

2018 Rhode Island Large Group (51+) UnitedHealthcare Plans

Please be advised that this guide is for informational purposes only. Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. We reserve the right to modify this quote and benefits described if needed, once final approval is received, and to correct any typographical errors. For a complete listing of Rhode Island large group (51+) products, please contact your sales representative.

2018 Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Virtual Visits	PCP ¹	Spec ² Prem Des	Spec ³	Specialist w/PCP Referral	Urgent Care	ER	Copayment										Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network								Inpatient Hospital	IP Per-Occurrence Deductible ⁴	IP Copay Type (Admit or Day)	Outpatient Surgery	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility Per-Occurrence Deductible ⁶	Lab/X-ray	Major Diagnostic MRI, CT, etc.				
			Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)																			
UnitedHealthcare Choice Plus																											
AV-Q3	RO-L	UnitedHealthcare Choice Plus	N/A	\$500	100%	80%	\$3,000	\$3,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	No charge	N/A	N/A	No charge	N/A	N/A	No charge	No charge	Embedded	All separate pharmacy plans available		
AV-Q4	RO-M	UnitedHealthcare Choice Plus	N/A	\$500	100%	80%	\$3,000	\$3,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	\$500	N/A	Admit	\$250	N/A	N/A	No charge	No charge	Embedded	All separate pharmacy plans available		
AV-RA	AR-9C	UnitedHealthcare Choice Plus	\$250	\$3,000	90%	70%	\$3,000	\$8,500	\$10	\$15	N/A	\$15	N/A	\$15	\$150	10% after ded.	N/A	N/A	10% after ded.	N/A	N/A	No charge	10% after ded.	Embedded	All separate pharmacy plans available		
AV-RB	AR-9D	UnitedHealthcare Choice Plus	\$250	\$500	100%	80%	\$3,000	\$3,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-RC	AR-9E	UnitedHealthcare Choice Plus	\$500	\$1,000	100%	80%	\$3,000	\$5,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-RD	AR-9F	UnitedHealthcare Choice Plus	\$500	\$1,000	100%	70%	\$3,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	\$500	N/A	Admit	\$250	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-RE	AR-9G	UnitedHealthcare Choice Plus	\$500	\$2,000	80%	60%	\$3,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	No charge	20% after ded.	Embedded	All separate pharmacy plans available		
AV-RF	AR-9H	UnitedHealthcare Choice Plus	\$1,000	\$2,000	100%	80%	\$3,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-RJ	AR-9L	UnitedHealthcare Choice Plus	\$1,000	\$2,000	90%	70%	\$4,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	10% after ded.	N/A	N/A	10% after ded.	N/A	N/A	No charge	10% after ded.	Embedded	All separate pharmacy plans available		
AV-RI	AR-9K	UnitedHealthcare Choice Plus	\$1,000	\$2,000	80%	60%	\$4,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	No charge	20% after ded.	Embedded	All separate pharmacy plans available		
AV-RG	AR-9I	UnitedHealthcare Choice Plus	\$1,500	\$2,000	100%	80%	\$4,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$150	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-SN	AJ-18	UnitedHealthcare Choice Plus	\$1,500	\$5,000	100%	70%	\$3,000	\$10,000	\$10	\$20 ¹ / \$30 ²	\$35	\$50	N/A	\$50	\$150	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30/No charge after ded. Hosp.	\$250/No charge after ded. Hosp.	Embedded	All separate pharmacy plans available		
AV-Q6	RO-4	UnitedHealthcare Choice Plus	\$2,000	\$2,000	100%	80%	\$4,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available		
RO-J	RO-J	UnitedHealthcare Choice Plus	\$2,000	\$5,000	100%	80%	\$3,000	\$10,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-SO	AJ-19	UnitedHealthcare Choice Plus	\$2,000	\$5,000	100%	70%	\$4,000	\$10,000	\$10	\$20 ¹ / \$30 ²	\$35	\$50	N/A	\$50	\$200	No charge after ded.	\$500	N/A	No charge after ded.	N/A	\$250	\$30/No charge after ded. Hosp.	\$250/\$250 POD; no charge after ded. Hosp.	Embedded	All separate pharmacy plans available		
AV-RK	AR-9M	UnitedHealthcare Choice Plus	\$2,000	\$2,000	80%	60%	\$4,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$200	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	No charge	20% after ded.	Embedded	All separate pharmacy plans available		
AV-SU	New	UnitedHealthcare Choice Plus	\$2,500	\$5,000	100%	50%	\$5,000	\$10,000	\$10	\$25	N/A	\$50	N/A	\$50	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30/No charge after ded. Hosp.	\$250/No charge after ded. Hosp.	Embedded	All separate pharmacy plans available		
AV-RW	New	UnitedHealthcare Choice Plus PA	\$2,500	\$5,000	100%	50%	\$5,000	\$10,000	\$0	\$0	N/A	\$60	N/A	\$60	\$250 POD; no charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-SP	AJ-2A	UnitedHealthcare Choice Plus	\$2,500	\$5,000	80%	60%	\$5,000	\$10,000	\$10	\$20 ¹ / \$30 ²	\$35	\$50	N/A	\$50	\$200	20% after ded.	\$500	N/A	20% after ded.	N/A	\$250	\$30/20% after ded. Hosp.	\$250/\$250 POD; 20% after ded. Hosp.	Embedded	All separate pharmacy plans available		
AJ-15	AJ-15	UnitedHealthcare Choice Plus Flex Free	\$2,500	\$10,000	100%	50%	\$4,000	\$20,000	No charge after ded.	\$0 ³ , then no charge after ded.	N/A	\$0 ³ , then no charge after ded.	N/A	\$0 ³ , then no charge after ded.	\$250 POD; no charge after ded.	No charge after ded.	\$250	N/A	\$250 POD; no charge after ded.	N/A	N/A	No charge after ded.	\$250 POD; no charge after ded.	Embedded	All separate pharmacy plans available		
AV-RH	AR-9J	UnitedHealthcare Choice Plus	\$3,000	\$5,000	100%	80%	\$5,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$20	No charge after ded.	Embedded	All separate pharmacy plans available		
AV-RL	AR-9N	UnitedHealthcare Choice Plus	\$3,000	\$5,000	80%	60%	\$5,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$200	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	\$20	20% after ded.	Embedded	All separate pharmacy plans available		
AV-RX	New	UnitedHealthcare Choice Plus PA	\$3,000	\$5,000	100%	50%	\$6,000	\$10,000	\$0	\$0	N/A	\$60	N/A	\$60	\$250 POD; no charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	All separate pharmacy plans available		

2018 Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Virtual Visits	Copayment														Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network		PCP ¹	Spec ² Prem Des	Spec ³	Specialist w/PCP Referral	Urgent Care	ER	Inpatient Hospital	IP Per-Occurrence Deductible ⁴	IP Copay Type (Admit or Day)	Outpatient Surgery	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility Per-Occurrence Deductible ⁶	Lab/X-ray	Major Diagnostic MRI, CT, etc.		
			Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)																	
UnitedHealthcare Choice Plus (continued)																									
AV-Q7	AJ-1W	UnitedHealthcare Choice Plus	\$4,000	\$6,000	100%	70%	\$5,500	\$10,000	\$10	\$30	N/A	\$60	N/A	\$60	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30	No charge after ded.	Embedded	All separate pharmacy plans available
AV-Q8	AJ-1X	UnitedHealthcare Choice Plus	\$5,000	\$6,000	100%	70%	\$6,500	\$10,000	\$10	\$30	N/A	\$60	N/A	\$60	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30	No charge after ded.	Embedded	All separate pharmacy plans available
AJ-16	AJ-16	UnitedHealthcare Choice Plus FlexFree	\$5,000	\$10,000	100%	50%	\$6,850	\$20,000	No charge after ded.	\$0 ⁸ , then no charge after ded.	N/A	\$0 ⁸ , then no charge after ded.	N/A	\$0 ⁸ , then no charge after ded.	\$250 POD; no charge after ded.	No charge after ded.	\$250	N/A	\$250 POD; no charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	All separate pharmacy plans available
UnitedHealthcare Choice EPO																									
AV-SM	AJ-17	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$3,000	N/A	\$10	\$20 ¹ / ² \$30 ²	\$35	\$50	N/A	\$50	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30/No charge after ded. Hosp.	\$250/No charge after ded. Hosp.	Embedded	All separate pharmacy plans available
AJ-11	AJ-11	UnitedHealthcare Choice EPO FlexFree	\$2,000	N/A	80%	N/A	\$6,850	N/A	20% after ded.	\$0 ⁸ , then 20% after ded.	N/A	\$0 ⁸ , then 20% after ded.	N/A	\$0 ⁸ , then 20% after ded.	\$250 POD; 20% after ded.	20% after ded.	\$250	N/A	\$250 POD; 20% after ded.	N/A	N/A	20% after ded.	\$250 POD; 20% after ded.	Embedded	All separate pharmacy plans available
AV-R1	New	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	N/A	\$50	N/A	\$50	\$250	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$25	No charge after ded.	Embedded	All separate pharmacy plans available
AV-SV	New	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	N/A	\$50	N/A	\$50	\$250	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$25/No charge after ded. Hosp.	\$250	Embedded	All separate pharmacy plans available
AV-Q9	AM-6A	UnitedHealthcare Choice EPO	\$2,500	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	N/A	\$40	N/A	\$40	\$250	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$25	No charge after ded.	Embedded	All separate pharmacy plans available
AV-RY	New	UnitedHealthcare Choice EPO PA	\$2,500	N/A	80%	N/A	\$6,000	N/A	\$0	\$0	N/A	\$60	N/A	\$60	\$250 POD, 20% after ded.	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	20% after ded.	20% after ded.	Embedded	All separate pharmacy plans available
AV-SS	AM-6H	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$5,000	N/A	\$10	\$25	N/A	\$50	N/A	\$50	\$250	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$25/No charge after ded. Hosp.	\$250	Embedded	All separate pharmacy plans available
AJ-12	AJ-12	UnitedHealthcare Choice EPO FlexFree	\$3,000	N/A	80%	N/A	\$6,850	N/A	20% after ded.	\$0 ⁸ , then 20% after ded.	N/A	\$0 ⁸ , then 20% after ded.	N/A	\$0 ⁸ , then 20% after ded.	\$250 POD; 20% after ded.	20% after ded.	\$250	N/A	\$250 POD; 20% after ded.	N/A	N/A	20% after ded.	\$250 POD; 20% after ded.	Embedded	All separate pharmacy plans available
AV-ST	New	UnitedHealthcare Choice EPO	\$4,000	N/A	100%	N/A	\$6,000	N/A	\$10	\$25	N/A	\$60	N/A	\$60	\$250	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$25/No charge after ded. Hosp.	\$250	Embedded	All separate pharmacy plans available
AJ-14	AJ-14	UnitedHealthcare Choice EPO Flex Free	\$5,000	N/A	100%	N/A	\$6,850	N/A	No charge after ded.	\$0 ⁸ , then no charge after ded.	N/A	\$0 ⁸ , then no charge after ded.	N/A	\$0 ⁸ , then no charge after ded.	\$250 POD; no charge after ded.	No charge after ded.	\$250	N/A	\$250 POD; no charge after ded.	N/A	N/A	No charge after ded.	\$250 POD; no charge after ded.	Embedded	All separate pharmacy plans available
AJ-13	AJ-13	UnitedHealthcare Choice EPO FlexFree	\$5,000	N/A	80%	N/A	\$6,850	N/A	20% after ded.	\$0 ⁸ , then 20% after ded.	N/A	\$0 ⁸ , then 20% after ded.	N/A	\$0 ⁸ , then 20% after ded.	\$250 POD; 20% after ded.	20% after ded.	\$250	N/A	\$250 POD; 20% after ded.	N/A	N/A	20% after ded.	\$250 POD; 20% after ded.	Embedded	All separate pharmacy plans available
UnitedHealthcare Choice Advanced																									
AV-SY	AT-KK	UnitedHealthcare Choice Advanced	\$1,500	N/A	100%/90% (non-premium designation fees)	N/A	\$5,000	N/A	\$10	\$25	\$25	\$50	N/A	\$50	\$250	No charge after ded.	\$500	N/A	N/A	No charge after ded.	\$300	\$25/No charge after ded. Hosp.	No charge after ded./\$300 POD; no charge after ded. Hosp.	Embedded	All separate pharmacy plans available
AV-S1	AT-KM	UnitedHealthcare Choice Advanced	\$1,500	N/A	90%/80% (non-premium designation fees)	N/A	\$5,000	N/A	\$10	\$30	\$30	\$60	N/A	\$60	\$250	10% after ded.	\$500	N/A	N/A	10% after ded.	\$500	\$30/10% after ded. Hosp.	10% after ded./\$500 POD; 10% after ded. Hosp.	Embedded	All separate pharmacy plans available
AV-S3	AT-KO	UnitedHealthcare Choice Advanced	\$1,500	N/A	80%/70% (non-premium designation fees)	N/A	\$5,000	N/A	\$10	\$35	\$35	\$70	N/A	\$70	\$300	20% after ded.	\$1,000	N/A	N/A	20% after ded.	\$500	\$35/20% after ded. Hosp.	20% after ded./\$500 POD; 20% after ded. Hosp.	Embedded	All separate pharmacy plans available
AV-SZ	AT-KL	UnitedHealthcare Choice Advanced	\$2,000	N/A	100%/90% (non-premium designation fees)	N/A	\$5,000	N/A	\$10	\$25	\$25	\$50	N/A	\$50	\$250	No charge after ded.	\$500	N/A	N/A	No charge after ded.	\$300	\$25/No charge after ded. Hosp.	No charge after ded./\$300 POD; no charge after ded. Hosp.	Embedded	All separate pharmacy plans available
AV-S2	AT-KN	UnitedHealthcare Choice Advanced	\$2,000	N/A	90%/80% (non-premium designation fees)	N/A	\$5,000	N/A	\$10	\$30	\$30	\$60	N/A	\$60	\$250	10% after ded.	\$500	N/A	N/A	10% after ded.	\$500	\$30/10% after ded. Hosp.	10% after ded./\$500 POD; 10% after ded. Hosp.	Embedded	All separate pharmacy plans available
AV-S4	AJ-1Z	UnitedHealthcare Choice Advanced	\$3,000	N/A	100%/90% (non-premium designation fees)	N/A	\$5,000	N/A	\$10	\$25 ¹ / ² \$35 ²	\$35	\$60	N/A	\$60	\$250	No charge after ded.	\$500	N/A	N/A	No charge after ded.	\$300	\$25/No charge after ded. Hosp.	No charge after ded./\$300 POD; no charge after ded. Hosp.	Embedded	All separate pharmacy plans available
AV-S5	New	UnitedHealthcare Choice Advanced	\$3,500	N/A	100%/90% (non-premium designation fees)	N/A	\$6,000	N/A	\$10	\$25 ¹ / ² \$35 ²	\$35	\$60	N/A	\$60	\$300 after ded.	No charge after ded.	\$500	N/A	N/A	No charge after ded.	\$300	\$25/No charge after ded. Hosp.	No charge after ded./\$300 POD; no charge after ded. Hosp.	Embedded	All separate pharmacy plans available

2018 Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Virtual Visits	Copayment														Deductible Type	Pharmacy	
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network		PCP ¹	Spec ² Prem Des	Spec ³	Specialist w/PCP Referral	Urgent Care	ER	Inpatient Hospital	IP Per-Occurrence Deductible ⁴	IP Copay Type (Admit or Day)	Outpatient Surgery	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility Per-Occurrence Deductible ⁶	Lab/X-ray	Major Diagnostic MRI, CT, etc.			
			Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)																		
UnitedHealthcare HRA																										
AV-Q5	R2-7	UnitedHealthcare HRA	\$2,000	\$2,000	100%	80%	\$4,000	\$10,000	\$10	\$20	N/A	\$30	N/A	\$30	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available	
AV-RN	AR-9Q	UnitedHealthcare HRA	\$2,000	\$4,000	80%	60%	\$4,000	\$10,000	20% after ded.	20% after ded.	N/A	20% after ded.	N/A	20% after ded.	20% after ded.	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	20% after ded.	20% after ded.	Embedded	All separate pharmacy plans available	
AV-SQ	AJ-2B	UnitedHealthcare HRA	\$2,000	\$5,000	80%	60%	\$5,000	\$10,000	\$10	\$20 ¹ / \$30 ²	\$35	\$50	N/A	\$50	20% after ded.	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	20% after ded.	20% after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
AR-9P	AR-9P	UnitedHealthcare HRA	\$3,000	\$6,000	100%	80%	\$4,000	\$12,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	All separate pharmacy plans available	
UnitedHealthcare HSA																										
AM-58	AM-58	UnitedHealthcare HSA	\$1,500	\$2,000	100%	80%	\$3,000	\$10,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Emb Ded/ Emb OOP	Combined pharmacy plans 2V, H9, FF, DS	
AV-RR	New	UnitedHealthcare HSA	\$1,500	\$5,000	100%	70%	\$4,000	\$10,000	\$10 after ded.	\$25 after ded.	N/A	\$50 after ded.	N/A	\$50 after ded.	\$200 after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Emb Ded/ Emb OOPM	Combined pharmacy plans 2V, H9, FF, DS	
AM-6C	AM-6C	UnitedHealthcare HSA	\$2,000	\$2,000	80%	60%	\$4,000	\$10,000	20% after ded.	20% after ded.	N/A	20% after ded.	N/A	20% after ded.	20% after ded.	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	20% after ded.	20% after ded.	Non-Emb Ded/ Emb OOP	Combined pharmacy plans 2V, H9, FF, DS	
AM-59	AM-59	UnitedHealthcare HSA	\$2,000	\$2,000	100%	80%	\$2,000	\$10,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Embedded	Combined pharmacy plan MM	
AV-Q2	AO-RM	UnitedHealthcare HSA	\$2,000	\$4,000	100%	80%	\$4,000	\$8,000	\$10 after ded.	\$20 after ded.	N/A	\$30 after ded.	N/A	\$30 after ded.	\$200 after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Emb Ded/ Emb OOP	Combined pharmacy plans 2V, H9, FF, DS	
AO-RN	AO-RN	UnitedHealthcare HSA	\$2,000	\$4,000	100%	80%	\$4,000	\$8,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Emb Ded/ Emb OOP	Combined pharmacy plans 2V, H9, FF, DS	
AV-RP	New	UnitedHealthcare HSA	\$2,500	\$7,500	90%	60%	\$5,500	\$15,000	10% after ded.	10% after ded.	N/A	10% after ded.	N/A	10% after ded.	10% after ded.	10% after ded.	N/A	N/A	10% after ded.	N/A	N/A	10% after ded.	10% after ded.	Non-Emb Ded/ Emb OOPM	Combined pharmacy plans 2V, H9, FF, DS	
AV-RQ	New	UnitedHealthcare HSA EPO	\$2,500	N/A	90%	N/A	\$5,500	N/A	10% after ded.	10% after ded.	N/A	10% after ded.	N/A	10% after ded.	10% after ded.	10% after ded.	N/A	N/A	10% after ded.	N/A	N/A	10% after ded.	10% after ded.	Non-Emb Ded/ Emb OOPM	Combined pharmacy plans 2V, H9, FF, DS	
AV-RU	New	UnitedHealthcare HSA	\$3,000	\$6,000	100%	70%	\$3,000	\$12,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plan MM	
AE-1Y	AE-1Y	UnitedHealthcare HSA	\$3,000	\$5,000	100%	80%	\$5,000	\$10,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
AV-RS	New	UnitedHealthcare HSA	\$3,000	\$5,000	100%	70%	\$6,000	\$10,000	\$10 after ded.	\$25 after ded.	N/A	\$50 after ded.	N/A	\$50 after ded.	\$200 after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
AV-RT	New	UnitedHealthcare HSA EPO	\$3,000	N/A	100%	N/A	\$6,000	N/A	\$10 after ded.	\$25 after ded.	N/A	\$50 after ded.	N/A	\$50 after ded.	\$200 after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
AJ-HY	AJ-HY	UnitedHealthcare HSA	\$4,000	\$8,000	100%	80%	\$6,000	\$12,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
AV-RV	New	UnitedHealthcare HSA	\$5,000	\$10,000	100%	70%	\$5,000	\$15,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plan MM	
AJ-HZ	AJ-HZ	UnitedHealthcare HSA	\$5,000	\$9,000	100%	80%	\$6,450	\$15,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
AE-12	AJ-GD	UnitedHealthcare HSA (minimum value)	\$5,500	\$11,000	70%	50%	\$6,350	\$12,700	30% after ded.	30% after ded.	N/A	30% after ded.	N/A	30% after ded.	30% after ded.	30% after ded.	N/A	N/A	30% after ded.	N/A	N/A	30% after ded.	30% after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
AE-13	AJ-GE	UnitedHealthcare HSA (minimum value)	\$6,000	\$10,000	100%	70%	\$6,450	\$20,000	No charge after ded.	No charge after ded.	N/A	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS	
UnitedHealthcare Navigate®																										
AV-R7	AR-8H	UnitedHealthcare Navigate	\$250	N/A	100%	N/A	\$3,000	N/A	\$10	\$20	N/A	N/A	\$30	\$30	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available	
AV-R8	AR-8I	UnitedHealthcare Navigate	\$500	N/A	100%	N/A	\$3,000	N/A	\$10	\$20	N/A	N/A	\$30	\$30	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available	
AV-R9	AR-8J	UnitedHealthcare Navigate	\$500	N/A	80%	N/A	\$3,000	N/A	\$10	\$20	N/A	N/A	\$30	\$30	\$200	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	No charge	20% after ded.	Embedded	All separate pharmacy plans available	

2018 Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Virtual Visits	Copayment														Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network		PCP ¹	Spec ² Prem Des	Spec ³	Specialist w/PCP Referral	Urgent Care	ER	Inpatient Hospital	IP Per Occurrence Deductible ⁴	IP Copay Type (Admit or Day)	Outpatient Surgery	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility Per Occurrence Deductible ⁶	Lab/X-ray	Major Diagnostic MRI, CT, etc.		
			Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)																	
UnitedHealthcare HRA (continued)																									
AV-SA	AR-8K	UnitedHealthcare Navigate	\$1,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	N/A	N/A	\$35	\$35	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge	No charge after ded.	Embedded	All separate pharmacy plans available
AV-SB	AR-8L	UnitedHealthcare Navigate	\$1,500	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	N/A	N/A	\$40	\$40	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$25	No charge after ded.	Embedded	All separate pharmacy plans available
AV-SC	AR-8M	UnitedHealthcare Navigate	\$1,500	N/A	80%	N/A	\$4,000	N/A	\$10	\$25	N/A	N/A	\$40	\$40	\$200	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	\$25	20% after ded.	Embedded	All separate pharmacy plans available
AV-SD	AR-8N	UnitedHealthcare Navigate	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$30	N/A	N/A	\$45	\$45	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30	No charge after ded.	Embedded	All separate pharmacy plans available
AV-R4	89-7	UnitedHealthcare Navigate	\$3,000	N/A	100%	N/A	\$4,500	N/A	\$10	\$20	N/A	N/A	\$40	\$40	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$20	No charge after ded.	Embedded	All separate pharmacy plans available
AV-R5	AM-6E	UnitedHealthcare Navigate	\$4,000	N/A	100%	N/A	\$5,500	N/A	\$10	\$30	N/A	N/A	\$60	\$60	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30	No charge after ded.	Embedded	All separate pharmacy plans available
UnitedHealthcare Navigate HRA																									
AV-R6	AR-8G	UnitedHealthcare Navigate HRA	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$30	N/A	N/A	\$45	\$45	\$200	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	\$30	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS
UnitedHealthcare Navigate HSA																									
AV-R2	RP-D	UnitedHealthcare Navigate HSA	\$1,500	N/A	100%	N/A	\$3,000	N/A	\$10 after ded.	\$30 after ded.	N/A	N/A	\$60 after ded.	\$60 after ded.	\$250 after ded.	\$500 after ded.	N/A	Admit	\$250 after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Emb Ded/Emb OOP	Combined pharmacy plans 2V, H9, FF, DS
AM-6F	AM-6F	UnitedHealthcare Navigate HSA	\$2,000	N/A	100%	N/A	\$4,000	N/A	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Emb Ded/Emb OOP	Combined pharmacy plans 2V, H9, FF, DS
AE-14	AE-14	UnitedHealthcare Navigate HSA	\$3,000	N/A	100%	N/A	\$5,000	N/A	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	N/A	No charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS
AV-SE	AE-15	UnitedHealthcare Navigate HSA	\$3,000	N/A	90%	N/A	\$5,000	N/A	\$10 after ded.	\$30 after ded.	N/A	N/A	\$60 after ded.	\$60 after ded.	\$250 after ded.	\$500 after ded.	N/A	Admit	\$250 after ded.	N/A	N/A	10% after ded.	10% after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS
AE-16	AE-16	UnitedHealthcare Navigate HSA	\$4,000	N/A	80%	N/A	\$6,000	N/A	20% after ded.	20% after ded.	N/A	N/A	20% after ded.	20% after ded.	20% after ded.	20% after ded.	N/A	N/A	20% after ded.	N/A	N/A	20% after ded.	20% after ded.	Embedded	Combined pharmacy plans 2V, H9, FF, DS
UnitedHealthcare Edge[®]																									
AV-SF	6C-6	UnitedHealthcare Edge	\$1,000*	\$2,000*	100%/80% (non-premium designation fees)	70%	\$3,000	\$6,000	\$10	\$30	\$30	\$60	N/A	\$60	\$250	No charge after ded.	\$500	Admit	\$250 POD; no charge after ded.	N/A	N/A	\$30	No charge after ded.	Embedded	All separate pharmacy plans available
AV-SG	6C-7	UnitedHealthcare Edge	\$1,500*	\$3,000*	100%/70% (non-premium designation fees)	50%	\$3,000	\$6,000	\$10	\$30	\$30	\$60	N/A	\$60	\$250	No charge after ded.	\$500	Admit	\$250 POD; no charge after ded.	N/A	N/A	\$30	No charge after ded.	Embedded	All separate pharmacy plans available
AV-SH	AM-6G	UnitedHealthcare Edge HSA	\$1,500	\$3,000	100%/70% (non-premium designation fees)	50%	\$3,000	\$6,000	No charge after ded.	No charge after ded.	No charge after ded.	30% after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	\$500	Admit	\$250 POD; no charge after ded.	N/A	N/A	No charge after ded.	No charge after ded.	Non-Emb Ded/Emb OOP	Combined pharmacy plans 2V, H9, FF, DS
AV-SK	New	UnitedHealthcare Edge	\$2,500	\$5,000	100%/80% (non-premium designation fees)	50%	\$5,000	\$10,000	\$10	\$25	\$25	\$60	N/A	\$60	\$250	No charge after ded.	\$500	N/A	\$250 POD; no charge after ded.	N/A	N/A	\$25	No charge after ded.	Embedded	All separate pharmacy plans available
AV-SL	New	UnitedHealthcare Edge EPO	\$3,500	N/A	100%/80% (non-premium designation fees)	N/A	\$6,000	N/A	\$10	\$25	\$25	\$60	N/A	\$60	\$250	No charge after ded.	\$500	N/A	\$250 POD; no charge after ded.	N/A	N/A	\$25	No charge after ded.	Embedded	All separate pharmacy plans available

* Family deductible is 3 times the single deductible.

Pharmacy Options

2018 Plan Code	Deductible		Member Copayment				Mail Order (90-Day Supply)
	Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4	
Separate Plans							
K7	No deductible	No deductible	\$7	\$25	\$40	N/A	2.5 x
H9	No deductible	No deductible	\$10	\$30	\$50	N/A	2.5 x
2V	No deductible	No deductible	\$10	\$35	\$60	N/A	2.5 x
0I	No deductible	No deductible	\$10	\$35	\$70	N/A	2.5 x
FF	No deductible	No deductible	\$20	\$40	\$70	N/A	2.5 x
5U	No deductible	No deductible	\$10	\$35	\$60	\$100	2.5 x
DS	No deductible	No deductible	\$15	\$45	\$85	\$200	3 x
G4	\$100	\$300	\$10	\$30	\$50	N/A	2.5 x
OL	\$100 ⁷	\$300 ⁷	\$10	\$30	\$50	N/A	2.5 x
S8	\$250 ⁷	\$750 ⁷	\$10	\$30	\$50	N/A	2.5 x
6M	\$100	\$300	\$10	\$35	\$60	N/A	2.5 x
6N	\$250	\$750	\$10	\$35	\$60	N/A	2.5 x
AT	\$100	\$300	\$10	\$35	\$70	N/A	2.5 x
AU	\$250	\$750	\$10	\$35	\$70	N/A	2.5 x
5S	\$100	\$300	\$10	\$30	\$50	\$100	2.5 x
PQ	\$100	\$300	\$15	\$45	\$85	\$200	3 x

2018 Plan Code	Deductible		Member Copayment				Mail Order (90-Day Supply)
	Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4	
Combined Plans							
2V	Same as Medical	Same as Medical	\$10	\$35	\$60	N/A	2.5 x
FF	Same as Medical	Same as Medical	\$20	\$40	\$70	N/A	2.5 x
H9	Same as Medical	Same as Medical	\$10	\$30	\$50	N/A	2.5 x
DS	Same as Medical	Same as Medical	\$15	\$45	\$85	\$200	3 x
MM	Same as Medical	Same as Medical	No Copayment	No Copayment	No Copayment	N/A	No Copayment

¹ Primary Care Physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

² This tier of benefits applies to UnitedHealth Premium[®] quality and efficiency designated physicians. Please visit myuhc.com[®] for details.

³ This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for specialty physicians that are not quality and efficiency designated.

⁴ For the Choice Advanced plans with hospital tiering, the Inpatient Per-Occurrence Deductible applies on Tier 2 hospitals only.

⁵ Freestanding facilities are any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory. At a freestanding facility, deductible and coinsurance may still apply. See plan benefit information for further details.

⁶ Facility and hospital copayments are in addition to any plan deductible and coinsurance. Facility and hospital copayments do not apply to the deductible and continue to be required after the deductible is satisfied. These copayments may also be referred to in plan documents as "per-occurrence copayments" or "per-occurrence deductibles."

⁷ Deductible only applies on Tiers 2 and 3.

⁸ PCP and specialist office visits are \$0 copay for first 3 visits combined. Additional visits are subject to deductible and coinsurance. Urgent care visits are \$0 copay for the first 2 visits in a year. Additional visits are subject to deductible and coinsurance.

Note: Plans listed as non-embedded/embedded reflect non-embedded deductibles and embedded out-of-pocket maximums meaning no individual in the family has satisfied the deductible until the entire family amount has been met, but an individual will not have to pay more than the individual OOP Max amount. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount and individual OOP Max.

Note: For combined pharmacy plans, pharmacy copayments will apply after the deductible has been satisfied.

Note: For HSAs, copayments will not apply until after the deductible has been satisfied.

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