UnitedHealthcare Plans

				Dedu	work Network Visits PC 0 N/A N/A \$5000 \$10000 N/A N/A 100% \$ 0 N/A N/A 80% N/A \$2500 \$5000 N/A N/A 100% \$	er Copay	/Plan Co	oinsurar	ice			Outpa Surg		Inpat Hosp													
Plan	Me- tallic	Description		work																	ОР		IP	Med Ded	Med/ Rx Ded	Rx	Re
Code	Tier		Single	Family	Single	Family		Net-	Single	Family	Single	Family		PCP ¹	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	OP Surg	Surg POD		Hosp POD		Туре		
MO CI	noice																										
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	.8
CE-KC	Plati- num	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	.9
CE-LM	Plati- num	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	1.0
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	.7:
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
СЕ-К6	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
MO C	noice H	ealth Savings A	ccount	(HSA) - w	ith Moti	ion (HSA	plans	do not i	nclude I	Preferred	Lab Net	work)															
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	.7:
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
мо с	noice Pr	imary Advanta	age - De	ductible f	irst, the	n copayr	nent a	oplies f	or Speci	alty office	visits.																
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
				Ded	uctible		Plan	Coins	urance	Ou	t of Pock	et Maxin	num		Mem	ber Cop	ay/Plan	Coinsurance		Outpatie Surgery		npatient Hospital		. Me	ed/		
Plan Code	Me- tallic Tier	Description	Ne	twork	Non-l	Network	Net-	Net-			work	Non-l	Network	Virtu-	PCP P	rem N	on-	Minor ER Lab/		OP Pe	Р	P IP P	er De	ed R	ly	Rx I	Rels

	Me-			Dedu	ıctible		Plan	Coinsu	rance	Ou	t of Pock	et Maxim	um		Me	mber C	opay/P	Plan C	oinsur	ance		Sur		Hos		Mod	Med/		
Plan Code	tallic Tier	Description	Net	work	Non-N	letwork	Net-	Net- work	Non-	Net	work	Non-Ne	etwork	Virtu-	РСР	Prem	Non-	UC	ER	Minor	Major	OP	OP Per	IP	IP Per Occur	Tyroo	Rx Ded		Rels
	Hei		Single	Family	Single	Family	work¹	(non- des)²	work	Single	Family	Single	Family	Visits	3	SPEC4	Des SPEC⁵	UC	EK	Lab/ Xray	Diag	Surg	Occur Ded	Hosp	Ded	Type	Туре		
HMO Ch	oice El	OGE																											
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



				Deduc	ctible			an 1sur-	Out	of Pock	et Maxin	num			Membe	r Copa	y/Plan	Coinsu	ırance				atient gery	Inpatie Hospit	al 📗		Med/		
Plan Code	Metal-		Net	work	Non-l	Network	_	Non-	Net	work	Non- N	etwork	Virtua					Minor Lab/	Minor	IIWIAIIOT	Major	ОР	ОР		D	ea ed	Rx Ded	Rx	Rel
oue	IIC TIE		Single	Family	Single	Family	Net- work	Net-	Single	Family	Single	Family			SPEC	UC	ER		Xray-	Diag- FREE	Diag HOSP	Surg- FREE	Surg HOSP	IP Hos	p Ty		Type		
10 Ch	oice Fus	sion Plans - Sor	ne benefi	ts are sub	ject DED	first. Ple	ase re	erence	e benefi	t summa	ry. (Fusi	on/POS	T plans	do not	include	Prefe	red La												
E-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*		\$50/ \$150*	\$250*	\$500*	\$500*	\$1000*	\$500	* E	mb	Sep	F78L	.6
E-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%*	\$550*	50%*	\$550*	50%*	50%	* E	mb	Comb	F77L	.5
				Deduc	tible		Plan C	oineur	anco	Οι	t of Poc	ket Max	imum		Mem	ber Co	pay/Pl	an Coir	suran	се	Copa	mber ıy/Plan urance	l e	oatient rgery					
Plan	Me-	Description	Netv	vork	Non-Net		iun c	Omsur	unco	Net	work	Noi	1-Netwo	rk			1				Coms	lance			Inpa-				D.
ode	tallic Tier	Description	Single	Family	Single	Family	Net- work¹	Net- work (non-	Non- Net- work	Single	Family	Sing	le Fan		rtu- al sits	Pren SPE	Non- Des SPE	UC	ER	Minor Lab/ Xray	Major Diag	OP Surg	OP Pe Occu Ded	r Hoen	tient Hosp	Type		Ded Rx De	K
10 Ch	oice ED	GE						des) ²											<u> </u>										
			\$1,500	\$3,000	N/A	N/A	70%	70%	N/A	\$5000	\$10,00	0 N/	A N,	/A 10	00% \$1	0 \$60	\$120	\$40	\$750	70%* / 70%*	\$400	70%*	* N/A	70%*	N/A	Emb	Se	p 84	19
10 Ch	oice Plu	s PROformanc	e plans																										
E-LY	Gold	10/2500/80%	\$2,500	\$5,000	\$5,000	\$10000	80%	80%	50%	\$5,000	\$10,00	0 \$10,0	000 \$20	,000 10	00% \$1	0 \$40	\$80	\$40	\$750	80% / \$60	\$400	80%*	* N/A	80%*	N/A	Emb	Se	p 84	19
IO Ch	oice Plu	ıs EDGE																											
E-LP	Gold 2	25/2500/100%	\$2500	\$5000	\$6,000	\$12000	100%	100%	70%	\$7,500	\$15,00	0 \$12,0	000 \$24	.000 10	00% \$2	5 \$25	\$50	\$50	\$500	70%* / 100%*	\$400	100%	* \$150	100%*	\$500	Emb	Se	p 84	19
						eductibl	e		Plar		Out of	Pocket	Maximu	ım		Men	nber Co	pay/P	lan Coi	nsuran	ice	1	Outpati Surge		npatier Hospita	ı	. M	ed/	
	Metal-	Desci	ription		Networl	c No	n-Netv	vork	Coinsur	ance	Networ	k N	lon- Net	work						М	inor	Ma-		OP .			led	Rx F	Rx F
Code	lic Tier	D C 30.	- puon	Si	ngle Fai	mily Sin	gle Fa	milv l	Net- work	Non- Net- Sii vork	ngle Fai	mily S	ingle I	amily	Virtual Visits	PCP ¹	SPEC	UC	ER	Li	ab/		OP S	Sura I	P Ho	osp T	vne D	ype '	
MO Ch	noice Pl	us					_			VOIK								_	<u> </u>				_	_		_			
	Gold		00/50%	\$1	.000 \$2	000 \$30	000 \$	5000	50%	50% \$5	500 \$11	1000 \$1	5000 \$	30000	100%	\$45	\$90	\$50	50%	* \$6	50 / 0%* 5	0%* 5	50%*	N/A 50	%* N	/A E	mb s	ep 8	49
E-KX	Silver	40/50	00/80%	\$5	5000 \$10	0000 \$10	000 \$2	0000	80%	50% \$8	550 \$17	7100 \$1	5000 \$	30000	100%	\$40	\$95	\$50	\$650	80	%* /)%*	3400 8	30%* I	N/A 80	%* N	/A E	mb 5	ep F7	78L

\$7000 \$8,550 \$12000 \$24000 100%* \$25* \$90* \$50*



N/A 80%* N/A

Non Emb Comb 921 .76

\$2500 \$5000 \$6000 \$12000 80%

CE-K8 Silver

25/2500/80%

UnitedHealthcare Plans

				Dedu	uctible		Pla	n	Out	of Pocke	et Maxi	mum			Memb	er Cop	ay/Plan	Coinsurance			Outpa Surg		Inpati Hosp					
	١ ا		Net	work	Non-N	letwork	Coinsu	rance	Ne	twork	Non- I	letwork											·			Med/		
Plan Code	Me- tallic Tier	Description	Single	Family	Single	Family	Net- work	Non - Net- wor k	Single	Family			Virtual	PCP ¹	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	Ma- jor Diag POD	OP Surg	OP Surg POD		IP Hos p POD	Ded Type	Rx Ded Type	Rx	Rels
Insura	nce Ch	oice								1																		
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
Insura	nce Ch	oice Health Savings Account (HS	A) - with	Motion	n (HSA p	lans do r	ot inclu	ıde Pr	eferrec	l Lab Net	work)																	
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
Insura	nce Ch	oice Plus																										
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
СЕ-КН	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
СЕ-КО	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
					Dedu	ıctible			lan nsur-	Out c	of Pock	et Maxin	num		Me	mber (Copay/I	Plan Coinsura	nce		Outpa Surg		Inpati Hosp			Med/		
Plan	Me- tallic	Description		Netv	work	Non-Ne	twork	aı	nce	Netw	vork	Non- N	etwork						Minor	Ma-		ОР		IP	Med	Rx	Rx	Rel
Code	Tier	<i>Sessifica</i>		Single	Family	Single	Family	Net- wor	Non- Net-	Single	Fami- ly	Single	Family	Virtual Visits	PCP ¹	SPEC	UC	ER	Lab/ xray	jor Diag	OP Surg	Cura	IP Hosp		Туре	Ded Type		S
Insura	nce Ch	oice Plus Health Savings Accoun	t (HSA) -	with M	lotion (F	ISA plans	do not	incluc	le Pref	erred Lab	Netwo	ork)																
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%*	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



				Deduc	tible		Plan C	oinsura	ance	Out	t of Pocke	et Maximu	um	ı	Membe	er Cop	ay/Pla	n Coir	ısuran	ce	Men Copay Coinst	//Plan	Outpo Sur	atient gery					
Plan	Me- tallic	Description	Net	work	Non-Net	work				Netv	work	Non-N	etwork				Non-								Inpa- tient	Med Ded	Med/ Rx Ded	Rx	Rels
Code	Tier		Single	Family	Single	Family	Net- work	Net- work (non- des) ²	Non- Net- work	Single	Family	Single	Family		PCP ³	Prem SPEC	B	UC	ER	Minor Lab/ Xray	Major Diag		OP POD	IP Hosp	Hosp	Туре	Type		
Insuranc	e Choi	ce Plus EDGE pla	ins																										
СЕ-НХ	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
Insuran	e Cho	ice PROformano	e e																										
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

				Deduc	ctible		Pla Coin		Out	t of Pock	et Maxin	num		Me	mber C	Copay/I	Plan Co	oinsurand	ce		Outpa	atient gery	IP Ho	spital		Med/		
Plan Code	Metal- lic Tier	l Description	Netv Single			letwork Family	an Net- work	Non-	Single	work Family		etwork Family	Virtual Visits	PCP ¹	SPEC	UC	ER	Minor Lab/ Xray	Major Diag	Major Diag POD	UP	OP Surg POD	IP Hosp	IP Hosp POD	Med Ded Type	Rx Ded Type	Rx	Rels
NHP HM	O - Dire	ct Access include	es Care Ca	ash															<u> </u>									
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	.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

	Me-			Ded	uctible		Plan C	oinsura	nce	Out	of Pocket	Maxim	um	N	/lemb	er Cop	oay/Pla	n Coin	suran	ce		nber //Plan urance	Outpa Surg		lana	Mod	Mod/		
Plan Code	tallic Tier	Description			Non-Ne		Net- work ¹	Net- work (non- des) ²	Non- Net- work	Net Single			etwork Family	Virtual		Prem SPFC ⁴	Non- Des SPEC⁵		ER	Minor Lab/ Xray	Major	OP Surg	OP POD	IP Hosp	tient Hosp	Ded	Med/ Rx Ded Type	Rx	Rels
NHP HN	10 PRC	Oformance Plans	includ	es Care (Cash			uesj																					
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)

					Member Copay / I	Plan Coinsurance				Dedu	ctible	Mail Service
Rx Plan Code	PDL	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	Ratio (x Retail)
Separate Medic	cal/Rx Deductib	le										
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
Combined Med	lical/Rx Deducti	ible										
921	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	Same as	s Medical	2.5
F77L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as	s Medical	3
F79L	Essential - Standard Select	No Copay	N/A	No Copay	N/A	No Copay	N/A	No Copay	N/A	Same as	s 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 HBA" 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.



UnitedHeathcare Plans

				Dedu	ıctible		Plan Co	oinsu	rance	C	Out of Po	ocket M	laximum	1		Me	mber (Copay/	Plan C	oinsura	ince		Outpa Surg	atient gery		patient ospital	l	Me	d/		
Plan Code	Me- tallic Tier	Description	Net	work	Non-N	letwork	Net- v	Net- vork	Non- Net-	Ne	twork	N	on-Netv		irtu- al	PÇP	Prem SPEC	Non- Des	110	ER		Ma-	OP	OP Per	IP	IP Pe Occu		R: De	x ed R	ex	Rels
			Single	Family	Single	Family		non- les)²		Single	Famil	y Sin	gle F		isits	3	4	SPEC 5				Diag	urg	Occui Ded	Hos	Ded		Тур	е		
HMO Ch	oice ED	GE																													
CE-LQ	Gold	40/2500/70%	\$2500	\$5000	N/A	N/A	70%	50%	N/A	\$5,000	\$1000	00 N,	/A	N/A 1	00%	\$40	\$40	\$80	70%*	\$500	70%*/ 70%*	400 7	0%*	\$500	70%	* \$1000	0 Emb	Se	p 84	19	.73
CE-LS	Gold	45/3500/70%	\$3500	\$7000	N/A	N/A	70%	50%	N/A	\$7,000	\$1400	00 N,	/A	N/A 1	00%	\$45	\$45	\$90	70%*	\$500	70%*/ 70%*	400 7	0%*	\$500	70%	* \$1000	0 Emb	Se	p 84	49	.71
HMO Ch	oice PR	Oformance Pla	ıns																												
CE-LX	Gold	10/1500/70%	\$1,500	\$3,000	N/A	N/A	70%	70%	\$5000	\$10000	N/A	N,	/A	N/A 1	00%	\$10	\$60	\$120	\$40	\$750	70%*/ 70%*	400 7	0%*	N/A	70%	* N/A	Emb	Se	р 84	19	.78
				De	ductible		F	Plan		Out	of Pocket	t Maxim	um			N	1ember	Copay/	Plan Co	insurand	ce			Outpat Surge		Inpation Hospi					
Plan	Metalli	Description	N	etwork	Noi	n-Network	Coin	suranc	се	Netwo	ork	Non- N	letwork							Mino	r	Maj	or		OP			Med Ded	Med/ Rx Ded	Rx	Rels
Code	Tier		Single	Family	Singl	e Family	Netwo	rk N	on- let- Si ork	ngle I	Family	Single	Family	Virtual Visits	PCF	P ¹	SPEC	UC	ER	Lab/ Xray	Majo Diag	r Dia	g ,			IP Hosp		Туре	Туре		
MO Choi	ce							, w	OIK																						
CE-KA	Gold	25/500/50%	\$500	\$1,00	0 N/A	N/A	50%	N,	/A \$5	\$000 \$	10000	N/A	N/A	100%	\$2	5	\$90	\$50	50%*	\$60/ 50%*	50%	* N/	A !	50%	N/A	50%*	N/A	Emb	Sep	849	.79
CE-KL	Gold	25/2000/80%	\$200	0 \$4,00	0 N/A	N/A	80%	N,	/A \$6	5000 \$	12000	N/A	N/A	100%	\$2	5	\$80	\$50	80%*	80%*) N/	A 8	0%*	\$250	80%*	\$500	Emb	Sep	849	.76
CE-K2	Bronze	50/6500/50%	\$6500	0 \$1300	0 N/A	N/A	50%	N,	/A \$8	3550 \$	17100	N/A	N/A	100%	\$5	0	\$95	50%*	50%*	\$60/ 50%*	50%	* N/	A 5	0%*	N/A	50%*	N/A	Emb	Comb	F77L	.58
CE-K6	Silver	40/8100/50%	\$810	0 \$1620	0 N/A	N/A	50%	N,	/A \$8	3550 \$	17100	N/A	N/A	100%	\$4	0	\$80	\$150	50%*	\$60/	50%	* N/	A 5	0%*	N/A	50%*	N/A	Emb	Sep	F78L	.61
			Empl		De	ductible			Plan		Out	of Pock	et Maxir	num			Men	ıber Co	pay/Pla		surance		(Outpat		Inpati					
Plan	Metal-	Description	Fund- ing		twork	Non-	Network	- c	oinsura		Netw	ork	Non-	Network	+-	$\overline{}$. "		1			Surge	OP	Hospi	$\overline{}$		Med/ Rx Ded	Rv	Rais
Code	lic Tier	Description	(min-	. Cinale			T	y No		lon- twork		Family	Single		Virtu Visi		PCP ¹	SPEC	UC	ER	Mino Lab/Xr			SIIPO I	Surg POD	IP Hosp					Itels
MO Cho	oice Hea	alth Savings Aco	count (I	HSA) - wi	th Moti	on (HSA p	lans do r	ot in			d Lab N	etwork	:)	'						'											
CE-LH	Silver	5000/100%	N/A	\$5000	\$100	00 N/A	N/A	10	00% N	N/A \$	57000	\$14000	N/A	N/A	1009	%* 1	.00%*	100%*	100%*	100%	* 100% ³		%* 10	00%*	N/A	100%*	N/A	Emb	Comb	F77L	.62
CE-LG	Silver	4500/70%	N/A	\$4,50	0 \$900	00 N/A	N/A	70	0% N	N/A \$	6,550	\$13000	N/A	N/A	70%	6 *	70%*	70%*	70%*	70%	* 70%*		6* 7	0%*	N/A	70%*	N/A	Emb	Comb	F77L	.62
MO Cho	oice Plu	s Health Saving	s Accou	ınt (HSA) - with	Motion (H	SA plans	do n	ot inclu	ıde Pre	ferred L	ab Net	work)																		
CE-K8	Silver	25/2500/80%	N/A	\$2500	\$500	\$6000	\$1200	0 80	0% 5	50%	57000	\$8,550	\$12000	\$24000	1009	%*	\$25*	\$90*	\$50*	80%	* 80% 80%		6* 8	0%*	N/A	80%*	N/A	Non	Comb	921	.74
MO Cho	oice Plu	s																													
CE-KD	Gold	45/1000/50%	N/A	\$1000	\$200	90 \$3000	\$600	50	0% 5	50%	\$5500	\$11000	\$15000	\$30000	100	0%	\$45	\$90	\$50	50%	* \$60/ 50%	, 50%	6* 5	0%*	N/A	50%*	N/A	Emb	Sep	849	.77
CE-KX	Silver	40/5000/80%	N/A	\$5000	\$100	00 \$1000	0 \$2000	0 80	0% 5	50%	8550	\$17100	\$15000	\$30000	100	0%	\$40	\$95	\$50	\$650	80%*	541	00 8	0%*	N/A	80%*	N/A	Emb	Sep	F78L	.64



UnitedHeathcare Plans

				Deduc	tible			Plan	(Out of Pocl	ket Maxir	num			Membe	r Copay,	/Plan Co	insurance	e		Outpa		Inpatier t					
Plan	Metal-	Description	Net	work	Non-N	letwork	Coin	surance	Ne	twork	Non-	Network						Mino	,	Major		ОР			Med Ded	Med/ Rx Ded	Rx	Rels
Code	lic Tier		Single	Family	Single	Family	Net- work	Non- Net-	Single	Family	Single	Family	Virtua Visits	PCP ¹	SPEC	UC	ER	Lab/ Xray	Major	Diag POD	OP Surg		IP Hosp	IP Hosp POD	Туре	Туре		
Insuran	ce Choi	ce																										
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		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%*		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%*	5/100	N/A	100%*	N/A	100%*	N/A	Emb	Sep	849	.72
СЕ-КЗ	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%*		N/A	50%*	N/A	50%*	N/A	Emb	Sep	F78L	.60
				Deducti	ble		Pla Coinsu		Oı	ıt of Pocke	et Maximu	ım		М	lember C	Copay/P	lan Coin	surance			Outpat Surge		Inpa Hos		N 4-4	84 - J /D.		
Plan Code	Metal-	Description -	Netw	ork	Non-Ne	twork	Comsu		Netv	vork	Non- N	etwork	Makeral					Minor		Major	00	ОР		IP	Med Ded	Med/Rx Ded	Rx	Rels
Code	lic Her		Single	Family	Single	Family	Net- work	Non- Net- work	Single	Family	Single	Family	Virtual Visits	PCP ¹	SPEC	UC	ER			Diag POD		Surg POD	IP Hosp	Hosp POD	Туре	Туре		
Insuran	ce Choi	ce Primary Advar	ntage—- [Deductible	first, th	en copa	yment	applies	for Spe	cialty offi	ce visits																	
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
Insuran	ce Choi	ce PROformance																										
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
Insuran	ce Choi	e EDGE																										
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
Insuran		ce Plus Copay On	ıly																									
CE-LN	Plati- num	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



UnitedHeathcare Plans

	Metal- lic Tier			Dedu	ctible		Pla Coinsu		Out	of Pock	et Maxin	num		Mo	ember (Copay,	/Plan Co	oinsuranc	e		Outpa Surg		Inpat Hosp		Med Ded	Med/ Rx Ded	Rx	Rels
			Net Single	work Family	_	etwork Family	Net- work	Non- Net- work		work Family	Non- N Single	etwork Family	Virtual Visits	PCP ¹	SPEC	UC	ER	Minor Lab/ Xray		Major Diag POD	OP Surg	OP Surg POD	IP Hosp	IP Hos p POD	Туре	Туре		
nsurano	ce Choi	ce Plus																										
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
СЕ-КН	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
СЕ-КО	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
СЕ-КВ	Plati- num	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		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
Insuranc	ce Choic	ce Plus Copay Or	nly															750										
CE-LN	Plati- num	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
			Em-		Deduc	ctible		Р	lan	0	ut of Poc	ket Maxir	num		Me	mber (Copay/F	Plan Coin	surance			tpatient urgery		atient spital		. Med/		
Plan	Metalli		ployer Fund-	Netv	vork	Non-N	etwork	Coins	urance	Net	work	Non-	Network		T	T	T		Minor			OB		IP	Med Ded	Rx	Rx	Rels
Code	Tier		ing (min- max)	Single	Family	Single	Family	Net- work	Non- Net- work	Single	Family	Single	Family	Virtua Visit		SPE	C UC	ER	Lab/ Xray	Majo Dia		Cur	Hosp	Hos	р Тур	I DAG		
Insuranc	ce Choi	ce Plus Health S	Savings A	ccount (l	HSA) - wi	th Motio	n (HSA p	lans d	o not inc	lude Pre	ferred La	ab Netwo	rk)															
CE-K7	Gold	1500/80%	N/A	\$1500	\$3,000	\$3,000	\$6,000	80%	60%	\$7,000	\$8,550	\$6,000	\$12,00	0 80%	* 80%	* 80%	6* 80%	6* 80%*	80%* / 80%*	80%	* 80%	5* N/A	80%	* N/	A Nor	Comb	921	.81
СЕ-К9	Silver	25/2500/80%	6 N/A	\$2500	\$5,000	\$6,000	\$12000	80%	50%	\$7,000	\$8,550	\$12000	\$24,00	0 100%	* \$25	\$ \$90)* \$50	* 80%*	80%* / 80%*	80%	* 80%	5* N/A	80%	* N/	Nor Eml	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	\$16,00	0 \$10*	\$25	* \$60	* 1009	%* \$500*	100%*	11/1/19	6* 100%	%* N/A	100%	s* \$20		-	921	.77
CE-LI	Bronz	e 6000/70%	N/A	\$6,000	\$12.000	\$10000	\$20000	70%	50%	\$7,000	\$14,000	\$15.000	\$30.00	0 70%	* 70%	* 70%	6* 70%	6* 70%*	70%*/	70%	* 70%	* N/A	70%	* N/	A Eml	o Comb	F771	60
			,	, -,	, ,	,	,			77,000	714,000	713,000	, , , , , , , , , , , , , , , , , , , ,	70%	7076	/ 0/	707	70%	70%*	70%	7070	, IN/A	70%	14//	` Lilli	Comb	1771	00
		ce Plus Health S	\$1000						ĺ										80%*/	,								
CE-LC	Gold	4000/80%	\$1200	\$4,000	\$8,000	\$9,000	\$18000	80%	60%	\$7,000	\$14,000	\$18,000	\$36,00	0 80%	* 80%	* 80%	6* 80%	6* 80%*	80%*	80%	* 80%	* N/A	80%	* N/	A Eml	Comb	921	.68



North Florida Insurance Focused 2-50

	Me-			Net-work Work Net-work Single Family Single Single							num		Mer	nber C	opay/P	lan Co	oinsur	ance		Outpa Surg		Inpa Hos	tient pital	Med	Med/				
Plan Code	tallic Tier	Description	Net	work	Non-N	letwork	Net-	work		Net	work	Non-N	letwork	Virtu-	РСР	Prem	Non-	UC		Minor Lab/	wajor	OP	OP Per	IP	IP Per	Ded	Rx Ded	Rx	Rels
	1101		Single	Family	Single	Family	work¹	(non-		Single	Family	Single	Family	Visits	3	SPEC ⁺	Des SPEC ⁵	UC	EK	Xray	Diag	Surg	Occur Ded	Hosp	Ded	Type	Type		
Insuranc	ce Choi	ice Plus EDGE																											
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
нмо с	noice P	lus PROforman	ce Plan	s																									
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

				Deduc	tible		Pla Coins		Ou	t of Pock	et Maxim	um		Me	mber C	opay/P	lan Co	insuranc	е		Outpa Surç		IP Ho	spital		Med/		
Plan Code	Metallic Tier	Description	Netv	vork	Non-N	letwork	and		Net	work	Non- N	etwork	No. of the					Minor		Maior	0.0	ОР		ΙP	Med Ded	Rx Ded	Rx	Rels
Code	Her		Single	Family	Single	Family		Non- Net- work	Single	Family	Single	Family	Virtual Visits	PCP ¹	SPEC	UC	ER	Lab/ Xray	Major Diag	Major Diag POD	OP Surg	Surg POD	IP Hosp	Hosp POD	Туре	Type		
NHP HM	O - Direct	Access includes	Care Ca	sh																								
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
NHP PRO	Oformanc	e includes Care C	Cash																									
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)

					Member Copay / F	Plan Coinsurance				Dedu	ıctible	Mail Service
Rx Plan Code	PDL	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	Ratio (x Retail)
Separate Medic	cal/Rx Deductibl	e										
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
Combined Med	dical/Rx Deducti	ble										
921	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	Same as	s Medical	2.5
F77L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as	s 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. "thickedHealthcare 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 HBA 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**®.

- 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 specialities 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 Plans

				Deduc	tible		Pla Coinsu		Ou	t of Pocke	et Maximu	ım		Me	ember C	Copay/I	Plan Coi	insuran	ce		Outpa Surg		Inpa Hosp			Mad/		
Plan Code	Metal- lic Tier	Description	Net	work	Non-N	etwork			Netv	work	Non- N	letwork	Virtual	1				Minor	Major	Major	ОР	ОР	IP	.IP	Med Ded	Med/ Rx Ded	Rx	Rela
			Single	Family	Single	Family	Net- work	Non- Net-	Single	Family	Single	Family	Visits	PCP ¹	SPEC	UC	ER	Lab/ Xray	Diag	Diag POD	Surg	Surg POD	Hosp	POD	Туре	Туре		
IMO Ch	oice					<u> </u>							<u> </u>	<u> </u>														
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
IMO Ch	oice Prin	nary Advantage	- Deduct	ible first,	then co	payment	applies	for Sp	ecialty off	ice visits.																		
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
IMO Ch	oice Hea	llth Savings Acc	ount (HS	A) with M	otion (H	ISA plans	do not	include	Preferre	d Lab Net	work)							1000/#/										
CE-LH	Silver	5000/100%	. ,	\$10,000	N/A	N/A	100%	N/A	\$7,000	\$14,000	N/A	N/A				_	100%*	10070		N/A			100%					
CE-LJ	Bronze	7000/100%	. ,	\$14,000	N/A	N/A	100%	N/A	\$7,000	\$14,000	N/A	N/A	100%*	100%*	100%*	100%*	100%*	100%*	100%*	N/A	100%	N/A	100%	N/A	Emb	Comb	F/9L	.63
		s Health Saving					2001	500/	47000	40.550	442000	42.4000	1000(*	425*	400*	450*	000/#	80%*/	200/#		000(*	21/2	200/#		Non		004	00
CE-K8	Silver	25/2500/80%	\$2500	\$5000	\$6000	\$12000	80%	50%	\$7000	\$8,550	\$12000	\$24000	100%*	\$25*	\$90*	\$50*	80%*	80%*	80%*	N/A	80%*	N/A	80%*	N/A	Emb	Comb	921	.80
IMO Ch	oice Plus	S																\$60/										
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		50%	\$8,550	\$17,100	\$15,000	\$30,000	100%*	\$40*	\$95*	\$50*	\$650*	80%*/ 80% *	\$400*	N/A	80%*	1	80%*	1	Emb	Sep	F78L	.70
				Deduct	ible		Pla Coins		Out of	Pocket M	aximum			Membe	er Copa	y/Plan	Coinsur	ance			utpatie Surgery		ıpatien Iospita	ıl	, M	∍d/		
Plan Code	Metal- lic Tier	Description	Netw Sinale	ork Family	Non-N Single	letwork Family	Net-	Non-	Netwo		n- Netwo	Virtu		SPEC	uc	ER			Major Ma Diag- Di REE HO			P irg I	P Hosp	Me De Typ	d D	ed pe	x I	Rels
IMO Ch	oice Fusi	ion- Some bene	fits are su				ference	NAT-						<u> </u>				IUSPIF	KEE IHL	JSPIFK	EEIHU	SP I						
CE-L6	Silver		\$4,200	\$8,400	N/A			Ι.	\$8150		N/A N	N/A 10	00% 100	% \$125	* \$50	\$500		\$75/ \$150*	\$250 \$	500* \$	500 \$1	000*	\$500	* E	mb	Sep	F78L	.70
CE-L8	Bronze	45/8000/50%	\$8,000	\$16,000	N/A	N/A	50%	6 N/A	\$8550	\$17100	N/A N	N/A 10	00% \$4	5 \$95	* \$150	50%		\$75 / 50%*	\$550 5	0%* \$5	550* 50	0%*	50%*	E	mb	Comb	F77L	.59

				Deduc	tible		Plan	Coinsur	ance	(Out of Pock	et Maximı	ım		M	lember (Copay/F	lan Co	insuran	ce			atient gery		nt Hospi tal	i- Med		
Plan Code	Metallic Tier	Description	Net	work	Non-N	etwork	Net-	Net- work	Non- Net-	Ne	twork	Non-N	etwork	Virtual	PCP ³	Prem	Non- Des	UC	ER	Minor Lab/	Major	ОР	ОР	IP	IP Pod	Ded	Med/Rx Ded Type	
			Single	Family	Single	Family	work ¹	(non-	work	Single	Family	Single	Family	Visits	FGF	SPEC⁴	SPEC ⁵		LIV	Xray	Diag	Surg	POD	Hosp	IF FOO			
/IO Ch	oice EDC	GE																										
E-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
E-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
IO Ch	oice PRO	Oformance Plan	ıs																									
E-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
IO Ch	oice Plus	s PROformance	Plan																	000/*/								
E-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	\$60	\$400	80%*	N/A	80%*	N/A	Emb	Sep	849
				Deduct	tible		Plan	Coinsur	ance	c	Out of Pock	et Maximu	ım		IV	lember (Copay/F	Plan Co	insuran	ce			atient rgery	Inpati	ent Hosp tal	oi- Med		
Plan lode	Metallic Tier	Description	Netv	work	Non-N	etwork	Not	Net-	Non-	Net	twork	Non-N	etwork	Virtual		Drom	Non-			Minor	Major	ОР	OB	IP		Ded Type	Med/Ra Ded Typ	
			Single	Family	Single	Family	. 1	work (non- des) ²	Net- work	Single	Family	Single	Family	Virtual Visits	PCP ³	SPEC ⁴	Des SPEC⁵	UC	ER	Lab/ Xray	Major Diag	Surg	OP POD		IP Po	4 /		
IO Ch	oice Plus	EDGE						223,			<u>' </u>																	
E-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		70%*/ 100%*	\$400	100%	* \$150	100%	* \$500) Emb	Sep	84
				Dedu	ctible			Plan		Ou	t of Pocke	t Maximu	ım		Mem	ber Co	pay/Pla	an Coi	nsuraı	тсе	•	Outpati Surge		Inpat Hosp		Mad	Med/	
Plan Code	Metallic Tier	Description	Net	work	Non-	Network	Coii	nsuran	ce	Netw	ork	Non- N	letwork	Virtual	DCD	1 CDE		. _	Mi	nor Ma	ajor (ОР	IP	IP	Deu	Rx Ded F	₹x
			Single	Family	Single	Family	, Net			ingle	Family	Single	Family	Visits	PCP	SPE	C UC	E		ray D	iag S	urg	ong l		Hosp POD	Type .	Гуре	
suran	e Choice	e 					i				i								Ċ.	0.7								
E-K3	Silver	40/7000/50%	\$7,000	\$14000	N/A	N/A	50%	6 N/	'A \$8	8,550	\$17100	N/A	N/A	100%	\$40	\$90	\$50	509	%* 50 50	50 / 0%* 50)%* 50)%*	N/A	50%*	N/A	Emb	Sep F7	78L
suran	ce Choice	e Health Saving	s Accoui	nt (HSA) -	with Mo	otion (HS	A plans	do no	t inclu	de Prefe	erred Lab I	Network)							70	0/*/								
E-LG	Silver	4500/70%	\$4,500	\$9,000	N/A	N/A	709	6 N/	'A \$θ	6,550	\$13,100	N/A	N/A	70%	70%	70%	* 70%	6 709	%* 70	%*/)%* 70)%* 70	0%*	N/A	70%	N/A	Emb (Comb F	′7L
suran	ce Choice	e Plus																	70	0/*/								
E-KH	Gold	30/1500/70%	\$1,500	\$3,000	\$4,000	\$8,000	70%	6 50	% \$6	6,000	\$12000	\$12000	\$24,000	100%	\$30	\$60	\$50	\$5	00 70	%*/)%* 70)%* 7	0%*	N/A	70%*	N/A	Emb	Sep 8	49
E-KQ	Gold	30/3500/90%	\$3,500	\$7,000	\$10000	\$20,000	90%	6 60	% \$8	8,000	\$16000	\$20000	\$40,000	100%	\$30	\$60	\$50	909	%* 70 90	%*/ % * 90)%* 9	0%*	N/A	90%*	N/A	Emb	Sep 8	49
E-KY	Silver	40/5000/80%	\$5,000	\$10,000	\$10000	\$20,000	0 80%	6 50	% \$8	8,550	\$17100	\$15000	\$30,000	100%	\$40	\$95	\$50	\$6	50 80	%*/)%* \$4	100 8	0%*	N/A	80%*	N/A	Emb	Sep F	78L
uran	e Choic	e Plus Health S	avings A	ccount (H	ISA) - w	ith Motio	n (HSA	plans	do not	include	Preferred	l Lab Net	work)															
	Silver	25/2500/80%	40.00	\$5,000	1	1	_	6 50		7,000	\$8,550		\$24,000	l		\$90	.)%* 80		0%*				Non	Comb 9	21

					Deduct	ible		PI		0	ut of Pocket	: Maximu	m		Me	ember C	opay/P	lan Coin	surance			Outpat Surge		IP Hosp	ital	Mod	Mod		
Plan ode	Metallic Tier	Descriptio	n _	Netwo	ork	Non-f	Network	Coinsu Net-	Non-		work	Non- Ne	etwork	Virtual	PCP ¹	SPEC	UC	ER	Minor Lab/	Major	Major Diag	OP ,	OP Surg	IP ,	IP losp	Ded F	Med/ Rx Ded Type	Rx	Rel
			S	ingle	Family	Single	Family	work	Net- work	Single	Family	Single	Family	Visits		J			Xray	Diag	POD		POD		POD		,,,,,		
		e includes Ca																	\$40/										
E-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	\$400	N/A 8	30%*	N/A 8	30%*	N/A	Emb	Sep	NHSA	.8
E-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					Emb	Sep	NHTL	.8
				De	ductible			Plan		Out of P	ocket Maxi	mum			Mem	ber Cop	oay/Plar	n Coinsu	rance				tpatient urgery		tient pital		Med/		
lan ode	Metallic Tier	Description -	Ne Single	twork Fami		on-Net	work Family	Coinsuran Net- Net-	n-	Network gle Fan		Network e Famil	Virtual	PCP ¹	SPEC	UC	ER	Minor Lab/	Minor Lab/	Diag		Surg		g IP F	losp	Med Ded Type	Rx Ded Type	Rx	R
P POS	ST (Place o	of Service Tie			<u> </u>			work	rk				<u> </u>	lities vs	hospita	ıl settir			XrayHOS are Casl		HOSE	FREE	HOS	P					
		15/7500/50%				N/A	N/A				.7000 N/A		Ţ	\$45	¢0F/	\$100		\$75/	50%* / 50%*		50%*	\$500*	50%	* 50	1%*	Emb	Comb	NHSL	Π.
				Dec	luctible		Р	lan Coinsi	rance		Out of Poc	ket Maxir	mum			/lemher	Conav/	\$75 Plan Coi	nsurance			Outpati	ent	Inpatie					
lan	Me- tallic	Description	Not		 	Notwor		Net-	Non-	Nic			-Network		\top		Non-			linor		Surge		Hospit			Med/ x Ded	Rx	R
ode	Tier		Single	Family	 	Networ Fam	- wo		Net- work	-	Family	Single	Famil	Virtu Visit		Prem SPEC ⁴	Des SPEC ⁵	uc	ER L	_{ah} / M			OP POD I	IP Hosp IP	POD 1	Гуре	Туре		
P ED	GE include	es Care Cash						desj		J				,						,									
E-JG	Gold 3	0/2000/80%	\$2,000	\$4,000	N/A	N/	A 80	% 50%	N/A	\$5,000	\$10,000	N/A	N/A	1009	% \$30	\$75	\$90*	\$75		25/ \$25 \$	400 80)%* \$	250 8	0%* \$	500 l	Emb	Sep	NHSA	.8
					Dedu	ıctible			lan	(Out of Pocke	et Maximi	ım		IV	1ember	Copay/	Plan Coi	nsurance				atient gery	IP Ho	spital				
Plan	Metalli	c Descript	ion	Net	twork	No	on-Netw	ork Coin	urance	Ne	twork	Non- I	Network						Minor		Major		ОР		IP	Med Ded	Med/ Rx	Rv	
Code	Tier			Single	Family	Sir gl	l Farr	ily Network	I Net-	_	Family	Single	Family	Virtual Visits	PCP ¹	SPEC	UC	ER	Lab/ Xray	Major Diag	Diag POD	OP Surg	Sura	IP Hosp	Hosp POD	Туре	Ded Type		
IP HN	/IO - Direc	t Access incl	udes Ca	re Cash																									
CE-I3	Platinu	m 25/1000/	100%	\$1,000	\$2,000	0 N/	'A N/	A 1009	6 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 1
CE-I4	Gold	25/2500/	100%	\$2,500	\$5,000	0 N/	'A N/	A 1009	6 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	4
CE-15	Gold	25/3000/	′50%	\$3,000	\$6,000	0 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	4
CE-I6	Gold	25/4000/	100%	\$4,000	\$8,000	0 N/	'A N/	A 1009	6 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	4
CE-18	Silver	45/7000/	′50%	\$7,000	\$14,00	00 N/	'A N/	Δ 50%	N/A	\$7 500	\$15,000	N/A	N/A	100%	\$45	\$95	\$75	\$800	50%*/	\$600	N/A	50%*	N/A	50%*	N/A	Fmh	Comb	NHSL	
CE-IZ	Gold	50/500/		\$500	\$1,000						\$13,000	N/A	N/A	100%		\$120	H	50%*	50%*	50%*	N/A	50%*	ļ .	50%*	N/A				+
															-	+	1		50%/								<u> </u>		+
CE-19	Silver	50/1500/	5U%	\$1,500	\$3,000	0 N/	A N/	A 50%	N/A	\$8,150	\$16,300	N/A	N/A	100%	\$50	\$120	ļ.,	50%*	50%	50%*	N/A	50%*		50%*	N/A		-		+
	Gold	2500/8	00/	\$2,500	\$5,000	0 N/	'A N/	4 000	N1/A	67.250	\$14,700	N/A	N/A	100%	4000/	\$75	675	\$500	80%*/	\$400	N1/A	70	N1/A	000/*	N1/A	I contra	Com	car car	Δ

Neighborhood Health Partnership Plans

				Deduc	tible		Pla		0	ut of Pocke	t Maximu	ım		Me	ember C	opay/Pl	an Coin	surance			Outpa Surg		IP Ho	spital				
Plan	Metallic	Description	Netw	ork/	Non-N	letwork	Coinsu	ance	Net	work	Non- N	etwork						Minor		Ma- jor		ОР		IP	Med Ded	Rx Ded	Rx	Rels
Code	Tier		Single	Family	Single	Family	Not-	Non- Net- work	Single	Family	Single	Family	Virtual Visits	PCP ¹	SPEC	UC	ER	Lab/ Xray	Major Diag	jor Diag POD	OP Surg	Cura	IP Hosp	Hosp POD		Туре		
NHP HM	O Primary	Advantage incl	udes Care	Cash																								
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*		\$750* Admit	N/A	Emb	Sep	NHSA	.89
CE-J6	Silver	35/7000/100%	\$7,000	\$14000	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)

					Member Copay / F	Plan Coinsurance				Dedu	ıctible	
Rx Plan Code	PDL	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	Mail Service Ratio (x Retail)
Separate Medic	cal/Rx Deductible											
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
Combined Medic	al/Rx Deductible											
921	Advantage	\$10	\$10	\$35	\$100	\$70	\$200	N/A	N/A	Same as	s Medical	2.5
F77L	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as	s Medical	3
NHSL	Essential - Standard Select	\$15	N/A	\$75	N/A	\$150	N/A	\$300	N/A	Same as	s 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.

