

NJ Individual Liberty HMO Summary of Coverage

\$30 office visit copayment

Benefit	In-network only
Financial	
Deductible	
Single	None
Family	None
Coinsurance	None
Maximum Lifetime Benefit per Member	Unlimited
Outpatient & Preventive Care	
Primary Care Physician Services	Copayment per visit
Specialist Services	Copayment per visit (with referral from PCP)
Physician Outpatient Services	Copayment per visit; waived if any other copayment applies
Second Surgical Option	Copayment per visit
Preadmission Testing	Copayment per visit
Preventative Care Services	No Charge; excludes routine foot care
Outpatient & Laboratory Procedures, X-Ray Examinations	Copayment per visit
Hospital Care	
Physician Inpatient Services	No copayment
Inpatient Hospital Services* (Days)	\$300 copayment per day for a maximum of 5 days per (Unlimited admission; maximum copayment \$3000 per calendar year)
Outpatient Hospital Services*	Copayment per visit
Ambulatory Surgery*	Copayment per visit
Emergency Care	
(Oxford must be contacted within 48 hours)	
Emergency Room Services	\$100 copayment per visit; credited toward inpatient admission if admission occurs within 24 hours as a result of the emergency
Maternity Care	
Prenatal Care	\$25 copayment/initial visit
Birth Centers	Copayment per visit
Delivery	Subject to inpatient hospital stay copayment for mother and baby
Non-biologically based Mental Illness and Substance Abuse	
Inpatient Care*	\$300 copayment per day for a maximum of five (5) days per admission; maximum copayment \$3000 per calendar year. Maximum 30 inpatient days per calendar year (one inpatient day may be exchanged for two (2) outpatient visits or partial hospital days. Pre-approval is required for exchange).
Outpatient Care	Copayment per visit Maximum of 20 visits per calendar year

NOTE: Biologically based mental illnesses will be treated the same as any other illness. Limitation on visits does not apply.



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Benefit	In-network only
Alcoholism	
Inpatient Care*	\$300 copayment per day for a maximum of 5 days per admission; maximum copayment \$3000 per calendar year
Outpatient Care	Copayment per visit
Specialty Care	
Home Health Care*	Unlimited days, if pre-approved
Skilled Nursing Care*	Unlimited days, if pre-approved
Hospice Services*	Unlimited days, if pre-approved
Therapy Services	
Speech, Physical, Occupational and Cognitive Therapies	Copayment per visit 30 days per therapy, per calendar year
Chelation, Chemotherapy, Dialysis and Infusion and Radiation	Copayment per visit Unlimited (subject to pre-approval and copayment)
Autism and Other Developmental Disabilities	
Speech, Physical and Occupational Therapies 30 days per therapy, per Calendar Year	Copayment per visit
Applied Behavioral Analysis	Copayment per visit; maximum benefit \$36,000 per Calendar Year
Therapeutic Manipulation (Chiropractic Care)	
Practitioner Services (Maximum benefit: 30 visits per calendar year)	Copayment
Prescription Drugs	
Per Generic/Brand Name Prescription	50% coinsurance
Diabetic Supplies	50% coinsurance
Other Items	
Durable Medical Equipment*, when Medically Necessary	No charge if precertified by Oxford in advance and ordered by an Oxford participating physician
Orthotic and Prosthetic Appliances	No Charge
Hearing Aids (Benefit is limited to children aged 15 years and younger - Maximum benefit payable is \$1,000 per hearing aid per hearing impaired ear every 24 months)	No Charge
DEPENDENT ELIGIBILITY:	

Eligible dependents include the subscriber's legal spouse and dependent child(ren) until the child(ren) reach age 26. A Dependent's coverage ends when the Dependent becomes eligible for coverage under a group Health Benefits Plan, Group Health Plan, Governmental Plan, or Church Plan, or the Dependent is no longer a Dependent, as defined in the Contract. Coverage ends at 12:01 a.m. on the date the first of these events occurs.

* These services require **precertification** through Oxford. You must call Oxford at 800-444-6222 at least 14 days in advance of request. Mental health and substance abuse services can be precertified through Oxford's Behavioral Health Department by calling 800-201-6991. A complete list of radiological services requiring precertification can be found in your Summary of Benefits. Radiological services can be precertified by calling 877-PRE -AUTH.

No benefits will be provided if you fail to obtain a referral from your primary care physician. Benefits for a pre-existing condition may not be covered for the first 12 months of your enrollment. **Please note:** This is intended only as a general summary of benefits. All benefits are subject to terms of your HMO individual contract. More complete descriptions of benefits and the terms under which they are provided, including limitations and exclusions, are contained in your contract

NJ Individual Liberty HMO Rates

January 2012 - March 2012



\$30 Copayment HMO Option

JANUARY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$531.79	\$1,254.45	\$1,107.26	\$2,009.40
25-29	\$594.46	\$1,317.12	\$1,235.46	\$2,111.95
30-34	\$677.08	\$1,384.55	\$1,409.24	\$2,237.30
35-39	\$718.86	\$1,409.24	\$1,494.70	\$2,305.68
40-44	\$778.69	\$1,455.77	\$1,619.10	\$2,399.69
45-49	\$812.87	\$1,483.31	\$1,690.32	\$2,480.41
50-54	\$905.94	\$1,563.07	\$1,884.05	\$2,644.69
55-59	\$1,039.83	\$1,696.97	\$2,162.28	\$2,924.83
60-64	\$1,214.56	\$1,871.70	\$2,526.94	\$3,266.69
65+	\$1,279.14	\$1,936.28	\$2,659.89	\$3,380.65

FEBRUARY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$625.94	\$1,476.44	\$1,303.69	\$2,365.55
25-29	\$700.11	\$1,550.61	\$1,454.08	\$2,485.45
30-34	\$779.37	\$1,592.28	\$1,620.73	\$2,573.86
35-39	\$816.97	\$1,601.42	\$1,698.97	\$2,620.60
40-44	\$866.76	\$1,619.71	\$1,801.60	\$2,670.39
45-49	\$904.36	\$1,651.21	\$1,880.86	\$2,759.81
50-54	\$969.39	\$1,672.55	\$2,016.00	\$2,829.92
55-59	\$1,112.66	\$1,815.82	\$2,313.73	\$3,129.68
60-64	\$1,299.63	\$2,002.79	\$2,703.92	\$3,495.49
65+	\$1,368.73	\$2,071.89	\$2,846.18	\$3,617.42

MARCH 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$632.34	\$1,491.55	\$1,317.04	\$2,389.76
25-29	\$707.28	\$1,566.48	\$1,468.96	\$2,510.89
30-34	\$787.35	\$1,608.57	\$1,637.32	\$2,600.20
35-39	\$825.33	\$1,617.81	\$1,716.36	\$2,647.42
40-44	\$875.63	\$1,636.29	\$1,820.04	\$2,697.72
45-49	\$913.61	\$1,668.11	\$1,900.11	\$2,788.06
50-54	\$979.31	\$1,689.67	\$2,036.64	\$2,858.89
55-59	\$1,124.05	\$1,834.41	\$2,337.41	\$3,161.71
60-64	\$1,312.93	\$2,023.29	\$2,731.60	\$3,531.26
65+	\$1,382.74	\$2,093.09	\$2,875.31	\$3,654.45

NJ Individual Liberty HMO Rates

April 2012 - June 2012



\$30 Copayment HMO Option

APRIL 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$638.82	\$1,506.82	\$1,330.52	\$2,414.23
25-29	\$714.52	\$1,582.52	\$1,484.00	\$2,536.60
30-34	\$795.41	\$1,625.04	\$1,654.08	\$2,626.82
35-39	\$833.78	\$1,634.38	\$1,733.93	\$2,674.53
40-44	\$884.60	\$1,653.04	\$1,838.67	\$2,725.34
45-49	\$922.97	\$1,685.19	\$1,919.56	\$2,816.60
50-54	\$989.34	\$1,706.97	\$2,057.49	\$2,888.16
55-59	\$1,135.56	\$1,853.19	\$2,361.34	\$3,194.08
60-64	\$1,326.37	\$2,044.01	\$2,759.56	\$3,567.42
65+	\$1,396.89	\$2,114.52	\$2,904.75	\$3,691.86

MAY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$645.36	\$1,522.25	\$1,344.15	\$2,438.95
25-29	\$721.84	\$1,598.73	\$1,499.20	\$2,562.58
30-34	\$803.56	\$1,641.68	\$1,671.02	\$2,653.72
35-39	\$842.32	\$1,651.11	\$1,751.69	\$2,701.92
40-44	\$893.65	\$1,669.97	\$1,857.50	\$2,753.25
45-49	\$932.42	\$1,702.45	\$1,939.22	\$2,845.44
50-54	\$999.47	\$1,724.45	\$2,078.56	\$2,917.73
55-59	\$1,147.19	\$1,872.17	\$2,385.52	\$3,226.79
60-64	\$1,339.96	\$2,064.94	\$2,787.82	\$3,603.95
65+	\$1,411.20	\$2,136.18	\$2,934.50	\$3,729.67

JUNE 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$651.96	\$1,537.83	\$1,357.90	\$2,463.91
25-29	\$729.22	\$1,615.09	\$1,514.54	\$2,588.80
30-34	\$811.78	\$1,658.48	\$1,688.12	\$2,680.88
35-39	\$850.94	\$1,668.01	\$1,769.61	\$2,729.56
40-44	\$902.80	\$1,687.06	\$1,876.51	\$2,781.42
45-49	\$941.96	\$1,719.87	\$1,959.06	\$2,874.56
50-54	\$1,009.69	\$1,742.09	\$2,099.83	\$2,947.59
55-59	\$1,158.93	\$1,891.33	\$2,409.93	\$3,259.81
60-64	\$1,353.67	\$2,086.07	\$2,816.35	\$3,640.83
65+	\$1,425.64	\$2,158.04	\$2,964.52	\$3,767.83

NJ Individual Liberty HMO Rates

July 2012



\$30 Copayment HMO Option

JULY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$658.64	\$1,553.58	\$1,371.81	\$2,489.14
25-29	\$736.69	\$1,631.63	\$1,530.05	\$2,615.31
30-34	\$820.09	\$1,675.47	\$1,705.41	\$2,708.33
35-39	\$859.65	\$1,685.09	\$1,787.74	\$2,757.52
40-44	\$912.04	\$1,704.34	\$1,895.73	\$2,809.91
45-49	\$951.61	\$1,737.48	\$1,979.13	\$2,904.00
50-54	\$1,020.04	\$1,759.94	\$2,121.33	\$2,977.78
55-59	\$1,170.80	\$1,910.70	\$2,434.61	\$3,293.20
60-64	\$1,367.53	\$2,107.43	\$2,845.19	\$3,678.12
65+	\$1,440.24	\$2,180.14	\$2,994.89	\$3,806.42