

UnitedHealthcare

Medical and Pharmacy Plans

Arizona
Small Business 2-50
Multi-Choice Package AZ030
January 2024

Choice Plus, Choice, Core, Core Essential

Choice Plus (INS)	Choice (HMO)	Core (INS)	Core Ess (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK													Relative to CX-XO ²
							Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV	Urg Care	ER	Minor Lab/Xray	Major Imaging	OP / IP		
							Ind	Fam		Ind	Fam									
Plans include UHC Rewards Core and Care Cash																				
CX-XO	CV-VC	CX-XP	CV-VD	Platinum	15/500/90%	K70	\$500	\$1,000	90%	\$2,000	\$4,000	\$15	\$30	\$60	\$100 ⁴	90% ¹	90% DDP ^{1.5}	90% ¹	0.00%	
CX-XQ	CV-VG	CX-XR	CV-VH	Platinum	10/1000/90%	K70	\$1,000	\$2,000	90%	\$2,500	\$5,000	\$10	\$50	\$50	90% ¹	90% ¹	90% DDP ^{1.5}	90% ¹	-5.26%	
CX-XU	CV-VO	CX-XV	CV-VP	Gold	30/1500/70%	K71	\$1,500	\$3,000	70%	\$8,000	\$16,000	\$30	\$60	\$75	70% ¹	70% ¹	70% DDP ^{1.5}	70% ¹	-20.35%	
CX-XS	CV-VK	CX-XT	CV-VL	Gold	20/2500/80%	K71	\$2,500	\$5,000	80%	\$7,500	\$15,000	\$20	\$45	\$60	\$250 ⁴	80% ¹	80% DDP ^{1.5}	80% ¹	-17.02%	
DH-A2	DH-A4	DH-A3	DH-A5	Silver	50/5000/50%	K71	\$5,000	\$10,000	50%	\$8,650	\$17,300	\$50	\$100	\$50	50% ¹	50% ¹	50% DDP ^{1.5}	50% ¹	-30.21%	
DH-CI	DH-CK	DH-CJ	DH-CL	Silver	55/7250/80%	N76	\$7,250	\$14,500	80%	\$8,300	\$16,600	\$55	\$100	\$80	80% ¹	80% ¹	80% DDP ^{1.5}	80% ¹	-29.33%	
DH-B2 ³	DH-B4 ³	DH-B3 ³	DH-B5 ³	Bronze	9450/100%	E83	\$9,450	\$18,900	100%	\$9,450	\$18,900	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% DDP ^{1.5}	100% ¹	-36.95%	

- 1) After Deductible
- 2) Relativities are not exact and should only be used for directional guidance.
- 3) Plan does not pass Medicare Creditable Coverage testing.
- 4) ER visit limit is 1. Subsequent ER visits will be subject to the plan deductible and coinsurance.
- 5) Benefit shown applies when using a Designated Diagnostic Provider (DDP). Using a Non-DDP provider applies \$500 POD + Ded + 50% Coins.

Additional Plan Details

- HMO products are only available to Arizona employees.
- INS products offer the following Out-of-Network benefits: DED \$10,000 Ind / \$20,000 Fam | Coins 50% | OOP \$20,000 Ind / \$40,000 Fam
- PCP selection is not required.
- Virtual Visits are covered In-Network at 100% with no deductible.
- All Plans cover In-Network PPACA Preventive Care at 100%.

Choice Plus, Choice, Core, Core Essential - Advanced (UHPD and POST)

Choice Plus Advanced (INS)	Choice Advanced (HMO)	Core Advanced (INS)	Core Ess Advanced (HMO)	Metal Level	Plan Description	Rx Plan	IN NETWORK														Relative to CX-XO ²
							Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV		Urg Care	ER	Minor Lab/Xray	Major Imaging	Outpatient	IP	
							Ind	Fam		Ind	Fam		PD	NonPD							
Plans include UHC Rewards Core and Care Cash																					
CX-X7	CV-WI	CX-X8	CV-WJ	Gold	30/1000/80%	K70	\$1,000	\$2,000	80%	\$8,150	\$16,300	\$30	\$30 ³	\$60 ⁴	\$50	80% ¹	80% ¹	80% DDP ^{1,6}	Freestanding: 80% ^{1,5} Hospital: \$350+80% ^{1,5}	80% ¹	-15.52%
CX-YD	CV-WU	CX-YE	CV-WV	Gold	30/1500/80%	K71	\$1,500	\$3,000	80%	\$8,150	\$16,300	\$30	\$50 ³	\$100 ⁴	\$25	80% ¹	80% ¹	80% DDP ^{1,6}	Freestanding: 80% ^{1,5} Hospital: \$350+80% ^{1,5}	80% ¹	-19.52%
CX-X9	CV-WM	CX-YA	CV-WN	Gold	2000/80%	K72	\$2,000	\$4,000	80%	\$7,000	\$14,000	\$0	\$50 ³	\$95 ⁴	\$25	\$500+ 80% ¹	80% ¹	80% DDP ^{1,6}	Freestanding: 80% ^{1,5} Hospital: \$350+80% ^{1,5}	80% ¹	-17.81%
DH-CW	DH-CY	DH-CX	DH-CZ	Gold	20/2500/80%	K70	\$2,500	\$5,000	80%	\$7,000	\$14,000	\$20	\$50 ³	\$100 ⁴	\$50	80% ¹	80% ¹	80% DDP ^{1,6}	Freestanding: 80% ^{1,5} Hospital: \$350+80% ^{1,5}	80% ¹	-20.64%
DH-C2	DH-C4	DH-C3	DH-C5	Silver	40/4000/70%	K71	\$4,000	\$8,000	70%	\$9,450	\$18,900	\$40	\$85 ³	\$115 ⁴	\$50	70% ¹	70% ¹	70% DDP ^{1,6}	Freestanding: 70% ^{1,5} Hospital: \$350+70% ^{1,5}	70% ¹	-27.52%
DH-C6	DH-C8	DH-C7	DH-C9	Silver	40/4750/80%	K71	\$4,750	\$9,500	80%	\$9,450	\$18,900	\$40	\$85 ³	\$115 ⁴	\$50	80% ¹	80% ¹	80% DDP ^{1,6}	Freestanding: 80% ^{1,5} Hospital: \$350+80% ^{1,5}	80% ¹	-27.63%
DH-DI	DH-DK	DH-DJ	DH-DL	Silver	35/5500/80%	K71	\$5,500	\$11,000	80%	\$9,450	\$18,900	\$35	\$70 ³	\$100 ⁴	\$50	80% ¹	80% ¹	80% DDP ^{1,6}	Freestanding: 80% ^{1,5} Hospital: \$350+80% ^{1,5}	80% ¹	-27.84%
DH-DE	DH-DG	DH-DF	DH-DH	Silver	40/6500/70%	N76	\$6,500	\$13,000	70%	\$9,450	\$18,900	\$40	\$80 ³	\$110 ⁴	\$50	70% ¹	70% ¹	70% DDP ^{1,6}	Freestanding: 70% ^{1,5} Hospital: \$350+70% ^{1,5}	70% ¹	-30.71%
DH-DM	DH-DO	DH-DN	DH-DP	Bronze	80/9000/50%	K73	\$9,000	\$18,000	50%	\$9,450	\$18,900	\$80	\$120 ³	\$160 ⁴	\$80	50% ¹	50% ¹	50% DDP ^{1,6}	Freestanding: 50% ^{1,5} Hospital: \$350+50% ^{1,5}	50% ¹	-34.00%

1) After Deductible

2) Relativities are not exact and should only be used for directional guidance

3) This benefit applies to Premium Designated specialists.

4) This benefit applies to Non-Premium Designated specialists and areas of specialty without a Premium Designated program.

5) Place of Service Tiered Benefit for Outpatient Surgery & Scopic. Member cost-share is based on using a Freestanding Facility or Hospital owned facility.

6) Benefit shown applies when using a Designated Diagnostic Provider (DDP). Using a Non-DDP provider applies \$500 POD + Ded + 50% Coins.

Additional Plan Details

- HMO products are only available to Arizona employees.
- INS products offer the following Out-of-Network benefits: DED \$10,000 Ind / \$20,000 Fam | Coins 50% | OOP \$20,000 Ind / \$40,000 Fam
- PCP selection is not required.
- Virtual Visits are covered In-Network at 100% with no deductible.
- All Plans cover In-Network PPACA Preventive Care at 100%.

UnitedHealthcare

Medical and Pharmacy Plans

Arizona
Small Business 2-50
Multi-Choice Package AZ030
January 2024

Choice Plus, Choice, Core, Core Essential - HSA

Choice Plus HSA (INS)	Choice HSA (HMO)	Core HSA (INS)	Core Ess HSA (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK												Relative to CX-XO ²	
							Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV	Urg Care	ER	Minor Lab/Xray	Major Imaging	OP / IP		
							Ind	Fam		Ind	Fam									
Plans include UHC Rewards Premium																				
DH-A6 ³	DH-A8 ³	DH-A7 ³	DH-A9 ³	Gold	1600/80%	K70	\$1,600	\$3,200	80%	\$7,050	\$14,100	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% DDP ^{1,4}	80% ¹	-13.97%
DH-BA	DH-BC	DH-BB	DH-BD	Silver	3200/80%	K70	\$3,200	\$6,400	80%	\$7,750	\$15,500	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% DDP ^{1,4}	80% ¹	-21.43%
DH-BE	DH-BG	DH-BF	DH-BH	Silver	4600/100%	K71	\$4,600	\$9,200	100%	\$7,000	\$14,000	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% DDP ^{1,4}	100% ¹	-21.92%
DH-BI	DH-BK	DH-BJ	DH-CD	Bronze	7000/70%	K71	\$7,000	\$14,000	70%	\$8,000	\$16,000	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% DDP ^{1,4}	70% ¹	-34.11%
DH-CE	DH-CG	DH-CF	DH-CH	Bronze	7550/100%	E83	\$7,550	\$15,100	100%	\$7,550	\$14,100	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% DDP ^{1,4}	100% ¹	-33.34%

- 1) After Deductible
- 2) Relativities are not exact and should only be used for directional guidance.
- 3) Non-Embedded Deductible plan with Embedded Out-of-Pocket.
- 4) Benefit shown applies when using a Designated Diagnostic Provider (DDP). Using a Non-DDP provider applies \$500 POD + Ded + 50% Coins.

Additional Plan Details

- HMO products are only available to Arizona employees.
- INS products offer the following Out-of-Network benefits: DED \$10,000 Ind / \$20,000 Fam | Coins 50% | OOP \$20,000 Ind / \$40,000 Fam
- PCP selection not required.
- Virtual Visits are covered In-Network at 100% with no deductible.
- Medical and Pharmacy apply to plan Deductible before Rx benefit plan applies.

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. 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.

UnitedHealthcare

Medical and Pharmacy Plans

Arizona
Small Business 2-50
Multi-Choice Package AZ030
January 2024

Doctors Plan Plus and Doctors Plan HMO

Drs Plan Plus (INS)	Doctors Plan (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK												Relative to CX-XO ²
					Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV	Urg Care	ER	Minor Lab/Xray	Major Imaging	OP / IP	
					Ind	Fam		Ind	Fam								
Plans include UHC Rewards Core and Care Cash																	
CX-X2	CV-VZ	Gold	1000/80%	K71	\$1,000	\$2,000	80%	\$8,700	\$17,400	\$0	\$75	\$0	\$500+80% ¹	80% ¹	80% ¹	80% ¹	-24.22%
CX-X3	CV-V3	Gold	2000/80%	K71	\$2,000	\$4,000	80%	\$8,700	\$17,400	\$0	\$75	\$0	\$500+80% ¹	80% ¹	80% ¹	80% ¹	-27.52%
DH-AU	DH-AV	Gold	3000/80%	K71	\$3,000	\$6,000	80%	\$8,000	\$16,000	\$0	\$75	\$0	\$500+80% ¹	80% ¹	80% ¹	80% ¹	-29.42%
DH-AW	DH-AX	Silver	7500/80%	K71	\$7,500	\$15,000	80%	\$9,450	\$18,900	\$0	\$95	\$0	\$500+80% ¹	80% ¹	80% ¹	80% ¹	-34.48%
DH-AY	DH-AZ	Silver	5000/80%	K73	\$5,000	\$10,000	80%	\$9,450	\$18,900	\$0	\$75	\$0	\$500+80% ¹	80% ¹	80% ¹	80% ¹	-35.81%

1) After Deductible

2) Relativities are not exact and should only be used for directional guidance.

Additional Plan Details

- All Doctors Plans are available only to employees in Maricopa and Pinal counties.
- Doctors Plan Plus has the following Out-of-Network benefits: Deductible \$10,000 Ind/\$20,000 Fam | Coins 50% | Out-of-Pocket \$20,000 Ind/\$40,000 Fam
- Member PCP selection required, referrals not required. PCP may not be auto-assigned.
- Virtual Visits are covered In-Network at 100% with no deductible.
- All Plans cover In-Network PPACA Preventive Care at 100%.

UnitedHealthcare

Medical and Pharmacy Plans

Arizona
Small Business 2-50
Multi-Choice Package AZ030
January 2024

Navigate Balanced Direct

Navigate Bal Direct (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK																Relative to CX-XO ²
				Deductible		Coins w/ref	Out-of-Pocket		PCP OV	Spec OV		UC	ER	Minor Lab/Xray	Major Imaging	Outpatient ³		Inpatient		
				Ind	Fam		Ind	Fam		w/ref	w/o ref					w/referral	w/o referral	w/ref	w/o ref	
Plans include UHC Rewards Core and Care Cash																				
CV-WC	Gold	35/2000/80%	K70	\$2,000	\$4,000	80%	\$6,000	\$12,000	\$35	\$70	\$100	\$50	80% ¹	80% ¹	80% DDP ^{1,4}	Freestanding:80% ^{1,3} Hospital:\$350+80% ^{1,3}	Freestanding:\$60% ^{1,3} Hospital:\$350+60% ^{1,3}	80% ¹	60% ¹	-35.31%
DH-B8	Silver	45/4400/80%	K71	\$4,400	\$8,800	80%	\$9,450	\$18,900	\$45	\$115	\$150	\$50	80% ¹	80% ¹	80% DDP ^{1,4}	Freestanding:80% ^{1,3} Hospital:\$350+80% ^{1,3}	Freestanding:\$60% ^{1,3} Hospital:\$350+60% ^{1,3}	80% ¹	60% ¹	-42.85%
DH-B9	Silver	40/6000/80%	K71	\$6,000	\$12,000	80%	\$9,450	\$18,900	\$40	\$100	\$150	\$50	80% ¹	80% ¹	80% DDP ^{1,4}	Freestanding:80% ^{1,3} Hospital:\$350+80% ^{1,3}	Freestanding:\$60% ^{1,3} Hospital:\$350+60% ^{1,3}	80% ¹	60% ¹	-43.78%
DH-CV	Bronze	80/8400/50%	K73	\$8,400	\$16,800	50%	\$9,450	\$18,900	\$80	\$150	\$150	\$120	50% ¹	50% ¹	50% DDP ^{1,4}	Freestanding:50% ^{1,3} Hospital:\$350+50% ^{1,3}	Freestanding:\$50% ^{1,3} Hospital:\$350+50% ^{1,3}	50% ¹	50% ¹	-47.57%

Navigate HMO - HSA

Navigate HSA (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK												Relative to CX-XO²
				Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV	Urg Care	ER	Minor Lab/Xray	Major Imaging	OP / IP	
				Ind	Fam		Ind	Fam								
Plans includes UHC Rewards Premium																
DH-B6	Silver	4500/80%	K70	\$4,500	\$9,000	80%	\$6,500	\$13,000	80%¹	80%¹	80%¹	80%¹	80%¹	80% DDP¹,⁴	80%¹	-42.73%
DH-B7	Bronze	7000/60%	K71	\$7,000	\$14,000	60%	\$7,450	\$14,900	60%¹	60%¹	60%¹	60%¹	60%¹	60% DDP¹,⁴	60%¹	-48.82%

1) After Deductible

2) Relativities are not exact and should only be used for directional guidance.

3) Place of Service Tiered Benefit for Outpatient Surgery & Scopic. Member cost-share is based on using a Freestanding Facility or Hospital owned facility.

4) Benefit shown applies when using a Designated Diagnostic Provider (DDP). Using a Non-DDP provider applies \$500 POD + Ded + 50% Coins.

Additional Plan Details

- Navigate plans are available only to Arizona employees.
- PCP selection required; referrals required for highest level of coverage.
- Virtual Visits are covered In-Network at 100% with no deductible.
- For HSA plans, Medical and Pharmacy apply to plan Deductible before Rx benefit plan applies.
- All Plans cover In-Network PPACA Preventive Care at 100%.

UnitedHealthcare

Medical and Pharmacy Plans

Arizona
Small Business 2-50
Multi-Choice Package AZ030
January 2024

Pharmacy Plans

Rx Plan Code	Prescription Drug List	Pharmacy Network	Deductible		Deductible applies to which tiers?	Copays				90-day supply
			Ind	Fam		Tier 1	Tier 2	Tier 3	Tier 4	
Non-HSA Pharmacy Plans										
K70	Essential PDL	National/Broad	N/A	N/A	N/A	\$10	\$35	\$110	50%	2.5
K71	Essential PDL	National/Broad	N/A	N/A	N/A	\$10	\$50	\$125	50%	2.5
N76	Essential PDL	National/Broad	N/A	N/A	N/A	\$20	\$70	\$140	50%	2.5
K72	Essential PDL	National/Broad	\$250	\$500	3,4	\$5	\$50	\$115	50%	2.5
K73	Essential PDL	National/Broad	\$750	\$1,500	2,3,4	\$15	\$100	\$200	50%	2.5
HSA Pharmacy Plans										
K70	Essential PDL	National/Broad	Same as Medical	Same as Medical	All	\$10	\$35	\$110	50%	2.5
K71	Essential PDL	National/Broad	Same as Medical	Same as Medical	All	\$10	\$50	\$125	50%	2.5
E83	Essential PDL	National/Broad	Same as Medical	Same as Medical	All	No Copay	No Copay	No Copay	No Copay	No Copay

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.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Virtual visits are covered at 100%, not subject to deductible.

Health Plan coverage provided by or through UnitedHealthcare of Arizona, Inc. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

©2023 United HealthCare Services, Inc.
Rev. 9/6/23