2018 Rhode Island Small Group (1-50) UnitedHealthcare Plans

Rhode Island
Small Group (1-50) Products
Effective Jan. 1, 2018

Please be advised that this grid 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 all Rhode Island small group (1-50) products, please contact your sales representative.

2018 Medical Plan Code	2017 Medical Plan Code	2018 Rx Plan Code	Plan Name	Deductible		Coinsurance				Out-of-Pocket Maximum		Copayment Per Occurrence														Deductible Type	Pharmacy
				Network	Out-of-Network					Network	Out-of-Network																
				Single (Family is 2X)	Single (Family is 2X)	Network	Network Physician Premium Designated Network	Network Physician	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)	Virtual Visits	PCP[1]	Spec[2] Prem Des	Spec[3]	Urgent Care	ER	Inpatient Hospital[4]	IP Per-Occurrence Deductible	Freestanding Outpatient Facility[5]	Hospital-Based Outpatient Facility[4]	OP Per-Occurrence Deductible	Lab/X-ray	Major Diagnostic Freestanding[5] (MRI, CT, etc.)	Major Diagnostic[4] Hospital (MRI, CT, etc.)		
Platinum Plans																											
AT-4Y	AK-YW	035	UnitedHealthcare Choice Plus	$0	$1,000	100%	N/A	N/A	80%	$3,500	$6,000	$10	$30	$30	$50	$50	$150	$250 POD	$250 POD	No charge	$150 copay	N/A	No charge	No charge	$150 POD	Emb	$10/$30/$50; $10/$50/$100 (spec.)
AT-5J	AM-PN	035	UnitedHealthcare Navigate	$0	N/A	100%	N/A	N/A	N/A	$3,500	N/A	$10	$30	$30	$50	$50	$150	$250 POD	$250 POD	No charge	$150 copay	N/A	No charge	No charge	$150 copay	Emb	$10/$30/$50; $10/$50/$100 (spec.)
AT-3Z	AK-ZR	035	UnitedHealthcare Choice Plus $300	$300	$1,000	100%	N/A	N/A	80%	$2,000	$3,000	$10	$20	$20	$40	$40	$150	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge	No charge after ded.	No charge after ded.	Emb	$10/$30/$50; $10/$50/$100 (spec.)
AT-3V	AK-YY	035	UnitedHealthcare Choice Plus $500	$500	$3,000	100%	N/A	N/A	80%	$2,000	$6,000	$10	$20	$20	$40	$40	$150	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge	No charge after ded.	No charge after ded.	Emb	$10/$30/$50; $10/$50/$100 (spec.)
AT-5L	AM-PP	035	UnitedHealthcare Navigate $500	$500	N/A	100%	N/A	N/A	N/A	$2,000	N/A	$10	$20	$20	$40	$40	$150	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge	No charge after ded.	No charge after ded.	Emb	$10/$30/$50; $10/$50/$100 (spec.)
AT-3N	AK-Y1	035	UnitedHealthcare Choice Plus $1,000	$1,000	$2,000	100%	N/A	N/A	80%	$2,500	$8,000	$10	$20	$20	$40	$40	$150	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge	No charge after ded.	No charge after ded.	Emb	$10/$30/$50; $10/$50/$100 (spec.)
AT-3T	AK-YS	035	UnitedHealthcare Choice Plus $2,000	$2,000	$4,000	100%	N/A	N/A	80%	$4,500	$8,000	$10	$20	$20	$50	$50	$200	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge	No charge after ded.	No charge after ded.	Emb	$10/$30/$50; $10/$50/$100 (spec.)

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				Single (Family is 2X)	Single (Family is 2X)	Network	Network Physician Premium Designated Network	Network Physician	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)	Virtual Visits	PCP[1]	Spec[2] Prem Des	Spec[3]	Urgent Care	ER	Inpatient Hospital[4]	IP Per-Occurrence Deductible	Freestanding Outpatient Facility[5]	Hospital-Based Outpatient Facility[4]	OP Per-Occurrence Deductible	Lab/X-ray	Major Diagnostic Freestanding[5] (MRI, CT, etc.)	Major Diagnostic[4] Hospital (MRI, CT, etc.)		
AT-4A	New	414	UnitedHealthcare Choice EPO HRA $3,000 (requires HRA of $500-$1,000)	$3,000	N/A	100%	N/A	N/A	N/A	$6,000	N/A	$10	$30	$50	$50	$50	$250	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec)
Gold Plans																											
AT-3P	AK-Y3	414	UnitedHealthcare Choice Plus $1,500	$1,500	$3,000	90%	N/A	N/A	70%	$5,500	$6,000	$10	$35	$35	$60	$60	$250	10% after ded.	N/A	10% after ded.	10% after ded.	N/A	$30/ $50	10% after ded.	10% after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-3J	AK-XV	414	UnitedHealthcare Edge $1,500	$1,500	$3,000	100%	100%	80%	60%	$5,250	$6,000	$10	$30	$30	$60	$60	$250	No charge after ded.	$500	No charge after ded.	No charge after ded.	$500	$30 after ded.	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-3H	AK-XS	414	UnitedHealthcare Edge HMO $1,500	$1,500	N/A	100%	100%	80%	N/A	$5,250	N/A	$10	$30	$30	$60	$60	$250	No charge after ded.	$500	No charge after ded.	No charge after ded.	$500	$30 after ded.	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-2Z	AK-ZI	414	UnitedHealthcare HSA $1,500	$1,500	$5,000	90%	N/A	N/A	50%	$4,000	$7,500	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	N/A	10% after ded.	10% after ded.	N/A	10% after ded.	10% after ded.	10% after ded.	Non-Emb Ded /Emb OOP	Medical ded then $10/$35/$60; $10/$75/$125 (spec.)
AT-2S	AK-YU	414	UnitedHealthcare HSA $1,750	$1,750	$3,000	100%	N/A	N/A	80%	$4,250	$8,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Non-Emb Ded /Emb OOP	Medical ded then $10/$35/$60; $10/$75/$125 (spec.)
AT-2P	AK-X9	414	UnitedHealthcare Choice Plus $2,000	$2,000	$5,000	100%	N/A	N/A	80%	$4,000	$10,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-4E	AK-YK	414	UnitedHealthcare Choice HMO $2,000	$2,000	N/A	100%	N/A	N/A	N/A	$5,000	N/A	$10	$25	$25	$50	$50	$250	No charge after ded.	N/A	No charge after ded.	$250 POD; no charge after ded.	N/A	$30/ $50	No charge after ded.	$250 POD; no charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)

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				Network	Out-of-Network					Network	Out-of-Network																	
				Single (Family is 2X)	Single (Family is 2X)	Network	Network Physician Premium Designated Network	Network Physician	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)	Virtual Visits	PCP[1]	Spec[2] Prem Des	Spec[3]	Urgent Care	ER	Inpatient Hospital[4]	IP Per-Occurrence Deductible	Freestanding Outpatient Facility[5]	Hospital-Based Outpatient Facility[4]	OP Per-Occurrence Deductible	Lab/X-ray	Major Diagnostic Freestanding[5] (MRI, CT, etc.)	Major Diagnostic[4] Hospital (MRI, CT, etc.)		
AT-21	New	414	UnitedHealthcare Motion HSA $2,000	$2,000	$5,000	100%	N/A	N/A	50%	$5,000	$10,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Non-Emb Ded/Emb OOPM	Medical Ded then $10/$35/$60; $10/$75/$125 (spec)
AT-47	AK-ZX	414	UnitedHealthcare Choice Advanced EPO $2,000	$2,000	N/A	100%	100%	90%	N/A	$5,000	N/A	$10	$25[2] /$50	$25	$50	$50	$250	No charge after ded.	$500 at Tier 2 hospital	No charge after ded.	$300 POD; no charge after ded.	N/A	No charge after ded.	No charge after ded.	$300 POD; no charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-5F	AM-PJ	414	UnitedHealthcare Navigate $2,000	$2,000	N/A	100%	N/A	N/A	N/A	$6,500	N/A	$10	$30	$30	$60	$60	$250	No charge after ded.	$500	No charge after ded.	$300 POD; no charge after ded.	N/A	$30/ $50	No charge after ded.	$300 POD; no charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AM-PH	AM-PH	414	UnitedHealthcare Navigate HSA $2,000	$2,000	N/A	100%	N/A	N/A	N/A	$4,000	N/A	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Non-Emb Ded /Emb OOP	Medical ded then $10/$35/$60; $10/$75/$125 (spec.)
AT-3X	AK-ZK	414	UnitedHealthcare Wellness Choice HMO $2,000	$2,000	N/A	100%	N/A	N/A	N/A	$5,000	N/A	$10	$30	$30	$50	$50	$250	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	$30/ $50	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-5N	AM-PR	414	UnitedHealthcare Navigate Wellness Choice HMO $2,000	$2,000	N/A	100%	N/A	N/A	N/A	$5,000	N/A	$10	$30	$30	$50	$50	$250	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	$30/ $50	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-36	New	600	UnitedHealthcare Choice Plus PA $2,500	$2,500	$5,000	100%	N/A	N/A	50%	$5,750	$10,000	$0	$0	$50	$70	$70	$250 POD; no charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$150/$300 Ded T2/ T3 then $5/$40/$70; $5/$75/$150 (spec)

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				Network	Out-of-Network					Network	Out-of-Network																
				Single (Family is 2X)	Single (Family is 2X)	Network	Network Physician Premium Designated Network	Network Physician	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)	Virtual Visits	PCP[1]	Spec[2] Prem Des	Spec[3]	Urgent Care	ER	Inpatient Hospital[4]	IP Per-Occurrence Deductible	Freestanding Outpatient Facility[5]	Hospital-Based Outpatient Facility[4]	OP Per-Occurrence Deductible	Lab/X-ray	Major Diagnostic Freestanding[5] (MRI, CT, etc.)	Major Diagnostic[4] Hospital (MRI, CT, etc.)		
AT-43	AK-ZS	414	UnitedHealthcare Choice Advanced HMO $2,500	$2,500	N/A	100%	100%	90%	N/A	$5,000	N/A	$10	$20[2] /$40	$40	$60	$60	$250	No charge after ded.	$500 at Tier 2 hospital	No charge after ded.	$250 POD; no charge after ded.	N/A	No charge after ded.	No charge after ded.	$250 POD; no charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-4Q	AK-YG	414	UnitedHealthcare Choice Plus $2,500	$2,500	$4,000	80%	N/A	N/A	60%	$5,500	$16,000	$10	$25	$25	$50	$50	$250	20% after ded.	N/A	20% after ded.	$500 POD; 20% after ded.	N/A	20% after ded.	20% after ded.	$500 POD; 20% after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-3R	AK-Y5	414	UnitedHealthcare Choice Plus $2,500	$2,500	$4,000	100%	N/A	N/A	80%	$6,000	$8,000	$10	$30	$30	$60	$60	$250	No charge after ded.	$500	No charge after ded.	No charge after ded.	N/A	$30/ $50	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-5D	AM-PF	414	UnitedHealthcare Navigate $2,500	$2,500	N/A	100%	N/A	N/A	N/A	$5,750	N/A	$10	$25	$25	$60	$60	$250	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	$30/ $50	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-3L	AK-XX	414	UnitedHealthcare Edge $2,500	$2,500	$5,000	100%	100%	70%	60%	$5,500	$10,000	$10	$25	$25	$50	$50	$250	No charge after ded.	$500	No charge after ded.	No charge after ded.	$500	$30 after ded.	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-4O	AK-ZJ	414	UnitedHealthcare Choice Plus HRA $2,500 (requires HRA of $200-$400)	$2,500	$4,000	80%	N/A	N/A	60%	$7,000	$16,000	$10	$35	$35	$60	$60	$250	20% after ded.	N/A	20% after ded.	$300 POD; 20% after ded.	N/A	20% after ded.	20% after ded.	$300 POD; 20% after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-27	New	414	UnitedHealthcare Choice Plus HRA $3,000 (requires HRA of $250-$500)	$3,000	$5,000	100%	N/A	N/A	70%	$5,500	$10,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	Medical Ded then $10/$35/$60; $10/$75/$125 (spec)
AT-45	AK-ZZ	414	UnitedHealthcare Choice Advanced HMO $3,000	$3,000	N/A	100%	100%	90%	N/A	$6,000	N/A	$10	$25[2] /$50	$25	$50	$50	$250	No charge after ded.	$500 at Tier 2 hospital	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)

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				Single (Family is 2X)	Single (Family is 2X)	Network	Network Physician Premium Designated Network	Network Physician	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)	Virtual Visits	PCP[1]	Spec[2] Prem Des	Spec[3]	Urgent Care	ER	Inpatient Hospital[4]	IP Per-Occurrence Deductible	Freestanding Outpatient Facility[5]	Hospital-Based Outpatient Facility[4]	OP Per-Occurrence Deductible	Lab/X-ray	Major Diagnostic Freestanding[5] (MRI, CT, etc.)	Major Diagnostic[4] Hospital (MRI, CT, etc.)		
AT-38	New	600	UnitedHealthcare Choice Plus PA $3,500	$3,500	$5,000	100%	N/A	N/A	50%	$6,500	$10,000	$0	$0	$50	$70	$70	$250 POD; no charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$150/$300 Ded T2/ T3 then $5/$40/$70; $5/$75/$150 (spec)
AT-4S	AK-YI	414	UnitedHealthcare Choice Plus $3,500	$3,500	$6,000	100%	N/A	N/A	80%	$7,000	$10,000	$10	$30	$30	$60	$60	$350	No charge after ded.	N/A	No charge after ded.	$250 POD; no charge after ded.	N/A	$30/ $50	No charge after ded.	$250 POD; no charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec.)
AT-29	New	414	UnitedHealthcare Choice Plus HRA $4,000 (requires HRA of $300-$600)	$4,000	$5,000	100%	N/A	N/A	70%	$6,000	$10,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	$250 Copay after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$10/$35/$60; $10/$75/$125 (spec)
AT-4C	New	601	UnitedHealthcare Choice EPO HRA $6,000 (requires HRA of $500-$1,000)	$6,000	N/A	100%	N/A	N/A	N/A	$7,350	N/A	$10	$35	$35	$70	$70	$250 Copay after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$250/$500 Ded T2/ T3 then $5/$40/$70; $5/$75/$150 (spec)
Silver Plans																											
AT-3B	AK-XZ	415	UnitedHealthcare Edge® HSA $2,000 (with copayment)	$2,000	$4,000	100%	100%	70%	80%	$6,550	$8,000	$10 after ded.	$30 after ded.	$30 after ded.	$60 after ded.	$60 after ded.	$250 after ded.	No charge after ded.	$500	No charge after ded.	No charge after ded.	$250	No charge after ded.	No charge after ded.	No charge after ded.	Non-Emb Ded/Emb OOP	Medical Ded then $20/$40/$70; $20/$75/$150 (spec.)
AT-3D	AK-X2	415	UnitedHealthcare Edge HMO HSA $2,000 (with copayment)	$2,000	N/A	100%	100%	70%	N/A	$6,550	N/A	$10 after ded.	$30 after ded.	$30 after ded.	$60 after ded.	$60 after ded.	$250 after ded.	No charge after ded.	$500	No charge after ded.	No charge after ded.	$250	No charge after ded.	No charge after ded.	No charge after ded.	Non-Emb Ded/Emb OOP	Medical Ded then $20/$40/$70; $20/$75/$150 (spec.)
AT-4M	AK-YP	415	UnitedHealthcare HMO HSA $2,500	$2,500	N/A	100%	N/A	N/A	N/A	$5,000	N/A	$10 after ded.	$30 after ded.	$30 after ded.	$60 after ded.	$60 after ded.	$250 after ded.	$500 after ded.	N/A	$250 after ded.	$500 after ded.	N/A	No charge after ded.	$250 after ded.	$500 after ded.	Non-Emb Ded/Emb OOP	Medical Ded then $20/$40/$70; $20/$75/$150 (spec.)

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AT-2X	AK-ZF	415	UnitedHealthcare HSA $3,000	$3,000	$5,500	100%	N/A	N/A	80%	$6,650	$9,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	$250 copay after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	Medical Ded then $20/$40/$70; $20/$75/$150 (spec.)
AT-23	New	415	UnitedHealthcare Motion HSA $3,000	$3,000	$5,000	90%	N/A	N/A	50%	$6,650	$10,000	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	N/A	10% after ded.	10% after ded.	N/A	10% after ded.	10% after ded.	10% after ded.	Emb	Medical Ded then $20/$40/$70; $20/$75/$150 (spec)
AT-4U	AK-ZM	420	UnitedHealthcare Choice Plus $3,500	$3,500	$7,500	70%	N/A	N/A	50%	$7,350	$15,000	$10	$35	$35	$60	$60	30% after ded.	30% after ded.	N/A	30% after ded.	30% after ded.	N/A	30% after ded.	30% after ded.	30% after ded.	Emb	$250/$500 Ded T2/ T3 $20/$40/$70; $20/$75/$150 (spec.)
AT-4G	AK-YA	415	UnitedHealthcare Choice HMO $3,500	$3,500	N/A	80%	N/A	N/A	N/A	$7,350	N/A	$10	$35	$35	$70	$70	$250 POD, 20% after ded.	20% after ded.	N/A	20% after ded.	$250 POD; 20% after ded.	N/A	20% after ded.	20% after ded.	$250 POD; 20% after ded.	Emb	$20/$40/$70; $20/$75/$150 (spec.)
AV-92	AK-ZP	415	UnitedHealthcare Choice HMO HSA $3,500	$3,500	N/A	90%	N/A	N/A	N/A	$6,500	N/A	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	$250 POD, 10% after ded.	10% after ded.	$250	10% after ded.	10% after ded.	N/A	10% after ded.	10% after ded.	10% after ded.	Emb	Medical Ded then $20/$40/$70; $20/$75/$150 (spec.)
AT-5B	AK-ZV	599	UnitedHealthcare Choice Advanced EPO $3,750	$3,750	N/A	80%	80%	70%	N/A	$7,350	N/A	$10	$40[2] /$70	$40	$70	$70	$350	20% after ded.	$500 at Tier 2 hospital	20% after ded.	$500 POD; 20% after ded.	N/A	20% after ded.	20% after ded.	$500 POD; 20% after ded.	Emb	$150/$300 Ded T2/ T3 $20/$40/$70; $20/$75/$150 (spec.)
AT-2T	AK-Y9	415	UnitedHealthcare Choice Plus $3,750	$3,750	$6,000	80%	N/A	N/A	60%	$6,800	$12,000	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	N/A	20% after ded.	20% after ded.	N/A	20% after ded.	20% after ded.	20% after ded.	Emb	$20/$40/$70; $20/$75/$150 (spec.)
AT-4K	AK-YN	599	UnitedHealthcare Choice HMO $3,750	$3,750	N/A	100%	N/A	N/A	N/A	$7,000	N/A	$10	$40	$40	$70	$70	No charge after ded.	No charge after ded.	$500	$250 POD; no charge after ded.	$500 POD; no charge after ded.	N/A	No charge after ded.	$250 POD; no charge after ded.	$500 POD; no charge after ded.	Emb	$150/$300 Ded T2/ T3 $20/$40/$70; $20/$75/$150 (spec.)

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2018 Medical Plan Code	2017 Medical Plan Code	2018 Rx Plan Code	Plan Name	Deductible		Coinsurance				Out-of-Pocket Maximum			Copayment Per Occurrence														Deductible Type	Pharmacy
				Network	Out-of-Network					Network	Out-of-Network																	
				Single (Family is 2X)	Single (Family is 2X)	Network	Network Physician Premium Designated Network	Network Physician	Out-of-Network	Single (Family is 2X)	Single (Family is 2X)	Virtual Visits	PCP[1]	Spec[2] Prem Des	Spec[3]	Urgent Care	ER	Inpatient Hospital[4]	IP Per-Occurrence Deductible	Freestanding Outpatient Facility[5]	Hospital-Based Outpatient Facility[4]	OP Per-Occurrence Deductible	Lab/X-ray	Major Diagnostic Freestanding[5] (MRI, CT, etc.)	Major Diagnostic[4] Hospital (MRI, CT, etc.)		
AT-5H	AM-PL	599	UnitedHealthcare Navigate $4,000	$4,000	N/A	100%	N/A	N/A	N/A	$7,350	N/A	$10	$35	$35	$60	$60	$250 after ded.	$500 after ded.	N/A	$250 after ded.	$500 after ded.	N/A	No charge after ded.	$250 after ded.	$500 after ded.	Emb	$150/$300 Ded T2/ T3 $20/$40/$70; $20/$75/$150 (spec.)
AT-2V	AK-ZB	599	UnitedHealthcare Choice Plus $4,500	$4,500	$7,000	100%	N/A	N/A	70%	$7,000	$14,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	$250 copay after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	$150/$300 Ded T2/ T3 $20/$40/$70; $20/$75/$150 (spec.)
AT-4W	New	601	UnitedHealthcare Choice EPO PA $4,500	$4,500	N/A	100%	N/A	N/A	N/A	$7,350	N/A	$0	$0	$50 after ded.	$50 after ded.	$70	$250 POD; no charge after ded.	$500 copay after ded.	N/A	$250 copay after ded.	$500 copay after ded.	N/A	No charge after ded.	$250 copay after ded.	$500 copay after ded.	Emb	$250/$500 Ded T2/ T3 then $5/$40/$70; $5/$75/$150 (spec)
AT-41	AK-ZD	599	UnitedHealthcare Choice Plus $5,000	$5,000	$8,000	100%	N/A	N/A	80%	$7,350	$12,000	$10	$40	$40	$70	$70	$250 copay after ded.	$500 copay after ded.	N/A	No charge after ded.	$250 copay after ded.	N/A	No charge after ded.	No charge after ded.	$250 copay after ded.	Emb	$150/$300 Ded T2/ T3 $20/$40/$70; $20/$75/$150 (spec.)
AT-49	AK-Z3	599	UnitedHealthcare Choice Advanced EPO $5,000	$5,000	N/A	100%	100%	90%	N/A	$7,350	N/A	$10	$40[2] /$70	$40	$70	$70	No charge after ded.	No charge after ded.	$500 at Tier 2 hospital	$250 POD; no charge after ded.	$500 POD; no charge after ded.	N/A	No charge after ded.	$250 POD; no charge after ded.	$500 POD; no charge after ded.	Emb	$150/$300 Ded T2/ T3 $20/$40/$70; $20/$75/$150 (spec.)
Bronze Plans																											
AT-25	New	419	UnitedHealthcare HSA $4,000	$4,000	$5,000	80%	N/A	N/A	50%	$6,650	$10,000	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	N/A	20% after ded.	20% after ded.	N/A	20% after ded.	20% after ded.	20% after ded.	Emb	Medical Ded then $20/$40/$70; $20/$90/$150 (spec)
AT-3F	AK-X5	419	UnitedHealthcare Edge HMO HSA $6,000 (with copayment)	$6,000	N/A	100%	N/A	80%	N/A	$6,550	N/A	$10 after ded.	$40 after ded.	$40 after ded.	$70 after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	Medical Ded then $20/$40/$70; $20/$90/$150 (spec.)
AT-2R	AK-ZH	419	UnitedHealthcare HSA $6,250	$6,250	$10,000	100%	N/A	N/A	70%	$6,550	$20,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	No charge after ded.	Emb	Medical Ded then $20/$40/$70; $20/$90/$150 (spec.)

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[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] 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."
[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.

Note: Pharmacy mail order is 2.5x.
Note: For pharmacy plans paired with HSA options, cost shares apply after medical deductible is met.
Note: Navigate plans require a referral.
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. An individual will not have to pay more than the individual OOP Max amount.
Note: For HSAs, copayments will not apply until after the deductible has been satisfied.
Note: On non-HSA pharmacy deductible plans, the pharmacy deductible does not apply on Tier 1 medications.
Note: All plans include Preferred Generics (also known as Mac-A).
The UnitedHealthcare Wellness Choice HMO (SM) (AT-3X), a HEALTHpact plan, is available as required by the State of Rhode Island. For rating purposes, the AT-3X represents the rate for both the Advantage and Basic plans. However, benefits for the Advantage and Basic plans are significantly different. Please note certain requirements must be met in order to obtain the Advantage level of benefits. Please contact your broker or our dedicated Rhode Island UnitedHealthcare Pledge Plan service line at 1-800-573-0414 for more information.
In 2018, maximum HSA contribution is $3,450 single/$6,900 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high-deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through Optum Bank®, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes an HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank® and not to the associated HDHP.
POD: Per-Occurrence Deductible. This co-share will be applied before all other co-shares and is followed by any deductible or coinsurance.

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