

Navigate Plus Plans – Highest level of coverage for network specialists with referral, lower level of coverage without a referral from primary care physician. Additionally, non-network coverage is included.

Description	Plan Code	PCP Office Visit Copay	SPEC Office Visit Copay (with Referral)	SPEC Office Visit Copay (without Referral)	Urgent Care Copay	ER Copay	Inpatient Copay	IP ¹ & OP SPEC Charges (with Referral)	IP & OP SPEC Charges (no Referral)	Network Coverage ²						Non Network Coverage					Med/RX Deduct Type
										Coins.	Coins. (no referral)	Ind. Ded.	Family Ded.	Ind. OOP Max	Family OOP Max	Coins.	Ind. Ded.	Family Ded.	Ind. OOP Max	Family OOP Max	
\$30/100%	PI8	\$30	\$50	\$70	\$100	\$200	\$300	100%	70%	100%	70%	N/A	N/A	\$3,000	\$6,000	70%	\$1,500	\$4,500	\$5,000	\$10,000	Sep
\$30/100%	PI9	\$30	\$50	\$70	\$100	\$200	\$500	100%	50%	100%	50%	N/A	N/A	\$5,000	\$10,000	50%	\$1,500	\$4,500	\$10,000	\$20,000	Sep
\$30/\$1,000/100%	PKW	\$30	\$50	\$70	\$100	\$200	N/A	100%	50%	100%	50%	\$1,000	\$3,000	\$3,000	\$9,000	50%	\$5,000	\$15,000	\$15,000	\$45,000	Sep
\$30/\$2,000/90%	PKX	\$30	\$50	\$70	\$100	\$200	N/A	90%	50%	90%	50%	\$2,000	\$6,000	\$3,000	\$9,000	50%	\$5,000	\$15,000	\$15,000	\$45,000	Sep
\$30/\$3,000/80%	PKY	\$30	\$50	\$70	\$100	\$200	N/A	80%	50%	80%	50%	\$3,000	\$9,000	\$6,250	\$12,500	50%	\$5,000	\$15,000	\$15,000	\$45,000	Sep

Pharmacy Plans

RX Plan Code		Deductible		Tier 1	Tier 2	Tier 3	Mail Service Ratio
		Individual	Family				
UK	Non-specialty	N/A	N/A	\$10	\$20	\$35	2.5x retail
	Specialty copay	N/A	N/A	\$10	\$100	\$300	N/A
NN	Non-specialty	N/A	N/A	\$10	\$30	\$50	2.5x retail
	Specialty copay	N/A	N/A	\$10	\$100	\$300	N/A
NO	Non-specialty	N/A	N/A	\$10	\$35	\$60	2.5x retail
	Specialty copay	N/A	N/A	\$10	\$100	\$300	N/A
UL	Non-specialty	\$100	N/A	\$10	\$35	\$60	2.5x retail
	Specialty copay	N/A	N/A	\$10	\$100	\$300	N/A
UM	Non-specialty	\$100	N/A	\$10	\$35	\$70	2.5x retail
	Specialty copay	N/A	N/A	\$10	\$100	\$300	N/A
UN	Non-specialty	N/A	N/A	\$15	\$35	\$50	2.5x retail
	Specialty copay	N/A	N/A	\$15	\$100	\$300	N/A
UO	Non-specialty	N/A	N/A	\$20	\$40	\$60	2.5x retail
	Specialty copay	N/A	N/A	\$20	\$100	\$300	N/A

This plan requires a determination of medical necessity as a requirement of benefit coverage. Certain health care services referenced in the Certificate of Coverage for this plan require prior authorization.

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%
- All Navigate plans have an embedded Medical Deductible.

¹ Refer to the complete Certificate of Coverage and/or Benefit Summary documents for IP copay type (i.e. per day or per admit)

² Refer to the Certificate of Coverage and/or Benefits Summary document for complete listing of services included

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