

2020 New Jersey Small Group (1-50) Oxford Products

New Jersey
Small Group (1-50) Oxford Products
Effective Jan. 1, 2020

This guide is for informational purposes only. We reserve the right to modify this quote and benefits described if needed, once final approval is received, and to correct any typographical errors. For a complete listing of all New Jersey small group (1-50) products, please contact your sales representative.

2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Network Benefits														Medical Ded. Type ⁴	Rx Plans (Mail order is 2X the retail amount)	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility ³	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				All Other Radiology
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting			
Platinum Plans																								
NJ P FRDM NG 15/40/100 EPO 19	NJ P FRDM NG 15/40/100 EPO 20	N/A	N/A	100%	N/A	\$2,500	N/A	\$15	\$5	\$40	\$40	\$100	\$250 per day/ \$1,250 max per Admit/ \$2,500 plan year max	N/A	\$40	N/A	\$150	N/A	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
NEW	NJ P LBTY NG 40/75/80 EPO 411 20	N/A	N/A	80%	N/A	\$2,000	N/A	\$40	\$0	\$75	\$75	\$100+ 50% coins	\$500 per day/ \$1,500 plan year max	\$250	\$250	\$125	\$500	\$250	\$15	\$100	80%	\$25	Emb	\$100 Ded T2/T3 then \$5/\$30/\$60
NJ P FRDM NG 20/40/100 PPO 19 1	NJ P FRDM NG 20/40/100 PPO 20 1	N/A	\$2,000	100%	70%	\$2,500	\$5,000	\$20	\$10	\$40	\$40	\$100	\$100 per day/ \$500 max per Admit/ \$1,000 plan max	N/A	\$40	N/A	\$150	N/A	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
NJ P FRDM NG 20/40/100 PPO 19 2	NJ P FRDM NG 20/40/100 PPO 20 2	N/A	\$2,000	100%	70%	\$2,500	\$5,000	\$20	\$10	\$40	\$40	\$100	\$200 per day/ \$1,000 max per Admit/ \$2,000 plan max	N/A	\$10	N/A	\$150	N/A	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
NJ P GDST NG 10/30/90 EPO 19	NJ P GDST NG 10/30/90 EPO 20	N/A	N/A	90%	N/A	\$2,500	N/A	\$10	\$5	\$30	\$50	\$100	90% per admit/ \$400 max per Admit	N/A	\$150	N/A	\$300	N/A	100%	\$25	\$100	90%	Emb	\$5/\$25/\$50
NJ P GDST NG 10/40/100 EPO 19	NJ P GDST NG 10/40/100 EPO 20	N/A	N/A	100%	N/A	\$2,500	N/A	\$10	\$5	\$40	\$40	\$100	\$200 per day/ \$400 max per Admit	N/A	\$50	N/A	\$150	N/A	100%	\$10	\$100	100%	Emb	\$100 Ded. T2/T3 then \$5/\$35/\$60
NJ P LBTY NG 15/40/100 EPO 19	NJ P LBTY NG 15/40/100 EPO 20	N/A	N/A	100%	N/A	\$2,500	N/A	\$15	\$5	\$40	\$40	\$100	\$250 per day/ \$1,250 max per Admit/ \$2,500 plan year max	N/A	\$40	N/A	\$150	N/A	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
NJ P LBTY NG 15/45/100 PPO 19	NJ P LBTY NG 15/45/100 PPO 20	N/A	\$2,500	100%	70%	\$2,750	\$6,250	\$15	\$5	\$45	\$45	\$100	\$300 per day/ \$1,500 max per Admit/ \$3,000 plan year max	N/A	100%	N/A	\$150	N/A	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
NJ P LBTY NG 20/40/100 PPO 19 1	NJ P LBTY NG 20/40/100 PPO 20 1	N/A	\$2,000	100%	70%	\$2,500	\$5,000	\$20	\$10	\$40	\$40	\$100	\$100	N/A	\$40	N/A	\$150	N/A	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
NJ P LBTY NG 20/40/100 PPO 19 2	NJ P LBTY NG 20/40/100 PPO 20 2	N/A	\$2,000	100%	70%	\$2,500	\$5,000	\$20	\$10	\$40	\$40	\$100	\$200 per day/ \$1,000 max per Admit/ \$2,000 plan year max	N/A	\$10	N/A	\$150	N/A	100%	\$50	\$100	100%	Emb	\$5/\$25/\$50
Gold Plans																								
NJ G FRDM NG 50/50/600/100 EPO 19	NJ G FRDM NG 50/50/900/100 EPO 20	\$900	N/A	100%	N/A	\$6,000	N/A	\$50	\$25	\$50	\$50	\$100/ Ded/ 50% coins	\$500 per day/ \$2,500 max per Admit/ \$5,000 plan year max	N/A	\$50	N/A	50%	N/A	100%	\$100 after Ded	50% after Ded	100%	Emb	\$10/\$50/\$75
NJ G FRDM NG 25/40/1000/80 PPO 19	NJ G FRDM NG 25/60/1000/80 PPO 20	\$1,000	\$3,000	80%	60%	\$5,100	\$7,500	\$25	\$10	\$60	\$40	\$100/ Ded/ 60% coins	80% after Ded	N/A	80% after Ded	N/A	50% after Ded	N/A	100%	\$100 after Ded	50% after Ded	80% after Ded	Emb	\$15/\$35/\$75

2020 New Jersey Small Group (1-50) Oxford Products

New Jersey
Small Group (1-50) Oxford Products
Effective Jan. 1, 2020

2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Network Benefits														Medical Ded. Type ⁴	Rx Plans (Mail order is 2X the retail amount)	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility ³	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				All Other Radiology
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting			
Gold Plans (continued)																								
NJ G FRDM NG 30/65/1500/80 PPO 19	NJ G FRDM NG 30/65/1500/80 PPO 20	\$1,500	\$4,000	80%	60%	\$4,250	\$9,000	\$30	\$15	\$65	\$50	\$100/Ded/50% coins	80% after Ded	N/A	80% after Ded	N/A	50% after Ded	N/A	100%	\$100 after Ded	50% after Ded	80% after Ded	Emb	\$10/\$25/\$50
NJ G GDST NG 25/50/1250/80 EPO 19	NJ G GDST NG 25/50/1250/80 EPO 20	\$1,250	N/A	80%	N/A	\$4,200	N/A	\$25	\$10	\$60	\$50	\$100/Ded/50% coins	\$500 per admit/\$5,000 plan year max	N/A	\$75	N/A	\$150	N/A	100%	80% after Ded	50% after Ded	80% after Ded	Emb	\$100 Ded. T2/T3 then \$10/\$40/\$70
NEW	NJ G LBTY NG 40/75/2000/80 EPO 411 20	\$2,000	N/A	80%	N/A	\$4,000	N/A	\$40	\$0	\$75	\$75	\$100/Ded/50% coins	\$500 per day/\$1,500 plan year max after Ded	\$250	\$250	\$125	\$500	\$250	\$15	\$100	80% after Ded	\$25	Emb	\$100 Ded. T2/T3 then \$5/\$30/\$60
NEW	NJ G LBTY NG 1660/80 EPO HSA SPL 20	\$1,660	N/A	80%	N/A	\$3,000	N/A	80% after Ded	80% after Ded	80% after Ded	80% after Ded	\$100/Ded/80% coins	80% after Ded	N/A	80% after Ded	N/A	80% after Ded	N/A	80% after Ded	80% after Ded.	80% after Ded	80% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 80%
NJ G GDST NG 25/50/500/50 EPO 19	NJ G GDST NG 25/50/500/50 EPO 20	\$500	N/A	50%	N/A	\$4,750	N/A	\$25	\$10	\$50	\$50	\$100/Ded/50% coins	50% per admit/\$500 max per Admit	N/A	\$125	N/A	\$250	N/A	100%	50% after Ded	50% after Ded	50% after Ded	Emb	\$100 Ded. T2/T3 then \$10/\$40/\$70
NJ G GDST NG 30/60/2000/70 EPO 19	NJ G GDST NG 30/60/2000/70 EPO 20	\$2,000	N/A	70%	N/A	\$6,850	N/A	\$30	\$15	\$60	\$60	\$100/Ded/70% coins	\$500 per admit/\$5,000 plan year max	N/A	70% after Ded	N/A	70% after deductibl	N/A	100%	70% after Ded	70% after Ded	70% after Ded	Emb	\$15/\$35/\$75
NJ G GDST NG 1500/100 EPO HSA 19	NJ G GDST NG 1700/100 EPO HSA 20	\$1,700	N/A	100%	N/A	\$4,000	N/A	100% after Ded	\$0	100% after Ded	100% after Ded	\$100 after ded.	100% after Ded	N/A	100% after Ded	N/A	100% after Ded	N/A	100% after Ded	100% after Ded	100% after Ded	100% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$15/\$40/\$70
NJ G LBTY GT 50/50/600/100 EPO 19	NJ G LBTY GT 50/50/900/100 EPO 20	\$900	N/A	100%	N/A	\$6,000	N/A	\$50	\$25	\$50	\$50	\$100/Ded/50% coins	\$500 per day/\$2,500 max per Admit/\$5,000 plan year max	N/A	\$50	N/A	50%	N/A	100%	\$100 after Ded	50% after Ded	100%	Emb	\$10/\$50/\$75
NJ G LBTY NG 20/40/1500/70 EPO 19	NJ G LBTY NG 25/60/1500/70 EPO 20	\$1,500	N/A	70%	N/A	\$5,300	N/A	\$25	\$10	\$60	\$40	\$100+ 70% coins	70% after Ded	N/A	70% after Ded	N/A	70% after Ded	N/A	\$5	70%	70%	\$40	Emb	\$20/\$50/\$75
NJ G LBTY NG 25/40/1250/80 EPO 19	NJ G LBTY NG 25/60/1250/8 EPO 20	\$1,250	N/A	80%	N/A	\$4,400	N/A	\$25	\$10	\$60	\$40	\$100/Ded/70% coins	80% after Ded	N/A	\$50	N/A	\$150	N/A	100%	\$100 after Ded.	50% after Ded.	80% after Ded	Emb	\$25/\$50/\$75
NJ G LBTY NG 25/50/750/50 EPO 19	NJ G LBTY NG 25/50/750/50 EPO 20	\$750	N/A	50%	N/A	\$4,500	N/A	\$25	\$10	\$50	\$50	\$100/Ded/50% coins	50% after Ded	N/A	\$75	N/A	\$150	N/A	100%	\$100 after Ded.	50% after Ded.	50% after Ded.	Emb	\$25/\$50/\$75
NJ G LBTY NG 30/50/1000/80 EPO 19	NJ G LBTY NG 30/60/1100/80 EPO 20	\$1,100	N/A	80%	N/A	\$4,500	N/A	\$30	\$15	\$60	\$50	\$100/Ded/70% coins	80% after Ded	N/A	\$75	N/A	\$150	N/A	100%	\$100 after Ded.	50% after Ded.	80% after Ded.	Emb	\$25/\$50/\$75
NJ G LBTY NG 30/50/2000/50 EPO 19	NJ G LBTY NG 30/50/2000/50 EPO 20	\$2,000	N/A	50%	N/A	\$5,750	N/A	\$30	\$15	\$50	\$50	\$100+ 50% coins	50% after Ded	N/A	50% after Ded	N/A	50% after Ded	N/A	\$15	50%	50%	\$50	Emb	\$20/\$50/\$75
NJ G LBTY NG 30/50/2000/70 EPO 19	NJ G LBTY NG 30/50/2000/70 EPO 20	\$2,000	N/A	70%	N/A	\$5,000	N/A	\$30	\$10	\$50	\$50	\$100/Ded/70% coins	70% after Ded	N/A	\$50	N/A	\$150	N/A	100%	\$100 after Ded	70% after Ded	70% after Ded	Emb	\$15/\$35/\$75

2020 New Jersey Small Group (1-50) Oxford Products

New Jersey
Small Group (1-50) Oxford Products
Effective Jan. 1, 2020

2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Network Benefits														Medical Ded. Type *	Rx Plans (Mail order is 2X the retail amount)	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility ³	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				All Other Radiology
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting			
Gold Plans (continued)																								
NJ G LBTY NG 50/50/800/100 EPO 19	NJ G LBTY NG 50/50/900/100 EPO 20	\$900	N/A	100%	N/A	\$6,000	N/A	\$50	\$25	\$50	\$50	\$100/Ded/50% coins	\$500 per day/\$2,500 max per Admit/\$5,000 plan year max	N/A	\$50	N/A	50%	N/A	100%	\$100 after Ded	50% after Ded	100%	Emb	\$10/\$50/\$75
NJ G LBTY NG 25/40/1000/80 PPO 19	NJ G LBTY NG 25/60/1000/80 PPO 20	\$1,000	\$3,000	80%	60%	\$5,100	\$7,500	\$25	\$10	\$60	\$40	\$100/Ded/60% coins	80% after Ded	N/A	80% after Ded	N/A	50% after Ded	N/A	100%	\$100 after Ded	50% after Ded	80% after Ded	Emb	\$15/\$35/\$75
NJ G LBTY NG 30/65/1500/80 PPO 19	NJ G LBTY NG 30/65/1500/80 PPO 20	\$1,500	\$4,000	80%	60%	\$4,250	\$9,000	\$30	\$15	\$65	\$50	\$100/Ded/50% coins	80% after Ded	N/A	80% after Ded	N/A	50% after Ded	N/A	100%	\$100 after Ded	50% after Ded	80% after Ded	Emb	\$10/\$25/\$50
NJ G LBTY NG 35/60/1500/70 PPO 19	NJ G LBTY NG 35/60/1500/70 PPO 20	\$1,500	\$4,500	70%	50%	\$7,150	\$10,000	\$35	\$15	\$60	\$60	\$100 + 70% coins	70% after Ded	N/A	70% after Ded	N/A	70% after Ded	N/A	\$15	50%	50%	\$50	Emb	\$20/\$50/\$75
Silver Plans																								
NJ S FRDM NG 50/75/2500/70 PPO 19	NJ S FRDM NG 50/75/2500/60 PPO 20	\$2,500	\$5,000	60%	50%	\$8,150	\$12,500	\$50	\$25	\$75	\$75	\$100/Ded/50% coins	60% after Ded	N/A	\$250	N/A	\$500	N/A	\$20	\$100 after Ded	50% after Ded	60% after Ded	Emb	\$25/\$50/\$75
NJ S FRDM NG 2500/100 PPO HSA 19	NJ S FRDM NG 2500/100 PPO HSA 20	\$2,500	\$5,000	100%	50%	\$6,750	\$13,700	100% after Ded	\$0 after Ded	100% after Ded	100% after Ded	\$100/Ded/80% coins	\$500 per day/\$1,500 plan year max after Ded	N/A	100% after Ded	N/A	100% after Ded	N/A	100% after Ded	\$100 after Ded	100% after Ded	100% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$7/50%
NEW	NJ S LBTY NG 880/70 EPO HSA SPL 20	\$1,880	N/A	70%	N/A	\$6,900	N/A	70% after Ded	70% after Ded	70% after Ded	70% after Ded	\$100/Ded/70% coins	70% after Ded	N/A	70% after Ded	N/A	70% after Ded	N/A	70% after Ded.	70% after Ded	70% after Ded	70% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 70%
NJ S GDST NG 40/75/2250/50 EPO 19	NJ S GDST NG 40/75/2500/50 EPO 20	\$2,500	N/A	50%	N/A	\$8,150	N/A	\$40	\$20	\$75	\$75	\$100/Ded/50% coins	\$500 per admit/\$5,000 plan year max	N/A	\$250	N/A	\$500	N/A	\$30	50% after Ded	50% after Ded	50% after Ded	Emb	\$100 Ded. T2/T3 then \$10/\$40/\$70
NJ S GDST NG 50/75/2400/70 EPO 19	NJ S GDST NG 50/75/2500/60 EPO 20	\$2,500	N/A	60%	N/A	\$8,150	N/A	\$50	\$25	\$75	\$75	\$100/Ded/50% coins	60% after Ded	N/A	\$250	N/A	\$500	N/A	\$20	60% after Ded	50% after Ded	60% after Ded	Emb	\$100 Ded. T2/T3 then \$10/\$40/\$70
NJ S GDST NG 25/50/2000/80 EPO HSA 19	NJ S GDST NG 25/50/2000/80 EPO HSA 20	\$2,000	N/A	80%	N/A	\$6,550	N/A	\$25 after Ded	\$10 after Ded	\$50 after Ded	\$75 after Ded	\$100/Ded/70% coins	\$500 per admit/\$5,000 plan year max after Ded	N/A	\$75 after Ded	N/A	\$500 after Ded	N/A	\$20 after Ded	80% after Ded	50% after Ded	60% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$40/\$70
NJ S LBTY NG 40/75/2500/50 EPO 19	NJ S LBTY NG 40/75/2500/50 EPO 20	\$2,500	N/A	50%	N/A	\$8,150	N/A	\$40	\$20	\$75	\$75	\$100/Ded/50% coins	50% after Ded	N/A	70% after Ded.	N/A	50% after Ded	N/A	\$30	\$100 after Ded	50% after Ded	50% after Ded	Emb	\$25/\$50/\$75
NJ S LBTY NG 30/50/2000/80 EPO HSA 19	NJ S LBTY NG 30/50/2000/80 EPO HSA 20	\$2,000	N/A	80%	N/A	\$6,550	N/A	\$30 after Ded	\$15 after Ded	\$50 after Ded	\$50 after Ded	\$100/Ded/80% coins	\$500 per day / \$1,500 plan year max after Ded	N/A	100% after Ded	N/A	\$500 after Ded	N/A	80% after Ded	\$100 after Ded	50% after Ded	80% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$25/\$50/\$75

2020 New Jersey Small Group (1-50) Oxford Products

New Jersey
Small Group (1-50) Oxford Products
Effective Jan. 1, 2020

2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Network Benefits														Medical Ded. Type *	Rx Plans (Mail order is 2X the retail amount)	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility ³	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				All Other Radiology
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting			
Silver Plans (continued)																								
NJ S LBTY NG 15/60/2400/90 HMO PA 19	NJ S LBTY NG 15/60/2500/90 HMO PA 20	\$2,500	N/A	90%	N/A	\$8,150	N/A	\$15	\$5	\$60 after Ded	\$60	\$100/Ded/50% coins	\$250 per day/\$1,250 max per Admit/\$2,500 plan year max after Ded	N/A	\$100 after Ded	N/A	\$300 after Ded	N/A	\$25 after Ded	100% after Ded	50% after Ded	90% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. T2/T3 then \$10/\$40/\$70 (Primary Advantage)
NJ S LBTY NG 50/75/2500/70 PPO 19	NJ S LBTY NG 50/75/2500/60 PPO 20	\$2,500	\$5,000	60%	50%	\$8,150	\$12,500	\$50	\$25	\$75	\$75	\$100/Ded/50% coins	60% after Ded	N/A	\$250	N/A	\$500	N/A	\$20	\$100 after Ded	50% after Ded	60% after Ded	Emb	\$25/\$50/\$75
NJ S LBTY NG 20/40/2000/60 PPO HSA 19	NJ S LBTY NG 20/40/2000/60 PPO HSA 20	\$2,000	\$4,000	60%	50%	\$6,000	\$8,000	\$20 after Ded	\$10 after Ded	\$40 after Ded	100% after Ded	\$100 after ded.	\$400 per day/\$2,000 plan year max after Ded	N/A	\$200 after Ded	N/A	\$100 after Ded	N/A	\$15 after Ded	60% after Ded	60% after Ded	\$40 after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$20/\$50/\$75
Bronze Plans																								
NJ B GDST NG 3000/50 EPO HSA 19	NJ B GDST NG 3500/50 EPO HSA 20	\$3,500	N/A	50%	N/A	\$6,650	N/A	50% after Ded	50% after Ded	50% after Ded	50% after Ded	\$100/Ded/50% coins	\$100 per day/\$500 max per Admit/\$1,000 plan year max after Ded	N/A	50% after Ded	N/A	50% after Ded	N/A	50% after Ded	50% after Ded	50% after Ded	50% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 50%
NJ B GDST NG 10/70/3000/50 EPO HSA 19	NJ B GDST NG 10/70/3500/50 EPO HSA 20	\$3,500	N/A	50%	N/A	\$6,650	N/A	\$10 after Ded	\$5 after Ded	\$70 after Ded	\$70 after Ded	\$100/Ded/50% coins	\$50 per day/\$250 max per Admit/\$500 plan year max after Ded	N/A	50% after Ded	N/A	50% after Ded	N/A	50% after Ded	50% after Ded	50% after Ded	50% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 50%
NEW	NJ B LBTY NG 3500/60 EPO HSA SPL 20	\$3,500	N/A	60%	N/A	\$6,900	N/A	60% after Ded	60% after Ded	60% after Ded	60% after Ded	\$100/Ded/60% coins	60% after Ded	N/A	60% after Ded	N/A	60% after Ded	N/A	60% after Ded	60% after Ded	60% after Ded	60% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 60%
NJ B LBTY NG 10/70/3000/50 EPO HSA 19	NJ B LBTY NG 10/70/3500/50 EPO HSA 20	\$3,500	N/A	50%	N/A	\$6,650	N/A	\$10 after Ded	\$5 after Ded	\$70 after Ded	\$70 after Ded	\$100/Ded/50% coins	\$50 per day/\$250 max per Admit/\$500 plan year max after Ded	N/A	50% after Ded	N/A	50% after Ded	N/A	50% after Ded	50% after Ded	50% after Ded	50% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 50%
NJ B LBTY NG 3000/50 EPO HSA 19	NJ B LBTY NG 3500/50 EPO HSA 20	\$3,500	N/A	50%	N/A	\$6,650	N/A	50% after Ded	50% after Ded	50% after Ded	50% after Ded	\$100/Ded/50% coins	\$100 per day/\$500 max per Admit/\$1,000 plan year max after Ded	N/A	50% after Ded	N/A	50% after Ded	N/A	50% after Ded	50% after Ded	50% after Ded	50% after Ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 50%

2020 New Jersey Small Group (1-50) Oxford Products

New Jersey
Small Group (1-50) Oxford Products
Effective Jan. 1, 2020

¹Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

²Virtual visits are available for new groups effective 5/1/2020 and existing groups upon renewal starting 5/1/2020.

³If the inpatient copayment maximum exceeds the plan out-of-pocket-maximum, the member is only required to meet the plan out-of-pocket maximum amount.

⁴Non-embedded deductible plans reflect family deductible, meaning no individual in the family has satisfied the deductible until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

Note: For Health Saving Account (HSAs), copayments will not apply until after the deductible has been satisfied.

Note: For pharmacy plans with a deductible, the deductible does not apply to Tier 1 medications, with the exception of HSA pharmacy plans. In 2020, maximum HSA contribution is \$3,550 single/\$7,100 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over. Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc.