

Plan Code	Deductible		Coinsurance	Out-of-Pocket Max		Copay						Available Pharmacy Plans
	Network Ind/Fam	Non-Network Ind/Fam	Network/ Non-network	Network Ind/Fam	Non-Network Ind/Fam	PCP	Spec	IP	Urg Care	ER	OP Surg	
P1-1	N/A	N/A	100%/N/A	N/A	N/A	\$15	\$30	\$150/day \$750 max	\$100	\$200	\$150	UK, NN, NO, UL, UM, UN, UO, VV
P1-2	N/A	N/A	100%/N/A	N/A	N/A	\$20	\$40	\$300/day \$1,500 max	\$100	\$200	\$300	UK, NN, NO, UL, UM, UN, UO, VV
P1-4	N/A	N/A	100%/N/A	N/A	N/A	\$30	\$50	\$500/day \$1,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
P1-3	N/A	N/A	100%/N/A	N/A	N/A	\$40	\$70	\$750/day \$3,750 max	\$100	\$200	\$750	UK, NN, NO, UL, UM, UN, UO, VV
P1-7	\$500/\$1,000	N/A	100%/NA	\$2,000/\$4,000	N/A	\$30	\$50	100%	\$100	\$200	100%	UK, NN, NO, UL, UM, UN, UO, VV
P1-5	\$1,000/\$2,000	N/A	100%/N/A	\$3,500/\$7,000	N/A	\$25	\$50	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
P1-6	\$1,000/\$2,000	N/A	100%/N/A	\$2,000/\$4,000	N/A	\$25	\$50	100%	\$100	\$200	100%	UK, NN, NO, UL, UM, UN, UO, VV
P1-8	N/A	\$2,000/\$4,000	100%/70%	N/A	\$10,000/\$20,000	\$15	\$30	\$150/day \$750 max	\$100	\$200	\$125	UK, NN, NO, UL, UM, UN, UO, VV
BP-1	N/A	\$2,000/\$4,000	100%/70%	N/A	\$10,000/\$20,000	\$20	\$40	\$300/day \$1,500 max	\$100	\$200	\$300	UK, NN, NO, UL, UM, UN, UO, VV
BP-2	N/A	\$3,000/\$6,000	100%/70%	N/A	\$10,000/\$20,000	\$30	\$60	\$500/day \$1,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
BP-3	N/A	\$6,000/\$12,000	100%/70%	N/A	\$18,000/\$36,000	\$40	\$70	\$750/day \$3,750 max	\$100	\$200	\$750	UK, NN, NO, UL, UM, UN, UO, VV
BP-7	\$500/\$1,000	\$5,000/\$10,000	100%/50%	\$2,000/\$4,000	\$10,000/\$20,000	\$30	\$50	100%	\$100	\$200	100%	UK, NN, NO, UL, UM, UN, UO, VV
BP-4	\$1,000/\$2,000	\$3,000/\$6,000	100%/70%	\$3,500/\$7,000	\$6,000/\$12,000	\$25	\$50	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
BP-6	\$1,000/\$2,000	\$5,000/\$10,000	100%/50%	\$2,000/\$4,000	\$10,000/\$20,000	\$25	\$50	100%	\$100	\$200	100%	UK, NN, NO, UL, UM, UN, UO, VV
BP-5	\$1,000/\$2,000	\$5,000/\$10,000	90%/60%	\$3,000/\$6,000	\$15,000/\$30,000	90%	90%	90%	90%	90%	90%	UK, NN, NO, UL, UM, UN, UO, VV
<b>HRA Plans</b>												
PG-1	\$1,000/\$2,000	\$3,000/\$6,000	100%/70%	\$3,500/\$7,000	\$6,000/\$12,000	\$25	\$50	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
PK-1	\$1,000/\$2,000	N/A	100%/N/A	\$3,500/\$7,000	N/A	\$25	\$50	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
PK-2	\$2,000/\$4,000	N/A	100%/N/A	\$5,000/\$10,000	N/A	\$25	\$50	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
PG-2	\$2,000/\$4,000	\$4500/\$9000	100%/70%	\$5,000/\$10,000	\$13,500/\$27,000	\$25	\$50	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
PK-3	\$3,000/\$6,000	N/A	100%/N/A	\$6,000/\$12,000	N/A	\$30	\$60	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV
PG-3	\$3,000/\$6,000	\$6,000/\$12,000	90%/50%	\$6,000/\$12,000	\$12,000/\$24,000	\$30	\$60	\$500/day \$2,500 max	\$100	\$200	\$500	UK, NN, NO, UL, UM, UN, UO, VV

· All Plans have an Unlimited Lifetime Maximum  
 · All Plans cover in network Preventive care at 100%  
 Please Note: The information in this grid is provided for informational purposes only & is not intended for use as a contract. For a complete listing of coverage & exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.  
 UnitedHealthcare Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.  
 Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.



Plan Code	Deductible		Coinsurance	Out-of-Pocket Max		Copay						Available Pharmacy Plans
	Network Ind/Fam	Non-Network Ind/Fam	Network/ Non-network	Network Ind/Fam	Non-Network Ind/Fam	PCP	Spec	Urg Care	ER	OP Surg	IP	
HSA Plans												
P0-F	\$1,500/\$3,000	N/A	100%/N/A	\$4,000/\$8,000	N/A	\$25	\$50	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
AP-7	\$1,500/\$3,000	\$3,000/\$6,000	100%/70%	\$4,000/\$8,000	\$6,000/\$12,000	\$25	\$50	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
P0-G	\$2,000/\$4,000	N/A	100%/N/A	\$5,000/\$10,000	N/A	\$25	\$50	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
AP-1	\$2,000/\$4,000	\$4,500/\$9,000	100%/70%	\$5,000/\$10,000	\$13,500/\$27,000	\$25	\$50	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
AP-3	\$2,000/\$4,000	\$5,000/\$10,000	90%/60%	\$6,000/\$12,000	\$15,000/\$30,000	90%	90%	90%	90%	90%	90%	NN, NO
P0-A	\$2,000/\$4,000	N/A	90%/N/A	\$4,000/\$8,000	N/A	\$25	\$50	\$100	\$200	90%	90%	NN, NO
P0-C	\$2,000/\$4,000	N/A	80%/N/A	\$4,000/\$8,000	N/A	80%	80%	80%	80%	80%	80%	NN, NO
AP-8	\$2,000/\$4,000	\$4,000/\$8,000	80%/50%	\$4,000/\$8,000	\$8,000/\$16,000	80%	80%	80%	80%	80%	80%	NN, NO
P0-H	\$3,000/\$6,000	N/A	100%/N/A	\$6,000/\$12,000	N/A	\$30	\$60	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
AP-4	\$3,000/\$6,000	\$6,000/\$12,000	100%/50%	\$6,000/\$12,000	\$12,000/\$24,000	\$40	\$70	\$100	\$200	100%	100%	NN, NO
P0-E	\$3,000/\$6,000	N/A	90%/N/A	\$6,000/\$12,000	N/A	\$40	\$70	\$100	\$200	90%	90%	NN, NO
AP-2	\$3,000/\$6,000	\$6,000/\$12,000	90%/50%	\$6,000/\$12,000	\$12,000/\$24,000	\$30	\$60	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
AP-5	\$3,000/\$6,000	\$6,000/\$12,000	90%/50%	\$6,000/\$12,000	\$12,000/\$24,000	\$30	\$60	\$100	\$200	90%	90%	NN, NO
P0-I	\$3,000/\$6,000	N/A	80%/N/A	\$6,000/\$12,000	N/A	\$30	\$60	\$100	\$200	80%	80%	NN, NO
AP-6	\$4,000/\$8,000	\$6,000/\$12,000	100%/50%	\$5,000/\$10,000	\$12,000/\$24,000	\$30	\$60	\$100	\$200	100%	100%	NN, NO
P0-B	\$4,000/\$8,000	N/A	90%/N/A	\$6,000/\$12,000	N/A	90%	90%	90%	90%	90%	90%	NN, NO
P0-M	\$4,000/\$8,000	\$8,000/\$16,000	80%/70%	\$6,000/\$12,000	\$16,000/\$32,000	\$30	\$60	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
P0-J	\$4,000/\$8,000	N/A	80%/N/A	\$6,000/\$12,000	N/A	\$30	\$60	\$100	\$200	80%	80%	NN, NO
P0-K	\$4,000/\$8,000	\$4,000/\$8,000	80%/60%	\$6,000/\$12,000	\$8,000/\$16,000	80%	80%	80%	80%	80%	80%	NN, NO
P0-D	\$5,000/\$10,000	N/A	100%/N/A	\$6,000/\$12,000	N/A	\$40	\$70	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO
P0-L	\$5,000/\$10,000	\$8,000/\$16,000	80%/70%	\$6,000/\$12,000	\$14,000/\$28,000	\$40	\$70	\$100	\$200	\$500	\$500/day \$2,500 max	NN, NO

· All Plans have an Unlimited Lifetime Maximum  
 · All Plans cover in network Preventive care at 100%

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For Qualified HSA Plans: Combined medical and pharmacy deductible and out-of-pocket maximum. After deductible is met, coinsurance and pharmacy copayments apply. Plan has non-embedded 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 requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC.  
 "UnitedHealthcareHSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP.  
 Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.



# UnitedHealthcare Product Portfolio

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**Pennsylvania**  
Fully Insured Groups

## Pharmacy Plans

RX Plan Code	Deductible		Tier 1	Tier 2	Tier 3	Mail Service Ratio
	Individual	Family				
UK	Non-specialty	N/A	\$10	\$20	\$ 35	2.5x retail
	Specialty copay	N/A	\$10	\$100	\$ 300	N/A
NN	Non-specialty	N/A	\$10	\$30	\$50	2.5x retail
	Specialty copay	N/A	\$10	\$100	\$ 300	N/A
NO	Non-specialty	N/A	\$10	\$35	\$60	2.5x retail
	Specialty copay	N/A	\$10	\$100	\$ 300	N/A
UL	Non-specialty	\$100	\$10	\$35	\$60	2.5x retail
	Specialty copay	N/A	\$10	\$100	\$ 300	N/A
UM	Non-specialty	\$100	\$10	\$35	\$70	2.5x retail
	Specialty copay	N/A	\$10	\$100	\$ 300	N/A
UN	Non-specialty	N/A	\$15	\$ 35	\$50	2.5x retail
	Specialty copay	N/A	\$15	\$ 100	\$ 300	N/A
UO	Non-specialty	N/A	\$20	\$ 40	\$60	2.5x retail
	Specialty copay	N/A	\$20	\$100	\$ 300	N/A
V V	Non-specialty	\$250	\$10	\$35	\$60	2.5x retail
	Specialty copay	N/A	\$10	\$100	\$ 300	N/A

Insurance coverage provided by or through United HealthCare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

