



Delaware, 1-50 Fully Insured Plan Grid

Effective January 2024

Providing members simple, affordable and supportive plan offerings.

This plan grid highlights benefits and should not be used to fully understand exact coverage. Review COC for an exact description, coverage details and other terms and conditions. Contact your UnitedHealthcare representative for more information.

Issued Date: 9/12/23

**United
Healthcare**

Health plans built for what matters to small business.

Vital Medications Program | \$0 cost for certain medications.

The UnitedHealthcare Vital Medication Program offers certain drugs at no additional cost.* There may be no out-of-pocket costs for preferred medications like:

- Insulin – rapid, short and long-acting
- Epinephrine – allergic reactions
- Glucagon – hypoglycemia (low blood sugar)
- Naloxone – opioid overuse
- Albuterol – asthma

UHC Rewards | Increase employee engagement.

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses can personalize their experience by selecting activities that are right for them—and same goes for ways to spend earnings. With daily participation, there’s a potential to earn up to \$300 per person/per year in select health plans at no additional cost.

\$0 24/7 Virtual Visits | Fast, convenient care for \$0.

With a 24/7 Virtual Visit, employees and their covered family members of all ages can see and speak to a doctor anywhere, anytime on a mobile device or computer.

Benefit plan	24/7 Virtual Visits benefit
High deductible health plan	
Coinsurance and deductible plan	<ul style="list-style-type: none"> • \$0 cost-share – Deductible does not apply • First dollar coverage
Health Savings Account (HSA) plan	
Copay plan	<ul style="list-style-type: none"> • \$0 cost-share (copay) • First dollar coverage

Care Cash | Provide financial help to pay for employee health care expenses.

The Care Cash preloaded debit card can be used for specific network UnitedHealthcare providers, which may lead to savings. Once the card is requested and received by those who are eligible, Care Cash:

- Gives an employee \$200 for the year for individual coverage or \$500 for family coverage
- Reloads new funds each plan year
- Rolls over remaining card balances each plan year up to \$2,000

For all Delaware Plans:

- All plans apply UnitedHealthcare Rewards. Contact your UnitedHealthcare representative for details
- Care Cash is included on all plans except for HSA and HRA plans. Contact your UnitedHealthcare representative for details
- All plans are paired with an Essential PDL Pharmacy Plan, which combines a four-tier benefit design with a managed drug list
- Some plans apply Special Medication Cost Sharing (SMCS), which is a benefit design strategy to help control costs through the administration of a separate copayment/coinsurance for most specialty medications
- All pharmacy plans utilize the Broad National Retail Pharmacy network
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- Visit myuhc.com for network details

Health Plan Product Offering

Delaware
1-50 Fully Insured Eligible Employees

Choice Plus (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus	\$2,750	100%	\$8,100	100%	N/A	\$30	N/A	\$50	\$60	\$300	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	Ded + 100%	Emb	Sep	DI-TV		P74S	Gold
Choice Plus	\$3,000	90%	\$7,000	100%	N/A	\$30	N/A	\$60	\$70	\$300	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	Ded + 90%	Emb	Sep	DI-TW		P74S	Gold

Choice Plus Advanced (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Advanced	\$2,500	65%	\$9,450	100%	Ded + \$10	Ded + \$15	Ded + \$40	Ded + \$80	Ded + \$60	Ded + 50%	FS: Ded + 100% HOSP: Ded + 80%	FS: Ded + 100% HOSP: Ded + 100%	FS: \$150 HOSP: Ded + \$300	FS: \$350 HOSP: \$700	Ded + \$1,000/day up to \$4,000 max	Emb	Sep	DI-UI	CW-JK	P73S	Silver
Choice Plus Advanced	\$3,500	80%	\$9,200	100%	\$40	\$40	\$60	\$100	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$150 HOSP: \$150	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DI-JA	CO-LR	P73S	Silver
Choice Plus Advanced	\$4,500	100%	\$9,200	100%	\$30	\$30	\$50	\$100	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$150 HOSP: \$150	FS: \$200 HOSP: Ded + \$400	FS: \$300 HOSP: Ded + \$600	Ded + \$700/day up to \$3,500 max	Emb	Sep	DI-JD	CO-LV	P73S	Silver

Choice Plus Advanced Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Advanced HSA	\$3,500	100%	\$7,000	100%	Ded + \$30	Ded + \$30	Ded + \$40	Ded + \$80	Ded + \$60	Ded + 50%	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + \$150 HOSP: Ded + \$300	FS: Ded + \$500 HOSP: Ded + \$750	Ded + \$750 Admit	Ded NonEmb/ OOPM Emb	Comb	DI-UE	CO-LY	P73S	Silver



Health Plan Product Offering

Delaware
1-50 Fully Insured Eligible Employees

Choice Plus Direct (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Direct	\$250	90%	\$2,500	100%	\$15	\$15	\$30	\$30	\$60	\$350	FS: \$60 HOSP: \$60	FS: 100% HOSP: 100%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Emb	Sep	DI-T8	CO-LN	P74S	Platinum
Choice Plus Direct	\$1,000	80%	\$8,550	100%	\$30	\$30	\$60	\$60	\$60	Ded + 50%	FS: Ded + 70% HOSP: Ded + 70%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DI-T5	CO-LK	P73S	Gold
Choice Plus Direct	\$1,500	90%	\$8,000	100%	\$25	\$25	\$60	\$60	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$100 HOSP: \$100	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Emb	Sep	DI-T6	CO-LL	P73S	Gold
Choice Plus Direct	N/A	100%	\$2,500	100%	\$20	\$20	\$40	\$40	\$60	\$350	FS: \$60 HOSP: \$60	FS: \$30 HOSP: \$30	FS: \$250 HOSP: \$500	FS: \$250 HOSP: \$500	100%	Emb	Sep	DI-UH	CW-JH	P74S	Platinum

Choice Plus Direct Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Direct HSA	\$1,600	90%	\$4,000	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 50%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 90%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	NonEmb	Comb	DI-T4	CO-LG	P73S	Gold



Health Plan Product Offering

Delaware
1-50 Fully Insured Eligible Employees

Choice Advanced (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Advanced	\$2,500	80%	\$8,550	100%	\$10	\$10	\$35	\$70	\$25	Ded + 50%	FS: \$40 HOSP: \$40	FS: \$40 HOSP: \$40	FS: \$500 HOSP: \$750	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DI-T7*	CO-LM	P74S	Gold
Choice Advanced	\$2,500	70%	\$9,450	100%	Ded + \$10	Ded + \$15	Ded + \$40	Ded + \$80	Ded + \$60	Ded + 50%	FS: Ded + 100% HOSP: Ded + 80%	FS: Ded + 100% HOSP: Ded + 100%	FS: \$150 HOSP: Ded + \$300	FS: \$350 HOSP: \$700	Ded + \$1,250/day up to \$5,000 max	Emb	Sep	DI-JF	CO-L2	P73S	Silver
Choice Advanced	\$3,500	80%	\$9,200	100%	\$40	\$40	\$60	\$100	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$150 HOSP: \$150	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DI-T9	CO-LQ	P73S	Silver
Choice Advanced	\$4,500	100%	\$9,200	100%	\$30	\$30	\$50	\$100	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$150 HOSP: \$150	FS: \$200 HOSP: Ded + \$400	FS: \$300 HOSP: Ded + \$600	Ded + \$700/day up to \$3,500 max	Emb	Sep	DI-UC	CO-LU	P73S	Silver
Choice Advanced	\$6,000	80%	\$8,700	100%	\$50	\$50	\$80	\$120	\$60	Ded + 50%	FS: Ded + 80% HOSP: Ded + 60%	FS: 80% HOSP: 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DI-UB	CO-LT	P73S	Silver

Choice Advanced Health Insurance Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Advanced HSA	\$3,500	100%	\$7,000	100%	Ded + \$30	Ded + \$30	Ded + \$40	Ded + \$80	Ded + \$60	Ded + 50%	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + \$150 HOSP: Ded + \$300	FS: Ded + \$500 HOSP: Ded + \$750	Ded + \$750 Admit	Ded NonEmb/ OOPM Emb	Comb	DI-T2	CE-2N	P73S	Silver



Health Plan Product Offering

Delaware
1-50 Fully Insured Eligible Employees

Choice Direct (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Direct	\$250	90%	\$2,500	100%	\$15	\$15	\$30	\$30	\$60	\$350	FS: \$60 HOSP: \$60	FS: 100% HOSP: 100%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Emb	Sep	DI-TZ	CE-18	P74S	Platinum
Choice Direct	\$1,000	80%	\$8,550	100%	\$30	\$30	\$60	\$60	\$60	Ded + 50%	FS: Ded + 70% HOSP: Ded + 70%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DI-TX	CE-13	P73S	Gold
Choice Direct	\$1,500	90%	\$8,000	100%	\$25	\$25	\$60	\$60	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$100 HOSP: \$100	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Emb	Sep	DI-TY	CE-15	P73S	Gold
Choice Direct	N/A	100%	\$2,500	100%	\$20	\$20	\$40	\$40	\$60	\$350	FS: \$60 HOSP: \$60	FS: \$30 HOSP: \$30	FS: \$250 HOSP: \$500	FS: \$250 HOSP: \$500	100%	Emb	Sep	DI-UG	CW-JD	P74S	Platinum

Choice Direct Health Saving Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Direct HSA	\$1,600	90%	\$4,000	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 50%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 90%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	NonEmb	Comb	DI-T3	COL-F	P73S	Gold



Health Plan Product Offering

Delaware
1-50 Fully Insured Eligible Employees

Choice Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice HSA	\$1,750	100%	\$6,500	100%	N/A	Ded + \$15	N/A	Ded + \$30	Ded + \$60	Ded + 50%	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	Ded + 100%	Ded NonEmb /OOPM Emb	Comb	DI-TU	CW-JA	P73S	Gold
Choice HSA	\$7,250	100%	\$7,250	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	Ded + 100%	Emb	Comb	DI-TT	CE-1L	E83	Bronze

Optimum Choice, Inc. (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
OCI Advanced HSA	\$2,600	100%	\$8,000	100%	Ded + \$10	Ded + \$10	Ded + \$35	Ded + \$70	Ded + \$60	Ded + 50%	FS: Ded + 100% HOSP: Ded + \$250	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + 100% HOSP: Ded + \$250	FS: Ded + 100% HOSP: Ded + \$250	Ded + \$500 Admit	Ded NonEmb/O OPM Emb	Comb	DHJJ	CO-LA	P73S	Silver



Rx Plans – Specialty Medication Cost Share (SMCS)

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays					
			Individual	Tier 1	Tier 2	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty
Separate Medical/Rx Deductible									
P74S	Essential w/ SMCS Drugs	National	N/A	\$10	\$65	\$95	50% up to \$95	\$150	50% up to \$150
P73S	Essential w/ SMCS Drugs	National	N/A	\$15	\$60	\$95	50% up to \$95	\$150	50% up to \$150
Combined Medical/Rx Deductible									
P73S	Essential w/ SMCS Drugs	National	Same as Medical	\$15	\$60	\$95	50% up to \$95	\$150	50% up to \$150

Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays			
			Individual	Tier 1	Tier 2	Tier 3	Tier 4
Combined Medical/Rx Deductible							
E83	Essential	National	Same as Medical	No Copay	No Copay	No Copay	No Copay



For all Choice Products | [Click to see Plan Grids](#)

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network

Choice Plus:

- In-network and out-of-network benefits

Choice Plus Advanced:

- In-network and out-of-network benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Place of Service Tiering (POST) for outpatient surgery and scopic services

Choice Plus Direct HSA:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice Plus Direct:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services

Choice Plus Advanced HSA:

- In-network and out-of-network benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- In-network and out-of-network benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice Direct:

- In-network only benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services



For all Choice Products | [Click to see Plan Grids](#)

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network

Choice Advanced:

- In-network only benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Place of Service Tiering (POST) for outpatient surgery and scopic services

Choice Advanced HSA:

- In-network only benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice Direct HSA:

- In-network only benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice HSA:

- In-network only benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible



For all OCI Plans | [Click to see Plan Grids](#)

- PCP selection and referrals required to see a network specialist
- Regional In-Network Only coverage for subscribers who live and/or work in MD, DC, VA, WV & DE
- Place of Service Tiering (POST) for outpatient surgery and scopic services

OCI Advantage HSA:

- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Disclaimers:

- 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 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- 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.
- Insurance coverage provided by or through UnitedHealthcare Insurance Company or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare Insurance Company or Optimum Choice, Inc.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

