



Medical Plan Offerings— UnitedHealthcare 2025*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.TriNet.com).

**CHOICES
THAT
MATTER**



CHOICES THAT MATTER

INDEX

To use the index, hover your cursor over the section title and click. To get back to the index, click Alt+ Left Arrow.

[New Plans](#)

[Current Plans](#)

[Eliminated Plans](#)

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CHOICES THAT MATTER

UnitedHealthcare Plan Details: [New Plans](#)

UHC 500 US Territories

NEW for 2025

The [new](#) UnitedHealthcare plan for the 2025 benefits plan year is listed on the following page.



| Benefits | UHC 500 U.S. Territories |
|--|---------------------------|
| Network Name | Differentials Options PPO |
| Single Deductible | \$500 |
| Family Deductible | \$1,000 |
| Single Deductible Out-of-Network | \$500 |
| Family Deductible Out-of-Network | \$1,000 |
| Single Out-of-Pocket Max | \$3,000 |
| Family Out-of-Pocket Max | \$6,000 |
| Single Out-of-Pocket Max Out-of-Network | \$3,000 |
| Family Out-of-Pocket Max Out-of-Network | \$6,000 |
| Co-Insurance | 20% |
| Co-Insurance Out-of-Network | 20% |
| Doctor Visits | 20% after ded |
| Specialist Visits | 20% after ded |
| Lab & X-Ray | 20% after ded |
| Emergency Room Visits | 20% after ded |
| Urgent Care Visits | 20% after ded |
| Outpatient Facility | 20% after ded |
| Outpatient Surgery | 20% after ded |
| Hospital Inpatient | 20% after ded |
| Rx Deductible (Non-Generic) | N/A |
| Generic Rx (Tier 1) | \$10 |
| Brand Rx (Tier 2) | \$35 |
| Non-Formulary Rx (Tier 3) | \$70 |

CHOICES THAT MATTER

UnitedHealthcare Plan Details: Current Plans

| | |
|---------------------|-----------------------|
| UHC Choice+ 300 | Current Plan for 2025 |
| UHC Choice+ 500 | Current Plan for 2025 |
| UHC Choice+ 1000 | Current Plan for 2025 |
| UHC Choice+ 1500 | Current Plan for 2025 |
| UHC Choice+ 2500 | Current Plan for 2025 |
| UHC Choice+ 7150 | Current Plan for 2025 |
| UHC HDHP 2000 | Current Plan for 2025 |
| UHC HDHP 3500 | Current Plan for 2025 |
| UHC HDHP 5500 | Current Plan for 2025 |
| UHC Primary 1000 | Current Plan for 2025 |
| UHC Primary 1500 | Current Plan for 2025 |
| UHC Primary 2500 | Current Plan for 2025 |
| UHC Primary 5000 | Current Plan for 2025 |
| UHC PPO 100 HI | Current Plan for 2025 |
| UHC 500 PR | Current Plan for 2025 |
| UHC Choice+ 500 SC | Current Plan for 2025 |
| UHC Choice+ 1500 SC | Current Plan for 2025 |
| UHC Choice+ 7150 SC | Current Plan for 2025 |
| UHC HDHP 3500 SC | Current Plan for 2025 |
| UHC HDHP 5500 SC | Current Plan for 2025 |
| UHC Choice+ 500 NV | Current Plan for 2025 |
| UHC Choice+ 1500 NV | Current Plan for 2025 |
| UHC Choice+ 7150 NV | Current Plan for 2025 |
| UHC HDHP 3500 NV | Current Plan for 2025 |
| UHC HDHP 5500 NV | Current Plan for 2025 |

The current UnitedHealthcare plans for the 2025 benefits plan year are listed on the following pages.



| Benefits | Choice+ 300 | Choice+ 500 | Choice+ 1000 | Choice+ 1500 |
|--|--------------|----------------|---------------|---------------|
| | Choice Plus | Choice Plus | Choice Plus | Choice Plus |
| Network Name | | | | |
| Single Deductible | \$300 | \$500 | \$1,000 | \$1,500 |
| Family Deductible | \$600 | \$1,000 | \$2,000 | \$3,000 |
| Single Deductible Out-of-Network | \$500 | \$2,000 | \$2,000 | \$6,000 |
| Family Deductible Out-of-Network | \$1,000 | \$4,000 | \$4,000 | \$12,000 |
| Single Out-of-Pocket Max | \$1,500 | \$2,000 | \$4,000 | \$5,000 |
| Family Out-of-Pocket Max | \$3,000 | \$4,000 | \$8,000 | \$10,000 |
| Single Out-of-Pocket Max Out-of-Network | \$3,500 | \$6,000 | \$8,000 | \$12,000 |
| Family Out-of-Pocket Max Out-of-Network | \$7,000 | \$12,000 | \$16,000 | \$24,000 |
| Co-Insurance | 0% | 10% | 20% | 30% |
| Co-Insurance Out-of-Network | 30% | 40% | 40% | 50% |
| Doctor Visits | \$10 | \$25 | \$30 | \$40 |
| Specialist Visits | \$25 | \$50 | \$60 | \$80 |
| Lab & X-Ray | 0% | No Cost or 10% | 0% | 0% |
| Emergency Room Visits | \$75 | \$350 | \$350 | \$500 |
| Urgent Care Visits | \$35 | \$75 | \$75 | \$100 |
| Outpatient Facility | 0% after ded | 10% after ded | 20% after ded | 30% after ded |
| Outpatient Surgery | 0% after ded | 10% after ded | 20% after ded | 30% after ded |
| Hospital Inpatient | \$250 | 10% after ded | 20% after ded | 30% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | N/A | N/A |
| Generic Rx (Tier 1) | \$10 | \$10 | \$10 | \$10 |
| Brand Rx (Tier 2) | \$35 | \$35 | \$35 | \$35 |
| Non-Formulary Rx (Tier 3) | \$70 | \$70 | \$70 | \$70 |



| Benefits | Choice+ 2500 | Choice+ 7150 | HDHP 2000 | HDHP 3500 |
|--|-----------------------|--------------|------------------|------------------|
| Network Name | Choice Plus | Choice Plus | Choice Plus | Choice Plus |
| Single Deductible | \$2,500 | \$7,150 | \$2,000 | \$3,500 |
| Family Deductible | \$5,000 | \$14,300 | \$4,000 | \$7,000 |
| Single Deductible Out-of-Network | \$5,000 | \$10,000 | \$5,000 | \$7,000 |
| Family Deductible Out-of-Network | \$10,000 | \$20,000 | \$10,000 | \$14,000 |
| Single Out-of-Pocket Max | \$6,000 | \$7,150 | \$4,000 | \$7,000 |
| Family Out-of-Pocket Max | \$12,000 | \$14,300 | \$7,500 | \$14,000 |
| Single Out-of-Pocket Max Out-of-Network | \$10,000 | \$15,000 | \$10,000 | \$13,000 |
| Family Out-of-Pocket Max Out-of-Network | \$20,000 | \$30,000 | \$20,000 | \$26,000 |
| Co-Insurance | 20% | 0% | 10% | 10% |
| Co-Insurance Out-of-Network | 50% | 50% | 50% | 50% |
| Doctor Visits | \$30 | \$40 | 10% after ded | 10% after ded |
| Specialist Visits | \$60 | \$80 | 10% after ded | 10% after ded |
| Lab & X-Ray | No Cost or 20% | 0% | 10% after ded | 10% after ded |
| Emergency Room Visits | \$350 | 0% after ded | 10% after ded | 10% after ded |
| Urgent Care Visits | \$75 | 0% after ded | 10% after ded | 10% after ded |
| Outpatient Facility | 20% after ded + \$250 | 0% after ded | 10% after ded | 10% after ded |
| Outpatient Surgery | 20% after ded | 0% after ded | 10% after ded | 10% after ded |
| Hospital Inpatient | 20% after ded + \$500 | 0% after ded | 10% after ded | 10% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | Integrated w/med | Integrated w/Med |
| Generic Rx (Tier 1) | \$10 | \$10 | \$10 after ded | \$10 after ded |
| Brand Rx (Tier 2) | \$35 | \$35 | \$35 after ded | \$35 after ded |
| Non-Formulary Rx (Tier 3) | \$70 | \$70 | \$70 after ded | \$70 after ded |



| Benefits | HDHP 5500 | Primary 1000 | Primary 1500 | Primary 2500 |
|--|------------------|---------------|---------------|---------------|
| | Choice Plus | Choice Plus | Choice Plus | Choice Plus |
| Network Name | Choice Plus | Choice Plus | Choice Plus | Choice Plus |
| Single Deductible | \$5,500 | \$1,000 | \$1,500 | \$2,500 |
| Family Deductible | \$11,000 | \$2,000 | \$3,000 | \$5,000 |
| Single Deductible Out-of-Network | \$15,000 | \$4,000 | \$6,000 | \$10,000 |
| Family Deductible Out-of-Network | \$30,000 | \$8,000 | \$12,000 | \$20,000 |
| Single Out-of-Pocket Max | \$6,400 | \$7,150 | \$7,150 | \$7,150 |
| Family Out-of-Pocket Max | \$12,800 | \$14,300 | \$14,300 | \$14,300 |
| Single Out-of-Pocket Max Out-of-Network | \$20,000 | \$10,000 | \$12,000 | \$20,000 |
| Family Out-of-Pocket Max Out-of-Network | \$40,000 | \$20,000 | \$24,000 | \$40,000 |
| Co-Insurance | 0% | 20% | 20% | 20% |
| Co-Insurance Out-of-Network | 30% | 50% | 50% | 50% |
| Doctor Visits | 0% after ded | \$0 | \$0 | \$0 |
| Specialist Visits | 0% after ded | \$75 | \$75 | \$75 |
| Lab & X-Ray | 0% after ded | \$0 | 20% after ded | 20% after ded |
| Emergency Room Visits | 0% after ded | \$350 | \$350 | \$350 |
| Urgent Care Visits | 0% after ded | \$75 | \$75 | \$75 |
| Outpatient Facility | 0% after ded | 20% after ded | 20% after ded | 20% after ded |
| Outpatient Surgery | 0% after ded | 20% after ded | 20% after ded | 20% after ded |
| Hospital Inpatient | 0% after ded | 20% after ded | 20% after ded | 20% after ded |
| Rx Deductible (Non-Generic) | Integrated w/Med | N/A | N/A | N/A |
| Generic Rx (Tier 1) | \$10 after ded | \$10 | \$10 | \$10 |
| Brand Rx (Tier 2) | \$35 after ded | \$35 | \$35 | \$35 |
| Non-Formulary Rx (Tier 3) | \$70 after ded | \$70 | \$70 | \$70 |



| Benefits | Primary 5000 | PPO 100 HI | 500 PR | UHC Choice+ 500 SC |
|--|---------------|---------------|-------------------------------------|--------------------|
| Network Name | Choice Plus | Options PPO | MAPFRE/Differentials Options PPO | Choice Plus |
| Single Deductible | \$5,000 | \$100 | \$500 | \$500 |
| Family Deductible | \$10,000 | \$300 | \$1,000 | \$1,000 |
| Single Deductible Out-of-Network | \$10,000 | \$100 | \$500 | \$2,000 |
| Family Deductible Out-of-Network | \$20,000 | \$300 | \$1,000 | \$4,000 |
| Single Out-of-Pocket Max | \$7,150 | \$2,500 | \$3,000 | \$2,000 |
| Family Out-of-Pocket Max | \$14,300 | \$7,500 | \$6,000 | \$4,000 |
| Single Out-of-Pocket Max Out-of-Network | \$20,000 | \$2,500 | \$3,000 | \$6,000 |
| Family Out-of-Pocket Max Out-of-Network | \$40,000 | \$7,500 | \$6,000 | \$12,000 |
| Co-Insurance | 20% | 10% | 20% | 10% |
| Co-Insurance Out-of-Network | 50% | 30% | 20% | 40% |
| Doctor Visits | \$0 | 10% | 20% after ded | \$25 |
| Specialist Visits | \$75 | 10% | 20% after ded | \$50 |
| Lab & X-Ray | 20% after ded | 10% | 20% after ded | 0% |
| Emergency Room Visits | \$350 | 10% | 20% after ded | \$350 |
| Urgent Care Visits | \$75 | 10% after ded | 20% after ded | \$75 |
| Outpatient Facility | 20% after ded | 10% | 20% after ded | 10% after ded |
| Outpatient Surgery | 20% after ded | 10% | 20% after ded | 10% after ded |
| Hospital Inpatient | 20% after ded | 10% | 20% after ded | 10% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | N/A | N/A |
| Generic Rx (Tier 1) | \$10 | \$10 | \$10 | \$10 |
| Brand Rx (Tier 2) | \$35 | \$35 | \$35 | \$35 |
| Non-Formulary Rx (Tier 3) | \$70 | \$70 | \$70 | \$70 |



| Benefits | UHC Choice+ 1500 SC | UHC Choice+ 7150 SC | UHC HDHP 3500 SC | UHC HDHP 5500 SC |
|--|---------------------|---------------------|------------------|------------------|
| Network Name | Choice Plus | Choice Plus | Choice Plus | Choice Plus |
| Single Deductible | \$1,500 | \$7,150 | \$3,500 | \$5,500 |
| Family Deductible | \$3,000 | \$14,300 | \$7,000 | \$11,000 |
| Single Deductible Out-of-Network | \$6,000 | \$10,000 | \$7,000 | \$15,000 |
| Family Deductible Out-of-Network | \$12,000 | \$20,000 | \$14,000 | \$30,000 |
| Single Out-of-Pocket Max | \$5,000 | \$7,150 | \$7,000 | \$6,400 |
| Family Out-of-Pocket Max | \$10,000 | \$14,300 | \$14,000 | \$12,800 |
| Single Out-of-Pocket Max Out-of-Network | \$12,000 | \$15,000 | \$13,000 | \$20,000 |
| Family Out-of-Pocket Max Out-of-Network | \$24,000 | \$30,000 | \$26,000 | \$40,000 |
| Co-Insurance | 30% | 0% | 10% | 0% |
| Co-Insurance Out-of-Network | 50% | 50% | 40% | 30% |
| Doctor Visits | \$40 | \$40 | 10% after ded | 0% after ded |
| Specialist Visits | \$80 | \$80 | 10% after ded | 0% after ded |
| Lab & X-Ray | 0% | 0% | 10% after ded | 0% after ded |
| Emergency Room Visits | \$500 | 0% after ded | 10% after ded | 0% after ded |
| Urgent Care Visits | \$100 | 0% after ded | 10% after ded | 0% after ded |
| Outpatient Facility | 30% after ded | 0% after ded | 10% after ded | 0% after ded |
| Outpatient Surgery | 30% after ded | 0% after ded | 10% after ded | 0% after ded |
| Hospital Inpatient | 30% after ded | 0% after ded | 10% after ded | 0% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | Integrated w/Med | Integrated w/Med |
| Generic Rx (Tier 1) | 10 | \$10 | \$15 after ded | \$15 after ded |
| Brand Rx (Tier 2) | 35 | \$35 | \$45 after ded | \$45 after ded |
| Non-Formulary Rx (Tier 3) | 70 | \$70 | \$75 after ded | \$75 after ded |



| Benefits | Choice+ 500 NV | UHC Choice+ 1500 NV | UHC Choice+ 7150 NV | UHC HDHP 3500 NV |
|--|----------------|---------------------|---------------------|------------------|
| Network Name | Choice Plus | Choice Plus | Choice Plus | Choice Plus |
| Single Deductible | \$500 | \$1,500 | \$7,150 | \$3,500 |
| Family Deductible | \$1,000 | \$3,000 | \$14,300 | \$7,000 |
| Single Deductible Out-of-Network | \$2,000 | \$6,000 | \$10,000 | \$7,000 |
| Family Deductible Out-of-Network | \$4,000 | \$12,000 | \$20,000 | \$14,000 |
| Single Out-of-Pocket Max | \$2,000 | \$5,000 | \$7,150 | \$7,000 |
| Family Out-of-Pocket Max | \$4,000 | \$10,000 | \$14,300 | \$14,000 |
| Single Out-of-Pocket Max Out-of-Network | \$6,000 | \$12,000 | \$15,000 | \$13,000 |
| Family Out-of-Pocket Max Out-of-Network | \$12,000 | \$24,000 | \$30,000 | \$26,000 |
| Co-Insurance | 10% | 30% | 0% | 10% |
| Co-Insurance Out-of-Network | 40% | 50% | 50% | 50% |
| Doctor Visits | \$25 | \$40 | \$40 | 10% after ded |
| Specialist Visits | \$50 | \$80 | \$80 | 10% after ded |
| Lab & X-Ray | 0% | 0% | 0% after ded | 10% after ded |
| Emergency Room Visits | \$350 | \$500 | 0% after ded | 10% after ded |
| Urgent Care Visits | \$75 | \$100 | 0% after ded | 10% after ded |
| Outpatient Facility | 10% after ded | 30% after ded | 0% after ded | 10% after ded |
| Outpatient Surgery | 10% after ded | 30% after ded | 0% after ded | 10% after ded |
| Hospital Inpatient | 10% after ded | 30% after ded | 0% after ded | 10% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | N/A | Integrated w/Med |
| Generic Rx (Tier 1) | \$10 | \$10 | \$10 | \$10 after ded |
| Brand Rx (Tier 2) | \$35 | \$35 | \$35 | \$35 after ded |
| Non-Formulary Rx (Tier 3) | \$70 | \$70 | \$70 | \$70 after ded |



| Benefits | HDHP 5500 NV |
|--|---------------------|
| Network Name | Choice Plus |
| Single Deductible | \$5,500 |
| Family Deductible | \$11,000 |
| Single Deductible Out-of-Network | \$15,000 |
| Family Deductible Out-of-Network | \$30,000 |
| Single Out-of-Pocket Max | \$6,400 |
| Family Out-of-Pocket Max | \$12,800 |
| Single Out-of-Pocket Max Out-of-Network | \$20,000 |
| Family Out-of-Pocket Max Out-of-Network | \$40,000 |
| Co-Insurance | 0% |
| Co-Insurance Out-of-Network | 30% |
| Doctor Visits | 0% after ded |
| Specialist Visits | 0% after ded |
| Lab & X-Ray | 0% after ded |
| Emergency Room Visits | 0% after ded |
| Urgent Care Visits | 0% after ded |
| Outpatient Facility | 0% after ded |
| Outpatient Surgery | 0% after ded |
| Hospital Inpatient | 0% after ded |
| Rx Deductible (Non-Generic) | Integrated w/Med |
| Generic Rx (Tier 1) | \$10 after ded |
| Brand Rx (Tier 2) | \$35 after ded |
| Non-Formulary Rx (Tier 3) | \$70 after ded |

CHOICES THAT MATTER

UnitedHealthcare: Eliminated Plans

For 2025, the following plans will no longer be offered:

| | |
|---------------|---------------------|
| UHC Core 500 | ELIMINATED for 2025 |
| UHC Core 2500 | ELIMINATED for 2025 |