

2020 Connecticut Small Group (1-50) UnitedHealthcare Plans

Connecticut
Small Group (1-50) Plans
Effective January 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 all Connecticut small group (1-50) products, please contact your sales representative.

2020 Medical Plan Code	Prior Medical Plan Code	Plan Name	Network/Access	Coinsurance		Deductible		Out-of-Pocket Maximum		Copayment Per Occurrence										Deductible Type ²	Pharmacy		
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Specialist	Urgent Care	ER	Inpatient Hospital	IP Copay Max	IP Copay Type (Admit or Day)	Outpatient Facility (Freestanding)	Outpatient Facility (Hospital)	Lab/X-ray			Major Diagnostic Freestanding	Major Diagnostic Hospital
						Single (Family is 2X)	Single (Family is 2X)																
Platinum Plans																							
BR-LO	BG-IK	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	100%	80%	\$0	\$3,000	\$3,000	\$7,500	\$0/\$20	\$45	\$45	\$250	\$500	N/A	Admit	\$250	\$250	\$15/\$40	\$75	\$75	Emb	\$5/\$60/50% to \$500/50% to \$750
BR-LN	BG-IJ	UnitedHealthCare Choice Plus \$500	Choice Plus/Non Gated	100%	80%	\$500	\$3,000	\$3,000	\$7,500	\$0/\$20	\$45	\$45	\$250	No charge after ded	N/A	N/A	No charge after ded	No charge after ded	\$15/\$40	\$75	\$75	Emb	\$5/\$60/50% to \$500/50% to \$750
Gold Plans																							
BR-LS	AT-1H	UnitedHealthCare HSA \$1,500	Choice Plus/Non-Gated	100%	70%	\$1,500	\$6,000	\$6,000	\$15,000	No charge after ded	No charge after ded	No charge after ded	\$300 after ded	No charge after ded	N/A	N/A	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Non-Emb Ded/Emb OOP	\$10/\$60/50% to \$500/50% to \$750 after med ded
BR-LL	BG-IH	UnitedHealthcare Choice Plus \$2,000	Choice Plus/Non-Gated	100%	70%	\$2,000	\$5,000	\$6,500	\$12,500	\$0/\$30	\$60	\$60	\$300	\$500 after ded	N/A	N/A	\$250 after ded	\$250 after ded	\$20/\$50 after ded	\$75 after ded	\$75 after ded	Emb	\$5/\$60/50% to \$500/50% to \$750
BR-LJ	BG-IF	UnitedHealthCare Choice Plus \$2,500	Choice Plus/Non-Gated	100%	70%	\$2,500	\$7,500	\$5,500	\$15,000	\$0/\$30	\$60	\$60	\$300	No charge after ded	N/A	N/A	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$5/\$60/50% to \$500/50% to \$750
BR-LU	N/A	UnitedHealthCare Choice EPO \$3,000	Choice/Non-Gated	100%	N/A	\$3,000	N/A	\$7,000	N/A	\$0/\$30	\$60	\$60	\$300	No charge after ded	N/A	N/A	\$500	\$500	\$25/\$50	No charge after ded	No charge after ded	Emb	\$5/\$60/50% to \$500/50% to \$750
BR-LP	BG-IL	UnitedHealthCare Choice EPO \$3,000	Choice/Non-Gated	80%	N/A	\$3,000	N/A	\$7,500	N/A	\$0/\$10	\$50	\$50	50% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	\$20/\$50	80% after ded	80% after ded	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250/\$500 Ded T2, T3, T4

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				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Specialist	Urgent Care	ER	Inpatient Hospital	IP Copay Max	IP Copay Type (Admit or Day)	Outpatient Facility (Freestanding)	Outpatient Facility (Hospital)	Lab/X-ray	Major Diagnostic Freestanding			Major Diagnostic Hospital
						Single (Family is 2X)	Single (Family is 2X)																
Silver Plans																							
BS-H6	AT-1M	UnitedHealthCare HSA \$2,850	Choice Plus/ Non-Gated	100%	70%	\$2,850	\$7,000	\$6,000	\$14,000	\$0/\$25 after ded	\$50 after ded	\$50 after ded	\$300 after ded	\$500 after ded	N/A	Admit	\$250 after ded	\$250 after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded
BR-LT	N/A	UnitedHealthCare HSA EPO w/ Motion \$3,000	Choice/ Non Gated	80%	N/A	\$3,000	N/A	\$6,850	N/A	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	N/A	N/A	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded
BR-LM	AT-1J	UnitedHealthCare HSA \$3,500	Choice Plus/ Non-Gated	100%	70%	\$3,500	\$7,500	\$6,850	\$15,000	No charge after ded.	No charge after ded.	No charge after ded.	\$300 after ded	No charge after ded	N/A	N/A	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded
BR-LK	BG-IG	UnitedHealthCare Choice Plus \$5,250	Choice Plus/ Non-Gated	100%	70%	\$5,250	\$7,500	\$8,150	\$15,000	\$0/\$40	\$75	\$75	\$300 after ded	\$750 Day/\$2,250 max. after ded	N/A	Admit	No charge after ded	No charge after ded	\$25/\$60 after ded	\$75 after ded	\$75 after ded	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250/\$500 Ded T2, T3, T4
Bronze Plans																							
BR-LR	AT-1G	UnitedHealthCare HSA \$5,000	Choice Plus/ Non Gated	80%	50%	\$5,000	\$7,500	\$6,850	\$15,000	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	N/A	N/A	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded
BR-LQ	AT-1F	UnitedHealthCare HSA \$6,000	Choice Plus/ Non-Gated	100%	70%	\$6,000	\$10,000	\$6,850	\$20,000	No charge after ded	No charge after ded	No charge after ded	\$300 after ded	No charge after ded	N/A	N/A	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded

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

²Plans 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. An individual will not have to pay more than the individual OOP Max amount.

Note: Pharmacy mail order is 2.5x.

Note: Radiology maximum to support the \$75 to \$375 annual max. Maximum for PET is \$400.

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

Note: All plans include Preferred Generics (also known as Mac-A).

In 2020, maximum HSA contribution is \$3,550 single/\$7,100 family. These amounts are subject to change by 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 Bank®, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes an 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.

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