

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 ^a	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	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Inpatient Surgeon	Outpatient Services (Freestanding)	Outpatient Services (Freestanding Surgeon)	Outpatient Services (Hospital Setting)	Outpatient Services (Hospital Surgeon)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)			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)																
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	\$40	\$40	\$100	\$250 per day/ \$1,250 max per admission/ \$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	\$75	\$75	50%	\$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	\$40	\$40	\$100	\$100 per day/ \$500 max per admission/ \$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	\$40	\$40	\$100	\$300 per day/ \$1,000 max per admission/ \$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	\$30	\$50	\$100	90% per admit/ \$400 max per admission	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	\$40	\$40	\$100	\$200 per day/ \$400 max per admission	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	\$40	\$40	\$100	\$250 per day/ \$1,250 max per admission/ \$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	\$45	\$45	\$100	\$300 per day/ \$1,500 max per admission/ \$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	\$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	\$40	\$40	\$100	\$200 per day/ \$1,000 max per admission/ \$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	\$50	\$50	50% after deductible	\$500 per day/ \$2,500 max per admission/ \$5,000 plan year max	N/A	\$50	N/A	50%	N/A	100%	\$100 after deductible	50% after deductible	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	\$60	\$40	60% after deductible	80% after deductible	N/A	80% after deductible	N/A	50% after deductible	N/A	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$15/\$35/\$75
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	\$65	\$50	50% after deductible	80% after deductible	N/A	80% after deductible	N/A	50% after deductible	N/A	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$10/\$25/\$50
NJ G GDST NG 25/50/1250/80 EPO 19	NJ G GDST NG 25/60/1250/80 EPO 20	\$1,250	N/A	80%	N/A	\$4,200	N/A	\$25	\$60	\$50	50% after deductible	\$500 per admit/ \$5,000 plan year max	N/A	\$75	N/A	\$150	N/A	100%	80% after deductible	50% after deductible	80% after deductible	Emb	\$100 Ded. T2/T3 then \$10/\$40/\$70

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2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Network Benefits													Medical Ded. Type ¹	Rx Plans (Total order is 2X the retail amount)	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Inpatient Surgeon	Outpatient Services (Freestanding)	Outpatient Services (Freestanding Surgeon)	Outpatient Services (Hospital Setting)	Outpatient Services (Hospital Surgeon)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)			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)																
Gold Plans (continued)																							
NEW	NJ G LBTY NG 40/75/2000/80 EPO 411 20	\$2,000	N/A	80%	N/A	\$4,000	N/A	\$40	\$75	\$75	50% after deductible	\$500 per day/\$1,500 plan year max after deductible	\$250	\$250	\$125	\$500	\$250	\$15	\$100	80% after deductible	\$25	Emb	\$100 Ded. 12/13 then \$5/\$30/\$60
NEW	NJ G LBTY NG 1680/80 EPO HSA SPL 20	\$1,680	N/A	80%	N/A	\$3,000	N/A	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	80% after deductible	80% after deductible	80% after deductible	Ded NonEmb/OOP Emb	Comb Med/Rx Ded. then 80%
	NJ G GDST NG 25/50/500/50 EPO 19	\$500	N/A	50%	N/A	\$4,750	N/A	\$25	\$50	\$50	50% after deductible	50% per admit/\$500 max per admission	N/A	\$125	N/A	\$250	N/A	100%	50% after deductible	50% after deductible	50% after deductible	Emb	\$100 Ded. 12/13 then \$10/\$40/\$70
	NJ G GDST NG 30/60/2000/70 EPO 19	\$2,000	N/A	70%	N/A	\$6,850	N/A	\$30	\$60	\$60	70% after deductible	\$500 per admit/\$5,000 plan year max	N/A	70% after deductible	N/A	70% after deductible	N/A	100%	70% after deductible	70% after deductible	70% after deductible	Emb	\$15/\$35/\$75
	NJ G GDST NG 1500/100 EPO HSA 19	\$1,700	N/A	100%	N/A	\$4,000	N/A	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	N/A	100% after deductible	N/A	100% after deductible	N/A	100% after deductible	100% after deductible	100% after deductible	100% after deductible	Ded NonEmb/OOP Emb	Comb Med/Rx Ded. then \$15/\$40/\$70
	NJ G LBTY GT 50/50/600/100 EPO 19	\$900	N/A	100%	N/A	\$6,000	N/A	\$50	\$50	\$50	50% after deductible	\$500 per day/\$2,500 max per admission/\$5,000 plan year max	N/A	\$50	N/A	50%	N/A	100%	\$100 after deductible	50% after deductible	100%	Emb	\$10/\$50/\$75
	NJ G LBTY NG 20/40/1500/70 EPO 19	\$1,500	N/A	70%	N/A	\$5,300	N/A	\$25	\$60	\$40	70%	70% after deductible	N/A	70% after deductible	N/A	70% after deductible	N/A	\$5	70%	70%	\$40	Emb	\$20/\$50/\$75
	NJ G LBTY NG 25/40/1250/80 EPO 19	\$1,250	N/A	80%	N/A	\$4,400	N/A	\$25	\$60	\$40	70% after deductible	80% after deductible	N/A	\$50	N/A	\$150	N/A	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$25/\$50/\$75
	NJ G LBTY NG 25/50/750/50 EPO 19	\$750	N/A	50%	N/A	\$4,500	N/A	\$25	\$50	\$50	50% after deductible	50% after deductible	N/A	\$75	N/A	\$150	N/A	100%	\$100 after deductible	50% after deductible	50% after deductible	Emb	\$25/\$50/\$75
	NJ G LBTY NG 30/50/1000/80 EPO 19	\$1,100	N/A	80%	N/A	\$4,500	N/A	\$30	\$60	\$50	70% after deductible	80% after deductible	N/A	\$75	N/A	\$150	N/A	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$25/\$50/\$75
	NJ G LBTY NG 30/50/2000/50 EPO 19	\$2,000	N/A	50%	N/A	\$5,750	N/A	\$30	\$50	\$50	50% after deductible	50% after deductible	N/A	50% after deductible	N/A	50% after deductible	N/A	\$15	50%	50%	\$50	Emb	\$20/\$50/\$75
	NJ G LBTY NG 30/50/2000/70 EPO 19	\$2,000	N/A	70%	N/A	\$5,000	N/A	\$30	\$50	\$50	70% after deductible	70% after deductible	N/A	\$50	N/A	\$150	N/A	100%	\$100 after deductible	70% after deductible	70% after deductible	Emb	\$15/\$35/\$75
	NJ G LBTY NG 50/50/600/100 EPO 19	\$900	N/A	100%	N/A	\$6,000	N/A	\$50	\$50	\$50	50% after deductible	\$500 per day/\$2,500 max per admission/\$5,000 plan year max	N/A	\$50	N/A	50%	N/A	100%	\$100 after deductible	50% after deductible	100%	Emb	\$10/\$50/\$75
	NJ G LBTY NG 25/40/1000/80 PPO 19	\$1,000	\$3,000	80%	60%	\$5,100	\$7,500	\$25	\$60	\$40	60% after deductible	80% after deductible	N/A	80% after deductible	N/A	50% after deductible	N/A	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$15/\$35/\$75
	NJ G LBTY NG 30/65/1500/80 PPO 19	\$1,500	\$4,000	80%	60%	\$4,250	\$9,000	\$30	\$65	\$50	50% after deductible	80% after deductible	N/A	80% after deductible	N/A	50% after deductible	N/A	100%	\$100 after deductible	50% after deductible	80% after deductible	Emb	\$10/\$25/\$50
	NJ G LBTY NG 35/60/1500/70 PPO 19	\$1,500	\$4,500	70%	50%	\$7,150	\$10,000	\$35	\$60	\$60	70%	70% after deductible	N/A	70% after deductible	N/A	70% after deductible	N/A	\$15	50%	50%	\$50	Emb	\$20/\$50/\$75

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician	Specialist	Urgent Care	Emergency Room	Inpatient Facility ²	Inpatient Surgeon	Outpatient Services (Freestanding)	Outpatient Services (Freestanding Surgeon)	Outpatient Services (Hospital Setting)	Outpatient Services (Hospital Surgeon)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	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)																
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	\$75	\$75	50% after deductible	60% after deductible	N/A	\$250	N/A	\$500	N/A	\$20	\$100 after deductible	50% after deductible	60% after deductible	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 deductible	100% after deductible	100% after deductible	\$100 and 80% after deductible	\$500 per day/\$1,500 plan year max after deductible	N/A	100% after deductible	N/A	100% after deductible	N/A	100% after deductible	\$100 after deductible	100% after deductible	100% after deductible	Ded NonEmb/OOP 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 deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible	N/A	70% after deductible	N/A	70% after deductible	N/A	70% after deductible	70% after deductible	70% after deductible	70% after deductible	Ded NonEmb/OOP 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	\$75	\$75	50% after deductible	\$500 per admit/\$5,000 plan year max	N/A	\$250	N/A	\$500	N/A	\$30	50% after deductible	50% after deductible	50% after deductible	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	\$75	\$75	50% after deductible	60% after deductible	N/A	\$250	N/A	\$500	N/A	\$20	60% after deductible	50% after deductible	60% after deductible	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 deductible	\$50 after deductible	\$75 after deductible	70% after deductible	\$500 per admit/\$5,000 plan year max after deductible	N/A	\$75 after deductible	N/A	\$500 after deductible	N/A	\$20 after deductible	80% after deductible	50% after deductible	60% after deductible	Ded NonEmb/OOP 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	\$75	\$75	50% after deductible	50% after deductible	N/A	70% after deductible	N/A	50% after deductible	N/A	\$30	\$100 after deductible	50% after deductible	50% after deductible	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 deductible	\$50 after deductible	\$50 after deductible	80% after deductible	\$500 per day / \$1,500 plan year max after deductible	N/A	100% after deductible	N/A	\$500 after deductible	N/A	80% after deductible	\$100 after deductible	50% after deductible	80% after deductible	Ded NonEmb/OOP Emb	Comb Med/Rx Ded. then \$25/\$50/\$75
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	\$60 after deductible	\$60	50% after deductible	\$250 per day/\$1,250 max per admission/\$2,500 plan year max after deductible	N/A	\$100 after deductible	N/A	\$300 after deductible	N/A	\$25 after deductible	100% after deductible	50% after deductible	90% after deductible	Ded NonEmb/OOP 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	\$75	\$75	50% after deductible	60% after deductible	N/A	\$250	N/A	\$500	N/A	\$20	\$100 after deductible	50% after deductible	60% after deductible	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 deductible	\$40 after deductible	100% after deductible	\$100 after deductible	\$400 per day/\$2,000 plan year max after deductible	N/A	\$200 after deductible	N/A	\$100 after deductible	N/A	\$15 after deductible	60% after deductible	60% after deductible	\$40 after deductible	Ded NonEmb/OOP 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 deductible	50% after deductible	50% after deductible	50% after deductible	\$100 per day/\$500 max per admission/\$1,000 plan year max after deductible	N/A	50% after deductible	N/A	50% after deductible	N/A	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Ded NonEmb/OOP 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 deductible	\$70 after deductible	\$70 after deductible	50% after deductible	\$50 per day/\$250 max per admission/\$500 plan year max after deductible	N/A	50% after deductible	N/A	50% after deductible	N/A	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Ded NonEmb/OOP Emb	Comb Med/Rx Ded. then 50%
NEW	NJ B LBTY NG 3500/100 EPO HSA SPL 20	\$3,500	N/A	60%	N/A	\$6,900	N/A	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	N/A	60% after deductible	N/A	60% after deductible	N/A	60% after deductible	60% after deductible	60% after deductible	60% after deductible	Ded NonEmb/OOP Emb	Comb Med/Rx Ded. then 60%

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		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)																
Bronze Plans (continued)																							
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 deductible	\$70 after deductible	\$70 after deductible	50% after deductible	\$50 per day/\$250 max per admission/\$500 plan year max after deductible	N/A	50% after deductible	N/A	50% after deductible	N/A	50% after deductible	50% after deductible	50% after deductible	50% after deductible	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 deductible	50% after deductible	50% after deductible	50% after deductible	\$100 per day/\$500 max per admission/\$1,000 plan year max after deductible	N/A	50% after deductible	N/A	50% after deductible	N/A	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 50%

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

2 If 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.

3 Non-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.

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