

PlanBien<sup>SM</sup> de UnitedHealthcare para Grupos con 2 a 99 Empleados

The health care coverage plans listed below are only a portion of the entire UnitedHealthcare 2–99 portfolio. All health care coverage plans within the UnitedHealthcare 2–99 portfolio are available for quote. Please contact your UnitedHealthcare representative for more information.

Los planes de cobertura de cuidado de la salud que se indican a continuación sólo son una parte de la cartera de planes UnitedHealthcare para grupos de 2 a 99 empleados. Todos los planes de cobertura de cuidado de la salud de la cartera de planes UnitedHealthcare para grupos de 2 a 99 empleados están disponibles para su cotización. Para obtener más

Plan Code Código del Plan	PCP PCP	Copayment / Per Occurrence / Copago / Por Suceso					Coinsurance Coaseguro		Deductible Deducible				Out-of-Pocket Maximum Gasto Máximo de Desembolso Personal				
		SPEC ESPEC	Urgent Care Aten Urg	ER Sala Emerg	OP Surg Cirugia Ambul	IP Pac Hosp	In Network Dentro de la Red	Out of Network Fuera de la Red	In Network Dentro de la Red		Out of Network Fuera de la Red		In Network Dentro del la Red		Out of Network Fuera de la Red		
									Individual Individual	Family Familia	Individual Individual	Family Familia	Individual Individual	Family Familia	Individual Individual	Family Familia	
<b>Traditional Plans</b>																	
NN-D	\$15	\$35	\$50	\$150	100%	100%	100%	50%	N/A	N/A	\$3,000	\$9,000	N/A	N/A	\$9,000	\$18,000	
NN-P	\$25	\$45	\$50	\$150	100%	100%	100%	50%	N/A	N/A	\$3,000	\$9,000	N/A	N/A	\$9,000	\$18,000	
NN-L	\$20	\$40	\$50	\$150	\$100	\$250	100%	50%	N/A	N/A	\$3,000	\$9,000	\$1,500	\$3,000	\$9,000	\$18,000	
NN-T	\$50	\$70	\$75	\$150	\$100	\$750	100%	50%	N/A	N/A	\$3,000	\$9,000	\$3,000	\$6,000	\$9,000	\$18,000	
NN-J	\$15	\$35	\$50	\$150	90%	90%	90%	50%	N/A	N/A	\$4,000	\$12,000	\$1,500	\$3,000	\$9,000	\$18,000	
NN-O	\$25	\$45	\$50	\$150	90%	90%	90%	50%	N/A	N/A	\$4,000	\$12,000	\$1,500	\$3,000	\$9,000	\$18,000	
NN-I	\$15	\$35	\$50	\$150	80%	80%	80%	50%	N/A	N/A	\$4,000	\$12,000	\$1,500	\$3,000	\$9,000	\$18,000	
NN-M	\$25	\$45	\$50	\$150	80%	80%	80%	50%	N/A	N/A	\$4,000	\$12,000	\$1,500	\$3,000	\$9,000	\$18,000	
<b>Traditional with Deductible Plans</b>																	
NN-E	\$15	\$35	\$50	\$150	90%	90%	90%	50%	\$250	\$750	\$4,000	\$12,000	\$1,250	\$3,750	\$9,000	\$18,000	
NN-S	\$30	\$50	\$50	\$150	80%	80%	80%	50%	\$500	\$1,500	\$4,000	\$12,000	\$2,500	\$7,500	\$9,000	\$18,000	
<b>Balanced Plans</b>																	
NN-F	\$20	\$40	\$50	\$150	90%	90%	90%	50%	\$1,000	\$3,000	\$4,000	\$12,000	\$2,000	\$6,000	\$9,000	\$18,000	
<b>Health Reimbursement Account Plans</b>																	
NN-U	90%	90%	90%	90%	90%	90%	90%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$4,000	\$12,000	\$9,000	\$18,000	
NN-V	90%	90%	90%	90%	90%	90%	90%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$4,500	\$13,500	\$9,000	\$18,000	

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. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible, whether preventive services are covered at 100%, and other benefit details.

Por favor tenga en cuenta que: La información de este cuadro se proporciona exclusivamente con fines informativos y no tiene la finalidad de usarse como un contrato. Para obtener una lista completa de cobertura y exclusiones, consulte el Certificado de Cobertura o hable con su representante de UnitedHealthcare para obtener detalles adicionales que podrían afectar los beneficios. Los diferentes planes de UnitedHealthcare pueden tener enfoques diferentes a los costos de farmacia que están incluidos o excluidos del deducible médico, si los servicios de atención preventiva están cubiertos al 100% y otros detalles de beneficios.

Insurance coverage provided by or through United HealthCare Insurance Company. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates. Cobertura de seguro proporcionada por o a través de United HealthCare Insurance Company. Los servicios administrativos son ofrecidos por United HealthCare Insurance Company, United HealthCare Services, Inc. o sus afiliadas.



Pharmacy Plans

Plan Code Código del Plan	Deductible Deducible		Out-of- Network Fuera de la Red		Copayment / Copago				Mail Service Ratio Índice de Servicio por Correo
	Individual Individual	Family Familia	Individual Individual	Family Familia	Tier 1 Nivel 1	Tier 2 Nivel 2	Tier 3 Nivel 3	Tier 4 Nivel 4	
2V	n/a	n/a	n/a	n/a	\$10	\$35	\$60	\$0	2.5
H9	n/a	n/a	n/a	n/a	\$10	\$30	\$50	\$0	2.5
K4	n/a	n/a	n/a	n/a	\$10	\$25	\$40	\$0	2.5
EU	n/a	n/a	n/a	n/a	\$10	\$40	\$75	\$125	2.5

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