

# 2021 Massachusetts Small Group (1-50) UnitedHealthcare NexusACO Plans

Massachusetts  
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 Massachusetts 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	Virtual Visits	PCP <sup>2</sup> Designated (Tier 1)	PCP Network <sup>1</sup>	Specialist <sup>2</sup> Designated (Tier 1)	Specialist Network <sup>3</sup>	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)	Network	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)													
<b>GOLD UnitedHealthcare NexusACO R (Referrals Required)</b>																					
CF-A5	BR-G3	UnitedHealthcare NexusACO R HSA	\$1,850	N/A	100%	N/A	\$6,000	N/A	No charge after ded	No charge after ded	20% after ded	No charge after ded	20% 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	Non-Emb Ded/Emb OOP	Med ded then \$10/\$60/\$150/\$300
CF-AV	BR-GT	UnitedHealthcare NexusACO R	\$2,000	N/A	100%	N/A	\$7,000	N/A	\$0	\$25	30% after ded	\$65	\$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	\$10/\$60/\$150/\$300
CF-AX	BR-GV	UnitedHealthcare NexusACO R	\$2,500	N/A	100%	N/A	\$7,500	N/A	\$0	\$25	20% after ded	\$65	20% 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	\$10/\$60/\$150/\$300
<b>SILVER UnitedHealthcare NexusACO R (Referrals Required)</b>																					
CF-A3	BR-GZ	UnitedHealthcare NexusACO R	\$3,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$45	30% after ded	\$85	\$85 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	\$250/\$500 ded T3/T4 \$10/\$60/\$150/\$300
CF-AZ	BR-GX	UnitedHealthcare NexusACO R	\$3,000	N/A	80%	N/A	\$8,500	N/A	\$0	\$35	35% after ded	\$75	\$75 after ded	20% after ded	\$400 POD, then 20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	\$250/\$500 ded T3/T4 \$10/\$60/\$150/\$300
CF-A7	BR-G5	UnitedHealthcare NexusACO R HSA	\$3,000	N/A	100%	N/A	\$6,950	N/A	No charge after ded	No charge after ded	30% after ded	No charge after ded	30% 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	Med ded then \$10/\$60/\$150/\$300
CF-A9	BR-G7	UnitedHealthcare NexusACO R HSA	\$3,500	N/A	80%	N/A	\$6,950	N/A	20% after ded	20% after ded	35% after ded	20% after ded	35% after ded	20% after ded	\$400 POD, then 20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	Med ded then \$10/\$60/\$150/\$300

# 2021 Massachusetts Small Group (1-50) UnitedHealthcare NexusACO Plans

**Massachusetts**  
NexusACO Small Group (1-50) Products  
Effective Jan. 1, 2021

<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<sup>®</sup> quality and efficiency designated physicians. Please visit myuhc.com<sup>®</sup> 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.

In 2021, maximum HSA contribution is \$3,600 single/\$7,200 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<sup>®</sup>, 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.

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.

Note: All Pharmacy plan designs utilize the Essential PDL.

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

EI20334976.0 9/20 BROKER ©2020 United HealthCare Services, Inc.