

Oxford Health Insurance, Inc. Certificate of Understanding

Outlined below is a brief overview of Your Health Savings Account (HSA)-eligible ¹[Oxford[®] HSA DirectSM Plan, Oxford EPO HSA Plan] and HSA account. Please review this information carefully and certify in the space indicated that You have read and understand the terms of this Plan. For a full description of Your benefits as elected on the New Jersey Small Employer Application, please refer to Your New Jersey Small Group Health Benefits Policy. (Please note: For exact dollar amounts, Coinsurance, maximums and limits, please refer to the Schedule of Insurance.)

Medical Plan Overview

²[**Oxford HSA Direct, Oxford EPO HSA**]: The ³[Oxford HSA Direct, Oxford EPO HSA] Plan is a “qualified” High Deductible Health Plan (HDHP) as defined by the United States Department of the Treasury. Therefore, once You are enrolled in the ⁴[Oxford HSA Direct, Oxford EPO HSA] Plan, You can open a Health Savings Account.

Deductible: ⁵[This Plan has a Cash Deductible for Network Covered Charges and a separate Cash Deductible for Non-Network Covered Charges.] The ⁶[Network] Cash Deductible includes eligible medical expenses. For Covered Charges other than Preventive Care, the Cash Deductible must be satisfied prior to the Plan providing coverage for Covered Charges.

Maximum Out of Pocket: The Maximum Out of Pocket (MOOP) limit is the amount of Coinsurance and Cash Deductible You will pay in any Calendar Year or Plan Year (depending on the group’s election) for Covered Charges. Once the MOOP (shown in your Schedule of Insurance) is reached for a Calendar Year or Plan Year, Oxford will pay 100% of ⁷[either] the contracted rate ⁸[(for Network Covered Charges) or the required percentage of the Prevailing Healthcare Charges System (PHCS) (for Non-Network Covered Charges)] the remainder of the Calendar Year or Plan Year.

⁹[This Plan has a MOOP for Network Covered Charges and a separate MOOP for Non-Network Covered Charges.] Only Network Coinsurance and/or Copayments and the amounts paid to meet the Network Cash Deductible count toward the Network MOOP. ¹⁰[For the Non-Network MOOP, only Non-Network Coinsurance and the amounts paid to meet the Non-Network Cash Deductible are applied.]

Benefit Highlights:

1. **Provider Access:** This Plan provides benefits for Network ¹¹[and Non-Network] Providers. In addition, access to specialists does not require a Referral.
2. **Routine Preventive Care, Including Routine OB/GYN Care:** Preventive Care Covered Charges received from a Network ¹²[or Non-Network] Provider are covered in full ¹³[up to the specified limit in the Schedule of Insurance] and are not subject to the Cash Deductible.
3. **Office Visits, other than for Routine Preventive Care:** Covered Charges are subject to the cost shares outlined in the Schedule of Insurance.
4. **Hospital Services:** Covered Charges are subject to the cost shares outlined in the Schedule of Insurance.
5. **Pharmacy Expenses:** Covered Charges for Outpatient Prescription Drugs are subject to the cost shares outlined in the Schedule of Insurance.

Eligibility: To open a Health Savings Account, You must meet the following eligibility requirements:

1. must be covered by a qualified HDHP;
2. must not be covered by other health insurance (vision, dental, accident, disability, auto and certain other insurance policies are permitted);
3. must not be eligible for Medicare;
4. must not be claimed as a dependent on another person’s tax return.

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Claim Submissions: In accordance with New Jersey law, Providers are responsible for submitting claims on the standard claim form adopted by the Commissioner of the Department of Banking and Insurance.
¹⁴[You have the option to choose to submit the claim on Your own for Non-Network services; however, this is not a requirement.]

Health Savings Account (HSA) Overview

Health Savings Accounts are available to almost everyone if they are covered by a qualified, High Deductible Health Plan. The HSA allows You to contribute money, pre-tax, to their HSA. Money in the HSA can be used, tax-free, on qualified medical expenses. In addition, funds in the HSA grow tax-free.

Contributions:

- There is no minimum HSA contribution required, with the exception of those necessary to maintain a balance specified by the financial institution.
- Both employers and employees can make contributions.
- Contributions by an employer are not considered taxable income to the employee.
- Annual contributions cannot exceed the limits set by the United States Department of the Treasury.
- Individual owners of the account, not employers, are responsible for ensuring that contributions do not exceed the annual maximum.
- Each account owner names a beneficiary, who becomes the new owner of the account in the event of the account owner's death.
- The deadline for contributions is April 15 of the year following the year for which the contribution is to be made.
- Individuals enrolled in Medicare are not eligible to contribute to HSAs. However, prior contributions can be used for eligible and ineligible expenses depending on the age of the Medicare enrollee.

Eligible HSA Expenses:

All expenses under section 213d of the IRS code are eligible for reimbursement by the HSA on a tax-free basis. Eligible expenses include, but are not limited to, the following:

- Doctor visits, hospital expenses, lab, x-ray and other diagnostic services.
- Prescription drugs, dental care, vision care, hearing aids.
- Expenses applied to the deductible.

For a full list of eligible expenses, please visit the HSA section of our web site,

¹⁵[www.oxfordhealth.com.]

How the Account Works:

- The HSA is a cash account owned by the individual account holder, not the employer. Employers may not place limits on these accounts beyond those specified by the federal government.
- Cash balances remaining in an HSA at the end of the year "roll over" to the next year.
- The account is fully portable if an employee changes jobs. It remains the property of the account holder until it is exhausted.
- Funds may be accessed through a debit card.
- Interest earned on HSA balances is tax free.

I certify that I have read and understand the terms outlined above.

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_____ Name/Title	_____ Date
_____ Group Name	_____ Group Signature

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- ¹ The current plan name will be used here.
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 - ⁴ The current plan name will be used here.
 - ⁵ Include this language for plans with an out-of-network benefit.
 - ⁶ Include this language for plans with an out-of-network benefit.
 - ⁷ Include this language for plans with an out-of-network benefit.
 - ⁸ Include this language for plans with an out-of-network benefit.
 - ⁹ Include this language for plans with an out-of-network benefit.
 - ¹⁰ Include this language for plans with an out-of-network benefit.
 - ¹¹ Include this language for plans with an out-of-network benefit.
 - ¹² Include this language for plans with an out-of-network benefit.
 - ¹³ Include this language for plans with an out-of-network benefit.
 - ¹⁴ Include this language for plans with an out-of-network benefit.
 - ¹⁵ The current web address will be used here.