

2024 Oxford New Jersey Small Group Product Portfolio Updates

We have made some updates to our 2024 New Jersey Small Group product portfolio. Below is an overview of changes that will be implemented upon renewal in 2024. Please note that not all plan designs will experience changes in 2024; also, some plans will be eliminated and new plan designs will be introduced. Please use the information as a guide to help explain changes your clients may experience when they renew in 2024.



2023 Plan Name	2024 Plan Name	Benefit		
		Description	2023 Cost-Share Amount	2024 Cost-Share Amount Upon Renewal
24/7 Virtual Visits covered on all plans at 100%				
Platinum Plan Designs				
NJ P FRDM NG 15/40/100 EPO 23	NJ P FRDM NG 15/40/100 EPO 24	No Changes	No Changes	No Changes
NJ P FRDM NG 20/40/100 PPO 23	NJ P FRDM NG 20/40/100 PPO 24	No Changes	No Changes	No Changes
NJ P LBTY NG 15/40/100 EPO 23	NJ P LBTY NG 15/40/100 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ P LBTY NG 15/45/100 PPO 23	NJ P LBTY NG 15/45/100 PPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ P MTRO GT 5/75/100 EPO 23	NJ P MTRO GT 5/75/100 EPO 24	No Changes	No Changes	No Changes
NJ P MTRO NG 10/40/100 EPO 23	NJ P MTRO NG 10/40/100 EPO 24	No Changes	No Changes	No Changes
Gold Plan Designs				
NJ G FRDM NG 25/60/1250/80 PPO 23	NJ G FRDM NG 25/60/1250/80 PPO 24	No Changes	No Changes	No Changes
NJ G FRDM NG 30/75/1500/80 PPO 23	NJ G FRDM NG 30/75/1500/80 PPO 24	No Changes	No Changes	No Changes
NJ G FRDM NG 50/75/1000/100 EPO 23	NJ G FRDM NG 50/75/1000/100 EPO 24	No Changes	No Changes	No Changes
NJ G LBTY GT 50/75/1000/100 EPO 23	NJ G LBTY GT 50/75/1000/100 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G FRDM GT 50/75/100 EPO ZD 23	NJ G FRDM GT 50/75/100 EPO ZD 24	In-Network Out-of-Pocket Maximum	\$6,250	\$7,250
NJ G LBTY GT 50/75/100 EPO ZD 23	NJ G LBTY GT 50/75/100 EPO ZD 24	In-Network Out-of-Pocket Maximum	\$6,250	\$7,250
		Pharmacy	Standard Select Retail Network	Broad National Retail Network
		In-Network Deductible	\$1,300	\$1,800
NJ G MTRO GT 30/60/1300/100 EPO 23	NJ G MTRO GT 30/60/1800/100 EPO 24	Pharmacy	\$25/50%/50% SMCS: \$25/50% to \$150/50% to \$150 Standard Select Retail Network	\$15/\$50/50% SMCS: \$15/20% to \$150/50% to \$150 Standard Select Retail Network
		In-Network Deductible	\$1,300	\$1,800
NJ G MTRO NG 30/60/1300/100 EPO 23	NJ G MTRO NG 30/60/1800/100 EPO 24	Pharmacy	\$25/50%/50% SMCS: \$25/50% to \$150/50% to \$150 Standard Select Retail Network	\$15/\$50/50% SMCS: \$15/20% to \$150/50% to \$150 Standard Select Retail Network
		In-Network Out-of-Pocket Max	\$5,000	\$5,500
		Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G LBTY NG 25/60/1500/70 EPO 23	NJ G LBTY NG 25/60/1500/70 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G LBTY NG 25/60/1500/80 EPO 23	NJ G LBTY NG 25/60/1500/80 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G LBTY NG 30/50/2000/50 EPO 23	NJ G LBTY NG 30/50/2000/50 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G LBTY NG 30/65/1500/80 PPO 23	NJ G LBTY NG 30/65/1500/80 PPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G LBTY NG 30/75/1500/80 EPO 23	NJ G LBTY NG 30/75/1500/80 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G LBTY NG 35/60/2000/70 PPO 23	NJ G LBTY NG 35/60/2000/70 PPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G LBTY NG 50/75/1000/100 EPO 23	NJ G LBTY NG 50/75/1000/100 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G MTRO GT 5/75/2000/50 EPO 23	NJ G MTRO GT 5/75/2000/50 EPO 24	No Changes	No Changes	No Changes
		In-Network Deductible	\$1,000	\$1,250
NJ G MTRO NG 25/50/1000/50 EPO 23	NJ G MTRO NG 25/50/1250/50 EPO 24	In-Network Out-of-Pocket Maximum	\$5,000	\$5,500
NJ G MTRO NG 25/60/1500/80 EPO 23	NJ G MTRO NG 25/60/1500/80 EPO 24	No Changes	No Changes	No Changes
NJ G LBTY GT 15/75/1000/50 EPO 23	NJ G LBTY GT 15/75/1000/50 EPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ G MTRO GT 25/75/1250/80 EPO 23	NJ G MTRO GT 25/75/1250/80 EPO 24	No Changes	No Changes	No Changes
		In-Network Deductible	\$1,500	\$1,600
NJ G LBTY NG 1500/90 EPO HSA 23	NJ G LBTY NG 1600/90 EPO HSA PR 24	24/7 Virtual Visits	100% After Deductible \$5/\$50/50%	100% Deductible Waived \$5/\$50/50%
		Pharmacy	SMCS: \$5/20% to \$150/50% to \$500 Standard Select Retail Network	SMCS: \$5/20% to \$150/50% to \$150 Broad National Retail Network
NJ G MTRO NG 2000/100 EPO HSA 23	NJ G MTRO NG 2000/100 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
Silver Plan Designs				
		In-Network Coinsurance	80%	75%
NJ S FRDM NG 2500/80 PPO HSA 23	NJ S FRDM NG 2500/75 PPO HSA 24	In-Network Out-of-Pocket Maximum	\$7,350	\$8,000
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived

2023 Plan Name	2024 Plan Name	Benefit		
		Description	2023 Cost-Share Amount	2024 Cost-Share Amount Upon Renewal
NJ S FRDM NG 50/75/2500/50 PPO 23	NJ S FRDM NG 50/75/2500/50 PPO 24	In-Network Out-of-Pocket Maximum	\$9,100	\$9,450
		Pharmacy	\$25/50%/50% SMCS:\$25/50% to \$150/50% to \$150 Broad National Retail Network	\$250 D T2&3 \$25/50/50% SMCS: \$25/20% to \$150/50% to \$500 Broad National Retail Network
NJ S LBTY NG 15/75/2500/50 HMO PA 23	NJ S LBTY NG 15/75/2500/50 HMO PA 24	In-Network Out-of-Pocket Maximum	\$9,100	\$9,450
		Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ S LBTY NG 20/40/2500/60 PPO HSA 23	NJ S LBTY NG 20/40/2500/60 PPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		Pharmacy	\$5/\$50/50% SMCS: \$5/20% to \$150/50% to \$500 Standard Select Retail Network	\$5/\$50/50% SMCS: \$5/20% to \$150/50% to \$150 Broad National Retail Network
NJ S LBTY NG 2500/60 EPO HSA 23	NJ S LBTY NG 2500/60 EPO HSA PR 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		Pharmacy	\$5/\$50/50% SMCS: \$5/20% to \$150/50% to \$500 Standard Select Retail Network	\$5/\$50/50% SMCS: \$5/20% to \$150/50% to \$150 Broad National Retail Network
NJ S LBTY NG 30/50/2500/60 EPO HSA 23	NJ S LBTY NG 30/50/2500/60 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ S LBTY NG 50/75/2500/50 EPO 23	NJ S LBTY NG 50/75/2500/50 EPO 24	In-Network Out-of-Pocket Maximum	\$9,100	\$9,450
NJ S LBTY NG 50/75/2500/50 PPO 23	NJ S LBTY NG 50/75/2500/50 PPO 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
		In-Network Out-of-Pocket Maximum	\$9,100	\$9,450
NJ S MTRO NG 25/50/2500/80 EPO HSA 23	NJ S MTRO NG 25/50/2500/80 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket Maximum	\$9,100	\$9,450
NJ S MTRO NG 50/75/2500/50 EPO 23	NJ S MTRO NG 50/75/2500/50 EPO 24	Pharmacy	\$25/50%/50% SMCS: \$25/50% to \$150/50% to \$150 Standard Select Retail Network	\$250 D T2&3 \$15/50/50% SMCS: \$15/20% to \$150/50% to \$500 Standard Select Retail Network
		Pharmacy	Standard Select Retail Network	Broad National Retail Network
NJ S LBTY GT 30/75/2500/50 EPO 23	NJ S LBTY GT 30/75/2500/50 EPO 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket Maximum	\$8,700	\$9,200
NJ S MTRO GT 30/60/2500/60 EPO 23	NJ S MTRO GT 30/60/2500/60 EPO 24	Pharmacy	\$250 D T2&3 \$5/\$50/50% SMCS: \$5/\$20 to \$150/50% to \$500 Standard Select Retail Network	\$25/50%/50% SMCS: \$25/50% to \$150/50% to \$150 Standard Select Retail Network
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
NJ S MTRO GT 35/50/2500/70 EPO HSA 23	NJ S MTRO GT 35/50/2500/70 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
Bronze Plan Designs				
NJ B LBTY NG 5900/50 EPO HSA 23	NJ B LBTY NG 5900/50 EPO HSA 24	Pharmacy	Standard Select Retail Network	Broad National Retail Network
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
NJ B LBTY NG 10/70/6000/50 EPO HSA 23	NJ B LBTY NG 10/70/6000/50 EPO HSA 24	In-Network Out-of-Pocket Maximum	\$6,900	\$7,250
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
NJ B MTRO NG 10/70/6000/50 EPO HSA 23	NJ B MTRO NG 10/70/6000/50 EPO HSA 24	In-Network Out-of-Pocket Maximum	\$6,900	\$7,250
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
NJ B MTRO NG 5900/50 EPO HSA 23	NJ B MTRO NG 5900/50 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket Maximum	\$6,900	\$7,250
Plans Being Eliminated effective 1/1/24				
2023 Plan Name	2024 Proposed Replacement Plan			
NJ G MTRO GT 2000/100 EPO HSA 23	NJ G LBTY NG 1600/90 EPO HSA PR 24			
NJ G MTRO NG 30/60/2000/70 EPO 24	NJ G MTRO NG 25/60/1500/80 EPO 24			

For non-H.S.A plans, lab work has a \$0 member copay when preformed at an Oxford Preferred Lab Network (PLN) location.

SMCS = Specialty Medication Cost Share

Liberty and Freedom plans utilize the Broad National Retail Pharmacy Network. Metro plans utilize 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- 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.

Please be advised that 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.

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