

**UnitedHealthcare**  
**Medical Plan Design and Fee Detail**

<b>Customer Name:</b>	Williamson County
<b>Effective Date:</b>	1/1/2021

	Choice + Current Plan	Nexus ACO OA Plan Current Plan	Choice + Alt. Alternate Plan	Nexus ACO OA Plan Alt. Alternate Plan	HSA EPO Alternate Plan
Plan Offering	Dual Option	Dual Option	Multiple Option	Multiple Option	Multiple Option
Multiple Option with:	2	1	Any	Any	Any
<b>Plan Name</b>	Choice +	Nexus ACO OA Plan	Choice + Alt.	Nexus ACO OA Plan Alt.	HSA EPO
Product	Choice +	Nexus	Choice +	Nexus	Choice HSA
HRA or HSA	No	No	No	No	HSA
<b>Benefits*</b>	<b>Network</b>	<b>Network</b>	<b>Network</b>	<b>Network</b>	<b>Network</b>
Office Copay (PCP/SPC)	PCP \$30, SPC \$55	PCP \$30/50%, SPC \$55/50%	PCP \$30, SPC \$55	PCP \$30/50%, SPC \$55/50%	PCP D&C, SPC D&C
Other Copays (IP/UC/ER)	IP N/A, UC \$45, ER \$300	IP 80%/50%, UC \$45, ER \$300	IP N/A, UC \$45, ER \$400	IP 80%/50%, UC \$45, ER \$400	IP D&C, UC D&C, ER D&C
Deductible	\$1750/\$3500	\$1750/\$3500	\$2000/\$4000	\$2000/\$4000	\$3000/\$6000
Coinurance	80%	80%/50%	80%	80%/50%	80%
Out-of-Pocket	\$5500/\$11000	\$5500/\$11000	\$5500/\$11000	\$5500/\$11000	\$5500/\$11000
Pharmacy Plan (Deductible, Copays, Mail Order)	35%, w/\$10 min - \$100 max / 35%, w/\$40 min - \$100 max / 35%, w/\$75 min - \$100 max / \$125 specialty; M.O. \$20/80/100	35%, w/\$10 min - \$100 max / 35%, w/\$40 min - \$100 max / 35%, w/\$75 min - \$100 max / \$125 specialty; M.O. \$20/80/100	35%, w/\$10 min - \$100 max / 35%, w/\$40 min - \$100 max / 35%, w/\$75 min - \$100 max / \$125 specialty; M.O. \$20/80/100	35%, w/\$10 min - \$100 max / 35%, w/\$40 min - \$100 max / 35%, w/\$75 min - \$100 max / \$125 specialty; M.O. \$20/80/100	Med Ded, No Copay (Adv PDL)
	<b>Out of Network</b>	<b>Out of Network</b>	<b>Out of Network</b>	<b>Out of Network</b>	<b>Out of Network</b>
Deductible	\$3500/\$7000	N/A / N/A	\$4000/\$8000	N/A / N/A	N/A
Coinurance	50%	N/A	50%	N/A	N/A
Out of Pocket	Unlimited	N/A / N/A	Unlimited	N/A / N/A	N/A
	<b>Other</b>	<b>Other</b>	<b>Other</b>	<b>Other</b>	<b>Other</b>
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
UBH Option	Behavioral Health Solutions	Behavioral Health Solutions	Behavioral Health Solutions	Behavioral Health Solutions	Behavioral Health Solutions
Plan Decrement	1.00	0.71	0.98	0.71	0.75

**ADMINISTRATION FEE DETAIL**

Fee Prior to Rebates	\$51.55	\$54.25	\$51.55	\$54.25	\$51.55
Rx Rebate Credit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Net Quoted Fee	<b>\$51.55</b>	<b>\$54.25</b>	<b>\$51.55</b>	<b>\$54.25</b>	<b>\$51.55</b>
Second Year Fee Guarantee Prior to Rebates	\$53.10	\$55.88	\$53.10	\$55.88	\$53.10
Second Year Rx Rebate Credit	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Total Net Second Year Fee Guarantee	<b>\$53.10</b>	<b>\$55.88</b>	<b>\$53.10</b>	<b>\$55.88</b>	<b>\$53.10</b>
Third Year Fee Guarantee Prior to Rebates	\$53.10	\$55.88	\$53.10	\$55.88	\$53.10
Third Year Rx Rebate Credit	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Total Net Third Year Fee Guarantee	<b>\$53.10</b>	<b>\$55.88</b>	<b>\$53.10</b>	<b>\$55.88</b>	<b>\$53.10</b>