

# NJ Individual Liberty PPO Rates

August 2009 - October 2009



**\$15 Office Visit Copayment with Plan C – \$1,000/\$2,000 Deductible\***

## AUGUST 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$355.74	\$839.37	\$740.82	\$1,344.66
25-29	\$397.67	\$881.30	\$826.79	\$1,413.16
30-34	\$463.36	\$947.69	\$964.47	\$1,531.97
35-39	\$503.90	\$987.53	\$1,047.64	\$1,615.83
40-44	\$556.32	\$1,039.95	\$1,156.66	\$1,714.38
45-49	\$586.37	\$1,070.00	\$1,219.56	\$1,789.86
50-54	\$666.74	\$1,150.37	\$1,386.60	\$1,946.41
55-59	\$765.28	\$1,248.92	\$1,591.37	\$2,152.58
60-64	\$893.88	\$1,377.51	\$1,859.75	\$2,404.18
65+	\$941.40	\$1,425.04	\$1,957.59	\$2,488.05

## SEPTEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$359.37	\$847.95	\$748.40	\$1,358.42
25-29	\$401.74	\$890.32	\$835.25	\$1,427.61
30-34	\$468.10	\$957.39	\$974.34	\$1,547.64
35-39	\$509.05	\$997.63	\$1,058.35	\$1,632.36
40-44	\$562.01	\$1,050.59	\$1,168.50	\$1,731.92
45-49	\$592.37	\$1,080.95	\$1,232.04	\$1,808.17
50-54	\$673.56	\$1,162.14	\$1,400.78	\$1,966.32
55-59	\$773.11	\$1,261.69	\$1,607.65	\$2,174.60
60-64	\$903.03	\$1,391.60	\$1,878.77	\$2,428.78
65+	\$951.04	\$1,439.62	\$1,977.62	\$2,513.50

## OCTOBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$363.05	\$856.64	\$756.07	\$1,372.33
25-29	\$405.85	\$899.43	\$843.80	\$1,442.23
30-34	\$472.90	\$967.19	\$984.31	\$1,563.49
35-39	\$514.27	\$1,007.85	\$1,069.19	\$1,649.08
40-44	\$567.76	\$1,061.35	\$1,180.46	\$1,749.65
45-49	\$598.43	\$1,092.02	\$1,244.66	\$1,826.68
50-54	\$680.46	\$1,174.04	\$1,415.13	\$1,986.46
55-59	\$781.03	\$1,274.61	\$1,624.12	\$2,196.87
60-64	\$912.27	\$1,405.86	\$1,898.01	\$2,453.65
65+	\$960.77	\$1,454.36	\$1,997.87	\$2,539.24

# NJ Individual Liberty PPO Rates

November 2009 - January 2010



**\$15 Office Visit Copayment with Plan C – \$1,000/\$2,000 Deductible\***

## NOVEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$366.77	\$865.40	\$763.80	\$1,386.38
25-29	\$410.00	\$908.64	\$852.43	\$1,456.99
30-34	\$477.74	\$977.09	\$994.39	\$1,579.49
35-39	\$519.53	\$1,018.17	\$1,080.13	\$1,665.96
40-44	\$573.57	\$1,072.21	\$1,192.54	\$1,767.56
45-49	\$604.56	\$1,103.19	\$1,257.39	\$1,845.38
50-54	\$687.42	\$1,186.06	\$1,429.61	\$2,006.79
55-59	\$789.02	\$1,287.66	\$1,640.74	\$2,219.36
60-64	\$921.61	\$1,420.24	\$1,917.44	\$2,478.76
65+	\$970.61	\$1,469.24	\$2,018.32	\$2,565.23

## DECEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$370.53	\$874.27	\$771.63	\$1,400.58
25-29	\$414.20	\$917.94	\$861.16	\$1,471.91
30-34	\$482.63	\$987.10	\$1,004.57	\$1,595.67
35-39	\$524.85	\$1,028.59	\$1,091.20	\$1,683.02
40-44	\$579.45	\$1,083.19	\$1,204.76	\$1,785.66
45-49	\$610.75	\$1,114.49	\$1,270.27	\$1,864.28
50-54	\$694.46	\$1,198.21	\$1,444.25	\$2,027.34
55-59	\$797.11	\$1,300.85	\$1,657.54	\$2,242.09
60-64	\$931.05	\$1,434.79	\$1,937.07	\$2,504.15
65+	\$980.55	\$1,484.29	\$2,038.99	\$2,591.50

## JANUARY 2010

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$374.32	\$883.22	\$779.52	\$1,414.91
25-29	\$418.44	\$927.34	\$869.98	\$1,486.98
30-34	\$487.57	\$997.20	\$1,014.85	\$1,612.00
35-39	\$530.22	\$1,039.12	\$1,102.36	\$1,700.24
40-44	\$585.38	\$1,094.28	\$1,217.09	\$1,803.94
45-49	\$617.00	\$1,125.90	\$1,283.27	\$1,883.36
50-54	\$701.57	\$1,210.47	\$1,459.03	\$2,048.09
55-59	\$805.26	\$1,314.16	\$1,674.51	\$2,265.03
60-64	\$940.58	\$1,449.47	\$1,956.90	\$2,529.78
65+	\$990.58	\$1,499.48	\$2,059.86	\$2,618.02

# NJ Individual Liberty PPO Rates

August 2009 - October 2009



## \$30 Office Visit Copayment with Plan C – \$2,500/\$5,000 Deductible\*

### AUGUST 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$273.15	\$644.52	\$568.85	\$1,032.51
25-29	\$305.35	\$676.72	\$634.86	\$1,085.11
30-34	\$355.80	\$727.70	\$740.58	\$1,176.34
35-39	\$386.92	\$758.29	\$804.44	\$1,240.73
40-44	\$427.17	\$798.54	\$888.16	\$1,316.40
45-49	\$450.25	\$821.61	\$936.45	\$1,374.36
50-54	\$511.96	\$883.33	\$1,064.71	\$1,494.57
55-59	\$587.63	\$958.99	\$1,221.95	\$1,652.88
60-64	\$686.38	\$1,057.74	\$1,428.03	\$1,846.08
65+	\$722.87	\$1,094.23	\$1,503.16	\$1,910.47

### SEPTEMBER 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$275.95	\$651.12	\$574.68	\$1,043.10
25-29	\$308.48	\$683.65	\$641.36	\$1,096.23
30-34	\$359.45	\$735.16	\$748.17	\$1,188.39
35-39	\$390.89	\$766.06	\$812.68	\$1,253.45
40-44	\$431.55	\$806.72	\$897.26	\$1,329.89
45-49	\$454.86	\$830.03	\$946.05	\$1,388.45
50-54	\$517.21	\$892.38	\$1,075.63	\$1,509.89
55-59	\$593.65	\$968.82	\$1,234.48	\$1,669.82
60-64	\$693.41	\$1,068.58	\$1,442.66	\$1,865.00
65+	\$730.28	\$1,105.44	\$1,518.56	\$1,930.05

### OCTOBER 2009

	SINGLE	PARENT/CHILD(REN)	HUSBAND/WIFE	FAMILY
<25	\$278.78	\$657.79	\$580.56	\$1,053.77
25-29	\$311.64	\$690.65	\$647.93	\$1,107.45
30-34	\$363.13	\$742.68	\$755.83	\$1,200.56
35-39	\$394.89	\$773.90	\$821.00	\$1,266.28
40-44	\$435.97	\$814.98	\$906.44	\$1,343.51
45-49	\$459.52	\$838.53	\$955.74	\$1,402.66
50-54	\$522.51	\$901.51	\$1,086.64	\$1,525.34
55-59	\$599.73	\$978.74	\$1,247.11	\$1,686.92
60-64	\$700.51	\$1,079.52	\$1,457.43	\$1,884.09
65+	\$737.75	\$1,116.76	\$1,534.11	\$1,949.81

# NJ Individual Liberty PPO Rates

November 2009 - January 2010



**\$30 Office Visit Copayment with Plan C – \$2,500/\$5,000 Deductible\***

## NOVEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$281.63	\$664.51	\$586.50	\$1,064.55
25-29	\$314.83	\$697.71	\$654.55	\$1,118.77
30-34	\$366.84	\$750.27	\$763.55	\$1,212.83
35-39	\$398.93	\$781.81	\$829.40	\$1,279.23
40-44	\$440.43	\$823.31	\$915.71	\$1,357.24
45-49	\$464.22	\$847.10	\$965.51	\$1,417.00
50-54	\$527.85	\$910.73	\$1,097.75	\$1,540.94
55-59	\$605.86	\$988.75	\$1,259.86	\$1,704.16
60-64	\$707.67	\$1,090.55	\$1,472.33	\$1,903.35
65+	\$745.30	\$1,128.18	\$1,549.79	\$1,969.75

## DECEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$284.52	\$671.32	\$592.51	\$1,075.46
25-29	\$318.05	\$704.86	\$661.26	\$1,130.24
30-34	\$370.60	\$757.96	\$771.38	\$1,225.26
35-39	\$403.02	\$789.82	\$837.90	\$1,292.34
40-44	\$444.94	\$831.75	\$925.10	\$1,371.15
45-49	\$468.98	\$855.78	\$975.40	\$1,431.52
50-54	\$533.26	\$920.06	\$1,109.00	\$1,556.73
55-59	\$612.07	\$998.88	\$1,272.77	\$1,721.63
60-64	\$714.92	\$1,101.73	\$1,487.42	\$1,922.86
65+	\$752.93	\$1,139.74	\$1,565.67	\$1,989.93

## JANUARY 2010

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$287.43	\$678.19	\$598.57	\$1,086.46
25-29	\$321.31	\$712.07	\$668.03	\$1,141.80
30-34	\$374.39	\$765.72	\$779.27	\$1,237.80
35-39	\$407.14	\$797.91	\$846.47	\$1,305.56
40-44	\$449.49	\$840.26	\$934.56	\$1,385.18
45-49	\$473.77	\$864.54	\$985.38	\$1,446.17
50-54	\$538.71	\$929.48	\$1,120.34	\$1,572.66
55-59	\$618.34	\$1,009.10	\$1,285.80	\$1,739.25
60-64	\$722.24	\$1,113.00	\$1,502.64	\$1,942.53
65+	\$760.64	\$1,151.40	\$1,581.70	\$2,010.30

# NJ Individual Liberty PPO Rates

August 2009 - October 2009



## \$30 Office Visit Copayment with Plan D – \$1,000/\$2,000 Deductible\*

### AUGUST 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$386.01	\$910.80	\$803.87	\$1,459.10
25-29	\$431.51	\$956.30	\$897.15	\$1,533.42
30-34	\$502.80	\$1,028.35	\$1,046.55	\$1,662.35
35-39	\$546.78	\$1,071.58	\$1,136.80	\$1,753.35
40-44	\$603.66	\$1,128.45	\$1,255.10	\$1,860.28
45-49	\$636.27	\$1,161.06	\$1,323.36	\$1,942.19
50-54	\$723.48	\$1,248.28	\$1,504.61	\$2,112.06
55-59	\$830.42	\$1,355.21	\$1,726.81	\$2,335.78
60-64	\$969.96	\$1,494.75	\$2,018.02	\$2,608.79
65+	\$1,021.52	\$1,546.32	\$2,124.19	\$2,699.80

### SEPTEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$389.96	\$920.12	\$812.10	\$1,474.03
25-29	\$435.93	\$966.09	\$906.33	\$1,549.11
30-34	\$507.94	\$1,038.87	\$1,057.26	\$1,679.36
35-39	\$552.38	\$1,082.54	\$1,148.43	\$1,771.29
40-44	\$609.84	\$1,140.00	\$1,267.95	\$1,879.32
45-49	\$642.78	\$1,172.95	\$1,336.90	\$1,962.06
50-54	\$730.89	\$1,261.05	\$1,520.00	\$2,133.67
55-59	\$838.91	\$1,369.07	\$1,744.48	\$2,359.68
60-64	\$979.88	\$1,510.04	\$2,038.67	\$2,635.49
65+	\$1,031.98	\$1,562.14	\$2,145.93	\$2,727.42

### OCTOBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$393.95	\$929.54	\$820.41	\$1,489.12
25-29	\$440.39	\$975.98	\$915.61	\$1,564.97
30-34	\$513.14	\$1,049.50	\$1,068.08	\$1,696.54
35-39	\$558.03	\$1,093.62	\$1,160.18	\$1,789.42
40-44	\$616.08	\$1,151.67	\$1,280.92	\$1,898.55
45-49	\$649.36	\$1,184.95	\$1,350.58	\$1,982.14
50-54	\$738.37	\$1,273.95	\$1,535.56	\$2,155.51
55-59	\$847.50	\$1,383.08	\$1,762.33	\$2,383.83
60-64	\$989.91	\$1,525.49	\$2,059.53	\$2,662.46
65+	\$1,042.54	\$1,578.12	\$2,167.89	\$2,755.33

# NJ Individual Liberty PPO Rates

November 2009 - January 2010



## \$30 Office Visit Copayment with Plan D – \$1,000/\$2,000 Deductible\*

### NOVEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$397.98	\$939.05	\$828.80	\$1,504.36
25-29	\$444.90	\$985.96	\$924.98	\$1,580.98
30-34	\$518.39	\$1,060.24	\$1,079.01	\$1,713.90
35-39	\$563.74	\$1,104.81	\$1,172.05	\$1,807.73
40-44	\$622.38	\$1,163.45	\$1,294.03	\$1,917.98
45-49	\$656.01	\$1,197.07	\$1,364.40	\$2,002.42
50-54	\$745.92	\$1,286.99	\$1,551.27	\$2,177.56
55-59	\$856.17	\$1,397.24	\$1,780.36	\$2,408.22
60-64	\$1,000.04	\$1,541.11	\$2,080.61	\$2,689.70
65+	\$1,053.21	\$1,594.27	\$2,190.07	\$2,783.53

### DECEMBER 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$402.06	\$948.67	\$837.29	\$1,519.77
25-29	\$449.45	\$996.06	\$934.45	\$1,597.18
30-34	\$523.70	\$1,071.10	\$1,090.06	\$1,731.46
35-39	\$569.52	\$1,116.13	\$1,184.06	\$1,826.25
40-44	\$628.76	\$1,175.37	\$1,307.28	\$1,937.62
45-49	\$662.73	\$1,209.34	\$1,378.38	\$2,022.93
50-54	\$753.56	\$1,300.18	\$1,567.16	\$2,199.87
55-59	\$864.94	\$1,411.55	\$1,798.60	\$2,432.89
60-64	\$1,010.28	\$1,556.89	\$2,101.92	\$2,717.26
65+	\$1,064.00	\$1,610.61	\$2,212.51	\$2,812.04

### JANUARY 2010

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<25	\$406.17	\$958.37	\$845.86	\$1,535.31
25-29	\$454.05	\$1,006.25	\$944.01	\$1,613.52
30-34	\$529.06	\$1,082.06	\$1,101.21	\$1,749.17
35-39	\$575.34	\$1,127.55	\$1,196.17	\$1,844.93
40-44	\$635.19	\$1,187.39	\$1,320.66	\$1,957.44
45-49	\$669.51	\$1,221.71	\$1,392.48	\$2,043.63
50-54	\$761.27	\$1,313.48	\$1,583.19	\$2,222.37
55-59	\$873.79	\$1,425.99	\$1,817.00	\$2,457.78
60-64	\$1,020.62	\$1,572.82	\$2,123.42	\$2,745.05
65+	\$1,074.88	\$1,627.08	\$2,235.14	\$2,840.81

# 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.



# 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
<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	50% coinsurance	None
Diabetic Supplies	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Other Items</b>		
Durable Medical Equipment when Medically Necessary (requires preapproval)	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Orthotic and Prosthetic Appliances	No Charge	

## 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.



# NJ Individual Liberty HMO Rates

August 2009 - October 2009



## \$30 Copayment HMO Option

### AUGUST 2009

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<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

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<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

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<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

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<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

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<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

	<b>SINGLE</b>	<b>PARENT/CHILD(REN)</b>	<b>HUSBAND/WIFE</b>	<b>FAMILY</b>
<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

# NJ Individual Liberty HMO Summary of Coverage

## \$30 office visit copayment

Benefit	In-network only
<b>Financial</b>	
Deductible	
Single	None
Family	None
Coinsurance	None
Maximum Lifetime Benefit per Member	Unlimited
<b>Outpatient &amp; Preventive Care</b>	
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
<b>Hospital Care</b>	
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
<b>Emergency Care</b>	
(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
<b>Maternity Care</b>	
Prenatal Care	\$25 copayment/initial visit
Birth Centers	Copayment per visit
Delivery	Subject to inpatient hospital stay copayment for mother and baby
<b>Non-biologically based Mental Illness and Substance Abuse</b>	
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.



# NJ Individual Liberty HMO Summary of Coverage

## \$30 office visit copayment

Benefit	In-network only
<b>Alcoholism</b>	
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
<b>Specialty Care</b>	
Home Health Care*	Unlimited days, if pre-approved
Skilled Nursing Care*	Unlimited days, if pre-approved
Hospice Services*	Unlimited days, if pre-approved
<b>Therapy Services</b>	
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)
<b>Therapeutic Manipulation (Chiropractic Care)</b>	
Practitioner Services (Maximum benefit: 30 visits per calendar year)	Copayment
<b>Prescription Drugs</b>	
Per Generic/Brand Name Prescription	50% coinsurance
Diabetic Supplies	50% coinsurance
<b>Other Items</b>	
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

