

# 2020 Massachusetts Large Group (51+) UnitedHealthcare NexusACO Plans

Massachusetts  
NexusACO Large Group (51+) Products  
Effective July 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 Massachusetts large group (51+) products, please contact your sales representative.

7/1/2020 Medical Plan Code	1/1/2020-6/30/20 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	Virtual Visits	PCP <sup>2</sup> Designated (Tier 1)	PCP[1 ] Network	Specialist <sup>2</sup> Designated (Tier 1)	Specialist[3 ] Network	Urgent Care	ER	Inpatient Hospital <sup>4</sup>	Outpatient Surgery <sup>4</sup>	Lab/ X-Ray	Major Diagnostic (MRI, CT etc.)		
			Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)													
<b>UnitedHealthcare NexusACO R (Referrals Required)</b>																					
BU-SN	BS-2B	UnitedHealthcare NexusACO R	\$2,000	N/A	100%	N/A	\$6,500	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	\$250 POD, then no charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate Rx plans available
BU-SO	BS-2C	UnitedHealthcare NexusACO R	\$2,500	N/A	100%	N/A	\$7,000	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	\$250 POD, then no charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate Rx plans available
BU-SQ	BS-2E	UnitedHealthcare NexusACO R	\$3,000	N/A	100%	N/A	\$8,150	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	\$400 POD, then no charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate Rx plans available
BU-SP	BS-2D	UnitedHealthcare NexusACO R	\$3,000	N/A	80%	N/A	\$7,950	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	20% after ded	\$250 POD, then 20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All separate Rx plans available
BS-2F	BS-2F	UnitedHealthcare NexusACO R HSA	\$2,000	N/A	100%	N/A	\$6,000	N/A	No charge after ded	No charge after ded	30% after ded	No charge after ded	30% after ded	No charge after ded	\$250 POD, then 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	All combined Rx plans available
BU-SR	BS-2G	UnitedHealthcare NexusACO R HSA	\$3,000	N/A	100%	N/A	\$6,850	N/A	No charge after ded	No charge after ded	30% after ded	No charge after ded	30% after ded	10% after ded	\$250 POD, then 10% after ded	No charge after ded	10% after ded	No charge after ded	No charge after ded	Emb	All combined Rx plans available
BS-2H	BS-2H	UnitedHealthcare NexusACO R HSA	\$3,500	N/A	80%	N/A	\$6,850	N/A	20% after ded	20% after ded	35% after ded	20% after ded	35% after ded	20% after ded	\$250 POD, then 20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All combined Rx plans available
<b>UnitedHealthcare NexusACO OA (PCP Selection Required)</b>																					
BU-SZ	BS-2I	UnitedHealthcare NexusACO OA	\$2,000	N/A	100%	N/A	\$6,500	N/A	\$0	\$25	\$45	\$60	\$75	No charge after ded	\$250 POD, then no charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate Rx plans available
BU-S2	BS-2J	UnitedHealthcare NexusACO OA	\$2,500	N/A	100%	N/A	\$7,000	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	\$250 POD, then no charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate Rx plans available
BU-S4	BS-2L	UnitedHealthcare NexusACO OA	\$3,000	N/A	100%	N/A	\$8,150	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	No charge after ded	\$400 POD, then no charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate Rx plans available
BU-S3	BS-2K	UnitedHealthcare NexusACO OA	\$3,000	N/A	80%	N/A	\$7,950	N/A	\$0	\$25	\$45 after ded	\$60	\$75 after ded	20% after ded	\$250 POD, then 20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All separate Rx plans available
BS-2M	BS-2M	UnitedHealthcare NexusACO OA HSA	\$2,000	N/A	100%	N/A	\$6,000	N/A	No charge after ded	No charge after ded	30% after ded	No charge after ded	30% after ded	No charge after ded	\$250 POD, then 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	All combined Rx plans available
BU-S5	BS-2N	UnitedHealthcare NexusACO OA HSA	\$3,000	N/A	100%	N/A	\$6,850	N/A	No charge after ded	No charge after ded	30% after ded	No charge after ded	30% after ded	No charge after ded	\$250 POD, then 10% after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All combined Rx plans available
BS-2O	BS-2O	UnitedHealthcare NexusACO OA HSA	\$3,500	N/A	80%	N/A	\$6,850	N/A	20% after ded	20% after ded	35% after ded	20% after ded	35% after ded	20% after ded	\$250 POD, then 20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All combined Rx plans available

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2020 Plan Code	Deductible		Member Copayment				Specialty Copayment			Mail Order (90-Day Supply)
	Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	
<b>Combined</b>										
MM	Same as Medical	Same as Medical	\$0	\$0	\$0	N/A	N/A	N/A	N/A	No Copay
WT	Same as Medical	Same as Medical	\$15	\$30	\$50	N/A	\$15	25% to \$125	25% to \$250	2.5x
2V	Same as Medical	Same as Medical	\$10	\$35	\$60	N/A	N/A	N/A	N/A	2.5x
992 <sup>7</sup>	Same as Medical	Same as Medical	\$10	\$35	\$60	N/A	N/A	N/A	N/A	2.5x
H9	Same as Medical	Same as Medical	\$10	\$30	\$50	N/A	N/A	N/A	N/A	2.5x
986	Same as Medical	Same as Medical	\$15	\$60	\$90	N/A	N/A	N/A	N/A	2.5x
FF	Same as Medical	Same as Medical	\$20	\$40	\$70	N/A	N/A	N/A	N/A	2.5x
<b>Separate</b>										
2V	N/A	N/A	\$10	\$35	\$60	N/A	N/A	N/A	N/A	2.5x
WY <sup>5</sup>	\$100	\$300	\$10	\$30	\$50	N/A	\$10	25% to \$125	25% to \$250	2.5x
WZ <sup>5</sup>	\$150	\$450	\$10	\$35	\$60	N/A	\$10	25% to \$125	25% to \$250	2.5x
OI	N/A	N/A	\$10	\$35	\$70	N/A	N/A	N/A	N/A	2.5x
EM	N/A	N/A	\$15	\$30	\$60	N/A	N/A	N/A	N/A	2.5x
H9	N/A	N/A	\$10	\$30	\$50	N/A	N/A	N/A	N/A	2.5x
986	N/A	N/A	\$15	\$60	\$90	N/A	N/A	N/A	N/A	2.5x
WW	N/A	N/A	\$10	\$35	\$70	N/A	\$10	25% to \$125	25% to \$250	2.5x
WU <sup>5</sup>	\$100	\$300	\$15	\$30	\$60	N/A	\$15	25% to \$125	25% to \$250	2.5x
OL <sup>5</sup>	\$100	\$300	\$10	\$30	\$50	N/A	N/A	N/A	N/A	2.5x
ES <sup>5</sup>	\$150	\$450	\$10	\$35	\$60	N/A	N/A	N/A	N/A	2.5x
OM <sup>5</sup>	\$100	\$300	\$15	\$30	\$60	N/A	N/A	N/A	N/A	2.5x
FF	N/A	N/A	\$20	\$40	\$70	N/A	N/A	N/A	N/A	2.5x
WT	N/A	N/A	\$15	\$30	\$50	N/A	\$15	25% to \$125	25% to \$250	2.5x
XA	N/A	N/A	\$20	\$40	\$70	N/A	\$20	25% to \$125	25% to \$250	2.5x
535 <sup>6</sup>	\$250	\$500	\$5	\$50	\$100	\$250	N/A	N/A	N/A	2.5x
536 <sup>5</sup>	\$250	\$500	\$5	\$50	\$100	N/A	\$5	25% to \$125	25% to \$250	2.5x

<sup>5</sup> Deductible does not apply on Tier 1 medications

<sup>6</sup> Deductible does not apply on Tier 1 or Tier 2 medications

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

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

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

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

<sup>4</sup>Hospital 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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