

UnitedHealthcare

Medical and Pharmacy Plans

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefit needs to your business needs, choosing what you value in a health plan.

Choice Plus Open Access

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP		Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam		Ages <19	Network						
Insurance License																			
EU-9L	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$0	\$30	\$60	\$100	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 80%
EU-9A	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$0	\$30	\$60	\$100	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EU-9C	70%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,350	\$12,700	\$12,700	\$25,400	100%	\$0	\$30	\$60	\$100	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%
EU-9B	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,350	\$12,700	\$12,700	\$25,400	100%	\$0	\$30	\$60	\$100	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
HMO License																			
EK-C6	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$7,000	\$7,000	\$14,000	100%	\$0	\$30	\$60	\$100	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%

Choice Plus Primary Advantage (HMO License)

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP		Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam		Ages <19	Network						
EK-BW	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	100%	N/A	100%	\$100	\$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EK-BX	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	100%	N/A	100%	\$100	\$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EK-BY	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	100%	N/A	100%	\$100	\$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Choice Plus Open Access Flex

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam								
EU-88	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	100%	100%	100%	100%	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%
EU-89	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$6,850	\$13,700	\$14,000	\$24,000	100%	100%	100%	100%	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%

UnitedHealthcare

Medical and Pharmacy Plans

Choice Plus Open Access HSA

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP		Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/IP Hospital
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam		Ages <19	Network						
EW-BA	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EW-A6	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%
EW-CK	100%	80%	\$3,400	\$6,800	\$5,000	\$10,000	\$6,350	\$12,700	\$12,700	\$25,400	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EW-BC	100%	80%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,350	\$12,700	\$12,700	\$25,400	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EW-CF	100%	70%	\$3,500	\$7,000	\$10,000	\$20,000	\$3,500	\$7,000	\$20,000	\$40,000	100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EW-A8	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,350	\$12,700	\$12,700	\$25,400	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%
EW-BU	80%	60%	\$6,000	\$12,000	\$11,000	\$22,000	\$6,300	\$12,600	\$13,100	\$26,200	100%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EW-BZ	100%	80%	\$6,150	\$12,300	\$13,000	\$26,000	\$6,400	\$12,800	\$14,900	\$29,800	100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%

UnitedHealthcare

Medical and Pharmacy Plans

Choice Plus Premier

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP			Specialist			Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam		Ages <19	Designated	Network	Designated	Network							
EW-CU	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	100%	\$0	\$15	\$15	\$50	\$100	\$25	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	
EW-CV	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	100%	\$0	\$15	\$15	\$50	\$100	\$25	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	
EW-CW	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	100%	\$0	\$15	\$15	\$50	\$100	\$25	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	

Choice Plus Consumer

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam								
EU-98	100%	80%	\$3,500	\$7,000	\$6,000	\$12,000	\$6,350	\$12,700	\$12,700	\$25,400	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%

Choice Consumer

Med Plan Code	Coinsurance	Deductible		Out-of-Pocket Maximum		Virtual Visit	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
		Network Ind	Network Fam	Network Ind	Network Fam						
EK-D3	80%	\$3,500	\$7,000	\$6,350	\$12,700	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%



UnitedHealthcare

Medical and Pharmacy Plans

Choice Open Access

Med Plan Code	Coinsurance	Deductible		Out-of-Pocket Maximum		Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
		Network Ind	Network Fam	Network Ind	Network Fam								
Insurance License													
EK-B4	50%	\$3,000	\$6,000	\$7,350	\$14,700	100%	100%	\$100	\$50	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%
EK-CC	80%	\$3,000	\$6,000	\$5,000	\$10,000	100%	\$30	\$60	\$100	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EK-CD	80%	\$4,000	\$8,000	\$5,000	\$10,000	100%	\$30	\$60	\$100	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EK-CE	80%	\$5,000	\$10,000	\$6,350	\$12,700	100%	\$30	\$60	\$100	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
HMO License													
EK-C5	80%	\$7,000	\$14,000	\$7,350	\$14,700	100%	\$45	\$90	\$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Choice Open Access HSA

Med Plan Code	Coinsurance	Deductible		Out-of-Pocket Maximum		Virtual Visit	PCP		Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
		Network Ind	Network Fam	Network Ind	Network Fam		Ages <19	Network						
EW-BD	100%	\$3,500	\$7,000	\$6,350	\$12,700	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EW-A9	90%	\$3,500	\$7,000	\$6,350	\$12,700	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 90%	Ded + 90%	Ded + 90%
EW-BF	80%	\$5,000	\$10,000	\$6,350	\$12,700	100%	Ded + \$0	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%

Choice Primary Advantage

Med Plan Code	Coinsurance	Deductible		Out-of-Pocket Maximum		Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging	OP Surg/ IP Hospital
		Network Ind	Network Fam	Network Ind	Network Fam								
EK-B3	50%	\$2,000	\$4,000	\$7,350	\$14,700	100%	100%	\$100	\$50	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%

UnitedHealthcare

Medical and Pharmacy Plans

NexusACO OA Tiered (HMO License)

Med Plan Code	Coinsurance	Deductible		Out-of-Pocket Maximum		Virtual Visit	PCP			Specialist		Urgent Care	ER	Lab/ X-Ray	Maj. Diag. & Img. Network	OP Surgery		IP Hospital	
		Network Ind	Network Fam	Network Ind	Network Fam		Ages <19	Designated	Network	Designated	Network					Designated	Network	Designated	Network
EK-IQ	80%	\$5,000	\$10,000	\$7,900	\$15,800	100%	\$0	\$15	\$45	\$50	\$125	\$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$250 + Ded + 50%	Ded + 80%	\$500 + Ded + 50%

UnitedHealthcare Medical and Pharmacy Plans

NexusACO OA Tiered HSA

Med Plan Code	Coinsurance	Deductible		Out-of-Pocket Maximum		Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab/ X-Ray	Maj. Diag. & Img. Network	OP Surgery		IP Hospital	
		Network Ind	Network Fam	Network Ind	Network Fam		Designated	Network	Designated	Network					Designated	Network	Designated	Network
EW-DY	100%	\$5,000	\$10,000	\$6,500	\$13,000	100%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 80%	Ded + 100%	\$500 + Ded + 80%

NexusACO OAP Tiered

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP			Specialist		Urgent Care	ER	Lab/ X-Ray	Maj. Diag. & Img. Network	OP Surgery		IP Hospital	
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam		Ages <19	Designated	Network	Designated	Network					Designated	Network	Designated	Network
EW-DI	100%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	\$0	\$10	\$40	\$40	\$100	\$50	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 80%	Ded + 100%	\$500 + Ded + 80%
EW-DO	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	100%	\$0	\$10	\$40	\$40	\$100	\$50	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 70%	Ded + 100%	\$500 + Ded + 70%
EW-DJ	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$0	\$15	\$45	\$50	\$125	\$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$250 + Ded + 50%	Ded + 80%	\$500 + Ded + 50%

NexusACO OAP Tiered HSA

Med Plan Code	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP			Specialist		Urgent Care	ER	Lab/ X-Ray	Maj. Diag. & Img. Network	OP Surgery		IP Hospital	
	Network	OON	Network Ind	Network Fam	OON Ind	OON Fam	Network Ind	Network Fam	OON Ind	OON Fam		Ages <19	Designated	Network	Designated	Network					Designated	Network	Designated	Network
EW-DT	100%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$12,000	\$24,000	100%	N/A	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 70%	Ded + 100%	\$500 + Ded + 70%
EW-DU	100%	70%	\$2,800	\$5,600	\$7,500	\$15,000	\$6,500	\$8,700	\$15,000	\$30,000	100%	N/A	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 70%	Ded + 100%	\$500 + Ded + 70%
EW-DV	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	100%	N/A	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 80%	Ded + 100%	\$500 + Ded + 80%



UnitedHealthcare

Medical and Pharmacy Plans

Advantage RX Plans

Rx Plan Code	Deductible		Copays				Combined Med/Rx Deductible Pharmacy Plans	Mail Order
	Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
2V	N/A	N/A	\$10	\$35	\$60	N/A	Sep	2.5
OI	N/A	N/A	\$10	\$35	\$70	N/A	Sep	2.5
DS	N/A	N/A	\$15	\$45	\$85	\$200	Sep	3.0
AU	\$250	\$750	\$10	\$35	\$70	N/A	Sep	2.5
455	\$250 on T3 & T4	\$500 on T3 & T4	\$5	\$50	\$100	\$250	Sep	2.5
2V	Same as Medical	Same as Medical	\$10	\$35	\$60	N/A	Comb	2.5
MM	Same as Medical	Same as Medical	No Copay	No Copay	No Copay	N/A	Comb	No Copay

Advantage w/ SMCS Drugs RX Plans

Rx Plan Code	Deductible		Copays							Combined Med/Rx Deductible Pharmacy Plans	Mail Order
	Individual	Family	Tier 1	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty		
OIOS	N/A	N/A	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Sep	2.5
OIOS	Same as Medical	Same as Medical	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Comb	2.5

Essential w/ SMCS Drugs RX Plans

Rx Plan Code	Deductible		Copays							Combined Med/Rx Deductible Pharmacy Plans	Mail Order
	Individual	Family	Tier 1	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty		
G76S	N/A	N/A	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Sep	2.5
G76S	Same as Medical	Same as Medical	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Sep	2.5

UnitedHealthcare

Medical and Pharmacy Plans

Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.

Designated benefits applies to UnitedHealth Premium Designated Tier 1 quality and efficiency designated providers. Please visit myuhc.com for details.

"Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met.

"Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

EPO/HMO plans exclude coverage for services provided by Out-of-Network Providers with the exception of Services performed in a Network Facility by hospital-based providers and Services performed under the Emergency Care benefit

Per Occurrence Deductibles are prior to and in addition to any required deductible and coinsurance.

"Flex Free" plans feature no copayment for three Office visits and two Urgent Care visits during the calendar year or policy year, depending on plan type selected. Office and Urgent Care visits above those limits will be subject to deductible/coinsurance. This is a separate limit for both Physician Office Visits and Urgent Care visits. Plans feature one Preventive Care visit per service per year, which does not count against the office visit copay limit. Office visits on Flex Free plans are counted on either a calendar or policy year basis. Office visits accrued under an existing UHC plan will apply to the Flex Free office visit maximum until the next calendar or policy year, at that point the count will reset.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

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 affect the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.

The UnitedHealthcare plan with 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 through Optum Bank, Member FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP. The UnitedHealthcare plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

Designated Diagnostic Provider Requirements

Use of a Non-Designated Diagnostic Provider for Lab or Complex Imaging Center may result in a reduction of benefits. Please see your Schedule of Benefits. Please refer to myuhc.com for a list of Designated Providers.

•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 2026, maximum HSA contribution is \$4,400 single/\$8,750 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.

•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. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare

©2026 United HealthCare Services, Inc. Rev. 2/17/2026