

2017 New Jersey Small Group (1-50) Oxford Products

Please be advised that this guide is for informational purposes only. We reserve the right to modify this quote and benefits described if needed, once final approval is received, and to correct any typographical errors. For a complete listing of all New Jersey small group (1-50) products, please contact your sales representative.

2017 Plan Name	Network / Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Medical Deductible Type ³	Rx Plans (Mail order is 2x the retail amount)
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	All Other Radiology		
		Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)													
Platinum Plans																				
Oxford® EPO \$15/\$40	Freedom / Non-Gated	N/A	N/A	100%	N/A	\$2,500	N/A	\$15	\$40	\$40	\$100 copayment, then 100% coinsurance	\$250 copayment per day, up to \$1,250 maximum per admission to \$2,500 per plan year	\$40	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Oxford® EPO \$15/\$40	Liberty / Non-Gated	N/A	N/A	100%	N/A	\$2,500	N/A	\$15	\$40	\$40	\$100 copayment, then 100% coinsurance	\$250 per day, up to \$1,250 maximum per admission to \$2,500 per plan year	\$40	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Oxford® PPO Flex \$20/\$40	Freedom / Non-Gated	N/A	\$2,000	100%	70%	\$2,500	\$5,000	\$20	\$40	\$40	\$100 copayment, then 100% coinsurance	\$100 copayment per day, up to \$500 per admission to \$1,000 per plan year	\$40	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Oxford® PPO Flex \$20/\$40	Liberty / Non-Gated	N/A	\$2,000	100%	70%	\$2,500	\$5,000	\$20	\$40	\$40	\$100 copayment, then 100% coinsurance	\$100 copayment per day, up to \$500 per admission to \$1,000 per plan year	\$40	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Oxford® PPO Flex \$15/\$45	Freedom / Non-Gated	N/A	\$2,500	100%	70%	\$2,500	\$6,250	\$15	\$45	\$45	\$100 copayment, then 100% coinsurance	\$300 copayment per day up to \$1,500 maximum per admission to \$3,000 per plan year	100%	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Oxford® PPO Flex \$15/\$45	Liberty / Non-Gated	N/A	\$2,500	100%	70%	\$2,500	\$6,250	\$15	\$45	\$45	\$100 copayment, then 100% coinsurance	\$300 copayment per day up to \$1,500 maximum per admission to \$3,000 per plan year	100%	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Oxford® EPO \$20/\$40	Garden State / Non-Gated	N/A	N/A	100%	N/A	\$3,000	N/A	\$20	\$40	\$50	\$100 copayment, then 100% coinsurance	\$250 copayment per day up to \$1,000 maximum per admission	\$50	\$150	100%	\$20	\$100	100%	Emb	\$5/\$35/\$60
Oxford® EPO \$10/\$40	Garden State / Non-Gated	N/A	N/A	100%	N/A	\$3,000	N/A	\$10	\$40	\$50	\$100 copayment, then 100% coinsurance	\$200 copayment per day up to \$800 maximum per admission	\$50	\$150	100%	\$10	\$100	100%	Emb	\$5/\$35/\$60

2017 New Jersey Small Group (1-50) Oxford Products continued...

2017 Plan Name	Network / Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Medical Deductible Type ³	Rx Plans (Mail order is 2x the retail amount)
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	All Other Radiology		
		Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)													
Oxford® PPO Flex \$20/\$40	Freedom / Non-Gated	N/A	\$2,000	100%	70%	\$2,000	\$5,000	\$20	\$40	\$40	\$100 copayment, then 100% coinsurance	100%	100%	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Oxford® PPO Flex \$20/\$40	Liberty / Non-Gated	N/A	\$2,000	100%	70%	\$2,000	\$5,000	\$20	\$40	\$40	\$100 copayment, then 100% coinsurance	100%	100%	\$150	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Gold Plans																				
Primary Advantage \$25/\$50; \$1,000	Garden State / Non-Gated	\$1,000	N/A	90%	N/A	\$3,000	N/A	\$25	\$50 after deductible	\$75 after deductible	\$100 copayment, then 90% coinsurance after deductible	\$250 per day, up to \$1,250 per admission to a maximum of \$2,500 per plan year after deductible	\$75 after deductible	\$150 after deductible	\$50 after deductible	\$25 after deductible	\$100 copayment after deductible	90% after deductible	NonEmb	\$10/\$40/\$70
Oxford® EPO \$50	Freedom / Non-Gated	\$600	N/A	100%	N/A	\$4,000	N/A	\$50	\$50	\$50	\$100 copayment, then 100% coinsurance	\$500 copayment per day up to \$2,500 maximum per admission to \$5,000 per plan year	\$50	50%	100%	\$100 after deductible	50% after deductible	100%	Emb	\$25/\$50/\$75
Oxford® EPO \$50	Liberty / Non-Gated	\$600	N/A	100%	N/A	\$4,000	N/A	\$50	\$50	\$50	\$100 copayment, then 100% coinsurance	\$500 copayment per day up to \$2,500 maximum per admission to \$5,000 per plan year	\$50	50%	100%	\$100 after deductible	50% after deductible	100%	Emb	\$25/\$50/\$75
Oxford® Gated EPO \$50	Freedom / Gated	\$600	N/A	100%	N/A	\$4,000	N/A	\$50	\$50	\$50	\$100 copayment, then 100% coinsurance	\$500 copayment per day up to \$2,500 maximum per admission to \$5,000 per plan year	\$50	50%	100%	\$100 after deductible	50% after deductible	100%	Emb	\$25/\$50/\$75
Oxford® Gated EPO \$50	Liberty / Gated	\$600	N/A	100%	N/A	\$4,000	N/A	\$50	\$50	\$50	\$100 copayment, then 100% coinsurance	\$500 copayment per day up to \$2,500 maximum per admission to \$5,000 per plan year	\$50	50%	100%	\$100 after deductible	50% after deductible	100%	Emb	\$25/\$50/\$75
Oxford® EPO \$30/\$50; \$1,000	Liberty / Non-Gated	\$1,000	N/A	80%	N/A	\$3,500	N/A	\$30	\$50	\$50	\$100 copayment, then 80% coinsurance	80% after deductible	\$50	\$150	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$25/\$50/\$75
Oxford® Gated EPO \$30/\$50; \$1,000	Liberty / Gated	\$1,000	N/A	80%	N/A	\$3,500	N/A	\$30	\$50	\$50	\$100 copayment, then 80% coinsurance	80% after deductible	\$50	\$150	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$25/\$50/\$75
Oxford® EPO \$25/\$40	Liberty / Non-Gated	\$1,250	N/A	80%	N/A	\$3,750	N/A	\$25	\$40	\$50	\$100 copayment, then 80% coinsurance	80% after deductible	\$40	\$150	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$25/\$50/\$75

2017 New Jersey Small Group (1-50) Oxford Products continued...

2017 Plan Name	Network / Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Medical Deductible Type ³	Rx Plans (Mail order is 2x the retail amount)
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	All Other Radiology		
		Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)													
Oxford® EPO \$30/\$50; \$2,000	Liberty / Non-Gated	\$2,000	N/A	70%	N/A	\$5,000	N/A	\$30	\$50	\$50	\$100 copayment, then 70% coinsurance	70% after deductible	\$50	\$150	100%	\$100 after deductible	70% after deductible	70% after deductible	Emb	\$15/\$35/\$75
Oxford® EPO \$25/\$50	Liberty / Non-Gated	\$750	N/A	50%	N/A	\$4,500	N/A	\$25	\$50	\$50	\$100 copayment, then 70% coinsurance	50% after deductible	\$75	\$150	100%	\$100 after deductible	50% after deductible	50% after deductible	Emb	\$25/\$50/\$75
Oxford® EPO \$30/60	Liberty / Non-Gated	\$2,000	N/A	50%	N/A	\$3,500	N/A	\$30	\$60	\$60	\$100 copayment, then 50% coinsurance	50% after deductible	\$150	\$250	100%	\$100 after deductible	50% after deductible	50% after deductible	Emb	\$25/\$50/\$75
Oxford® PPO Flex \$25/\$40 \$1,000	Freedom / Non-Gated	\$1,000	\$3,000	80%	60%	\$3,500	\$7,500	\$25	\$40	\$50	\$100 copayment, then 80% coinsurance	80% after deductible	80% after deductible	50% after deductible	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$15/\$35/\$75
Oxford® PPO Flex \$25/\$40	Liberty / Non-Gated	\$1,000	\$3,000	80%	60%	\$3,500	\$7,500	\$25	\$40	\$50	\$100 copayment, then 80% coinsurance	80% after deductible	80% after deductible	50% after deductible	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$15/\$35/\$75
Oxford® PPO Flex \$30/\$50	Freedom / Non-Gated	\$1,500	\$4,000	80%	60%	\$3,250	\$9,000	\$30	\$50	\$50	\$100 copayment, then 80% coinsurance	80% after deductible	80% after deductible	50% after deductible	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$10/\$25/\$50
Oxford® PPO Flex \$30/\$50	Liberty / Non-Gated	\$1,500	\$4,000	80%	60%	\$3,250	\$9,000	\$30	\$50	\$50	\$100 copayment, then 80% coinsurance	80% after deductible	80% after deductible	50% after deductible	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$10/\$25/\$50
Oxford® PPO Flex \$25/\$40 \$2,000	Liberty / Non-Gated	\$2,000	\$4,000	80%	60%	\$4,000	\$8,000	\$25	\$40	\$40	\$100 copayment, then 80% coinsurance	80% after deductible	80% after deductible	50% after deductible	100%	\$100 after deductible	80% after deductible	80% after deductible	Emb	\$10/\$25/\$50
Oxford® EPO HSA \$1,500	Garden State / Non-Gated	\$1,500	N/A	100%	N/A	\$4,000	N/A	100% after deductible	100% after deductible	100% after deductible	100% coinsurance after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	NonEmb	\$15/\$40/\$70
Oxford® Gated EPO \$25/\$50 \$1,250	Garden State / Non-Gated	\$1,250	N/A	80%	N/A	\$3,000	N/A	\$25	\$50	\$50	\$100 copayment, then 80% coinsurance after deductible	80% after deductible	\$75	\$150	100%	80% after deductible	50% after deductible	80% after deductible	Emb	\$10/\$40/\$70
Oxford® EPO \$25/\$50	Garden State / Non-Gated	\$500	N/A	50%	N/A	\$4,750	N/A	\$25	\$50	\$50	\$100 copayment, then 50% after deductible	50% after deductible	\$125	\$250	100%	50% after deductible	50% after deductible	50% after deductible	Emb	\$10/\$40/\$70

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2017 New Jersey Small Group (1-50) Oxford Products continued...

2017 Plan Name	Network / Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Medical Deductible Type ³	Rx Plans (Mail order is 2x the retail amount)
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	All Other Radiology		
		Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)													
Silver Plans																				
Primary Advantage SM \$30/\$60 \$6,600 OOPM	Garden State / Non-Gated	\$2,000	N/A	90%	N/A	\$6,600	N/A	\$40	\$60 after deductible	\$60 after deductible	\$100 copayment, then 90% coinsurance after deductible	\$500 per day, up to \$2,500 per admission to a \$5,000 maximum per plan year after deductible	\$100 after deductible	\$300 after deductible	\$60 after deductible	100% after deductible	50% after deductible	90% after deductible	NonEmb	\$25/\$50/\$75
Primary Advantage SM \$30/\$60 \$5,500 OOPM	Liberty / Non-Gated	\$2,000	N/A	90%	N/A	\$5,500	N/A	\$30	\$60 after deductible	\$60 after deductible	\$100 copayment, then 90% coinsurance after deductible	250 per day, up to \$1,250 per admission to a maximum of \$2,500 per plan year after deductible	\$100 after deductible	\$300 after deductible	\$60 after deductible	100% after deductible	50% after deductible	90% after deductible	NonEmb	\$10/\$40/\$70
Oxford [®] EPO HSA \$2,000 80% 30/50	Liberty / Non-Gated	\$2,000	N/A	80%	N/A	\$6,550	N/A	\$30 after deductible	\$50 after deductible	\$50 after deductible	\$100 copayment, then 100% coinsurance after deductible	\$500 per day, up to \$1,500 per plan year after deductible	100% after deductible	\$500 after deductible	80% after deductible	\$100 after deductible	50% after deductible	80% after deductible	NonEmb	\$25/\$50/\$75
Oxford [®] EPO \$40/\$75; \$2,500	Liberty / Non-Gated	\$2,500	N/A	50%	N/A	\$6,850	N/A	\$40	\$75	\$75	\$100 copayment, then 50% coinsurance	50% after deductible	70% after deductible	50% after deductible	100%	\$100 after deductible	50% after deductible	50% after deductible	Emb	\$25/\$50/\$75
PPO Flex 50/75	Freedom / Non-Gated	\$2,500	\$5,000	70%	50%	\$6,250	\$12,500	\$50	\$75	\$75	\$100 copayment, then 70% coinsurance	70% after deductible	70% after deductible	50% after deductible	100%	\$100 after deductible	50% after deductible	70% after deductible	Emb	\$25/\$50/\$75
PPO Flex 50/75	Liberty / Non-Gated	\$2,500	\$5,000	70%	50%	\$6,250	\$12,500	\$50	\$75	\$75	\$100 copayment, then 70% coinsurance	70% after deductible	70% after deductible	50% after deductible	100%	\$100 after deductible	50% after deductible	70% after deductible	Emb	\$25/\$50/\$75
Oxford [®] EPO HSA 25/\$50; \$2,000	Garden State / Non-Gated	\$2,000	N/A	80%	N/A	\$6,550	N/A	\$25 after deductible	\$50 after deductible	\$75 after deductible	\$100 copayment, then 100% coinsurance after deductible	80% after deductible	\$150 after deductible	\$500 after deductible	80% after deductible	80% after deductible	50% after deductible	80% after deductible	NonEmb	\$10/\$40/\$70
Oxford [®] EPO \$40/\$75; \$2,000	Garden State / Non-Gated	\$2,000	N/A	50%	N/A	\$6,850	N/A	\$40	\$75	\$75	\$100 copayment, then 50% after deductible	50% after deductible	70% after deductible	50% after deductible	100%	50% after deductible	50% after deductible	50% after deductible	Emb	\$10/\$40/\$70
Oxford [®] EPO \$50/\$75; \$2,000	Garden State / Non-Gated	\$2,000	N/A	70%	N/A	\$6,600	N/A	\$50	\$75	\$75	\$100 copayment, then 70% coinsurance after deductible	70% after deductible	70% after deductible	50% after deductible	100%	70% after deductible	50% after deductible	70% after deductible	Emb	\$10/\$40/\$70

2017 New Jersey Small Group (1-50) Oxford Products continued...

2017 Plan Name	Network / Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Medical Deductible Type ³	Rx Plans (Mail order is 2x the retail amount)
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	All Other Radiology		
		Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)													
Oxford® EPO \$50/\$75; \$2,000	Garden State / Gated	\$2,000	N/A	70%	N/A	\$6,600	N/A	\$50	\$75	\$75	\$100 copayment, then 70% coinsurance after deductible	70% after deductible	70% after deductible	50% after deductible	100%	70% after deductible	50% after deductible	70% after deductible	Emb	\$10/\$40/\$70
Bronze Plans																				
Oxford® EPO HSA \$3,000 \$10/70	Liberty / Non-Gated	\$3,000	N/A	50%	N/A	\$6,550	N/A	\$10 after deductible	\$70 after deductible	50% after deductible	50% after deductible	\$50 per day, up to \$250 per admission to \$500 per plan year after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	NonEmb	Medical Deductible, then 50%
Oxford® EPO HSA \$3,000	Liberty / Non-Gated	\$3,000	N/A	50%	N/A	\$6,550	N/A	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 per day, up to \$500 per admission to \$1,000 per plan year after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	NonEmb	Medical Deductible, then 50%
Oxford® EPO HSA \$3,000	Garden State / Non-Gated	\$3,000	N/A	50%	N/A	\$6,550	N/A	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 per day, up to \$500 per admission to \$1,000 per plan year after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	NonEmb	Medical Deductible, then 50%
Oxford® EPO HSA \$3,000	Garden State / Non-Gated	\$3,000	N/A	50%	N/A	\$6,550	N/A	\$10 after deductible	\$70 after deductible	50% after deductible	50% after deductible	\$50 per day, up to \$250 per admission to \$500 per plan year after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	NonEmb	Medical Deductible, then 50%

1 Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

2 If the out-of-pocket-maximum exceeds the inpatient copayment maximum, the member is only required to meet the out-of-pocket maximum amount.

3 Plans with non-embedded deductibles reflect family deductible and out-of-pocket maximum, meaning no individual in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

Note: For HSAs, copayments will not apply until after the deductible has been satisfied.

Note: For Pharmacy plans with a deductible, the deductible does not apply to Tier 1 medications, with the exception of HSA pharmacy plans. In 2017, maximum HSA contribution is \$3,400 single/\$6,750 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers aged 55 and over.