## Medical and Pharmacy Plans

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

### CA Small Business 1-100 Insurance Plans

Plan	Code	Plan	Metallic		Dedu	ictible		Out-of-Pocl	ket Maxin	num	Coinsu	urance					C	opay/Coinsuran	ce			Med Ded	Med/Rx	Bx
Select Plus	Core	Description	Level	In-net			Network	In-network		Network	IN	оит	Virtual Visit	PCP OV	Spec OV	UC	ER	OP Surg	IP Hosp	Lab/ X-ray	MRI, CT, PET	Туре	Ded Type	
PPO/EPO				Ind.	Fam.	Ind.	Fam.	Ind. Fam.	Ind.	Fam.			VISIL	00						A-ray	FEI			
DH-98	DH-9V	15/90%	Platinum (w/ Core Rewards)	N/A	N/A	\$1,000	\$2,000	\$3,800 \$7,600	\$7,600	\$15,200	90%	50%	100%	\$15	\$30	\$50	90% \$150	FS: 90% HOSP: 80%	90%	FS: 90% HOSP: 80%	FS: 90% HOSP: 80%	Emb	Sep	P56S
DI-AE	DH-93	15/250/90%	Platinum (w/ Core Rewards)	\$250	\$500	\$1,000	\$2,000	\$3,800 \$7,600	\$7,600	\$15,200	90%	50%	100%	\$15	\$30	\$50	90% \$150 <sup>1</sup>	FS: 90% <sup>1</sup> HOSP: 80% <sup>1</sup>	Emb	Sep	P56S			
DI-AC	DH-9Z	5/250/80%	Platinum (w/ Core Rewards and Care Cash)	\$250	\$500	\$1,000	\$2,000	\$4,350 \$8,700	\$8,700	\$17,400	80%	50%	100%	\$5	\$50	\$50	80% \$150 <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	80% 1	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	Emb	Sep	P57S
DH-99	DH-9W	15/250/80%	Platinum (w/ Core Rewards)	\$250	\$500	\$1,000	\$2,000	\$3,800 \$7,600	\$7,600	\$15,200	80%	50%	100%	\$15	\$30	\$50	80% \$150 <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 70% <sup>1</sup>	80% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 70% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 70% <sup>1</sup>	Emb	Sep	P56S
DI-AD	DH-92	25/70%	Gold (w/ Core Rewards)	N/A	N/A	\$1,000	\$2,000	\$8,950 \$17,900	\$17,900	\$35,800	70%	50%	100%	\$25	\$50	\$50	70% \$250	FS: 70% HOSP: 50%	70%	FS: 70% HOSP: 50%	FS: 70% HOSP: 50%	Emb	Sep	P58S
DI-AF	DH-94	30/500/80%	Gold (w/ Core Rewards)	\$500 \$	\$1,000	\$1,000	\$2,000	\$8,950 \$17,900	\$17,900	\$35,800	80%	50%	100%	\$30	\$60	\$50	80% \$250 <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	80% \$250 <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	Emb	Sep	P59S
DH-9T	DH-9S	30/1000/80%	Gold (w/ Core Rewards and Care Cash)	\$1,000 \$	\$2,000	\$2,000	\$4,000	\$9,150 \$18,300	\$18,300	\$36,600	80%	50%	100%	\$30	\$60	\$50	80% \$250 <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	80% \$250 <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	Emb	Sep	P60S
DI-AJ	DH-9U	10/1500/70%	Gold (w/ Core Rewards and Care Cash)	\$1,500 \$	\$3,000	\$3,000	\$6,000	\$9,450 \$18,900	\$18,900	\$37,800	70%	50%	100%	\$10	\$70	\$50	70% \$250 <sup>1</sup>	FS: 70% <sup>1</sup> HOSP: 50% <sup>1</sup>	70% \$250 <sup>1</sup>	FS: 70% <sup>1</sup> HOSP: 50% <sup>1</sup>	FS: 70% <sup>1</sup> HOSP: 50% <sup>1</sup>	Emb	Sep	L40S
DI-AG	DH-95	55/1950/60%	Silver (w/ Core Rewards and Care Cash)	\$1,950 \$	\$3,900	\$3,900	\$7,800	\$9,450 \$18,900	\$18,900	\$37,800	60%	50%	100%	\$55	\$95	\$80	60% \$300 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	60% \$250 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	Emb	Sep	L41S
DI-AH	DH-96	55/2450/60%	Silver (w/ Core Rewards and Care Cash)	\$2,450	\$4,900	\$4,900	\$9,800	\$9,450 \$18,900	\$18,900	\$37,800	60%	50%	100%	\$55	\$95	\$80	60% \$300 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	60% \$250 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	Emb	Sep	L41S
DI-AB <sup>3</sup>	DH-9Y <sup>3</sup>	2800/60%	Silver (HSA w/ Premium Rewards)	\$2,800	\$3,200	\$5,600	\$6,400	\$8,000 \$16,000	\$16,000	\$32,000	60%	50%	100%	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% \$300 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	60% \$250 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	Ded NonEmb/ OOPM Emb	Comb	L46S
DI-AI 4	DH-97 4	6000/60%	Bronze (HSA w/ Premium Rewards)	\$6,000 \$	612,000	\$12,000	\$24,000	\$8,000 \$16,000	\$16,000	\$32,000	60%	50%	100%	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% \$300 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	60% \$250 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	Emb	Comb	L45S
DI-AA	DH-9X	6000/60%	Bronze (w/ Premium Rewards and Care Cash)	\$6,000 \$	612,000	\$12,000	\$24,000	\$9,450 \$18,900	\$18,900	\$37,800	60%	50%	100%	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% \$300 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	60% \$250 <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	Emb	Sep	L42S
DH-9Q <sup>5</sup>	DH-9P <sup>5</sup>	7500/50%	Bronze (w/ Premium Rewards and Care Cash)	\$7,500 \$	615,000	\$15,000	\$30,000	\$9,450 \$18,900	\$18,900	\$37,800	50%	50%	100%	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	Emb	Comb	L65S
Non-Differ	ential PPO																							
DH-90 <sup>2</sup>		2250/70%	Silver (w/ Core Rewards)	\$2,250	\$4,500	N/A	N/A	\$8,500 \$17,000	N/A	N/A	70%	N/A	100%	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	Emb	Sep	F82

<sup>2</sup>Non-Differential PPO plan is on the Options PPO network.

<sup>3</sup>HRA or HSA Employer Funding Amount \$0-\$250

<sup>4</sup> HRA or HSA Employer Funding Amount \$0-\$100

<sup>5</sup>Plan does not pass the Medicare Part D Creditable Coverage

#### Additional Plan Details

• A per occurrence deductible is separate from the annual deductible and accrues toward the out-of-pocket maximum. The outpatient cost share differential is based on place of service tiering, for services rendered at an in-network independent, non-hospital affiliated provider is plan coinsurance.



### California

Small Business 1-100 Employees Effective January 1, 2024

# Medical and Pharmacy Plans

Plan Code Plan		Metallic		Dedu	uctible		O	ut-of-Pock	et Maxim	um	Coinsu	irance				Copay/Coinsurance							Med/Rx	Rx
Navigate	Description	Level									IN	OUT			Spec OV	UC	ER	OP Surg/	Lab	X-ray	MRI, CT,	Туре	Ded Type	Plan
rored PPO	/EPO		ind.	T dill.	ind.	T ani.	ind.	T anti-	ind.	I am.														
DI-KC	15/90%	Platinum	N/A	N/A	\$1,000	\$2,000	\$4,500	\$9,000	\$9,000	\$18,000	90%	50%	\$15	\$15	\$30	\$15	100% \$200	90%	\$15	\$30	90%	Emb	Sep	K89L
DI-KD	25/350/80%	Gold	\$350	\$700	\$1,400	\$2,800	\$7,800	\$15,600	\$12,800	\$25,600	80%	50%	\$25	\$25	\$50	\$25	80% <sup>1</sup>	80%	\$25	\$65	80%	Emb	Sep	K90L
DI-KF	55/2500/65%	Silver	\$2,500	\$5,000	\$5,000	\$10,000	\$8,600	\$17,200	\$17,200	\$34,400	65%	50%	\$55	\$55	\$90	\$55	65% <sup>1</sup>	65% <sup>1</sup>	\$55	\$90	65% <sup>1</sup>	Emb	Sep	N53L
DH-9R <sup>2</sup>	60/6300/60%	Bronze	\$6,300	\$12,600	\$12,600	\$25,200	\$9,100	\$18,200	\$18,200	\$36,400	60%	50%	\$60	\$60	\$95	\$60	60% <sup>1</sup>	60% <sup>1</sup>	\$40	60% <sup>1</sup>	60% <sup>1</sup>	Emb	Sep	P55L
	Navigate rored PPO DI-KC DI-KD DI-KF	Plan Description       Navigate     Plan Description       Di-KC     15/90%       Di-KD     25/350/80%       Di-KD     55/2500/65%	Plan DescriptionMetallic Levelrored PPO/EPODI-KC15/90%PlatinumDI-KD25/350/80%GoldDI-KD55/2500/65%Silver	Plan Description     Metallic Level     In-ne       rored PPO/EPO     Ind.     Ind.       DI-KC     15/90%     Platinum     N/A       DI-KD     25/350/80%     Gold     \$350       DI-KD     55/2500/65%     Silver     \$2,000	Plan Description     Metallic Level     In-network       Ind.     Fam.       rored PPO/EPO     Ind.     Fam.       DI-KC     15/90%     Platinum     N/A     N/A       DI-KC     25/350/80%     Gold     \$350     \$700       DI-KC     55/2500/65%     Silver     \$2,500     \$5,000	Plan Description     Metallic Level     In-network     Out-of-Ind.       Ind.     Fam.     Ind.       rored PPO/EPO     Ind.     Fam.     Ind.       DI-KC     15/90%     Platinum     N/A     \$1,000       DI-KD     25/350/80%     Gold     \$350     \$700     \$1,400       DI-KF     55/2500/65%     Silver     \$2,500     \$5,000     \$5,000	Plan Description     Metallic Level     In-network     Out-of-Vetwork       Ind.     Fam.     Ind.     Fam.       rored PPO/EPO     Ind.     Fam.     Ind.     Fam.       DI-KC     15/90%     Platinum     N/A     \$1,000     \$2,000       DI-KC     15/90%     Gold     \$350     \$700     \$1,400     \$2,800       DI-KD     25/350/80%     Silver     \$2,500     \$5,000     \$10,000	Plan Description     Metallic Level     In-network     Out-of-Wewerk     In-network       Ind.     Fam.     Ind.     Fam.     Ind.     Fam.     Ind.       rored PPO/EPO     15/90%     Platinum     N/A     N/A     \$1,000     \$2,000     \$4,500       DI-KC     15/90%     Gold     \$350     \$700     \$1,400     \$2,800     \$7,800       DI-KD     55/2500/65%     Silver     \$2,500     \$5,000     \$1,000     \$8,600	Plan Description     Metallic Level     In-network     Out-of-Wework     In-network       Ind.     Fam.     Ind	Plan Description     Metallic Level     In-retwork     Out-of-Network     Ind.     Fam.     <	Plan Description     Metallic Level     In-reverk     Out-of-Network     In-reverk     Out-of-Network       Ind.     Fam.     Ind.	Plan Description     Metallic Level     In-network     Out-of-Verk     In-network     In-network     Out-of-Verk     In-network     Out-of-Verk     In-network     Out-of-Verk     In-network     In-network	Plan Description     Metallic Level     Im-network     Out-of-Verwork     In-network     Out-of-Verwork     Im-network     Im-network	Plan Description     Metallic Level     Immetallic Level     Immetallic Immetal	Plan Description     Metallic Level     Im-network     Out-of-Vextowark     In-network     In-network <th< td=""><td>Plan Description     Metallic Level     In-return     Out-of-Verturn     In-return     Out-of-Verturn     In-return     In-</td><td><math display="block">\begin{tabular}{ c c c c c c } \hline Pian \\ \hline Description \\ \hline Navigate \\</math></td><td>Plan Description     Metallic Level     Im-network     Out-of-Vework     In-network     Out-of-Vework     Ind.     Fam.     Ind.     Fam.</td><td>Plan Description     Metallic Level     In-network     Out-of-Verk     In-network     Out-of-Verk     Ind.     Fam.     Ind.     Fam.</td><td>Plan Description     Metallic Level     In-network     Out-of-Network     In-network     In-network</td><td><math display="block">\begin{tabular}{ c c c c c c c c c c c c c c c c c c c</math></td><td><math display="block">\begin{tabular}{ c c c c c c c c c c c c c c c c c c c</math></td><td>Plan Description     Metallic Level     Image: Navigate     Metallic Level     Metallic Level</td><td>Plan Description     Metallic Level     Image: Navigate     Metallic Level     Metallic Level</td></th<>	Plan Description     Metallic Level     In-return     Out-of-Verturn     In-return     Out-of-Verturn     In-return     In-	$\begin{tabular}{ c c c c c c } \hline Pian \\ \hline Description \\ \hline Navigate \\$	Plan Description     Metallic Level     Im-network     Out-of-Vework     In-network     Out-of-Vework     Ind.     Fam.     Ind.     Fam.	Plan Description     Metallic Level     In-network     Out-of-Verk     In-network     Out-of-Verk     Ind.     Fam.     Ind.     Fam.	Plan Description     Metallic Level     In-network     Out-of-Network     In-network     In-network	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Plan Description     Metallic Level     Image: Navigate     Metallic Level     Metallic Level	Plan Description     Metallic Level     Image: Navigate     Metallic Level     Metallic Level

<sup>1</sup>After Deductible

<sup>2</sup>10 Plan is limited to 3 PCP/Specialist office visits at the applicable copay. After 3 visits, deductible and coinsurance will apply.

## CA Small Business 1-100 HMO Plans

HN	IO Plan Co	des			Dedu	ctible	0.:		ket Maximum				Co	pay/Coir	surance						
Signature	Alliance	Hormony	Plan Description	Metallic Level	In-ne	twork	Coinsurance		etwork	Virtual	РСР	S 01	UC	ER			Lab/X-ray	MRI, CT,		Med/Rx Ded Type	
Value	Amance	Harmony			Ind.	Fam.	IN	Ind.	Fam.	Visit	ov	Spec OV		ER	OP Surg	IP nosp	Lab/ A-ray	PET			
НМО																					
CW-XY <sup>2</sup>	CW-XZ <sup>2</sup>	CW-XX $^{2}$	20-40/300d	Platinum (w/ Core Rewards)	N/A	N/A	100%	\$2,500	\$5,000	100%	\$20	\$40	\$75	\$250	\$200	\$300	\$20	\$150	Emb	Sep	N92S
CW-X6	CW-X7	CW-X5	25-50/10%	Platinum (w/ Core Rewards)	N/A	N/A	90%	\$3,500	\$7,000	100%	\$25	\$50	\$75	\$400	90%	90%	\$25	\$200	Emb	Sep	N93S
CW-X3 <sup>3</sup>	CW-X4 <sup>3</sup>	CW-X2 <sup>3</sup>	25-50/400d	Platinum (w/ Core Rewards)	N/A	N/A	100%	\$3,000	\$6,000	100%	\$25	\$50	\$75	\$400	\$250	\$400	\$20	\$150	Emb	Sep	N93S
DI-O2	DI-O3	DI-OZ	25-50/20%	Platinum (w/ Core Rewards)	N/A	N/A	80%	\$4,000	\$8,000	100%	\$25	\$50	\$75	80%	80%	80%	\$25	\$200	Emb	Sep	F92S
DI-05 4	DI-06 4	DI-O4 <sup>4</sup>	35-70/600d	Gold (w/ Core Rewards)	N/A	N/A	100%	\$7,500	\$15,000	100%	\$35	\$70	\$100	\$400	\$400	\$600	\$40	\$200	Emb	Sep	P72S
CW-YC <sup>5</sup>	CW-YD 5	CW-YB <sup>5</sup>	35-70/700d	Gold (w/ Core Rewards)	N/A	N/A	100%	\$7,500	\$15,000	100%	\$35	\$70	\$100	\$500	\$500	\$700	\$40	\$300	Emb	Sep	N95S
CW-YF	CW-YG	CW-YE	35-70/20%/500ded	Gold (w/ Core Rewards)	\$500	\$1,000	80%	\$8,000	\$16,000	100%	\$35	\$70	\$100	\$500 <sup>1</sup>	80% 1	80% 1	\$40	\$300	Emb	Sep	N96S
DI-08	DI-09	DI-07	35-70/25%/1250ded	Gold (w/ Core Rewards)	\$1,250	\$2,500	75%	\$7,250	\$14,500	100%	\$35	\$70	\$100	\$500 <sup>1</sup>	75% <sup>1</sup>	75% <sup>1</sup>	\$40	\$300	Emb	Sep	N96S
DI-PA	DI-PC	DI-PB	60-95/40%/2400ded	Silver (w/ Core Rewards)	\$2,400	\$4,800	60%	\$9,400	\$18,800	100%	\$60	\$95	\$125	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	\$45	\$400	Emb	Sep	L61S
		DI-PD	40%/2400ded	Silver (w/ Core Rewards)	\$2,400	\$4,800	60%	\$9,400	\$18,800	100%	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	Emb	Sep	L61S

<sup>1</sup>After Deductible

<sup>2</sup>Inpatient copay max is \$900/day
<sup>3</sup>Inpatient copay max is \$2000/day
<sup>4</sup>Inpatient copay max is \$2400/day
<sup>5</sup>Inpatient copay max is \$3500/day



#### California

Small Business 1-100 Employees Effective January 1, 2024

# Medical and Pharmacy Plans

		Dedu	ctible	Coincurance	Out-of-Pock	et Maximum				Cop	bay/Coins	surance						
		In-net	work	Comsurance	In-ne	twork	Virtual	PCP	Spac OV		ED	OP Surg/	Lab	Vrou	MRI, CT,		Ded Type P Sep F	Rx Plan
Decemption	Lovor	Ind.	Fam.	IN	Ind.	Fam.	Visit	ov	Spec OV		En	IP Hosp	LaD	л-гау	PET	1,100	Dod Type	
C																		
UHC Platinum 90 HMO 0/15 Alliance + Child Dental	Platinum	N/A	N/A	90%	\$4,500	\$9,000	\$15	\$15	\$30	\$15	\$200	90%	\$15	\$30	90%	Emb	Sep	F96L
UHC Gold 80 HMO 350/25 Alliance + Child Dental	Gold	\$350	\$700	80%	\$7,800	\$15,600	\$25	\$25	\$50	\$25	80% <sup>1</sup>	80%	\$25	\$65	80%	Emb	Sep	F88L
UHC Silver 70 HMO 2500/55 Alliance + Child Dental	Silver	\$2,500	\$5,000	65%	\$8,600	\$17,200	\$55	\$55	\$90	\$55	65% <sup>1</sup>	65% <sup>1</sup>	\$55	\$90	65% <sup>1</sup>	Emb	Sep	N91L
1	UHC Platinum 90 HMO 0/15 Alliance + Child Dental UHC Gold 80 HMO 350/25 Alliance + Child Dental UHC Silver 70 HMO 2500/55	Description Level   UHC Platinum 90 HMO 0/15 Alliance + Child Dental Platinum   UHC Gold 80 HMO 350/25 Alliance + Child Dental Gold   UHC Silver 70 HMO 2500/55 Silver	Plan Description Metallic Level In-net Ind.   UHC Platinum 90 HMO 0/15 Alliance + Child Dental Platinum N/A   UHC Gold 80 HMO 350/25 Alliance + Child Dental Gold \$350   UHC Silver 70 HMO 2500/55 Silver \$2 500	Plan Description Metallic Level In-network   Ind. Fam.   VHC Platinum 90 HMO 0/15 Alliance + Child Dental Platinum N/A N/A   UHC Gold 80 HMO 350/25 Alliance + Child Dental Gold \$350 \$700   UHC Silver 70 HMO 2500/55 Silver \$2 500 \$5 000	Plan Description Metallic Level In-network Coinsurance   Ind. Fam. IN   UHC Platinum 90 HMO 0/15 Alliance + Child Dental Platinum N/A N/A 90%   UHC Gold 80 HMO 350/25 Alliance + Child Dental Gold \$350 \$700 80%   UHC Silver 70 HMO 2500/55 Silver \$2 500 \$5 000 65%	Plan Description     Metallic Level     In-network     Coinsurance In-network     In-network       Ind.     Fam.     IN     Ind.       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800       UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$86,600	Plan Description     Metallic Level     In-retwork     Coinsurance     In-retwork       Ind.     Fam.     IN     Ind.     Fam.       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600       UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$8,600     \$17,200	Plan Description     Metallic Level     In-network     Coinsurance     In-network     Virtual       Ind.     Fam.     IN     Ind.     Fam.     Visit       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600     \$25       UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$8,600     \$17,200     \$55	Plan Description     Metallic Level     In-network     Coinsurance     In-network     Virtual N     PCP OV       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15     \$15       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600     \$25     \$25       UHC Silver 70 HMO 2500/55     Silver     \$2 500     \$5 000     65%     \$8 600     \$17 200     \$55     \$55	Plan Description     Metallic Level     In-reverter     Coinsurance In-reverter     In-reverter     Virtual Visit     PCP ov     Spec OV       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15     \$15     \$30       UHC Cold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600     \$25     \$25     \$50       UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$86,600     \$17,200     \$55     \$50	Plan Description     Metallic Level     In-revork     Coinsurance     In-revork     Virtual Nation     PCP OV     Spec OV     UC       Ind.     Fam.     IN     Ind.     Fam.     Visit     PCP OV     Spec OV     UC       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15     \$15     \$30     \$15       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600     \$25     \$25     \$50     \$25       UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$8,600     \$17,200     \$55     \$55     \$90     \$55	Plan Description     Metallic Level     In-network     Coinsurance In-network     In-network     Virtual Ind.     PCP OV     Spec OV     UC     ER       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15     \$15     \$30     \$15     \$200       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600     \$25     \$25     \$50     \$25     80% <sup>1</sup> UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$8,600     \$17,200     \$55     \$55     \$90     \$55     65% <sup>1</sup>	Plan Description     Metallic Level     In-network     Coinsurance     In-network     Virtual Visit     PCP OV     Spec OV     UC     ER     OP Surg/ IP Hosp       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15     \$15     \$30     \$15     \$200     90%       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600     \$25     \$25     \$50     \$25     80% <sup>1</sup> 80%       UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$86,000     \$17,200     \$55     \$55     \$90     \$55     65% <sup>1</sup>	Plan Description     Metallic Level     In-network     Coinsurance In-network     Virtual Visit     PCP OV     Spec OV     UC     ER     OP Surg/ IP Hosp     Lab       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15     \$15     \$30     \$15     \$200     90%     \$15       UHC Platinum 90 HMO 0/15 Alliance + Child Dental     Platinum     N/A     N/A     90%     \$4,500     \$9,000     \$15     \$15     \$30     \$15     \$200     90%     \$15       UHC Gold 80 HMO 350/25 Alliance + Child Dental     Gold     \$350     \$700     80%     \$7,800     \$15,600     \$25     \$25     \$50     \$25     80% <sup>1</sup> 80%     \$25       UHC Silver 70 HMO 2500/55     Silver     \$2,500     \$5,000     65%     \$86,600     \$17,200     \$55     \$50     \$55     65% <sup>1</sup> 65% <sup>1</sup> \$55	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Plan DescriptionMetallic LevelIn-networkCoinsuranceIn-networkVirtual In-networkPCP VisitSpec OV OVUCEROP Surg/ IP HospLabX-rayMRI, CT, PETMed Ded TypeUHC Platinum 90 HMO 0/15 Alliance + Child DentalPlatinumN/AN/A90%\$4,500\$9,000\$15\$15\$30\$15\$20090%\$15\$3090%EmbUHC Gold 80 HMO 350/25 Alliance + Child DentalGold\$350\$70080%\$7,800\$15,600\$25\$25\$50\$25 $80\%^1$ $80\%^1$ \$25\$65 $80\%^1$ EmbUHC Silver 70 HMO 2500/55Silver\$2,500\$5,000 $65\%^1$ \$5600\$17,200\$55\$55\$90\$55 $65\%^1$ \$55\$90 $65\%^1$ Emb	Plan DescriptionMetallic LevelIn-CoinsuranceIn-In-Virtual VisitPCP oVPCP VisitPCP OVPCP VICPCP PCPCP <br< td=""></br<>

After Deductible

## **Pharmacy Plans**

		Deducti	ble					Copay/Co	binsurance					
Rx Plan Code	Pharmacy Network	Ind	Fam	Ded applies to - which tiers?	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Rx Ded Type	Mail Order
Custom	Advantage (State Mandated)													
F82	National	\$300	\$600	2&3&4	\$15	N/A	\$70	N/A	\$115	N/A	25% max \$250	N/A	Sep	2.5
N53L	Standard Select - Walgreens	\$300	\$600	2&3&4	\$20	N/A	\$75	N/A	\$105	N/A	30% max \$250	N/A	Sep	2.5
P55L	Standard Select - Walgreens	\$500	\$1,000	All	\$17	N/A	40% max \$500	N/A	40% max \$500	N/A	40% max \$500	N/A	Sep	2.5
K89L	Standard Select - Walgreens	N/A	N/A	N/A	\$10	N/A	\$25	N/A	\$40	N/A	10% max \$250	N/A	Sep	2.5
K90L	Standard Select - Walgreens	N/A	N/A	N/A	\$15	N/A	\$50	N/A	\$80	N/A	20% max \$250	N/A	Sep	2.5
Custom	Advantage (State Mandated) w/	SMCS Drugs												
L40S	National	\$300	\$600	2&3&4	\$5	\$5	\$50	\$150	\$100	\$250	25% max \$	8250	Sep	2.5
P59S	National	\$300	\$600	2&3&4	\$15	\$15	\$50	\$150	\$90	\$250	25% max \$	8250	Sep	2.5
P60S	National	\$300	\$600	2&3&4	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$	\$250	Sep	2.5
L41S	National	\$350	\$700	2&3&4	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$	8250	Sep	2.5
L42S	National	\$500	\$1,000	2&3&4	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$	500	Sep	2.5
P57S	National	N/A	N/A	N/A	\$5	\$5	\$35	\$150	\$70	\$250	25% max \$	8250	Sep	2.5
P56S	National	N/A	N/A	N/A	\$10	\$10	\$35	\$150	\$70	\$250	25% max \$	\$250	Sep	2.5
P58S	National	N/A	N/A	N/A	\$15	\$15	\$50	\$150	\$90	\$250	25% max \$	\$250	Sep	2.5
L45S	National	Same as Me	edical	All	40% ma	x \$500	40% max	\$500	40% max	\$500	40% max \$	\$500	Comb	2.5
L65S	National	Same as Me	edical	All	50% ma	x \$500	50% max	\$500	50% max	\$500	50% max \$	\$500	Comb	2.5
L46S	National	Same as M	edical	All	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$	6250	Comb	2.5



Medical and Pharmacy Plans

### **HMO Pharmacy Plans**

By Plan	Pharmacy	Deductible		Ded applies to				Сора	y/Coin	surance			Rx Ded	
Code	Network	Ind	Fam	which tiers?	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Туре	Mail Order
Custom	Advantage	(State	Mandat	ted)										
N91L	National	\$300	\$600	2&3&4	\$20	N/A	\$75	N/A	\$105	N/A	30% max \$250	N/A	Sep	2
F96L	National	N/A	N/A	N/A	\$10	N/A	\$25	N/A	\$40	N/A	10% max \$250	N/A	Sep	2
F88L	National	N/A	N/A	N/A	\$15	N/A	\$50	N/A	\$80	N/A	20% max \$250	N/A	Sep	2
Custom	Advantage	(State	Mandat	ted) w/ SMCS Dr	ugs									
N96S	National	\$100	\$200	2&3&4	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$	250	Sep	2
L61S	National	\$400	\$800	2&3&4	\$20	\$20	\$80	\$150	\$125	\$250	25% max \$	250	Sep	2
N93S	National	N/A	N/A	N/A	\$5	\$5	\$30	\$150	\$60	\$250	25% max \$	250	Sep	2
F92S	National	N/A	N/A	N/A	\$5	\$5	\$40	\$150	\$80	\$250	25% max \$	250	Sep	2
N92S	National	N/A	N/A	N/A	\$5	\$5	\$20	\$150	\$50	\$250	25% max \$	250	Sep	2
P72S	National	N/A	N/A	N/A	\$15	\$15	\$50	\$150	\$85	\$250	25% max \$250		Sep	2
N95S	National	N/A	N/A	N/A	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$	250	Sep	2

#### Care Cash

Care Cash is a prefunded debit card program supporting first-dollar coverage and is available to use for specific health care expenses. It comes loaded with \$200 for individuals or \$500 for family plans.

#### UnitedHealthcare Rewards

UnitedHealthcare Rewards is a digital wellness program built to help participants increase exercise and improve sleep. By completing different activities and actions, members can earn up to an annual \$300 incentive limit for the UHC Rewards Core version. The UHC Rewards Premium level offers a \$1,000 annual incentive.

These grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. The agreement/policy has exclusions, limitations, and terms under which the agreement/policy may be continued or discontinued. 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.

In 2024, the maximum HSA contribution is \$4,150 single/\$8,300 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.

Health plan coverage provided by or through UnitedHealthcare Insurance Company, UHC of California and UnitedHealthcare Benefits Plan of California. Administrative services provided by United Healthcare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

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