



Connecticut, 1-50 Fully Insured Plan Grid - UHIC

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 overdose
- Albuterol – asthma

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.

\$0 24/7 Virtual Visits | Convenient care for \$0.

With a 24/7 Virtual Visit, employees and their covered family members of all ages can see and speak to a doctor anywhere, anytime on a mobile device or computer.

Benefit plan	24/7 Virtual Visits benefit
High deductible health plan	
Coinsurance and deductible plan	<ul style="list-style-type: none"> • \$0 cost-share – Deductible does not apply • First dollar coverage
Health Savings Account (HSA) plan	
Copay plan	<ul style="list-style-type: none"> • \$0 cost-share (copay) • First dollar coverage

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

For all Connecticut UHIC Plans:

- All plans apply UnitedHealthcare Rewards. Contact your UnitedHealthcare representative for details
- Care Cash is included on all plans except for HSA plans. Contact your UnitedHealthcare representative for details
- All plans are paired with the CT Custom 4T PDL Pharmacy Plan. The CT Custom PDL combines a four-tier benefit design with all generics in T1 and all specialty meds in T3 and T4 with a managed drug list
- All pharmacy plans utilize the Broad National Retail Pharmacy network
- All plans include coverage for 1 routine Adult Vision exam per year
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- Unless identified, member cost-shares show the richest level of network plan coverage; please see benefit summaries for details at www.UHCeServices.com
- Visit myuhc.com® for network details



Health Plan Product Offering

Connecticut UHIC
1-50 Fully Insured Eligible Employees

Choice Plus (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	N/A	100%	\$4,250	100%	\$20	\$45	\$45	\$350	100%	\$50	\$75	\$500	\$500/day up to \$1,000 max	Emb	Sep	DI-BC	B71	Platinum
Choice Plus	\$750	100%	\$4,250	100%	\$20	\$45	\$45	\$350	100%	\$50	\$75	Ded + 100%	Ded + 100%	Emb	Sep	DI-A4	B71	Platinum
Choice Plus	\$2,000	100%	\$7,000	100%	\$30	\$60	\$60	\$400	100%	Ded + \$50	Ded + \$75	Ded + \$350	Ded + \$500 Admit	Emb	Sep	DI-A3	B71	Gold
Choice Plus	\$3,500	100%	\$9,100	100%	\$35	\$75	\$75	Ded + \$400	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DI-A2	B71	Gold
Choice Plus	\$6,750	100%	\$9,100	100%	\$40	\$75	Ded + \$75	Ded + 50%	Ded + 100%	Ded + \$75	Ded + \$75	Ded + 100%	Ded + \$750/day up to \$3,000 max	Emb	Sep	DI-AX	B73	Silver

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	\$2,500	100%	\$7,900	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded NonEmb/OOPM Emb	Comb	DI-A6	B72	Gold
Choice Plus HSA	\$3,500	100%	\$7,700	100%	Ded + \$25	Ded + \$50	Ded + \$50	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + \$250	Ded + \$500 Admit	Emb	Comb	DI-A7	B72	Silver
Choice Plus HSA	\$4,500	100%	\$7,300	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-AY	B72	Silver
Choice Plus HSA	\$6,250	70%	\$7,700	100%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DI-BE	B72	Bronze
Choice Plus HSA	\$6,700	100%	\$7,900	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-A5	B72	Bronze



Health Plan Product Offering

Connecticut UHIC
1-50 Fully Insured Eligible Employees

Choice Plus Direct (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 Direct	N/A	80%	\$2,500	100%	\$20	\$50	\$50	\$350	100%	100%	\$75	\$300	\$500/day up to \$2,000 max	Emb	Sep	DI-CH	B71	Platinum
Choice Plus Direct	\$2,500	80%	\$9,450	100%	\$20	\$50	\$50	Ded + 80%	\$10	\$50	\$75	\$250	Ded + 80%	Emb	Sep	DI-CJ	B71	Gold
Choice Plus Direct	\$2,500	100%	\$9,000	100%	\$35	\$75	\$75	Ded + \$375	\$15	\$50	\$75	\$375	Ded + \$500 Admit	Emb	Sep	DI-CI	B71	Gold

Choice (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	\$3,000	100%	\$8,000	100%	\$30	\$60	\$60	\$400	100%	\$50	Ded + 100%	\$500	Ded + 100%	Emb	Sep	DI-AU	B71	Gold
Choice	\$3,500	80%	\$8,000	100%	\$15	\$60	\$60	Ded + 50%	100%	\$50	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DI-BD	B73	Gold
Choice	\$3,500	100%	\$8,500	100%	100%	\$75	\$75	Ded + \$350	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DI-BB	B73	Gold
Choice	\$4,000	100%	\$7,500	100%	\$25	\$60	\$60	Ded + 100%	100%	\$50	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DI-A8	B71	Gold
Choice	\$5,000	100%	\$8,150	100%	\$25	\$60	\$60	Ded + 100%	100%	\$50	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DI-A9	B71	Gold
Choice	\$6,000	50%	\$9,100	100%	\$35	\$75	\$75	Ded + 50%	\$35	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DI-AV	B71	Silver
Choice	\$7,500	50%	\$8,900	100%	\$30	\$75	\$75	Ded + 50%	Ded + 100%	Ded + 50%	Ded + 70%	Ded + 50%	Ded + 50%	Emb	Sep	DI-BA	B71	Silver

Choice 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 HSA	\$3,200	100%	\$6,000	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-AW	B72	Gold
Choice HSA	\$3,500	80%	\$7,500	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DI-AZ	B72	Silver



Health Plan Product Offering

Connecticut UHIC
1-50 Fully Insured Eligible Employees

NexusACO® R (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	OP Surgery		IP Hospital		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network						Designated	Network	Designated	Network					
NexusACO R	\$2,000	90%	\$6,250	100%	\$25	Ded + \$45	\$60 w/referral	Ded + \$75 w/referral	Ded + 90%	Ded + 50%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90% w/referral	Ded + 60% w/referral	Ded + 90% w/referral	Ded + 60% w/referral	Emb	Sep	DI-BF	B71	Gold
NexusACO R	\$2,000	90%	\$7,500	100%	\$25	\$45	\$60 w/referral	\$85 w/referral	Ded + 90%	Ded + 50%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90% w/referral	Ded + 60% w/referral	Ded + 90% w/referral	Ded + 60% w/referral	Emb	Sep	DI-CG	B71	Gold
NexusACO R	\$2,500	100%	\$7,500	100%	\$10	\$40	\$40 w/referral	\$100 w/referral	\$75	Ded + 50%	\$25	\$60	Ded + 100%	Ded + 100% w/referral	Ded + 70% w/referral	Ded + 100% w/referral	Ded + 70% w/referral	Emb	Sep	DI-CD	B71	Gold
NexusACO R	\$3,000	100%	\$7,500	100%	100%	Ded + \$40	\$60 w/referral	Ded + \$75 w/referral	Ded + 100%	Ded + 50%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 70% w/referral	Ded + 100% w/referral	Ded + 70% w/referral	Emb	Sep	DI-BJ	B71	Gold
NexusACO R	\$4,000	80%	\$9,450	100%	\$35	Ded + \$50	\$60 w/referral	Ded + \$85 w/referral	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Ded + 50% w/referral	Ded + 80% w/referral	Ded + 50% w/referral	Emb	Sep	DI-CE	B72	Silver
NexusACO R	\$5,750	100%	\$9,450	100%	\$25	Ded + \$45	\$60 w/referral	Ded + \$75 w/referral	Ded + 100%	Ded + 50%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 70% w/referral	Ded + 100% w/referral	Ded + 70% w/referral	Emb	Sep	DI-BG	B72	Silver
NexusACO R	\$6,500	100%	\$8,700	100%	\$25	Ded + \$45	\$60 w/referral	Ded + \$75 w/referral	Ded + 100%	Ded + 50%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 70% w/referral	Ded + 100% w/referral	Ded + 70% w/referral	Emb	Sep	DI-BK	B72	Silver

NexusACO R Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	OP Surgery		IP Hospital		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network						Designated	Network	Designated	Network					
NexusACO R HSA	\$3,500	100%	\$7,900	100%	Ded + 100%	Ded + 70%	Ded + 100% w/referral	Ded + 70% w/referral	Ded + 100%	Ded + 50%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 70% w/referral	Ded + 100% w/referral	Ded + 70% w/referral	Emb	Comb	DI-CF	B72	Silver
NexusACO R HSA	\$4,000	80%	\$7,700	100%	Ded + 80%	Ded + 50%	Ded + 80% w/referral	Ded + 50% w/referral	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Ded + 50% w/referral	Ded + 80% w/referral	Ded + 50% w/referral	Emb	Comb	DI-BH	B72	Silver
NexusACO R HSA	\$6,500	70%	\$7,700	100%	Ded + 70%	Ded + 50%	Ded + 70% w/referral	Ded + 50% w/referral	Ded + 70%	Ded + 50%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70% w/referral	Ded + 50% w/referral	Ded + 70% w/referral	Ded + 50% w/referral	Emb	Comb	DI-BI	B72	Bronze



Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays			
			Individual	Tier 1	Tier 2	Tier 3	Tier 4
Separate Medical/Rx Deductible							
B71	CT Advantage	National	N/A	\$5	\$60	50% up to \$500	50% up to \$750
B72	CT Advantage	National	N/A	\$10	\$60	50% up to \$500	50% up to \$750
B73	CT Advantage	National	\$250 on T2, T3 & T4	\$5	\$60	50% up to \$500	50% up to \$750
Combined Medical/Rx Deductible							
B72	CT Advantage	National	Same as Medical	\$10	\$60	50% up to \$500	50% up to \$750



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

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network

- Members receive the highest level of plan benefits when they received Lab Services from a Designated Diagnostic Provider (DDP)

Choice Plus:

- In-network and out-of-network benefits

Choice:

- In-network only benefits

Choice Plus HSA:

- In-network and out-of-network benefits
- 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®
- HSA plans are not HRA eligible

Choice HSA:

- In-network only benefits
- 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®
- HSA plans are not HRA eligible

Choice Plus Direct:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services



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

- National network of ACOs and UnitedHealth Premium Designated providers

NexusACO R:

- PCP selection and referrals required to see a network specialist
- In-network only benefits

NexusACO R HSA:

- PCP selection and referrals required to see a network specialist
- In-network only benefits
- 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®
- 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.
- 24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 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, or for all members. Check your benefit plan to determine if these services are available.
- Telehealth services are available in Connecticut in addition to 24/7 Virtual Visits.
- 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.

