

UnitedHealthcare

Medical and Pharmacy Plans

New Mexico
Small Business 2-50
Multi-Choice Package NM015
January 2024

Choice Plus and Choice

Choice Plus (INS)	Choice (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK													Ded/OOP Type	Med/Rx Ded	Choice Plus Relative to CX-JN ²
					Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV	Urg Care	ER	Minor Lab	Minor Xray	Major Imaging	OP / IP Hosp			
					Ind	Fam		Ind	Fam											
Plans include UHC Rewards Core																				
CX-JJ	CU-GX	Platinum	20/100/90%	K70	\$100	\$200	90%	\$2,500	\$5,000	\$20	\$40	\$50	\$500	\$25	\$75	90% ¹	90% ¹	Emb	Sep	-1.0%
DH-8O	DH-8A	Platinum	15/500/80%	K70	\$500	\$1,000	80%	\$2,400	\$4,800	\$15	\$35	\$50	\$500	\$25	\$75	80% ¹	80% ¹	Emb	Sep	-2.7%
DH-8P	DH-7Z	Gold	50/500/55%	K72	\$500	\$1,500	55%	\$6,000	\$18,000	\$50	\$100	\$50	55% ¹	55% ¹	55% ¹	55% ¹	55% ¹	Emb	Sep	-19.3%
CU-GI	CU-G4	Gold	15/750/70%	K88	\$750	\$1,500	70%	\$7,500	\$15,000	\$15	\$70	\$70	\$700+70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb	Sep	-18.0%
CU-GZ	CU-G2	Gold	35/1000/80%	K71	\$1,000	\$2,000	80%	\$7,000	\$14,000	\$35	\$80	\$70	\$500+80% ¹	\$25	\$75	80% ¹	80% ¹	Emb	Sep	-15.6%
CU-GJ	CU-G5	Gold	30/1500/80%	K71	\$1,500	\$3,000	80%	\$8,550	\$17,100	\$30	\$60	\$50	\$500	\$25	\$75	80% ¹	80% ¹	Emb	Sep	-14.2%
CU-G7	CU-G8	Gold	35/2000/80%	K71	\$2,000	\$4,000	80%	\$7,000	\$14,000	\$35	\$75	\$50	\$500+80% ¹	\$25	\$75	80% ¹	80% ¹	Emb	Sep	-18.1%
DH-72	DH-8B	Gold	30/2150/70%	K70	\$2,150	\$4,300	70%	\$8,200	\$16,400	\$30	\$80	\$50	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb	Sep	-23.0%
CX-JI	CU-G6	Gold	25/2500/80%	K70	\$2,500	\$5,000	80%	\$8,550	\$17,100	\$25	\$50	\$50	100% \$500	\$25	\$75	80% ¹	80% ¹	Emb	Sep	-14.9%
CU-G9	CX-JE	Gold	25/2500/80%	K70	\$2,500	\$5,000	80%	\$8,550	\$17,100	\$25	\$50	\$50	\$500+80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb	Sep	-21.7%
CX-JF	CU-HB	Gold	30/3000/80%	K70	\$3,000	\$6,000	80%	\$8,550	\$17,100	\$30	\$60	\$50	\$500	\$25	\$75	80% ¹	80% ¹	Emb	Sep	-16.1%
DH-73	DH-8C	Silver	50/4000/70%	P70	\$4,000	\$8,000	70%	\$9,450	\$18,900	\$50	\$100	\$50	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb	Sep	-32.3%
DH-74	DH-8D	Silver	50/4500/70%	P70	\$4,500	\$9,000	70%	\$9,450	\$18,900	\$50	\$100	\$50	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb	Sep	-32.9%
DH-8E	DH-8F	Silver	50/5000/60%	P70	\$5,000	\$10,000	60%	\$9,450	\$18,900	\$50	\$100	\$125	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	Emb	Sep	-34.3%
DH-8G	DH-75	Silver	50/5500/70%	K70	\$5,500	\$11,000	70%	\$9,450	\$18,900	\$50	\$100	\$50	\$500+70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb	Sep	-30.8%
DH-76	DH-8H	Silver	50/6000/70%	K71	\$6,000	\$12,000	70%	\$9,450	\$18,900	\$50	\$100	\$50	70% ¹	\$50	\$100	70% ¹	70% ¹	Emb	Sep	-28.5%
DH-8I	DH-8J	Bronze	80/8350/50%	P70	\$8,350	\$16,700	50%	\$9,450	\$18,900	\$80	\$160	\$100	\$500+50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	Emb	Sep	-36.5%
DH-77	DH-78	Bronze	9100/100%	E83	\$9,100	\$18,200	100%	\$9,450	\$18,900	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb	Comb	-39.2%

1) After Deductible
2) Relativities are not exact and should only be used for directional guidance.

Additional Plan Details

- HMO products are only available to New Mexico employees.
- INS products offer the following Out-of-Network benefits: DED \$10,000 Ind / \$20,000 Fam | Coins 50% | OOP \$20,000 Ind / \$40,000 Fam
- PCP selection is not required.
- Virtual Visits are covered In-Network at 100% with no deductible.
- All Plans cover In-Network PPACA Preventive Care at 100%.



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Choice Plus Direct and Choice Direct

Choice Plus Direct (INS)	Choice Direct (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK													Ded/OOP Type	Med/Rx Ded	Choice Plus Relative to CX-JN ²	
					Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV	Urg Care	ER	Minor Lab	Minor Xray	Major Imaging	OP Hosp				IP Hosp
					Ind	Fam		Ind	Fam												
CX-JN	CU-HR	Platinum	15/250/100%	K70	\$250	\$500	100%	\$1,500	\$3,000	\$15	\$30	\$50	\$500+100% ¹	Freestanding: 100% ^{1,3} Hospital: \$250+100% ^{1,3}			\$250100% ¹	Emb	Sep	0.0%	
CX-JK	CU-HT	Gold	25/500/70%	K70	\$500	\$1,000	70%	\$8,150	\$16,300	\$25	\$60	\$50	70% ¹	Freestanding: 70% ^{1,3} Hospital: \$250+70% ^{1,3}			70% ¹	Emb	Sep	-17.5%	
CX-JM	CU-HU	Gold	25/1000/80%	K70	\$1,000	\$2,000	80%	\$8,150	\$16,300	\$25	\$50	\$50	\$500+80% ¹	Freestanding: 80% ^{1,3} Hospital: \$250+80% ^{1,3}			\$250+80% ¹	Emb	Sep	-17.7%	
CU-HV	CU-HW	Gold	30/1500/80%	K71	\$1,500	\$3,000	80%	\$7,000	\$14,000	\$30	\$60	\$75	\$500+100% ¹	Freestanding: 80% ^{1,3} Hospital: \$250+80% ^{1,3}			\$250+80% ¹	Emb	Sep	-19.0%	
DH-8Y	DH-8Q	Gold	25/2250/80%	K70	\$2,250	\$4,500	80%	\$7,750	\$15,500	\$25	\$50	\$50	\$500+100% ¹	Freestanding: 80% ^{1,3} Hospital: \$250+80% ^{1,3}			\$250+80% ¹	Emb	Sep	-20.6%	
CU-HX	DH-8X	Gold	30/3000/80%	K71	\$3,000	\$6,000	80%	\$6,500	\$13,000	\$30	\$60	\$75	\$500+100% ¹	Freestanding: 80% ^{1,3} Hospital: \$250+80% ^{1,3}			\$250+80% ¹	Emb	Sep	-22.6%	
DH-8U	DH-8R	Silver	50/4000/80%	K70	\$4,000	\$8,000	80%	\$9,450	\$18,900	\$50	\$120	\$50	\$500+80% ¹	Freestanding: 80% ^{1,3} Hospital: \$250+80% ^{1,3}			\$250+80% ¹	Emb	Sep	-29.8%	
DH-8V	DH-8S	Silver	50/5000/80%	K70	\$5,000	\$10,000	80%	\$9,450	\$18,900	\$50	\$120	\$50	80% ¹	Freestanding: 80% ^{1,3} Hospital: \$250+80% ^{1,3}			80% ¹	Emb	Sep	-30.9%	
DH-8W	DH-8T	Silver	65/6500/50%	P70	\$6,500	\$13,000	50%	\$9,400	\$18,800	\$65	\$120	\$65	50% ¹	Freestanding: 50% ^{1,3} Hospital: \$250+50% ^{1,3}			50% ¹	Emb	Sep	-36.0%	
CX-JL	CU-HS	Gold	20/100%	K70	N/A	N/A	100%	\$8,550	\$17,100	\$20	\$100	\$75	\$700	FS: \$25 ³ HOSP: \$50 ³	FS: \$50 ³ HOSP: \$100 ³	FS: \$500 ³ HOSP: \$700 ³	FS: \$1,500 ³ HOSP: \$2,000 ³	\$2,000/day 3x max	Emb	Sep	-9.9%

1) After Deductible

2) Relativities are not exact and should only be used for directional guidance

3) Place of Service Tiered Benefit. Member cost-share is based on using a Freestanding Facility or Hospital owned facility.

Additional Plan Details

- HMO products are only available to New Mexico employees.
- INS products offer the following Out-of-Network benefits: DED \$10,000 Ind / \$20,000 Fam | Coins 50% | OOP \$20,000 Ind / \$40,000 Fam
- PCP selection is not required.
- Virtual Visits are covered In-Network at 100%.
- All Plans cover In-Network PPACA Preventive Care at 100%.

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Choice Plus HSA and Choice HSA

Choice Plus HSA (INS)	Choice HSA (HMO)	Metal Level	Plan Description	Rx Plan	IN-NETWORK												Ded/OOP Type	Med/Rx Ded	Choice Plus Relative to CX-JN ²
					Deductible		Coins	Out-of-Pocket		PCP OV	Spec OV	Urg Care	ER	Minor Lab/Xray	Major Imaging	OP / IP Hosp			
					Ind	Fam		Ind	Fam										
Plans include UHC Rewards Premium																			
DJ-H5	DH-8K	Silver	40/3000/70%	K71	\$3,000	\$6,000	70%	\$7,350	\$9,100	\$40 ¹	\$80 ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	NonEmb	Comb	-25.39%
DH-8L	DJ-H6	Silver	3500/80%	K71	\$3,500	\$7,000	80%	\$7,350	\$14,700	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	Emb	Comb	-24.56%
DJ-H7	DH-8M	Silver	4500/90%	K71	\$4,500	\$9,000	90%	\$7,350	\$14,700	90% ¹	90% ¹	90% ¹	90% ¹	90% ¹	90% ¹	90% ¹	Emb	Comb	-25.48%
DH-79	DH-8N	Bronze	6000/60%	K70	\$6,000	\$11,500	60%	\$7,550	\$15,100	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	Emb	Comb	-36.30%
DJ-H8	DJ-H9	Bronze	7350/100%	E83	\$7,350	\$14,700	100%	\$7,350	\$14,700	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	100% ¹	Emb	Comb	-34.24%

- 1) After Deductible
2) Relativities are not exact and should only be used for directional guidance.

Additional Plan Details

- HMO products are only available to New Mexico employees.
- INS products offer the following Out-of-Network benefits: DED \$10,000 Ind / \$20,000 Fam | Coins 50% | OOP \$20,000 Ind / \$40,000 Fam
- PCP selection not required.
- Virtual Visits are covered In-Network at 100% with no deductible.
- Medical and Pharmacy apply to plan Deductible before Rx benefit plan applies.

In 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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Pharmacy Plans

Rx Plan Code	Prescription Drug List	Pharmacy Network	Deductible		Deductible applies to which tiers?	Copays				90-day supply
			Ind	Fam		Tier 1	Tier 2	Tier 3	Tier 4	
Non-HSA Pharmacy Plans										
K72	Essential PDL	National/Broad	\$250	\$500	3,4	\$5	\$50	\$115	50%	2.5
K88	Essential PDL	National/Broad	\$250	\$500	3,4	\$7	\$50	\$115	50%	2.5
P70	Essential PDL	National/Broad	\$750	\$1,500	2,3,4	\$15	\$50	\$200	50%	2.5
K71	Essential PDL	National/Broad	N/A	N/A	N/A	\$10	\$50	\$125	50%	2.5
K70	Essential PDL	National/Broad	N/A	N/A	N/A	\$10	\$35	\$110	50%	2.5
HSA Pharmacy Plans										
K71	Essential PDL	National/Broad	Same as Medical	Same as Medical	All	\$10	\$50	\$125	50%	2.5
K70	Essential PDL	National/Broad	Same as Medical	Same as Medical	All	\$10	\$35	\$110	50%	2.5
E83	Essential PDL	National/Broad	Same as Medical	Same as Medical	All	No Copay	No Copay	No Copay	No Copay	No Copay

These grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. The agreement/policy has exclusions, limitations, and terms under which the agreement/policy may be continued or discontinued.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Virtual visits are covered at 100%, not subject to deductible.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of New Mexico, Inc.

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