UnitedHealthcare Level Funded

Benefit Plan Designs

TRADITIONAL & GATEKEEPER PLANS

Plan Code	Product	Rx	Network	Ded Network		Ded Type[1]	Network Coins	OOPM Network		Copays									
				Single	Family			Single	Family	PCP Dep <19	PCP	SPEC	UC	ER	Minor Lab	X-Ray	Major MRI/CT	OP Surgery	IP Hospital
POS[2,13] To check availability on other Networks and/or PDLs, see Excel grid.																			
CnP01575LX21B	POS	RX3 ADVB	Core	$0	$0	Emb	100%	$4,000	$8,000	$0	$15	$15	$75	$300	100%	100%	100%	100%	$750
CnP015100i80LX26B	POS	RX3 ADVB	Core	$0	$0	Emb	80%	$2,000	$4,000	$0	$15	$15	$100	$300+Coins	Coins	Coins	Coins	Coins	$750+Coins
CnP500i80LX21B	POS	RX4 ADVB	Core	$500	$1,000	Emb	80%	$4,000	$8,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP1000i100LX21B	POS	RX4 ADVB	Core	$1,000	$2,000	Emb	100%	$3,500	$7,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP1000i80YLX26B	POS	RX17 ADVB	Core	$1,000	$2,000	Emb	80%	$7,750	$15,500	$0	$50	$70	$60	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP1500i80YLX26B	POS	RX17 ADVB	Core	$1,500	$3,000	Emb	80%	$6,250	$12,500	$0	$40	$60	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP2000i100LX21B	POS	RX4 ADVB	Core	$2,000	$4,000	Emb	100%	$4,000	$8,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP2000i80LX21B	POS	RX4 ADVB	Core	$2,000	$4,000	Emb	80%	$5,000	$10,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP2500i80LX22B	POS	RX4 ADVB	Core	$2,500	$5,000	Emb	80%	$5,500	$11,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP3500i80LX21B	POS	RX4 ADVB	Core	$3,500	$7,000	Emb	80%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP4000i100LX21B	POS	RX4 ADVB	Core	$4,000	$8,000	Emb	100%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP5000i100LX21B	POS	RX4 ADVB	Core	$5,000	$10,000	Emb	100%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP6000i100LX21B	POS	RX4 ADVB	Core	$6,000	$12,000	Emb	100%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnP6000i80LX21B	POS	RX4 ADVB	Core	$6,000	$12,000	Emb	80%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
POS HSA[2,7,13] To check availability on other Networks and/or PDLs, see Excel grid.																			
CnHP2000257525B	POS	RX5 ADVB	Core	$2,000	$4,000	Ded NonEmb/OOPM Emb	100%	$6,900	$13,800	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP20002575i8025B	POS	RX5 ADVB	Core	$2,000	$4,000	Ded NonEmb/OOPM Emb	80%	$6,900	$13,800	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP250025B	POS	COINS ADVB 100	Core	$2,500	$5,000	NonEmb	100%	$2,500	$5,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP25002575i8025B	POS	RX5 ADVB	Core	$2,500	$5,000	Ded NonEmb/OOPM Emb	80%	$5,000	$10,000	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP350025B	POS	COINS ADVB 100	Core	$3,500	$7,000	Emb	100%	$3,500	$7,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP400025B	POS	COINS ADVB 100	Core	$4,000	$8,000	Emb	100%	$4,000	$8,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP40002575i8025B	POS	RX5 ADVB	Core	$4,000	$8,000	Emb	80%	$7,000	$14,000	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP5000257525B	POS	RX5 ADVB	Core	$5,000	$10,000	Emb	100%	$6,900	$13,800	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP50002575i8025B	POS	RX5 ADVB	Core	$5,000	$10,000	Emb	80%	$7,000	$14,000	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
CnHP635025B	POS	COINS ADVB 100	Core	$6,350	$12,700	Emb	100%	$6,350	$12,700	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
EPO[3,8,13,14] To check availability on other Networks and/or PDLs, see Excel grid.																			
NavE01575LX21B	EPO	RX3 ADVB	Navigate	$0	$0	Emb	100%	$4,000	$8,000	$0	$15	$15	$75	$300	100%	100%	100%	100%	$750
NavE040100i100LX24B	EPO	RX19 ADVB	Navigate	$0	$0	Emb	100%	$6,000	$12,000	$0	$40	$100	$100	$525+Coins	100%	100%	$525	$1,500	$1,500
NavE1000i100LX21B	EPO	RX4 ADVB	Navigate	$1,000	$2,000	Emb	100%	$3,500	$7,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE20003060i100LX26B	EPO	RX4 ADVB	Navigate	$2,000	$4,000	Emb	100%	$4,000	$8,000	$0	$30	$60	$100	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE2000i80LX21B	EPO	RX4 ADVB	Navigate	$2,000	$4,000	Emb	80%	$5,000	$10,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE2500i80LX22B	EPO	RX4 ADVB	Navigate	$2,500	$5,000	Emb	80%	$5,500	$11,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE3500i80LX21B	EPO	RX4 ADVB	Navigate	$3,500	$7,000	Emb	80%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE4000i80XLX26B	EPO	RX4 ADVB	Navigate	$4,000	$8,000	Emb	80%	$9,000	$18,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE5000i80XLX26B	EPO	RX4 ADVB	Navigate	$5,000	$10,000	Emb	80%	$9,000	$18,000	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE6000i100LX21B	EPO	RX4 ADVB	Navigate	$6,000	$12,000	Emb	100%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavE6000i80LX21B	EPO	RX4 ADVB	Navigate	$6,000	$12,000	Emb	80%	$8,150	$16,300	$0	$25	$75	$50	$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
EPO HSA[3,7,8,13,14] To check availability on other Networks and/or PDLs, see Excel grid.																			

United Healthcare

UnitedHealthcare Level Funded

Benefit Plan Designs

TRADITIONAL & GATEKEEPER PLANS

Plan Code	Product	Rx	Network	Ded Network		Ded Type[1]	Network Coins	OOPM Network		Copays									
				Single	Family			Single	Family	PCP Dep <19	PCP	SPEC	UC	ER	Minor Lab	X-Ray	Major MRI/CT	OP Surgery	IP Hospital
NavHE2000257525B	EPO	RX5 ADVB	Navigate	$2,000	$4,000	Ded NonEmb/OOPM Emb	100%	$6,900	$13,800	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE20002575i8025B	EPO	RX5 ADVB	Navigate	$2,000	$4,000	Ded NonEmb/OOPM Emb	80%	$6,900	$13,800	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE250025B	EPO	COINS ADVB 100	Navigate	$2,500	$5,000	NonEmb	100%	$2,500	$5,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE25002575i8025B	EPO	RX5 ADVB	Navigate	$2,500	$5,000	Ded NonEmb/OOPM Emb	80%	$5,000	$10,000	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE350025B	EPO	COINS ADVB 100	Navigate	$3,500	$7,000	Emb	100%	$3,500	$7,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE400025B	EPO	COINS ADVB 100	Navigate	$4,000	$8,000	Emb	100%	$4,000	$8,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE40002575i8025B	EPO	RX5 ADVB	Navigate	$4,000	$8,000	Emb	80%	$7,000	$14,000	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE5000257525B	EPO	RX5 ADVB	Navigate	$5,000	$10,000	Emb	100%	$6,900	$13,800	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE50002575i8025B	EPO	RX5 ADVB	Navigate	$5,000	$10,000	Emb	80%	$7,000	$14,000	N/A	Ded+$25	Ded+$75	Ded+$50	Ded+$300+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE635025B	EPO	COINS ADVB 100	Navigate	$6,350	$12,700	Emb	100%	$6,350	$12,700	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins

NexusACO

Plan Code[15]	Product	Rx	Network	Ded Network		Ded Type[1]	Network Coins	OOPM Network		PCP Copay			SPEC Copay		UC	ER	Minor Lab	X-Ray	Major MRI/CT	OP Surgery Copay		Inpatient Hospital Copay	
				Single	Family			Single	Family	PCP Dep <19	Tier 1	Tier 2	Tier 1	Tier 2						Tier 1	Tier 2	Tier 1	Tier 2
POS[2]																							
NexOAP0i10024B	POS	Nex 3 ADVB	NexusACO OAP	$0	$0	Emb	100%	$3,000	$6,000	$0	$30	$60	$60	$100	$100	$525+100%	100%	100%	$525	$1,500	$2,250	$1,500	$2,500
NexOAP0i8024B	POS	Nex 3 ADVB	NexusACO OAP	$0	$0	Emb	80%	$6,000	$12,000	$0	$40	$80	$80	$125	$100	$525+100%	100%	80%	$525	$1,500	$2,250	$1,500	$2,500
NexOAP500i10024B	POS	Nex 3 ADVB	NexusACO OAP	$500	$1,000	Emb	100%	$4,000	$8,000	$0	$10	$40	$40	$100	$50	$300 Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAP500i8024B	POS	Nex 3 ADVB	NexusACO OAP	$500	$1,000	Emb	80%	$4,000	$8,000	$0	$15	$45	$50	$125	$50	$300 Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	$250 Ded+60%	Ded+80%	$500 Ded+60%
NexOAP1000i10024B	POS	Nex 3 ADVB	NexusACO OAP	$1,000	$2,000	Emb	100%	$4,000	$8,000	$0	$10	$40	$40	$100	$50	$300 Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAP1000i8024B	POS	Nex 3 ADVB	NexusACO OAP	$1,000	$2,000	Emb	80%	$4,000	$8,000	$0	$15	$45	$50	$125	$50	$300 Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	$250 Ded+60%	Ded+80%	$500 Ded+60%
NexOAP2000i10024B	POS	Nex 3 ADVB	NexusACO OAP	$2,000	$4,000	Emb	100%	$5,000	$10,000	$0	$10	$40	$40	$100	$50	$300 Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAP2000i8024B	POS	Nex 3 ADVB	NexusACO OAP	$2,000	$4,000	Emb	80%	$5,000	$10,000	$0	$15	$45	$50	$125	$50	$300 Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	$250 Ded+60%	Ded+80%	$500 Ded+60%
NexOAP3000i10024B	POS	Nex 3 ADVB	NexusACO OAP	$3,000	$6,000	Emb	100%	$6,000	$12,000	$0	$10	$40	$40	$100	$50	$300 Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAP3000i8024B	POS	Nex 3 ADVB	NexusACO OAP	$3,000	$6,000	Emb	80%	$6,000	$12,000	$0	$15	$45	$50	$125	$50	$300 Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	$250 Ded+60%	Ded+80%	$500 Ded+60%
NexOAP5000i10024B	POS	Nex 3 ADVB	NexusACO OAP	$5,000	$10,000	Emb	100%	$7,900	$15,800	$0	$10	$40	$40	$100	$50	$300 Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAP5000i8024B	POS	Nex 3 ADVB	NexusACO OAP	$5,000	$10,000	Emb	80%	$7,900	$15,800	$0	$15	$45	$50	$125	$50	$300 Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	$250 Ded+60%	Ded+80%	$500 Ded+60%
POS HSA[2]																							
NexOAHP2000i10025B	POS	Nex 1 COINS ADVB 100	NexusACO OAP	$2,000	$4,000	NonEmb	100%	$2,700	$5,400	N/A	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAHP2000i100X25B	POS	Nex 1 COINS ADVB 100	NexusACO OAP	$2,000	$4,000	NonEmb	100%	$3,000	$6,000	N/A	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAHP3500i8025B	POS	Nex 1 COINS ADVB 80	NexusACO OAP	$3,500	$7,000	Emb	80%	$6,500	$13,000	N/A	Ded+80%	Ded+60%	Ded+80%	Ded+60%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	$250 Ded+60%	Ded+80%	$500 Ded+60%
NexOAHP4000i80X25B	POS	Nex 1 COINS ADVB 80	NexusACO OAP	$4,000	$8,000	Emb	80%	$6,000	$12,000	N/A	Ded+80%	Ded+60%	Ded+80%	Ded+60%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	$250 Ded+60%	Ded+80%	$500 Ded+60%
NexOAHP5000i10025B	POS	Nex 1 COINS ADVB 100	NexusACO OAP	$5,000	$10,000	Emb	100%	$6,500	$13,000	N/A	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%
NexOAHP6000i10025B	POS	Nex 1 COINS ADVB 100	NexusACO OAP	$6,000	$12,000	Emb	100%	$6,500	$13,000	N/A	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	$250 Ded+80%	Ded+100%	$500 Ded+80%

UnitedHealthcare Level Funded

Benefit Plan Designs

Pharmacy

Rx Plan Code	HSA RX	Prescription Drug List (PDL)	Pharmacy Retail Network	Deductible		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Mail Service Ratio (90 day supply)
				Individual	Family									
RX19 ADVB	No	Advantage	Broad	N/A	N/A	$5	$5	$20	$165	$50	$350	$100	$500	2.5
RX3 ADVB	No	Advantage	Broad	N/A	N/A	$5	$5	$30	$150	$65	$350	$150	$500	2.5
Nex 3 ADVB	No	Advantage	Broad	N/A	N/A	$10	$10	$35	$150	$75	$350	$250	$500	2.5
RX5 ADVB	Yes	Advantage	Broad	Same as Medical	Same as Medical	$10	$10	$35	$150	$70	$350	$150	$500	2.5
RX4 ADVB	No	Advantage	Broad	N/A	N/A	$10	$10	$35	$150	$75	$350	$250	$500	2.5
RX17 ADVB	No	Advantage	Broad	N/A	N/A	$10	$10	$40	$165	$125	$350	$300	$500	2.5
RX27 ADVB	No	Advantage	Broad	N/A	N/A	$15	$15	$50	$150	$150	$350	$250	$500	2.5
Nex 1 COINS ADVB∞	Yes	Advantage	Broad	Same as Medical	Same as Medical	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	2.5
COINS ADVB∞	Yes	Advantage	Broad	Same as Medical	Same as Medical	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	2.5

†When utilizing the RX8, Nex 1 and Nex 2 plan designs, an Rx Deductible applies to Tier 3 or Tier 4

‡When utilizing the RX32 or RX33 plan designs, an Rx Deductible applies to Tier 2, Tier 3 or Tier 4

∞For any COINS plans, the coinsurance amount is represented within the Rx plan name

πThe Essential PDL Rx plan "Coins ES" has a $150 minimum on tier 3 and a $300 minimum on tier 4

All Rx plans for the current coverage may not be represented in above chart. Please consult your plan documents for current Rx information.

UnitedHealthcare Level Funded

Benefit Plan Designs

UnitedHealthcare Level Funded plan options key

LX	Minor Lab/X-ray covered at Deductible then Coinsurance
i	% of Coinsurance. Ex. i80 = 80% coinsurance
Nav	Plan is available on the Navigate network. Ex: NavE2000i80LX21B
Char	Plan is available on the Charter network. Ex: CharE2000i80LX21B
Cn	Plan is available on the CORE network. Ex: CnE2000i80LX21B
Lib	Plan is available on the Liberty network. Ex: LibE2000i80LX21B
Fr	Plan is available on the Freedom network. Ex: FrE2000i80LX21B
Met	Plan is available on the Metro network. Ex: MetE2000i80LX21B
Sel	Plan is available on the Select network. Ex: SelE2000i80LX21B
DP	Plan is available on the Doctors Plan network/product. Ex: DPE2000100i80XES25B
Nex	Plan is available on the Nexus network. Ex: NexOAE500i10024B
SelTier	Select Tiering. Ex: SelTierMSE3000i70LX24B
UHCFr	Plan is available on the UHC Freedom network. Ex: UHCFrE2000i80LX23B
OPT	Plan is available on the Options network. Ex: OPTP2000i80LX24B
TIA	Plans are available for groups in the Tecna Association. Ex: TIAE2000i8024B
NHP	Plan is available on the Neighborhood Health Partnership Network. Ex. NHPE500i10026B
NHPF	Plan is available on the Neighborhood Health Partnership Network and a Flex plan. Ex. NHPF3500i10026B
ES	Plan is paired with the Essential Rx PDL
CP	Plan is paired with the Core Plus Preventive Medication List
Rx10	Rx Copay after Deductible
B	Pharmacy Retail on the Broad Network
V, W, X, Y, Z	Signifies a difference between similar plans. Ex: Out of pocket maximum is different
21, 22, 23, 24, 25, 26	Plan year
	*Some of these values may not apply to this plan grid but applicable in other states

UnitedHealthcare Level Funded

Benefit Plan Designs

[1]"Emb" means once an individual meets his or her portion of the plan coverage, services are paid for that person without the entire family amount being met. "Non-Emb" means no covered family member will satisfy an individual portion until the entire family amount is met. "OOPM Emb" means once an individual meets his or her portion of the OOP, services are paid for that person without the full OOP amount being met.

[2] POS/PPO Open Access Plans: National In- and Out-of-Network Coverage. No PCP or Specialist referral required.

[3]EPO Plans: In-Network only benefits apply with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist, radiologist or assistant surgeons; and (2) Services performed under the Emergency Care benefit.

[4] Traditional POS and/or EPO plans: Non-LX plans with the benefit covered at 100 percent coinsurance also available but cannot be combined with LX POS and/or EPO plans when selecting multiple Traditional plans.

[5]Traditional POS/EPO/PPO/HSA, PROformance, Premier Proformance, Personal Protect Plans: Available with Essential or Advantage PDL; PDLs cannot be combined.

[6]Plans that include "MAX" in the Plan Code offer RX3 ADVB on Advantage PDL or offer RX10 ESB or RX11 ESB on Essential PDL.

[7]Copays on HSA plans will apply post-HSA minimum deductible.

[8]Navigate and Charter Plans: PCP selection required. Referrals required for select services.

[9]PROFormance Plans: Plans with $20 PCP copay offer RX4 on Essential PDL and RX6 on Advantage PDL.

[10]Members may receive lower Copay and/or lower member Coinsurance by seeking care from certain UnitedHealth Premium Tier 1 Providers.

[11]Select Tiering Plans: Tier 2 benefits covered at Ded+50% cost share, Minor Lab benefit covered at Ded+80%

[12]Flex Focus Plans: Applies limited number of PCP/Specialist visits with no cost share, then plan Deductible/Coinsurance applies. Urgent Care has limited number of visits with no cost share, then plan deductible/coinsurance applies. Preventive Care visits do not count against the office visit copayment limit.

[13]Core and Navigate Network County Availability:

- IL: Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry, Will and Winnebago
- IN: Lake, Porter and La Porte.

[14]Charter Plans:

- Employers must be situsted in and employees must reside in one of these six counties to enroll in a Charter Plan: Cook, DuPage, Kane, Kendall, Lake or McHenry
- Advocate Health Care PCP selection required for Charter enrolled members.
- Out-of-network coverage not available unless there is an emergency.
- Advocate Health Care PCP Referral required.

[15]NexusACO Plan County Availability: Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, La Salle, Lake, McHenry, Will and Winnebago.

*Plans are available for only 2-50 group sizes and do not meet the Minimum Value 60% threshold

All plans may not be available in all markets. Plan availability is subject to change and is controlled via the quoting process on uhceservices.com/SAMx. To see all plans available and the available Rx option, reference the excel version of the plan grid or they can be viewed in the quoting tools.

United Healthcare