



2014 Pennsylvania Small Group (2-50) Health Plan 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	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan	Rx Plan 2
PBD*		\$4,000/ \$8,000	70%	\$6,250/ \$12,500	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				YM After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	
PBE*		\$3,500/ \$7,000	60%	\$6,250/ \$12,500	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				YM After combined Med/Rx deductible \$10/\$40/\$75 10/\$100/\$300 specialty	
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				YM 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	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				034 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	034 After combined Med/Rx deductible \$10/\$40/\$80 \$10/\$100/\$300 specialty	
PBJ*	PFX*	\$2,000/ \$4,000	90%	\$6,250/ \$12,500	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$3,000/ \$6,000	70%	\$10,000/ \$20,000	YM After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	ZX After combined Med/Rx deductible \$15 30% to \$100 max per fill 50% to \$300 max per fill
PBK*	PFY*	\$1,500/ \$3,000	80%	\$6,000/ \$12,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$3,000/ \$6,000	60%	\$10,000/ \$20,000	YM After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	ZX After combined Med/Rx deductible \$15 30% to \$100 max per fill 50% to \$300 max per fill

SILVER PLANS continued

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	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan 1	Rx Plan 2
PBI*	PFW*	\$2,000/ \$4,000	70%	\$4,000/ \$8,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$3,000/ \$6,000	50%	\$10,000/ \$20,000	YM After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	ZX After combined Med/Rx deductible \$15 30% to \$100 max per fill 50% to \$300 max per fill
PAS	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	DO \$500 ded tier 2 &3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	ZZ \$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	DO \$500 ded tier 2 &3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	ZZ \$500 ded tier 2 &3 \$15 30% to \$100 max per fill 50% to \$300 max per fill
	4K5**	\$2,850/ \$5,600	80%	\$5,000/ \$10,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$2850/ \$5,600	80%	\$5,000/ \$10,000	YM \$10/\$40/\$75 \$10/\$100/\$300 specialty	
PK4 Catalyst		\$3,000/ \$9,000	80%	\$5,000/ \$10,000	\$30	\$60	\$75	\$200	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				ZT \$250 ded tier 2 &3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	
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				ZT \$250 ded tier 2 &3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	
	PFZ*	\$1,500/ \$3,000	70%	\$6,000/ \$12,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$3,000/ \$6,000	60%	\$10,000/ \$20,000	YM After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	ZX After combined Med/Rx deductible \$15 30% to \$100 max per fill 50% to \$300 max per fill

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	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				033 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	033 After combined Med/Rx deductible \$5/\$30/\$60 \$5/\$100/\$300 specialty	
	PEL	\$1,500/ \$3,000	90%	\$4,000/ \$8,000	\$15	\$30	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$2,000/ \$4,000	70%	\$6,000/ \$12,000	ZR \$50 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	A0 \$10 20% to \$100 max per fill 40% to \$300 max per fill
PAK	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	YM \$10/\$40/\$75 \$10/\$100/\$300 specialty	A0 \$10 20% to \$100 max per fill 40% to \$300 max per fill
PAH	PEK	\$1,500/ \$3,000	90%	\$3,000/ \$6,000	\$25	\$50	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$2,000/ \$4,000	60%	\$6,000/ \$12,000	ZS \$100 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	A0 \$10 20% to \$100 max per fill 40% to \$300 max per fill
PAU	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	YM \$10/\$40/\$75 \$10/\$100/\$300 specialty	A0 \$10 20% to \$100 max per fill 40% to \$300 max per fill
PAF	PEI	\$1,000/ \$2,000	80%	\$4,000/ \$8,000	\$25	\$50	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$250	\$250	\$2,000/ \$4,000	60%	\$6,000/ \$12,000	ZS \$100 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	B0 \$100 ded tier 2 & 3 \$10 20% to \$100 max per fill 40% to \$300 max per fill
PAJ		\$1,000/ \$2,000	80%	\$3,500/ \$7,000	\$30	\$60	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins				YM \$10/\$40/\$75 \$10/\$100/\$300 specialty	A0 \$10 20% to \$100 max per fill 40% to \$300 max per fill
	PH2 Navigate Plus Advanced	\$1,500/ \$3,000	80% with referral 50% self referred	\$4,000/ \$8,000	\$20	\$40 with referral \$60 self referred	\$100	Ded/Coins	\$150	Ded/Coins	Ded/Coins	\$150	Ded/Coins	\$2,000/ \$4,000	60%	\$6,000/ \$12,000	ZS \$100 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	B0 \$100 ded tier 2 & 3 \$10 20% to \$100 max per fill 40% to \$300 max per fill
	PHZ Navigate Plus Advanced	\$1,000/ \$2,000	90% with referral 50% self referred	\$6,000/ \$12,000	\$20	\$40 with referral \$60 self referred	\$100	Ded/Coins	Ded/Coins	\$250 & Ded/Coins	Ded/Coins	Ded/Coins	\$250 & Ded/Coins	\$2,000/ \$4,000	70%	\$6,000/ \$12,000	YM After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	A0 After combined Med/Rx deductible \$10 20% to \$100 max per fill 40% to \$300 max per fill
PBG*	PFU*	\$1,300/ \$2,600	90%	\$2,500/ \$5,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$2,000/ \$4,000	70%	\$6,000/ \$12,000	YM After combined Med/Rx deductible \$10/\$40/\$75 \$10/\$100/\$300 specialty	A0 After combined Med/Rx deductible \$10 20% to \$100 max per fill 40% to \$300 max per fill
	4K4**	\$1,100/ \$2,200	80%	\$2,200/ \$4,400	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$1,100/ \$2,200	80%	\$2,200/ \$4,400	YM \$10/\$40/\$75 \$10/\$100/\$300 specialty	

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	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan 1	Rx Plan 2
PAN	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	YM \$10/\$40/\$75 \$10/\$100/\$300 specialty	
	PH5 Navigate Plus Advanced	N/A	100% with referral 70% without referral	\$2,000/\$4,000	\$10	\$40 with referral \$60 self referred	\$100	\$250	\$150	\$500	\$500 per day \$1,500 max	\$150	\$500	\$1,500/\$3,000	70%	\$5,000/\$10,000	ZR \$50 ded tier 2 &3 \$10/\$40/\$75 \$10/\$100/\$300 specialty	
PAO	PER	N/A	100%	\$5,000/\$10,000	\$30	\$60	\$100	\$200	\$250	\$250	100%	\$250	\$250	\$1,000/\$2,000	70%	\$6,000/\$12,000	ZU \$15/\$25/\$50 \$15/\$100/\$300 specialty	
PAL	PEO	N/A	100%	\$1,500/\$3,000	\$15	\$30	\$100	\$200	\$250	\$250	\$500 per day \$1,500 max	100%	100%	\$2,000/\$4,000	70%	\$6,000/\$12,000	YM \$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.

**PPO plans

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

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