



# Medical Plan Offerings– UnitedHealthcare Portfolio A 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)).

**CHOICES  
THAT  
MATTER**

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Plan Offerings

| Plan Highlights                          | UHC 500 US Territories        | UHC Basic                     | UHC Basic EPO                 | UHC Basic NV                  | UHC Basic Plus                | UHC Basic SC                  |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Network Name                             | Options PPO                   | Choice Plus                   | Choice                        | Choice Plus                   | Choice Plus                   | Choice Plus                   |
| <b>Deductible</b>                        |                               |                               |                               |                               |                               |                               |
| Single (In-Network/OON)                  | \$500 / \$500                 | \$1,000 / \$3,000             | \$500 / Not Covered           | \$1,000 / \$3,000             | \$500 / \$1,000               | \$1,000 / \$3,000             |
| Family (In-Network/OON)                  | \$1,000 / \$1,000             | \$3,000 / \$9,000             | \$1,500 / Not Covered         | \$3,000 / \$9,000             | \$1,000 / \$3,000             | \$3,000 / \$9,000             |
| <b>Out-of-Pocket Max</b>                 |                               |                               |                               |                               |                               |                               |
| Single (In-Network/OON)                  | \$3,000 / \$3,000             | \$5,000 / \$10,000            | \$3,000 / Not Covered         | \$5,000 / \$10,000            | \$3,000 / \$5,000             | \$5,000 / \$10,000            |
| Family (In-Network/OON)                  | \$6,000 / \$6,000             | \$12,700 / \$30,000           | \$9,000 / Not Covered         | \$12,700 / \$30,000           | \$6,000 / \$15,000            | \$12,700 / \$30,000           |
| Coinsurance (In-Network/OON)             | 20% / 20%                     | 20% / 40%                     | 10% / Not Covered             | 20% / 40%                     | 10% / 30%                     | 20% / 40%                     |
| Primary / Specialist                     | 20% after ded / 20% after ded | \$30 / \$50                   | \$25 / \$50                   | \$30 / \$50                   | \$25 / \$50                   | \$30 / \$50                   |
| Lab & X-Ray                              | 20% after ded                 | 0%                            | 0%                            | \$10 or 50% after ded         | 0%                            | no charge or 30%              |
| Urgent Care Visit                        | 20% after ded                 | \$50                          | \$50                          | \$50                          | \$50                          | \$50                          |
| Emergency Room Visit                     | 20% after ded                 | \$200                         | \$200                         | \$200                         | \$200                         | \$200                         |
| Hospital Outpatient (Facility / Surgery) | 20% after ded / 20% after ded | 20% after ded / 20% after ded | 10% after ded / 10% after ded | 20% after ded / 20% after ded | 10% after ded / 10% after ded | 20% after ded / 20% after ded |
| Hospital Inpatient                       | 20% after ded                 | 20% after ded                 | 10% after ded                 | 20% after ded                 | 10% after ded                 | 20% after ded                 |
| Rx Deductible (Non-Generic)              | N/A                           | N/A                           | N/A                           | N/A                           | N/A                           | N/A                           |
| Prescriptions (Tier 1 / 2 / 3)           | \$10 / \$30 / \$50            | \$10 / \$35 / \$60            | \$10 / \$30 / \$50            | \$10 / \$35 / \$60            | \$10 / \$30 / \$50            | \$10 / \$35 / \$60            |

Plan Offerings

| Plan Highlights                          | UHC Enhanced       | UHC Essential                 | UHC Hawaii PPO     | UHC HDHP 2500                                    | UHC HDHP 2500 NV                                 | UHC HDHP 2500 SC                                 |
|--|--------------------|-------------------------------|--------------------|--|--|--|
| Network Name                             | Choice Plus        | Choice Plus                   | Options PPO        | Choice Plus                                      | Choice Plus                                      | Choice Plus                                      |
| <b>Deductible</b>                        |                    |                               |                    |  |  |  |
| Single (In-Network/OON)                  | \$0 / \$500        | \$3,000 / \$5,000             | \$100 / \$100      | \$2,500 / \$2,500                                | \$2,500 / \$2,500                                | \$2,500 / \$2,500                                |
| Family (In-Network/OON)                  | \$0 / \$1,500      | \$9,000 / \$15,000            | \$300 / \$300      | \$5,000 / \$5,000                                | \$5,000 / \$5,000                                | \$5,000 / \$5,000                                |
| <b>Out-of-Pocket Max</b>                 |                    |                               |                    |  |  |  |
| Single (In-Network/OON)                  | \$4,000 / \$2,000  | \$5,000 / \$10,000            | \$2,500 / \$2,500  | \$5,000 / \$5,500                                | \$5,000 / \$5,500                                | \$5,000 / \$5,500                                |
| Family (In-Network/OON)                  | \$12,000 / \$4,000 | \$15,000 / \$30,000           | \$7,500 / \$7,500  | \$9,200 / \$11,000                               | \$9,200 / \$11,000                               | \$9,200 / \$11,000                               |
| Coinsurance (In-Network/OON)             | 0% / 20%           | 20% / 40%                     | 10% / 30%          | 10% / 30%  | 10% / 30%  | 10% / 30%  |
| Primary / Specialist                     | \$20 / \$30        | \$30 / \$50                   | 10% / 10%          | 10% after ded / 10% after ded                    | 10% after ded / 10% after ded                    | 10% after ded / 10% after ded                    |
| Lab & X-Ray                              | 0%                 | 0%                            | 10%                | 10% after ded                                    | 10% of 50% after ded                             | 10% or 30% after ded                             |
| Urgent Care Visit                        | \$35               | \$50                          | 10% after ded      | 10% after ded                                    | 10% after ded                                    | 10% after ded                                    |
| Emergency Room Visit                     | \$150              | \$200                         | 10%                | 10% after ded                                    | 10% after ded                                    | 10% after ded                                    |
| Hospital Outpatient (Facility / Surgery) | 0% / \$100         | 20% after ded / 20% after ded | 10% / 10%          | 10% after ded / 10% after ded                    | 10% after ded / 10% after ded                    | 10% after ded / 10% after ded                    |
| Hospital Inpatient                       | \$500              | 20% after ded                 | 10%                | 10% after ded                                    | 10% after ded                                    | 10% after ded                                    |
| Rx Deductible (Non-Generic)              | N/A                | N/A                           | N/A                | Integrated w/med                                 | Integrated w/med                                 | Integrated w/med                                 |
| Prescriptions (Tier 1 / 2 / 3)           | \$10 / \$30 / \$50 | \$10 / \$35 / \$70            | \$10 / \$30 / \$50 | \$10 after ded / \$30 after ded / \$50 after ded | \$10 after ded / \$30 after ded / \$50 after ded | \$10 after ded / \$30 after ded / \$50 after ded |

Plan Offerings

| Plan Highlights                          | UHC HDHP 4000                                    | UHC Premium        | UHC Puerto Rico                          | UHC Standard        | UHC Standard EPO       | UHC Standard NV     |
|--|--|--------------------|--|---------------------|------------------------|---------------------|
| Network Name                             | Choice Plus                                      | Choice Plus        | PR: MAPFRE Mainland U.S.:<br>Choice Plus | Choice Plus         | Choice                 | Choice Plus         |
| <b>Deductible</b>                        |  |                    |  |                     |                        |                     |
| Single (In-Network/OON)                  | \$4,000 / \$8,000                                | \$0 / \$300        | \$0 / \$1,000                            | \$0 / \$1,000       | \$0 / Not Covered      | \$0 / \$1,000       |
| Family (In-Network/OON)                  | \$8,000 / \$16,000                               | \$0 / \$900        | \$0 / \$2,500                            | \$0 / \$2,500       | \$0 / Not Covered      | \$0 / \$2,500       |
| <b>Out-of-Pocket Max</b>                 |  |                    |  |                     |                        |                     |
| Single (In-Network/OON)                  | \$6,850 / \$14,000                               | \$4,000 / \$2,000  | \$4,000 / \$5,000                        | \$4,000 / \$5,000   | \$4,000 / Not Covered  | \$4,000 / \$5,000   |
| Family (In-Network/OON)                  | \$13,700 / \$28,000                              | \$12,000 / \$4,000 | \$12,000 / \$15,000                      | \$12,000 / \$15,000 | \$12,000 / Not Covered | \$12,000 / \$10,000 |
| Coinsurance (In-Network/OON)             | 10% / 50%  | 0% / 20%           | 0% / 30%                                 | 0% / 30%            | 0% / Not Covered       | 0% / 30%            |
| Primary / Specialist                     | 10% after ded / 10% after ded                    | \$15 / \$15        | \$25 / \$35                              | \$25 / \$35         | \$25 / \$50            | \$25 / \$35         |
| Lab & X-Ray                              | 10% after ded                                    | 0%                 | \$0                                      | 0%                  | 0%                     | \$15 or 50%         |
| Urgent Care Visit                        | 10% after ded                                    | \$35               | \$35                                     | \$35                | \$35                   | \$35                |
| Emergency Room Visit                     | 10% after ded                                    | \$150              | \$150                                    | \$150               | \$200                  | \$150               |
| Hospital Outpatient (Facility / Surgery) | 10% after ded / 10% after ded                    | 0% / 0%            | \$0 / \$125                              | 0% / \$125          | 0% / \$125             | \$0 / \$125         |
| Hospital Inpatient                       | 10% after ded                                    | \$500              | \$500                                    | \$500               | \$500                  | \$500               |
| Rx Deductible (Non-Generic)              | Integrated w/med                                 | N/A                | N/A                                      | N/A                 | N/A                    | N/A                 |
| Prescriptions (Tier 1 / 2 / 3)           | \$10 after ded / \$35 after ded / \$60 after ded | \$10 / \$30 / \$50 | \$10 / \$30 / \$50                       | \$10 / \$30 / \$50  | \$10 / \$30 / \$50     | \$10 / \$35 / \$50  |

Plan Offerings

| Plan Highlights                          | UHC Standard SC     |
|--|---------------------|
| Network Name                             | Choice Plus         |
| <b>Deductible</b>                        |                     |
| Single (In-Network/OON)                  | \$0 / \$1,000       |
| Family (In-Network/OON)                  | \$0 / \$2,500       |
| <b>Out-of-Pocket Max</b>                 |                     |
| Single (In-Network/OON)                  | \$4,000 / \$5,000   |
| Family (In-Network/OON)                  | \$12,000 / \$10,000 |
| Coinsurance (In-Network/OON)             | 0% / 30%            |
| Primary / Specialist                     | \$25 / \$35         |
| Lab & X-Ray                              | no cost or 30%      |
| Urgent Care Visit                        | \$35                |
| Emergency Room Visit                     | \$150               |
| Hospital Outpatient (Facility / Surgery) | 0% / \$125          |
| Hospital Inpatient                       | \$500               |
| Rx Deductible (Non-Generic)              | N/A                 |
| Prescriptions (Tier 1 / 2 / 3)           | \$10 / \$30 / \$50  |