

2021 Connecticut Small Group (1-50) UnitedHealthcare NexusACO Plans

Connecticut
NexusACO Small Group (1-50) Products
Effective Jan. 1, 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 small group (1-50) products, please contact your sales representative.

2021 Medical Plan Code	Prior Medical Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment											Deductible Type	Pharmacy w/Standard Select Rx Network
			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)	Network	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)													
GOLD UnitedHealthcare NexusACO R (Referrals Required)																					
CE-B6	BR-LV	UnitedHealthcare NexusACO R	\$2,000	N/A	90%	N/A	\$6,250	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	10% after ded	50% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Emb	\$5/\$60/50% to \$500/50% to \$750
CE-B8	BR-LX	UnitedHealthcare NexusACO R	\$2,500	N/A	100%	N/A	\$7,500	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	50% 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
CE-CS	N/A	UnitedHealthcare NexusACO R	\$3,000	N/A	100%	N/A	\$7,500	N/A	\$0	\$0	\$40 after ded	\$60	\$75 after ded	No charge after ded	50% 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
SILVER UnitedHealthcare NexusACO R (Referrals Required)																					
CE-CO	BR-L3	UnitedHealthcare NexusACO R 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	50% 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
CE-CP	BR-L4	UnitedHealthcare NexusACO R HSA	\$3,000	N/A	80%	N/A	\$6,950	N/A	20% after ded	20% after ded	50% 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	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded
CE-B7	BR-LW	UnitedHealthcare NexusACO R	\$3,500	N/A	80%	N/A	\$8,250	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	20% after ded	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	\$10/\$60/50% to \$500/50% to \$750
CE-B9	BR-LY	UnitedHealthcare NexusACO R	\$4,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	50% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$250/\$500 ded T2/T3/T4 \$10/\$60/50% to \$500/50% to \$750

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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)														
CE-CM	BR-LZ	UnitedHealthcare NexusACO R	\$5,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	50% after ded	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
CE-CT	N/A	UnitedHealthcare NexusACO R	\$6,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$0	\$40 after ded	\$60	\$75 after ded	No charge after ded	50% after ded	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
CE-CN	BR-L2	UnitedHealthcare NexusACO R	\$6,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	50% after ded	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
BRONZE UnitedHealthcare NexusACO R (Referrals Required)																						
CE-CQ	BR-L5	UnitedHealthcare NexusACO R HSA	\$6,000	N/A	70%	N/A	\$6,950	N/A	30% after ded	30% after ded	50% after ded	30% after ded	50% after ded	30% after ded	50% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded
CE-CR	BR-L7	UnitedHealthcare NexusACO R HSA	\$6,500	N/A	80%	N/A	\$6,950	N/A	20% after ded	20% after ded	50% 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	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded

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.

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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