

Choice Plus

Plan code	Metal	Description	Rx Plan	Deductible				Coinsurance		Out-of-Pocket Maximum				Virtual Visit	PCP	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, PET	OP Surg	IP Hosp	Rel to COG2
				Ind	Fam	OON Ind	OON Fam	In	Out	Ind	Fam	OON Ind	OON Fam										
CO-G2	P	10/250/90%	N72Y	\$250	\$500	\$5,000	\$10,000	90%	50%	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$10	\$20	\$50	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	0.0%
CV-UA	P	10/500/80%	N72Y	\$500	\$1,000	\$5,000	\$10,000	80%	50%	\$3,800	\$7,600	\$10,000	\$20,000	\$0	\$10	\$30	\$75	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-6.0%
CO-HL	G	20/500/50%	L22Y	\$500	\$1,000	\$5,000	\$10,000	50%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$20	\$40	\$50	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	-17.5%
CO-HR	G	30/1000/75%	L25Y	\$1,000	\$2,000	\$5,000	\$10,000	75%	50%	\$8,700	\$17,400	\$10,000	\$20,000	\$0	\$30	\$60	\$50	Ded+25%	Ded+25%	Ded+25%	Ded+25%	Ded+25%	-17.5%
CD-5S	G	1250/80%	L22Y	\$1,250	\$2,500	\$5,000	\$10,000	80%	50%	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-14.5%
CO-G4	G	30/1500/80%	L25Y	\$1,500	\$3,000	\$5,000	\$10,000	80%	50%	\$8,150	\$16,300	\$10,000	\$20,000	\$0	\$30	\$60	\$50	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-17.7%
CO-G3	G	25/2000/80%	L25Y	\$2,000	\$4,000	\$5,000	\$10,000	80%	50%	\$7,500	\$15,000	\$10,000	\$20,000	\$0	\$25	\$50	\$50	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-18.6%
CV-UG	G	2500/80%	L22Y	\$2,500	\$5,000	\$7,500	\$15,000	80%	50%	\$7,900	\$15,800	\$15,000	\$30,000	\$0	\$0	\$75	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-19.5%
CO-HA	G	30/3000/80%	L25Y	\$3,000	\$6,000	\$5,000	\$10,000	80%	50%	\$7,000	\$14,000	\$10,000	\$20,000	\$0	\$30	\$60	\$75	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-21.6%
CO-HO	S	2500/70%	L22Y	\$2,500	\$5,000	\$5,000	\$10,000	70%	50%	\$8,550	\$17,100	\$10,000	\$20,000	\$0	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-26.1%
CV-UH	S	40/2500/50%	L22Y	\$2,500	\$5,000	\$5,000	\$10,000	50%	50%	\$8,750	\$17,500	\$10,000	\$20,000	\$0	\$40	\$80	\$75	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	-26.1%
CV-UI	S	40/3250/60%	L22Y	\$3,250	\$6,500	\$5,000	\$10,000	60%	50%	\$9,100	\$18,200	\$10,000	\$20,000	\$0	\$40	\$80	\$75	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-26.5%
CO-HK	S	50/3500/70%	L22Y	\$3,500	\$7,000	\$10,000	\$20,000	70%	50%	\$8,700	\$17,400	\$20,000	\$40,000	\$0	\$50	\$100	\$75	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-26.5%
CO-G6	S	35/5500/80%	L22Y	\$5,500	\$11,000	\$7,500	\$15,000	80%	50%	\$8,700	\$17,400	\$15,000	\$30,000	\$0	\$35	\$70	\$75	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-26.9%
CO-HP	S	60/5500/70%	L22Y	\$5,500	\$11,000	\$10,000	\$20,000	70%	50%	\$8,700	\$17,400	\$20,000	\$40,000	\$0	\$60	\$120	\$100	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-28.8%
CO-HH	S	6500/80%	L22Y	\$6,500	\$13,000	\$10,000	\$20,000	80%	50%	\$8,700	\$17,400	\$20,000	\$40,000	\$0	\$0	\$125	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-26.6%
CO-HJ	S	50/6500/70%	N81Y	\$6,500	\$13,000	\$10,000	\$20,000	70%	50%	\$8,700	\$17,400	\$20,000	\$40,000	\$0	\$50	\$100	\$75	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-30.1%
CO-HG	B	5500/50%	N81Y	\$5,500	\$11,000	\$10,000	\$20,000	50%	50%	\$8,550	\$17,100	\$20,000	\$40,000	\$0	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	-32.8%
CV-UF	B	60/8500/60%	N81Y	\$8,500	\$17,000	\$10,000	\$20,000	60%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$0	\$60	\$120	\$100	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-31.1%
CV-UJ	B	8550/100%	N81Y	\$8,550	\$17,100	\$10,000	\$20,000	100%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$0	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	-33.4%

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 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.

Choice Plus HSA with Premium UHC Rewards

Plan code	Metal	Description	Rx Plan	Deductible				Coinsurance		Out-of-Pocket Maximum				Virtual Visit	PCP	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, PET	OP Surg	IP Hosp	Rel to COG2
				Ind	Fam	OON Ind	OON FAM	In	Out	Ind	Fam	OON Ind	OON Fam										
Choice Plus HSA – Non-Embedded Plans																							
CV-T9	G	2000/80%	N73Y	\$2,000	\$4,000	\$5,000	\$10,000	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	Ded+0%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-12.9%
Choice Plus HSA – Embedded Plans																							
CV-UC	S	3000/80%	N73Y	\$3,000	\$6,000	\$5,000	\$10,000	80%	50%	\$7,350	\$14,700	\$10,000	\$20,000	Ded+0%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-19.7%
CV-UB	S	4000/70%	N73Y	\$4,000	\$8,000	\$5,000	\$10,000	70%	50%	\$5,250	\$10,500	\$10,000	\$20,000	Ded+0%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-20.7%
CV-UD	B	6150/80%	N73Y	\$6,150	\$12,300	\$8,000	\$16,000	80%	50%	\$7,000	\$14,000	\$16,000	\$32,000	Ded+0%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-31.4%
CV-UE	B	6650/90%	N73Y	\$6,650	\$13,300	\$10,000	\$20,000	90%	50%	\$7,350	\$14,700	\$20,000	\$40,000	Ded+0%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-32.2%

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 OptumHealth Bank and not to the associated HDHP.

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Essential PDL

Plan Code	Deductible	Deductible	Rx Ded Applies to Tiers	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 SMCS**
	Indiv.	Fam.						
N72Y	N/A	N/A	N/A	\$10	\$40	\$115	\$350	\$500
L25Y	N/A	N/A	N/A	\$15	\$60	\$125	\$350	\$500
L22Y	\$500	\$1,000	3&4	\$15	\$50	\$115	\$350	\$500
N81Y	\$500	\$1,000	3&4	\$20	\$75	\$150	\$400	\$500
N73Y*	Same as Medical	Same as Medical	All	\$20	\$55	\$125	\$400	\$500

All pharmacy plans utilize the Standard Select-Walgreens network

* Paired with HSA qualified plans. Medical deductible applies before copays.

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

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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 of Colorado, Inc.

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