

Small Group Health Plan Portfolio

Pennsylvania

Groups with 1-50 Eligible Employees
Effective 01/01/2017

Product Description

- Choice Plus POS** Open Access, National In and Out of Network Coverage
- Choice EPO** Open Access, National Network Only Coverage
- Non-Diff PPO** Open Access to Any Physician or Other Licensed Health Care Professional

Metal Level	Product	Medical Plan Code	HSA	In-Network					Out-of-Network					Virtual Visits	PCP Copay/ Coins	SPEC Copay/ Coins	URG CARE Copay/ Coins	ER Copay/ Coins	OP Surgery Copay/Coins		IP Copay	Minor Lab & X-Ray/Coins		Medical Deductible Type	Med/Rx Deductible Type	Rx Plan Code
				Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM	Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM						Freestanding	Hospital		Freestanding	Hospital			
Platinum	Choice	AL-AB		\$0	\$0	100%	\$1,500	\$3,000						\$15	\$15	\$30	\$100	\$200	\$250	\$500	\$500/day (\$1,500 max)	\$0	20%	Emb	Sep	YM
Platinum	Choice Plus	AL-AC		\$0	\$0	100%	\$1,500	\$3,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$15	\$15	\$30	\$100	\$200	\$250	\$500	\$500/day (\$1,500 max)	\$0	20%	Emb	Sep	YM
Platinum	Choice	AK-99		\$0	\$0	100%	\$3,000	\$6,000						\$15	\$15	\$30	\$100	\$200	\$500	\$500	\$0	\$0	\$0	Emb	Sep	ZU
Platinum	Choice Plus	AK-98		\$0	\$0	100%	\$3,000	\$6,000	\$1,000	\$2,000	70%	\$6,000	\$12,000	\$15	\$15	\$30	\$100	\$200	\$500	\$500	\$0	\$0	\$0	Emb	Sep	ZU
Platinum	Choice	AC-1K		\$0	\$0	100%	\$3,000	\$6,000						\$20	\$20	\$40	\$100	\$200	\$250	\$500	\$0	\$0	20%	Emb	Sep	ZU
Platinum	Choice Plus	AM-8P		\$0	\$0	100%	\$3,000	\$6,000	\$1,000	\$2,000	70%	\$6,000	\$12,000	\$20	\$20	\$40	\$100	\$200	\$250	\$500	\$0	\$0	20%	Emb	Sep	ZU
Platinum	Choice	AC-41		\$250	\$500	90%	\$1,000	\$2,000						\$15	\$15	\$30	\$100	10% after ded	10% after ded	30% after ded	10% after ded	\$0	20%	Emb	Sep	YM
Platinum	Choice Plus	AC-42		\$250	\$500	90%	\$1,000	\$2,000	\$1,000	\$2,000	70%	\$6,000	\$12,000	\$15	\$15	\$30	\$100	10% after ded	10% after ded	30% after ded	10% after ded	\$0	20%	Emb	Sep	YM
Gold	Choice	AC-1O		\$500	\$1,000	80%	\$5,000	\$10,000						\$25	\$30	\$60	\$100	20% after ded	20% after ded	40% after ded	20% after ded	20% after ded	40% after ded	Emb	Sep	YM
Gold	Choice Plus	AC-1P		\$500	\$1,000	80%	\$5,000	\$10,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$25	\$30	\$60	\$100	20% after ded	20% after ded	40% after ded	20% after ded	20% after ded	40% after ded	Emb	Sep	YM
Gold	Choice	AC-1Q		\$1,000	\$2,000	80%	\$3,500	\$7,000						\$25	\$25	\$50	\$100	20% after ded	20% after ded	40% after ded	20% after ded	20% after ded	40% after ded	Emb	Sep	ZS
Gold	Choice Plus	AC-1R		\$1,000	\$2,000	80%	\$3,500	\$7,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$25	\$50	\$100	20% after ded	20% after ded	40% after ded	20% after ded	20% after ded	40% after ded	Emb	Sep	ZS
Gold	Choice	AK-9T		\$1,000	\$2,000	100%	\$4,500	\$9,000						\$25	\$30	\$60	\$100	Ded	Ded	Ded	Ded	Ded	Ded	Emb	Sep	YM

Rx Plans

ZU	YM	ZS	033	034	DO
\$15 / \$25 / \$50 (Non-specialty) \$15 / \$100 / \$300 (Specialty)	\$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$100 Rx Deductible \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$5/\$30/\$60 (Non-specialty) \$5/\$100/\$300 (Specialty)	\$10/\$40/\$80 (Non specialty) \$10/\$100/\$300 (Specialty)	\$500 Rx Deductible on Tier 2 & 3 \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)



Metal Level	Product	Medical Plan Code	HSA	In-Network					Out-of-Network					Virtual Visits	PCP Copay/ Coins	SPEC Copay/ Coins	URG CARE Copay/ Coins	ER Copay/ Coins	OP Surgery Copay/Coins		IP Copay	Minor Lab & X-Ray/Coins		Medical Deductible Type	Med/Rx Deductible Type	Rx Plan Code
				Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM	Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM						Freestanding	Hospital		Freestanding	Hospital			
Gold	Choice Plus	AK-9S		\$1,000	\$2,000	100%	\$4,500	\$9,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$25	\$30	\$60	\$100	Ded	Ded	Ded	Ded	Ded	Ded	Emb	Sep	YM
Gold	Choice	AC-4W		\$1,000	\$2,000	90%	\$6,000	\$12,000						\$20	\$20	\$40	\$100	10% after ded	10% after ded	30% after ded	10% after ded	10% after ded	30% after ded	Emb	Sep	YM
Gold	Choice Plus	AC-4X		\$1,000	\$2,000	90%	\$6,000	\$12,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	\$20	\$20	\$40	\$100	10% after ded	10% after ded	30% after ded	10% after ded	10% after ded	30% after ded	Emb	Sep	YM
Gold	Choice	AK-9Y	HSA	\$1,400	\$2,800	100%	\$2,500	\$5,000						\$15 after ded	\$15 after ded	\$30 after ded	\$75 after ded	\$250 after ded	\$500 after ded	\$500 after ded	\$750 after ded	Ded	Ded	NonEmb	Comb	033
Gold	Choice Plus	AK-9Z	HSA	\$1,400	\$2,800	100%	\$2,500	\$5,000	\$6,000	\$12,000	50%	\$12,000	\$24,000	\$15 after ded	\$15 after ded	\$30 after ded	\$75 after ded	\$250 after ded	\$500 after ded	\$500 after ded	\$750 after ded	Ded	Ded	NonEmb	Comb	033
Gold	Choice	AK-96	HSA	\$1,400	\$2,800	90%	\$2,500	\$5,000						10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	30% after ded	10% after ded	10% after ded	30% after ded	NonEmb	Comb	YM
Gold	Choice Plus	AK-97	HSA	\$1,400	\$2,800	90%	\$2,500	\$5,000	\$2,000	\$4,000	70%	\$6,000	\$12,000	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	30% after ded	10% after ded	10% after ded	30% after ded	NonEmb	Comb	YM
Gold	Choice	AC-1S		\$1,500	\$3,000	90%	\$3,000	\$6,000						\$25	\$25	\$50	\$100	10% after ded	10% after ded	30% after ded	10% after ded	10% after ded	30% after ded	Emb	Sep	ZS
Gold	Choice Plus	AC-1T		\$1,500	\$3,000	90%	\$3,000	\$6,000	\$2,000	\$4,000	60%	\$6,000	\$12,000	\$25	\$25	\$50	\$100	10% after ded	10% after ded	30% after ded	10% after ded	10% after ded	30% after ded	Emb	Sep	ZS
Gold	NonDiff PPO	AK-91		\$1,500	\$3,000	80%	\$2,200	\$4,400						20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	Sep	YM
Silver	Choice	AK-9I	HSA	\$1,700	\$4,250	75%	\$6,500	\$13,000						25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	NonEmb/OOPM Emb ²	Comb	YM
Silver	Choice Plus	AK-9J	HSA	\$1,700	\$4,250	75%	\$6,500	\$13,000	\$3,000	\$6,000	60%	\$10,000	\$20,000	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	NonEmb/OOPM Emb ²	Comb	YM

Rx Plans

ZU	YM	ZS	033	034	DO
\$15 / \$25 / \$50 (Non-specialty) \$15 / \$100 / \$300 (Specialty)	\$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$100 Rx Deductible \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$5/\$30/\$60 (Non-specialty) \$5/\$100/\$300 (Specialty)	\$10/\$40/\$80 (Non specialty) \$10/\$100/\$300 (Specialty)	\$500 Rx Deductible on Tier 2 &3 \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)



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				Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM	Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM						Freestanding	Hospital		Freestanding	Hospital			
Silver	Choice	AK-9O	HSA	\$2,000	\$5,000	80%	\$6,000	\$12,000						20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Ded NonEmb/OOPM Emb ²	Comb	YM
Silver	Choice Plus	AK-9P	HSA	\$2,000	\$5,000	80%	\$6,000	\$12,000	\$3,000	\$6,000	70%	\$10,000	\$20,000	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Ded NonEmb/OOPM Emb ²	Comb	YM
Silver	Choice	AK-9V		\$2,000	\$4,000	70%	\$6,250	\$12,500						\$25	\$40	\$80	\$100	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	Emb	Sep	D0
Silver	Choice Plus	AK-9U		\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$25	\$40	\$80	\$100	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	Emb	Sep	D0
Silver	Choice	AK-9K		\$2,250	\$4,500	80%	\$6,250	\$12,500						\$25	\$40	\$80	\$100	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	Sep	D0
Silver	Choice Plus	AK-9L		\$2,250	\$4,500	80%	\$6,250	\$12,500	\$6,000	\$12,000	60%	\$10,000	\$20,000	\$25	\$40	\$80	\$100	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	Sep	D0
Silver	Choice	AK-9M	HSA	\$2,500	\$5,000	100%	\$5,500	\$11,000						\$25 after ded	\$30 after ded	\$50 after ded	\$75 after ded	\$250 after ded	\$500 after ded	\$500 after ded	\$750 after ded	Ded	Ded	Ded NonEmb/OOPM Emb ²	Comb	034
Silver	Choice Plus	AK-9N	HSA	\$2,500	\$5,000	100%	\$5,500	\$11,000	\$6,000	\$12,000	50%	\$12,000	\$24,000	\$25 after ded	\$30 after ded	\$50 after ded	\$75 after ded	\$250 after ded	\$500 after ded	\$500 after ded	\$750 after ded	Ded	Ded	Ded NonEmb/OOPM Emb ²	Comb	034
Silver	Choice	AK-9W ¹		\$3,000	\$6,000	80%	\$6,850	\$13,700						80%	\$0 (up to 3 comb PCP/ Spec visits), then Ded/ Coins	\$0 (up to 3 comb PCP/ Spec visits), then Ded/ Coins	\$0 (up to 2 visits), then Ded/Coins	\$250 + Ded + 20%	\$250 + Ded + 20%	\$250 + Ded + 20%	\$250 + Ded + 20%	20% after ded	20% after ded	Emb	Sep	YM
Silver	Choice Plus	AK-9X ¹		\$3,000	\$6,000	80%	\$6,850	\$13,700	\$6,500	\$13,000	50%	\$10,000	\$20,000	80%	\$0 (up to 3 comb PCP/ Spec visits), then Ded/ Coins	\$0 (up to 3 comb PCP/ Spec visits), then Ded/ Coins	\$0 (up to 2 visits), then Ded/Coins	\$250 + Ded + 20%	\$250 + Ded + 20%	\$250 + Ded + 20%	\$250 + Ded + 20%	20% after ded	20% after ded	Emb	Sep	YM

Rx Plans

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\$15 / \$25 / \$50 (Non-specialty) \$15 / \$100 / \$300 (Specialty)	\$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$100 Rx Deductible \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$5/\$30/\$60 (Non-specialty) \$5/\$100/\$300 (Specialty)	\$10/\$40/\$80 (Non specialty) \$10/\$100/\$300 (Specialty)	\$500 Rx Deductible on Tier 2 &3 \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)



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				Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM	Indiv Deductible	Fam Deductible	Coins	Indiv OOPM	Fam OOPM						Freestanding	Hospital		Freestanding	Hospital			
Silver	NonDiff PPO	AK-92		\$2,850	\$5,700	80%	\$5,000	\$10,000						20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	Emb	Sep	YM
Bronze	Choice	AK-9Q	HSA	\$5,600	\$11,200	75%	\$6,500	\$13,000						25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	Emb	Comb	YM
Bronze	Choice	AK-9R	HSA	\$6,500	\$13,100	100%	\$6,500	\$13,100						Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Emb	Comb	YM

Rx Plans

ZU	YM	ZS	033	034	DO
\$15 / \$25 / \$50 (Non-specialty) \$15 / \$100 / \$300 (Specialty)	\$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$100 Rx Deductible \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)	\$5/\$30/\$60 (Non-specialty) \$5/\$100/\$300 (Specialty)	\$10/\$40/\$80 (Non specialty) \$10/\$100/\$300 (Specialty)	\$500 Rx Deductible on Tier 2 &3 \$10 / \$40 / \$75 (Non-specialty) \$10 / \$100 / \$300 (Specialty)

- 1 AK-9W and AK-9X feature \$0 copay for the first 3 PCP and/or Specialist office visits combined during the calendar year or plan year, depending on the plan type selected. Office visits 4+ will be subject to plan deductible /coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Office visits and Urgent Care visits do not combine. Preventive Care visits do not count against the office visit copay limit.
 - 2 Non-Embedded Deductible/Embedded Out-of-Pocket Max: All eligible family members contribute towards the family deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.
- Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.
- All Plans have an Unlimited Lifetime Maximum
 - All Plans cover in network Preventive care at 100%

For Qualified HSA Plans: Combined medical and pharmacy deductible and out-of-pocket maximum. After deductible is met, coinsurance, medical copayments and pharmacy copayments apply. Plan has nonembedded family deductible and out-of-pocket maximum, meaning no individual in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met. Contact your broker or UnitedHealthcare representative for more information. The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS require HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. MT-1070115.0 11/16 ©2016 United HealthCare Services, Inc. 16-2965-E

