

2018 Chicago 1-50 Insurance Plans

Multi-Choice Package IL014

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-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-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-HK	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-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%	100%	Ded+20%	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										
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 Charter^{8,11} and UnitedHealthcare Navigate^{8,11} (Chicago Market 471 Only)

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

UnitedHealthcare Primary Advantage 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	Spec	Urgent Care	ER	Lab/X-ray	MRI, CT	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	AU-GP	AU-GR	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$5,000	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+ Ded+20%	Ded+20%	\$250+ Ded+20%	\$250+ Ded+20%	548 ¹⁸
Silver	AU-GQ	AU-GS	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,350	\$13,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+ Ded+20%	Ded+20%	\$250+ Ded+20%	\$250+ Ded+20%	548 ¹⁸

UnitedHealthcare FlexFree¹⁷ 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	Spec	Urgent Care	ER	Lab/X-ray	I/P & O/P Surgery		
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	AL-1X	AL-11	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$10	\$0/3 visits	\$0/2 visits	\$250+ Ded+20%	Ded+20%	\$250+ Ded+20%	\$250+ Ded+20%	413	

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	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/X-ray	I/P & O/P Surg			
							Single	Family	Single	Family	Single	Family	Single	Family										
Gold	AU-GU	AU-GW	AU-HD		100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	\$10	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$500 ⁹	100%	100%	100%	Non Emb	P4
Bronze	AL-1O	AL-1T	AL-2S		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%	Emb	MM
Silver	AU-GT	AU-GY	AU-HH	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%	Emb	P4

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	Lab/X-ray		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family										
Gold	AU-HN		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%	Ded+20%	\$250+ Ded+20%	P4

Pharmacy Plans

Rx Plan Code	Copays				Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
P4	\$15	\$40	\$70		N/A	N/A	2.5
P4*	\$15	\$40	\$70	N/A	Same as Medical	Same as Medical	2.5
413	\$15	\$50	\$100	\$125	N/A	N/A	2.5
KE	\$20	\$45	\$80	N/A	N/A	N/A	2.5
MM	No Copay	No Copay	No Copay	N/A	Same as Medical	Same as Medical	No Copay
IJ	\$10	\$35	\$60	N/A	N/A	N/A	2.5
548 ¹⁸	\$5	\$50	\$100	\$250	\$250	\$500	2.5

**Multi-Choice
Package IL014**

1-50 ATNE

Effective January 1, 2018

*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.

"Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

⁶ "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.

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.

¹⁸ \$250 individual and \$500 family Rx deductible applies to Tier 3 and 4 only

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 Illinois, Inc.

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