



# Rhode Island, 1-50 Fully Insured Plan Grid

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

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

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

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

## 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.

### For all Rhode Island Plans:

- All plans apply UnitedHealthcare Rewards. 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
- Unless identified, member cost-shares show the richest level of network plan coverage; please see benefit summaries for details at [www.UHCeServices.com](http://www.UHCeServices.com)
- Visit [myuhc.com](http://myuhc.com)® for network details



# Health Plan Product Offering

Rhode Island  
1-50 Fully Insured Eligible Employees

## Choice Premier (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	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
Choice Premier	\$2,500	100%	\$7,850	100%	\$25	\$45	\$45	\$75	\$75	\$400	\$30	\$65	Ded+ 100%	Ded+ 100%	Ded+ 100%	Emb	Sep	CC-G7	E74S	Gold
Choice Premier	\$5,000	80%	\$9,100	100%	\$35	\$35	\$50	\$80	\$80	\$500+ Ded+ 50%	Ded+ 80%	Ded+ 80%	Ded+ 80%	\$500+ Ded+ 80%	Ded+ 80%	Emb	Sep	DG-S5	E74S	Silver

## Choice Premier 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	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
Choice Premier HSA	\$6,500	100%	\$7,450	100%	Ded+ \$40	Ded+ \$40	Ded+ \$40	Ded+ \$85	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Emb	Comb	DG-S7	K44S	Bronze



# Health Plan Product Offering

Rhode Island  
1-50 Fully Insured Eligible Employees

## NexusACO® OAP

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	OP Surgery Network	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
NexusACO OAP	N/A	100%	\$3,500	100%	\$5	\$35	\$35	\$95	\$75	\$300	\$10	\$40	\$250	\$500	\$500 Admit	Emb	Sep	CM-ZD	E74S	Platinum
NexusACO OAP	\$2,000	100%	\$8,700	100%	\$15	\$40	\$45	\$100	\$75	Ded + \$400	\$25	\$60	\$500	Ded + 100%	Ded + 100%	Emb	Sep	DG-T5	E74S	Gold
NexusACO OAP	\$2,500	100%	\$7,500	100%	\$10	\$40	\$40	\$100	\$75	\$400	\$10	\$50	\$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DG-UF	E74S	Gold
NexusACO OAP	\$3,500	80%	\$8,500	100%	\$10	\$40	\$40	\$100	\$75	Ded + 80%	100%	\$50	\$500	Ded + 80%	Ded + 80%	Emb	Sep	DG-T9	E74S	Gold
NexusACO OAP	\$4,000	100%	\$8,500	100%	\$10	\$40	\$40	\$100	\$75	Ded + 100%	\$10	\$50	\$500	Ded + 100%	Ded + 100%	Emb	Sep	DG-UD	E74S	Gold

## NexusACO OAP Health Savings Account (HSA)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	OP Surgery Network	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
NexusACO OAP HSA	\$6,500	100%	\$7,700	100%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + \$400	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DG-TZ	E74S	Bronze



# Health Plan Product Offering

Rhode Island  
1-50 Fully Insured Eligible Employees

## NexusACO OA

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	OP Surgery Network	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
NexusACOOA	N/A	100%	\$3,500	100%	\$5	\$35	\$35	\$95	\$75	\$300	\$10	\$40	\$250	\$500	\$500 Admit	Emb	Sep	CM-ZB	E74S	Platinum
NexusACOOA	\$1,500	100%	\$9,100	100%	\$15	\$40	\$40	\$100	\$75	Ded+ \$400	\$40	\$75	\$500	Ded+ 100%	Ded+ 100%	Emb	Sep	DG-TR	E74S	Gold
NexusACOOA	\$2,000	100%	\$8,700	100%	\$15	\$40	\$45	\$100	\$75	Ded+ \$400	\$25	\$60	\$500	Ded+ 100%	Ded+ 100%	Emb	Sep	DG-T3	E74S	Gold
NexusACOOA	\$3,000	100%	\$9,100	100%	\$15	\$40	\$50	\$100	\$75	\$400	\$25	\$50	\$500	Ded+ 100%	Ded+ 100%	Emb	Sep	DG-TV	E74S	Gold
NexusACOOA	\$3,500	80%	\$8,500	100%	\$10	\$40	\$40	\$100	\$75	Ded+ 80%	100%	\$50	\$500	Ded+ 80%	Ded+ 80%	Emb	Sep	DG-T7	E74S	Gold
NexusACOOA	\$4,000	100%	\$8,500	100%	\$10	\$40	\$40	\$100	\$75	Ded+ 100%	\$10	\$50	\$500	Ded+ 100%	Ded+ 100%	Emb	Sep	DG-UB	E74S	Gold
NexusACOOA	\$5,000	100%	\$8,500	100%	\$10	\$40	\$40	\$100	\$75	Ded+ 100%	\$10	\$50	\$350	Ded+ 100%	Ded+ 100%	Emb	Sep	DG-TX	E74S	Gold
NexusACOOA	\$7,500	100%	\$9,100	100%	\$20	\$45	\$55	\$100	\$75	Ded+ 100%	\$40	Ded+ 100%	\$500	Ded+ 100%	Ded+ 100%	Emb	Sep	CV-DZ	E75S	Silver

## NexusACO OA Health Savings Account (HSA)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	OP Surgery Network	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network												
NexusACOOA HSA	\$3,200	100%	\$4,500	100%	Ded+ 100%	Ded+ 80%	Ded+ 100%	Ded+ 80%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Emb	Comb	DG-UH <sup>†</sup>	E74S	Gold
NexusACOOA HSA	\$4,500	100%	\$7,300	100%	Ded+ 100%	Ded+ 80%	Ded+ 100%	Ded+ 80%	Ded+ \$75	Ded+ \$400	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Ded+ 100%	Emb	Comb	DG-TT	E74S	Silver



# Health Plan Product Offering

Rhode Island  
1-50 Fully Insured Eligible Employees

## NexusACO R

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	OP Surgery		IP Hospital		Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
					Designated	Network	Designated	Network						Designated	Network	Designated	Network					
NexusACOR	\$1,000	100%	\$4,000	100%	\$5	\$30	\$35 w/referral	\$60 w/referral	\$75	\$300	\$5	\$30	\$150	N/A	Ded + 100% w/referral	N/A	Ded + 100% w/referral	Emb	Sep	DG-TL	E74S	Platinum
NexusACOR	\$1,500	100%	\$8,700	100%	\$20	\$45	\$45 w/referral	\$100 w/referral	\$75	Ded + \$400	\$20	\$60	\$500	N/A	Ded + 100% w/referral	N/A	Ded + 100% w/referral	Emb	Sep	DG-S9	E75S	Gold
NexusACOR	\$2,000	80%	\$7,000	100%	\$10	\$40	\$40 w/referral	\$100 w/referral	\$75	Ded + 80%	\$10	\$50	\$500	N/A	Ded + 80% w/referral	N/A	Ded + 80% w/referral	Emb	Sep	DG-TD	E74S	Gold
NexusACOR	\$2,000	100%	\$6,500	100%	\$25	Ded + \$45	\$60 w/referral	Ded + \$75 w/referral	\$75	\$400	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	\$250 + Ded + 80% w/referral	Ded + 100% w/referral	\$250 + Ded + 80% w/referral	Emb	Sep	CC-ID	E74S	Gold
NexusACOR	\$3,500	100%	\$7,000	100%	\$25	Ded + \$45	\$60 w/referral	Ded + \$75 w/referral	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	\$250 + Ded + 80% w/referral	Ded + 100% w/referral	\$250 + Ded + 80% w/referral	Emb	Sep	CC-IF	E74S	Gold
NexusACOR	\$3,500	80%	\$8,500	100%	\$10	\$40	\$40 w/referral	\$100 w/referral	\$75	Ded + 80%	\$10	\$50	\$500	N/A	Ded + 80% w/referral	N/A	Ded + 80% w/referral	Emb	Sep	DG-TF	E74S	Gold
NexusACOR	\$4,000	100%	\$8,000	100%	\$10	Ded + \$40	\$45 w/referral	Ded + \$75 w/referral	\$75	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 70% w/referral	Ded + 100% w/referral	Ded + 70% w/referral	Emb	Sep	CV-DN	E74S	Gold
NexusACOR	\$6,000	100%	\$8,000	100%	\$10	\$40	\$40 w/referral	\$80 w/referral	\$75	Ded + 100%	\$10	\$50	\$400	N/A	Ded + 100% w/referral	N/A	Ded + 100% w/referral	Emb	Sep	DG-TN	E74S	Gold
NexusACOR	\$6,500	100%	\$9,450	100%	\$30	Ded + \$50	\$75 w/referral	Ded + \$100 w/referral	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	\$250 + Ded + 70% w/referral	Ded + 100% w/referral	\$500 + Ded + 70% w/referral	Emb	Sep	DG-TP	E74S	Silver
NexusACOR	\$7,500	100%	\$9,100	100%	\$25	\$45	\$60 w/referral	\$100 w/referral	\$75	Ded + 100%	\$25	Ded + 100%	\$500	N/A	Ded + 100% w/referral	N/A	Ded + 100% w/referral	Emb	Sep	CV-DT	E75S	Silver



# Health Plan Product Offering

Rhode Island  
1-50 Fully Insured Eligible Employees

## NexusACO R Health Savings Account (HSA)

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					Designated	Network	Designated	Network						Designated	Network	Designated	Network					
NexusACO R HSA	\$2,000	100%	\$7,500	100%	Ded + 100%	Ded + 80%	Ded + 100% w/referral	Ded + 80% w/referral	Ded + 100%	Ded + \$400	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 80% w/referral	Ded + \$250 Admit w/referral	\$250 + Ded + 80% w/referral	Ded NonEmb/OOPM Emb	Comb	DG-TH†	E74S	Gold
NexusACO R HSA	\$4,700	100%	\$7,300	100%	Ded + 100%	Ded + 80%	Ded + 100% w/referral	Ded + 80% w/referral	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	N/A	Ded + 100% w/referral	N/A	Ded + 100% w/referral	Emb	Comb	DG-TB	E74S	Silver
NexusACO R HSA	\$6,000	70%	\$7,500	100%	Ded + 70%	Ded + 50%	Ded + 70% w/referral	Ded + 50% w/referral	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70% w/referral	\$250 + Ded + 50% w/referral	Ded + 70% w/referral	\$500 + Ded + 50% w/referral	Emb	Comb	DG-TJ	K44S	Bronze



† This plan has UHC Rewards Premium.

Unless identified above, the above member cost-shares show the richest level of network plan coverage. Please see benefit summaries for details at [www.UHCeServices.com](http://www.UHCeServices.com).

## Rx Plans – Specialty Cost Share Medication (SMCS)

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays				
			Individual	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty
<b>Separate Medical/Rx Deductible</b>								
E74S	Essentialw/ SMCS Drugs	National	N/A	\$10	\$50	\$125	\$250	\$500
E75S	Essentialw/ SMCS Drugs	National	\$250 on T3 & T4	\$10	\$50	\$125	\$250	\$500
<b>Combined Medical/Rx Deductible</b>								
E74S	Essentialw/ SMCS Drugs	National	Same as Medical	\$10	\$50	\$125	\$250	\$500
K44S	Essentialw/ SMCS Drugs	National	Same as Medical	\$10	\$50	\$150	\$300	\$500



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

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network
- In-network only benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers

### Choice Premier 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 NexusACO Plans | [Click to see Plan Grids](#)

- National network of ACOs and UnitedHealth Premium Designated providers

## **NexusACO OAP:**

- PCP selection required to see network specialist.
- Referrals are not required to see a network specialist
- In-network and out-of-network benefits

## **NexusACO OAP HSA:**

- PCP selection required to see network specialist.
- Referrals are not required to see a network specialist
- 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

## **NexusACO OA:**

- PCP selection required to see network specialist.
- Referrals are not required to see a network specialist
- In-network only benefits

## **NexusACO OA HSA:**

- PCP selection required to see network specialist.
- Referrals are not required to see a network specialist
- In-network only benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to 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 NexusACO Plans** | [Click to see Plan Grids](#)

- National network of ACOs and UnitedHealth Premium Designated providers
- PCP selection and referrals required to see a network specialist

**NexusACO R:**

- In-network only benefits

**NexusACO R HSA:**

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



- 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](http://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.
- 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 its affiliates.
- Health Plan coverage provided by or through UnitedHealthcare of New England, Inc.

