



Medical Plan Offerings– UnitedHealthcare Portfolio B 2026*

*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)).

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Plan Offerings

| Plan Highlights | UHC 500/80 US Territories | UHC Choice EPO 0 | UHC Choice EPO 500 | UHC Choice Plus 0/20 | UHC Choice Plus 0/25 | UHC Choice Plus 0/25 NV |
|--|-------------------------------|------------------------|-------------------------------|----------------------|----------------------|-------------------------|
| Network Name | Options PPO | Choice | Choice | Choice Plus | Choice Plus | Choice Plus |
| Deductible | | | | | | |
| Single (In-Network/OON) | \$500 / \$500 | \$0 / Not Covered | \$500 / Not Covered | \$0 / \$500 | \$0 / \$1,000 | \$0 / \$1,000 |
| Family (In-Network/OON) | \$1,000 / \$1,000 | \$0 / Not Covered | \$1,500 / Not Covered | \$0 / \$1,500 | \$0 / \$3,000 | \$0 / \$2,500 |
| Out-of-Pocket Max | | | | | | |
| Single (In-Network/OON) | \$3,000 / \$3,000 | \$4,000 / Not Covered | \$3,000 / Not Covered | \$4,000 / \$5,000 | \$4,000 / \$5,000 | \$4,000 / \$5,000 |
| Family (In-Network/OON) | \$6,000 / \$6,000 | \$12,000 / Not Covered | \$9,000 / Not Covered | \$12,000 / \$15,000 | \$12,000 / \$15,000 | \$12,000 / \$10,000 |
| Coinsurance (In-Network/OON) | 20% / 20% | 0% / Not Covered | 10% / Not Covered | 0% / 20% | 0% / 30% | 0% / 30% |
| Primary / Specialist | 20% after ded / 20% after ded | \$25 / \$50 | \$25 / \$50 | \$20 / \$30 | \$25 / \$35 | \$25 / \$35 |
| Lab & X-Ray | 20% after ded | no cost or 50% | no cost or 50% | no cost of 50% | no cost or 50% | \$25 or 50% |
| Urgent Care Visit | 20% after ded | \$75 | \$75 | \$75 | \$75 | \$75 |
| Emergency Room Visit | 20% after ded | \$200 | \$200 | \$150 | \$150 | \$150 |
| Hospital Outpatient (Facility / Surgery) | 20% after ded / 20% after ded | \$0 / \$125 | 10% after ded / 10% after ded | 0% / \$100 | 0% / \$125 | 0% / \$125 |
| Hospital Inpatient | 20% after ded | \$500 | 10% after ded | \$500 | \$500 | \$500 |
| Rx Deductible (Non-Generic) | N/A | N/A | N/A | N/A | N/A | N/A |
| Prescriptions (Tier 1 / 2 / 3) | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 |

Plan Offerings

| Plan Highlights | UHC Choice Plus 0/25 SC | UHC Choice Plus 1000 /80 | UHC Choice Plus 1000 /80 NV | UHC Choice Plus 1000 /80 SC | UHC Choice Plus 3000 /80 | UHC Choice Plus 500 /90 |
|--|-------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Network Name | Choice Plus | Choice Plus | Choice Plus | Choice Plus | Choice Plus | Choice Plus |
| Deductible | | | | | | |
| Single (In-Network/OON) | \$0 / \$1,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$1,000 / \$3,000 | \$3,000 / \$5,000 | \$500 / \$1,000 |
| Family (In-Network/OON) | \$0 / \$2,000 | \$3,000 / \$9,000 | \$3,000 / \$9,000 | \$3,000 / \$9,000 | \$9,000 / \$15,000 | \$1,000 / \$3,000 |
| Out-of-Pocket Max | | | | | | |
| Single (In-Network/OON) | \$4,000 / \$5,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$3,000 / \$5,000 |
| Family (In-Network/OON) | \$12,000 / \$15,000 | \$12,700 / \$30,000 | \$12,700 / \$30,000 | \$12,700 / \$30,000 | \$15,000 / \$30,000 | \$6,000 / \$15,000 |
| Coinsurance (In-Network/OON) | 0% / 30% | 20% / 40% | 20% / 40% | 20% / 40% | 20% / 40% | 10% / 30% |
| Primary / Specialist | \$25 / \$35 | \$30 / \$50 | \$30 / \$50 | \$30 / \$50 | \$30 / \$50 | \$25 / \$50 |
| Lab & X-Ray | no cost or 30% | no cost or 50% | \$25 or 50% after ded | no cost or 30% | no cost or 50% | no cost or 50% |
| Urgent Care Visit | \$75 | \$75 | \$75 | \$75 | \$75 | \$75 |
| Emergency Room Visit | \$150 | \$200 | \$200 | \$200 | \$200 | \$200 |
| Hospital Outpatient (Facility / Surgery) | 0% / \$125 | 20% after ded / 20% after ded | 20% after ded / 20% after ded | 20% after ded / 20% after ded | 20% after ded / 20% after ded | 10% after ded / 10% after ded |
| Hospital Inpatient | \$500 | 20% after ded | 20% after ded | 20% after ded | 20% after ded | 10% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | N/A | N/A | N/A | N/A |
| Prescriptions (Tier 1 / 2 / 3) | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 | \$15 / \$45 / \$75 |

Plan Offerings

| Plan Highlights | UHC Hawaii 100/90 | UHC HDHP 2500/90 | UHC HDHP 5500 | UHC HDHP 5500 NV | UHC HDHP 5500 SC | UHC Puerto Rico 500/80 |
|--|-------------------|--|--|--|--|---|
| Network Name | Options PPO | Choice Plus | Choice Plus | Choice Plus | Choice Plus | In Puerto Rico: MAPFRE /Mainland U.S.: Choice Plus |
| Deductible | | | | | | |
| Single (In-Network/OON) | \$100 / \$100 | \$2,500 / \$2,500 | \$5,500 / \$15,000 | \$5,500 / \$15,000 | \$5,500 / \$15,000 | \$500 / \$500 |
| Family (In-Network/OON) | \$300 / \$300 | \$5,000 / \$5,000 | \$11,000 / \$30,000 | \$11,000 / \$30,000 | \$11,000 / \$30,000 | \$1,000 / \$1,000 |
| Out-of-Pocket Max | | | | | | |
| Single (In-Network/OON) | \$2,500 / \$2,500 | \$5,000 / \$5,500 | \$6,400 / \$20,000 | \$6,400 / \$20,000 | \$6,400 / \$20,000 | \$3,000 / \$3,000 |
| Family (In-Network/OON) | \$7,500 / \$7,500 | \$9,200 / \$11,000 | \$12,800 / \$40,000 | \$12,800 / \$40,000 | \$12,800 / \$40,000 | \$6,000 / \$6,000 |
| Coinsurance (In-Network/OON) | 10% / 30% | 10% / 30% | 0% / 30% | 0% / 30% | 0% / 30% | 20% / 20% |
| Primary / Specialist | 10% / 10% | 10% after ded / 10% after ded | 0% after ded / 0% after ded | 0% after ded / 0% after ded | 0% after ded / 0% after ded | 20% after ded / 20% after ded |
| Lab & X-Ray | 10% | 10% of 50% after ded | 0% or 50% after ded | 0% or 50% after ded | 0% or 30% after ded | 20% after ded |
| Urgent Care Visit | 10% after ded | 10% after ded | 0% after ded | 0% after ded | 0% after ded | 20% after ded |
| Emergency Room Visit | 10% | 10% after ded | 0% after ded | 0% after ded | 0% after ded | 20% after ded |
| Hospital Outpatient (Facility / Surgery) | 10% / 10% | 10% after ded / 10% after ded | 0% after ded / 0% after ded | 0% after ded / 0% after ded | 0% after ded / 0% after ded | 20% after ded / 20% after ded |
| Hospital Inpatient | 10% | 10% after ded | 0% after ded | 0% after ded | 0% after ded | 20% after ded |
| Rx Deductible (Non-Generic) | N/A | Integrated w/med | Integrated w/med | Integrated w/med | Integrated w/med | N/A |
| Prescriptions (Tier 1 / 2 / 3) | 10 / 30% / 50% | \$15 after ded / \$45 after ded / \$75 after ded | \$15 after ded / \$45 after ded / \$75 after ded | \$15 after ded / \$45 after ded / \$75 after ded | \$15 after ded / \$45 after ded / \$75 after ded | \$15 / \$45 / \$75 |