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 C	Codes		Coins	urance		Dedu	ctibles		C	out of Pocl	cet Maxim	um						Copays	<b>;</b>			
Choice+	EPO <sup>11</sup>	Plan Type	Network	Out of	Net	work		it of work	Net	work		it of work	PCF	<b>5</b> 1	Sp	ec	Virtual	Urgent	ER⁴	Lab/	MRI, CT,	Inp / Out
			TTO CITO CITO	Network	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>	Visit	Care		XRay	etc.	Surgery
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%



## **UnitedHealthcare Premium Designation & Standard Plans**

Plan (	Codes		Coinsu	ırance		Dedu	ctibles		C	Out of Poc	cet Maxim	um						Copay	S			
Choice+	EPO <sup>11</sup>	Plan Type	Network	Out of	Net	work		t of work	Net	work	Ou Net	t of work	PCF	<b>o</b> ¹	Sp	ес	Virtual	Urgent	ER⁴	Lab/	MRI, CT,	Inp / Out
Offorce	LFO	, ,,,,	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	РСР	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>	Visit	Care	LIT	XRay	etc.	Surgery
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-10	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%
DD-YR	DD-ZS	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%
DD-YH	DD-ZT	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%
DD-YU	DD-YV	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%
DD-YS	DD-ZU	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 C	Codes	Coinsu	urance		Dedu	ıctible		0	ut-Of-Pocl	cet Maxim	um						Cop	pays				
Choice+	EPO <sup>11</sup>	Naturalis	Out of	Net	work	7.7	Out of Network		work	7.7	t of work	PCP	đ	Sp	ec	Virtual	Urgent	ER⁴	Lab/	MRI, CT,	Inp / Out	Deductible Type <sup>5</sup>
Choice	EPU	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>	Visit	Care	EN	XRay	etc.	Surgery	Турс
CZ-WT	CZ-WX	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
CZ-WU	CZ-WY	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
CZ-WV	CZ-WZ	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
CZ-WW	CZ-W2	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
CZ-XB	DD-SC	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



#### **UnitedHealthcare Premier PROformance Plans**

Plan (	Codes	Coinsu	ırance		Dedu	ıctible		0	ut-Of-Pock	cet Maxim	um						Cop	pays				
Choice+	EPO <sup>11</sup>	Network	Out of	Net	work	Ou <sup>*</sup> Net	t of work	Net	work		t of work	PCP	1	Sp	ec	Virtual	Urgent	ER⁴	Lab/	MRI, CT,	Inp / Out	Deductible Type <sup>5</sup>
Choice+	EPU	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>	Visit	Care	En	XRay	etc.	Surgery	Туре
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	Coinsu	ırance		Dedu	ctibles		C	ot of Pock	cet Maximu	ım						Co	pays			
Choice+	EPO <sup>11</sup>	Network	Out of		work	7.7	t of work	Net	work	Ou <sup>*</sup> Net	of work	PCF	o <sup>1</sup>	Sp	ec	Virtual	Urgent	ER⁴	Lab/	MRI, CT,	Inp / Out
Office	LFO	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec <sup>2</sup>	Spec <sup>3</sup>	Visit	Care		XRay	etc.	Surgery
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
CZ-WS	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	Coins	urance		Ded	uctible		0	ut-Of-Poc	ket Maxim	ıum					Copays				
Choice+	EPO <sup>11</sup>	PLAN TYPE	Network	Out of Network		work	Ou <sup>*</sup> Net	t of work	Net	work		t of work	РСР	Spec	Virtual Visit	Urgent	ER⁴	Lab/ XRay	MRI, CT,	Inp / Out	Deductible Type <sup>5</sup>
				Network		Family	Single	Family	Single	Family	Single	Family			VISIL	Care		Andy	etc.	Surgery	
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



## **UnitedHealthcare Primary Advantage Plans**

	Plan (	Codes	Coins	urance		Deductible			0	ut-Of-Pocl	cet Maxim	um					Copays				
Choice+	EPO <sup>11</sup>	PLAN TYPE	Network	Out of Network		work	Ou Net	t of work	Net	work	Ou Net	t of work	PCP	Spec	Virtual Visit	Urgent Care	ER⁴	Lab/ XRay	MRI, CT, etc.	Inp / Out	Deductible Type <sup>5</sup>
				Network	Single	Family	Single	Family	Single	Family	Single	Family			VISIL	Care		Andy	eic.	Surgery	
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
DD-Z8	DD-Z9	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°	\$0°	\$50°	\$250+Ded+20%9	Ded+20%	Ded+20%	Ded+20%	Non-Emb
DD-1A	DD-1B	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°	\$0°	\$50°	\$250+Ded+20%9	Ded+20%	Ded+20%	Ded+20%	Non-Emb

## **UnitedHealthcare Primary Advantage Rx**

Rx Plan		Сор	ays		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	Coinsu	ırance		Ded	uctible			Out-Of-Pocl	ket Maximu	m					Copays				
Choice+	EPO <sup>11</sup>	Network	Out of Network	Net	work		ıt of twork	Net	work		t of work	PCP	Spec <sup>3</sup>	Virtual Visit		ER⁴	Lab/		Inp / Out	Deductible Type <sup>5</sup>
			Network	Single	Family	Single	Family	Single	Family	Single	Family			VISIT	Care		XRay	etc.	Surgery	
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, 2023

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

	Coinsu	ırance		Deduct	tibles		Ou	t of Pocke	t Maximu	ım					С	opays				Deductible
Plan Code	Network	Out of Network	Net	work	Ou <sup>*</sup> Net	t of work	Net	work		t of work	PCF	<b>5</b> 1	Spec with Referral	Virtual Visit	Urgent Care	ER⁴	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	Type⁵
			Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	11010114				7	5.5.	Jan gor,	
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
CZ-V6	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
CZ-V7	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
CZ-V8	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
CZ-V9	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
CZ-WA	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
CZ-WQ	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
CZ-WG	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
CZ-WH	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
CZ-WI	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
CZ-WJ	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
CZ-WK	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



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

Plan Codes		Coins	urance		Deduct	tibles		Ou	t of Pocke	t Maxim	um						Copays				
Charter	PLAN TYPE	Network	Out of Network	Net	work		ıt of twork	Net	twork		it of work	PCI	Р	SCP	Virtual Visit	Urgent Care	ER⁴	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	Deductible Type⁵
			Network	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP		Visit	Care		Ariay	Cto.	Cuigary	
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
CZ-WB	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
CZ-WC	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
CZ-WD	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
CZ-WE	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
CZ-WF	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
CZ-WR	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
CZ-WL	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
CZ-WM	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
CZ-WN	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
CZ-WO	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
CZ-WP	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
DD-1L	HSA Charter	100%	NA	\$2,000	\$4,000	NA	NA	\$6,450	\$6,850	NA	NA	\$15	59	\$45°	\$0 <sup>9</sup>	\$75 <sup>9</sup>	\$500°	100%	\$500°	100%	Non-Emb
DD-1M	HSA Charter	100%	NA	\$3,000	\$6,000	NA	NA	\$5,000	\$10,000	NA	NA	100	1%	100%	100%	100%	100%	100%	100%	100%	Emb
DD-13	HSA Charter	100%	NA	\$3,000	\$6,000	NA	NA	\$3,000	\$6,000	NA	NA	100	1%	100%	100%	100%	100%	100%	100%	100%	Emb
DD-1U	HSA Charter	100%	NA	\$4,000	\$8,000	NA	NA	\$5,450	\$10,900	NA	NA	100	1%	100%	100%	100%	100%	100%	100%	100%	Emb



51+ ATNE Effective July 1, 2023

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

Plan Codes		Coins	urance		Deduct	tibles		Out	of Pocket	Maxim	um					Copays				
Charter	PLAN TYPE	Network	Out of Network		work		t of work	Net	work	Ou <sup>*</sup> Net	t of work	PCP	SCP	Virtual Visit	Urgent Care	ER⁴	Lab/ XRav	MRI, CT, etc.	Inp / Out Surgery	Deductible Type⁵
			, riotiron	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19 PCP		Viole	Juio		Ziriay	010.	Julgory	
DD-16	HSA Charter	100%	NA	\$4,000	\$8,000	NA	NA	\$4,000	\$8,000	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DD-1N	HSA Charter	100%	NA	\$5,000	\$10,000	NA	NA	\$6,450	\$12,900	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DD-14	HSA Charter	100%	NA	\$5,000	\$10,000	NA	NA	\$5,000	\$10,000	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DD-10	HSA Charter	100%	NA	\$6,350	\$12,700	NA	NA	\$6,350	\$12,700	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DD-1X	HSA Charter	100%	NA	\$6,750	\$13,500	NA	NA	\$6,750	\$13,500	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DD-1P	HSA Charter	80%	NA	\$3,000	\$6,000	NA	NA	\$6,450	\$12,900	NA	NA	80%	80%	80%	80%	80%	80%	80%	80%	Emb
DD-1R	HSA Charter	70%	NA	\$3,000	\$6,000	NA	NA	\$6,450	\$12,900	NA	NA	70%	70%	70%	70%	70%	70%	70%	70%	Emb

## UnitedHealthcare Charter 100<sup>8,11</sup> Plans

Plan Code	Coinsurance	Dedu	ctible	Out-Of-Pocl	cet Maximum				Cop	ay/Per	Occurrenc	e e		
	Network	Net	work	Net	work	Virtual	РСР	Spec w/PCP	Urgent	ER⁴	Lab/Xray	I/P	O/P	MRI, CT, etc.
Charter	Network	Single	Family	Single	Family	Visits	1	Referral	Care	EN	Lab/Aray	Hospital	Surgery	WINI, CT, etc.
CW-8C	100%	\$0	\$0	\$3,000	\$6,000	\$0	\$10	\$20	\$75	\$500	100%	100%	100%	100%
CW-8D	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$20	\$40	\$75	\$500	100%	\$500	\$250	\$250
CW-8E	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$20	\$40	\$75	\$500	100%	\$1,000	\$500	\$500
CW-8F	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$30	\$60	\$75	\$500	100%	\$1,500	\$750	\$500
CW-8G	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$30	\$60	\$75	\$500	100%	\$2,500	\$1,250	\$500
CG-GH	100%	\$0	\$0	\$3,000	\$6,000	\$0	\$0	\$0	\$75	\$500	100%	100%	100%	100%
CG-GI	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$0	\$0	\$75	\$500	100%	\$500	\$250	100%
CG-GJ	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$0	\$0	\$75	\$500	100%	\$1,000	\$500	100%
CG-GK	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$0	\$0	\$75	\$500	100%	\$1,500	\$750	100%
CG-GL	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$0	\$0	\$75	\$500	100%	\$2,500	\$1,250	100%



#### **Texas Nexus Insurance OA and OAP Plans**

CPAN	Pla	n Codes			Coi	nsurance			Dedu	ıctibles				Pocket imum								Co	pays/Per (	Occurrence	•				
Part								Net	work		1.1	Net	work				PC	P <sup>1</sup>	Spec	cialist							Inpat	tient Hospital	
CZ-XM CZ-XM Noxus 100% 70% 100% 80% \$250 \$750 \$5.000 \$10.000 \$6.000 \$8.000 \$10.000 \$20.000 \$0 \$10 \$40 \$40 \$40 \$100 \$50 \$300-Ded Ded Ded Ded Ded \$250-Ded+20% Ded \$250-Ded \$250	Ch+	EPO 11				Designated Network (Tier 1)²	Network	Single	Family	Single	Family	Single	Family	Single	Family		ated rk (Tier		Designated Network (Tier 1)²	Network	_	t ER			₽,₫	Network Facility <sup>10</sup>	Designated Network Facility	Network Facility*	_
CZXF CXZF 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 \$50 \$50 \$300-Ded Ded Ded Ded \$250-Ded+20% Ded \$500-Ded+20% Emb CG-SN CG-SP Nexus 100% 70% 100% 80% \$2,000 \$4,000 \$5,000 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$1,000 \$2,000 \$0 \$1,000 \$2,000 \$0 \$1,000 \$2,000 \$0 \$1,000 \$2,000 \$0 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$2,000 \$1,000 \$1,000 \$2,000 \$1,000	CP-WU	CP-WW	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
CZXK CZXH Nexus HRA 100% 70% 100% 80% \$1,460 \$2,920 \$5,000 \$10,000 \$6,160 \$16,300 \$10,000 \$20,000 \$0 \$10,000 \$20,000 \$0 \$10 \$10 \$50 \$300+Ded **\$40 **\$40 **\$500 Ded \$250+Ded*20% Ded \$500+Ded*20% Emb CG-GS CG-GT Nexus 100% 70% 100% 80% \$3,000 \$5,000 \$10,000 \$5,000 \$10,000 \$20,000 \$0 \$10,000 \$20,000 \$0 \$10 \$40 \$10 \$40 \$10 \$50 \$300+Ded Ded Ded Ded Ded Ded Ded S250+Ded*20% Ded \$500+Ded*20% Emb CG-GS CG-GT Nexus 100% 70% 100% 80% \$3,000 \$6,000 \$10,000 \$5,000 \$10,000 \$20,000 \$0 \$10,000 \$20,000 \$0 \$10,000 \$20,000 \$10,000	CZ-XN	CZ-XN	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
CG-GN CG-GP Nexus 100% 70% 100% 80% \$2,000 \$4,000 \$5,000 \$10,000 \$2,000 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$10,000 \$	CZ-XF	CZ-XE	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
CG-GS CG-GT Nexus 100% 70% 100% 80% \$3.00 \$5.000 \$5.000 \$10.000 \$6.000 \$12.000 \$10.000 \$20.000 \$0 \$10 \$40 \$40 \$100 \$50 \$300+Ded Ded Ded Ded Ded Ded \$250+Ded+20% Ded+220% Ded+	CZ-XK	CZ-XH	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
CG-GY CG-GY Nexus 80% 50% 80% 60% \$1,000 \$5,000 \$10,000 \$5,000 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$2,000 \$0 \$10,000 \$0,000 \$10,000 \$10,	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	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CG-GG CG-GR Nexus 80% 50% 80% 60% \$1,000 \$2,000 \$5,000 \$10,000 \$8,000 \$10,000 \$20,000 \$0 \$15 \$45 \$50 \$300+bed+20% bed+20% bed+	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	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CG-GM CG-GO Nexus 80% 50% 80% 60% \$2,000 \$4,000 \$5,000 \$10,000 \$5,000 \$10,000 \$20,000 \$0 \$15 \$45 \$50 \$125 \$50 \$300+Ded+20% Ded+20% Ded			Nexus				80%										\$10	\$40									Ded		
CZXL CZXI Nexus 80% 50% 80% 60% \$3,000 \$6,000 \$10,000 \$6,000 \$10,000 \$6,000 \$10,000 \$6,000 \$10,000 \$6,000 \$10,000 \$6,000 \$10,000 \$6,000 \$10,000 \$6,000 \$10,000 \$20,000 \$0 \$15 \$45 \$50 \$300+Ded+20% Ded+20% Ded																										•			
CG-GU CG-GW Nexus 80% 50% 80% 60% \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,000 \$20,000 \$15.800 \$10,000 \$20,000 \$0.815 \$45 \$50 \$125 \$50 \$300+Ded+20% Ded+20% Ded+20% Ded+20% \$250+Ded+40% Ded+20% \$500+Ded+40% Emb Ded+20% Ded+2								, ,	. ,	, . ,	,	,	,	,	,											•			
C2-XJ C2-XG Nexus 80% 50% 80% 60% \$6,000 \$12,000 \$10,000 \$20,000 \$8,150 \$16,300 \$20,000 \$40,000 \$0 \$15 \$45 \$50 \$300+Ded+20% Ded+20% De								, . ,	,	, . ,	,	,	. ,	,	,											•			
DD-2L DD-2M 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% 100% 100% 100% 10																										•			
DD-2N DD-2D 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% 100% 100% 100% 10								, .,	. ,	,	,	,	,	,	,											•			
DD-2P DD-2Q 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% 100% 100% 100% 10								, ,	,	, . ,	, ,	,	,	, ,	. ,													,	
DD-2E DD-2G Nexus HSA 100% 70% 100% 80% \$3,000 \$6,000 \$12,000 \$6,000 \$12,000 \$24,000 100% 100% 80% 100% 80% 100% 100% 100								, ,	. ,																				
DD-2R DD-2B 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								, ,	,																				
DD-2T DD-2U 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% 100% 100% 100% 10								,	,	, . ,	, ,	,	,	. ,	. ,											,		,	
DD-2D DD-2F 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% 80% 80% 80% 80% 80% 80% 80% \$250+60% 80% \$500+60% Emb DD-2H DD-2H DD-2H 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% \$250+50% 70% \$500+50% NonEmb																													
DD-2H DD-2J 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% 70% 70% 70% 70% 70% \$250+50% NonEmb								, .,	. ,	, . ,	, ,	,	,	. ,	. ,											,		,	
	DD-21		Nexus HSA	70%	50%	70%	50%	. ,	,	, . ,	, ,	,	,	. ,	. ,		70%	50%	70%	50%	70%	70%	70%	70%	70%	\$250+50%	70%	\$500+50%	Emb

<sup>\*\*</sup>Copys are after deductible has been met



#### **Texas Nexus HMO Referral Plans**

			Coinsuranc	е	Dedu	ctibles	Out of I Maxi									Copays/	Per Occuri	ence					
			Physician Pi Serv		Net	work	Netv	vork			PCP <sup>1</sup>		Spec	ialist						utpatient Surgery	Inpat	ient Hospital	
Plan Codes	PLAN TYPE	Network	Designated Network (Tier 1) <sup>2</sup>	Network³	Single	Family	Single	Family	Virtual Visit	Dep <19	Designated Network (Tier 1)²	Network	Designated Network (Tier 1)²	Network	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Designated Network Facility	Network Facility <sup>10</sup>	Designated Network Facility	Network Facility <sup>10</sup>	Deductible Type⁵
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 8	\$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
DD-19	Nexus HSA	100%	100%	80%	\$3,000	\$6,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+80%	100%	\$500+80%	Emb
DD-2A	Nexus HSA	100%	100%	80%	\$5,000	\$10,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+80%	100%	\$500+80%	Emb
DD-2B	Nexus HSA	100%	100%	80%	\$6,000	\$12,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+80%	100%	\$500+80%	Emb
DD-2C	Nexus HSA	80%	80%	60%	\$3,500	\$7,000	\$6,500	\$13,000	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+60%	80%	\$500+60%	Emb

## UnitedHealthcare Health Savings Account (HSA) Plans

	Plan Co	odes	Coinsu	urance		Dedu	ctibles		C	Out of Pocl	ket Maxim	ım				Сор	ays				
Choice+	EPO 11	Navigate <sup>8</sup> , <sup>11</sup>	Network	Out of Network	Net	work		ıt of twork	Net	work		t of work	РСР	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER⁴	Lab/ XRav	MRI, CT, etc.	Inp / Out Surgery	Deductible Type <sup>5</sup>
				Hotwork	Single	Family	Single	Family	Single	Family	Single	Family			Viole	Guio		Zuitay	010.	Curgory	
DD-YI	DD-ZW	DD-1D	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%	Non-Emb
DD-YT	DD-ZV	DD-1C	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$4,500	\$6,850	\$10,000	\$20,000	30°	60°	\$0°	\$75°	\$500°	100%	100%	100%	Non-Emb
DD-X4	DD-X7	DD-1Y	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%	Non-Emb
DD-YJ	DD-ZX	DD-1E	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%	Emb
DD-X5	DD-X8	DD-1Z	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%	Emb
DD-YW	DD-YX	DD-1T	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%	Emb
DD-YE	DD-YF	DD-15	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%	Emb
DD-YK	DD-ZY	DD-1F	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%	Emb



### UnitedHealthcare Health Savings Account (HSA) Plans

	Plan Co	odes	Coins	urance		Dedu	ctibles		(	Out of Pock	et Maximu	ım				Сор	ays				
Choice+	EPO 11	Navigate <sup>8</sup> , <sup>11</sup>	Network	Out of Network	Net	work		t of work	Net	work	7.7	t of work	PCP	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER⁴	Lab/ XRav	MRI, CT, etc.	Inp / Out Surgery	Deductible Type⁵
				Notwork	Single	Family	Single	Family	Single	Family	Single	Family			Visit	Care		Ailay	Cto.	Curgory	
DD-X6	DD-X9	DD-12	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%	Emb
DD-YL	DD-ZZ	DD-1G	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%	Emb
DD-Y2	DD-Y3	DD-1W	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%	Emb
DD-YP	DD-Z2	DD-1H	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%	Emb
DD-YM	DD-Z3	DD-1I	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%	Emb
DD-YY	DD-YZ	DD-1V	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%	Emb
DD-YN	DD-Z4	DD-1J	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%	Emb
DD-ZO	DD-ZP	DD-1Q	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%	Emb
DD-ZQ	DD-ZR	DD-1S	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%	Emb
DD-YO	DD-Z5	DD-1K	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%	Emb

#### **UnitedHealthcare Copay Clear Plans**

Pla Cod		Coins	ırance		Dedu	ıctibles		0	ut of Pock	cet Maxim	um					Copay /	Per Occ	urrence					Deductible
Choice +	EDO <sup>11</sup>	Network	Out of	Net	work	Out of I	Network	Net	work	Out of I	Network	Virtual	PCP <sup>1</sup>	PCP <sup>1</sup>	Spec <sup>2</sup>	Spec <sup>3</sup>	Urgent	ER	Lab/Xray	MRI, CT,	O/P	I/P	Type⁵
Choice +	EPU	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visit	Prem Des	PGP	Prem Des	Spec	Care	En	Lab/Aray	etc.	Surgery	Surgery	
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

<sup>\*</sup>After plan deductible



<sup>\*\*</sup>Plan deductible waived at Preferred Lab Network (PLN) providers

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

Plan (	Codes	Coinsu	ırance		Dedu	ıctibles		Ou	t of Pock	cet Maxii	mum				(	Copays				
Choice+	EPO <sup>11</sup>	Network	Out of	Net	work	7.7	t of work	Net	work		ut of work	PCP	Spec	Virtual Visit	Urgent Care	ER⁴	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	Deductible Type⁵
			Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits 1 -3, combined PCP, Sp	рес		Visit 1-2		Ariay	eto.	Jurgery	
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 & Coil	ns	\$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 & Coil	ns	\$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 & Coil	ns	\$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 & Coil	ns	\$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 & Coil	ns	\$0	\$0	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	Emb

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

Plan	Codes	Coins	ırance		Deduc	ctibles		o	ut of Pock	et Maxim	um					Copays					
Choice+	EPO <sup>11</sup>	Network	Out of	Net	work		ıt of work	Net	work		t of work	PCP	Sp	ec	Virtual	Urgent Care	ER⁴	Lab/	MRI, CT,	Inp / Out	Deductible Type <sup>5</sup>
Onoice		Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	PCP (Visits 1 -4, Includes Spec)	Tier 1 Spec <sup>2</sup>	Spec³	Visit	Visit 1-4	Lit	XRay	etc.	Surgery	.,,,,,
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

					Сор	ays				Dedu	ctible	Mail
Rx Plan Code	Prescription Drug List (PDL)	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	Order Ratio
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



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

					Cop	oays				Dedu	ctible	Mail
Rx Plan Code	Prescription Drug List (PDL)	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	Order Ratio
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	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**

51+ ATNE Effective July 1, 2023

- 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.V5/8/23

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