



Tennessee, 1-50 Fully Insured Plan Grid

Effective January 2024

Providing members simple, affordable and supportive plan offerings.

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: 9/12/23

**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.* There may be no out-of-pocket costs for preferred medications like:

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

\$0 24/7 Virtual Visits | Fast, 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

UHC Rewards | Increase employee engagement.

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses can personalize their experience by selecting activities that are right for them—and same goes for ways to spend earnings. With daily participation, there's a potential to earn up to \$300 per person/per year in select health plans at no additional cost.

Care Cash | Provide financial help to pay for employee health care expenses.

The Care Cash preloaded debit card can be used for specific network UnitedHealthcare providers, which may lead to savings. Once the card is requested and received by those who are eligible, 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 Tennessee 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
- Global office visit copay applies to all plans with PCP and Specialist office visit copay cost-shares. See benefit summary 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
- All 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
- 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

Tennessee
1-50 Fully Insured Eligible Employees

Choice Plus Advanced Tiered Hospital (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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Choice Plus Advanced Tiered Hospital	\$500	80%	\$2,000	100%	\$15	\$15	\$30	\$60	\$50	\$500	100%	100%	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	\$750 + Ded + 80%	Emb	Sep	DI-QY	L00S	Platinum
Choice Plus Advanced Tiered Hospital	\$2,750	80%	\$7,000	100%	\$40	\$40	\$80	\$110	\$50	\$500	100%	100%	Ded + 80%	Ded + 80%	\$500 + Ded + 80%	\$1,000 + Ded + 80%	Emb	Sep	DI-QZ	L00S	Gold
Choice Plus Advanced Tiered Hospital	\$3,500	80%	\$7,000	100%	\$40	\$40	\$80	\$110	\$50	Ded + 80%	100%	100%	Ded + 80%	Ded + 80%	\$500 + Ded + 80%	\$1,000 + Ded + 80%	Emb	Sep	DI-Q2	L00S	Gold

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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Choice Plus HSA	\$3,200	100%	\$6,500	100%	N/A	Ded + \$50	N/A	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Comb	DI-PJ	L00S	Silver
Choice Plus HSA	\$4,500	70%	\$6,500	100%	N/A	Ded + \$50	N/A	Ded + \$100	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	N/A	Ded + 70%	Emb	Comb	DI-PI	L00S	Silver
Choice Plus HSA	\$6,000	100%	\$7,350	100%	N/A	Ded + \$50	N/A	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Comb	DI-PK	L00S	Bronze

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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Choice Plus Split Copay	N/A	80%	\$1,500	100%	N/A	\$25	N/A	\$50	\$50	\$500 + 80%	\$15	\$75	80%	\$500	N/A	80%	Emb	Sep	DI-PM	L00S	Platinum
Choice Plus Split Copay	\$2,000	80%	\$5,000	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + \$500	N/A	Ded + 80%	Emb	Sep	DI-PN	L00S	Gold
Choice Plus Split Copay	\$3,000	100%	\$5,500	100%	N/A	\$35	N/A	\$70	\$50	Ded + \$500	\$15	\$75	\$350	Ded + \$350	N/A	Ded + \$500 Admit	Emb	Sep	DI-PP	L00S	Gold
Choice Plus Split Copay	\$3,500	80%	\$6,500	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + \$500	N/A	Ded + 80%	Emb	Sep	DI-PO	L00S	Gold
Choice Plus Split Copay	\$5,500	50%	\$9,450	100%	N/A	\$50	N/A	\$100	\$50	Ded + 50%	\$15	\$75	Ded + 60%	Ded + \$750	N/A	Ded + 50%	Emb	Sep	DI-PL	L00S	Silver



Health Plan Product Offering

Tennessee
1-50 Fully Insured Eligible Employees

Core Premier 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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Core Premier HSA	\$3,500	80%	\$7,000	100%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Comb	DI-QW*	L00S	Silver
Core Premier HSA	\$6,750	80%	\$7,350	100%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Comb	DI-QX*	L00S	Bronze

Core Premier 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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Core Premier Split Copay	\$6,500	100%	\$9,000	100%	\$50	\$65	\$65	Ded + \$130	\$50	Ded + \$500	Ded + 100%	Ded + 100%	\$750	\$500 + Ded + 100%	N/A	\$500 + Ded + 100%	Emb	Sep	DI-QV	L00S	Silver

Core 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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Core Split Copay	\$1,000	80%	\$2,000	100%	N/A	\$25	N/A	\$50	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + \$500	N/A	Ded + 80%	Emb	Sep	DI-PQ	L00S	Platinum
Core Split Copay	\$2,000	80%	\$5,000	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + \$500	N/A	Ded + 80%	Emb	Sep	DI-PR	L00S	Gold
Core Split Copay	\$2,500	80%	\$5,500	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + \$500	N/A	Ded + 80%	Emb	Sep	DI-PS	L00S	Gold
Core Split Copay	\$3,000	80%	\$6,000	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + \$500	N/A	Ded + 80%	Emb	Sep	DI-PT	L00S	Gold
Core Split Copay	\$3,500	80%	\$6,500	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + \$500	N/A	Ded + 80%	Emb	Sep	DI-PU	L00S	Gold



Health Plan Product Offering

Tennessee
1-50 Fully Insured Eligible Employees

Options PPO Consumer (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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Options PPO Consumer	\$2,500	80%	\$5,000	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-PE	L00S	Gold

Options PPO 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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Options PPO HSA	\$3,500	80%	\$7,000	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Comb	DI-PH	L00S	Silver

Options PPO 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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Options PPO Split Copay	\$1,000	80%	\$2,000	100%	N/A	\$25	N/A	\$50	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-PF	L00S	Platinum
Options PPO Split Copay	\$2,500	80%	\$8,000	100%	N/A	\$25	N/A	\$50	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-PG	L00S	Gold



Health Plan Product Offering

Tennessee
1-50 Fully Insured Eligible Employees

Heritage 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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Heritage Plus HSA	\$3,200	100%	\$6,500	100%	N/A	Ded + \$50	N/A	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Comb	DI-PZ	433S	Silver
Heritage Plus HSA	\$3,200	100%	\$6,500	100%	N/A	Ded + \$50	N/A	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Comb	DI-QR	P71S	Silver
Heritage Plus HSA	\$4,000	80%	\$6,500	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Comb	DI-QT*	P71S	Silver
Heritage Plus HSA	\$4,000	80%	\$6,500	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Comb	DI-PX*	433S	Silver
Heritage Plus HSA	\$4,500	80%	\$6,500	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Comb	DI-PY*	433S	Silver
Heritage Plus HSA	\$4,500	80%	\$6,500	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Comb	DI-QU*	P71S	Silver
Heritage Plus HSA	\$5,500	100%	\$5,500	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	N/A	Ded + 100%	Emb	Comb	DI-PW*	P62S	Silver
Heritage Plus HSA	\$5,500	100%	\$5,500	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	N/A	Ded + 100%	Emb	Comb	DI-PV*	408S	Silver
Heritage Plus HSA	\$6,000	100%	\$8,000	100%	N/A	Ded + \$50	N/A	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Comb	DI-P2	433S	Bronze
Heritage Plus HSA	\$6,000	100%	\$8,000	100%	N/A	Ded + \$50	N/A	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Comb	DI-QS	P71S	Bronze



* These plans do not have a \$0 PCP Copay for kids 19 and under.

Health Plan Product Offering

Tennessee
1-50 Fully Insured Eligible Employees

Heritage Plus Premier (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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Heritage Plus Premier	N/A	100%	\$9,450	100%	\$45	\$45	\$90	\$120	\$75	\$750	\$15	\$75	\$500	\$1,000	N/A	\$2,000/day up to \$6,000 max	Emb	Sep	DI-RF	433S	Gold
Heritage Plus Premier	N/A	100%	\$9,450	100%	\$50	\$50	\$100	\$130	\$75	\$750	\$15	\$75	\$500	\$1,500	N/A	\$2,250/day up to \$6,750 max	Emb	Sep	DI-RG	433S	Gold
Heritage Plus Premier	N/A	100%	\$9,450	100%	\$40	\$40	\$80	\$100	\$75	\$750	\$15	\$75	\$500	\$500	N/A	\$1,500/day up to \$4,500 max	Emb	Sep	DI-RE	433S	Gold
Heritage Plus Premier	\$3,000	80%	\$7,500	100%	\$15	\$15	\$40	\$80	\$50	Ded + 80%	\$40	\$75	\$500	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-RB	433S	Gold
Heritage Plus Premier	\$4,000	80%	\$7,500	100%	\$15	\$15	\$40	\$80	\$50	Ded + 80%	\$40	\$75	\$500	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-RD	433S	Gold
Heritage Plus Premier	\$6,250	70%	\$9,450	100%	\$25	\$25	\$60	\$110	\$50	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	N/A	Ded + 70%	Emb	Sep	DI-RC	433S	Silver

Heritage Plus Primary Advantage (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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Heritage Plus Primary Advantage	\$1,500	100%	\$5,500	100%	N/A	\$25	N/A	Ded + \$50	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	N/A	Ded + \$1,000 Admit	Emb	Sep	DI-Q3	433S	Gold
Heritage Plus Primary Advantage	\$3,000	100%	\$5,500	100%	N/A	\$25	N/A	Ded + \$50	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$250	N/A	Ded + \$500 Admit	Emb	Sep	DI-Q5	433S	Gold
Heritage Plus Primary Advantage	\$4,000	50%	\$9,000	100%	N/A	\$35	N/A	Ded + \$70	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$250	N/A	Ded + \$1,000 Admit	Emb	Sep	DI-Q9	433S	Silver
Heritage Plus Primary Advantage	\$4,500	100%	\$9,000	100%	N/A	\$45	N/A	Ded + \$90	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	N/A	Ded + \$1,000 Admit	Emb	Sep	DI-Q6	433S	Silver
Heritage Plus Primary Advantage	\$5,000	50%	\$9,000	100%	N/A	\$35	N/A	Ded + \$70	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	N/A	Ded + \$1,000 Admit	Emb	Sep	DI-RA	433S	Silver
Heritage Plus Primary Advantage	\$6,500	100%	\$9,000	100%	N/A	\$55	N/A	Ded + \$125	\$55	Ded + \$750	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	N/A	Ded + \$1,750 Admit	Emb	Sep	DI-Q8	433S	Silver



Health Plan Product Offering

Tennessee
1-50 Fully Insured Eligible Employees

Heritage Plus Split Copay (Insurance) (Continued on next page)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Heritage Plus Split Copay	N/A	80%	\$1,500	100%	N/A	\$25	N/A	\$50	\$50	\$500 + 80%	\$15	\$75	80%	80%	N/A	80%	Emb	Sep	DI-P8	433S	Platinum
Heritage Plus Split Copay	\$500	80%	\$1,500	100%	N/A	\$25	N/A	\$50	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-P9	433S	Platinum
Heritage Plus Split Copay	\$500	100%	\$1,500	100%	N/A	\$15	N/A	\$30	\$50	Ded + \$350	\$15	\$75	\$350	Ded + 100%	N/A	Ded + 100%	Emb	Sep	DI-QK	433S	Platinum
Heritage Plus Split Copay	\$500	100%	\$2,000	100%	N/A	100%	N/A	\$60	\$50	Ded + \$500	\$15	\$75	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Sep	DI-QP	433S	Platinum
Heritage Plus Split Copay	\$1,000	70%	\$5,500	100%	N/A	\$45	N/A	\$100	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	N/A	Ded + 70%	Emb	Sep	DI-P3	433S	Gold
Heritage Plus Split Copay	\$1,000	80%	\$2,000	100%	N/A	\$25	N/A	\$50	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QA	433S	Platinum
Heritage Plus Split Copay	\$1,500	70%	\$5,500	100%	N/A	\$45	N/A	\$100	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	N/A	Ded + 70%	Emb	Sep	DI-P4	433S	Gold
Heritage Plus Split Copay	\$1,500	100%	\$2,250	100%	N/A	\$15	N/A	\$30	\$50	Ded + \$350	\$15	\$75	\$350	Ded + 100%	N/A	Ded + 100%	Emb	Sep	DI-QL	433S	Platinum
Heritage Plus Split Copay	\$2,000	70%	\$5,500	100%	N/A	\$45	N/A	\$100	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	N/A	Ded + 70%	Emb	Sep	DI-P5	433S	Gold
Heritage Plus Split Copay	\$2,000	80%	\$5,500	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QB	433S	Gold
Heritage Plus Split Copay	\$2,000	80%	\$7,000	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QC	433S	Gold
Heritage Plus Split Copay	\$2,500	70%	\$6,000	100%	N/A	\$45	N/A	\$100	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	N/A	Ded + 70%	Emb	Sep	DI-P6	433S	Gold
Heritage Plus Split Copay	\$2,500	80%	\$5,500	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QD	433S	Gold
Heritage Plus Split Copay	\$2,500	80%	\$7,500	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QE	433S	Gold
Heritage Plus Split Copay	\$2,500	100%	\$5,000	100%	N/A	\$35	N/A	\$70	\$50	Ded + \$500	\$15	\$75	\$350	Ded + \$350	N/A	Ded + \$500 Admit	Emb	Sep	DI-QM	433S	Gold
Heritage Plus Split Copay	\$2,500	100%	\$7,000	100%	N/A	100%	N/A	\$75	\$50	Ded + \$500	\$15	\$75	Ded + \$500	Ded + \$750	N/A	Ded + \$1,500 Admit	Emb	Sep	DI-QQ	433S	Gold



Health Plan Product Offering

Tennessee
1-50 Fully Insured Eligible Employees

Heritage Plus Split Copay (Insurance) (Continued)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Heritage Plus Split Copay	\$3,000	70%	\$6,500	100%	N/A	\$45	N/A	\$100	\$50	Ded + 70%	\$15	\$75	Ded + 70%	Ded + 70%	N/A	Ded + 70%	Emb	Sep	DI-P7	433S	Gold
Heritage Plus Split Copay	\$3,000	80%	\$6,000	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QF	433S	Gold
Heritage Plus Split Copay	\$3,000	80%	\$7,500	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QG	433S	Gold
Heritage Plus Split Copay	\$3,000	100%	\$5,500	100%	N/A	\$35	N/A	\$70	\$50	Ded + \$500	\$15	\$75	\$350	Ded + \$350	N/A	Ded + \$500 Admit	Emb	Sep	DI-QN	433S	Gold
Heritage Plus Split Copay	\$3,500	80%	\$6,000	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QH	433S	Gold
Heritage Plus Split Copay	\$3,500	80%	\$7,000	100%	N/A	\$40	N/A	\$80	\$50	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QI	433S	Gold
Heritage Plus Split Copay	\$4,500	100%	\$6,500	100%	N/A	\$35	N/A	\$70	\$50	Ded + \$500	\$15	\$75	\$350	Ded + \$350	N/A	Ded + \$500 Admit	Emb	Sep	DI-QO	433S	Gold
Heritage Plus Split Copay	\$7,000	80%	\$9,450	100%	N/A	\$55	N/A	\$110	\$75	Ded + 80%	\$15	\$75	Ded + 80%	Ded + 80%	N/A	Ded + 80%	Emb	Sep	DI-QJ	433S	Silver

Heritage Primary Advantage (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		Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network							Designated	Network					
Heritage Primary Advantage	\$2,000	100%	\$5,500	100%	N/A	\$25	N/A	Ded + \$50	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$250	N/A	Ded + \$500 Admit	Emb	Sep	DI-Q4	433S	Gold
Heritage Primary Advantage	\$5,500	100%	\$9,000	100%	N/A	\$45	N/A	Ded + \$90	\$50	Ded + \$500	Ded + \$40	Ded + \$75	Ded + \$500	Ded + \$500	N/A	Ded + \$500 Admit	Emb	Sep	DI-Q7	433S	Silver



Health Plan Product Offering

Tennessee
1-50 Fully Insured Eligible Employees

Heritage Select Advantage Health Savings Account (HSA) (Insurance)

[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	Rx Plan Code	Metallic Level
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2		Tier 1	Tier 2	Tier 1	Tier 2			Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2					
Heritage Select Advantage HSA	\$4,500	\$5,500	100%	80%	\$6,000	\$6,850	100%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 100%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 80%	Emb	Comb	DI-RH*	433S	Silver
Heritage Select Advantage HSA	\$6,500	\$6,500	80%	60%	\$8,000	\$8,000	100%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Emb	Comb	DI-RI*	433S	Bronze
Heritage Select Advantage HSA	\$7,000	\$7,000	100%	80%	\$8,000	\$8,000	100%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 100%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 80%	Emb	Comb	DI-RJ*	433S	Bronze

Heritage Select Advantage Split Copay (Insurance)

[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	Rx Plan Code	Metallic Level
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2		Tier 1	Tier 2	Tier 1	Tier 2			Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2					
Heritage Select Advantage Split Copay	\$1,500	\$3,000	80%	60%	\$4,000	\$7,900	100%	\$35	\$70	\$70	\$140	\$50	Ded + 80%	\$15	Ded + 80%	\$75	Ded + 80%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Emb	Sep	DI-RK*	433S	Gold
Heritage Select Advantage Split Copay	\$2,500	\$2,500	80%	80%	\$6,000	\$6,000	100%	\$35	\$45	\$70	\$80	\$50	Ded + 80%	\$15	\$15	\$75	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DI-RL*	433S	Gold
Heritage Select Advantage Split Copay	\$3,500	\$3,500	80%	80%	\$6,500	\$6,500	100%	\$35	\$45	\$70	\$80	\$50	Ded + 80%	\$15	\$15	\$75	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DI-RM*	433S	Gold
Heritage Select Advantage Split Copay	\$4,500	\$4,500	80%	80%	\$6,500	\$6,500	100%	\$35	\$45	\$70	\$80	\$50	Ded + 80%	\$15	\$15	\$75	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DI-RN*	433S	Gold



* These plans do not have a \$0 PCP Copay for kids 19 and under.

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								
L00S	Essential w/ SMCS Drugs	National	N/A	\$10	\$35	\$130	\$250	\$500
Combined Medical/Rx Deductible								
L00S	Essential w/ SMCS Drugs	National	Same as Medical	\$10	\$35	\$130	\$250	\$500

Heritage 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								
433S	Essential w/ SMCS Drugs	National	N/A	\$10	\$35	\$130	\$250	\$500
Combined Medical/Rx Deductible								
408S	Essential w/ SMCS Drugs	National	Same as Medical	No Copay				
433S	Essential w/ SMCS Drugs	National	Same as Medical	\$10	\$35	\$130	\$250	\$500
P62S	Essential w/ SMCS Drugs & Core Plus Preventive	National	Same as Medical	No Copay				
P71S	Essential w/ SMCS Drugs & Core Plus Preventive	National	Same as Medical	\$10	\$35	\$130	\$250	\$500



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 received Lab & Major Diagnostic Services from a Designated Diagnostic Provider (DDP)

Choice Plus Advanced Tiered Hospital:

- Tiered benefits for Inpatient Hospital, with higher per-occurrence deductible for Tier 2 providers

Choice Plus Split Copay:

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

Choice Plus HSA:

- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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 Core Plans | [Click to see Plan Grids](#)

- No PCP selection or referrals required to see a network specialist
- Available in Memphis, Knoxville, Chattanooga, and Nashville
- Members receive the highest level of plan benefits when they received Lab & Major Diagnostic Services from a Designated Diagnostic Provider (DDP)

Core Premier HSA:

- National UnitedHealthcare network
- In-network and out-of-network benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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

Core Premier Split Copay:

- National UnitedHealthcare network
- In-network and out-of-network benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services

Core Split Copay:

- Narrow network product
- In-network and out-of-network benefits
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services



For all Options PPO 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
- Member has responsibility for prior authorization requirements
- Members receive the highest level of plan benefits when they receive Lab & Major Diagnostic services from a Designated Diagnostic Provider (DDP)
- Only available in East TN, where Tennova is in network

Options PPO Consumer:

- Member responsible for copays and/or coinsurance after deductible for covered services

Options PPO Split Copay:

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

Options PPO HSA:

- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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 Heritage Plans | [Click to see Plan Grids](#)

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

Heritage Plus HSA:

- 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)
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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

Heritage Plus Premier:

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

Heritage Plus Primary Advantage:

- 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)
- Member pays copay for PCP, Office Visits, Urgent Care, Virtual Visits. These services are not subject to the annual plan deductible
- Member pays deductible first then a copay for Specialist Physician, ER, Outpatient Surgery, Major & Minor Diagnostics, Inpatient Hospital services
- Member pays deductible/other network coinsurance for certain benefits including Hospice, Ambulance, and Allergy Injections

Heritage Plus Split Copay:

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



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

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

Heritage Primary Advantage:

- 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)
- Member pays copay for PCP, Office Visits, Urgent Care, Virtual Visits. These services are not subject to the annual plan deductible
- Member pays deductible first then a copay for Specialist Physician, ER, Outpatient Surgery, Major & Minor Diagnostics, Inpatient Hospital services
- Member pays deductible/other network coinsurance for certain benefits including Hospice, Ambulance, and Allergy Injections

Heritage Select Advantage Split Copay:

- In-network and out-of-network benefits
- Tiered deductible plan
- Deductibles, copayments, and coinsurance will apply based on the providers selected
- Network (Tier 1 and Tier 2) and non-network (Tier 3) coverage
- Available in Tennessee and SW Virginia
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other service

Heritage Select Advantage HSA:

- In-network and out-of-network benefits
- Tiered deductible plan
- Deductibles, copayments, and coinsurance will apply based on the providers selected
- Network (Tier 1 and Tier 2) and non-network (Tier 3) coverage
- Available in Tennessee and SW Virginia
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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



Heritage Select Advantage Product Availability for Chattanooga: Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie and Polk Counties. Catoosa (GA) and Dade (GA) Counties. Tier 1 Hospitals are: HCA (Parkridge West) and Erlanger

Heritage Select Advantage Product Availability for Knoxville: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier and Union Counties. No Tier 2 Hospitals in Knoxville area. Only Tier 1 and Tier 3 (out of network). In Network Hospitals are: Blount Memorial, Covenant, UT, Tennova and East TN Children's

Heritage Select Advantage Product Availability for Memphis: Fayette, Haywood, Lauderdale, Shelby and Tipton Counties. No Tier 2 Hospitals in Memphis area. Only Tier 1 and Tier 3 (out of network). In Network hospitals are: Methodist (including LeBonheur Children's and Olive Branch), Delta Medical Center and St. Jude.

Heritage Select Advantage Product Availability for Nashville: Bedford, Cheatham, Coffee, Davidson, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Moore, Perry, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wayne, Williamson and Wilson Counties. Tier 1 Hospitals are: HCA, Vanderbilt and Williamson Medical Center

Heritage Select Advantage Product Availability for Virginia River Valley and Tri-Cities: The VA counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise and Wythe counties, and the independent cities of Bristol, Norton and Galax. The TN counties of Carter, Claiborne, Greene, Hancock, Hamblen, Hawkins, Johnson, Sullivan, Unicoi and Washington. Tier 1 Hospitals are: Bristol Regional Medical Center, Dickenson Community Hospital, Franklin Woods Community Hospital, Greeneville Community Hospital East, Greeneville Community Hospital West, Hancock County Hospital, Hawkins County Memorial Hospital, Holston Valley Medical Center, Indian Path Community Hospital, Johnson City Medical Center, Johnson County Community Hospital, Johnston Memorial Hospital, Lonesome Pine Hospital, Mountain View Regional Hospital, Norton Community Hospital, Russell County Hospital, Smyth County Community Hospital, Sycamore Shoals Hospital and Unicoi County Hospital

Core Product Availability for Memphis: Fayette, Haywood, Lauderdale, Shelby and Tipton Counties

Core Product Availability for Knoxville: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier and Union Counties

Core Product Availability for Chattanooga: Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie

Core Product Availability for Nashville: Bedford, Cannon, Cheatham, Clay, Coffee, Davidson, DeKalb, Dickson, Giles, Hickman, Houston, Humphrey, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson

Disclaimers:

- 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.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- Insurance coverage provided by or through UnitedHealthcare Insurance Company or their affiliates.
- Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare Insurance Company of the River Valley.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

