

2015 New Jersey Individual EPO Product General Summary of Benefits

This is a general summary, not a complete and thorough description of benefits. We reserve the right to correct any typographical errors.

BENEFITS	EPO BRONZE PLAN A GATED/LIBERTY NETWORK \$2,500	EPO SILVER PLAN C \$30 GATED/LIBERTY NETWORK PCP COPAYMENT: \$2,500	EPO SILVER PLAN D \$30 GATED/LIBERTY NETWORK PCP COPAYMENT: \$1,500	CATASTROPHIC GATED/LIBERTY NETWORK \$6,350
Cost-Sharing				
Deductible				
Single	\$2,500	\$2,500	\$1,500	\$6,350
Family	\$5,000	\$5,000	\$3,000	\$12,700
Coinsurance	50%	30%	20%	Not applicable
Single Out-of-Pocket Maximum	\$6,350	\$4,500	\$6,350	\$6,350
Family Out-of-Pocket Maximum	\$12,700	\$9,000	\$12,700	\$12,700
Inpatient Care				
Hospital	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Other Covered Charges	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Emergency Care				
Ambulance Service for Medical Emergency	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Emergency Room	\$100 copayment then D&C	\$100 copayment then D&C	\$100 copayment then D&C	Ded.
Emergency Care in Urgi-Center	Ded. & Coins.	\$75 copayment	\$75 copayment	Ded.
Maternity Care				
Prenatal Care	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing
Delivery - Postnatal Care and Hospital Services for Mother and Child	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Outpatient Care				
Primary Care Physician Office Visits	Ded. & Coins.	\$30 copayment	\$30 copayment	Ded. (No Cost-Sharing for first 3 office visits)
Specialist Office Visits	Ded. & Coins.	\$50 copayment	\$50 copayment	Ded.
Ambulatory Surgical Facility	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Second Surgical Opinion	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing	Ded.
Pre-admission Testing	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Magnetic Resonance Imaging (MRI)	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Preventive Care	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing	None
Therapy Services				
30 visits per covered person per cal. year	Ded. & Coins.	\$30 copayment	\$30 copayment	Ded.
Home Health Care				
Unlimited Days, if pre-approved	Ded. & Coins.	\$50 copayment	\$50 copayment	Ded.
Skilled Nursing Care				
Unlimited Days, if pre-approved	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Mental Illness & Substance Abuses				
Inpatient - Unlimited Days, if pre-approved	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Outpatient - Unlimited Days, if pre-approved	Ded. & Coins.	\$30 copayment	\$50 copayment	Ded.
Therapeutic Manipulation				
30 visits per calendar year	Ded. & Coins.	\$30 copayment	\$30 copayment	Ded.
Hospice Care				
Unlimited Days, if pre-approved	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded.
Prescription Drugs				
Separate Drug Deductible	Subject to medical deductible	Not applicable	\$250	Subject to medical deductible
Per Generic/Brand Name Prescription	50% Coins. (after medical ded.)	50% Coins.	50% Coins. (after Rx ded.)	100% covered (after medical ded.)

2015 New Jersey Individual HMO Product General Summary of Benefits

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BENEFITS	HMO GOLD GATED/LIBERTY NETWORK	HMO PLATINUM GATED/LIBERTY NETWORK
Cost-Sharing		
Deductible	N/A	N/A
Single Out-of-Pocket Maximum	\$5,000	\$1,200
Family Out-of-Pocket Maximum	\$10,000	\$2,400
Inpatient Care		
Hospital	\$500 copayment per day, 5 day maximum per admission	\$300 copayment per day, 4 day maximum per admission
Other Covered Charges	(\$5,000 maximum per year)	(\$1,200 maximum per year)
Emergency Care		
Ambulance Service for Medical Emergency	No Cost-Sharing	No Cost-Sharing
Emergency Room	\$100 copayment	\$100 copayment
Emergency Care in Urgi-Center	\$80 copayment	\$80 copayment
Maternity Care		
Prenatal Care	No Cost-Sharing	No Cost-Sharing
Delivery - Postnatal Care and Hospital Services for Mother and Child	Included as part of Inpatient Hospital Service Cost-Sharing	Included as part of Inpatient Hospital Service Cost-Sharing
Outpatient Care		
Primary Care Physician Office Visits	\$30 copayment	\$30 copayment
Specialist Office Visits	\$60 copayment	\$60 copayment
Ambulatory Surgical Facility	\$250 copayment	\$150 copayment
Second Surgical Opinion	\$60 copayment	\$60 copayment
Pre-admission Testing	\$30 copayment	\$30 copayment
Magnetic Resonance Imaging (MRI)	\$100 copayment	\$100 copayment
Preventive Care	No Cost-Sharing	No Cost-Sharing
Therapy Services		
30 visits per covered person per cal. year	\$30 copayment	\$30 copayment
Home Health Care		
Unlimited Days, if pre-approved	No Cost-Sharing	No Cost-Sharing
Skilled Nursing Care		
Unlimited Days, if pre-approved	No Cost-Sharing	No Cost-Sharing
Mental Illness & Substance Abuses		
Inpatient - Unlimited Days, if pre-approved	\$500 copayment per day, 5 day maximum per admission	\$300 copayment per day, 4 day maximum per admission
Outpatient - Unlimited Days, if pre-approved	(\$5,000 maximum per year) \$60 copayment	(\$1,200 maximum per year) \$60 copayment
Therapeutic Manipulation		
30 visits per calendar year	\$30 copayment	\$30 copayment
Hospice Care		
Unlimited Days, if pre-approved	No Cost-Sharing	No Cost-Sharing
Prescription Drugs		
Separate Drug Deductible	\$250	\$125
Per Generic/Brand Name Prescription	50% coinsurance (after Rx ded.)	50% coinsurance (after Rx ded.)

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