

Oxford Benefit ManagementSM Rates

New York

Effective: May 1, 2007 - June 30, 2007

Looking for a simplified approach to presenting ancillary benefit options to your clients? Oxford Benefit Management (OBMSM) provides access to a unique selection of specialty benefit plans with discount and fully-insured products from several third-party vendors, including UnitedHealthcare Dental[®], Spectera[®], LifeEra and UnitedHealth Allies. Using these products, we've created four different plans at very competitive prices – each providing dental coverage, vision coverage, work & life services, and health discounts.

Sample Rates for New York County Zip Codes 10100-10199

OBMSM Basic Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$13.06	\$29.46	\$21.61	\$39.35
5-9	\$12.44	\$27.69	\$20.39	\$36.88
10-99	\$11.82	\$25.94	\$19.17	\$34.62

OBMSM Preferred Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$28.02	\$59.47	\$52.55	\$86.74
5-9	\$26.43	\$55.97	\$49.34	\$81.41
10-99	\$24.84	\$52.47	\$46.36	\$76.19

OBMSM Elite Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$34.30	\$74.29	\$65.05	\$108.61
5-9	\$32.25	\$69.71	\$61.13	\$101.92
10-99	\$30.47	\$65.27	\$57.22	\$95.06

OBMSM Premier Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$59.07	\$131.24	\$114.21	\$193.05
5-9	\$55.24	\$122.80	\$106.83	\$180.48
10-99	\$51.87	\$114.42	\$99.49	\$167.92

Sample Rates for Bronx County Zip Codes 10400-10499

OBM Basic Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$12.02	\$26.43	\$19.52	\$35.14
5-9	\$11.46	\$24.87	\$18.44	\$32.97
10-99	\$10.92	\$23.32	\$17.37	\$30.97

OBM Preferred Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$25.29	\$53.30	\$47.17	\$77.61
5-9	\$23.89	\$50.21	\$44.36	\$72.91
10-99	\$22.49	\$47.14	\$41.73	\$68.32

OBM Elite Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$30.82	\$66.36	\$58.19	\$96.89
5-9	\$29.02	\$62.32	\$54.75	\$90.99
10-99	\$27.45	\$58.40	\$51.29	\$84.93

OBM Premier Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$44.76	\$98.48	\$85.90	\$144.51
5-9	\$41.93	\$92.28	\$80.48	\$135.29
10-99	\$39.46	\$86.11	\$75.08	\$126.05

Sample Rates for Westchester County Zip Codes 10700-10799

OBM Basic Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$13.50	\$30.73	\$22.48	\$41.11
5-9	\$12.84	\$28.86	\$21.20	\$38.51
10-99	\$12.20	\$27.02	\$19.92	\$36.14

OBM Preferred Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$29.16	\$62.04	\$54.78	\$90.55
5-9	\$27.49	\$58.35	\$51.42	\$84.95
10-99	\$25.82	\$54.70	\$48.30	\$79.47

OBM Elite Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$35.75	\$77.59	\$67.90	\$113.51
5-9	\$33.60	\$72.77	\$63.80	\$106.48
10-99	\$31.73	\$68.12	\$59.70	\$99.27

OBM Premier Specialty Option

Case Size	Employee	E + Child(ren)	E + Spouse	E + Family
2-4	\$51.91	\$114.86	\$100.06	\$168.78
5-9	\$48.58	\$107.54	\$93.66	\$157.89
10-99	\$45.66	\$100.26	\$87.28	\$146.98

To find out more information about Oxford Benefit Management:

CONTACT US AT

888.200.1154

www.oxfordbenefitmanagement.com



OBM plans are offered at guaranteed rates to groups sized 2 to 99 lives. Plan pricing is based upon groups sized 2 to 4, 5 to 9, and 10+ lives. Brokers receive an 8% commission from third-party vendors on all products. Plans are available in Connecticut, New Jersey and participating areas of New York (excluding Zip codes 120, 121, 124, 125, 127, 128, 129, 130, 131, 133, 134, 136, 137, 138, 139, 140, 141, 144, 145, 147, 148, 149). Displayed rates are not inclusive of the orthodontia, annual maximum and life insurance buy-up options.

Oxford Benefit Management, Inc., acts as the distribution company for products by third-party vendors, including UnitedHealthcare[®], Spectera[®], LifeEra and HealthAllies, Inc. The UnitedHealthcare Dental[®] Plans and Spectera, Inc. products are either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.

Oxford Benefit ManagementSM Specialty Options At A Glance

	OBM SM Basic Specialty Option		OBM SM Preferred Specialty Option		OBM SM Elite Specialty Option		OBM SM Premier Specialty Option	
DENTAL	In-Network	Out-of-Network (MAC)	In-Network	Out-of-Network (MAC)	In-Network	Out-of-Network (MAC)	In-Network	Out-of-Network (UCR)
Coinsurance	100%/Discount/Discount	100%/0%/0%	100%/50%/50%	100%/50%/50%	100%/80%/50%	100%/80%/50%	100%/80%/50%	100%/80%/50%
Annual Maximum	\$1,000	\$1,000	\$1,000 (\$1,500 Option)	\$1,000 (\$1,500 Option)	\$1,000 (\$1,500 Option)	\$1,000 (\$1,500 Option)	\$1,000 (\$1,500 Option)	\$1,000 (\$1,500 Option)
Deductible (Single/Family)	\$0/\$0	\$0/\$0	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Preventive Care (Preventive & Diagnostic)	100%	100%	100%	100%	100%	100%	100%	100%
Basic Care (Endodontics, Periodontics, Minor Restorative, Oral Surgery)	Discount	0%	50%	50%	80%	80%	80%	80%
Major Care (Crowns, Bridges & Dentures)	Discount	0%	50%	50%	50%	50%	50%	50%
Orthodontia (Optional)	Not available	Not available	50%; \$1,000 lifetime maximum	50%; \$1,000 lifetime maximum	50%; \$1,000 lifetime maximum	50%; \$1,000 lifetime maximum	50%; \$1,000 lifetime maximum	50%; \$1,000 lifetime maximum
Waiting Periods (Major Care & Orthodontia)	Not applicable	Not applicable	12 months for CT & NJ 6 months for NY	12 months for CT & NJ 6 months for NY	12 months for CT & NJ 6 months for NY	12 months for CT & NJ 6 months for NY	12 months for CT & NJ 6 months for NY	12 months for CT & NJ 6 months for NY

VISION								
Eye Exam	\$10 copayment	Not available	\$20 copayment	Up to a \$20 reimbursement	\$20 copayment	Up to a \$20 reimbursement	\$20 copayment	Up to a \$20 reimbursement
Materials	Unlimited frequency	Not available	A \$50 materials copayment at time of service covers either frames and lenses or contacts.	Noted below	A \$50 materials copayment at time of service covers either frames and lenses or contacts.	Noted below	A \$50 materials copayment at time of service covers either frames and lenses or contacts.	Noted below
Frames	\$60/\$85 copayment on selection frames at private practice providers. 15% off non-selection frames.	Not available	Included in the \$50 materials copayment; up to \$25 wholesale value (private practice) or \$70 retail value (retail chains).	Up to a \$25 reimbursement	Included in the \$50 materials copayment; up to \$25 wholesale value (private practice) or \$70 retail value (retail chains).	Up to a \$25 reimbursement	Included in the \$50 materials copayment; up to \$25 wholesale value (private practice) or \$70 retail value (retail chains).	Up to a \$25 reimbursement
Lenses	\$45/\$65/\$95 copayment	Not available	Standard lenses included in the \$50 materials copayment.	Up to a \$20 to \$40 reimbursement	Standard lenses included in the \$50 materials copayment.	Up to a \$20 to \$40 reimbursement	Standard lenses included in the \$50 materials copayment.	Up to a \$20 to \$40 reimbursement
Contacts	20% discount at private practice providers	Not available	Covered-in-full contact lenses included with \$50 materials copayment; \$105 allowance towards the purchase of non-selection contacts outside the covered-in-full selection.	Up to a \$55 reimbursement	Covered-in-full contact lenses included with \$50 materials copayment; \$105 allowance towards the purchase of non-selection contacts outside the covered-in-full selection.	Up to a \$55 reimbursement	Covered-in-full contact lenses included with \$50 materials copayment; \$105 allowance towards the purchase of non-selection contacts outside the covered-in-full selection.	Up to a \$55 reimbursement

WORK & LIFE

All OBM Specialty Options include a work & life services component which includes support services that offer consultation and referrals, online resources and services, and educational resources on a wide variety of subjects, including child/parenting support services, adult/elder support services, chronic condition support services and more.

HEALTH DISCOUNTS

All OBM Specialty Options include a health discount component, offering savings of 5% to 50% on health-related products and services.

- Vision (eye exams, LASIK eye surgery, optical products) 5% - 50%
- Dental (general dental, cosmetic dentistry, orthodontia) 10% - 35%
- Alternative Medicine (chiropractic, massage therapy, acupuncture) 20%
- Wellness (fitness, smoking cessation, weight management, nutrition) 10% - 50%
- Long-term Care (home healthcare, DME, hospice) 5% - 30%
- Hearing (testing and hearing devices) 10% - 20%
- Infertility (in-vitro fertilization, reproductive endocrinology) 5% - 20%

When purchasing any of the OBM Specialty Options, employers may also elect to include an optional basic life insurance product from Unimerica Workplace Benefits — coverage is available in flat amounts of \$10,000 or \$25,000. To obtain an instant online rate quote, visit www.oxfordbenefitmanagement.com.