

2021 Maine Small Group (1-50) UnitedHealthcare Navigate[®] Plus Plans

Small Group (1-50) Navigate Plus Plans
Effective January 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 all Maine small group (1-50) products, please contact your sales representative.

2021 Plan Code	2020 Plan Code	Rx Plan Code	Plan Name	Coinsurance		Deductible		Out-of-Pocket Maximum		Virtual Visits	PCP ¹	Spec w/ PCP Referral	Spec w/o PCP Referral	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-ray	MRI, CT & PET	Inpatient/Outpatient Specialist Coinsurance		Ded Type	Pharmacy
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network											With Referral	Without Referral		
						Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)														
Gold Plans																							
CE-A5	BR-AC	E96	UnitedHealthcare Navigate Plus	100%	80%	\$2,500	\$10,000	\$5,750	\$20,000	\$0	\$25	\$60	\$100	\$60	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	100%	80%	Emb	\$10/\$60/\$150/\$300
CE-A6	BR-AD	E96	UnitedHealthCare Navigate Plus	90%	70%	\$3,000	\$10,000	\$6,500	\$20,000	\$0	\$30	\$60	\$100	\$60	\$350 after ded	10% after ded	10% after ded	10% after ded	10% after ded	90%	70%	Emb	\$10/\$60/\$150/\$300
Silver Plans																							
CE-BD	BR-AK	E96	UnitedHealthcare Navigate Plus HSA w/ Motion	80%	60%	\$3,500	\$10,000	\$6,950	\$20,000	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	80%	60%	Emb	Med ded then \$10/\$60/\$150/\$300
CE-BB	BR-AI	E96	UnitedHealthCare Navigate Plus	70%	50%	\$4,000	\$10,000	\$8,500	\$15,000	\$0	\$35	\$75	\$100	\$75	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	70%	50%	Emb	\$10/\$60/\$150/\$300
CE-A8	BR-AF	E96	UnitedHealthcare Navigate Plus HSA	90%	70%	\$4,000	\$10,000	\$6,950	\$20,000	10% after ded	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	90%	70%	Emb	Med ded then \$10/\$60/\$150/\$300
CE-BE	BR-AL	E97	UnitedHealthcare Navigate Plus	100%	80%	\$5,000	\$10,000	\$8,500	\$20,000	\$0	\$35	\$75	\$100	\$75	\$350 after ded	No charge after ded	No charge after ded	\$30/\$60 after ded	\$300 after ded	100%	80%	Emb	\$250/\$500 ded T3/T4; \$10/\$60/\$150/\$300
CE-BC	BR-AJ	E96	UnitedHealthCare Navigate Plus	70%	50%	\$5,000	\$10,000	\$8,500	\$15,000	\$0	\$35	\$75	\$100	\$75	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	70%	50%	Emb	\$10/\$60/\$150/\$300
CE-A7	BR-AE	E96	UnitedHealthCare Navigate Plus	80%	60%	\$6,000	\$10,000	\$8,500	\$20,000	\$0	\$40	\$80	\$100	\$80	\$350 after ded	20% after ded	20% after ded	20% after ded	20% after ded	80%	60%	Emb	\$10/\$60/\$150/\$300

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Maine
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2021 Plan Code	2020 Plan Code	Rx Plan Code	Plan Name	Coinsurance		Deductible		Out-of-Pocket Maximum		Virtual Visits	PCP ¹	Spec w/ PCP Referral	Spec w/o PCP Referral	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-ray	MRI, CT & PET	Inpatient/Outpatient Specialist Coinsurance		Ded Type	Pharmacy
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network											With Referral	Without Referral		
						Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)	Single (Family is 2x)														
Bronze Plans																							
CE-A9	BR-AG	E96	UnitedHealthcare Navigate Plus HSA	70%	50%	\$6,100	\$10,000	\$6,950	\$20,000	\$0 after ded	\$40 after ded	\$75 after ded	\$100 after ded	\$75 after ded	\$350 after ded	30% after ded	30% after ded	30% after ded	30% after ded	70%	50%	Emb	Med ded then \$10/\$60/\$150/\$300
CE-BA	BR-AK	E96	UnitedHealthcare Navigate Plus HSA	100%	80%	\$6,700	\$10,000	\$6,950	\$20,000	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	No charge after ded	No charge after ded	No charge after ded	100%	80%	Emb	Med ded then \$10/\$60/\$150/\$300

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

Note: For non HSA plans, the first primary care office visit and first behavioral health office visit in each plan year is No Charge. Copays for the 2nd or 3rd primary care and 2nd or 3rd behavioral health office visits in a plan year count toward the deductible.

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

Note: All Pharmacy plans utilize the Essential PDL.

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 2021, maximum HSA contribution is \$3,600 single/\$7,200 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers ages 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.
POD: Per-Occurrence Deductible. This cost share will be applied before all other cost shares and is followed by any deductible or coinsurance.

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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