

New Jersey Indemnity Summary of Coverage



Provisions	Plan A/50
Eligibility	Eligible dependents include subscriber's 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.
Lifetime Maximum Benefit	Unlimited
Deductible - SINGLE - FAMILY¹	\$2,500 \$5,000
Coinsurance	50%
Maximum Out of Pocket (MOOP)^{***}	\$7,500/\$15,000 (Single/Family)
Additional Inpatient Hospital Deductible*	Subject to above, no additional
Emergency Room*	\$100 per visit per covered person; credited toward inpatient if admitted within 24 hours
Alcoholism	Treated the same as any illness; Subject to Deductible and Coinsurance
Home Healthcare	365 days, if preapproved per calendar year; Subject to Deductible and Coinsurance
Hospice	Unlimited if preapproved; Subject to Deductible and Coinsurance
Skilled Nursing Facility	120 days if preapproved per calendar year; Subject to Deductible and Coinsurance
Non-Biologically Based Mental Health/Substance Abuse (at approved facilities only)**	Inpatient - 30 day limit; Subject to Deductible and Coinsurance Outpatient - 20 visit limit; Subject to Deductible and Coinsurance
Prescription Drugs	Subject to deductible and coinsurance; includes insulin needles/syringes, oral contraceptives
Preventive Services	\$500 for single, newborns \$750 for first year; not subject to deductibles or coinsurance
Therapy	30 visits per calendar year per person per therapy; physical, occupational, speech, and
Speech, Physical and Occupational Therapies	Subject to Deductible and Coinsurance 30 days per therapy per calendar Year
Applied Behavioral Analysis	Subject to Deductible and Coinsurance maximum benefit \$36,000 per calendar Year
Therapeutic Manipulations	30 visits per calendar year; Subject to Deductible and Coinsurance
Infertility	Excluded
Orthotics and Prosthetics	Subject to Deductible and Coinsurance
Hearing Aids	Subject to Deductible and Coinsurance (Benefit is limited to children aged 15 years and younger - Maximum benefit payable is \$1,000per hearing aid per hearing impaired ear every 24 months)

The family deductible is the equivalent of two single deductibles. The maximum amount an individual family member can credit toward the family deductible may not exceed the single deductible.

*Copayment is in addition to any applicable coinsurance and/or deductible.

** You may be able to exchange one (1) inpatient day for two (2) outpatient visits. This exchange requires **preapproval**. You must call Oxford at 800-767-3840 at least 14 days in advance of treatment to request precertification.

*** Deductible and coinsurance per calendar year are subject to Reasonable & Customary fees.. Coinsurance paid for covered Prescription Drugs does not count toward the Maximum Out of Pocket. Such coinsurance must continue to be paid even after the Maximum Out of Pocket has been reached.

Please note: This is intended only as a general summary of benefits. All benefits are subject to terms of your indemnity policy. More complete descriptions of benefits and the terms under which they are provided, including limitations and exclusions, are contained in your policy.

New Jersey Indemnity Summary of Coverage



Provisions

Plan A/50

Durable Medical Equipment

Coverage for rental when preapproved (we may purchase if we choose; no repairs or replacements); Subject to Deductible and Coinsurance

Transplants

Subject to utilization review & preapproval; Subject to Deductible and Coinsurance

Additional Exclusions

Eye exams.; see policy for list

Chemotherapy/Radiation Chelation, Dialysis, and Respiration Therapy

Covered as any other illness subject to preapproval; Subject to Deductible and Coinsurance

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NJ Individual Indemnity Plan A/50 Rates - \$2,500 DEDUCTIBLE

January 2012 - March 2012



JANUARY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$421.52	\$994.58	\$877.82	\$1,593.32
25-29	\$471.21	\$1,044.27	\$979.68	\$1,674.48
30-34	\$549.05	\$1,122.94	\$1,142.82	\$1,815.26
35-39	\$597.08	\$1,170.15	\$1,241.37	\$1,914.64
40-44	\$659.19	\$1,232.26	\$1,370.56	\$2,031.40
45-49	\$694.80	\$1,267.87	\$1,445.09	\$2,120.84
50-54	\$790.04	\$1,363.10	\$1,643.01	\$2,306.34
55-59	\$906.80	\$1,479.87	\$1,885.65	\$2,550.64
60-64	\$1,059.18	\$1,632.24	\$2,203.65	\$2,848.77
65+	\$1,115.49	\$1,688.56	\$2,319.59	\$2,948.14

FEBRUARY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$496.24	\$1,170.59	\$1,033.24	\$1,875.07
25-29	\$554.72	\$1,229.08	\$1,152.87	\$1,970.78
30-34	\$631.82	\$1,291.99	\$1,315.03	\$2,087.75
35-39	\$670.81	\$1,315.03	\$1,394.78	\$2,151.55
40-44	\$726.63	\$1,358.45	\$1,510.87	\$2,239.28
45-49	\$758.54	\$1,384.15	\$1,577.33	\$2,314.60
50-54	\$845.38	\$1,458.59	\$1,758.10	\$2,467.90
55-59	\$970.32	\$1,583.53	\$2,017.74	\$2,729.31
60-64	\$1,133.37	\$1,746.58	\$2,358.02	\$3,048.32
65+	\$1,193.63	\$1,806.84	\$2,482.08	\$3,154.66

MARCH 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$501.32	\$1,182.57	\$1,043.81	\$1,894.26
25-29	\$560.40	\$1,241.66	\$1,164.67	\$1,990.95
30-34	\$638.28	\$1,305.22	\$1,328.49	\$2,109.11
35-39	\$677.67	\$1,328.49	\$1,409.06	\$2,173.57
40-44	\$734.07	\$1,372.36	\$1,526.33	\$2,262.20
45-49	\$766.30	\$1,398.32	\$1,593.47	\$2,338.29
50-54	\$854.03	\$1,473.52	\$1,776.10	\$2,493.16
55-59	\$980.25	\$1,599.74	\$2,038.39	\$2,757.25
60-64	\$1,144.97	\$1,764.46	\$2,382.15	\$3,079.52
65+	\$1,205.85	\$1,825.33	\$2,507.48	\$3,186.95

NJ Individual Indemnity

Plan A/50 Rates - \$2,500 DEDUCTIBLE

April 2012 - June 2012



APRIL 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$506.45	\$1,194.69	\$1,054.51	\$1,913.67
25-29	\$566.14	\$1,254.38	\$1,176.60	\$2,011.34
30-34	\$644.82	\$1,318.59	\$1,342.10	\$2,130.72
35-39	\$684.62	\$1,342.10	\$1,423.49	\$2,195.83
40-44	\$741.59	\$1,386.41	\$1,541.97	\$2,285.37
45-49	\$774.15	\$1,412.64	\$1,609.80	\$2,362.24
50-54	\$862.78	\$1,488.61	\$1,794.29	\$2,518.70
55-59	\$990.30	\$1,616.13	\$2,059.27	\$2,785.49
60-64	\$1,156.70	\$1,782.53	\$2,406.56	\$3,111.07
65+	\$1,218.20	\$1,844.03	\$2,533.17	\$3,219.59

MAY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$511.63	\$1,206.91	\$1,065.29	\$1,933.24
25-29	\$571.93	\$1,267.20	\$1,188.63	\$2,031.91
30-34	\$651.42	\$1,332.07	\$1,355.83	\$2,152.51
35-39	\$691.62	\$1,355.83	\$1,438.05	\$2,218.29
40-44	\$749.18	\$1,400.59	\$1,557.74	\$2,308.74
45-49	\$782.07	\$1,427.09	\$1,626.26	\$2,386.40
50-54	\$871.60	\$1,503.83	\$1,812.64	\$2,544.46
55-59	\$1,000.42	\$1,632.66	\$2,080.34	\$2,813.98
60-64	\$1,168.53	\$1,800.76	\$2,431.17	\$3,142.89
65+	\$1,230.66	\$1,862.89	\$2,559.08	\$3,252.52

JUNE 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$516.87	\$1,219.27	\$1,076.21	\$1,953.05
25-29	\$577.79	\$1,280.19	\$1,200.81	\$2,052.73
30-34	\$658.09	\$1,345.72	\$1,369.72	\$2,174.56
35-39	\$698.70	\$1,369.72	\$1,452.79	\$2,241.02
40-44	\$756.85	\$1,414.94	\$1,573.70	\$2,332.40
45-49	\$790.08	\$1,441.71	\$1,642.92	\$2,410.85
50-54	\$880.53	\$1,519.24	\$1,831.21	\$2,570.53
55-59	\$1,010.67	\$1,649.38	\$2,101.65	\$2,842.81
60-64	\$1,180.50	\$1,819.21	\$2,456.08	\$3,175.09
65+	\$1,243.27	\$1,881.98	\$2,585.29	\$3,285.84

NJ Individual Indemnity Plan A/50 Rates - \$2,500 DEDUCTIBLE

July 2012



JULY 2012

	SINGLE	PARENT/CHILD(REN)	TWO ADULTS	FAMILY
<25	\$522.16	\$1,231.74	\$1,087.21	\$1,973.02
25-29	\$583.70	\$1,293.28	\$1,213.09	\$2,073.72
30-34	\$664.82	\$1,359.48	\$1,383.73	\$2,196.81
35-39	\$705.85	\$1,383.73	\$1,467.64	\$2,263.94
40-44	\$764.59	\$1,429.42	\$1,589.79	\$2,356.25
45-49	\$798.16	\$1,456.46	\$1,659.73	\$2,435.51
50-54	\$889.54	\$1,534.78	\$1,849.94	\$2,596.82
55-59	\$1,021.01	\$1,666.25	\$2,123.14	\$2,871.88
60-64	\$1,192.58	\$1,837.82	\$2,481.20	\$3,207.56
65+	\$1,255.98	\$1,901.22	\$2,611.74	\$3,319.45