



Georgia, 1-50 Fully Insured Plan Grid

Effective January 2024

Plans designed for simplicity and affordability.

This plan grid highlights benefits and should not be used to fully understand exact coverage. Review COC for an exact description, coverage details and other terms and conditions. Contact your UnitedHealthcare representative for more information.

Issued Date: 11/14/23

**United
Healthcare**

Health plans built for what matters to small business

Vital Medications Program | \$0 cost for certain medications.

The UnitedHealthcare Vital Medication Program offers certain drugs at no additional cost. Preferred medications with \$0 out-of-pocket costs may include:

- Insulin – rapid, short and long-acting
- Epinephrine – allergic reactions
- Glucagon – hypoglycemia (low blood sugar)
- Naloxone – opioid overdose
- Albuterol – asthma

UnitedHealthcare Rewards | Increase employee engagement.

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses select activities right for them and choose how to spend their earnings. Participants can earn up to \$300 annually.

\$0 24/7 Virtual Visits | Convenient care for \$0.

With a 24/7 Virtual Visit, employees and their covered family members of all ages can see and speak to a doctor anywhere, anytime on a mobile device or computer.

Benefit plan	24/7 Virtual Visits benefit
High deductible health plan	
Coinsurance and deductible plan	<ul style="list-style-type: none"> • \$0 cost-share – Deductible does not apply • First dollar coverage
Health Savings Account (HSA) plan	
Copay plan	<ul style="list-style-type: none"> • \$0 cost-share (copay) • First dollar coverage

Care Cash® | Provide financial help for employee health care expenses.

The Care Cash preloaded debit card can be used towards cost sharing for certain eligible network health care expenses. Care Cash:

- Gives an employee \$200 for the year for individual coverage or \$500 for family coverage
- Reloads new funds each plan year
- Rolls over remaining card balances each plan year up to \$2,000

For all Georgia Plans:

- All plans apply UnitedHealthcare Rewards. Contact your UnitedHealthcare representative for details
- Care Cash is included on all plans except for HSA and HRA plans. Contact your UnitedHealthcare representative for details
- All plans are paired with an Essential PDL Pharmacy Plan, which combines a four-tier benefit design with a managed drug list
- All pharmacy plans utilize the Broad National Retail Pharmacy network
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- Visit myuhc.com® for network details



Choice Plus Copay Only (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus Copay Only	N/A	100%	\$1,500	100%	N/A	\$25	N/A	\$75	\$50	\$500	\$60	\$75	\$300	\$1,500	\$1,500 Admit	Emb	Sep	DG-R8	L31S	Platinum
Choice Plus Copay Only	N/A	100%	\$2,000	100%	N/A	\$25	N/A	\$50	\$100	\$500	\$50	\$50	\$400	\$1,000	\$1,000/day up to \$2,000 max	Emb	Sep	DG-R9	L31S	Platinum
Choice Plus Copay Only	N/A	100%	\$7,000	100%	N/A	\$25	N/A	\$95	\$75	\$800	\$65	\$75	\$500	\$1,500	\$2,000 Admit	Emb	Sep	DG-SA	L31S	Gold
Choice Plus Copay Only	N/A	100%	\$8,000	100%	N/A	\$20	N/A	\$85	\$75	\$800	\$65	\$75	\$500	\$1,500	\$2,000 Admit	Emb	Sep	DG-R3	L31S	Gold

Choice Plus Direct Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus Direct HSA	\$7,500	70%	\$8,000	100%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Comb	DG-SM*	L31S	Bronze

Choice Plus Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus HSA	\$3,750	100%	\$3,750	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DG-RY*	E83	Gold
Choice Plus HSA	\$4,000	80%	\$7,000	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DG-SC*	L31S	Silver



Health Plan Product Offering

Georgia
1-50 Fully Insured Eligible Employees

Choice Plus Direct Split Copay (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus Direct Split Copay	N/A	100%	\$8,700	100%	\$50	\$50	\$100	\$100	\$100	\$800	100%	100%	\$800	\$1,500	\$2,450/day up to \$7,350 max	Emb	Sep	DG-SW	L31S	Gold
Choice Plus Direct Split Copay	N/A	100%	\$9,450	100%	\$60	\$60	\$90	\$90	\$100	\$500	100%	100%	\$500	\$1,500	\$2,500/day up to \$7,500 max	Emb	Sep	DG-SV	L31S	Gold
Choice Plus Direct Split Copay	\$750	80%	\$2,250	100%	\$25	\$25	\$45	\$45	\$75	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DG-SX	L31S	Platinum
Choice Plus Direct Split Copay	\$1,000	100%	\$2,000	100%	\$25	\$25	\$50	\$50	\$50	\$500	100%	100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DG-SY	L31S	Platinum
Choice Plus Direct Split Copay	\$1,250	100%	\$3,000	100%	\$20	\$20	\$40	\$40	\$50	\$500	100%	100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DG-SZ	L31S	Platinum
Choice Plus Direct Split Copay	\$1,500	80%	\$9,100	100%	\$40	\$40	\$80	\$80	\$75	Ded + 80%	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DG-SN	L31S	Gold
Choice Plus Direct Split Copay	\$2,500	80%	\$8,000	100%	\$25	\$25	\$100	\$100	\$50	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DG-SR	L31S	Gold
Choice Plus Direct Split Copay	\$3,000	80%	\$7,000	100%	\$40	\$40	\$80	\$80	\$75	Ded + \$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DG-SO	L31S	Gold
Choice Plus Direct Split Copay	\$3,500	100%	\$9,100	100%	\$40	\$40	\$100	\$100	\$75	Ded + \$500	100%	100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DG-SS	L31S	Gold
Choice Plus Direct Split Copay	\$3,500	70%	\$7,000	100%	\$40	\$40	\$70	\$70	\$75	Ded + \$500	100%	100%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DG-SP	L31S	Gold
Choice Plus Direct Split Copay	\$4,000	100%	\$7,000	100%	\$30	\$30	\$100	\$100	\$50	\$500	100%	100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DG-ST	L31S	Gold
Choice Plus Direct Split Copay	\$5,000	80%	\$9,100	100%	\$40	\$40	\$125	\$125	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DG-S2	L31S	Silver
Choice Plus Direct Split Copay	\$7,000	80%	\$9,100	100%	\$40	\$40	\$125	\$125	\$75	Ded + \$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DG-S3	L31S	Silver



Choice Plus Primary Advantage (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus Primary Advantage	\$1,000	100%	\$6,000	100%	N/A	\$25	N/A	\$75	\$50	Ded+ \$500	Ded+ \$50	Ded+ \$100	Ded+ \$500	Ded+ \$500	Ded+ \$1,250 Admit	Emb	Sep	DG-SB	L31S	Gold
Choice Plus Primary Advantage	\$2,250	100%	\$5,500	100%	N/A	\$25	N/A	\$50	\$50	Ded+ \$500	Ded+ \$50	Ded+ \$100	Ded+ \$500	Ded+ \$500	Ded+ \$750 Admit	Emb	Sep	DG-RZ	L31S	Gold
Choice Plus Primary Advantage	\$2,500	100%	\$5,000	100%	N/A	\$25	N/A	\$50	\$50	Ded+ \$500	Ded+ \$50	Ded+ \$100	Ded+ \$500	Ded+ \$500	Ded+ \$1,000 Admit	Emb	Sep	DG-R7	L31S	Gold
Choice Plus Primary Advantage	\$5,000	100%	\$9,450	100%	N/A	\$25	N/A	\$110	\$50	Ded+ \$500	Ded+ \$50	Ded+ \$100	Ded+ \$500	Ded+ \$500	Ded+ \$1,500 Admit	Emb	Sep	DG-R2	L31S	Silver
Choice Plus Primary Advantage	\$5,000	100%	\$9,450	100%	N/A	\$30	N/A	\$90	\$75	Ded+ \$500	Ded+ \$50	Ded+ \$100	Ded+ \$500	Ded+ \$1,000	Ded+ \$2,000 Admit	Emb	Sep	DG-R4	L31S	Silver
Choice Plus Primary Advantage	\$5,500	100%	\$9,000	100%	N/A	\$25	N/A	\$100	\$50	Ded+ \$500	Ded+ \$50	Ded+ \$100	Ded+ \$500	Ded+ \$500	Ded+ \$2,500 Admit	Emb	Sep	DG-R5	L31S	Silver

Choice Plus Copay Only (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Plus Copay Only	N/A	100%	\$1,500	100%	N/A	\$25	N/A	\$75	\$50	\$500	\$60	\$75	\$300	\$1,500	\$1,500 Admit	Emb	Sep	DG-R8	L31S	Platinum
Choice Plus Copay Only	N/A	100%	\$2,000	100%	N/A	\$25	N/A	\$50	\$100	\$500	\$50	\$50	\$400	\$1,000	\$1,000/day up to \$2,000 max	Emb	Sep	DG-R9	L31S	Platinum
Choice Plus Copay Only	N/A	100%	\$7,000	100%	N/A	\$25	N/A	\$95	\$75	\$800	\$65	\$75	\$500	\$1,500	\$2,000 Admit	Emb	Sep	DG-SA	L31S	Gold
Choice Plus Copay Only	N/A	100%	\$8,000	100%	N/A	\$20	N/A	\$85	\$75	\$800	\$65	\$75	\$500	\$1,500	\$2,000 Admit	Emb	Sep	DG-R3	L31S	Gold



Choice Advanced Split Copay (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Advanced Split Copay	\$3,000	80%	\$6,500	100%	\$30	\$30	\$60	Ded + 80%	\$75	Ded + \$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	DG-SU	L31S	Gold

Choice Copay Only (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Copay Only	N/A	100%	\$8,000	100%	N/A	\$20	N/A	\$85	\$75	\$800	\$65	\$75	\$500	\$1,500	\$2,000 Admit	Emb	Sep	DG-R6	L31S	Gold

Choice Direct Health Savings Account (HSA) (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Direct HSA	\$7,500	100%	\$7,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DG-SL *	L31S	Bronze

Choice Direct Split Copay (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network												
Choice Direct Split Copay	\$4,000	60%	\$8,000	100%	\$30	\$30	\$80	\$80	\$50	\$500	100%	100%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	DG-SQ	L31S	Gold
Choice Direct Split Copay	\$7,000	70%	\$8,700	100%	\$50	\$50	\$100	\$100	\$75	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	DG-SK	L31S	Silver



Health Plan Product Offering

Georgia
1-50 Fully Insured Eligible Employees

Rx Plans – Specialty Medication Cost Share (SMCS)

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays						
			Individual	Tier 1	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty
Separate Medical/Rx Deductible										
P39S	Essentialw/SMCS Drugs	National	N/A	\$5	\$15	\$30	80%	75%	75%	70%
L31S	Essentialw/SMCS Drugs	National	N/A	\$10	\$40	\$40	\$150	\$150	\$300	\$500
Combined Medical/Rx Deductible										
L31S	Essentialw/SMCS Drugs	National	Same as Medical	\$10	\$40	\$40	\$150	\$150	\$300	\$500

Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays			
			Individual	Tier 1	Tier 2	Tier 3	Tier 4
Combined Medical/Rx Deductible							
E83	Essential	National	Same as Medical	No Copay	No Copay	No Copay	No Copay



For all Choice Plans | [Click to see Plan Grids](#)

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network
- Members receive the highest level of plan benefits when they received Lab & Major Diagnostic Services from a Designated Diagnostic Provider (DDP)

Choice Plus Copay Only:

- In-network and out-of-network benefits
- Member copays for all network medical services

Choice Plus HSA:

- In-network and out-of-network benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice Plus Split Copay:

- In-network and out-of-network benefits
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services

Choice Plus Primary Advantage:

- In-network and out-of-network benefits
- Member pays copay for PCP, Office Visits, Urgent Care, 24/7 Virtual Visits These services are not subject to the annual plan deductible
- Member pays deductible first then a copay for Specialist Physician, ER, Outpatient Surgery, Major & Minor Diagnostics, Inpatient Hospital services
- Member pays deductible/other network coinsurance for certain benefits including Hospice, Ambulance, and Allergy Injections

Choice Plus Direct Split Copay:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services



For all Choice Plans | [Click to see Plan Grids](#)

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network
- Members receive the highest level of plan benefits when they received Lab & Major Diagnostic Services from a Designated Diagnostic Provider (DDP)

Choice Plus Direct HSA:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice Advanced Split Copay:

- In-network only benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services

Choice Copay Only:

- In-network and out-of-network benefits
- Member copays for all network medical services

Choice Direct HSA:

- In-network only benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

Choice Direct Split Copay:

- In-network only benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services
- Plan design where members pay copayment for physician office visits and coinsurance after deductible for other services



- Unless otherwise noted, product availability is national/statewide.
- All plans are ACA compliant.
- The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP. In 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.
- Refer to the complete Certificate of Coverage and/or Benefit Summary documents for additional benefit plan design details. Benefit Summaries can be found by visiting www.UHCeServices.com.
- 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.
- UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.
- Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. If the card is used for ineligible 213(d) expenses, individuals may incur tax obligations and should consult an appropriate tax professional to determine if they have such obligations. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.
- 24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- Insurance coverage provided by or through UnitedHealthcare Insurance Company or their affiliates.
- Health Plan coverage provided by or through UnitedHealthcare of Georgia, Inc.

