

2020 New York UnitedHealthcare Small Group (1-100) Navigate Plus 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 with Referral | Specialist without Referral | Urgent Care | Emergency Room | Inpatient Services | | Outpatient Services | | Laboratory Services | | | Major Diagnostic | All Other Radiology |
| | | | Single (Family is 2X) | Single (Family is 2X) | With Referral | Without Referral | Single (Family is 2X) | Single (Family is 2X) | Single (Family is 2X) | | | | | | | With Referral | Without Referral | With Referral | Without Referral | | | | | |
| Gold Plans | | | | | | | | | | | | | | | | | | | | | | | | |
| UHC Navigate Plus Gold 1000 | BH-TN | BR-EW | \$1,000 | \$7,500 | 80% | 50% | 50% | \$6,500 | \$15,000 | 100% | \$25 | \$50 | \$80 | \$50 | \$500 | 80% after ded | 50% after ded | 80% after ded | 50% after ded | 80% after ded | 80% after ded | 80% after ded | Emb | \$15/\$45/\$90 |
| UHC Navigate Plus Gold 650 | BH-TO | BR-EX | \$650 | \$1,300 | 80% | 50% | 50% | \$8,150 | \$15,800 | 100% | \$30 | \$60 | \$90 | \$50 | \$500 | 80% after ded | 50% after ded | 80% after ded | 50% after ded | 80% after ded | 80% after ded | 80% after ded | Emb | \$10/\$35/\$70 |
| Silver Plans | | | | | | | | | | | | | | | | | | | | | | | | |
| UHC Navigate Plus Silver 6000 | BH-TP | BR-EY | \$6,000 | \$7,500 | 70% | 50% | 50% | \$8,150 | \$15,000 | 100% | \$35 | \$70 | \$100 | \$50 | \$900 | 70% after ded | 50% after ded | 70% after ded | 50% after ded | 70% after ded | 70% after ded | 70% after ded | Emb | \$15/\$50/\$100 |
| UHC Navigate Plus HSA Silver 3000 | BH-TQ | BR-EZ | \$3,000 | \$7,800 | 100% | 70% | 50% | \$6,650 | \$12,500 | 100% after ded | \$30 after ded | \$60 after ded | \$90 after ded | \$50 after ded | \$350 after ded | 100% after ded | 70% after ded | 100% after ded | 70% after ded | 100% after ded | 100% after ded | 100% after ded | Ded NonEmb/OOPM Emb | Comb Med/Rx ded then \$15/\$45/\$90 |

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.

9842845.0 9/19 BROKER ©2019 UnitedHealthcare Services Inc. All rights reserved.