

Select any combination of UnitedHealthcare Choice Plus plans in this package.

Choice Plus Plans

2021 Plan Code	2020 Plan Code	Plan Category	Metallic Level	Plan Description	Rx Code	Deductible				Coinsurance		Out-of-Pocket Max.				Virtual Visit	PCP	SPEC	UC	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET
						In-Network		Non-Network		In	Out	In-Network		Non-Network											
						Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.										
CF-HK	BS-Q3	Primary Advantage	Gold	1000/80%	G20	\$1,000	\$2,000	\$2,000	\$4,000	80%	50%	\$7,500	\$15,000	\$15,000	\$30,000	\$0	\$0	\$100	\$35	80%	80%	80%	\$30	\$60	80%
CF-HL	BS-Q4	Primary Advantage	Gold	2000/80%	G20	\$2,000	\$4,000	\$4,000	\$8,000	80%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$0	\$100	\$35	80%	80%	80%	\$15	\$50	80%
CF-HP	-	Primary Advantage	Gold	3000/80%	G20	\$3,000	\$6,000	\$7,500	\$15,000	80%	50%	\$8,550	\$17,100	\$15,000	\$30,000	\$0	\$0	\$90	\$50	80%	80%	80%	80%	80%	80%
CF-HQ	-	Primary Advantage	Silver	6000/70%	E68L	\$6,000	\$12,000	\$10,000	\$20,000	70%	50%	\$8,550	\$17,100	\$20,000	\$40,000	\$0	\$0	\$100	\$50	70%	70%	70%	70%	70%	70%
CF-G7 ⁴	BS-QJ	Balanced	Gold	25/1000/80%	G20	\$1,000	\$2,000	\$2,000	\$4,000	80%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$50	\$50	\$500	80%	80%	\$30	\$60	80%
CF-G8 ⁴	BS-QK	Balanced	Gold	25/1500/80%	G20	\$1,500	\$3,000	\$3,000	\$6,000	80%	50%	\$7,000	\$14,000	\$14,000	\$28,000	\$0	\$25	\$50	\$50	\$500	80%	80%	\$30	\$60	80%
CF-G9 ⁴	BS-QL	Balanced	Gold	25/2000/80%	G20	\$2,000	\$4,000	\$4,000	\$8,000	80%	50%	\$6,500	\$13,000	\$13,000	\$26,000	\$0	\$25	\$50	\$50	\$500	80%	80%	\$25	\$50	80%
CF-HJ	BS-Q2	Balanced	Gold	30/3000/80%	G20	\$3,000	\$6,000	\$6,000	\$12,000	80%	50%	\$7,450	\$14,900	\$15,000	\$30,000	\$0	\$30	\$60	\$50	80%	80%	80%	\$25	\$50	80%
CF-HM	BS-Q6	Balanced	Silver	40/3000/70%	902	\$3,000	\$6,000	\$6,000	\$12,000	70%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$40	\$80	\$40	70%	70%	70%	70%	70%	70%
CF-HA	BS-QM	Balanced	Silver	35/4000/70%	710	\$4,000	\$8,000	\$8,000	\$16,000	70%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$35	\$70	\$50	\$250	70%	70%	70%	70%	70%
CF-HB	BS-QN	Balanced	Silver	35/5000/70%	G19	\$5,000	\$10,000	\$10,000	\$20,000	70%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$35	\$70	\$50	\$250	70%	70%	70%	70%	70%
CF-HC	BS-QO	Balanced	Silver	45/7000/60%	G18	\$7,000	\$14,000	\$13,000	\$26,000	60%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$45	\$90	\$50	60%	60%	60%	60%	60%	60%
CF-HR	-	Balanced	Silver	45/7500/60%	E68L	\$7,500	\$15,000	\$15,000	\$26,000	60%	50%	\$8,550	\$17,100	\$17,100	\$34,200	\$0	\$45	\$90	\$50	60%	60%	60%	60%	60%	60%
CF-HD	BS-QQ	Consumer	Bronze	7500/60%	G20	\$7,500	\$15,000	\$15,000	\$30,000	60%	50%	\$8,550	\$17,100	\$17,100	\$34,200	\$0	60%	60%	60%	60%	60%	60%	60%	60%	60%
CF-HS	-	Consumer	Bronze	8550/100%	E83L	\$8,550	\$17,100	\$17,100	\$34,200	100%	100%	\$8,550	\$17,100	\$17,100	\$34,200	\$0	100%	100%	100%	100%	100%	100%	100%	100%	100%
BJ-SP ^{1,2,3}	BJ-SP	Flex Free	Gold	1500/80%	G20	\$1,500	\$4,500	\$3,000	\$9,000	80%	50%	\$5,500	\$15,800	\$11,000	\$31,600	\$0	\$0	\$0	\$0	\$250	\$250	\$250	80%	80%	\$250
CF-HO	BS-Q8	Flex Free	Silver	4250/80%	G19	\$4,250	\$8,500	\$8,500	\$17,000	80%	50%	\$8,550	\$17,100	\$17,100	\$34,200	\$0	\$0	\$0	\$0	\$250	\$250	\$250	80%	80%	\$250
BS-QH ⁴	BS-QH	Traditional w/Ded	Platinum	10/100/90%	847	\$100	\$200	\$200	\$400	90%	60%	\$4,500	\$9,000	\$9,000	\$18,000	\$0	\$10	\$25	\$10	\$500	90%	90%	\$0	\$0	90%
CF-HN	BS-Q7	Traditional w/Ded	Platinum	20/250/90%	847	\$250	\$500	\$500	\$1,000	90%	50%	\$4,500	\$9,000	\$9,000	\$18,000	\$0	\$20	\$35	\$25	\$300	90%	90%	\$10	\$20	\$200
CF-HI ⁴	BS-QY	Traditional w/Ded	Platinum	25/250/80%	847	\$250	\$500	\$1,000	\$2,000	80%	50%	\$4,500	\$9,000	\$9,000	\$18,000	\$0	\$25	\$45	\$35	\$400	80%	80%	\$10	\$20	\$200
CF-HH ⁴	BS-QZ	Traditional w/Ded	Platinum	20/500/80%	847	\$500	\$1,000	\$1,000	\$2,000	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$20	\$35	\$20	\$300	80%	80%	\$10	\$10	\$200
CF-G6 ⁴	BS-QI	Traditional w/Ded	Gold	35/500/80%	G20	\$500	\$1,000	\$1,000	\$2,000	80%	50%	\$7,500	\$15,000	\$15,000	\$30,000	\$0	\$35	\$70	\$50	\$500	80%	80%	\$30	\$60	80%

¹Three PCP and SPEC visits and two urgent care visits covered at Copay, then plan deductible and coinsurance.

²\$250 ER Per Occurrence Deductible applies, then plan deductible and coinsurance.

³IP surgery, OP surgery, and MRI have a \$250 per occurrence deductible, then plan deductible and coinsurance.

⁴ER subject to copay only.

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Non-Differential PPO

2021 Plan Code	2020 Plan Code	Plan Category	Metallic Level	Plan Description	Rx Code	Deductible				Coinsurance		Out-of-Pocket Max.				Virtual Visit	PCP	SPEC	UC	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET
						In-Network		Non-Network		In	Out	In-Network		Non-Network											
						Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.										
CF-HE	CF-HE	Non-Diff PPO	Silver	3500/80%	G19	\$3,500	\$7,000	n/a	n/a	80%	n/a	\$8,150	\$16,300	n/a	n/a	\$0	80%	80%	80%	80%	80%	80%	80%	80%	80%

Choice Plus HSA Plans

2021 Plan Code	2020 Plan Code	Plan Category	Metallic Level	Plan Description	Rx Code	Deductible				Coinsurance		Out-of-Pocket Max.				Virtual Visit	PCP	SPEC	UC	ER	OP Surg ³	IP Hosp ³	Minor Lab	Minor X-ray	MRI, CT, PET
						In-Network		Non-Network		In	Out	In-Network		Non-Network											
						Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.										
BS-QT ¹	BS-QT	HSA with Motion	Gold	1500/80%	980	\$1,500	\$3,000	\$3,500	\$7,000	80%	50%	\$5,000	\$10,000	\$11,000	\$22,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
CF-HF ¹	BS-QU	HSA with Motion	Silver	2750/80%	980	\$2,750	\$5,500	\$5,500	\$11,000	80%	50%	\$6,850	\$13,700	\$13,700	\$27,400	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
BS-QP ²	BS-QP	HSA with Motion	Silver	3000/80%	980	\$3,000	\$6,000	\$6,000	\$12,000	80%	50%	\$6,500	\$13,000	\$13,000	\$26,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
BS-QR ²	BS-QR	HSA with Motion	Silver	3500/80%	982	\$3,500	\$10,500	\$7,000	\$21,000	80%	50%	\$6,850	\$13,700	\$13,700	\$27,400	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
BS-QV ²	BS-QV	HSA with Motion	Silver	4000/100%	847	\$4,000	\$12,000	\$8,000	\$24,000	100%	50%	\$6,850	\$13,700	\$13,700	\$27,400	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BS-QW ²	BS-QW	HSA with Motion	Silver	5000/100%	982	\$5,000	\$13,500	\$10,000	\$27,000	100%	50%	\$6,850	\$13,700	\$13,700	\$27,400	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CF-HG ²	BS-QX	HSA with Motion	Bronze	6850/100%	396	\$6,850	\$13,700	\$13,700	\$27,400	100%	50%	\$6,850	\$13,700	\$13,700	\$27,400	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

¹Non-embedded deductible.

²Embedded deductible.

UnitedHealthcare Motion rewards employer groups and members for taking ownership of their health care, which may result in healthier employees and lower medical claim costs.

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 OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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Choice Plus Tiered Plans

2021 Plan Code	2020 Plan Code	Plan Category	Metallic Level	Plan Description	Rx Code	Deductible				Coinsurance		Out-of-Pocket Max.				Virtual Visit	Tier1 PCP	Non-Tier1 PCP	Tier1 Spec	Non-Tier1 Spec	Urgent Care	ER ²	OP Surg ¹	IP Hosp	Minor Lab (Freestanding / Hospital)	Minor X-ray (Freestanding / Hospital)	MRI, CT, PET ¹
						In-Network		Non-Network		In	Out	In-Network		Non-Network													
						Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.												
CF-HT	BJ-SU	Advanced PROformance	Gold	15/1000/75%	983	\$1,000	\$2,000	\$5,000	\$10,000	75%	50%	\$5,500	\$11,000	\$15,000	\$30,000	\$0	\$15	\$35	\$50	\$90	\$30	75%	75%	75%	\$15/\$45	\$30/\$90	75%
CF-HU	BS-RD	Advanced PROformance	Silver	15/5000/75%	983	\$5,000	\$10,000	\$10,000	\$20,000	75%	50%	\$8,150	\$16,300	\$17,000	\$34,000	\$0	\$15	\$35	\$50	\$90	\$30	75%	75%	75%	\$20/\$75	\$50/\$90	75%
BS-RE	BS-RE	Direct	Gold	30/1000/80%	G20	\$1,000	\$2,000	\$5,000	\$10,000	80%	50%	\$6,500	\$13,000	\$15,000	\$30,000	\$0	\$30	\$30	\$60	\$60	\$50	80%	80%	80%	\$15/\$45	\$30/\$60	80%
BS-RA	BS-RA	Direct	Gold	30/1500/80%	G20	\$1,500	\$3,000	\$5,000	\$10,000	80%	50%	\$6,500	\$13,000	\$15,000	\$30,000	\$0	\$30	\$30	\$60	\$60	\$50	80%	80%	80%	\$15/\$50	\$35/\$65	80%
BS-RF	BS-RF	Direct	Gold	30/2000/80%	G20	\$2,000	\$4,000	\$5,000	\$10,000	80%	50%	\$6,400	\$12,800	\$15,000	\$30,000	\$0	\$30	\$30	\$60	\$60	\$50	80%	80%	80%	\$15/\$45	\$30/\$60	80%
CF-HV	BS-RB	Direct	Silver	40/3500/70%	G19	\$3,500	\$7,000	\$7,000	\$14,000	70%	50%	\$8,400	\$16,800	\$16,300	\$32,600	\$0	\$40	\$40	\$70	\$70	\$50	70%	70%	70%	\$25/\$75	\$50/\$100	70%
CF-HW	BS-RC	Direct	Silver	35/5000/70%	G19	\$5,000	\$10,000	\$10,000	\$20,000	70%	50%	\$8,150	\$16,300	\$16,800	\$33,600	\$0	\$35	\$35	\$70	\$70	\$50	70%	70%	70%	\$20/\$75	\$50/\$80	70%

¹Place of Service Tiered Benefit – Freestanding vs. Hospital Based

²\$250 ER per occurrence deductible applies, then plan deductible and coinsurance

Service Performed	Description	Place of Service	
		Hospital Base/Owned	Freestanding Facility*
Surgery Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility	\$250 Per Occurrence Deductible + Plan Deductible/Co-insurance	Plan Deductible/Co-insurance only No Per-Occurrence Deductible
Major Diagnostics	CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services.	\$250 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Scopic Procedures	Diagnostic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy, and endoscopy.	\$250 Per Occurrence Deductible + Plan Deductible/Co-insurance	

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Choice Plus Advanced Plans

2021 Plan Code	2020 Plan Code	Plan Category	Metallic Level	Plan Description	Rx Code	Deductible				Coinsurance		Out-of-Pocket Max.				Virtual Visit	Tier1 PCP	Non-Tier1 PCP	Tier1 Spec	Non-Tier1 Spec	Urgent Care	ER	OP Surg ¹	IP Hosp	Minor Lab (Freestanding / Hospital)	Minor X-ray (Freestanding / Hospital)	MRI, CT, PET ¹
						In-Network		Non-Network		In	Out	In-Network		Non-Network													
						Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.												
CF-HY	-	Advanced	Silver	25/2500/80%	G18	\$2,500	\$5,000	\$7,500	\$15,000	80%	50%	\$8,550	\$17,100	\$15,000	\$30,000	\$0	\$25	\$50	\$50	\$90	\$50	80%	80%	80%	80%	80%	80%
CF-HZ	-	Advanced	Silver	30/6500/80%	E68L	\$6,500	\$13,000	\$10,000	\$20,000	80%	50%	\$8,550	\$17,100	\$20,000	\$40,000	\$0	\$30	\$60	\$60	\$100	\$50	80%	80%	80%	80%	80%	80%

¹Place of Service Tiered Benefit – Freestanding vs. Hospital Based

Service Performed	Description	Place of Service	
		Hospital Base/Owned	Freestanding Facility*
Surgery Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	Plan Deductible/Co-insurance only No Per-Occurrence Deductible
Surgery Inpatient	Surgery and related services received on an inpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Major Diagnostics	CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Minor Lab and X-Ray	Lab, X-Ray, and diagnostic services.	\$100 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Scopic Procedures	Diagnostic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy, and endoscopy.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	

Per-Occurrence Deductible (POD) must be met prior to and in addition to the annual deductible and co-insurance.

The POD will not accrue towards the plan deductible but will accrue towards the Out-of-Pocket Maximum.

*Freestanding facilities are any of the following: Outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory.

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Pharmacy Plans

Rx Code	PDL	Network	Deductible		Rx Deductible applies to Tiers	Tier 1	Tier 2	Tier 3	Tier 4	Mail-service ratio
			Individual	Family						
847	Advantage	National	N/A	N/A	N/A	\$7	\$35	\$70	\$300	2.5x retail
G20	Advantage	National	N/A	N/A	N/A	\$10	\$40	\$90	\$350	2.5x retail
902	Advantage	National	\$350	\$700	3&4	\$20	\$45	\$80	\$350	2.5x retail
983	Advantage	National	\$400	\$800	4	\$20	\$50	\$85	\$400	2.5x retail
710	Advantage	National	\$850	\$1,700	3&4	\$20	\$50	\$100	\$300	2.5x retail
G19	Essential	National	\$500	\$1,000	4	\$15	\$45	\$125	\$500	2.5x retail
G18	Essential	National	\$850	\$1,700	3&4	\$15	\$50	\$125	\$300	2.5x retail
E68L	Essential	Standard Select - Walgreens	\$250	\$500	3&4	\$15	\$50	\$125	\$350	2.5x retail
E83L	Essential	Standard Select - Walgreens	Same as Medical	Same as Medical	All	No copay	No copay	No copay	No copay	2.5x retail
H.S.A. Pharmacy Plans										
396	Advantage	National	Same as Medical	Same as Medical	All	No copay	No copay	No copay	No copay	2.5x retail
982	Advantage	National	Same as Medical	Same as Medical	All	No copay	\$30	\$75	\$300	2.5x retail
847	Advantage	National	Same as Medical	Same as Medical	All	\$7	\$35	\$70	\$300	2.5x retail
980	Advantage	National	Same as Medical	Same as Medical	All	\$15	\$40	\$75	\$300	2.5x retail

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Advanced Plans

Advanced plans tier on Premium Designated (UHPD) and non-Premium Designated PCPs and Specialists. Also includes Place of Service tiering for OP surgery, MRI/Major Diagnostics, Lab and X-ray, and Scopic procedures based on the location of the facility selected. Freestanding facilities offer the lowest cost share for the member than utilizing hospital based services.

Balanced and Traditional Plans

For employers and employees who prefer to pay copays for core services, Balanced and Traditional health plans cover most benefits as copay-based coverage.

Consumer Plans

Traditional health plans that cover most benefits at deductible then coinsurance. This plan is paired with a pharmacy plan that is not subject to the medical deductible on tiers 1 and 2.

Direct Plans

Direct plans are designed to encourage members to utilize contracted freestanding (non-hospital) facilities for certain outpatient services such as outpatient surgery, MRI/Major Diagnostics, Lab and X-ray, and Scopic procedures based on the location of the facility selected. Robust online tools for both the employer and employee help manage administration and promote wellness and wise health care choices. Freestanding facility designations can be found using the provider search function on myuhc.com® or by calling member services.

FlexFree

FlexFree plans include up to three visits to PCP and/or Specialist at no cost. Additional visits are subject to deductible then coinsurance. Employers benefit from lower premiums than traditional copay-based plans and employees have first dollar coverage.

HSA and HSA with Motion Plans

HSA plans are consumer-driven and made up of two parts: a high-deductible health plan and a Health Savings Account (HSA). Members can deposit money, before taxes, into an HSA, which is their own personal savings account. They can use the money to pay for eligible medical and pharmacy expenses, including their deductible, or save it for future expenses. Referrals are not required for specialists. HSA with Motion plans provide all the features of a traditional HSA plan and include UnitedHealthcare Motion® program. Motion is a walking program that brings technology and wellness together – along with fun, fitness and earning financial rewards of up to \$1,095 per year in HSA contributions. That's a great incentive to get moving.

Primary Advantage Plans

Primary Advantage plans offer no member cost share benefits for PCP, Virtual Visits and Mental Health. All plans are focused on the primary care relationship and encouraging employees to seek care through their primary care physician (PCP) who can guide them along the best path to health and well-being. By coordinating their care through a PCP, members get the right care from the right provider at the right time, promoting better health and lower costs.

PROformance Plans

These plans offer employees lower costs when visiting premium providers and freestanding facilities, plus zero-dollar Virtual Visits.

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

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