

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

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.

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	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																				
BJ-5X	AV-Q3	UnitedHealthcare Choice Plus	N/A	\$500	100%	80%	\$3,000	\$3,000	\$10	\$20	\$30	\$30	\$30	\$150	No charge	No charge	No charge	No charge	Emb	All separate pharmacy plans available
BJ-5Y	AV-Q4	UnitedHealthcare Choice Plus	N/A	\$500	100%	80%	\$3,000	\$3,000	\$10	\$20	\$30	\$30	\$30	\$150	\$500	\$250	No charge	No charge	Emb	All separate pharmacy plans available
BJ-55	AV-RB	UnitedHealthcare Choice Plus	\$250	\$500	100%	80%	\$3,000	\$3,000	\$10	\$20	\$30	\$30	\$30	\$150	No charge after ded	No charge after ded	No charge	No charge after ded	Emb	All separate pharmacy plans available
BJ-56	AV-RC	UnitedHealthcare Choice Plus	\$500	\$1,000	100%	80%	\$3,000	\$5,000	\$10	\$20	\$30	\$30	\$30	\$150	No charge after ded	No charge after ded	No charge	No charge after ded	Emb	All separate pharmacy plans available
BJ-57	AV-RD	UnitedHealthcare Choice Plus	\$500	\$1,000	100%	70%	\$3,000	\$10,000	\$10	\$20	\$30	\$30	\$30	\$150	\$500	\$250	No charge	No charge after ded	Emb	All separate pharmacy plans available
BJ-58	AV-RF	UnitedHealthcare Choice Plus	\$1,000	\$2,000	100%	80%	\$3,000	\$10,000	\$10	\$20	\$30	\$30	\$30	\$150	No charge after ded	No charge after ded	No charge	No charge after ded	Emb	All separate pharmacy plans available
BH-IG	AV-RI	UnitedHealthcare Choice Plus	\$1,000	\$3,000	80%	60%	\$4,000	\$10,000	\$10	\$25	\$50	\$50	\$50	\$250	20% after ded	20% after ded	\$30	\$350	Emb	All separate pharmacy plans available
BJ-59	AV-RG	UnitedHealthcare Choice Plus	\$1,500	\$2,000	100%	80%	\$4,000	\$10,000	\$10	\$20	\$30	\$30	\$30	\$150	No charge after ded	No charge after ded	No charge	No charge after ded	Emb	All separate pharmacy plans available
BJ-66	AV-SN	UnitedHealthcare Choice Plus	\$1,500	\$5,000	100%	70%	\$3,000	\$10,000	\$10	\$20/ <sup>1</sup> \$30 <sup>2</sup>	\$35	\$50	\$50	\$150	No charge after ded	No charge after ded	\$30 Freestanding/ No charge after ded Hosp	\$250 Freestanding/ No charge after ded Hosp	Emb	All separate pharmacy plans available

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)		
			Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)												
BJ-5Z	AV-Q6	UnitedHealthcare Choice Plus	\$2,000	\$2,000	100%	80%	\$4,000	\$10,000	\$10	\$20	\$30	\$30	\$30	\$200	No charge after ded	No charge after ded	No charge	No charge after ded	Emb	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	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	All separate pharmacy plans available
BJ-67	AV-SO	UnitedHealthcare Choice Plus	\$2,000	\$5,000	100%	70%	\$4,000	\$10,000	\$10	\$20 <sup>1</sup> /\$30 <sup>2</sup>	\$35	\$50	\$50	\$200	\$500 POD; No charge after ded	No charge after ded Freestanding/\$250 POD; No charge after ded Hosp	\$30 Freestanding/No charge after ded Hosp	\$250 Freestanding/\$250 POD; No charge after ded Hosp	Emb	All separate pharmacy plans available
BJ-6B	AV-RK	UnitedHealthcare Choice Plus	\$2,000	\$2,000	80%	60%	\$4,000	\$10,000	\$10	\$20	\$30	\$30	\$30	\$200	20% after ded	20% after ded	No charge	20% after ded	Emb	All separate pharmacy plans available
BH-II	N/A	UnitedHealthcare Choice Plus	\$2,000	\$5,000	100%	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	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BJ-6Y	AV-SU	UnitedHealthcare Choice Plus	\$2,500	\$5,000	100%	50%	\$5,000	\$10,000	\$10	\$25	\$50	\$50	\$50	No charge after ded	No charge after ded	No charge after ded	\$30 Freestanding/No charge after ded Hosp	\$250 Freestanding/No charge after ded Hosp	Emb	All separate pharmacy plans available
AV-RW	AV-RW	UnitedHealthcare Choice Plus	\$2,500	\$5,000	100%	50%	\$5,000	\$10,000	\$0	\$0	\$60	\$60	\$60	\$250 POD; No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BJ-68	AV-SP	UnitedHealthcare Choice Plus	\$2,500	\$5,000	80%	60%	\$5,000	\$10,000	\$10	\$20 <sup>1</sup> /\$30 <sup>2</sup>	\$35	\$50	\$50	\$200	\$500 POD; 20% after ded	\$250 POD; 20% after ded	\$30 Freestanding/20% after ded Hosp	\$250 Freestanding/\$250 POD; No charge after ded Hosp	Emb	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, then <sup>8</sup> No charge after ded	\$0, then <sup>8</sup> No charge after ded	\$0, then <sup>8</sup> No charge after ded	\$0, then <sup>8</sup> 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	\$250 POD; No charge after ded	Emb	All separate pharmacy plans available
BJ-6A	AV-RH	UnitedHealthcare Choice Plus	\$3,000	\$5,000	100%	80%	\$5,000	\$10,000	\$10	\$20	\$30	\$30	\$30	\$200	No charge after ded	No charge after ded	\$20	No charge after ded	Emb	All separate pharmacy plans available

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)		
			Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)												
BJ-6C	AV-RL	UnitedHealthcare Choice Plus	\$3,000	\$5,000	80%	60%	\$5,000	\$10,000	\$10	\$20	\$30	\$30	\$30	\$200	20% after ded	20% after ded	\$20	20% after ded	Emb	All separate pharmacy plans available
AV-RX	AV-RX	UnitedHealthcare Choice Plus PA	\$3,000	\$5,000	100%	50%	\$6,000	\$10,000	\$0	\$0	\$60	\$60	\$60	\$250 POD; No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BJ-52	AV-Q7	UnitedHealthcare Choice Plus	\$4,000	\$6,000	100%	70%	\$5,500	\$10,000	\$10	\$30	\$60	\$60	\$60	\$200	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	All separate pharmacy plans available
BJ-53	AV-Q8	UnitedHealthcare Choice Plus	\$5,000	\$6,000	100%	70%	\$6,500	\$10,000	\$10	\$30	\$60	\$60	\$60	\$200	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	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, then <sup>8</sup> No charge after ded	\$0, then <sup>8</sup> No charge after ded	\$0, then <sup>8</sup> No charge after ded	\$0, then <sup>8</sup> 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	Emb	All separate pharmacy plans available
BH-IJ	N/A	UnitedHealthcare Choice Plus	\$5,000	\$7,500	100%	70%	\$7,000	\$15,000	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	Emb	All separate pharmacy plans available
BH-IH	N/A	UnitedHealthcare Choice Plus	\$6,000	\$10,000	100%	70%	\$7,500	\$20,000	\$10	\$30	\$60	\$60	\$60	\$300	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	All separate pharmacy plans available
BH-IK	N/A	UnitedHealthcare Choice Plus	\$6,000	\$10,000	100%	70%	\$7,500	\$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	Emb	All separate pharmacy plans available
BH-IF	AX-SL	UnitedHealthcare Choice Plus	\$7,350	\$15,000	100%	70%	\$7,350	\$20,000	\$10	\$30	\$60	\$60	\$60	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
BJ-9J	N/A	UnitedHealthcare Choice Plus	\$7,900	\$10,000	100%	70%	\$7,900	\$20,000	\$10	\$30	\$60	\$60	\$60	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
<b>UnitedHealthcare Choice EPO</b>																				
BJ-65	AV-SM	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$3,000	N/A	\$10	\$20/ <sup>1</sup> \$30 <sup>2</sup>	\$35	\$50	\$50	\$200	No charge after ded	No charge after ded	\$30 Freestanding/ No charge after ded Hosp	\$250 Freestanding/ No charge after ded Hosp	Emb	All separate pharmacy plans available

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)		
			Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)												
AJ-11	AJ-11	UnitedHealthcare Choice EPO Flex Free	\$2,000	N/A	80%	N/A	\$6,850	N/A	20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$250 POD; 20% after ded	\$250 POD; 20% after ded	\$250 POD; 20% after ded	20% after ded	\$250 POD; 20% after ded	Emb	All separate pharmacy plans available
BJ-6J	AV-R1	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	\$50	\$50	\$50	\$250	No charge after ded	No charge after ded	\$25	No charge after ded	Emb	All separate pharmacy plans available
BJ-6Z	AV-SV	UnitedHealthcare Choice EPO	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	\$50	\$50	\$50	\$250	No charge after ded	No charge after ded	\$25 Freestanding/ No charge after ded Hosp	\$250	Emb	All separate pharmacy plans available
BJ-54	AV-Q9	UnitedHealthcare Choice EPO	\$2,500	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	\$40	\$40	\$40	\$250	No charge after ded	No charge after ded	\$25	No charge after ded	Emb	All separate pharmacy plans available
AV-RY	AV-RY	UnitedHealthcare Choice EPO PA	\$2,500	N/A	80%	N/A	\$6,000	N/A	\$0	\$0	\$60	\$60	\$60	\$250 POD; 20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	All separate pharmacy plans available
BJ-6W	AV-SS	UnitedHealthcare Choice EPO	\$3,000	N/A	100%	N/A	\$5,000	N/A	\$10	\$25	\$50	\$50	\$50	\$250	No charge after ded	No charge after ded	\$25 Freestanding/ No charge after ded Hosp	\$250	Emb	All separate pharmacy plans available
AJ-12	AJ-12	UnitedHealthcare Choice EPO Flex Free	\$3,000	N/A	80%	N/A	\$6,850	N/A	20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$250 POD; 20% after ded	\$250 POD; 20% after ded	\$250 POD; 20% after ded	20% after ded	\$250 POD; 20% after ded	Emb	All separate pharmacy plans available
BJ-6X	AV-ST	UnitedHealthcare Choice EPO	\$4,000	N/A	100%	N/A	\$6,000	N/A	\$10	\$25	\$60	\$60	\$60	\$250	No charge after ded	No charge after ded	\$25 Freestanding/ No charge after ded Hosp	\$250	Emb	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, then <sup>b</sup> No charge after ded	\$0, then <sup>b</sup> No charge after ded	\$0, then <sup>b</sup> No charge after ded	\$0, then <sup>b</sup> 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	\$250 POD; No charge after ded	Emb	All separate pharmacy plans available
AJ-13	AJ-13	UnitedHealthcare Choice EPO Flex Free	\$5,000	N/A	80%	N/A	\$6,850	N/A	20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$0, then <sup>b</sup> 20% after ded	\$250 POD; 20% after ded	\$250 POD; 20% after ded	\$250 POD; 20% after ded	20% after ded	\$250 POD; 20% after ded	Emb	All separate pharmacy plans available
BH10	N/A	UnitedHealthcare Choice EPO PRO	\$5,000	N/A	80%	N/A	\$7,900	N/A	\$0	\$0 Child/ \$10 Adult	\$50	\$75	\$75	\$300 POD; 20% after ded	20% after ded	20% after ded	\$40	\$500	Emb	All separate pharmacy plans available

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)		
			Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)												
BJ-9I	N/A	UnitedHealthcare Choice EPO	\$7,900	N/A	100%	N/A	\$7,900	N/A	\$10	\$30	\$60	\$60	\$60	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
<b>UnitedHealthcare Choice Advanced</b>																				
AV-SY	AV-SY	UnitedHealthcare Choice Advanced	\$1,500	N/A	100%/90% (non-prem des fees)	N/A	\$5,000	N/A	\$10	\$25	\$25	\$50	\$50	\$250	No charge after ded T1/ \$500 POD; No charge after ded T2	No charge after ded/ \$300 POD; No charge after ded Hosp	\$25 Freestanding/ No charge after ded Hosp	No charge after ded Freestanding/ \$300 POD; No charge after ded Hosp	Emb	All separate pharmacy plans available
AV-S3	AV-S3	UnitedHealthcare Choice Advanced	\$1,500	N/A	80%/70% (non-prem des fees)	N/A	\$5,000	N/A	\$10	\$35	\$35	\$70	\$70	\$300	20% after ded T1/ \$1,000 POD; 20% after ded T2	20% after ded/ \$500 POD; 20% after ded Hosp	\$35 Freestanding/ 20% after ded Hosp	20% after ded Freestanding/ \$500 POD; 20% after ded Hosp	Emb	All separate pharmacy plans available
AV-SZ	AV-SZ	UnitedHealthcare Choice Advanced	\$2,000	N/A	100%/90% (non-prem des fees)	N/A	\$5,000	N/A	\$10	\$25	\$25	\$50	\$50	\$250	No charge after ded T1/ \$500 POD; No charge after ded T2	No charge after ded/ \$300 POD; No charge after ded Hosp	\$25 Freestanding/ No charge after ded Hosp	No charge after ded Freestanding/ \$300 POD; No charge after ded Hosp	Emb	All separate pharmacy plans available
AV-S2	AV-S2	UnitedHealthcare Choice Advanced	\$2,000	N/A	90%/80% (non-prem des fees)	N/A	\$5,000	N/A	\$10	\$30	\$30	\$60	\$60	\$250	10% after ded T1/ \$500 POD; 10% after ded T2	10% after ded/ \$500 POD; 10% after ded Hosp	\$30 Freestanding/ 10% after ded Hosp	10% after ded Freestanding/ \$500 POD; 10% after ded Hosp	Emb	All separate pharmacy plans available
BJ-62	AV-S4	UnitedHealthcare Choice Advanced	\$3,000	N/A	100%/90% (non-prem des fees)	N/A	\$5,000	N/A	\$10	\$25/ <sup>1</sup> \$35 <sup>2</sup>	\$35	\$60	\$60	\$250	No charge after ded T1/ \$500 POD; No charge after ded T2	No charge after ded/ \$300 POD; No charge after ded Hosp	\$25 Freestanding/ No charge after ded Hosp	No charge after ded Freestanding/ \$300 POD; No charge after ded Hosp	Emb	All separate pharmacy plans available
BJ-63	AV-S5	UnitedHealthcare Choice Advanced	\$3,500	N/A	100%/90% (non-prem des fees)	N/A	\$6,000	N/A	\$10	\$25/ <sup>1</sup> \$35 <sup>2</sup>	\$35	\$60	\$60	\$300 after ded	No charge after ded T1/ \$500 POD; No charge after ded T2	No charge after ded/ \$300 POD; No charge after ded Hosp	\$25 Freestanding/ No charge after ded Hosp	No charge after ded Freestanding/ \$300 POD; No charge after ded Hosp	Emb	All separate pharmacy plans available

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy	
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)			
			Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)													
BHIP	N/A	UnitedHealthcare Choice Advanced	\$5,000	N/A	100%/80% (non-prem des fees)	N/A	\$6,500	N/A	\$10	\$25/ <sup>1</sup> \$40 <sup>2</sup>	\$40	\$70	\$70	\$300 after ded	No charge after ded T1/ \$500 POD; No charge after ded T2	No charge after ded Freestanding/ \$300 POD; No charge after ded Hosp	\$30 Freestanding/ No charge after ded Hosp	No charge after ded Freestanding/ \$300 POD; No charge after ded Hosp	Emb	All separate pharmacy plans available	
<b>UnitedHealthcare HRA</b>																					
AR-9P	AR-9P	UnitedHealthcare HRA	\$3,000	\$6,000	100%	80%	\$4,000	\$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	Emb	All separate pharmacy plans available
<b>UnitedHealthcare HSA</b>																					
AM-58	AM-58	UnitedHealthcare HSA	\$1,500	\$2,000	100%	80%	\$3,000	\$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	Non-Emb Ded/ Emb OOP	All combined pharmacy plans available <sup>11</sup>
BJ-6F	AV-RR	UnitedHealthcare HSA	\$1,500	\$5,000	100%	70%	\$4,000	\$10,000	\$10 after ded	\$25 after ded	\$50 after ded	\$50 after ded	\$50 after ded	\$200 after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Non-Emb Ded/ Emb OOP	All combined pharmacy plans available <sup>11</sup>
AM-6C	AM-6C	UnitedHealthcare HSA	\$2,000	\$2,000	100%	80%	\$4,000	\$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	Non-Emb Ded/ Emb OOP	All combined pharmacy plans available <sup>11</sup>
AM-59	AM-59	UnitedHealthcare HSA	\$2,000	\$2,000	100%	80%	\$2,000	\$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	Non-Emb	MM
BJ-5W	AV-Q2	UnitedHealthcare HSA	\$2,000	\$4,000	100%	80%	\$4,000	\$8,000	\$10 after ded	\$20 after ded	\$30 after ded	\$30 after ded	\$30 after ded	\$200 after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Non-Emb Ded/ Emb OOP	All combined pharmacy plans available <sup>11</sup>
AO-RN	AO-RN	UnitedHealthcare HSA	\$2,000	\$4,000	100%	80%	\$4,000	\$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	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Non-Emb Ded/ Emb OOP	All combined pharmacy plans available <sup>11</sup>
AV-RP	AV-RP	UnitedHealthcare HSA	\$2,500	\$7,500	90%	60%	\$5,500	\$15,000	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	Non-Emb Ded/ Emb OOP	All combined pharmacy plans available <sup>11</sup>
AV-RQ	AV-RQ	UnitedHealthcare HSA EPO	\$2,500	N/A	90%	N/A	\$5,500	N/A	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	Non-Emb Ded/ Emb OOP	All combined pharmacy plans available <sup>11</sup>

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy	
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)			
			Single (Family Is 2X)	Single (Family Is 2X)	Network	Out-of-Network	Single (Family Is 2X)	Single (Family Is 2X)													
AV-RU	AV-RU	UnitedHealthcare HSA	\$3,000	\$6,000	100%	70%	\$3,000	\$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	Emb	MM
AE-1Y	AE-1Y	UnitedHealthcare HSA	\$3,000	\$10,000	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	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	All combined pharmacy plans available <sup>11</sup>
BJ-6G	AV-RS	UnitedHealthcare HSA	\$3,000	\$5,000	100%	70%	\$6,000	\$10,000	\$10 after ded	\$25 after ded	\$50 after ded	\$50 after ded	\$50 after ded	\$200 after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All combined pharmacy plans available <sup>11</sup>
BJ-6H	AV-RT	UnitedHealthcare HSA EPO	\$3,000	N/A	100%	N/A	\$6,000	N/A	\$10 after ded	\$25 after ded	\$50 after ded	\$50 after ded	\$50 after ded	\$200 after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All combined pharmacy plans available <sup>11</sup>
AJ-HY	AJ-HY	UnitedHealthcare HSA	\$4,000	\$8,000	100%	80%	\$6,000	\$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	Emb	All combined pharmacy plans available <sup>11</sup>
AV-RV	AV-RV	UnitedHealthcare HSA	\$5,000	\$10,000	100%	70%	\$5,000	\$15,000	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	Emb	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	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	All combined pharmacy plans available <sup>11</sup>
AE-12	AE-12	UnitedHealthcare HSA	\$5,500	\$11,000	70%	50%	\$6,350	\$12,700	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	Emb	All combined pharmacy plans available <sup>11</sup>
AE-13	AE-13	UnitedHealthcare HSA	\$6,000	\$10,000	100%	70%	\$6,450	\$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	Emb	All combined pharmacy plans available <sup>11</sup>
BJ-9L	N/A	UnitedHealthcare Choice HSA	\$6,100	\$10,000	100%	70%	\$6,750	\$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	Emb	All combined pharmacy plans available <sup>11</sup>
BJ-9K	N/A	UnitedHealthcare Choice HSA	\$6,100	N/A	100%	N/A	\$6,750	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	Emb	All combined pharmacy plans available <sup>11</sup>
<b>UnitedHealthcare Navigate</b>																					
BJ-6Q	AV-R8	UnitedHealthcare Navigate	\$500	N/A	100%	N/A	\$3,000	N/A	\$10	\$20	\$30	\$30	\$30	\$200	No charge after ded	No charge after ded	No charge	No charge after ded	Emb	All separate pharmacy plans available	

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT, etc.)		
			Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)												
BJ-6R	AV-SA	UnitedHealthcare Navigate	\$1,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	\$35	\$35	\$35	\$200	No charge after ded	No charge after ded	No charge	No charge after ded	Emb	All separate pharmacy plans available
BJ-6S	AV-SB	UnitedHealthcare Navigate	\$1,500	N/A	100%	N/A	\$4,000	N/A	\$10	\$25	\$40	\$40	\$40	\$200	No charge after ded	No charge after ded	\$25	No charge after ded	Emb	All separate pharmacy plans available
BJ-6T	AV-SC	UnitedHealthcare Navigate	\$1,500	N/A	80%	N/A	\$4,000	N/A	\$10	\$25	\$40	\$40	\$40	\$200	20% after ded	20% after ded	\$25	20% after ded	Emb	All separate pharmacy plans available
BJ-6U	AV-SD	UnitedHealthcare Navigate	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$30	\$45	\$45	\$45	\$200	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	All separate pharmacy plans available
BJ-6N	AV-R4	UnitedHealthcare Navigate	\$3,000	N/A	100%	N/A	\$4,500	N/A	\$10	\$20	\$40	\$40	\$40	\$200	No charge after ded	No charge after ded	\$20	No charge after ded	Emb	All separate pharmacy plans available
BJ-6O	AV-R5	UnitedHealthcare Navigate	\$4,000	N/A	100%	N/A	\$5,500	N/A	\$10	\$30	\$60	\$60	\$60	\$200	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	All separate pharmacy plans available
BH-IL	AY-23	UnitedHealthcare Navigate	\$5,000	N/A	100%	N/A	\$6,500	N/A	\$10	\$30	\$60	\$60	\$60	\$300	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	All separate pharmacy plans available
BH-IM	N/A	UnitedHealthcare Navigate	\$6,000	N/A	100%	N/A	\$7,500	N/A	\$10	\$30	\$60	\$60	\$60	\$300	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	All separate pharmacy plans available
BJ-9M	N/A	UnitedHealthcare Navigate	\$7,900	N/A	100%	N/A	\$7,900	N/A	\$10	\$30	\$60	\$60	\$60	No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Emb	All separate pharmacy plans available
<b>UnitedHealthcare Navigate HRA</b>																				
BJ-6P	AV-R6	UnitedHealthcare Navigate HRA	\$2,000	N/A	100%	N/A	\$4,000	N/A	\$10	\$30	\$45	\$45	\$45	\$200	No charge after ded	No charge after ded	\$30	No charge after ded	Emb	All combined pharmacy plans available <sup>11</sup>
<b>UnitedHealthcare Navigate HSA</b>																				
BJ-6L	AV-R2	UnitedHealthcare Navigate HSA	\$1,500	N/A	100%	N/A	\$3,000	N/A	\$10 after ded	\$30 after ded	\$60 after ded	\$60 after ded	\$60 after ded	\$250 after ded	\$500 after ded	\$250 after ded	No charge after ded	No charge after ded	Non-Emb Ded/Emb OOP	All combined pharmacy plans available <sup>11</sup>



# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Medical Plan Code	Prior Plan Code	Plan Name	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type	Pharmacy		
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	PCP <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Inpatient Hospital	Outpatient Surgery	Lab/X-Ray	Major Diagnostic (MRI, CT etc.)				
			Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)														
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	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	Non-Emb Ded/Emb OOP	All combined pharmacy plans available <sup>11</sup>
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	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	All combined pharmacy plans available <sup>11</sup>
BJ-6V	AV-SE	UnitedHealthcare Navigate HSA	\$3,000	N/A	90%	N/A	\$3,000	N/A	\$10 after ded	\$30 after ded	\$60 after ded	\$60 after ded	\$60 after ded	\$250 after ded	\$500 after ded	\$250 after ded	10% after ded	10% after ded			Emb	All combined pharmacy plans available <sup>11</sup>
BH-IN	N/A	UnitedHealthcare Navigate HSA	\$4,000	N/A	100%	N/A	\$6,500	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	Emb	All combined pharmacy plans available <sup>11</sup>
BJ-9N	N/A	UnitedHealthcare Navigate HSA	\$6,100	N/A	100%	N/A	\$6,750	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	Emb	All combined pharmacy plans available <sup>11</sup>
<b>UnitedHealthcare Edge</b>																						
AV-SF	AV-SF	UnitedHealthcare Edge	\$1,000*	\$2,000*	100%/80% (non-prem des fees)	70%	\$3,000	\$6,000	\$10	\$30	\$30	\$60	\$60	\$250	\$500 POD; No charge after ded	\$250 POD; No charge after ded	\$30	No charge after ded			Emb	All separate pharmacy plans available
AV-SG	AV-SG	UnitedHealthcare Edge	\$1,500*	\$3,000*	100%/70% (non-prem des fees)	50%	\$3,000	\$6,000	\$10	\$30	\$30	\$60	\$60	\$250	\$500 POD; No charge after ded	\$250 POD; No charge after ded	\$30	No charge after ded			Emb	All separate pharmacy plans available
AV-SH	AV-SH	UnitedHealthcare Edge HSA	\$1,500	\$3,000	100%/70% (non-prem des fees)	50%	\$3,000	\$6,000	No charge after ded	No charge after ded	No charge after ded	30% after ded	No charge after ded	No charge after ded	\$500 POD; No charge after ded	\$250 POD; No charge after ded	No charge after ded	No charge after ded	No charge after ded	No charge after ded	Non-Emb Ded/Emb OOP	All combined pharmacy plans available <sup>11</sup>
AV-SK	AV-SK	UnitedHealthcare Edge	\$2,500	\$5,000	100%/80% (non-prem des fees)	50%	\$5,000	\$10,000	\$10	\$25	\$25	\$60	\$60	\$250	\$500 POD; No charge after ded	\$250 POD; No charge after ded	\$25	No charge after ded			Emb	All separate pharmacy plans available
AV-SL	AV-SL	UnitedHealthcare Edge EPO	\$3,500	N/A	100%/80% (non-prem des fees)	N/A	\$6,000	N/A	\$10	\$25	\$25	\$60	\$60	\$250	\$500 POD; No charge after ded	\$250 POD; No charge after ded	\$25	No charge after ded			Emb	All separate pharmacy plans available

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

2019 Plan Code	Deductible		Member Copayment				Mail Order (90-Day Supply)
	Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4	
<b>Seperate Plans</b>							
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
OI	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
864	No deductible	No deductible	\$15	\$60	\$125	\$250	2.5x
G4	\$100	\$300	\$10	\$30	\$50	N/A	2.5 x
OL	\$100 <sup>7</sup>	\$300 <sup>7</sup>	\$10	\$30	\$50	N/A	2.5 x
S8	\$250 <sup>7</sup>	\$750 <sup>7</sup>	\$10	\$30	\$50	N/A	2.5 x
6M	\$100	\$300	\$10	\$35	\$80	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
865 <sup>9</sup>	\$250	\$500	\$15	\$60	\$125	\$250	2.5 x
<b>Combined Plans</b>							
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
866 <sup>10</sup>	Same as Medical	Same as Medical	\$20	\$40	\$70	N/A	2.5 x

# 2019 Rhode Island Large Group (51+) UnitedHealthcare Plans

Rhode Island  
Large Group (51+) Products  
Effective Jan. 1, 2019

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

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

<sup>3</sup>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.

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

<sup>5</sup>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.

<sup>6</sup>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.”

<sup>7</sup>Deductible only applies on Tiers 2 and 3.

<sup>8</sup>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.

<sup>9</sup>Deductible applies to Tier 2, 3 and 4.

<sup>10</sup> Advantage PDL with Core Plus Preventive Rx.

<sup>11</sup> All combined pharmacy plans except MM.

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.

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

MT-1099437.4 11/18 BROKER ©2018 United HealthCare Services, Inc. (11/6/2018)