



South Florida, 1-50 Fully Insured Plan Grid – Package 842

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



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 | • \$0 cost-share – Deductible does not apply • First dollar coverage |
| Health Savings Account (HSA) plan | |
| Copayplan | • \$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 South 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



Health Plan Product Offering

South Florida
1-50 Fully Insured Eligible Employees

Choice Split Copay (Insurance)

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| 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 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)

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| 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 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

South Florida
1-50 Fully Insured Eligible Employees

Choice Health Savings Account (HSA) (Insurance)

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| 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 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 | Rx Plan Code | 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

South 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 | Rx Plan Code | Metallic Level |
|--------------------------------------|-------------------|---------------|-------------|---------------|------------|---------|------------|---------|-------------|--------------------|------------|------------|----------------------|--------------------|---------------------|--------------|-----------------|---------------|------------------------------|----------------|
| | | | | | Designated | Network | Designated | Network | | | | | | | | | | | | |
| 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 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 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 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 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 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 |
| 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 |
| 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 |
| 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 |



Health Plan Product Offering

South 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 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 |
| 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 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 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 |

Choice Plus UHPD (Insurance)

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| 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 |



Health Plan Product Offering

South Florida
1-50 Fully Insured Eligible Employees

Choice Copay Only (HMO)

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| 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)

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| 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 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 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 |
| 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 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 |
| 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 |
| 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 |
| 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 |
| 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 |



Health Plan Product Offering

South 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)

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| 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 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 |
| 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 |

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 Network | 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

South 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 | | | | | | | | | | | | |
| 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 |
| 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 |

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 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 |
| 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 |



Health Plan Product Offering

South Florida
1-50 Fully Insured Eligible Employees

NHP HMO

[Click for Plan Descriptions](#)

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|---------------|-------------------|---------------|-------------|---------------|------------|---------|------------|---------|-------------|-------|------|-------|----------------------|---------|-------------------------------|--------------|-----------------|---------------|------------------------------|----------------|
| | | | | | 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 |



Health Plan Product Offering

South Florida
1-50 Fully Insured Eligible Employees

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 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 |
| 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 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 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 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 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 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 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 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 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 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 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

South 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 | Rx Plan Code | 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 | Rx Plan Code | 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 |

NHP HMO Primary Advantage

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| 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 |



Health Plan Product Offering

South Florida
1-50 Fully Insured Eligible Employees

NHP HMO UHPD

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| 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 |

NHP POS (HMO)

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| 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 3 | N/A | 100% | \$9,000 | 100% | N/A | \$60 | N/A | \$125 | \$125 | \$750 | 100% | 100% | \$750 | \$1,500 | \$3,000/day up to \$9,000 max | Emb | Sep | DI-HA | NH1S | Gold |
| Copay Only 4 | N/A | 100% | \$8,750 | 100% | N/A | \$60 | N/A | \$125 | \$125 | \$800 | 100% | 100% | \$750 | \$1,400 | \$2,700/day up to \$8,100 max | Emb | Sep | DI-HB | NH1S | Gold |



Health Plan Product Offering

South Florida
1-50 Fully Insured Eligible Employees

NHP POS 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 1 | \$750 | 90% | \$1,500 | 100% | N/A | \$15 | N/A | \$30 | \$75 | \$500 | \$30 | \$30 | \$400 | Ded + 90% | Ded + 90% | Emb | Sep | CW-BC | NH1S | Platinum |
| NHP Direct Access Split Copay 2 | \$2,500 | 80% | \$5,000 | 100% | N/A | \$25 | N/A | \$85 | \$75 | Ded + \$500 | \$85 | \$85 | \$500 | Ded + 80% | Ded + 80% | Ded NonEmb/OOPM Emb | Sep | CW-BI | NH2S | Gold |
| NHP Direct Access Split Copay 21 | \$4,000 | 100% | \$7,350 | 100% | N/A | \$25 | N/A | \$50 | \$75 | \$500 | \$50 | \$50 | \$400 | Ded + 100% | Ded + 100% | Emb | Sep | CW-B3 | NH2S | Gold |
| NHP Direct Access Split Copay 3 | \$3,000 | 80% | \$6,000 | 100% | N/A | \$25 | N/A | \$90 | \$75 | \$500 | \$90 | \$90 | \$500 | Ded + 80% | Ded + 80% | Emb | Sep | DI-HJ | NH2S | Gold |
| NHP Direct Access Split Copay 4 | \$3,000 | 100% | \$6,000 | 100% | N/A | \$25 | N/A | \$45 | \$75 | \$500 | Ded + 100% | Ded + 100% | \$400 | \$250 + Ded + 100% | \$250 + Ded + 100% | Emb | Sep | CW-IM | NH2S | Gold |
| NHP Direct Access Split Copay 5 | \$3,000 | 80% | \$7,350 | 100% | N/A | \$25 | N/A | \$50 | \$75 | \$500 | \$50 | \$50 | \$400 | Ded + 80% | Ded + 80% | Emb | Sep | CW-CJ | NH2S | Gold |
| NHP Direct Access Split Copay 8 | \$9,350 | 80% | \$9,450 | 100% | N/A | \$65 | N/A | \$100 | \$100 | \$800 | \$100 | \$100 | \$750 | Ded + 80% | Ded + 80% | Emb | Sep | DI-HP | NH2S | Silver |

NHP POS 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 | Rx Plan Code | Metallic Level |
|---------------|-------------------|---------------|-------------|---------------|------------|------------|------------|------------|-------------|-------------|------------|------------|----------------------|------------|---------------------|--------------|-----------------|---------------|------------------------------|----------------|
| | | | | | Designated | Network | Designated | Network | | | | | | | | | | | | |
| NHP HSA 1 | \$2,000 | 100% | \$4,000 | 100% | N/A | Ded + \$30 | N/A | Ded + \$60 | Ded + 100% | Ded + \$500 | Ded + \$60 | Ded + \$60 | Ded + \$400 | Ded + 100% | Ded + 100% | NonEmb | Comb | DI-HI | NH2S | Gold |
| NHP HSA 2 | \$4,000 | 100% | \$7,350 | 100% | N/A | Ded + \$30 | N/A | Ded + \$60 | Ded + 100% | Ded + \$500 | Ded + \$60 | Ded + \$60 | Ded + 100% | Ded + 100% | Ded + \$500 Admit | Emb | Comb | DI-HD | NH2S | Silver |



Health Plan Product Offering

South Florida
1-50 Fully Insured Eligible Employees

NHP POS Network Flex

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| 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 Network Flex 2 | \$750 | 90% | \$1,500 | 100% | N/A | \$15 | N/A | \$30 | \$75 | \$500 | \$30 | \$30 | \$400 | Ded + 90% | Ded + 90% | Emb | Sep | CW-BD | NH1S | Platinum |
| NHP Network Flex 3 | \$3,500 | 100% | \$7,000 | 100% | N/A | \$30 | N/A | \$60 | \$75 | \$500 | \$60 | \$60 | \$250 | Ded + 100% | Ded + 100% | Emb | Sep | DI-HN | NH2S | Gold |
| NHP Network Flex 4 | \$4,000 | 100% | \$7,350 | 100% | N/A | \$25 | N/A | \$50 | \$75 | \$500 | \$50 | \$50 | \$400 | Ded + 100% | Ded + 100% | Emb | Sep | CW-CL | NH2S | Gold |
| NHP Network Flex 5 | \$3,000 | 80% | \$6,000 | 100% | N/A | \$25 | N/A | \$90 | \$75 | \$500 | \$90 | \$90 | \$500 | Ded + 80% | Ded + 80% | Emb | Sep | DI-HM | NH2S | Gold |
| NHP Network Flex 6 | \$9,400 | 80% | \$9,450 | 100% | N/A | \$60 | N/A | \$125 | \$150 | \$800 | \$125 | \$125 | \$600 | Ded + 80% | Ded + 80% | Emb | Sep | DI-HC | NH2S | Silver |

NHP POS Network Flex 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 | Rx Plan Code | Metallic Level |
|------------------------|-------------------|---------------|-------------|---------------|------------|------------|------------|------------|-------------|-------------|------------|------------|----------------------|------------|---------------------|--------------|-----------------|---------------|------------------------------|----------------|
| | | | | | Designated | Network | Designated | Network | | | | | | | | | | | | |
| NHP Network Flex HSA 1 | \$2,000 | 100% | \$4,000 | 100% | N/A | Ded + \$25 | N/A | Ded + \$50 | Ded + 100% | Ded + \$500 | Ded + \$50 | Ded + \$50 | Ded + \$250 | Ded + 100% | Ded + 100% | NonEmb | Comb | DI-HK | NH2S | Gold |
| NHP Network Flex HSA 2 | \$5,000 | 100% | \$7,500 | 100% | N/A | Ded + \$30 | N/A | Ded + \$60 | Ded + 100% | Ded + \$500 | Ded + \$60 | Ded + \$60 | Ded + 100% | Ded + 100% | Ded + \$500 Admit | Emb | Comb | DI-HL | NH2S | 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 | | | | | | | | |
| L28S | Essentialw/ SMCS Drugs | National | N/A | \$5 | \$40 | \$150 | \$300 | \$500 |
| L27S | Essentialw/ SMCS Drugs | National | N/A | \$10 | \$40 | \$150 | \$300 | \$500 |
| Combined Medical/Rx Deductible | | | | | | | | |
| L27S | Essentialw/ SMCS Drugs | National | Same as Medical | \$10 | \$40 | \$150 | \$300 | \$500 |
| L29S | Essentialw/ 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 |
| Combined Medical/Rx Deductible | | | | | | | | |
| 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 |
| Separate Medical/Rx Deductible | | | | | | | | |
| NH1S | Essentialw/ SMCS Drugs | National | N/A | \$5 | \$40 | \$140 | \$300 | \$500 |
| NH2S | Essentialw/ SMCS Drugs | National | N/A | \$10 | \$40 | \$140 | \$300 | \$500 |
| NH3S | Essentialw/ SMCS Drugs | National | N/A | \$15 | \$50 | \$150 | \$300 | \$500 |
| Combined Medical/Rx Deductible | | | | | | | | |
| NH2S | Essentialw/ SMCS Drugs | National | Same as Medical | \$10 | \$40 | \$140 | \$300 | \$500 |
| NH3S | Essentialw/ 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 |
| Combined Medical/Rx Deductible | | | | | | | | |
| NH04 | Essential | National | Same as Medical | No Copay | No Copay | No Copay | No Copay | N/A |



Plan Descriptions – Choice

South Florida
1-50 Fully Insured Eligible Employees

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



Plan Descriptions – Choice Plus

South Florida
1-50 Fully Insured Eligible Employees

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 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 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, 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



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 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 POS Split Copay:

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

NHP POS Network Flex:

- NHP members outside of the NHP service area will have access to the UnitedHealthcare Choice Plus network for non-emergent care

NHP POS 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



- 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 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.
- 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.
- 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.

