



Oxford plans based on our new
Garden State network

**Health coverage
New Jersey-style.**

Introducing the Oxford Garden State Network

Just for New Jersey employers and their employees:

A unique new network that promotes convenience, quality care and lower costs.

More than
18,000¹
physicians and
65¹ hospitals

When we started designing plans to meet the needs of New Jersey businesses, we started with the network.

The right network maximizes convenience for your employees by providing access to local doctors with a track record for quality care. Convenience means the ability to get care close to where you live and work. We're pleased to unveil the Oxford Garden State Network, a network made up entirely of hospitals and doctors located in New Jersey – just like you and your employees.

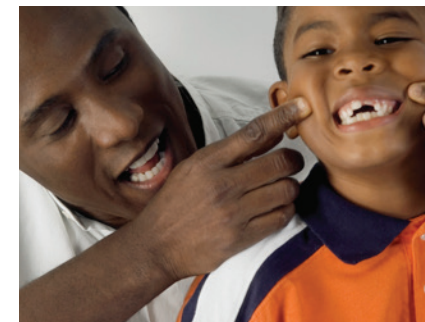
The Oxford Garden State Network is the backbone of some of our most affordable plan design offerings yet, making it convenient for you, as well as for your employees.

To find a participating provider, log in to the Employer portal of oxfordhealth.com and go to the “Tools & Resources” tab. Click on “Search for a Doctor” under the “Access to Care” menu, which will take you to the “Find a Physician” page. Once you are there, select “Garden State” from the dropdown menu in the network field. You may also enter any other criteria necessary to narrow your search.

A range of plans and designs to satisfy a wide variety of businesses (and budgets)

The Oxford Garden State Network allows you to choose between a variety of gated and non-gated plan designs that will provide your employees with in-network-only coverage. Plan designs with traditional copayments, deductible and coinsurance options, and Health Savings Accounts (HSA) are available.

The Oxford Garden State Network option was created with the most cost-conscious employers in mind. Employers can also offer this option alongside other plans that incorporate out-of-network benefits and broader network access, allowing employees to choose which will best suit their needs.



Offer more robust coverage by adding specialty benefits

Specialty benefits let you provide even more for your employees, which may lead to increased satisfaction and better retention. With these Oxford plans, you can offer the entire package, with options that include:

- ▶ **Dental, vision, life, accident protection and disability, and critical illness benefits that may be offered “a la carte”**
- ▶ **Pre-packaged options through Oxford Benefit Management^{SM 2} for businesses with 2-99 employees**

Innovative tools and resources to help you and your employees get the most from your coverage

As members of an Oxford plan, your employees have access to tools and resources to help them get the most out of their benefits.



Online health programs promote a proactive approach to health and focus on issues like healthy weight, stress management, diabetes management, and smoking cessation



Oxfordhealth.com offers a convenient, secure way for members to manage their medical records and other valuable information



A **discount program** with savings on a wide variety of health-related products



Oxford On-Call[®] nurses are available 24 hours a day, seven days a week by phone to give members helpful information about illness or injury



Contact Us Today

For more information, please contact your broker or Oxford sales representative.

¹ As of June 2014, UnitedHealth Networks

² Oxford Benefit Management (OBM) packages are not available in all states and state specific requirements may cause limitations or variations to the plans. Packaged Savings is not available for this product. OBM options may vary by group size. Components are subject to change.

2014 Oxford Garden State Network Small Group (1-50) Plan Designs

The plan designs shown below are available with the Oxford Garden State Network to New Jersey small groups (1-50). Please be advised that this guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of plan designs available with the Oxford Garden State Network, please contact your sales representative.



Name	COPAYMENT/PER OCCURRENCE										IN-NETWORK			PHARMACY
	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Laboratory	Radiology (Freestanding)	Radiology (Hospital)	Inpatient Services	Outpatient Services (Freestanding)	Outpatient Services (Hospital)	In-Network Deductible	In-Network Coinsurance	In-Network Maximum Out-of-Pocket	Rx1
PLATINUM PLANS														
Oxford EPO \$10/\$25 (Garden State)	\$10	\$25	\$50	\$100	100%	\$10	\$100	\$200 per day \$800 maximum per admission	\$50	\$150	N/A	100%	\$3,000	\$5/\$35/\$60 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO \$20/\$40 (Garden State)	\$20	\$40	\$50	\$100	100%	\$20	\$100	\$250 per day \$1,000 maximum per admission	\$50	\$150	N/A	100%	\$3,000	\$5/\$35/\$60 Non-Tier 1 Drugs: \$100 Deductible
GOLD PLANS														
Oxford EPO HSA \$1,500 (Garden State)	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	\$1,500	100%	\$4,000	Deductible, then \$10/40/70
Primary Advantage \$25/\$50; \$1,000 (Garden State)	\$25	Deductible, then \$50 copayment	Deductible, then \$75 copayment	\$100 copayment, then deductible, then 90% coinsurance	Deductible, then \$50 copayment	Deductible, then \$25 copayment	Deductible, then \$100 copayment	Deductible, then \$250 per day \$1,250 maximum per admission	Deductible, then \$75 copayment	Deductible, then \$150 copayment	\$1,000	90%	\$3,000	\$10/40/70 Non-Tier 1 Drugs: Medical Deductible
Oxford Gated EPO \$25/\$40 (Garden State)	\$25	\$40	\$40	\$100 copayment, then deductible, then 80% coinsurance	100%	Deductible, then 100%	Deductible, then 80% coinsurance	Deductible, then 80% coinsurance	\$75	\$150	\$1,250	80%	\$3,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO \$25/\$40 (Garden State)	\$25	\$40	\$40	\$100 copayment, then deductible, then 80% coinsurance	100%	Deductible, then 100%	Deductible, then 80% coinsurance	Deductible, then 80% coinsurance	\$75	\$150	\$1,250	80%	\$3,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO \$25/\$50 (Garden State)	\$25	\$50	\$50	\$100 copayment, then deductible, then 50% coinsurance	100%	Deductible, then 100%	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	\$75	\$150	\$500	50%	\$4,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
SILVER PLANS														
Oxford EPO HSA \$25/\$50; \$2,000 (Garden State)	Deductible, then \$25 copayment	Deductible, then \$50 copayment	Deductible, then \$75 copayment	Deductible, then \$100 copayment	Deductible, then 80% coinsurance	Deductible, then 100%	Deductible, then 80% coinsurance	Deductible, then 80% coinsurance	Deductible, then \$150 copayment	Deductible, then \$500 copayment	\$2,000	80%	\$5,500	Deductible, then \$10/40/70
Oxford EPO \$40/\$75; \$1,500 (Garden State)	\$40	\$75	\$75	\$100 copayment, then deductible, then coinsurance	100%	Deductible, then 100%	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 70% coinsurance	Deductible, then 50% coinsurance	\$1,500	50%	\$6,250	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO \$50/\$75; \$2,000 (Garden State)	\$50	\$75	\$75	\$100 copayment, then deductible, then coinsurance	100%	Deductible, then 100%	Deductible, then 70% coinsurance	Deductible, then 70% coinsurance	Deductible, then 70% coinsurance	Deductible, then 50% coinsurance	\$2,000	70%	\$6,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Oxford Gated EPO \$50/\$75; \$2,000 (Garden State)	\$50	\$75	\$75	\$100 copayment, then deductible, then coinsurance	100%	Deductible, then 100%	Deductible, then 70% coinsurance	Deductible, then 70% coinsurance	Deductible, then 70% coinsurance	Deductible, then 50% coinsurance	\$2,000	70%	\$6,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Primary Advantage \$30/\$60 (Garden State)	\$30	Deductible, then \$60 copayment	Deductible, then \$60 copayment	\$100 copayment, then deductible, then coinsurance	Deductible, then \$60 copayment	Deductible, then 100%	Deductible, then 50% coinsurance	Deductible, then \$250 per day \$1,250 maximum admission	Deductible, then \$100 copayment	Deductible, then \$300 copayment	\$2,000	90%	\$5,500	\$10/40/70 Non-Tier 1 Drugs: Medical Deductible
BRONZE PLANS														
Oxford EPO HSA \$2,500; 50% (Garden State)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	\$2,500	50%	\$6,350	Deductible, then: Tier 1 Drugs: \$15 copayment Tier 2 & 3 Drugs: 50% copayment of negotiated price up to \$250 per prescription

Plan designs shown above are subject to regulatory approval from the State of New Jersey Department of Banking and Insurance (NJDOBI).

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

Note: For HSAs, copayments will not apply until after the deductible has been satisfied.

In 2014, maximum HSA contribution is \$3,300 single/\$6,550 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers aged 55 and over.

Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

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2014 Oxford Garden State Network Large Group (51+) Plan Designs

The plan designs shown below are available with the Oxford Garden State Network to New Jersey large groups (51+). Please be advised that this guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of plan designs available with the Oxford Garden State Network, please contact your sales representative.



Name	COPAYMENT/PER OCCURRENCE										IN-NETWORK			PHARMACY
	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Laboratory	Radiology (Freestanding)	Radiology (Hospital)	Inpatient Services	Outpatient Services (Freestanding)	Outpatient Services (Hospital)	In-Network Deductible	In-Network Coinsurance	In-Network Maximum Out-of-Pocket	Rx1
Oxford EPO \$10/\$25 (Garden State)	\$10	\$25	\$50	\$100	100%	\$10	\$100	\$200 per day \$800 maximum per admission	\$50	\$150	N/A	100%	\$3,000	\$5/\$35/\$60 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO \$20/\$40 (Garden State)	\$20	\$40	\$50	\$100	100%	\$20	\$100	\$250 per day \$1,000 maximum per admission	\$50	\$150	N/A	100%	\$3,000	\$5/\$35/\$60 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO HSA \$1,500 (Garden State)	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	\$1,500	100%	\$4,000	Deductible, then \$10/40/70
Primary Advantage \$25/\$50; \$1,000 (Garden State)	\$25	Deductible, then \$50 copayment	Deductible, then \$75 copayment	\$100 copayment, then deductible, then 90% coinsurance	Deductible, then \$50 copayment	Deductible, then \$25 copayment	Deductible, then \$100 copayment	Deductible, then \$250 per day \$1,250 maximum per admission	Deductible, then \$75 copayment	Deductible, then \$150 copayment	\$1,000	90%	\$3,000	\$10/40/70 Non-Tier 1 Drugs: Medical Deductible
Oxford Gated EPO \$25/\$40 (Garden State)	\$25	\$40	\$40	\$100 copayment, then deductible, then 80% coinsurance	100%	Deductible, then 100% coinsurance	Deductible, then 80% coinsurance	Deductible, then 80% coinsurance	\$75	\$150	\$1,250	80%	\$3,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO \$25/\$40 (Garden State)	\$25	\$40	\$40	\$100 copayment, then deductible, then 80% coinsurance	100%	Deductible then 100% coinsurance	Deductible, then 80% coinsurance	Deductible, then 80% coinsurance	\$75	\$150	\$1,250	80%	\$3,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO \$25/\$50 (Garden State)	\$25	\$50	\$50	\$100 copayment, then deductible, then 50% coinsurance	100%	Deductible then 100% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	\$75	\$150	\$500	50%	\$4,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Oxford EPO HSA \$25/\$50; \$2,000 (Garden State)	Deductible, then \$25 copayment	Deductible, then \$50 copayment	Deductible, then \$75 copayment	Deductible, then \$100 copayment	Deductible, then 80% coinsurance	Deductible then 100%	Deductible, then 80% coinsurance	Deductible, then 80% coinsurance	Deductible, then \$150 copayment	Deductible, then \$500 copayment	\$2,000	80%	\$5,500	Deductible then \$10/40/70
Oxford EPO \$40/\$75; \$1,500 (Garden State)	\$40	\$75	\$75	\$100 copayment, then deductible, then coinsurance	100%	Deductible then 100%	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 70% coinsurance	Deductible, then 50% coinsurance	\$1,500	50%	\$6,250	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
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Oxford Gated EPO \$50/\$75; \$2,000 (Garden State)	\$50	\$75	\$75	\$100 copayment, then deductible then coinsurance	100%	Deductible then 100%	Deductible, then 70% coinsurance	Deductible, then 70% coinsurance	Deductible, then 70% coinsurance	Deductible, then 50% coinsurance	\$2,000	70%	\$6,000	\$10/40/70 Non-Tier 1 Drugs: \$100 Deductible
Primary Advantage \$30/\$60 (Garden State)	\$30	Deductible, then \$60 copayment	Deductible, then \$60 copayment	\$100 copayment, then deductible, then coinsurance	Deductible, then \$60 copayment	Deductible then 100%	Deductible, then 50% coinsurance	Deductible, then \$250 per day \$1,250 maximum per admission	Deductible then \$100 copayment	Deductible, then \$300 copayment	\$2,000	90%	\$5,500	\$10/40/70 Non-Tier 1 Drugs: Medical Deductible
Oxford EPO HSA \$2,500; 50% (Garden State)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance	Deductible, then 50% coinsurance	\$2,500	50%	\$6,350	Deductible, then: Tier 1 Drugs: \$15 copayment Tier 2 & 3 Drugs: 50% copayment of negotiated price up to \$250 per prescription

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