

2024 New Jersey Small Group (2-50) Oxford 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)	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 Co-pay 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 SpRx:\$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 SpRx:\$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 SpRx:\$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 SpRx:\$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 SpRx:\$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/\$35/\$60 SpRx:\$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 SpRx:\$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%	\$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 SpRx: \$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%	\$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 SpRx: \$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%	\$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 SpRx: \$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%	\$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 SpRx: \$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%	\$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 SpRx: \$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%	\$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 SpRx: \$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%	\$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 SpRx: \$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%	\$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 SpRx: \$5/20% up to \$150/50% up 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)	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 Co-pay M-max
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 SpRx: \$5/20% up to \$150/50% to \$500	Broad
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 30/50/1500/50 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	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	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/\$25/\$60 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)	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 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
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% 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% 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% 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.

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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 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.