



# Alabama, 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	
Coinurance and deductible plan	<ul style="list-style-type: none"> <li>• \$0 cost-share – Deductible does not apply</li> <li>• First dollar coverage</li> </ul>
Health Savings Account (HSA) plan	
Copay plan	<ul style="list-style-type: none"> <li>• \$0 cost-share (copay)</li> <li>• First dollar coverage</li> </ul>

 **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 Alabama 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 Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Choice Plus Copay Only	N/A	100%	\$9,000	100%	\$30	\$75	\$75	\$800	\$75	\$75	\$500	\$1,500	\$2,000 Admit	Emb	Sep	DI-TO	L31S	Gold

## Choice Plus Primary Advantage (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Choice Plus Primary Advantage	\$1,000	80%	\$8,000	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TM	L31S	Gold
Choice Plus Primary Advantage	\$2,000	80%	\$6,000	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TQ	L31S	Gold
Choice Plus Primary Advantage	\$2,000	100%	\$6,500	100%	\$35	Ded + \$75	Ded + \$70	Ded + \$250	Ded + \$70	Ded + \$70	Ded + \$350	Ded + \$350	Ded + \$500 Admit	Emb	Sep	DI-TP	L31S	Gold
Choice Plus Primary Advantage	\$5,000	80%	\$9,450	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TI	L31S	Silver
Choice Plus Primary Advantage	\$5,500	80%	\$9,450	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TK	L31S	Silver



# Health Plan Product Offering

Alabama  
1-50 Fully Insured Eligible Employees

## Choice Health Savings Account (HSA) (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Choice HSA	\$5,500	100%	\$5,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DI-TS*	E83	Silver

## Choice Primary Advantage (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Choice Primary Advantage	\$1,000	80%	\$8,000	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TN	L31S	Gold
Choice Primary Advantage	\$2,000	80%	\$6,000	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TR	L31S	Gold
Choice Primary Advantage	\$4,500	60%	\$9,450	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TH	L31S	Silver
Choice Primary Advantage	\$5,000	80%	\$9,450	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TJ	L31S	Silver
Choice Primary Advantage	\$6,000	80%	\$9,450	100%	\$25	Ded + \$75	Ded + \$75	Ded + \$500	Ded + \$30	Ded + \$30	Ded + \$500	Ded + \$500	Ded + \$500 Admit	Emb	Sep	DI-TL	L31S	Silver



## Rx Plans – Specialty Medication Cost Share (SMCS)

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays				
			Individual	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty
<b>Separate Medical/Rx Deductible</b>								
L31S	Essential w/ SMCS Drugs	National	N/A	\$10	\$40	\$150	\$300	\$500

## Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays			
			Individual	Tier 1	Tier 2	Tier 3	Tier 4
<b>Combined Medical/Rx Deductible</b>							
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 receive 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 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 HSA:

- In-network only benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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 Primary Advantage:

- In-network only 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



- 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](http://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 Alabama, Inc.
- UnitedHealthcare, 33 Inverness Center Parkway, Suite 350, Hoover, AL 35242

