

[Tips for Printing](#)**Member Services for Oxford Health Plans - NJ**

Hours	Monday through Friday 8am to 6pm EST
Phone Number	800 444 6222
Web Address	www.oxfordhealth.com
Group Contract Number	MC2649

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Member Services.

Plan Provisions**Medical Coinsurance/Copay/Deductibles/Benefit Maximum**

Office Visits - Preventive	\$10 copay (SEE NOTE)
Office Visits - Diagnostic	\$10 copay for office visit; 100% coverage for lab, x-ray (only when performed at Quest Labs).
Office Visits - Specialist	\$10 copay
Annual Medical Deductible - Individual	None
Annual Medical Deductible - Family	None
Annual Out of Pocket Maximum - Individual	None
Annual Out of Pocket Maximum - Family	None
Lifetime Benefit Maximum	None
Note(s)	<ul style="list-style-type: none"> • Office Visits - Preventive - No copay required for one routine physical exam or one routine OB/GYN visit (\$10 copay per visit thereafter). No copay for office visits related to routine immunizations (immunizations covered at 100%). No copay for well child care visits.

Prescription Drugs

Retail	Up to 30 day supply: \$0 Merck-brand drugs; \$4 Generic drugs; \$12 Non-Merck drugs. (SEE NOTE)
Mail / Home Delivery	Up to 90 day supply: \$0 Merck-brand drugs; \$4 Generic drugs; \$12 Non-Merck drugs. Oral contraceptives and male erectile dysfunction are covered--but only when ordered by mail or online through Medco Health Home Delivery Service. (SEE NOTE)
Note(s)	<ul style="list-style-type: none"> • Retail - Oral contraceptives & male erectile dysfunction drugs NOT covered through retail. Prescription contraceptive devices NOT covered through Managed RX Program. Prescription contraceptive devices NOT covered through this HMO. • Mail / Home Delivery - Prescription contraceptive devices NOT covered through Managed RX Program. Prescription contraceptive devices not covered through this HMO.

Inpatient Services

Inpatient Hospital Services	100% Hospital, Maternity, Surgical.
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Outpatient Services	
Emergency Room	\$35 copay per visit; waived if admitted. \$10 copay for emergency care in Urgi-Center; pre-authorization required. (SEE NOTE)
Note(s)	<ul style="list-style-type: none"> • Emergency Room - Out of Network: 100% coverage for emergency treatment with \$35 emergency room copay (waived if admitted).
Mental Health / Substance Abuse	
Mental Health Inpatient	100% at approved facilities only. Non-biologically based conditions: 30 day inpatient limit per calendar year. Biologically based conditions: unlimited days per calendar year. Precertification required.
Mental Health Outpatient	Non-biologically based conditions: 50% copay, up to \$50 max per visit; 20 outpatient visits per calendar year. Biologically based conditions: \$10 copay per visit; unlimited visits per calendar year. Pre certification required.
Substance Abuse Inpatient	Alcohol and non-alcohol related: 100% at approved facilities only; 30-day inpatient or rehab. limit per calendar year; 7-day inpatient detox. limit per calendar year. Requires pre-certification.
Substance Abuse Outpatient	For alcohol and non-alcohol related abuse: 100% at approved facilities; 60 visit outpatient or rehab. limit per calendar year.

A summary of the benefits provided under the plan is contained in the Summary Plan Description. Full details are provided in the official plan document, which governs the operation of the plan. In the event that the content of this application or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Any specific questions regarding coverage information please refer to your Summary Plan Description (SPD) or the carrier.

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