

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.

**Prestige – Multi-Choice
Package IL011**
1-50 ATNE
Effective 1/1/2017

UnitedHealthcare Premier Plans

Metallic Value	Plan Code Illinois		Co-insurance		Deductible				Out-of-Pocket Maximum				Co-pay/Per Occurrence								Ded ⁶ Type	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	Inpatient Facility	Outpatient Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	AL-3A	AL-3P	100%	70%	\$0	\$0	\$5,000	\$15,000	\$1,500	\$4,500	\$10,000	\$30,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	100%	Emb	IJ
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	100%	100%	Emb	KE
Silver	AL-37	AL-4D	100%	70%	\$3,500	\$10,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	100%	Emb	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	80%	80%	Emb	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	80%	80%	Emb	P4
Gold		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	80%	80%	Emb	P4
Gold	AL-3H	AL-32	80%	50%	\$2,000	\$4,000	\$10,000	\$30,000	\$4,000	\$8,000	\$20,000	\$60,000	\$30	\$0	\$30	\$60	\$75	\$250	80%	80%	Emb	IJ
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	80%	80%	Emb	KE

UnitedHealthcare Premier Value Plans

Metallic Value	Plan Code Illinois		Co-insurance		Deductible				Out-of-Pocket Maximum				Co-pay/Per Occurrence								Ded ⁶ Type	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	Inpatient Facility	Outpatient Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family										
Gold		AL-34	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400	100%	100%	Emb	KE
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	100%	100%	Emb	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	80%	80%	Emb	KE

UnitedHealthcare Health Savings Account (HSA) Plans⁹

Metallic Value	Plan Code Illinois			Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Ded ⁵ Type	Rx Plan ⁹
	Choice+	Core	Navigate ⁸	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	Urgent Care	ER	Inpatient Facility	Outpatient Surgery		
						Single	Family	Single	Family	Single	Family	Single	Family										
Gold	AD-HW	AD-HX		100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	\$30	\$30	\$60	\$60	\$75	\$500	100%	100%	NonEmb	P4
Silver	AL-1M	AL-1R		100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	P4
Bronze	AL-1O	AL-1T		100%	70%	\$6,500	\$13,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	MM
Silver	AD-F7	AD-GA	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%	80%	80%	Emb	P4
Bronze		AL-1V	AL-2D	70%	50%	\$5,500	\$11,000	\$10,000	\$30,000	\$6,550	\$13,100	\$20,000	\$60,000	70%	70%	70%	70%	70%	70%	70%	70%	Emb	P4

UnitedHealthcare Health Reimbursement Account (HRA) Plans

Metallic Value	Plan Code Illinois		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Ded ⁵ Type	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	Inpatient Facility	Outpatient Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family										
Gold	AL-3N	AL-3Z	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,750	\$11,500	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400	80%	80%	Emb	P4
Silver	7J-4	7L-3	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb	P4

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UnitedHealthcare Navigate^{8,9} (Chicago Market 471 Only)

Metallic Value	Plan Code Illinois	Coins	Deductible		Out-of-Pocket Maximum		Copoly/Per Occurrence								Ded ⁵ Type	Rx Plan ⁹
	Navigate	Network	Network		Network		PCP ¹	Spec w/PCP Referral	Urgent Care	ER	Inpatient Facility	Outpatient Surgery	Lab/Xray	Major Diagnostic MRI, CT, etc.		
			Single	Family	Single	Family										
Platinum	7R-1	100%	\$0	\$0	\$1,500	\$4,500	\$20	\$40	\$75	\$300	100%	100%	100%	\$400	Emb	IJ
Gold	AL-14	100%	\$1,000	\$3,000	\$3,500	\$10,500	\$25	\$50	\$75	\$300	100%	100%	100%	\$400	Emb	KE
Gold	7S-X	80%	\$0	\$0	\$6,350	\$12,700	\$35	\$70	\$100	\$400	80%	80%	80%	\$400	Emb	P4
Gold	AL-15	80%	\$500	\$1,500	\$4,500	\$13,500	\$25	\$50	\$75	\$250	80%	80%	100%	\$400	Emb	KE
Gold	7S-N	80%	\$1,000	\$3,000	\$4,000	\$12,000	\$25	\$50	\$75	\$250	80%	80%	100%	\$400	Emb	P4
Silver	7S-Q	80%	\$5,000	\$10,000	\$6,350	\$12,700	\$35	\$70	\$75	\$250	80%	80%	100%	\$400	Emb	KE

Pharmacy Plans

Rx Plan Code ⁸	Copays			Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Single	Family	
IJ	\$10	\$35	\$60	N/A	N/A	2.5
IJ*	\$10	\$35	\$60	Same as medical	Same as medical	2.5
J7	\$15	\$40	\$75	N/A	N/A	2.5
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" 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.
 17 Flex Free plans have PCP and Spec at \$0 copay for first 3 visits per year then deductible/coinsurance. Additional costs may apply depending on the complexity of services provided.
 18 Flex Free plans have Urgent Care copay at \$0 for the first 2 visits per year, then deductible/coinsurance. Additional costs may apply depending on the complexity of services provided.

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.

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