



2015 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
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 Freestanding	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan
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
	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	D0 \$500 ded tier 2 & 3 \$10/\$40/\$75 \$10/\$100/\$300 specialty
	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	D0 \$500 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

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
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
	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
	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
PAF		\$1,000/ \$2,000	80%	\$4,000/ \$8,000	\$25	\$50	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$250	\$250				ZS \$100 ded tier 2 & 3 \$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 Freestanding	Outpatient Services Hospital	Deductible	Coinsurance	Maximum Out-of-pocket	Rx Plan
	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
PAO		N/A	100%	\$5,000/ \$10,000	\$30	\$60	\$100	\$200	\$250	\$250	100%	\$250	\$250				ZU \$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%				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.

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

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