

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

Massachusetts  
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 Massachusetts large group (51+) products, please contact your sales representative.

Plan Code July 1, 2020 to June 30, 2021	Plan Code Aug 1, 2019 to June 30, 2020	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>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital	IP Copay Max	Inpatient Copay Type (Admit or Day)	Outpatient Facility	Lab/X-ray			Major Diagnostic MRI, CT, etc.
			Single (Family is 2x)	Single (Family is 2x)			Single (Family is 2x)	Single (Family is 2x)													
BU-Q5	BK-L2	UnitedHealthcare Choice EPO	N/A	N/A	100%	N/A	\$3,000	N/A	\$0	\$25	\$40	\$40	\$250	\$1,000	N/A	Admit	\$250	\$25	\$100	Embedded	All separate pharmacy plans
BU-QV	BK-LS	UnitedHealthcare Choice Plus	N/A	\$3,000	100%	80%	\$3,000	\$6,000	\$0	\$25	\$40	\$40	\$250	\$500	N/A	Admit	\$250	\$25	\$100	Embedded	All separate pharmacy plans
BU-QU	BK-LR	UnitedHealthcare Choice Plus	N/A	\$3,000	100%	80%	\$3,000	\$6,000	\$0	\$20	\$40	\$40	\$250	\$500	N/A	Admit	\$250	\$25	\$100	Embedded	All separate pharmacy plans
BU-PL	AY-T4	UnitedHealthcare Choice Plus	N/A	\$3,000	100%	80%	\$6,000	\$10,000	\$0	\$30	\$60	\$60	\$350	\$750	\$3,000	Day	\$500	\$25/\$50	\$500	Embedded	All separate pharmacy plans
BU-SG	BK-MU	UnitedHealthcare Choice Plus	\$500	\$3,000	80%	60%	\$3,000	\$6,000	\$0	\$15	\$40	\$40	\$250	80% after ded	N/A	N/A	\$500 Freestanding; \$250 POD, then 80% after ded Hospital	\$25 Freestanding; \$25 after ded Hospital	\$500 Freestanding; \$250 POD, then 80% after ded Hospital	Embedded	All separate pharmacy plans
BU-QX	BK-LU	UnitedHealthcare Choice Plus	\$500*	\$3,000*	100%	80%	\$3,000	\$7,500	\$0	\$20	\$40	\$40	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-QZ	BK-LW	UnitedHealthcare Choice Plus	\$1,000	\$3,000	100%	80%	\$3,000	\$6,000	\$0	\$20	\$40	\$40	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-Q2	BK-LX	UnitedHealthcare Choice Plus	\$1,000*	\$2,000*	100%	80%	\$3,000	\$6,000	\$0	\$25	\$40	\$40	\$250	100% after ded	N/A	N/A	\$350	\$25/\$50	\$350	Embedded	All separate pharmacy plans
BU-SF	BK-MT	UnitedHealthcare Choice Plus	\$1,000	\$4,000	100%	80%	\$4,000	\$8,000	\$0	\$20	\$45	\$45	\$250	100% after ded	N/A	N/A	\$500 Freestanding; \$500 after ded Hospital	\$25 Freestanding; \$25 after ded Hospital	\$500 Freestanding; \$500 after ded Hospital	Embedded	All separate pharmacy plans
BU-Q7	BK-L4	UnitedHealthcare Choice EPO	\$1,000	N/A	100%	N/A	\$3,500	N/A	\$0	\$20	\$50	\$50	\$250	100% after ded	N/A	N/A	\$500	\$25/\$50	\$500	Embedded	All combined pharmacy plans <sup>2</sup>
BU-Q6	BK-L3	UnitedHealthcare Choice Plus	\$1,000	\$4,000	100%	80%	\$4,000	\$7,500	\$0	\$25	\$45	\$45	\$250	100% after ded	N/A	N/A	\$250 after ded	\$25/\$50	\$250 after ded	Embedded	All separate pharmacy plans

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			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital	IP Copay Max	Inpatient Copay Type (Admit or Day)	Outpatient Facility	Lab/X-ray			Major Diagnostic MRI, CT, etc.
			Single (Family is 2x)	Single (Family is 2x)			Single (Family is 2x)	Single (Family is 2x)													
BU-QQ	BK-LM	UnitedHealthcare Choice EPO	\$1,000	N/A	100%	N/A	\$5,500	N/A	\$0	\$25	\$50	\$50	\$350	100% after ded	N/A	N/A	100% after ded	\$25/\$50	\$350	Embedded	All separate pharmacy plans
BU-Q8	BK-L5	UnitedHealthcare Choice Plus	\$1,500	\$4,500	100%	80%	\$4,000	\$9,000	\$0	\$20	\$50	\$50	\$250	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
BU-QY	BK-LV	UnitedHealthcare Choice Plus	\$1,500	\$3,000*	100%	80%	\$4,000	\$8,000	\$0	\$20	\$45	\$45	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-RE	BK-MB	UnitedHealthcare Choice EPO	\$1,500	N/A	100%	N/A	\$5,000	N/A	\$0	\$25	\$50	\$50	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	\$350	Embedded	All separate pharmacy plans
BU-QT	BK-LQ	UnitedHealthcare Choice Plus	\$2,000	\$4,000	100%	80%	\$4,000	\$8,000	\$0	\$30	\$50	\$50	\$250	100% after ded	N/A	N/A	\$350	\$25/\$50	\$350	Embedded	All separate pharmacy plans
BU-QW	BK-LT	UnitedHealthcare Choice Plus	\$2,000	\$5,000	100%	80%	\$5,000	\$10,000	\$0	\$30	\$50	\$50	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-RF	BK-MC	UnitedHealthcare Choice Plus	\$2,000	\$5,000	90%	70%	\$5,000	\$10,000	\$0	\$30	\$50	\$50	\$250	90% after ded	N/A	N/A	90% after ded	\$25/\$50	90% after ded	Embedded	All separate pharmacy plans
BU-SH	BK-MV	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$5,500	N/A	\$0	\$25	\$50	\$50	\$250	100% after ded	N/A	N/A	\$500 Freestanding; 100% after ded Hospital	100% after ded	\$500 Freestanding; 100% after ded Hospital	Embedded	All separate pharmacy plans
BU-PY	AO-ON	UnitedHealthcare Choice EPO Primary Advantage	\$2,000	N/A	80%	N/A	\$7,500	N/A	\$0	\$0	\$75	\$50	\$250 POD then 80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	All separate pharmacy plans
BU-RP	N/A	UnitedHealthcare Choice EPO Primary Advantage	\$3,000	N/A	80%	N/A	\$8,150	N/A	\$0	\$0	\$75	\$50	\$250 POD then 80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	All separate pharmacy plans
BU-RI	BK-MF	UnitedHealthcare Choice Plus	\$2,000	\$5,000	80%	60%	\$7,500	\$10,000	\$0	\$0	\$75	\$50	\$250 POD then 80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	All separate pharmacy plans
BU-PH	AY-TK	UnitedHealthcare Choice Flex Free	\$2,000	N/A	80%	N/A	\$6,850	N/A	100% after ded	\$0 1st 3 visits,** then 80% after ded	\$0 1st 3 visits,** then 80% after ded	\$0 1st 2 visits,** then 80% after ded	\$250 POD then 80% after ded	\$250 POD then 80% after ded	N/A	N/A	\$250 POD then 80% after ded	80% after ded	\$250 POD then 80% after ded	Embedded	All separate pharmacy plans
BK-MG	BK-MG	UnitedHealthcare Choice Plus PROformance	\$2,000	\$5,000	80%	60%	\$7,350	\$10,000	\$0	\$0 child/ \$10 adult	\$60	\$60	\$300 POD then 80% after ded	80% after ded	N/A	N/A	80% after ded	\$40	\$500	Embedded	All separate pharmacy plans

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			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital	IP Copay Max	Inpatient Copay Type (Admit or Day)	Outpatient Facility	Lab/X-ray			Major Diagnostic MRI, CT, etc.
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BU-QS	BK-LP	UnitedHealthcare Choice Plus	\$2,000	\$5,000	100%	80%	\$7,500	\$10,000	\$0	\$30	\$65	\$65	\$350	\$500 after ded	N/A	Admit	\$350 after ded	\$30/\$50	\$350 after ded	Embedded	All separate pharmacy plans
BU-QD	AT-2M	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$5,000	N/A	\$0	\$25	\$50	\$50	\$300 after ded	100% after ded	N/A	N/A	\$500 after ded	100% after ded	\$500 after ded	Embedded	All separate pharmacy plans
BU-QE	AT-2N	UnitedHealthcare Choice Plus	\$3,000	\$6,000	100%	80%	\$6,000	\$10,000	\$0	\$30	\$50	\$50	\$250	100% after ded	N/A	N/A	100% after ded	\$30/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-QC	AT-2L	UnitedHealthcare Choice Plus	\$3,000	\$6,000	100%	80%	\$7,150	\$12,000	\$0	\$30	\$60	\$60	\$300	\$500 after ded	N/A	Admit	\$350 after ded	\$25/\$50	\$350 after ded	Embedded	All separate pharmacy plans
BK-LG	BK-LG	UnitedHealthcare Choice Plus PROformance	\$3,000	\$6,000	80%	60%	\$7,350	\$15,000	\$0	\$0 child/ \$10 adult	\$60	\$60	\$300 POD then 80% after ded	80% after ded	N/A	N/A	80% after ded	\$40	\$500	Embedded	All separate pharmacy plans
BU-QR	BK-LN	UnitedHealthcare Choice Flex Free	\$3,000	N/A	80%	N/A	\$7,900	N/A	100% after ded	\$0 1st 3 visits,** then 80% after ded	\$0 1st 3 visits,** then 80% after ded	\$0 1st 2 visits,** then 80% after ded	\$250 POD then 80% after ded	\$250 POD then 80% after ded	N/A	Admit	\$250 POD then 80% after ded	80% after ded	\$250 POD 80% after ded	Embedded	All separate pharmacy plans
BU-R9	AY-UM	UnitedHealthcare Choice Plus	\$3,500	\$6,000	100%	80%	\$6,000	\$12,000	\$0	\$25	\$50	\$50	\$250 POD then 100% after ded	100% after ded	N/A	N/A	\$500 Freestanding; 100% after ded Hospital	\$25 Freestanding; 100% after ded Hospital	\$500 Freestanding; 100% after ded Hospital	Embedded	All separate pharmacy plans
BU-PN	AY-T9	UnitedHealthcare Choice Plus	\$3,750	\$6,500	100%	80%	\$7,350	\$13,000	\$0	\$30	\$50	\$50	\$300	\$500 after ded	N/A	Admit	\$350 after ded	\$25/\$50	\$350 after ded	Embedded	All separate pharmacy plans
BU-PC	BG-IC	UnitedHealthcare Choice Plus	\$4,000	\$7,000	100%	80%	\$6,500	\$15,000	\$0	\$30	\$60	\$60	100% after ded	100% after ded	N/A	N/A	100% after ded	\$30/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-Q9	BK-L6	UnitedHealthcare Choice Plus	\$4,000	\$7,000	80%	60%	\$7,000	\$15,000	\$0	\$30	\$60	\$60	80% after ded	80% after ded	N/A	N/A	80% after ded	\$30/\$50	80% after ded	Embedded	All separate pharmacy plans
BU-PD	BG-ID	UnitedHealthcare Choice Plus	\$5,000	\$8,000	100%	80%	\$7,000	\$15,000	\$0	\$35	\$70	\$70	100% after ded	100% after ded	N/A	N/A	100% after ded	\$35/\$50	100% after ded	Embedded	All separate pharmacy plans
BK-LH	BK-LH	UnitedHealthcare Choice Plus PROformance	\$5,000	\$8,000	80%	60%	\$7,350	\$15,000	\$0	\$0 child/ \$10 adult	\$60	\$60	\$300 POD then 80% after ded	80% after ded	N/A	N/A	80% after ded	\$40	\$500	Embedded	All separate pharmacy plans
BU-SB	BJ-NQ	UnitedHealthcare Choice EPO	\$3,000	N/A	80%	N/A	\$7,350	N/A	\$0	\$30	\$70	\$70	\$250 POD then 80% after ded	80% after ded	N/A	N/A	80% after ded	\$30 Freestanding; 80% after ded Hospital	\$500 Freestanding; 80% after ded Hospital	Embedded	All separate pharmacy plans

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			Single (Family is 2x)	Single (Family is 2x)	Network	Out-of- Network	Single (Family is 2x)	Single (Family is 2x)													
BU-PE	BG-HE	UnitedHealthcare Choice Plus	\$6,000	\$9,000	100%	80%	\$7,900	\$15,000	\$0	\$35	\$70	\$70	100% after ded	100% after ded	N/A	N/A	100% after ded	\$35/\$50	100% after ded	Embedded	All separate pharmacy plans
<b>HRA</b>																					
BU-Q3	BK-LY	UnitedHealthcare HRA	\$1,000*	\$3,000*	100%	80%	\$4,000	\$6,000	\$0	\$25	\$50	\$50	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-Q4	BK-LZ	UnitedHealthcare HRA	\$2,000	\$5,000	100%	80%	\$4,000	\$8,000	\$0	\$30	\$60	\$60	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-QF	AG-XK	UnitedHealthcare HRA	\$2,000	\$5,000	80%	60%	\$5,000	\$10,000	\$0	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	All separate pharmacy plans
BU-PK	AY-T3	UnitedHealthcare HRA	\$3,000	\$6,000	100%	80%	\$6,000	\$10,000	\$0	\$20	\$50	\$50	\$250	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All separate pharmacy plans
<b>HSA</b>																					
BU-QI	AY-TY	UnitedHealthcare HSA	\$1,500	\$4,000	100%	80%	\$3,750	\$8,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Non-Emb/ Emb	All combined pharmacy plans <sup>2</sup>
BU-QN	AN-L1	UnitedHealthcare HSA	\$2,000	\$4,000	100%	80%	\$4,000	\$10,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Non-Emb/ Emb	All combined pharmacy plans <sup>2</sup>
BU-QJ	AY-T1	UnitedHealthcare HSA	\$2,000	\$4,000	100%	80%	\$4,500	\$8,000	100% after ded	\$30 after ded	\$60 after ded	\$60 after ded	\$250 after ded	\$250 after ded	\$1,000	Day	\$250 after ded	100% after ded	100% after ded	Non-Emb/ Emb	All combined pharmacy plans <sup>2</sup>
AN-K4	AN-K4	UnitedHealthcare HSA 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	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Non-Emb/ Emb	All combined pharmacy plans <sup>2</sup>
BU-SA	AN-MO	UnitedHealthcare HSA	\$2,500	\$5,000	100%	80%	\$6,000	\$10,000	100% after ded	\$25 after ded	\$50 after ded	\$75 after ded	\$250 after ded	\$500 after ded	N/A	Admit	\$150 after ded Freestanding; \$250 after ded Hospital	100% after ded	\$150 after ded Freestanding; \$250 after ded Hospital	Non-Emb/ Emb	All combined pharmacy plans <sup>2</sup>
BU-QK	AJ-GO	UnitedHealthcare HSA	\$3,000	\$6,000	100%	80%	\$6,000	\$12,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
AY-T7	AY-T7	UnitedHealthcare HSA EPO	\$3,000	N/A	100%	N/A	\$6,000	N/A	100% after ded	100% after ded	100% after ded	100% after ded	\$250 POD then 100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
BU-QL	AN-LS	UnitedHealthcare HSA	\$3,000	\$6,000	100%	80%	\$6,000	\$12,000	100% after ded	\$20 after ded	\$20 after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All combined pharmacy plans <sup>2</sup>

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			Network	Out-of- Network	Network	Out-of- Network	Network	Out-of- Network	Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital	IP Copay Max	Inpatient Copay Type (Admit or Day)	Outpatient Facility	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)													
BK-LK	BK-LK	UnitedHealthcare HSA EPO	\$3,500	N/A	100%	N/A	\$6,750	N/A	100% after ded	100% after ded	100% after ded	100% after ded	\$500 after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
BK-LO	BK-LO	UnitedHealthcare HSA	\$3,500	\$6,500	80%	60%	\$6,750	\$13,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
AJ-GM	AJ-GM	UnitedHealthcare HSA	\$5,000	\$8,000	100%	80%	\$6,250	\$12,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
AJ-GP	AJ-GP	UnitedHealthcare HSA	\$5,000	\$8,000	80%	60%	\$6,250	\$12,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
BU-RQ	N/A	UnitedHealthcare HSA w/ Preventive	\$2,000	\$5,000	100%	80%	\$6,000	\$12,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Non-Emb/ Emb	992
BU-RR	N/A	UnitedHealthcare HSA EPO w/ Preventive	\$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	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	992
BU-RS	N/A	UnitedHealthcare HSA EPO w/ Preventive	\$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	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	992
AT-KJ	AT-KJ	UnitedHealthcare HSA	\$5,500	\$8,500	70%	50%	\$6,350	\$12,700	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	N/A	N/A	70% after ded	70% after ded	70% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
AE-1H	AE-1H	UnitedHealthcare HSA	\$6,000	\$9,000	100%	80%	\$6,450	\$20,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	All combined pharmacy plans <sup>2</sup>
AY-T5	AY-T5	UnitedHealthcare HSA	\$6,350	\$9,000	100%	80%	\$6,350	\$20,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100% after ded	Embedded	MM
<b>Navigate</b>																					
BU-R4	BJ-NR	UnitedHealthcare Navigate	\$500	N/A	100%	N/A	\$4,000	N/A	\$0	\$25	\$50	\$50	\$350	100% after ded	N/A	N/A	\$500	\$25/\$50	\$500	Embedded	All separate pharmacy plans
BU-RU	AY-UC	UnitedHealthcare Navigate	\$1,000	N/A	100%	N/A	\$4,500	N/A	\$0	\$25	\$50	\$50	\$350	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-RV	AY-UD	UnitedHealthcare Navigate	\$1,500	N/A	100%	N/A	\$5,000	N/A	\$0	\$25	\$50	\$50	\$250	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-RW	AY-UE	UnitedHealthcare Navigate	\$2,000	N/A	100%	N/A	\$5,500	N/A	\$0	\$30	\$60	\$60	\$350	100% after ded	N/A	N/A	100% after ded	\$25/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-RY	AY-UG	UnitedHealthcare Navigate	\$2,000	N/A	80%	N/A	\$6,500	N/A	\$0	\$0	\$75	\$75	\$250 POD, then 80% after ded	80% after ded	N/A	N/A	\$250 POD, then 80% after ded	\$25/\$50	\$250 POD, then 80% after ded	Embedded	All separate pharmacy plans

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Plan Code July 1, 2020 to June 30, 2021	Plan Code Aug 1, 2019 to June 30, 2020	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>1</sup>	Spec	Urgent Care	ER	Inpatient Hospital	IP Copay Max	Inpatient Copay Type (Admit or Day)	Outpatient Facility	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)													
BU-RX	AY-UF	UnitedHealthcare Navigate	\$2,000	N/A	100%	N/A	\$6,750	N/A	\$0	\$35	\$75	\$75	\$350	\$500 after ded	N/A	Admit	\$350 after ded	\$35/\$50	\$350 after ded	Embedded	All separate pharmacy plans
BU-R2	BE-HF	UnitedHealthcare Navigate PROformance	\$2,000	N/A	80%	N/A	\$7,350	N/A	\$0	\$0 child/ \$10 adult	\$60	\$60	\$300 POD, then 80% after ded	80% after ded	N/A	N/A	100% after ded	\$40	\$500	Embedded	All separate pharmacy plans
BU-R5	BJ-NS	UnitedHealthcare Navigate	\$2,000	N/A	100%	N/A	\$7,350	N/A	\$0	\$35	\$70	\$70	\$350 after ded	\$500 after ded	N/A	Admit	\$350 after ded	\$35/\$50	\$350 after ded	Embedded	All separate pharmacy plans
AN-MD	AN-MD	UnitedHealthcare Navigate HSA	\$2,500	N/A	80%	N/A	\$6,000	N/A	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Non-Emb/Emb	All combined pharmacy plans <sup>2</sup>
BU-R6	BK-MO	UnitedHealthcare Navigate	\$3,000	N/A	100%	N/A	\$7,500	N/A	\$0	\$30	\$60	\$60	\$350	100% after ded	N/A	N/A	100% after ded	\$30/\$50	100% after ded	Embedded	All separate pharmacy plans
BU-R3	BH-HG	UnitedHealthcare Navigate PROformance	\$3,000	N/A	80%	N/A	\$7,900	N/A	\$0	\$0 child/ \$10 adult	\$70	\$70	\$300 POD, then 80% after ded	80% after ded	N/A	N/A	80% after ded	\$40	\$500	Embedded	All separate pharmacy plans
BU-R7	BK-MP	UnitedHealthcare Navigate	\$3,000	N/A	80%	N/A	\$7,900	N/A	\$0	\$30	\$60	\$60	\$300 POD, then 80% after ded	80% after ded	N/A	N/A	80% after ded	\$30/\$50	80% after ded	Embedded	All separate pharmacy plans
BK-MN	BK-MN	UnitedHealthcare Navigate HSA	\$3,500	N/A	80%	N/A	\$6,750	N/A	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80% after ded	Embedded	All combined pharmacy plans <sup>2</sup>

\*Family deductible is 3 times the single deductible

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

<sup>2</sup>Pharmacy Plan MM not available with this plan design

Note: Plans listed meet Minimum Creditable Coverage Standards.

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 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 OOP Max.

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

Note: In 2019, maximum HSA contribution is \$3,500 single/\$7,000 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.

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

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

2020-2021 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	2.5x
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>5</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>3</sup>	\$100	\$300	\$10	\$30	\$50	N/A	\$10	25% to \$125	25% to \$250	2.5x
WZ <sup>3</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>3</sup>	\$100	\$300	\$15	\$30	\$60	N/A	\$15	25% to \$125	25% to \$250	2.5x
OL <sup>3</sup>	\$100	\$300	\$10	\$30	\$50	N/A	N/A	N/A	N/A	2.5x
ES <sup>3</sup>	\$150	\$450	\$10	\$35	\$60	N/A	N/A	N/A	N/A	2.5x
OM <sup>3</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>4</sup>	\$250	\$500	\$5	\$50	\$100	\$250	N/A	N/A	N/A	2.5x
536 <sup>3</sup>	\$250	\$500	\$5	\$50	\$100	N/A	\$5	25% to \$125	25% to \$250	2.5x

<sup>3</sup>Deductible does not apply on Tier 1 medications

<sup>4</sup>Deductible does not apply on Tier 1 or Tier 2 medications

<sup>5</sup>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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