

# Renner Brown Staffing

## Medical Plan Options 1/1/24 - 12/31/24

Medical Coverage Options	UnitedHealthcare Oxford NJ B LBTY NG 5900/50 EPO HSA 24	UnitedHealthcare Oxford NJ G FRDM NG 50/75/1000/100 EPO 24	UnitedHealthcare Oxford NJ G FRDM NG 25/60/1250/80 PPO 24	UnitedHealthcare Oxford NJ P FRDM NG 20/40/100 PPO 24
Benefits Summary	Option 1	Option 2	Option 3	Option 4
Network	Oxford - Liberty EPO	Oxford - Freedom EPO	Oxford - Freedom PPO	Oxford - Freedom PPO
Health Account Compatibility	HSA Compatible	N/A	N/A	N/A
Deductible Individual (IN / OON)	\$5,900 / N/A	\$1,000 / N/A	\$1,250 / \$4,000	\$0 / \$4,000
Deductible Family (IN / OON)	\$11,800 / N/A	\$2,000 / N/A	\$2,500 / \$8,000	\$0 / \$8,000
OOP Max Individual (IN / OON)	\$7,250 / N/A	\$6,500 / N/A	\$5,500 / \$8,000	\$3,500 / \$8,000
OOP Max Family (IN / OON)	\$14,500 / N/A	\$13,000 / N/A	\$11,000 / \$16,000	\$7,000 / \$16,000
Coinsurance (IN / OON)	50% / N/A	0% / N/A	20% / 40%	0% / 30%
PCP Visit Copay	50% after deductible	\$50	\$25	\$20
Specialist Visit Copay	50% after deductible	\$75	\$60	\$40
Urgent Care Copay	50% after deductible	\$75	\$75	\$50
ER Copay	\$100 per occurrence deductible, then 50% after medical deductible	\$100 per occurrence deductible, then 50% after medical deductible	\$100 per occurrence deductible, then 50% after medical deductible	\$100
Outpatient Diagnostic Labs / X-Ray	50% after deductible	Designated Network: \$0, Network: 50% after deductible / \$0	Designated Network: \$0, Network: 50% after deductible / 20% after deductible	Designated Network: \$0, Network: \$60 / \$0
Outpatient Complex Imaging	50% after deductible	\$100	\$100	\$10
Physical / Occupational Therapy	50% after deductible, 30 visits max	\$50, 30 visits max	\$50, 30 visits max	\$40, 30 visits max
Inpatient Hospital	Facility: \$100/day - \$500 max/admission after deductible / Physician: 50% after deductible	Facility: \$500/day - \$2,500 max/admission / Physician: \$0 after deductible	20% after deductible	Facility: \$200/day - \$1,000 max/admission / Physician: \$0
Outpatient Surgery	50% after deductible	Facility: Freestanding: \$100, Hospital: 50% after deductible / Physician: \$0 after deductible	Facility: Freestanding: \$100 after deductible, Hospital: 50% after deductible / Physician: 20% after deductible	Facility: Freestanding: \$10, Hospital: \$500 / Physician: \$0
Durable Medical Equipment	\$0 after deductible	\$0	\$0	\$0
Pediatric Dental	Preventive services: \$0 after deductible, 2 visits max	Preventive services: \$0 after deductible, 2 visits max	Preventive services: \$0 after deductible, 2 visits max	Preventive services: \$0 after dental deductible (\$100 individual, \$200 family), 2 visits max
Pediatric Vision	1 exam/12 months: \$0, 1 pair/12 months: 50% after deductible	1 exam/12 months: \$30, 1 pair/12 months: 50%	1 exam/12 months: \$25, 1 pair/12 months: 50%	1 exam/12 months: \$20, 1 pair/12 months: 50%
Rx Deductible	In Network: Integrated	In Network: None	In Network: None	In Network: None
Rx Retail	50% - \$150 max after deductible	\$15/\$35/\$75	\$15/\$35/\$75	\$5/\$25/\$50
Rx Specialty	50% - \$150 max after deductible	\$15/20% - \$150 max/50% - \$150 max	\$15/20% - \$150 max/50% - \$150 max	\$5/20% - \$150 max/50% - \$150 max
Rx Mail Order	50% - \$300 max after deductible	\$30/\$70/\$150	\$30/\$70/\$150	\$10/\$50/\$100