

freedom plan[®]

liberty planSM

metro

Group Enrollment Agreement



Oxford Health Plans[®]
there is another way[®]

Group Name: _____

Group Numbers: _____ Effective Date: _____, 20____

Definitions

- Agreement: This Group Enrollment Agreement, the Group Application, the individual applications of the Members, the Certificate of Coverage and Member Handbook, the Summary of Benefits and any applicable Riders.
- OHI, Us, We, Our: Oxford Health Insurance, Inc.
- Members: Subscribers and Covered Dependents.
- Terms not defined in this Group Enrollment Agreement will have the meaning set forth in the Certificate.

In consideration of the payment of Premiums, OHI and Group agree that OHI will arrange or pay for Covered medical and hospital services in accordance with the terms and provisions of the Agreement. Such services will be provided for the Group's eligible employees (Subscribers) and their Covered Dependents.

I. Effective Date and Terms of Agreement

The Agreement will be effective on the _____ day of _____, 20____ at 12:00 a.m. Eastern Time and will remain in effect for a period of ____ consecutive months, ending on the ____ day of _____, 20____ at 11:59 p.m. Eastern Time at which time coverage will terminate (the "Initial Contract Period"). The Agreement, and the coverage provided under the Agreement, will automatically renew after the end of the Initial Contract Period or any Subsequent Contract Period unless it would otherwise terminate in accordance with Section XIII of this Group Enrollment Agreement.

II. Coverage

Network:

Copayment:

In-Network deductible:

Out-of-Network deductible:

Coinsurance:

Coinsurance limit:

Out-of-Network reimbursement:

Pharmacy Benefit:

Generic/Preferred Brand/

Brand copay

Deductible (please select one)

Inpatient facility copay:

Freedom

\$30 copay (at age 20 and over);
\$15 (through age 19)

\$15 Primary Care Physician copay/
\$25 Specialist copay

\$25 Primary Care Physician copay/
\$40 Specialist copay

None

\$1000 single; \$3000 family

70%

\$10,000

150% of Medicare rate

70% of HIAA

None

\$7/\$20/\$50

\$15/50%/50%¹

\$50 \$100 \$250 \$500

\$100 per confinement

\$250 per day up to 5 days²

Liberty

\$15 Primary Care Physician copay/
\$25 Specialist copay

\$25 Primary Care Physician copay/
\$40 Specialist copay

None

\$2000 single; \$6000 family

70%

\$10,000

150% of Medicare rate

70% of HIAA

None

\$7/\$20/\$50

\$15/50%/50%¹

\$50 \$100 \$250 \$500

\$100 per confinement

\$250 per day up to 5 days²

Group Enrollment Agreement



(continued)

Network:	Freedom	Liberty
Outpatient surgery copay:	\$100 per incident \$250 per incident ²	\$100 per incident \$250 per incident ²
Emergency room copay:	\$75 per incident	\$75 per incident
Additional riders:	<input type="checkbox"/> Vision <input type="checkbox"/> Dental Premium <input type="checkbox"/> Dental Enhanced <input type="checkbox"/> Dependent Student Cutoff to Age 25	<input type="checkbox"/> Vision <input type="checkbox"/> Dental Premium <input type="checkbox"/> Dental Enhanced <input type="checkbox"/> Dependent Student Cutoff to Age 25

¹ This Pharmacy benefit copayment option is not available when choosing the \$30 (at age 20 and over)/\$15 (through age 19) copayment option under #1 in the Freedom Plan Metro benefit listing.

² These copays are only available when choosing the \$25 per visit for PCP/ \$40 per visit for specialist copayment option under #3 for Freedom Plan Metro and copayment option under #2 for Liberty Plan Metro.

III. Premium Rate Schedule

Type of Coverage	Total Monthly Premium
Single	\$ _____
Family	\$ _____
Parent/Child	\$ _____
Couple	\$ _____
(Other)	\$ _____

IV. Eligibility

Eligible employees of the Group will be full-time employees of the Group who work a minimum of (_____) (no less than 20) hours per week. In addition, eligible employees of the Group and their eligible family members will meet the eligibility criteria set forth in the Certificate and the requirements set forth below:

Subscribers: Subscribers will be eligible on the (1. date OR 2. first day of the month after the date [select one]) the employee completes the waiting period occurring (_____ days) after commencement of employment. Coverage ends on a date consistent with the eligibility start date selected above.

(If subscribers are eligible the date the defined writing period is complete, coverage will end on the termination date. If subscribers are eligible on the first of the month after the date the defined writing period is complete, coverage will end on the last day of the month in which eligibility ends)

Covered Dependents: The legal spouse of the Subscriber and any unmarried, dependent children, as defined in the Certificate, are eligible for coverage. Such children are eligible only until the child reaches age 19 or age 23 if child is full-time student. Coverage ends on the last day of the semester in which child's birthday occurs.

V. Notice

All notices to be given to the Group will be addressed to:

attn: _____

All notices to be given to Us will be addressed to:

Oxford Health Insurance, Inc.
10 Tara Boulevard
Nashua, NH 03062

VI. Premium Due Date And Payments

The first day of the month is the “Premium Due Date.” The Group agrees to remit to Us on or before the Premium Due Date the applicable Total Monthly Premium set forth in Section III above for each Member enrolled as of such date. Membership as of such date will be determined by Us in accordance with Our Member records. If a Premium payment is not made in full by Group on or prior to the Premium Due Date, a 30-day Grace Period will be granted to the Group for payment without interest charge. If payment is not received by the expiration of the Grace Period, then the Agreement may be terminated by Us pursuant to Section XIII of this document. Premiums outstanding subsequent to the end of the Grace Period will be subject to a late penalty charge of 1.50% of the total Premium amount due. This amount will be calculated for each 30-day period, or portion thereof, that the amount due remains outstanding. If the Agreement is terminated for any reason, the Group will continue to be held liable for all Premium payments due and unpaid before the termination, including, but not limited to, Premium payments for any time the Agreement is in force during the Grace Period.

Notwithstanding any language to the contrary in the Agreement, We will have no obligation to provide benefits or pay claims for any Member during any period for which the required Premium payment has not been made, including during any Grace Period. If We provide benefits or pay claims for any Member during any period for which the Premium payment has not been made, such provision of benefits or payment of claims will not constitute a waiver of Our right to discontinue the provision of coverage or payment of claims until such time as the Premium payment is made.

VII. Premium Adjustments

- A. Enrollment.** If a Member enrolls on or before the fifteenth (15th) day of a month, the Group will remit to Us on or before the next Premium Due Date an additional Total Monthly Premium for such Member for the month in which the Member enrolled.
If a Member enrolls after the fifteenth (15th) day of a month, no additional Premium payment will be due for such Member for the month in which the Member enrolled.
Note: This does not apply to any Group where the Subscribers become eligible for coverage on the first day of the month, per Section IV, “Eligibility.”
- B. Termination.** If a Member’s coverage ends on or before the fifteenth (15th) day of a month, We will credit the Group the total Monthly Premium for such Member for that month. If a Member’s coverage ends after the fifteenth (15th) day of a month, the Group will not be entitled to any Premium adjustment from Us. Note: This does not apply to any Group whose Subscribers lose coverage on the last day of the month, per Section IV, “Eligibility.”

VIII. Premium Rate Changes

Initial Contract Period: The Premium Rate Schedule set forth on page one of this Group Enrollment Agreement will be valid only for the Initial Contract Period. Premium Rates for the Initial Contract Period will not be changed by Us unless a change required by statute or regulation increases Our cost risk under the Agreement. If such a statutory or regulatory change occurs, we may change the Premium Rate Schedule at any time with a (45-day) prior written notice to Group.

Subsequent Contract Period: At any time, with a (45-day) prior written notice, We may change the Premium Rate Schedule for any Subsequent Contract Period as follows:

- Upon the renewal of the Agreement; and
- When a change required by statute or regulation that increases Our risk under the Agreement.

(We may also change the Premium Rate for any other reason upon a (90-day) prior written notice to the Group.)

Regarding renewals: If We fail to give the Group the required advance notice, the Premium Rates in effect prior to the commencement of the Subsequent Contract Period will remain in effect for a period of (45) days after the Group was notified by Us of the new Premium Rates for the Subsequent Contract Period, after which period the new Premium Rates will go into effect.

Any change in the Premium Rates will be subject to the approval of the New York Insurance Department.

IX. Member Effective Dates of Coverage

Coverage of prospective Members will be subject to Our receipt of an Enrollment Form and applicable monthly Premium for each prospective Member within 31 days of the Member becoming eligible for coverage under the Agreement

X. Ineligible Members

If the Group fails to immediately notify Us of a Member's ineligibility, and the Group has made or continues to make the Premium payments for such Member, We will credit such Premium payment back to the last day of the month immediately prior to the month in which such termination notice is received by Us. We will provide this credit only if We have not authorized or incurred claims for health services for such Member during the period when We were unaware of the Member's ineligibility.

XI. Open Enrollment Period

The Group will hold a Group Open Enrollment Period at least once each year. During the Group Open Enrollment Period, eligible employees, as determined by the Agreement, may elect coverage under the Agreement.

XII. Responsibilities of Group

Group agrees to:

- A. Offer coverage to eligible employees and their eligible family members, as described in Section IV above. It is agreed that eligible employees of the Group will be free to choose Our coverage or any other coverage as may be available through the Group during the initial and subsequent Group Open Enrollment Periods. Every eligible employee of the Group will be given a fair opportunity to elect one of the Group's coverage options and will not be penalized by the Group because of his or her choice.
- B. Offer each new employee the opportunity to elect Our coverage as a procedure of employment when he or she becomes an eligible employee as described in the Agreement.
- C. Provide notification to each Member, within 15 days after termination of the Member's coverage, of the Member's right to convert to one of Our individual direct payment contracts, contingent upon the Member having reasonable access to Our Service Area.
- D. Furnish to Us, on a monthly basis (or as otherwise required), on Our approved forms, such information as may reasonably be required by Us for the administration of the Agreement, including

any change in a Member's eligibility status. In addition, We may, at reasonable times, examine the Group's pertinent records with respect to eligibility and Premium payments hereunder.

- E. Comply with all policies and procedures established by Us in administering and interpreting the Agreement.

XIII. Termination

A. The Agreement may be terminated by Us:

- (i) Upon written notice, if any Premium payment or contribution required to be made by the Group is not received by the Premium Due Date, subject to a 30-day grace period;
- (ii) Upon written notice, if the Group ceases to operate or relocates outside of the Service Area;
- (iii) If the Group has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the Agreement;
- (iv) We cease offering group contracts in New York in accordance with applicable law;
- (v) The Group ceases to meet the requirements for a group as defined under applicable law (or fails to meet participation requirements);
- (vi) In connection with this Plan, there is no longer any employee or dependent who lives, resides or works in the Service Area; or
- (vii) For such other reasons as are acceptable to the Superintendent of Insurance and not inconsistent with Public Law 104-191.

B. The Agreement may be terminated by the Group:

- (i) Upon written notice, in the event of the insolvency or bankruptcy of OHI;
- (ii) Upon written notice, in the event of the revocation of OHI's license;
- (iii) In the event of Our material breach of any of the terms and provisions of the Agreement, upon a 45-day prior written notice to Us;
- (iv) As of the date any Premium change would become effective, by providing Us with written notice of termination not less than (30) days prior to such effective date; or
- (v) Without cause, by giving us a (60-day) advance written notice.

XIV. Entire Agreement

The Agreement constitutes the entire agreement between the parties and supersedes all prior and contemporaneous arrangements, understandings, negotiations and discussions of the parties with respect to the subject matter hereof, whether written or oral; and there are no warranties, representations, or other agreements between the parties in connection with the subject matter hereof, except as specifically set forth herein. No supplement, modification or waiver of the Agreement will be binding unless executed in writing by authorized representatives of the parties.

XV. Applicable Law

The Agreement will be governed by the laws of the State of New York.

XVI. Inconsistency

In the event of any inconsistency between this Group Enrollment Agreement and the Certificate, the terms of this Group Enrollment Agreement will govern.

XVII. Amendments

Any amendments to the Agreement must be in writing and must be approved by authorized representatives of both the Group and OHI. No other individual has the authority to modify the Agreement, waive any of its provisions or restrictions, extend the time for making a payment, or bind OHI by making any other commitment or representation.

Formal acceptance of an amendment to the Agreement by the Group will not be required if: the change has been negotiated by means of a request by the Group and agreed to by Us and such amendment is attached to this Group Enrollment Agreement; if the change is required to bring the Agreement into conformance with any applicable law, regulation or ruling of the jurisdiction in which the Agreement is delivered or of the federal government; or if the Group makes payment of any applicable Premium on and after the effective date of such amendment.

Oxford Health Insurance, Inc. _____

Group Name

Group Number

By: _____ By: _____

Authorized Signature

Authorized Signature

Title: _____ Title: _____

Date: _____ Date: _____

(Attachments: Amendments requested by the Group and accepted by Us.)



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