

2014 Chicago/NW Indiana 2-50 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.

**Elite II – Multichoice
Package IL007/NW001
2-50 Eligible Employees
Effective 01/01/2014**

UnitedHealthcare Standard Plans

Metallic Value	2014 Plan Code Illinois		2014 Plan Code NW Indiana		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence					Deductible Type ⁶	Rx Plan
	Choice+	Core	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages < 19	Spec	Urgent Care	ER		
							Single	Family	Single	Family	Single	Family	Single	Family							
Platinum		DO-C		GK-4	100%	50%	\$0	\$0	\$3,000	\$9,000	\$6,250	\$12,500	\$12,500	\$25,000	\$25	\$0	\$45	\$75	\$150	Emb	15/40/75
Gold	DO-K	GJ-5	GK-Z	GL-R	100%	80%	\$1,500	\$4,000	\$3,000	\$9,000	\$3,000	\$6,000	\$9,000	\$18,000	\$30	\$0	\$50	\$75	\$150	Emb	15/40/75
Gold	DO-M	GJ-7	GL-2	GL-T	100%	80%	\$2,000	\$4,000	\$4,000	\$12,000	\$3,500	\$7,000	\$7,000	\$14,000	\$30	\$0	\$50	\$75	\$150	Emb	15/40/75
Gold	DO-E	DO-X	GK-6	GL-M	90%	50%	\$500	\$1,500	\$4,000	\$12,000	\$6,250	\$12,500	\$18,750	\$37,500	\$35	\$0	\$55	\$75	\$250	Emb	20/45/80
Gold	DO-O		GL-6		90%	70%	\$1,000	\$3,000	\$2,000	\$6,000	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$0	\$45	\$75	\$150	Emb	20/45/80
Gold	DO-D	DO-W	GK-5	GL-L	80%	50%	\$250	\$750	\$4,000	\$12,000	\$5,250	\$10,500	\$15,750	\$31,500	\$30	\$0	\$50	\$75	\$150	Emb	20/45/80
Gold		DO-G		GK-8	80%	50%	\$500	\$1,500	\$4,000	\$12,000	\$4,000	\$8,000	\$12,000	\$24,000	\$30	\$0	\$50	\$75	\$150	Emb	20/45/80
Gold	DO-F	DO-Y	GK-7	GL-N	80%	60%	\$500	\$1,500	\$1,000	\$3,000	\$6,250	\$12,500	\$12,500	\$25,000	\$35	\$0	\$75	\$100	\$250	Emb	10/30/50
Gold	DO-S	GK-2	GL-8	GL-X	80%	50%	\$750	\$2,250	\$2,250	\$6,750	\$6,250	\$12,500	\$12,500	\$25,000	\$35	\$0	\$75	\$100	\$150	Emb	15/40/75
Gold	DO-H	DO-Z	GK-9	GL-O	80%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$4,500	\$9,000	\$9,000	\$18,000	\$30	\$0	\$50	\$75	\$150	Emb	10/30/50
Gold	DO-I	GJ-3	GK-X	GL-P	80%	50%	\$1,000	\$3,000	\$4,000	\$12,000	\$6,250	\$12,500	\$18,750	\$37,500	\$35	\$0	\$75	\$100	\$250	Emb	10/30/50
Gold	DO-L	GJ-6	GL-1	GL-S	80%	50%	\$1,500	\$4,000	\$9,000	\$27,000	\$4,500	\$9,000	\$9,000	\$27,000	\$35	\$0	\$75	\$100	\$250	Emb	10/30/50
Gold	DO-O	GJ-9	GL-4	GL-V	80%	50%	\$2,000	\$4,000	\$6,000	\$18,000	\$5,000	\$11,000	\$11,000	\$22,000	\$30	\$0	\$50	\$75	\$150	Emb	10/30/50
Gold	DO-N	GJ-8	GL-3	GL-U	75%	50%	\$2,000	\$4,000	\$6,000	\$18,000	\$6,250	\$12,500	\$18,000	\$12,500	75%	75%	75%	75%	75%	Emb	15/40/75
Gold		DO-R		GL-7	70%	60%	\$250	\$750	\$750	\$2,250	\$6,250	\$12,500	\$12,500	\$25,000	\$40	\$0	\$80	\$100	\$250	Emb	15/40/75
Gold		DO-T		GL-9	60%	50%	\$1,000	\$3,000	\$3,000	\$9,000	\$4,500	\$12,500	\$12,500	\$25,000	\$30	\$0	\$70	\$100	\$150	Emb	15/40/75
Silver		DO-V		GL-K	50%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,250	\$12,500	\$19,200	\$38,400	\$40	\$0	\$80	\$100	50%	Emb	20/45/80

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 the Midlands, Inc.



UnitedHealthcare Health Savings Account (HSA) Plans

Metallic Value	2014 Plan Code Illinois		2014 Plan Code NW Indiana		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence					Deductible Type ⁵	Rx Plan
	Choice+	Core	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec	Urgent Care	ER		
							Single	Family	Single	Family	Single	Family	Single	Family							
Gold	DO-J	GJ-4	GK-Y	GL-Q	100%	80%	\$1,500	\$3,000	\$3,000	\$9,000	\$4,000	\$8,000	\$8,000	\$16,000	100%	100%	100%	100%	100%	NonEmb	10/30/50
Silver	DO-P	GK-1	GL-5	GL-W	100%	80%	\$2,500	\$5,000	\$7,500	\$15,000	\$6,250	\$12,500	\$12,500	\$25,000	100%	100%	100%	100%	100%	NonEmb	10/30/50
Silver	DO-U	GK-3	GL-J	GL-Y	50%	50%	\$3,250	\$6,000	\$9,000	\$27,000	\$6,250	\$12,500	\$12,500	\$27,000	50%	50%	50%	50%	50%	NonEmb	15/40/75

UnitedHealthcare Navigate⁸ Plans (Chicago Market 471 Only)

Metallic Value	2014 Plan Code Illinois	Coinsurance	Deductible		Out-of-Pocket Maximum		Copay/Per Occurrence									Deductible Type ⁵	Rx Plan
			Network		Network		PCP ¹	Specialist w/PCP Referral	Urgent Care	ER	Inpatient Facility	Outpatient Surgery	Lab/X-ray	Major Diagnostic			
			Single	Family	Single	Family											
Platinum	GO-2	100%	N/A	N/A	\$6,250	\$12,500	\$25	\$45	\$75	\$150	100%	100%	100%	100%	Emb	15/40/75	
Gold	GO-3	90%	\$1,000	\$3,000	\$6,250	\$12,500	\$35	\$75	\$100	\$250	90%	90%	100%	90%	Emb	10/30/50	
Gold	GO-4	90%	\$2,000	\$4,000	\$6,250	\$12,500	\$25	\$65	\$100	\$150	90%	90%	100%	90%	Emb	10/30/50	
Gold	GO-5	80%	\$500	\$1,500	\$6,250	\$12,500	\$35	\$75	\$100	\$250	80%	80%	100%	80%	Emb	10/30/50	
Gold	GO-6	80%	\$1,000	\$3,000	\$6,250	\$12,500	\$35	\$75	\$100	\$250	80%	80%	100%	80%	Emb	10/30/50	
Gold	GO-7	80%	\$1,500	\$4,000	\$6,250	\$12,500	\$25	\$50	\$100	\$250	80%	80%	100%	80%	Emb	10/30/50	

¹ Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

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 (Navigate, Balanced, Plus) require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.

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 the Midlands, Inc.

