

2014-2015 Chicago 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.

**Prestige – Multi-Choice
Package IL009**
2-50 Eligible Employees
Effective 10/1/2014

UnitedHealthcare Premier Plans

Metallic Value	2014 Plan Code Illinois		Coinsurance		Deductible				Out-of-Pocket Maximum				Coplay/Per Occurrence								Deductible Type ³	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	Spec ³	Urgent Care	ER	Inpatient Facility	Outpatient Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	7L-4	7O-7	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	10/35/60
Gold	7L-6	7O-9	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	15/40/70
Gold	7L-8	7P-1	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$4,500	\$12,700	\$10,000	\$30,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	100%	Emb	15/40/70
Gold	7M-3	7P-5	80%	50%	\$500	\$1,500	\$5,000	\$15,000	\$4,000	\$12,000	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	80%	80%	Emb	15/40/70
Gold	7M-6	7P-8	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%	80%	80%	Emb	15/40/70
Silver	7M-9	7Q-X	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%	80%	80%	Emb	20/45/80

UnitedHealthcare Premier Value Plans

Metallic Value	2014 Plan Code Illinois		Coinsurance		Deductible				Out-of-Pocket Maximum				Coplay/Per Occurrence								Deductible Type ³	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	Spec ³	Urgent Care	ER	Inpatient Facility	Outpatient Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family										
Gold	7N-1	7Q-Y	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$35	\$0	\$35	\$70	\$100	\$400	\$250+100%	\$250+100%	Emb	15/40/70
Silver	7N-3	7Q-1	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$45	\$0	\$45	\$90	\$100	\$400	\$250+100%	\$250+100%	Emb	20/45/80
Silver	7N-9	7Q-7	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	\$250+80%	\$250+80%	Emb	15/40/70
Silver	7O-1	7Q-8	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%	\$250+80%	\$250+80%	Emb	15/40/70
Silver	7O-2	7Q-9	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%	\$250+80%	\$250+80%	Emb	15/40/70
Silver	7O-3	7R-L	80%	50%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	\$250+80%	\$250+80%	Emb	15/40/70

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 Health Savings Account (HSA) Plans

Metallic Value	2014 Plan Code Illinois		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence							Deductible Type ⁵	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	Spec ³	Urgent Care	ER	Inpatient Facility			Outpatient Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family											
Silver	7I-R	7J-6	100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$9,000	\$10,000	\$30,000	\$30 ⁹	\$30 ⁹	\$60 ⁹	\$60 ⁹	\$75 ⁹	\$500 ⁹	100%	100%	Non-Emb	15/40/70	
Silver	7I-W	7K-2	100%	70%	\$2,600	\$5,200	\$5,000	\$15,000	\$4,000	\$8,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	15/40/70
Bronze	7I-Z	7K-5	100%	70%	\$6,300	\$12,600	\$10,000	\$30,000	\$6,300	\$12,600	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	100%	
Silver	7I-5	7L-U	80%	50%	\$2,600	\$5,200	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb	15/40/70
Bronze	n/a	7L-W	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	15/40/70	

UnitedHealthcare Navigate⁸ Plans

Metallic Value	2014 Plan Code Illinois	Coinsurance	Deductible		Out-of-Pocket Maximum		Copay/Per Occurrence									Deductible Type ⁵	Rx Plan
			Network		Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/ PCP	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	\$0	\$40	\$75	\$300	100%	100%	100%	\$400	Emb	10/35/60
Gold	7R-3	100%	\$1,000	\$3,000	\$3,500	\$10,500	\$25	\$0	\$50	\$75	\$300	100%	100%	100%	\$400	Emb	15/40/70
Gold	7R-9	80%	\$500	\$1,500	\$4,000	\$12,000	\$25	\$0	\$50	\$75	\$250+20%	80%	80%	100%	\$400	Emb	15/40/70
Gold	7S-N	80%	\$1,000	\$3,000	\$4,000	\$12,000	\$25	\$0	\$50	\$75	\$250+20%	80%	80%	100%	\$400	Emb	15/40/70
Silver	7S-Q	80%	\$5,000	\$10,000	\$6,350	\$12,700	\$35	\$0	\$70	\$75	\$250+20%	80%	80%	100%	\$400	Emb	20/45/80
Gold	7S-X	80%	\$0	\$0	\$6,350	\$12,700	\$35	\$0	\$70	\$100	\$400+20%	80%	80%	80%	\$400	Emb	15/40/70
Silver	7S-1	80%	\$2,000	\$6,000	\$6,350	\$12,700	\$40	\$0	\$80	\$100	\$400+20%	80%	80%	80%	\$400	Emb	15/40/70

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.

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.

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 Illinois, Inc.

