

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

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

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 Massachusetts small group (1-50) products, please contact your sales representative.

2021 Medical Plan Code	Prior Medical Plan Code	Rx Plan Code	Plan Type	Network/Access	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	Outpatient Facility (Freestanding)	Outpatient Facility (Hospital)	Lab <sup>2</sup>	X-Ray			Major Diagnostic MRI, CT etc. (Freestanding)	Major Diagnostic MRI, CT etc. (Hospital)
					Single (Family is 2X)	Single (Family is 2X)	Network	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)														
<b>Platinum Plans</b>																								
CC-5D	BS-ZK	944	UnitedHealthcare Standard Platinum Navigate 0-1	Navigate/Gated	\$0	N/A	100%	N/A	\$3,000	N/A	\$0	\$20	\$40	\$40	\$150	\$500 admit	\$250	\$250	No charge	No charge	\$150	\$150	Embedded	\$10/\$25/\$50
CE-9T	BR-FK	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$0	\$3,000	100%	80%	\$4,500	\$8,000	\$0	\$25	\$40	\$40	\$350	\$1,000 admit	\$500	\$500	T1: No charge T2: \$15	\$30	\$250	\$250	Embedded	\$10/\$60/\$150/\$300
CE-9S	BR-F3	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$500	\$3,500	100%	80%	\$5,000	\$8,000	\$0	\$20	\$40	\$40	\$350	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: \$15	\$30	No charge after ded	No charge after ded	Embedded	\$10/\$60/\$150/\$300
CF-AH	BR-GF	E96	UnitedHealthcare Navigate EPO	Navigate/Gated	\$1,000	N/A	100%	N/A	\$4,500	N/A	\$0	\$10	\$40	\$40	\$200	100% after ded	\$250	\$250	T1: No charge T2: \$15	\$30	\$200	\$200	Embedded	\$10/\$60/\$150/\$300
<b>Gold Plans</b>																								
CE-93	BR-FO	E96	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$0	N/A	100%	N/A	\$7,500	N/A	\$0	\$30	\$65	\$65	\$350	\$1,000 admit	\$500	\$500	T1: No charge T2: \$30	\$65	\$500	\$500	Embedded	\$10/\$60/\$150/\$300
CE-9L	BR-FG	E96	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$1,000	N/A	100%	N/A	\$7,500	N/A	\$0	\$25	\$50	\$50	\$250 after ded	\$500 after ded	\$250 after ded	\$250 after ded	T1: No charge T2: No charge after ded	No charge after ded	\$250 after ded	\$250 after ded	Embedded	\$10/\$60/\$150/\$300
CC-5A	BI-6P	945	UnitedHealthcare Standard High Gold Choice Plus 1000-1	Choice Plus/Non-Gated	\$0	\$3,000	100%	80%	\$5,000	\$15,000	\$0	\$25	\$50	\$50	\$300	\$750	\$500	\$500	\$50	\$75	\$400	\$400	Embedded	\$25/\$50/\$75
CE-9X	BR-FM	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$1,000	\$4,000	100%	80%	\$7,000	\$10,000	\$0	\$25	\$60	\$60	\$350	\$750 after ded	\$350 after ded	\$350 after ded	T1: No charge T2: No charge after ded	No charge after ded	\$350 after ded	\$350 after ded	Embedded	\$10/\$60/\$150/\$300
CF-AN	BR-GL	E96	UnitedHealthcare Navigate EPO	Navigate/Gated	\$1,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$30	\$75	\$75	\$375	100% after ded	100% after ded	100% after ded	T1: No charge T2: \$45	\$75	\$500	\$500	Embedded	\$10/\$60/\$150/\$300
CE-9I	BR-FW	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$1,500	\$4,000	100%	80%	\$6,950	\$8,000	\$0	\$25	\$50	\$50	\$250	\$500 after ded	\$250 after ded	\$250 after ded	T1: No charge T2: No charge after ded	No charge after ded	\$250 after ded	\$250 after ded	Embedded	\$10/\$60/\$150/\$300
CF-AF	BR-FU	E96	UnitedHealthcare Choice	Choice/Non-Gated	\$1,500	N/A	100%	N/A	\$7,000	N/A	\$0	\$25	\$50	\$50	\$350	No charge after ded	\$500	\$500	T1: No charge T2: No charge after ded	\$75	\$500	\$500	Embedded	\$10/\$60/\$150/\$300
CE-95	BR-FP	E96	UnitedHealthcare HSA	Choice Plus/Non-Gated	\$2,000	\$5,000	100%	80%	\$6,950	\$10,000	No charge after ded	No charge after ded	No charge after ded	No charge after ded	\$350 after ded	No charge after ded	No charge after ded	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

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					Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
CC-5G	BR-D6	B60	UnitedHealthcare Standard Low Gold Navigate 2000-1	Navigate/Gated	\$2,000	N/A	100%	N/A	\$7,000	N/A	\$0	\$30	\$60	\$60	\$350 after ded	\$750 after ded	\$500 after ded	\$500 after ded	\$50 after ded	\$75 after ded	\$400 after ded	\$400 after ded	Embedded	\$250/\$500 T2/T3; \$25/\$50/\$125
CF-AJ	BR-GH	E96	UnitedHealthcare Navigate EPO	Navigate/Gated	\$2,000	N/A	100%	N/A	\$8,250	N/A	\$0	\$25	\$65	\$65	\$375	100% after ded	100% after ded	100% after ded	T1: No charge T2: \$35	\$65	\$500	\$500	Embedded	\$10/\$60/\$150/\$300
CE-9Q	BR-F2	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$2,000	\$5,000	80%	60%	\$6,500	\$10,000	\$0	\$25	\$50	\$50	\$350	20% after ded	20% after ded	20% after ded	T1: No charge T2: 20% after ded	20% after ded	20% after ded	20% after ded	Embedded	\$10/\$60/\$150/\$300
CF-AT	BR-GR	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$2,000	\$5,000	100%	80%	\$6,500	\$10,000	\$10	\$25	\$50	\$50	\$350	No charge after ded	\$250 after ded	\$500 after ded	T1: No charge T2: No charge after ded	No charge after ded	\$250 after ded	\$500 after ded	Embedded	\$10/\$60/\$150/\$300
CE-9V	BR-FL	E96	UnitedHealthcare HSA w/ Motion	Choice Plus/Non-Gated	\$2,000	\$5,000	90%	70%	\$4,500	\$10,000	10% after ded	10% after ded	10% after ded	10% after ded	\$350 after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Non-Emb Ded./Emb OOP	Med Ded then: \$10/\$60/\$150/\$300
CE-9Z	BR-FN	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$3,000	\$6,000	100%	80%	\$6,950	\$10,000	\$0	\$25	\$50	\$50	\$350 after ded	\$500 after ded	No charge after ded	No charge after ded	T1: No charge T2: No charge after ded	No charge after ded	No charge after ded	No charge after ded	Embedded	\$10/\$60/\$150/\$300
CF-AL	BR-GJ	E96	UnitedHealthcare Navigate EPO	Navigate/Gated	\$3,000	N/A	100%	N/A	\$7,700	N/A	\$0	\$25	\$60	\$65	\$375	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: \$35 after ded	\$65	\$500	\$500	Embedded	\$10/\$60/\$150/\$300
CE-99	BR-FR	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$5,000	\$8,000	100%	80%	\$7,500	\$15,000	\$0	\$25	\$50	\$50	\$350	No charge after ded	\$350	\$350	T1: No charge T2: No charge after ded	No charge after ded	\$350	\$350	Embedded	\$10/\$60/\$150/\$300
Silver Plans																								
CC-5M	BR-EC	B95	UnitedHealthcare Standard Low Silver Navigate HSA 2000-1	Navigate/Gated	\$2,000	N/A	100%	N/A	\$6,850	N/A	\$0 after ded	\$30 after ded	\$60 after ded	\$60 after ded	\$300 after ded	\$750 after ded	\$500 after ded	\$500 after ded	\$60 after ded	\$75 after ded	\$500 after ded	\$500 after ded	Non-Emb Ded./Emb OOP	Med Ded then: \$30/\$60/\$105
CF-AP	BR-GN	E96	UnitedHealthcare Choice Plus	Choice Plus/Non-Gated	\$3,000	\$6,000	80%	60%	\$8,500	\$10,000	\$0	\$40	\$75	\$75	\$500 POD; 20% after ded	\$750 POD; 20% after ded	\$250 POD; 20% after ded	\$500 POD; 20% after ded	T1: No charge T2: 20% after ded	20% after ded	\$250 POD; 20% after ded	\$500 POD; 20% after ded	Embedded	\$10/\$60/\$150/\$300
CE-90	BR-FZ	E97	UnitedHealthcare Choice	Choice/Non-Gated	\$3,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$40	\$85 after ded.	\$85	\$500 after ded	No charge after ded	\$750 after ded	\$750 after ded	T1: No charge T2: \$35 after ded	\$80 after ded	\$750 after ded	\$750 after ded	Embedded	\$250/\$500 T3/T4; \$10/\$60/\$150/\$300
CC-5J	BR-D9	947	UnitedHealthcare Standard High Silver Navigate 2000-1	Navigate/Gated	\$2,000	N/A	100%	N/A	\$8,550	N/A	\$0	\$25	\$50	\$50	\$300 after ded	\$1,000 after ded	\$500 after ded	\$500 after ded	\$50 after ded	\$75 after ded	\$400 after ded	\$400 after ded	Embedded	\$25/\$50/\$75; T3 subject to Med Ded
CF-AR	BR-GP	E96	UnitedHealthcare HSA	Choice Plus/Non-Gated	\$2,500	\$5,000	100%	80%	\$6,950	\$10,000	\$0 after ded	\$30 after ded	\$60 after ded	\$60 after ded	\$350 after ded	\$500 after ded	\$250 after ded	\$500 after ded	No charge after ded	No charge after ded	No charge after ded	\$250 after ded	Non-Emb Ded./Emb OOP	Med Ded then: \$10/\$60/\$150/\$300
CE-9J	BR-FF	E96	UnitedHealthcare HSA	Choice Plus/Non-Gated	\$3,700	\$6,000	100%	80%	\$6,950	\$12,000	No charge after ded	No charge after ded	No charge after de	No charge after ded	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Embedded	Med Ded then: \$10/\$60/\$150/\$300

