

2021 Chicago 1-50 Insurance Plans

Chicago Multi-Choice:
Package IL026
1-50 ATNE
May 1, 2021

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.

UnitedHealthcare Premier PROformance Plans

Metallic Level	Plan Code Chicago				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan	
	Choice+	Core ¹⁹	Charter ^{8,11}	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray		I/P & O/P Surgery
							Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	CC-PT	CC-PU	CC-QC	CC-QB	80%	50%	\$500	\$1,000	\$5,000	\$15,000	\$3,000	\$6,000	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82
Gold	CC-O5	CC-O8	CC-QA	CC-P9	80%	50%	\$1,500	\$3,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82
Gold	CC-O4	CC-OZ	N/A	N/A	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82
Gold	CC-O6	CC-O9	N/A	N/A	80%	50%	\$2,500	\$5,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82
Gold	CC-O7	CC-PA	N/A	N/A	80%	50%	\$3,500	\$7,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82
Silver	CC-O3	CC-O2	N/A	N/A	80%	50%	\$6,500	\$13,000	\$10,000	\$20,000	\$8,100	\$16,200	\$20,000	\$40,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82

UnitedHealthcare Primary Advantage Plans

Metallic Level	Plan Code Chicago		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	CC-N3	CC-N4	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,000	\$13,000	\$10,000	\$20,000	100%	100%	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82
Gold	CC-N8	N/A	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	100%	100%	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82
Silver	CC-NV	CC-NW	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,100	\$16,200	\$20,000	\$40,000	100%	100%	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82

UnitedHealthcare FlexFree¹⁷ Plans

Metallic Level	Plan Code Chicago		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						Rx Plan	
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/Xray		I/P & O/P Surg
					Single	Family	Single	Family	Single	Family	Single	Family								
Gold	CC-N6	CC-N7	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$0	\$0/3 visits	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	E82	

2021 Chicago 1-50 Insurance Plans

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UnitedHealthcare Nexus Plans¹³

Metallic Level	Plan Codes	PLAN TYPE	Coinsurance				Deductibles				Out of Pocket Maximum				Copays/Per Occurrence												Rx Plan			
			Network	Out of Network	Physician Professional Services		Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹			Specialist			Urgent Care	ER	Lab/XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital		
					Designated Network (Tier 1) ²	Network ³	Single	Family	Single	Family	Single	Family	Single	Family		Dep <19	Designated	Network ³	Designated Network (Tier 1) ²	Network ³	Designated Network Facility					Network Facility ¹⁰		Designated Network Facility	Network Facility ¹⁰	
																														Single
Platinum	CC-QD	Nexus	100%	70%	100%	80%	\$500	\$1,000	\$5,000	\$15,000	\$5,000	\$10,000	\$10,000	\$30,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	Ded	\$250+Ded	Ded	\$500+Ded	E82
Gold	CC-QE	Nexus	100%	70%	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	Ded	\$250+Ded	Ded	\$500+Ded	E82
Gold	CC-QF	Nexus	80%	50%	80%	60%	\$1,000	\$2,000	\$5,000	\$15,000	\$5,500	\$11,000	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82
Gold	CC-QG	Nexus	80%	50%	80%	60%	\$1,700	\$3,400	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82
Silver	CC-QH	Nexus	80%	50%	80%	60%	\$4,000	\$8,000	\$6,000	\$12,000	\$8,250	\$16,500	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82
Silver	CC-QI	HSA w/Motion	100%	70%	100%	80%	\$4,900	\$9,800	\$6,000	\$12,000	\$6,750	\$13,500	\$10,000	\$30,000	100%	N/A	100%	80%	100%	80%	100%	100%	100%	100%	100%	80%	100%	80%	E82	
Silver	CC-QJ	HSA w/Motion	80%	50%	80%	60%	\$3,000	\$6,000	\$5,000	\$15,000	\$6,750	\$13,500	\$10,000	\$30,000	100%	N/A	80%	60%	80%	60%	80%	80%	80%	80%	80%	80%	60%	80%	60%	E82

UnitedHealthcare Charter and Navigate^{8,10,11,13}

Metallic Level	Plan Code Chicago		Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									Rx Plan
	Charter	Navigate	Network	Network		Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	I/P & O/P Surg		
				Single	Family	Single	Family										
Platinum	CD-YO	CC-OB	100%	N/A	N/A	\$4,000	\$12,000	100%	\$20	\$0	\$40	\$50	\$300	100%	100%	E82	
Gold	CC-OJ	CC-OI	80%	\$750	\$2,250	\$6,700	\$13,400	100%	\$35	\$0	\$70	\$50	\$250+20%	Ded+20%	Ded+20%	E82	
Platinum	CC-OR	CC-OQ	100%	\$1,000	\$3,000	\$1,700	\$5,100	100%	\$25	\$0	\$50	\$50	\$300	Ded	Ded	E82	
Gold	CC-OL	CC-OH	80%	\$2,000	\$6,000	\$7,000	\$14,000	100%	\$25	\$0	\$50	\$50	\$250+20%	Ded+20%	Ded+20%	E82	
Gold	CC-OS	CC-OP	80%	\$5,000	\$10,000	\$7,200	\$14,400	100%	\$40	\$0	\$80	\$50	\$400+20%	100%	Ded+20%	E82	

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UnitedHealthcare MOTION Health Savings Account (HSA) Plans

Metallic Level	Plan Code Chicago				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Ded Type ⁵	Rx Plan ⁹
	Choice+	Core ¹⁹	Charter ^{8,11}	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/Xray	I/P & O/P Surg		
							Single	Family	Single	Family	Single	Family	Single	Family									
Gold	CC-NX	CC-NY	CC-OK	N/A	100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	100%	\$30	\$60	\$50	\$500	100%	100%	NonEmb	E82
Gold	CC-OA	CC-N9	N/A	N/A	100%	70%	\$2,800	\$5,600	\$5,000	\$15,000	\$6,650	\$13,300	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	Emb	E82
Silver	CC-NZ	CC-NU	N/A	N/A	100%	70%	\$4,000	\$8,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	Emb	E82
Bronze	CC-NO	CC-NP	CC-OM	CC-OU	100%	70%	\$6,850	\$13,700	\$10,000	\$30,000	\$6,850	\$13,700	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	Emb	E83
Silver	CC-N5	CC-NS	CC-OO	CC-ON	80%	50%	\$2,800	\$5,600	\$5,000	\$15,000	\$6,650	\$13,300	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	80%	Emb	E82
Silver	CC-NT	CC-N2	N/A	CC-OG	70%	50%	\$5,500	\$11,000	\$10,000	\$30,000	\$6,000	\$12,000	\$20,000	\$60,000	70%	70%	70%	70%	70%	70%	70%	Emb	E82

* * UnitedHealthcare Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Rx Plan	
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des ^{1,2}	**PCP ³	Spec Prem Des ²	**Spec ³	Urgent Care	ER		Lab/Xray
					Single	Family	Single	Family	Single	Family	Single	Family									
Platinum	CC-PV	CC-P3	70%	50%	\$500	\$1,500	\$1,500	\$4,500	\$2,000	\$6,000	\$20,000	\$60,000	100%	\$20	\$20	\$40	\$40	\$50	\$500+Ded+30%	Ded+30%	E38
Gold	CC-PW	CC-P4	70%	50%	\$1,000	\$3,000	\$3,000	\$9,000	\$4,100	\$12,300	\$20,000	\$60,000	100%	\$20	\$20	\$40	\$40	\$50	\$500+Ded+30%	Ded+30%	E38
Gold	CC-PY	CC-P6	70%	50%	\$2,000	\$6,000	\$6,000	\$18,000	\$5,000	\$10,000	\$20,000	\$60,000	100%	\$25	\$25	\$50	\$50	\$50	\$500+Ded+30%	Ded+30%	E38
Gold	CC-P2	CC-P8	70%	50%	\$3,000	\$9,000	\$9,000	\$27,000	\$5,000	\$10,000	\$20,000	\$60,000	100%	\$25	\$25	\$50	\$50	\$50	\$500+Ded+30%	Ded+30%	E38
Silver	CC-PL	CC-PP	70%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	100%	\$30	\$30	\$60	\$60	\$50	\$500+Ded+30%	Ded+30%	E38
Silver	CC-PN	CC-PR	70%	50%	\$6,000	\$12,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	100%	\$40	\$40	\$80	\$80	\$50	\$500+Ded+30%	Ded+30%	E38

* Assured plans utilize Essential RX E-38: \$300/\$600 deductible on tier 3&4 10/65/125/250

** Non Premium Designated (PD) PCP and Specialist copays apply after deductible

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UnitedHealthcare Premier and Premier Value Plans

Metallic Level	Plan Code Chicago		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan	
	Choice+	Core ¹⁹		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray		I/P & O/P Surgery
						Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	CC-OV	CC-OW	Premier	100%	70%	N/A	N/A	\$5,000	\$15,000	\$2,000	\$6,000	\$10,000	\$30,000	100%	\$20	\$0	\$20	\$40	\$50	\$300	\$40	100%	E82
Platinum	CC-PJ	CC-PK	Premier	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$1,700	\$5,100	\$10,000	\$30,000	100%	\$20	\$0	\$20	\$40	\$50	\$300	Ded	Ded	E82
Gold	CC-PE	CC-PB	Premier Value	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	100%	\$45	\$0	\$45	\$90	\$50	\$400	Ded+20%	\$250+Ded	E82
Platinum	CC-PF	CC-PH	Premier	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$1,700	\$5,100	\$10,000	\$30,000	100%	\$25	\$0	\$25	\$50	\$50	\$300	Ded	Ded	E82
Gold	CC-OY	CC-OX	Premier Value	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	100%	\$45	\$0	\$45	\$90	\$50	\$400	Ded	\$250+Ded	E82
Gold	CC-PG	CC-PI	Premier	100%	70%	\$4,000	\$12,000	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	100%	\$35	\$0	\$35	\$70	\$50	\$350	Ded	Ded	E82
Silver	CC-PC	CC-PD	Premier Value	70%	50%	\$5,000	\$15,000	\$5,000	\$15,000	\$8,300	\$16,600	\$10,000	\$30,000	100%	\$45	\$0	\$45	\$90	\$50	\$400	Ded+20%	\$250+Ded+30%	E82

UnitedHealthcare Heath Reimbursement Account (HRA) Plans

Metallic Level	Plan Code Chicago		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan	
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	I/P & O/P Surg		
					Single	Family	Single	Family	Single	Family	Single	Family										
Silver	CC-NQ	CC-NR	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%	80%	E82

Pharmacy Plans-Essential PDL

Rx Plan Code	Copays				Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
E82	\$10	\$40	\$125	\$300	N/A	N/A	2.5
E38	\$10	\$65	\$125	\$250	\$300	\$600	2.5
E83	No Copay	No Copay	No Copay	N/A	Same as Medical	Same as Medical	No Copay

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

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- 1 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics.
- 2 This tier of benefits applies to UnitedHealthcare 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.
- 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 electronic 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.
- 10 Employers must be situated in and employees must reside in one of the following six counties: Cook, DuPage, Kane, Kendall, Lake or McHenry to select and enroll in Charter
- 11 Navigate and Charter 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.
- 12 Enrolled Charter members must select an Advocate Health Care network primary care physician (PCP) – either a general or family practitioner, internist or pediatrician
- 13 Enrolled Nexus and Charter members must select a primary care physician (PCP) – either a general or family practitioner, internist or pediatrician
- 19 Core and Navigate available within Chicago (Boone, Cook,DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall,Lake, La Salle, McHenry, Will and Winnebago counties) and NW Indiana (Lake, LaPorte and Porter counties) only

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 by United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. V2/5

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