

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%.

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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%.

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% 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% 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% 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% 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% 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.

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Small Business 2-50
Multi-Choice Package AZ030
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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%.

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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-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 includes UHC Rewards Premium | | | | | | | | | | | | | | | | |
| DH-B6 | Silver | 4500/80% | K70 | \$4,500 | \$9,000 | 80% | \$6,500 | \$13,000 | 80% ¹ | 80% DDP ^{1,4} | 80% ¹ | -42.73% |
| DH-B7 | Bronze | 7000/60% | K71 | \$7,000 | \$14,000 | 60% | \$7,450 | \$14,900 | 60% ¹ | 60% DDP ^{1,4} | 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%.

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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 |

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.

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 Rev. 9/6/23