

UnitedHealthcare Level Funded Benefit Plan Designs

TRADITIONAL & GATEKEEPER PLANS

These plans, except for HSA, are also available in the non LX version with the minor lab/X-ray benefit covered at 100% coinsurance.

Plan Code	Product	Rx	Network	Deductible					Coinsurance		Out-of-Pocket Maximum				Copays									
				Network		Out-of-Network			Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{5,6}	Major MRI/CT	OP Surgery	IP Hospital
				Single	Family	Single	Family	Single				Family	Single	Family	Dep <19	PCP								
POS ^{9,10} These plans are also available on the Choice Plus network. * Plans may not be available on all networks, PDLs or lab/X-ray options.																								
CnP1000i100LX21B	POS	RX4 ADVB	Core	\$1,000	\$2,000	\$2,000	\$4,000	Emb	100%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP1000i8024B*	POS	RX17 ADVB	Core	\$1,000	\$2,000	\$7,750	\$15,500	Emb	80%	50%	\$7,750	\$15,500	\$15,500	\$31,000	\$0	\$50	\$70	\$60	\$300 Ded+Coins	100%	Ded+Coins	Ded+Coins	Ded+Coins	
CnP1500i8024B*	POS	RX17 ADVB	Core	\$1,500	\$3,000	\$6,250	\$12,500	Emb	80%	50%	\$6,250	\$12,500	\$12,500	\$25,000	\$0	\$40	\$60	\$50	\$300 Ded+Coins	100%	Ded+Coins	Ded+Coins	Ded+Coins	
CnP2000i100LX21B	POS	RX4 ADVB	Core	\$2,000	\$4,000	\$4,000	\$8,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP2000i80LX21B	POS	RX4 ADVB	Core	\$2,000	\$4,000	\$4,000	\$8,000	Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP2500i80LX22B	POS	RX4 ADVB	Core	\$2,500	\$5,000	\$5,000	\$10,000	Emb	80%	50%	\$5,500	\$11,000	\$12,000	\$24,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP3500i80LX21B	POS	RX4 ADVB	Core	\$3,500	\$7,000	\$7,000	\$14,000	Emb	80%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP4000i100LX21B	POS	RX4 ADVB	Core	\$4,000	\$8,000	\$8,000	\$16,000	Emb	100%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP5000i100LX21B	POS	RX4 ADVB	Core	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP6000i100LX21B	POS	RX4 ADVB	Core	\$6,000	\$12,000	\$12,000	\$24,000	Emb	100%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP6000i80LX21B	POS	RX4 ADVB	Core	\$6,000	\$12,000	\$12,000	\$24,000	Emb	80%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnP8000i100LX21B	POS	RX4 ADVB	Core	\$8,000	\$16,000	\$16,000	\$32,000	Emb	100%	50%	\$8,000	\$16,000	\$16,000	\$32,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
POS HSA ^{3,9,10} These plans are also available on the Choice Plus network.																								
CnHP2000257525B	HSA POS	RX5 ADVB	Core	\$2,000	\$4,000	\$4,000	\$8,000	Ded NonEmb/OOPM Emb	100%	50%	\$6,900	\$13,800	\$8,000	\$16,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnHP2000257518025B	HSA POS	RX5 ADVB	Core	\$2,000	\$4,000	\$4,500	\$9,000	Ded NonEmb/OOPM Emb	80%	50%	\$6,900	\$13,800	\$13,800	\$27,600	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnHP2500257518025B	HSA POS	RX5 ADVB	Core	\$2,500	\$5,000	\$5,000	\$10,000	Ded NonEmb/OOPM Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnHP250025B	HSA POS	COINS ADVB 100	Core	\$2,500	\$5,000	\$5,000	\$10,000	NonEmb	100%	50%	\$2,500	\$5,000	\$12,000	\$24,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins		
CnHP350025B	HSA POS	COINS ADVB 100	Core	\$3,500	\$7,000	\$7,000	\$14,000	Emb	100%	50%	\$3,500	\$7,000	\$16,000	\$32,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins		
CnHP4000257518025B	HSA POS	RX5 ADVB	Core	\$4,000	\$8,000	\$8,000	\$16,000	Emb	80%	50%	\$7,000	\$14,000	\$14,000	\$28,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnHP400025B	HSA POS	COINS ADVB 100	Core	\$4,000	\$8,000	\$8,000	\$16,000	Emb	100%	50%	\$4,000	\$8,000	\$32,000	\$64,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins		
CnHP5000257525B	HSA POS	RX5 ADVB	Core	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	50%	\$6,900	\$13,800	\$20,000	\$40,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnHP5000257518025B	HSA POS	RX5 ADVB	Core	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$7,000	\$14,000	\$14,000	\$28,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
CnHP635025B	HSA POS	COINS ADVB 100	Core	\$6,350	\$12,700	\$12,700	\$25,400	Emb	100%	50%	\$6,350	\$12,700	\$25,400	\$50,800	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins		
EPO ^{2,4,10,11} These plans are also available on the Charter network.																								
NavE1000i100LX21B	EPO	RX4 ADVB	Navigate	\$1,000	\$2,000	N/A	N/A	Emb	100%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE2000i100LX21B	EPO	RX4 ADVB	Navigate	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE2000i80LX21B	EPO	RX4 ADVB	Navigate	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE2500i80LX22B	EPO	RX4 ADVB	Navigate	\$2,500	\$5,000	N/A	N/A	Emb	80%	N/A	\$5,500	\$11,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE3500i80LX21B	EPO	RX4 ADVB	Navigate	\$3,500	\$7,000	N/A	N/A	Emb	80%	N/A	\$8,150	\$16,300	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE4000i100LX21B	EPO	RX4 ADVB	Navigate	\$4,000	\$8,000	N/A	N/A	Emb	100%	N/A	\$8,150	\$16,300	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE5000i100LX21B	EPO	RX4 ADVB	Navigate	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$8,150	\$16,300	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE6000i100LX21B	EPO	RX4 ADVB	Navigate	\$6,000	\$12,000	N/A	N/A	Emb	100%	N/A	\$8,150	\$16,300	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE6000i80LX21B	EPO	RX4 ADVB	Navigate	\$6,000	\$12,000	N/A	N/A	Emb	80%	N/A	\$8,150	\$16,300	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavE8000i100LX21B	EPO	RX4 ADVB	Navigate	\$8,000	\$16,000	N/A	N/A	Emb	100%	N/A	\$8,000	\$16,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
EPO HSA ^{2,3,4,10,11} These plans are also available on the Charter network.																								
NavEH2000257525B	HSA EPO	RX5 ADVB	Navigate	\$2,000	\$4,000	N/A	N/A	Ded NonEmb/OOPM Emb	100%	N/A	\$6,900	\$13,800	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	
NavEH2000257518025B	HSA EPO	RX5 ADVB	Navigate	\$2,000	\$4,000	N/A	N/A	Ded NonEmb/OOPM Emb	80%	N/A	\$6,900	\$13,800	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	



UnitedHealthcare Level Funded Benefit Plan Designs

TRADITIONAL & GATEKEEPER PLANS

These plans, except for HSA, are also available in the non LX version with the minor lab/X-ray benefit covered at 100% coinsurance.

Plan Code	Product	Rx	Network	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays										
				Network		Out-of-Network		Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{5,6}	Major MRI/CT	OP Surgery	IP Hospital	
				Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP								
NavHE2500257518025B	HSA EPO	RX5 ADVB	Navigate	\$2,500	\$5,000	N/A	N/A	Ded NonEmb/OOPM Emb	80%	N/A	\$5,000	\$10,000	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE250025B	HSA EPO	COINS ADVB 100	Navigate	\$2,500	\$5,000	N/A	N/A	NonEmb	100%	N/A	\$2,500	\$5,000	N/A	N/A	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE350025B	HSA EPO	COINS ADVB 100	Navigate	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$3,500	\$7,000	N/A	N/A	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE4000257518025B	HSA EPO	RX5 ADVB	Navigate	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$7,000	\$14,000	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE400025B	HSA EPO	COINS ADVB 100	Navigate	\$4,000	\$8,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE5000257525B	HSA EPO	RX5 ADVB	Navigate	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,900	\$13,800	N/A	N/A	N/A	\$25	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE5000257518025B	HSA EPO	RX5 ADVB	Navigate	\$5,000	\$10,000	N/A	N/A	Emb	80%	N/A	\$7,000	\$14,000	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
NavHE635025B	HSA EPO	COINS ADVB 100	Navigate	\$6,350	\$12,700	N/A	N/A	Emb	100%	N/A	\$6,350	\$12,700	N/A	N/A	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins

NexusACO

Plan Code ¹²	Product	Rx	Network	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays												
				Network		Out-of-Network		Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC		UC	ER	Minor Lab/X-Ray	Major MRI/CT	IP Tier 1 ⁷	IP Tier 2 ⁸	OP Tier 1 ⁷	OP Tier 2 ⁸
				Single	Family	Single	Family				Single	Family	Single	Family	Tier 1 PCP ⁷	Tier 2 PCP ⁸	Tier 1 Spec ⁷	Tier 2 Spec ⁸								
POS⁹																										
NexOAP1000110024B	POS	Nex 3 ADVB	NexusACO	\$1,000	\$2,000	\$5,000	\$10,000	Emb	100%	70%	\$4,000	\$8,000	\$10,000	\$20,000	\$10	\$40	\$40	\$100	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 Ded+80%
NexOAP100018024B	POS	Nex 3 ADVB	NexusACO	\$1,000	\$2,000	\$5,000	\$10,000	Emb	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$15	\$45	\$50	\$125	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+80%	\$500 Ded+60%	Ded+80%	\$250 Ded+60%
NexOAP2000110024B	POS	Nex 3 ADVB	NexusACO	\$2,000	\$4,000	\$5,000	\$10,000	Emb	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$10	\$40	\$40	\$100	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 Ded+80%
NexOAP200018024B	POS	Nex 3 ADVB	NexusACO	\$2,000	\$4,000	\$5,000	\$10,000	Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$15	\$45	\$50	\$125	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+80%	\$500 Ded+60%	Ded+80%	\$250 Ded+60%
NexOAP3000110024B	POS	Nex 3 ADVB	NexusACO	\$3,000	\$6,000	\$7,500	\$15,000	Emb	100%	70%	\$6,000	\$12,000	\$15,000	\$30,000	\$10	\$40	\$40	\$100	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 Ded+80%
NexOAP300018024B	POS	Nex 3 ADVB	NexusACO	\$3,000	\$6,000	\$7,500	\$15,000	Emb	80%	50%	\$6,000	\$12,000	\$15,000	\$30,000	\$15	\$45	\$50	\$125	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+80%	\$500 Ded+60%	Ded+80%	\$250 Ded+60%
NexOAP5000110024B	POS	Nex 3 ADVB	NexusACO	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	70%	\$7,900	\$15,800	\$20,000	\$40,000	\$10	\$40	\$40	\$100	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 Ded+80%
NexOAP500018024B	POS	Nex 3 ADVB	NexusACO	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$7,900	\$15,800	\$20,000	\$40,000	\$15	\$45	\$50	\$125	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+80%	\$500 Ded+60%	Ded+80%	\$250 Ded+60%
POS HSA⁹																										
NexOAH2000110025B	HSA POS	Nex 1 COINS ADVB 100	NexusACO	\$2,000	\$4,000	\$6,000	\$12,000	NonEmb	100%	70%	\$2,700	\$5,400	\$12,000	\$24,000	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 Ded+80%	
NexOAH20001100X25B	HSA POS	Nex 1 COINS ADVB 100	NexusACO	\$2,000	\$4,000	\$6,000	\$12,000	NonEmb	100%	70%	\$3,000	\$6,000	\$12,000	\$24,000	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 Ded+80%	
NexOAH2350018025B	HSA POS	Nex 1 COINS ADVB 80	NexusACO	\$3,500	\$7,000	\$7,500	\$15,000	Emb	80%	50%	\$6,500	\$13,000	\$15,000	\$30,000	Ded+80%	Ded+60%	Ded+80%	Ded+60%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	\$500 Ded+60%	Ded+80%	\$250 Ded+60%	
NexOAH24000180X25B	HSA POS	Nex 1 COINS ADVB 80	NexusACO	\$4,000	\$8,000	\$7,500	\$15,000	Emb	80%	50%	\$6,000	\$12,000	\$15,000	\$30,000	Ded+80%	Ded+60%	Ded+80%	Ded+60%	Ded+80%	Ded+80%	Ded+80%	Ded+80%	\$500 Ded+60%	Ded+80%	\$250 Ded+60%	
NexOAH25000110025B	HSA POS	Nex 1 COINS ADVB 100	NexusACO	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	70%	\$6,500	\$13,000	\$20,000	\$40,000	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 Ded+80%	
NexOAH26000110025B	HSA POS	Nex 1 COINS ADVB 100	NexusACO	\$6,000	\$12,000	\$10,000	\$20,000	Emb	100%	70%	\$6,500	\$13,000	\$20,000	\$40,000	Ded+100%	Ded+80%	Ded+100%	Ded+80%	Ded+100%	Ded+100%	Ded+100%	Ded+100%	\$500 Ded+80%	Ded+100%	\$250 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									
RX4 ADVB	No	Advantage	Broad	N/A	N/A	\$10	\$10	\$35	\$150	\$75	\$350	\$250	\$500	2.5
RX5 ADVB	Yes	Advantage	Broad	N/A	N/A	\$10	\$10	\$35	\$150	\$70	\$350	\$150	\$500	2.5
RX17 ADVB	No	Advantage	Broad	N/A	N/A	\$10	\$10	\$40	\$165	\$125	\$350	\$300	\$500	2.5
COINS ADVB*	Yes	Advantage	Broad	N/A	N/A	Coins	Coins	Coins	Coins	Coins	Coins	Coins	Coins	2.5
Nex 3 ADVB	No	Advantage	Broad	N/A	N/A	\$10	\$10	\$35	\$150	\$75	\$350	\$250	\$500	2.5
Nex 1 COINS ADVB*	Yes	Advantage	Broad	N/A	N/A	Coins	Coins	Coins	Coins	Coins	Coins	Coins	Coins	2.5

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



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
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
VV	Virtual Visit benefit covered at 100%
V, W, X, Y, Z	Signifies a difference between similar plans. Ex: Out of pocket maximum is different
21	2021 Plan
22	2022 Plan
23	2023 Plan
24	2024 Plan
25	2025 Plan

*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 EPO plans exclude coverage for services provided by Out-of-Network Providers 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.

³ If there are copayments on HSA plans, they will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

⁴ Navigate, Charter and Metro plans require PCP designation upon enrollment and referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or a reduction in benefits.

⁵ When selecting multiple Traditional plans, the LX POS and/or EPO plans cannot be offered in combination with non-LX POS and/or EPO Plans.

⁶ Traditional POS and/or EPO are available in the non-LX version with the benefit covered at 100 percent coinsurance.

⁷ This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit uhceservices.com for details.

⁸ This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium Program and for physicians who are not UnitedHealth Premium Tier 1 Designated.

⁹ POS - Open Access, National In and Out of Network Coverage, No PCP or Specialist referral required.

¹⁰ Plans on the CORE and Navigate Networks are available in specific Illinois and Indiana counties:

* IL Counties: Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry, Will and Winnebago

* IN Counties: Lake, Porter and LaPorte.

¹¹ For the Charter plan category, employers must be situated in and employees must reside in one of the following 6 counties to enroll in a Charter Plan:

* Cook, DuPage, Kane, Kendall, Lake or McHenry

* Charter enrolled members must select an Advocate Health Care network primary care physician (PCP) – either a general or family practitioner, internist or pediatrician.

* Out-of-network coverage is not available on Charter except in the case of emergency care.

* Charter members must obtain a referral from their designated Advocate Health Care network primary care physician (PCP) before they see any other network physician or specialist.

¹²NexusACO plans are available in the following counties: Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, La Salle, Lake, McHenry, Will and Winnebago.

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.