

2021 New Hampshire Small Group (1-50) UnitedHealthcare Plans

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 small group (1-50) products, please contact your sales representative.

2021 Medical Plan Code	2020 Medical Plan Code	Plan Type	Network/Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy		
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Outpatient Facility (Freestanding)	Outpatient Facility (Hospital)	Lab ³	X-Ray			Major Diagnostic MRI, CT etc. (Hospital)	Major Diagnostic MRI, CT etc. (Freestanding)
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
Gold Plans																							
CC-4N	BQ-EF	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$1,500	N/A	100%	N/A	\$6,500	N/A	\$0	\$25	\$60	\$60	\$350 after ded	No charge after ded	\$500	\$500	T1: No charge T2: No Charge after ded	No charge after ded	\$500	\$500	Emb	\$10/\$60/ \$150/\$300
CC-4H	BQ-D2	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$2,000	N/A	100%	N/A	\$7,500	N/A	\$0	\$0	\$65	\$65	\$350 after ded	No charge after ded	\$500	\$500	T1: No charge T2: No Charge after ded	No charge after ded	\$500	\$500	Emb	\$10/\$60/ \$150/\$300
CC-44	BQ-EJ	UnitedHealthcare Navigate EPO	Navigate/Gated	\$2,000	N/A	80%	N/A	\$6,500	N/A	\$0	\$25	\$60	\$60	\$300 after ded	20% after ded	\$500	\$500	T1: No charge T2: 20% after ded	No charge after ded	\$500	\$500	Emb	\$10/\$60/ \$150/\$300
CC-4I	BQ-D3	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$2,000	N/A	80%	N/A	\$6,500	N/A	\$0	\$30	\$60	\$60	\$350 after ded	20% after ded	\$500	\$500	T1: No charge T2: 20% after ded	20% after ded	\$500	\$500	Emb	\$10/\$60/ \$150/\$300
CC-4T	BQ-ED	UnitedHealthcare Choice Plus	Choice/Non-Gated	\$2,000	\$10,000	90%	50%	\$7,000	\$15,000	\$0	\$30	\$60	\$60	\$350 after ded	10% after ded	10% after ded	10% after ded	T1: No charge T2: 10% after ded	10% after ded	10% after ded	10% after ded	Emb	\$10/\$60/ \$150/\$300
CC-4Y	BQ-EP	UnitedHealthcare Navigate PRO EPO	Navigate/Gated	\$2,500	N/A	80%	N/A	\$8,000	N/A	\$0	\$0 Child; \$15 Adult	\$70	\$70	\$350 after ded	20% after ded	20% after ded	20% after ded	T1: No charge T2: 20% after ded	20% after ded	\$500	\$500	Emb	\$10/\$60/ \$150/\$300
CC-4U	BQ-EI	UnitedHealthcare Choice Plus	Choice/Non-Gated	\$3,000	\$10,000	100%	50%	\$7,000	\$15,000	\$0	\$30	\$60	\$60	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: No Charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$10/\$60/ \$150/\$300
CC-4J	BQ-D4	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$3,000	N/A	100%	N/A	\$7,500	N/A	\$0	\$25	\$65	\$65	\$350 after ded	No charge after ded	\$350	\$350	T1: No charge T2: No Charge after ded	No charge after ded	\$350	\$350	Emb	\$10/\$60/ \$150/\$300
CC-4W	N/A	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$3,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$0	\$75	\$75	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: 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
CC-45	BQ-EK	UnitedHealthcare Navigate EPO	Navigate/Gated	\$3,000	N/A	100%	N/A	\$7,500	N/A	\$0	\$25	\$60	\$60	\$300 after ded	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: No Charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$10/\$60/ \$150/\$300

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

² PCP and specialist office visits are \$0 copay for the 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.

³ The Preferred Lab Network (PLN) contains select laboratories that are committed to improving access, quality and service at a lower cost. Participating labs in New Hampshire include; LabCorp and Quest Diagnostics. Cost share for PLN is no charge (Tier 1) all other laboratories are considered Tier 2. Consult the online search tool on myuhc.com.

Note: All Pharmacy plans utilize the Essential PDL.

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2021 New Hampshire Small Group (1-50) UnitedHealthcare Plans

2021 Medical Plan Code	2020 Medical Plan Code	Plan Type	Network/Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment											Deductible Type	Pharmacy	
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Outpatient Facility (Freestanding)	Outpatient Facility (Hospital)	Lab ³	X-Ray	Major Diagnostic MRI, CT etc. (Hospital)			Major Diagnostic MRI, CT etc. (Freestanding)
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
Silver Plans																							
CC-4K	BQ-D7	UnitedHealthcare EPO HSA w/ Motion	Choice/Non-Gated	\$3,000	N/A	90%	N/A	\$6,950	N/A	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	10% after ded	10% after ded	10% after ded	Emb	Med ded then \$10/\$60/\$150/\$300
CC-4P	BQ-EE	UnitedHealthcare EPO HSA	Choice/Non-Gated	\$4,000	N/A	100%	N/A	\$6,950	N/A	No charge after ded	No charge after ded	No charge after ded	No charge after ded	\$350 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
CC-42	BQ-ER	UnitedHealthcare Navigate EPO HSA	Navigate/Gated	\$3,500	N/A	100%	N/A	\$6,950	N/A	\$10 after ded	\$25 after ded	\$50 after ded	\$50 after ded	\$350 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
CC-4L	BQ-D8	UnitedHealthcare EPO HSA w/ Motion	Choice/Non-Gated	\$4,000	N/A	80%	N/A	\$6,850	N/A	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	20% after ded	20% after ded	20% after ded	Emb	Med ded then \$10/\$60/\$150/\$300
CC-4S	BQ-EC	UnitedHealthcare Choice Plus	Choice/Non-Gated	\$5,000	\$10,000	80%	50%	\$8,500	\$15,000	\$0	\$40	\$85	\$85	\$350 after ded	20% after ded	20% after ded	20% after ded	T1: No charge T2: 20% after ded	20% after ded	20% after ded	20% after ded	Emb	\$10/\$60/\$150/\$300
CC-4R	BQ-EH	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$5,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$45	\$85	\$85	\$350 after ded	No charge after ded	\$350 after ded	\$350 after ded	T1: No charge T2: No Charge after ded	No charge after ded	\$350 after ded	\$350 after ded	Emb	\$10/\$60/\$150/\$300
CC-4V	N/A	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$5,000	N/A	50%	N/A	\$8,500	N/A	\$0	\$35	\$80	\$80	50% after ded	50% after ded	50% after ded	50% after ded	T1: No charge T2: 30% after ded	50% after ded	50% after ded	50% after ded	Emb	\$10/\$60/\$150/\$300
CC-46	BQ-EM	UnitedHealthcare Navigate EPO	Navigate/Gated	\$5,500	N/A	80%	N/A	\$8,500	N/A	\$0	\$35	\$80	\$80	\$350 after ded	20% after ded	20% after ded	20% after ded	T1: No charge T2: 20% after ded	20% after ded	20% after ded	20% after ded	Emb	\$10/\$60/\$150/\$300

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2021 New Hampshire Small Group (1-50) UnitedHealthcare Plans

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				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Outpatient Facility (Freestanding)	Outpatient Facility (Hospital)	Lab ³	X-Ray	Major Diagnostic MRI, CT etc. (Hospital)			Major Diagnostic MRI, CT etc. (Freestanding)
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
CC-4G	BQ-DZ	UnitedHealthcare Flex Free EPO	Choice/Non-Gated	\$4,500	N/A	75%	N/A	\$8,500	N/A	\$0	\$0 ² for first 3 visits; 25% after ded	\$0 ² for first 3 visits; 25% after ded	\$0 ² for first 3 visits; 25% after ded	\$250 POD; 25% after ded	\$250 POD; 25% after ded	\$250 POD; 25% after ded	\$250 POD; 25% after ded	T1: No charge T2: 25% after ded	25% after ded	25% after ded	25% after ded	Emb	\$250/\$500 ded T3/T4 \$10/\$60/\$150/\$300
CC-4Z	BQ-EQ	UnitedHealthcare Navigate PRO EPO	Navigate/Gated	\$5,500	N/A	70%	N/A	\$8,500	N/A	\$0	\$0 Child; \$30 Adult	\$80	\$80	\$350 after ded	30% after ded	30% after ded	\$350 after ded	T1: No charge T2: 30% after ded	30% after ded	30% after ded	30% after ded	Emb	\$10/\$60/\$150/\$300
CC-47	BQ-EN	UnitedHealthcare Navigate EPO	Navigate/Gated	\$8,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$25	\$80	\$80	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: 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
CC-48	BH-JS	UnitedHealthcare Navigate EPO	Navigate/Gated	\$7,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$40	\$80	\$80	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: 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
CC-4M	N/A	UnitedHealthcare Choice EPO	Choice/Non-Gated	\$7,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$35	\$80	\$80	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: 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
CC-4X	N/A	UnitedHealthcare Navigate EPO	Navigate/Gated	\$7,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$35	\$80	\$80	No charge after ded	No charge after ded	No charge after ded	No charge after ded	T1: No charge T2: 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

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				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)															
Bronze Plans																								
CC-40	BQ-EB	UnitedHealthcare EPO HSA	Choice/Non-Gated	\$6,000	N/A	50%	N/A	\$6,950	N/A	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	50% after ded	50% after ded	50% after ded	50% after ded	Emb	Med ded then \$10/\$60/\$150/\$300
CC-43	BQ-ES	UnitedHealthcare Navigate EPO HSA	Navigate/Gated	\$6,500	N/A	70%	N/A	\$6,950	N/A	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	Emb	Med ded then \$10/\$60/\$150/\$300
CC-4Q	BQ-EG	UnitedHealthcare EPO HSA	Choice/Non-Gated	\$6,700	N/A	100%	N/A	\$6,950	N/A	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	No charge after ded	No charge after ded	No charge after ded	Emb	Med ded then \$10/\$60/\$150/\$300

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Note: Pharmacy mail order is 2.5x retail.

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.

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).

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 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 co-share will be applied before all other co-shares and is followed by any deductible or Coinsurance.

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The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCION: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

You have the right to get help and information in your language at no cost. To request an interpreter, call , press 0. TTY 711.

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al 888-383-9253 y presione el cero (0). TTY 711

Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le 888-383-9253 et appuyez sur la touche 0. ATS 711.

您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 888-383-9253，再按 0。聽力語言殘障服務專線 711

तपाईंले आफ्नो भाषामा नशुलक सहयोग र जानकारी प्राप्त गर्ने अधिकार तपाईंसँग छ। अनुवादक प्राप्त गरीपाऊँ भनी अनुरोध गर्न 888-383-9253 ० थिनुहोस्। TTY 711.

Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi 888-383-9253, bấm số 0. TTY 711

Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para 888-383-9253, pressione 0. TTY 711

Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να ζητήσετε διερμηνέα, καλέστε 888-383-9253, πατήστε 0. TTY 711

ببطلب. ففلكت ي لمحت نود ككت غلب تامول عمل او قدع اسم لما ىلع لوصحلا يف قحلا كئل
يصلنلا فتاهلا 0 ىلع طغضاو، 888-383-9253 مقرلاب لصتا، يروف مجرتم
(TTY) 711

Imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste zatražili prevodioca, nazovite 888-383-9253 i pritisnite 0. TTY 711.

Anda berhak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa dikenakan biaya. Untuk meminta bantuan penerjemah, hubungi 888-383-9253, tekan 0. TTY 711

귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 888-383-9253 로 전화하여 0번을 누르십시오. TTY 711

Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по телефону 888-383-9253 и нажмите 0. Линия TTY 711

Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo 888-383-9253, peze 0. TTY 711

Urafise uburenganzira bwo kuronka ubufasha n'amakuru mu rurimi gwawe ku buntu. Kugira usabe umusobanuzi, hamagara 888-383-9253, fyonda 0. TTY 711

Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod numer 888-383-9253 i wciśnij 0. TTY 711

