

# UnitedHealthcare Level Funded

## Benefit Plan Designs

CA  
Effective 1/1/2024

### 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 <sup>6</sup>	Deductible				Ded Type <sup>7</sup>	Coinsurance		Out-of-Pocket Maximum				Copays							
			Network		Out-of-Network			Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray <sup>8,10</sup>	Major MRI/CT	IP/OP Surgery <sup>11</sup>
			Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP						
POS <sup>12</sup> These plans are promoted on the Select Plus network.																					
SelP01575LX21B	POS	RX3 ADVB	\$0	\$0	\$1,000	\$2,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$15	\$15	\$75	\$300+Coins	100%	100%	\$750+Coins
SelP015100LX21B	POS	RX3 ADVB	\$0	\$0	\$1,000	\$2,000	Emb	90%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$15	\$15	\$100	\$300+Coins	Coins	Coins	\$750+Coins
SelP250i80LX21B	POS	RX4 ADVB	\$250	\$500	\$3,000	\$6,000	Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP500i80LX21B	POS	RX4 ADVB	\$500	\$1,000	\$1,000	\$2,000	Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP1000i80LX21B	POS	RX4 ADVB	\$1,000	\$2,000	\$2,000	\$4,000	Emb	80%	50%	\$4,500	\$9,000	\$9,000	\$18,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP1500i80LX21B	POS	RX4 ADVB	\$1,500	\$3,000	\$3,000	\$6,000	Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP2000i80LX21B	POS	RX4 ADVB	\$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
SelP2000i70LX21B	POS	RX4 ADVB	\$2,000	\$4,000	\$4,500	\$9,000	Emb	70%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP3000i80LX21B	POS	RX4 ADVB	\$3,000	\$6,000	\$6,000	\$12,000	Emb	80%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP3000i70LX21B	POS	RX4 ADVB	\$3,000	\$6,000	\$6,000	\$12,000	Emb	70%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP5000i80LX21B	POS	RX4 ADVB	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$8,150	\$16,300	\$16,300	\$32,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelP8000i100LX21B	POS	RX4 ADVB	\$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
POS HSA <sup>13</sup> These plans are promoted on the Select Plus network.																					
SelHPV2000Rx10i8021B	HSA POS	RX5 ADVB	\$2,000	\$4,000	\$4,000	\$8,000	Ded NonEmb/OOPM Emb	80%	50%	\$6,550	\$13,100	\$8,000	\$16,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
SelHPV50002575i8021B	HSA POS	RX5 ADVB	\$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

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## Pharmacy

Rx Plan Code <sup>9</sup>	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									
RX3 ESB	No	Essential	Broad	N/A	N/A	\$5	\$5	\$30	\$30	\$65	\$65	\$150	\$500	2.5
RX4 ESB	No	Essential	Broad	N/A	N/A	\$10	\$10	\$35	\$35	\$75	\$75	\$250	\$500	2.5
RX5 ESB	Yes	Essential	Broad	N/A	N/A	\$10	\$10	\$35	\$35	\$70	\$70	\$150	\$500	2.5
COINS ESB*/****	Yes	Essential	Broad	N/A	N/A	Coins	Coins	Coins	Coins	Coins	Coins	Coins	Coins	2.5
CP COINS ESB****	Yes	Essential	Broad	N/A	N/A	Coins	Coins	Coins	Coins	Coins	Coins	Coins	Coins	2.5
RX3 ADVB	No	Advantage	Broad	N/A	N/A	\$5	\$5	\$30	\$150	\$65	\$350	\$150	\$500	2.5
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
RX6 ADVB**	No	Advantage	Broad	N/A	N/A	\$10	\$10	\$40	\$150	30%	\$350	50%	\$500	2.5
RX7 ADVB	No	Advantage	Broad	N/A	N/A	\$10	\$10	\$50	\$150	\$100	\$350	\$125	\$500	2.5
RX8 ADVB***	No	Advantage	Broad	250	500	\$5	\$5	\$50	\$150	\$100	\$350	\$250	\$500	2.5
COINS ADVB****	Yes	Advantage	Broad	N/A	N/A	Coins	Coins	Coins	Coins	Coins	Coins	Coins	Coins	2.5
CP COINS ADVB****	Yes	Advantage	Broad	N/A	N/A	Coins	Coins	Coins	Coins	Coins	Coins	Coins	Coins	2.5

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

\*\* When utilizing the RX6 ADV design for PROformance Plans, a tier 3 coinsurance with a \$75 minimum and a Tier 4 coinsurance with a \$150 minimum will be applied

\*\*\*When utilizing the RX8 ADV plan design an Rx deductible applies to T3 or T4

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



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## UnitedHealthcare Level Funded plan options key

LX	Minor Lab/X-ray covered at Deductible then Coinsurance
i	% of coinsurance
Nav	Plan is available on the Navigate network. Ex: NavE2000i80LX21
Char	Plan is available on the Charter network. Ex: CharE2000i80LX21
Cn	Plan is available on the CORE network. Ex: CnE2000i80LX21
Sel	Plan is available on the Select network. Ex: SelE2000i80LX21
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%
21	2021 Plan
22	2022 Plan
23	2023 Plan
24	2024 Plan
*Some of these values may not apply to this plan grid but applicable in other states	

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<sup>1</sup>“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.

<sup>2</sup>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.

<sup>3</sup>PROformance plans with a \$20 PCP copay are tied to RX4 on the Essential PDL and RX6 on the Advantage PDL.

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit [uhceservices.com](https://uhceservices.com) for details.

<sup>7</sup>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.

<sup>8</sup>When selecting multiple Traditional (Choice, Choice Plus, Core, Core Essential, Liberty, Freedom, Metro, Select, Select Plus, Navigate, Charter) category plans, the LX POS and EPO plans cannot be offered in combination with non-LX POS and EPO Plans.

<sup>9</sup>Traditional POS/EPO/HSA (Choice, Choice Plus, Core, Core Essential, Liberty, Freedom, Metro, Select, Select Plus, Navigate, Charter), Proformance, Premier Proformance, Personal Protect categories of plans are available with the Essential PDL or Advantage PDL. The two PDL's cannot be combined in these plan categories.

<sup>10</sup>Traditional POS and EPO (Choice, Choice Plus, Core, Core Essential, Liberty, Freedom, Metro, Select, Select Plus, Navigate, Charter) are available in the non-LX version with the benefit covered at 100 percent coinsurance.

<sup>11</sup>The \$750 copay benefit applies to inpatient services only.

<sup>12</sup>Plans feature \$0 copay for the first 3 Primary Care Physician (PCP) and/or Specialist office visits for a maximum of 3 combined during the Plan Year. Office visits 4+ will be subject to plan deductible/coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copayment limit.

<sup>13</sup>POS - Open Access, National In and Out of Network Coverage, No PCP or Specialist referral required.

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](https://uhceservices.com/SAMx).

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