

NJ/15/30/100 Classic Access Post Liberty Access Enhanced Medical Plan	
Medical Enhanced Plan	EE Bi-weekly
Employee	\$262.32
Employee + Spouse	\$525.13
Employee + Child(ren)	\$396.12
Family	\$786.73
NJ 30/50/1000/80 EPO Post Liberty EPO Core Low Medical Plan	
Medical Low Plan	EE Bi-weekly
Employee	\$47.69
Employee + Spouse	\$140.03
Employee + Child(ren)	\$104.95
Family	\$209.78
UHC Low Dental Plan	
Dental Low Plan	EE Bi-weekly
Employee	\$4.15
Employee + Spouse	\$7.38
Employee + Child	\$6.92
Family	\$12.92
UHC Mid Dental Plan	
Dental Mid Plan	EE Bi-weekly
Employee	\$7.85
Employee + Spouse	\$11.54
Employee + Child	\$10.62
Family	\$18.46
Unum Voluntary Accident Insurance	

NJ Freedom Liberty 25/40/1000/80 Direct Liberty Direct Core Medical Mid Plan	
Medical Mid Plan	EE Bi-weekly
Employee	\$75.01
Employee + Spouse	\$151.05
Employee + Child(ren)	\$112.64
Family	\$226.15
OX-NJLG-Direct-HSA-2014-005 Liberty Direct H.S.A. HSA Medical Plan	
Medical HSA Plan	EE Bi-weekly
Employee	\$128.18
Employee + Spouse	\$255.78
Employee + Child(ren)	\$192.94
Family	\$383.70
UHC High Dental Plan	
Dental High Plan	EE Bi-weekly
Employee	\$18.92
Employee + Spouse	\$41.54
Employee + Child	\$43.85
Family	\$78.92
Unum Vision Plan	
Vision	EE Bi-weekly
Employee	\$2.97
Employee + Spouse	\$6.67
Employee + Child	\$6.72
Family	\$10.32
Unum Voluntary Hospital Indemnity	

	EE Bi-weekly		EE Bi-weekly
Employee	\$5.27	Employee	\$3.66
Employee + Spouse	\$9.68	Employee + Spouse	\$10.47
Employee + Child	\$12.52	Employee + Child	\$5.74
Family	\$16.93	Family	\$12.54
Legal Shield		Unum Critical Illness Insurance	
	EE Bi-weekly		EE Bi-weekly
Employee	\$7.82		Age Rated

* These rates are estimates due to rounding. The accurate rates are in the ADP Payroll System. Effective 1/1/2024