

Health Plan Product Offering

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 Plans

Plan code	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits											HRA Eligible?		
	Network	Out-of-Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages < 19	PCP Ages +19	Designated Network Specialist ²	Network Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery		Inpatient Hospital	
EA-C8	100%	70%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$20	\$20	\$40	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
EA-C9	100%	70%	\$500	\$1,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
DQ-4U	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$0	\$35	\$35	\$70	\$50	100%	\$500	100% ¹	100% ¹	\$400	\$250+Ded ¹	\$250+Ded ¹	N
DQ-6S	100%	70%	\$750	\$1,500	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
EA-DA	100%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
DQ-4V	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$0	\$40	\$40	\$80	\$50	100%	\$500	100% ¹	100% ¹	\$400	\$250+Ded ¹	\$250+Ded ¹	N
EA-DB	100%	70%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
EA-DC	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
EA-DD	100%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
EA-DE	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
EA-DS	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$8,000	\$16,000	\$10,000	\$30,000	\$0	\$0	\$45	\$45	\$90	\$50	100%	\$500	100% ¹	100% ¹	\$400	\$250+Ded ¹	\$250+Ded ¹	N
EA-DF	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$35	\$35	\$70	\$50	100%	\$500	100%	100%	100% ¹	100% ¹	100% ¹	N
EA-DT	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	\$0	\$0	\$45	\$45	\$90	\$50	100%	\$500	100% ¹	100% ¹	\$400	\$250+Ded ¹	\$250+Ded ¹	N
DQ-3Y	80%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$20	\$20	\$40	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	N
DQ-3Z	80%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	N
DQ-6U	80%	50%	\$750	\$1,500	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	N
DQ-32	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	Y
DQ-33	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	Y
DQ-4Y	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$0	\$40	\$40	\$80	\$50	80%	\$500	80% ¹	80% ¹	\$400	\$250+Ded+20% ¹	\$250+Ded+20% ¹	Y
DQ-34	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	Y
DQ-35	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	Y
DQ-6G	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$0	\$40	\$40	\$80	\$50	80%	\$500	80% ¹	80% ¹	\$400	\$250+Ded+20% ¹	\$250+Ded+20% ¹	Y
EA-DM	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	Y
EA-DN	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$35	\$35	\$70	\$50	80%	\$500	100%	100%	80% ¹	80% ¹	80% ¹	Y
EA-DU	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	\$0	\$0	\$45	\$45	\$90	\$50	80%	\$500	80% ¹	80% ¹	\$400	\$250+Ded+20% ¹	\$250+Ded+20% ¹	Y
DQ-65	80%	50%	N/A	N/A	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$0	\$35	\$35	\$70	\$50	80%	\$500	80%	80%	\$400	\$250+20%	\$250+20%	N
DQ-4E	70%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$20	\$20	\$40	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	N
DQ-4F	70%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	N
DQ-6W	70%	50%	\$750	\$1,500	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	N
DQ-4G	70%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	Y
DQ-4H	70%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	Y
DQ-4I	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	Y
DQ-4J	70%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	Y
EA-DO	70%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	Y
EA-DP	70%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$35	\$35	\$70	\$50	70%	\$500	100%	100%	70% ¹	70% ¹	70% ¹	Y
DQ-4M	50%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$20	\$20	\$40	\$50	50%	\$500	100%	100%	50% ¹	50% ¹	50% ¹	N
DQ-4N	50%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	50%	\$500	100%	100%	50% ¹	50% ¹	50% ¹	N
DQ-6Y	50%	50%	\$750	\$1,500	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	50%	\$500	100%	100%	50% ¹	50% ¹	50% ¹	N
DQ-4O	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	50%	\$500	100%	100%	50% ¹	50% ¹	50% ¹	Y
DQ-4P	50%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$25	\$25	\$50	\$50	50%	\$500	100%	100%	50% ¹	50% ¹	50% ¹	Y

Health Plan Product Offering

UnitedHealthcare Premium Designation Plans

Plan code	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits											HRA Eligible?	
	Network	Out-of Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages < 19	PCP Ages +19	Designated Network Specialist ²	Network Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery		Inpatient Hospital
DQ-4Q	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	50% \$500	100%	100%	50% ¹	50% ¹	50% ¹	Y
DQ-4R	50%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	50% \$500	100%	100%	50% ¹	50% ¹	50% ¹	Y
EA-DQ	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$30	\$30	\$60	\$50	50% \$500	100%	100%	50% ¹	50% ¹	50% ¹	Y
EA-DR	50%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$0	\$0	\$35	\$35	\$70	\$50	50% \$500	100%	100%	50% ¹	50% ¹	50% ¹	Y

UnitedHealthcare Premier PROformance Plans

Plan code	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits											HRA Eligible?	
	Network	Out-of-Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages < 19	PCP Ages +19	Designated Network Specialist ²	Network Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery		Inpatient Hospital
DQ-66	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$0	\$10	\$40	\$80	\$25	80% \$300 ¹	\$40	\$40	\$500	80% ¹	80% ¹	Y
DQ-7G	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$8,150	\$16,300	\$10,000	\$20,000	\$0	\$0	\$15	\$50	\$100	\$25	80% \$400 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-67	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$0	\$10	\$40	\$80	\$25	80% \$300 ¹	\$40	\$40	\$500	80% ¹	80% ¹	Y
DQ-7H	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$8,150	\$16,300	\$10,000	\$20,000	\$0	\$0	\$15	\$50	\$100	\$25	80% \$400 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-68	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$0	\$10	\$40	\$80	\$25	80% \$300 ¹	\$40	\$40	\$500	80% ¹	80% ¹	Y
DQ-7I	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$8,150	\$16,300	\$15,000	\$30,000	\$0	\$0	\$15	\$50	\$100	\$25	80% \$400 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-69	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$0	\$10	\$40	\$80	\$25	80% \$300 ¹	\$40	\$40	\$500	80% ¹	80% ¹	Y
DQ-7J	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$15	\$50	\$100	\$25	80% \$400 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-7E	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$0	\$10	\$40	\$80	\$25	80% \$300 ¹	\$40	\$40	\$500	80% ¹	80% ¹	Y
DQ-7O	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$15	\$50	\$100	\$25	80% \$400 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-72	75%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$8,150	\$16,300	\$10,000	\$20,000	\$0	\$0	\$35	\$70	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-7Q	75%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$8,150	\$16,300	\$10,000	\$20,000	\$0	\$0	\$15	\$50	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-73	75%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$8,150	\$16,300	\$10,000	\$20,000	\$0	\$0	\$35	\$70	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-7R	75%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$8,150	\$16,300	\$10,000	\$20,000	\$0	\$0	\$15	\$50	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-74	75%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$8,150	\$16,300	\$15,000	\$30,000	\$0	\$0	\$35	\$70	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-7S	75%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$8,150	\$16,300	\$15,000	\$30,000	\$0	\$0	\$15	\$50	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-75	75%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$35	\$70	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-7T	75%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$15	\$50	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-7Y	75%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$15	\$50	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y
DQ-8A	75%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$35	\$70	\$100	\$25	75% \$400 ¹	75% ¹	75% ¹	75% ¹	75% ¹	75% ¹	Y

Health Plan Product Offering

UnitedHealthcare Primary Advantage Plans

Plan code	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										HRA Eligible?		
	Network	Out-of-Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery		Inpatient Hospital	
DQ-W5	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-W6	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-W7	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-W8	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-XH	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Y
DQ-XJ	70%	50%	N/A	N/A	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$0	\$70	\$50	70% \$250 ¹	70%	70%	70%	70%	70%	70%	N
DQ-XK	70%	50%	\$500	\$1,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$0	\$70	\$50	70% \$250 ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Y
DQ-XL	70%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$0	\$70	\$50	70% \$250 ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Y
DQ-XM	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$0	\$70	\$50	70% \$250 ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Y
DQ-XN	70%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,950	\$15,900	\$20,000	\$40,000	\$0	\$0	\$0	\$70	\$50	70% \$250 ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Y
DQ-XO	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,950	\$15,900	\$20,000	\$40,000	\$0	\$0	\$0	\$70	\$50	70% \$250 ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Y
DQ-W9	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	50% \$250 ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	Y
DQ-XA	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	50% \$250 ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	Y

Texas Nexus Insurance OAP Plans

Plan code	Plan Type	Coinsurance			Deductible				Out-of-Pocket Maximum				Benefits												Ded Type		
		Designated Network	Network	Out-of-Network	Non-Tier 1 Individual	Non-Tier 1 Family	Out-of-Network Individual	Out-of-Network Family	Non-Tier 1 Individual	Non-Tier 1 Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	Designated PCP Ages + 19	Network PCP Ages + 19	Designated Specialist	Network Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Designated Outpatient Surgery	Network Outpatient Surgery		Designated Inpatient Hospital	Network Inpatient Hospital
DQ-86	Nexus	100%	80%	70%	\$250	\$750	\$5,000	\$10,000	\$5,000	\$15,000	\$10,000	\$20,000	\$0	\$0	\$40	\$40	\$100	\$50	\$750+Ded	Ded	Ded	Ded	\$250 ¹	\$1,000+80% ¹	\$500 ¹	\$2,000+80% ¹	Emb
DQ-9G	Nexus	100%	80%	70%	\$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	100% ¹	\$1,000+80% ¹	100% ¹	\$2,000+80% ¹	Emb
DQ-89	Nexus	100%	80%	70%	\$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	100% ¹	\$250+80% ¹	100% ¹	\$500+80% ¹	Emb
EA-D7	Nexus	100%	80%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	100%	100%	Ded	100% ¹	\$250+80% ¹	100% ¹	\$500+80% ¹	Emb
DQ-8T	Nexus	100%	80%	70%	\$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	100% ¹	\$250+80% ¹	100% ¹	\$500+80% ¹	Emb
EA-D8	Nexus	100%	80%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	100%	100%	Ded	100% ¹	\$250+80% ¹	100% ¹	\$500+80% ¹	Emb
DQ-8Y	Nexus	100%	80%	70%	\$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	100% ¹	\$250+80% ¹	100% ¹	\$500+80% ¹	Emb
DQ-83	Nexus	100%	80%	70%	\$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	100% ¹	\$250+80% ¹	100% ¹	\$500+80% ¹	Emb
EA-D9	Nexus	100%	80%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$7,900	\$15,800	\$10,000	\$20,000	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	100%	100%	Ded	100% ¹	\$250+80% ¹	100% ¹	\$500+80% ¹	Emb
DQ-8W	Nexus	80%	60%	50%	\$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%	80% ¹	\$250+60% ¹	80% ¹	\$500+60% ¹	Emb
EA-D5	Nexus	80%	60%	50%	\$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%	100%	100%	Ded+20%	80% ¹	\$250+60% ¹	80% ¹	\$500+60% ¹	Emb
DQ-8S	Nexus	80%	60%	50%	\$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%	80% ¹	\$250+60% ¹	80% ¹	\$500+60% ¹	Emb
EA-D4	Nexus	80%	60%	50%	\$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%	100%	100%	Ded+20%	80% ¹	\$250+60% ¹	80% ¹	\$500+60% ¹	Emb
DQ-9F	Nexus	80%	60%	50%	\$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%	80% ¹	\$250+60% ¹	80% ¹	\$500+60% ¹	Emb
DQ-82	Nexus	80%	60%	50%	\$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%	80% ¹	\$250+60% ¹	80% ¹	\$500+60% ¹	Emb

Health Plan Product Offering

Texas Nexus Insurance OAP Plans

Plan code	Plan Type	Coinsurance			Deductible				Out-of-Pocket Maximum				Benefits											Ded Type			
		Designated Network	Network	Out-of-Network	Non-Tier 1 Individual	Non-Tier 1 Family	Out-of-Network Individual	Out-of-Network Family	Non-Tier 1 Individual	Non-Tier 1 Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	Designated PCP Ages + 19	Network PCP Ages + 19	Designated Specialist	Network Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Designated Outpatient Surgery		Network Outpatient Hospital	Designated Inpatient Hospital	Network Inpatient Hospital
EA-D6	Nexus	80%	60%	50%	\$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%	100%	100%	Ded+20%	80% ¹	\$250+ 80% ¹	80% ¹	\$500+ 80% ¹	Emb
DQ-9D	Nexus	80%	60%	50%	\$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%	80% ¹	\$250+ 80% ¹	80% ¹	\$500+ 80% ¹	Emb
EA-EC	Nexus HSA	100%	80%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,500	\$8,150	\$12,000	\$24,000	100% ¹	100% ¹	80% ¹	100% ¹	80% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	\$250+ 80% ¹	100% ¹	\$500+ 80% ¹	NonEmb
EA-EE	Nexus HSA	100%	80%	70%	\$2,500	\$5,000	\$6,000	\$12,000	\$6,500	\$8,150	\$12,000	\$24,000	100% ¹	100% ¹	80% ¹	100% ¹	80% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	\$250+ 80% ¹	100% ¹	\$500+ 80% ¹	NonEmb
EA-EK	Nexus HSA	100%	80%	70%	\$3,500	\$7,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	100% ¹	100% ¹	80% ¹	100% ¹	80% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	\$250+ 80% ¹	100% ¹	\$500+ 80% ¹	Emb
EA-EG	Nexus HSA	100%	80%	70%	\$5,000	\$10,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	100% ¹	100% ¹	80% ¹	100% ¹	80% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	\$250+ 80% ¹	100% ¹	\$500+ 80% ¹	Emb
EA-EI	Nexus HSA	100%	80%	70%	\$6,000	\$12,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	100% ¹	100% ¹	80% ¹	100% ¹	80% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	\$250+ 80% ¹	100% ¹	\$500+ 80% ¹	Emb
EA-EA	Nexus HSA	80%	60%	50%	\$3,500	\$7,000	\$6,000	\$12,000	\$6,500	\$13,000	\$12,000	\$24,000	100% ¹	100% ¹	60% ¹	80% ¹	60% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	\$250+ 80% ¹	80% ¹	\$500+ 80% ¹	Emb
EA-EM	Nexus HSA	70%	50%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$12,000	\$24,000	100% ¹	100% ¹	50% ¹	70% ¹	50% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	\$250+ 50% ¹	70% ¹	\$500+ 50% ¹	NonEmb
EA-EN	Nexus HSA	70%	50%	50%	\$3,500	\$7,000	\$6,000	\$12,000	\$4,500	\$9,000	\$12,000	\$24,000	100% ¹	100% ¹	50% ¹	70% ¹	50% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	\$250+ 50% ¹	70% ¹	\$500+ 50% ¹	Emb

UnitedHealthcare Charter Plans^{8,11}

Plan code	Plan Type	Coinsurance		Deductible			Out-of-Pocket Maximum				Benefits											Ded Type	HRA Eligible?		
		Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist w/ PCP Referral	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery (w/ Referral)	Outpatient Surgery (w/o Referral)			Inpatient Hospital (w/ Referral)	Inpatient Hospital (w/o Referral)
DQ-16	Charter	100%	N/A	N/A	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$0	\$20	\$40	\$50	\$500	100%	100%	\$250	\$250	N/A	\$500	N/A	Emb	N
DQ-17	Charter	100%	N/A	N/A	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$0	\$0	\$30	\$60	\$50	\$500	100%	100%	\$500	\$750	N/A	\$1,500	N/A	Emb	N
DQ-10	Charter	100%	N/A	N/A	N/A	N/A	\$2,500	\$5,000	N/A	N/A	\$0	\$0	\$10	\$30	\$50	\$500	100%	100%	\$500	100%	N/A	100%	N/A	Emb	N
DQ-1P	Charter	100%	\$500	\$1,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$0	\$10	\$30	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1Q	Charter	100%	\$1,000	\$2,000	N/A	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$0	\$10	\$30	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-2D	Charter	100%	\$1,000	\$2,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	\$500+Ded	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1R	Charter	100%	\$2,000	\$4,000	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$0	\$0	\$15	\$45	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-2E	Charter	100%	\$2,000	\$4,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	\$500+Ded	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1S	Charter	100%	\$2,500	\$5,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$0	\$15	\$45	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1T	Charter	100%	\$3,000	\$6,000	N/A	N/A	\$5,500	\$11,000	N/A	N/A	\$0	\$0	\$15	\$45	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-2F	Charter	100%	\$3,000	\$6,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	\$500+Ded	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-2G	Charter	100%	\$4,000	\$8,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	\$500+Ded	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1U	Charter	100%	\$5,000	\$10,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$25	\$75	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-2H	Charter	100%	\$5,000	\$10,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$10	\$60	\$25	\$500+Ded	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-2T	Charter	100%	\$6,000	\$12,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$10	\$60	\$25	\$500+Ded	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1V	Charter	80%	N/A	N/A	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$0	\$25	\$75	\$50	\$500	80%	80%	\$500	80%	N/A	80%	N/A	Emb	N
DQ-1W	Charter	80%	\$1,000	\$2,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$0	\$25	\$75	\$50	\$500	80% ¹	80% ¹	\$500	80% ¹	N/A	80% ¹	N/A	Emb	Y
DQ-1Y	Charter	80%	\$1,000	\$2,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80%	80% ¹	N/A	80% ¹	N/A	Emb	Y
DQ-2N	Charter	80%	\$1,000	\$2,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	80% \$250 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	Emb	N
DQ-1Z	Charter	80%	\$2,000	\$4,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80%	80% ¹	N/A	80% ¹	N/A	Emb	Y
DQ-2O	Charter	80%	\$2,000	\$4,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	80% \$250 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	Emb	N

Health Plan Product Offering

UnitedHealthcare Charter Plans^{8,11}

Plan code	Plan Type	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										Ded Type	HRA Eligible?		
		Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist w/ PCP Referral	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery (w/ Referral)	Outpatient Surgery (w/o Referral)			Inpatient Hospital (w/ Referral)	Inpatient Hospital (w/o Referral)
DQ-1X	Charter	80%	\$2,500	\$5,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$0	\$25	\$75	\$50	\$500	80% ¹	80% ¹	\$500	80% ¹	N/A	80% ¹	N/A	Emb	Y
DQ-12	Charter	80%	\$3,000	\$6,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80%	80% ¹	N/A	80% ¹	N/A	Emb	Y
DQ-2P	Charter	80%	\$3,000	\$6,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	80% \$250 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	Emb	N
DQ-2Q	Charter	80%	\$4,000	\$8,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$0	\$0	\$10	\$60	\$25	80% \$250 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	Emb	N
DQ-13	Charter	80%	\$5,000	\$10,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$0	\$100	\$50	80% \$250 ¹	80% ¹	80% ¹	80%	80% ¹	N/A	80% ¹	N/A	Emb	Y
DQ-2R	Charter	80%	\$5,000	\$10,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$10	\$60	\$25	80% \$250 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	Emb	N
DQ-14	Charter	50%	\$1,000	\$2,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$0	\$100	\$50	50% \$250 ¹	50% ¹	50% ¹	50%	50% ¹	N/A	50% ¹	N/A	Emb	Y
DQ-15	Charter	50%	\$2,000	\$4,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$0	\$100	\$50	50% \$250 ¹	50% ¹	50% ¹	50%	50% ¹	N/A	50% ¹	N/A	Emb	Y
EA-C1	Charter HSA	100%	\$2,000	\$4,000	N/A	N/A	\$4,500	\$6,850	N/A	N/A	100% ¹	N/A	\$15 ¹	\$45 ¹	\$50 ¹	100% \$500 ¹	100% ¹	100% ¹	\$500 ¹	100% ¹	N/A	100% ¹	N/A	NonEmb	N
EA-C2	Charter HSA	100%	\$3,500	\$7,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-C7	Charter HSA	100%	\$3,500	\$7,000	N/A	N/A	\$3,500	\$7,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CN	Charter HSA	100%	\$4,000	\$8,000	N/A	N/A	\$4,500	\$10,900	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CV	Charter HSA	100%	\$4,000	\$8,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CJ	Charter HSA	100%	\$5,000	\$10,000	N/A	N/A	\$6,450	\$12,900	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CT	Charter HSA	100%	\$5,000	\$10,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CK	Charter HSA	100%	\$6,350	\$12,700	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CQ	Charter HSA	100%	\$6,750	\$13,500	N/A	N/A	\$6,750	\$13,500	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-C3	Charter HSA	80%	\$3,500	\$7,000	N/A	N/A	\$6,450	\$12,900	N/A	N/A	100% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	N/A	80% ¹	N/A	Emb	N
EA-C5	Charter HSA	70%	\$3,500	\$7,000	N/A	N/A	\$6,450	\$12,900	N/A	N/A	100% ¹	N/A	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	N/A	70% ¹	N/A	Emb	N

UnitedHealthcare Navigate Plans^{8,11}

Plan code	Plan Type	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										Ded Type	HRA Eligible?			
		Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist w/ PCP Referral	Specialist w/ o PCP Referral	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery (w/ Referral)			Outpatient Surgery (w/o Referral)	Inpatient Hospital (w/ Referral)	Inpatient Hospital (w/o Referral)
DQ-1E	Navigate	100%	N/A	N/A	N/A	N/A	\$2,500	\$5,000	N/A	N/A	\$0	\$0	\$10	\$30	N/A	\$50	\$500	100%	100%	\$500	100%	N/A	100%	N/A	Emb	N
DQ-26	Navigate	100%	N/A	N/A	N/A	N/A	\$2,000	\$6,000	N/A	N/A	\$0	\$0	\$10	\$30	N/A	\$50	\$650	100%	100%	\$500	100%	N/A	100%	N/A	Emb	N
DQ-27	Navigate	100%	\$250	\$750	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$0	\$15	\$45	N/A	\$50	\$650	100% ¹	100% ¹	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1F	Navigate	100%	\$500	\$1,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$0	\$10	\$30	N/A	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-28	Navigate	100%	\$500	\$1,500	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$0	\$15	\$45	N/A	\$50	\$650	100% ¹	100% ¹	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-18	Navigate	100%	\$1,000	\$2,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1G	Navigate	100%	\$1,000	\$2,000	N/A	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$0	\$10	\$30	N/A	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-29	Navigate	100%	\$1,000	\$3,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$0	\$15	\$45	N/A	\$50	\$650	100% ¹	100% ¹	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-19	Navigate	100%	\$2,000	\$4,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1H	Navigate	100%	\$2,000	\$4,000	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$0	\$0	\$15	\$45	N/A	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1I	Navigate	100%	\$2,500	\$5,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$0	\$15	\$45	N/A	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1A	Navigate	100%	\$3,000	\$9,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$650	100% ¹	100% ¹	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1J	Navigate	100%	\$3,000	\$6,000	N/A	N/A	\$5,500	\$11,000	N/A	N/A	\$0	\$0	\$15	\$45	N/A	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-2A	Navigate	100%	\$3,000	\$6,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1B	Navigate	100%	\$3,500	\$10,500	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$650	100% ¹	100% ¹	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N
DQ-1C	Navigate	100%	\$4,000	\$12,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$650	100% ¹	100% ¹	\$500	100% ¹	N/A	100% ¹	N/A	Emb	N

Health Plan Product Offering

UnitedHealthcare Navigate Plans^{8,11}

Plan code	Plan Type	Coinsurance		Deductible			Out-of-Pocket Maximum				Benefits												Ded Type	HRA Eligible?					
		Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist w/ PCP Referral	Specialist w/ o PCP Referral	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery (w/ Referral)	Outpatient Surgery (w/ o Referral)			Inpatient Hospital (w/ Referral)	Inpatient Hospital (w/ o Referral)			
DQ-2B	Navigate	100%	\$4,000	\$8,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	100% ¹	N/A	Emb	N	
DQ-1D	Navigate	100%	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$650	100% ¹	100% ¹	\$500	100% ¹	N/A	100% ¹	N/A	100% ¹	N/A	Emb	N	
DQ-1K	Navigate	100%	\$5,000	\$10,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$500	100%	100%	\$500	100% ¹	N/A	100% ¹	N/A	100% ¹	N/A	Emb	N	
DQ-2C	Navigate	100%	\$5,000	\$10,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	100% ¹	N/A	Emb	N	
DQ-2S	Navigate	100%	\$6,000	\$12,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	100% ¹	N/A	100% ¹	N/A	100% ¹	N/A	Emb	N	
DQ-1L	Navigate	80%	N/A	N/A	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$500	80%	80%	\$500	80%	N/A	80%	N/A	80%	N/A	Emb	N	
DQ-1M	Navigate	80%	\$1,000	\$2,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$500	80% ¹	80% ¹	\$500	80% ¹	N/A	80% ¹	N/A	80% ¹	N/A	Emb	Y	
DQ-2I	Navigate	80%	\$1,000	\$2,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	80% ¹	N/A	Emb	N	
DQ-2J	Navigate	80%	\$2,000	\$4,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	80% ¹	N/A	Emb	N	
DQ-1N	Navigate	80%	\$2,500	\$5,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$0	\$25	\$75	N/A	\$50	\$500	80% ¹	80% ¹	\$500	80% ¹	N/A	80% ¹	N/A	80% ¹	N/A	Emb	Y	
DQ-2K	Navigate	80%	\$3,000	\$6,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	80% ¹	N/A	Emb	N	
DQ-2L	Navigate	80%	\$4,000	\$8,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	80% ¹	N/A	Emb	N	
DQ-2M	Navigate	80%	\$5,000	\$10,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$10	\$60	N/A	\$25	\$500 ¹	\$40	\$40	\$500	80% ¹	N/A	80% ¹	N/A	80% ¹	N/A	Emb	N	
EA-CR	Navigate HSA	100%	\$2,000	\$4,000	N/A	N/A	\$2,000	\$4,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	NonEmb	N
EA-CD	Navigate HSA	100%	\$2,000	\$4,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	NonEmb	N
EA-CC	Navigate HSA	100%	\$2,000	\$4,000	N/A	N/A	\$4,500	\$6,850	N/A	N/A	100% ¹	N/A	\$30 ¹	\$60 ¹	N/A	\$50 ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	NonEmb	N
EA-C6	Navigate HSA	100%	\$3,500	\$7,000	N/A	N/A	\$3,500	\$7,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CX	Navigate HSA	100%	\$3,500	\$7,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CU	Navigate HSA	100%	\$4,000	\$8,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CM	Navigate HSA	100%	\$4,000	\$8,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CS	Navigate HSA	100%	\$5,000	\$10,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CE	Navigate HSA	100%	\$5,000	\$10,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CF	Navigate HSA	100%	\$6,350	\$12,700	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CP	Navigate HSA	100%	\$6,750	\$13,500	N/A	N/A	\$6,750	\$13,500	N/A	N/A	100% ¹	N/A	100% ¹	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	N/A	100% ¹	N/A	Emb	N
EA-CY	Navigate HSA	80%	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	80% ¹	80% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	N/A	80% ¹	N/A	Emb	N
EA-CG	Navigate HSA	80%	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	80% ¹	80% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	N/A	80% ¹	N/A	Emb	N
EA-CO	Navigate HSA	80%	\$4,000	\$8,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	80% ¹	80% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	N/A	80% ¹	N/A	Emb	N
EA-CW	Navigate HSA	80%	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	80% ¹	80% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	N/A	80% ¹	N/A	Emb	N
EA-CH	Navigate HSA	80%	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	80% ¹	80% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	N/A	80% ¹	N/A	Emb	N
EA-C4	Navigate HSA	70%	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	70% ¹	70% ¹	N/A	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	N/A	70% ¹	N/A	Emb	N
EA-CL	Navigate HSA	70%	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	70% ¹	70% ¹	N/A	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	N/A	70% ¹	N/A	Emb	N
EA-CZ	Navigate HSA	50%	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100% ¹	N/A	50% ¹	50% ¹	N/A	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	N/A	50% ¹	N/A	Emb	N

Health Plan Product Offering

UnitedHealthcare Health Savings Account (HSA) Plans

Plan code	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										Ded Type		
	Network	Out-of-Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery		Inpatient Hospital	
EA-BC	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	NonEmb
EA-BI	100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	NonEmb
EA-BX	100%	70%	\$3,500	\$7,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-B2	100%	70%	\$3,500	\$7,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-A9	100%	70%	\$4,000	\$8,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-BB	100%	70%	\$4,000	\$8,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-BJ	100%	70%	\$4,000	\$8,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-BD	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-A6	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-BE	100%	70%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-BN	100%	70%	\$6,750	\$13,500	\$10,000	\$20,000	\$6,750	\$13,500	\$20,000	\$40,000	100% ¹	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb
EA-BF	80%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb
EA-BL	80%	50%	\$4,000	\$8,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb
EA-BG	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100% ¹	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb
EA-B3	70%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100% ¹	N/A	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb
EA-BP	70%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100% ¹	N/A	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb
EA-B2	50%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100% ¹	N/A	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	Emb

UnitedHealthcare Consumer Plans

Plan code	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										Ded Type	HRA Eligible?		
	Network	Out-of-Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	Emergency Room	Lab	Xray	MRI, CT	Outpatient Surgery			Inpatient Hospital	
DW-1A	100%	70%	\$3,500	\$7,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	N/A	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb	N
DQ-YC	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb	Y
DW-Z9	80%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb	N
DQ-X5	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb	Y
DQ-YF	80%	50%	\$7,350	\$14,700	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	N/A	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb	Y
DQ-YD	50%	50%	N/A	N/A	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	N/A	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Emb	N

Health Plan Product Offering

Pharmacy Plans

RX Plan Code	Prescription Drug List (PDL)	Pharmacy Network	Copays								Deductible		Mail Order	Deductible Applies to Pharmacy Tiers
			Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Individual	Family		
454	Advantage	National	\$0	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5	3&4
455	Advantage	National	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5	3&4
C72	Advantage	National	\$10	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5	3&4
2V*	Advantage	National	\$10	N/A	\$35	N/A	\$60	N/A	N/A	N/A	N/A	N/A	2.5	N/A
0I	Advantage	National	\$10	N/A	\$35	N/A	\$70	N/A	N/A	N/A	N/A	N/A	2.5	N/A
5U	Advantage	National	\$10	N/A	\$35	N/A	\$60	N/A	\$100	N/A	N/A	N/A	2.5	N/A
H9	Advantage	National	\$10	N/A	\$30	N/A	\$50	N/A	N/A	N/A	N/A	N/A	2.5	N/A
K5	Advantage	National	\$10	N/A	\$25	N/A	\$50	N/A	N/A	N/A	N/A	N/A	2.5	N/A
VQ	Advantage	National	\$10	N/A	\$40	N/A	\$80	N/A	N/A	N/A	N/A	N/A	2.5	N/A
FE	Advantage	National	\$15	N/A	\$35	N/A	\$70	N/A	N/A	N/A	N/A	N/A	2.5	N/A
IU	Advantage	National	\$15	N/A	\$40	N/A	\$75	N/A	N/A	N/A	N/A	N/A	2.5	N/A
EJ	Advantage	National	\$15	N/A	\$45	N/A	\$85	N/A	\$200	N/A	N/A	N/A	2.5	N/A
V3	Advantage	National	\$15	N/A	\$40	N/A	\$75	N/A	\$200	N/A	N/A	N/A	2.5	N/A
QF	Advantage	National	\$15	N/A	\$45	N/A	\$85	N/A	N/A	N/A	N/A	N/A	2.5	N/A
3B	Advantage	National	\$15	N/A	\$35	N/A	\$60	N/A	N/A	N/A	N/A	N/A	2.5	N/A
FZ	Advantage	National	\$15	N/A	\$30	N/A	\$65	N/A	N/A	N/A	N/A	N/A	2.5	N/A
LJ	Advantage	National	\$20	N/A	\$35	N/A	\$70	N/A	N/A	N/A	N/A	N/A	2.5	N/A
V6	Advantage	National	\$20	N/A	\$50	N/A	\$85	N/A	N/A	N/A	N/A	N/A	2.5	N/A
V7	Advantage	National	\$20	N/A	\$50	N/A	\$85	N/A	\$250	N/A	N/A	N/A	2.5	N/A
KT	Advantage	National	\$20	N/A	\$40	N/A	\$75	N/A	N/A	N/A	N/A	N/A	2.5	N/A
N77	Advantage	National	\$20	N/A	\$60	N/A	\$90	N/A	\$160	N/A	\$300	\$600	2.5	2&3&4
KU	Advantage	National	\$20	N/A	\$45	N/A	\$80	N/A	N/A	N/A	N/A	N/A	2.5	N/A
MM*	Advantage	National	No Copay	N/A	No Copay	N/A	No Copay	N/A	N/A	N/A	Same as Medical	Same as Medical	No Copay	All
G74S	Advantage w/ SMCS Drugs	National	\$5	\$5	\$50	\$150	\$100	\$500	N/A	N/A	N/A	N/A	2.5	N/A
NN	Advantage w/ SMCS Drugs	National	\$10	\$10	\$30	\$100	\$50	\$300	N/A	N/A	N/A	N/A	2.5	N/A
NO*	Advantage w/ SMCS Drugs	National	\$10	\$10	\$35	\$100	\$60	\$300	N/A	N/A	Same as Medical	Same as Medical	2.5	All
C55S	Advantage w/ SMCS Drugs	National	\$10	\$10	\$35	\$150	\$85	\$500	N/A	N/A	N/A	N/A	2.5	N/A
G58S	Advantage w/ SMCS Drugs	National	\$10	\$10	\$45	\$150	\$80	\$500	N/A	N/A	N/A	N/A	2.5	N/A
0I0S*	Advantage w/ SMCS Drugs	National	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Same as Medical	Same as Medical	2.5	All
997S	Advantage w/ SMCS Drugs	National	\$10	\$10	\$50	\$150	\$100	\$500	N/A	N/A	N/A	N/A	2.5	N/A
52	Advantage w/ SMCS Drugs	National	\$15	\$15	\$40	\$100	\$75	\$300	N/A	N/A	N/A	N/A	2.5	N/A
32	Advantage w/ SMCS Drugs	National	\$15	\$15	\$35	\$100	\$60	\$300	N/A	N/A	N/A	N/A	2.5	N/A
53	Advantage w/ SMCS Drugs	National	\$15	\$15	\$45	\$100	\$85	\$300	\$200	\$500	N/A	N/A	2.5	N/A

Health Plan Product Offering

Pharmacy Plans

RX Plan Code	Prescription Drug List (PDL)	Pharmacy Network	Copays								Deductible		Mail Order	Deductible Applies to Pharmacy Tiers
			Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Individual	Family		
Z9	Advantage w/ SMCS Drugs	National	\$15	\$15	\$45	\$100	\$85	\$300	N/A	N/A	N/A	N/A	2.5	N/A
54	Advantage w/ SMCS Drugs	National	\$20	\$20	\$50	\$100	\$100	\$300	N/A	N/A	N/A	N/A	2.5	N/A
454X	Access	National	\$0	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5	3&4
455X	Access	National	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5	3&4
C55X	Access	National	\$10	N/A	\$35	N/A	\$85	N/A	N/A	N/A	N/A	N/A	2.5	N/A
H9X	Access	National	\$10	N/A	\$30	N/A	\$50	N/A	N/A	N/A	N/A	N/A	2.5	N/A
C72X	Access	National	\$10	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5	3&4
IUX	Access	National	\$15	N/A	\$40	N/A	\$75	N/A	N/A	N/A	N/A	N/A	2.5	N/A
KTX	Access	National	\$20	N/A	\$40	N/A	\$75	N/A	N/A	N/A	N/A	N/A	2.5	N/A
KUX	Access	National	\$20	N/A	\$45	N/A	\$80	N/A	N/A	N/A	N/A	N/A	2.5	N/A
MMX*	Access	National	No Copay	N/A	No Copay	N/A	No Copay	N/A	N/A	N/A	Same as Medical	Same as Medical	No Copay	All
C55B	Access w/ SMCS Drugs	National	\$10	\$10	\$35	\$150	\$85	\$500	N/A	N/A	N/A	N/A	2.5	N/A
52X	Access w/ SMCS Drugs	National	\$15	\$15	\$40	\$100	\$75	\$300	N/A	N/A	N/A	N/A	2.5	N/A
032X	Access w/ SMCS Drugs	National	\$15	\$15	\$35	\$100	\$60	\$300	N/A	N/A	N/A	N/A	2.5	N/A
C25	Essential	National	\$10	N/A	\$45	N/A	\$90	N/A	\$250	N/A	N/A	N/A	2.5	N/A
C24	Essential	National	\$10	N/A	\$40	N/A	\$85	N/A	\$250	N/A	N/A	N/A	2.5	N/A
N78	Essential	National	\$20	N/A	\$60	N/A	\$90	N/A	\$160	N/A	\$300	\$600	2.5	2&3&4
D57*	Essential	National	No Copay	N/A	No Copay	N/A	No Copay	N/A	No Copay	N/A	Same as Medical	Same as Medical	No Copay	All
G76S*	Essential w/ SMCS Drugs	National	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Same as Medical	Same as Medical	2.5	All
G78S	Essential w/ SMCS Drugs	National	\$10	\$10	\$50	\$50	\$120	\$120	\$250	\$500	N/A	N/A	2.5	N/A
G79S	Essential w/ SMCS Drugs	National	\$10	\$10	\$65	\$65	\$125	\$125	\$250	\$500	N/A	N/A	2.5	N/A

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

Health Plan Product Offering

1 Benefit subject to deductible.

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.

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.

8 "Navigate, Charter" 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.

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.V8/19/24

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