

# 2020-2021 New Hampshire Large Group (51+) UnitedHealthcare Plans

New Hampshire  
Large Group (51+) Products  
Effective Oct. 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 New Hampshire large group (51+) products, please contact your sales representative.

| Plan Code<br>Oct. 1, 2020 to<br>June 30, 2021 | Plan Code<br>Oct. 1, 2019 to<br>Sept 30, 2020 | Plan Name   | Deductible |         |                 |        | Coinsurance |                 | Out-of-Pocket Maximum |          |                 |        | Copayment        |                   |                   |                   |                    |                                |                        |                   | Med/Rx<br>Deductible Type | Deductible<br>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<br>Hospital          | Outpatient<br>Facility | Lab/X-ray         |                           |                    |          | Major Diagnostic<br>MRI, CT, etc.           |
|   |   |   | Single     | Family  | Single          | Family |             |                 | Single                | Family   | Single          | Family |                  |                   |                   |                   |                    |                                |                        |                   |                           |                    |          |   |
| UnitedHealthcare Navigate®                    |   |   |            |         |                 |        |             |                 |                       |          |                 |        |                  |                   |                   |                   |                    |                                |                        |                   |                           |                    |          |   |
| BU-G7   | BD-T8   | UnitedHealthcare<br>Navigate                      | \$1,000    | \$2,000 | N/A             | N/A    | 100%        | N/A             | \$4,000               | \$8,000  | N/A             | N/A    | \$0              | \$25              | \$60              | \$60              | \$250              | \$300 day/<br>\$1,500<br>admit | \$500                  | 100%<br>after ded | \$500                     | Sep                | Emb      | All separate<br>pharmacy plans              |
| BU-G8   | BD-T9   | UnitedHealthcare<br>Navigate                      | \$2,000    | \$4,000 | N/A             | N/A    | 100%        | N/A             | \$5,000               | \$10,000 | N/A             | N/A    | \$0              | \$25              | \$60              | \$60              | \$250<br>after ded | \$300 day/<br>\$1,500<br>admit | \$500                  | 100%<br>after ded | 100%<br>after ded         | Sep                | Emb      | All separate<br>pharmacy plans              |
| BU-HE   | BJ-85   | UnitedHealthcare<br>Navigate                      | \$2,500    | \$5,000 | N/A             | N/A    | 90%         | N/A             | \$6,000               | \$12,000 | N/A             | N/A    | \$0              | \$35              | \$70              | \$70              | \$350<br>after ded | 90%<br>after ded               | 90%<br>after ded       | \$35/\$50         | \$500                     | Sep                | Emb      | All separate<br>pharmacy plans              |
| BU-HN   | BJ-9A   | UnitedHealthcare<br>Navigate<br>Primary Advantage | \$2,750    | \$5,500 | N/A             | N/A    | 80%         | N/A             | \$7,500               | \$15,000 | N/A             | N/A    | \$0              | \$0               | \$85              | \$50              | \$350<br>after ded | 80%<br>after ded               | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded          | Sep                | Emb      | All separate<br>pharmacy plans              |
| BU-G9   | BD-UA   | UnitedHealthcare<br>Navigate                      | \$3,000    | \$6,000 | N/A             | N/A    | 90%         | N/A             | \$6,000               | \$12,000 | N/A             | N/A    | \$0              | \$35              | \$70              | \$70              | \$350<br>after ded | 90%<br>after ded               | 90%<br>after ded       | 90%<br>after ded  | \$500                     | Sep                | Emb      | All separate<br>pharmacy plans              |
| BU-HI   | BJ-9C   | UnitedHealthcare<br>Navigate HSA                  | \$3,000    | \$6,000 | N/A             | N/A    | 80%         | N/A             | \$6,700               | \$13,400 | N/A             | N/A    | 80%<br>after ded | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | \$350<br>after ded | 80%<br>after ded               | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded          | Comb               | Emb      | All combined<br>pharmacy plans <sup>2</sup> |
| BU-HL   | BJ-88   | UnitedHealthcare<br>Navigate PROformance          | \$3,000    | \$6,000 | N/A             | N/A    | 80%         | N/A             | \$7,900               | \$15,800 | N/A             | N/A    | \$0              | \$15              | \$75              | \$50              | \$350<br>after ded | 80%<br>after ded               | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded          | Sep                | Emb      | All separate<br>pharmacy plans              |
| BU-HF   | BJ-86   | UnitedHealthcare<br>Navigate                      | \$3,500    | \$7,000 | N/A             | N/A    | 80%         | N/A             | \$7,000               | \$14,000 | N/A             | N/A    | \$0              | \$35              | \$70              | \$70              | \$350<br>after ded | 80%<br>after ded               | 80%<br>after ded       | 80%<br>after ded  | \$500                     | Sep                | Emb      | All separate<br>pharmacy plans              |
| BU-HA   | BD-UC   | UnitedHealthcare<br>Navigate HSA                  | \$4,000    | \$8,000 | N/A             | N/A    | 100%        | N/A             | \$6,850               | \$13,700 | N/A             | N/A    | \$0<br>after ded | \$35<br>after ded | \$70<br>after ded | \$70<br>after ded | \$350<br>after ded | 100%<br>after ded              | 100%<br>after ded      | 100%<br>after ded | \$250<br>after ded        | Comb               | Emb      | All combined<br>pharmacy plans <sup>2</sup> |

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| Plan Code<br>Oct. 1, 2020 to<br>June 30, 2021 | Plan Code<br>Oct. 1, 2019 to<br>Sept 30, 2020 | Plan Name   | Deductible |          |                 |          | Coinsurance |                 | Out-of-Pocket Maximum |          |                 |          | Copayment         |                   |                   |                   |                    |                       |                        |                   |                                   | Med/Rx<br>Deductible Type | Deductible<br>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<br>Hospital | Outpatient<br>Facility | Lab/X-ray         | Major Diagnostic<br>MRI, CT, etc. |                           |                    |   |  |  |
|   |   |   | Single     | Family   | Single          | Family   |             |                 | Single                | Family   | Single          | Family   |                   |                   |                   |                   |                    |                       |                        |                   |                                   |                           |                    |   |  |  |
| BU-HC   | BD-UE   | UnitedHealthcare<br>Navigate                      | \$4,000    | \$8,000  | N/A             | N/A      | 80%         | N/A             | \$7,750               | \$15,500 | N/A             | N/A      | \$0               | \$15              | \$70              | \$70              | \$350<br>after ded | 80%<br>after ded      | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded                  | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-HG   | BJ-87   | UnitedHealthcare<br>Navigate                      | \$4,000    | \$7,000  | N/A             | N/A      | 75%         | N/A             | \$8,150               | \$16,300 | N/A             | N/A      | \$0               | \$35              | \$75              | \$75              | \$350<br>after ded | 75%<br>after ded      | 75%<br>after ded       | 75%<br>after ded  | \$500                             | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-HH   | BJ-9B   | UnitedHealthcare<br>Navigate<br>Primary Advantage | \$4,500    | \$9,000  | N/A             | N/A      | 70%         | N/A             | \$8,150               | \$16,300 | N/A             | N/A      | \$0               | \$15              | \$85              | \$50              | \$350<br>after ded | 70%<br>after ded      | 70%<br>after ded       | 70%<br>after ded  | 70%<br>after ded                  | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-HK   | BD-UB   | UnitedHealthcare<br>Navigate                      | \$5,000    | \$10,000 | N/A             | N/A      | 100%        | N/A             | \$7,000               | \$14,000 | N/A             | N/A      | \$0               | \$35              | \$70              | \$70              | \$250<br>after ded | 100%<br>after ded     | 100%<br>after ded      | 100%<br>after ded | \$500                             | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-HD   | BD-UF   | UnitedHealthcare<br>Navigate                      | \$5,000    | \$10,000 | N/A             | N/A      | 80%         | N/A             | \$7,900               | \$15,800 | N/A             | N/A      | \$0               | \$15              | \$70              | \$70              | \$350<br>after ded | 80%<br>after ded      | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded                  | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-HB   | BD-UD   | UnitedHealthcare<br>Navigate HSA                  | \$5,000    | \$10,000 | N/A             | N/A      | 90%         | N/A             | \$6,850               | \$13,700 | N/A             | N/A      | 90%<br>after ded  | 90%<br>after ded  | 90%<br>after ded  | 90%<br>after ded  | \$350<br>after ded | 90%<br>after ded      | 90%<br>after ded       | 90%<br>after ded  | 90%<br>after ded                  | Comb                      | Emb                | All combined<br>pharmacy plans <sup>2</sup> |  |  |
| BU-HJ   | BJ-9D   | UnitedHealthcare<br>Navigate HSA                  | \$6,000    | \$12,000 | N/A             | N/A      | 100%        | N/A             | \$6,850               | \$13,700 | N/A             | N/A      | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | \$350<br>after ded | 100%<br>after ded     | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded                 | Comb                      | Emb                | All combined<br>pharmacy plans <sup>2</sup> |  |  |
| BU-HM   | BJ-89   | UnitedHealthcare<br>Navigate PROformance          | \$6,000    | \$12,000 | N/A             | N/A      | 80%         | N/A             | \$7,900               | \$15,800 | N/A             | N/A      | \$0               | \$15              | \$75              | \$50              | \$350<br>after ded | 80%<br>after ded      | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded                  | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| <b>Choice/Choice Plus</b>                     |   |   |            |          |                 |          |             |                 |                       |          |                 |          |                   |                   |                   |                   |                    |                       |                        |                   |                                   |                           |                    |   |  |  |
| BU-FZ   | AN-HJ   | UnitedHealthcare<br>Choice                        | \$1,000    | \$2,000  | N/A             | N/A      | 100%        | N/A             | \$3,000               | \$6,000  | N/A             | N/A      | \$0               | \$20              | \$45              | \$45              | \$250              | 100%<br>after ded     | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded                 | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-F3   | AN-HS   | UnitedHealthcare<br>Choice Plus                   | \$1,000    | \$3,000  | \$6,000         | \$12,000 | 80%         | 60%             | \$4,000               | \$8,000  | \$12,000        | \$24,000 | \$0               | \$20              | \$45              | \$45              | \$250              | 80%<br>after ded      | 80%<br>after ded       | \$25/\$50         | 80%<br>after ded                  | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-GA   | R2-5  | UnitedHealthcare<br>Choice Plus                   | \$1,000    | \$3,000  | \$6,000         | \$12,000 | 80%         | 60%             | \$4,000               | \$8,000  | \$12,000        | \$24,000 | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded   | 80%<br>after ded      | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded                  | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-FP   | AY-Q7   | UnitedHealthcare<br>Choice Plus                   | \$1,500    | \$4,500  | \$4,000         | \$12,000 | 100%        | 80%             | \$4,500               | \$9,000  | \$9,000         | \$24,000 | \$0               | \$30              | \$50              | \$50              | 100%<br>after ded  | 100%<br>after ded     | 100%<br>after ded      | \$25/\$50         | \$350                             | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |
| BU-F2   | AN-HL   | UnitedHealthcare<br>Choice Plus                   | \$1,500    | \$3,000  | \$6,000         | \$12,000 | 100%        | 80%             | \$5,000               | \$10,000 | \$12,000        | \$24,000 | \$0               | \$25              | \$50              | \$50              | \$250              | 100%<br>after ded     | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded                 | Sep                       | Emb                | All separate<br>pharmacy plans              |  |  |

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| Plan Code<br>Oct. 1, 2020 to<br>June 30, 2021 | Plan Code<br>Oct. 1, 2019 to<br>Sept 30, 2020 | Plan Name                                 | Deductible |         |                 |          | Coinsurance |                 | Out-of-Pocket Maximum |          |                 |          | Copayment      |                                      |                                      |                                      |                               |                               |                               |                                  | Med/Fx<br>Deductible Type    | 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           | Lab/X-ray                        |                              |                 |          | Major Diagnostic MRI, CT, etc. |                             |
|   |   |   | Single     | Family  | Single          | Family   |             |                 | Single                | Family   | Single          | Family   |                |                                      |                                      |                                      |                               |                               |                               |                                  |                              |                 |          |                                |                             |
| BU-FV   | AN-H3   | UnitedHealthcare Choice Plus              | \$1,500    | \$4,500 | \$6,000         | \$12,000 | 100%        | 80%             | \$4,500               | \$9,000  | \$12,000        | \$24,000 | \$0            | \$30                                 | \$50                                 | \$50                                 | \$250                         | 100% after ded                | 100% after ded                | \$25/\$50                        | \$350                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-FR   | AY-Q9   | UnitedHealthcare Choice Plus              | \$2,000    | \$6,000 | \$6,000         | \$18,000 | 100%        | 80%             | \$4,000               | \$12,000 | \$12,000        | \$24,000 | \$0            | \$30                                 | \$50                                 | \$50                                 | \$250                         | 100% after ded                | 100% after ded                | \$25/\$50                        | \$250                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-FY   | AN-HI   | UnitedHealthcare Choice Plus              | \$2,000    | \$4,000 | \$6,000         | \$12,000 | 100%        | 80%             | \$5,000               | \$10,000 | \$12,000        | \$24,000 | \$0            | \$25                                 | \$60                                 | \$60                                 | \$250                         | 100% after ded                | 100% after ded                | 100% after ded                   | 100% after ded               | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-FU   | AY-RE   | UnitedHealthcare Choice Plus              | \$2,000    | \$6,000 | \$6,000         | \$18,000 | 100%        | 80%             | \$5,000               | \$15,000 | \$12,000        | \$24,000 | \$0            | \$30                                 | \$60                                 | \$60                                 | \$250                         | 100% after ded                | 100% after ded                | \$25/\$50                        | \$200                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-F4   | AN-HT   | UnitedHealthcare Choice Plus              | \$2,000    | \$6,000 | \$6,000         | \$18,000 | 80%         | 60%             | \$5,000               | \$15,000 | \$12,000        | \$24,000 | \$0            | \$30                                 | \$60                                 | \$60                                 | \$250                         | 80% after ded                 | 80% after ded                 | \$25/\$50                        | 80% after ded                | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-GB   | R2-6  | UnitedHealthcare Choice Plus              | \$2,500    | \$5,000 | \$7,500         | \$15,000 | 80%         | 60%             | \$6,000               | \$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   | Sep      | Emb                            | All separate pharmacy plans |
| BU-GF   | N/A   | UnitedHealthcare Choice                   | \$2,500    | \$5,000 | N/A             | N/A      | 80%         | N/A             | \$6,000               | \$12,000 | N/A             | N/A      | \$0            | \$30                                 | \$60                                 | \$60                                 | 80% after ded                 | 80% after ded                 | 80% after ded                 | \$30/\$50                        | \$500                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| CF-XX   | N/A   | UnitedHealthcare Choice EPO AMP-F         | \$2,500    | \$5,000 | N/A             | N/A      | 100%        | N/A             | \$8,150               | \$16,300 | N/A             | N/A      | \$0            | \$25                                 | \$50                                 | \$75                                 | 50% after ded                 | 80% after ded                 | 80% after ded                 | \$25 Freestanding; D&C Hosp/\$50 | \$500 Freestanding; D&C Hosp | Sep             | Emb      | All separate pharmacy plans    |                             |
| CF-XY   | N/A   | UnitedHealthcare Choice EPO AMP-FRX       | \$2,500    | \$5,000 | N/A             | N/A      | 100%        | N/A             | \$8,150               | \$16,300 | N/A             | N/A      | \$0            | \$25                                 | \$50                                 | \$75                                 | 50% after ded                 | 80% after ded                 | 80% after ded                 | \$25 Freestanding; D&C Hosp/\$50 | \$500 Freestanding; D&C Hosp | Sep             | Emb      | A16L, D45, G29L                |                             |
| BU-FS   | AN-HX   | UnitedHealthcare Choice Plus              | \$3,000    | \$6,000 | \$9,000         | \$18,000 | 100%        | 80%             | \$6,000               | \$12,000 | \$15,000        | \$30,000 | \$0            | \$30                                 | \$60                                 | \$60                                 | \$350                         | 100% after ded                | 100% after ded                | \$25/\$50                        | \$350                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-F5   | AN-HU   | UnitedHealthcare Choice Plus              | \$3,000    | \$6,000 | \$9,000         | \$18,000 | 80%         | 60%             | \$6,000               | \$12,000 | \$15,000        | \$30,000 | \$0            | \$30                                 | \$60                                 | \$60                                 | \$250                         | 80% after ded                 | 80% after ded                 | \$25/\$50                        | \$350                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-F6   | AN-H8   | UnitedHealthcare Choice Plus              | \$3,000    | \$6,000 | \$8,000         | \$16,000 | 80%         | 60%             | \$6,250               | \$12,500 | \$12,000        | \$24,000 | \$0            | \$20                                 | \$50                                 | \$50                                 | 80% after ded                 | 80% after ded                 | 80% after ded                 | \$25/\$50                        | 80% after ded                | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-GG   | N/A   | UnitedHealthcare Choice                   | \$3,000    | \$6,000 | N/A             | N/A      | 80%         | N/A             | \$7,000               | \$14,000 | N/A             | N/A      | \$0            | \$35                                 | \$70                                 | \$70                                 | 80% after ded                 | 80% after ded                 | 80% after ded                 | \$35/\$50                        | \$500                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-G2   | BD-T6   | UnitedHealthcare Choice Plus              | \$3,000    | \$6,000 | \$10,000        | \$20,000 | 80%         | 60%             | \$8,150               | \$16,300 | \$20,000        | \$40,000 | \$0            | \$15                                 | \$75                                 | \$75                                 | \$350 after ded               | 80% after ded                 | 80% after ded                 | \$35/\$50                        | \$500                        | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-GD   | BJ-8Q   | UnitedHealthcare Choice Plus Flex Free    | \$3,000    | \$6,000 | \$10,000        | \$20,000 | 70%         | 50%             | \$8,150               | \$16,300 | \$20,000        | \$40,000 | 70% after ded  | \$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    |                             |
| BU-GJ   | BJ-83   | UnitedHealthcare Choice Primary Advantage | \$3,000    | \$6,000 | N/A             | N/A      | 80%         | N/A             | \$7,900               | \$15,800 | N/A             | N/A      | \$0            | \$0                                  | \$85                                 | \$50                                 | \$250 POD, then 80% after ded | 80% after ded                 | 80% after ded                 | \$35/\$50                        | 80% after ded                | Sep             | Emb      | All separate pharmacy plans    |                             |
| BU-GL   | N/A   | UnitedHealthcare Choice                   | \$4,000    | \$8,000 | N/A             | N/A      | 100%        | N/A             | \$8,150               | \$16,300 | N/A             | N/A      | \$0            | \$25                                 | \$60                                 | \$60                                 | \$350                         | 100% after ded                | 100% after ded                | \$35/\$50                        | 100% after ded               | Sep             | Emb      | All separate pharmacy plans    |                             |

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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<br>Hospital               | Outpatient<br>Facility              | Lab/X-ray         |                           |                    |                           | Major Diagnostic<br>MRI, CT, etc.           |                   |                   |                           |   |   |
|   |   |  | Single     | Family   | Single         | Family   |             |                | Single                | Family   | Single         | Family   |                   |   |   |   |                                     |                                     |                                     |                   |                           |                    |                           |   |                   |                   |                           |   |   |
| BU-GH   | BJ-8V   | UnitedHealthcare<br>Choice                   | \$4,000    | \$8,000  | N/A            | N/A      | 80%         | N/A            | \$7,500               | \$15,000 | N/A            | N/A      | \$0               | \$35  | \$75  | \$75  | 80%<br>after ded                    | 80%<br>after ded                    | 80%<br>after ded                    | \$35/\$50         | 80%<br>after ded          | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-GE   | BJ-8R   | UnitedHealthcare<br>Choice Flex Free         | \$4,000    | \$8,000  | N/A            | N/A      | 70%         | N/A            | \$8,150               | \$16,300 | N/A            | N/A      | 70%<br>after ded  | \$0 1st<br>3 visits,<br>then 70%<br>after ded | \$0 1st<br>3 visits,<br>then 70%<br>after ded | \$0 1st<br>2 visits,<br>then 70%<br>after ded | \$250 POD,<br>then 70%<br>after ded | \$250 POD,<br>then 70%<br>after ded | \$250 POD,<br>then 70%<br>after ded | 70%<br>after ded  | 70%<br>after ded          | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-FO   | AY-Q5   | UnitedHealthcare<br>Choice Primary Advantage | \$4,500    | \$9,000  | \$10,000       | \$20,000 | 80%         | 60%            | \$8,150               | \$16,300 | \$20,000       | \$40,000 | \$0               | \$0   | \$75  | \$75  | \$350 POD,<br>then 80%<br>after ded | 80%<br>after ded                    | 80%<br>after ded                    | 80%<br>after ded  | 80%<br>after ded          | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-GK   | BJ-84   | UnitedHealthcare<br>Choice Primary Advantage | \$4,500    | \$9,000  | N/A            | N/A      | 80%         | N/A            | \$8,150               | \$16,300 | N/A            | N/A      | \$0               | \$0   | \$85  | \$50  | \$250 POD,<br>then 80%<br>after ded | 80%<br>after ded                    | 80%<br>after ded                    | \$35/\$50         | 80%<br>after ded          | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-FT   | AY-RB   | UnitedHealthcare<br>Choice Plus              | \$5,000    | \$10,000 | \$9,000        | \$18,000 | 100%        | 80%            | \$7,500               | \$15,000 | \$15,000       | \$30,000 | \$0               | \$30  | \$75  | \$75  | \$350                               | 100%<br>after ded                   | 100%<br>after ded                   | \$25/\$50         | \$350                     | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-FQ   | AY-Q8   | UnitedHealthcare<br>Choice Plus              | \$5,000    | \$10,000 | \$10,000       | \$20,000 | 80%         | 60%            | \$8,000               | \$16,000 | \$15,000       | \$30,000 | \$0               | \$30  | \$60  | \$60  | \$350                               | 80%<br>after ded                    | 80%<br>after ded                    | \$25/\$50         | \$350                     | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-G3   | BD-T7   | UnitedHealthcare<br>Choice Plus              | \$5,000    | \$10,000 | \$10,000       | \$20,000 | 80%         | 60%            | \$8,150               | \$16,300 | \$20,000       | \$40,000 | \$0               | \$15  | \$75  | \$75  | \$350<br>after ded                  | 80%<br>after ded                    | 80%<br>after ded                    | \$35/\$50         | \$500                     | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-G4   | BJ-8W   | UnitedHealthcare<br>Choice                   | \$5,000    | \$10,000 | N/A            | N/A      | 80%         | N/A            | \$7,500               | \$15,000 | N/A            | N/A      | \$0               | \$35  | \$75  | \$75  | 80%<br>after ded                    | 80%<br>after ded                    | 80%<br>after ded                    | \$35              | 80%<br>after ded          | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BJ-8S   | BJ-8S   | UnitedHealthcare<br>Choice Flex Free         | \$5,000    | \$10,000 | N/A            | N/A      | 70%         | N/A            | \$7,900               | \$15,800 | N/A            | N/A      | 70%<br>after ded  | \$0 1st<br>3 visits,<br>then 70%<br>after ded | \$0 1st<br>3 visits,<br>then 70%<br>after ded | \$0 1st<br>2 visits,<br>then 70%<br>after ded | \$250 POD,<br>then 70%<br>after ded | \$250 POD,<br>then 70%<br>after ded | \$250 POD,<br>then 70%<br>after ded | 70%<br>after ded  | 70%<br>after ded          | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| BU-G5   | BJ-8X   | UnitedHealthcare<br>Choice                   | \$6,000    | \$12,000 | N/A            | N/A      | 100%        | N/A            | \$8,150               | \$16,300 | N/A            | N/A      | \$0               | \$35  | \$75  | \$75  | 100%<br>after ded                   | 100%<br>after ded                   | 100%<br>after ded                   | \$35/\$50         | 100%<br>after ded         | Sep                | Emb                       | All separate<br>pharmacy plans              |                   |                   |                           |   |   |
| <b>Health Savings Account (HSA)</b>           |   |  |            |          |                |          |             |                |                       |          |                |          |                   |   |   |   |                                     |                                     |                                     |                   |                           |                    |                           |   |                   |                   |                           |   |   |
| BU-F9   | H9-4  | UnitedHealthcare<br>Choice Plus HSA          | \$1,500    | \$3,000  | \$6,000        | \$12,000 | 100%        | 80%            | \$4,000               | \$8,000  | \$12,000       | \$24,000 | 100%<br>after ded | 100%<br>after ded                             | 100%<br>after ded                             | 100%<br>after ded                             | 100%<br>after ded                   | 100%<br>after ded                   | 100%<br>after ded                   | 100%<br>after ded | 100%<br>after ded         | 100%<br>after ded  | 100%<br>after ded         | 100%<br>after ded                           | 100%<br>after ded | 100%<br>after ded | Comb                      | Ded. Non-Emb/<br>OOPM Emb                   | All combined<br>pharmacy plans <sup>2</sup> |
| BU-GS   | AY-RH   | UnitedHealthcare<br>Choice Plus HSA          | \$1,500    | \$4,500  | \$5,000        | \$10,000 | 100%        | 80%            | \$3,000               | \$9,000  | \$10,000       | \$20,000 | \$10<br>after ded | \$30<br>after ded                             | \$45<br>after ded                             | \$75<br>after ded                             | \$200<br>after ded                  | \$250/admit<br>after ded            | \$250<br>after ded                  | 100%<br>after ded | \$200<br>after ded        | Comb               | Ded. Non-Emb/<br>OOPM Emb | All combined<br>pharmacy plans <sup>2</sup> |                   |                   |                           |   |   |
| BU-F9   | H9-1  | UnitedHealthcare<br>Choice Plus HSA          | \$1,500    | \$3,000  | \$5,000        | \$10,000 | 80%         | 60%            | \$4,000               | \$8,000  | \$9,000        | \$18,000 | 80%<br>after ded  | 80%<br>after ded                              | 80%<br>after ded                              | 80%<br>after ded                              | 80%<br>after ded                    | 80%<br>after ded                    | 80%<br>after ded                    | 80%<br>after ded  | 80%<br>after ded          | 80%<br>after ded   | 80%<br>after ded          | 80%<br>after ded                            | 80%<br>after ded  | Comb              | Ded. Non-Emb/<br>OOPM Emb | All combined<br>pharmacy plans <sup>2</sup> |   |
| BU-F7   | H9-Y  | UnitedHealthcare<br>Choice Plus HSA          | \$2,000    | \$4,000  | \$5,000        | \$10,000 | 100%        | 80%            | \$5,000               | \$10,000 | \$10,000       | \$20,000 | 100%<br>after ded | 100%<br>after ded                             | 100%<br>after ded                             | 100%<br>after ded                             | 100%<br>after ded                   | 100%<br>after ded                   | 100%<br>after ded                   | 100%<br>after ded | 100%<br>after ded         | 100%<br>after ded  | 100%<br>after ded         | 100%<br>after ded                           | 100%<br>after ded | Comb              | Ded. Non-Emb/<br>OOPM Emb | All combined<br>pharmacy plans <sup>2</sup> |   |

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# 2020-2021 New Hampshire Large Group (51+) UnitedHealthcare Plans

New Hampshire  
Large Group (51+) Products  
Effective Oct. 1, 2020 - June 30, 2021

| Plan Code<br>Oct. 1, 2020 to<br>June 30, 2021 | Plan Code<br>Oct. 1, 2019 to<br>Sept 30, 2020 | Plan Name                              | Deductible |          |                 |          | Coinsurance |                 | Out-of-Pocket Maximum |          |                 |          | Copayment         |                   |                   |                   |                    |                          |                        |                   | Med/Rx<br>Deductible Type | Deductible<br>Type | Pharmacy          |                                   |      |   |   |
|---|---|--|------------|----------|-----------------|----------|-------------|-----------------|-----------------------|----------|-----------------|----------|-------------------|-------------------|-------------------|-------------------|--------------------|--------------------------|------------------------|-------------------|---------------------------|--------------------|-------------------|-----------------------------------|------|---|---|
|   |   |  | Network    |          | Out-of- Network |          | Network     | Out-of- Network | Network               |          | Out-of- Network |          | Virtual Visits    | POP <sup>1</sup>  | Spec              | Urgent Care       | ER                 | Inpatient<br>Hospital    | Outpatient<br>Facility | Lab/X-ray         |                           |                    |                   | Major Diagnostic<br>MRI, CT, etc. |      |   |   |
|   |   |  | Single     | Family   | Single          | Family   |             |                 | Single                | Family   | Single          | Family   |                   |                   |                   |                   |                    |                          |                        |                   |                           |                    |                   |                                   |      |   |   |
| BU-FW   | AY-RI   | UnitedHealthcare<br>Choice Plus HSA    | \$2,000    | \$6,000  | \$7,000         | \$14,000 | 80%         | 60%             | \$6,000               | \$12,000 | \$16,000        | \$24,000 | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded   | 80%<br>after ded         | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded          | 80%<br>after ded   | 80%<br>after ded  | 80%<br>after ded                  | Comb | Ded. Non-Emb/<br>OOPM Emb                   | All combined<br>pharmacy plans <sup>2</sup> |
| BU-GR   | AY-RG   | UnitedHealthcare<br>Choice Plus HSA    | \$2,850    | \$5,700  | \$5,000         | \$15,000 | 100%        | 80%             | \$5,700               | \$11,400 | \$10,000        | \$30,000 | \$0<br>after ded  | \$30<br>after ded | \$45<br>after ded | \$75<br>after ded | \$200<br>after ded | \$250/admit<br>after ded | \$250<br>after ded     | 100%<br>after ded | \$200<br>after ded        | 80%<br>after ded   | 80%<br>after ded  | Comb                              | Emb  | All combined<br>pharmacy plans <sup>2</sup> |   |
| AN-H7   | AN-H7   | UnitedHealthcare<br>Choice Plus HSA    | \$2,850    | \$5,700  | \$5,000         | \$15,000 | 80%         | 60%             | \$5,700               | \$11,400 | \$10,000        | \$30,000 | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded   | 80%<br>after ded         | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded          | 80%<br>after ded   | 80%<br>after ded  | 80%<br>after ded                  | Comb | Emb   | All combined<br>pharmacy plans <sup>2</sup> |
| BU-GC   | AJ-GV   | UnitedHealthcare<br>Choice Plus HSA    | \$3,000    | \$6,000  | \$6,000         | \$12,000 | 100%        | 80%             | \$6,850               | \$13,700 | \$10,000        | \$20,000 | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded  | 100%<br>after ded        | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded         | 100%<br>after ded  | 100%<br>after ded | 100%<br>after ded                 | Comb | Emb   | All combined<br>pharmacy plans <sup>2</sup> |
| BJ-8Y   | BJ-8Y   | UnitedHealthcare<br>Choice HSA         | \$3,000    | \$6,000  | N/A             | N/A      | 80%         | N/A             | \$6,750               | \$13,500 | N/A             | N/A      | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded   | 80%<br>after ded         | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded          | 80%<br>after ded   | 80%<br>after ded  | 80%<br>after ded                  | Comb | Emb   | All combined<br>pharmacy plans <sup>2</sup> |
| BU-G5   | N/A   | UnitedHealthcare<br>Choice HSA Prex Rx | \$3,000    | \$6,000  | N/A             | N/A      | 100%        | N/A             | \$6,850               | \$13,700 | N/A             | N/A      | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | \$350<br>after ded | 100%<br>after ded        | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded         | 100%<br>after ded  | 100%<br>after ded | 100%<br>after ded                 | Comb | Emb   | 922   |
| BU-G6   | N/A   | UnitedHealthcare<br>Choice HSA Prex Rx | \$3,500    | \$7,000  | N/A             | N/A      | 80%         | N/A             | \$6,850               | \$13,700 | N/A             | N/A      | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | 80%<br>after ded  | \$350<br>after ded | 80%<br>after ded         | 80%<br>after ded       | 80%<br>after ded  | 80%<br>after ded          | 80%<br>after ded   | 80%<br>after ded  | 80%<br>after ded                  | Comb | Emb   | 922   |
| BJ-8Z   | BJ-8Z   | UnitedHealthcare<br>Choice HSA         | \$3,500    | \$7,000  | N/A             | N/A      | 70%         | N/A             | \$6,750               | \$13,500 | N/A             | N/A      | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded   | 70%<br>after ded         | 70%<br>after ded       | 70%<br>after ded  | 70%<br>after ded          | 70%<br>after ded   | 70%<br>after ded  | 70%<br>after ded                  | Comb | Emb   | All combined<br>pharmacy plans <sup>2</sup> |
| BU-GM   | N/A   | UnitedHealthcare<br>Choice HSA         | \$3,500    | \$7,000  | N/A             | N/A      | 100%        | N/A             | \$6,850               | \$13,700 | N/A             | N/A      | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | \$350<br>after ded | 100%<br>after ded        | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded         | 100%<br>after ded  | 100%<br>after ded | 100%<br>after ded                 | Sep  | Emb   | All separate<br>pharmacy plans              |
| BJ-82   | BJ-82   | UnitedHealthcare<br>Choice HSA         | \$4,500    | \$9,000  | N/A             | N/A      | 70%         | N/A             | \$6,750               | \$13,500 | N/A             | N/A      | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded   | 70%<br>after ded         | 70%<br>after ded       | 70%<br>after ded  | 70%<br>after ded          | 70%<br>after ded   | 70%<br>after ded  | 70%<br>after ded                  | Comb | Emb   | All combined<br>pharmacy plans <sup>2</sup> |
| BU-GN   | N/A   | UnitedHealthcare<br>Choice HSA         | \$5,000    | \$10,000 | N/A             | N/A      | 100%        | N/A             | \$6,850               | \$13,700 | N/A             | N/A      | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded  | 100%<br>after ded        | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded         | 100%<br>after ded  | 100%<br>after ded | 100%<br>after ded                 | Sep  | Emb   | All separate<br>pharmacy plans              |
| AE-ZG   | AE-ZG   | UnitedHealthcare<br>Choice Plus HSA    | \$5,500    | \$11,000 | \$11,000        | \$22,000 | 70%         | 50%             | \$6,350               | \$12,700 | \$12,700        | \$25,400 | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded  | 70%<br>after ded   | 70%<br>after ded         | 70%<br>after ded       | 70%<br>after ded  | 70%<br>after ded          | 70%<br>after ded   | 70%<br>after ded  | 70%<br>after ded                  | Comb | Emb   | All combined<br>pharmacy plans <sup>2</sup> |
| AE-ZH   | AE-ZH   | UnitedHealthcare<br>Choice Plus HSA    | \$6,000    | \$12,000 | \$10,000        | \$20,000 | 100%        | 70%             | \$6,450               | \$12,900 | \$20,000        | \$40,000 | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded | 100%<br>after ded  | 100%<br>after ded        | 100%<br>after ded      | 100%<br>after ded | 100%<br>after ded         | 100%<br>after ded  | 100%<br>after ded | 100%<br>after ded                 | Comb | Emb   | All combined<br>pharmacy plans <sup>2</sup> |

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# 2020-2021 New Hampshire Large Group (51+) UnitedHealthcare Plans

New Hampshire  
Large Group (51+) Products  
Effective Oct. 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                        |
| 2V                  | Same as Medical | Same as Medical | \$10             | \$35   | \$60   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| 922*                | Same as Medical | Same as Medical | \$10             | \$35   | \$60   | 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                        |
| UI                  | Same as Medical | Same as Medical | \$10             | \$40   | \$75   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| UIL <sup>3</sup>    | Same as Medical | Same as Medical | \$10             | \$40   | \$75   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| A16                 | Same as Medical | Same as Medical | \$10             | \$50   | \$85   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| A16L <sup>3</sup>   | Same as Medical | Same as Medical | \$10             | \$50   | \$85   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| D45 <sup>4</sup>    | Same as Medical | Same as Medical | \$10             | \$60   | \$95   | \$250  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| D45L <sup>3,4</sup> | Same as Medical | Same as Medical | \$10             | \$60   | \$95   | \$250  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| G29 <sup>4</sup>    | Same as Medical | Same as Medical | \$10             | \$60   | \$150  | \$300  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| G29L <sup>3,4</sup> | Same as Medical | Same as Medical | \$10             | \$60   | \$150  | \$300  | N/A                 | N/A          | N/A          | 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                        |
| I1                  | Same as Medical | Same as Medical | \$15             | \$30   | \$50   | 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                        |
| <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                        |
| 986                 | N/A             | N/A             | \$15             | \$60   | \$90   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| 5U                  | N/A             | N/A             | \$10             | \$35   | \$60   | \$100  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| UI                  | N/A             | N/A             | \$10             | \$40   | \$75   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| UIL <sup>3</sup>    | N/A             | N/A             | \$10             | \$40   | \$75   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| A16                 | N/A             | N/A             | \$10             | \$50   | \$85   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| A16L <sup>3</sup>   | N/A             | N/A             | \$10             | \$50   | \$85   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| D45 <sup>4</sup>    | N/A             | N/A             | \$10             | \$60   | \$95   | \$250  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| D45L <sup>3,4</sup> | N/A             | N/A             | \$10             | \$60   | \$95   | \$250  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| G29 <sup>4</sup>    | N/A             | N/A             | \$10             | \$60   | \$150  | \$300  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| G29L <sup>3,4</sup> | N/A             | N/A             | \$10             | \$60   | \$150  | \$300  | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| G4                  | \$100           | \$300           | \$10             | \$30   | \$50   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |

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New Hampshire  
Large Group (51+) Products  
Effective Oct. 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 |                            |
| S8                  | \$250      | \$750  | \$10             | \$30   | \$50   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| AQ                  | \$100      | \$300  | \$10             | \$30   | \$70   | N/A    | N/A                 | N/A          | N/A          | N/A    | 2.5                        |
| AT                  | \$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                  | \$100      | \$300  | \$10             | \$30   | \$50   | N/A    | \$10                | \$100        | \$300        | N/A    | 2.5                        |
| TT                  | \$250      | \$750  | \$10             | \$30   | \$50   | N/A    | \$10                | \$100        | \$300        | N/A    | 2.5                        |
| 949                 | \$250      | \$500  | \$5              | \$40   | \$75   | N/A    | \$5                 | \$100        | \$300        | N/A    | 2.5                        |
| 962                 | \$250      | \$500  | \$15             | \$35   | \$60   | N/A    | \$15                | \$100        | \$300        | N/A    | 2.5                        |

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

<sup>2</sup> Pharmacy Plan 922 not available with this medical plan.

<sup>3</sup> Standard Select Pharmacy Network

<sup>4</sup> Essential PDL

Note: Pharmacy mail order is 2.5x.

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

Note: Separate Rx Deductible does not apply on Tier 1 medications.

\* Preventive Rx

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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