

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
Pediatric Services	Copayment per visit; excludes routine foot care
Laboratory Procedures, X-Ray Examinations	Copayment per visit
Hospital Care	
Physician Inpatient Services	No copayment
Inpatient Hospital Services* (Unlimited Days)	\$150/\$300 copayment per day for a maximum of 5 days per admission; maximum copayment \$1500/\$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*	\$150/\$300 copayment per day for a maximum of five (5) days per admission; maximum copayment \$1500/\$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*	\$150/\$300 copayment per day for a maximum of 5 days per admission; maximum copayment \$1500/\$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 30 days per therapy, per calendar year
Chelation, Chemotherapy, Dialysis and Infusion and Radiation	Copayment Unlimited (subject to pre-approval and copayment)
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

DEPENDENT ELIGIBILITY:

Eligible dependents include the subscriber's legal spouse and dependent child(ren) until the child(ren) reach age 19, or age 23 if a full time student. Benefits discontinue on the day the birthday 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

August 2009 - October 2009



\$30 Copayment HMO Option

AUGUST 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$320.68	\$756.65	\$667.82	\$1,212.16
25-29	\$358.48	\$794.46	\$745.31	\$1,273.90
30-34	\$417.70	\$854.31	\$869.43	\$1,381.00
35-39	\$454.24	\$890.22	\$944.40	\$1,456.61
40-44	\$501.50	\$937.47	\$1,042.68	\$1,545.44
45-49	\$528.59	\$964.56	\$1,099.38	\$1,613.48
50-54	\$601.04	\$1,037.01	\$1,249.96	\$1,754.61
55-59	\$689.87	\$1,125.85	\$1,434.56	\$1,940.46
60-64	\$805.80	\$1,241.77	\$1,676.48	\$2,167.27
65+	\$848.64	\$1,284.61	\$1,764.69	\$2,242.87

SEPTEMBER 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$323.96	\$764.40	\$674.66	\$1,224.57
25-29	\$362.15	\$802.59	\$752.94	\$1,286.94
30-34	\$421.98	\$863.05	\$878.33	\$1,395.14
35-39	\$458.89	\$899.33	\$954.07	\$1,471.52
40-44	\$506.63	\$947.07	\$1,053.36	\$1,561.26
45-49	\$534.00	\$974.44	\$1,110.64	\$1,630.00
50-54	\$607.19	\$1,047.63	\$1,262.76	\$1,772.57
55-59	\$696.93	\$1,137.37	\$1,449.24	\$1,960.33
60-64	\$814.05	\$1,254.48	\$1,693.65	\$2,189.46
65+	\$857.33	\$1,297.76	\$1,782.75	\$2,265.83

OCTOBER 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$327.28	\$772.22	\$681.56	\$1,237.09
25-29	\$365.86	\$810.80	\$760.65	\$1,300.11
30-34	\$426.30	\$871.88	\$887.31	\$1,409.41
35-39	\$463.59	\$908.53	\$963.83	\$1,486.57
40-44	\$511.81	\$956.75	\$1,064.13	\$1,577.23
45-49	\$539.46	\$984.40	\$1,122.00	\$1,646.67
50-54	\$613.40	\$1,058.35	\$1,275.67	\$1,790.70
55-59	\$704.06	\$1,149.01	\$1,464.07	\$1,980.38
60-64	\$822.37	\$1,267.31	\$1,710.97	\$2,211.85
65+	\$866.09	\$1,311.04	\$1,800.99	\$2,289.01

NJ Individual Liberty HMO Rates

November 2009 - January 2010



\$30 Copayment HMO Option

NOVEMBER 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$330.63	\$780.12	\$688.53	\$1,249.75
25-29	\$369.60	\$819.10	\$768.43	\$1,313.41
30-34	\$430.66	\$880.80	\$896.39	\$1,423.84
35-39	\$468.33	\$917.83	\$973.69	\$1,501.78
40-44	\$517.05	\$966.55	\$1,075.02	\$1,593.37
45-49	\$544.98	\$994.48	\$1,133.48	\$1,663.52
50-54	\$619.68	\$1,069.18	\$1,288.73	\$1,809.02
55-59	\$711.27	\$1,160.76	\$1,479.05	\$2,000.64
60-64	\$830.79	\$1,280.28	\$1,728.48	\$2,234.49
65+	\$874.96	\$1,324.45	\$1,819.42	\$2,312.43

DECEMBER 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$334.01	\$788.11	\$695.58	\$1,262.55
25-29	\$373.38	\$827.48	\$776.30	\$1,326.86
30-34	\$435.07	\$889.82	\$905.57	\$1,438.41
35-39	\$473.13	\$927.22	\$983.66	\$1,517.16
40-44	\$522.34	\$976.44	\$1,086.03	\$1,609.68
45-49	\$550.56	\$1,004.66	\$1,145.09	\$1,680.55
50-54	\$626.02	\$1,080.12	\$1,301.92	\$1,827.54
55-59	\$718.55	\$1,172.65	\$1,494.19	\$2,021.13
60-64	\$839.29	\$1,293.39	\$1,746.17	\$2,257.36
65+	\$883.91	\$1,338.01	\$1,838.04	\$2,336.11

JANUARY 2010

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$337.43	\$796.18	\$702.71	\$1,275.48
25-29	\$377.21	\$835.95	\$784.25	\$1,340.44
30-34	\$439.52	\$898.93	\$914.84	\$1,453.14
35-39	\$477.97	\$936.72	\$993.73	\$1,532.69
40-44	\$527.69	\$986.44	\$1,097.15	\$1,626.17
45-49	\$556.20	\$1,014.95	\$1,156.81	\$1,697.76
50-54	\$632.44	\$1,091.18	\$1,315.25	\$1,846.26
55-59	\$725.91	\$1,184.66	\$1,509.49	\$2,041.82
60-64	\$847.89	\$1,306.64	\$1,764.06	\$2,280.48
65+	\$892.97	\$1,351.71	\$1,856.87	\$2,360.03