



<Date>

<Broker Name>
<Broker Company Name>
<Address 1>
<Address 2>
<Address 3>
<City>, <State> <Zip>

Re: Benefit Changes for New Jersey Oxford Small Group Products

Dear <Broker Name>,

We are writing to inform you about communications we will be sending to your New Jersey small group (2-50) clients who are enrolled in an Oxford¹ product. The communications address changes we are making to our Oxford product offerings and benefit plan designs. These communications will begin in February for clients with May 2011 renewal dates.

New Jersey small group employers will experience changes to their emergency room copayment and/or applicable contributions to their Maximum Out-of-Pocket amount² depending on their plan type.

To ensure that your clients are aware of the changes that impact their group, we have developed customized letters that will be mailed to each impacted Oxford small group employer prior to the employer's annual renewal notice. To give you advance notice, we have enclosed a set of employer letter templates. Please note that rates within the annual renewal notices will be reflective of the product offering and benefit plan design changes outlined in these communications. Both you and your client can view these changes, as well as alternative options, within our online renewal tool, Idea Management SystemSM (IDEA), at www.oxfordhealth.com, 60 days prior to the client's renewal date.

Below is a summary list of the various New Jersey small group employer communications, broken out by plan type, with a description of the changes that will be identified in each letter.

Letter #	Impacted Plans	Description of Changes
1	<ul style="list-style-type: none"> ▪ Freedom Plan[®]/Liberty PlanSM ▪ Freedom Plan[®] Access/Liberty PlanSM Access 	<ul style="list-style-type: none"> ▪ Emergency Room copayment increase from \$75 to \$100 ▪ Pharmacy copayments will no longer contribute to the Maximum Out-of-Pocket amount
2	<ul style="list-style-type: none"> ▪ Freedom Plan[®]/Liberty PlanSM Direct ▪ Gated HMO* ▪ Non-gated HMO* <p>*Only affects deductible and coinsurance plan designs</p>	<ul style="list-style-type: none"> ▪ Pharmacy copayments will no longer contribute to the Maximum Out-of-Pocket amount

If you have questions, please contact your Oxford sales representative. We look forward to our continued relationship with you.

Sincerely,

Michael McGuire
CEO, UnitedHealthcare of New Jersey

Enclosure

¹ Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² This change does not apply to HMO HSA or Oxford[®] HSA DirectSM.
NJ-11-042



<Date>

<BA First Name> <BA Last Name>
<Group Name> <Group Code>
<Group Address 1>
<Group Address 2>
<City>, <State> <Zip>

Re: Benefit Changes to Your Oxford Product

Dear <BA First Name> <BA Last Name>,

In advance of your upcoming renewal, we are writing to provide you with information about medical benefit changes that will be made to your Oxford product¹. The changes outlined below will become effective upon your renewal date.

What is changing?

These plan options are being non-renewed under the authority of N.J.A.C. 11:21-16.5:

- If your current plan has an Emergency Room (ER) copayment of \$75, please note this option is being withdrawn and replaced by a \$100 ER copayment.
- Your current plan calculates the plan's Maximum Out-of-Pocket (MOOP) by accumulating all of your out-of-pocket expenses paid for covered services including covered prescription drugs. Upon your renewal date, this plan option will no longer be available. Pharmacy copayments/coinsurance will no longer contribute to the plan's MOOP².

Your annual renewal notice, which arrives approximately 60 days prior to your renewal date, will include all renewal rate information. Your employees will be notified of this change in their plan renewal documents. If you have questions about the changes listed here, please contact your broker or call the Oxford Client Services Department at 1-888-201-4216. Also, you may write to us at:

Oxford Group Enrollment
P.O. Box 7085
Bridgeport, CT 06601-7085.

We value your business and look forward to a continued relationship with you.

Sincerely,

A handwritten signature in black ink that reads 'Michael McGuire'.

Michael McGuire
CEO, UnitedHealthcare of New Jersey

¹ Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

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<Group Name> <Group Code>
<Group Address 1>
<Group Address 2>
<City>, <State> <Zip>

Re: Benefit Changes to Your Oxford Product

Dear <BA First Name> <BA Last Name>,

In advance of your upcoming renewal, we are writing to provide you with information about a medical benefit change that will be made to your Oxford product¹. The change outlined below will become effective upon your renewal date.

What is changing?

This plan option is being non-renewed under the authority of N.J.A.C. 11:21-16.5:

- Your current plan calculates the Maximum Out-of-Pocket (MOOP) by accumulating all of your out-of-pocket expenses paid for covered services, including covered prescription drugs. Upon your renewal date, this plan option will no longer be available. Pharmacy copayments/coinsurance will no longer contribute to the plan's MOOP².

Your annual renewal notice, which arrives approximately 60 days prior to your renewal date, will include all renewal rate information. Your employees will be notified of this change in their plan renewal documents. If you have questions about the change listed here, please contact your broker or call the Oxford Client Services Department at 1-888-201-4216. Also, you may write to us at:

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Michael McGuire
CEO, UnitedHealthcare of New Jersey

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