



## 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](https://login.TriNet.com)).

**CHOICES  
THAT  
MATTER**



# CHOICES THAT MATTER

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



Benefits	Choice+ 2500	Choice+ 7150	HDHP 2000	HDHP 3500
<b>Network Name</b>	Choice Plus	Choice Plus	Choice Plus	Choice Plus
<b>Single Deductible</b>	\$2,500	\$7,150	\$2,000	\$3,500
<b>Family Deductible</b>	\$5,000	\$14,300	\$4,000	\$7,000
<b>Single Deductible Out-of-Network</b>	\$5,000	\$10,000	\$5,000	\$7,000
<b>Family Deductible Out-of-Network</b>	\$10,000	\$20,000	\$10,000	\$14,000
<b>Single Out-of-Pocket Max</b>	\$6,000	\$7,150	\$4,000	\$7,000
<b>Family Out-of-Pocket Max</b>	\$12,000	\$14,300	\$7,500	\$14,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$10,000	\$15,000	\$10,000	\$13,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$20,000	\$30,000	\$20,000	\$26,000
<b>Co-Insurance</b>	20%	0%	10%	10%
<b>Co-Insurance Out-of-Network</b>	50%	50%	50%	50%
<b>Doctor Visits</b>	\$30	\$40	10% after ded	10% after ded
<b>Specialist Visits</b>	\$60	\$80	10% after ded	10% after ded
<b>Lab &amp; X-Ray</b>	No Cost or 20%	0%	10% after ded	10% after ded
<b>Emergency Room Visits</b>	\$350	0% after ded	10% after ded	10% after ded
<b>Urgent Care Visits</b>	\$75	0% after ded	10% after ded	10% after ded
<b>Outpatient Facility</b>	20% after ded + \$250	0% after ded	10% after ded	10% after ded
<b>Outpatient Surgery</b>	20% after ded	0% after ded	10% after ded	10% after ded
<b>Hospital Inpatient</b>	20% after ded + \$500	0% after ded	10% after ded	10% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A	N/A	Integrated w/med	Integrated w/Med
<b>Generic Rx (Tier 1)</b>	\$10	\$10	\$10 after ded	\$10 after ded
<b>Brand Rx (Tier 2)</b>	\$35	\$35	\$35 after ded	\$35 after ded
<b>Non-Formulary Rx (Tier 3)</b>	\$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
<b>Network Name</b>	Choice Plus	Choice Plus	Choice Plus	Choice Plus
<b>Single Deductible</b>	\$5,500	\$1,000	\$1,500	\$2,500
<b>Family Deductible</b>	\$11,000	\$2,000	\$3,000	\$5,000
<b>Single Deductible Out-of-Network</b>	\$15,000	\$4,000	\$6,000	\$10,000
<b>Family Deductible Out-of-Network</b>	\$30,000	\$8,000	\$12,000	\$20,000
<b>Single Out-of-Pocket Max</b>	\$6,400	\$7,150	\$7,150	\$7,150
<b>Family Out-of-Pocket Max</b>	\$12,800	\$14,300	\$14,300	\$14,300
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$20,000	\$10,000	\$12,000	\$20,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$40,000	\$20,000	\$24,000	\$40,000
<b>Co-Insurance</b>	0%	20%	20%	20%
<b>Co-Insurance Out-of-Network</b>	30%	50%	50%	50%
<b>Doctor Visits</b>	0% after ded	\$0	\$0	\$0
<b>Specialist Visits</b>	0% after ded	\$75	\$75	\$75
<b>Lab &amp; X-Ray</b>	0% after ded	\$0	20% after ded	20% after ded
<b>Emergency Room Visits</b>	0% after ded	\$350	\$350	\$350
<b>Urgent Care Visits</b>	0% after ded	\$75	\$75	\$75
<b>Outpatient Facility</b>	0% after ded	20% after ded	20% after ded	20% after ded
<b>Outpatient Surgery</b>	0% after ded	20% after ded	20% after ded	20% after ded
<b>Hospital Inpatient</b>	0% after ded	20% after ded	20% after ded	20% after ded
<b>Rx Deductible (Non-Generic)</b>	Integrated w/Med	N/A	N/A	N/A
<b>Generic Rx (Tier 1)</b>	\$10 after ded	\$10	\$10	\$10
<b>Brand Rx (Tier 2)</b>	\$35 after ded	\$35	\$35	\$35
<b>Non-Formulary Rx (Tier 3)</b>	\$70 after ded	\$70	\$70	\$70





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



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



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