



Plan highlights

UnitedHealthcare Level Funded

With NavigateNOW, you'll be able to connect with a personalized Care Team by video, phone and live chat — whenever you need care, from wherever you are. After you enroll, you'll be matched with a virtual primary Care Team — including a PCP — based on your preferences and health profile. The Care Team will submit electronic referrals before you see another network physician or specialist; when a referral is required and not obtained, services will not be covered.

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your health plan ID card in the mail, use it to register for the member website at myuhc.com. You can learn more about your coverage and track claims and explanation-of-benefits statements throughout the year.

This plan does not cover out-of-network services.

What are some of the benefits?		Network options	Out-of-network options
Deductibles	The amounts shown are individual deductibles. Family deductibles are 2 times the individual deductible.		N/A
Coinsurance rates	The rates shown are the percentage the medical benefit pays.		N/A
Out-of-pocket limits	The amounts shown are individual limits. Family out-of-pocket limits are 2 times the individual limit. Copayments do not count toward the deductible, but do count toward the out-of-pocket limit.		N/A
Prescription drugs ²	Tier 1: Non-specialty/ Specialty Tier 2: Non-specialty/ Specialty Tier 3: Non-specialty/ Specialty Tier 4: Non-specialty/ Specialty <ul style="list-style-type: none">- Retail pharmacy prescriptions up to a 90-day supply; 1 copayment applies per 30-day supply- Mail-order prescriptions 90-day supply; copayments are 2.5 times the retail pharmacy copayment- Specialty medications – Medications used to treat complex or rare conditions that you may need to get from a specialty pharmacy	/	N/A

Reimbursement of covered services

		Network options	Out-of-network options
Preventive care	<ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings 	100% covered	N/A
Coverage	<ul style="list-style-type: none"> Office visits – \$0 primary care physician (PCP) copays for kids under age 19 Specialist office visits Urgent care visits Emergency room visits¹ 		N/A ¹
Additional benefits	<ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) Minor diagnostics (lab and X-ray) Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy (combined visits) Durable medical equipment 	Ded+Coins Ded+Coins Ded+Coins	N/A ¹

The following benefits apply to all Level Funded plans:

Rehabilitation and habilitative outpatient therapy ³	Manipulation	Acupuncture	Home health	Skilled nursing
30 combined visits	20 visits	10 visits	30 visits	60 visits

**United
Healthcare**

NavigateNOW Plan

¹ EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist, radiologist or assistant surgeons; and (2) Services performed under the Emergency Care benefit.

² Ancillary charge may apply when a covered prescription drug product is dispensed and there is another drug that is chemically the same available at a lower tier. You will pay the difference between the higher tiered drug and the lower tiered drug in addition to your copayment annual deductible and/or coinsurance that applies to the lowest tiered drug. An ancillary charge does not apply to any out-of-pocket limit.

³ Outpatient rehabilitation services limit includes physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation therapy, cardiac rehabilitation therapy, post-cochlear implant aural therapy and cognitive rehabilitation therapy.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated. In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

All plans may not be available in all markets. Plan availability is subject to change and is controlled via the quoting process on myallsavers.com.

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA.

This product is not available in all states.