

# NJ INDIVIDUAL BASIC AND ESSENTIAL EPO

## SUMMARY OF COVERAGE

### IN-NETWORK COVERAGE ONLY

#### Outpatient Care

Alcohol & Substance Abuse	30% coinsurance per visit, up to 30 visits maximum per covered person, per calendar year
Ambulatory Surgical Facility	\$250 copayment per covered person, per surgery
Biologically Based Mental Illness Outpatient Care	30% coinsurance per visit, up to 30 visits maximum per covered person, per calendar year
Emergency Room Services	\$100 copayment per covered person, per visit
Outpatient Diagnostic Testing	100% coverage up to a \$500 maximum per covered person, per calendar year
Outpatient Physical Therapy	\$20 copayment per visit, up to 30 visits maximum per covered person, per calendar year
Practitioner Visits for Illness or Injury (includes urgent care facility visits, office visit and inpatient hospital visits)	100% coverage up to a \$700 maximum per covered person, per calendar year
Wellness Benefit	\$50 annual deductible, 20% coinsurance up to \$600 maximum per covered person, per calendar year

#### Exclusions from Coverage: Other Outpatient Care Items

Ambulance Services	Not covered
Chemotherapy	Not covered
Diabetic Supplies, Self Education and Management	Not covered
Durable Medical Equipment (DME)	Not covered
Fertility Enhancement Services and Procedures	Not covered
Home Health Care Services (including visits)	Not covered
Infusion Therapy	Not covered
Medical Supplies	Not covered
Nutritional Counseling	Not covered
Occupational and Speech Therapy	Not covered
Postnatal Care	Not covered
Prenatal Care (except practitioner charges for delivery and complications)	Not covered
Prescription Drugs	Not covered
Private Duty Nursing	Not covered
Second Surgical Opinion	Not covered
Temporomandibular Joint Disorder Treatment	Not covered
Therapeutic Manipulation	Not covered
Therapeutic Injections	Not covered
Transplants	Not covered
Treatment of Non-biologically Based Mental Illness	Not covered
Out-of-Network Services Other Than Emergency	Not covered



A UnitedHealthcare Company

**IN-NETWORK COVERAGE ONLY**

**Inpatient Care**

---

Alcohol & Substance Abuse Inpatient Facility Services	30% coinsurance after a \$500 copayment up to 30 days per period of confinement, up to 30 days maximum, per calendar year
Inpatient for Biologically Based Mental Illness	\$500 copayment per covered person per period of confinement up to 90 days maximum per covered person, per calendar year
Inpatient Facility Services	\$500 copayment per covered person per period of confinement up to 90 days maximum, per calendar year
Inpatient Practitioner Visits	See practitioner visits for illness or injury under Outpatient Care

Exclusions from Coverage: Other Inpatient Care Items

Hospice Care	Not covered
Skilled Nursing Care	Not covered
Out of Network services other than Emergency	Not covered

**The Following Services Require Pre-approval:**

Inpatient hospital admissions and procedures, as more specifically provided in the Oxford Individual Basic and Essential Health Care Services Plan Certificate.

# NJ INDIVIDUAL BASIC AND ESSENTIAL EPO RATES

July 2007 - August 2007



## Monthly Rates for Territories A, B and D

Territory A: Essex, Hudson and Union Counties

Territory B: Bergen and Passaic Counties

Territory D: Hunterdon, Middlesex and Somerset Counties

**Please Note:** Rates are based on the primary subscribers gender (male or female). Example: A 35 year old male subscriber living in Essex County applying for Parent/Child(ren) coverage in September 2006 would pay a monthly premium of \$495.57 where a 55 year old female subscriber living in Essex County applying for Family coverage would pay \$843.04.

### JULY 2007

	SINGLE		PARENT/CHILD(REN)		HUSBAND/WIFE		FAMILY	
	Male	Female	Male	Female	Male	Female	Male	Female
<25-29	\$160.46	\$175.60	\$660.00	\$690.27	\$254.31	\$254.31	\$829.54	\$829.54
30-39	\$187.71	\$221.01	\$526.79	\$517.70	\$320.92	\$320.92	\$802.29	\$802.29
40-49	\$248.26	\$242.20	\$490.46	\$475.32	\$381.47	\$381.47	\$805.32	\$805.32
50-59	\$330.00	\$275.50	\$575.23	\$560.09	\$487.43	\$487.43	\$896.14	\$896.14
60-65+	\$460.18	\$520.73	\$784.12	\$856.78	\$584.31	\$584.31	\$1,029.35	\$1,029.35

### AUGUST 2007

	SINGLE		PARENT/CHILD(REN)		HUSBAND/WIFE		FAMILY	
	Male	Female	Male	Female	Male	Female	Male	Female
<25-29	\$161.73	\$176.99	\$665.25	\$695.76	\$256.33	\$256.33	\$836.14	\$836.14
30-39	\$189.20	\$222.77	\$530.98	\$521.82	\$323.47	\$323.47	\$808.67	\$808.67
40-49	\$250.23	\$244.13	\$494.36	\$479.10	\$384.50	\$384.50	\$811.73	\$811.73
50-59	\$332.62	\$277.70	\$579.80	\$564.55	\$491.31	\$491.31	\$903.27	\$903.27
60-65+	\$463.84	\$524.88	\$790.36	\$863.60	\$588.96	\$588.96	\$1,037.54	\$1,037.54

# NJ INDIVIDUAL BASIC AND ESSENTIAL EPO RATES

July - August 2007



## Monthly Rates for Territories C, E and F

Territory C: Monmouth, Morris, Sussex and Warren Counties

Territory E: Burlington, Camden and Mercer Counties

Territory F: Atlantic, Cape May, Cumberland, Gloucester,  
Ocean and Salem Counties

**Please Note:** Rates are based on the primary subscribers gender (male or female). Example: A 35 year old male subscriber living in Monmouth County applying for Parent/Child(ren) coverage in September 2006 would pay a monthly premium of \$469.35 where a 55 year old female subscriber living in Monmouth County applying for Family coverage would pay \$798.43.

### JULY 2007

	SINGLE		PARENT/CHILD(REN)		HUSBAND/WIFE		FAMILY	
	Male	Female	Male	Female	Male	Female	Male	Female
<25-29	\$151.97	\$166.31	\$625.09	\$653.77	\$240.86	\$240.86	\$785.67	\$785.67
30-39	\$177.78	\$209.32	\$498.93	\$490.33	\$303.94	\$303.94	\$759.86	\$759.86
40-49	\$235.13	\$229.39	\$464.52	\$450.18	\$361.29	\$361.29	\$762.73	\$762.73
50-59	\$312.55	\$260.93	\$544.81	\$530.47	\$461.65	\$461.65	\$848.75	\$848.75
60-65+	\$435.84	\$493.19	\$742.66	\$811.47	\$553.41	\$553.41	\$974.92	\$974.92

### AUGUST 2007

	SINGLE		PARENT/CHILD(REN)		HUSBAND/WIFE		FAMILY	
	Male	Female	Male	Female	Male	Female	Male	Female
<25-29	\$153.18	\$167.63	\$630.06	\$658.97	\$242.78	\$242.78	\$791.91	\$791.91
30-39	\$179.19	\$210.98	\$502.89	\$494.22	\$306.36	\$306.36	\$765.90	\$765.90
40-49	\$237.00	\$231.22	\$468.21	\$453.76	\$364.17	\$364.17	\$768.79	\$768.79
50-59	\$315.03	\$263.01	\$549.14	\$534.69	\$465.32	\$465.32	\$855.50	\$855.50
60-65+	\$439.31	\$497.11	\$748.56	\$817.93	\$557.81	\$557.81	\$982.67	\$982.67