



Pennsylvania, 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 Pennsylvania 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. The Essential PDL combines a four-tier benefit design with a managed drug list
- Some plans apply Specialty 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

Pennsylvania
1-50 Fully Insured Eligible Employees

Choice Plus Advanced (Insurance)

[Click for Plan Descriptions](#)

| Plan Category | Deductible Single | Network Coins | OOPM Single | Virtual Visit | PCP | | Specialist | | Urgent Care | ER | Lab FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$3,500 | 100% | \$9,450 | 100% | \$40 | \$40 | \$60 | \$100 | \$60 | Ded + 50% | FS: \$60 HOSP: \$60 | FS: \$100 HOSP: \$100 | FS: \$500 HOSP: \$750 | FS: Ded + \$500 HOSP: Ded + \$750 | Ded + \$700/day up to \$3,500 max | Emb | Sep | DH-9D | CV-OH | K95S | Silver |
| Choice Plus Advanced | \$4,250 | 80% | \$9,450 | 100% | \$40 | \$40 | \$60 | \$100 | \$60 | Ded + 50% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 60% | FS: Ded + 80% HOSP: Ded + 60% | Ded + 80% | Emb | Sep | DH-9F | CV-OK | P54S | Silver |
| Choice Plus Advanced | \$5,000 | 70% | \$9,100 | 100% | \$50 | \$50 | \$80 | \$120 | \$60 | Ded + 50% | FS: \$60 HOSP: \$60 | FS: Ded + 70% HOSP: Ded + 70% | FS: \$200 HOSP: Ded + 70% | FS: \$250 HOSP: Ded + 70% | Ded + 70% | Emb | Sep | DH-9E | CV-OI | K95S | 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 FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$3,000 | 100% | \$7,000 | 100% | Ded + \$10 | Ded + \$10 | Ded + \$35 | Ded + \$70 | Ded + \$60 | Ded + \$350 | 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 | DH-86 | CV-N3 | K95S | Silver |



Health Plan Product Offering

Pennsylvania
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 FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | N/A | 100% | \$1,750 | 100% | \$10 | \$10 | \$20 | \$20 | \$60 | \$350 | FS: \$60 HOSP: \$60 | FS: \$50 HOSP: \$50 | FS: \$150 HOSP: \$300 | FS: \$150 HOSP: \$300 | \$500/day up to \$1,500 max | Emb | Sep | DH-88 | CV-N5 | K95S | Platinum |
| Choice Plus Direct | \$250 | 100% | \$3,000 | 100% | \$5 | \$5 | \$15 | \$15 | \$60 | Ded + \$350 | FS: \$50 HOSP: \$50 | FS: \$50 HOSP: \$50 | FS: \$75 HOSP: \$150 | FS: \$75 HOSP: \$150 | \$250/day up to \$750 max | Emb | Sep | DH-87 | CV-N4 | K95S | Platinum |
| Choice Plus Direct | \$1,000 | 100% | \$9,000 | 100% | \$30 | \$30 | \$60 | \$60 | \$60 | Ded + 50% | FS: \$60 HOSP: \$60 | FS: \$50 HOSP: \$50 | FS: Ded + 100% HOSP: Ded + 80% | FS: Ded + 100% HOSP: Ded + 80% | Ded + 100% | Emb | Sep | DH-9G | CV-ON | K95S | Gold |
| Choice Plus Direct | \$1,500 | 90% | \$6,500 | 100% | \$25 | \$25 | \$50 | \$50 | \$60 | Ded + 50% | FS: Ded + 90% HOSP: Ded + 90% | FS: Ded + 90% HOSP: Ded + 90% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | Ded + 90% | Emb | Sep | DH-9B | CV-N8 | K95S | Gold |
| Choice Plus Direct | \$2,000 | 80% | \$7,000 | 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 | DH-89 | CV-N6 | K95S | Gold |

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 FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$2,000 | 90% | \$4,500 | 100% | Ded + 90% | Ded + 90% | Ded + 90% | Ded + 90% | Ded + 90% | Ded + 90% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | Ded + 90% | Ded NonEmb/ OOPM Emb | Comb | DH-9A | CV-N7 | K95S | Gold |



Health Plan Product Offering

Choice Plus 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 FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 HSA | \$1,600 | 100% | \$4,550 | 100% | N/A | Ded + \$15 | N/A | Ded + \$30 | Ded + \$60 | Ded + \$350 | 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 + \$750 Admit | NonEmb | Comb | DH-84 | CV-NU | K95S | Gold |

Choice (Insurance)

[Click for Plan Descriptions](#)

| Plan Category | Deductible Single | Network Coins | OOPM Single | Virtual Visit | PCP | | Specialist | | Urgent Care | ER | Lab FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$500 | 50% | \$4,000 | 100% | N/A | 100% | N/A | \$50 | \$50 | \$500 | FS: N/A HOSP: N/A | FS: N/A HOSP: N/A | FS: N/A HOSP: N/A | FS: N/A HOSP: N/A | \$500 Admit | Emb | Sep | CV-NV | CO-B9 | K94 | Platinum |

Choice Advanced (Insurance)

[Click for Plan Descriptions](#)

| Plan Category | Deductible Single | Network Coins | OOPM Single | Virtual Visit | PCP | | Specialist | | Urgent Care | ER | Lab FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$3,500 | 100% | \$9,450 | 100% | \$40 | \$40 | \$60 | \$100 | \$60 | Ded + 50% | FS: \$60 HOSP: \$60 | FS: \$100 HOSP: \$100 | FS: \$500 HOSP: \$750 | FS: Ded + \$500 HOSP: Ded + \$750 | Ded + \$700/day up to \$3,500 max | Emb | Sep | DH-9H | CV-OO | K95S | Silver |
| Choice Advanced | \$4,250 | 80% | \$9,450 | 100% | \$40 | \$40 | \$60 | \$100 | \$60 | Ded + 50% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 60% | FS: Ded + 80% HOSP: Ded + 60% | Ded + 80% | Emb | Sep | DH-9K | CV-OS | P54S | Silver |
| Choice Advanced | \$5,000 | 70% | \$9,100 | 100% | \$50 | \$50 | \$80 | \$120 | \$60 | Ded + 50% | FS: \$60 HOSP: \$60 | FS: Ded + 70% HOSP: Ded + 70% | FS: \$200 HOSP: Ded + 70% | FS: \$250 HOSP: Ded + 70% | Ded + 70% | Emb | Sep | DH-9I | CV-OP | K95S | Silver |



Health Plan Product Offering

Choice 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 FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$3,000 | 100% | \$7,000 | 100% | Ded + \$10 | Ded + \$10 | Ded + \$35 | Ded + \$70 | Ded + \$60 | Ded + \$350 | 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 | | DH-9C | CV-OB | K95S | Silver |

Choice Direct (Insurance)

[Click for Plan Descriptions](#)

| Plan Category | Deductible Single | Network Coins | OOPM Single | Virtual Visit | PCP | | Specialist | | Urgent Care | ER | Lab FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | 100% | \$3,000 | 100% | \$5 | \$5 | \$15 | \$15 | \$60 | Ded + \$350 | FS: \$50 HOSP: \$50 | FS: \$50 HOSP: \$50 | FS: \$75 HOSP: \$150 | FS: \$75 HOSP: \$150 | \$250/day up to \$750 max | Emb | Sep | CV-OC | CD-28 | K95S | Platinum |
| Choice Direct | N/A | 100% | \$1,750 | 100% | \$10 | \$10 | \$20 | \$20 | \$60 | \$350 | FS: \$60 HOSP: \$60 | FS: \$50 HOSP: \$50 | FS: \$150 HOSP: \$300 | FS: \$150 HOSP: \$300 | \$500/day up to \$1,500 max | Emb | Sep | CV-OD | CD-26 | K95S | Platinum |
| Choice Direct | \$500 | 80% | \$8,000 | 100% | \$20 | \$20 | \$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 | CV-OG | CD-2X | K95S | Gold |
| Choice Direct | \$1,000 | 100% | \$9,000 | 100% | \$30 | \$30 | \$60 | \$60 | \$60 | Ded + 50% | FS: \$60 HOSP: \$60 | FS: \$50 HOSP: \$50 | FS: Ded + 100% HOSP: Ded + 80% | FS: Ded + 100% HOSP: Ded + 80% | Ded + 100% | Emb | Sep | CV-OV | CO-DA | K95S | Gold |
| Choice Direct | \$1,500 | 90% | \$6,500 | 100% | \$25 | \$25 | \$50 | \$50 | \$60 | Ded + 50% | FS: Ded + 90% HOSP: Ded + 90% | FS: Ded + 90% HOSP: Ded + 90% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | Ded + 90% | Emb | Sep | CV-OF | CD-2Z | K95S | Gold |
| Choice Direct | \$2,000 | 80% | \$7,000 | 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 | CV-OE | CD-23 | K95S | Gold |



Health Plan Product Offering

Choice 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 FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$2,000 | 90% | \$4,500 | 100% | Ded + 90% | Ded + 90% | Ded + 90% | Ded + 90% | Ded + 90% | Ded + 90% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | FS: Ded + 90% HOSP: Ded + 70% | Ded + 90% | Ded NonEmb/ OOPM Emb | Comb | DH-9J | CV-OQ | K95S | Gold |

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 FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 | \$1,600 | 100% | \$4,550 | 100% | N/A | Ded + \$15 | N/A | Ded + \$30 | Ded + \$60 | Ded + \$350 | 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 + \$750 Admit | NonEmb | Comb | DH-83 | CV-NT | K95S | Gold |

Choice UHPD (Insurance) [Click for Plan Descriptions](#)

| Plan Category | Deductible Single | Network Coins | OOPM Single | Virtual Visit | PCP | | Specialist | | Urgent Care | ER | Lab FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | 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 UHPD | N/A | 100% | \$9,100 | 100% | \$40 | \$40 | \$80 | \$120 | \$80 | \$550 | FS: N/A HOSP: N/A | FS: N/A HOSP: N/A | FS: N/A HOSP: N/A | FS: N/A HOSP: N/A | \$500/day up to \$2,500 max | Emb | Sep | CV-NY | | K95S | Gold |



Health Plan Product Offering

Navigate Advanced (HMO)

[Click for Plan Descriptions](#)

| Plan Category | Deductible Single | Network Coins | OOPM Single | Virtual Visit | PCP | | Specialist | | Urgent Care | ER | Lab FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | IP Hospital | Med Ded Type | Med Rx Ded Type | Med Plan Code | Prior Plan Code | Rx Plan Code | Metallic Level |
|-------------------|-------------------|---------------|-------------|---------------|------------|---------|------------------|-------------------|-------------|-----------|----------------------------------|----------------------------------|-----------------------------------|--|-----------------------|--------------|-----------------|---------------|-----------------|------------------------------|----------------|
| | | | | | Designated | Network | Designated | Network | | | | | | | | | | | | | |
| Navigate Advanced | \$1,000 | 100% | \$9,100 | 100% | \$30 | \$30 | \$60 w/ referral | \$100 w/ referral | \$60 | Ded + 50% | FS: \$60 HOSP: \$60 | FS: \$100 HOSP: \$100 | FS: Ded + 100% HOSP: Ded + 80% | FS: Ded + 100% w/referral HOSP: Ded + 80% | Ded + 100% w/referral | Emb | Sep | CV-OZ | CO-DE | K95S | Gold |
| Navigate Advanced | \$1,500 | 80% | \$7,500 | 100% | \$30 | \$30 | \$60 w/ referral | \$100 w/ referral | \$60 | Ded + 50% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 60% | FS: Ded + 80% w/referral HOSP: Ded + 60% | Ded + 80% w/referral | Emb | Sep | CV-OY | CO-DD | K95S | Gold |
| Navigate Advanced | \$3,500 | 80% | \$9,450 | 100% | \$40 | \$40 | \$80 w/ referral | \$120 w/ referral | \$60 | Ded + 50% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 80% | FS: Ded + 80% HOSP: Ded + 60% | FS: Ded + 80% w/referral HOSP: Ded + 60% w/referral | Ded + 80% w/referral | Emb | Sep | DH-9L | CV-O3 | K95S | Silver |

Navigate Advanced Health Savings Account (HSA) (HMO)

[Click for Plan Descriptions](#)

| Plan Category | Deductible Single | Network Coins | OOPM Single | Virtual Visit | PCP | | Specialist | | Urgent Care | ER | Lab FS/HOSP | X-Ray FS/HOSP | Maj. Diag. FS/HOSP & Imaging | OP Surg FS/HOSP | IP Hospital | Med Ded Type | Med Rx Ded Type | Med Plan Code | Prior Plan Code | Rx Plan Code | Metallic Level |
|-----------------------|-------------------|---------------|-------------|---------------|------------|------------|------------------------|-------------------------|-------------|-----------|-------------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------|----------------------|-----------------|---------------|-----------------|------------------------------|----------------|
| | | | | | Designated | Network | Designated | Network | | | | | | | | | | | | | |
| Navigate Advanced HSA | \$3,500 | 100% | \$6,500 | 100% | Ded + \$30 | Ded + \$30 | Ded + \$60 w/ referral | Ded + \$100 w/ referral | Ded + \$60 | Ded + 50% | FS: Ded + 100% HOSP: Ded + \$100 | FS: Ded + 100% HOSP: Ded + \$100 | FS: Ded + \$150 HOSP: Ded + \$300 | FS: Ded + \$250 HOSP: Ded + \$500 w/referral | Ded + \$750 Admit w/referral | Ded NonEmb /OOPM Emb | Comb | DH-9M | CV-O7 | K95S | 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 | | | | | | | | | |
| K95S | Essential w/ SMCS Drugs | National | N/A | \$15 | \$60 | \$250 | 50% up to \$500 | \$500 | 50% up to \$1,000 |
| P54S | Essential w/ SMCS Drugs | National | N/A | \$20 | \$60 | \$250 | 50% up to \$500 | \$500 | 50% up to \$1,000 |
| Combined Medical/Rx Deductible | | | | | | | | | |
| K95S | Essential w/ SMCS Drugs | National | Same as Medical | \$15 | \$60 | \$250 | 50% up to \$500 | \$500 | 50% up to \$1,000 |

Rx Plans

| Rx Plan Code | PDL | Pharmacy Network | Deductible | Copays | | | |
|---------------------------------------|-----------|------------------|-----------------|----------|----------|-----------------|-------------------|
| | | | Individual | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
| Separate Medical/Rx Deductible | | | | | | | |
| K94 | Essential | National | N/A | \$5 | \$50 | 50% up to \$250 | 50% up to \$1,000 |
| 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 HSA:

- 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 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 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
- 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



Plan Descriptions – Choice Plus and Choice

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 Direct:

- In-network and out-of-network benefits
- 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:

- In-network only benefits

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 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:

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

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 UHPD:

- In-network only benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers



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

- PCP selection and referrals required to see a network specialist
- Narrowed network in select markets

Navigate Advanced:

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

Navigate Advanced HSA:

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

- 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 of Pennsylvania, Inc.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

