Georgia PY25 Individual Exchange Plan Designs

Plan Name	Metal Level		eductible al/Family))OP al/Family)	PCP Visit	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery	Office Based Labs
UHC Bronze Standard	Bronze	\$7,500	\$15,000	\$9,200	\$18,400	\$50	\$50	\$100	\$75	✓ 50%	✓ 50%	✓ 50%
UHC Bronze Value \$8,250 Indiv Ded	Bronze	\$8,250	\$16,500	\$9,200	\$18,400	\$25	✓ 40%	✓ 40%	\$0	✓ 40%	✓ 40%	\$20
UHC Bronze Copay Focus \$0 Indiv Med Ded	Bronze	\$0	\$0	\$9,200	\$18,400	\$50	\$90	\$110	\$0	\$3,000 (3-day max)	\$375	\$20
UHC Bronze Copay Focus+ \$0 Indiv Med Ded (Dental + Vision)	Bronze	\$0	\$0	\$9,200	\$18,400	\$50	\$90	\$110	\$0	\$3,000 (3-day max)	\$375	\$20
UHC Bronze Value \$6,350 Indiv Ded	Bronze	\$6,350	\$12,700	\$9,200	\$18,400	✓ \$40	✓ \$40	√ \$75	\$0	✓ 50%	✓ 50%	✓ 50%
UHC Bronze-X Value HSA (Off-Exchange Only)	Bronze	\$6,500	\$13,000	\$8,300	\$16,600	✓ \$25	✓ 40%	✓ 40%	√ \$75	✓ 40%	✓ 40%	✓ 40%
UHC Silver Standard*	Silver	\$5,000	\$10,000	\$8,000	\$16,000	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Silver Copay Focus \$0 Indiv Med Ded*	Silver	\$0	\$0	\$9,200	\$18,400	\$35	\$70	\$90	\$0	\$2,500 (3-day max)	\$375	\$20
UHC Silver Value (\$3 Tier 2 Rx)*	Silver	\$3,000	\$6,000	\$9,200	\$18,400	\$20	✓ 40%	✓ 40%	\$0	✓ 40%	✓ 40%	\$15
UHC Silver Advantage (\$3 Tier 2 Rx)*	Silver	\$2,750	\$5,500	\$9,200	\$18,400	\$20	\$40	✓ \$80	\$0	✓ 30%	✓ \$375	√ \$15
UHC Silver Advantage+ (\$3 Tier 2 Rx, Dental + Vision)	Silver	\$2,750	\$5,500	\$9,200	\$18,400	\$20	\$40	✓ \$80	\$0	✓ 30%	✓ \$375	√ \$15
UHC Silver Value+ (\$3 Tier 2 Rx, Dental + Vision)	Silver	\$3,000	\$6,000	\$9,200	\$18,400	\$20	✓ 40%	✓ 40%	\$0	✓ 40%	✓ 40%	\$15
UHC Silver-X Value HSA (Off-Exchange Only)	Silver	\$3,300	\$6,600	\$8,300	\$16,600	√ \$40	√ \$40	✓ \$50	✓ \$75	✓ 30%	✓ 30%	✓ 30%
UHC Gold Standard	Gold	\$1,500	\$3,000	\$7,800	\$15,600	\$30	\$30	\$60	\$45	✓ 25%	✓ 25%	✓ 25%
UHC Gold Value	Gold	\$1,500	\$3,000	\$8,500	\$17,000	\$15	✓ 20%	✓ 20%	\$0	✓ 20%	✓ 20%	\$15
UHC Gold Copay Focus \$0 Indiv Med Ded	Gold	\$0	\$0	\$7,000	\$14,000	\$10	\$50	\$60	\$0	\$2,000 (3-day max)	\$300	\$10
UHC Gold Advantage	Gold	\$1,100	\$2,200	\$7,200	\$14,400	\$10	\$40	\$50	\$0	✓ 20%	\$300	\$10
UHC Gold Advantage+ (Dental + Vision)	Gold	\$1,100	\$2,200	\$7,200	\$14,400	\$10	\$40	\$50	\$0	✓ 20%	\$300	\$10

Check (\checkmark) indicates that this benefit is subject to the annual deductible.

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Georgia PY25 Individual Exchange Plan Designs

Plan Name	Rx Deductible (Individual/Family)	Tier 1 Zero Cost Share Preventive Drugs	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non- Preferred Brand	Tier 5 Specialty	Adult Dental & Vision	HSA
UHC Bronze Standard	Same As Medical	\$0	\$25	√ \$50	√ \$100	✓ \$500		
UHC Bronze Value \$8,250 Indiv Ded	Same As Medical	\$0	\$10	✓ 40%	✓ 45%	✓ 50%		
UHC Bronze Copay Focus \$0 Indiv Med Ded	\$4,500 \$9,000	\$0	\$20	✓ 40%	✓ 45%	✓ 50%		
UHC Bronze Copay Focus+ \$0 Indiv Med Ded (Dental + Vision)	\$4,500 \$9,000	\$0	\$20	✓ 40%	✓ 45%	✓ 50%	•	
UHC Bronze Value \$6,350 Indiv Ded	Same As Medical	\$0	\$15	✓ 40%	✓ 45%	✓ 50%		
UHC Bronze-X Value HSA (Off-Exchange Only)	Same As Medical	\$0	✓ \$10	✓ 40%	✓ 45%	✓ 50%		•
UHC Silver Standard*	Same As Medical	\$0	\$20	\$40	✓ \$80	✓ \$350		
UHC Silver Copay Focus \$0 Indiv Med Ded	\$2,500 \$5,000	\$0	\$10	✓ \$85	✓ 40%	✓ 50%		
UHC Silver Value (\$3 Tier 2 Rx)*	Same As Medical	\$0	\$3	✓ \$100	✓ 45%	✓ 50%		
UHC Silver Advantage (\$3 Tier 2 Rx)*	Same As Medical	\$0	\$3	✓ \$85	✓ 40%	✓ 50%		
UHC Silver Advantage+ (\$3 Tier 2 Rx, Dental + Vision)	Same As Medical	\$0	\$3	✓ \$85	✓ 40%	✓ 50%	•	
UHC Silver Value+ (\$3 Tier 2 Rx, Dental + Vision)	Same As Medical	\$0	\$3	✓ \$100	✓ 45%	✓ 50%	•	
UHC Silver-X Value HSA (Off-Exchange Only)	Same As Medical	\$0	✓ \$5	✓ 30%	✓ 40%	✓ 50%		•
UHC Gold Standard	Same As Medical	\$0	\$15	\$30	\$60	\$250		
UHC Gold Value	Same As Medical	\$0	\$3	✓ \$60	✓ 40%	✓ 50%		
UHC Gold Copay Focus \$0 Indiv Med Ded	\$500 \$1,000	\$0	\$3	\$50	✓ 40%	✓ 50%		
UHC Gold Advantage	Same As Medical	\$0	\$1	\$50	✓ 30%	✓ 40%		
UHC Gold Advantage+ (Dental + Vision)	Same As Medical	\$0	\$1	\$50	✓ 30%	✓ 40%	٠	

Check (\checkmark) indicates that this benefit is subject to the annual deductible.

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