

# 2020-2021 Connecticut Large Group (51+) UnitedHealthcare Plans

Connecticut  
Large Group (51+) Products  
July 1, 2020 - June 30, 2021

Please be advised that this guide is for informational purposes only. Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. We reserve the right to modify this quote and benefits described if needed, once final approval is received, and to correct any typographical errors. For a complete listing of Connecticut large group (51+) products, please contact your sales representative.

Plan Code July 1, 2020 to June 30, 2021	Plan Code Sept. 1, 2019 to June 30, 2020	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type <sup>4</sup>	Pharmacy	
			Network Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Network	Out-of- Network	Network Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>3</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding			Major Diagnostic MRI, CT, etc. Hospital
Choice Plus																					
BX-ET	AN-IX	UnitedHealthcare Choice Plus	N/A	\$5,000	100%	80%	\$3,500	\$12,000	\$0/\$30	\$45	\$75	\$150	\$500	Admit	\$250	\$250	\$10/\$40	\$75	\$75	Embedded	All separate pharmacy plans
BX-EU	AN-IY	UnitedHealthcare Choice Plus	N/A	\$5,000	100%	80%	\$3,500	\$12,000	\$0/\$30	\$45	\$75	\$150	\$500 day, \$2,000 max.	Admit	\$250	\$250	\$10/\$40	\$75	\$75	Embedded	All separate pharmacy plans
BX-EY	BK-EF	UnitedHealthcare Choice Plus	\$500	\$5,000	100%	70%	\$2,500	\$12,000	\$0/\$25	\$40	\$75	\$150	\$250	Admit	\$100	\$100	\$10/\$40	\$75	\$75	Embedded	All separate pharmacy plans
BX-EZ	BK-EG	UnitedHealthcare Choice Plus	\$1,000	\$5,000	100%	70%	\$3,500	\$12,000	\$0/\$25	\$40	\$75	\$150	\$500	Admit	\$250	\$250	\$10/\$40	\$75	\$75	Embedded	All separate pharmacy plans
BX-FL	AS-4H	UnitedHealthcare Choice Plus	\$1,500	\$3,000	100%	80%	\$2,000	\$7,000	\$0/\$20	\$20	\$75	\$125	100% after ded.	N/A	100% after ded.	100% after ded.	No charge	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-EV	AN-IZ	UnitedHealthcare Choice Plus	\$1,500	\$5,000	100%	70%	\$3,000	\$12,000	\$0/\$30	\$45	\$75	\$150	100% after ded.	N/A	100% after ded.	100% after ded.	\$10/\$40	\$75	\$75	Embedded	All separate pharmacy plans
BX-GA	BK-FX	UnitedHealthcare Choice Plus	\$2,000	\$4,000	100%	70%	\$3,000	\$12,000	\$0/\$20; <sup>5</sup> \$30	\$35 <sup>5</sup> /\$45	\$75	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-EO	AP-6Z	UnitedHealthcare Choice Plus	\$2,000	\$4,000	80%	60%	\$4,500	\$9,000	\$0/\$25	\$45	\$75	\$150	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BX-HQ	AN-JA	UnitedHealthcare Choice Plus	\$2,000	\$4,000	90%	70%	\$4,000	\$16,000	\$0/\$25	\$45	\$75	\$350	90% after ded.	N/A	90% after ded.	90% after ded.	\$10/\$40	\$75	\$75	Embedded	All separate pharmacy plans
BX-FP	AP-63	UnitedHealthcare Choice Plus	\$2,500	\$7,500	100%	80%	\$5,500	\$15,000	\$0/\$30	\$50	\$75	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-G3	BK-FO	UnitedHealthcare Choice Plus	\$2,750	\$6,000	100%	50%	\$6,000	\$10,000	\$0/\$25	\$50	\$50	\$250 after ded.	\$500 after ded.	Admit	100% after ded.	\$500 after ded.	\$10/\$40	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-HR	BK-F6	UnitedHealthcare Choice Plus	\$3,000	\$7,500	100%	70%	\$6,000	\$15,000	\$0/\$35	\$60	\$75	\$350	\$625 day, \$2,500 max.	Admit	\$500	\$500	\$20/\$50	\$75	\$75	Embedded	All separate pharmacy plans
BX-F3	AY-SR	UnitedHealthcare Choice Plus	\$3,000	\$7,500	100%	70%	\$5,000	\$15,000	\$0/\$20; <sup>5</sup> \$35	\$40 <sup>5</sup> /\$65	\$65	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-GH	BA-8N	UnitedHealthcare Choice Plus	\$3,000	\$7,500	80%	50%	\$6,000	\$15,000	\$0/\$25	\$50	\$50	80% after ded.	80% after ded.	N/A	\$500	80% after ded.	\$20/\$50 Freestanding; 80% after ded. Hosp.	\$75	80% after ded.	Embedded	All separate pharmacy plans

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Connecticut  
Large Group (51+) Products  
July 1, 2020 - June 30, 2021

Plan Code July 1, 2020 to June 30, 2021	Plan Code Sept. 1, 2019 to June 30, 2020	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment											Deductible Type <sup>4</sup>	Pharmacy
			Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Network	Out-of- Network	Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>2</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding	Major Diagnostic MRI, CT, etc. Hospital		
Choice Plus (continued)																					
BX-EW	AN-H1	UnitedHealthcare Choice Plus	\$3,000	\$7,500	100%	70%	\$5,500	\$16,000	\$0/\$30	\$50	\$75	\$350	100% after ded.	Admit	100% after ded.	100% after ded.	\$25/\$50	\$75	\$75	Embedded	All separate pharmacy plans
AN-H5	AN-H5	UnitedHealthcare Choice Plus	\$3,000	\$6,000	100%	70%	\$4,000	\$18,000	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HK	BM-ML	UnitedHealthcare Choice Plus	\$3,000	\$7,500	100%	60%	\$6,500	\$15,000	\$0/\$35	\$70	\$70	\$500	\$750 after ded.	N/A	\$750	100% after ded.	\$25/\$50 Freestanding; \$25/\$50 after ded Hosp	\$75	\$75 after ded.	Embedded	All separate pharmacy plans
BX-DK	AT-K5	UnitedHealthcare Choice Plus	\$3,000	\$10,000	80%	60%	\$6,500	\$20,000	\$0/\$25	\$50	\$75	\$350	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BX-GG	AN-JB	UnitedHealthcare Choice Plus	\$3,000	\$10,000	75%	50%	\$7,000	\$20,000	\$0/\$25	\$50	\$75	\$350	75% after ded.	N/A	\$500	75% after ded.	75% after ded.	\$75	75% after ded.	Embedded	All separate pharmacy plans
BX-DL	BK-EK	UnitedHealthcare Choice Plus	\$3,000	\$10,000	80%	50%	\$7,500	\$20,000	\$0	\$65	80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BK-EE	AJ-2E	UnitedHealthcare Choice Plus	\$3,000	\$10,000	80%	50%	\$5,000	\$20,000	\$0 1st 3 visits, <sup>6</sup> then 80% after ded.	\$0 1st 3 visits, <sup>6</sup> then 80% after ded.	\$0 1st 2 visits, <sup>6</sup> then 80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BX-GW	BK-FL	UnitedHealthcare Choice Plus	\$3,500	\$10,000	100%	70%	\$6,500	\$20,000	\$0/\$30	\$60	\$60	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$25/\$50 Freestanding; No charge after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-EX	AN-H2	UnitedHealthcare Choice Plus	\$3,500	\$10,000	100%	70%	\$7,000	\$24,000	\$0/\$30	\$60	\$75	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$25/\$50	\$75	\$75	Embedded	All separate pharmacy plans
BX-DZ	BM-MG	UnitedHealthcare Choice Plus	\$3,500	\$7,500	100%	60%	\$7,000	\$15,000	\$0/\$30	\$70	\$70	\$500	100% after ded.	N/A	\$750	\$750	\$25/\$50	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-GR	BK-FG	UnitedHealthcare Choice Plus	\$3,500	\$10,000	90%	50%	\$7,500	\$15,000	\$0/\$25	\$50	\$50	90% after ded.	90% after ded.	N/A	\$500	90% after ded.	\$10/\$40 Freestanding; 90% after ded Hosp	\$75	90% after ded.	Embedded	All separate pharmacy plans
BX-FS	BK-E3	UnitedHealthcare Choice Plus	\$3,500	\$10,000	70%	50%	\$7,900	\$15,000	\$0/\$20	\$50	\$50	70% after ded.	70% after ded.	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Embedded	All separate pharmacy plans
BX-GY	BK-FM	UnitedHealthcare Choice Plus	\$4,000	\$10,000	100%	70%	\$7,000	\$20,000	\$0/\$30	\$50	\$50	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$25/\$50 Freestanding; No charge after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-DP	BG-HB	UnitedHealthcare Choice Plus	\$4,000	\$10,000	90%	60%	\$6,750	\$20,000	\$0/\$25	\$50	\$50	90% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90%	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
BX-GS	BK-FF	UnitedHealthcare Choice Plus	\$4,000	\$10,000	80%	50%	\$7,900	\$20,000	\$0/\$25	\$50	\$50	80% after ded.	80% after ded.	N/A	\$500	80% after ded.	\$10/\$40 Freestanding; 80% after ded Hosp	\$75	80% after ded.	Embedded	All separate pharmacy plans

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			Network Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Network	Out-of- Network	Network Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>2</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding	Major Diagnostic MRI, CT, etc. Hospital			
Choice Plus (continued)																						
BX-DY	BK-ES	UnitedHealthcare Choice Plus PROformance	\$4,000	\$10,000	80%	50%	\$7,900	\$15,000	\$0/\$10	\$50	\$50	50% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BX-FN	AP-61	UnitedHealthcare Choice Plus	\$5,000	\$10,000	100%	80%	\$7,000	\$20,000	\$0/\$30	\$60	\$75	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-G2	BK-FN	UnitedHealthcare Choice Plus	\$5,000	\$10,000	100%	70%	\$7,500	\$20,000	\$0/\$30	\$60	\$60	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$25/\$50 Freestanding; No charge after ded Hosp		\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-DQ	BG-H9	UnitedHealthcare Choice Plus	\$5,000	\$10,000	90%	60%	\$8,000	\$20,000	\$0/\$25	\$60	\$60	90% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90%	90% after ded.	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
HSA																						
BX-DM	AP-65	UnitedHealthcare HSA	\$2,000	\$7,500	100%	70%	\$4,000	\$15,000	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb Ded/Emb OOPM	All combined pharmacy plans <sup>a</sup>
BX-D2	AJ-GG	UnitedHealthcare HSA	\$2,000	\$7,500	100%	50%	\$4,000	\$15,000	\$0 after ded/\$30 after ded.	\$50 after ded.	100% after ded.	\$350 after ded.	\$500 after ded.	Admit	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb Ded/Emb OOPM	All combined pharmacy plans <sup>a</sup>
BX-GV	AY-S5	UnitedHealthcare HSA	\$2,000	\$7,500	100%	70%	\$5,500	\$15,000	\$0 after ded/\$25 after ded.	\$50 after ded.	\$50 after ded.	\$350 after ded.	\$500 day/\$2,000 admit after ded.	Day	\$250 after ded.	\$500 after ded.	\$25/\$50 after ded.	\$75 after ded.	\$75 after ded.	Non-Emb Ded/Emb OOPM	All combined pharmacy plans <sup>a</sup>	
BX-DN	AP-66	UnitedHealthcare HSA	\$2,500	\$7,500	100%	70%	\$5,000	\$15,000	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb Ded/Emb OOPM	All combined pharmacy plans <sup>a</sup>
BX-GT	BK-F5	UnitedHealthcare HSA	\$2,500	\$7,500	100%	70%	\$5,500	\$15,000	\$0 after ded/\$30 after ded.	\$50 after ded.	\$75 after ded.	\$350 after ded.	\$500 after ded.	Admit	\$250 after ded.	\$500 after ded.	\$25/\$50 after ded.	\$75 after ded.	\$75 after ded.	Non-Emb Ded/Emb OOPM	All combined pharmacy plans <sup>a</sup>	
BX-GU	AY-ST	UnitedHealthcare HSA	\$2,500	\$7,500	100%	70%	\$6,000	\$15,000	\$0 after ded/\$25 after ded.	\$50 after ded.	\$75 after ded.	\$350 after ded.	\$500 after ded.	Admit	\$250 after ded.	\$500 after ded.	\$25/\$50 after ded.	\$75 after ded.	\$75 after ded.	Non-Emb Ded/Emb OOPM	All combined pharmacy plans <sup>a</sup>	
BX-D3	AJ-GH	UnitedHealthcare HSA	\$3,000	\$10,000	100%	50%	\$6,250	\$20,000	\$0 after ded/\$30 after ded.	\$50 after ded.	100% after ded.	\$350 after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>a</sup>
BX-D4	AJ-GI	UnitedHealthcare HSA	\$3,000	\$10,000	100%	70%	\$6,250	\$20,000	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>a</sup>
BX-GX	AY-S6	UnitedHealthcare HSA	\$3,000	\$10,000	100%	70%	\$6,500	\$20,000	\$0 after ded/\$25 after ded.	\$50 after ded.	\$50 after ded.	\$350 after ded.	\$500 day/\$2,000 admit after ded.	Day	\$150 after ded.	\$250 after ded.	100% after ded.	\$75 after ded.	\$75 after ded.	Embedded	All combined pharmacy plans <sup>a</sup>	

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			Network Single (Family Is 2x)	Out-of- Network Single (Family Is 2x)	Network	Out-of- Network	Network Single (Family Is 2x)	Out-of- Network Single (Family Is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>2</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding			Major Diagnostic MRI, CT, etc. Hospital		
<b>HSA (continued)</b>																							
BK-E2	BK-E2	UnitedHealthcare HSA	\$3,000	\$10,000	80%	50%	\$6,750	\$15,000	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
BX-D5	AJ-GJ	UnitedHealthcare HSA	\$4,000	\$10,000	100%	70%	\$6,850	\$20,000	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
BK-EV	BK-EV	UnitedHealthcare HSA	\$4,000	\$10,000	90%	50%	\$6,750	\$15,000	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
BX-GZ	AY-S7	UnitedHealthcare HSA	\$4,000	\$6,500	100%	70%	\$6,650	\$15,000	\$0 after ded/\$25 after ded.	\$50 after ded.	\$50 after ded.	\$200 after ded.	\$500 day/\$2,000 admit after ded.	Day	\$150 after ded.	\$250 after ded.	\$10/\$40 after ded.	\$75 after ded.	\$75 after ded.	\$75 after ded.	\$75 after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
AE-1G	AB-GR	UnitedHealthcare HSA	\$5,500	\$11,000	70%	50%	\$6,350	\$12,700	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
AI-YL	AE-1H	UnitedHealthcare HSA	\$6,000	\$10,000	100%	70%	\$6,450	\$20,000	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
<b>Choice EPO</b>																							
BX-G4	BK-FP	UnitedHealthcare Choice EPO	\$1,500	N/A	100%	N/A	\$4,000	N/A	\$0/\$25	\$50	\$50	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$20/\$50	\$75	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HG	BM-MH	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$6,000	N/A	\$0/\$25	\$60	\$60	\$350 after ded.	\$500 after ded.	Admit	100% after ded.	\$500 after ded.	\$25/\$50 Freestanding; \$25/\$50 after ded Hosp	\$75	\$75 after ded.	\$75 after ded.	\$75 after ded.	Embedded	All separate pharmacy plans
BQ-9M	BQ-9M	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$6,000	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
BX-G5	BK-FQ	UnitedHealthcare Choice EPO	\$2,500	N/A	100%	N/A	\$4,500	N/A	\$0/\$25	\$50	\$50	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$20/\$50	\$75	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HA	BK-FV	UnitedHealthcare Choice EPO	\$2,500	N/A	90%	N/A	\$5,000	N/A	\$0/\$20	\$50	\$50	\$350	90% after ded.	N/A	90% after ded.	90% after ded.	\$20/\$50	\$75	90% after ded.	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
AY-SK	AY-SK	UnitedHealthcare Choice EPO	\$2,500	N/A	80%	N/A	\$5,000	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BX-EA	AY-SJ	UnitedHealthcare Choice EPO PA	\$2,500	N/A	100%	N/A	\$6,000	N/A	\$0	\$50	\$50	\$200 after ded.	\$500 after ded.	Admit	\$250 after ded.	\$250 after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HM	N/A	UnitedHealthcare Choice EPO	\$3,500	N/A	100%	N/A	\$7,000	N/A	\$0/\$25	\$60	\$60	100% after ded.	100% after ded.	N/A	\$500	100% after ded.	\$25/\$50 Freestanding; 100% after ded. Hosp	\$75	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-GO	BK-FJ	UnitedHealthcare Choice EPO	\$2,850	N/A	90%	N/A	\$7,500	N/A	\$0/\$25	\$50	\$50	90% after ded.	90% after ded.	N/A	\$500	90% after ded.	\$10/\$40 Freestanding; 90% after ded Hosp	\$75	90% after ded.	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
BX-DS	BK-E4	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$7,000	N/A	\$0/\$15	100% after ded.	100% after ded.	200 after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans

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Large Group (51+) Products  
July 1, 2020 - June 30, 2021

Plan Code July 1, 2020 to June 30, 2021	Plan Code Sept. 1, 2019 to June 30, 2020	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type <sup>4</sup>	Pharmacy	
			Network Single (Family Is 2x)	Out-of-Network Single (Family Is 2x)	Network	Out-of-Network	Network Single (Family Is 2x)	Out-of-Network Single (Family Is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>2</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding			Major Diagnostic MRI, CT, etc. Hospital
Choice EPO (continued)																					
BX-GP	BK-FK	UnitedHealthcare Choice EPO PROformance	\$3,000	N/A	80%	N/A	\$7,000	N/A	\$0/\$15	\$35/\$50	\$50	80% after ded.	80% after ded.	N/A	\$500	80% after ded.	\$10/\$40 Freestanding; 80% after ded Hosp	\$75	80% after ded.	Embedded	All separate pharmacy plans
BX-F2	AY-SS	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$5,000	N/A	\$0/\$20 <sup>5</sup> ;\$35	\$35 <sup>5</sup> /\$50	\$50	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-G6	BK-FR	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$6,000	N/A	\$0/\$25	\$50	\$50	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$20/\$50 Freestanding; No charge after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-D6	AY-SL	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$6,000	N/A	\$0/\$25	\$60	\$60	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-GI	BA-8O	UnitedHealthcare Choice EPO	\$3,000	N/A	80%	N/A	\$6,000	N/A	\$0/\$25	\$50	\$50	80% after ded.	80% after ded.	N/A	\$500	80% after ded.	\$10/\$40; 80% after ded. Hosp.	\$75	80% after ded.	Embedded	All separate pharmacy plans
BX-D9	AY-SI	UnitedHealthcare Choice EPO	\$3,000	N/A	80%	N/A	\$6,500	N/A	\$0	\$50	\$50	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BX-HH	BM-MI	UnitedHealthcare Choice EPO	\$3,000	N/A	80%	N/A	\$6,500	N/A	\$0/\$30	\$70	\$70	80% after ded.	80% after ded.	N/A	\$750	80% after ded.	\$25/\$50 Freestanding; 80% after ded Hosp	\$75	80% after ded.	Embedded	All separate pharmacy plans
BX-HE	BQ-9P	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$7,000	N/A	\$0/\$30 <sup>5</sup> ;\$45	\$60 <sup>5</sup> /\$75	\$75	\$350 after ded.	\$500 after ded.	Admit	100% after ded.	100% after ded.	\$25/\$50 Freestanding; 100% after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-HL	N/A	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$7,250	N/A	\$0/\$15 <sup>5</sup> ;\$30	\$50 <sup>5</sup> /\$75	\$70	\$350 after ded.	100% after ded.	N/A	\$500	100% after ded.	\$25/\$50 Freestanding; 100% after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-DR	BK-EU	UnitedHealthcare Choice EPO	\$3,000	N/A	90%	N/A	\$7,500	N/A	\$0/\$25	\$50	\$50	90% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
BK-EM	BK-EM	UnitedHealthcare Choice EPO	\$3,000	N/A	80%	N/A	\$7,900	N/A	\$0 1st 3 visits, <sup>6</sup> then 80% after ded.	\$0 1st 3 visits, <sup>6</sup> then 80% after ded.	\$0 1st 2 visits, <sup>6</sup> then 80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All separate pharmacy plans
BX-G7	BK-FS	UnitedHealthcare Choice EPO	\$3,500	N/A	100%	N/A	\$6,500	N/A	\$0/\$30	\$50/\$60	\$60	\$350	100% after ded.	N/A	100% after ded.	100% after ded.	\$20/\$50 Freestanding; No charge after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-D7	AY-SM	UnitedHealthcare Choice EPO	\$3,500	N/A	100%	N/A	\$6,500	N/A	\$0/\$30	\$50	\$50	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HJ	BM-MK	UnitedHealthcare Choice EPO	\$3,500	N/A	100%	N/A	\$7,000	N/A	\$0/\$30	\$70	\$70	\$350 after ded.	\$500 after ded.	Admit	100% after ded.	\$500 after ded.	\$25/\$50 Freestanding; \$25/\$50 after ded Hosp	\$75	\$75 after ded.	Embedded	All separate pharmacy plans

# 2020-2021 Connecticut Large Group (51+) UnitedHealthcare Plans

Connecticut  
Large Group (51+) Products  
July 1, 2020 - June 30, 2021

Plan Code July 1, 2020 to June 30, 2021	Plan Code Sept. 1, 2019 to June 30, 2020	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type <sup>4</sup>	Pharmacy	
			Network Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Network	Out-of- Network	Network Single (Family is 2x)	Out-of- Network Single (Family is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>2</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding			Major Diagnostic MRI, CT, etc. Hospital
Choice EPO (continued)																					
BX-GM	BK-FE	UnitedHealthcare Choice EPO PROformance	\$3,750	N/A	75%	N/A	\$7,900	N/A	\$0/\$10	\$50	\$50	50% after ded.	75% after ded.	N/A	\$500	75% after ded.	\$10/\$40 Freestanding; 75% after ded Hosp	\$75	75% after ded.	Embedded	All separate pharmacy plans
BX-G8	BK-FT	UnitedHealthcare Choice EPO	\$4,000	N/A	100%	N/A	\$7,500	N/A	\$0/\$30	\$60	\$60	\$250	100% after ded.	N/A	100% after ded.	100% after ded.	\$20/\$50 Freestanding; No charge after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-DX	BK-ER	UnitedHealthcare Choice EPO	\$4,000	N/A	90%	N/A	\$7,900	N/A	\$0/\$10	\$50	\$50	50% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
BX-GJ	BK-FB	UnitedHealthcare Choice EPO	\$4,000	N/A	80%	N/A	\$7,000	N/A	\$0/\$25	\$50	\$50	80% after ded.	80% after ded.	N/A	\$500	80% after ded.	\$10/\$40 Freestanding; 80% after ded Hosp	\$75	80% after ded.	Embedded	All separate pharmacy plans
BX-HI	BM-MJ	UnitedHealthcare Choice EPO	\$4,000	N/A	90%	N/A	\$7,250	N/A	\$0/\$35	\$75	\$75	90% after ded.	90% after ded.	N/A	\$750	90% after ded.	\$25/\$50 Freestanding; 90% after ded Hosp	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
BX-HN	N/A	UnitedHealthcare Choice EPO	\$4,000	N/A	100%	N/A	\$7,500	N/A	\$0/\$25	\$60	\$60	100% after ded.	100% after ded.	N/A	\$500	100% after ded.	\$25/\$50 Freestanding; 100% after ded. Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-HF	BQ-9Q	UnitedHealthcare Choice EPO	\$4,000	N/A	100%	N/A	\$7,500	N/A	\$0/\$30 <sup>5</sup> \$45	\$60 <sup>5</sup> /\$75	\$75	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	\$25/\$50 Freestanding; 100% after ded Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-DT	BK-E5	UnitedHealthcare Choice EPO	\$4,000	N/A	100%	N/A	\$7,500	N/A	\$0/\$15	100% after ded.	100% after ded.	\$200 after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-DX	BK-ER	UnitedHealthcare Choice EPO PROformance	\$4,000	N/A	90%	N/A	\$7,900	N/A	\$0/\$10	\$50	\$50	50% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Embedded	All separate pharmacy plans
BX-F5	BK-E9	UnitedHealthcare Choice EPO	\$5,000	N/A	100%	N/A	\$7,500	N/A	\$0/\$15 <sup>5</sup> /\$35	\$35 <sup>5</sup> /\$50	\$50	\$200 after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-DW	BK-EN	UnitedHealthcare Choice EPO Primary Advtg	\$5,000	N/A	100%	N/A	\$7,900	N/A	\$0	\$50	\$50	\$200 after ded.	\$500 after ded.	Admit	\$250 after ded.	\$250 after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-EB	N/A	UnitedHealthcare Choice EPO	\$5,000	N/A	100%	N/A	\$8,150	N/A	\$0/\$0	\$75	\$75	\$350 after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	\$30/\$60	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HO	N/A	UnitedHealthcare Choice EPO	\$5,000	N/A	100%	N/A	\$8,150	N/A	\$0/\$25	\$60	\$60	100% after ded.	100% after ded.	N/A	\$500	100% after ded.	\$25/\$50 Freestanding; 100% after ded. Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BK-EL	BK-EL	UnitedHealthcare Choice EPO Flex Free	\$5,000	N/A	100%	N/A	\$7,900	N/A	\$0 1st 3 visits, <sup>6</sup> then 100% after ded.	\$0 1st 3 visits, <sup>6</sup> then 100% after ded.	\$0 1st 2 visits, <sup>6</sup> then 100% after ded.	100% after ded.	\$500 after ded.	Admit	\$250 after ded.	\$250 after ded.	100% after ded.	\$75 after ded.	\$75 after ded.	Embedded	All separate pharmacy plans

# 2020-2021 Connecticut Large Group (51+) UnitedHealthcare Plans

Connecticut  
Large Group (51+) Products  
July 1, 2020 - June 30, 2021

Plan Code July 1, 2020 to June 30, 2021	Plan Code Sept. 1, 2019 to June 30, 2020	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type <sup>4</sup>	Pharmacy	
			Network Single (Family Is 2x)	Out-of- Network Single (Family Is 2x)	Network	Out-of- Network	Network Single (Family Is 2x)	Out-of- Network Single (Family Is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>2</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding			Major Diagnostic MRI, CT, etc. Hospital
<b>Choice EPO (continued)</b>																					
BX-GN	BK-FI	UnitedHealthcare Choice EPO	\$5,000	N/A	80%	N/A	\$8,150	N/A	\$0/\$25	\$60	\$60	80% after ded.	80% after ded.	N/A	\$500	80% after ded.	\$25/\$50 Freestanding; 80% after ded. Hosp	\$75	80% after ded.	Embedded	All separate pharmacy plans
BX-GK	BK-FC	UnitedHealthcare Choice EPO	\$6,000	N/A	100%	N/A	\$8,150	N/A	\$0/\$25	\$60	\$60	100% after ded.	100% after ded.	N/A	\$500	100% after ded.	\$25/\$50 Freestanding; 100% after ded. Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-DU	BK-EQ	UnitedHealthcare Choice EPO	\$6,000	N/A	100%	N/A	\$7,900	N/A	\$0/\$25	\$50	\$50	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HB	AY-S9	UnitedHealthcare Choice EPO	\$7,350	N/A	100%	N/A	\$7,350	N/A	\$0/\$30	\$50	\$50	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-GL	BK-FD	UnitedHealthcare Choice EPO	\$7,500	N/A	100%	N/A	\$8,150	N/A	\$0/\$25	\$65	\$65	100% after ded.	100% after ded.	N/A	\$500	100% after ded.	\$25/\$50 Freestanding; 100% after ded. Hosp	\$75	100% after ded.	Embedded	All separate pharmacy plans
BX-DV	BK-ET	UnitedHealthcare Choice EPO	\$7,500	N/A	100%	N/A	\$7,900	N/A	\$0/\$25	\$50	\$50	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All separate pharmacy plans
BX-HP	N/A	UnitedHealthcare Choice EPO	\$8,000	N/A	100%	N/A	\$8,150	N/A	\$0/\$25	\$70	\$70	100% after ded.	100% after ded.	N/A	\$600	100% after ded.	\$30/\$60 Freestanding; 100% after ded. Hosp	100% after ded	100% after ded.	Embedded	All separate pharmacy plans
<b>EPO HSA</b>																					
AY-SD	AY-SD	UnitedHealthcare EPO HSA	\$2,000	N/A	100%	N/A	\$4,500	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb Ded/Emb OOPM	All combined pharmacy plans <sup>8</sup>
BX-FU	N/A	UnitedHealthcare EPO HSA w/Prev Rx	\$2,000	N/A	100%	N/A	\$6,000	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb Ded/Emb OOPM	A02
BK-EY	BK-EY	UnitedHealthcare EPO HSA	\$2,850	N/A	90%	N/A	\$6,750	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Embedded	All combined pharmacy plans <sup>8</sup>
AY-SE	AY-SE	UnitedHealthcare EPO HSA	\$3,000	N/A	100%	N/A	\$5,750	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>8</sup>
BX-FV	N/A	UnitedHealthcare EPO HSA w/Prev Rx	\$3,000	N/A	100%	N/A	\$6,500	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	A02
BK-EX	BK-EX	UnitedHealthcare EPO HSA	\$3,000	N/A	100%	N/A	\$6,750	N/A	100% after ded.	100% after ded.	100% after ded.	\$200 after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>8</sup>
BK-EO	BK-EO	UnitedHealthcare EPO HSA	\$3,000	N/A	80%	N/A	\$6,750	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All combined pharmacy plans <sup>8</sup>
BX-FW	N/A	UnitedHealthcare EPO HSA w/Prev Rx	\$3,500	N/A	80%	N/A	\$6,850	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	A02

# 2020-2021 Connecticut Large Group (51+) UnitedHealthcare Plans

Connecticut  
Large Group (51+) Products  
July 1, 2020 - June 30, 2021

Plan Code July 1, 2020 to June 30, 2021	Plan Code Sept. 1, 2019 to June 30, 2020	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type <sup>4</sup>	Pharmacy	
			Network Single (Family Is 2x)	Out-of- Network Single (Family Is 2x)	Network	Out-of- Network	Network Single (Family Is 2x)	Out-of- Network Single (Family Is 2x)	Virtual Visits/PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital <sup>2</sup>	Inpatient Copay Type (Admit or Day)	Outpatient Freestanding <sup>3</sup>	Hospital-Based Outpatient Facility <sup>2</sup>	Lab/X-ray	Major Diagnostic MRI, CT, etc. Freestanding			Major Diagnostic MRI, CT, etc. Hospital
EPO HSA (continued)																					
BX-HC	AY-TA	UnitedHealthcare EPO HSA	\$3,500	N/A	100%	N/A	\$6,250	N/A	\$0 after ded/\$25 after ded.	\$50 after ded.	\$50 after ded.	\$200 after ded.	\$500 day/\$2,000 admit after ded.	Day	\$150 after ded.	\$250 after ded.	\$10/\$40 after ded.	\$75 after ded.	\$75 after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
BK-EW	BK-EW	UnitedHealthcare EPO HSA	\$3,500	N/A	90%	N/A	\$6,750	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
AY-SF	AY-SF	UnitedHealthcare EPO HSA	\$4,000	N/A	100%	N/A	\$6,250	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
BK-EP	BK-EP	UnitedHealthcare EPO HSA	\$4,000	N/A	80%	N/A	\$6,750	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>
BK-EZ	BK-EZ	UnitedHealthcare EPO HSA	\$6,000	N/A	100%	N/A	\$6,750	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Embedded	All combined pharmacy plans <sup>5</sup>



# 2020-2021 Connecticut Large Group (51+) UnitedHealthcare Plans

Connecticut  
Large Group (51+) Products  
July 1, 2020 - June 30, 2021

Plan Code	Deductible	Member Copayment				Mail-Order (90-Day Supply)
		Tier 1	Tier 2	Tier 3	Tier 4	
<b>Separate Plans (Non-HSAs)</b>						
200; 201; 202	No deductible; \$100; \$200	\$5	\$25	\$40	N/A	2.5x
WK; 203; 204	No deductible; \$100; \$200	\$5	\$30	\$60	N/A	2.5x
A55	No deductible	\$15	\$60	\$95	N/A	2.5x
205; 206; 207	No deductible; \$100; \$200	\$5	\$25	50% to \$250 max.	N/A	2.5x
484	No deductible	\$5	\$30	30% to \$500 max.	50% to \$750 max.	2.5x
A00; A01	No deductible; \$250/\$500*	\$5	\$50	50% to \$150 max.	50% to \$250 max.	2.5x
485; 537	No deductible; \$250/\$500*	\$5	\$50	30% to \$500 max.	50% to \$750 max.	2.5x
A56	No deductible; \$250/\$500*	\$15	\$60	50% to \$150 max.	50% to \$250 max.	2.5x
<b>Combined Plans (for HSAs)</b>						
200	Same as Medical	\$5	\$25	\$40	N/A	2.5x
WK	Same as Medical	\$5	\$30	\$60	N/A	2.5x
A02 <sup>7</sup>	Same as Medical	\$5	\$30	\$60	N/A	2.5x
A55	Same as Medical	\$15	\$60	\$95	N/A	2.5x
205	Same as Medical	\$5	\$25	50% to \$250 max.	N/A	2.5x
485	Same as Medical	\$5	\$50	30% to \$500 max.	50% to \$750 max.	2.5x
A56	Same as Medical	\$15	\$60	50% to \$150 max.	50% to \$250 max.	2.5x

\*Deductible is \$250 per member; \$500 per family and applies to tiers 3 and 4 only. All other separate deductible plans are per member.

<sup>1</sup>Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics

<sup>2</sup>Facility and hospital copayments are in addition to any plan deductible and coinsurance. 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 in plan documents as "per-occurrence copayments" or "per-occurrence deductibles."

<sup>3</sup>Freestanding facilities are any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory. At a freestanding facility, deductible and coinsurance still apply. See plan benefit information for further details.

<sup>4</sup>Plans listed as Non-Emb./Emb. reflect non-embedded deductibles and embedded out-of-pocket maximums, meaning no individual in the family has satisfied the deductible until the entire family deductible amount has been met. An individual will not have to pay more than the individual OOP Max amount. Embedded deductibles mean all individual deductible amounts will count toward the family deductible. An individual will not have to pay more than the individual deductible amount and the individual OOP Max.

<sup>5</sup>This tier of benefits applies to UnitedHealth Premium quality and efficiency designated physicians. The Virtual Visit cost share follows the same copay as the premium designated cost share. Please visit myuhc.com for details.

<sup>6</sup>PCP and specialist office visits are \$0 copay for the first 3 visits combined. Additional visits are subject to deductible and coinsurance. Urgent care visits are \$0 copay for the first 2 visits in a year. Additional visits are subject to deductible and coinsurance.

<sup>7</sup>Core Plus Preventive Rx

<sup>8</sup>Except A02 Core Plus Preventive Rx

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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