental</td>
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<td>Dialysis</td>
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<td>Allergy Testing</td>
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<td>Chemotherapy</td>
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<td>Radiation</td>
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<td>Diabetes Education</td>
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<td>Prosthetic Devices</td>
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<td>Treatment for Temporomandibular Joint Disorders</td>
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<td>Nutritional Counseling</td>
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<td>Inherited Metabolic Disorder - PKU</td>
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<td>Post-Mastectomy Care</td>
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<td>Autism Spectrum Disorders</td>
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<td>Breast Reconstructive Surgery</td>
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**Prescription Drug EHB-Benchmark Plan Benefits by Category and Class**

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<td>Anesthetics</td>
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<td>Alcohol deterrents/anti-craving</td>
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