

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefit needs to your business needs, choosing what you value in a health plan.

## UnitedHealthcare Premium Designation & Standard Plans

Plan Codes		Plan Type	Coinsurance		Deductibles				Out of Pocket Maximum				Copays									
Choice+	EPO <sup>11</sup>		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>		Spec		Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>						
BC-X3	BC-ZM	Premier	100%	70%	\$250	\$500	\$5,000	\$10,000	\$1,750	\$3,500	\$10,000	\$20,000	\$0	\$20	\$20	\$40	\$0	\$75	\$300	100%	Ded	Ded
BC-X4	BC-ZN	Premier	100%	70%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$300	100%	Ded	Ded
BM-DE	BM-DF	Premier	100%	70%	\$750	\$1,500	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$300	100%	Ded	Ded
BC-X5	BC-ZO	Premier	100%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$300	100%	Ded	Ded
BC-X6	BC-ZP	Premier	100%	70%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$300	100%	Ded	Ded
BC-X7	BC-ZQ	Premier	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$300	100%	Ded	Ded
BC-X8	BC-ZR	Premier	100%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$300	100%	Ded	Ded
BC-X9	BC-ZS	Premier	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$300	100%	Ded	Ded
BC-YA	BC-ZT	Premier	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$75	\$300	100%	Ded	Ded
BC-YB	BC-ZU	Premier	80%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$20	\$40	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YC	BC-ZV	Premier	80%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BM-DG	BM-DH	Premier	80%	50%	\$750	\$1,500	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YD	BC-ZW	Premier	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YE	BC-ZX	Premier	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YF	BC-ZY	Premier	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YG	BC-ZZ	Premier	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YH	BC-Z2	Premier	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YI	BC-Z3	Premier	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%
BC-YR	BC-1C	Premier	70%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$20	\$40	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YS	BC-1D	Premier	70%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BM-DI	BM-DJ	Premier	70%	50%	\$750	\$1,500	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YT	BC-1E	Premier	70%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YU	BC-1F	Premier	70%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YV	BC-1G	Premier	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YW	BC-1H	Premier	70%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YX	BC-1I	Premier	70%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YY	BC-1J	Premier	70%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$75	\$250+30%	100%	Ded+30%	Ded+30%
BC-YZ	BC-1K	Premier	50%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$20	\$40	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%

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Plan Codes		Plan Type	Coinsurance		Deductibles				Out of Pocket Maximum				Copays									
Choice+	EPO <sup>11</sup>		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>		Spec		Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>						
BC-Y2	BC-1L	Premier	50%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BM-DK	BM-DL	Premier	50%	50%	\$750	\$1,500	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BC-Y3	BC-1M	Premier	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BC-Y4	BC-1N	Premier	50%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BC-Y5	BC-1O	Premier	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BC-Y6	BC-1P	Premier	50%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BC-Y7	BC-1Q	Premier	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BC-Y8	BC-1R	Premier	50%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$75	\$250+50%	100%	Ded+50%	Ded+50%
BC-WJ	BC-WR	50/50	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	N/A	\$50	\$50	\$50	\$0	\$100	Ded+50%	Ded+50%	Ded+50%	Ded+50%
BC-WK	BC-WS	50/50	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	N/A	\$50	\$50	\$50	\$0	\$100	Ded+50%	Ded+50%	Ded+50%	Ded+50%
BC-WL	BC-WT	50/50	50%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	N/A	\$50	\$50	\$50	\$0	\$100	Ded+50%	Ded+50%	Ded+50%	Ded+50%
AE-4E	AG-X2	Consumer	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
AE-3R	AG-X3	Consumer	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
BM-CU	BM-CV	Consumer	80%	50%	\$7,350	\$14,700	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
AE-3S	AG-X4	Consumer	50%	50%	\$0	\$0	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$30,000	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
AG-YF	N/A	Non-Diff	80%	80%	\$1,000	\$2,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
AG-YG	N/A	Non-Diff	80%	80%	\$2,000	\$4,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

## UnitedHealthcare Premier PROformance Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays									Deductible Type <sup>5</sup>	
Choice+	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>		Spec		Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>							
AX-KJ	AX-KR	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb
AX-KK	AX-KS	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb
AX-KL	AX-KT	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb
AX-KM	AX-KU	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb
BM-DM	BM-DO	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb
AX-KN	AX-KV	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb

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## UnitedHealthcare Premier PROformance Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays								Deductible Type <sup>5</sup>		
Choice+	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>		Spec		Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay		MRI, CT, etc.	Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>							
AX-KO	AX-KW	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AX-KP	AX-KX	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AX-KQ	AX-KY	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-DN	BM-DP	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb

## UnitedHealthcare Premier Value plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays									
Choice+	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>		Spec		Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>						
BC-Y9	BC-1S	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$35	\$70	\$0	\$100	\$400	Ded	\$400	\$250+Ded
BC-ZA	BC-1T	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$100	\$400	Ded	\$400	\$250+Ded
BC-ZB	BC-1U	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400	Ded	\$400	\$250+Ded
BC-ZC	BC-1V	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400	Ded	\$400	\$250+Ded
BC-ZD	BC-1W	80%	50%	\$0	\$0	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$35	\$70	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%
BC-ZE	BC-1X	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%
BC-17	BC-19	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%
BC-18	BC-2A	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%

## UnitedHealthcare Primary Advantage Plans

Plan Codes			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays								Deductible Type <sup>5</sup>
Choice+	EPO <sup>11</sup>	PLAN TYPE	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family									
AN-DI	AN-DO	PrimAdv	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AN-DJ	AN-DP	PrimAdv	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AN-DK	AN-DQ	PrimAdv	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AN-DL	AN-DR	PrimAdv	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-CS	BM-CT	PrimAdv	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb

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Choice+	EPO <sup>11</sup>	PLAN TYPE	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery
					Single	Family	Single	Family	Single	Family	Single	Family									
CG-FL	CG-FR	PrimAdv	70%	50%	N/A	N/A	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$70	\$0	\$50	\$250+30%	30%	30%	30%	Emb
CG-FM	CG-FS	PrimAdv	70%	50%	\$500	\$1,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$70	\$0	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	Emb
CG-FN	CG-FT	PrimAdv	70%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$70	\$0	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	Emb
CG-FO	CG-FU	PrimAdv	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$70	\$0	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	Emb
CG-FP	CG-FV	PrimAdv	70%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,950	\$15,900	\$20,000	\$40,000	\$0	\$70	\$0	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	Emb
CG-FQ	CG-FW	PrimAdv	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,950	\$15,900	\$20,000	\$40,000	\$0	\$70	\$0	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	Emb
AN-DM	AN-DS	PrimAdv	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb
AN-DN	AN-DT	PrimAdv	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb
AX-SO	AX-SP	PrimAdv HSA <sup>18</sup>	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,500	\$7,150	\$10,000	\$20,000	\$0 <sup>9</sup>	\$100 <sup>9</sup>	\$0 <sup>9</sup>	\$50 <sup>9</sup>	\$250+Ded+20% <sup>9</sup>	Ded+20%	Ded+20%	Ded+20%	Non-Emb
AX-SQ	AX-SR	PrimAdv HSA <sup>18</sup>	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$7,150	\$10,000	\$20,000	\$0 <sup>9</sup>	\$100 <sup>9</sup>	\$0 <sup>9</sup>	\$50 <sup>9</sup>	\$250+Ded+20% <sup>9</sup>	Ded+20%	Ded+20%	Ded+20%	Non-Emb

## UnitedHealthcare Primary Advantage Rx

Rx Plan	Copays				Mail Order	Rx Ded	Rx Deductible
	Tier 1	Tier 2	Tier 3	Tier 4			
454/454X	\$0	\$50	\$100	\$250	2.5	\$250/\$500	Waived for tier 1 & 2
455/455X	\$5	\$50	\$100	\$250	2.5	\$250/\$500	Waived for tier 1 & 2
751/751X	\$0	\$50	\$100	\$250	2.5	Medical	HSA Only

## UnitedHealthcare \$0 Deductible Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays							Deductible Type <sup>5</sup>	
Choice+	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family									
CG-FX	CG-F2	70%	50%	N/A	N/A	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	\$30	\$60	\$0	\$50	\$500+30%	30%	\$500	30%	Emb
CG-FY	CG-F3	60%	50%	N/A	N/A	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$35	\$70	\$0	\$50	\$500+40%	40%	\$500	40%	Emb
CG-FZ	CG-F4	50%	50%	N/A	N/A	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$40	\$80	\$0	\$50	\$500+50%	50%	\$500	50%	Emb

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## UnitedHealthcare Navigate<sup>8,11</sup> Plans

Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type <sup>5</sup>	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>		Spec with Referral	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery
			Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
BC-W7	100%	NA	\$0	\$0	NA	NA	\$2,000	\$6,000	NA	NA	\$0	\$10	\$30	\$0	\$50	\$650	Ded	\$500	\$250	Emb
BC-W8	100%	NA	\$250	\$750	NA	NA	\$6,350	\$12,700	NA	NA	\$0	\$15	\$45	\$0	\$50	\$650	Ded	\$500	\$250 + Ded	Emb
BC-W9	100%	NA	\$500	\$1,500	NA	NA	\$6,350	\$12,700	NA	NA	\$0	\$15	\$45	\$0	\$50	\$650	Ded	\$500	\$250 + Ded	Emb
BC-XA	100%	NA	\$1,000	\$3,000	NA	NA	\$6,350	\$12,700	NA	NA	\$0	\$15	\$45	\$0	\$50	\$650	Ded	\$500	\$250 + Ded	Emb
BC-XB	100%	NA	\$3,000	\$9,000	NA	NA	\$6,350	\$12,700	NA	NA	\$0	\$25	\$75	\$0	\$50	\$650	Ded	\$500	\$250 + Ded	Emb
BC-XC	100%	NA	\$3,500	\$10,500	NA	NA	\$6,350	\$12,700	NA	NA	\$0	\$25	\$75	\$0	\$50	\$650	Ded	\$500	\$250 + Ded	Emb
BC-XD	100%	NA	\$4,000	\$12,000	NA	NA	\$6,350	\$12,700	NA	NA	\$0	\$25	\$75	\$0	\$50	\$650	Ded	\$500	\$250 + Ded	Emb
BC-XE	100%	NA	\$5,000	\$10,000	NA	NA	\$6,350	\$12,700	NA	NA	\$0	\$25	\$75	\$0	\$50	\$650	Ded	\$500	\$250 + Ded	Emb
BC-XG	100%	NA	\$0	\$0	NA	NA	\$2,500	\$5,000	NA	NA	\$0	\$10	\$30	\$0	\$50	\$500	100%	\$500	100%	Emb
BC-XH	100%	NA	\$500	\$1,000	NA	NA	\$3,000	\$6,000	NA	NA	\$0	\$10	\$30	\$0	\$50	\$500	100%	\$500	Ded	Emb
BC-XI	100%	NA	\$1,000	\$2,000	NA	NA	\$3,500	\$7,000	NA	NA	\$0	\$10	\$30	\$0	\$50	\$500	100%	\$500	Ded	Emb
BC-XJ	100%	NA	\$2,000	\$4,000	NA	NA	\$4,500	\$9,000	NA	NA	\$0	\$15	\$45	\$0	\$75	\$500	100%	\$500	Ded	Emb
BC-XK	100%	NA	\$2,500	\$5,000	NA	NA	\$5,000	\$10,000	NA	NA	\$0	\$15	\$45	\$0	\$75	\$500	100%	\$500	Ded	Emb
BC-XL	100%	NA	\$3,000	\$6,000	NA	NA	\$5,500	\$11,000	NA	NA	\$0	\$15	\$45	\$0	\$75	\$500	100%	\$500	Ded	Emb
BC-XM	100%	NA	\$5,000	\$10,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	100%	\$500	Ded	Emb
AY-Y7	100%	NA	\$1,000	\$2,000	NA	NA	\$4,000	\$8,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb
AY-Y8	100%	NA	\$2,000	\$4,000	NA	NA	\$5,000	\$10,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb
AY-Y9	100%	NA	\$3,000	\$6,000	NA	NA	\$6,000	\$12,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb
AY-ZA	100%	NA	\$4,000	\$8,000	NA	NA	\$7,000	\$14,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb
AY-ZB	100%	NA	\$5,000	\$10,000	NA	NA	\$7,350	\$14,700	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb
BE-II	100%	NA	\$6,000	\$12,000	NA	NA	\$7,350	\$14,700	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb
BC-XN	80%	NA	\$0	\$0	NA	NA	\$6,600	\$13,200	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	Ded+20%	\$500	Ded + 20%	Emb
BC-XO	80%	NA	\$1,000	\$2,000	NA	NA	\$6,600	\$13,200	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	Ded+20%	\$500	Ded + 20%	Emb
BC-XP	80%	NA	\$2,500	\$5,000	NA	NA	\$6,600	\$13,200	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	Ded+20%	\$500	Ded + 20%	Emb
AY-ZH	80%	NA	\$1,000	\$2,000	NA	NA	\$4,000	\$8,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	Ded+20%	Emb
AY-ZI	80%	NA	\$2,000	\$4,000	NA	NA	\$5,000	\$10,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	Ded+20%	Emb
AY-ZJ	80%	NA	\$3,000	\$6,000	NA	NA	\$6,000	\$12,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	Ded+20%	Emb
AY-ZK	80%	NA	\$4,000	\$8,000	NA	NA	\$7,000	\$14,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	Ded+20%	Emb
AY-ZL	80%	NA	\$5,000	\$10,000	NA	NA	\$7,350	\$14,700	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	Ded+20%	Emb

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## UnitedHealthcare Dallas, Houston, El Paso and Lubbock Charter<sup>8,11</sup> Plans

Plan Codes	Charter	PLAN TYPE	Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type <sup>5</sup>	
			Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP		SCP	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
BM-C8	Charter PrimAdv	80%	NA	\$1,000	\$2,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	
BM-C9	Charter PrimAdv	80%	NA	\$2,000	\$4,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	
BM-DA	Charter PrimAdv	80%	NA	\$3,000	\$6,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	
BM-DB	Charter PrimAdv	80%	NA	\$5,000	\$10,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	
BM-DC	Charter PrimAdv	50%	NA	\$1,000	\$2,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$0	\$100	\$0	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb	
BM-DD	Charter PrimAdv	50%	NA	\$2,000	\$4,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$0	\$100	\$0	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb	
BC-XQ	Charter	100%	NA	\$0	\$0	NA	NA	\$2,500	\$5,000	NA	NA	\$0	\$10	\$30	\$0	\$50	\$500	100%	\$500	100%	Emb	
BC-XR	Charter	100%	NA	\$500	\$1,500	NA	NA	\$3,000	\$6,000	NA	NA	\$0	\$10	\$30	\$0	\$50	\$500	100%	\$500	Ded	Emb	
BC-XS	Charter	100%	NA	\$1,000	\$2,000	NA	NA	\$3,500	\$7,000	NA	NA	\$0	\$10	\$30	\$0	\$50	\$500	100%	\$500	Ded	Emb	
BC-XT	Charter	100%	NA	\$2,000	\$4,000	NA	NA	\$4,500	\$9,000	NA	NA	\$0	\$15	\$45	\$0	\$75	\$500	100%	\$500	Ded	Emb	
BC-XU	Charter	100%	NA	\$2,500	\$5,000	NA	NA	\$5,000	\$10,000	NA	NA	\$0	\$15	\$45	\$0	\$75	\$500	100%	\$500	Ded	Emb	
BC-XV	Charter	100%	NA	\$3,000	\$6,000	NA	NA	\$5,500	\$11,000	NA	NA	\$0	\$15	\$45	\$0	\$75	\$500	100%	\$500	Ded	Emb	
BC-XW	Charter	100%	NA	\$5,000	\$10,000	NA	NA	\$6,500	\$13,000	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	100%	\$500	Ded	Emb	
AY-ZC	Charter	100%	NA	\$1,000	\$2,000	NA	NA	\$4,000	\$8,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	
AY-ZD	Charter	100%	NA	\$2,000	\$4,000	NA	NA	\$5,000	\$10,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	
AY-ZE	Charter	100%	NA	\$3,000	\$6,000	NA	NA	\$6,000	\$12,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	
AY-ZF	Charter	100%	NA	\$4,000	\$8,000	NA	NA	\$7,000	\$14,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	
AY-ZG	Charter	100%	NA	\$5,000	\$10,000	NA	NA	\$7,350	\$14,700	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	
BE-IJ	Charter	100%	NA	\$6,000	\$12,000	NA	NA	\$7,350	\$14,700	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	
BC-XX	Charter	80%	NA	\$0	\$0	NA	NA	\$6,600	\$13,200	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	Ded+20%	\$500	80%	Emb	
BC-XY	Charter	80%	NA	\$1,000	\$2,000	NA	NA	\$6,600	\$13,200	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	Ded+20%	\$500	80%	Emb	
BC-XZ	Charter	80%	NA	\$2,500	\$5,000	NA	NA	\$6,600	\$13,200	NA	NA	\$0	\$25	\$75	\$0	\$100	\$500	Ded+20%	\$500	80%	Emb	
AY-ZM	Charter	80%	NA	\$1,000	\$2,000	NA	NA	\$4,000	\$8,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	80%	Emb	
AY-ZN	Charter	80%	NA	\$2,000	\$4,000	NA	NA	\$5,000	\$10,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	80%	Emb	
AY-ZO	Charter	80%	NA	\$3,000	\$6,000	NA	NA	\$6,000	\$12,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	80%	Emb	
AY-ZP	Charter	80%	NA	\$4,000	\$8,000	NA	NA	\$7,000	\$14,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	80%	Emb	
AY-ZQ	Charter	80%	NA	\$5,000	\$10,000	NA	NA	\$7,350	\$14,700	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40	\$500	80%	Emb	
BC-X2	HSA Charter	100%	NA	\$2,000	\$4,000	NA	NA	\$6,450	\$6,850	NA	NA	\$15 <sup>9</sup>		\$45 <sup>9</sup>	\$0 <sup>9</sup>	\$75 <sup>9</sup>	\$500 <sup>9</sup>	100%	\$500 <sup>9</sup>	100%	Non-Emb	
AG-ZL	HSA Charter	100%	NA	\$3,000	\$6,000	NA	NA	\$5,000	\$10,000	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb	
CG-5U	HSA Charter	100%	NA	\$3,000	\$6,000	NA	NA	\$3,000	\$6,000	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb	
BM-C6	HSA Charter	100%	NA	\$4,000	\$8,000	NA	NA	\$5,450	\$10,900	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb	

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## UnitedHealthcare Dallas,Houston, El Paso and Lubbock Charter<sup>8,11</sup> Plans

Plan Codes	Charter	PLAN TYPE	Coinsurance		Deductibles				Out of Pocket Maximum				Copays							Deductible Type <sup>5</sup>		
			Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP		SCP	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/XRay		MRI, CT, etc.	Inp / Out Surgery
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
CG-5X	HSA Charter	100%	NA	\$4,000	\$8,000	NA	NA	\$4,000	\$8,000	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	
AG-ZM	HSA Charter	100%	NA	\$5,000	\$10,000	NA	NA	\$6,450	\$12,900	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	
CG-5V	HSA Charter	100%	NA	\$5,000	\$10,000	NA	NA	\$5,000	\$10,000	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	
AG-ZN	HSA Charter	100%	NA	\$6,350	\$12,700	NA	NA	\$6,350	\$12,700	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	
BS-DL	HSA Charter	100%	NA	\$6,750	\$13,500	NA	NA	\$6,750	\$13,500	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	
AG-ZO	HSA Charter	80%	NA	\$3,000	\$6,000	NA	NA	\$6,450	\$12,900	NA	NA	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb	
BM-C3	HSA Charter	70%	NA	\$3,000	\$6,000	NA	NA	\$6,450	\$12,900	NA	NA	70%	70%	70%	70%	70%	70%	70%	70%	70%	Emb	

## UnitedHealthcare Dallas,Houston, El Paso and Lubbock Charter 100<sup>8,11</sup> Plans

Plan Code	Charter	Coinsurance	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									
			Network		Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	Dep <19	Spec w/PCP Referral	Urgent Care	ER <sup>4</sup>	Lab/Xray	I/P Hospital	O/P Surgery	MRI, CT, etc.
			Single	Family	Single	Family										
CG-GH	100%	\$0	\$0	\$3,000	\$6,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	100%	100%	100%	
CG-GI	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$500	\$250	100%	
CG-GJ	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$1,000	\$500	100%	
CG-GK	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$1,500	\$750	100%	
CG-GL	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$2,500	\$1,250	100%	

## Texas Nexus Insurance OA and OAP Plans

Plan Codes		PLAN TYPE	Coinsurance		Deductibles				Out of Pocket Maximum				Copays/Per Occurrence										Deductible Type <sup>5</sup>					
Ch+	EPO <sup>11</sup>		Network	Out of Network	Physician Professional Services		Network		Out of Network		Network		Out of Network		Virtual Visit	PCP <sup>1</sup>		Specialist		Urgent Care	ER	Lab/XRay		MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital	
					Designated Network (Tier 1) <sup>2</sup>	Network <sup>2</sup>	Single	Family	Single	Family	Single	Family	Single	Family		Single	Family	Single	Family						Designated Network (Tier 1) <sup>3</sup>	Network	Designated Network (Tier 1) <sup>3</sup>	Network
CP-WU	CP-VW	Nexus	100%	70%	100%	80%	\$250	\$750	\$5,000	\$10,000	\$5,000	\$15,000	\$10,000	\$20,000	\$0	\$0	\$40	\$40	\$100	\$50	\$750+Ded	Ded	Ded	\$250+Ded	\$1,000+Ded+20%	\$500+Ded	\$2,000+Ded+20%	Emb
CP-WT	CP-VW	Nexus	100%	70%	100%	80%	\$250	\$750	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$1,000+Ded+20%	Ded	\$2,000+Ded+20%	Emb
CB-VI	CB-VH	Nexus	100%	70%	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CC-TC	CB-VK	Nexus HRA	100%	70%	100%	80%	\$1,460	\$2,920	\$5,000	\$10,000	\$8,150	\$16,300	\$10,000	\$20,000	\$0	**\$10	**\$40	**\$40	**\$100	\$50	\$300+Ded	**\$40	**\$500	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## Texas Nexus Insurance OA and OAP Plans

Plan Codes		PLAN TYPE	Coinsurance		Physician Professional Services		Deductibles				Out of Pocket Maximum				Copays/Per Occurrence												Deductible Type <sup>5</sup>		
Ch+	EPO <sup>11</sup>		Network	Out of Network	Physician Professional Services		Network		Out of Network		Network		Out of Network		Virtual Visit	PCP <sup>1</sup>		Specialist		Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital			
					Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>	Single	Family	Single	Family	Single	Family	Single	Family		Designated Network (Tier 1) <sup>2</sup>	Network	Designated Network (Tier 1) <sup>2</sup>	Network					Designated Network Facility	Network Facility <sup>10</sup>	Designated Network Facility		Network Facility <sup>10</sup>	
CG-GN	CG-GP	Nexus	100%	70%	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CG-GS	CG-GT	Nexus	100%	70%	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CG-GV	CG-GX	Nexus	100%	70%	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$7,900	\$15,800	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CG-GQ	CG-GR	Nexus	80%	50%	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CG-GM	CG-GO	Nexus	80%	50%	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CC-TD	CB-VL	Nexus	80%	50%	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CG-GU	CG-GW	Nexus	80%	50%	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$7,900	\$15,800	\$10,000	\$20,000	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CC-TB	CB-VJ	Nexus	80%	N/A	80%	60%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CG-GY	CG-GZ	Nexus HSA	100%	70%	100%	80%	\$1,500	\$3,000	\$6,000	\$12,000	\$6,500	\$8,150	\$12,000	\$24,000	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	80%	100%	80%	NonEmb
CG-G2	CG-G3	Nexus HSA	100%	70%	100%	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,500	\$8,150	\$12,000	\$24,000	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	80%	100%	80%	NonEmb
CG-G4	CG-G5	Nexus HSA	100%	70%	100%	80%	\$2,500	\$5,000	\$6,000	\$12,000	\$6,500	\$8,150	\$12,000	\$24,000	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	80%	100%	80%	NonEmb
BT-DL	BT-DP	Nexus HSA	100%	70%	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	80%	100%	80%	Emb
BT-D4	BT-D5	Nexus HSA	100%	70%	100%	80%	\$5,000	\$10,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	80%	100%	80%	Emb
BT-D6	BT-D7	Nexus HSA	100%	70%	100%	80%	\$6,000	\$12,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	80%	100%	80%	Emb
BT-DK	BT-DO	Nexus HSA	80%	50%	80%	60%	\$3,500	\$7,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	80%	60%	80%	60%	Emb
CP-WX	CP-WZ	Nexus HSA	70%	50%	70%	50%	\$1,500	\$3,000	\$6,000	\$12,000	\$3,000	\$6,000	\$12,000	\$24,000	70%	70%	50%	70%	50%	70%	70%	70%	70%	70%	70%	50%	70%	50%	NonEmb
CP-WY	CP-W2	Nexus HSA	70%	50%	70%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,500	\$9,000	\$12,000	\$24,000	70%	70%	50%	70%	50%	70%	70%	70%	70%	70%	70%	50%	70%	50%	Emb

\*\* Copys are after deductible has been met



# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## Texas Nexus HMO Referral Plans

Plan Codes	PLAN TYPE	Coinsurance			Deductibles		Out of Pocket Maximum		Copays/Per Occurrence														Deductible Type <sup>5</sup>
		Network	Physician Professional Services		Network		Network		Virtual Visit	PCP <sup>1</sup>			Specialist		Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital		
			Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>	Single	Family	Single	Family		Dep <19	Designated Network (Tier 1) <sup>2</sup>	Network	Designated Network (Tier 1) <sup>2</sup>	Network					Designated Network Facility	Network Facility <sup>6</sup>	Designated Network Facility	Network Facility <sup>6</sup>	
CR-B8	Nexus	100%	100%	80%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CR-B9	Nexus	100%	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CR-CM	Nexus	100%	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CR-CN	Nexus	100%	100%	80%	\$5,000	\$10,000	\$7,900	\$15,800	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CR-CO	Nexus	80%	80%	60%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CR-CP	Nexus	80%	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CR-CQ	Nexus	80%	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CR-CR	Nexus	80%	80%	60%	\$5,000	\$10,000	\$7,900	\$15,800	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
BK-GI	Nexus HSA	100%	100%	80%	\$3,000	\$6,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	80%	100%	80%	Emb
BK-GJ	Nexus HSA	100%	100%	80%	\$5,000	\$10,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	80%	100%	80%	Emb
BK-GK	Nexus HSA	100%	100%	80%	\$6,000	\$12,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	80%	100%	80%	Emb
BK-GL	Nexus HSA	80%	80%	60%	\$3,500	\$7,000	\$6,500	\$13,000	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	60%	80%	60%	Emb

## UnitedHealthcare Health Savings Account (HSA) Plans

Plan Codes			Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type <sup>5</sup>	
Choice+	EPO <sup>11</sup>	Navigate <sup>8, 11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family										
CT-4F	AG-X6	AG-YQ	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Non-Emb
BC-WO	BC-W6	BC-XF	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$4,500	\$6,850	\$10,000	\$20,000	30 <sup>9</sup>	60 <sup>9</sup>	0 <sup>9</sup>	75 <sup>9</sup>	500 <sup>9</sup>	100%	100%	100%	100%	Non-Emb
CG-5F	CG-5I	CG-5R	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Non-Emb
CT-4G	AG-X7	AG-YR	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb
CG-5G	CG-5J	CG-5S	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb
BM-CW	BM-CX	BM-C5	100%	70%	\$4,000	\$8,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb
CG-5P	CG-5Q	CG-5W	100%	70%	\$4,000	\$8,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb
CT-4H	AG-X8	AG-YS	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## UnitedHealthcare Health Savings Account (HSA) Plans

Plan Codes			Coinsurance		Deductibles				Out of Pocket Maximum				Copays							Deductible Type <sup>5</sup>		
Choice+	EPO <sup>11</sup>	Navigate <sup>8, 11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family										
CG-5H	CG-5K	CG-5T	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb
CT-4I	AG-X9	AG-YT	100%	70%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb
BS-DH	BS-DI	BS-DK	100%	70%	\$6,750	\$13,500	\$10,000	\$20,000	\$6,750	\$13,500	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb
BT-CS	BT-CT	BT-CZ	80%	50%	\$2,800	\$5,600	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb
CT-4E	AG-YB	AG-YV	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb
AE-3O	AG-YC	AG-YW	80%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb
BM-CY	BM-CZ	BM-C7	80%	50%	\$4,000	\$8,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb
CT-4K	AG-YD	AG-YX	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb
BM-CO	BM-CP	BM-C2	70%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	70%	70%	70%	70%	70%	70%	70%	70%	70%	Emb
BM-CQ	BM-CR	BM-C4	70%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	70%	70%	70%	70%	70%	70%	70%	70%	70%	Emb
CT-4L	AG-YE	AG-YY	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	50%	50%	50%	50%	50%	50%	50%	50%	50%	Emb

## UnitedHealthcare Copay Clear Plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Per Occurrence										Deductible Type <sup>5</sup>	
Choice +	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP <sup>1</sup> Prem Des	PCP <sup>1</sup>	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	O/P Surgery		I/P Surgery
				Single	Family	Single	Family	Single	Family	Single	Family												
BT-C2	BT-C8	100%	50%	\$500	\$1,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-C3	BT-C9	100%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-C4	BT-DA	100%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-C5	BT-DB	100%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-C6	BT-DC	100%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-C7	BT-DD	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb

\* After plan deductible

\*\* Plan deductible waived at Preferred Lab Network (PLN) providers

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## UnitedHealthcare Flex Free<sup>17</sup> plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays							Deductible Type <sup>5</sup>	
Choice+	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family									
BC-WY	BC-W5	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0 (Visit 1-3), then Ded & Coins		\$0	\$0	\$250+Ded	Ded	\$250+Ded	\$250+Ded	Emb
BC-WU	BC-WZ	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0 (Visit 1-3), then Ded & Coins		\$0	\$0	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	Emb
BC-WV	BC-W2	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0 (Visit 1-3), then Ded & Coins		\$0	\$0	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	Emb
BC-WW	BC-W3	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0 (Visit 1-3), then Ded & Coins		\$0	\$0	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	Emb
BC-WX	BC-W4	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0 (Visit 1-3), then Ded & Coins		\$0	\$0	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	Emb

## UnitedHealthcare Flex point<sup>6</sup> Plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays							Deductible Type <sup>5</sup>		
Choice+	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec		Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay		MRI, CT, etc.	Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family		PCP (Visits 1 -4, Includes Spec)	Tier 1 Spec <sup>2</sup>							
BC-ZF	BC-1Y	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$25	\$25	\$50	\$0	\$100	\$250+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BC-ZG	BC-1Z	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$30	\$60	\$0	\$100	\$250+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BC-ZH	BC-12	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$35	\$35	\$70	\$0	\$100	\$250+20%	Ded+20%	Ded+20%	Ded+20%	Emb

## Specialty Medicine Cost Share (SMCS) with Standard Select Network

Rx Plan Code	Prescription Drug List (PDL)	Copays								Deductible		Mail Order Ratio
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	
G71Y	Advantage	\$5	\$5	\$30	\$150	\$65	\$500	N/A	N/A	N/A	N/A	2.5
G71Y*	Advantage	\$5	\$5	\$30	\$150	\$65	\$500	N/A	N/A	Same as Medical	Same as Medical	2.5
774Y	Advantage	\$5	\$5	\$30	\$150	\$80	\$500	N/A	N/A	N/A	N/A	2.5
G72Y	Advantage	\$5	\$5	\$40	\$150	\$75	\$500	N/A	N/A	N/A	N/A	2.5
G73Y	Advantage	\$5	\$5	\$40	\$150	\$90	\$500	N/A	N/A	N/A	N/A	2.5
G74Y	Advantage	\$5	\$5	\$50	\$150	\$100	\$500	N/A	N/A	N/A	N/A	2.5
010Y	Advantage	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	N/A	N/A	2.5
010Y*	Advantage	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Same as Medical	Same as Medical	2.5
C55Y	Advantage	\$10	\$10	\$35	\$150	\$85	\$500	N/A	N/A	N/A	N/A	2.5
G58Y	Advantage	\$10	\$10	\$45	\$150	\$80	\$500	N/A	N/A	N/A	N/A	2.5
G75Y	Advantage	\$10	\$10	\$45	\$150	\$95	\$500	N/A	N/A	N/A	N/A	2.5

# Health Plan Product Offering

Texas  
51+ ATNE  
Effective July 1, 2022

## Specialty Medicine Cost Share (SMCS) with Standard Select Network

Rx Plan Code	Prescription Drug List (PDL)	Copays								Deductible		Mail Order Ratio
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	
997Y	Advantage	\$10	\$10	\$50	\$150	\$100	\$500	N/A	N/A	N/A	N/A	2.5
G76Y	Essential	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	N/A	N/A	2.5
G76Y*	Essential	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Same as Medical	Same as Medical	2.5
G77Y	Essential	\$5	\$5	\$45	\$45	\$110	\$110	\$250	\$500	N/A	N/A	2.5
G78Y	Essential	\$10	\$10	\$50	\$50	\$120	\$120	\$250	\$500	N/A	N/A	2.5
G79Y	Essential	\$10	\$10	\$65	\$65	\$125	\$125	\$250	\$500	N/A	N/A	2.5
G76L**	Advantage	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	N/A	N/A	Same as Medical	Same as Medical	2.5
D57L**	Essential	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay	Same as Medical	Same as Medical	2.5

Standard Select utilizes Walgreens as the anchor pharmacy

\* Version can be paired with HSA plans with combined Pharmacy/Medical plans.

\* \*Can only be paired with HSA plans with combined Pharmacy/Medical plans -Deductible equals Out of Pocket.

# Health Plan Product Offering

Texas  
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1 Primary Care Physicians include Family Practice, Internal medicine, and Pediatrics.

2 This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.

3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians who are not UnitedHealth Premium Tier 1 Designated.

4 Plan deductible is waived for Emergency Room visits on plans where copay or copay + coinsurance are listed.

5 "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

6 "Flexpoint" plans feature a copay for office visits one through four during the calendar year or plan year, depending on plan type selected. Office visits five and over will be subject to plan deductible/coinsurance. This is a separate limit for both Physician Office visits and Urgent Care visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copay limit.

8 "Navigate" plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.

9 Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

11 EPO and Navigate plans exclude coverage for services provided by Out-of-Network Providers with the exceptions of 1) Services performed in a Network Facility by hospital-based providers; and 2) Services performed under the Emergency Care benefit.

17 "FlexFree" plans feature \$0 copay for the first 3 PCP and/or Specialist office visits during the Plan Year. Office visits 4+ will be subject to plan deductible/coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copay limit.

18 Copayments on Primary Advantage HSA plans will be required only after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

18 There is no separate additional Rx deductible required for Primary Advantage HSA plans.

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Benefit Summary or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare, Inc.V3/2

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