



Southwest Virginia, 1-50 Fully Insured Plan Grid

Effective January 2024

Plans designed for simplicity.

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: 11/15/23

**United
Healthcare**

Health plans built for what matters to small business



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

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

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



UnitedHealthcare Rewards | Increase employee engagement.

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



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

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

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

Southwest Virginia
1-50 Fully Insured Eligible Employees

Heritage Select Plus Health Savings Account (HSA) (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	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
Heritage Select Plus HSA	\$3,200	100%	\$6,500	100%	Ded + \$50	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Comb	DG-J7	401S	Silver
Heritage Select Plus HSA	\$3,200	70%	\$6,500	100%	Ded + \$50	Ded + \$100	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DG-J4	401S	Silver
Heritage Select Plus HSA	\$3,500	100%	\$3,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DG-KA	408S	Gold
Heritage Select Plus HSA	\$4,000	100%	\$6,500	100%	Ded + \$50	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Comb	DG-J8	401S	Silver
Heritage Select Plus HSA	\$4,000	70%	\$6,500	100%	Ded + \$50	Ded + \$100	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DG-J5	401S	Silver
Heritage Select Plus HSA	\$4,500	70%	\$6,500	100%	Ded + \$50	Ded + \$100	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DG-J6	401S	Silver
Heritage Select Plus HSA	\$5,500	100%	\$5,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DG-KB	408S	Silver
Heritage Select Plus HSA	\$6,000	100%	\$7,350	100%	Ded + \$50	Ded + \$100	Ded + \$50	Ded + \$500	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Comb	DG-J9	401S	Bronze
Heritage Select Plus HSA	\$7,350	100%	\$7,350	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DG-KC	408S	Bronze



Health Plan Product Offering

Southwest Virginia
1-50 Fully Insured Eligible Employees

Heritage Select Plus Primary Advantage (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	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
Heritage Select Plus Primary Advantage	\$1,500	100%	\$5,000	100%	\$35	Ded + \$100	\$50	Ded + \$500	Ded + \$40	Ded + \$40	Ded + \$500	Ded + \$750	Ded + \$1,500 Admit	Emb	Sep	CU-AE	401S	Gold
Heritage Select Plus Primary Advantage	\$2,500	100%	\$6,000	100%	\$35	Ded + \$100	\$50	Ded + \$500	Ded + \$40	Ded + \$40	Ded + \$500	Ded + \$750	Ded + \$1,500 Admit	Emb	Sep	CU-AB	401S	Gold
Heritage Select Plus Primary Advantage	\$4,000	100%	\$9,100	100%	\$50	Ded + \$100	\$50	Ded + \$750	Ded + \$40	Ded + \$40	Ded + \$500	Ded + \$750	Ded + \$1,500 Admit	Emb	Sep	CU-AC	401S	Silver
Heritage Select Plus Primary Advantage	\$5,000	100%	\$9,100	100%	\$50	Ded + \$100	\$50	Ded + \$750	Ded + \$40	Ded + \$40	Ded + \$500	Ded + \$750	Ded + \$1,500 Admit	Emb	Sep	CU-AD	401S	Silver



Health Plan Product Offering

Southwest Virginia
1-50 Fully Insured Eligible Employees

Heritage Select Plus Split Copay (HMO) (Continued on next page)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	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
Heritage Select Plus Split Copay	\$500	100%	\$1,500	100%	\$15	\$30	\$50	Ded + \$350	\$15	\$75	\$250	Ded + 100%	Ded + 100%	Emb	Sep	DG-KP	401S	Platinum
Heritage Select Plus Split Copay	\$750	80%	\$1,500	100%	\$25	\$50	\$50	Ded + 80%	\$15	\$75	\$250	Ded + \$500	Ded + 80%	Emb	Sep	DG-KI	401S	Platinum
Heritage Select Plus Split Copay	\$1,000	100%	\$2,000	100%	\$15	\$30	\$50	Ded + \$350	\$15	\$75	\$250	Ded + 100%	Ded + 100%	Emb	Sep	DG-KQ	401S	Platinum
Heritage Select Plus Split Copay	\$1,000	80%	\$2,000	100%	\$25	\$50	\$50	Ded + 80%	\$15	\$75	\$250	Ded + \$500	Ded + 80%	Emb	Sep	DG-KJ	401S	Platinum
Heritage Select Plus Split Copay	\$1,000	50%	\$4,500	100%	\$50	\$100	\$50	Ded + 50%	\$15	\$75	\$300	Ded + \$750	Ded + 50%	Emb	Sep	DG-KD	405S	Gold
Heritage Select Plus Split Copay	\$1,500	100%	\$2,250	100%	\$15	\$30	\$50	Ded + \$350	\$15	\$75	\$250	Ded + 100%	Ded + 100%	Emb	Sep	DG-KR	401S	Platinum
Heritage Select Plus Split Copay	\$1,500	50%	\$5,000	100%	\$50	\$100	\$50	Ded + 50%	\$15	\$75	\$300	Ded + \$750	Ded + 50%	Emb	Sep	DG-KE	405S	Gold
Heritage Select Plus Split Copay	\$2,000	80%	\$5,000	100%	\$40	\$80	\$50	Ded + 80%	\$15	\$75	\$250	Ded + \$500	Ded + 80%	Emb	Sep	DG-KK	401S	Gold
Heritage Select Plus Split Copay	\$2,000	50%	\$5,500	100%	\$50	\$100	\$50	Ded + 50%	\$15	\$75	\$300	Ded + \$750	Ded + 50%	Emb	Sep	DG-KF	405S	Gold



Health Plan Product Offering

Southwest Virginia
1-50 Fully Insured Eligible Employees

Heritage Select Plus Split Copay (HMO) (Continued)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	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
Heritage Select Plus Split Copay	\$2,500	100%	\$5,000	100%	\$35	\$70	\$50	Ded + \$500	\$15	\$75	\$250	Ded + \$350	Ded + \$500 Admit	Emb	Sep	DG-KS	401S	Gold
Heritage Select Plus Split Copay	\$2,500	80%	\$5,500	100%	\$40	\$80	\$50	Ded + 80%	\$15	\$75	\$250	Ded + \$500	Ded + 80%	Emb	Sep	DG-KL	401S	Gold
Heritage Select Plus Split Copay	\$2,500	50%	\$6,000	100%	\$50	\$100	\$50	Ded + 50%	\$15	\$75	\$300	Ded + \$750	Ded + 50%	Emb	Sep	DG-KG	405S	Gold
Heritage Select Plus Split Copay	\$3,000	100%	\$5,500	100%	\$35	\$70	\$50	Ded + \$500	\$15	\$75	\$250	Ded + \$350	Ded + \$500 Admit	Emb	Sep	DG-KT	401S	Gold
Heritage Select Plus Split Copay	\$3,000	80%	\$6,000	100%	\$40	\$80	\$50	Ded + 80%	\$15	\$75	\$250	Ded + \$500	Ded + 80%	Emb	Sep	DG-KM	401S	Gold
Heritage Select Plus Split Copay	\$3,500	80%	\$6,500	100%	\$40	\$80	\$50	Ded + 80%	\$15	\$75	\$250	Ded + \$500	Ded + 80%	Emb	Sep	DG-KN	401S	Gold
Heritage Select Plus Split Copay	\$4,000	100%	\$6,500	100%	\$35	\$70	\$50	Ded + \$500	\$15	\$75	\$250	Ded + \$350	Ded + \$500 Admit	Emb	Sep	DG-KU	401S	Gold
Heritage Select Plus Split Copay	\$4,500	100%	\$6,500	100%	\$35	\$70	\$50	Ded + \$500	\$15	\$75	\$250	Ded + \$350	Ded + \$500 Admit	Emb	Sep	DG-KV	401S	Gold
Heritage Select Plus Split Copay	\$6,000	50%	\$9,450	100%	\$50	\$100	\$50	Ded + 50%	\$15	\$75	\$300	Ded + \$750	Ded + 50%	Emb	Sep	DG-KH	405S	Silver
Heritage Select Plus Split Copay	\$6,750	80%	\$9,000	100%	\$45	\$90	\$50	Ded + 80%	\$15	\$75	\$300	Ded + 80%	Ded + 80%	Emb	Sep	DG-KO	447S	Silver



Health Plan Product Offering

Southwest Virginia
1-50 Fully Insured Eligible Employees

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

[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	\$3,500	\$6,000	50%	50%	\$6,000	\$6,700	100%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Comb	DG-KX*	401S	Silver

Heritage Select Advantage Split Copay (HMO)

[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	\$500	\$1,500	100%	70%	\$1,750	\$3,000	100%	\$25	\$50	\$50	\$100	\$50	Ded + \$500	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Emb	Sep	DG-KY*	401S	Platinum
Heritage Select Advantage Split Copay	\$2,000	\$3,000	100%	70%	\$5,000	\$6,000	100%	\$25	\$50	\$50	\$100	\$50	Ded + \$500	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Emb	Sep	DG-KZ*	401S	Gold
Heritage Select Advantage Split Copay	\$3,000	\$4,000	100%	70%	\$6,000	\$7,000	100%	\$25	\$50	\$50	\$100	\$50	Ded + \$500	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Emb	Sep	DG-K2*	401S	Gold
Heritage Select Advantage Split Copay	\$6,000	\$8,000	80%	50%	\$7,500	\$9,450	100%	\$50	\$100	\$100	\$150	\$50	Ded + \$750	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 50%	Ded + 100%	Ded + 70%	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 50%	Emb	Sep	DG-KW*	401S	Silver



Health Plan Product Offering

Southwest Virginia
1-50 Fully Insured Eligible Employees

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								
401S	Essential w/ SMCS Drugs	National	N/A	\$10	\$35	\$130	\$250	\$500
405S	Essential w/ SMCS Drugs	National	N/A	\$15	\$55	\$135	\$250	\$500
447S	Essential w/ SMCS Drugs	National	\$250 on T2, T3 & T4	\$15	\$55	\$135	\$250	\$500
Combined Medical/Rx Deductible								
408S	Essential w/ SMCS Drugs	National	Same as Medical	No Copay	No Copay	No Copay	No Copay	No Copay
401S	Essential w/ SMCS Drugs	National	Same as Medical	\$10	\$35	\$130	\$250	\$500



Plan Descriptions – Heritage Plus and Heritage

Southwest Virginia
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 Select 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

Heritage Select Plus Split Copay:

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

Heritage Select 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



Plan Descriptions – Heritage Plus and Heritage

Southwest Virginia
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 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 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 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



- 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 Plan of the River Valley, Inc. or its affiliates.

