

2021 Rhode Island Small Group (1-50) UnitedHealthcare Plans

Rhode Island
Small Group (1-50) Products
Effective Jan. 1, 2021

Please be advised that this grid 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 Rhode Island small group (1-50) products, please contact your sales representative.

2021 Medical Plan Code	2020 Medical Plan Code	Rt Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Deductible Type	Pharmacy			
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec Premium Des ²	Spec ³	Urgent Care	ER	Inpatient Hospital ⁴	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility ⁶	Lab/X-Ray	Major Diagnostic Freestanding ⁷ (MRI, CT etc.)			Major Diagnostic Hospital ⁸ (MRI, CT etc.)		
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)																
Platinum Plans																									
CC-HN	BH-EC	E74	UnitedHealthcare Choice Plus	\$0	\$3,000	100%	80%	\$3,500	\$6,000	\$0	\$20	\$40	\$60	\$60	\$300	\$500	No charge	\$300	No charge	No charge	\$300	Emb	\$10/\$50/\$125/\$250		
CC-GT	BH-D6	E74	UnitedHealthcare Choice EPO \$500	\$500	N/A	100%	N/A	\$3,500	N/A	\$0	\$20	\$40	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20/\$40	\$250 after ded	\$250 after ded	Emb	\$10/\$50/\$125/\$250		
CC-GL	BH-DO	E74	UnitedHealthcare Choice Plus \$500	\$500	\$5,000	100%	70%	\$3,500	\$10,000	\$0	\$20	\$40	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20/\$40	\$250 after ded	\$250 after ded	Emb	\$10/\$50/\$125/\$250		
CC-HV	BH-EW	E74	UnitedHealthcare Navigate \$500	\$500	N/A	100%	N/A	\$3,500	N/A	\$0	\$20	\$40	\$60	\$70	\$300	No charge after ded	No charge after ded	No charge after ded	\$20/\$40	\$250 after ded	\$250 after ded	Emb	\$10/\$50/\$125/\$250		
CC-G3	BQ-FL	E74	UnitedHealthcare Choice Plus \$1,000	\$1,000	\$4,000	100%	80%	\$4,000	\$8,000	\$0	\$20	\$40	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20/\$40	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250		
CC-HH	N/A	E74	UnitedHealthcare Choice EPO \$1,000	\$1,000	N/A	100%	N/A	\$4,000	N/A	\$0	\$20	\$40	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20/\$40	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250		
CC-CHZ	BQ-GJ	E74	UnitedHealthcare Navigate \$1,000	\$1,000	N/A	100%	N/A	\$4,000	N/A	\$0	\$20	\$40	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20/\$40	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250		
Gold Plans																									
CC-GV	AT-3P	E74	UnitedHealthcare Choice Plus \$1,500	\$1,500	\$5,000	90%	70%	\$7,000	\$10,000	\$0	\$35	\$50	\$75	\$75	\$350	10% after ded	10% after ded	10% after ded	\$30/\$50	10% after ded	10% after ded	Emb	\$10/\$50/\$125/\$250		
CC-GZ	BQ-FJ	E74	UnitedHealthcare Choice Plus \$1,500	\$1,500	\$5,000	100%	60%	\$8,500	\$13,500	\$0	\$25/\$40	\$60	\$75	\$75	\$400	No charge after ded	No charge after ded	No charge after ded	\$35/\$70	\$500	\$500	Emb	\$10/\$50/\$125/\$250		
CC-HD	BQ-FV	E74	UnitedHealthcare Choice EPO \$1,500	\$1,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$25/\$40	\$60	\$75	\$75	\$400	No charge after ded	No charge after ded	No charge after ded	\$35/\$70	\$500	\$500	Emb	\$10/\$50/\$125/\$250		
CC-H7	BQ-GP	E74	UnitedHealthcare Navigate \$1,500	\$1,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$25/\$40	\$60	\$75	\$75	\$400	No charge after ded	No charge after ded	No charge after ded	\$35/\$70	\$500	\$500	Emb	\$10/\$50/\$125/\$250		
CC-GR	BH-D2	E74	UnitedHealthcare Choice EPO \$2,000	\$2,000	N/A	100%	N/A	\$6,750	N/A	\$0	\$25	\$60	\$80	\$80	\$350	No charge after ded	No charge after ded	No charge after ded	\$50	\$500	\$500	Emb	\$10/\$50/\$125/\$250		

2021 Rhode Island Small Group (1-50) UnitedHealthcare Plans

Rhode Island
Small Group (1-50) Products
Effective Jan. 1, 2021

2021 Medical Plan Code	2020 Medical Plan Code	Rx Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Deductible Type	Pharmacy									
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec Premium Des ²	Spec ³	Urgent Care	ER	Inpatient Hospital ⁴	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility ⁶	Lab/XRay	Major Diagnostic Freestanding ⁷ (MRI, CT etc.)			Major Diagnostic Hospital ⁸ (MRI, CT etc.)								
				Single (Family is 2X)	Single (Family is 2X)	Network	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)																						
CC-GH	N/A	E74	UnitedHealthcare Motion EPO HSA \$2,000	\$2,000	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	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	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	Non-Emb Ded/ Emb OOP	Medical ded then \$10/\$50/\$125/\$250
CC-GD	BQ-E9	E74	UnitedHealthcare Motion HSA \$2,500	\$2,500	\$5,000	100%	50%	\$6,000	\$10,000	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	\$300 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	No charge after ded	No charge after ded	Non-Emb Ded/ Emb OOP	Medical ded then \$10/\$50/\$125/\$250
CC-GP	BH-DY	E74	UnitedHealthcare Choice Plus \$2,000	\$2,000	\$5,000	100%	70%	\$6,750	\$13,500	\$0	\$25	\$60	\$80	\$80	\$350	No charge after ded	No charge after ded	No charge after ded	\$50	\$500	\$500	Emb	\$10/\$50/\$125/\$250								
CC-H5	BQ-GN	E74	UnitedHealthcare Navigate \$2,000	\$2,000	N/A	100%	N/A	\$6,750	N/A	\$0	\$25 ² / \$40	\$60	\$85	\$85	\$350	No charge after ded	No charge after ded	No charge after ded	\$35/\$50	\$500	\$500	Emb	\$10/\$50/\$125/\$250								
CC-HR	BQ-F9	E74	UnitedHealthcare Choice Plus \$2,500	\$2,500	\$6,000	80%	60%	\$6,500	\$16,000	\$0	\$25	\$25	\$50	\$50	\$350	20% after ded	\$500 after ded	\$500 after ded	\$30/\$60	\$500 after ded	\$500 after ded	Emb	\$10/\$50/\$125/\$250								
CC-G7	BQ-FP	E74	UnitedHealthcare Wellness Choice HMO \$2,500	\$2,500	N/A	100%	N/A	\$7,850	N/A	\$0	\$25	\$45	\$75	\$75	\$400	No charge after ded	No charge after ded	No charge after ded	\$30/\$65	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250								
CC-GX	BH-GP	E75	UnitedHealthcare Choice Plus PA \$3,000	\$3,000	\$5,000	100%	50%	\$7,750	\$10,000	\$0	\$0	\$50	\$75	\$75	\$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	Emb	\$250/\$500 ded T3/T4 then \$10/\$50/\$125/\$250								
CC-G5	BQ-FN	E74	UnitedHealthcare Choice Plus \$3,000	\$3,000	\$5,000	100%	80%	\$7,500	\$10,000	\$0	\$25	\$40	\$70	\$70	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$60	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250								
CC-HX	BQ-GF	E74	UnitedHealthcare Navigate \$3,000	\$3,000	N/A	100%	N/A	\$7,750	N/A	\$0	\$25	\$40	\$70	\$70	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$60	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250								
CC-HB	BQ-FT	E74	UnitedHealthcare Choice EPO \$3,000	\$3,000	N/A	100%	N/A	\$7,750	N/A	\$0	\$25	\$40	\$70	\$70	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$60	\$500	\$500	Emb	\$10/\$50/\$125/\$250								
CC-HL	BH-EA	E74	UnitedHealthcare Choice Plus \$4,000	\$4,000	\$7,500	100%	80%	\$7,000	\$15,000	\$0	\$30	\$40	\$70	\$70	\$350	No charge after ded	No charge after ded	\$250 after ded	\$30/\$50	No charge after ded	\$250 after ded	Emb	\$10/\$50/\$125/\$250								
CC-H9	N/A	E74	UnitedHealthcare Navigate \$4,000	\$4,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$25	\$50	\$75	\$75	\$400	No charge after ded	No charge after ded	No charge after ded	\$30/\$60 Freestanding; No Charge after ded Hosp	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250								
CC-HK	N/A	E75	UnitedHealthcare Choice EPO \$4,000	\$4,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$0	\$50	\$75	\$75	\$350 after ded	No charge after ded	No charge after ded	No charge after ded	\$30/\$60	No charge after ded	No charge after ded	Emb	\$250/\$500 ded T3/T4 then \$10/\$50/\$125/\$250								
CC-GN	BH-DW	E74	UnitedHealthcare Choice EPO \$5,000	\$5,000	N/A	100%	N/A	\$7,500	N/A	\$0	\$30	\$30	\$60	\$60	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$50	\$500	\$500	Emb	\$10/\$50/\$125/\$250								
CC-HT	BH-EO	E74	UnitedHealthcare Navigate \$5,000	\$5,000	N/A	100%	N/A	\$8,500	N/A	\$0	\$25	\$40	\$70	\$70	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$50	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250								

2021 Rhode Island Small Group (1-50) UnitedHealthcare Plans

Rhode Island
Small Group (1-50) Products
Effective Jan. 1, 2021

2021 Medical Plan Code	2020 Medical Plan Code	Rx Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment Per Occurrence											Deductible Type	Pharmacy	
				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec Premium Des ²	Spec ³	Urgent Care	ER	Inpatient Hospital ⁴	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility ⁴	Lab/XRay	Major Diagnostic Freestanding ⁴ (MRI, CT etc.)			Major Diagnostic Hospital ⁴ (MRI, CT etc.)
				Single (Family is 2X)	Single (Family is 2X)	Network	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)														
Silver Plans																							
CC-F7	BH-C6	E74	UnitedHealthcare HSA \$3,500	\$3,500	\$5,500	100%	80%	\$6,950	\$11,000	No charge after ded	\$25 after ded	\$50 after ded	\$50 after ded	\$50 after ded	\$300 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	Medical ded then \$10/\$50/\$125/\$250
CC-GF	BQ-FB	E74	UnitedHealthcare Motion HSA \$3,500	\$3,500	\$7,500	90%	50%	\$6,950	\$15,000	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Emb	Medical ded then \$10/\$50/\$125/\$250
CC-F9	BH-C8	E74	UnitedHealthcare HSA \$4,000	\$4,000	\$6,000	100%	60%	\$6,950	\$12,000	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	No charge after ded	No charge after ded	Emb	Medical ded then \$10/\$50/\$125/\$250
CC-GB	BQ-E5	E74	UnitedHealthcare Choice EPO HSA \$5,000	\$5,000	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	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	Emb	Medical ded then \$10/\$50/\$125/\$250
CC-H3	BQ-GL	E75	UnitedHealthcare Navigate PRO \$5,000	\$5,000	N/A	80%	N/A	\$8,500	N/A	\$0	\$0 Child \$15 / \$35 Adult	\$65	\$85	\$85	\$350 after ded	20% after ded.	20% after ded.	20% after ded.	\$35/\$85 Freestanding; 20% after ded Hosp	\$500	\$500 after ded	Emb	\$250/\$500 ded T3/T4 then \$10/\$50/\$125/\$250
CC-HP	BQ-F7	E74	UnitedHealthcare Choice Plus \$6,000	\$6,000	\$9,500	100%	80%	\$8,500	\$19,000	\$0	\$35	\$60	\$85	\$85	\$350 after ded	\$500 after ded	No charge after ded	\$350 after ded	\$35/\$75 Freestanding; No charge after ded Hosp	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250
CC-HF	BQ-F5	E74	UnitedHealthcare Choice EPO \$7,500	\$7,500	N/A	100%	N/A	\$8,500	N/A	\$0	\$35	\$65	\$80	\$80	No charge after ded	No charge after ded	No charge after ded	No charge after ded	\$35/\$80	No charge after ded	No charge after ded	Emb	\$10/\$50/\$125/\$250
Bronze Plans																							
CC-GJ	BH-DG	E74	UnitedHealthcare HMO HSA \$6,500 (with copayment)	\$6,500	N/A	100%	N/A	\$6,950	N/A	No charge after ded	\$40 after ded	\$40 after ded	\$70 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	Medical ded then \$10/\$50/\$125/\$250
CC-F5	BH-C4	E74	UnitedHealthcare HSA \$8,700	\$6,700	\$10,000	100%	70%	\$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	No charge after ded	No charge after ded	Emb	Medical ded then \$10/\$50/\$125/\$250

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

²This tier of benefits applies to UnitedHealth Premium quality and efficiency designated physicians. Please visit myuhc.com for details.

³This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium® designation program and for specialty physicians that are not quality and efficiency designated.

⁴Facility and hospital copayments are in addition to any plan deductible and coinsurance. Facility and hospital copayments do not apply to the deductible and continue to be required after the deductible is satisfied. These copayments may also be referred to in plan documents as “per-occurrence copayments” or “per-occurrence deductibles.”

⁵Freestanding facilities are any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory.

Note: Pharmacy mail order is 2.5x and all plans include Preferred Generics (also known as Mac-A).

Note: All Pharmacy plans designs utilize the Essential PDL.

Note: Navigate plans require a referral.

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

2021 Rhode Island Small Group (1-50) UnitedHealthcare Plans

Rhode Island
Small Group (1-50) Products
Effective Jan. 1, 2021

deductible until the entire family amount has been met. An individual will not have to pay more than the individual OOP Max amount.

The UnitedHealthcare Wellness Choice HMO (SM) (CC-G7), a HEALTHpact plan, is available as required by the State of Rhode Island. For rating purposes, the CC-G7 represents the rate for both the Advantage and Basic plans. However, benefits for the Advantage and Basic plans are significantly different. Please note certain requirements must be met in order to obtain the Advantage level of benefits. Please contact your broker or our dedicated Rhode Island UnitedHealthcare Pledge Plan service line at 1-800-573-0414 for more information.

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.

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

EI20308519.0 11/20 BROKER ©2020 United HealthCare Services, Inc.