

Colorado Doctors Plan

Plan Code	Metal	Plan Description	Rx Plan	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg.	IP Hosp	Minor Lab & X-ray	MRI, CT, PET	Relativity to CU-M8
				Ind.	Fam.		Ind.	Fam.										
CU-OK	P	250/90%	K16Y	\$250	\$500	10%	\$4,250	\$8,500	\$0	\$0	\$75	\$0	\$500+ded+10%	Ded+10%	Ded+10%	\$10	\$500	-25.5%
CU-OB	G	500/80%	N36Y	\$500	\$1,000	20%	\$7,000	\$14,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	\$500	-33.7%
CU-N8	G	1000/80%	N36Y	\$1,000	\$2,000	20%	\$6,000	\$12,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$30	\$500	-33.5%
CU-OE	G	1500/80%	K16Y	\$1,500	\$3,000	20%	\$5,500	\$11,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	\$500	-34.4%
CU-N3	G	2000/80%	N36Y	\$2,000	\$4,000	20%	\$6,000	\$12,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$35	\$500	-35.6%
CU-N4	G	2500/80%	N39Y	\$2,500	\$5,000	20%	\$5,750	\$11,500	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$25	\$500	-35.5%
CU-N5	G	3000/80%	N36Y	\$3,000	\$6,000	20%	\$6,000	\$12,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$25	\$500	-36.5%
CU-N6	G	3500/80%	N36Y	\$3,500	\$7,000	20%	\$7,000	\$14,000	\$0	\$0	\$75	\$0	Ded+20%	Ded+20%	Ded+20%	\$25	\$250	-37.0%
CU-OC ²	S	3000/65%	N40Y	\$3,000	\$6,000	35%	\$9,100	\$18,200	\$0	\$0	\$125	\$0	\$500+ded+35%	Ded+35%	Ded+35%	Ded+35%	Ded+35%	-41.9%
CU-N7 ²	S	4000/65%	N40Y	\$4,000	\$8,000	35%	\$8,100	\$16,200	\$0	\$0	\$100	\$0	\$500+ded+35%	Ded+35%	Ded+35%	Ded+35%	Ded+35%	-41.9%
CU-OA	S	5500/60%	N36Y	\$5,500	\$11,000	40%	\$8,700	\$17,400	\$0	\$0	\$125	\$0	\$500+ded+40%	Ded+40%	Ded+40%	\$40	\$500	-42.4%
CU-N9	S	6500/80%	N36Y	\$6,500	\$13,000	20%	\$9,100	\$18,200	\$0	\$0	\$125	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$35	\$500	-42.8%
CU-OF	S	8500/60%	K20Y	\$8,500	\$17,000	40%	\$8,700	\$17,400	\$0	\$0	\$150	\$0	\$500+ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-45.7%
CU-OD ¹	B	8400/60%	K17Y	\$8,400	\$16,800	40%	\$9,100	\$18,200	\$0	\$0	\$150	\$0	\$500+ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-49.1%

Colorado Doctors Plans are available to members who live or work in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso and Jefferson counties.

Colorado Doctors Plan and SelectColorado plans cannot be offered within the same employer group's benefit offering.

Colorado Doctors Plans utilize the Essential PDL

Members must designate a primary care physician (PCP). PCPs will not be auto-assigned. Referrals not needed to see a specialist.

¹ Combined Medical and Rx deductible. Rx copays apply after medical deductible is satisfied. Plan is not HSA qualified.

² Medical deductible applies first to Rx tiers 2, 3 and 4. Once medical deductible is satisfied, Rx copays apply.

This information 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 impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible, whether preventive services are covered at 100%, and other benefit details.

SelectColorado

Plan Code	Metal	Description	Rx Plan	Network Deductible				Network Coins	Network Out-of-Pocket Max.				Virtual Visit	PCP		SPEC		Urgent Care	ER	OP Surg		IP Hosp		X-ray, MRI, CT, PET		Minor Lab	Relativity to CU-M8		
				Tier 1		Non-Tier 1			Tier 1 ¹	Tier 1		Non-Tier 1		Tier 1	Non-Tier 1	Tier 1	Non-Tier 1			Tier 1	Non-Tier 1	Tier 1	Non-Tier 1	Tier 1	Non-Tier 1				
				Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.																Fam.	Ind.
CU-PK	G	500/80%	K16Y	\$500	\$1,000	\$2,500	\$5,000	20%	\$4,000	\$8,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-24.3%
CU-PL	G	1000/80%	K16Y	\$1,000	\$2,000	\$2,500	\$5,000	20%	\$5,000	\$10,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-27.3%
CU-PM	G	1500/80%	K16Y	\$1,500	\$3,000	\$3,000	\$6,000	20%	\$5,000	\$10,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-28.7%
CU-PV	S	3000/70%	K20Y	\$3,000	\$6,000	\$5,000	\$10,000	30%	\$7,650	\$15,300	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$125	Ded+50%	\$0	\$500+ded+30%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	-36.6%
CU-PO	S	4000/80%	N36Y	\$4,000	\$8,000	\$5,250	\$10,500	20%	\$7,000	\$14,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-36.1%
CU-PW	S	4500/70%	N37Y	\$4,500	\$9,000	\$6,000	\$12,000	30%	\$7,500	\$15,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+30%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	-37.0%
CU-PP	S	5000/80%	N36Y	\$5,000	\$10,000	\$6,750	\$13,500	20%	\$7,500	\$15,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-37.4%
CU-PQ	S	6000/80%	N36Y	\$6,000	\$12,000	\$7,750	\$15,500	20%	\$8,000	\$16,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-38.6%
CU-PR ²	B	7000/60%	K17Y	\$7,000	\$14,000	\$8,400	\$16,800	40%	\$8,000	\$16,000	\$9,100	\$18,200	\$0	\$0	Ded+50%	\$125	Ded+50%	\$0	\$500+ded+40%	Ded+40%	Ded+50%	Ded+40%	Ded+50%	Ded+40%	Ded+50%	Ded+40%	Ded+50%	Ded+40%	-41.7%

SelectColorado HSA with Premium Rewards

Plan Code	Metal	Description	Rx Plan	Network Deductible				Network Coins	Network Out-of-Pocket Max.				Virtual Visit	PCP		SPEC		Urgent Care	ER	OP Surg		IP Hosp		X-ray, MRI, CT, PET		Minor Lab	Relativity to CU-M8		
				Tier 1		Non-Tier 1			Tier 1 ¹	Tier 1		Non-Tier 1		Tier 1	Non-Tier 1	Tier 1	Non-Tier 1			Tier 1	Non-Tier 1	Tier 1	Non-Tier 1	Tier 1	Non-Tier 1				
				Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.																Fam.	Ind.
CU-PZ ²	S	3500/80%	K17Y	\$3,500	\$7,000	\$5,500	\$11,000	20%	\$6,000	\$12,000	\$7,350	\$14,700	Ded+\$0	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-34.4%
CU-PY ²	S	4500/90%	K17Y	\$4,500	\$9,000	\$6,000	\$12,000	10%	\$6,000	\$12,000	\$7,350	\$14,700	Ded+\$0	Ded+10%	Ded+50%	Ded+10%	Ded+50%	Ded+10%	Ded+10%	Ded+10%	Ded+50%	Ded+10%	Ded+50%	Ded+10%	Ded+50%	Ded+10%	Ded+50%	Ded+10%	-36.5%
CU-PX ²	B	6000/80%	K17Y	\$6,000	\$12,000	\$7,000	\$14,000	20%	\$7,050	\$14,100	\$7,350	\$14,700	Ded+\$0	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-42.0%

SelectColorado is available to members who live or work in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller and Weld counties.

SelectColorado members receive the highest level of benefits by seeing Tier 1 providers. Refer to welcometouhc.com/selectco to search for Tier 1 providers.

Colorado Doctors plans and SelectColorado plans cannot be offered within the same employer group's benefit offering.

Members must designate a primary care physician (PCP); PCPs will not be auto-assigned; referrals not needed to see specialists

SelectColorado plans utilize the Essential PDL

¹For benefits with tiering, non-tier 1 coinsurance is 50%

²Combined Medical and Rx deductible. Rx copays apply after medical deductible is satisfied.

All Select Colorado plan deductibles and OOPMs cross accumulate between Tiers 1 and 2

Navigate HMO

Plan Code	Metal	Plan Description	Rx Plan	PDL	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec (w/ ref)	Urgent Care	ER	OP Surg (w/ ref)	IP Hosp (w/ ref)	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to CU-M8
					Ind.	Fam.		Ind.	Fam.											
CU-OP	P	20/500/80%	K16Y	ESS	\$500	\$1,000	20%	\$4,150	\$8,300	\$0	\$20	\$40	\$20	Ded+20%	Ded+20%	Ded+20%	\$0	\$0	Ded+20%	-18.6%
CU-OX	G	30/1500/75%	N37Y	ESS	\$1,500	\$3,000	25%	\$6,500	\$13,000	\$0	\$30	\$60	\$30	Ded+25%	Ded+25%	Ded+25%	Ded+25%	Ded+25%	Ded+25%	-29.3%
CU-OQ	G	25/2500/80%	N37Y	ESS	\$2,500	\$5,000	20%	\$8,050	\$16,100	\$0	\$25	\$50	\$50	Ded+20%	Ded+20%	Ded+20%	\$20	\$20	Ded+20%	-29.6%
CU-OT	G	20/2500/80%	K14Y	ADV	\$2,500	\$5,000	20%	\$8,500	\$17,000	\$0	\$20	\$50	\$50	Ded+20%	Ded+20%	Ded+20%	\$10	\$10	Ded+20%	-27.0%
CU-OY	S	45/4200/65%	K20Y	ESS	\$4,200	\$8,400	35%	\$8,950	\$17,900	\$0	\$45	\$90	\$75	Ded+35%	Ded+35%	Ded+35%	Ded+35%	Ded+35%	Ded+35%	-39.5%
CU-OR	S	40/6500/70%	N35Y	ADV	\$6,500	\$13,000	30%	\$7,900	\$15,800	\$0	\$40	\$80	\$40	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-37.9%
CU-OO	S	40/6500/70%	N36Y	ESS	\$6,500	\$13,000	30%	\$8,350	\$16,700	\$0	\$40	\$80	\$50	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-39.4%
CU-OW	B	70/8550/50%	K20Y	ESS	\$8,550	\$17,100	50%	\$8,950	\$17,900	\$0	\$70	\$140	\$70	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	-42.8%

Navigate HSA with Premium Rewards

Plan Code	Metal	Plan Description	Rx Plan	PDL	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec (w/ ref)	Urgent Care	ER	OP Surg (w/ ref)	IP Hosp (w/ ref)	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to CU-M8
					Ind.	Fam.		Ind.	Fam.											
CU-OV	S	3500/80%	K17Y	ESS	\$3,500	\$7,000	20%	\$6,150	\$12,300	Ded+\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-34.5%
CU-OU	B	6100/80%	K17Y	ESS	\$6,100	\$12,200	20%	\$7,350	\$14,700	Ded+\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-43.3%

Navigate is available to members who live or work in Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Crowley, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Garfield, Grand, Gunnison, Hinsdale, Jackson, Jefferson, La Plata, Lake, Larimer, Lincoln, Mesa, Moffat, Montezuma, Montrose, Otero, Ouray, Park, Pitkin, Pueblo, Rio Blanco, Routt, San Juan, San Miguel, Summit, Teller and Weld counties.

Navigate HSA plans have combined medical/pharmacy and embedded deductibles.

Members must designate a primary care physician (PCP). Referrals are required for certain services.

Navigate plans require a determination of medical necessity as a requirement of benefit coverage. Certain health care services referenced in the Certificate of Coverage for this plan require prior authorization.

In 2023, maximum HSA contribution is \$3,850 single/\$7,750 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare 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 with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare 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 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 impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible, whether preventive services are covered at 100%, and other benefit details.

Navigate Direct

Plan Code	Metal	Plan Description	Rx Plan	PDL	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec (w/ ref)	Urgent Care	ER	OP Surg (w/ ref) ¹	IP Hosp (w/ ref) ¹	Minor Lab ¹	Minor X-ray ¹	MRI, CT, PET ¹	Relativity to CU-M8	
					Ind.	Fam.		Ind.	Fam.												
CU-08	G	25/1250/90%	K14Y	ADV	\$1,250	\$2,500	10%	\$6,250	\$12,500	\$0	\$25	\$50	\$50	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-25.8%
CU-06	G	25/1250/90%	N37Y	ESS	\$1,250	\$2,500	10%	\$6,600	\$13,200	\$0	\$25	\$50	\$50	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-28.2%
CU-07	S	40/3250/80%	K14Y	ADV	\$3,250	\$6,500	20%	\$9,100	\$18,200	\$0	\$40	\$80	\$50	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-36.0%
CU-05	S	40/3500/80%	N37Y	ESS	\$3,500	\$7,000	20%	\$8,950	\$17,900	\$0	\$40	\$80	\$50	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-38.1%
CU-09	S	35/4250/80%	N37Y	ESS	\$4,250	\$8,500	20%	\$9,050	\$18,100	\$0	\$35	\$70	\$75	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-38.6%

Navigate is available to members who live or work in Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Crowley, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Garfield, Grand, Gunnison, Hinsdale, Jackson, Jefferson, La Plata, Lake, Larimer, Lincoln, Mesa, Moffat, Montezuma, Montrose, Otero, Ouray, Park, Pitkin, Pueblo, Rio Blanco, Routt, San Juan, San Miguel, Summit, Teller and Weld counties.

Members must designate a primary care physician (PCP). Referrals are required for certain services.

¹Direct plans encourage use of freestanding facilities vs hospital based. An additional per occurrence deductible applies to some services. See grid below.

Service Performed	Description	Place of Service	
		Hospital Based/Owned	Freestanding Facility*
Surgery Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	Plan Deductible/Co-insurance only No Per-Occurrence Deductible
Surgery Inpatient	Surgery and related services received on an inpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Major Diagnostics	CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Minor Lab and X-Ray	Lab, X-Ray, and diagnostic services.	\$250 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Scopic Procedures	Diagnostic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy, and endoscopy.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	

Per-Occurrence Deductible (POD) must be met prior to and in addition to the annual deductible and co-insurance.

The POD will not accrue towards the plan deductible but will accrue towards the Out-of-Pocket Maximum.

*Freestanding facilities are any of the following: Outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory.

Choice Plus

Plan Code	Metal	Plan Description	Rx Plan	PDL	Deductible				Coinsurance		Out-of-Pocket Max				Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to CU-M8
					Network		Non-Network		In	Out	Network		Non-Network												
					Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.											
CU-M8	P	10/250/90%	K13Y ADV		\$250	\$500	\$7,500	\$15,000	10%	50%	\$3,650	\$7,300	\$15,000	\$30,000	\$0	\$10	\$20	\$20	Ded+10%	Ded+10%	Ded+10%	\$0	\$0	Ded+10%	0.0%
CU-M7	P	10/500/90%	K13Y ADV		\$500	\$1,000	\$7,500	\$15,000	10%	50%	\$4,000	\$8,000	\$15,000	\$30,000	\$0	\$10	\$20	\$20	Ded+10%	Ded+10%	Ded+10%	\$0	\$0	Ded+10%	-1.9%
CU-M6	P	20/500/80%	K13Y ADV		\$500	\$1,000	\$7,500	\$15,000	20%	50%	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$20	\$40	\$20	Ded+20%	Ded+20%	Ded+20%	\$0	\$0	Ded+20%	-6.6%
CU-NJ	G	35/1000/80%	N37Y ESS		\$1,000	\$2,000	\$7,500	\$15,000	20%	50%	\$6,950	\$13,900	\$15,000	\$30,000	\$0	\$35	\$70	\$50	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-18.4%
CU-NC	G	25/1750/80%	K13Y ADV		\$1,750	\$3,500	\$7,500	\$15,000	20%	50%	\$8,150	\$16,300	\$15,000	\$30,000	\$0	\$25	\$50	\$25	Ded+20%	Ded+20%	Ded+20%	\$25	\$25	Ded+20%	-16.2%
CU-M5	G	25/2500/80%	K22Y ADV		\$2,500	\$5,000	\$7,500	\$15,000	20%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$0	\$25	\$50	\$25	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-18.9%
CU-NZ	G	25/2500/80%	N39Y ESS		\$2,500	\$5,000	\$7,500	\$15,000	20%	50%	\$5,250	\$10,500	\$15,000	\$30,000	\$0	\$25	\$50	\$50	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-20.6%
CU-NF	S	45/3000/60%	N35Y ADV		\$3,000	\$6,000	\$7,500	\$15,000	40%	50%	\$9,100	\$18,200	\$15,000	\$30,000	\$0	\$45	\$90	\$75	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-29.8%
CU-M9	S	45/3500/60%	N35Y ADV		\$3,500	\$7,000	\$7,500	\$15,000	40%	50%	\$8,200	\$16,400	\$15,000	\$30,000	\$0	\$45	\$90	\$75	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-29.4%
CU-N2	S	45/3500/60%	N36Y ESS		\$3,500	\$7,000	\$7,500	\$15,000	40%	50%	\$8,650	\$17,300	\$15,000	\$30,000	\$0	\$45	\$90	\$75	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-30.8%
CU-NA	S	40/4000/70%	N35Y ADV		\$4,000	\$8,000	\$7,500	\$15,000	30%	50%	\$8,850	\$17,700	\$15,000	\$30,000	\$0	\$40	\$80	\$75	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$500	-29.2%
CU-NE	S	5000/80%	N35Y ADV		\$5,000	\$10,000	\$7,500	\$15,000	20%	50%	\$7,900	\$15,800	\$15,000	\$30,000	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-32.5%
CU-NK	B	75/8500/50%	K20Y ESS		\$8,500	\$17,000	\$10,000	\$20,000	50%	50%	\$8,700	\$17,400	\$15,000	\$30,000	\$0	\$75	\$150	\$75	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	-35.4%

Choice Plus Premier (Tiered)

Plan Code	Metal	Plan Description	Rx Plan	PDL	Deductible				Coinsurance		Out-of-Pocket Max				Virtual Visit	Tier1 PCP ¹	Non-Tier1 PCP ²	Tier1 Spec ¹	Non-Tier1 Spec ²	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to CU-M8
					Network		Non-Network		In	Out	Network		Non-Network														
					Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.													
CU-PC	G	20/1250/80%	K14Y ADV		\$1,250	\$2,500	\$7,500	\$15,000	20%	50%	\$7,500	\$15,000	\$15,000	\$30,000	\$0	\$20	\$50	\$40	\$100	\$20	Ded+20%	Ded+20%	Ded+20%	\$10	\$30	Ded+20%	-16.7%
CU-PD	G	2000/80% Copay Complete	N36Y ESS		\$2,000	\$4,000	\$7,500	\$15,000	20%	50%	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$0	\$50	\$50	\$100	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-20.2%
CU-PB	S	30/4200/80%	K14Y ADV		\$4,200	\$8,400	\$7,500	\$15,000	20%	50%	\$9,100	\$18,200	\$15,000	\$30,000	\$0	\$30	\$60	\$75	\$125	\$75	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-29.2%
CU-PA	S	30/4600/80%	K20Y ESS		\$4,600	\$9,200	\$7,500	\$15,000	20%	50%	\$8,750	\$17,500	\$15,000	\$30,000	\$0	\$30	\$60	\$75	\$125	\$75	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-31.7%

Copay Complete provides all-inclusive coverage under the applicable copay at Premium Designated (Tier1) providers. Services performed in the office visit like outpatient surgeries, allergy testing, minor lab, and x-rays are covered under the copay.

¹Lower PCP/Specialist office visit co-pay applies when using a Tier 1 UnitedHealth Premium Designated(R) Physician.

²Standard PCP/Specialist office visit co-pay applies for Non-Tier1 Physicians.

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Choice/Choice Plus HSA with Premium Rewards

Plan Code	Metal	Plan Description	Rx Plan	PDL	Deductible				Coinsurance		Out-of-Pocket Max.				Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to CU-M8
					In-Network		Non-Network		In	Out	In-Network		Non-Network												
					Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.											
Choice Plus HSA – Non-Embedded Deductible/Embedded Out of Pocket Max																									
CU-NP	G	2500/90%	N38Y	ESS	\$2,500	\$5,000	\$7,500	\$15,000	10%	50%	\$3,500	\$7,000	\$15,000	\$30,000	Ded+0%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-15.8%	
Choice Plus HSA – Embedded Plans																									
CU-ND	S	3250/80%	N41Y	ADV	\$3,250	\$6,500	\$7,500	\$15,000	20%	50%	\$6,950	\$13,900	\$15,000	\$30,000	Ded+0%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-24.7%	
CU-NH	S	3500/80%	N41Y	ADV	\$3,500	\$7,000	\$7,500	\$15,000	20%	50%	\$7,250	\$14,500	\$15,000	\$30,000	Ded+0%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-26.1%	
CU-NB	S	4550/100%	N41Y	ADV	\$4,550	\$9,100	\$7,500	\$15,000	0%	50%	\$6,000	\$12,000	\$15,000	\$30,000	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	-25.0%	
CU-NI	B	5750/60%	N41Y	ADV	\$5,750	\$11,500	\$10,000	\$20,000	40%	50%	\$7,350	\$14,700	\$13,300	\$26,600	Ded+0%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-34.4%	
CU-NG	B	6300/90%	K17Y	ESS	\$6,300	\$12,600	\$7,500	\$15,000	10%	50%	\$7,350	\$14,700	\$15,000	\$30,000	Ded+0%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-35.8%	
Choice HSA – Embedded Plan																									
CU-NO	S	4500/90%	K17Y	ESS	\$4,500	\$9,000	N/A	N/A	10%	N/A	\$6,000	\$12,000	N/A	N/A	Ded+0%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-29.3%	
CU-NQ	B	7050/100%	K17Y	ESS	\$7,050	\$14,100	N/A	N/A	0%	N/A	\$7,350	\$14,700	N/A	N/A	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	-37.1%	

Choice

Plan Code	Metal	Plan Description	Rx Plan	PDL	Network Deductible		Coinsurance	Network Out-of-Pocket Max		Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab ¹	Minor X-ray	MRI, CT, PET	Relativity to CU-M8	
					Ind.	Fam.		Ind.	Fam.												
CU-NL	G	30/1500/80%	N37Y	ESS	\$1,500	\$3,000	20%	\$6,500	\$13,000	\$0	\$30	\$60	\$30	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-20.2%
CU-NR	S	45/4000/60%	K20Y	ESS	\$4,000	\$8,000	40%	\$8,750	\$17,500	\$0	\$45	\$90	\$75	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-32.5%
CU-NM	S	50/7000/70%	K20Y	ESS	\$7,000	\$14,000	30%	\$8,700	\$17,400	\$0	\$50	\$100	\$50	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-34.2%

Choice/Choice Plus HSA plans have combined medical/pharmacy deductibles

In 2023, maximum HSA contribution is \$3,850 single/\$7,750 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare 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 with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

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Choice Direct

Plan Code	Metal	Plan Description	Rx Plan	PDL	Network Deductible		Coinsurance	Network Out-of-Pocket Max		Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg ¹	IP Hosp ¹	Minor Lab ¹	Minor X-ray ¹	MRI, CT, PET ¹	Relativity to CU-M8		
					Ind.	Fam.		Network	Ind.												Fam.	
CU-PH	G	30/750/90%	K14Y	ADV	\$750	\$1,500	10%	\$7,350	\$14,700	\$0	\$30	\$60	\$30	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-16.7%	
CU-PJ	G	30/1000/90%	N37Y	ESS	\$1,000	\$2,000	10%	\$7,350	\$14,700	\$0	\$30	\$60	\$50	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-20.1%	
CU-PF	S	40/2250/70%	N35Y	ADV	\$2,250	\$4,500	30%	\$8,550	\$17,100	\$0	\$40	\$80	\$40	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-28.9%	
CU-PI	S	40/2500/70%	N36Y	ESS	\$2,500	\$5,000	30%	\$8,700	\$17,400	\$0	\$40	\$80	\$50	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-30.4%	
CU-PG ²	S	30/3250/80%	N37Y	ESS	\$3,250	\$6,500	20%	\$8,500	\$17,000	\$0	\$30	\$60	\$30	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-31.2%

¹ Direct plans encourage use of freestanding facilities vs hospital based. An additional per occurrence deductible applies to some services. See grid below.

² Limited copays on Sickness and Injury PCP/Specialist office visits. Once the 3 visits at a copay benefit is exhausted, coverage falls to the plan's deductible and coinsurance.

Service Performed	Description	Place of Service	
		Hospital Based/Owned	Freestanding Facility*
Surgery Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	Plan Deductible/Co-insurance only No Per-Occurrence Deductible
Surgery Inpatient	Surgery and related services received on an inpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Major Diagnostics	CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Minor Lab and X-Ray	Lab, X-Ray, and diagnostic services.	\$250 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Scopic Procedures	Diagnostic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy, and endoscopy.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	

Per-Occurrence Deductible (POD) must be met prior to and in addition to the annual deductible and co-insurance.

The POD will not accrue towards the plan deductible but will accrue towards the Out-of-Pocket Maximum.

*Freestanding facilities are any of the following: Outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory.

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Essential PDL Pharmacy Plans

Plan Code	Deductible		Rx deductible applies to tiers	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 SMCS ²	Mail Service (90-day supply)	PDL
	Ind.	Fam.								
K16Y	N/A	N/A	N/A	\$10	\$50	\$115	\$250	\$250	2.5x retail	Essential
K20Y	N/A	N/A	N/A	\$20	\$65	\$150	\$500	\$500	2.5x retail	Essential
N37Y	N/A	N/A	N/A	\$15	\$55	\$135	\$350	\$500	2.5x retail	Essential
N36Y	\$350	\$700	3&4	\$15	\$60	\$125	\$350	\$500	2.5x retail	Essential
N39Y	\$250	\$500	3&4	\$15	\$55	\$120	\$350	\$350	2.5x retail	Essential
N40Y	Same as Medical	Same as Medical	2&3&4	\$20	\$65	\$130	\$400	\$500	2.5x retail	Essential
N38Y	Same as Medical	Same as Medical	All	\$15	\$50	\$115	\$250	\$250	2.5x retail	Essential
K17Y	Same as Medical	Same as Medical	All	\$15	\$50	\$135	\$350	\$500	2.5x retail	Essential

Advantage PDL Pharmacy Plans

Plan Code	Deductible		Rx deductible applies to tiers	Tier 1	Tier 2	Tier 2 SMCS ²	Tier 3	Tier 3 SMCS ²	Tier 4	Tier 4 SMCS ²	Mail Service (90-day supply)	PDL
	Ind.	Fam.										
K13Y	N/A	N/A	N/A	\$10	\$40	\$150	\$85	\$250	\$250	\$250	2.5x retail	Advantage
K14Y	N/A	N/A	N/A	\$10	\$55	\$150	\$100	\$350	\$350	\$500	2.5x retail	Advantage
K22Y	\$250	\$500	2,3&4	\$15	\$55	\$150	\$105	\$350	\$350	\$400	2.5x retail	Advantage
N35Y	\$350	\$700	2,3&4	\$20	\$60	\$150	\$110	\$350	\$350	\$500	2.5x retail	Advantage
N41Y	Same as Medical	Same as Medical	All	\$15	\$55	\$150	\$100	\$350	\$350	\$500	2.5x retail	Advantage
K15Y	Same as Medical	Same as Medical	All	\$10	\$45	\$150	\$100	\$350	\$350	\$400	2.5x retail	Advantage

All pharmacy plans utilize the Standard Select Pharmacy Network which includes Walgreens, CostCo, RiteAid, King Soopers, Sam's, Safeway, Walmart, and independents. Subject to change without notice. CVS is excluded from the pharmacy network.

¹Specialty Medication Cost Sharing (SMCS) applies to specialty pharmaceuticals placed on a specific tier. The copay for a specialty vs non specialty drug on a tier may differ.

Unless the deductible is noted as "Medical", Rx deductibles are separate from the medical deductible, but accrue towards the medical out-of-pocket maximum.

An ancillary charge will apply if a higher tier medication is dispensed when a chemically equivalent alternative is available in a lower tier.

Product availability by county

PRODUCTS	COUNTY AVAILABILITY
Choice & Choice Plus	All counties
Navigate	Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Crowley, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Garfield, Grand, Gunnison, Hinsdale, Jackson, Jefferson, La Plata, Lake, Larimer, Lincoln, Mesa, Moffat, Montezuma, Montrose, Otero, Ouray, Park, Pitkin, Pueblo, Rio Blanco, Routt, San Juan, San Miguel, Summit, Teller, Weld
SelectColorado	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld
Colorado Doctors Plan	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson

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