



# North Florida, 1-50 Fully Insured Plan Grid – Package 843

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"> <li>• \$0 cost-share – Deductible does not apply</li> <li>• First dollar coverage</li> </ul>
Health Savings Account (HSA) plan	
Copay plan	<ul style="list-style-type: none"> <li>• \$0 cost-share (copay)</li> <li>• First dollar coverage</li> </ul>

 **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 North Florida Plans:**

- All plans include 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
- All plans are paired with an Essential PDL Pharmacy Plan, which combines a four-tier benefit design with a managed drug list
- 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 Split Copay (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
Balanced w/ Care Cash Split Copay 13	\$4,000	50%	\$9,250	100%	N/A	\$60	N/A	\$110	\$75	\$750	\$100	\$100	\$500	\$2,250	\$2,450/day up to \$7,350 max	Emb	Sep	DI-GQ	L27S	Silver
Balanced w/ Care Cash Split Copay 26	\$6,500	80%	\$9,100	100%	N/A	\$55	N/A	\$110	\$75	\$750	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$750 + Ded + 80%	Emb	Sep	CV-9W	L27S	Silver
Balanced w/ Care Cash Split Copay 32	\$7,500	50%	\$9,450	100%	N/A	\$45	N/A	\$90	\$75	Ded + 50%	\$60	\$60	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DI-GT	L27S	Silver
Balanced w/ Care Cash Split Copay 34	\$8,000	50%	\$8,550	100%	N/A	\$50	N/A	\$90	\$100	Ded + 50%	\$60	\$60	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CV-9I	L27S	Silver

## Choice Zero PCP (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
Consumer w/ Care Cash Zero PCP 2	\$9,000	80%	\$9,450	100%	N/A	100%	N/A	\$95	\$75	\$750 + Ded + 80%	Ded + 80%	Ded + 80%	\$750	Ded + 80%	\$1,000 + Ded + 80%	Emb	Sep	DI-GP	L27S	Silver



# Health Plan Product Offering

North Florida  
1-50 Fully Insured Eligible Employees

## Choice Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
HSA 10	\$4,500	70%	\$6,550	100%	N/A	Ded + 70%	N/A	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DI-G5	L27S	Silver

## Choice UHPD (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
UHPD 13	\$3,000	80%	\$6,500	100%	\$10	\$30	\$40	\$80	\$40	\$750	Ded + 80%	Ded + 80%	\$400	Ded + 80%	Ded + 80%	Emb	Sep	DI-HZ	L27S	Gold
UHPD 8	\$4,000	100%	\$7,500	100%	\$25	\$25	\$25	\$50	\$50	\$500	Ded + 70%	Ded + 70%	\$400	\$500 + Ded + 70%	\$1,000 + Ded + 100%	Emb	Sep	DI-HW	L27S	Gold



# Health Plan Product Offering

North Florida  
1-50 Fully Insured Eligible Employees

## Choice Plus Split Copay (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
Balanced w/ Care Cash Split Copay 4	\$500	100%	\$2,500	100%	N/A	\$15	N/A	\$30	\$50	\$500	\$50	\$50	Ded + 100%	\$250 +Ded + 100%	\$500 + Ded + 100%	Emb	Sep	CW-AM	L28S	Platinum
Consumer w/ Care Cash Split Copay 2	\$500	80%	\$2,500	100%	N/A	\$15	N/A	\$35	\$50	\$500	Ded + 80%	Ded + 80%	\$400	\$350	\$1,000 Admit	Emb	Sep	CW-AL	L28S	Platinum
Consumer w/ Care Cash Split Copay 9	\$1,500	100%	\$5,500	100%	N/A	\$25	N/A	\$90	\$50	Ded + \$500	Ded + \$60	Ded + \$60	Ded + \$400	Ded + \$500	Ded + \$1,250 Admit	Emb	Sep	CV-99	L27S	Gold
Balanced w/ Care Cash Split Copay 7	\$1,500	80%	\$8,500	100%	N/A	\$20	N/A	\$40	\$50	\$250 +Ded + 80%	Ded + 80%	Ded + 80%	\$250	\$250 + Ded + 80%	\$500 + Ded + 80%	Emb	Sep	CW-AI	L27S	Gold
Balanced w/ Care Cash Split Copay 12	\$2,000	80%	\$6,000	100%	N/A	\$25	N/A	\$50	\$50	\$250 +Ded + 80%	Ded + 80%	Ded + 80%	\$400	\$250 + Ded + 80%	\$500 + Ded + 80%	Emb	Sep	CW-AD	L27S	Gold
Balanced w/ Care Cash Split Copay 10	\$2,000	70%	\$6,500	100%	N/A	\$35	N/A	\$60	\$50	\$500	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	CW-AJ	L27S	Gold
Balanced w/ Care Cash Split Copay 16	\$2,500	100%	\$8,000	100%	N/A	\$20	N/A	\$40	\$50	\$250 +Ded + 100%	\$50	\$50	Ded + 100%	\$250 +Ded + 100%	\$250 + Ded + 100%	Emb	Sep	CW-AG	L27S	Gold
Balanced w/ Care Cash Split Copay 18	\$3,500	90%	\$8,000	100%	N/A	\$30	N/A	\$60	\$50	Ded + 90%	Ded + 70%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Sep	CV-92	L27S	Gold
Balanced w/ Care Cash Split Copay 22	\$4,000	100%	\$8,000	100%	N/A	\$25	N/A	\$50	\$50	\$500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CW-AH	L27S	Gold
Balanced w/ Care Cash Split Copay 21	\$4,000	80%	\$6,000	100%	N/A	\$40	N/A	\$100	\$50	\$500	Ded + 80%	Ded + 80%	\$400	Ded + 80%	Ded + 80%	Emb	Sep	CV-97	L27S	Gold
Balanced w/ Care Cash Split Copay 28	\$6,500	80%	\$9,450	100%	N/A	\$55	N/A	\$100	\$75	\$750 + 80%	\$100	\$100	\$500	Ded + 80%	Ded + 80%	Emb	Sep	DI-GR	L27S	Silver



# Health Plan Product Offering

North Florida  
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		Specialist		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
					Designated	Network	Designated	Network												
HSA 1	\$1,600	80%	\$7,000	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	NonEmb	Comb	DI-G4	L27S	Gold
HSA 6	\$3,200	80%	\$5,000	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + \$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DI-G6	L27S	Gold
HSA 3	\$3,500	80%	\$7,500	100%	N/A	Ded + \$25	N/A	Ded + \$90	Ded + \$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	NonEmb	Comb	DI-GX	L27S	Silver
HSA 5	\$4,000	100%	\$7,350	100%	N/A	Ded + \$25	N/A	Ded + \$60	Ded + 100%	Ded + \$500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$200 + Ded + 100%	Emb	Comb	DI-GW	L27S	Silver
HSA 9	\$5,500	100%	\$7,350	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-GU	F79	Silver
HSA 12	\$6,000	70%	\$8,000	100%	N/A	Ded + 70%	N/A	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DI-G2	L29S	Bronze

## Choice Plus UHPD (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
UHPD 1	\$1,500	80%	\$7,500	100%	\$30	\$30	\$30	\$60	\$75	\$500	Ded + 80%	Ded + 80%	\$500	\$250 + Ded + 80%	\$500 + Ded + 80%	Emb	Sep	DI-HS	L27S	Gold
UHPD 3	\$2,000	100%	\$7,500	100%	\$25	\$25	\$25	\$50	\$50	\$500	Ded + 70%	Ded + 70%	\$400	\$150 + Ded + 100%	\$500 + Ded + 100%	Emb	Sep	DI-HT	L27S	Gold



## Choice Copay Only (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
Balanced w/ Care Cash Copay Only 1	N/A	100%	\$2,000	100%	N/A	\$20	N/A	\$40	\$50	\$500	\$40	\$40	\$300	\$750	\$1,000 Admit	Emb	Sep	DI-G7	L28S	Platinum

## Choice Split Copay (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
Consumer w/ Care Cash Split Copay 5	\$500	80%	\$1,500	100%	N/A	\$15	N/A	\$20	\$75	\$500	\$20	\$20	\$400	\$300	\$500 Admit	Emb	Sep	CW-AQ	L28S	Platinum
Balanced w/ Care Cash Split Copay 3	\$500	50%	\$5,000	100%	N/A	\$25	N/A	\$90	\$50	Ded + 50%	\$60	\$60	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CW-AF	L27S	Gold
Balanced w/ Care Cash Split Copay 14	\$2,000	80%	\$6,000	100%	N/A	\$25	N/A	\$80	\$50	Ded + 80%	Ded + 80%	Ded + 80%	\$400	\$250 + Ded + 80%	\$500 + Ded + 80%	Emb	Sep	CW-AA	L27S	Gold
Balanced w/ Care Cash Split Copay 8	\$3,000	50%	\$9,100	100%	N/A	\$50	N/A	\$100	\$75	\$500 + Ded + 50%	\$50	\$50	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CX-WQ	L27S	Silver
Balanced w/ Care Cash Split Copay 20	\$4,000	80%	\$6,000	100%	N/A	\$40	N/A	\$100	\$50	\$750	Ded + 80%	Ded + 80%	\$400	Ded + 80%	Ded + 80%	Emb	Sep	CX-WV	L27S	Gold
Consumer w/ Care Cash Split Copay 15	\$4,500	50%	\$9,100	100%	N/A	\$45	N/A	\$90	\$75	\$500 + Ded + 50%	\$60	\$60	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CX-WR	L27S	Silver
Balanced w/ Care Cash Split Copay 31	\$7,000	50%	\$9,100	100%	N/A	\$60	N/A	\$100	Ded + 50%	Ded + 50%	\$100	\$100	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Comb	CX-WT	L29S	Bronze
Consumer w/ Care Cash Split Copay 35	\$8,500	50%	\$9,450	100%	N/A	\$45	N/A	\$90	\$150	Ded + 50%	\$90	\$90	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DI-GS	L27S	Silver



# Health Plan Product Offering

North Florida  
1-50 Fully Insured Eligible Employees

## Choice Zero PCP (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
Consumer w/ Care Cash Zero PCP 1	\$3,500	80%	\$7,000	100%	N/A	100%	N/A	\$90	\$50	Ded + 80%	Ded + 80%	Ded + 80%	\$500	Ded + 80%	Ded + 80%	Emb	Sep	CX-WS	L27S	Gold

## Choice Health Savings Account (HSA) (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
HSA 8	\$5,000	100%	\$7,350	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-GV	F79	Silver
HSA 11	\$5,000	100%	\$8,000	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-G3	L27S	Silver
HSA 13	\$7,000	100%	\$8,000	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-GZ	F79	Bronze

## Choice UHPD (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
UHPD 11	\$1,500	70%	\$5,000	100%	\$10	\$30	\$60	\$120	\$40	\$750	Ded + 70%	Ded + 70%	\$400	Ded + 70%	Ded + 70%	Emb	Sep	DI-HX	L27S	Gold
UHPD 7	\$3,000	70%	\$6,000	100%	\$35	\$35	\$35	\$70	Ded + 70%	\$500	Ded + 70%	Ded + 70%	\$400	\$500 + Ded + 70%	\$750 + Ded + 70%	Emb	Sep	DI-HV	L27S	Gold



# Health Plan Product Offering

North Florida  
1-50 Fully Insured Eligible Employees

## Choice Plus Split Copay (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
Consumer w/ Care Cash Split Copay 6	\$1,000	50%	\$5,500	100%	N/A	\$45	N/A	\$100	\$50	Ded + 50%	\$60	\$60	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CX-WU	L27S	Gold
Balanced w/ Care Cash Split Copay 1	\$250	90%	\$3,000	100%	N/A	\$10	N/A	\$30	\$50	\$500	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Sep	CW-AP	L28S	Platinum
Balanced w/ Care Cash Split Copay 27	\$6,500	80%	\$9,100	100%	N/A	\$50	N/A	\$100	\$75	\$750 + Ded + 80%	\$100	\$100	\$500	Ded + 80%	Ded + 80%	Emb	Sep	CX-WP	L27S	Silver

## Choice Plus Health Savings Account (HSA) (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
HSA 2	\$3,500	80%	\$7,500	100%	N/A	Ded + \$25	N/A	Ded + \$90	Ded + \$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	NonEmb	Comb	DI-GY	L27S	Silver

## Choice Plus UHPD (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
UHPD 4	\$2,500	100%	\$7,500	100%	\$25	\$25	\$25	\$50	\$50	\$500	Ded + 70%	Ded + 70%	\$400	\$150 + Ded + 100%	\$500 + Ded + 100%	Emb	Sep	DI-HU	L27S	Gold
UHPD 12	\$3,000	80%	\$6,000	100%	\$15	\$30	\$40	\$80	\$50	\$750	Ded + 80%	Ded + 80%	\$500	Ded + 80%	Ded + 80%	Emb	Sep	DI-HY	L27S	Gold



# Health Plan Product Offering

North Florida  
1-50 Fully Insured Eligible Employees

## NHP HMO

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
Copay Only 1	N/A	100%	\$9,450	100%	N/A	\$60	N/A	\$100	\$125	\$750	100%	100%	\$750	\$1,500	\$3,000/day up to \$9,000 max	Emb	Sep	DI-G8	NH1S	Gold
Copay Only 2	N/A	100%	\$9,450	100%	N/A	\$60	N/A	\$125	\$125	\$800	100%	100%	\$750	\$1,600	\$3,150/day up to \$9,450 max	Emb	Sep	DI-G9	NH1S	Gold

## NHP HMO Advanced

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
NHP Direct Access Advanced w/ Care Cash 1	\$7,500	50%	\$8,700	100%	\$45	\$75	\$95	Ded + \$150	\$100	Ded + 50%	\$75	\$75	Ded + \$500	Ded + \$500	Ded + 50%	Emb	Comb	DI-H2	NH3S	Bronze

## NHP HMO No Deductible

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
NHP Direct Access No Ded 2	N/A	100%	\$2,500	100%	N/A	\$20	N/A	\$40	\$75	\$500	\$20	\$20	\$500	\$500	\$750 Admit	Emb	Sep	DI-HG	NH1S	Platinum
NHP Direct Access No Ded 1	N/A	100%	\$8,000	100%	N/A	\$30	N/A	\$95	\$75	\$600	\$95	\$95	\$500	\$1,200	\$1,200 Admit	Emb	Sep	DI-HE	NH1S	Gold



# Health Plan Product Offering

## NHP HMO Split Copay

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
NHP Direct Access Split Copay 12	\$500	50%	\$6,500	100%	N/A	\$35	N/A	\$85	\$75	Ded + 50%	\$85	\$85	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CW-CE	NH2S	Gold
NHP Direct Access Split Copay 17	\$750	100%	\$1,500	100%	N/A	\$20	N/A	\$40	\$75	\$250	Ded + 100%	Ded + 100%	\$400	Ded + 100%	Ded + 100%	Emb	Sep	DI-HR	NH1S	Platinum
NHP Direct Access Split Copay 18	\$2,500	100%	\$5,000	100%	N/A	\$25	N/A	\$90	\$75	\$650	\$90	\$90	\$500	\$750	\$750/day up to \$3,750 max	Emb	Sep	CW-BK	NH2S	Gold
NHP Direct Access Split Copay 19	\$3,000	50%	\$6,500	100%	N/A	\$25	N/A	\$90	\$50	\$500	\$90	\$90	\$400	Ded + 50%	Ded + 50%	Emb	Sep	CW-CF	NH2S	Gold
NHP Direct Access Split Copay 14	\$3,000	50%	\$9,000	100%	N/A	\$50	N/A	\$95	\$75	Ded + 50%	\$95	\$95	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CW-CV	NH3S	Silver
NHP Direct Access Split Copay 13	\$3,500	50%	\$9,100	100%	N/A	\$50	N/A	\$100	\$75	Ded + 50%	\$50	\$50	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CW-CY	NH3S	Silver
NHP Direct Access Split Copay 20	\$4,000	100%	\$7,350	100%	N/A	\$25	N/A	\$50	\$75	\$500	\$50	\$50	\$400	Ded + 100%	Ded + 100%	Emb	Sep	CW-B2	NH2S	Gold
NHP Direct Access Split Copay 22	\$4,000	50%	\$9,100	100%	N/A	\$40	N/A	\$100	\$100	Ded + 50%	\$100	\$100	\$500	Ded + 50%	Ded + 50%	Emb	Sep	CW-DD	NH2S	Silver
NHP Direct Access Split Copay 6	\$4,500	50%	\$9,000	100%	N/A	\$50	N/A	\$95	\$75	Ded + 50%	\$50	\$50	\$500	Ded + 50%	Ded + 50%	Emb	Sep	CW-CW	NH3S	Silver
NHP Direct Access Split Copay 7	\$5,000	80%	\$7,000	100%	N/A	\$20	N/A	\$40	\$75	\$500	\$20	\$20	\$500	Ded + 80%	Ded + 80%	Emb	Sep	CW-CG	NH2S	Gold
NHP Direct Access Split Copay 16	\$5,000	50%	\$9,100	100%	N/A	\$50	N/A	\$75	\$75	Ded + 50%	\$75	\$75	\$500	Ded + 50%	Ded + 50%	Emb	Sep	CW-CZ	NH2S	Silver
NHP Direct Access Split Copay 23	\$6,500	80%	\$9,100	100%	N/A	\$55	N/A	\$110	\$75	\$750	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$750 + Ded + 80%	Emb	Sep	CW-C4	NH1S	Silver
NHP Direct Access Split Copay 11	\$8,500	50%	\$9,450	100%	N/A	\$30	N/A	\$90	\$100	Ded + 50%	\$90	\$90	\$500	Ded + 50%	Ded + 50%	Emb	Sep	DI-HF	NH2S	Silver
NHP Direct Access Split Copay 9	\$9,450	100%	\$9,450	100%	N/A	\$75	N/A	\$100	\$100	\$800	\$100	\$100	\$750	\$750	\$2,450/day up to \$7,350 max	Emb	Sep	DI-HQ	NH2S	Silver



# Health Plan Product Offering

North Florida  
1-50 Fully Insured Eligible Employees

## NHP HMO Zero PCP

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
NHP Direct Access Zero PCP 1	\$2,500	80%	\$7,350	100%	N/A	100%	N/A	\$75	\$75	\$500	\$75	\$75	\$400	Ded + 80%	Ded + 80%	Emb	Sep	CW-CI	NH2S	Gold

## NHP HMO Health Savings Account (HSA)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
NHP HSA 4	\$3,200	100%	\$3,200	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-HH	NH04	Gold
NHP HSA 7	\$6,500	70%	\$8,000	100%	N/A	Ded + 70%	N/A	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DI-HO	NH3S	Bronze



# Health Plan Product Offering

North Florida  
1-50 Fully Insured Eligible Employees

## NHP HMO Primary Advantage

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
NHP Primary Advantage w/ Care Cash 1	\$2,000	100%	\$6,000	100%	N/A	\$30	N/A	\$60	\$75	Ded + \$500	\$60	\$50	Ded + \$500	Ded + \$500	Ded + \$750/day up to \$2,250 max	Emb	Sep	DI-H3	NH2S	Gold
NHP Primary Advantage w/ Care Cash 2	\$5,000	100%	\$9,100	100%	N/A	\$50	N/A	\$100	\$75	Ded + \$750	\$100	\$50	Ded + \$500	Ded + \$750	Ded + \$1,250 Admit	Emb	Sep	CW-BB	NH2S	Silver
NHP Primary Advantage w/ Care Cash 3	\$7,000	100%	\$9,000	100%	N/A	\$35	N/A	\$90	\$75	Ded + \$500	\$50	\$50	Ded + \$500	Ded + \$500	Ded + \$750 Admit	Emb	Sep	CW-A9	NH2S	Silver

## NHP HMO UHPD

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		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
					Designated	Network	Designated	Network												
NHP UHPD w/ Care Cash 1	\$1,500	70%	\$5,000	100%	\$10	\$30	\$60	\$120	\$75	\$750	\$50	\$50	\$500	Ded + 70%	Ded + 70%	Emb	Sep	CW-A4	NH2S	Gold
NHP UHPD w/ Care Cash 2	\$2,000	80%	\$6,000	100%	\$30	\$40	\$75	Ded + \$100	\$75	\$500	\$50	\$50	\$500	\$500 + Ded + 80%	\$750 + Ded + 80%	Emb	Sep	CW-A5	NH2S	Gold
NHP UHPD w/ Care Cash 3	\$3,000	80%	\$6,500	100%	\$10	\$30	\$40	\$80	\$75	\$750	\$50	\$50	\$500	Ded + 80%	Ded + 80%	Emb	Sep	CW-A7	NH2S	Gold



## 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
<b>Separate Medical/Rx Deductible</b>								
L28S	Essential w/ SMCS Drugs	National	N/A	\$5	\$40	\$150	\$300	\$500
L27S	Essential w/ SMCS Drugs	National	N/A	\$10	\$40	\$150	\$300	\$500
<b>Combined Medical/Rx Deductible</b>								
L27S	Essential w/ SMCS Drugs	National	Same as Medical	\$10	\$40	\$150	\$300	\$500
L29S	Essential w/ SMCS Drugs	National	Same as Medical	\$15	\$50	\$150	\$300	\$500

## Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays				
			Individual	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty
<b>Combined Medical/Rx Deductible</b>								
F79	Essential	National	Same as Medical	No Copay	No Copay	No Copay	No Copay	N/A

## NHP 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
<b>Separate Medical/Rx Deductible</b>								
NH1S	Essential w/ SMCS Drugs	National	N/A	\$5	\$40	\$140	\$300	\$500
NH2S	Essential w/ SMCS Drugs	National	N/A	\$10	\$40	\$140	\$300	\$500
NH3S	Essential w/ SMCS Drugs	National	N/A	\$15	\$50	\$150	\$300	\$500
<b>Combined Medical/Rx Deductible</b>								
NH2S	Essential w/ SMCS Drugs	National	Same as Medical	\$10	\$40	\$140	\$300	\$500
NH3S	Essential w/ SMCS Drugs	National	Same as Medical	\$15	\$50	\$150	\$300	\$500

## NHP Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays				
			Individual	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty
<b>Combined Medical/Rx Deductible</b>								
NH04	Essential	National	Same as Medical	No Copay	No Copay	No Copay	No Copay	N/A



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

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

### Choice Copay Only:

- Member copays for all network medical services

### Choice Split Copay:

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

### Choice Zero PCP:

- Plans with zero cost-share for Primary Care services

### Choice 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®
- HSA plans are not HRA eligible

### Choice UHPD:

- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers



## 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 UHPD:

- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers

### 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®
- HSA plans are not HRA eligible



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

- PCP selection required; no referrals required
- Florida Neighborhood Health Partnership network
- Florida only in-network only benefits
- Members receive the highest level of plan benefits when they receive Major Diagnostic services from a Designated Diagnostic Provider (DDP)

### **NHP HMO Advanced:**

- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers

### **NHP HMO No Deductible:**

- Plans with no deductible

### **NHP HMO Split Copay:**

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

### **NHP HMO Zero PCP:**

- Plans with zero cost-share for Primary Care services

### **NHP HMO UHPD:**

- Member pays copays for PCP and specialist physician office visits
- Member pays deductible first, then coinsurance, then Per Occurrence Deductible for facility-based services
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers

### **NHP HMO HSA:**

- Combines a high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for qualified medical expenses
- Member 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

### **NHP HMO 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



- 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.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.
- 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
- 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 [UHCeServices.com](https://UHCeServices.com).
- Insurance coverage provided by or through UnitedHealthcare Insurance Company or their affiliates.
- Health Plan coverage provided by or through UnitedHealthcare of Florida, Inc. and Neighborhood Health Partnership, Inc.

