

UnitedHealthcare Navigate

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Pennsylvania
Fully Insured Groups

Navigate Plus Plans — Highest level of coverage for network specialists with referral, lower level of coverage without a referral from primary care physician. Additionally, non-network coverage is included.

Description	License	PCP Office Visit Copay	SPEC Office Visit Copay (with Referral)	SPEC Office Visit Copay (without Referral)	Urgent Care Copay	ER Copay	Inpatient Copay	IP & OP SPEC Charges (with Referral)	IP & OP SPEC Charges (no Referral)	Network Coverage						Non Network Coverage					Med/RX Deduct Type
	Insurance									Coins.	Coins. (no referral)	Ind. Ded.	Family Ded.	Ind. OOP Max	Family OOP Max	Coins.	Ind. Ded.	Family Ded.	Ind. OOP Max	Family OOP Max	
30/100%	3A-1	\$30	\$50	\$70	\$100	\$200	\$300	100%	70%	100%	70%	N/A	N/A	\$2,500	\$5,000	70%	\$1,500	\$4,500	\$5,000	\$10,000	Sep
30/100%	3A-2	\$30	\$50	\$70	\$100	\$200	\$500	100%	50%	100%	50%	N/A	N/A	\$3,000	\$6,000	50%	\$1,500	\$4,500	\$10,000	\$20,000	Sep
30/1000/100%	3A-3	\$30	\$50	\$70	\$100	\$200	N/A	100%	50%	100%	50%	\$1,000	\$3,000	\$3,000	\$9,000	50%	\$5,000	\$15,000	\$15,000	\$45,000	Sep
30/2000/90%	3A-4	\$30	\$50	\$70	\$100	\$200	N/A	90%	50%	90%	50%	\$2,000	\$6,000	\$3,000	\$9,000	50%	\$5,000	\$15,000	\$15,000	\$45,000	Sep
30/3000/80%	3A-5	\$30	\$50	\$70	\$100	\$200	N/A	80%	50%	80%	50%	\$3,000	\$9,000	\$5,000	\$15,000	50%	\$5,000	\$15,000	\$15,000	\$45,000	Sep

This plan requires a determination of medical necessity as a requirement of benefit coverage. Certain health care services referenced in the Certificate of Coverage for this plan require prior authorization.

Please Note: UnitedHealthcare Navigate plans are only available on the 2011 Certificate of Coverage. All plans may not be available in all markets. 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.

Preventive care covered at 100%.
All Navigate plans have an embedded Medical Deductible.

1 Refer to the Certificate of Coverage and/or Benefits Summary document for complete listing of services included
2 Refer to the complete Certificate of Coverage and/or Benefit Summary documents for IP copay type (i.e. per day or per admit)



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.

Pharmacy Plans

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

