

# Health Plan Product Offering

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefits to your business needs, choosing what you value in a health plan.

**UnitedHealthcare**

**Kansas/Kansas City, MO**

51+ Eligible Employees

Effective 1/1/2021

## UnitedHealthcare Core Essential Plans

| KS<br>Plan Code                               | KCMO<br>Plan Code | Coinsurance |                | Deductible |          |                |        | Out-Of-Pocket Maximum |          |                |        | Copay/Per Occurrence |                  |         |             |                  |          |               |                   | Ded Type <sup>5</sup> |
|---|-------------------|-------------|----------------|------------|----------|----------------|--------|-----------------------|----------|----------------|--------|----------------------|------------------|---------|-------------|------------------|----------|---------------|-------------------|-----------------------|
|   |                   | Network     | Out of Network | Network    |          | Out of Network |        | Network               |          | Out of Network |        | Virtual Visits       | PCP <sup>1</sup> | Spec    | Urgent Care | ER <sup>10</sup> | Lab/Xray | MRI, CT, etc. | I/P & O/P Surgery |                       |
|   |                   |             |                | Single     | Family   | Single         | Family | Single                | Family   | Single         | Family |                      |                  |         |             |                  |          |               |                   |                       |
| CF-YT   | CF-Y5             | 80%         | N/A            | \$1,500    | \$3,000  | N/A            | N/A    | \$3,250               | \$6,500  | N/A            | N/A    | 100%                 | \$30             | \$60    | \$50        | Ded+20%          | Ded+20%  | Ded+20%       | Ded+20%           | Emb                   |
| CF-YU   | CF-Y6             | 100%        | N/A            | \$2,500    | \$5,000  | N/A            | N/A    | \$5,000               | \$10,000 | N/A            | N/A    | 100%                 | \$15             | \$30    | \$50        | \$300+20%        | 20%      | Ded+20%       | Ded+20%           | Emb                   |
| CF-YV   | CF-Y7             | 80%         | N/A            | \$4,000    | \$8,000  | N/A            | N/A    | \$6,850               | \$13,700 | N/A            | N/A    | 100%                 | \$20             | \$40    | \$50        | Ded+20%          | Ded+20%  | Ded+20%       | Ded+20%           | Emb                   |
| CF-YW   | CF-Y8             | 80%         | N/A            | \$3,000    | \$6,000  | N/A            | N/A    | \$5,000               | \$10,000 | N/A            | N/A    | 100%                 | \$30             | \$30    | \$50        | \$300+20%        | Ded+20%  | Ded           | Ded               | Emb                   |
| <b>Core Essential Primary Advantage Plans</b> |                   |             |                |            |          |                |        |                       |          |                |        |                      |                  |         |             |                  |          |               |                   |                       |
| CF-YN   | CF-YX             | 80%         | N/A            | \$1,000    | \$2,000  | N/A            | N/A    | \$6,500               | \$13,000 | N/A            | N/A    | 100%                 | \$0              | \$100   | \$50        | \$250+Ded+20%    | Ded+20%  | Ded+20%       | Ded+20%           | Emb                   |
| CF-YO   | CF-YY             | 80%         | N/A            | \$2,000    | \$4,000  | N/A            | N/A    | \$6,500               | \$13,000 | N/A            | N/A    | 100%                 | \$0              | \$100   | \$50        | \$250+Ded+20%    | Ded+20%  | Ded+20%       | Ded+20%           | Emb                   |
| CF-YP   | CF-YZ             | 80%         | N/A            | \$4,000    | \$8,000  | N/A            | N/A    | \$6,500               | \$13,000 | N/A            | N/A    | 100%                 | \$0              | \$100   | \$50        | \$250+Ded+20%    | Ded+20%  | Ded+20%       | Ded+20%           | Emb                   |
| <b>Core Essential HSA Plans <sup>9</sup></b>  |                   |             |                |            |          |                |        |                       |          |                |        |                      |                  |         |             |                  |          |               |                   |                       |
| CF-YQ   | CF-Y2             | 100%        | N/A            | \$3,000    | \$6,000  | N/A            | N/A    | \$4,000               | \$8,000  | N/A            | N/A    | Ded                  | Ded              | Ded     | Ded         | Ded              | Ded      | Ded           | Ded               | Emb                   |
| CF-YR   | CF-Y3             | 80%         | N/A            | \$2,900    | \$5,800  | N/A            | N/A    | \$5,600               | \$11,200 | N/A            | N/A    | Ded                  | Ded+20%          | Ded+20% | Ded+20%     | Ded+20%          | Ded+20%  | Ded+20%       | Ded+20%           | Emb                   |
| CF-YS   | CF-Y4             | 100%        | N/A            | \$5,000    | \$10,000 | N/A            | N/A    | \$5,000               | \$10,000 | N/A            | N/A    | Ded                  | Ded              | Ded     | Ded         | Ded              | Ded      | Ded           | Ded               | Emb                   |



Insurance coverage provided by or through 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

## Pharmacy Plans

### for Core Essential Plans

| Rx Plan Code | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Rx Ded Ind/Fam | Mail Order Ratio | Rx Ded Note                       |
|--------------|--------|--------|--------|--------|----------------|------------------|-----------------------------------|
| 454          | \$0    | \$50   | \$100  | \$250  | \$250/\$500    | 2.5              | Deductible applies to tiers 3 & 4 |
| C43          | \$5    | \$35   | \$85   | N/A    | N/A            | 2.5              |                                   |
| 455          | \$5    | \$50   | \$100  | \$250  | \$250/\$500    | 2.5              | Deductible applies to tiers 3 & 4 |
| 2V           | \$10   | \$35   | \$60   | N/A    | N/A            | 2.5              |                                   |
| 0I           | \$10   | \$35   | \$70   | N/A    | N/A            | 2.5              |                                   |
| VQ           | \$10   | \$40   | \$80   | N/A    | N/A            | 2.5              |                                   |
| 519*         | \$10   | \$40   | \$75   | \$150  | \$100/\$200    | 2.5              | Deductible applies to tiers 3 & 4 |
| 521*         | \$10   | \$40   | \$75   | \$200  | \$200/\$400    | 2.5              | Deductible applies to tiers 3 & 4 |
| C55          | \$10   | \$35   | \$85   | N/A    | N/A            | 2.5              |                                   |
| 804          | \$10   | \$35   | \$60   | \$200  | N/A            | 2.5              |                                   |
| D18          | \$10   | \$35   | \$60   | \$350  | N/A            | 2.5              |                                   |
| D19          | \$10   | \$45   | \$90   | \$250  | N/A            | 2.5              |                                   |
| D20          | \$10   | \$45   | \$90   | \$500  | N/A            | 2.5              |                                   |
| 3B           | \$15   | \$35   | \$60   | N/A    | N/A            | 2.5              |                                   |
| IU           | \$15   | \$40   | \$75   | N/A    | N/A            | 2.5              |                                   |
| GB           | \$15   | \$45   | \$80   | N/A    | N/A            | 2.5              |                                   |
| EJ           | \$15   | \$45   | \$85   | \$200  | N/A            | 2.5              |                                   |
| KT           | \$20   | \$40   | \$75   | N/A    | N/A            | 2.5              |                                   |
| 51           | \$20   | \$50   | \$100  | N/A    | N/A            | 2.5              |                                   |
| 565          | \$20   | \$50   | \$100  | \$200  | N/A            | 2.5              |                                   |
| 327          | 50%    | 50%    | 50%    | N/A    | \$100/\$200    | 2.5              |                                   |
| H9           | \$10   | \$30   | \$50   | N/A    | N/A            | 2.5              |                                   |

## Pharmacy Plans on the Access PDL

### for Core Essential Plans

| Rx Plan Code | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Rx Ded Ind/Fam | Mail Order Ratio |
|--------------|--------|--------|--------|--------|----------------|------------------|
| 688X         | \$10   | \$35   | \$70   | \$200  | N/A            | 2.5              |
| V3X          | \$15   | \$40   | \$75   | \$200  | N/A            | 2.5              |
| 565X         | \$20   | \$50   | \$100  | \$200  | N/A            | 2.5              |



## Primary Advantage Pharmacy Plans

| Rx Plan Code | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Rx Ded Ind/Fam | Mail Order Ratio | Pharmacy Ded Note                 |
|--------------|--------|--------|--------|--------|----------------|------------------|-----------------------------------|
| 454          | \$0    | \$50   | \$100  | \$250  | \$250/\$500    | 2.5              | Deductible applies to tiers 3 & 4 |
| 455          | \$5    | \$50   | \$100  | \$250  | \$250/\$500    | 2.5              | Deductible applies to tiers 3 & 4 |

## HSA Pharmacy Plans

| Rx Plan Code                                | Tier 1   | Tier 2   | Tier 3   | Tier 4 | Mail Order Ratio | Rx Ded Ind/Fam  |
|---|----------|----------|----------|--------|------------------|-----------------|
| MM  | No Copay | No Copay | No Copay | N/A    | 2.5              | Same as medical |
| C43   | \$5      | \$35     | \$85     | N/A    | 2.5              | Same as medical |
| 2V  | \$10     | \$35     | \$60     | N/A    | 2.5              | Same as medical |
| 0I  | \$10     | \$35     | \$70     | N/A    | 2.5              | Same as medical |
| C55   | \$10     | \$35     | \$85     | N/A    | 2.5              | Same as medical |
| 804   | \$10     | \$35     | \$60     | \$200  | 2.5              | Same as medical |
| D18   | \$10     | \$35     | \$60     | \$350  | 2.5              | Same as medical |
| D19   | \$10     | \$45     | \$90     | \$250  | 2.5              | Same as medical |
| D20   | \$10     | \$45     | \$90     | \$500  | 2.5              | Same as medical |
| IU  | \$15     | \$40     | \$75     | N/A    | 2.5              | Same as medical |
| V3  | \$15     | \$40     | \$75     | \$200  | 2.5              | Same as medical |
| Ej  | \$15     | \$45     | \$85     | \$200  | 2.5              | Same as medical |
| 565   | \$20     | \$50     | \$100    | \$200  | 2.5              | Same as medical |
| H9  | \$10     | \$30     | \$50     | N/A    | 2.5              | Same as medical |
| <b>Pharmacy HSA Plans on the Access PDL</b> |          |          |          |        |                  |                 |
|   | \$10     | \$35     | \$70     | \$200  | 2.5              | Same as medical |



## Footnotes

All deductible, copays, coinsurances and Rx copays apply toward the out-of-pocket maximum.

1 Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.

2 This tier of benefits applies to UnitedHealth Premium Designated Tier 1 quality and efficiency designated providers. Please visit myuhc.com for details.

3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians that are not quality and efficiency designated.

4 Plan deductible is waived for Emergency Room visits on plans where copay or copay + coinsurance are listed.

5 "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met.

"Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

6 "FlexPoint" plans feature a copayment for two or four Office visits and Urgent Care visits during the calendar year or policy year, depending on plan type selected. Office and Urgent Care visits above those limits will be subject to deductible/coinsurance.

This is a separate limit for both Physician Office Visits and Urgent Care visits. Plans Virtual Visits and they feature one Preventive Care visit per service per year, which does not count against the office visit copay limit.

Office visits on Flex point plans are counted on either a calendar or policy year basis. Office visits accrued under an existing UHC plan will apply to the Flex point office visit maximum until the next calendar or policy year, at that point the count will reset.

10 Per Occurrence Deductibles are prior to and in addition to any required deductible and coinsurance.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

**Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could affect the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.**

The UnitedHealthcare plan with 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 through Optum Bank, Member FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP. The UnitedHealthcare plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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

