



Benefit Options Checklist

UnitedHealthcare Choice Plus Connecticut

Please check the desired plan and sign below. Attach the Benefit Options Checklist to the Application.
See the Certificate of Coverage for a complete description of benefits.

Medical Benefit Options: Medical/Ancillary Group # _____

Check Selection: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

	TV-A	TV-B	TV-C	TV-D	TV-E	TV-F	TV-G	TV-H	TV-I
Office Visit Copayment	\$10	\$15	\$15	\$20	\$20	\$25	\$25	\$20	\$20
Specialist Copayment	\$10	\$15	\$15	\$20	\$20	\$25	\$25	\$20	\$20
Hospital <i>*deductible applies</i>	No Copay	No Copay*	\$500	\$750	10%*	20%*	20%*	No Copay*	No Copay*
Urgent Care	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$50	\$50
Emergency Room	\$50	\$75	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Pharmacy	\$7/\$25/\$40	\$7/\$25/\$40	\$7/\$25/\$40	\$7/\$25/\$40	\$7/\$25/\$40	\$7/\$25/\$40	\$7/\$25/\$40	\$7/\$25/\$40	\$7/\$25/\$40
In-Network Deductible	None	\$300 indiv \$600 family	None	None	\$500 indiv \$1000 family	\$500 indiv \$1000 family	\$1000 indiv \$2000 family	\$1000 indiv \$2000 family	\$2000 indiv \$4000 family
In-Network Out-of-Pocket Maximum	\$1500 \$3000	\$1500 \$3000	\$1500 \$3000	\$2250 \$4500	\$2000 \$4000	\$3000 \$6000	\$3000 \$6000	N/A	N/A
Out-of-Network Deductible	\$350 indiv \$700 family	\$350 indiv \$700 family	\$500 indiv \$1000 family	\$750 indiv \$1500 family	\$750 indiv \$1500 family	\$750 indiv \$1500 family	\$1500 indiv \$3000 family	\$2000 indiv \$4000 family	\$4000 indiv \$8000 family
Coinsurance	80/20	70/30	70/30	70/30	70/30	60/40	60/40	60/40	60/40
Out-of-Pocket Maximum	\$2500 \$5000	\$4000 \$8000	\$4000 \$8000	\$5000 \$10000	\$5000 \$10000	\$5000 \$10000	\$5000 \$10000	\$5000 \$10000	\$5000 \$10000

Did you employ 50 or fewer employees working a minimum of 30 hours per week, for at least 50% of the working days in the previous calendar quarter? ☐ Yes ☐ No

By signing this Benefits Options Checklist, the undersigned agrees that the above selected benefits will be provided to the members of the employer group. Such selected benefits will be incorporated into the Group Policy and Certificate, which are governing documents.

The coverages checked are being applied for by:

Employer Signature Company Date

Email address of policy contact person (for employer access to Employer eServices)