

Medical and Pharmacy Plans

UnitedHealthcare Multi-Choice®

Washington

Small Business 1-50 Employees

Effective January 1, 2018

Choice Plus, UnitedHealthcare Navigate® and UnitedHealthcare Charter®

Plan Category	Plan Code	Metal Level	Description	PCP	Spec	Urgent Care	ER	Lab	X-ray	Virtual Visit	Network Individual			Rx Plan
											Ded	OOP	Coins	
Navigate Network														
Navigate Balanced ¹	AT-74	Gold	30/500/20%	\$30	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$500	\$5,750	20%	041
Navigate Balanced ¹	AT-8B	Gold	25/1000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$1,000	\$5,000	20%	041
Navigate Balanced ¹	AT-8F	Gold	25/1500/20%	\$25	\$50	\$50	Ded+20%	20%	20%	\$10	\$1,500	\$5,000	20%	041
Navigate Balanced ¹	AT-8N	Gold	25/2000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$2,000	\$5,500	20%	041
Navigate Balanced ¹	AT-82	Silver	40/2500/30%	\$40	\$80	\$50	Ded+30%	\$20	\$75	\$10	\$2,500	\$7,350	30%	617
Navigate Balanced ¹	AT-9D	Silver	35/3000/20%	\$35	\$70	\$50	Ded+20%	\$20	\$75	\$10	\$3,000	\$7,350	20%	617
Navigate Balanced ¹	AT-9G	Silver	35/3500/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$3,500	\$7,350	30%	617
Navigate Balanced ¹	AT-9K	Silver	35/5000/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$5,000	\$7,350	30%	617
Navigate	AT-7X	Platinum	20/500/20%	\$20	\$40	\$35	Ded+20%	20%	20%	\$10	\$500	\$4,000	20%	079
Navigate	AT-7Z	Gold	30/500/20%	\$30	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$500	\$4,000	20%	041
Navigate	AT-9Z	Gold	30/500/20%	\$30	\$50	\$50	Ded+20%	\$15	\$15	\$10	\$500	\$5,750	20%	041
Navigate	AT-78	Gold	25/1000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$1,000	\$2,000	20%	041
Navigate	AT-8C	Gold	25/1500/20%	\$25	\$50	\$50	Ded+20%	20%	20%	\$10	\$1,500	\$3,000	20%	041
Navigate	AT-92	Gold	25/1500/20%	\$25	\$50	\$50	Ded+20%	20%	20%	\$10	\$1,500	\$5,000	20%	041
Navigate	AT-8P	Gold	25/2000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$2,000	\$4,000	20%	041
Navigate	AT-9B	Gold	30/2500/20%	\$30	\$60	\$50	Ded+20%	\$15	\$50	\$10	\$2,500	\$5,000	20%	041
Navigate	AT-8Y	Silver	40/2500/30%	\$40	\$80	\$50	Ded+30%	\$20	\$75	\$10	\$2,500	\$5,000	30%	617
Navigate	AT-94	Silver	40/2500/30%	\$40	\$80	\$50	Ded+30%	\$20	\$20	\$10	\$2,500	\$7,350	30%	617
Navigate	AT-85	Silver	35/3000/20%	\$35	\$70	\$50	Ded+20%	\$20	\$75	\$10	\$3,000	\$7,350	20%	617
Navigate	AT-9H	Silver	35/3500/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$3,500	\$7,350	30%	617
Navigate	AT-9L	Silver	35/5000/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$5,000	\$10,000	30%	617
Navigate	AT-96	Silver	35/5000/30%	\$35	\$65	\$50	Ded+30%	\$20	\$20	\$10	\$5,000	\$7,350	30%	617
Navigate	AT-9V	Bronze	6500/40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	\$10	\$6,500	\$7,350	40%	618
Navigate	AT-98	Bronze	6500/40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	\$10	\$6,500	\$7,350	40%	618
Navigate	AT-9X	Bronze	50/6500/40%	\$50	\$90	\$50	Ded+40%	Ded+40%	Ded+40%	\$10	\$6,500	\$7,350	40%	618
Navigate HSA ^{2,3}	AT-8R	Silver	2250/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$2,250	\$5,750	20%	045
Navigate HSA ³	AT-8U	Silver	2250/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$2,250	\$5,750	20%	45
Navigate HSA ³	AT-87	Silver	3000/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$3,000	\$6,650	20%	045
Navigate HSA ³	AC-K7	Bronze	5500/30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$5,500	\$11,000	30%	043
Navigate HSA ³	AC-ME	Bronze	5500/30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$5,500	\$6,500	30%	043
Charter Network														
Charter Balanced ¹	AT-75	Gold	30/500/20%	\$30	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$500	\$5,750	20%	041
Charter Balanced ¹	AT-8A	Gold	25/1000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$1,000	\$5,000	20%	041
Charter Balanced ¹	AT-8E	Gold	25/1500/20%	\$25	\$50	\$50	Ded+20%	20%	20%	\$10	\$1,500	\$5,000	20%	041
Charter Balanced ¹	AT-8M	Gold	25/2000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$2,000	\$5,500	20%	041
Charter Balanced ¹	AT-81	Silver	40/2500/30%	\$40	\$80	\$50	Ded+30%	\$20	\$75	\$10	\$2,500	\$7,350	30%	617
Charter Balanced ¹	AT-9E	Silver	35/3000/20%	\$35	\$70	\$50	Ded+20%	\$20	\$75	\$10	\$3,000	\$7,350	20%	617
Charter Balanced ¹	AT-9F	Silver	35/3500/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$3,500	\$7,350	30%	617
Charter Balanced ¹	AT-9J	Silver	35/5000/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$5,000	\$7,350	30%	617
Charter	AT-7Y	Platinum	20/500/20%	\$20	\$40	\$35	Ded+20%	20%	20%	\$10	\$500	\$4,000	20%	079
Charter	AT-71	Gold	30/500/20%	\$30	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$500	\$1,000	20%	041
Charter	AT-91	Gold	30/500/20%	\$30	\$50	\$50	Ded+20%	\$15	\$15	\$10	\$500	\$5,750	20%	041
Charter	AT-79	Gold	25/1000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$1,000	\$2,000	20%	041
Charter	AT-8D	Gold	25/1500/20%	\$25	\$50	\$50	Ded+20%	20%	20%	\$10	\$1,500	\$3,000	20%	041
Charter	AT-93	Gold	25/1500/20%	\$25	\$50	\$50	Ded+20%	20%	20%	\$10	\$1,500	\$5,000	20%	041
Charter	AT-8O	Gold	25/2000/20%	\$25	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$2,000	\$4,000	20%	041
Charter	AT-9C	Gold	30/2500/20%	\$30	\$60	\$50	Ded+20%	\$15	\$50	\$10	\$2,500	\$5,000	20%	041
Charter	AT-8Z	Silver	40/2500/30%	\$40	\$80	\$50	Ded+30%	\$20	\$75	\$10	\$2,500	\$5,000	30%	617
Charter	AT-95	Silver	40/2500/30%	\$40	\$80	\$50	Ded+30%	\$20	\$20	\$10	\$2,500	\$7,350	30%	617
Charter	AT-86	Silver	35/3000/20%	\$35	\$70	\$50	Ded+20%	\$20	\$75	\$10	\$3,000	\$7,350	20%	617
Charter	AT-97	Silver	35/5000/30%	\$35	\$65	\$50	Ded+30%	\$20	\$20	\$10	\$5,000	\$7,350	30%	617
Charter	AT-9M	Silver	35/5000/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$5,000	\$10,000	30%	617

¹ Navigate/Charter Balanced plans include higher member cost share if no referral is entered.

² Annual deductible is not embedded, family deductible must be met before cost shares will be covered. Out-of-pocket maximum is embedded.

³ Employer contribution to HSA may change metal level.

Plan Category	Plan Code	Metal Level	Description	PCP	Spec	Urgent Care	ER	Lab	X-ray	Virtual Visit	Network Individual			Rx Plan
											Ded	OOP	Coins	
Charter Network (continued)														
Charter	AT-9I	Silver	35/3500/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$3,500	\$7,350	30%	617
Charter	AT-9W	Bronze	6500/40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	\$10	\$6,500	\$7,350	40%	618
Charter	AT-99	Bronze	6500/40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	Ded+40%	\$10	\$6,500	\$7,350	40%	618
Charter	AT-9Y	Bronze	50/6500/40%	\$50	\$90	\$50	Ded+40%	Ded+40%	Ded+40%	\$10	\$6,500	\$7,350	40%	618
Charter HSA ^{2,3}	AT-8T	Silver	2250/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$2,250	\$5,750	20%	045
Charter HSA ³	AT-8W	Silver	2250/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$2,250	\$5,750	20%	045
Charter HSA ³	AT-89	Silver	3000/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$3,000	\$6,650	20%	045
Charter HSA ³	AC-LL	Bronze	5500/30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$5,500	\$6,500	30%	043
Charter HSA ³	AC-MF	Bronze	5500/30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$5,500	\$6,500	30%	043
Choice Plus Network														
Choice Plus Copay	AM-A1	Platinum	10/100/10%	\$10	\$10	\$35	Ded+10%	10%	10%	\$10	\$100	\$3,500	10%	079
Choice Plus Split Copay	AT-7U	Platinum	20/500/20%	\$20	\$40	\$35	Ded+20%	20%	20%	\$10	\$500	\$4,000	20%	079
Choice Plus Split Copay	AT-7W	Gold	30/500/20%	\$30	\$50	\$50	Ded+20%	\$15	\$50	\$10	\$500	\$5,750	20%	041
Choice Plus Flat Copay	AT-7V	Gold	35/500/20%	\$35	\$35	\$50	Ded+20%	\$15	\$50	\$10	\$500	\$5,750	20%	041
Choice Plus Flat Copay	AT-7D	Gold	25/1000/20%	\$25	\$25	\$50	Ded+20%	\$15	\$50	\$10	\$1,000	\$5,000	20%	041
Choice Plus Split Copay	AT-7F	Gold	25/1500/20%	\$25	\$50	\$50	Ded+20%	20%	20%	\$10	\$1,500	\$5,000	20%	041
Choice Plus Flat Copay	AT-7H	Gold	25/2000/20%	\$25	\$25	\$50	Ded+20%	\$15	\$50	\$10	\$2,000	\$5,500	20%	041
Choice Plus Split Copay	AT-7S	Gold	30/2500/20%	\$30	\$60	\$50	Ded+20%	\$15	\$50	\$10	\$2,500	\$7,250	20%	041
Choice Plus Split Copay	AT-7G	Silver	40/2500/30%	\$40	\$80	\$50	Ded+30%	\$20	\$75	\$10	\$2,500	\$7,350	30%	617
Choice Plus Split Copay	AT-7E	Silver	35/3000/20%	\$35	\$70	\$50	Ded+20%	\$20	\$75	\$10	\$3,000	\$7,350	20%	617
Choice Plus Split Copay	AT-7L	Silver	35/3500/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$3,500	\$7,350	30%	617
Choice Plus Split Copay	AT-7M	Silver	35/5000/30%	\$35	\$65	\$50	Ded+30%	\$20	\$75	\$10	\$5,000	\$7,350	30%	617
Choice Plus Split Copay	AT-7T	Bronze	50/6500/40%	\$50	\$90	\$50	Ded+40%	Ded+40%	Ded+40%	\$10	\$6,500	\$7,350	40%	618
Choice Plus HSA ^{2,3}	AT-7N	Silver	2250/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$2,250	\$5,750	20%	045
Choice Plus HSA ³	AT-7R	Silver	3000/20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$3,000	\$6,650	20%	042
Choice Plus HSA ³	AC-JL	Bronze	5500/30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$5,500	\$6,500	30%	043

Pharmacy Plans

Rx Plan	Individual Rx Deductible	Family Rx Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Mail-Service Ratio
041	-	-	\$15	\$35	\$65	\$250	2.5 x retail
042	Same as Medical	Same as Medical	\$20	\$40	\$80	\$250	2.5 x retail
043	Same as Medical	Same as Medical	30%	30%	30%	30%	--
045	Same as Medical	Same as Medical	20%	20%	20%	20%	--
079	-	-	\$10	\$35	\$65	\$250	2.5 x retail
617	\$350 ⁴	\$700 ⁴	\$20	\$40	Ded+\$80	Ded+\$250	2.5 x retail
618	\$750 ⁴	\$1,500 ⁴	\$20	\$50	Ded+\$100	Ded+\$300	2.5 x retail

Underwriting Guidelines

- Rating is based on employer location, employee and dependent ages and how an employee enrolls.
- Final rates are based on underwriting approval and final group enrollment.
- Quotes issued are not a guarantee of plan coverage or eligibility.
- Employer may select a single medical plan or multiple plans within the Multi-Choice package. There is no minimum enrollment requirement on any medical plan selected.

Additional underwriting guidelines and limitations apply.

¹ Navigate/Charter Balanced plans include higher member cost share if no referral is entered
² Annual deductible is not embedded, family deductible must be met before cost shares will be covered.
³ Out-of-pocket maximum is embedded.
⁴ Employer contribution to HSA may change metal level.
⁵ Pharmacy deductible is separate from the medical deductible but will accrue towards medical out-of-pocket. As noted, the pharmacy deductible applies to Tiers 3 and 4 only.

Plans Underwritten by UnitedHealthcare Insurance Company.
 Plans Underwritten by UnitedHealthcare of Washington, Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Washington, Inc. MT-1159656 11/17 BROKER ©2017 United HealthCare Services, Inc. 17-6322

