

2019 Rhode Island Small Group (1-50) UnitedHealthcare Plans

Rhode Island
Small Group (1-50) Products
Effective Jan. 1, 2019

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.

2019 Medical Plan Code	2018 Medical Plan Code	2019 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	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec Premium Des ²	Spec ³	Urgent Care	ER	Inpatient Hospital ⁴	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility ⁶	Lab/X-Ray			Major Diagnostic	Major Diagnostic ⁷ Hospital (MRI, CT etc.)
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
Platinum Plans																							
BH-EC	AT-4Y	905	UnitedHealthcare Choice Plus	\$0	\$2,000	100%	80%	\$3,500	\$6,000	\$10	\$30	\$30	\$50	\$50	\$150	\$250	No charge	\$150	No charge	No charge	\$150	Emb	\$10/\$40/\$70; \$10/\$90/\$125 (spec)
BH-D6	N/A	905	UnitedHealthcare Choice EPO \$500	\$500	N/A	100%	80%	\$3,000	N/A	\$10	\$20	\$30	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20	\$250 POD; No charge after ded	\$250 POD; No charge after ded	Emb	\$10/\$40/\$70; \$10/\$90/\$125 (spec)
BH-DO	AT-3V	905	UnitedHealthcare Choice Plus \$500	\$500	\$5,000	100%	70%	\$3,000	\$10,000	\$10	\$20	\$30	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20	\$250 POD; No charge after ded	\$250 POD; No charge after ded	Emb	\$10/\$40/\$70; \$10/\$90/\$125 (spec)
BH-EW	N/A	905	UnitedHealthcare Navigate \$500	\$500	N/A	100%	N/A	\$3,000	N/A	\$10	\$20	\$30	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$20	\$250 POD; No charge after ded	\$250 POD; No charge after ded	Emb	\$10/\$40/\$70; \$10/\$90/\$125 (spec)
BH-DK	AT-3N	905	UnitedHealthcare Choice Plus \$1,000	\$1,000	\$4,000	100%	80%	\$3,500	\$8,000	\$10	\$20	\$20	\$40	\$40	\$250	No charge after ded	No charge after ded	No charge after ded	No charge	No charge after ded	No charge after ded	Emb	\$10/\$40/\$70; \$10/\$90/\$125 (spec)
BH-EM	N/A	905	UnitedHealthcare Navigate \$1,000	\$1,000	N/A	100%	N/A	\$3,500	N/A	\$10	\$20	\$20	\$50	\$50	\$350	No charge after ded	No charge after ded	No charge after ded	\$20	No charge after ded	No charge after ded	Emb	\$10/\$40/\$70; \$10/\$90/\$125 (spec)
Gold Plans																							
BH-DB	N/A	906	UnitedHealthcare Choice EPO	\$0	N/A	100%	N/A	\$5,500	N/A	\$10	\$30	\$45	\$70	\$70	\$350	\$750 day; \$3,000 admit	\$500	\$500	\$30/\$50	\$500	\$500	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)
AT-3P	AT-3P	906	UnitedHealthcare Choice Plus \$1,500	\$1,500	\$3,000	90%	70%	\$5,500	\$6,000	\$10	\$35	\$35	\$60	\$60	\$250	10% after ded	10% after ded	10% after ded	\$30/\$50	10% after ded	10% after ded	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)
BH-DI	AT-3J	906	UnitedHealthcare Choice Plus \$1,500	\$1,500	\$5,000	100%	60%	\$5,500	\$13,500	\$10	\$25	\$45	\$65	\$65	\$300	No charge after ded	No charge after ded	No charge after ded	\$40/\$50	\$300	\$300	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)
BH-D4	N/A	906	UnitedHealthcare Choice EPO \$1,500	\$1,500	N/A	100%	N/A	\$5,500	N/A	\$10	\$25	\$45	\$65	\$65	\$300	No charge after ded	No charge after ded	No charge after ded	\$40/\$50	\$300	\$300	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)
BH-EU	N/A	906	UnitedHealthcare Navigate \$1,500	\$1,500	N/A	100%	N/A	\$5,500	N/A	\$10	\$25	\$45	\$65	\$65	\$300	No charge after ded	No charge after ded	No charge after ded	\$40/\$50	\$300	\$300	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)
BH-C2	AT-2P	906	UnitedHealthcare Choice Plus \$2,000	\$2,000	\$5,000	100%	80%	\$5,000	\$10,000	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	\$250 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	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)

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2019 Medical Plan Code	2018 Medical Plan Code	2019 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	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec Premium Des ²	Spec ³	Urgent Care	ER	Inpatient Hospital ⁴	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility ⁶	Lab/X-Ray	Major Diagnostic			Major Diagnostic ⁷ Hospital (MPI, CT etc.)		
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)																
AM-PH	AM-PH	906	UnitedHealthcare Navigate HSA \$2,000	\$2,000	N/A	100%	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	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	No-Emb Ded/ Emb OOP	Medical ded then \$15/\$50/\$90; \$15/\$90/\$125 (spec)
BH-D2	N/A	906	UnitedHealthcare Choice EPO \$2,000	\$2,000	N/A	100%	N/A	\$5,500	N/A	\$10	\$25	\$40	\$80	\$80	\$350	No charge after ded	No charge after ded	No charge after ded	\$50	\$500	\$500		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
AT-21	AT-21	906	UnitedHealthcare Motion HSA \$2,000	\$2,000	\$5,000	100%	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	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-Emb Ded/ Emb OOP	Medical ded then \$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-DY	N/A	906	UnitedHealthcare Choice Plus \$2,000	\$2,000	\$5,000	100%	70%	\$5,500	\$13,500	\$10	\$25	\$40	\$80	\$80	\$350	No charge after ded	No charge after ded	No charge after ded	\$50	\$500	\$500		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-DQ	AT-3X	906	UnitedHealthcare Wellness Choice HMO \$2,000	\$2,000	N/A	100%	N/A	\$5,500	N/A	\$10	\$30	\$30	\$60	\$60	\$300	No charge after ded	No charge after ded	No charge after ded	\$30/\$50	No charge after ded	No charge after ded		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-ES	N/A	906	UnitedHealthcare Navigate \$2,000	\$2,000	N/A	100%	N/A	\$5,500	N/A	\$10	\$25	\$40	\$80	\$80	\$350	No charge after ded	No charge after ded	No charge after ded	\$50	\$500	\$500		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
AT-4Q	AT-4Q	906	UnitedHealthcare Choice Plus \$2,500	\$2,500	\$4,000	80%	60%	\$5,500	\$16,000	\$10	\$25	\$25	\$50	\$50	\$250	20% after ded	20% after ded	\$500 POD; 20% after ded	20% after ded	20% after ded	\$500 POD; 20% after ded		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-GP	AT-36	907	UnitedHealthcare Choice Plus PA \$2,500	\$2,500	\$5,000	100%	50%	\$6,000	\$10,000	\$0	\$0	\$50	\$70	\$70	\$250 POD; 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		Emb	\$250/\$500 ded T2/T3 then \$5/\$50/\$90; \$5/\$90/\$125 (spec)	
BH-DA	N/A	906	UnitedHealthcare Choice Plus Flex Free \$2,500	\$2,500	\$5,000	100%	50%	\$6,000	\$10,000	No charge after ded	\$0 first 3 visits; No charge after ded	\$0 first 3 visits; No charge after ded	\$0 first 3 visits; No charge after ded	\$0 first 2 visits; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	No charge after ded	No charge after ded	No charge after ded		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-EG	AT-43	906	UnitedHealthcare Choice Advanced HMO \$2,500	\$2,500	N/A	100%	N/A	\$6,000	N/A	\$10	\$20 ² / \$40	\$40	\$70	\$70	\$350	\$500 POD T2 Hosp; No charge after ded	No charge after ded	\$250 POD; no charge after ded	No charge after ded	No charge after ded	\$250 POD; no charge after ded		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-DM	AT-3R	906	UnitedHealthcare Choice Plus \$3,000	\$3,000	\$5,000	100%	80%	\$6,000	\$10,000	\$10	\$25	\$25	\$60	\$60	\$250	\$500 POD; No charge after ded	No charge after ded	No charge after ded	\$30/\$50	No charge after ded	No charge after ded		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-EI	AT-5D	906	UnitedHealthcare Navigate \$3,000	\$3,000	N/A	100%	N/A	\$6,000	N/A	\$10	\$25	\$25	\$60	\$60	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$50	No charge after ded	No charge after ded		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-DU	N/A	906	UnitedHealthcare Choice EPO \$3,000	\$3,000	N/A	100%	N/A	\$6,500	N/A	\$10	\$25	\$25	\$50	\$50	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$50	\$500	\$500		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	
BH-EA	AT-4S	906	UnitedHealthcare Choice Plus \$4,000	\$4,000	\$6,000	100%	80%	\$7,000	\$10,000	\$10	\$30	\$30	\$60	\$60	\$350	No charge after ded	No charge after ded	\$250 POD; No charge after ded	\$30/\$50	No charge after ded	\$250 POD; No charge after ded		Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)	

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				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec Premium Des ²	Spec ³	Urgent Care	ER	Inpatient Hospital ⁴	Freestanding Outpatient Facility ⁵	Hospital-Based Outpatient Facility ⁶	Lab/X-Ray	Major Diagnostic			Major Diagnostic ⁴ Hospital (MPI, CT etc.)
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
BH-DW	N/A	906	UnitedHealthcare Choice EPO \$5,000	\$5,000	N/A	100%	N/A	\$7,500	N/A	\$10	\$30	\$30	\$60	\$60	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$50	\$500	\$500	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec.)
BH-EO	N/A	906	UnitedHealthcare Navigate \$5,000	\$5,000	N/A	100%	N/A	\$7,900	N/A	\$10	\$25	\$25	\$70	\$70	\$350	No charge after ded	No charge after ded	No charge after ded	\$30/\$50	No charge after ded	No charge after ded	Emb	\$15/\$50/\$90; \$15/\$90/\$125 (spec)
Silver Plans																							
BH-DE	AT-3B	908	UnitedHealthcare HSA \$2,000 (with copayment)	\$2,000	\$5,000	100%	80%	\$6,550	\$10,000	\$10 after ded	\$30 after ded	\$30 after ded	\$60 after ded	\$60 after ded	\$250 after ded	\$500 POD; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	No charge after ded	No charge after ded	No charge after ded	Non-Emb Ded/ Emb OOP	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
AT-3D	AT-3D	908	UnitedHealthcare HMO HSA \$2,000 (with copayment)	\$2,000	N/A	100%	N/A	\$6,550	N/A	\$10 after ded	\$30 after ded	\$30 after ded	\$60 after ded	\$60 after ded	\$250 after ded	\$500 POD; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	No charge after ded	No charge after ded	No charge after ded	Non-Emb Ded/ Emb OOP	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-C6	AT-2X	908	UnitedHealthcare HSA \$3,000	\$3,000	\$5,500	100%	80%	\$6,700	\$11,000	\$10 after ded	\$20 after ded	\$40 after ded	\$40 after ded	\$40 after ded	\$250 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	Emb	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
AT-23	AT-23	908	UnitedHealthcare Motion HSA \$3,000	\$3,000	\$5,000	90%	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	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Emb	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
AV-92	AV-92	908	UnitedHealthcare Choice HMO HSA \$3,500	\$3,500	N/A	90%	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	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Emb	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-EK	AT-5H	908	UnitedHealthcare Navigate \$4,000	\$4,000	N/A	100%	N/A	\$7,900	N/A	\$10	\$35	\$35	\$75	\$75	\$300 after ded	\$500 Day; \$2,000 max after ded	\$500 after ded	\$500 after ded	\$25 after ded	\$500 after ded	\$500 after ded	Emb	\$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-C8	N/A	908	UnitedHealthcare HSA \$4,000	\$4,000	\$6,000	100%	60%	\$6,700	\$12,000	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	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-DC	N/A	908	UnitedHealthcare Choice Plus Flex Free \$5,000	\$5,000	\$10,000	100%	50%	\$7,000	\$20,000	No charge after ded	\$0 first 3 visits; No charge after ded	\$0 first 3 visits; No charge after ded	\$0 first 3 visits; No charge after ded	\$0 first 2 visits; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	\$250 POD; No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	\$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-EE	AT-41	908	UnitedHealthcare Choice Plus \$5,000	\$5,000	\$8,000	100%	80%	\$7,500	\$16,000	\$10	\$40	\$40	\$70	\$70	\$250 after ded	\$500 after ded	No charge after ded	\$250 after ded	No charge after ded	No charge after ded	\$250 after ded	Emb	\$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-EQ	N/A	909	UnitedHealthcare Navigate PRO \$5,000	\$5,000	N/A	80%	N/A	\$7,900	N/A	\$0	\$0 Child/ \$15 Adult	\$55	\$85	\$85	\$300 POD; 20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$50	\$500	\$500	Emb	\$250/\$500 ded T2/T3 then \$5/\$60/\$95; \$5/\$95/\$150 (spec)

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				Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP ¹	Spec Premium Des ²	Spec ³	Urgent Care	ER	Inpatient Hospital ⁴	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic			Major Diagnostic ⁵ Hospital (MRI, CT etc.)		
				Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)																
Bronze Plans																									
AT-25	AT-25	908	UnitedHealthcare HSA \$4,000	\$4,000	\$5,000	80%	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	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-DG	AT-3F	908	UnitedHealthcare HMO HSA \$6,000 (with copayment)	\$6,000	N/A	100%	N/A	\$6,700	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	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	Emb	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)
BH-C4	AT-2R	908	UnitedHealthcare HSA \$6,000	\$6,000	\$10,000	100%	70%	\$6,700	\$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	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	Emb	Medical ded then \$20/\$60/\$95; \$20/\$95/\$150 (spec)

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

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

³This 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.

⁴Facility 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.”

⁵Freestanding facilities are any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory.

Note: Pharmacy mail order is 2.5x and all plans include Preferred Generics (also known as Mac-A).

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 Flex Free Plans PCP and specialist office visits are \$0 copay for the first three visits combined. Additional visits are subject to deductible and coinsurance. Urgent care visits are \$0 copay for the first two visits in a year. Additional visits are subject to deductible and coinsurance.

The UnitedHealthcare Wellness Choice HMO (SM) (BH-DQ), a HEALTHpact plan, is available as required by the State of Rhode Island. For rating purposes, the BH-DQ 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 2019, maximum HSA contribution is \$3,500 single/\$7,000 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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthCare Services, Inc. or their affiliates.

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