



Pennsylvania, 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 overuse
- 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	• \$0 cost-share – Deductible does not apply • First dollar coverage
Health Savings Account (HSA) plan	
Copayplan	• \$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 Pennsylvania 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. The Essential PDL combines a four-tier benefit design with a managed drug list
- Some plans apply Specialty Medication Cost Sharing (SMCS), which is a benefit design strategy to help control costs through the administration of a separate copayment/coinsurance for most specialty medications
- 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



Health Plan Product Offering

Pennsylvania
1-50 Fully Insured Eligible Employees

Choice Plus Advanced (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Advanced	\$3,500	100%	\$9,450	100%	\$40	\$40	\$60	\$100	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$100 HOSP: \$100	FS: \$500 HOSP: \$750	FS: Ded + \$500 HOSP: Ded + \$750	Ded + \$700/day up to \$3,500 max	Emb	Sep	DH-9D	CV-OH	K95S	Silver
Choice Plus Advanced	\$4,250	80%	\$9,450	100%	\$40	\$40	\$60	\$100	\$60	Ded + 50%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DH-9F	CV-OK	P54S	Silver
Choice Plus Advanced	\$5,000	70%	\$9,100	100%	\$50	\$50	\$80	\$120	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: Ded + 70% HOSP: Ded + 70%	FS: \$200 HOSP: Ded + 70%	FS: \$250 HOSP: Ded + 70%	Ded + 70%	Emb	Sep	DH-9E	CV-OI	K95S	Silver

Choice Plus Advanced 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 FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Advanced HSA	\$3,000	100%	\$7,000	100%	Ded + \$10	Ded + \$10	Ded + \$35	Ded + \$70	Ded + \$60	Ded + \$350	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + \$150 HOSP: Ded + \$300	FS: Ded + \$500 HOSP: Ded + \$750	Ded + \$750 Admit	Ded NonEmb/ OOPM Emb	Comb	DH-86	CV-N3	K95S	Silver



Health Plan Product Offering

Pennsylvania
1-50 Fully Insured Eligible Employees

Choice Plus Direct (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Direct	N/A	100%	\$1,750	100%	\$10	\$10	\$20	\$20	\$60	\$350	FS: \$60 HOSP: \$60	FS: \$50 HOSP: \$50	FS: \$150 HOSP: \$300	FS: \$150 HOSP: \$300	\$500/day up to \$1,500 max	Emb	Sep	DH-88	CV-N5	K95S	Platinum
Choice Plus Direct	\$250	100%	\$3,000	100%	\$5	\$5	\$15	\$15	\$60	Ded + \$350	FS: \$50 HOSP: \$50	FS: \$50 HOSP: \$50	FS: \$75 HOSP: \$150	FS: \$75 HOSP: \$150	\$250/day up to \$750 max	Emb	Sep	DH-87	CV-N4	K95S	Platinum
Choice Plus Direct	\$1,000	100%	\$9,000	100%	\$30	\$30	\$60	\$60	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$50 HOSP: \$50	FS: Ded + 100% HOSP: Ded + 80%	FS: Ded + 100% HOSP: Ded + 80%	Ded + 100%	Emb	Sep	DH-9G	CV-ON	K95S	Gold
Choice Plus Direct	\$1,500	90%	\$6,500	100%	\$25	\$25	\$50	\$50	\$60	Ded + 50%	FS: Ded + 90% HOSP: Ded + 90%	FS: Ded + 90% HOSP: Ded + 90%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Emb	Sep	DH-9B	CV-N8	K95S	Gold
Choice Plus Direct	\$2,000	80%	\$7,000	100%	\$30	\$30	\$60	\$60	\$60	Ded + 50%	FS: Ded + 70% HOSP: Ded + 70%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DH-89	CV-N6	K95S	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 FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus Direct HSA	\$2,000	90%	\$4,500	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Ded NonEmb/ OOPM Emb	Comb	DH-9A	CV-N7	K95S	Gold



Health Plan Product Offering

Pennsylvania
1-50 Fully Insured Eligible Employees

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 FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Plus HSA	\$1,600	100%	\$4,550	100%	N/A	Ded + \$15	N/A	Ded + \$30	Ded + \$60	Ded + \$350	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	Ded + \$750 Admit	NonEmb	Comb	DH-84	CV-NU	K95S	Gold

Choice (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice	\$500	50%	\$4,000	100%	N/A	100%	N/A	\$50	\$50	\$500	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	\$500 Admit	Emb	Sep	CV-NV	CO-B9	K94	Platinum

Choice Advanced (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Advanced	\$3,500	100%	\$9,450	100%	\$40	\$40	\$60	\$100	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$100 HOSP: \$100	FS: \$500 HOSP: \$750	FS: Ded + \$500 HOSP: Ded + \$750	Ded + \$700/day up to \$3,500 max	Emb	Sep	DH-9H	CV-OO	K95S	Silver
Choice Advanced	\$4,250	80%	\$9,450	100%	\$40	\$40	\$60	\$100	\$60	Ded + 50%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	DH-9K	CV-OS	P54S	Silver
Choice Advanced	\$5,000	70%	\$9,100	100%	\$50	\$50	\$80	\$120	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: Ded + 70% HOSP: Ded + 70%	FS: \$200 HOSP: Ded + 70%	FS: \$250 HOSP: Ded + 70%	Ded + 70%	Emb	Sep	DH-9I	CV-OP	K95S	Silver



Health Plan Product Offering

Pennsylvania
1-50 Fully Insured Eligible Employees

Choice Advanced 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 FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Advanced HSA	\$3,000	100%	\$7,000	100%	Ded + \$10	Ded + \$10	Ded + \$35	Ded + \$70	Ded + \$60	Ded + \$350	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + 100% HOSP: Ded + 100%	FS: Ded + \$150 HOSP: Ded + \$300	FS: Ded + \$500 HOSP: Ded + \$750	Ded + \$750 Admit	Ded NonEmb/ OOPM Emb	Comb	DH-9C	CV-OB	K95S	Silver

Choice Direct (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Direct	\$250	100%	\$3,000	100%	\$5	\$5	\$15	\$15	\$60	Ded + \$350	FS: \$50 HOSP: \$50	FS: \$50 HOSP: \$50	FS: \$75 HOSP: \$150	FS: \$75 HOSP: \$150	\$250/day up to \$750 max	Emb	Sep	CV-OC	CD-28	K95S	Platinum
Choice Direct	N/A	100%	\$1,750	100%	\$10	\$10	\$20	\$20	\$60	\$350	FS: \$60 HOSP: \$60	FS: \$50 HOSP: \$50	FS: \$150 HOSP: \$300	FS: \$150 HOSP: \$300	\$500/day up to \$1,500 max	Emb	Sep	CV-OD	CD-26	K95S	Platinum
Choice Direct	\$500	80%	\$8,000	100%	\$20	\$20	\$60	\$60	\$60	Ded + 50%	FS: Ded + 70% HOSP: Ded + 70%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	CV-OG	CD-2X	K95S	Gold
Choice Direct	\$1,000	100%	\$9,000	100%	\$30	\$30	\$60	\$60	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$50 HOSP: \$50	FS: Ded + 100% HOSP: Ded + 80%	FS: Ded + 100% HOSP: Ded + 80%	Ded + 100%	Emb	Sep	CV-OV	CO-DA	K95S	Gold
Choice Direct	\$1,500	90%	\$6,500	100%	\$25	\$25	\$50	\$50	\$60	Ded + 50%	FS: Ded + 90% HOSP: Ded + 90%	FS: Ded + 90% HOSP: Ded + 90%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Emb	Sep	CV-OF	CD-2Z	K95S	Gold
Choice Direct	\$2,000	80%	\$7,000	100%	\$30	\$30	\$60	\$60	\$60	Ded + 50%	FS: Ded + 70% HOSP: Ded + 70%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% HOSP: Ded + 60%	Ded + 80%	Emb	Sep	CV-OE	CD-23	K95S	Gold



Health Plan Product Offering

Pennsylvania
1-50 Fully Insured Eligible Employees

Choice 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 FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice Direct HSA	\$2,000	90%	\$4,500	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	FS: Ded + 90% HOSP: Ded + 70%	Ded + 90%	Ded NonEmb/ OOPM Emb	Comb	DH-9J	CV-OQ	K95S	Gold

Choice 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 FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice HSA	\$1,600	100%	\$4,550	100%	N/A	Ded + \$15	N/A	Ded + \$30	Ded + \$60	Ded + \$350	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	Ded + \$750 Admit	NonEmb	Comb	DH-83	CV-NT	K95S	Gold

Choice UHPD (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Choice UHPD	N/A	100%	\$9,100	100%	\$40	\$40	\$80	\$120	\$80	\$550	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	FS: N/A HOSP: N/A	\$500/day up to \$2,500 max	Emb	Sep	CV-NY		K95S	Gold



Health Plan Product Offering

Pennsylvania
1-50 Fully Insured Eligible Employees

Navigate Advanced (HMO)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Navigate Advanced	\$1,000	100%	\$9,100	100%	\$30	\$30	\$60 w/ referral	\$100 w/ referral	\$60	Ded + 50%	FS: \$60 HOSP: \$60	FS: \$100 HOSP: \$100	FS: Ded + 100% HOSP: Ded + 80%	FS: Ded + 100% w/ referral HOSP: Ded + 80%	Ded + 100% w/ referral	Emb	Sep	CV-OZ	CO-DE	K95S	Gold
Navigate Advanced	\$1,500	80%	\$7,500	100%	\$30	\$30	\$60 w/ referral	\$100 w/ referral	\$60	Ded + 50%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% w/ referral HOSP: Ded + 60%	Ded + 80% w/ referral	Emb	Sep	CV-OY	CO-DD	K95S	Gold
Navigate Advanced	\$3,500	80%	\$9,450	100%	\$40	\$40	\$80 w/ referral	\$120 w/ referral	\$60	Ded + 50%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 80%	FS: Ded + 80% HOSP: Ded + 60%	FS: Ded + 80% w/ referral HOSP: Ded + 60% w/ referral	Ded + 80% w/ referral	Emb	Sep	DH-9L	CV-O3	K95S	Silver

Navigate Advanced 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 FS/HOSP	X-Ray FS/HOSP	Maj. Diag. FS/HOSP & Imaging	OP Surg FS/HOSP	IP Hospital	Med Ded Type	Med Rx Ded Type	Med Plan Code	Prior Plan Code	Rx Plan Code	Metallic Level
					Designated	Network	Designated	Network													
Navigate Advanced HSA	\$3,500	100%	\$6,500	100%	Ded + \$30	Ded + \$30	Ded + \$60 w/ referral	Ded + \$100 w/ referral	Ded + \$60	Ded + 50%	FS: Ded + 100% HOSP: Ded + \$100	FS: Ded + 100% HOSP: Ded + \$100	FS: Ded + \$150 HOSP: Ded + \$300	FS: Ded + \$250 HOSP: Ded + \$500 w/ referral	Ded + \$750 Admit w/ referral	Ded NonEmb / OOPM Emb	Comb	DH-9M	CV-O7	K95S	Silver



Health Plan Product Offering

Pennsylvania
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 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty
Separate Medical/Rx Deductible									
K95S	Essentialw/ SMCS Drugs	National	N/A	\$15	\$60	\$250	50% up to \$500	\$500	50% up to \$1,000
P54S	Essentialw/ SMCS Drugs	National	N/A	\$20	\$60	\$250	50% up to \$500	\$500	50% up to \$1,000
Combined Medical/Rx Deductible									
K95S	Essentialw/ SMCS Drugs	National	Same as Medical	\$15	\$60	\$250	50% up to \$500	\$500	50% up to \$1,000

Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays			
			Individual	Tier 1	Tier 2	Tier 3	Tier 4
Separate Medical/Rx Deductible							
K94	Essential	National	N/A	\$5	\$50	50% up to \$250	50% up to \$1,000
Combined Medical/Rx Deductible							
E83	Essential	National	Same as Medical	No Copay	No Copay	No Copay	No Copay



Plan Descriptions – Choice Plus and Choice

Pennsylvania

1-50 Fully Insured Eligible Employees

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

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network

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 Advanced:

- In-network and out-of-network benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Place of Service Tiering (POST) for outpatient surgery and scopic services

Choice Plus Advanced HSA:

- In-network and out-of-network benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- 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 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



Plan Descriptions – Choice Plus and Choice

Pennsylvania
1-50 Fully Insured Eligible Employees

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

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network

Choice Plus Direct:

- In-network and out-of-network benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic services

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:

- In-network only benefits

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 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



Plan Descriptions – Choice Plus and Choice

Pennsylvania
1-50 Fully Insured Eligible Employees

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

- No PCP selection or referrals required to see a network specialist
- National UnitedHealthcare network

Choice Advanced:

- In-network only benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- Place of Service Tiering (POST) for outpatient surgery and scopic services

Choice Advanced HSA:

- In-network only benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers
- 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:

- In-network only benefits
- Place of Service Tiering (POST) for outpatient surgery and scopic 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 UHPD:

- In-network only benefits
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers



For all Navigate Products | [Click to see Plan Grids](#)

- PCP selection and referrals required to see a network specialist
- Narrowed network in select markets

Navigate Advanced:

- 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

Navigate Advanced HSA:

- 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
- 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



- 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 its affiliates.
- Health Plan coverage provided by or through UnitedHealthcare of Pennsylvania, Inc.

