

2018 Chicago 1-50 Insurance Plans

Multi-Choice Package IL013

1-50 ATNE

Effective January 1, 2018

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 Plans

Metallic Value	Plan Code Chicago		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Rx Plan	
	Choice+	Core	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/X-ray		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	AU-HI	AU-HO	100%	70%	N/A	N/A	\$5,000	\$15,000	\$1,500	\$4,500	\$10,000	\$30,000	\$10	\$20	\$0	\$20	\$40	\$50	\$300	\$40	Ded	IJ
Platinum	AU-HV	AU-HZ	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$1,700	\$5,100	\$10,000	\$30,000	\$10	\$25	\$0	\$25	\$50	\$50	\$300	\$40	Ded	IJ
Gold	AU-HW	AU-H1	100%	70%	\$3,500	\$10,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$10	\$30	\$0	\$30	\$60	\$50	\$350	\$40	Ded	KE
Gold	AU-HX	AU-H2	80%	50%	\$500	\$1,500	\$5,000	\$15,000	\$5,600	\$11,200	\$10,000	\$30,000	\$10	\$25	\$0	\$25	\$50	\$50	\$250+20%	\$40	Ded+20%	KE
Gold	AU-HJ	AU-HP	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$5,100	\$10,200	\$10,000	\$30,000	\$10	\$25	\$0	\$25	\$50	\$50	\$250+20%	\$40	Ded+20%	P4
Gold		AU-HQ	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$4,400	\$13,200	\$10,000	\$30,000	\$10	\$25	\$0	\$25	\$50	\$50	\$250+20%	\$40	Ded+20%	P4
Gold	AU-HL	AU-HS	80%	50%	\$2,000	\$4,000	\$10,000	\$30,000	\$4,000	\$8,000	\$20,000	\$60,000	\$10	\$30	\$0	\$30	\$60	\$50	\$250+20%	\$40	Ded+20%	IJ
Gold	AU-HM	AU-HT	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$10	\$35	\$0	\$35	\$70	\$50	\$250+20%	Ded	\$250+Ded	KE

UnitedHealthcare Premier Value Plans

Metallic Value	Plan Code Chicago		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Rx Plan	
	Choice+	Core	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/X-ray		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family										
Gold		AU-HU	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,200	\$12,400	\$10,000	\$30,000	\$10	\$40	\$0	\$40	\$80	\$50	\$400	Ded	\$250+Ded	KE
Silver	AU-H3		100%	70%	\$3,800	\$11,400	\$5,000	\$15,000	\$7,200	\$14,400	\$10,000	\$30,000	\$10	\$45	\$0	\$45	\$90	\$50	\$400	Ded	\$250+Ded	KE
Silver	AU-HY	AU-H4	70%	50%	\$2,700	\$8,100	\$5,000	\$15,000	\$7,350	\$14,700	\$10,000	\$30,000	\$10	\$45	\$0	\$45	\$90	\$50	\$400+30%	Ded+30%	\$250+Ded+30%	KE

UnitedHealthcare Navigate^{®8,11} (Chicago Market 471 Only)

Metallic Value	Plan Code Chicago		Coinsurance		Deductible		Out-of-Pocket Maximum		Copay/Per Occurrence						Rx Plan		
	Navigate	Network	Network		Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/X-ray	I/P & O/P Surgery			
			Single	Family	Single	Family											
Platinum	AU-G4		100%		\$0	\$0	\$1,500	\$4,500	\$10	\$20	\$0	\$40	\$50	\$300	\$40	Ded	IJ
Platinum	AU-G9		100%		\$1,000	\$3,000	\$1,700	\$5,100	\$10	\$25	\$0	\$50	\$50	\$300	\$40	Ded	IJ
Gold	AU-G7		80%		\$0	\$0	\$6,900	\$13,800	\$10	\$35	\$0	\$70	\$50	\$400+20%	Ded+20%	Ded+20%	P4
Gold	AU-HA		80%		\$500	\$1,500	\$5,600	\$11,200	\$10	\$25	\$0	\$50	\$50	\$250+20%	\$40	Ded+20%	KE
Gold	AU-G5		80%		\$1,000	\$3,000	\$5,100	\$10,200	\$10	\$25	\$0	\$50	\$50	\$250+20%	\$40	Ded+20%	P4
Silver	AU-G6		80%		\$5,000	\$10,000	\$7,200	\$14,400	\$10	\$40	\$0	\$80	\$50	\$400+20%	100%	Ded+20%	KE

UnitedHealthcare Health Savings Account (HSA) Plans

Metallic Value	Plan Code Chicago			Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Ded ⁵ Type	Rx Plan ⁹								
	Choice+	Core	Navigate ^{8,11}	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹ Ages 19+	Spec	Urgent Care	ER	Lab/X-ray	MRI, CT, etc.	I/P & O/P Surg										
						Single	Family	Single	Family	Single	Family	Single	Family																		
Gold	AU-GU	AU-GW		100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	\$10 ⁹	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$500 ⁹	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Non Emb	P4
Silver	AU-GZ	AU-G1		100%	70%	\$3,100	\$6,200	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	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%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	MM
Silver	AU-GT	AU-GY	AU-G8	80%	50%	\$2,700	\$5,400	\$5,000	\$15,000	\$6,650	\$13,300	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	80%	80%	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%	70%	70%	70%	70%	70%	70%	70%	Emb	IJ	

UnitedHealthcare Health Reimbursement Account (HRA) Plans

Metallic Value	Plan Code Chicago		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence								Rx Plan	
	Choice+	Core	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	I/P & O/P Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family										
Gold	AU-HN	AU-HR	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,750	\$11,500	\$10,000	\$30,000	\$10	\$40	\$0	\$40	\$80	\$50	\$400+20%	\$250+ Ded+20%	P4	
Silver	AU-GV	AU-GX	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%	P4

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Pharmacy Plans

Rx Plan Code	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
P4	\$15	\$40	\$70	N/A	N/A	2.5
P4*	\$15	\$40	\$70	Same as Medical	Same as Medical	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 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.

⁶ "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 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" and "Charter" plans exclude coverage for services provided by Out-of-Network Providers with the exceptions of 1) Services performed in a Network Facility by hospital-based providers; and 2) Services performed under the Emergency Care benefit.

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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