



Arkansas, 1-50 Fully Insured Plan Grid

Effective January 2024

Plans designed for simplicity and affordability.

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: 11/14/23

**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. Preferred medications with \$0 out-of-pocket costs may include:

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

Care Cash® | *Provide financial help for employee health care expenses.*

The Care Cash preloaded debit card can be used towards cost sharing for certain eligible network health care expenses. 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

UnitedHealthcare Rewards | *Increase employee engagement.*

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses select activities right for them and choose how to spend their earnings. Participants can earn up to \$300 annually.

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



Choice Plus Health Savings Account (HSA) (Insurance)

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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)

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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 Copy (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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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 Copy	\$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	Bx 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)

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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

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

[Click for Plan Descriptions](#)

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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

Arkansas
1-50 Fully Insured Eligible Employees

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	Bx 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	DH-P9	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, 24/7 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 HSA:

- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute 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

Heritage Plus Split Copay:

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



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 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



- 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.
- UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.
- Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. If the card is used for ineligible 213(d) expenses, individuals may incur tax obligations and should consult an appropriate tax professional to determine if they have such obligations. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.
- 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 UnitedHealthcare of Arkansas, Inc. and UnitedHealthcare Insurance Company of the River Valley.

