

UnitedHealthcare Small Business Product Grid



Traditional Plans – Proven plans with deductibles up to \$500

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
5E-A	20/250/90%	\$250	\$750	\$500	\$1,500	Embedded	90%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$20	\$40	\$125	\$250	10%	10%	IV
5E-D	30/250/80%	\$250	\$750	\$500	\$1,500	Embedded	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$50	\$125	\$250	20%	20%	IV
5E-F	30/500/80%	\$500	\$1,500	\$1,000	\$3,000	Embedded	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$50	\$125	\$250	20%	20%	IV
5E-K	40/500/70%	\$500	\$1,500	\$1,000	\$3,000	Embedded	70%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$40	\$60	\$125	\$250	30%	30%	IV

Balanced Plans – Tailored plans with deductibles greater than \$1,000

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
5E-C	30/1000/80%	\$1,000	\$3,000	\$2,000	\$6,000	Embedded	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$50	\$125	\$250	20%	20%	IW
5E-I	40/1000/70%	\$1,000	\$3,000	\$2,000	\$6,000	Embedded	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	IW
5E-G	40/1000/50%	\$1,000	\$3,000	\$2,000	\$6,000	Embedded	50%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	50%	50%	IW
5E-J	40/1500/70%	\$1,500	\$4,500	\$3,000	\$9,000	Embedded	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	IW
5E-H	40/2000/50%	\$2,000	\$6,000	\$4,000	\$12,000	Embedded	50%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$40	\$60	\$125	\$250	50%	50%	IW
5E-E	30/2500/80%	\$2,500	\$7,500	\$5,000	\$15,000	Embedded	80%	60%	\$4,500	\$9,000	\$9,000	\$18,000	\$30	\$50	\$125	\$250	20%	20%	IW
5E-B	20/3000/90%	\$3,000	\$9,000	\$6,000	\$18,000	Embedded	90%	70%	\$6,000	\$12,000	\$12,000	\$24,000	\$20	\$40	\$125	\$250	10%	10%	IW

Balanced Value Plans – Affordable plans for employers seeking benefit alternatives that include non-embedded deductibles

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
5E-P	30/1000/80%	\$1,000	\$3,000	\$2,000	\$6,000	Non-Emb	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$50	\$125	\$250	20%	20%	IZ
5E-S	40/1000/70%	\$1,000	\$3,000	\$2,000	\$6,000	Non-Emb	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	IZ
5E-Q	40/1000/50%	\$1,000	\$3,000	\$2,000	\$6,000	Non-Emb	50%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	50%	50%	IZ
5E-T	40/1500/70%	\$1,500	\$4,500	\$3,000	\$9,000	Non-Emb	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	IZ
5E-R	40/2000/50%	\$2,000	\$6,000	\$4,000	\$12,000	Non-Emb	50%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$40	\$60	\$125	\$250	50%	50%	IZ

Consumer-Driven Health Plans – Innovative plans offering option to pair with Definity HSA or Definity HRA

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
Definity Health Savings Account (HSA) Plans																			
Z6-Q	1500/80%	\$1500	\$3,000	\$3,000	\$6,000	Non-Emb	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%	IV
5E-N	2000/100%	\$2,000	\$4,000	\$4,000	\$8,000	Non-Emb	100%	70%	\$4,000	\$8,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%	IV
Q3-M	2000/80%	\$2,000	\$4,000	\$4,000	\$8,000	Non-Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	20%	20%	20%	20%	20%	20%	IV
5E-O	3000/100%	\$3,000	\$6,000	\$6,000	\$12,000	Non-Emb	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	0%	0%	0%	0%	0%	0%	IV
5E-L	3000/80%	\$3,000	\$6,000	\$6,000	\$12,000	Non-Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	20%	20%	20%	20%	20%	20%	IV
5E-M	4000/80%	\$4,000	\$8,000	\$8,000	\$16,000	Non-Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	20%	20%	20%	0%	0%	0%	IV
Definity Health Reimbursement Account (HRA) Plans																			
C3-U	1500/80%	\$1,500	\$3,000	\$3,000	\$6,000	Embedded	80%	60%	\$6,000	\$12,000	\$12,000	\$24,000	20%	20%	20%	20%	20%	20%	IY
C3-S	2000/70%	\$2,000	\$4,000	\$4,000	\$8,000	Embedded	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	30%	30%	30%	30%	30%	30%	IY
C3-V	2500/80%	\$2,500	\$5,000	\$5,000	\$10,000	Embedded	80%	60%	\$6,000	\$12,000	\$12,000	\$24,000	20%	20%	20%	20%	20%	20%	IY
C3-T	3000/70%	\$3,000	\$6,000	\$6,000	\$12,000	Embedded	70%	50%	\$6,000	\$12,000	\$12,000	\$24,000	30%	30%	30%	30%	30%	30%	IY

Non-Differential PPO Plan – Comprehensive plan for employers with out-of-area employees

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
6H-F	2000/80%	\$2,000		\$6,000		Embedded	80%	80%	\$4,000		\$12,000		20%	20%	20%	20%	20%	20%	IW

Pharmacy Plans – Full-service pharmacy management solutions that help to stem rising costs

Plan Code	Deductible			Base Pharmacy Plan			Specialty Pharmacy Plan			Mail Service Ratio	
	Single	Family	Applicable Tiers	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3		
IV	None	None	Not applicable	\$15	\$35	\$60	\$15	25%	30%	2.5	
IW	\$150	\$250	Tiers 2 & 3	\$15	\$35	\$60	\$15	25%	30%	2.5	
IY	\$250	\$750	Tiers 2 & 3	\$15	\$35	\$60	\$15	25%	30%	2.5	
IZ	\$250	\$750	All Tiers	\$20	\$40	\$60	\$20	25%	30%	2.5	
Combined medical/pharmacy plan											
IV	Medical Deductible			All Tiers	\$15	\$35	\$60	\$15	25%	30%	2.5

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

PacifiCare SignatureValue (HMO) Plans –

Well-defined plans with choice of a Primary Care Physician from the full HMO network

Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan		
		Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp			
PC-F	10-30/100%	None	None	N/A	N/A	\$1,500	\$4,500	\$10	\$30	\$75	\$150	Paid in full		Paid in full		B9
PC-G	15-30/300a	None	None	N/A	N/A	\$1,500	\$4,500	\$15	\$30	\$75	\$150	\$250	\$300/admit		EX	
PD-I	20-40/300d	None	None	N/A	N/A	\$2,000	\$6,000	\$20	\$40	\$75	\$150	\$300	\$300/day, max 2 days		EX	
PD-J	30-40/500d	None	None	N/A	N/A	\$3,000	\$9,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days		EV	
PD-K	40-60/800d	None	None	N/A	N/A	\$4,000	\$12,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days		EV	
PC-K	20-40/1500ded	\$1,500	\$3,000	Embedded	N/A	\$4,000	\$8,000	\$20	\$40	\$75	\$150	ded+\$300		ded+\$500/day		EV
PD-L	40-60/60%	None	None	N/A	60%	\$5,000	\$15,000	\$40	\$60	\$75	\$150	40%		40%		EV
PD-M	20-40/70%/1500ded	\$1,500	\$3,000	Embedded	70%	\$5,000	\$10,000	\$20	\$40	\$75	\$150	ded+30%		ded+30%		EV
PD-N	40-60/70%/2000ded	\$2,000	\$4,000	Embedded	70%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	ded+40%		ded+40%		EV

PacifiCare SignatureValue Advantage (HMO) Plans –

Lower-cost plans with choice of a Primary Care Physician from a select HMO network of physicians and specialists

Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan		
		Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp			
PC-L	10-30/100%	None	None	N/A	N/A	\$1,500	\$4,500	\$10	\$30	\$75	\$150	Paid in full		Paid in full		B9
PC-M	15-30/300a	None	None	N/A	N/A	\$1,500	\$4,500	\$15	\$30	\$75	\$150	\$250	\$300/admit		EX	
PD-T	20-40/300d	None	None	N/A	N/A	\$2,000	\$6,000	\$20	\$40	\$75	\$150	\$300	\$300/day, max 2 days		EX	
PD-O	30-40/500d	None	None	N/A	N/A	\$3,000	\$9,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days		EV	
PD-P	40-60/800d	None	None	N/A	N/A	\$4,000	\$12,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days		EV	
PC-Q	20-40/1500ded	\$1,500	\$3,000	Embedded	N/A	\$4,000	\$8,000	\$20	\$40	\$75	\$150	ded+\$300		ded+\$500/day		EV
PC-R	40-60/2000ded	\$2,000	\$6,000	Embedded	N/A	\$5,000	\$15,000	\$40	\$60	\$75	\$150	\$1000	ded, then Paid in full		EV	
PD-Q	40-60/60%	None	None	N/A	60%	\$5,000	\$15,000	\$40	\$60	\$75	\$150	40%		40%		EV
PD-R	20-40/70%/1500ded	\$1,500	\$3,000	Embedded	70%	\$5,000	\$10,000	\$20	\$40	\$75	\$150	ded+30%		ded+30%		EV
PD-S	40-60/70%/2000ded	\$2,000	\$4,000	Embedded	70%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	ded+40%		ded+40%		EV

PacifiCare SignatureValue (HealthCare Partners Network) Plans –

Economical plans with choice of a Primary Care Physician from the HealthCare Partners network

Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan	
		Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp		
PD-F	25-75/500ded	\$500	\$1000	Embedded	N/A	\$1,500	\$3,000	\$25	\$75	ded+20%	ded+20%	ded+20%	ded+20%		EX
PD-G	25-50/500ded	\$500	\$1000	Embedded	N/A	\$4,000	\$8,000	\$25	\$50	ded+20%	ded+20%	ded+20%	ded+20%		EX
PD-H	25-75/1500ded	\$1500	\$3000	Embedded	N/A	\$4,000	\$8,000	\$25	\$75	ded+40%	ded+40%	ded+40%	ded+40%		EX

Pharmacy Plans –

Plans that focus on clinical quality and total patient care while promoting the most appropriate use of medications

Plan Code	Deductible		Pharmacy Plan			Mail Service Ratio
	Per Member	Applicable Tiers	Tier 1	Tier 2	Tier 3	
B9	None	Not applicable	\$10	\$25	\$50	2.0
EX	\$150	All Tiers	\$15	\$35	\$50	2.0
EV	\$150	All Tiers	\$20	\$35	\$50	2.0

Contact your UnitedHealthcare representative for more information.



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.

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