

New Jersey Small Group (2-50)  
2012 Plan Portfolio



New Jersey Small Group Plans (2-50) <sup>1</sup>												
COPAYMENT						DEDUCTIBLE		COINSURANCE		MAXIMUM OUT-OF-POCKET <sup>2</sup>		Family Multiplier
Primary Care Physician (PCP)	Specialist	Emergency Room	Major Diagnostic Services (MRI, CT, PET)	Inpatient Services	Outpatient Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Exclusive Plan (EPO) (Liberty Network, Non-Gated)</b>												
\$20	\$40	\$100	100%	\$250/day \$1,250 max/admit \$2,500 max/year	\$40	N/A		N/A		\$7,500		2.0
\$30	\$50	\$100	100%	\$500/day \$2,500 max/day \$5,000 max/year	\$50	N/A	out-of-network coverage not available	N/A	out-of-network coverage not available	\$7,500	out-of-network coverage not available	2.0
\$30	\$50	\$100 then coinsurance	deductible and coinsurance	deductible and coinsurance	\$2,500	50%		\$5,000		2.0		
\$20	\$40				\$1,500	30%		\$4,000		2.0		
\$20	\$40				\$1,000	20%		\$3,500		2.0		
\$50	\$75				\$2,500	50%		\$7,500		2.0		
<b>HMO (Freedom or Liberty Network, Gated)</b>												
\$15	\$30	\$100	100%	\$150/day/5 days \$1,500 max/year	\$30	N/A		N/A		N/A		2.0
\$30	\$50	\$100	100%	\$300/day/5 days \$3,000 max/year	\$50	N/A	out-of-network coverage not available	N/A	out-of-network coverage not available	N/A	out-of-network coverage not available	2.0
\$25	\$40	\$100 then coinsurance	deductible and coinsurance	deductible and coinsurance	\$40	\$1,000		20%		\$3,000		2.0
\$30	\$50				\$50	\$2,000		30%		\$5,000		2.0
\$30	\$50				\$50	\$1,000		20%		\$3,000		2.0
\$40	\$60	\$100	100%		deductible and coinsurance	\$2,500		N/A		\$3,000		2.0
\$40	\$60	\$100 then coinsurance	deductible and coinsurance		deductible and coinsurance	\$2,500		50%		\$7,500		2.0
<b>HMO Select (Freedom or Liberty Network, Non-Gated)</b>												
\$15	\$30	\$100	100%	\$150/day/5 days \$1,500 max/year	\$30	N/A		N/A		N/A		2.0
\$30	\$50	\$100	100%	\$300/day/5 days \$3,000 max/year	\$50	N/A	out-of-network coverage not available	N/A	out-of-network coverage not available	N/A	out-of-network coverage not available	2.0
\$25	\$40	\$100 then coinsurance	deductible and coinsurance	deductible and coinsurance	\$40	\$1,000		20%		\$3,000		2.0
\$30	\$50				\$50	\$2,000		30%		\$5,000		2.0
\$30	\$50				\$50	\$1,000		20%		\$3,000		2.0
\$40	\$60	deductible and coinsurance	100%		deductible and coinsurance	\$2,500		N/A		\$3,000		2.0
\$40	\$60	\$100 then coinsurance	deductible and coinsurance		deductible and coinsurance	\$2,500		50%		\$7,500		2.0
<b>Oxford Ease (Freedom or Liberty Network, Gated or Non-Gated)</b>												
\$50	\$50	\$100	100%	\$500/day \$2,500 max/year	\$500/visit	N/A	out-of-network coverage not available	N/A	out-of-network coverage not available	N/A	out-of-network coverage not available	N/A
<b>Oxford Direct (Freedom or Liberty Network, Non-Gated)</b>												
\$30	\$50	\$100 then deductible and coinsurance	deductible and coinsurance	deductible and coinsurance	\$2,500	\$2,500	20%	40%	\$4,500	\$6,500	2.0	
\$25	\$40				\$500	\$1,000	N/A	30%	\$1,000	\$4,000	2.0	
<b>Oxford HSA Direct (Freedom or Liberty Network, Non-Gated)</b>												
N/A	N/A	deductible and coinsurance				\$1,250	\$2,000	20%	40%	\$5,000	\$10,000	2.0
N/A	N/A	deductible and coinsurance				\$2,500	\$2,500	10%	30%	\$5,000	\$10,000	2.0

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COPAYMENT						DEDUCTIBLE		COINSURANCE		MAXIMUM OUT-OF-POCKET <sup>2</sup>		Family Multiplier
Primary Care Physician (PCP)	Specialist	Emergency Room	Major Diagnostic Services (MRI, CT, PET)	Inpatient Services	Outpatient Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>PPO (Freedom or Liberty Network, Non-Gated)</b>												
\$25	\$40	\$100	100%	\$250/day/5 days \$2,500 max/year	N/A	N/A	\$2,500	N/A	30%	\$5,000	\$5,500	2.0
\$25	\$40	\$100	100%	N/A	N/A	N/A	\$2,500	N/A	30%	\$5,000	\$5,500	2.0
\$30	\$30	\$100	100%	\$300/day/5 days \$3,000 max/year	N/A	N/A	\$1,000	N/A	30%	\$5,000	\$4,000	2.0
\$30	\$30	\$100	100%	N/A	N/A	N/A	\$1,000	N/A	30%	\$5,000	\$4,000	2.0
\$40	\$40	\$100	100%	\$400/day/5 days \$4,000 max/year	N/A	N/A	\$3,000	N/A	30%	\$5,000	\$6,000	2.0
\$50	\$50	\$100	100%	\$500/day/5 days \$5,000 max/year	N/A	N/A	\$3,500	N/A	30%	\$5,000	\$11,000	2.0
<b>HMO HSA (Liberty network, Non-Gated)</b>												
\$30 (after deductible)	\$50 (after deductible)	\$100 (after deductible)	deductible and coinsurance	\$500/day \$2,500 max/year (after deductible)	\$250/visit (after deductible)	\$2,500	out-of-network coverage not available	N/A	out-of-network coverage not available	\$5,000	out-of-network coverage not available	2.0
\$20 (after deductible)	\$30 (after deductible)	\$100 (after deductible)		\$300/day \$1,500 max/year (after deductible)	\$150/visit (after deductible)	\$1,500		N/A		\$3,000		2.0
\$25 (after deductible)	\$40 (after deductible)	\$100 (after deductible)		deductible and coinsurance		\$2,000		10%		\$4,000		2.0
\$50 (after deductible)	\$50 (after deductible)	\$100 (after deductible)		deductible and coinsurance		\$2,500		50%		\$5,800		2.0
<b>Oxford POS Flex (Freedom or Liberty network, Gated or Non-Gated)</b>												
\$20	\$30	\$100	\$50	N/A	\$50/visit	N/A	\$2,000	N/A	30%	N/A	\$5,000	2.0
\$25	\$40	\$100	\$100	\$250/day \$1,250 max/admit \$2,500 max/year	\$125/visit	N/A	\$2,500	N/A	30%	N/A	\$6,250	2.0
\$30	\$50	\$100	\$100	\$300/day \$1,500 max/admit \$3,000 max/year	\$125/visit	N/A	\$2,500	N/A	30%	N/A	\$6,250	2.0
\$25	\$40	\$100	deductible and coinsurance	deductible and coinsurance		\$1,000	\$3,000	20%	40%	\$3,000	\$7,500	2.0
\$30	\$50	\$100				\$1,500	\$4,000	20%	40%	\$3,500	\$10,000	2.0
\$50	\$50	\$100				\$2,500	\$5,000	20%	50%	\$4,500	\$12,500	2.0
\$40	\$75	\$100				\$2,500	\$5,000	50%	50%	\$7,500	\$12,500	2.0
<b>POS Flex HSA (Freedom or Liberty network, Gated or Non-Gated) <sup>3</sup></b>												
\$30 (after deductible)	\$50 (after deductible)	\$100 (after deductible)	deductible and coinsurance			\$2,500	\$5,000	50%	50%	\$6,050	\$10,000	2.0
<b>Primary Advantage (Liberty Network, Non-Gated)</b>												
\$25	\$50	\$100	50%	\$250/day \$1,250 max/ continuous stay	\$150	\$1,500	out-of-network coverage not available	N/A	out-of-network coverage not available	\$7,500	out-of-network coverage not available	2.0
\$30	\$60	\$100	50%	\$500/day \$2,500 max/ continuous stay	\$250	\$2,500		N/A		\$7,500		2.0

<sup>1</sup> Other plan options are available. Please contact your Oxford sales representative if you have questions.

<sup>2</sup> For non-HSA plans, maximum out-of-pocket includes deductible, coinsurance and medical copayments. For HSA plans, maximum out-of-pocket includes deductible, coinsurance and all (medical and pharmacy) copayments.

<sup>3</sup> This plan will be available beginning November 1, 2012.

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We reserve the right to correct any typographical errors.