

# UnitedHealthcare - 2021 Multi-Choice Package 830

North Florida  
Preferred 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery			Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-work	Network		Non-Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP Surg POD	IP Hosp	IP Hosp POD						
			Single	Family	Single	Family			Single	Family	Single	Family																	
<b>HMO Choice</b>																													
CE-KA	Gold	25/500/50%	\$500	\$1,000	N/A	N/A	50%	N/A	\$5000	\$10000	N/A	N/A	100%	\$25	\$90	\$50	50%*	\$60/50%*	50%*	50%*	N/A	50%*	N/A	Emb	Sep	849	.81		
CE-KC	Platinum	15/500/80%	\$500	\$1,000	N/A	N/A	80%	N/A	\$2500	\$5000	N/A	N/A	100%	\$15	\$35	\$40	\$500	\$60/\$60*	\$400	\$350	N/A	\$1000	N/A	Emb	Sep	849	.99		
CE-LM	Platinum	25/100%	N/A	N/A	N/A	N/A	100%	N/A	\$2500	\$5,000	N/A	N/A	100%	\$25	\$75	\$50	\$500	\$60/\$75	\$300	\$1500	N/A	\$2000	N/A	Emb	Sep	849	1.00		
CE-KF	Silver	45/1500/50%	\$1500	\$3,000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	\$10	\$45	\$95	\$50	50%*	\$60/\$60*	50%*	50%*	N/A	50%*	N/A	Emb	Sep	849	.71		
CE-KL	Gold	25/2000/80%	\$2000	\$4,000	N/A	N/A	80%	N/A	\$6000	\$12000	N/A	N/A	100%	\$25	\$80	\$50	80%*	80%*/80%*	\$400	80%*	\$250	80%*	\$500	Emb	Sep	849	.78		
CE-KN	Silver	35/2250/50%	\$2250	\$4,500	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$35	\$90	\$75	50%*	\$60/50%*	50%*	50%*	N/A	50%*	N/A	Emb	Sep	849	.70		
CE-KS	Gold	40/4000/80%	\$4000	\$8,000	N/A	N/A	80%	N/A	\$6000	\$12000	N/A	N/A	100%	\$40	\$90	\$50	\$750	80%*/\$50	\$400	80%*	N/A	80%*	N/A	Emb	Sep	849	.76		
CE-K2	Bronze	50/6500/50%	\$6500	\$13000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$50	\$95	50%*	50%*	\$60/50%*	50%*	50%*	N/A	50%*	N/A	Emb	Comb	F77L	.60		
CE-K6	Silver	40/8100/50%	\$8100	\$16200	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$40	\$80	\$150	50%*	\$60/50%*	50%*	50%*	N/A	50%*	N/A	Emb	Sep	F78L	.62		
<b>HMO Choice Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																													
CE-LE	Silver	4500/100%	\$4500	\$9,000	N/A	N/A	100%	N/A	\$4500	\$9,000	N/A	N/A	100%*	100%*	100%*	100%*	100%*	100%*/100%*	100%*	100%*	N/A	100%*	N/A	Emb	Comb	F79L	.71		
CE-LH	Silver	5000/100%	\$5000	\$10000	N/A	N/A	100%	N/A	\$7000	\$14,000	N/A	N/A	100%*	100%*	100%*	100%*	100%*	100%*/100%*	100%*	100%*	N/A	100%*	N/A	Emb	Comb	F77L	.64		
CE-LJ	Bronze	7000/100%	\$7000	\$14000	N/A	N/A	100%	N/A	\$7000	\$14,000	N/A	N/A	100%*	100%*	100%*	100%*	100%*	100%*/100%*	100%*	100%*	N/A	100%*	N/A	Emb	Comb	F79L	.60		
<b>HMO Choice Primary Advantage - Deductible first, then copayment applies for Specialty office visits.</b>																													
CE-LK	Silver	5500/80%	\$5500	\$11000	N/A	N/A	80%	N/A	\$8000	\$16,000	N/A	N/A	100%	100%	\$90*	\$50	80%*	80%*/80%*	\$500	80%	N/A	80%	N/A	Emb	Sep	F78L	.63		
Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance			Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery			Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work <sup>1</sup>	Net-work (non-des) <sup>2</sup>	Non-Net-work	Network		Non-Network		Virtual Visits	PCP <sup>3</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP Per Occur Ded	IP Hosp					IP Per Occur Ded
			Single	Family	Single	Family				Single	Family	Single	Family																
<b>HMO Choice EDGE</b>																													
CE-LQ	Gold	40/2500/70%	\$2500	\$5000	N/A	N/A	70%	60%	N/A	\$5,000	\$10,000	N/A	N/A	100%	\$40	\$40	\$80	70%*	\$500	70%*/70%*	\$400	70%*	\$500	70%*	\$1000	Emb	Sep	849	.73
CE-LS	Gold	45/3500/70%	\$3500	\$7000	N/A	N/A	70%	60%	N/A	\$7,000	\$14,000	N/A	N/A	100%	\$45	\$45	\$90	70%*	\$500	70%*/70%*	\$400	70%*	\$500	70%*	\$1000	Emb	Sep	849	.71



# UnitedHealthcare - 2021 Multi-Choice Package 830

North Florida  
Preferred 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance								Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray-FREE	Minor Lab/ Xray-HOSP	Major Diag-FREE	Major Diag HOSP	OP Surg-FREE	OP Surg HOSP	IP Hosp					
			Single	Family	Single	Family			Single	Family	Single	Family																	
HMO Choice Fusion Plans - Some benefits are subject DED first. Please reference benefit summary. (Fusion/POST plans do not include Preferred Lab Network)																													
CE-L6	Silver	4200/100%	\$4,200	\$8,400	N/A	N/A	100%	N/A	\$8150	\$16300	N/A	N/A	100%	100%	\$125	\$50	\$500*	100% / \$75*	\$50 / \$150*	\$250*	\$500*	\$500*	\$1000*	\$500*	Emb	Sep	F78L	.66	
CE-L8	Bronze	45/8000/50%	\$8,000	\$16,000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$45	\$95 / \$150	\$150	50%*	\$75 / 50%	\$75 / 50%*	\$550*	50%*	\$550*	50%*	50%*	Emb	Comb	F77L	.56	
Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance			Out of Pocket Maximum				Member Copay/Plan Coinsurance								Outpatient Surgery		Inpatient Hospital	Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work	Net-work (non-des)	Non-Net-work	Network		Non-Network		Virtual Visits	PCP <sup>1</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/ Xray	Major Diag	OP Surg	OP Per Occur Ded						IP Hosp
			Single	Family	Single	Family				Single	Family	Single	Family																
HMO Choice EDGE																													
CE-LX	Gold	10/1500/70%	\$1,500	\$3,000	N/A	N/A	70%	70%	N/A	\$5000	\$10,000	N/A	N/A	100%	\$10	\$60	\$120	\$40	\$750	70%* / 70%*	\$400	70%*	N/A	70%*	N/A	Emb	Sep	849	.80
HMO Choice Plus PROformance plans																													
CE-LY	Gold	10/2500/80%	\$2,500	\$5,000	\$5,000	\$10000	80%	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$10	\$40	\$80	\$40	\$750	80% / \$60	\$400	80%*	N/A	80%*	N/A	Emb	Sep	849	.82
HMO Choice Plus EDGE																													
CE-LP	Gold	25/2500/100%	\$2500	\$5000	\$6,000	\$12000	100%	100%	70%	\$7,500	\$15,000	\$12,000	\$24,000	100%	\$25	\$25	\$50	\$50	\$500	70%* / 100%*	\$400	100%*	\$150	100%*	\$500	Emb	Sep	849	.83
Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance								Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	OP Surg	OP Surg POD	IP Hosp	IP Hosp POD						
			Single	Family	Single	Family			Single	Family	Single	Family																	
HMO Choice Plus																													
CE-KD	Gold	45/1000/50%	\$1000	\$2000	\$3000	\$6000	50%	50%	\$5500	\$11000	\$15000	\$30000	100%	\$45	\$90	\$50	50%*	\$60 / 50%*	50%*	50%*	N/A	50%*	N/A	Emb	Sep	849	.80		
CE-KX	Silver	40/5000/80%	\$5000	\$10000	\$10000	\$20000	80%	50%	\$8550	\$17100	\$15000	\$30000	100%	\$40	\$95	\$50	\$650	80%* / 80%*	\$400	80%*	N/A	80%*	N/A	Emb	Sep	F78L	.66		
HMO Choice Plus Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)																													
CE-K8	Silver	25/2500/80%	\$2500	\$5000	\$6000	\$12000	80%	50%	\$7000	\$8,550	\$12000	\$24000	100%*	\$25*	\$90*	\$50*	80%*	80%* / 80%*	80%*	80%*	N/A	80%*	N/A	Non Emb	Comb	921	.76		



# UnitedHealthcare - 2021 Multi-Choice Package 830

North Florida  
Preferred 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD					IP Hosp	IP Hosp POD
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>Insurance Choice</b>																												
CE-KK	Silver	45/2000/50%	\$2,000	\$4,000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$45	\$95	\$75	\$750	\$60/\$75	\$500	N/A	\$1300	N/A	\$1600	N/A	Emb	Sep	849	.78
CE-K3	Silver	40/7000/50%	\$7,000	\$14000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$40	\$90	\$50	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	F78L	.62
<b>Insurance Choice Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																												
CE-LG	Silver	4500/70%	\$4,500	\$9000	N/A	N/A	70%	N/A	\$6550	\$13000	N/A	N/A	70%*	70%*	70%*	70%*	70%*	70%*/70%*	70%*	N/A	70%*	N/A	70%*	N/A	Emb	Comb	F77L	.64
<b>Insurance Choice Plus</b>																												
CE-KE	Gold	20/1000/80%	\$1,000	\$2,000	\$3,000	\$6,000	80%	50%	\$8000	\$16000	\$12000	\$24,000	100%	\$20	\$40	\$50	80%*	80%*/80%*	\$250	N/A	80%*	\$250	80%*	\$500	Emb	Sep	849	.84
CE-KH	Gold	30/1500/70%	\$1,500	\$3,000	\$4,000	\$8,000	70%	50%	\$6000	\$12000	\$12000	\$24,000	100%	\$30	\$60	\$50	\$500	70%*/70%*	70%	N/A	70%*	N/A	70%*	N/A	Emb	Sep	849	.82
CE-KO	Gold	20/2500/100%	\$2,500	\$5,000	\$10000	\$20000	100%	60%	\$8000	\$16000	\$20000	\$40,000	100%	\$20	\$40	\$50	100%*	70%*/100%*	100%*	N/A	100%*	\$250	100%*	\$250	Emb	Sep	849	.83
CE-KQ	Gold	30/3500/90%	\$3,500	\$7,000	\$10000	\$20000	90%	60%	\$8000	\$16000	\$20000	\$40,000	100%	\$30	\$60	\$50	90%*	70%*/90%*	90%*	N/A	90%*	N/A	90%*	N/A	Emb	Sep	849	.75
CE-KY	Silver	40/5000/80%	\$5,000	\$10000	\$10000	\$2000	80%	50%	\$8550	\$17100	\$15000	\$30,000	100%	\$40	\$95	\$50	\$650	80%*/80%*	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	F78L	.66
Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/xray	Major Diag	OP Surg	OP Surg POD	IP Hosp					IP Hosp-OD	
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>Insurance Choice Plus Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																												
CE-K7	Gold	1500/80%	\$1,500	\$3,000	\$3,000	\$6,000	80%	60%	\$7,000	\$8550	\$6,000	\$12000	80%*	80%*	80%*	80%*	80%*	80%*	80%*/80%*	80%*	80%*	N/A	80%*	N/A	Non Emb	Comb	921	.84
CE-K9	Silver	25/2500/80%	\$2,500	\$5,000	\$6,000	\$12000	80%	50%	\$7,000	\$8550	\$12000	\$24000	100%*	\$25*	\$90*	\$50*	80%*	80%*/80%*	80%*	80%*	N/A	80%*	N/A	Non Emb	Comb	921	.76	



# UnitedHealthcare - 2021 Multi-Choice Package 830

North Florida  
Preferred 2-50

Plan Code	Metallic Tier	Description	Deductible						Plan Coinsurance				Out of Pocket Maximum				Member Copay/Plan Coinsurance						Member Copay/Plan Coinsurance		Outpatient Surgery		Inpatient Hosp	Med Ded Type	Med/Rx Ded Type	Rx	Rels
			Network		Non-Network		Net-work <sup>1</sup>	Net-work (non-des) <sup>2</sup>	Non-Net-work	Network		Non-Network		Virtual Visits	PCP <sup>3</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP POD	IP Hosp							
			Single	Family	Single	Family				Single	Family	Single	Family																		
<b>Insurance Choice Plus EDGE plans</b>																															
CE-HX	Gold	25/1500/80%	\$1500	\$3000	\$4000	\$8000	80%	60%	60%	\$7500	\$15000	\$10000	\$20000	100%	\$25	\$25	\$50	\$50	\$500	80%*/100%	\$400	80%*	\$150	80%*	\$500	Emb	Sep	849	.83		
<b>Insurance Choice PROformance</b>																															
CE-L2	Gold	10/3000/80%	\$3,000	\$6,000	N/A	N/A	80%	80%	\$6500	\$13,800	N/A	N/A	N/A	100%	\$10	\$40	\$80	\$40	\$750	80%*/80%*	\$400	80%*	N/A	80%*	N/A	Emb	Sep	849	.77		

## Neighborhood Health Partnership Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		IP Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels				
			Network		Non-Network		Net-work	Non-Net-work	Network		Non-Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD					IP Hosp	IP Hosp POD		
			Single	Family	Single	Family			Single	Family	Single	Family																		
<b>NHP HMO - Direct Access includes Care Cash</b>																														
CE-IZ	Gold	50/500/50%	\$500	\$1,000	N/A	N/A	50%	N/A	\$6,500	\$13,000	N/A	N/A	100%	\$50	\$120	\$50	50%*	50%*/50%*	50%*	N/A	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	NHSA	.75
CE-14	Gold	25/2500/100%	\$2,500	\$5,000	N/A	N/A	100%	N/A	\$5,000	\$10,000	N/A	N/A	100%	\$25	\$90	\$75	\$650	100%*/100%*	\$500	N/A	\$750	N/A	\$750	N/A	Emb	Sep	NHSA	.82		
CE-19	Silver	50/1500/50%	\$1,500	\$3,000	N/A	N/A	50%	N/A	\$8,150	\$16,300	N/A	N/A	100%	\$50	\$120	\$50	50%*	50%/50%	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	NHTL	.64		

Plan Code	Metallic Tier	Description	Deductible						Plan Coinsurance			Out of Pocket Maximum				Member Copay/Plan Coinsurance						Member Copay/Plan Coinsurance		Outpatient Surgery		Inpatient Hosp	Med Ded Type	Med/Rx Ded Type	Rx	Rels
			Network		Non-Network		Net-work <sup>1</sup>	Net-work (non-des) <sup>2</sup>	Non-Net-work	Network		Non-Network		Virtual Visits	PCP <sup>3</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP POD	IP Hosp						
			Single	Family	Single	Family				Single	Family	Single	Family																	
<b>NHP HMO PROformance Plans includes Care Cash</b>																														
CE-JM	Gold	10/3000/80%	\$3000	\$6,000	N/A	N/A	80%	80%	N/A	\$6,500	\$13,800	N/A	N/A	100%	\$10	\$40	\$80	\$40	\$750	\$40/\$40	\$400	80%*	N/A	80%*	N/A	Emb	Sep	NHSA	.80	
CE-JO	Gold	10/1500/70%	\$1500	\$3,000	N/A	N/A	70%	70%	N/A	\$5,000	\$10,000	N/A	N/A	100%	\$10	\$60	\$120	\$40	\$750	\$50/\$50	\$400	70%*	N/A	70%*	N/A	Emb	Sep	NHTL	.77	



## Pharmacy Standard Plans - Prescription Drug List (PDL)

Rx Plan Code	PDL	Member Copay / Plan Coinsurance								Deductible		Mail Service Ratio (x Retail)
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	
<b>Separate Medical/Rx Deductible</b>												
849	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	N/A	N/A	2.5
F78L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	N/A	N/A	2.5
NHSA	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	N/A	N/A	2.5
NHTL	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	N/A	N/A	2.5
<b>Combined Medical/Rx Deductible</b>												
921	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	Same as Medical		2.5
F77L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as Medical		3
F79L	Essential - Standard Select	No Copay	N/A	No Copay	N/A	No Copay	N/A	No Copay	N/A	Same as Medical		No Copay

Need 5+ enrolled in order to offer a dual or triple option.

# Standard Select Rx Network excludes some pharmacies including Walgreens

NHP plans include Care Cash benefit

All UHC plans include Preferred Lab Network - Minor Labs covered at 100% provided they are conducted at a lab in the Preferred Network (excludes HSA and POST Plans)

Need 5+ enrolled in order to offer a dual or triple option.

\* Subject to Deductible

1 UHC Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics. NHP PCP selection can only include Family Practice, Internal Medicine, General Practice and Pediatrics.

In 2021, maximum HSA contribution is \$3,600 single/\$7,200 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high-deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through Optum BankSM, Member FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

\*Subject to deductible

- Facility and hospital copayments do not apply to the deductible and continue to be required after the deductible is satisfied. These copayments may also be referred to as "per occurrence copayments" or "per occurrence deductibles."
- ER NOTES: Plan deductible is waived for Emergency Room visits. Copay or copay plus plan coinsurance will be required, depending on plan design.
- Plans with non-embedded deductibles reflect the family deductible and out-of-pocket maximum, meaning no single person in the family has satisfied the deductible or out of pocket maximum until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

1 Network coinsurance benefit includes the non-physician coinsurance, the premium designated primary care physician, coinsurance and the premium designated specialist coinsurance amount.

2 Network (non-designated) coinsurance is the non-premium designated specialist coinsurance.

3 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

4 This enhanced benefit applies to Premium designated specialists.

5 This benefit level applies to physicians in specialties where there is a Premium designation program, but the physician is not a Premium designated specialist; or, where there is no UnitedHealth Premium program available; or, when the physician's specialty is not part of the UnitedHealth Premium Designation program.

The Per-Occurrence Deductible must be met prior to and in addition to the Annual Deductible.



# UnitedHealthcare - 2021 Multi-Choice Package 831

North Florida  
Insurance Focused 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels			
			Network		Non-Network		Net-work <sup>1</sup>	Net-work (non-des) <sup>2</sup>	Network		Non-Network		Virtual Visits	PCP <sup>3</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP Per Occur Ded					IP Hosp	IP Per Occur Ded	
			Single	Family	Single	Family			Single	Family	Single	Family																	
<b>HMO Choice EDGE</b>																													
CE-LQ	Gold	40/2500/70%	\$2500	\$5000	N/A	N/A	70%	60%	N/A	\$5,000	\$10000	N/A	N/A	100%	\$40	\$40	\$80	70%*	\$500	70%*/70%*	\$400	70%*	\$500	70%*	\$1000	Emb	Sep	849	.73
CE-LS	Gold	45/3500/70%	\$3500	\$7000	N/A	N/A	70%	60%	N/A	\$7,000	\$14000	N/A	N/A	100%	\$45	\$45	\$90	70%*	\$500	70%*/70%*	\$400	70%*	\$500	70%*	\$1000	Emb	Sep	849	.71
<b>HMO Choice PROformance Plans</b>																													
CE-LX	Gold	10/1500/70%	\$1,500	\$3,000	N/A	N/A	70%	70%	\$5000	\$10000	N/A	N/A	N/A	100%	\$10	\$60	\$120	\$40	\$750	70%*/70%*	\$400	70%*	N/A	70%*	N/A	Emb	Sep	849	.78
Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels			
			Network		Non-Network		Network	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD					IP Hosp	IP Hosp POD	
			Single	Family	Single	Family			Single	Family	Single	Family																	
<b>HMO Choice</b>																													
CE-KA	Gold	25/500/50%	\$500	\$1,000	N/A	N/A	50%	N/A	\$5000	\$10000	N/A	N/A	100%	\$25	\$90	\$50	50%*	\$60/50%*	50%*	N/A	50%	N/A	50%*	N/A	Emb	Sep	849	.79	
CE-KL	Gold	25/2000/80%	\$2000	\$4,000	N/A	N/A	80%	N/A	\$6000	\$12000	N/A	N/A	100%	\$25	\$80	\$50	80%*	80%*/80%*	\$400	N/A	80%*	\$250	80%*	\$500	Emb	Sep	849	.76	
CE-K2	Bronze	50/6500/50%	\$6500	\$13000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$50	\$95	50%*	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Comb	F77L	.58	
CE-K6	Silver	40/8100/50%	\$8100	\$16200	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$40	\$80	\$150	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	F78L	.61	
Plan Code	Metallic Tier	Description	Empl Fund-ing (min-max)	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
				Network		Non-Network		Network	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP Surg POD	IP Hosp					IP Hosp POD	
				Single	Family	Single	Family			Single	Family	Single	Family																
<b>HMO Choice Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																													
CE-LH	Silver	5000/100%	N/A	\$5000	\$10000	N/A	N/A	100%	N/A	\$7000	\$14000	N/A	N/A	100%*	100%*	100%*	100%*	100%*	100%*/100%*	100%*	100%*	N/A	100%*	N/A	Emb	Comb	F77L	.62	
CE-LG	Silver	4500/70%	N/A	\$4,500	\$9000	N/A	N/A	70%	N/A	\$6,550	\$13000	N/A	N/A	70%*	70%*	70%*	70%*	70%*	70%*/70%*	70%*	70%*	N/A	70%*	N/A	Emb	Comb	F77L	.62	
<b>HMO Choice Plus Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																													
CE-K8	Silver	25/2500/80%	N/A	\$2500	\$5000	\$6000	\$12000	80%	50%	\$7000	\$8,550	\$12000	\$24000	100%*	\$25*	\$90*	\$50*	80%*	80%/80%*	80%*	80%*	N/A	80%*	N/A	Non	Comb	921	.74	
<b>HMO Choice Plus</b>																													
CE-KD	Gold	45/1000/50%	N/A	\$1000	\$2000	\$3000	\$6000	50%	50%	\$5500	\$11000	\$15000	\$30000	100%	\$45	\$90	\$50	50%*	\$60/50%*	50%*	50%*	N/A	50%*	N/A	Emb	Sep	849	.77	
CE-KX	Silver	40/5000/80%	N/A	\$5000	\$10000	\$10000	\$20000	80%	50%	\$8550	\$17100	\$15000	\$30000	100%	\$40	\$95	\$50	\$650	80%*/80%*	\$400	80%*	N/A	80%*	N/A	Emb	Sep	F78L	.64	



# UnitedHealthcare - 2021 Multi-Choice Package 831

North Florida  
Insurance Focused 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD					IP Hosp	IP Hosp POD
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>Insurance Choice</b>																												
CE-KK	Silver	45/2000/50%	\$2,000	\$4,000	N/A	N/A	50%	N/A	\$8,550	\$1100	N/A	N/A	100%	\$45	\$95	\$75	\$750	\$60/\$75	\$500	N/A	\$1300	N/A	\$1600	N/A	Emb	Sep	849	.76
CE-KW	Silver	40/5000/80%	\$5,000	\$10,000	N/A	N/A	80%	N/A	\$8,550	\$17,100	N/A	N/A	100%	\$40	\$95	\$50	\$650	80%*/80%*	\$400	N/A	80%*	N/A	80%*	\$750	Emb	Sep	F78L	.63
CE-KZ	Gold	30/6000/100%	\$6,000	\$12,000	N/A	N/A	100%	N/A	\$7,000	\$14,000	N/A	N/A	100%	\$30	\$60	\$75	\$500	70%*/100%*	\$400	N/A	100%*	N/A	100%*	N/A	Emb	Sep	849	.72
CE-K3	Silver	40/7000/50%	\$7,000	\$14000	N/A	N/A	50%	N/A	\$8,550	\$17100	N/A	N/A	100%	\$40	\$90	\$50	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	F78L	.60
<b>Insurance Choice Primary Advantage -- Deductible first, then copayment applies for Specialty office visits.</b>																												
CE-LL	Silver	6500/80%	\$6,500	\$13,000	N/A	N/A	80%	N/A	\$8,150	\$16,300	N/A	N/A	100%	100%	\$90*	\$50	80%*	80%*/\$50	\$400	N/A	80%*	N/A	80%*	\$500	Emb	Sep	F78L	.61
<b>Insurance Choice PROformance</b>																												
CE-L2	Gold	10/3000/80%	\$3,000	\$6,000	N/A	N/A	80%	80%	N/A	\$6,500	\$13800	N/A	N/A	100%	\$10	\$40	\$750	80%*/80%*	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	849	.75
CE-L3	Silver	10/4500/50%	\$4,500	\$9,000	N/A	N/A	50%	N/A	\$8,000	\$16,000	N/A	N/A	100%	\$10	\$60	\$40	\$750	\$60/50%*	\$400	N/A	50%*	N/A	50%*	N/A	Emb	Comb	F77L	.73
<b>Insurance Choice EDGE</b>																												
CE-LT	Gold	25/4000/100%	\$4,000	\$8,000	N/A	N/A	100%	80%	\$7,500	\$15,000	N/A	N/A	100%	\$25	\$25	\$50	\$500	70%*/100%*	\$400	N/A	100%*	\$500	100%*	\$1000	Emb	Sep	849	.73
<b>Insurance Choice Plus Copay Only</b>																												
CE-LN	Platinum	35/100%	N/A	N/A	\$1,000	\$3,000	100%	50%	\$2,500	\$5,000	\$6,000	\$12000	100%	\$35	\$75	\$125	\$750	\$60/\$60	\$400	N/A	\$1,250	N/A	\$1,250	N/A	Emb	Sep	849	.97



# UnitedHealthcare - 2021 Multi-Choice Package 831

North Florida  
Insurance Focused 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD					IP Hosp	IP Hosp POD
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>Insurance Choice Plus</b>																												
CE-KE	Gold	20/1000/80%	\$1,000	\$2,000	\$3,000	\$6,000	80%	50%	\$8,000	\$16000	\$12000	\$24000	100%	\$20	\$40	\$50	80%*	80%*/80%*	\$250	N/A	80%*	\$250	80%*	\$500	Emb	Sep	849	.82
CE-KH	Gold	30/1500/70%	\$1,500	\$3,000	\$4,000	\$8,000	70%	50%	\$6,000	\$12000	\$12000	\$24000	100%	\$30	\$60	\$50	\$500	70%*/70%*	70%*	N/A	70%*	N/A	70%*	N/A	Emb	Sep	849	.80
CE-KO	Gold	20/2500/100%	\$2,500	\$5,000	\$10000	\$20000	100%	60%	\$8,000	\$16000	\$20000	\$40000	100%	\$20	\$40	\$50	100%*	70%*/70%*	100%*	N/A	100%*	\$250	100%*	\$250	Emb	Sep	849	.80
CE-KQ	Gold	30/3500/90%	\$3,500	\$7,000	\$10000	\$20000	90%	60%	\$8,000	\$16000	\$20000	\$40000	100%	\$30	\$60	\$50	90%*	70%*/70%*	90%*	N/A	90%*	N/A	90%*	N/A	Emb	Sep	849	.73
CE-KY	Silver	40/5000/80%	\$5,000	\$10,000	\$10000	\$20000	80%	50%	\$8,550	\$17100	\$15000	\$30000	100%	\$40	\$95	\$50	\$650	80%/80%*	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	F78L	.64
CE-KB	Platinum	15/500/100%	\$500	\$1,500	\$2,000	\$6000	100%	70%	\$2,500	\$5,000	\$14000	\$24000	100%	\$15	\$30	\$50	\$400	70%*/70%*	100%*	N/A	100%*	\$250	100%*	\$500	Emb	Sep	849	1.00
CE-KG	Gold	25/1500/100%	\$1,500	\$3,000	\$5,000	\$10000	100%	80%	\$5,500	\$11000	\$9,000	\$18000	100%	\$25	\$90	\$50	\$500*	\$60*/\$60*	\$400*	N/A	\$500*	N/A	\$1250*	N/A	Emb	Sep	849	.82
CE-KT	Gold	40/4000/80%	\$4,000	\$8,000	\$8,000	\$16000	80%	60%	\$6,000	\$12000	\$15000	\$30000	100%	\$40	\$90	\$50	\$500	80%*/\$50	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	849	.76
<b>Insurance Choice Plus Copay Only</b>																												
CE-LN	Platinum	35/100%	N/A	N/A	\$1,000	\$3,000	100%	50%	\$2,500	\$5,000	\$6,000	\$12000	100%	\$35	\$75	\$125	\$750	\$60/\$60	\$400	N/A	\$1250	N/A	\$1,250	N/A	Emb	Sep	849	.97
Plan Code	Metallic Tier	Description	Employer Funding (min-max)	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
				Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	OP Surg	OP Surg POD	IP Hosp					IP Hosp POD
				Single	Family	Single	Family			Single	Family	Single	Family															
<b>Insurance Choice Plus Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																												
CE-K7	Gold	1500/80%	N/A	\$1500	\$3,000	\$3,000	\$6,000	80%	60%	\$7,000	\$8,550	\$6,000	\$12,000	80%*	80%*	80%*	80%*	80%*	80%*/80%*	80%*	80%*	N/A	80%*	N/A	Non Emb	Comb	921	.81
CE-K9	Silver	25/2500/80%	N/A	\$2500	\$5,000	\$6,000	\$12000	80%	50%	\$7,000	\$8,550	\$12000	\$24,000	100%*	\$25*	\$90*	\$50*	80%*	80%*/80%*	80%*	80%*	N/A	80%*	N/A	Non Emb	Comb	921	.74
CE-LB	Silver	25/3500/100%	N/A	\$3,500	\$7,000	\$4,000	\$8,000	100%	60%	\$5,500	\$11,000	\$8,000	\$16,000	\$10*	\$25*	\$60*	100%*	\$500*	100%*/100%*	100%*	100%*	N/A	100%*	\$200	Emb	Comb	921	.77
CE-LI	Bronze	6000/70%	N/A	\$6,000	\$12,000	\$10000	\$20000	70%	50%	\$7,000	\$14,000	\$15,000	\$30,000	70%*	70%*	70%*	70%*	70%*	70%*/70%*	70%*	70%*	N/A	70%*	N/A	Emb	Comb	F77L	60
<b>Insurance Choice Plus Health Savings Account (HSA) - with Motion - Contributory</b>																												
CE-LC	Gold	4000/80%	\$1000/\$1200	\$4,000	\$8,000	\$9,000	\$18000	80%	60%	\$7,000	\$14,000	\$18,000	\$36,000	80%*	80%*	80%*	80%*	80%*	80%*/80%*	80%*	80%*	N/A	80%*	N/A	Emb	Comb	921	.68





# UnitedHealthcare - 2021 Multi-Choice Package 831

North Florida  
Insurance Focused 2-50

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance			Out of Pocket Maximum				Member Copay/Plan Coinsurance							Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work <sup>1</sup>	Net-work (non-des) <sup>2</sup>	Non-Net-work	Network		Non-Network		Virtual Visits	PCP <sup>3</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP Per Occur Ded	IP Hosp					IP Per Occur Ded
			Single	Family	Single	Family				Single	Family	Single	Family																
<b>Insurance Choice Plus EDGE</b>																													
CE-HX	Gold	25/1500/80%	\$1500	\$3000	\$4000	\$8000	80%	60%	60%	\$7500	\$15000	\$10000	\$20000	100%	\$25	\$25	\$50	\$50	\$500	80%	\$400	80%*	\$150	80%*	\$500	Emb	Sep	849	.80
<b>HMO Choice Plus PROformance Plans</b>																													
CE-LY	Gold	10/2500/80%	\$2,500	\$5,000	\$5,000	\$10000	80%	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$10	\$40	\$80	\$40	\$750	80%*	\$400	80%*	N/A	80%*	N/A	Emb	Sep	849	.80

## Neighborhood Health Partnership Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance							Outpatient Surgery		IP Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>3</sup>	SPEC	UC	ER	Minor Lab/Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD	IP Hosp					IP Hosp POD
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>NHP HMO - Direct Access includes Care Cash</b>																												
CE-IZ	Gold	50/500/50%	\$500	\$1,000	N/A	N/A	50%	N/A	\$6,500	\$13,000	N/A	N/A	100%	\$50	\$120	\$50	50%*	50%*/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	NHSA	.73
CE-14	Gold	25/2500/100%	\$2,500	\$5,000	N/A	N/A	100%	N/A	\$5,000	\$10,000	N/A	N/A	100%	\$25	\$90	\$75	\$650	100%*/100%*	\$500	N/A	\$750	N/A	\$750	N/A	Emb	Sep	NHSA	.79
<b>NHP PROformance includes Care Cash</b>																												
CE-JM	Gold	10/3000/80%	\$3000	\$6,000	N/A	N/A	80%	80%	N/A	\$6,500	\$13800	N/A	100%	\$10	\$40	\$80	\$750	\$40/\$40	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	NHSA	.78
CE-JO	Gold	10/1500/70%	\$1500	\$3,000	N/A	N/A	70%	70%	N/A	\$5,000	\$10000	N/A	100%	\$10	\$60	\$120	\$750	\$50/\$50	\$400	N/A	70%*	N/A	70%*	N/A	Emb	Sep	NHTL	.75



## Pharmacy Standard Plans - Prescription Drug List (PDL)

Rx Plan Code	PDL	Member Copay / Plan Coinsurance								Deductible		Mail Service Ratio (x Retail)
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	
<b>Separate Medical/Rx Deductible</b>												
849	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	N/A	N/A	2.5
F78L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	N/A	N/A	2.5
NHSA	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	N/A	N/A	2.5
NHTL	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	N/A	N/A	2.5
<b>Combined Medical/Rx Deductible</b>												
921	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	Same as Medical		2.5
F77L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as Medical		3

Need 5+ enrolled in order to offer a dual or triple option.

# Standard Select Rx Network excludes some pharmacies including Walgreens

NHP plans include Care Cash benefit

All UHC plans include Preferred Lab Network - Minor Labs covered at 100% provided they are conducted at a lab in the Preferred Network (excludes HSA and POST Plans)

\* Subject to Deductible

1 UHC Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics. NHP PCP selection can only include Family Practice, Internal Medicine, General Practice and Pediatrics.

In 2021, maximum HSA contribution is \$3,600 single/\$7,200 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high-deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through Optum BankSM, Member FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

\*Subject to deductible

- Facility and hospital copayments do not apply to the deductible and continue to be required after the deductible is satisfied. These copayments may also be referred to as "per occurrence copayments" or "per occurrence deductibles."
- ER NOTES: Plan deductible is waived for Emergency Room visits. Copay or copay plus plan coinsurance will be required, depending on plan design.
- Plans with non-embedded deductibles reflect the family deductible and out-of-pocket maximum, meaning no single person in the family has satisfied the deductible or out of pocket maximum until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

For Rx plans with a Specialty copayment, please refer to the Specialty Medication Plan Designs for a list of specialty medications and tiers. For the most up-to-date drug coverage information, members may contact Customer Care by using the toll-free member phone number on the back of their health plan ID card; or they may log on to [myuhc.com](http://myuhc.com).

1 Network coinsurance benefit includes the non-physician coinsurance, the premium designated primary care physician, coinsurance and the premium designated specialist coinsurance amount.

2 Network (non-designated) coinsurance is the non-premium designated specialist coinsurance.

3 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

4 This enhanced benefit applies to Premium designated specialists.

5 This benefit level applies to physicians in specialties where there is a Premium designation program, but the physician is not a Premium designated specialist; or, where there is no UnitedHealth Premium program available; or, when the physician's specialty is not part of the UnitedHealth Premium Designation program.

The Per-Occurrence Deductible must be met prior to and in addition to the Annual Deductible.

An Ancillary Charge may apply when a covered Prescription Drug Product is dispensed at your provider's request and there is another drug that is chemically the same available at a lower tier.



# UnitedHealthcare - 2021 Multi-Choice Package 832

North Florida  
Value 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD					IP Hosp	IP Hosp POD
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>HMO Choice</b>																												
CE-KA	Gold	25/500/50%	\$500	\$1,000	N/A	N/A	50%	N/A	\$5000	\$10000	N/A	N/A	100%	\$25	\$90	\$50	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	849	.86
CE-KF	Silver	45/1500/50%	\$1500	\$3,000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	\$10	\$45	\$95	\$50	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	849	.75
CE-KL	Gold	25/2000/80%	\$2000	\$4,000	N/A	N/A	80%	N/A	\$6000	\$12000	N/A	N/A	100%	\$25	\$80	\$50	80%*	80%*/80%*	\$400	N/A	80%*	\$250	80%*	\$500	Emb	Sep	849	.82
CE-KN	Silver	35/2250/50%	\$2250	\$4,500	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$35	\$90	\$75	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	849	.74
CE-KS	Gold	40/4000/80%	\$4000	\$8,000	N/A	N/A	80%	N/A	\$6000	\$12000	N/A	N/A	100%	\$40	\$90	\$50	\$750	80%*/\$50	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	849	.80
CE-K2	Bronze	50/6500/50%	\$6500	\$13000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$50	\$95	50%*	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Comb	F77L	.63
CE-K6	Silver	40/8100/50%	\$8100	\$16200	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$40	\$80	\$150	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	F78L	.66
<b>HMO Choice Primary Advantage - Deductible first, then copayment applies for Specialty office visits.</b>																												
CE-LK	Silver	5500/80%	\$5500	\$11000	N/A	N/A	80%	N/A	\$8000	\$16,000	N/A	N/A	100%*	100%*	\$90*	\$50	80%*	80%*/80%*	\$500	N/A	80%*	N/A	80%*	N/A	Emb	Sep	F78L	.67
<b>HMO Choice Health Savings Account (HSA) with Motion (HSA plans do not include Preferred Lab Network)</b>																												
CE-LH	Silver	5000/100%	\$5,000	\$10,000	N/A	N/A	100%	N/A	\$7,000	\$14,000	N/A	N/A	100%*	100%*	100%*	100%*	100%*	100%*/100%*	100%*	N/A	100%	N/A	100%	N/A	Emb	Comb	F77L	.68
CE-LJ	Bronze	7000/100%	\$7,000	\$14,000	N/A	N/A	100%	N/A	\$7,000	\$14,000	N/A	N/A	100%*	100%*	100%*	100%*	100%*	100%*/100%*	100%*	N/A	100%	N/A	100%	N/A	Emb	Comb	F79L	.63
<b>HMO Choice Plus Health Savings Account (HSA) with Motion</b>																												
CE-K8	Silver	25/2500/80%	\$2500	\$5000	\$6000	\$12000	80%	50%	\$7000	\$8,550	\$12000	\$24000	100%*	\$25*	\$90*	\$50*	80%*	80%*/80%*	80%*	N/A	80%*	N/A	80%*	N/A	Non Emb	Comb	921	.80
<b>HMO Choice Plus</b>																												
CE-KD	Gold	45/1000/50%	\$1000	\$2000	\$3000	\$6000	50%	50%	\$5500	\$11000	\$15000	\$30000	100%	\$45*	\$90	\$50	50%*	\$60/50%*	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	849	.84
CE-KX	Silver	40/5000/80%	\$5,000	\$10,000	\$10000	\$20000	80%	50%	\$8,550	\$17,100	\$15,000	\$30,000	100%*	\$40*	\$95*	\$50*	\$650*	80%*/80%*	\$400*	N/A	80%*	N/A	80%*	N/A	Emb	Sep	F78L	.70
Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Minor Xray- FREE	Major Diag- FREE	Major Diag- HOSP	OP Surg- FREE					OP Surg- HOSP	IP Hosp
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>HMO Choice Fusion- Some benefits are subject DED first. Please reference benefit summary.</b>																												
CE-L6	Silver	4200/100%	\$4,200	\$8,400	N/A	N/A	100%	N/A	\$8150	\$16300	N/A	N/A	100%	100%	\$125*	\$50	\$500*	100%/ \$50*	\$75/ \$150*	\$250	\$500*	\$500	\$1000*	\$500*	Emb	Sep	F78L	.70
CE-L8	Bronze	45/8000/50%	\$8,000	\$16,000	N/A	N/A	50%	N/A	\$8550	\$17100	N/A	N/A	100%	\$45	\$95*	\$150	50%*	\$75/50%*	\$75/50%*	\$550	50%*	\$550*	50%*	50%*	Emb	Comb	F77L	.59



# UnitedHealthcare - 2021 Multi-Choice Package 832

North Florida  
Value 2-50

## UnitedHealthcare Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance			Out of Pocket Maximum				Member Copay/Plan Coinsurance							Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work <sup>1</sup>	Net-work (non-net-work)	Non-Network	Network		Non-Network		Virtual Visits	PCP <sup>3</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP POD	IP Hosp					IP Pod
			Single	Family	Single	Family				Single	Family	Single	Family																
<b>HMO Choice EDGE</b>																													
CE-LQ	Gold	40/2500/70%	\$2500	\$5000	N/A	N/A	70%	60%	N/A	\$5,000	\$10,000	N/A	N/A	100%	\$40	\$40	\$80	70%*	\$500	70%*/70%*	\$400	70%*	\$500	70%*	\$1000	Emb	Sep	849	.83
CE-LS	Gold	45/3500/70%	\$3500	\$7000	N/A	N/A	70%	60%	N/A	\$7,000	\$14,000	N/A	N/A	100%	\$45	\$45	\$90	70%*	\$500	70%*/70%*	\$400	70%*	\$500	70%*	\$1000	Emb	Sep	849	.77
<b>HMO Choice PROformance Plans</b>																													
CE-LX	Gold	10/1500/70%	\$1,500	\$3,000	N/A	N/A	70%	70%	N/A	\$5000	\$10000	N/A	100%	\$10	\$60	\$120	\$40	\$750	70%*	70%*/70%*	\$400	70%*	N/A	70%*	N/A	Emb	Sep	849	.85
<b>HMO Choice Plus PROformance Plan</b>																													
CE-LY	Gold	10/2500/80%	\$2,500	\$5,000	\$5,000	\$10000	80%	80%	50%	\$5,000	\$10,000	\$10,000	\$20000	100%	\$10	\$40	\$80	\$40	\$750	80%*/\$60	\$400	80%*	N/A	80%*	N/A	Emb	Sep	849	.87
Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance			Out of Pocket Maximum				Member Copay/Plan Coinsurance							Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels	
			Network		Non-Network		Net-work <sup>1</sup>	Net-work (non-net-work) <sup>2</sup>	Non-Network	Network		Non-Network		Virtual Visits	PCP <sup>3</sup>	Prem SPEC <sup>4</sup>	Non-Des SPEC <sup>5</sup>	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP POD	IP Hosp					IP Pod
			Single	Family	Single	Family				Single	Family	Single	Family																
<b>HMO Choice Plus EDGE</b>																													
CE-LP	Gold	25/2500/100%	\$2500	\$5000	\$6,000	\$12000	100%	100%	70%	\$7,500	\$15,000	\$12,000	\$24,000	100%	\$25	\$25	\$50	\$50	\$500	70%*/100%*	\$400	100%*	\$150	100%*	\$500	Emb	Sep	849	.88
No Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance							Outpatient Surgery		Inpatient Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Netw	Network		Non-Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/Xray	Major Diag	OP Surg	OP Surg POD	IP Hosp	IP Hosp POD						
			Single	Family	Single	Family			Single	Family	Single	Family																	
<b>Insurance Choice</b>																													
CE-K3	Silver	40/7000/50%	\$7,000	\$14000	N/A	N/A	50%	N/A	\$8,550	\$17100	N/A	N/A	100%	\$40	\$90	\$50	50%*	\$60/50%*	50%*	50%*	N/A	50%*	N/A	Emb	Sep	F78L	.65		
<b>Insurance Choice Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																													
CE-LG	Silver	4500/70%	\$4,500	\$9,000	N/A	N/A	70%	N/A	\$6,550	\$13,100	N/A	N/A	70%	70%	70%*	70%	70%*	70%*/70%*	70%*	70%*	N/A	70%	N/A	Emb	Comb	F77L	.67		
<b>Insurance Choice Plus</b>																													
CE-KH	Gold	30/1500/70%	\$1,500	\$3,000	\$4,000	\$8,000	70%	50%	\$6,000	\$12000	\$12000	\$24,000	100%	\$30	\$60	\$50	\$500	70%*/70%*	70%*	70%*	N/A	70%*	N/A	Emb	Sep	849	.87		
CE-KQ	Gold	30/3500/90%	\$3,500	\$7,000	\$10000	\$20,000	90%	60%	\$8,000	\$16000	\$20000	\$40,000	100%	\$30	\$60	\$50	90%*	70%*/90%*	90%*	90%*	N/A	90%*	N/A	Emb	Sep	849	.79		
CE-KY	Silver	40/5000/80%	\$5,000	\$10,000	\$10000	\$20,000	80%	50%	\$8,550	\$17100	\$15000	\$30,000	100%	\$40	\$95	\$50	\$650	80%*/80%*	\$400	80%*	N/A	80%*	N/A	Emb	Sep	F78L	.70		
<b>Insurance Choice Plus Health Savings Account (HSA) - with Motion (HSA plans do not include Preferred Lab Network)</b>																													
CE-K9	Silver	25/2500/80%	\$2,500	\$5,000	\$6,000	\$12,000	80%	50%	\$7,000	\$8,550	\$12000	\$24,000	100%*	\$25*	\$90*	\$50*	80%*	80%*	80%*	80%*	80%*	80%*	N/A	80%*	N/A	Non Emb	Comb	921	.80



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 of Florida, Inc.

# UnitedHealthcare - 2021 Multi-Choice Package 832

North Florida  
Value 2-50

## Neighborhood Health Partnership Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance							Outpatient Surgery		IP Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD	IP Hosp					IP Hosp POD	
			Single	Family	Single	Family			Single	Family	Single	Family																	
<b>NHP PROformance includes Care Cash</b>																													
CE-JM	Gold	10/3000/80%	\$3000	\$6,000	N/A	N/A	80%	80%	\$6,500	\$13800	N/A	N/A	100%	\$10	\$40	\$80	\$750	\$40/\$40	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	NHSA	.85	
CE-JO	Gold	10/1500/70%	\$1500	\$3,000	N/A	N/A	70%	70%	\$5,000	\$10000	N/A	N/A	100%	\$10	\$60	\$120	\$750	\$50/\$50	\$500	N/A	70%*	N/A	70%*	N/A	Emb	Sep	NHTL	.82	
<b>NHP POST (Place of Service Tiering) Plan POST plans offer the member a lower cost share for utilizing freestanding facilities vs hospital settings. Includes Care Cash</b>																													
CE-JU	Bronze	45/7500/50%	\$7,500	\$15,000	N/A	N/A	50%	N/A	\$8500	\$17000	N/A	N/A	100%	\$45	\$95/\$150*	\$100	50%*	\$75/\$75	50%*/50%*	\$500*	50%*	\$500*	50%*	50%*	Emb	Comb	NHSL	.60	
<b>NHP EDGE includes Care Cash includes Care Cash</b>																													
CE-JG	Gold	30/2000/80%	\$2,000	\$4,000	N/A	N/A	80%	50%	N/A	\$5,000	\$10,000	N/A	N/A	100%	\$30	\$75	\$90*	\$75	\$500	\$25/\$25	\$400	80%*	\$250	80%*	\$500	Emb	Sep	NHSA	.87
<b>NHP HMO - Direct Access includes Care Cash</b>																													
CE-I3	Platinum	25/1000/100%	\$1,000	\$2,000	N/A	N/A	100%	N/A	\$3,000	\$6,000	N/A	N/A	100%	\$25	\$45	\$75	\$250	100%*/100%*	\$400	N/A	100%*	N/A	100%*	N/A	Emb	Sep	NHSA	1.00	
CE-I4	Gold	25/2500/100%	\$2,500	\$5,000	N/A	N/A	100%	N/A	\$5,000	\$10,000	N/A	N/A	100%	\$25	\$90	\$75	\$650	100%*/100%*	\$500	N/A	\$750	N/A	\$750	N/A	Emb	Sep	NHSA	.86	
CE-I5	Gold	25/3000/50%	\$3,000	\$6,000	N/A	N/A	50%	N/A	\$6,500	\$13,000	N/A	N/A	100%	\$25	\$90	\$50	\$500	50%*/50%*	\$400	N/A	50%*	N/A	50%*	N/A	Emb	Sep	NHSA	.80	
CE-I6	Gold	25/4000/100%	\$4,000	\$8,000	N/A	N/A	100%	N/A	\$7,350	\$14,700	N/A	N/A	100%	\$25	\$50	\$75	\$500	100%*/100%*	\$400	N/A	100%*	N/A	100%*	N/A	Emb	Sep	NHSA	.83	
CE-I8	Silver	45/7000/50%	\$7,000	\$14,000	N/A	N/A	50%	N/A	\$7,500	\$15,000	N/A	N/A	100%	\$45	\$95	\$75	\$800	50%*/50%*	\$600	N/A	50%*	N/A	50%*	N/A	Emb	Comb	NHSL	.67	
CE-IZ	Gold	50/500/50%	\$500	\$1,000	N/A	N/A	50%	N/A	\$6,500	\$13,000	N/A	N/A	100%	\$50	\$120	\$50	50%*	50%/50%	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	NHSA	.79	
CE-I9	Silver	50/1500/50%	\$1,500	\$3,000	N/A	N/A	50%	N/A	\$8,150	\$16,300	N/A	N/A	100%	\$50	\$120	\$50	50%*	50%/50%	50%*	N/A	50%*	N/A	50%*	N/A	Emb	Sep	NHTL	.67	
CE-JB	Gold	2500/80%	\$2,500	\$5,000	N/A	N/A	80%	N/A	\$7,350	\$14,700	N/A	N/A	100%	100%	\$75	\$75	\$500	80%*/80%*	\$400	N/A	80%*	N/A	80%*	N/A	Emb	Sep	NHSA	.83	



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# UnitedHealthcare - 2021 Multi-Choice Package 832

North Florida  
Preferred 2-50

## Neighborhood Health Partnership Plans

Plan Code	Metallic Tier	Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Outpatient Surgery		IP Hospital		Med Ded Type	Med/Rx Ded Type	Rx	Rels		
			Network		Non-Network		Net-work	Non-Net-work	Network		Non- Network		Virtual Visits	PCP <sup>1</sup>	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	Major Diag POD	OP Surg	OP Surg POD					IP Hosp	IP Hosp POD
			Single	Family	Single	Family			Single	Family	Single	Family																
<b>NHP HMO Primary Advantage includes Care Cash</b>																												
CE-J4	Gold	25/2000/100%	\$2,000	\$4,000	N/A	N/A	50%	N/A	\$6,000	\$12,000	N/A	N/A	100%	\$25	\$80	\$75	\$500*	\$45/\$45	\$400*	N/A	\$500*	N/A	\$750* Admit	N/A	Emb	Sep	NHSA	.89
CE-J6	Silver	35/7000/100%	\$7,000	\$14,000	N/A	N/A	50%	N/A	\$8,500	\$17,000	N/A	N/A	100%	\$35	\$90	\$75	\$500*	\$45/\$45	\$400*	N/A	\$500*	N/A	\$750* Admit	N/A	Emb	Sep	NHTL	.68

## Pharmacy Standard Plans - Prescription Drug List (PDL)

Rx Plan Code	PDL	Member Copay / Plan Coinsurance								Deductible		Mail Service Ratio (x Retail)
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	
<b>Separate Medical/Rx Deductible</b>												
849	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	N/A	N/A	2.5
F78L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	N/A	N/A	2.5
NHSA	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	N/A	N/A	2.5
NHTL	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	N/A	N/A	2.5
<b>Combined Medical/Rx Deductible</b>												
921	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	Same as Medical		2.5
F77L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as Medical		3
NHSL	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as Medical		3

**Need 5+ enrolled in order to offer a dual or triple option.**

# Standard Select Rx Network excludes some pharmacies including Walgreens

NHP plans include Care Cash benefit

All UHC plans include Preferred Lab Network - Minor Labs covered at 100% provided they are conducted at a lab in the Preferred Network (excludes HSA and POST Plans)

Need 5+ enrolled in order to offer a dual or triple option.

- Subject to Deductible



The Per-Occurrence Deductible must be met prior to and in addition to the Annual Deductible.

1 UHC Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics. NHP PCP selection can only include Family Practice, Internal Medicine, General Practice and Pediatrics.

In 2021, maximum HSA contribution is \$3,600 single/\$7,200 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings

Account (HSA) high-deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through Optum BankSM, Member FDIC.

“UnitedHealthcare HSA” refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times “UnitedHealthcare HSA” may refer only and specifically to the UnitedHealthcare . Health Savings Account,

provided in conjunction with Optum Bank and not to the associated HDHP.

- Facility and hospital copayments do not apply to the deductible and continue to be required after the deductible is satisfied. These copayments may also be referred to as “per occurrence copayments” or “per occurrence deductibles.”

-ER NOTES: Plan deductible is waived for Emergency Room visits. Copay or copay plus plan coinsurance will be required, depending on plan design.

- Plans with non-embedded deductibles reflect the family deductible and out-of-pocket maximum, meaning no single person in the family has satisfied the deductible or out of pocket maximum until the entire family amount has been met.

Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

For Rx plans with a Specialty copayment, please refer to the Specialty Medication Plan Designs for a list of specialty medications and tiers. For the most up-to-date drug coverage information, the back of their health plan ID card; or they may log on to **myuhc.com**®.

1 Network coinsurance benefit includes the non-physician coinsurance, the premium designated primary care physician, coinsurance and the premium designated specialist coinsurance amount.

2 Network (non-designated) coinsurance is the non-premium designated specialist coinsurance.

3 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

4 This enhanced benefit applies to Premium designated specialists.

5 This benefit level applies to physicians in specialties where there is a Premium designation program, but the physician is not a Premium designated specialist; or, where there is no UnitedHealth Premium program available; or, when the physician’s specialty is not part of the UnitedHealth Premium Designation program.

An Ancillary Charge may apply when a covered Prescription Drug Product is dispensed at your provider’s request and there is another drug that is chemically the same available at a lower tier.

