

South Florida Featured Portfolio with Relativity

Neighborhood Traditional Plans

For Groups with 2-99
Eligible Employees

Relativity [†]	Plan Code	Plan Description	Deductible				Coins	Out-of-Pocket Maximum				Co-pays						Available Pharmacy Plan		
			IN		OUT			IN/OUT	IN		OUT		Primary Care	Spec	Urgent Care	Major Diag	ER		Per Occur Outpatient	Per Occur Inpatient
			Single	Family	Single	Family			Single	Family	Single	Family								
1.06	DVG	POS 25/45/500	\$500	\$1,000	\$1,000	\$2,000	100%/70%	\$3,000	\$3,000/mbr	\$3,000	\$6,000	\$25	\$45	\$50	\$100 after ded.	ded/coins	ded/coins	ded/coins	AL	
1.00	EVG	HMO 25/45/500	\$500	\$1,000	N/A	N/A	100%/N/A	\$3,000	\$3,000/mbr	N/A	N/A	\$25	\$45	\$50	\$100 after ded.	ded/coins	ded/coins	ded/coins	AL	
0.92	DV6	POS 25/1000/100%	\$1,000	\$2,000	\$2,000	\$4,000	100%/80%	\$3,000	\$3,000/mbr	\$5,000	\$10,000	\$25	\$45	\$50	\$200	\$200	\$250	\$250	AL	
0.89	EV4	HMO 25/1000/100%	\$1,000	\$2,000	N/A	N/A	100%/N/A	\$3,000	\$3,000/mbr	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$250	AL	
0.85	EV3	HMO 25/500/80%	\$500	\$1,000	N/A	N/A	80%/N/A	\$3,000	\$3,000/mbr	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$250	AL	
0.83	EV5	HMO 25/1500/100%	\$1,500	\$3,000	N/A	N/A	100%/N/A	\$3,000	\$3,000/mbr	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$250	AL	
0.77	EV7	HMO 25/1000/80%	\$1,000	\$3,000	N/A	N/A	80%/N/A	\$5,000	\$10,000	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$250	AL	
0.74	DV1	HMO 25/2500/100%	\$2,500	\$5,000	N/A	N/A	100%/N/A	\$3,000	\$3,000/mbr	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$500	AL	
0.71	DV2	HMO 25/3000/100%	\$3,000	\$6,000	N/A	N/A	100%/N/A	\$3,000	\$3,000/mbr	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$500	AL	
0.69	EV8	HMO 25/2000/80%	\$2,000	\$6,000	N/A	N/A	80%/N/A	\$5,000	\$10,000	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$500	AL	
0.64	DV4	HMO 25/5000/100%	\$5,000	\$10,000	N/A	N/A	100%/N/A	\$3,000	\$3,000/mbr	N/A	N/A	\$25	\$45	\$50	\$200	\$200	\$250	\$500	AL	

Neighborhood 50/50 Plans

Relativity [†]	Plan Code	Plan Description	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays						Pharmacy Plan
			IN		OUT		IN	OUT	IN		OUT		OV/Spec	Urgent Care	Maj Diag	ER	Per Occur Outpatient	Per Occur Inpatient	
			Single	Family	Single	Family			Single	Family	Single	Family							
0.60	EV1	HMO 25/2000/50%	\$2,000	\$6,000	N/A	N/A	50%	N/A	\$10,000	\$20,000	N/A	N/A	\$25/\$45	\$100	\$300	\$250	\$250	\$500	AL
0.58	EV2	HMO 25/3000/50%	\$3,000	\$9,000	N/A	N/A	50%	N/A	\$10,000	\$20,000	N/A	N/A	\$25/\$45	\$100	\$300	\$250	\$250	\$500	AL

Neighborhood HSA Plans

Relativity [†]	Plan Code	Plan Description	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays						Pharmacy Plan
			IN		OUT		IN	OUT	IN		OUT		OV/Spec	Urgent Care	Maj Diag	ER	Inpatient	Outpatient	
			Single	Family	Single	Family			Single	Family	Single	Family							
0.90	EVX	HSA 2300/100%	\$2,300	\$4,600	N/A	N/A	100%	N/A	\$2,300	\$4,600	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	FB
0.86	EVY	HSA 2500/100%	\$2,500	\$5,000	N/A	N/A	100%	N/A	\$3,000	\$6,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	FC
0.78	SV1	HSA 3500/100%	\$3,500	\$7,000	N/A	N/A	100%	N/A	\$4,000	\$8,000	N/A	N/A	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	FC

Neighborhood HRA Plan

Relativity [†]	Plan Code	Plan Description	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays						Pharmacy Plan
			IN		OUT		IN	OUT	IN		OUT		OV/Spec	Urgent Care	Maj Diag	ER	Inpatient	Outpatient	
			Single	Family	Single	Family			Single	Family	Single	Family							
0.79	SV3	HRA 2500/100%	\$2,500	\$5,000	N/A	N/A	100%	N/A	\$3,000	\$6,000	N/A	N/A	\$50/\$50	ded/coins	\$200	ded/coins	ded/coins	ded/coins	FC

Neighborhood Pharmacy Plans

Pharmacy Plan Code	Tier 1	Tier 2	Tier 3	Tier 4	Growth Hormone		Mail Order (90-day Supply)
					Tier 5	Max Benefit	
					FB	\$0	
AL	\$20	\$40	\$60	20%	30%	\$10,000	2x retail category
FC	\$20	\$40	\$60	20%	30%	\$10,000	2x retail category

[†]Indicated rate relativities apply to 2-50 business.

For NHP HSA Plans: Deductibles are embedded.

For Dual and Triple option packages: Minimum 5 enrolled. The premium difference between the low plan to the high plan must not exceed 35%.

Pharmacy Plan footnotes:

FB Plan - For NHP HSA/HRA Plans where Combined Med/Rx plans with network COINS 100% and ded & OOPM amounts the same.

FC Plan - For NHP HSA/HRA plans where OOPM is greater than Deductible; Rx Copay go towards OOPM.

Pharmacy Tier 4 represents % of self-injectables

Insurance coverage provided by or through: United HealthCare Insurance Company. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health plan coverage provided by or through UnitedHealthcare of Florida, Inc. and Neighborhood Health Partnership, Inc.

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 & 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.

