

Greater Choice Oklahoma Health Plan

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefit needs to your business needs, choosing what you value in a health plan.

UnitedHealthcare Premier Plans

Plan Codes	Plan Type	Coinsurance			Deductibles				Out of Pocket Maximum				Copays							RX		
		Network Physician	Network Facility	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER		Lab/ XRay	MRI, CT, etc.
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³						
BC-UY	Premier	100%	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$50	\$300	100%	Ded	IU
BC-WB**	Premier	80%	80%	50%	\$1,000	\$3,000	\$3,000	\$9,000	\$3,000	\$9,000	\$10,000	\$30,000	\$0	\$25	\$25	\$50	\$0	\$50	\$250+20%	80%	400	IU
BC-U5	Premier	80%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$50	\$250+20%	100%	Ded+20%	IU
BC-U6	Premier	80%	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$50	\$250+20%	100%	Ded+20%	IU
BC-U8	Premier	80%	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$50	\$250+20%	100%	Ded+20%	IU
BC-VS	Premier	50%	50%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$25	\$50	\$0	\$50	\$250+50%	100%	Ded+50%	IU
BC-VT	Premier	50%	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$50	\$250+50%	100%	Ded+50%	IU
BC-VU	Premier	50%	50%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$50	\$250+50%	100%	Ded+50%	IU
BC-VW	Premier	50%	50%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$50	\$250+50%	100%	Ded+50%	IU
BC-T5	50/50	50%	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$50	\$50	\$50	\$0	\$50	Ded+50%	Ded+50%	Ded+50%	IU

UnitedHealthcare Premier PROformance Plans

Plan Codes	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays							Deductible Type ⁵	RX			
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER			Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery
			Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
BJ-FE	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb	IU
AX-JN	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb	IU
AX-JO	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb	IU
AX-JP	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$10	\$40	\$80	\$0	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	Emb	IU
BJ-FF	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-JR	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-JS	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-JT	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU

Greater Choice Oklahoma Association Health Plan

UnitedHealthcare Premier Value plans

Plan Codes	Coinsurance		Deductibles				Out of Pocket Maximum				Copays								RX		
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER	Lab/ XRay		MRI, CT, etc.	Inp / Out Surgery
			Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³							
BC-V4	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$45	\$90	\$0	\$50	\$400	Ded	\$400	\$250+Ded	IU
BC-V5	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$45	\$90	\$0	\$50	\$400	Ded	\$400	\$250+Ded	IU
BC-V7	80%	50%	\$1,500	\$4,500	\$4,500	\$13,500	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$50	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%	IU
BC-WH	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$50	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%	IU

UnitedHealthcare Primary Advantage Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays								Deductible Type ⁵	RX	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec ³	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery			
			Single	Family	Single	Family	Single	Family													
BJ-FA	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455
AN-DD	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455
BJ-FB	80%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455
AN-DF	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455
BJ-FC	50%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb	455
AN-DH	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb	455

UnitedHealthcare Health Savings Account (HSA) Plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type ⁵	RX
Choice+	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec ³	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.			
				Single	Family	Single	Family	Single	Family												
AE-3L		100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	Emb	2V	
AE-3M	AG-VR	100%	70%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	100%	Emb	MM	
	AG-VS	80%	50%	\$3,750	\$7,500	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	Emb	2V	
AE-3P		80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	80%	Emb	2V	
AE-3Q		50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	50%	50%	50%	50%	50%	50%	50%	Emb	2V	

Greater Choice Oklahoma Association Health Plan

UnitedHealthcare Navigate Plans^{8,11}

Plan Code	Coinsurance	Deductible		Out of Pocket Maximum		Copays									Deductible Type ⁵	RX
	Network	Network		Network		PCP ¹		Spec with Referral	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery		
		Single	Family	Single	Family	Dep <19	PCP									
BC-UK	100%	\$5,000	\$10,000	\$6,600	\$13,200	\$0	\$25	\$75	\$0	\$50	\$500	100%	\$500	Ded	Emb	IU
BC-UM**	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$0	\$25	\$75	\$0	\$50	\$500	Ded+20%	\$500	Ded+20%	Emb	IU
BC-UN	80%	\$1,500	\$4,500	\$6,600	\$13,200	\$0	\$25	\$75	\$0	\$50	\$500	Ded+20%	\$500	Ded+20%	Emb	IU
BC-UO	80%	\$2,500	\$7,500	\$6,600	\$13,200	\$0	\$25	\$75	\$0	\$50	\$500	Ded+20%	\$500	Ded+20%	Emb	IU
BC-UQ	80%	\$5,000	\$10,000	\$6,600	\$13,200	\$0	\$25	\$75	\$0	\$50	\$500	Ded+20%	\$500	Ded+20%	Emb	IU

Pharmacy Plans

Rx Plan Code	Copays				RX Deductible Ind/Fam	Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4		
2V*	\$10	\$35	\$60		N/A	2.5
IU	\$15	\$40	\$75		N/A	2.5
455	\$5	\$50	\$100	\$250	\$250/\$500	2.5
MM*	No Copay	No Copay	No Copay	No Copay	Same as Medical	No Copay

*The 2V/MM are the only available Rx combinations for HSA plans

**Health Benefit Plan qualifies for Insure Oklahoma/OEPIC program

1 Primary Care Physicians include Family Practice, Internal medicine, Obstetrics-Gynecology, and Pediatrics.

2 This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.

3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians who are not UnitedHealth Premium Tier 1 Designated.

5 "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

8 "Navigate" plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.

11 Navigate plans exclude coverage for services provided by Out-of-Network Providers with the exceptions of 1) Services performed in a Network Facility by hospital-based providers; and 2) Services performed under the Emergency Care benefit.

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. Insurance coverage provided by or through by United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.