Oxford Health Insurance, Inc.

New Jersey

UnitedHealthcare Navigate® Network

Policy Forms OFX24-E-BCS50-NJ,
OFX24-E-SCS70-NJ, OFX24-E-SCS80-NJ

How these plans work

Each of these plans uses a network of doctors, hospitals, and other providers that offers you quality health care. These plans only pay benefits for eligible expenses from a network provider. Visit UHOne.com and select Find A Doctor in top right to search for Navigate network providers.

1. **Select and use a Primary Care Provider (PCP)** for annual exams and preventive care screenings, routine illnesses, and minor injuries. Your PCP must be in our network and practice in New Jersey. See Primary Care Provider.
2. **See your PCP for a referral when you need a specialist.** It is your responsibility to obtain a referral. If no referral is received, no benefits are payable for the specialist's services. No referral is needed for non-surgical gynecological care and routine pregnancy care from a network provider.
3. **You must call us before a hospital stay or surgery.** See Utilization Review. The notification phone number is on your ID card.

Navigate network plans only: No Non-Network Benefits

- These plans only pay benefits for eligible expenses from a network provider. Visit UHOne.com to search for providers in your network.
- No benefits are payable for non-emergency care from a non-network provider.
- Emergency treatment from a non-network provider will be treated as a network eligible service.

UnitedHealthcare®
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These Off-Exchange plans offer Minimum Essential Coverage but are not ACA tax credit eligible. Oxford Health Insurance, Inc. is the underwriter of these plans offered Off-Exchange.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy.

COPAY PLANS

UnitedHealthcare Navigate® Network

Highlights of Network Covered Expenses

		Bronze Copay Select 50	Silver Copay Select 70	Silver Copay Select 80
Deductible (per calendar year)	You pay:	$3,000 per person, $6,000 per family	$2,500 per person, $5,000 per family	$2,250 per person, $4,500 per family
Coinsurance (% you pay after deductible, per calendar year)	You pay:	50% per person	30% per person[1]	20% per person[1]
Out-of-Pocket Maximum (includes all network copays, deductibles, and coinsurance)	You pay:	$9,450 per covered person, not to exceed $18,900 for all covered persons in a family		

Doctor Office

Primary Care Provider (PCP)/Specialist		You select a network Primary Care Provider (PCP) to manage your care. PCP referral required to see a network specialist.		
Preventive Care	You pay:	No charge — 100% covered in-network.		
Office Visit, History, and Exam only - Selected PCP	You pay:	50% after deductible	30% after deductible	20% after deductible
Office Visit, History, and Exam only - Specialist (Referral required)	You pay:	50% after deductible	30% after deductible	20% after deductible
Rehabilitative, Occupational, Speech or Physical Therapy	You pay:	50% after deductible	30% after deductible	20% after deductible
		Each of these 4 therapy benefits is limited to 30 visits per calendar year.		
Office Visit, History, and Exam only - Mental Health Provider or Substance Abuse Disorder	You pay:	50% after deductible	30% after deductible	20% after deductible
Urgent Care Center	You pay:	50% after deductible	30% after deductible	20% after deductible

Pharmacy

Name Brand and Generic Prescription (Rx) Drugs[2]	**Rx Deductible**	You pay:	Tiers 2-4: Medical deductible applies	Tiers 3-4 combined: $0 per person	Tiers 3-4 combined: $250 per person
	Tier 1	You pay:	$15 copay	$25 copay	$25 copay
	Tier 2	You pay:	50% after deductible[3]	Name Brand: $50 copay Generic: $25 copay	Name Brand: $50 copay Generic: $25 copay
	Tier 3	You pay:	50% after deductible[3]	50% coinsurance[4]	50% after Rx deductible
	Tier 4	You pay:	50% after deductible[3]	50% coinsurance[4]	50% after Rx deductible

Hospital-Based Services Only

Inpatient Hospital Stay (including Mental Health and Substance Abuse)	You pay:	50% after deductible	30% after deductible	20% after deductible
Outpatient Lab and Related Professional Services	You pay:	50% after deductible	50% after deductible	40% after deductible
Emergency Room Services	You pay:	50% after deductible	30% after deductible	40% after deductible

[1] Except for Hospital-Based Outpatient Lab and Related Professional Services and Emergency Room Services on select plans. See increased coinsurance in chart.

[2] If you purchase name-brand prescription when generic is available, you pay your generic copay, or deductible and coinsurance if applicable, plus the additional cost above the generic price. Generic drugs may reside in any tier.

[3] Cap at $250 per month per Rx.

[4] Cap at $150 per month per Rx.

Utilization Review Required

You are required to give us notice before a hospital stay or surgery. See your ID card for the notification phone number. Utilization Review means that we evaluate the medical necessity and appropriateness of a hospital stay or surgery.

You must call us before receiving these services:

- Emergency Admission – you or your doctor must call us by the end of the next regular working day following an emergency admission or as soon as possible.
- Non-Emergency Hospital Admission – you or your doctor must notify us as soon as possible before the admission is scheduled to occur.
- Maternity – you or your doctor must notify us at least 60 days or as soon as reasonably possible before the expected delivery date.
- Surgery outside your doctor's office – you or your doctor must call us at least 24 hours before the scheduled procedure.

If you do not follow our Utilization Review procedures, we reduce what we pay for covered expenses by 50% as a penalty for non-compliance.

Medical Benefit Highlights (all plans)

Subject to all policy provisions, the deductible, and any applicable copay or coinsurance, the following medical benefits are provided. You will find a complete list of medical benefits and their coverage details in the sample policy at uhone.com/resources/summary-benefits-coverage.

Exclusions and limitations may apply. To be considered for reimbursement, expenses must qualify as covered expenses. Expenses are subject to eligible expense limits unless you use a network provider.
This is only a general outline. It is not an insurance contract, nor part of the insurance policy.

Ambulance Charges

Diagnosis and Treatment of Autism and Other Developmental Disabilities

Durable Medical Equipment

Emergency & Urgent Care Services

Home Health Care Charges

Hospice Charges

Hospital Charges

Mental Health Condition and Substance Use Disorder

Pediatric Dental and Vision

Physician Charges for Surgical and Medical Services

Pregnancy and Delivery

Prescription Drugs

Preventive Care Preventive services are covered at no charge to you when using your network PCP.

Private Duty Nursing Care

Orthotic and Prosthetic Appliances

Temporomandibular Joint (TMJ) Services

Therapy Services

Transplants

X-rays and Laboratory Tests

Primary Care Provider (PCP)

A PCP is a doctor who practices in internal medicine, family practice, general practice, or pediatrics, and is responsible for coordinating your medical care. Your PCP provides annual exams and preventive care screenings, handles routine illnesses and most minor injuries, and arranges and issues referrals to network specialists when necessary. **Visit UHOne.com and select Find A Doctor in top right to search for a UnitedHealthcare Navigate PCP.**

When additional care is needed, your PCP will refer you to a network specialist. It is your responsibility to obtain a referral from your PCP. If no referral is received, no benefits are payable for the services received from the specialist. No referral is required for non-surgical gynecological care and routine pregnancy care from a network provider. If you do not select a PCP, we will assign one to manage your care.

General Exclusions and Other Provisions

This is only a general outline of the coverage provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

Payment will not be made for any charges incurred for or in connection with:

- Acupuncture except when used as a substitute for other forms of anesthesia.
- The amount of any charge which is greater than the allowed charge.
- Ambulance transportation from a hospital or other health care facility, unless the covered person is being transferred to another inpatient health care facility.
- Blood or blood plasma which is replaced by or for a covered person.
- Broken appointments.
- Services or supplies for which the provider has not obtained a certificate of need or such other approvals as required by law.
- Care and/or treatment by a Christian Science Practitioner.
- Completion of claim forms.
- Cosmetic surgery except as otherwise stated in the policy; complications of cosmetic surgery; drugs prescribed for cosmetic purposes.
- Custodial or domiciliary care.
- Dental care or treatment, including appliances and dental implants, except as otherwise stated in the policy.
- Care or treatment by means of dose intensive chemotherapy, except as otherwise stated in the policy.
- Services or supplies, the primary purpose of which is educational providing the covered person with any of the following: training in the activities of daily living; instruction in scholastic skills such as reading and writing; preparation for an occupation; or treatment for behavior problems or learning disabilities except as otherwise stated in the policy.
- Experimental or investigational treatments, procedures, hospitalizations, drugs, biological products or medical devices, except as otherwise stated in the policy.
- Extraction of teeth, except as otherwise stated in the policy.
- Except as stated below, illness or injury, including a condition which is the result of disease or bodily infirmity, which occurred on the job and which is covered or could have been covered for benefits provided under workers' compensation, employer's liability, occupational disease or similar law. Exception: This exclusion does not apply to the following persons for whom coverage under workers' compensation is optional unless such persons are actually covered for workers' compensation: a self-employed person or a partner of a limited liability partnership, members of a limited liability company or partners of a partnership who actively perform services on behalf of the self-employed business, the limited liability partnership, limited liability company or the partnership.
- Local anesthesia charges billed separately if such charges are included in the fee for the surgery.
- Membership costs for health clubs, weight loss clinics and similar programs.
- Charges for missed appointments.
- Any charge identified as a non-covered charge or which are specifically limited or excluded elsewhere in the policy, or which are not medically necessary and appropriate, except as otherwise stated in the policy.
- Non-prescription drugs or supplies, except: insulin needles and syringes and glucose test strips and lancets; colostomy bags, belts and irrigators; and as stated in the policy for food and food products for inherited metabolic diseases; and as stated in the policy for contraceptives.
- Services provided by a pastoral counselor in the course of his or her normal duties as a religious person.
- Personal convenience or comfort items including, but not limited to, such items as TV's, telephones, first aid kits, exercise equipment, air conditioners, humidifiers, saunas, hot tubs.
- Room and board charges for a covered person in any facility for any period of time during which he or she was not physically present overnight in the facility.

General Exclusions, continued
Payment will not be made for any charges incurred for or in connection with:

- Except as stated in the Preventive Care section, routine examinations or preventive care, including related x-rays and laboratory tests, except where a specific illness or injury is revealed or where a definite symptomatic condition is present; premarital or similar examinations or tests not required to diagnose or treat illness or injury.
- Self-administered services such as: biofeedback, patient-controlled analgesia on an outpatient basis, related diagnostic testing, self-care and self-help training.
- Services provided by a social worker, except as otherwise stated in the policy.
- Subject to our pre-approval, eligibility for full-time student status, provided the covered person is either enrolled and attending an accredited school in a foreign country; or is participating in an academic program in a foreign country, for which the institution of higher learning at which the student matriculates in the United States, grants academic credit. Charges in connection with full-time students in a foreign country for which eligibility as a full-time student has not been pre-approved by us are non-covered charges.
- Travel to obtain medical treatment, drugs or supplies is not covered. In addition, we will not cover treatment, drugs or supplies that are unavailable or illegal in the United States.
- Stand-by services required by a provider.
- Sterilization reversal - services and supplies rendered for reversal of sterilization.
- Telephone consultations except as stated in the Practitioner's Charges for Telehealth and/or Telemedicine provision.
- Charges for third party requests for physical examinations, diagnostic services and immunizations in connection with: obtaining or continuing employment; obtaining or maintaining a license issued by a municipality, state or federal government; obtaining insurance coverage; foreign travel; school admissions; or attendance including examinations required for participation in athletic activities.
- Transplants, except as otherwise listed in the policy.
- Transportation, travel.
- Vision therapy.
- Vitamins and dietary supplements, except as otherwise covered as preventive care.
- Weight reduction or control including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, food or food supplements, appetite suppressants or other medications; exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions, except as otherwise provided in the Surgical Treatment of Morbid Obesity section of the policy.
- Wigs, toupees, hair transplants, hair weaving or any drug if such drug is used in connection with baldness.

Payment will not be made for any <u>services or supplies</u>:

- For or in connection with exams to determine the need for (or changes of) eyeglasses or lenses of any type, except as otherwise stated in the policy for covered persons through the end of the month in which he or she turns age 19.
- For or in connection with eyeglasses or lenses of any type; this exclusion does not apply to initial replacements for loss of the natural lens, except as otherwise stated in the policy for covered persons through the end of the month in which he or she turns age 19.
- For or in connection with eye surgery such as radial keratotomy or lasik surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring).
- Provided by one of the following members of your family: spouse, child, parent, in-law, brother, sister or grandparent.
- Furnished in connection with any procedures to enhance fertility which involve harvesting, storage and/or manipulation of eggs and sperm. This includes, but is not limited to the following:
  a) procedures: invitro fertilization; embryo transfer; embryo freezing; and Gamete Intra-fallopian Transfer (GIFT) and Zygote Intra-fallopian Transfer (ZIFT); donor sperm, surrogate motherhood;
  b) prescription drugs not eligible under the Prescription Drugs section of the policy; and
  c) ovulation predictor kits. See also the separate Exclusion addressing sterilization reversal.

General Exclusions, continued
Payment will not be made for any services or supplies:

- Related to hearing aids and hearing exams to determine the need for hearing aids or the need to adjust them, except as stated in the Newborn Hearing Screening and Hearing Aids provisions.
- Related to herbal medicine.
- Related to hypnotism.
- Necessary because the covered person engaged, or tried to engage, in an illegal occupation or committed or tried to commit an indictable offense in the jurisdiction in which it is committed, or a felony.
- Related to marriage, career or financial counseling, sex therapy or family therapy, nutritional counseling and related services, except as otherwise stated in the policy.
- That are not furnished by an eligible provider.
- Related to private duty nursing care, except as provided under the Home Health Care section of the policy.
- Related to rest or convalescent cures.
- Related to routine foot care except for: (1) an open cutting operation to treat weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions; (2) the removal of nail roots; and (3) treatment or removal of corns, calluses or toenails in conjunction with the treatment of metabolic or peripheral vascular disease.
- Eligible for payment under either federal or state programs (except Medicaid and Medicare). This provision applies whether or not the covered person asserts his or her rights to obtain this coverage or payment for these services;
- For which a charge is not usually made, such as a practitioner treating a professional or business associate, or services at a public health fair;
- For which a covered person would not have been charged if he or she did not have health care coverage;
- For which the covered person has no legal obligation to reimburse the provider;
- Provided by or in a government hospital except as stated below, or unless the services are for treatment: (1) of a non-service emergency; or (2) by a Veterans' Administration Hospital of a non-service related illness or injury (Exception: This exclusion does not apply to military retirees, their dependents and the dependents of active duty military personnel who are covered under both the policy and under military health coverage and who receive care in facilities of the Uniformed Services.); (3) provided outside the United States other than in the case of emergency and except as provided below with respect to a full-time student.
- Received as a result of a war, or an act of war, if the illness or injury occurs while the covered person is serving in the military, naval or air forces of any country, combination of countries or international organization and illness or injury suffered as a result of special hazards incident to such service if the Illness or Injury occurs while the covered person is serving in such forces and is outside the home area.

General Limitations

- When using a network physician or facility, non-covered expenses may not be eligible for a network provider discount.
- All covered expenses are subject to applicable limitations set forth in the policy.

Allowed Charge

"Allowed charge" means an amount that is not more than the negotiated fee schedule. An allowed amount is not more than allowance for the service or supply as determined by Oxford, based on a standard which is most often charged for a given service by a provider within the same geographic area.

Coordination of Benefits (including Medicare)

If a covered person is insured under another health plan or Medicare, benefits will be determined under the Coordination of Benefits (COB) clause.

COB allows two or more plans to work together so the total amount of all benefits is never more than 100% of covered expenses. To determine which plan is primary, refer to "order of benefits" in your policy.

Continuing Eligibility Requirements

A covered person's eligibility will end when he or she no longer primarily resides in New Jersey, where the policy was issued.

If your marriage ends by legal divorce or annulment, or your domestic partnership or civil union dissolves, the individual coverage for your former spouse ends. The former spouse may convert to an individual contract during the conversion period. The former spouse may cover under his or her individual contract any of his or her dependent children who were covered under the policy on the date the coverage ends.

A dependent child's coverage ends at the end of the month in which he or she attains age 26.

Dependents
For purposes of this coverage, eligible dependents are your lawful spouse and dependent children.

"Spouse" means an individual: a) legally married to the Policyholder under the laws of the State of New Jersey; or the Policyholder's Domestic Partner pursuant to P.L. 2003, c. 246; or the Policyholder's civil union partner pursuant to P.L. 2006, c. 103.; or b) legally joined with the Policyholder in a same sex relationship in another jurisdiction if such relationship provides substantially all of the rights and benefits of marriage.

A "dependent child" includes: a) your biological child; b) your legally adopted child; c) your foster child from the time the child is placed in the home; d) your step-child; e) the child of your civil union partner; f) the child of your domestic partner; and g) children under a court appointed guardianship.

Emergency
A medical condition manifesting itself by acute symptoms of sufficient severity including, but not limited to, severe pain, psychiatric disturbances and/or symptoms of substance use disorder such that a prudent layperson, who possesses an average knowledge of health and medicine, could expect the absence of immediate medical attention to result in: placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of a bodily organ or part. With respect to a pregnant woman who is having contractions, an emergency exists where: there is inadequate time to effect a safe transfer to another hospital before delivery; or the transfer may pose a threat to the health or safety of the woman or unborn child.

No Non-Network Benefits
- These plans only pay benefits for eligible expenses from a network provider. Visit UHOne.com to search for providers in your network.
- No benefits are payable for non-emergency care from a non-network provider.
- Emergency treatment from a non-network provider will be treated as a network eligible service.

Premium
You are responsible for your premium. Payment must be made directly to our office. The premium can change: 1) on any premium due date; 2) any date that the extent or nature of the risk under the policy is changed (by amendment of the policy or by reason of any provision of law of any government program or regulation); or 3) at the discovery of a clerical error or misstatement as described in the policy. We will give you at least 30 days notice prior to the date of the change.

Renewability/Termination
Your policy will terminate if you fail to pay the premium.

No Specialist Benefits Without a Referral
If you use a specialist without a referral from a Primary Care Provider (PCP), no benefits are payable for the specialist's services.

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE. Please review it carefully.
(https://www.uhc.com/content/dam/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf)

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