

2020-2021 Maine Large Group (51+) UnitedHealthcare Navigate Plus Plans

Maine
Large Group (51+) Products
Effective July 1, 2020 to June 30, 2021

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Plan Code (July 1, 2020- Jun 30, 2021)	Plan Code (July 1, 2019- Jun 30, 2020)	Plan Name	Coinsurance		Deductible				Out-of-Pocket Maximum				Copayment											Inpatient/ Outpatient Specialist Coinsurance		Deductible Type	Med/Rx Deductible Type	Pharmacy Plans	
			Network	Out-of- Network	Network		Out-of- Network		Network		Out-of- Network		Virtual Visits	PCP ¹	Spec with PCP Referral	Spec without PCP Referral	Urgent Care	ER	Lab/X- ray	Inpatient Hospital	IP Copay Max	IP Copay Type (Admit or Day)	Outpatient Surgery	MRI, CT & PET	With Referral				Without Referral
					Single	Family	Single	Family	Single	Family	Single	Family																	
CA-J2	BM-UB	UnitedHealthcare Navigate Plus	100%	80%	\$500	\$1,000	\$10,000	\$20,000	\$4,500	\$9,000	\$20,000	\$40,000	\$0	\$25	\$40	\$75	\$75	\$350	100% after ded	\$500	\$2,500	Day	100%	\$350	100%	80%	Emb	Sep	All separate pharmacy plans
CA-J5	BM-UC	UnitedHealthcare Navigate Plus	100%	80%	\$1,500	\$3,000	\$10,000	\$20,000	\$5,500	\$11,000	\$20,000	\$40,000	\$0	\$25	\$40	\$100	\$75	\$350 after ded	100% after ded	\$500	\$2,500	Day	100%	\$350 after ded	100%	80%	Emb	Sep	All separate pharmacy plans
CA-J3	BM-UD	UnitedHealthcare Navigate Plus	90%	70%	\$2,000	\$6,000	\$10,000	\$20,000	\$6,250	\$12,500	\$20,000	\$40,000	\$0	\$35	\$70	\$100	\$75	\$350 after ded	90% after ded	90% after ded	N/A	N/A	90% after ded	\$350	90%	70%	Emb	Sep	All separate pharmacy plans
CA-JQ	BM-T2	UnitedHealthcare Navigate Plus	90%	70%	\$2,500	\$5,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$35	\$70	\$100	\$75	\$250 POD; then 90% after ded	\$35	90% after ded	N/A	N/A	90% after ded	\$500	90%	70%	Emb	Sep	All separate pharmacy plans
CA-JU	BM-T6	UnitedHealthcare Navigate Plus	80%	60%	\$2,750	\$5,500	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$0	\$85	\$100	\$75	\$350 POD; then 80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80%	60%	Emb	Sep	All separate pharmacy plans
CA-JT	BM-UA	UnitedHealthcare Navigate HSA	90%	70%	\$2,850	\$5,700	\$10,000	\$20,000	\$6,700	\$13,400	\$20,000	\$40,000	100% after ded	\$30 after ded	\$70 after ded	\$100 after ded	\$30 after ded	\$350 after ded	90% after ded	90% after ded	N/A	N/A	90% after ded	\$350 after ded	90%	70%	Emb	Comb	All combined pharmacy plans
CA-J4	BM-UE	UnitedHealthcare Navigate Plus	100%	80%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$25	\$40	\$75	\$75	\$350 after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	\$350	100%	80%	Emb	Sep	All separate pharmacy plans
CA-JZ	BJ-5J	UnitedHealthcare Navigate HSA	80%	60%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,650	\$13,300	\$20,000	\$40,000	80% after ded	80% after ded	80% after ded	60% 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%	60%	Emb	Comb	All combined pharmacy plans
CA-JW	BM-T4	UnitedHealthcare Navigate Plus PROformance	80%	60%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$15	\$75	\$100	\$75	\$350 POD; then 80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80%	60%	Emb	Sep	All separate pharmacy plans
BM-T8	BM-T8	UnitedHealthcare Navigate HSA	80%	60%	\$3,500	\$7,000	\$10,000	\$20,000	\$6,700	\$13,400	\$20,000	\$40,000	80% after ded	80% after ded	80% after ded	60% after ded	80% after ded	\$350 POD; then 80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80%	60%	Emb	Comb	All combined pharmacy plans
CA-JR	BM-T3	UnitedHealthcare Navigate Plus	80%	60%	\$3,500	\$7,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$35	\$70	\$100	\$75	\$250 POD; then 80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	\$500	80%	60%	Emb	Sep	All separate pharmacy plans
CA-JY	BM-TZ	UnitedHealthcare Navigate Plus	80%	60%	\$3,500	\$7,000	\$10,000	\$20,000	\$7,350	\$14,700	\$20,000	\$40,000	\$0	\$35	\$70	\$100	\$75	80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80%	60%	Emb	Sep	All separate pharmacy plans

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			Network	Out-of- Network	Network		Out-of- Network		Network		Out-of- Network		Virtual Visits	PCP ¹	Spec with PCP Referral	Spec without PCP Referral	Urgent Care	ER	Lab/X-ray	Inpatient Hospital	IP Copay Max	IP Copay Type (Admit or Day)	Outpatient Surgery	MRI, CT & PET				With Referral	Without Referral
					Single	Family	Single	Family	Single	Family	Single	Family																	
CA-J6	BG-G4	UnitedHealthcare Navigate Plus HSA	100%	80%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,550	\$13,100	\$20,000	\$40,000	100% after ded	\$35 after ded	\$70 after ded	\$100 after ded	\$35 after ded	\$350 after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	\$150 after ded	100%	80%	Emb	Comb	All combined pharmacy plans
CA-J9	BM-UF	UnitedHealthcare Navigate Plus Primary Advantage	80%	60%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$70	\$100	\$75	\$350 POD; then 80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80%	60%	Emb	Sep	All separate pharmacy plans
CA-JV	BM-T7	UnitedHealthcare Navigate Plus Primary Advantage	70%	50%	\$4,500	\$9,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$85	\$100	\$75	\$350 POD; then 70% after ded	70% after ded	70% after ded	N/A	N/A	70% after ded	70% after ded	70%	50%	Emb	Sep	All separate pharmacy plans
CA-KA	BM-UG	UnitedHealthcare Navigate Plus Primary Advantage	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$70	\$100	\$75	\$350 POD; then 80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80%	60%	Emb	Sep	All separate pharmacy plans
CA-JS	BM-T9	UnitedHealthcare Navigate Plus HSA	100%	80%	\$6,000	\$12,000	\$10,000	\$20,000	\$6,700	\$13,400	\$20,000	\$40,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	\$350 POD; then 100% after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	100% after ded	100%	80%	Emb	Comb	All combined pharmacy plans
CA-JX	BM-T5	UnitedHealthcare Navigate Plus PROformance	80%	60%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$15	\$75	\$100	\$75	\$350 POD; then 80% after ded	80% after ded	80% after ded	N/A	N/A	80% after ded	80% after ded	80%	60%	Emb	Sep	All separate pharmacy plans
CA-J8	N/A	UnitedHealthcare Navigate Plus	100%	80%	\$7,500	\$15,000	\$15,000	\$30,000	\$8,150	\$16,300	\$25,000	\$50,000	\$0	\$25	\$50	\$85	\$75	\$350 after ded	100% after ded	100% after ded	N/A	N/A	100% after ded	\$350	100%	80%	Emb	Sep	All separate pharmacy plans

¹Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

POD: Per-Occurrence Deductible. This cost share will be applied before all other cost shares and is followed by any deductible or coinsurance.

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. An individual will not have to pay more than the individual OOP Max amount.

In 2020, maximum HSA contribution is \$3,550 single/\$7,100 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.

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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	Tier 4	
Combined											
H9	Same as Medical	Same as Medical	\$10	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
I1	Same as Medical	Same as Medical	\$15	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
2V	Same as Medical	Same as Medical	\$10	\$35	\$60	N/A	N/A	N/A	N/A	N/A	2.5
986	Same as Medical	Same as Medical	\$15	\$60	\$90	N/A	N/A	N/A	N/A	N/A	2.5
NN	Same as Medical	Same as Medical	\$10	\$30	\$50	N/A	\$10	\$100	\$300	N/A	2.5
NO	Same as Medical	Same as Medical	\$10	\$35	\$60	N/A	\$10	\$100	\$300	N/A	2.5
950	Same as Medical	Same as Medical	\$15	\$35	\$60	N/A	\$15	30% to \$300	50% to \$500	N/A	2.5
Separate											
H9	N/A	N/A	\$10	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
2V	N/A	N/A	\$10	\$35	\$60	N/A	N/A	N/A	N/A	N/A	2.5
OH	N/A	N/A	\$10	\$30	\$70	N/A	N/A	N/A	N/A	N/A	2.5
OI	N/A	N/A	\$10	\$35	\$70	N/A	N/A	N/A	N/A	N/A	2.5
I1	N/A	N/A	\$15	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
986	N/A	N/A	\$15	\$60	\$90	N/A	N/A	N/A	N/A	N/A	2.5
A57	N/A	N/A	\$15	\$65	\$95	\$125	N/A	N/A	N/A	N/A	2.5
A58 ²	\$250	\$500	\$15	\$65	\$95	\$125	N/A	N/A	N/A	N/A	2.5
G4 ²	\$100	\$300	\$10	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
S8 ²	\$250	\$750	\$10	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
AQ ²	\$100	\$300	\$10	\$30	\$70	N/A	N/A	N/A	N/A	N/A	2.5
AT ²	\$100	\$300	\$10	\$35	\$70	N/A	N/A	N/A	N/A	N/A	2.5
NN	N/A	N/A	\$10	\$30	\$50	N/A	\$10	\$100	\$300	N/A	2.5
NO	N/A	N/A	\$10	\$35	\$60	N/A	\$10	\$100	\$300	N/A	2.5
950	N/A	N/A	\$15	\$35	\$60	N/A	\$15	30% to \$300	50% to \$500	N/A	2.5
TS ²	\$100	\$300	\$10	\$30	\$50	N/A	\$10	\$100	\$300	N/A	2.5
TT ²	\$250	\$750	\$10	\$30	\$50	N/A	\$10	\$100	\$300	N/A	2.5
949 ²	\$250	\$500	\$5	\$40	\$75	N/A	\$5	\$100	\$300	N/A	2.5

² Separate Rx deductible does not apply to Tier 1 medications.

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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