

# NJ Individual Liberty PPO Summary of Coverage

## Plan C

\$15 copayment  
70%/30% coinsurance  
\$1,000 single deductible  
\$2,000 family deductible

## Plan C

\$30 copayment  
70%/30% coinsurance  
\$2,500 single deductible  
\$5,000 family deductible

## Plan D

\$30 copayment  
80%/20% coinsurance  
\$1,000 single deductible  
\$2,000 family deductible

Benefit	In-Network	Out-of-Network
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### Financials

Deductible		
Single	\$1,000 or \$2500 deductible	\$2,000 or \$5,000 deductible
Family <sup>1</sup>	\$2,000 or \$5000 deductible	\$4,000 or \$10,000 deductible
Coinsurance (per person, per year)	Plan C 30% or Plan D 20%	Plan C 30% or Plan D 20%
Single Maximum Out of Pocket	\$5,000	\$10,000
Office Visit Copayment	\$15 or \$30 copayment	Subject to deductible & coinsurance
Preventive Care Maximum		
Under 1 year	\$15 or \$30 copayment	100% up to \$750 per person per calendar year; not subject to deductible and coinsurance
1 year and over	\$15 or \$30 copayment	100% up to \$500 per person per calendar year; not subject to deductible and coinsurance
Maximum Lifetime Benefit per Member	Unlimited	Unlimited

### Outpatient Care

Office visits	\$15 or \$30 copayment	Subject to deductible & coinsurance
Ambulatory surgical facility	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Second surgical opinions	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Pre-admission testing	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Laboratory services	No charge at LabCorp. facilities Subject to deductible & coinsurance at other participating laboratories	Subject to deductible & coinsurance
Magnetic Resonance Imaging (MRI)	Subject to deductible & coinsurance	Subject to deductible & coinsurance

### Hospital Care

Inpatient Care* (up to 365 days) if preapproved	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Other Covered Charges	Subject to deductible & coinsurance	Subject to deductible & coinsurance

### Emergency Care (Copayment is credited toward Inpatient admission if admission occurs within 24 hours.)

(Oxford must be contacted within 48 hours)

Ambulance Service for a Medical Emergency	No charge	Subject to deductible & coinsurance
Emergency Room	\$100 copayment per visit per covered person*	\$100 copayment per visit per covered person*
Emergency care in Urgi-Center	Subject to deductible & coinsurance	Subject to deductible & coinsurance

### Maternity Care

Prenatal care	\$15 or \$30 copayment (initial visit only)	Subject to deductible & coinsurance
Delivery Postnatal Care and Hospital Services for Mother and Child	Subject to deductible & coinsurance	Subject to deductible & coinsurance

### Therapy Services

30 visits per covered person per calendar year for each of the following: Physical, Occupational, Speech and Cognitive Rehabilitation	\$15 or \$30 copayment	Subject to deductible & coinsurance
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Radiation Therapy, Chemotherapy, Chelation, Dialysis, and Respiration Therapy is covered as any other illness, without visit limitation; Infusion Therapy is subject to pre-approval.

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



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\$2,500 single deductible  
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## Plan D

\$30 copayment  
80%/20% coinsurance  
\$1,000 single deductible  
\$2,000 family deductible

Benefit	In-Network	Out-of-Network
<b>Home Health Care</b>		
Unlimited Days, if Pre-approved	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Skilled Nursing Care</b>		
120 Days of Confinement per Covered Person if Pre-approved	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Non-biologically based Mental Illness and Substance Abuse (at approved facilities only)</b>		
Inpatient (30 day limit)	Subject to deductible & coinsurance	Subject to deductible & coinsurance;
Outpatient (20 visit limit)	\$15 or \$30 copayment	Subject to deductible & coinsurance;
<b>NOTE: Biologically based mental illnesses will be treated the same as any other illness. Limitation on visits does not apply.</b> You may be able to exchange 1 inpatient day for 2 outpatient visits. Pre-approval is required.		
<b>Therapeutic Manipulation</b>		
Practitioner's services Maximum benefit: 30 visits per calendar year	\$15 or \$30 copayment	Subject to deductible & coinsurance
<b>Hospice Care</b>		
Unlimited Days, if Pre approved	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Prescription Drugs</b>		
Per Generic/Brand Name Prescription Diabetic Supplies	50% coinsurance Subject to deductible & coinsurance	None Subject to deductible & coinsurance
<b>Other Items</b>		
Durable Medical Equipment when Medically Necessary (requires preapproval)	Subject to deductible & coinsurance	Subject to deductible & coinsurance

## DEPENDENT ELIGIBILITY:

Eligible dependents include subscriber's spouse and dependent child(ren) until the child(ren) reach age 19, or age 23 if a full time student. Benefits discontinue end-of month in which birthday occurs.

<sup>1</sup>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.

**PLEASE NOTE:** This is intended as a general summary of benefits. More complete descriptions of benefits and the terms under which they are provided are contained in your OHI policy. Our payments, as noted above, will be reduced for noncompliance with the utilization review provisions contained in this policy. Read these provisions carefully before obtaining medical care, services or supplies. Refer to sections of this policy called "Covered Charges" and "Charges Covered with Special Limitations" to see what services and supplies are eligible for benefits. Refer to the section of this policy called "Exclusions" to see what services and supplies are not eligible for benefits.



A UnitedHealthcare Company



**NOTICE TO MEMBERS REGARDING OXFORD'S PRIVACY PRACTICES.**  
**This Notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.**

Oxford Health Plans LLC ("Oxford") is committed to maintaining the privacy and confidentiality of your protected health information (PHI). PHI is information about you that is used or disclosed by Oxford to administer your insurance coverage and to pay for the medical treatment you receive. It includes demographic information, such as your name, address, telephone number and Social Security number, and any medical information obtained from you or from providers who submit claims to Oxford related to your medical care. We are required by applicable federal and state laws to maintain the privacy of your PHI. This document serves as the required Notice of Oxford's Privacy Practices, our legal duties and your rights concerning your PHI. Oxford is required to abide by the terms of this Notice unless and until it is amended. This Notice takes effect April 14, 2003, and will remain in effect until such time that it is amended or replaced.

Oxford reserves the right to change our privacy practices and the terms of this Notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain, including information we created or received prior to any such changes. When Oxford makes a significant change in our privacy practices, we will revise this Notice and send the revised Notice to our health plan subscribers.

For additional copies of this Notice, please call our Customer Service Department at the toll-free number on your Oxford ID card, or visit our web site at [www.oxfordhealth.com](http://www.oxfordhealth.com).

**Q. How does Oxford use or disclose your PHI?**

**A.** Oxford may use or disclose your PHI, without your consent or authorization, under the following circumstances:

- **Treatment:** We may disclose your PHI to a healthcare provider who requests it in order to provide medical treatment, such as emergency care, x-rays or lab doctor, a hospital, a home healthcare agency, etc.
- **Payment:** We may use or disclose your PHI to pay claims submitted by a healthcare provider for treatment provided to you. For example, we may ask a hospital emergency department for details about the treatment you received so that we can accurately pay the hospital for your care.
- **Healthcare Operations:** We may use or disclose your PHI to manage our business. Examples include using it to determine appropriate premiums, to conduct quality

improvement activities, to contact you regarding benefits or services that might be of interest to you, and to provide you with preventative health advisories.

- **Plan Sponsor:** We may disclose limited PHI to your health plan sponsor, benefits administrator, or group health plan in order to perform plan administrative functions, such as activities related to billing and renewals.
- **Underwriting:** We may receive your PHI for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. Once an Oxford Member, use and disclosure of your PHI is governed by this Notice.
- **Marketing:** We may use your PHI to contact you with information about health-related benefits and services, treatment alternatives, or appointment reminders.
- **Research Death Organ Donation:** In limited circumstances, we may use or disclose your PHI for research purposes or to a coroner, medical examiner, funeral director or an organ procurement center.
- **Required by Law:** We may use or disclose your PHI when we are required to do so by law. For example, upon request, we would disclose PHI to the U.S. Department of Health and Human Services so that this agency can verify Oxford compliance with federal privacy laws.
- **Health Oversight Activities:** We may disclose your PHI to health oversight organizations and agencies as part of accreditation surveys, investigations related to our eligibility for government programs, regulatory audits, and for licensure and disciplinary actions.
- **Workers' Compensation:** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.
- **Public Health and Safety:** We may disclose your PHI to the extent necessary to avert an imminent threat to your safety or the health or safety of others. We may disclose your PHI to appropriate authorities if we have reasonable belief that you might be a victim of abuse, neglect, domestic violence, or other crimes.
- **Judicial and Administrative:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Sale of Business:** We may disclose PHI upon sale of all or part of Oxford's business to another party.
- **Law Enforcement:** We may disclose limited information to law enforcement officials concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person. Under certain circumstances, we may disclose the PHI of an inmate or other person in lawful custody of a law enforcement official or correctional institution.

- **Military and National Security:** Under certain circumstances, we may disclose the PHI of armed forces personnel to military authorities. We may disclose PHI to authorized federal officials when required for national security or intelligence activities.
- **To Family and Friends:** If, in the event of a medical emergency, you are unable to provide any required authorization, we may disclose PHI to a family member, friend or other person to the extent necessary to ensure appropriate medical treatment or to facilitate payment for that treatment.

**Q. Does Oxford ever need an authorization to use or disclose your PHI?**

**A.** Yes. Except for the purposes described above, Oxford cannot use or disclose your PHI without a signed authorization from you. If you provide such an authorization to Oxford, you may revoke it at any time. Your revocation will not affect any use or disclosure of PHI made while the authorization was in place.

**Q. Can you inspect or receive copies of any PHI in Oxford's possession?**

**A.** Yes. You have the right to inspect or receive copies of your PHI with certain exceptions. You must make a request to Oxford in writing. Oxford reserves the right to charge a reasonable fee for the cost of producing and mailing the PHI. Request forms are available on the Oxford web site or by calling the number listed at the end of this Notice.

**Q. Can you find out if Oxford disclosed your PHI to a third party?**

**A.** Yes. You have the right to receive an accounting of all occasions when Oxford disclosed your PHI for any purpose other than treatment, payment, healthcare operations and certain other instances. Beginning with disclosures made on or after April 14, 2003, we will maintain a record of disclosures for six (6) years. A request for an accounting must be submitted to Oxford in writing. We reserve the right to charge you a reasonable fee for the cost of producing and mailing the information if you request this accounting more than once in a 12-month period. Please note that Connecticut and New Jersey Members will automatically get an abridged accounting whenever they make a request to inspect or receive copies of their PHI.

**Q. Can you restrict the use or disclosure of your PHI by Oxford?**

**A.** Yes. You have the right to request that Oxford place additional restrictions on the use or disclosure of your PHI. We are not required by law to agree to these restrictions. However, if we do agree to the restrictions, we will abide by them except in the event of an emergency.

**Q. Can you request that Oxford use alternate means to confidentially communicate with you about your PHI or communicate with you at an alternate location?**

**A.** Yes. You must inform Oxford, in writing, that confidential communication by alternate means or to an alternate location is required to avoid potential harm to yourself or others. We must accommodate your request if it is reasonable, specifies the alternate communication means or location, and does not interfere with the collection of premiums, the payment of claims or the administration of your health insurance coverage.

**Q. Do you have the right to request that Oxford correct, amend, or delete your PHI?**

**A.** Yes. You must make your request in writing, and it must explain why the PHI should be corrected, amended, or deleted. Oxford may deny your request if we did not create the PHI in question or for certain other reasons. If we deny your request, we will provide you with a written

explanation. You may respond with a statement of disagreement to be added to the information you sought to change. If we accept your request to correct, amend, or delete the PHI, we will make reasonable efforts to inform others of the changes and to include the changes in any future disclosures of that information.

### **Complaints**

To express concern about a decision Oxford made about access to your PHI, to report a concern that we violated your privacy rights, or to express a complaint about any aspect of Oxford's privacy practices, please contact the HIPAA Member Rights Unit at the address below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services at the following address:

Office of the Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW.  
Washington, D.C. 20201  
Telephone: 1-877-696-6775

Oxford supports your right to protect the privacy of your PHI and will not retaliate against you for filing a complaint with any government regulatory body or with us.

If you received this Notice on our web site or by electronic mail (e-mail), you are entitled to receive a written copy of the Notice as well. To request a written copy of the Notice, please call our Customer Service Department at the toll-free number on your Oxford ID card, or call 1-800-444-6222. You can also contact us by mail at the following address:

Oxford HIPAA Member Rights Unit  
48 Monroe Turnpike  
Trumbull, CT 06611

All written communications related to this Notice and your rights under HIPAA should be mailed to the HIPAA Member Rights Unit at the address above.

### **Privacy Notice Concerning Financial Information**

At Oxford Health Plans LLC ("Oxford"), protecting the privacy of the personal information we have about our customers and Members is of paramount importance, and we take this responsibility very seriously. This information must be and is maintained in a manner that protects the privacy rights of those individuals. This notice describes our policy regarding the confidentiality and disclosure of customer and Member personal financial information that Oxford collects in the course of conducting its business. Our policy applies to both current and former customers and Members.

### **The Information Oxford Collects**

We collect non-public, personal financial information about you from the following sources:

- Information we receive from you on applications or other forms (such as name, address, Social Security number, and date of birth)

- Information about your transactions with us, our affiliates (companies controlled or owned by Oxford), or others; and
- Information we receive from consumer reporting agencies concerning large group customers.

### **The Information Oxford Discloses**

We do not disclose any non-public, personal financial information about our current and former customers and Members to anyone, except as permitted by law. For example, we may disclose information to affiliates and other third parties to service or process an insurance transaction; or provide information to insurance regulators or law enforcement authorities upon request.

### **Oxford Security Practices**

We emphasize the importance of confidentiality through employee training, the implementation of procedures designed to protect the security of our records and our privacy policy. We restrict access to the personal financial information of our customers and Members to those employees who need to know that information to perform their job responsibilities. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your non-public, personal financial information.

This notice is being provided on behalf of the following Oxford affiliates:

- Oxford Health Plans LLC
- Oxford Health Plans (CT), Inc.
- Oxford Health Plans (NJ), Inc.
- Oxford Health Plans (NY), Inc.
- Oxford Health Insurance, Inc.
- Investors Guaranty Life Insurance Company
- Oxford Benefit Management<sup>SM</sup>, Inc.

If you would like a copy of these Notices in Spanish, please call our Customer Service Department at the number on your Oxford ID Card

If you would like a copy of these Notices in Chinese, please call our Customer Service Department at the number on your Oxford ID Card

If you would like a copy of these Notices in Korean, please call our Customer Service Department at the number on your Oxford ID Card