

Description	Plan Codes		Network Pre-Deductible Allowance Benefits ¹							Benefits After Pre-Deductible Allowance ²										
	Choice	Choice Plus	Routine Services Pre-Deductible Allowance	Emergency Pre-Deductible Allowance	Copay				Coinsurance	Deductible				Coinsurance		Out-of-Pocket Maximum				IP ³ /OP Surg
	Network Only	Network & Non-Network			PCP	SPEC	URG CARE	ER		Ambulance	In		Out		In	Out	In		Out	
								Single	Family	Single	Family			Single	Family	Single	Family			
\$3,000/80%	PI4	PI5	\$350	\$1,000	\$30	\$60	\$75	\$200	80%	\$3,000	\$9,000	\$7,500	\$22,500	80%	60%	\$5,500	\$11,000	\$11,000	\$26,000	
\$30/0/80%																				
\$5,000/80%	PI7		\$450	\$1,500	\$25	\$50	\$75	\$200	80%	\$5,000	\$10,000	N/A	N/A	80%	N/A	\$6,250	\$12,500	N/A	N/A	80% after deductible
\$25/0/80%																				
\$5,000/80%		PI6	\$450	\$1,500	\$30	\$60	\$75	\$200	80%	\$5,000	\$10,000	\$9,500	\$25,000	80%	60%	\$6,250	\$12,500	\$13,000	\$30,000	80% after deductible
\$30/0/80%																				

Pharmacy Plans

RX Plan Code	Deductible		Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio
	Individual	Family					
AU	\$250	\$750	\$10	\$35	\$70	N/A	2.5x retail
5W	\$250	\$750	\$10	\$35	\$60	\$100	2.5x retail

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.

- All Plans have an Unlimited Lifetime Maximum
- All Plans cover in network Preventive care at 100%

¹ Refer to the Certificate of Coverage and/or Benefits Summary document for complete listing of services included in Pre-Deductible Allowance Benefit. Non-Network services are eligible for Pre-Deductible Allowance and subject to separate coinsurance.

² Benefits after Pre-Deductible Allowance have been exhausted and services not eligible for Pre-Deductible Allowance.

³ Refer to the complete Certificate of Coverage and/or Benefit Summary documents for IP copay type (i.e. per day or per admit).

Notes for all plan types unless noted otherwise:

- Pre-Deductible Allowance applies to medical services only
- Pre-Deductible Allowance is the amount the plan pays per member before the deductible applies
- Members incur copay or coinsurance cost share during the Pre-Deductible Allowance benefit
- Copay and coinsurance do not accumulate toward Pre-Deductible Allowance or Annual Deductible
- Out-of-Network Preventive not covered

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