

2024 New Jersey Small Group (2-50) Oxford Fully Insured Products

This guide is for informational purposes only. We reserve the right to modify this quote and benefits described if needed, once final approval is received, and to correct any typographical errors. For a complete listing of all New Jersey small group (2-50) products, please contact your sales representative.

| 2023 Plan Name | 2024 Plan Name | UHC Rewards | Deductible | | Coinsurance | | Out-of-Pocket Maximum | | Benefits | | | | | | | | | | | Med Ded Type | Med Rx Ded Type ³ | Rx Plan(s) ⁴ (Mail Order is 2x retail amount) PDL = Advantage | Retail Pharmacy Network | |
|------------------------------------|------------------------------------|-------------|-----------------------------------|------------------------------------------|-------------|----------------|-----------------------------------|------------------------------------------|--------------------|------|------------|-------------|------------------|--------------------|--------------------------------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------|--------------|------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|
| | | | Network Individual (Family is 2x) | Out-of-Network Individual (Family is 2X) | Network | Out-of-Network | Network Individual (Family is 2x) | Out-of-Network Individual (Family is 2x) | 24/7 Virtual Visit | PCP | Specialist | Urgent Care | Emergency Room | ER Per-Occur Copay | Lab FS/HOSP | Xray FS/HOSP | MRI, CT FS/HOSP | Outpatient Surgery FS/HOSP | Inpatient Hospital ² | | | | | IP Copay Max |
| Platinum Plans | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ P FRDM NG 20/40/100 PPO 23 | NJ P FRDM NG 20/40/100 PPO 24 | Core | N/A | \$4,000 | 100% | 70% | \$3,500 | \$8,000 | 100% | \$20 | \$40 | \$50 | \$100 | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: 100% HOSP: 100% | FS: \$10 HOSP: \$10 | FS: \$10 HOSP: \$500 | \$200 | \$1,000 | Emb | Sep | \$5/\$25/\$50 SprRx:\$5/20% up to \$150/50% up to \$150 | Broad |
| NJ P FRDM NG 15/40/100 EPO 23 | NJ P FRDM NG 15/40/100 EPO 24 | Core | N/A | N/A | 100% | N/A | \$3,500 | N/A | 100% | \$15 | \$40 | \$50 | \$100 | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: 100% HOSP: 100% | FS: \$10 HOSP: \$10 | FS: \$10 HOSP: \$500 | \$250 | \$1,250 | Emb | Sep | \$5/\$25/\$50 SprRx:\$5/20% up to \$150/50% up to \$150 | Broad |
| NJ P LBTY NG 15/45/100 PPO 23 | NJ P LBTY NG 15/45/100 PPO 24 | Core | N/A | \$4,000 | 100% | 70% | \$3,500 | \$8,000 | 100% | \$15 | \$45 | \$50 | \$100 | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: 100% HOSP: 100% | FS: \$10 HOSP: \$10 | FS: \$10 HOSP: \$500 | \$300 | \$1,500 | Emb | Sep | \$5/\$25/\$50 SprRx:\$5/20% up to \$150/50% up to \$500 | Broad |
| NJ P LBTY NG 15/40/100 EPO 23 | NJ P LBTY NG 15/40/100 EPO 24 | Core | N/A | N/A | 100% | N/A | \$3,500 | N/A | 100% | \$15 | \$40 | \$50 | \$100 | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: 100% HOSP: 100% | FS: \$10 HOSP: \$10 | FS: \$10 HOSP: \$500 | \$300 | \$1,500 | Emb | Sep | \$5/\$25/\$50 SprRx:\$5/20% up to \$150/50% up to \$500 | Broad |
| NJ P MTRO NG 10/40/100 EPO 23 | NJ P MTRO NG 10/40/100 EPO 24 | Core | N/A | N/A | 100% | N/A | \$3,500 | N/A | 100% | \$10 | \$40 | \$50 | \$100 | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: 100% HOSP: 100% | FS: \$10 HOSP: \$10 | FS: \$10 HOSP: \$500 | \$200 | \$400 | Emb | Sep | \$100 D T2/3 \$5/\$35/\$60 SprRx:\$5/20% up to \$150/50% up to \$150 | Standard Select |
| NJ G MTRO NG 30/60/2000/70 EPO 23 | NJ P MTRO GT 5/75/100 EPO 24 | Core | N/A | N/A | 100% | N/A | \$3,000 | N/A | 100% | \$5 | \$75 | \$50 | 50% | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: \$30 HOSP: \$30 | FS: \$10 HOSP: \$10 | FS: \$10 HOSP: 50% | \$500 | \$2,500 | Emb | Sep | \$100 D T2/3 \$5/\$25/\$60 SprRx:\$5/20% up to \$150/50% up to \$150 | Standard Select |
| Gold Plans | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ G FRDM GT 50/75/100 EPO ZD 23 | NJ G FRDM GT 50/75/100 EPO ZD 24 | Core | N/A | N/A | 100% | N/A | \$7,250 | N/A | 100% | \$50 | \$75 | \$50 | \$100 | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: \$50 HOSP: \$50 | FS: \$100 HOSP: \$100 | FS: \$150 HOSP: \$500 | \$500 | \$2,500 | Emb | Sep | \$100 D T2/3 \$7/\$35/\$75 SprRx:\$7/20% up to \$150/50% up to \$500 | Broad |
| NJ G FRDM NG 50/75/1000/100 EPO 23 | NJ G FRDM NG 50/75/1000/100 EPO 24 | Core | \$1,000 | N/A | 100% | N/A | \$6,500 | N/A | 100% | \$50 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 100% HOSP: 100% | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | \$500 | \$2,500 | Emb | Sep | \$15/\$35/\$75 SprRx: \$15/20% up to \$150/50% up to \$150 | Broad |
| NJ G FRDM NG 25/60/1250/80 PPO 23 | NJ G FRDM NG 25/60/1250/80 PPO 24 | Core | \$1,250 | \$4,000 | 80% | 60% | \$5,500 | \$8,000 | 100% | \$25 | \$60 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 ¹ HOSP: 50% ¹ | 80% ¹ | N/A | Emb | Sep | \$15/\$35/\$75 SprRx: \$15/20% up to \$150/50% up to \$150 | Broad |
| NJ G FRDM NG 30/75/1500/80 PPO 23 | NJ G FRDM NG 30/75/1500/80 PPO 24 | Core | \$1,500 | \$4,000 | 80% | 60% | \$5,000 | \$9,000 | 100% | \$30 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | 80% ¹ | N/A | Emb | Sep | \$15/\$35/\$75 SprRx: \$15/20% up to \$150/50% up to \$150 | Broad |
| NJ G LBTY NG 50/75/1000/100 EPO 23 | NJ G LBTY NG 50/75/1000/100 EPO 24 | Core | \$1,000 | N/A | 100% | N/A | \$6,500 | N/A | 100% | \$50 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 100% HOSP: 100% | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | \$500 | \$2,500 | Emb | Sep | \$15/\$35/\$75 SprRx: \$15/20% up to \$150/50% up to \$150 | Broad |
| NJ G LBTY GT 15/75/1000/50 EPO 23 | NJ G LBTY GT 15/75/1000/50 EPO 24 | Core | \$1,000 | N/A | 50% | N/A | \$8,500 | N/A | 100% | \$15 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$100 D T2/3 \$5/\$35/\$75 SprRx: \$5/20% up to \$150/50% up to \$500 | Broad |
| NJ G LBTY GT 50/75/1000/100 EPO 23 | NJ G LBTY GT 50/75/1000/100 EPO 24 | Core | \$1,000 | N/A | 100% | N/A | \$6,500 | N/A | 100% | \$50 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 100% HOSP: 100% | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | \$500 | \$2,500 | Emb | Sep | \$15/\$35/\$75 SprRx: \$15/20% up to \$150/50% up to \$150 | Broad |
| NJ G LBTY NG 25/50/1250/50 EPO 23 | NJ G LBTY NG 25/50/1250/50 EPO 24 | Core | \$1,250 | N/A | 50% | N/A | \$5,500 | N/A | 100% | \$25 | \$50 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$15/\$35/\$75 SprRx: \$15/20% up to \$150/50% up to \$150 | Broad |
| NJ G LBTY NG 30/75/1500/80 EPO 23 | NJ G LBTY NG 30/75/1500/80 EPO 24 | Core | \$1,500 | N/A | 80% | N/A | \$5,500 | N/A | 100% | \$30 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: 80% ¹ HOSP: 50% ¹ | 80% ¹ | N/A | Emb | Sep | \$75 D T2/3 \$5/\$35/75 SprRx: \$5/20% up to \$150/50% up to \$500 | Broad |
| NJ G LBTY NG 25/60/1500/70 EPO 23 | NJ G LBTY NG 25/60/1500/70 EPO 24 | Core | \$1,500 | N/A | 70% | N/A | \$5,500 | N/A | 100% | \$25 | \$60 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: \$40 HOSP: \$40 | FS: 70% HOSP: 70% | FS: 70% ¹ HOSP: 70% ¹ | 70% ¹ | N/A | Emb | Sep | \$100 D T2/3 \$5/\$35/\$75 SprRx: \$5/20% up to \$150/50% up to \$500 | Broad |

2024 New Jersey Small Group (2-50) Oxford Fully Insured Products

| 2023 Plan Name | 2024 Plan Name | UHC Rewards | Deductible | | Coinsurance | | Out-of-Pocket Maximum | | Benefits | | | | | | | | | | | Med Ded Type | Med Rx Ded Type ³ | Rx Plan(s) ⁴ (Mail Order is 2x retail amount) PDL = Advantage | Retail Pharmacy Network | |
|------------------------------------|------------------------------------|-------------|-----------------------------------|------------------------------------------|-------------|----------------|-----------------------------------|------------------------------------------|--------------------|-------------------|-------------------|-------------------|--------------------|--------------------|----------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|-----------------------------------------------|---------------------------------|--------------|------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------|
| | | | Network Individual (Family is 2x) | Out-of-Network Individual (Family is 2X) | Network | Out-of-Network | Network Individual (Family is 2x) | Out-of-Network Individual (Family is 2x) | 24/7 Virtual Visit | PCP | Specialist | Urgent Care | Emergency Room | ER Per-Occur Copay | Lab FS/HOSP | Xray FS/HOSP | MRI, CT FS/HOSP | Outpatient Surgery FS/HOSP | Inpatient Hospital ² | | | | | IP Copay Max |
| NJ G LBTY NG 25/60/1500/80 EPO 23 | NJ G LBTY NG 25/60/1500/80 EPO 24 | Core | \$1,500 | N/A | 80% | N/A | \$5,000 | N/A | 100% | \$25 | \$60 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | 80% ¹ | N/A | Emb | Sep | \$75 D T2/3 \$5/35/75 SpRx: \$5/20% up to \$150/50% to \$500 | Broad |
| NJ G LBTY NG 30/65/1500/80 PPO 23 | NJ G LBTY NG 30/65/1500/80 PPO 24 | Core | \$1,500 | \$4,000 | 80% | 60% | \$5,500 | \$9,000 | 100% | \$30 | \$65 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | 80% ¹ | N/A | Emb | Sep | \$75 D T2/3 \$5/35/75 SpRx: \$5/20% up to \$150/50% to \$500 | Broad |
| NJ G LBTY NG 1500/90 EPO HSA PR 23 | NJ G LBTY NG 1600/90 EPO HSA PR 24 | Premium | \$1,600 | N/A | 90% | N/A | \$5,000 | N/A | 100% | 90% ¹ | 90% ¹ | 90% ¹ | 50% ¹ | \$100 | FS: 90% ¹ HOSP: 90% ¹ | FS: 90% ¹ HOSP: 90% ¹ | FS: 90% ¹ HOSP: 90% ¹ | FS: 90% ¹ HOSP: 90% ¹ | 90% ¹ | N/A | Ded NonEmb/OOPM Emb | Comb | Medical Deductible \$5/\$50/50% up to \$150 SpRx: \$5/20% up to \$150/50% up to \$150 | Broad |
| NJ G LBTY NG 30/50/2000/50 EPO 23 | NJ G LBTY NG 30/50/2000/50 EPO 24 | Core | \$2,000 | N/A | 50% | N/A | \$6,000 | N/A | 100% | \$30 | \$50 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% HOSP: 50% | FS: 50% ¹ HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$75 D T2/3 \$5/35/75 SpRx: \$5/20% up to \$150/50% to \$500 | Broad |
| NJ G LBTY NG 35/60/2000/70 PPO 23 | NJ G LBTY NG 35/60/2000/70 PPO 24 | Core | \$2,000 | \$4,500 | 70% | 50% | \$7,500 | \$10,000 | 100% | \$35 | \$60 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: \$50 HOSP: \$50 | FS: 50% HOSP: 50% | FS: 70% ¹ HOSP: 70% ¹ | 70% ¹ | N/A | Emb | Sep | \$75 D T2/3 \$5/35/75 SpRx: \$5/20% up to \$150/50% to \$500 | Broad |
| NJ G LBTY GT 50/75/100 EPO ZD 23 | NJ G LBTY GT 50/75/100 EPO ZD 24 | Core | N/A | N/A | 100% | N/A | \$7,250 | N/A | 100% | \$50 | \$75 | \$50 | \$100 | N/A | Oxford PLN: 100% FS: \$60 HOSP: \$60 | FS: \$50 HOSP: \$50 | FS: \$100 HOSP: \$100 | FS: \$150 HOSP: \$500 | \$500 | \$2,500 | Emb | Sep | \$100 D T2/3 \$7/\$35/\$75 SpRx:\$7/20% up to \$150/50% to \$500 | Broad |
| NJ G MTRO GT 25/75/1250/80 EPO 23 | NJ G MTRO GT 25/75/1250/80 EPO 24 | Core | \$1,250 | N/A | 80% | N/A | \$6,000 | N/A | 100% | \$25 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 100% ¹ HOSP: 100% ¹ | FS: \$100 ¹ HOSP: \$100 ¹ | FS: \$200 ¹ HOSP: 50% ¹ | 80% ¹ | N/A | Emb | Sep | \$100 D T2/3 \$5/\$25/\$60 SpRx:\$5/20% up to \$150/50% up to \$150 | Standard Select |
| NJ G MTRO NG 25/50/1000/50 EPO 23 | NJ G MTRO NG 25/50/1250/50 EPO 24 | Core | \$1,250 | N/A | 50% | N/A | \$5,500 | N/A | 100% | \$25 | \$50 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$100 D T2/3 \$10/\$40/50% SpRx:\$10/20% up to \$150/50% to \$500 | Standard Select |
| NJ G MTRO NG 25/60/1500/80 EPO 23 | NJ G MTRO NG 25/60/1500/80 EPO 24 | Core | \$1,500 | N/A | 80% | N/A | \$5,000 | N/A | 100% | \$25 | \$60 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: \$100 HOSP: \$100 | FS: \$100 HOSP: 50% ¹ | 80% ¹ | N/A | Emb | Sep | \$100 D T2/3 \$10/\$40/50% SpRx:\$10/20% up to \$150/50% to \$500 | Standard Select |
| NJ G MTRO GT 30/60/1300/100 EPO 23 | NJ G MTRO GT 30/60/1800/100 EPO 24 | Core | \$1,800 | N/A | 100% | N/A | \$9,100 | N/A | 100% | \$30 | \$60 | \$75 | \$100 ¹ | N/A | Oxford PLN: 100% FS: \$60 ¹ HOSP: \$60 ¹ | FS:100% HOSP: \$100 ¹ | FS: \$100 HOSP: \$100 ¹ | FS: \$50 ¹ HOSP: 50% ¹ | \$500 ¹ | \$2,500 | Emb | Sep | \$15/\$50/50% SpRx:\$15/20% up to \$150/50% up to \$150 | Standard Select |
| NJ G MTRO NG 30/60/1300/100 EPO 23 | NJ G MTRO NG 30/60/1800/100 EPO 24 | Core | \$1,800 | N/A | 100% | N/A | \$9,100 | N/A | 100% | \$30 | \$60 | \$75 | \$100 ¹ | N/A | Oxford PLN: 100% FS: \$60 ¹ HOSP: \$60 ¹ | FS:100% HOSP: \$100 ¹ | FS: \$100 HOSP: \$100 ¹ | FS: \$50 ¹ HOSP: 50% ¹ | \$500 ¹ | \$2,500 | Emb | Sep | \$15/\$50/50% SpRx:\$15/20% up to \$150/50% up to \$150 | Standard Select |
| NJ G MTRO NG 2000/100 EPO HSA 23 | NJ G MTRO NG 2000/100 EPO HSA 24 | Core | \$2,000 | N/A | 100% | N/A | \$6,000 | N/A | 100% | 0% ¹ | 0% ¹ | 0% ¹ | 50% ¹ | \$100 | FS: \$20 ¹ HOSP: \$20 ¹ | FS: 100% ¹ HOSP: 100% ¹ | FS: 100% ¹ HOSP: 100% ¹ | FS: 100% ¹ HOSP: 100% ¹ | 100% ¹ | N/A | Ded NonEmb/OOPM Emb | Comb | Medical Deductible \$10/\$40/50% SpRx: \$10/20% up to \$150/50% to \$500 | Standard Select |
| NJ G MTRO GT 5/75/2000/50 EPO 23 | NJ G MTRO GT 5/75/2000/50 EPO 24 | Core | \$2,000 | N/A | 50% | N/A | \$7,500 | N/A | 100% | \$5 | \$75 | \$75 | 50% ¹ | N/A | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: \$30 HOSP: \$30 | FS: \$100 ¹ HOSP: \$100 ¹ | FS: \$500 HOSP: \$500 ¹ | 50% ¹ | N/A | Emb | Sep | \$100 D T2/3 \$5/\$25/\$60 SpRx:\$5/20% up to \$150/50% up to \$150 | Standard Select |
| Silver Plans | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ S FRDM NG 2500/80 PPO HSA 23 | NJ S FRDM NG 2500/75 PPO HSA 24 | Core | \$2,500 | \$5,000 | 75% | 50% | \$8,000 | \$13,700 | 100% | 75% ¹ | 75% ¹ | 75% ¹ | 50% ¹ | \$100 | FS: 75% ¹ HOSP: 75% ¹ | FS: 75% ¹ HOSP: 75% ¹ | FS: 75% ¹ HOSP: 75% ¹ | FS: 75% ¹ HOSP: 50% ¹ | \$500 ¹ | \$2,500 | Ded NonEmb/OOPM Emb | Comb | Medical Deductible \$5/\$50/50% up to \$150 SpRx: \$5/20% up to \$150/50% up to \$150 | Broad |
| NJ S FRDM NG 50/75/2500/50 PPO 23 | NJ S FRDM NG 50/75/2500/50 PPO 24 | Core | \$2,500 | \$5,000 | 50% | 50% | \$9,450 | \$12,500 | 100% | \$50 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 ¹ HOSP: 50% ¹ | FS: \$500 ¹ HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$250 D T2/3 \$25/\$50/50% SpRx: \$25/20% up to \$150/50% to \$500 | Broad |
| NJ S LBTY NG 50/75/2500/50 PPO 23 | NJ S LBTY NG 50/75/2500/50 PPO 24 | Core | \$2,500 | \$5,000 | 50% | 50% | \$9,450 | \$12,500 | 100% | \$50 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 ¹ HOSP: 50% ¹ | FS: \$500 ¹ HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$250 D T2/3 \$25/\$50/50% SpRx: \$25/20% up to \$150/50% to \$500 | Broad |
| NJ S LBTY GT 30/75/2500/50 EPO 23 | NJ S LBTY GT 30/75/2500/50 EPO 24 | Core | \$2,500 | N/A | 50% | N/A | \$8,700 | N/A | 100% | \$30 ¹ | \$75 ¹ | \$75 ¹ | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 ¹ HOSP: \$100 ¹ | FS: \$100 ¹ HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$250 D T2/3 \$5/\$50/50% SpRx: \$5/20% up to \$150/50% to \$500 | Broad |
| NJ S LBTY NG 50/75/2500/50 EPO 23 | NJ S LBTY NG 50/75/2500/50 EPO 24 | Core | \$2,500 | N/A | 50% | N/A | \$9,450 | N/A | 100% | \$50 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 ¹ HOSP: 50% ¹ | FS: \$500 ¹ HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$250 D T2/3 \$25/\$50/50% SpRx: \$25/20% up to \$150/50% to \$500 | Broad |

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| 2023 Plan Name | 2024 Plan Name | UHC Rewards | Deductible | | Coinsurance | | Out-of-Pocket Maximum | | Benefits | | | | | | | | | | Med Ded Type | Med Rx Ded Type ³ | Rx Plan(s) ⁴ (Mail Order is 2x retail amount) PDL = Advantage | Retail Pharmacy Network | | |
|---------------------------------------------|---------------------------------------------|----------------|-----------------------------------------|----------------------------------------------------|-------------|--------------------|-----------------------------------------|----------------------------------------------------|-----------------------|-------------------|-------------------|-------------------|-------------------|--------------------------|--------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|----------------------------------------------------|--------------------|---------------------------------|-----------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------|--------------------|
| | | | Network Individual (Family is 2x) | Out-of- Network Individual (Family is 2X) | Network | Out-of- Network | Network Individual (Family is 2x) | Out-of- Network Individual (Family is 2x) | 24/7 Virtual Visit | PCP | Specialist | Urgent Care | Emergency Room | ER Per-Occur Copay | Lab FS/HOSP | Xray FS/HOSP | MRI, CT FS/HOSP | Outpatient Surgery FS/HOSP | | | | | Inpatient Hospital ² | IP Copay Max |
| NJ S LBTY NG 20/40/2500/60 PPO HSA 23 | NJ S LBTY NG 20/40/2500/60 PPO HSA 24 | Core | \$2,500 | \$5,000 | 60% | 50% | \$7,350 | \$10,000 | 100% | \$20 ¹ | \$40 ¹ | \$75 ¹ | 50% ¹ | \$100 | FS: \$15 ¹ HOSP: \$15 ¹ | FS: \$40 ¹ HOSP: \$40 ¹ | FS: \$100 ¹ HOSP: \$100 ¹ | FS: \$250 ¹ HOSP: 50% ¹ | 60% ¹ | N/A | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible \$5/\$50/50% up to \$150 SpRx: \$5/20% up to \$150/50% up to \$150 | Broad |
| NJ S LBTY NG 30/50/2500/60 EPO HSA 23 | NJ S LBTY NG 30/50/2500/60 EPO HSA 24 | Core | \$2,500 | N/A | 60% | N/A | \$7,350 | N/A | 100% | \$30 ¹ | \$50 ¹ | \$75 ¹ | 50% ¹ | \$100 | FS: 60% ¹ HOSP: 60% ¹ | FS: 60% ¹ HOSP: 60% ¹ | FS: \$100 ¹ HOSP: \$100 ¹ | FS: \$250 ¹ HOSP: 50% ¹ | 60% ¹ | N/A | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible \$5/\$50/50% up to \$150 SpRx: \$5/20% up to \$150/50% up to \$150 | Broad |
| NJ S LBTY NG 15/75/2500/50 HMO PA 23 | NJ S LBTY NG 15/75/2500/50 HMO PA 24 | Core | \$2,500 | N/A | 50% | N/A | \$9,450 | N/A | 100% | \$15 | \$75 ¹ | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | \$500 ¹ | \$2,500 | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible \$15/\$50/50% up to \$150 SpRx: \$15/20% up to \$150/50% up to \$150 | Broad |
| NJ S LBTY NG 2500/60 EPO HSA PR 23 | NJ S LBTY NG 2500/60 EPO HSA PR 24 | Premium | \$2,500 | N/A | 60% | N/A | \$7,350 | N/A | 100% | 60% ¹ | 60% ¹ | 60% ¹ | 50% ¹ | \$100 | FS: 60% ¹ HOSP: 60% ¹ | FS: 60% ¹ HOSP: 60% ¹ | FS: 60% ¹ HOSP: 60% ¹ | FS: 60% ¹ HOSP: 60% ¹ | 60% ¹ | N/A | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible \$5/\$50/50% up to \$150 SpRx: \$5/20% up to \$150/50% up to \$150 | Broad |
| NJ S MTRO GT 35/50/2500/70 EPO HSA 23 | NJ S MTRO GT 35/50/2500/70 EPO HSA 24 | Core | \$2,500 | N/A | 70% | N/A | \$7,350 | N/A | 100% | \$35 ¹ | \$50 ¹ | \$75 ¹ | 50% ¹ | \$100 | FS: \$15 ¹ HOSP: \$15 ¹ | FS: \$15 ¹ HOSP: \$15 ¹ | FS: 70% ¹ HOSP: 70% ¹ | FS: \$300 ¹ HOSP: 70% ¹ | 70% ¹ | N/A | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible \$5/\$50/50% up to \$150 SpRx: \$5/20% up to \$150/50% up to \$500 | Standard Select |
| NJ S MTRO NG 50/75/2500/50 EPO 23 | NJ S MTRO NG 50/75/2500/50 EPO 24 | Core | \$2,500 | N/A | 50% | N/A | \$9,450 | N/A | 100% | \$50 | \$75 | \$75 | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: \$100 ¹ HOSP: 50% ¹ | FS: \$500 ¹ HOSP: 50% ¹ | 50% ¹ | N/A | Emb | Sep | \$250 D T2/3 \$15/\$50/50% SpRx: \$15/20% up to \$150/50% up to \$500 | Standard Select |
| NJ S MTRO GT 30/60/2500/60 EPO 23 | NJ S MTRO GT 30/60/2500/60 EPO 24 | Core | \$2,500 | N/A | 60% | N/A | \$9,200 | N/A | 100% | \$30 ¹ | \$60 ¹ | \$75 ¹ | 50% ¹ | \$100 | Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹ | FS: 60% ¹ HOSP: 60% ¹ | FS: \$100 ¹ HOSP: \$100 ¹ | FS: \$250 ¹ HOSP: 50% ¹ | \$500 ¹ | \$2,500 | Emb | Sep | \$25/50%/50% SpRx: \$25/50% to \$150/50% up to \$150 | Standard Select |
| NJ S MTRO NG 25/50/2500/80 EPO HSA 23 | NJ S MTRO NG 25/50/2500/80 EPO HSA 24 | Core | \$2,500 | N/A | 80% | N/A | \$7,350 | N/A | 100% | \$25 ¹ | \$50 ¹ | \$75 ¹ | 50% ¹ | \$100 | FS: \$20 ¹ HOSP: \$20 ¹ | FS: 80% ¹ HOSP: 80% ¹ | FS: \$100 ¹ HOSP: \$100 ¹ | FS: \$250 ¹ HOSP: \$500 ¹ | \$500 ¹ | N/A | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible \$5/\$50/50% up to \$150 SpRx: \$5/20% up to \$150/50% up to \$500 | Standard Select |
| Bronze Plans | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ B LBTY NG 5900/50 EPO HSA 23 | NJ B LBTY NG 5900/50 EPO HSA 24 | Core | \$5,900 | N/A | 50% | N/A | \$7,250 | N/A | 100% | 50% ¹ | 50% ¹ | 50% ¹ | 50% ¹ | \$100 | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | \$100 ¹ | \$500 | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible 50% up to \$150 SpRx: 50% up to \$150 | Broad |
| NJ B LBTY NG 10/70/6000/50 EPO HSA 23 | NJ B LBTY NG 10/70/6000/50 EPO HSA 24 | Core | \$6,000 | N/A | 50% | N/A | \$7,250 | N/A | 100% | \$10 ¹ | \$70 ¹ | \$75 ¹ | 50% ¹ | \$100 | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | \$50 ¹ | \$250 | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible 50% up to \$150 SpRx: 50% up to \$150 | Broad |
| NJ B MTRO NG 5900/50 EPO HSA 23 | NJ B MTRO NG 5900/50 EPO HSA 24 | Core | \$5,900 | N/A | 50% | N/A | \$7,250 | N/A | 100% | 50% ¹ | 50% ¹ | 50% ¹ | 50% ¹ | \$100 | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | \$100 ¹ | \$500 | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible 50% SpRx: 50% | Standard Select |
| NJ B MTRO NG 10/70/6000/50 EPO HSA 23 | NJ B MTRO NG 10/70/6000/50 EPO HSA 24 | Core | \$6,000 | N/A | 50% | N/A | \$7,250 | N/A | 100% | \$10 ¹ | \$70 ¹ | \$75 ¹ | 50% ¹ | \$100 | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | FS: 50% ¹ HOSP: 50% ¹ | \$50 ¹ | \$250 | Ded NonEmb/ OOPM Emb | Comb | Medical Deductible 50% to \$250 SpRx: 50% to \$250 | Standard Select |

Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

¹ After Deductible

² If the inpatient copayment maximum exceeds the plan out-of-pocket-maximum, the member is only required to meet the plan out-of-pocket maximum amount.

³ Non-embedded deductible plans reflect family deductible, meaning no individual in the family has satisfied the deductible until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

Note: For Health Saving Account (HSAs), copayments will not apply until after the deductible has been satisfied.

Note: For pharmacy plans with a deductible, the deductible does not apply to Tier 1 medications, with the exception of HSA pharmacy plans. In 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over. Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc.

⁴ Prescription plans utilize the Advantage Prescription Drug List (PDL). Metro plan members use the Standard Select Pharmacy network that offers greater savings while providing members national access to approximately 50,000 pharmacies. The network is anchored by Walgreens, with CVS being excluded.

PR = Premium Rewards. Denotes a plan that includes UnitedHealthcare Rewards Premium. All other plans include UnitedHealthcare Rewards Core. With daily participation there is a potential to earn up to: \$300 with Rewards Core and up to \$1,000 with Rewards Premium. Earnings can be deposited directly into HSAs or used towards a Visa gift card.