



SPECIAL NOTICE

FOR NEW JERSEY INDIVIDUAL MEMBERS

Changes to New Jersey Individual Plans

Effective July 1, 2006 the Individual Health Coverage (IHC) Board of the New Jersey Department of Banking and Insurance adopted new regulations impacting the Individual market in the State of New Jersey. These new regulations – which all carriers in the State must comply with – contain several benefit changes that apply to the plan you currently purchase from Us. This notice is designed to make you aware of the specific changes that have taken place to the Policy or Contract you currently purchase. These changes will be effective for all new and renewing business as of October 1, 2006, and will apply retroactively to policies purchased from July 1, 2006 to September 30, 2006.

Plan Benefit Changes:

Effective October 1, 2006, all non-HMO plan designs for new and renewing individuals will contain separate Deductible and Maximum Out-of-Pocket accumulators for Network and Non-Network Covered Services.

	Current Cost Share Parameters	Cost Share Parameters Beginning October 1, 2006
Deductible	One deductible for Network and Non-Network services, combined	Separate deductibles for Network and Non-Network services
Coinsured Charge Limit	Combined for Network and Non-Network services	Terminology change to Maximum Out-of-Pocket ¹ , and will accumulate separately for Network and Non-Network services

For all Individual plans, the benefits listed below have been changed as follows:

	Current Cost Share Parameters	Cost Share Parameters Beginning October 1, 2006
Emergency Room Copayment	\$50	\$100
Preventative Care Benefit Limits (does not apply to HMO)	\$300 per Covered Person per Calendar Year; \$500 per Newborn for their first year of life	\$500 per Covered Person per Calendar Year; \$750 per Newborn for their first year of life
Non-Bio Based Mental Illness	\$5000 combined maximum per Calendar Year; \$25,000 Lifetime Maximum limit	Inpatient: 30 days; Outpatient: 20 visits. Exchange of one Inpatient day for two Outpatient visits requires Pre-Approval.

The above chart is a brief summary of the changes in cost shares. ***Please review your Policy and/or Contract for more detailed benefit changes.***

If you need additional information, please contact Oxford Group Services at 1-888-201-4216 or groupservices@oxfordhealth.com, or your broker.

¹ The change in terminology is the result of the New Jersey Individual Healthcare Coverage Program Rule Adoption. The Coinsured Charge Limit and the Coinsurance Cap have been deleted and replaced with the Maximum Out-of-Pocket.

² The change in terminology is the result of the New Jersey Individual Healthcare Coverage Program Rule Adoption. The Coinsured Charge Limit has been deleted and is replaced by the Maximum Out-of-Pocket.

