

UnitedHealthcare Level Funded

Benefit Plan Designs

CA
Effective 11/1/2021

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 ⁷	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 ^{6,8}	Major MRI/CT	IP/OP Surgery	
			Single	Family	Single	Family				Single ⁵	Family	Single	Family	Dep <19	PCP							
PPO These plans are promoted on the Select Plus network.																						
SelP01575LX21B	PPO	RX3 ADVB	\$0	\$0	\$1,000	\$2,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$15	\$15	\$75	\$300 Ded+Coins	Ded+Coins	Ded+Coins	\$750 Ded+Coins	
SelP015100LX21B	PPO	RX3 ADVB	\$0	\$0	\$1,000	\$2,000	Emb	90%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$15	\$15	\$100	\$300 Ded+Coins	Ded+Coins	Ded+Coins	\$750 Ded+Coins	
SelP250i80LX21B	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	
PPO HSA These plans are promoted on the Select Plus network.																						
SelHP150021B	HSA PPO	COINS ADVB	\$1,500	\$3,000	\$3,000	\$6,000	NonEmb	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+100%	Ded+Coins	Ded+Coins	
SelHP2000Rx10i8021B	HSA PPO	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	
SelHP30002575i8021B	HSA PPO	RX5 ADVB	\$3,000	\$6,000	\$6,000	\$12,000	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	
SelHP50002575i8021B	HSA PPO	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 ⁷	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 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 ESB" has a \$150 minimum on tier 3 and a \$300 minimum on tier 4.

** When utilizing the RX6 ADVB 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 ADVB plan design an rx deductible applies to T3 or T4

UnitedHealthcare Level Funded plan options key

LX	Minor Lab/X-ray covered at Deductible then Coinsurance
i	% of coinsurance
Rx10	Rx Copay after Deductible
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
X	Out of Pocket for one person max \$6,550
ES	Plan is paired with the Essential Rx PDL
CP	Plan is paired with the Core Plus Preventive Medication List
21	2021 Plan
B	Pharmacy Retail on the Broad Network
*Some of these values may not apply to this plan grid but applicable in other states	

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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.

²EPO 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 With the HP2000X21B/HE2000X21B family plans, the Out-of-Pocket for 1 person is capped at \$6,550 and \$8,000 for family.

⁴If 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.

⁵“Navigate” plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or a reduction of benefits.

⁶When selecting multiple Traditional (Choice, Choice Plus, Core, Core Essential, Liberty, Freedom, Metro, Select, Select Plus, Navigate, Charter) category plans, the LX PPO and EPO plans cannot be offered in combination with non-LX PPO and EPO Plans.

⁷Traditional PPO/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.

⁸Traditional PPO 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.

All plans may not be available in all markets. Plan availability is subject to change and is controlled via the quoting process on the United Strategic Platform.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA.

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