

2020 New York UnitedHealthcare Small Group (1-100) Premier PROformance 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 | Rx ⁴ Mail Order is 2.5x the Retail Copay Amount | |
|--|----------------|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|-------------|-------------------------------------|--|-------------------------|-------------|----------------|--------------------|---------------------|---------------------|------------------|-------------------|---|---------------------|
| | | | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network | Virtual Visits | Kid's Copay | Primary Care Physician ¹ | Specialist Premium Designated ² | Specialist ³ | 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 Plus Primary PROformance Platinum 250 | BH-TE | BR-E5 | \$250 | \$5,000 | 80% | 50% | \$3,450 | \$10,000 | 100% | \$0 | \$10 | \$40 | \$80 | \$25 | 80% after ded | 80% after ded | 80% after ded | \$40 | \$140 | \$40 | Emb | \$5/\$40/\$80 |
| UHC Choice Primary PROformance Platinum 250 | BH-TH | BH-TH | \$250 | N/A | 80% | N/A | \$3,450 | N/A | 100% | \$0 | \$10 | \$40 | \$80 | \$25 | 80% after ded | 80% after ded | 80% after ded | \$40 | \$140 | \$40 | Emb | \$5/\$40/\$80 |
| Gold Plans | | | | | | | | | | | | | | | | | | | | | | |
| UHC Choice Plus Primary PROformance Gold 2500 | BH-TF | BR-E6 | \$2,500 | \$10,000 | 75% | 50% | \$6,500 | \$20,000 | 100% | \$0 | \$15 | \$50 | \$100 | \$25 | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | Emb | \$10/\$50/\$100 |
| UHC Choice Primary PROformance Gold 2500 | BH-TI | BH-TI | \$2,500 | N/A | 75% | N/A | \$6,500 | N/A | 100% | \$0 | \$15 | \$50 | \$100 | \$25 | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | Emb | \$10/\$50/\$100 |
| Silver Plans | | | | | | | | | | | | | | | | | | | | | | |
| UHC Choice Plus Primary PROformance Silver 6500 | BH-TG | BR-E7 | \$6,500 | \$10,000 | 75% | 50% | \$7,900 | \$20,000 | 100% | \$0 | \$15 | \$50 | \$100 | \$25 | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | Emb | \$10/\$50/\$100 |
| UHC Choice Primary PROformance Silver 6500 | BH-TJ | BH-TJ | \$6,500 | N/A | 75% | N/A | \$7,900 | N/A | 100% | \$0 | \$15 | \$50 | \$100 | \$25 | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | 75% after ded | Emb | \$10/\$50/\$100 |

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

²This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.

³This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated.

⁴An 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.

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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