

2020 Connecticut Large Group (51+) UnitedHealthcare NexusACO Plans

Connecticut
NexusACO Large Group (51+) Products
Effective Jan. 1, 2020

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.

2020 Medical Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment											Deductible Type	Pharmacy	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/Virtual Visits	PCP ^{1,2} Designated (Tier 1)	PCP Network ¹	Specialist ² Designated (Tier 1)	Specialist Network ³	Urgent Care	ER	Inpatient Hospital ⁴	Outpatient Surgery ⁴	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)			
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
UnitedHealthcare NexusACO R (Referrals Required)																					
BS-ZQ	UnitedHealthcare NexusACO R	\$2,000	N/A	90%	N/A	\$6,250	N/A	\$0	\$20	40% after ded	\$60	40% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Emb	All separate pharmacy plans available
BS-ZS	UnitedHealthcare NexusACO R	\$2,500	N/A	100%	N/A	\$7,500	N/A	\$0	\$25	30% after ded	\$60	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BS-ZR	UnitedHealthcare NexusACO R	\$3,500	N/A	80%	N/A	\$7,500	N/A	\$0	\$30	50% after ded	\$60	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All separate pharmacy plans available
BS-ZT	UnitedHealthcare NexusACO R	\$4,500	N/A	100%	N/A	\$8,150	N/A	\$0	\$30	30% after ded	\$60	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BS-ZU	UnitedHealthcare NexusACO R	\$5,500	N/A	100%	N/A	\$8,000	N/A	\$0	\$35	30% after ded	\$75	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BS-ZV	UnitedHealthcare NexusACO R	\$6,500	N/A	100%	N/A	\$8,150	N/A	\$0	\$30	30% after ded	\$70	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BS-ZW	UnitedHealthcare NexusACO R HSA	\$3,000	N/A	100%	N/A	\$6,500	N/A	No charge after ded	No charge after ded	20% after ded	No charge after ded	20% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All combined pharmacy plans available

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/Virtual Visits	PCP ^{1,2} Designated (Tier 1)	PCP Network ¹	Specialist ² Designated (Tier 1)	Specialist Network ³	Urgent Care	ER	Inpatient Hospital ⁴	Outpatient Surgery ⁴	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)			
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
BS-ZX	UnitedHealthcare NexusACO R HSA	\$3,000	N/A	80%	N/A	\$6,700	N/A	20% after ded	20% after ded	50% after ded	20% after ded	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All combined pharmacy plans available
BS-ZY	UnitedHealthcare NexusACO R HSA	\$4,500	N/A	80%	N/A	\$6,850	N/A	20% after ded	20% after ded	50% after ded	20% after ded	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All combined pharmacy plans available
BS-ZZ	UnitedHealthcare NexusACO R HSA	\$5,500	N/A	80%	N/A	\$6,850	N/A	20% after ded	20% after ded	50% after ded	20% after ded	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All combined pharmacy plans available
UnitedHealthcare NexusACO OA (PCP Selection Required)																					
BS-Z2	UnitedHealthcare NexusACO OA	\$2,000	N/A	90%	N/A	\$6,000	N/A	\$0	\$30	40% after ded	\$60	40% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Emb	All separate pharmacy plans available
BS-Z4	UnitedHealthcare NexusACO OA	\$2,500	N/A	100%	N/A	\$7,500	N/A	\$0	\$25	30% after ded	\$60	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BS-Z3	UnitedHealthcare NexusACO OA	\$3,500	N/A	80%	N/A	\$7,500	N/A	\$0	\$30	50% after ded	\$60	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All separate pharmacy plans available
BS-Z5	UnitedHealthcare NexusACO OA	\$4,500	N/A	100%	N/A	\$8,150	N/A	\$0	\$35	30% after ded	\$75	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BS-Z6	UnitedHealthcare NexusACO OA	\$5,500	N/A	100%	N/A	\$8,000	N/A	\$0	\$35	30% after ded	\$70	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BS-Z7	UnitedHealthcare NexusACO OA	\$6,500	N/A	100%	N/A	\$8,150	N/A	\$0	\$30	30% after ded	\$70	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available

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2020 Medical Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment											Deductible Type	Pharmacy	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/Virtual Visits	PCP ^{1,2} Designated (Tier 1)	PCP Network ¹	Specialist ² Designated (Tier 1)	Specialist Network ³	Urgent Care	ER	Inpatient Hospital ⁴	Outpatient Surgery ⁴	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)			
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
BS-Z8	UnitedHealthcare NexusACO OA HSA	\$3,000	N/A	100%	N/A	\$6,500	N/A	No charge after ded	No charge after ded	30% after ded	No charge after ded	30% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All combined pharmacy plans available
BS-Z9	UnitedHealthcare NexusACO OA HSA	\$3,000	N/A	80%	N/A	\$6,700	N/A	20% after ded	20% after ded	50% after ded	20% after ded	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All combined pharmacy plans available
BS-2A	UnitedHealthcare NexusACO OA HSA	\$4,500	N/A	80%	N/A	\$6,850	N/A	20% after ded	20% after ded	50% after ded	20% after ded	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All combined pharmacy plans available

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2020 Plan Code	Deductible		Member Copayment				Mail Order (90-Day Supply)
	Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4	
Seperate Plans							
200;201 ⁵ 202 ⁵	No deductible; \$100; \$200	N/A	\$5	\$25	\$40	N/A	2.5 x
WK; 203 ⁵ 204 ⁵	No deductible; \$100; \$200	N/A	\$5	\$30	\$60	N/A	2.5 x
A55	No deductible	No deductible	\$15	\$60	\$95	N/A	2.5 x
205; 206 ⁵ 207 ⁵	No deductible; \$100; \$200	N/A	\$5	\$25	50% to \$250 Max	N/A	2.5 x
484	No deductible	No deductible	\$5	\$30	30% to \$500 Max	50% to \$750 Max	2.5 x
A00; A01 ⁶	No deductible; \$250	No deductible; \$500	\$5	\$50	50% to \$150 Max	50% to \$250 Max	2.5 x
485; 537 ⁶	No deductible; \$250	No deductible; \$500	\$5	\$50	30% to \$500 Max	50% to \$750 Max	2.5 x
A56	No deductible	No deductible	\$15	\$60	50% to \$150 Max	50% to \$250 Max	2.5 x
S8	\$250 ⁷	\$750 ⁷	\$10	\$30	\$50	N/A	2.5 x
6M	\$100	\$300	\$10	\$35	\$80	N/A	2.5 x
6N	\$250	\$750	\$10	\$35	\$60	N/A	2.5 x
AT	\$100	\$300	\$10	\$35	\$70	N/A	2.5 x
AU	\$250	\$750	\$10	\$35	\$70	N/A	2.5 x
PQ	\$100	\$300	\$15	\$45	\$85	\$200	3 x
865 ⁸	\$250	\$500	\$15	\$60	\$125	\$250	2.5 x
Combined Plans							
200	Same as Medical	Same as Medical	\$5	\$25	\$40	N/A	2.5 x
WK	Same as Medical	Same as Medical	\$5	\$30	\$60	N/A	2.5 x
A02 ⁷	Same as Medical	Same as Medical	\$5	\$30	\$60	N/A	2.5 x
205	Same as Medical	Same as Medical	\$5	\$25	50% to \$250 Max	N/A	2.5 x
485	Same as Medical	Same as Medical	\$5	\$50	30% to \$500 Max	50% to \$750 Max	2.5 x
A56	Same as Medical	Same as Medical	\$15	\$60	50% to \$150 Max	50% to \$250 Max	2.5 x

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¹Primary Care Physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

²This tier of benefits applies to UnitedHealthcare ACO partners and UnitedHealth Premium® quality and efficiency designated physicians. Please visit myuhc.com® for details.

³This tier of benefits applies to specialty physicians that are not quality and efficiency designated.

⁴Hospital tiering exists in some areas of the country. Please consult the directory if you reside or travel outside of Rhode Island, Massachusetts and Connecticut.

⁵Deductible only applies to Tiers 2 and 3.

⁶Deductible applies to Tiers 3 and 4.

⁷Advantage PDL with Core Plus Preventive Rx.

Note: Plans listed as non-embedded/embedded reflect non-embedded deductibles and embedded out-of-pocket maximums meaning no individual in the family has satisfied the deductible until the entire family amount has been met, but 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, but an individual will not have to pay more than the individual deductible amount and individual OOP Max.

Note: For combined pharmacy plans, pharmacy copayments will apply after the deductible has been satisfied.

Note: For HSAs, copayments will not apply until after the deductible has been satisfied.

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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