

2025 plan changes for direct small groups

What to know about our small group product portfolio for 2025.

New 2025 product offering: Complete Access EPO

The new EPO (Exclusive Provider Organization) plan helps employers support an increasingly remote workforce by offering employees access to care across the country. The high-value, national network consists of our full network in Massachusetts and New Hampshire, plus the UnitedHealthcare Options PPO network outside MA and NH. PCPs and referrals are required in MA and NH to coordinate care and manage costs. Three new plan options are available, please see below.

Federal out-of-pocket maximum (OOPM) changes

- ✓ ACA-mandated OOPM for non-HSA decreased to \$9,200/\$18,400
- ✓ IRS-mandated OOPM for HSA increased to \$8,300/\$16,600

Medicare Part D Creditable Coverage and Massachusetts (MA) Minimum Creditable Coverage

All 2025 Merged Market plans meet the Medicare Part D Creditable Coverage and MA Minimum Creditable Coverage as noted on the [Product Reference Grids](#).

2025 portfolio changes

90-day retail: Members can receive a 90-day supply of certain maintenance medications through mail order or retail pharmacy. Upon renewal into a 2025 plan, members will continue to receive a discount on Tiers 1-3 when ordered through Optum Rx mail order. Members will pay the full amount of their cost sharing when obtaining a 90-day supply at an in-network retail pharmacy (3 times the 30-day amount).

Health Savings Account (HSA) compatible plans will now include acupuncture coverage with a 20 visits limit per plan year and will follow the specialty cost-sharing. All 2025 HSA plans will now have an aggregate deductible. This means that with family coverage, the individual deductible amount does not apply. The entire family deductible amount will need to be met before benefits are payable for anyone in the family.

Value-added benefits

- **Care Complement benefits** waive cost-sharing for certain services, such as chiropractic care and acupuncture, to provide flexibility to try alternative treatments for pain management and chronic conditions. A list of in-network benefits covered at \$0 cost sharing can be found [here](#).
- **Mental health offerings** include Lyra's behavioral health platform that provides fast and easy access to coaching, therapists, and a self-guided care resource center – now with expanded options for teens, families, and employees. This is in addition to our Optum network of providers.
- **Our comprehensive women's health portfolio** provides resources for women at every stage of their healthcare journey and comprises pregnancy, postpartum and loss support, menopause, and a new, customized pelvic health offering.
- **Rx Savings Solutions** provides ways for members to save on prescription costs. This program is founded and led by pharmacists who offer clinical expertise to reduce prescription drug costs for members by offering alternative, lower-cost options.



New 2025 plans

We heard you, and as a result, we are adding the following new plans for 2025:

- Complete HMO/PPO Plus HSA 4000 Enhanced FlexRx (Bronze)
 - In-network deductible: \$4,000/\$8,000 (Aggregate)
 - In-network out-of-pocket max: \$8,000/\$16,000
 - In-network PCP/SPC: (D) then \$40/\$60
 - Rx: In-network (D) then \$10/\$30/\$175/\$300/\$350/\$500
 - ER: In-network (D) then 30% coinsurance
- Complete Access EPO 2000 with Care Complement (Gold)
 - PCP/SPC: \$25/\$40
 - Rx: \$10/\$20/\$75/\$200/\$250/\$500
 - ER: \$450
- Complete Access EPO 3000 with Care Complement (Silver)
 - PCP/SPC: \$40/ \$55
 - Rx: \$10/\$35/\$75/(D) then \$300/\$350/(D) then \$500
 - ER: (D) then \$500
- Complete Access EPO HSA 3000 Enhanced FlexRx (Silver)
 - Deductible: \$3,000/\$6,000 (Aggregate)
 - PCP/SPC: (D) then \$35/\$50
 - Rx: (D) then \$10/\$30/\$60/\$200/\$250/\$500
 - ER: (D) then \$450

Plan changes

The following outlines member cost-sharing changes for our 2025 product portfolio. The changes also apply to the comparable PPO Plus plan versions.

Increases on out-of-pocket maximum, specialty office visits, diagnostic, imaging and X-Ray, high-tech radiology, and prescription drug tier 2. Lab updated to apply copay only:

2024 Plan name	2025 Plan name	Metallic tier
Choice Easy Tier HMO 500 with Care Complement	Choice Easy Tier HMO 500 25/45 with Care Complement	Gold

Increases on out-of-pocket maximum, specialty office visits, emergency room diagnostic, imaging and X-Ray, and high-tech radiology:

2024 Plan name	2025 Plan name	Metallic tier
Choice Easy Tier HMO 1000 25/40/300 with Care Complement	Choice Easy Tier HMO 1000 25/50 with Care Complement	Gold
Choice Easy Tier HMO 1500 with Care Complement	Choice Easy Tier HMO 1500 25/50 with Care Complement	Gold
Choice Easy Tier HMO 2000 25/40 with Care Complement	Choice Easy Tier HMO 2000 25/45 with Care Complement	Gold

Decrease on out-of-pocket maximum and added deductible to prescription drug tiers 3 and 6:

2024 Plan name	2025 Plan name	Metallic tier
Choice Easy Tier HMO 3000 with Care Complement	Choice Easy Tier HMO 3000 45/55 with Care Complement	Silver

Decrease on out-of-pocket maximum:

2024 Plan name	2025 Plan name	Metallic tier
Choice Easy Tier HMO 2500 15%/35% with Care Complement	Choice Easy Tier HMO 2500 15%/35% with Care Complement	Silver
Complete HMO 2500 30/55/500 with Care Complement	Complete HMO 2500 30/55/500 with Care Complement	Silver
Complete HMO 2500 15%/35% with Care Complement	Complete HMO 2500 15%/35% with Care Complement	Silver
Complete HMO HSA 2500 30/45/450 Enhanced FlexRx	Complete HMO HSA 2500 30/45/450 Enhanced FlexRx	Silver
Complete HMO 3000 40/55/500 with Care Complement	Complete HMO 3000 40/55/500 with Care Complement	Silver

Increases on PCP/BH office visits and emergency room:

2024 Plan name	2025 Plan name	Metallic tier
Complete HMO 2000 20/40/400 with Care Complement	Complete HMO 2000 25/40 ER450 with Care Complement	Gold

Decrease on out-of-pocket maximum, and increases on inpatient and prescription drug tier 4:

2024 Plan name	2025 Plan name	Metallic tier
Complete HMO 2000 30/60/1000 with Care Complement	Complete HMO 2000 30/60 ER1000 with Care Complement	Gold

Decrease on out-of-pocket maximum. Deductible amount modified and changed to aggregate:

2024 Plan name	2025 Plan name	Metallic tier
Complete HMO HSA-E 3200 Enhanced FlexRx	Complete HMO HSA 3000 35/50/450 Enhanced FlexRx	Silver

Decrease on out-of-pocket maximum, and deductible changed to aggregate:

2024 Plan name	2025 Plan name	Metallic tier
Complete HMO HSA-E 3600 35/50/600 Enhanced FlexRx	Complete HMO HSA 3600 35/50/600 Enhanced FlexRx	Silver

Decreases on out-of-pocket maximum, PCP/BH office visits, and prescription drug tiers 2 and 3:

2024 Plan name	2025 Plan name	Metallic tier
Complete HMO 3500 with Care Complement	Complete HMO 3500 45/75 with Care Complement	Silver

Decreases on out-of-pocket maximum and prescription drug tiers 2 and 3:

2024 Plan name	2025 Plan name	Metallic tier
Complete HMO 4000 35/45/750 10% with Care Complement	Complete HMO 4000 35/45 ER750 10% with Care Complement	Bronze

Decreases on out-of-pocket maximum, PCP/BH office visits, and prescription drug tiers 2 and 4:

2024 Plan name	2025 Plan name	Metallic tier
Complete HMO 5000 35/45/750 10% with Care Complement	Complete HMO 5000 30/45 with Care Complement	Bronze

Have questions or want more information?

Please contact your account or sales executive. If you're not sure who they are, call us at **866-643-8392**.