

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/02 BPL# 04067	RI - 1AA/02 BPL# 04068	RI - 1B/02 BPL# 04089	RI - 1BB/02 BPL# 04070	RI - 1C/02 BPL# 04071	RI - 1CC/02 BPL# 04072	RI - 1D/02 BPL# 04073	RI - 1E/02 BPL# 04074	Basic 40/02 BPL# 02026	Standard 41/02 BPL# 02027	Economy 42/02 BPL# 02028
Office Visit Copayment	\$10	\$10	\$15	\$15	\$15	\$15	\$20	\$15	\$15	80%	50%
Specialist Copayment	\$10	\$10	\$15	\$15	\$30	\$30	\$30	\$30	\$15	80%	50%
Chiropractic (12 visits)	\$10	\$10	\$15	\$15	\$25	\$25	\$30	\$30	\$15 (6 visits)	Not Covered	Not Covered
Hospital *deductible applies	No Copay	No Copay	No Copay*	No Copay*	\$500	\$500	\$750	No Copay*	No Copay	\$200 per day	\$300 per day
Urgent Care	\$25	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$25	80%	50%
Emergency Room	\$50	\$50	\$50	\$50	\$100	\$100	\$100	\$100	\$50	80%	50%
Pharmacy – Retail	\$7 \$25/\$40	\$10 \$30/\$50	\$7 \$25/\$40	\$10 \$30/\$50	\$7 \$25/\$40	\$10 \$30/\$50	\$10 \$30/\$50	\$10 \$30/\$50	\$10 \$20/\$30	Not Covered	Not Covered
Pharmacy – Mail Order	\$14 \$50/\$80	\$20 \$60/\$100	\$14 \$50/\$80	\$20 \$60/\$100	\$14 \$50/\$80	\$20 \$60/\$100	\$20 \$60/\$100	\$20 \$60/\$100	\$20 \$40/\$60	Not Covered	Not Covered
In-Network Deductible	None	None	\$300 indiv \$600 family	\$300 indiv \$600 family	None	None	None	\$500 indiv \$1000 family	None	None	None
In-Network Out-of-Pocket Maximum	None	None	None	None	\$1500 \$3000	\$1500 \$3000	\$2250 \$4500	\$2250 \$4500	None	\$2500 \$5000	\$2500 \$5000
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	N/A	N/A	N/A
Coinsurance	80/20	80/20	70/30	70/30	70/30	70/30	60/40	60/40	N/A	N/A	N/A
Out-of-Pocket Maximum	\$2500 \$5000	\$2500 \$5000	\$4000 \$8000	\$4000 \$8000	\$4000 \$8000	\$4000 \$8000	\$5000 \$10000	\$5000 \$10000	N/A	N/A	N/A

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