

# 2020-2021 Maine 51+ Group Products

2020-2021 Maine Group Products

51+ Eligible Employees

Effective 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 all Maine large group (51+) products, please contact your sales representative.

Plan Code (July 1, 2020 - June 30, 2021)	Plan Code (July 1, 2019 - June 30, 2020)	Plan Name	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								Med/ Rx Ded Type	Ded 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	Lab/X-ray				Major Diagnostic MRI, CT, etc.		
			Single	Family	Single	Family			Single	Family	Single	Family														
Choice Plus																										
CA-HZ	BM-TP	Choice Plus	N/A	N/A	\$7,500	\$15,000	100%	80%	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$25	\$55	\$75	\$350	\$500/ admit	\$350	\$25/\$50	\$350	Sep	Emb	All separate pharmacy plans		
CA-IY	BM-TO	Choice Plus	\$250	\$500	\$7,500	\$15,000	100%	80%	\$4,000	\$8,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$250	100% after ded	100% after ded	100% after ded	100% after ded	Sep	Emb	All separate pharmacy plans		
CA-IV	BM-TL	Choice Plus	\$500	\$1,000	\$7,500	\$15,000	100%	80%	\$4,000	\$8,000	\$15,000	\$30,000	\$0	\$20	\$45	\$75	\$250	100% after ded	100% after ded	100% after ded	100% after ded	Sep	Emb	All separate pharmacy plans		
CA-I3	BM-TQ	Choice Plus	\$500	\$1,500	\$7,500	\$15,000	80%	60%	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$20	\$50	\$75	\$250	80% after ded	80% after ded	\$25/\$50	80% after ded	Sep	Emb	All separate pharmacy plans		
CA-JC	BM-TF	Choice Plus	\$1,000	\$3,000	\$7,500	\$15,000	100%	80%	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$20	\$45	\$75	\$250	100% after ded	100% after ded	\$25/\$50	\$350	Sep	Emb	All separate pharmacy plans		
CA-I4	BM-S8	Choice Plus	\$1,000	\$3,000	\$7,500	\$15,000	80%	60%	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$20	\$50	80% after ded	\$350	80% after ded	80% after ded	\$25/\$0	80% after ded	Sep	Emb	All separate pharmacy plans		
CA-JE	BM-TX	Choice Plus	\$1,000	\$3,000	\$10,000	\$20,000	80%	60%	\$6,000	\$12,000	\$20,000	\$40,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Sep	Emb	All separate pharmacy plans		
CA-IR	BM-TJ	Choice Plus	\$1,000	\$2,000	\$7,500	\$15,000	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$250	80% after ded	80% after ded	80% after ded	80% after ded	Sep	Emb	All separate pharmacy plans		
CA-IW	BM-TM	Choice Plus	\$1,500	\$3,000	\$7,500	\$15,000	100%	80%	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$250	100% after ded	100% after ded	100% after ded	100% after ded	Sep	Emb	All separate pharmacy plans		
CA-IX	BM-TN	Choice Plus	\$2,000	\$4,000	\$7,500	\$15,000	100%	80%	\$5,000	\$10,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$250	100% after ded	100% after ded	100% after ded	100% after ded	Sep	Emb	All separate pharmacy plans		
CA-I8	BM-TB	Choice Plus	\$2,000	\$6,000	\$7,500	\$15,000	100%	80%	\$5,000	\$10,000	\$15,000	\$30,000	\$0	\$30	\$60	\$75	\$200	100% after ded	100% after ded	\$25/\$50	\$350	Sep	Emb	All separate pharmacy plans		
CA-I5	BM-TR	Choice Plus	\$2,000	\$6,000	\$10,000	\$20,000	80%	60%	\$5,000	\$10,000	\$20,000	\$40,000	\$0	\$30	\$60	\$75	\$350	80% after ded	80% after ded	\$25/\$50	80% after ded	Sep	Emb	All separate pharmacy plans		
CA-JD	BM-TG	Choice Plus	\$2,000	\$6,000	\$7,500	\$15,000	100%	80%	\$5,500	\$11,000	\$15,000	\$30,000	\$0	\$30	\$60	\$75	\$350	100% after ded	100% after ded	\$25/\$50	\$350	Sep	Emb	All separate pharmacy plans		

# 2020-2021 Maine 51+ Group Products

2020-2021 Maine Group Products

51+ Eligible Employees

Effective July 1, 2020 – June 30, 2021

Plan Code (July 1, 2020 - June 30, 2021)	Plan Code (July 1, 2019 - June 30, 2020)	Plan Name	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								Med/ Rx Ded Type	Ded 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	Lab/X-ray				Major Diagnostic MRI, CT, etc.	
			Single	Family	Single	Family			Single	Family	Single	Family													
CA-JH	BM-S6	Choice Plus PROformance	\$2,000	\$4,000	\$10,000	\$20,000	80%	60%	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$75	\$75	\$300 POD, then 80% after ded	80% after ded	80% after ded	\$40	\$500	Sep	Emb	All separate pharmacy plans	
CA-JF	R2-6	Choice Plus	\$2,500	\$5,000	\$7,500	\$15,000	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Sep	Emb	All separate pharmacy plans
CA-IC	BM-ST	Choice Plus	\$2,500	\$5,000	\$10,000	\$20,000	80%	60%	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$30	\$60	\$60	80% after ded	80% after ded	80% after ded	\$30/\$50	\$500	Sep	Emb	All separate pharmacy plans	
CA-I6	BM-S9	Choice Plus	\$3,000	\$6,000	\$7,500	\$15,000	80%	60%	\$5,750	\$10,000	\$15,000	\$30,000	\$0	\$30	\$60	80% after ded	\$350	80% after ded	80% after ded	\$25/\$50	\$200	Sep	Emb	All separate pharmacy plans	
CA-I9	BM-TC	Choice Plus	\$3,000	\$9,000	\$7,500	\$15,000	100%	80%	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$30	\$60	\$75	\$350	100% after ded	100% after ded	\$25/\$50	\$350	Sep	Emb	All separate pharmacy plans	
CA-JO	BM-TT	Choice Plus	\$3,000	\$6,000	\$10,000	\$20,000	80%	60%	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$20	\$50	\$50	\$350	80% after ded	80% after ded	No charge	80% after ded	Sep	Emb	All separate pharmacy plans	
CA-ID	BM-SU	Choice Plus	\$3,000	\$6,000	\$10,000	\$20,000	80%	60%	\$6,750	\$13,500	\$20,000	\$40,000	\$0	\$35	\$70	\$70	80% after ded	80% after ded	80% after ded	\$35/\$50	\$500	Sep	Emb	All separate pharmacy plans	
CA-JN	AY-R2	Choice Plus Flex Free	\$3,000	\$6,000	\$10,000	\$20,000	70%	50%	\$6,850	\$13,900	\$20,000	\$40,000	\$0	\$0 1st 3 visits, then 70% after ded*	\$0 1st 3 visits, then 70% after ded*	\$0 1st 2 visits, then 70% after ded*	\$250 POD, then 70% after ded	\$250 POD, then 70% after ded	\$250 POD, then 70% after ded	70% after ded	70% after ded	Sep	Emb	All separate pharmacy plans	
CA-IJ	BM-S4	Choice Plus Primary Advantage	\$3,000	\$6,000	\$10,000	\$20,000	80%	60%	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$85	\$50	\$250 POD, then 80% after ded	80% after ded	80% after ded	\$35	80% after ded	Sep	Emb	All separate pharmacy plans	
CA-I2	BM-SQ	Choice Plus	\$3,500	\$7,000	\$10,000	\$20,000	80%	60%	\$7,350	\$14,700	\$20,000	\$40,000	\$0	\$35	\$70	\$70	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Sep	Emb	All separate pharmacy plans	
CA-IE	BM-SV	Choice Plus	\$4,000	\$8,000	\$10,000	\$20,000	80%	60%	\$7,250	\$14,500	\$20,000	\$40,000	\$0	\$35	\$75	\$75	80% after ded	80% after ded	80% after ded	\$35/\$50	80% after ded	Sep	Emb	All separate pharmacy plans	
CA-IA	BM-SR	Choice Plus Flex Free	\$4,000	\$8,000	\$10,000	\$20,000	70%	50%	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0 1st 3 visits, then 70% after ded*	\$0 1st 3 visits, then 70% after ded*	\$0 1st 2 visits, then 70% after ded*	\$250 POD, then 70% after ded	\$250 POD, then 70% after ded	\$250 POD, then 70% after ded	70% after ded	\$250 POD, then 70% after ded	Sep	Emb	All separate pharmacy plans	
CA-IK	BM-S5	Choice Plus Primary Advantage	\$4,500	\$9,000	\$10,000	\$20,000	80%	60%	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$85	\$50	\$250 POD then 80% after ded	80% after ded	80% after ded	\$35	80% after ded	Sep	Emb	All separate pharmacy plans	
CA-JA	BM-TD	Choice Plus	\$5,000	\$10,000	\$7,500	\$15,000	100%	80%	\$7,500	\$15,000	\$15,000	\$30,000	\$0	\$30	\$60	\$75	\$350	100% after ded	100% after ded	\$25/\$50	\$350	Sep	Emb	All separate pharmacy plans	

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51+ Eligible Employees

Effective July 1, 2020 – June 30, 2021

Plan Code (July 1, 2020 - June 30, 2021)	Plan Code (July 1, 2019 - June 30, 2020)	Plan Name	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								Med/ Rx Ded Type	Ded 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	Lab/X-ray				Major Diagnostic MRI, CT, etc.	
			Single	Family	Single	Family			Single	Family	Single	Family													
CA-I7	BM-TA	Choice Plus	\$5,000	\$10,000	\$7,500	\$22,500	80%	60%	\$7,000	\$14,000	\$10,000	\$30,000	\$0	\$30	\$60	80% after ded	\$350	80% after ded	80% after ded	\$25/\$50	\$350	Sep	Emb	All separate pharmacy plans	
CA-JG	BM-S7	Choice Plus PROformance	\$5,000	\$10,000	\$10,000	\$20,000	80%	60%	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$15	\$75	\$75	\$300 POD, then 80% after ded	80% after ded	80% after ded	\$40	\$500	Sep	Emb	All separate pharmacy plans	
CA-IF	BM-SW	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	80%	60%	\$7,500	\$15,000	\$20,000	\$40,000	\$0	\$35	\$75	\$75	80% after ded	80% after ded	80% after ded	\$35/\$50	80% after ded	Sep	Emb	All separate pharmacy plans	
CA-IB	BM-SS	Choice Plus Flex Free	\$5,000	\$10,000	\$10,000	\$20,000	70%	50%	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0 1st 3 visits, then 70% after ded*	\$0 1st 3 visits, then 70% after ded*	\$0 1st 2 visits, then 70% after ded*	\$250 POD, then 70% after ded	\$250 POD, then 70% after ded	\$250 POD, then 70% after ded	70% after ded	\$250 POD, then 70% after ded	Sep	Emb	All separate pharmacy plans	
CA-IG	BM-SX	Choice Plus	\$6,000	\$12,000	\$10,000	\$20,000	100%	80%	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$35	\$75	\$75	100% after ded	100% after ded	100% after ded	\$35/\$50	100% after ded	Sep	Emb	All separate pharmacy plans	
CA-IH	BM-SY	Choice Plus	\$6,000	\$12,000	\$10,000	\$20,000	100%	80%	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$35	100% after ded	\$75	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Sep	Emb	All separate pharmacy plans	
CA-IO	N/A	Choice Plus	\$7,500	\$15,000	\$15,000	\$30,000	100%	80%	\$8,150	\$16,300	\$25,000	\$50,000	\$0	\$25	\$75	\$75	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Sep	Emb	All separate pharmacy plans	
<b>Choice Plus HSA</b>																									
CA-IS	BM-TV	Choice Plus HSA	\$1,500	\$3,000	\$7,500	\$15,000	100%	80%	\$5,000	\$10,000	\$15,000	\$30,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Comb	Ded Non-Emb/OOPM Emb	All combined pharmacy plans
CA-IP	BM-TU	Choice Plus HSA	\$1,500	\$3,000	\$7,500	\$15,000	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Comb	Ded Non-Emb/OOPM Emb	All combined pharmacy plans
CA-IT	BM-TW	Choice Plus HSA	\$2,000	\$4,000	\$10,000	\$20,000	100%	80%	\$6,500	\$13,000	\$20,000	\$40,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Comb	Ded Non-Emb/OOPM Emb	All combined pharmacy plans	
CA-JK	AN-HU	Choice Plus HSA	\$2,000	\$6,000	\$7,500	\$15,000	80%	60%	\$4,000	\$12,000	\$15,000	\$30,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Comb	Ded Non-Emb/OOPM Emb	All combined pharmacy plans
CA-JI	AN-HS	Choice Plus HSA	\$2,850	\$5,700	\$10,000	\$20,000	100%	80%	\$6,500	\$13,000	\$20,000	\$40,000	100% after ded	\$30 after ded	\$50 after ded	\$75 after ded	\$250 after ded	\$500 after ded	\$350 after ded	100% after ded	\$350 after ded	Comb	Emb	All combined pharmacy plans	
BM-TS	BM-TS	Choice Plus HSA	\$2,850	\$5,700	\$7,500	\$15,000	80%	60%	\$6,700	\$13,400	\$15,000	\$30,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Comb	Emb	All combined pharmacy plans

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Effective July 1, 2020 – June 30, 2021

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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	Outpatient Facility	Lab/X-ray				Major Diagnostic MRI, CT, etc.		
			Single	Family	Single	Family			Single	Family	Single	Family														
BM-SZ	BM-SZ	Choice Plus HSA	\$3,000	\$6,000	\$10,000	\$20,000	80%	60%	\$6,750	\$13,500	\$20,000	\$40,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Comb	Emb	All combined pharmacy plans
CA-IL	N/A	Choice Plus HSA w/ Preventive	\$3,000	\$6,000	\$10,000	\$20,000	100%	80%	\$6,500	\$13,000	\$20,000	\$40,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Comb	Emb	992
CA-IM	N/A	Choice Plus HSA w/ Preventive	\$3,500	\$7,000	\$10,000	\$20,000	80%	60%	\$6,850	\$13,700	\$20,000	\$40,000	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Comb	Emb	992
BM-S2	BM-S2	Choice Plus HSA	\$3,500	\$7,000	\$10,000	\$20,000	70%	50%	\$6,750	\$13,500	\$20,000	\$40,000	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	Comb	Emb	All combined pharmacy plans
BJ-5H	BJ-5H	Choice Plus HSA	\$3,750	\$7,500	\$10,000	\$20,000	75%	55%	\$6,650	\$13,300	\$20,000	\$40,000	75% after ded	75% after ded	75% after ded	75% after ded	75% after ded	75% after ded	75% after ded	75% after ded	75% after ded	75% after ded	75% after ded	Comb	Emb	All combined pharmacy plans
BM-S3	BM-S3	Choice Plus HSA	\$4,500	\$9,000	\$10,000	\$20,000	70%	50%	\$6,750	\$13,500	\$20,000	\$40,000	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	Comb	Emb	All combined pharmacy plans
CA-IN	N/A	Choice Plus HSA w/ Preventive	\$5,000	\$10,000	\$10,000	\$20,000	100%	80%	\$6,850	\$13,700	\$20,000	\$40,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Comb	Emb	992
CA-JL	AJH7	Choice Plus HSA	\$5,500	\$11,000	\$8,000	\$16,000	70%	50%	\$6,850	\$13,700	\$10,000	\$20,000	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	Comb	Emb	All combined pharmacy plans
CA-JM	AJH8	Choice Plus HSA	\$6,000	\$12,000	\$8,000	\$16,000	100%	80%	\$6,850	\$13,700	\$10,000	\$20,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Comb	Emb	All combined pharmacy plans

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

\*PCP and specialist office visits are \$0 copay for first 3 visits combined. Additional visits are subject to deductible and coinsurance. Urgent care visits are \$0 copay for the first 2 visits in a year. Additional visits are subject to deductible and coinsurance.

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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51+ Eligible Employees

Effective 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	Tier 4	
<b>Combined</b>											
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
992 <sup>2</sup>	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
<b>Separate</b>											
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 <sup>3</sup>	\$250	\$500	\$15	\$65	\$95	\$125	N/A	N/A	N/A	N/A	2.5
G4 <sup>3</sup>	\$100	\$300	\$10	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
S8 <sup>3</sup>	\$250	\$750	\$10	\$30	\$50	N/A	N/A	N/A	N/A	N/A	2.5
AQ <sup>3</sup>	\$100	\$300	\$10	\$30	\$70	N/A	N/A	N/A	N/A	N/A	2.5
AT <sup>3</sup>	\$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 <sup>3</sup>	\$100	\$300	\$10	\$30	\$50	N/A	\$10	\$100	\$300	N/A	2.5
TT <sup>3</sup>	\$250	\$750	\$10	\$30	\$50	N/A	\$10	\$100	\$300	N/A	2.5
949 <sup>3</sup>	\$250	\$500	\$5	\$40	\$75	N/A	\$5	\$100	\$300	N/A	2.5

<sup>2</sup> Core Plus Preventive Rx.

<sup>3</sup> Separate Rx deductible does not apply to Tier 1 medications.

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