

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	Tiers	Deductible		Coinsurance	Out-of-Pocket Maximum		In-Network Benefits										Medical Deductible Type ²	Rx ³
				Individual	Family	Network	Individual	Family	Virtual Visits	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Outpatient Services	Inpatient Facility	Laboratory Services	Major Diagnostic	All other Radiology		
Platinum Plan																				
UHC Advantage Choice Platinum	BH-TK	BR-E3	Tier 1	N/A	N/A	95%	\$1,000	\$2,000	\$10	\$20	\$40	\$50	\$150	\$100	\$100 per day up to \$500 maximum	95%	95%	95%	Emb	Individual: \$100 ded. Family: \$300 ded. then \$10/\$35/\$60
			Tier 2	\$250	\$500	80%	\$3,000	\$6,000		\$40	\$80	\$50	\$150	\$300	\$500 per day up to \$2,500 maximum	80% after ded	80% after ded	80% after ded		
Gold Plan																				
UHC Advantage Choice HSA Gold 1500	BH-TL	BR-E4	Tier 1	\$1,500	\$3,000	95%	\$3,000	\$6,000	\$10 after ded	\$10 after ded	\$20 after ded	\$75 after ded	\$200 after ded	95% after ded	95% after ded	95% after ded	95% after ded	95% after ded	Ded NonEmb/ OOPM Emb	Comb Med/Rx ded. then, \$10/\$35/\$60
			Tier 2	\$1,500	\$3,000	80%	\$3,000	\$6,000		\$30 after ded	\$40 after ded	\$75 after ded	\$200 after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded		
Silver Plan																				
UHC Advantage Choice HSA Silver 2500	BH-TM	BH-TM	Tier 1	\$2,500	\$5,000	80%	\$6,700	\$13,400	\$10 after ded	\$20 after ded	\$40 after ded	\$100 after ded	\$300 after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	Ded NonEmb/ OOPM Emb	Comb Med/Rx ded. then, \$10/\$35/\$60
			Tier 2	\$2,500	\$5,000	50%	\$6,700	\$13,400		\$40 after ded	\$80 after ded	\$100 after ded	\$300 after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded		

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.

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