

2017 Chicago 1-50 Insurance Plans

UnitedHealthcare Multi-Choice® allows you to purchase one health plan package with multiple benefit design options to meet a variety of health care and financial needs. Your employees can choose the option that meets their individual needs, whether it's saving money on essential coverage or paying additional dollars for more comprehensive coverage. And you can keep or change your benefit design package year after year, ensuring that your health plan will evolve with the changing needs of your business and your employees.

**Charter – Multi-Choice
Package IL012**
1-50 ATNE
Effective 1/1/2017

UnitedHealthcare Premier Plans

Metallic Value	Plan Code Chicago		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/Xray	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	AL-36	AL-4C	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$3,500	\$10,500	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$300	\$0	Ded	KE
Gold	AL-38	AL-4E	80%	50%	\$500	\$1,500	\$5,000	\$15,000	\$4,500	\$13,500	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	\$0	Ded+20%	KE
Gold	AL-3D	AL-3S	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$4,000	\$12,000	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	\$0	Ded+20%	P4
Gold	AL-3E	AL-3T	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$4,000	\$12,000	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	\$0	Ded+20%	P4
Silver	AL-3I	AL-33	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$35	\$0	\$35	\$70	\$75	\$250+20%	\$0	Ded+20%	KE

UnitedHealthcare Premier Value Plans

Metallic Value	Plan Code Chicago		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/Xray	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family									
Silver		AL-4F	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$250+Ded	KE
Silver	AL-4B	AL-4G	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$250+Ded+20%	KE

UnitedHealthcare Charter^{8,11} and Navigate^{8,11} (Chicago Market 471 Only)

Metallic Value	Plan Code Chicago		Coins	Deductible		Out-of-Pocket Maximum		Copay/Per Occurrence							Rx Plan ⁹
	Charter	Navigate	Network	Network		Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	I/P & O/P Surg	
				Single	Family	Single	Family								
Gold	AL-2G	AL-14	100%	\$1,000	\$3,000	\$3,500	\$10,500	\$25	\$0	\$50	\$75	\$300	\$0	Ded	KE
Silver	AL-2N		100%	\$3,000	\$9,000	\$7,000	\$14,000	\$45	\$0	\$90	\$100	\$400	Ded	Ded	KE
Gold	AL-2P	7S-X	80%	\$0	\$0	\$6,350	\$12,700	\$35	\$0	\$70	\$100	\$400+20%	Ded+20%	20%	P4
Gold	AL-2H	AL-15	80%	\$500	\$1,500	\$4,500	\$13,500	\$25	\$0	\$50	\$75	\$250+20%	\$0	Ded+20%	KE
Gold	AL-2K	7S-N	80%	\$1,000	\$3,000	\$4,000	\$12,000	\$25	\$0	\$50	\$75	\$250+20%	\$0	Ded+20%	P4
Silver	AL-23		80%	\$2,500	\$7,500	\$7,000	\$14,000	\$40	\$0	\$80	\$100	\$400+20%	Ded+20%	\$250+Ded+20%	KE
Silver	AL-2M	7S-Q	80%	\$5,000	\$10,000	\$6,350	\$12,700	\$35	\$0	\$70	\$75	\$250+20%	\$0	Ded+20%	KE

UnitedHealthcare FlexFree¹⁷ Plans

Metallic Value	Plan Code Chicago		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence						Rx Plan
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER	Lab/Xray	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family							
Gold	AL-1X	AL-11	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$0/3 visits	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	413	
Silver	AL-1Z	AL-13	80%	50%	\$3,350	\$10,050	\$5,000	\$15,000	\$7,150	\$14,300	\$10,000	\$30,000	\$0/3 visits	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	413	

UnitedHealthcare Health Savings Account (HSA) Plans

Metallic Value	Plan Code Chicago				Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence						Ded ⁵ Type	Rx Plan ⁹
	Choice+	Core	Charter ^{8,11}	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER	Lab/Xray	I/P & O/P Surg		
							Single	Family	Single	Family	Single	Family	Single	Family								
Gold	AD-HW	AD-HX	AL-2J		100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$500 ⁹	100%	100%	NonEmb	P4
Bronze	AL-1O	AL-1T	AL-2S		100%	70%	\$6,500	\$13,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	Emb	MM
Silver	AD-F7	AD-GA	AL-2Q	AD-GB	80%	50%	\$2,700	\$5,400	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	Emb	P4

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Illinois, Inc. MT-1036643.0 9/16 BROKER ©2016 United HealthCare Services, Inc. 16-2654-C



UnitedHealthcare Health Reimbursement Account (HRA) Plans

Metallic Value	Plan Code Chicago		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/ Xray	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	AL-3N		80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,750	\$11,500	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$250+Ded+20%	P4

Pharmacy Plans

Rx Plan Code ^a	Copays			Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Single	Family	
P4	\$15	\$40	\$70	N/A	N/A	2.5
P4*	\$15	\$40	\$70	Same as medical	Same as medical	2.5
413	\$15	\$50	\$100	N/A	N/A	2.5
KE	\$20	\$45	\$80	N/A	N/A	2.5
MM	No Copay	No Copay	No Copay	Same as Medical	Same as Medical	No Copay

* Combined Rx plan. HSA plans can only be paired with Combined Pharmacy plans.

1 Primary Care Physicians include General Practice, Family Practice, Internal medicine, and Pediatrics.
 2 This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.
 3 This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated.
 4 Plan deductible is waived for Emergency Room visits on plans where copay or copay+coinsurance is listed.
 5 "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met.
 "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.
 8 "Navigate and Charter" plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits. Not available in Indiana.
 9 Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.
 11 "Navigate" and "Charter" plans exclude coverage for services provided by Out-of-Network Providers with the exceptions of 1) Services performed in a Network Facility by hospital-based providers; and 2) Services performed under the Emergency Care benefit.
 17 "FlexFree" plans feature \$0 copay for the first 3 PCP and/or Specialist office visits during the Calendar or Plan Year. Office visits 4+ will be subject to plan deductible/coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copay limit.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators, we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.
 Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Illinois, Inc.
 MT-1036643.0 9/16 BROKER ©2016 United HealthCare Services, Inc. 16-2654-C

