



North Carolina, 1-50 Fully Insured Plan Grid - Renewing Groups Only: NC24B

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: 11/17/23

**United
Healthcare**

Health plans built for what matters to small business.

 **Vital Medications Program | \$0 cost for certain medications.**

The UnitedHealthcare Vital Medication Program offers certain drugs at no additional cost. Preferred medications with \$0 out-of-pocket costs may include:

- Insulin – rapid, short and long-acting
- Epinephrine – allergic reactions
- Glucagon – hypoglycemia (low blood sugar)
- Naloxone – opioid overdose
- Albuterol – asthma

 **UnitedHealthcare Rewards | Increase employee engagement.**

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses select activities right for them and choose how to spend their earnings. Participants can earn up to \$300 annually.

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

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

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

 **Care Cash® | Provide financial help for employee health care expenses.**

The Care Cash preloaded debit card can be used towards cost sharing for certain eligible network health care expenses. Care Cash:

- Gives an employee \$200 for the year for individual coverage or \$500 for family coverage
- Reloads new funds each plan year
- Rolls over remaining card balances each plan year up to \$2,000

For all North Carolina Plans:

- All plans apply 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. The Essential PDL combines a five-tier benefit design with a managed drug list
- Some plans apply Special Medication Cost Sharing (SMCS), which is a benefit design strategy to help control costs through the administration of a separate copayment/coinsurance for most specialty medications
- Pharmacy plans utilize the National network or Standard Select (Walgreens) network
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- Visit myuhc.com® for network details



Choice Plus 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												
Choice Plus Copay	\$8,500	100%	\$8,500	100%	N/A	\$55	N/A	\$150	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-DW	F11S	Silver

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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus HSA	\$3,500	100%	\$3,500	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	DH-DZ*	E83	Gold
Choice Plus HSA	\$7,500	100%	\$7,500	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	DH-DY*	E83	Bronze

Choice Plus Primary Advantage (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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus Primary Advantage	\$1,500	100%	\$7,000	100%	N/A	\$30	N/A	Ded + \$60	\$75	Ded + \$500	Ded + \$25	Ded + \$50	Ded + \$250	Ded + \$500	Ded + \$750 Admit	Emb	Sep	DH-D8	K35S	Gold
Choice Plus Primary Advantage	\$2,500	100%	\$5,000	100%	N/A	\$30	N/A	Ded + \$60	\$75	Ded + \$500	Ded + \$25	Ded + \$50	Ded + \$500	Ded + \$500	Ded + \$750 Admit	Emb	Sep	DH-D9	K35S	Gold
Choice Plus Primary Advantage	\$3,500	100%	\$9,450	100%	N/A	\$45	N/A	Ded + \$100	\$75	Ded + \$500	Ded + \$50	Ded + \$100	Ded + \$500	Ded + \$500	Ded + \$1,000 Admit	Emb	Sep	DH-EA	F11S	Silver
Choice Plus Primary Advantage	\$4,000	100%	\$9,400	100%	N/A	\$45	N/A	Ded + \$90	\$75	Ded + \$500	Ded + \$50	Ded + \$80	Ded + \$500	Ded + \$500	Ded + \$1,000 Admit	Emb	Sep	DH-EB	K35S	Silver
Choice Plus Primary Advantage	\$6,000	100%	\$9,000	100%	N/A	\$40	N/A	Ded + \$125	\$75	Ded + \$500	Ded + \$75	Ded + \$125	Ded + \$500	Ded + \$500	Ded + \$2,500 Admit	Emb	Sep	DH-EC	K35S	Silver



Health Plan Product Offering

North Carolina
1-50 Fully Insured Eligible Employees

Choice Plus Primary Advantage Coinsurance (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												
Choice Plus Primary Advantage Coinsurance	\$2,500	70%	\$5,000	100%	N/A	\$30	N/A	Ded + \$60	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-EE	K35S	Gold
Choice Plus Primary Advantage Coinsurance	\$3,000	50%	\$9,450	100%	N/A	\$45	N/A	Ded + \$80	\$75	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-EG	F11S	Silver
Choice Plus Primary Advantage Coinsurance	\$5,000	70%	\$9,450	100%	N/A	\$35	N/A	Ded + \$75	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-ED	F11S	Silver
Choice Plus Primary Advantage Coinsurance	\$6,000	50%	\$9,000	100%	N/A	\$35	N/A	Ded + \$75	\$75	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-EF	F11S	Silver

Choice Plus Direct 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												
Choice Plus Direct Copay	\$1,000	50%	\$7,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 50%	\$15	\$50	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-FK	K35S	Gold
Choice Plus Direct Copay	\$2,000	50%	\$5,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 50%	\$15	\$50	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-FL	K35S	Gold
Choice Plus Direct Copay	\$3,000	50%	\$5,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 50%	\$15	\$50	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-FM	K35S	Gold
Choice Plus Direct Copay	\$5,000	50%	\$9,000	100%	\$40	\$40	\$75	\$75	\$75	Ded + 50%	\$25	\$75	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-FN	F11S	Silver
Choice Plus Direct Copay	\$8,300	50%	\$9,450	100%	\$75	\$75	\$150	\$150	\$125	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	\$750 + Ded + 50%	Emb	Sep	DH-GD	P47S	Bronze

Choice Plus Direct Deductible (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												
Choice Plus Direct Deductible	\$5,000	80%	\$9,000	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-HE	F11S	Silver



Choice Plus Direct Fusion 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												
Choice Plus Direct Fusion Copay	\$1,000	100%	\$6,500	100%	\$5	\$5	Ded + \$60	Ded + \$60	\$75	Ded + \$500	\$25	Ded + \$75	Ded + \$250	Ded + \$500	Ded + \$500 Admit	Emb	Sep	CU-ZK*	K65S	Gold
Choice Plus Direct Fusion Copay	\$2,000	100%	\$7,000	100%	\$5	\$5	Ded + \$60	Ded + \$60	\$75	Ded + \$500	\$25	Ded + \$75	Ded + \$250	Ded + \$500	Ded + \$500 Admit	Emb	Sep	CU-ZN*	K65S	Gold
Choice Plus Direct Fusion Copay	\$3,000	100%	\$5,500	100%	\$5	\$5	Ded + \$75	Ded + \$75	\$75	Ded + \$500	\$25	Ded + \$75	Ded + \$250	Ded + \$500	Ded + \$500 Admit	Emb	Sep	CU-ZL*	K65S	Gold

Choice Plus Direct Fusion 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												
Choice Plus Direct Fusion Split Copay	\$3,500	100%	\$6,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-F5	K65S	Gold
Choice Plus Direct Fusion Split Copay	\$4,000	70%	\$6,000	100%	\$25	\$25	\$50	\$50	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-FU	K65S	Gold
Choice Plus Direct Fusion Split Copay	\$4,000	70%	\$9,000	100%	\$35	\$35	\$125	\$125	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-FZ	F11S	Silver



Choice Plus Direct 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												
Choice Plus Direct HSA	\$2,500	70%	\$7,500	100%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded NonEmb/OOPM Emb	Comb	DH-HQ*	F17S	Silver				
Choice Plus Direct HSA	\$3,000	70%	\$7,500	100%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded NonEmb/OOPM Emb	Comb	DH-HR*	K35S	Silver				
Choice Plus Direct HSA	\$4,000	100%	\$7,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-HP*	K65S	Silver
Choice Plus Direct HSA	\$4,000	80%	\$6,500	100%	Ded + \$25	Ded + \$25	Ded + \$75	Ded + \$75	Ded + \$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-HL*	K35S	Silver
Choice Plus Direct HSA	\$5,000	100%	\$6,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-HO*	K35S	Silver
Choice Plus Direct HSA	\$5,000	100%	\$6,500	100%	\$25	\$25	\$50	\$50	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-FV	K65S	Gold
Choice Plus Direct HSA	\$5,000	80%	\$6,500	100%	\$15	\$15	\$35	\$35	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-FW	K35S	Gold
Choice Plus Direct HSA	\$5,000	80%	\$7,000	100%	Ded + \$25	Ded + \$25	Ded + \$75	Ded + \$75	Ded + \$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-HM*	K35S	Silver
Choice Plus Direct HSA	\$5,000	80%	\$9,100	100%	\$45	\$45	\$90	\$90	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-F3	F11S	Silver
Choice Plus Direct HSA	\$6,000	80%	\$7,500	100%	Ded + \$35	Ded + \$35	Ded + \$75	Ded + \$75	Ded + \$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-HK*	F17S	Bronze
Choice Plus Direct HSA	\$6,500	100%	\$7,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-HN*	K35S	Bronze



Health Plan Product Offering

North Carolina
1-50 Fully Insured Eligible Employees

Choice Plus Direct 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												
Choice Plus Direct Split Copay	\$250	90%	\$2,000	100%	\$15	\$15	\$30	\$30	\$75	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Sep	DH-FX	K35S	Platinum
Choice Plus Direct Split Copay	\$1,000	100%	\$2,500	100%	\$10	\$10	\$20	\$20	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-F2	K65S	Platinum
Choice Plus Direct Split Copay	\$1,000	80%	\$6,000	100%	\$35	\$35	\$75	\$75	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-FO	K35S	Gold
Choice Plus Direct Split Copay	\$1,500	100%	\$2,000	100%	\$15	\$15	\$30	\$30	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-GB	K35S	Platinum
Choice Plus Direct Split Copay	\$1,500	100%	\$7,500	100%	\$35	\$35	\$100	\$100	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-FQ	K35S	Gold
Choice Plus Direct Split Copay	\$1,500	80%	\$5,000	100%	\$35	\$35	\$75	\$75	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-F7	F11S	Gold
Choice Plus Direct Split Copay	\$1,500	80%	\$7,500	100%	\$30	\$30	\$60	\$60	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-FP	K35S	Gold
Choice Plus Direct Split Copay	\$2,000	80%	\$6,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-FR	K35S	Gold
Choice Plus Direct Split Copay	\$2,500	100%	\$6,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-F8	K35S	Gold
Choice Plus Direct Split Copay	\$2,500	80%	\$5,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-FS	K35S	Gold
Choice Plus Direct Split Copay	\$2,500	70%	\$6,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-F9	K35S	Gold
Choice Plus Direct Split Copay	\$2,500	60%	\$9,100	100%	\$50	\$50	\$125	\$125	\$75	\$500 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DH-F6	F11S	Silver
Choice Plus Direct Split Copay	\$3,000	100%	\$7,500	100%	\$35	\$35	\$70	\$70	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-FT	K35S	Gold
Choice Plus Direct Split Copay	\$3,250	50%	\$8,700	100%	\$40	\$40	\$125	\$125	\$75	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-FY	F11S	Silver
Choice Plus Direct Split Copay	\$3,500	70%	\$6,500	100%	\$25	\$25	\$50	\$50	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-GA	K65S	Gold
Choice Plus Direct Split Copay	\$3,500	70%	\$9,100	100%	\$50	\$50	\$125	\$125	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DH-F4	F11S	Silver



Health Plan Product Offering

Choice Plus Direct 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												
Choice Plus Direct Split Copay	\$1,000	80%	\$6,000	100%	\$35	\$35	\$75	\$75	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CU-Z9*	K35S	Gold
Choice Plus Direct Split Copay	\$2,000	80%	\$6,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CU-1A*	K35S	Gold
Choice Plus Direct Split Copay	\$2,500	100%	\$7,500	100%	\$45	\$45	\$90	\$90	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CU-1B*	K35S	Gold
Choice Plus Direct Split Copay	\$2,500	60%	\$9,100	100%	\$50	\$50	\$125	\$125	\$75	\$500 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	CU-1E*	F11S	Silver
Choice Plus Direct Split Copay	\$3,250	50%	\$8,500	100%	\$35	\$35	\$125	\$125	\$75	\$500 + Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CU-1F*	F11S	Silver
Choice Plus Direct Split Copay	\$3,500	100%	\$7,500	100%	\$30	\$30	\$60	\$60	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CU-1C*	K35S	Gold
Choice Plus Direct Split Copay	\$4,000	50%	\$9,000	100%	\$50	\$50	\$100	\$100	\$75	\$500 + Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	CU-1G*	F11S	Silver
Choice Plus Direct Split Copay	\$5,000	100%	\$6,500	100%	\$25	\$25	\$50	\$50	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CU-1D*	K65S	Gold
Choice Plus Direct Split Copay	\$5,000	50%	\$8,500	100%	\$50	\$50	\$100	\$100	\$75	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	DH-H6*	F11S	Silver



Health Plan Product Offering

North Carolina
1-50 Fully Insured Eligible Employees

Heritage Plus Direct 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												
Heritage Plus Direct Split Copay	\$1,000	100%	\$2,500	100%	\$10	\$10	\$20	\$20	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CU-2N*	448Y	Platinum
Heritage Plus Direct Split Copay	\$1,500	80%	\$8,000	100%	\$25	\$25	\$50	\$50	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-H8*	410Y	Gold
Heritage Plus Direct Split Copay	\$2,000	80%	\$6,000	100%	\$30	\$30	\$60	\$60	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CU-2L*	410Y	Gold
Heritage Plus Direct Split Copay	\$2,500	60%	\$9,100	100%	\$50	\$50	\$125	\$125	\$75	\$500 + Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	CU-2H*	396Y	Silver
Heritage Plus Direct Split Copay	\$3,000	80%	\$5,000	100%	\$25	\$25	\$50	\$50	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CU-2K*	410Y	Gold
Heritage Plus Direct Split Copay	\$3,500	70%	\$9,100	100%	\$50	\$50	\$125	\$125	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	CU-2T*	396Y	Silver
Heritage Plus Direct Split Copay	\$4,000	100%	\$6,000	100%	\$15	\$15	\$40	\$40	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CU-2M*	448Y	Gold
Heritage Plus Direct Split Copay	\$4,500	80%	\$9,000	100%	\$45	\$45	\$125	\$125	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DH-H9*	410Y	Silver
Heritage Plus Direct Split Copay	\$5,000	80%	\$9,000	100%	\$45	\$45	\$90	\$90	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CU-2S*	396Y	Silver
Heritage Plus Direct Split Copay	\$7,500	60%	\$9,400	100%	\$50	\$50	\$100	\$100	\$75	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Comb	DH-H7*	449Y	Bronze



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								
448Y	Essential w/ SMCS Drugs	Standard Select - Walgreens	N/A	\$5	\$40	\$125	\$300	\$500
410Y	Essential w/ SMCS Drugs	Standard Select - Walgreens	N/A	\$10	\$40	\$125	\$300	\$500
396Y	Essential w/ SMCS Drugs	Standard Select - Walgreens	N/A	\$15	\$75	\$150	\$300	\$500
K65S	Essential w/ SMCS Drugs	National	N/A	\$5	\$40	\$125	\$300	\$500
K35S	Essential w/ SMCS Drugs	National	N/A	\$10	\$40	\$125	\$300	\$500
F11S	Essential w/ SMCS Drugs	National	N/A	\$15	\$75	\$150	\$300	\$500
P47S	Essential w/ SMCS Drugs	National	\$500	\$15	\$125	\$250	\$350	\$500
Combined Medical/Rx Deductible								
449Y	Essential w/ SMCS Drugs	Standard Select - Walgreens	Same as Medical	\$15	\$50	\$150	\$300	\$500
K65S	Essential w/ SMCS Drugs	National	Same as Medical	\$5	\$40	\$125	\$300	\$500
K35S	Essential w/ SMCS Drugs	National	Same as Medical	\$10	\$40	\$125	\$300	\$500
F17S	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
Combined Medical/Rx Deductible							
E83	Essential	National	Same as Medical	No Copay	No Copay	No Copay	No Copay



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

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

Choice Plus Copay:

- In-network and out-of-network benefits
- Member copays for all network medical services

Choice Plus HSA:

- In-network and out-of-network benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice Plus Primary Advantage:

- In-network and out-of-network benefits
- 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

Choice Plus Primary Advantage Coinsurance:

- In-network and out-of-network benefits
- Member pays a copay for services provided by a primary care physician and urgent care, which are not subject to the annual plan deductible
- Member pays deductible first then a copay for Specialist Physician Office Visits
- Member pays Deductible then Coinsurance for ER, Outpatient Surgery, Major & Minor Diagnostics, Inpatient Hospital and all other services

Choice Plus Direct Copay:

- In-network and out-of-network benefits
- Member copays for all network medical services

Choice Plus Direct Deductible:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Member pays the annual plan deductible then coinsurance for all covered services



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

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

Choice Plus Direct Fusion Copay:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Low or no member copayments for Virtual Visits, PCP Office Visits, Network Behavioral Health Visits, and Tier 1 prescription medications. Annual plan deductible is waived.
- For most other service categories, the member pays a copayment after deductible
- Member copays for all network medical services

Choice Plus Direct Fusion Split Copay:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Low or no member copayments for Virtual Visits, PCP Office Visits, Network Behavioral Health Visits, and Tier 1 prescription medications. Annual plan deductible is waived.
- For most other service categories, the member pays a copayment after deductible

Choice Plus Direct Split Copay:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services

Choice Plus Direct HSA:

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



Plan Descriptions – Heritage

North Carolina
1-50 Fully Insured Eligible Employees

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

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

Heritage Plus Direct Split Copay:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services



- Unless otherwise noted, product availability is national/statewide.
- All plans are ACA compliant.
- The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP. In 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.
- Refer to the complete Certificate of Coverage and/or Benefit Summary documents for additional benefit plan design details. Benefit Summaries can be found by visiting www.UHCeServices.com.
- Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.
- UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.
- Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. If the card is used for ineligible 213(d) expenses, individuals may incur tax obligations and should consult an appropriate tax professional to determine if they have such obligations. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.
- 24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- Insurance coverage provided by or through UnitedHealthcare Insurance Company or their affiliates.
- Health Plan coverage provided by or through UnitedHealthcare of North Carolina, Inc. and UnitedHealthcare Insurance Company of the River Valley.

