

2021 Maine Small Group (1-50) UnitedHealthcare Plans

Maine
Small Group (1-50) 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	Plan Name	Deductible		Coinsurance		Out of Pocket Maximum		Copayment									Ded Type	Pharmacy
				Single (Family is 2x)	Out-of-Network Single (Family is 2x)	Network	Out-of-Network	Network Single (Family is 2x)	Out-of-Network Single (Family is 2x)	Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Outpatient Facility	Lab/X-ray	Major Diagnostic MRI, CT, etc.		
Gold Plans																				
CE-AU	BQ-92	E96	Choice Plus	\$0	\$10,000	100%	80%	\$8,500	\$20,000	\$0	\$35	\$75	\$75	\$500	\$1000 Day/ \$4,000 admit	\$500	\$30/\$60	\$500	Emb	\$10/\$60/\$150/\$300
CE-AZ	BQ-98	E96	Choice Plus	\$1,500	\$10,000	70%	50%	\$6,000	\$20,000	\$0	\$30	\$70	\$70	\$500	30% after ded	30% after ded	30% after ded	30% after ded	Emb	\$10/\$60/\$150/\$300
CE-AO	BQ-9U	E96	Choice Plus HSA	\$2,000	\$10,000	90%	70%	\$5,500	\$20,000	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	Non-Emb Ded/ Emb OOP	\$10/\$60/\$150/\$300
CE-AM	BQ-9S	E96	Choice Plus	\$2,500	\$10,000	80%	60%	\$6,000	\$20,000	\$0	\$30	\$60	\$60	\$350	20% after ded	20% after ded	\$30 Lab; 20% after ded X-ray	\$500	Emb	\$10/\$60/\$150/\$300
CE-AN	BQ-9T	E96	Choice Plus	\$3,000	\$10,000	90%	70%	\$6,500	\$20,000	\$0	\$30	\$60	\$60	\$500	10% after ded	10% after ded	\$30 Lab; 10% after ded X-ray	\$500	Emb	\$10/\$60/\$150/\$300
Silver Plans																				
CE-AT	BQ-9Z	E96	Choice Plus HSA	\$3,000	\$10,000	80%	60%	\$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	Emb	Med ded then \$10/\$60/\$150/\$300
CE-AS	BQ-9Y	E96	Choice Plus Motion HSA	\$3,500	\$10,000	80%	60%	\$6,950	\$20,000	20% after ded	20% after ded	20% after ded	20% after ded	\$350 after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	Med ded then \$10/\$60/\$150/\$300
CE-A2	BQ-99	E96	Choice Plus	\$4,000	\$10,000	100%	80%	\$8,500	\$20,000	\$0	\$40	\$75	\$75	\$350 after ded	\$500 after ded	\$350 after ded	\$30/\$60 after ded	\$350 after ded	Emb	\$10/\$60/\$150/\$300
CE-AX	BQ-95	E96	Choice Plus	\$4,000	\$10,000	70%	50%	\$8,500	\$20,000	\$0	\$40	\$75	\$75	\$350 after ded	30% after ded	30% after ded	\$30 Lab; 30% after ded X-ray	30% after ded	Emb	\$10/\$60/\$150/\$300
CE-AR	BQ-9X	E97	Choice Plus Flex Free	\$3,500	\$10,000	75%	55%	\$8,500	\$20,000	No charge after ded	\$0 first 3 visits; 25% after ded	\$0 first 3 visits; 25% after ded	\$0 first 2 visits; 25% after ded	\$250 POD; 25% after ded	\$250 POD; 25% after ded	\$250 POD; 25% after ded	25% after ded	25% after ded	Emb	\$250/\$500 ded T3/T4 \$10/\$60/\$150/\$300
CE-A3	BR-AA	E96	Choice Plus	\$4,000	\$10,000	100%	80%	\$8,500	\$20,000	\$0	\$40	No charge after ded	\$75	\$350 after ded	\$350 after ded	\$350 after ded	\$30/\$60 after ded	\$350 after ded	Emb	\$10/\$60/\$150/\$300

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CE-AP	BQ-9V	E96	Choice Plus	\$4,500	\$10,000	70%	50%	\$8,500	\$20,000	\$0	\$35	\$70	\$70	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	Emb	\$10/\$60/\$150/\$300	
CE-AY	BQ-96	E97	Choice Plus PRO	\$5,000	\$10,000	80%	60%	\$8,500	\$20,000	\$0	\$0 Child/ \$20 Adult	\$75	\$75	\$350 after ded	20% after ded	20% after ded	\$30 Lab; 20% after ded X-ray	20% after ded	Emb	\$250/\$500 ded T3/T4 \$10/\$60/\$150/\$300	
CE-AQ	BQ-9W	E97	Choice Plus Primary Advantage	\$6,000	\$10,000	80%	60%	\$8,500	\$20,000	\$0	\$0	\$80	\$80	\$500 after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	\$250/\$500 ded T3/T4 \$10/\$60/\$150/\$300	
CE-A4	BR-AB	E97	Choice Plus	\$7,000	\$10,000	100%	80%	\$8,500	\$20,000	\$0	\$35	\$75	\$75	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	
Bronze Plans																					
CE-AW	BQ-94	E96	Choice Plus HSA	\$6,250	\$10,000	80%	60%	\$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	Emb	Med ded then \$10/\$60/\$150/\$300	
CE-AL	BQ-9R	E96	Choice Plus HSA	\$6,000	\$10,000	50%	50%	\$6,950	\$20,000	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	Emb	Med ded then \$10/\$60/\$150/\$300	
CE-AV	BQ-93	E96	Choice Plus HSA	\$6,700	\$10,000	100%	80%	\$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	Emb	Med ded then \$10/\$60/\$150/\$300	

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

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

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: Pharmacy mail order is 2.5x.

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

Note: All plans include Preferred Generics (also known as Mac-A).

Note: For pharmacy plans paired with HSA options, cost shares apply after medical deductible is met.

Note: All Pharmacy plans utilize the Essential PDL.

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®, Member FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a 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.

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