

2020 New York UnitedHealthcare Small Group (1-100) Plans

New York
Small Group (1-100) UnitedHealthcare Products
Effective Jan. 1, 2020

This guide is for informational purposes only. 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 New York small group (1-100) products, please contact your sales representative.

2020 Plan Name	2019 Plan Code	2020 Plan Code	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits										Medical Ded. Type ²	Rx ³ Mail Order is 2.5x the Retail Copay Amount
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services	Laboratory Services	Major Diagnostic	All Other Radiology		
			Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)												
Platinum Plans																				
UHC Choice Platinum	BH-SY	BR-EK	N/A	N/A	100%	N/A	\$3,500	N/A	\$5	\$10	\$25	\$50	\$200	\$400/admit	\$100	100%	\$200	\$100	Emb	Ind: \$50 ded Fam: \$150 ded T2/T3 then \$5/\$30/\$60
UHC Choice Plus Platinum	BH-S3	BR-EN	N/A	\$500	100%	80%	\$6,350	\$6,350	\$5	\$15	\$25	\$25	\$150	\$250/admit	\$150	100%	100%	100%	Emb	\$5/\$25/\$50
Gold Plans																				
UHC Choice Gold 750	BH-SZ	BR-EL	\$750	N/A	80%	N/A	\$6,500	N/A	\$5	\$15	\$30	\$65	\$400	80% after ded.	80% after ded.	\$50 after ded	\$150 after ded	\$50 after ded	Emb	\$10/\$65/50% to \$800 max
UHC Motion Choice HSA Gold 1500	AV-3J	AV-3J	\$1,500	N/A	90%	N/A	\$3,000	N/A	\$5 after ded	90% after ded	90% after ded	90% after ded	90% after ded	90% after ded	90% after ded	90% after ded	90% after ded	90% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx ded then \$10/\$40/\$80
UHC Choice Plus Gold 1000	BH-S4	BR-EO	\$1,000	\$1,000	90%	70%	\$7,750	\$7,750	\$10	\$30	\$50	\$50	\$450	\$1000/admit	\$450	90% after ded	90% after ded	90% after ded	Emb	\$15/\$50/50% to \$800 max
UHC FlexFree Choice Plus Gold 2000	BH-S8	BR-ES	\$2,000	\$10,000	80%	50%	\$6,000	\$20,000	100%	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 2 visits) then Ded/ Coins	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Emb	\$10/\$50/\$100
UHC FlexFree Choice Gold 2000	BH-S9	BH-S9	\$2,000	N/A	80%	N/A	\$6,000	N/A	100%	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 2 visits) then Ded/ Coins	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Emb	\$10/\$50/\$100
Silver Plans																				
UHC Choice Plus HSA Silver 2500	BH-SW	BR-EI	\$2,500	\$4,000	90%	50%	\$6,650	\$10,000	\$10 after ded	\$30 after ded	\$60 after ded	\$75 after ded	90% after ded	90% after ded	\$200 after ded	90% after ded	90% after ded	90% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx ded then \$15/\$35/\$75
UHC Choice Plus HSA Silver FAIR 2500	BH-SX	BR-EJ	\$2,500	\$4,000	90%	80%	\$6,650	\$10,000	\$10 after ded	\$30 after ded	\$60 after ded	\$75 after ded	90% after ded	90% after ded	\$200 after ded	90% after ded	90% after ded	90% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx ded then \$15/\$35/\$75
UHC Choice Silver 3000	BH-S2	BR-EM	\$3,000	N/A	60%	N/A	\$8,150	N/A	\$10	\$30	\$75	\$80	\$900 after ded	60% after ded	60% after ded	60% after ded	60% after ded	60% after ded	Emb	Ind: \$100 ded Fam: \$300 ded T2/T3 then \$15/\$65/50% to \$800 max
UHC Choice Plus Silver 3000	BH-S5	BR-EP	\$3,000	\$5,000	80%	60%	\$8,150	\$10,000	\$10	\$40 after ded	\$80 after ded	\$80 after ded	\$500 after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Emb	\$5/\$45/\$90
UHC Choice Plus Silver 4500	BH-S6	BR-EQ	\$4,500	\$10,000	70%	50%	\$8,150	\$20,000	100%	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 2 visits) then Ded/ Coins	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	Emb	\$10/\$50/\$100
UHC Choice Silver 4500	BH-S7	BR-ER	\$4,500	N/A	70%	N/A	\$8,150	N/A	100%	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 3 comb PCP/Spec visits) then Ded/Coins	100% (up to 2 visits) then Ded/ Coins	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	Emb	\$10/\$50/\$100

2020 New York UnitedHealthcare Small Group (1-100) Plans

New York
Small Group (1-100) UnitedHealthcare Products
Effective Jan. 1, 2020

2020 Plan Name	2019 Plan Code	2020 Plan Code	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits										Medical Ded. Type ²	Rx ³ Mail Order is 2.5x the Retail Copay Amount	
			Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services	Laboratory Services	Major Diagnostic	All Other Radiology			
			Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)													
Bronze Plans																					
UHC Choice Plus HSA Bronze 6650	BH-TA	BR-ET	\$6,650	\$10,000	100%	50%	\$6,650	\$20,000	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx ded then 100%
UHC Choice HSA Bronze 6650	BH-TB	BH-TB	\$6,650	N/A	100%	N/A	\$6,650	N/A	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx ded then 100%
UHC Choice Plus HSA Bronze 5650	BH-TC	BR-EU	\$5,650	\$10,000	70%	50%	\$6,650	\$20,000	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx ded then 100%/\$25/\$50
UHC Choice HSA Bronze 5650	BH-TD	BH-TD	\$5,650	N/A	70%	N/A	\$6,650	N/A	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx ded then 100%/\$25/\$50

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

²Plans with non-embedded deductibles reflect family deductible, meaning no individual in the family has satisfied the deductible until the entire family amount has been met. 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.

³An additional charge may apply when a prescription drug on a higher tier is dispensed at the member or the member's provider's request, when a chemically equivalent prescription drug is available on a lower tier. The member will have to pay the difference between the cost of the prescription drug on the higher tier and the cost of the prescription drug on the lower tier. The cost difference must be paid in addition to the lower tier copayment or coinsurance. The member is responsible for paying the full cost (the amount the pharmacy charges the member) for any non-covered prescription drug and our contracted rates (our prescription drug cost) will not be available to the member.

In 2020, maximum HSA contribution is \$3,550 single/\$7,100 family These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers aged 55 and over.

Insurance coverage provided by or through UnitedHealthcare Insurance Company of New York. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC or their affiliates.

9841323.0 9/19 BROKER ©2019 UnitedHealthcare Services Inc. All rights reserved.