

UnitedHealthcare

Medical and Pharmacy Plans

California
Small Business 1-100 Employees
Effective January 1, 2017

CA Small Business 1-100 Insurance Plans

Metallic Level	Deductible ¹		Out-of-Pocket Maximum ²		Coinsurance		Network ³						Deductible Type	Combined Med/Rx Ded	Plan Code			Rx Plan Code
	Network	Out of Network	Network	Out of Network	Network	Out of Network	PCP	Spec	ER	Inpatient Hospital	IP Per-Occurrence Ded ⁴	OP Per-Occurrence Ded ⁴			Select Plus	Core	Navigate ⁵	
Platinum	N/A	\$1,000	\$4,250	\$9,000	20%	50%	\$15	\$30	\$100	20%	N/A	N/A	Embedded	No	AK-RV	AK-RY	AK-SF	403
Silver	\$2,000	\$4,000	\$6,750	\$13,000	30%	50%	30%	30%	30%	30%	N/A	N/A	Embedded	No	AK-RW	AK-RZ	AK-SG	405
Bronze HSA	\$6,500	\$9,000	\$6,500	\$13,000	0%	50%	0%	0%	0%	0%	N/A	N/A	Embedded	Yes	AK-RX	AK-R1	AK-SH	396
Gold	\$250	\$1,000	\$5,500	\$11,000	20%	50%	\$20	\$40	\$100	20%	\$250	\$250	Embedded	No	AK-R7	AK-SB	AK-SN	404
Gold	\$750	\$1,500	\$5,500	\$11,000	20%	50%	\$20	\$40	\$100	20%	\$250	\$250	Embedded	No	AK-R8	AK-SC	AK-SO	404
Gold	\$1,000	\$2,000	\$6,000	\$12,000	20%	50%	\$20	\$40	\$100	20%	\$250	\$250	Embedded	No	AK-R9	AK-SD	AK-SP	404
Silver	\$2,000	\$4,000	\$6,750	\$13,500	30%	50%	\$30	\$60	\$250	30%	\$250	\$250	Embedded	No	AK-SA	AK-SE	AK-SQ	405
Platinum	N/A	\$1,000	\$4,000	\$8,000	10%	50%	\$15	\$40	\$150	10%	N/A	N/A	Embedded	No	N/A	AK-R2	AK-SI	354
Gold	N/A	\$1,000	\$6,750	\$13,500	20%	50%	\$30	\$55	\$325	20%	N/A	N/A	Embedded	No	N/A	AK-R3	AK-SJ	397
Silver	\$2,000	\$4,000	\$6,800	\$13,600	20%	50%	\$45	\$75	\$350	20%	N/A	N/A	Embedded	No	N/A	AK-R4	AK-SK	398
Bronze ⁶	\$6,300	\$12,600	\$6,800	\$13,600	100%	50%	\$75	\$105	100%	100%	N/A	N/A	Embedded	No	N/A	AK-R5	AK-SL	353
Bronze HSA	\$4,800	\$9,600	\$6,550	\$13,100	40%	50%	40%	40%	40%	40%	N/A	N/A	Embedded	Yes	N/A	AK-R6	AK-SM	399
															Non-Differential PPO			
Silver	2000		\$6,750		30%		30%	30%	30%	30%	N/A	N/A	Embedded	No	AK-RU			405

1 Family Deductible is 2x Individual. For HMO plans, refer to the Schedule of Benefits for a detailed list of benefits subject to the Deductible.

2 Family Out-of-Pocket Maximum is 2x Individual. Member cost share, including Office Visits, deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

3 Benefits with coinsurance (%) responsibility are subject to the Deductible.

4 The Per Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

5 Navigate is an In-Network product only, and does not cover Out-of-Network services. Only Select Plus and Core plans include benefit coverage for both In-Network and Out-of-Network services.

6 An annual combined limit of 3 visits apply to PCP, Specialist, Urgent Care, Mental Health and Substance Use Disorder office visits at the specified Copayment. Subsequent visits are subject to the plan Deductible and Copayment for the remainder of the Calendar Year.

CA Small Business 1-100 HMO Plans

Metallic Level	Deductible ¹	Out-Of-Pocket Maximum ²	PCP	Spec	ER	Inpatient Hospital	IP Copay Max	IP Copay Type	Outpatient Surgery	Deductible Type	Combined Med/Rx Ded	HMO Plan Codes				Rx Plan Code
												Signature Value	Advantage	Focus	Alliance	
Platinum	N/A	\$3,000	\$20	\$40	\$200	30%	N/A	Admit	30%	N/A	No	AK-QY	AK-Q4	AK-Q9	AK-RE	406
Gold	N/A	\$5,500	\$30	\$50	\$300	30%	N/A	Admit	30%	N/A	No	AK-QZ	AK-Q5	AK-RA	AK-RF	407
Gold	\$1,000	\$5,500	\$30	\$50	\$300	30%	N/A	Admit	30%	Embedded	No	AK-Q1	AK-Q6	AK-RB	AK-RG	407
Silver	\$2,000	\$6,750	\$45	\$65	\$400	40%	N/A	Admit	40%	Embedded	No	AK-Q2	AK-Q7	AK-RC	AK-RH	408
Silver	\$2,000	\$6,750	30%	30%	30%	30%	N/A	Admit	30%	Embedded	No	N/A	N/A	N/A	AK-RI	408
Bronze HSA	\$6,500	\$6,500	0%	0%	0%	0%	N/A	Admit	0%	Embedded	Yes	N/A	N/A	N/A	AK-RJ	409
Platinum	N/A	\$4,000	\$15	\$40	\$150	10%	N/A	Admit	10%	N/A	No	AK-RK	N/A	AK-RN	AK-RQ	356
Gold	N/A	\$6,750	\$30	\$55	\$325	20%	N/A	Admit	20%	N/A	No	AK-RL	N/A	AK-RO	AK-RR	410
Silver	\$2,000	\$6,800	\$45	\$75	\$350	20%	N/A	Admit	20%	Embedded	No	AK-RM	N/A	AK-RP	AK-RS	411
Bronze HSA	\$4,800	\$6,550	40%	40%	40%	40%	N/A	Admit	40%	Embedded	Yes	N/A	N/A	N/A	AK-RT	412

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3 Benefits with coinsurance (%) responsibility are subject to the Deductible.

4 The Per Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

5 Navigate is an In-Network product only, and does not cover Out-of-Network services. Only Select Plus and Core plans include benefit coverage for both In-Network and Out-of-Network services.

6 An annual combined limit of 3 visits apply to PCP, Specialist, Urgent Care, Mental Health and Substance Use Disorder office visits at the specified Copayment. Subsequent visits are subject to the plan Deductible and Copayment for the remainder of the Calendar Year.

Pharmacy Plans - PPO

Deductible ¹		Member Copay				Mail Order (90-Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
N/A	N/A	\$10	\$30	\$60	25% (max \$250)	2.5x	403
N/A	N/A	\$15	\$35	\$60	25% (max \$250)	2.5x	404
\$200	\$400	\$20	\$50	\$100	25% (max \$250)	2.5x	405
Medical Deductible		0%	0%	0%	0%	2.5x	396
N/A	N/A	\$5	\$15	\$25	10% (max \$250)	2.5x	354
N/A	N/A	\$15	\$55	\$75	20% (max \$250)	2.5x	397
\$250	\$500	\$15	\$55	\$85	20% (max \$250)	2.5x	398
\$500	\$1,000	100% (max \$500)	100% (max \$500)	100% (max \$500)	100% (max \$500)	2.5x	353
Medical Deductible		40% (max \$500)	40% (max \$500)	40% (max \$500)	40% (max \$500)	2.5x	399

Pharmacy Plans - HMO

Deductible ¹		Member Copay				Mail Order (90-Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
N/A	N/A	\$15	\$35	\$50	25% (max \$250)	2x	406
N/A	N/A	\$15	\$35	\$70	25% (max \$250)	2x	407
N/A	N/A	\$5	\$15	\$25	10% (max \$250)	2x	356
\$200	\$400	\$20	\$50	\$100	25% (max \$250)	2x	408
\$200	\$400	\$20	\$50	\$100	25% (max \$250)	2x	408
Medical Deductible		0%	0%	0%	0%	2x	409
N/A	N/A	\$15	\$55	\$75	20% (max \$250)	2x	410
\$250	\$500	\$15	\$55	\$85	20% (max \$250)	2x	411
Medical Deductible		40% (max \$500)	40% (max \$500)	40% (max \$500)	40% (max \$500)	2x	412

¹ Does not apply to Tier 1. Applies to all tiers for pharmacy plans subject to the Medical Deductible.

Core and Select Plus coverage are provided by or through UnitedHealthcare Insurance Company. These benefit grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This agreement /policy has exclusions, limitations, and terms under which the agreement /policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare representative. Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law. The Navigate network included herein is subject to approval by regulators. If the Navigate network offered herein is subsequently modified by regulators we will immediately advise you of the change in network, in accordance with applicable law. Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthCare of California. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).