

Colorado Doctors Plan

Plan Code	Metal	Plan Description	Rx Plan	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg.	IP Hosp	Minor Lab & X-ray	MRI, CT, PET	Relativity to BG-5L
				Ind.	Fam.		Ind.	Fam.										
CM-JJ	P	250/90%	K21Y	\$250	\$500	90%	\$4,500	\$9,000	\$0	\$0	\$100	\$0	\$500+ded+10%	Ded+10%	Ded+10%	\$15	\$500	-29.2%
CB-WM	G	500/80%	K24Y	\$500	\$1,000	80%	\$7,000	\$14,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	\$500	-35.5%
CB-WG	G	1000/80%	K24Y	\$1,000	\$2,000	80%	\$6,000	\$12,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$30	\$500	-35.6%
CM-JM	G	1500/80%	K16Y	\$1,500	\$3,000	80%	\$5,250	\$10,500	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	\$500	-36.8%
BG-6D	G	2500/80%	K21Y	\$2,500	\$5,000	80%	\$5,750	\$11,500	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$25	\$500	-37.3%
BG-6E	G	3000/80%	K24Y	\$3,000	\$6,000	80%	\$6,000	\$12,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$25	\$500	-38.7%
BG-6N	G	3500/80%	K24Y	\$3,500	\$7,000	80%	\$7,000	\$14,000	\$0	\$0	\$75	\$0	Ded+20%	Ded+20%	Ded+20%	\$25	\$250	-39.1%
CB-WN	S	2500/65%	K18Y	\$2,500	\$5,000	65%	\$8,550	\$17,100	\$0	\$0	\$100	\$0	\$500+ded+35%	Ded+35%	Ded+35%	Ded+35%	Ded+35%	-43.7%
BR-KP	S	3500/65%	K18Y	\$3,500	\$7,000	65%	\$7,500	\$15,000	\$0	\$0	\$100	\$0	\$500+ded+35%	Ded+35%	Ded+35%	Ded+35%	Ded+35%	-43.8%
CB-WL	S	5500/60%	K24Y	\$5,500	\$11,000	60%	\$8,550	\$17,100	\$0	\$0	\$100	\$0	\$500+ded+40%	Ded+40%	Ded+40%	\$25	\$500	-44.1%
CB-WH	S	6500/80%	K24Y	\$6,500	\$13,000	80%	\$8,500	\$17,000	\$0	\$0	\$100	\$0	\$500+ded+20%	Ded+20%	Ded+20%	\$25	\$500	-44.1%
CB-WO	B	8400/60%	K17Y	\$8,400	\$16,800	60%	\$8,550	\$17,100	\$0	\$0	\$150	\$0	\$500+ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-50.6%
CM-JT	B	8500/60%	K20Y	\$8,500	\$17,000	60%	\$8,700	\$17,400	\$0	\$0	\$150	\$0	\$500+ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-48.7%

Colorado Doctors Plans are available to members who live or work in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso and Jefferson counties.

Colorado Doctors Plan and SelectColorado plans cannot be offered within the same employer group's benefit offering.

Colorado Doctors Plans utilize the Essential PDL

Members must designate a primary care physician (PCP). PCPs will not be auto-assigned. Referrals not needed to see a specialist.

This information 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. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible, whether preventive services are covered at 100%, and other benefit details.

SelectColorado

Plan Code	Metal	Description	Rx Plan	Network Deductible				Network Coins	Network Out-of-Pocket Max.				Virtual Visit	PCP		SPEC		Urgent Care	ER	OP Surg		IP Hosp		X-ray, MRI, CT, PET		Minor Lab	Relativity to BG-5L
				Tier 1		Non-Tier 1			Tier 1 ¹	Tier 1		Non-Tier 1		Tier 1	Non-Tier 1	Tier 1	Non-Tier 1			Tier 1	Non-Tier 1	Tier 1	Non-Tier 1	Tier 1	Non-Tier 1		
				Ind.	Fam.	Ind.	Fam.	Ind.		Fam.	Ind.	Fam.															
CM-CM	G	500/80%	K16Y	\$500	\$1,000	\$2,500	\$5,000	80%	\$4,000	\$8,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-26.3%
CM-CN	G	1000/80%	K16Y	\$1,000	\$2,000	\$2,500	\$5,000	80%	\$5,000	\$10,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-29.2%
CM-CO	G	1500/80%	K16Y	\$1,500	\$3,000	\$3,000	\$6,000	80%	\$5,500	\$11,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-31.1%
CM-CP	G	2000/80%	K16Y	\$2,000	\$4,000	\$3,250	\$6,500	80%	\$5,750	\$11,500	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-32.5%
CM-CQ	S	3000/80%	K24Y	\$3,000	\$6,000	\$4,000	\$8,000	80%	\$6,500	\$13,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-36.2%
CM-CR	S	4000/80%	K24Y	\$4,000	\$8,000	\$5,250	\$10,500	80%	\$7,000	\$14,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-37.9%
CM-M3	S	4500/70%	K23Y	\$4,500	\$9,000	\$6,000	\$12,000	70%	\$7,500	\$15,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+30%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	Ded+50%	Ded+30%	-39.2%
CM-CS	S	5000/80%	K24Y	\$5,000	\$10,000	\$6,750	\$13,500	80%	\$7,500	\$15,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-39.3%
CM-CT	S	6000/80%	K24Y	\$6,000	\$12,000	\$7,750	\$15,500	80%	\$8,000	\$16,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$100	Ded+50%	\$0	\$500+ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-40.2%
CM-CU	B	7000/60%	K17Y	\$7,000	\$14,000	\$8,400	\$16,800	60%	\$8,000	\$16,000	\$8,550	\$17,100	\$0	\$0	Ded+50%	\$125	Ded+50%	\$0	\$500+ded+40%	Ded+40%	Ded+50%	Ded+40%	Ded+50%	Ded+40%	Ded+50%	Ded+40%	-43.3%

SelectColorado HSA with Motion

Plan Code	Metal	Description	Rx Plan	Network Deductible				Network Coins	Network Out-of-Pocket Max.				Virtual Visit	PCP		SPEC		Urgent Care	ER	OP Surg		IP Hosp		X-ray, MRI, CT, PET		Minor Lab	Relativity to BG-5L
				Tier 1		Non-Tier 1			Tier 1 ¹	Tier 1		Non-Tier 1		Tier 1	Non-Tier 1	Tier 1	Non-Tier 1			Tier 1	Non-Tier 1	Tier 1	Non-Tier 1	Tier 1	Non-Tier 1		
				Ind.	Fam.	Ind.	Fam.	Ind.		Fam.	Ind.	Fam.															
CP-OV	S	3500/80%	K17Y	\$3,500	\$7,000	\$5,500	\$11,000	80%	\$5,500	\$11,000	\$7,050	\$14,100	Ded+\$0	Ded+\$0	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-36.6%
CP-OU	S	4500/90%	K17Y	\$4,500	\$9,000	\$6,000	\$12,000	90%	\$6,000	\$12,000	\$7,050	\$14,100	Ded+\$0	Ded+\$0	Ded+50%	Ded+10%	Ded+50%	Ded+10%	Ded+10%	Ded+10%	Ded+50%	Ded+10%	Ded+50%	Ded+10%	Ded+50%	Ded+10%	-39.8%
CP-OT	B	6000/80%	K17Y	\$6,000	\$12,000	\$7,000	\$14,000	80%	\$7,050	\$14,100	\$7,050	\$14,100	Ded+\$0	Ded+\$0	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+20%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	Ded+50%	Ded+20%	-43.6%

SelectColorado is available to members who live or work in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller and Weld counties.

SelectColorado members receive the highest level of benefits by seeing Tier 1 providers. Refer to welcometouhc.com/selectco to search for Tier 1 providers.

Colorado Doctors plans and SelectColorado plans cannot be offered within the same employer group's benefit offering.

Members must designate a primary care physician (PCP); PCPs will not be auto-assigned; referrals not needed to see specialists

¹For benefits with tiering, non-tier 1 coinsurance is 50%

SelectColorado plans utilize the Essential PDL

All Select Colorado plan deductibles and OOPMs cross accumulate between Tiers 1 and 2

Navigate HMO

Plan Code	Metal	Plan Description	Rx Plan	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec (w/ ref)	Urgent Care	ER	OP Surg (w/ ref)	IP Hosp (w/ ref)	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to BG-5L
				Ind.	Fam.		Ind.	Fam.											
BP-86	P	20/500/80%	K13Y	\$500	\$1,000	80%	\$4,500	\$9,000	\$0	\$20	\$40	\$20	Ded+20%	Ded+20%	Ded+20%	\$0	\$0	Ded+20%	-19.8%
CM-J3	G	30/1500/75%	K17Y	\$1,500	\$3,000	75%	\$6,500	\$13,000	\$0	\$30	\$60	\$30	Ded+25%	Ded+25%	Ded+25%	Ded+25%	Ded+25%	Ded+25%	-31.4%
CB-WU	G	20/2500/80%	K13Y	\$2,500	\$5,000	80%	\$8,500	\$17,000	\$0	\$20	\$50	\$20	Ded+20%	Ded+20%	Ded+20%	\$0	\$0	Ded+20%	-28.8%
BP-85	S	40/6500/70%	K19Y	\$6,500	\$13,000	70%	\$7,900	\$15,800	\$0	\$40	\$80	\$40	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-40.5%
CM-J2	B	70/8550/50%	K20Y	\$8,550	\$17,100	50%	\$8,700	\$17,400	\$0	\$70	\$140	\$70	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	-44.6%

Navigate HSA with Motion

Plan Code	Metal	Plan Description	Rx Plan	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec (w/ ref)	Urgent Care	ER	OP Surg (w/ ref)	IP Hosp (w/ ref)	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to BG-5L
				Ind.	Fam.		Ind.	Fam.											
CM-JZ	S	3500/80%	K17Y	\$3,500	\$7,000	80%	\$6,150	\$12,300	Ded+\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-37.7%
CM-JY	B	6100/80%	K17Y	\$6,100	\$12,200	80%	\$7,000	\$14,000	Ded+\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-44.6%

Navigate is available to members who live or work in Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Crowley, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Garfield, Grand, Gunnison, Hinsdale, Jackson, Jefferson, La Plata, Lake, Larimer, Lincoln, Mesa, Moffat, Montezuma, Montrose, Otero, Ouray, Park, Pitkin, Pueblo, Rio Blanco, Routt, San Juan, San Miguel, Summit, Teller and Weld counties.

Navigate HSA with Motion plans have combined medical/pharmacy and embedded deductibles.

Members must designate a primary care physician (PCP). Referrals are required for certain services.

Navigate plans require a determination of medical necessity as a requirement of benefit coverage. Certain health care services referenced in the Certificate of Coverage for this plan require prior authorization.

UnitedHealthcare Motion rewards employer groups and members for taking ownership of their health care, which may result in healthier employees and lower medical claim costs.

In 2022, maximum HSA contribution is \$3,650 single/\$7,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

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Navigate Direct

Plan Code	Metal	Plan Description	Rx Plan	Network Deductible		Network Coins	Network Out-of-Pocket Max.		Virtual Visit	PCP	Spec (w/ ref)	Urgent Care	ER	OP Surg (w/ ref) ¹	IP Hosp (w/ ref) ¹	Minor Lab ¹	Minor X-ray ¹	MRI, CT, PET ¹	Relativity to BG-5L
				Ind.	Fam.		Ind.	Fam.											
CM-J6	G	25/1250/90%	K14Y	\$1,250	\$2,500	90%	\$6,250	\$12,500	\$0	\$25	\$50	\$25	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-28.4%
CM-J5	S	40/3000/80%	K14Y	\$3,000	\$6,000	80%	\$8,700	\$17,400	\$0	\$40	\$80	\$40	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-38.4%
CM-J7	S	35/3750/80%	K23Y	\$3,750	\$7,500	80%	\$8,350	\$16,700	\$0	\$35	\$70	\$35	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-39.9%

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Members must designate a primary care physician (PCP). Referrals are required for certain services.

¹ Place of Service Tiered Benefit – Encourages use of freestanding facilities vs hospital based

Service Performed	Description	Place of Service	
		Hospital Based/Owned	Freestanding Facility*
Surgery Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	Plan Deductible/Co-insurance only No Per-Occurrence Deductible
Surgery Inpatient	Surgery and related services received on an inpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Major Diagnostics	CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Minor Lab and X-Ray	Lab, X-Ray, and diagnostic services.	\$250 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Scopic Procedures	Diagnostic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy, and endoscopy.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	

Per-Occurrence Deductible (POD) must be met prior to and in addition to the annual deductible and co-insurance.

The POD will not accrue towards the plan deductible but will accrue towards the Out-of-Pocket Maximum.

*Freestanding facilities are any of the following: Outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory.

Choice Plus

Plan Code	Metal	Plan Description	Rx Plan	Deductible				Coinsurance		Out-of-Pocket Max				Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to BG-5L	
				Network		Non-Network		In	Out	Network		Non-Network													
				Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.												
BG-5L	P	10/250/90%	K13Y	\$250	\$500	\$7,500	\$15,000	90%	50%	\$3,000	\$6,000	\$15,000	\$30,000	\$0	\$10	\$20	\$10	Ded+90%	Ded+90%	Ded+90%	\$0	\$0	Ded+90%	0.0%	
BG-5E	P	10/500/90%	K13Y	\$500	\$1,000	\$7,500	\$15,000	90%	50%	\$4,000	\$8,000	\$15,000	\$30,000	\$0	\$10	\$20	\$10	Ded+90%	Ded+90%	Ded+90%	\$0	\$0	Ded+90%	-2.7%	
BG-53	P	20/500/80%	K13Y	\$500	\$1,000	\$7,500	\$15,000	80%	50%	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$20	\$40	\$20	Ded+20%	Ded+20%	Ded+20%	\$0	\$0	Ded+20%	-7.7%	
CM-JR	G	30/1000/80%	K17Y	\$1,000	\$2,000	\$7,500	\$15,000	80%	50%	\$6,750	\$13,500	\$15,000	\$30,000	\$0	\$30	\$60	\$30	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-18.0%	
CB-WK	G	25/1750/80%	K13Y	\$1,750	\$3,500	\$7,500	\$15,000	80%	50%	\$8,150	\$16,300	\$15,000	\$30,000	\$0	\$25	\$50	\$25	Ded+20%	Ded+20%	Ded+20%	\$25	\$25	Ded+20%	-17.4%	
BG-5Q	G	25/2500/80%	K22Y	\$2,500	\$5,000	\$7,500	\$15,000	80%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$0	\$25	\$50	\$25	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-20.1%	
CM-JL	S	35/3000/60%	K19Y	\$3,000	\$6,000	\$7,500	\$15,000	60%	50%	\$8,500	\$17,000	\$15,000	\$30,000	\$0	\$35	\$70	\$35	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-29.5%	
BP-8A	S	35/3500/60%	K19Y	\$3,500	\$7,000	\$7,500	\$15,000	60%	50%	\$8,150	\$16,300	\$15,000	\$30,000	\$0	\$35	\$70	\$35	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-29.7%	
BP-8B	S	35/3750/70%	K19Y	\$3,750	\$7,500	\$7,500	\$15,000	70%	50%	\$8,150	\$16,300	\$15,000	\$30,000	\$0	\$35	\$70	\$35	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$400	-28.7%	
CM-JK	S	5000/80%	K19Y	\$5,000	\$10,000	\$7,500	\$15,000	80%	50%	\$7,900	\$15,800	\$15,000	\$30,000	Ded+\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-33.8%
CM-JS	B	75/8500/50%	K20Y	\$8,500	\$17,000	\$10,000	\$20,000	50%	50%	\$8,700	\$17,400	\$15,000	\$30,000	\$0	\$75	\$150	\$75	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	-36.4%	

Choice Plus Premier (Tiered)

Plan Code	Metal	Plan Description	Rx Plan	Deductible				Coinsurance		Out-of-Pocket Max				Virtual Visit	Tier1 PCP ¹	Non-Tier1 PCP ²	Tier1 Spec ¹	Non-Tier1 Spec ²	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to BG-5L
				Network		Non-Network		In	Out	Network		Non-Network														
				Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.													
CB-W3	G	20/1250/80%	K14Y	\$1,250	\$2,500	\$7,500	\$15,000	80%	50%	\$7,500	\$15,000	\$15,000	\$30,000	\$0	\$20	\$50	\$40	\$100	\$20	Ded+20%	Ded+20%	Ded+20%	\$10	\$30	Ded+20%	-17.6%
CB-W6	G	2000/80% Copay Complete	K24Y	\$2,000	\$4,000	\$7,500	\$15,000	80%	50%	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$0	\$50	\$50	\$100	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-19.6%
CB-WZ	S	30/3750/80%	K14Y	\$3,750	\$7,500	\$7,500	\$15,000	80%	50%	\$8,550	\$17,100	\$15,000	\$30,000	\$0	\$30	\$60	\$70	\$100	\$30	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-29.4%
CB-WY	S	30/4150/80%	K23Y	\$4,150	\$8,300	\$7,500	\$15,000	80%	50%	\$8,500	\$17,000	\$15,000	\$30,000	\$0	\$30	\$60	\$70	\$100	\$30	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-30.9%
CM-J8	S	5000/70% Copay Complete	K24Y	\$5,000	\$10,000	\$7,500	\$15,000	70%	50%	\$8,550	\$17,100	\$15,000	\$30,000	\$0	\$0	\$50	\$50	\$100	\$0	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-29.3%

Copay Complete provides all-inclusive coverage under the applicable copay at Premium Designated (Tier1) providers. Services performed in the office visit like outpatient surgeries, allergy testing, minor lab, and x-rays are covered under the copay.

¹Lower PCP/Specialist office visit co-pay applies when using a Tier 1 UnitedHealthcare Premium Designated(R) Physician.

²Standard PCP/Specialist office visit co-pay applies for Non-Tier1 Physicians.

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Choice/Choice Plus HSA with Motion

Plan Code	Metal	Plan Description	Rx Plan	Deductible				Coinsurance		Out-of-Pocket Max.				Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab	Minor X-ray	MRI, CT, PET	Relativity to BG-5L	
				In-Network		Non-Network		In	Out	In-Network		Non-Network													
				Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.												
Choice Plus HSA – Non-Embedded Deductible/Embedded Out of Pocket Max																									
CM-V7	G	1500/90%	K15Y	\$1,500	\$3,000	\$7,500	\$15,000	90%	50%	\$5,500	\$11,000	\$15,000	\$30,000	Ded+0%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-12.9%	
Choice Plus HSA – Embedded Plans																									
CM-JI	S	3000/80%	K14Y	\$3,000	\$6,000	\$7,500	\$15,000	80%	50%	\$6,500	\$13,000	\$15,000	\$30,000	Ded+0%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-25.4%
CM-JO	S	3500/80%	K14Y	\$3,500	\$7,000	\$7,500	\$15,000	80%	50%	\$6,650	\$13,300	\$15,000	\$30,000	Ded+0%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-27.8%
CB-WE	S	4000/100%	K15Y	\$4,000	\$8,000	\$7,500	\$15,000	100%	50%	\$5,000	\$10,000	\$15,000	\$30,000	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	Ded+0%	-24.1%
CM-JP	B	5750/60%	K14Y	\$5,750	\$11,500	\$10,000	\$20,000	60%	50%	\$7,000	\$14,000	\$13,300	\$26,600	Ded+0%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	-35.2%
CM-JN	B	6300/90%	K17Y	\$6,300	\$12,600	\$7,500	\$15,000	90%	50%	\$7,000	\$14,000	\$15,000	\$30,000	Ded+0%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-36.1%
Choice HSA – Embedded Plan																									
CP-OS	S	4500/90%	K17Y	\$4,500	\$9,000	N/A	N/A	90%	N/A	\$6,000	\$12,000	N/A	N/A	Ded+0%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-31.6%

Choice

Plan Code	Metal	Plan Description	Rx Plan	Network Deductible		Coinsurance	Network Out-of-Pocket Max		Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg	IP Hosp	Minor Lab ¹	Minor X-ray ¹	MRI, CT, PET ¹	Relativity to BG-5L	
				Ind.	Fam.		Ind.	Fam.												
CM-JU	G	30/1500/80%	K17Y	\$1,500	\$3,000	80%	\$6,500	\$13,000	\$0	\$30	\$60	\$30	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-20.8%
CM-JX	S	50/7000/70%	K20Y	\$7,000	\$14,000	70%	\$8,700	\$17,400	\$0	\$50	\$100	\$50	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-35.7%

Choice/Choice Plus HSA with Motion plans have combined medical/pharmacy deductibles

UnitedHealthcare Motion rewards employer groups and members for taking ownership of their health care, which may result in healthier employees and lower medical claim costs.

In 2022, maximum HSA contribution is \$3,650 single/\$7,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

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Choice Direct

Plan Code	Metal	Plan Description	Rx Plan	Network Deductible		Coinsurance	Network Out-of-Pocket Max		Virtual Visit	PCP	Spec	Urgent Care	ER	OP Surg ¹	IP Hosp ¹	Minor Lab ¹	Minor X-ray ¹	MRI, CT, PET ¹	Relativity to BG-5L
				Ind.	Fam.		Network	Ind.											
CM-KB	G	30/750/90%	K14Y	\$750	\$1,500	90%	\$7,350	\$14,700	\$0	\$30	\$60	\$30	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	Ded+10%	-17.7%
CM-J9	S	40/2250/70%	K19Y	\$2,250	\$4,500	70%	\$8,550	\$17,100	\$0	\$40	\$80	\$40	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	-30.1%
CM-KA ²	S	30/3250/80%	K23Y	\$3,250	\$6,500	80%	\$8,350	\$16,700	\$0	\$30	\$60	\$30	\$500+ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	-31.4%

¹Place of Service Tiered Benefit – Encourages use of freestanding facilities vs hospital based

²Limited copays on Sickness and Injury PCP/Specialist office visits. Once the 3 visits at a copay benefit is exhausted, coverage falls to the plan's deductible and coinsurance.

Service Performed	Description	Place of Service	
		Hospital Based/Owned	Freestanding Facility*
Surgery Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	Plan Deductible/Co-insurance only No Per-Occurrence Deductible
Surgery Inpatient	Surgery and related services received on an inpatient basis at a hospital or alternate facility	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Major Diagnostics	CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Minor Lab and X-Ray	Lab, X-Ray, and diagnostic services.	\$250 Per Occurrence Deductible + Plan Deductible/Co-insurance	
Scopic Procedures	Diagnostic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy, and endoscopy.	\$500 Per Occurrence Deductible + Plan Deductible/Co-insurance	

Per-Occurrence Deductible (POD) must be met prior to and in addition to the annual deductible and co-insurance.

The POD will not accrue towards the plan deductible but will accrue towards the Out-of-Pocket Maximum.

*Freestanding facilities are any of the following: Outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory.

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Essential PDL Pharmacy Plans

Plan Code	Deductible		Rx deductible applies to tiers	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 SMCS ²	Mail Service (90-day supply)	PDL
	Ind.	Fam.								
K16Y	N/A	N/A	N/A	\$10	\$50	\$115	\$250	\$250	2.5x retail	Essential
K17Y	N/A	N/A	N/A	\$15	\$50	\$135	\$350	\$500	2.5x retail	Essential
K23Y	N/A	N/A	N/A	\$15	\$55	\$125	\$350	\$500	2.5x retail	Essential
K20Y	N/A	N/A	N/A	\$20	\$65	\$150	\$500	\$500	2.5x retail	Essential
K21Y	\$250	\$500	3&4	\$5	\$55	\$105	\$350	\$350	2.5x retail	Essential
K24Y	\$250	\$500	3&4	\$10	\$60	\$115	\$350	\$500	2.5x retail	Essential
K17Y ¹	Same as Medical	Same as Medical	All	\$15	\$50	\$135	\$350	\$500	2.5x retail	Essential
K18Y	Same as Medical	Same as Medical	2,3&4	\$15	\$60	\$125	\$350	\$500	2.5x retail	Essential

Advantage PDL Pharmacy Plans

Plan Code	Deductible		Rx deductible applies to tiers	Tier 1	Tier 2	Tier 2 SMCS ²	Tier 3	Tier 3 SMCS ²	Tier 4	Tier 4 SMCS ²	Mail Service (90-day supply)	PDL
	Ind.	Fam.										
K13Y	N/A	N/A	N/A	\$10	\$40	\$150	\$85	\$250	\$250	\$250	2.5x retail	Advantage
K14Y	N/A	N/A	N/A	\$10	\$55	\$150	\$100	\$350	\$350	\$500	2.5x retail	Advantage
K19Y	\$250	\$500	2,3&4	\$15	\$50	\$150	\$100	\$350	\$350	\$500	2.5x retail	Advantage
K22Y	\$250	\$500	2,3&4	\$15	\$55	\$150	\$105	\$350	\$350	\$400	2.5x retail	Advantage
K15Y ¹	Same as Medical	Same as Medical	All	\$10	\$45	\$150	\$100	\$350	\$350	\$400	2.5x retail	Advantage
K14Y ¹	Same as Medical	Same as Medical	All	\$10	\$55	\$150	\$100	\$350	\$350	\$500	2.5x retail	Advantage

All pharmacy plans utilize the Standard Select Pharmacy Network which includes Walgreens, CostCo, RiteAid, King Soopers, Sam's, Safeway, Walmart, and independents. Subject to change without notice. CVS is excluded from the pharmacy network.

¹Paired with HSA qualified plans. Medical deductible applies before copays.

²Specialty Medication Cost Sharing (SMCS) applies to specialty pharmaceuticals placed on a specific tier. The copay for a specialty vs non specialty drug on a tier may differ.

Unless the deductible is noted as "Medical", Rx deductibles are separate from the medical deductible, but accrue towards the medical out-of-pocket maximum. An ancillary charge will apply if a higher tier medication is dispensed when a chemically equivalent alternative is available in a lower tier.

Product availability by county

PRODUCTS	COUNTY AVAILABILITY
Choice & Choice Plus	All counties
Navigate	Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Crowley, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Garfield, Grand, Gunnison, Hinsdale, Jackson, Jefferson, La Plata, Lake, Larimer, Lincoln, Mesa, Moffat, Montezuma, Montrose, Otero, Ouray, Park, Pitkin, Pueblo, Rio Blanco, Routt, San Juan, San Miguel, Summit, Teller, Weld
SelectColorado	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld
Colorado Doctors Plan	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson

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