



# How to read UnitedHealthcare's plan portfolio grids

This simple illustration and key will help you read and understand our new plan portfolio grids so you can make an informed decision.

Plans are grouped by product type and includes a description of network coverage and underwriting legal entity. Plans are listed in order of least to most expensive.

Only OCI Preferred and Choice Plus plans include out-of-network benefits

Marketing Name	Plan Code		License	HRA/ HSA	In-Network					Out-of-Network					Co-payments						Medical Deduct. Type	Rx								
	Medical	Rx			Deductible		Coins	OOP Maximum		Deductible		Coins	OOP Maximum		PCP	SCP	UC	ER	Out-Patient Surgery			In-Patient	Deduct. Type	Plan Name	Deduct.	Tier 1	Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.
					Indiv.	Family		Indiv.	Family	Indiv.	Family		Free-St.	Hospital																
<b>Choice Plus Plans</b> UnitedHealthcare Insurance Company - Open Access National in and out of network Coverage																														
UHC Choice Plus HSA POS Bronze 4500	AC-7D	006	UHIC	H S A	\$4,500	\$9,000	70%	\$6,500	\$13,000	\$6,000	\$12,000	50%	\$15,000	\$30,000								Emb	Comb	006		\$10	\$40	\$100	\$75	\$150
UHC Choice Plus HSA POS Silver 2300	AD-OO	006	UHIC	H S A	\$2,300	\$5,750	100%	\$6,500	\$6,850	\$4,000	\$8,000	80%	\$8,000	\$16,000	\$25	\$50	\$75	\$150		Ded+\$250 +Coins.	\$500	NonEmb	Comb	006		\$10	\$40	\$100	\$75	\$150
UHC Choice Plus HSA POS Silver 2000 B	AC-69	006	UHIC	H S A	\$2,000	\$6,000	90%	\$6,000	\$6,850	\$3,000	\$6,000	70%	\$10,000	\$20,000	\$25	\$45						NonEmb	Comb	006		\$10	\$40	\$100	\$75	\$150
UHC Choice Plus HSA POS Silver 1700	AC-7A	006	UHIC	H S A	\$1,700	\$5,100	80%	\$6,500	\$6,850	\$3,000	\$6,000	60%	\$10,000	\$20,000								NonEmb	Comb	006		\$10	\$40	\$100	\$75	\$150
UHC Choice Plus HSA POS Silver 2000	AC-68	006	UHIC	H S A	\$2,000	\$4,000	70%	\$4,500	\$6,850	\$3,000	\$6,000	50%	\$10,000	\$20,000								NonEmb	Comb	006		\$10	\$40	\$100	\$75	\$150
UHC Choice Plus POS Silver 2000	PKR	009	UHIC		\$2,000	\$4,000	70%	\$6,250	\$12,500	\$4,000	\$8,000	50%	\$10,000	\$20,000	\$40	\$80	\$100		\$300			Emb	Sep	009	\$250	\$10	\$40	\$100	\$75	\$150
UHC Choice Plus HSA POS Gold 1300	HGH	006	UHIC	H S A	\$1,300	\$2,600	90%	\$2,600	\$5,200	\$2,000	\$4,000	70%	\$6,000	\$12,000								NonEmb	Comb	006		\$10	\$40	\$100	\$75	\$150
UHC Choice Plus HSA POS Gold 1300 A	KW3	006	MLH	H S A	\$1,300	\$2,600	90%	\$2,600	\$5,200	\$2,000	\$4,000	70%	\$6,000	\$12,000								NonEmb	Comb	006		\$10	\$40	\$100	\$75	\$150
UHC Choice Plus HSA POS Gold 1300 C	933	006	UHIC	H S A	\$1,300	\$2,600	100%	\$3,000	\$6,000	\$3,000	\$6,000	80%	\$6,000	\$12,000	\$10	\$20	\$75	\$100		Ded+\$150 +Coins.	\$250	NonEmb	Comb	006		\$10	\$40	\$100	\$75	\$150

Grid shown is for illustrative purposes only. The information included is not guaranteed, may include inaccuracies and should not be used for quoting purposes. The list is not all-inclusive and is subject to change.

\*When Rx is not listed in the Plan Name, choose either option listed in the PHARMACY PLANS column.

Product Key							
Product	License/Description	Local Access	Tailored Local Access	National Access	Network Only	Out of Network	Referrals required
OCI	Optimum Choice Inc. HMO	X			X		X
OCP	Optimum Choice Preferred	X				X	X
Choice	MLH / Choice			X	X		
Choice	UHMA / Choice	X			X		
Choice	UHIC / Choice			X	X		
Choice Plus	MLH / Choice Plus			X		X	
Choice Plus	UHMA / Choice Plus	X				X	
Choice Plus	UHIC / Choice Plus			X		X	
Core Essential	UHMA / Choice	X	X		X		
Navigate	UHMA / Choice	X	X		X		X

