

## Benefit Options Checklist

### UnitedHealthcare Choice Plus Rhode Island

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:

	RI - 1A RI 1/01 BPL# 04023	RI - 1AA RI 22/01 BPL# 04038	RI - 1B RI 2/01 BPL# 04024	RI - 1BB RI 23/01 BPL# 04039	RI - 1C RI 24/01 BPL# 04040	RI - 1CC RI 25/01 BPL# 04041	RI - 1D RI 26/01 BPL# 04042	RI - 1E RI 27/01 BPL# 04043
Network Deductible	None	None	\$300 indiv \$600 family	\$300 indiv \$600 family	None	None	None	\$500 indiv \$1000 family
PCP Copayment	\$10	\$10	\$15	\$15	\$15	\$15	\$20	\$15
Specialist Copayment	\$10	\$10	\$15	\$15	\$25	\$25	\$30	\$30
Chiropractic (12 visits)	\$10	\$10	\$15	\$15	\$25	\$25	\$30	\$30
Hospital <i>*deductible applies</i>	No Copay	No Copay	No Copay*	No Copay*	\$500	\$500	\$750	No Copay*
Urgent Care	\$25	\$25	\$25	\$25	\$25	\$25	\$50	\$50
Emergency Room	\$50	\$50	\$50	\$50	\$100	\$100	\$100	\$100
Pharmacy – Retail	\$10 \$20/\$30	\$10 \$30/\$50	\$10 \$20/\$30	\$10 \$30/\$50	\$10 \$20/\$30	\$10 \$30/\$50	\$10 \$30/\$50	\$10 \$30/\$50
Pharmacy - Mail Order	\$20 \$40/\$60	\$20 \$60/\$100	\$20 \$40/\$60	\$20 \$60/\$100	\$20 \$40/\$60	\$20 \$60/\$100	\$20 \$60/\$100	\$20 \$60/\$100
Out-of-Network Deductible	\$350 indiv \$700 family	\$350 indiv \$700 family	\$350 indiv \$700 family	\$350 indiv \$700 family	\$350 indiv \$700 family	\$350 indiv \$700 family	\$750 indiv \$1500 family	\$750 indiv \$1500 family
Coinsurance	80/20	80/20	70/30	70/30	70/30	70/30	60/40	60/40
Out-of-Pocket Maximum	\$2500 \$5000	\$2500 \$5000	\$4000 \$8000	\$4000 \$8000	\$4000 \$8000	\$4000 \$8000	\$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 year?  Yes  No

By signing this Benefit 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