

# UnitedHealthcare

## 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

Core	Select Plus	Metallic Level	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP	Spec	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hosp	Med Ded Type	Med Rx Ded Type	Rx Plan Code
PPO																	
EP-2C	EP-2D	Platinum (w/ Core Rewards)	N/A	90%	\$3,800	100%	\$10	\$30	\$50	\$200 + 90%	90%	90%	90%	90%	Emb	Sep	P56S
EP-15	EP-1R	Platinum (w/ Core Rewards)	N/A	90%	\$4,800	100%	\$15	\$30	\$50	\$200 + 90%	90%	90%	90%	90%	Emb	Sep	P56S
EP-16	EP-1S	Platinum (w/ Core Rewards)	\$250	80%	\$4,200	100%	\$15	\$30	\$50	\$200 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	P56S
EP-1M	EP-1W	Platinum (w/ Core Rewards)	\$250	90%	\$4,800	100%	\$15	\$40	\$50	\$200 + Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Sep	P56S
EP-19	EP-1V	Gold (w/ Core Rewards)	N/A	70%	\$8,800	100%	\$30	\$60	\$50	\$250 + 70%	70%	70%	70%	70%	Emb	Sep	R55S
EP-1N	EP-1X	Gold (w/ Core Rewards)	\$500	80%	\$8,800	100%	\$35	\$65	\$50	\$250 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	Emb	Sep	R56S
EP-12	EP-13	Gold (w/ Core Rewards)	\$1,000	80%	\$8,400	100%	\$35	\$65	\$50	\$250 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	Emb	Sep	R57S
EP-14	EP-2B	Gold (w/ Core Rewards)	\$1,500	70%	\$9,450	100%	\$5	\$65	\$50	\$250 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	\$250 + Ded + 70%	Emb	Sep	R58S
EP-2E	EP-2F	Silver (w/ Core Rewards)	\$1,750	60%	\$9,450	100%	\$55	\$90	\$80	\$300 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	\$250 + Ded + 60%	Emb	Sep	L41S
EP-1O	EP-1Y	Silver (w/ Core Rewards)	\$1,950	60%	\$9,900	100%	\$65	\$95	\$80	\$300 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	\$250 + Ded + 60%	Emb	Sep	L41S
EP-1P	EP-1Z	Silver (w/ Core Rewards)	\$2,550	60%	\$9,900	100%	\$65	\$95	\$80	\$300 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	\$250 + Ded + 60%	Emb	Sep	L41S
EP-18	EP-1U	Silver (HSA w/Prem Rewards)	\$2,900	60%	\$8,500	Ded + 100%	Ded + 60%	Ded + 60%	Ded + 60%	\$300 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	\$250 + Ded + 60%	Ded NonEmb/OOPM Emb	Comb	L46S
EP-1Q	EP-2A	Bronze (HSA w/Prem Rewards)	\$6,000	60%	\$8,500	Ded + 100%	Ded + 60%	Ded + 60%	Ded + 60%	\$300 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	\$250 + Ded + 60%	Emb	Comb	L45S
EP-17	EP-1T	Bronze (w/Prem Rewards)	\$6,950	60%	\$9,900	100%	Ded + 60%	Ded + 60%	Ded + 60%	\$300 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	\$250 + Ded + 60%	Emb	Sep	R59S

Non-Differential PPO	Metallic Level	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP	Spec	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hosp	Med Ded Type	Med Rx Ded Type	Rx Plan Code
PPO															
EP-1K <sup>1</sup>	Silver (w/ Core Rewards)	\$2,550	70%	\$9,900	100%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	L41S

<sup>1</sup> Non-Differential PPO plan is on the Options PPO network.

<sup>2</sup> HRA or HSA Employer Funding Amount \$0-\$275

<sup>3</sup> HRA or HSA Employer Funding Amount \$0-\$125

#### 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.

# UnitedHealthcare

## Medical and Pharmacy Plans

Core	Navigate	Metallic Level	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP	Spec	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hosp	Med Ded Type	Med Rx Ded Type	Rx Plan Code
State Mirrored PPO																		
EQ-N7	DZ-G3	Platinum	N/A	90%	\$4,500	\$15	\$15	\$30	\$15	\$200	\$15	\$30	90%	90%	90%	Emb	Sep	K89
EQ-N6	DZ-G4	Gold	\$350	80%	\$7,800	\$25	\$25	\$50	\$25	Ded + 80%	\$25	\$65	80%	80%	Ded + 80%	Emb	Sep	K90
EQ-N5	DZ-G5	Silver	\$2,500	65%	\$8,600	\$55	\$55	\$90	\$55	Ded + 65%	\$55	\$90	Ded + 65%	Ded + 65%	Ded + 65%	Emb	Sep	N53
EP-1J <sup>1</sup>	EP-1L <sup>1</sup>	Bronze	\$5,800	60%	\$9,800	\$60	\$60	Ded + \$95	\$60	Ded + 60%	\$40	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	Q58

<sup>1</sup> Plan is limited to 3 Specialist office visits at the applicable copay. After 3 visits, deductible and coinsurance will apply.

## CA Small Business 1-100 HMO Plans

SignatureValue	SignatureValue Alliance	SignatureValue Harmony	Metallic Level	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP	Spec	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hosp	Med Ded Type	Med Rx Ded Type	Rx Plan Code
HMO																			
DZ-E9	DZ-ER	DZ-E8	Platinum (w/ Core Rewards)	N/A	100%	\$2,500	100%	\$20	\$40	\$75	\$250	\$20	\$20	\$150	\$200	\$300/day up to \$900 max	Emb	Sep	N92S
EP-28	EP-23	EP-22	Platinum (w/ Core Rewards)	N/A	100%	\$3,000	100%	\$25	\$50	\$75	\$400	\$25	\$25	\$200	\$250	\$400/day up to \$2,000 max	Emb	Sep	N93S
EP-20	EP-2P	EP-2N	Platinum (w/ Core Rewards)	N/A	80%	\$4,000	100%	\$30	\$55	\$75	80%	\$30	\$30	\$250	80%	80%	Emb	Sep	F92S
EP-2L	EP-25	EP-24	Gold (w/ Core Rewards)	N/A	100%	\$7900	100%	\$35	\$70	\$100	\$500	\$40	\$40	\$350	\$500	\$700/day up to \$3,500 max	Emb	Sep	N95S
EP-2R	EP-2S	EP-2Q	Gold (w/ Core Rewards)	N/A	100%	\$8,500	100%	\$35	\$70	\$100	\$400	\$40	\$40	\$250	\$400	\$600/day up to \$2,400 max	Emb	Sep	P72S
EP-2M	EP-27	EP-26	Gold (w/ Core Rewards)	\$500	80%	\$8,000	100%	\$35	\$70	\$100	Ded + \$500	\$40	\$40	\$350	Ded + 80%	Ded + 80%	Emb	Sep	N96S
EP-2U	EP-2V	EP-2T	Gold (w/ Core Rewards)	\$1,500	75%	\$7600	100%	\$35	\$70	\$100	Ded + \$500	\$40	\$40	\$350	Ded + 75%	Ded + 75%	Emb	Sep	N96S
EP-2W	EP-2Y	EP-2X	Silver (w/ Core Rewards)	\$2,500	60%	\$9,900	100%	\$60	\$95	\$125	Ded + 60%	\$45	\$45	\$400	Ded + 60%	Ded + 60%	Emb	Sep	R60S
State Mirrored HMO																			
DZ-E2			Platinum	N/A	90%	\$4,500	\$15	\$15	\$30	\$15	\$200	\$15	\$30	90%	90%	90%	Emb	Sep	F96L
DZ-E3			Gold	\$350	80%	\$7,800	\$25	\$25	\$50	\$25	Ded + 80%	\$25	\$65	80%	80%	Ded + 80%	Emb	Sep	F88L
DZ-EW			Silver	\$2,500	65%	\$8,600	\$55	\$55	\$90	\$55	Ded + 65%	\$55	\$90	Ded + 65%	Ded + 65%	Ded + 65%	Emb	Sep	N91L

<sup>1</sup> Inpatient copay max is \$900/day  
<sup>2</sup> Inpatient copay max is \$2000/day  
<sup>3</sup> Inpatient copay max is \$2400/day  
<sup>4</sup> Inpatient copay max is \$3500/day

# UnitedHealthcare

## Medical and Pharmacy Plans

### PPO Pharmacy Plans

Rx Plan Code	Pharmacy Network	Deductible Individual	Deductible Family	Copays						Med/Rx Ded Rx Plans	Mail Order
				Tier 1	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4		
Custom Advantage (State Mandated)											
N53	National	\$300 on T2, T3 & T4	\$600 on T2, T3 & T4	\$20	\$75	N/A	\$105	N/A	30% up to \$250	Sep	2.5
Q58	National	\$450 on T2, T3 & T4	\$900 on T2, T3 & T4	\$19	40% max \$500	N/A	40% max \$500	N/A	40% up to \$500	Sep	2.5
R54	National	\$450 on T2, T3 & T4	\$900 on T2, T3 & T4	\$20	40% up to \$500	N/A	40% up to \$500	N/A	40% up to \$500	Sep	2.5
K90	National	N/A	N/A	\$15	\$50	N/A	\$80	N/A	20% up to \$250	Sep	2.5
Custom Advantage (State Mandated) w/ SMCS Drugs											
L40S	National	\$300 on T2, T3 & T4	\$600 on T2, T3 & T4	\$5	\$50	\$150	\$100	\$250	25% up to \$250	Sep	2.5
P59S	National	\$300 on T2, T3 & T4	\$600 on T2, T3 & T4	\$15	\$50	\$150	\$90	\$250	25% up to \$250	Sep	2.5
P60S	National	\$300 on T2, T3 & T4	\$600 on T2, T3 & T4	\$15	\$50	\$150	\$100	\$250	25% up to \$250	Sep	2.5
L41S	National	\$350 on T2, T3 & T4	\$700 on T2, T3 & T4	\$20	\$85	\$150	\$135	\$250	25% up to \$250	Sep	2.5
R55S	National	N/A	N/A	\$20	\$50	\$150	\$90	\$250	25% up to \$250	Sep	2.5
P57S	National	N/A	N/A	\$5	\$35	\$150	\$70	\$250	25% up to \$250	Sep	2.5
P56S	National	N/A	N/A	\$10	\$35	\$150	\$70	\$250	25% up to \$250	Sep	2.5
P58S	National	N/A	N/A	\$15	\$50	\$150	\$90	\$250	25% up to \$250	Sep	2.5
L46S	National	Same as Medical		\$20	\$85	\$150	\$135	\$250	25% up to \$250	Comb	2.5
L45S	National	Same as Medical		40% up to \$500		40% up to \$500		40% up to \$500		Comb	2.5
L65S	National	Same as Medical		50% up to \$500		50% up to \$500		50% up to \$500		Comb	2.5

# UnitedHealthcare

## Medical and Pharmacy Plans

### HMO Pharmacy Plans

Rx Plan Code	Pharmacy Network	Deductible Individual	Deductible Family	Copays						Med/Rx Ded Rx Plans	Mail Order
				Tier 1	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4		
Custom Advantage (State Mandated)											
N91L	National	\$300 on T2, T3 & T4	\$600 on T2, T3 & T4	\$20	\$75	N/A	\$105	N/A	30% up to \$250	Sep	2
F96L	National	N/A	N/A	\$10	\$25	N/A	\$40	N/A	10% up to \$250	Sep	2
F88L	National	N/A	N/A	\$15	\$50	N/A	\$80	N/A	20% up to \$250	Sep	2
Custom Advantage (State Mandated) w/ SMCS Drugs											
N96S	National	\$100 on T2, T3 & T4	\$200 on T2, T3 & T4	\$15	\$50	\$150	\$100	\$250	25% up to \$250	Sep	2
R60S	National	\$400 on T2, T3 & T4	\$800 on T2, T3 & T4	\$20	\$85	\$150	\$125	\$250	25% up to \$250	Sep	2
N92S	National	N/A	N/A	\$5	\$20	\$150	\$50	\$250	25% up to \$250	Sep	2
N93S	National	N/A	N/A	\$5	\$30	\$150	\$60	\$250	25% up to \$250	Sep	2
F92S	National	N/A	N/A	\$5	\$40	\$150	\$80	\$250	25% up to \$250	Sep	2
N95S	National	N/A	N/A	\$15	\$50	\$150	\$100	\$250	25% up to \$250	Sep	2
P72S	National	N/A	N/A	\$15	\$50	\$150	\$85	\$250	25% up to \$250	Sep	2

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## Medical and Pharmacy 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.

•Unless otherwise noted, product availability is national/statewide.  
•All plans are ACA compliant.  
•The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP. In 2025, maximum HSA contribution is \$4,400 single/\$8,750 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.  
•Refer to the complete Certificate of Coverage and/or Benefit Summary documents for additional benefit plan design details. Benefit Summaries can be found by visiting [www.UHCeServices.com](http://www.UHCeServices.com).  
•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.  
•All coinsurance listed reflects UnitedHealthcare coinsurance.  
•Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.  
•Health Plan coverage provided by or through UnitedHealthcare Insurance Company, UHC of California and UnitedHealthcare Benefits Plan of California.

