



Arkansas, 1-50 Fully Insured Plan Grid

Effective January 2024

Providing members simple, affordable and supportive plan offerings.

This plan grid highlights benefits and should not be used to fully understand exact coverage. Review COC for an exact description, coverage details and other terms and conditions. Contact your UnitedHealthcare representative for more information.

Issued Date: 9/7/23

**United
Healthcare**

Health plans built for what matters to small business.

Vital Medications Program | \$0 cost for certain medications.

The UnitedHealthcare Vital Medication Program offers certain drugs at no additional cost.* There may be no out-of-pocket costs for preferred medications like:

- Insulin – rapid, short and long-acting
- Epinephrine – allergic reactions
- Glucagon – hypoglycemia (low blood sugar)
- Naloxone – opioid overuse
- Albuterol – asthma

Care Cash | Provide financial help to pay for employee health care expenses.

The Care Cash preloaded debit card can be used for specific network UnitedHealthcare providers, which may lead to savings. Once the card is requested and received by those who are eligible, Care Cash:

- Gives an employee \$200 for the year for individual coverage or \$500 for family coverage
- Reloads new funds each plan year
- Rolls over remaining card balances each plan year up to \$2,000

UHC Rewards | Increase employee engagement.

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses can personalize their experience by selecting activities that are right for them—and same goes for ways to spend earnings. With daily participation, there's a potential to earn up to \$300 per person/per year in select health plans at no additional cost.

For all Arkansas Plans:

- All plans apply UnitedHealthcare Rewards. Contact your UnitedHealthcare representative for details
- Care Cash is included on all plans except for HSA and HRA plans. Contact your UnitedHealthcare representative for details
- Global office visit copay applies to all plans with PCP and Specialist office visit copay cost-shares. See benefit summary for details
- Kids copay applies to all plans
- All plans are paired with an Essential PDL Pharmacy Plan. The Essential PDL combines a five-tier benefit design with a managed drug list
- All plans apply Special Medication Cost Sharing (SMCS), which is a benefit design strategy to help control costs through the administration of a separate copayment/coinsurance for most specialty medications
- All pharmacy plans utilize the Broad National Retail Pharmacy network
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- Visit myuhc.com for network details



Health Plan Product Offering

Arkansas
1-50 Fully Insured Eligible Employees

Choice Plus Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Choice Plus HSA	\$7,350	100%	\$7,350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	CX-WZ	E83S	Bronze

Choice Plus Split Copay (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Choice Plus Split Copay	\$500	80%	\$2,000	\$10	\$10	\$20	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PN	N74S	Platinum
Choice Plus Split Copay	\$1,500	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PO	N75S	Gold
Choice Plus Split Copay	\$2,500	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PP	N75S	Gold
Choice Plus Split Copay	\$3,500	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PQ	N75S	Gold



Health Plan Product Offering

Arkansas
1-50 Fully Insured Eligible Employees

Choice Plus Health Savings Account (HSA) (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Choice Plus HSA	\$3,200	100%	\$3,200	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-OW	E83S	Gold
Choice Plus HSA	\$3,200	80%	\$3,750	Ded + \$15	Ded + \$15	Ded + \$40	Ded + \$50	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-OU	N75S	Gold
Choice Plus HSA	\$5,000	80%	\$6,500	Ded + \$35	Ded + \$35	Ded + \$75	Ded + \$50	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-OV	N75S	Silver
Choice Plus HSA	\$5,500	100%	\$5,500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-OX	E83S	Silver
Choice Plus HSA	\$6,000	100%	\$6,000	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	CV-IT	E83S	Silver

Choice Plus Split Copay (HMO) (Continued on next page)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Choice Plus Split Copay	\$500	80%	\$1,500	\$10	\$10	\$20	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PR	N74S	Platinum
Choice Plus Split Copay	\$500	80%	\$2,000	\$10	\$10	\$20	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PE	N74S	Platinum
Choice Plus Split Copay	\$500	60%	\$2,500	\$10	\$10	\$20	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-O4	N74S	Platinum
Choice Plus Split Copay	\$750	70%	\$6,500	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-O9	N75S	Gold
Choice Plus Split Copay	\$1,000	80%	\$2,500	\$10	\$10	\$20	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PS	N75S	Platinum
Choice Plus Split Copay	\$1,000	80%	\$7,000	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PF	N75S	Gold
Choice Plus Split Copay	\$1,000	60%	\$5,000	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-O5	N75S	Gold
Choice Plus Split Copay	\$1,250	100%	\$2,000	\$20	\$20	\$40	\$50	Ded + 100%	\$15	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-PM	N74S	Platinum
Choice Plus Split Copay	\$1,500	80%	\$5,500	\$40	\$40	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PT	N75S	Gold
Choice Plus Split Copay	\$1,500	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PG	N75S	Gold
Choice Plus Split Copay	\$1,500	70%	\$5,250	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-PA	N75S	Gold



Health Plan Product Offering

Arkansas
1-50 Fully Insured Eligible Employees

Choice Plus Split Copay (HMO) (Continued)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Choice Plus Split Copay	\$2,000	80%	\$5,500	\$40	\$40	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PU	N75S	Gold
Choice Plus Split Copay	\$2,000	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PH	N75S	Gold
Choice Plus Split Copay	\$2,000	60%	\$5,000	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-O6	N75S	Gold
Choice Plus Split Copay	\$2,000	50%	\$5,000	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DH-OY	N75S	Gold
Choice Plus Split Copay	\$2,500	80%	\$5,500	\$40	\$40	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PV	N75S	Gold
Choice Plus Split Copay	\$2,500	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PI	N75S	Gold
Choice Plus Split Copay	\$2,500	70%	\$5,000	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-PB	N75S	Gold
Choice Plus Split Copay	\$3,000	80%	\$5,500	\$40	\$40	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PW	N75S	Gold
Choice Plus Split Copay	\$3,000	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PJ	N75S	Gold
Choice Plus Split Copay	\$3,000	60%	\$5,500	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-O7	N75S	Gold
Choice Plus Split Copay	\$3,000	50%	\$5,500	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DH-OZ	N75S	Gold
Choice Plus Split Copay	\$3,500	70%	\$5,500	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-PC	N75S	Gold
Choice Plus Split Copay	\$4,000	80%	\$6,000	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PK	N75S	Gold
Choice Plus Split Copay	\$4,000	60%	\$6,000	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-O8	N75S	Gold
Choice Plus Split Copay	\$4,000	50%	\$5,500	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DH-O2	N75S	Gold
Choice Plus Split Copay	\$6,000	50%	\$9,450	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DH-O3	N75S	Silver
Choice Plus Split Copay	\$8,500	70%	\$9,450	\$50	\$50	\$100	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-PD	N75S	Silver
Choice Plus Split Copay	\$9,000	80%	\$9,450	\$55	\$55	\$100	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PL	N75S	Silver



Health Plan Product Offering

Arkansas
1-50 Fully Insured Eligible Employees

Heritage Plus Health Savings Account (HSA) (Insurance) [Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Heritage Plus HSA	\$2,000	100%	\$2,000	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	NonEmb	Comb	DH-QQ	408S	Platinum
Heritage Plus HSA	\$3,200	100%	\$3,200	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-PX	408S	Gold
Heritage Plus HSA	\$3,200	80%	\$3,750	Ded + \$15	Ded + \$15	Ded + \$40	Ded + \$50	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-P5	451S	Gold
Heritage Plus HSA	\$5,000	80%	\$6,500	Ded + \$35	Ded + \$35	Ded + \$75	Ded + \$50	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-P6	451S	Silver
Heritage Plus HSA	\$5,500	100%	\$5,500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-P7	408S	Silver
Heritage Plus HSA	\$6,000	100%	\$6,000	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	CV-JU	408S	Silver
Heritage Plus HSA	\$7,350	100%	\$7,350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	CV-JV	408S	Bronze

Heritage Plus Primary Advantage (Insurance) [Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Heritage Plus Primary Advantage	\$1,500	100%	\$4,500	\$35	\$35	Ded + \$75	Ded + \$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	Ded + \$750 Admit	Emb	Sep	DH-Q9	451S	Gold
Heritage Plus Primary Advantage	\$2,000	100%	\$5,000	\$35	\$35	Ded + \$75	Ded + \$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	Ded + \$750 Admit	Emb	Sep	DH-RC	451S	Gold
Heritage Plus Primary Advantage	\$2,500	100%	\$5,500	\$35	\$35	Ded + \$75	Ded + \$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	Ded + \$750 Admit	Emb	Sep	DH-RD	451S	Gold
Heritage Plus Primary Advantage	\$3,000	100%	\$5,500	\$35	\$35	Ded + \$75	Ded + \$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	Ded + \$750 Admit	Emb	Sep	DH-RB	451S	Gold
Heritage Plus Primary Advantage	\$5,000	50%	\$8,500	\$40	\$40	Ded + \$80	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	Ded + \$1,000 Admit	Emb	Sep	DH-RA	451S	Silver



Health Plan Product Offering

Arkansas
1-50 Fully Insured Eligible Employees

Heritage Plus Split Copay (Insurance) (Continued on the next page)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Heritage Plus Split Copay	\$500	80%	\$1,500	\$10	\$10	\$20	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QR	450S	Platinum
Heritage Plus Split Copay	\$500	80%	\$2,000	\$10	\$10	\$20	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PY	450S	Platinum
Heritage Plus Split Copay	\$500	60%	\$2,500	\$10	\$10	\$20	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-QC	450S	Platinum
Heritage Plus Split Copay	\$750	70%	\$6,500	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-QH	451S	Gold
Heritage Plus Split Copay	\$1,000	80%	\$2,500	\$10	\$10	\$20	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QS	451S	Platinum
Heritage Plus Split Copay	\$1,000	80%	\$7,000	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QM	451S	Gold
Heritage Plus Split Copay	\$1,000	60%	\$5,000	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-QD	451S	Gold
Heritage Plus Split Copay	\$1,250	100%	\$2,000	\$20	\$20	\$40	\$50	Ded + 100%	\$15	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-QP	450S	Platinum
Heritage Plus Split Copay	\$1,500	80%	\$5,500	\$40	\$40	\$90	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QT	451S	Gold
Heritage Plus Split Copay	\$1,500	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-PZ	451S	Gold
Heritage Plus Split Copay	\$1,500	70%	\$5,250	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-QI	451S	Gold
Heritage Plus Split Copay	\$2,000	80%	\$5,500	\$40	\$40	\$90	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QU	451S	Gold
Heritage Plus Split Copay	\$2,000	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-P2	451S	Gold
Heritage Plus Split Copay	\$2,000	60%	\$5,500	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-QE	451S	Gold
Heritage Plus Split Copay	\$2,000	50%	\$5,000	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DH-P8	451S	Gold
Heritage Plus Split Copay	\$2,500	80%	\$5,500	\$40	\$40	\$90	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QV	451S	Gold
Heritage Plus Split Copay	\$2,500	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-P3	451S	Gold
Heritage Plus Split Copay	\$2,500	70%	\$5,000	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-QJ	451S	Gold



Health Plan Product Offering

Heritage Plus Split Copay (Insurance) (Continued)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
Heritage Plus Split Copay	\$3,000	80%	\$5,500	\$40	\$40	\$90	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QW	451S	Gold
Heritage Plus Split Copay	\$3,000	80%	\$6,500	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-P4	451S	Gold
Heritage Plus Split Copay	\$3,000	60%	\$5,750	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-QF	451S	Gold
Heritage Plus Split Copay	\$3,000	50%	\$5,500	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DHP9	451S	Gold
Heritage Plus Split Copay	\$3,500	70%	\$5,000	\$40	\$40	\$80	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-QK	451S	Gold
Heritage Plus Split Copay	\$4,000	80%	\$6,000	\$35	\$35	\$70	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QN	451S	Gold
Heritage Plus Split Copay	\$4,000	60%	\$6,000	\$45	\$45	\$90	\$50	Ded + 60%	\$15	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-QG	451S	Gold
Heritage Plus Split Copay	\$4,000	50%	\$5,500	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DH-QA	451S	Gold
Heritage Plus Split Copay	\$6,000	50%	\$9,450	\$50	\$50	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + 50%	Ded + 50%	Emb	Sep	DH-QB	451S	Silver
Heritage Plus Split Copay	\$8,500	70%	\$9,450	\$50	\$50	\$100	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-QL	451S	Silver
Heritage Plus Split Copay	\$9,000	80%	\$9,450	\$55	\$55	\$100	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-QO	451S	Silver



Rx Plans – Specialty Medication Cost Share (SMCS)

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays				
			Individual	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty
Separate Medical/Rx Deductible								
N74S	Essential w/ SMCS Drugs	National	N/A	\$10	\$35	\$110	\$250	\$500
N75S	Essential w/ SMCS Drugs	National	N/A	\$15	\$55	\$115	\$250	\$500
Combined Medical/Rx Deductible								
E83S	Essential w/ SMCS Drugs	National	Same as Medical	No Copay				
N75S	Essential w/ SMCS Drugs	National	Same as Medical	\$15	\$55	\$115	\$250	\$500

Heritage Rx Plans – Specialty Medication Cost Share (SMCS)

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays				
			Individual	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty
Separate Medical/Rx Deductible								
450S	Essential w/ SMCS Drugs	National	N/A	\$10	\$35	\$110	\$250	\$500
451S	Essential w/ SMCS Drugs	National	N/A	\$15	\$55	\$115	\$250	\$500
Combined Medical/Rx Deductible								
408S	Essential w/ SMCS Drugs	National	Same as Medical	No Copay				
451S	Essential w/ SMCS Drugs	National	Same as Medical	\$15	\$55	\$115	\$250	\$500



For all Heritage Plus Plans | [Click to see Plan Grids](#)

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network
- In-network and out-of-network benefits
- Members receive the highest level of plan benefits when they receive Lab & Major Diagnostic services from a Designated Diagnostic Provider (DDP)

Heritage Plus Primary Advantage

- Member pays copay for PCP, Office Visits, Urgent Care, Virtual Visits These services are not subject to the annual plan deductible
- Member pays deductible first then a copay for Specialist Physician, ER, Outpatient Surgery, Major & Minor Diagnostics, Inpatient Hospital services
- Member pays deductible/other network coinsurance for certain benefits including Hospice, Ambulance, and Allergy Injections

Heritage Plus Split Copay:

- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services

Heritage Plus HSA:

- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank® available
- HSA plans are not HRA eligible



For all Choice Plus Plans | [Click to see Plan Grids](#)

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network
- In-network and out-of-network benefits
- Members receive the highest level of plan benefits when they receive Lab & Major Diagnostic services from a Designated Diagnostic Provider (DDP)

Choice Plus Split Copay:

- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services

Choice Plus HSA:

- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank® available
- HSA plans are not HRA eligible

Disclaimers:

- 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 2024, 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.
- 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.
- 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.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- Insurance coverage provided by or through UnitedHealthcare Insurance Company or their affiliates.
- Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by UHC of Arkansas, Inc. and UnitedHealthcare Insurance Company of the River Valley.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

