



# 2014 Pennsylvania Small Group (2-50) Multi-Choice Portfolio

UnitedHealthcare offers a variety of health plans designed to meet employer needs.

In accordance with the Affordable Care Act (ACA), all of our PA small group plans are identified by "metallic" benefit coverage levels: Bronze, Silver, Gold and Platinum. These designations indicate the relative value of the covered benefits, from Bronze (lowest) to Platinum (highest). All plans must meet standard requirements for affordability, essential health benefits and consumer protections. Each metallic level includes choices of benefits, plan types and price. Please speak to your UnitedHealthcare sales representative for specific plan designs by metallic level.

BRONZE PLANS																		
PLAN NAME		IN-NETWORK			COST SHARE (All services are subject to deductible and coinsurance)								OUT-OF-NETWORK			RX PLAN		
Choice	Choice Plus	Deductible	Coinsurance	Maximum Out-of-pocket	Primary Care Physician (PCP)	Specialist	Urgent Care	Emergency Room	MRI, MRA, CT Scan, Nuclear Scan Freestanding	MRI, MRA, CT Scan, Nuclear Scan Hospital	Inpatient Services	Outpatient Services Freestanding	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan	Rx Plan 2
PBF*		\$5,000/ \$10,000	100%	\$6,250/ \$12,500	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				<b>YM</b> After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	
SILVER PLANS																		
PLAN NAME		IN-NETWORK			COPAYMENT (Services with a copayment are not subject to deductible except for HSAs)								OUT-OF-NETWORK			RX PLAN		
Choice	Choice Plus	Deductible	Coinsurance	Maximum Out-of-pocket	Primary Care Physician (PCP)	Specialist	Urgent Care	Emergency Room	MRI, MRA, CT Scan, Nuclear Scan Freestanding	MRI, MRA, CT Scan, Nuclear Scan Hospital	Inpatient Services	Outpatient Services Freestanding	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan 1	Rx Plan 2
6K1*		\$2,000/ \$4,000	100%	\$4,000/ \$8,000	\$30	\$50	\$75	\$250	\$150	\$150	\$750	\$500	\$500				<b>034</b> After combined Med/Rx deductible \$10/\$40/\$80 \$10/\$100/\$300 specialty	
	6K2*	\$2,000/ \$4,000	100%	\$4,000/ \$8,000	\$30	\$50	\$75	\$250	\$150	\$150	\$750	\$500	\$500	\$6,000/ \$12,000	50%	\$12,000/ \$24,000	<b>034</b> After combined Med/Rx deductible \$10/\$40/\$80 \$10/\$100/\$300 specialty	
	PEU	\$2,000/ \$4,000	80%	\$6,250/ \$12,500	\$40	\$80	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$4,000/ \$8,000	60%	\$10,000/ \$20,000	<b>D0</b> \$500 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	<b>ZZ</b> \$500 ded tier 2 & 3 \$15 30% to \$100 max per fill 50% to \$300 max per fill
	PH7 Navigate Plus Advanced	\$1,500/ \$3,000	70% with referral 50% Self referred	\$6,250/ \$12,500	\$40	\$80 with referral \$100 self referred	\$100	Ded/Coins	Ded/Coins	\$300 & Ded/Coins	Ded/Coins	Ded/Coins	\$300 & Ded/Coins	\$4,000/ \$8,000	50%	\$10,000/ \$20,000	<b>D0</b> \$500 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	<b>ZZ</b> \$500 ded tier 2 & 3 \$15 30% to \$100 max per fill 50% to \$300 max per fill
	PK5 Catalyst	\$4,000/ \$8,000	80%	\$6,250/ \$12,500	\$40	\$80	\$100	\$300	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				<b>ZT</b> \$250 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300	

GOLD PLANS																		
PLAN NAME		IN-NETWORK			COPAYMENT (Services with a copayment are not subject to deductible except for HSAs)									OUT-OF-NETWORK			RX PLAN	
Choice	Choice Plus	Deductible	Coinsurance	Maximum Out-of-pocket	Primary Care Physician (PCP)	Specialist	Urgent Care	Emergency Room	MRI, MRA, CT Scan, Nuclear Scan Freestanding	MRI, MRA, CT Scan, Nuclear Scan Hospital	Inpatient Services	Outpatient Services Freestanding	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan 1	Rx Plan 2
6KY*		\$1,300/\$2,600	100%	\$2,500/\$5,000	\$15	\$30	\$75	\$250	\$100	\$100	\$750	\$500	\$500				<b>033</b> After combined Med/Rx deductible \$5/\$30/\$60 \$5/\$100/\$300 specialty	
	6KZ*	\$1,300/\$2,600	100%	\$2,500/\$5,000	\$15	\$30	\$75	\$250	\$100	\$100	\$750	\$500	\$500	\$6,000/\$12,000	50%	\$12,000/\$24,000	<b>033</b> After combined Med/Rx deductible \$5/\$30/\$60 \$5/\$100/\$300 specialty	
	PEN	\$1,000/\$2,000	90%	\$6,000/\$12,000	\$20	\$40	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$2,000/\$4,000	70%	\$6,000/\$12,000	<b>YM</b> \$10/\$40/\$75 \$10/\$100/\$300 specialty	<b>A0</b> \$10 20% to \$100 max per fill 40% to \$300 max per fill
	PEW	\$500/\$1,000	80%	\$5,000/\$10,000	\$30	\$60	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$2,000/\$4,000	70%	\$6,000/\$12,000	<b>YM</b> \$10/\$40/\$75 \$10/\$100/\$300 specialty	<b>A0</b> \$10 20% to \$100 max per fill 40% to \$300 max per fill
	PAF	\$1,000/\$2,000	80%	\$4,000/\$8,000	\$25	\$50	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$250	\$250				<b>ZS</b> \$100 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	<b>B0</b> \$100 ded tier 2 & 3 \$10 20% to \$100 max per fill 40% to \$300 max per fill
PLATINUM PLANS																		
PLAN NAME		IN-NETWORK			COPAYMENT (Services with a copayment are not subject to deductible)									OUT-OF-NETWORK			RX PLAN	
Choice	Choice Plus	Deductible	Coinsurance	Maximum Out-of-pocket	Primary Care Physician (PCP)	Specialist	Urgent Care	Emergency Room	MRI, MRA, CT Scan, Nuclear Scan Freestanding	MRI, MRA, CT Scan, Nuclear Scan Hospital	Inpatient Services	Outpatient Services Freestanding	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan 1	Rx Plan 2
	PEQ	\$250/\$500	90%	\$1,000/\$2,000	\$15	\$30	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$1,000/\$2,000	70%	\$6,000/\$12,000	<b>YM</b> \$10/\$40/\$75 \$10/\$100/\$300 specialty	
	PAO	N/A	100%	\$5,000/\$10,000	\$30	\$60	\$100	\$200	\$250	\$250	100%	\$250	\$250				<b>ZU</b> \$15/\$25/\$50 \$15/\$100/\$300 specialty	
	PAL	N/A	100%	\$1,500/\$3,000	\$15	\$30	\$100	\$200	\$250	\$250	\$500 per day \$1,500 max	100%	100%				<b>YM</b> \$10/\$40/\$75 \$10/\$100/\$300 specialty	

\*HSA-eligible health plans: deductible applies to all services and Rx first, then copays apply up to out of pocket maximum.

Pharmacy Plans B0, D0, ZR, ZS, ZT, ZZ: deductible applies per member and to Tier 2 and Tier 3 medications.

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