

# Health Plan Product Offering

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefits to your business needs, choosing what you value in a health plan.

**Chicago & NW Indiana**  
 51+ ATNE; 100 and under Eligible Employees  
 Effective 10/01/2016

## UnitedHealthcare Premier Plans

Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Coplay/Per Occurrence								HRA Eligible?
Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>	PCP <sup>1</sup> Ages <19	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	ER <sup>4</sup>	Lab/ X-ray	Major Diagnostic MRI, CT etc.	
				Single	Family	Single	Family	Single	Family	Single	Family									
54-2	56-7	100%	80%	\$0	\$0	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
54-3	56-8	100%	80%	\$250	\$500	\$5,000	\$10,000	\$1,750	\$3,500	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
54-4	56-9	100%	80%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
54-5	56-Z	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
54-6	57-1	100%	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
54-7	57-2	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
54-8	57-3	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
54-9	57-4	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
55-1	57-5	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
55-2	57-6	80%	60%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	
55-3	57-7	80%	60%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	
55-4	57-8	80%	60%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	
55-5	57-9	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	•
55-6	57-W	80%	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	•
55-7	57-X	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
55-8	57-Y	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
55-9	57-Z	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
55-W	58-W	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
55-X	58-X	60%	50%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	
55-Y	58-Y	60%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	
55-Z	58-Z	60%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	
56-1	58-1	60%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	•
56-2	58-2	60%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	•
56-3	58-3	60%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•

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.



**UnitedHealthcare Premier Plans (continued)**

Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Coplay/Per Occurrence								HRA Eligible?
Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>	PCP <sup>1</sup> Ages <19	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	ER <sup>4</sup>	Lab/ X-ray	Major Diagnostic MRI, CT etc.	
				Single	Family	Single	Family	Single	Family	Single	Family									
56-4	58-4	60%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•
56-5	58-5	60%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•
56-6	58-6	60%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•

**UnitedHealthcare Premier Value Plans**

Plan Code Illinois		Plan Code NW Indiana		Coinsurance		Deductible				Out-Of-Pocket Maximum				Coplay/Per Occurrence								HRA Eligible?	
Choice+	Core	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	ER <sup>4</sup>	Lab/ X-ray	Major Diagnostic MRI, CT etc.		I/P & O/P Surgery
						Single	Family	Single	Family	Single	Family	Single	Family										
AK-UY	AK-U8	AK-VZ	AK-V9	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$35	\$0	\$35	\$70	\$100	\$400	Ded	\$400	\$250+Ded	
AK-UZ	AK-U9	AK-V1	AK-WA	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400	Ded	\$400	\$250+Ded	
AK-U1	AK-VA	AK-V2	AK-WB	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded	•
AK-U2	AK-VB	AK-V3	AK-WC	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded	•
AK-U3	AK-VC	AK-V4	AK-WD	80%	50%	\$0	\$0	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$35	\$0	\$35	\$70	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	
AK-U4	AK-VD	AK-V5	AK-WE	80%	50%	\$1,250	\$3,750	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	•
AK-U5	AK-VE	AK-V6	AK-WF	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	•
AK-U6	AK-VF	AK-V7	AK-WG	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	•
AK-U7	AK-VG	AK-V8	AK-WH	80%	50%	\$4,000	\$12,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$45	\$0	\$45	\$90	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	•

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.



**UnitedHealthcare PrimaryAdvantage Plans**

Plan Code Illinois		Plan Code NW Indiana		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						
Choice+	Core	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/ X-ray	Major Diagnostic MRI, CT etc.	I/P & O/P Surgery
						Single	Family	Single	Family	Single	Family	Single	Family							
AN-CN	AN-EZ	AN-FO	AN-F1	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CO	AN-E1	AN-FP	AN-F2	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CP	AN-E2	AN-FQ	AN-F3	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CQ	AN-E3	AN-FR	AN-F4	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CR	AN-E4	AN-FS	AN-F5	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%
AN-CS	AN-E5	AN-FT	AN-F6	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%

**UnitedHealthcare FlexFree<sup>17</sup> Plans**

Plan Code Illinois		Plan Code NW Indiana		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						
Choice+	Core	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/ X-ray	Major Diagnostic MRI, CT etc.	I/P & O/P Surgery
						Single	Family	Single	Family	Single	Family	Single	Family							
AK-TL	AK-TQ	AK-T6	AK-UB	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TM	AK-TR	AK-T7	AK-UC	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TN	AK-TS	AK-T8	AK-UD	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TO	AK-TT	AK-T9	AK-UE	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TP	AK-TU	AK-UA	AK-UF	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded	Ded	\$250+Ded	\$250+Ded	

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.



**UnitedHealthcare Standard Plans**

Plan Code		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								HRA Eligible?
Choice+	Core		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>	PCP <sup>1</sup> Ages <19	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	ER <sup>4</sup>	Lab/X-ray	Major Diagnostic MRI, CT etc.	
					Single	Family	Single	Family	Single	Family	Single	Family									
53-V	53-Y	50/50	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$50	\$0	\$50	\$50	\$100	Ded+50%	Ded+50%	Ded+50%	•
53-W	53-Z	50/50	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$50	\$0	\$50	\$50	\$100	Ded+50%	Ded+50%	Ded+50%	•
53-X	53-1	50/50	50%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$50	\$0	\$50	\$50	\$100	Ded+50%	Ded+50%	Ded+50%	•
2W-U	58-7	FlexPoint <sup>5</sup>	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$25	N/A	\$25	\$50	\$100	\$250+20%	Ded+20%	Ded+20%	•
2W-V	58-8	FlexPoint <sup>5</sup>	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	N/A	\$30	\$60	\$100	\$250+20%	Ded+20%	Ded+20%	•
2W-W	58-9	FlexPoint <sup>5</sup>	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$35	N/A	\$35	\$70	\$100	\$250+20%	Ded+20%	Ded+20%	•
53-P	53-S	Consumer	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
53-Q	53-T	Consumer	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
11-7	53-U	Consumer	50%	50%	\$0	\$0	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	50%	50%	50%	50%	50%	50%	50%	50%	•
2P-H	N/A	Non-Diff	80%	80%	\$1,000	\$2,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
04-L	N/A	Non-Diff	80%	80%	\$2,000	\$4,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•

**UnitedHealthcare Navigate<sup>8,11</sup> & Charter<sup>8,11</sup> Plans (Chicago market 471 only)**

Plan Code		Plan Type	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence								HRA Eligible?	
Navigate	Charter			Network	Network		Network		PCP <sup>1</sup>	PCP <sup>1</sup> Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/X-ray	Major Diagnostic MRI, CT etc.		I/P & O/P Surgery
					Single	Family	Single	Family									
53-2	AM-3Y	Copay	100%	\$0	\$0	\$1,500	\$3,000	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded	•	
53-3	AM-3Z	Copay	100%	\$250	\$500	\$1,750	\$3,500	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded	•	
53-4	AM-3P	Copay	100%	\$500	\$1,000	\$2,000	\$4,000	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded	•	
53-5	AM-3Q	Copay	100%	\$1,000	\$2,000	\$2,500	\$5,000	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded	•	
53-6	AM-3R	Copay	100%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded	•	
53-7	AM-3S	Copay	100%	\$2,000	\$4,000	\$3,500	\$7,000	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	
53-8	AM-3T	Copay	100%	\$2,500	\$5,000	\$4,000	\$8,000	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	
53-9	AM-3U	Copay	100%	\$3,000	\$6,000	\$4,500	\$9,000	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	
54-B	AM-3V	Copay	100%	\$5,000	\$10,000	\$6,350	\$12,700	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	

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.



UnitedHealthcare Navigate<sup>8,11</sup> & Charter<sup>8,11</sup> Plans (Chicago market 471 only) continued

Plan Code		Plan Type	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence								HRA Eligible?
Navigate	Charter		Network	Network		Network		PCP <sup>1</sup>	PCP <sup>1</sup> Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/ X-ray	Major Diagnostic MRI, CT etc.	I/P & O/P Surgery	
				Single	Family	Single	Family									
54-C	AM-3W	Copay	80%	\$0	\$0	\$2,500	\$5,000	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%	
54-D	AM-3X	Copay	80%	\$250	\$500	\$3,000	\$6,000	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%	
54-E	AM-31	Copay	80%	\$500	\$1,000	\$3,500	\$7,000	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%	
54-F	AM-32	Copay	80%	\$1,000	\$2,000	\$4,000	\$8,000	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•
54-H	AM-33	Copay	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•
54-I	AM-34	Copay	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•
54-J	AM-35	Copay	80%	\$2,500	\$5,000	\$6,000	\$12,000	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•
54-K	AM-36	Copay	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•
54-L	AM-37	Copay	80%	\$5,000	\$10,000	\$6,350	\$12,700	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%	
54-M	AM-38	Copay	60%	\$0	\$0	\$2,500	\$5,000	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%	
54-N	AM-39	Copay	60%	\$250	\$500	\$3,000	\$6,000	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%	
54-O	AM-4A	Copay	60%	\$500	\$1,000	\$3,500	\$7,000	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%	
54-P	AM-4B	Copay	60%	\$1,000	\$2,000	\$4,000	\$8,000	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•
54-Q	AM-4C	Copay	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•
54-R	AM-4D	Copay	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•
54-S	AM-4E	Copay	60%	\$2,500	\$5,000	\$6,000	\$12,000	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•
54-T	AM-4F	Copay	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•
54-U	AM-4G	Copay	60%	\$5,000	\$10,000	\$6,350	\$12,700	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%	
AB-J6	AM-4H	HSA	80%	\$2,600	\$5,200	\$6,350	\$12,700	80%	N/A	80%	80%	80%	80%	80%	80%	
54-W	AM-4I	HSA	80%	\$3,500	\$7,000	\$6,350	\$12,700	80%	N/A	80%	80%	80%	80%	80%	80%	
54-X	AM-4J	HSA	80%	\$5,000	\$10,000	\$6,350	\$12,700	80%	N/A	80%	80%	80%	80%	80%	80%	

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.



**UnitedHealthcare Advanced Tier Plans**

Plan Code		Coinsurance				Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							
Choice+	Core	Network Physician Prem Des <sup>2</sup>	Network Physician <sup>3</sup>	Network Facility	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1,2</sup> Prem Des	PCP <sup>1</sup>	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	ER <sup>4</sup>	Lab/ X-ray	Major Diagnostic MRI, CT etc.
						Single	Family	Single	Family	Single	Family	Single	Family								
OX-J	N/A	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$25	\$50	\$50	\$100	\$100	\$250+20%	Ded+20%	Ded+20%
OX-K	N/A	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$25	\$50	\$50	\$100	\$100	\$250+20%	Ded+20%	Ded+20%
OX-L	N/A	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$35	\$70	\$70	\$100	\$100	\$250+20%	Ded+20%	Ded+20%
OX-M	N/A	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$35	\$70	\$70	\$100	\$100	\$250+20%	Ded+20%	Ded+20%

**UnitedHealthcare Health Savings Account (HSA) Plans**

Plan Code				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence <sup>9</sup>				Deductible <sup>5</sup> Type	Rx Plan <sup>9</sup>
Choice +	Core	Navigate <sup>8,11</sup>	Charter <sup>8,11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>	Spec	Urgent Care	ER		
						Single	Family	Single	Family	Single	Family	Single	Family						
52-M	53-C			100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	NonEmb	10/35/60
52-N	53-D			100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	100%	100%	100%	100%	NonEmb	100%
AB-JX	AB-J2			100%	80%	\$2,600	\$5,200	\$5,000	\$10,000	\$2,600	\$5,200	\$10,000	\$20,000	100%	100%	100%	100%	Emb	100%
AB-JY	AB-J3			100%	80%	\$2,600	\$5,200	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	100%	100%	100%	100%	Emb	10/35/60
AB-JZ	AB-J4			100%	80%	\$2,600	\$5,200	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$30 <sup>9</sup>	\$60 <sup>9</sup>	\$75 <sup>9</sup>	\$300 <sup>9</sup>	Emb	10/35/60
52-E	52-3			100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	Emb	10/35/60
52-F	52-4			100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	Emb	10/35/60
52-G	52-5			100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30 <sup>9</sup>	\$60 <sup>9</sup>	\$75 <sup>9</sup>	\$300 <sup>9</sup>	Emb	10/35/60
52-H	52-6			100%	80%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	Emb	100%
AB-J1	AB-J5	AB-J6	AM-4H	80%	60%	\$2,600	\$5,200	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
52-J	52-8			80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
52-K	52-9	54-W	AM-4I	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
52-L	53-A	54-X	AM-4J	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
2J-7	53-B			50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	50%	50%	50%	50%	Emb	10/35/60

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.



**Pharmacy Plans**

Rx Plan Code	Copays				Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	
H9	\$10	\$30	\$50		2.5
2V	\$10	\$35	\$60		2.5
EU	\$10	\$40	\$75	\$125	2.5
3B	\$15	\$35	\$60		2.5
IU	\$15	\$40	\$75		2.5
DS	\$15	\$45	\$85	\$200	3
51	\$20	\$50	\$100		2.5

**Pharmacy Plans - Primary Advantage**

2016 Rx Plan Code	Copays				Mail Order Ratio	Rx Ded Ind/Fam	Rx Deductible Note
	Tier 1	Tier 2	Tier 3	Tier 4			
454	\$0	\$50	\$100	\$250	2.5	\$250/\$500	Applies to tiers 3 & 4 only
455	\$5	\$50	\$100	\$250	2.5	\$250/\$500	Applies to tiers 3 & 4 only

Navigate plans available to employers situated in the following counties only: Boone, Cook, Dekalb, Dupage, Grundy, Iroquis, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry, Winnebago, Will.

Charter plans available to employers situated in the following counties only: Cook, Dupage, Kane, Kendall, Lake, McHenry, Will.

- 1 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, 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.
- 6 "Flexpoint" plans feature a copay for office visits one through four during the calendar year or plan year, depending on plan type selected. Office visits five and over will be subject to plan deductible/coinsurance. This is a separate limit for both Physician Office Visits and Urgent Care visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copay limit.
- 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.
- 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, Charter, and HMO plans exclude coverage for services provided by Out-of-Network Providers with the exception 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.

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.

