



## Medical Plan Offerings— UnitedHealthcare 2024\*

\*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet ([login.TriNet.com](https://login.trinet.com)).

## INDEX

To use the index, hover your cursor over the section title and click. To get back to the index, click Alt+ Left Arrow.

New Plans

Current Plans

Eliminated Plans

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## UnitedHealthcare Plan Details: **New Plans**

UHC HDHP 2000	<b>NEW</b> for 2024
UHC HDHP 3500	<b>NEW</b> for 2024
UHC HDHP 3500 SC	<b>NEW</b> for 2024
UHC HDHP 3500 NV	<b>NEW</b> for 2024

The **new** UnitedHealthcare plans for the 2024 benefits plan year are listed on the following page.

Benefits	HDHP 2000	HDHP 3500	UHC HDHP 3500 SC	UHC HDHP 3500 NV
Network Name	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Single Deductible	\$2,000	\$3,500	\$3,500	\$3,500
Family Deductible	\$4,000	\$7,000	\$7,000	\$7,000
Single Deductible Out-of-Network	\$5,000	\$7,000	\$7,000	\$7,000
Family Deductible Out-of-Network	\$10,000	\$14,000	\$14,000	\$14,000
Single Out-of-Pocket Max	\$4,000	\$7,000	\$7,000	\$7,000
Family Out-of-Pocket Max	\$7,500	\$14,000	\$14,000	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$10,000	\$13,000	\$13,000	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$20,000	\$26,000	\$26,000	\$26,000
Co-Insurance	10%	10%	10%	10%
Co-Insurance Out-of-Network	50%	50%	40%	50%
Doctor Visits	10% after ded	10% after ded	10% after ded	10% after ded
Specialist Visits	10% after ded	10% after ded	10% after ded	10% after ded
Lab & X-Ray	10% after ded	10% after ded	10% after ded	10% after ded
Emergency Room Visits	10% after ded	10% after ded	10% after ded	10% after ded
Urgent Care Visits	10% after ded	10% after ded	10% after ded	10% after ded
Outpatient Facility	10% after ded	10% after ded	10% after ded	10% after ded
Outpatient Surgery	10% after ded	10% after ded	10% after ded	10% after ded
Hospital Inpatient	10% after ded	10% after ded	10% after ded	10% after ded
Rx Deductible (Non-Generic)	Integrated w/med	Integrated w/Med	Integrated w/Med	Integrated w/Med
Generic Rx (Tier 1)	\$10 after ded	\$10 after ded	\$15 after ded	\$10 after ded
Brand Rx (Tier 2)	\$35 after ded	\$35 after ded	\$45 after ded	\$35 after ded
Non-Formulary Rx (Tier 3)	\$70 after ded	\$70 after ded	\$75 after ded	\$70 after ded

## UnitedHealthcare Plan Details: Current Plans

UHC Choice+ 300	Current Plan for 2024
UHC Choice+ 500	Current Plan for 2024
UHC Choice+ 1000	Current Plan for 2024
UHC Choice+ 1500	Current Plan for 2024
UHC Choice+ 2500	Current Plan for 2024
UHC Choice+ 7150	Current Plan for 2024
UHC Core 500	Current Plan for 2024
UHC Core 2500	Current Plan for 2024
UHC HDHP 5500	Current Plan for 2024
UHC Primary 1000	Current Plan for 2024
UHC Primary 1500	Current Plan for 2024
UHC Primary 2500	Current Plan for 2024
UHC Primary 5000	Current Plan for 2024
UHC PPO 100 HI	Current Plan for 2024
UHC 500 PR	Current Plan for 2024
UHC Choice+ 500 SC	Current Plan for 2024
UHC Choice+ 1500 SC	Current Plan for 2024
UHC Choice+ 7150 SC	Current Plan for 2024
UHC HDHP 5500 SC	Current Plan for 2024
UHC Choice+ 500 NV	Current Plan for 2024
UHC Choice+ 1500 NV	Current Plan for 2024
UHC Choice+ 7150 NV	Current Plan for 2024
UHC HDHP 5500 NV	Current Plan for 2024

The current UnitedHealthcare plans for the 2024 benefits plan year are listed on the following pages.

Benefits	Choice+ 300	Choice+ 500	Choice+ 1000	Choice+ 1500
Network Name	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Single Deductible	\$300	\$500	\$1,000	\$1,500
Family Deductible	\$600	\$1,000	\$2,000	\$3,000
Single Deductible Out-of-Network	\$500	\$2,000	\$2,000	\$6,000
Family Deductible Out-of-Network	\$1,000	\$4,000	\$4,000	\$12,000
Single Out-of-Pocket Max	\$1,500	\$2,000	\$4,000	\$5,000
Family Out-of-Pocket Max	\$3,000	\$4,000	\$8,000	\$10,000
Single Out-of-Pocket Max Out-of-Network	\$3,500	\$6,000	\$8,000	\$12,000
Family Out-of-Pocket Max Out-of-Network	\$7,000	\$12,000	\$16,000	\$24,000
Co-Insurance	0%	10%	20%	30%
Co-Insurance Out-of-Network	30%	40%	40%	50%
Doctor Visits	\$10	\$25	\$30	\$40
Specialist Visits	\$25	\$50	\$60	\$80
Lab & X-Ray	0%	0%	0%	0%
Emergency Room Visits	\$75	\$350	\$350	\$500
Urgent Care Visits	\$35	\$75	\$75	\$100
Outpatient Facility	0% after ded	10% after ded	20% after ded	30% after ded
Outpatient Surgery	0% after ded	10% after ded	20% after ded	30% after ded
Hospital Inpatient	\$250	10% after ded	20% after ded	30% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70

Benefits	Choice+ 2500	Choice+ 7150	Core 500	Core 2500
Network Name	Choice Plus	Choice Plus	Core	Core
Single Deductible	\$2,500	\$7,150	\$500	\$2,500
Family Deductible	\$5,000	\$14,300	\$1,000	\$5,000
Single Deductible Out-of-Network	\$5,000	\$10,000	\$3,000	\$5,500
Family Deductible Out-of-Network	\$10,000	\$20,000	\$6,000	\$11,000
Single Out-of-Pocket Max	\$6,000	\$7,150	\$2,000	\$4,000
Family Out-of-Pocket Max	\$12,000	\$14,300	\$4,000	\$8,000
Single Out-of-Pocket Max Out-of-Network	\$10,000	\$15,000	\$6,000	\$7,000
Family Out-of-Pocket Max Out-of-Network	\$20,000	\$30,000	\$12,000	\$14,000
Co-Insurance	20%	0%	20%	0%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$30	\$40	\$25	\$30
Specialist Visits	\$60	\$80	\$50	\$60
Lab & X-Ray	0%	0%	10% after ded	10% after ded
Emergency Room Visits	\$350	0% after ded	\$350	\$350
Urgent Care Visits	\$75	0% after ded	\$75	\$100
Outpatient Facility	20% after ded + \$250	0% after ded	40% after ded	20% after ded
Outpatient Surgery	20% after ded	0% after ded	20% after ded	0% after ded
Hospital Inpatient	20% after ded + \$500	0% after ded	20% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70

Benefits	HDHP 5500	Primary 1000	Primary 1500	Primary 2500
Network Name	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Single Deductible	\$5,500	\$1,000	\$1,500	\$2,500
Family Deductible	\$11,000	\$2,000	\$3,000	\$5,000
Single Deductible Out-of-Network	\$15,000	\$4,000	\$6,000	\$10,000
Family Deductible Out-of-Network	\$30,000	\$8,000	\$12,000	\$20,000
Single Out-of-Pocket Max	\$6,400	\$7,150	\$7,150	\$7,150
Family Out-of-Pocket Max	\$12,800	\$14,300	\$14,300	\$14,300
Single Out-of-Pocket Max Out-of-Network	\$20,000	\$10,000	\$12,000	\$20,000
Family Out-of-Pocket Max Out-of-Network	\$40,000	\$20,000	\$24,000	\$40,000
Co-Insurance	0%	20%	20%	20%
Co-Insurance Out-of-Network	30%	50%	50%	50%
Doctor Visits	0% after ded	\$0	\$0	\$0
Specialist Visits	0% after ded	\$75	\$75	\$75
Lab & X-Ray	0% after ded	\$0	20% after ded	20% after ded
Emergency Room Visits	0% after ded	\$350	\$350	\$350
Urgent Care Visits	0% after ded	\$75	\$75	\$75
Outpatient Facility	0% after ded	20% after ded	20% after ded	20% after ded
Outpatient Surgery	0% after ded	20% after ded	20% after ded	20% after ded
Hospital Inpatient	0% after ded	20% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10 after ded	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35 after ded	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$70 after ded	\$70	\$70	\$70



Benefits	Primary 5000	PPO 100 HI	500 PR	UHC Choice+ 500 SC
Network Name	Choice Plus	Options PPO	MAPFRE/Differentials Options PPO	Choice Plus
Single Deductible	\$5,000	\$100	\$500	\$500
Family Deductible	\$10,000	\$300	\$1,000	\$1,000
Single Deductible Out-of-Network	\$10,000	\$100	\$500	\$2,000
Family Deductible Out-of-Network	\$20,000	\$300	\$1,000	\$4,000
Single Out-of-Pocket Max	\$7,150	\$2,500	\$3,000	\$2,000
Family Out-of-Pocket Max	\$14,300	\$7,500	\$6,000	\$4,000
Single Out-of-Pocket Max Out-of-Network	\$20,000	\$2,500	\$3,000	\$6,000
Family Out-of-Pocket Max Out-of-Network	\$40,000	\$7,500	\$6,000	\$12,000
Co-Insurance	20%	10%	20%	10%
Co-Insurance Out-of-Network	50%	30%	20%	40%
Doctor Visits	\$0	10%	20% after ded	\$25
Specialist Visits	\$75	10%	20% after ded	\$50
Lab & X-Ray	20% after ded	10%	20% after ded	0%
Emergency Room Visits	\$350	10%	20% after ded	\$350
Urgent Care Visits	\$75	10% after ded	20% after ded	\$75
Outpatient Facility	20% after ded	10%	20% after ded	10% after ded
Outpatient Surgery	20% after ded	10%	20% after ded	10% after ded
Hospital Inpatient	20% after ded	10%	20% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70

Benefits	UHC Choice+ 1500 SC	UHC Choice+ 7150 SC	UHC HDHP 5500 SC	Choice+ 500 NV
Network Name	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Single Deductible	\$1,500	\$7,150	\$5,500	\$500
Family Deductible	\$3,000	\$14,300	\$11,000	\$1,000
Single Deductible Out-of-Network	\$6,000	\$10,000	\$15,000	\$2,000
Family Deductible Out-of-Network	\$12,000	\$20,000	\$30,000	\$4,000
Single Out-of-Pocket Max	\$5,000	\$7,150	\$6,400	\$2,000
Family Out-of-Pocket Max	\$10,000	\$14,300	\$12,800	\$4,000
Single Out-of-Pocket Max Out-of-Network	\$12,000	\$15,000	\$20,000	\$6,000
Family Out-of-Pocket Max Out-of-Network	\$24,000	\$30,000	\$40,000	\$12,000
Co-Insurance	30%	0%	0%	10%
Co-Insurance Out-of-Network	50%	50%	30%	40%
Doctor Visits	\$40	\$40	0% after ded	\$25
Specialist Visits	\$80	\$80	0% after ded	\$50
Lab & X-Ray	0%	0%	0% after ded	0%
Emergency Room Visits	\$500	0% after ded	0% after ded	\$350
Urgent Care Visits	\$100	0% after ded	0% after ded	\$75
Outpatient Facility	30% after ded	0% after ded	0% after ded	10% after ded
Outpatient Surgery	30% after ded	0% after ded	0% after ded	10% after ded
Hospital Inpatient	30% after ded	0% after ded	0% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/Med	N/A
Generic Rx (Tier 1)	10	\$10	\$15 after ded	\$10
Brand Rx (Tier 2)	35	\$35	\$45 after ded	\$35
Non-Formulary Rx (Tier 3)	70	\$70	\$75 after ded	\$70

Benefits	UHC Choice+ 1500 NV	UHC Choice+ 7150 NV	HDHP 5500 NV
Network Name	Choice Plus	Choice Plus	Choice Plus
Single Deductible	\$1,500	\$7,150	\$5,500
Family Deductible	\$3,000	\$14,300	\$11,000
Single Deductible Out-of-Network	\$6,000	\$10,000	\$15,000
Family Deductible Out-of-Network	\$12,000	\$20,000	\$30,000
Single Out-of-Pocket Max	\$5,000	\$7,150	\$6,400
Family Out-of-Pocket Max	\$10,000	\$14,300	\$12,800
Single Out-of-Pocket Max Out-of-Network	\$12,000	\$15,000	\$20,000
Family Out-of-Pocket Max Out-of-Network	\$24,000	\$30,000	\$40,000
Co-Insurance	30%	0%	0%
Co-Insurance Out-of-Network	50%	50%	30%
Doctor Visits	\$40	\$40	0% after ded
Specialist Visits	\$80	\$80	0% after ded
Lab & X-Ray	0%	0% after ded	0% after ded
Emergency Room Visits	\$500	0% after ded	0% after ded
Urgent Care Visits	\$100	0% after ded	0% after ded
Outpatient Facility	30% after ded	0% after ded	0% after ded
Outpatient Surgery	30% after ded	0% after ded	0% after ded
Hospital Inpatient	30% after ded	0% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/Med
Generic Rx (Tier 1)	\$10	\$10	\$10 after ded
Brand Rx (Tier 2)	\$35	\$35	\$35 after ded
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70 after ded

## UnitedHealthcare: Eliminated Plans

For 2024, the following plans will no longer be offered:

UHC HDHP 1500	ELIMINATED for 2024
UHC HDHP 3000	ELIMINATED for 2024
UHC HDHP 3000 SC	ELIMINATED for 2024
UHC HDHP 3000 NV	ELIMINATED for 2024