

## 2016 Health Plan Product Offering

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.

Texas

High Option Multi-Choice Package  
TX013

1-50 Eligible Employees  
Effective 01/01/2016

### UnitedHealthcare Premier Plans

| Metallic Level | Plan Code   |                   | Co-insurance |                | Deductible |         |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence     |                           |                            |                   |             |                 |            |                                | Rx Plan          |                               |
|----------------|-------------|-------------------|--------------|----------------|------------|---------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|------------|--------------------------------|------------------|-------------------------------|
|                | Choice Plus | EPO <sup>11</sup> | Network      | Out of Network | Network    |         | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/ X-ray | Major Diagnostic MRI, CT, etc. |                  | Inpatient/ Outpatient Surgery |
|                |             |                   |              |                | Single     | Family  | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |            |                                |                  |                               |
| Platinum       | AA-Q9       | AA-R4             | 100%         | 70%            | \$250      | \$750   | \$5,000        | \$15,000 | \$1,750               | \$5,250  | \$10,000       | \$30,000 | \$20                      | \$0                       | \$20                       | \$40              | \$75        | \$300           | 100%       | \$400                          | Deductible       | 10/35/60                      |
| Gold           | AE-PM       | AE-PR             | 100%         | 70%            | \$1,000    | \$3,000 | \$5,000        | \$15,000 | \$4,000               | \$12,000 | \$10,000       | \$30,000 | \$25                      | \$0                       | \$25                       | \$50              | \$75        | \$300           | 100%       | \$400                          | Deductible       | 15/40/70                      |
| Gold           | AE-PN       | AE-PS             | 100%         | 70%            | \$2,500    | \$7,500 | \$5,000        | \$15,000 | \$3,750               | \$11,250 | \$10,000       | \$30,000 | \$30                      | \$0                       | \$30                       | \$60              | \$75        | \$300           | 100%       | \$400                          | Deductible       | 10/35/60                      |
| Gold           | AA-RG       | AA-SB             | 80%          | 50%            | \$500      | \$1,500 | \$5,000        | \$15,000 | \$4,000               | \$12,000 | \$10,000       | \$30,000 | \$25                      | \$0                       | \$25                       | \$50              | \$75        | \$250+20%       | 100%       | \$400                          | Deductible + 20% | 15/40/70                      |
| Gold           | AA-RJ       | AA-SE             | 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%       | 100%       | \$400                          | Deductible + 20% | 15/40/70                      |

### UnitedHealthcare Premier Value Plans

| Metallic Level | Plan Code   |                   | Co-insurance |                | Deductible |          |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence     |                           |                            |                   |             |                 |            |                                | Rx Plan            |                               |
|----------------|-------------|-------------------|--------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|------------|--------------------------------|--------------------|-------------------------------|
|                | Choice Plus | EPO <sup>11</sup> | Network      | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/ X-ray | Major Diagnostic MRI, CT, etc. |                    | Inpatient/ Outpatient Surgery |
|                |             |                   |              |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |            |                                |                    |                               |
| Gold           | AA-RN       | AA-SI             | 100%         | 70%            | \$500      | \$1,500  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$35                      | \$0                       | \$35                       | \$70              | \$100       | \$400           | Ded        | \$400                          | \$250 + Deductible | 15/40/70                      |
| Gold           | AA-RO       | AA-SJ             | 100%         | 70%            | \$1,000    | \$3,000  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$40                      | \$0                       | \$40                       | \$80              | \$100       | \$400           | Ded        | \$400                          | \$250 + Deductible | 10/35/60                      |
| Silver         | AA-RP       | AA-SK             | 100%         | 70%            | \$3,000    | \$9,000  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400           | Ded        | \$400                          | \$250 + Deductible | 20/45/80                      |
| Silver         | AE-PP       | AE-PU             | 100%         | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,000               | \$12,000 | \$20,000       | \$60,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400           | Ded        | \$400                          | \$250 + Deductible | 15/40/70                      |
| Gold           | AA-RT       | AA-SO             | 80%          | 50%            | \$0        | \$0      | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$35                      | \$0                       | \$35                       | \$70              | \$100       | \$400+20%       | Ded+20%    | \$400                          | \$250 + Ded + 20%  | 15/40/70                      |
| Silver         | AE-PQ       | AE-PV             | 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%       | Ded+20%    | \$400                          | \$250 + Ded + 20%  | 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 Texas, Inc.

## UnitedHealthcare Navigate<sup>®8</sup> Plans

| Metallic Level | Plan Code    | Co-insurance |        | Deductible |         | Out-of-Pocket Maximum |          | Co-pay/Per-Occurrence     |                           |                     |             |       |           |                           |                              | Rx Plan       |
|----------------|--------------|--------------|--------|------------|---------|-----------------------|----------|---------------------------|---------------------------|---------------------|-------------|-------|-----------|---------------------------|------------------------------|---------------|
|                |              | Network      |        | Network    |         | Network               |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec w/PCP Referral | Urgent Care | ER    | Lab/X-ray | Major Diagnostic MRI, CT. | Inpatient/Outpatient Surgery |               |
|                |              | Single       | Family | Single     | Family  | Single                | Family   |                           |                           |                     |             |       |           |                           |                              |               |
| Platinum       | <b>AA-QC</b> | 100%         |        | \$0        | \$0     | \$2,000               | \$6,000  | \$10                      | \$0                       | \$30                | \$50        | \$650 | Ded       | \$500                     | \$250 + Ded                  | 10/50/100/125 |
| Gold           | <b>AA-QF</b> | 100%         |        | \$1,000    | \$3,000 | \$6,350               | \$12,700 | \$15                      | \$0                       | \$45                | \$50        | \$650 | Ded       | \$500                     | \$250 + Ded                  | 10/50/100/125 |
| Silver         | <b>AA-QG</b> | 100%         |        | \$3,000    | \$9,000 | \$6,350               | \$12,700 | \$25                      | \$0                       | \$75                | \$50        | \$650 | Ded       | \$500                     | \$250 + Ded                  | 15/50/100/125 |

## UnitedHealthcare Health Savings Account (HSA) Plans

| Metallic Level | Plan Code    |                   |                          | Co-insurance |                | Deductible |          |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence |                   |                   |                    |           |                           |                              |      | Deductible <sup>5</sup> Type | Rx Plan <sup>9</sup> |      |      |          |          |
|----------------|--------------|-------------------|--------------------------|--------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|-----------------------|-------------------|-------------------|--------------------|-----------|---------------------------|------------------------------|------|------------------------------|----------------------|------|------|----------|----------|
|                | Choice Plus  | EPO <sup>11</sup> | Navigate <sup>8,11</sup> | Network      | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup>      | Spec              | Urgent Care       | ER                 | Lab/X-ray | Major Diagnostic MRI, CT. | Inpatient/Outpatient Surgery |      |                              |                      |      |      |          |          |
|                |              |                   |                          |              |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                       |                   |                   |                    |           |                           |                              |      |                              |                      |      |      |          |          |
| Gold           | <b>AE-OZ</b> | <b>AE-O4</b>      | <b>AE-PD</b>             | 100%         | 70%            | \$2,000    | \$4,000  | \$5,000        | \$15,000 | \$4,500               | \$6,850  | \$10,000       | \$30,000 | \$30 <sup>9</sup>     | \$60 <sup>9</sup> | \$75 <sup>9</sup> | \$500 <sup>9</sup> | 100%      | 100%                      | 100%                         | 100% | 100%                         | 100%                 | 100% | 100% | Non-Emb  | 15/40/70 |
| Silver         | <b>AA-O8</b> | <b>AA-PV</b>      | <b>AA-QR</b>             | 100%         | 70%            | \$3,000    | \$6,000  | \$5,000        | \$15,000 | \$5,000               | \$10,000 | \$10,000       | \$30,000 | 100%                  | 100%              | 100%              | 100%               | 100%      | 100%                      | 100%                         | 100% | 100%                         | 100%                 | 100% | Emb  | 15/40/70 |          |
| Silver         | <b>AE-O1</b> | <b>AE-O5</b>      | <b>AE-PE</b>             | 100%         | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,000               | \$12,000 | \$20,000       | \$60,000 | 100%                  | 100%              | 100%              | 100%               | 100%      | 100%                      | 100%                         | 100% | 100%                         | 100%                 | 100% | Emb  | 15/40/70 |          |

## UnitedHealthcare Health Reimbursement Account (HRA) Plans

| Metallic Level | Plan Code    |                   |                          | Co-insurance |                | Deductible |          |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence     |                           |                            |                   |             |                 |           |                           |                              |          | Rx Plan    |          |
|----------------|--------------|-------------------|--------------------------|--------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|-----------|---------------------------|------------------------------|----------|------------|----------|
|                | Choice Plus  | EPO <sup>11</sup> | Navigate <sup>8,11</sup> | Network      | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/X-ray | Major Diagnostic MRI, CT. | Inpatient/Outpatient Surgery |          |            |          |
|                |              |                   |                          |              |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |           |                           |                              |          |            |          |
| Gold           | <b>AE-PW</b> | <b>AE-PZ</b>      | <b>n/a</b>               | 100%         | 70%            | \$2,500    | \$7,500  | \$5,000        | \$15,000 | \$6,000               | \$12,000 | \$10,000       | \$30,000 | \$30                      | \$0                       | \$30                       | \$60              | \$75        | \$300           | 100%      | \$400                     | Deductible                   | 10/35/60 |            |          |
| Gold           | <b>AA-PJ</b> | <b>AA-P7</b>      | <b>n/a</b>               | 100%         | 70%            | \$2,500    | \$7,500  | \$5,000        | \$15,000 | \$3,500               | \$10,500 | \$10,000       | \$30,000 | 100%                      | 100%                      | 100%                       | 100%              | 100%        | 100%            | 100%      | 100%                      | 100%                         | 100%     | Deductible | 15/40/70 |
| Silver         | <b>AA-PK</b> | <b>AA-P8</b>      | <b>n/a</b>               | 100%         | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,350               | \$12,700 | \$20,000       | \$60,000 | 100%                      | 100%                      | 100%                       | 100%              | 100%        | 100%            | 100%      | 100%                      | 100%                         | 100%     | Deductible | 15/40/70 |



<sup>1</sup> Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

<sup>2</sup> This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details

<sup>3</sup> This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated

<sup>4</sup> Plan deductible is waived for Emergency Room visits on plans where co-pay or co-pay+co-insurance is listed.

<sup>5</sup> "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.

<sup>6</sup> "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.

<sup>9</sup> Co-payments 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.

<sup>11</sup> EPO and Navigate 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

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.**

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank<sup>SM</sup>, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

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 Texas, Inc.

9/15 BROKER



## 2016 Health Plan Product Offering

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.

Texas

Low Option Multi-Choice Package  
TX014

1-50 Eligible Employees  
Effective 01/01/2016

### UnitedHealthcare Premier Plans

| Metallic Level | Plan Code   |                   | Co-insurance |                | Deductible |          |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence     |                           |                            |                   |             |                 |           |                                | Rx Plan          |                              |
|----------------|-------------|-------------------|--------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|-----------|--------------------------------|------------------|------------------------------|
|                | Choice Plus | EPO <sup>11</sup> | Network      | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/X-ray | Major Diagnostic MRI, CT, etc. |                  | Inpatient/Outpatient Surgery |
|                |             |                   |              |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |           |                                |                  |                              |
| Gold           | AE-PN       | AE-PS             | 100%         | 70%            | \$2,500    | \$7,500  | \$5,000        | \$15,000 | \$3,750               | \$11,250 | \$10,000       | \$30,000 | \$30                      | \$0                       | \$30                       | \$60              | \$75        | \$300           | 100%      | \$400                          | Deductible       | 10/35/60                     |
| Gold           | AA-RJ       | AA-SE             | 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%       | 100%      | \$400                          | Deductible + 20% | 15/40/70                     |
| Silver         | AE-PO       | AE-PT             | 80%          | 50%            | \$4,000    | \$12,000 | \$10,000       | \$30,000 | \$6,600               | \$13,200 | \$20,000       | \$60,000 | \$35                      | \$0                       | \$35                       | \$70              | \$75        | \$250+20%       | 100%      | \$400                          | Deductible + 20% | 20/45/80                     |

### UnitedHealthcare Premier Value Plans

| Metallic Level | Plan Code   |                   | Co-insurance |                | Deductible |          |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence     |                           |                            |                   |             |                 |           |                                | Rx Plan            |                              |
|----------------|-------------|-------------------|--------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|-----------|--------------------------------|--------------------|------------------------------|
|                | Choice Plus | EPO <sup>11</sup> | Network      | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/X-ray | Major Diagnostic MRI, CT, etc. |                    | Inpatient/Outpatient Surgery |
|                |             |                   |              |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |           |                                |                    |                              |
| Gold           | AA-RO       | AA-SJ             | 100%         | 70%            | \$1,000    | \$3,000  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$40                      | \$0                       | \$40                       | \$80              | \$100       | \$400           | Ded       | \$400                          | \$250 + Deductible | 10/35/60                     |
| Silver         | AA-RP       | AA-SK             | 100%         | 70%            | \$3,000    | \$9,000  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400           | Ded       | \$400                          | \$250 + Deductible | 20/45/80                     |
| Silver         | AE-PP       | AE-PU             | 100%         | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,000               | \$12,000 | \$20,000       | \$60,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400           | Ded       | \$400                          | \$250 + Deductible | 15/40/70                     |
| Silver         | AE-PQ       | AE-PV             | 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%       | Ded+20%   | \$400                          | \$250 + Ded + 20%  | 20/45/80                     |
| Silver         | AA-R1       | AA-SV             | 80%          | 50%            | \$4,000    | \$12,000 | \$10,000       | \$30,000 | \$6,350               | \$12,700 | \$20,000       | \$60,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400+20%       | Ded+20%   | \$400                          | \$250 + Ded + 20%  | 15/40/70                     |



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## UnitedHealthcare Navigate<sup>®8</sup> Plans

| Metallic Level | Plan Code | Co-insurance | Deductible |          | Out-of-Pocket Maximum |          | Co-pay/Per-Occurrence     |                           |                     |             |       |           |                           |                              | Rx Plan       |
|----------------|-----------|--------------|------------|----------|-----------------------|----------|---------------------------|---------------------------|---------------------|-------------|-------|-----------|---------------------------|------------------------------|---------------|
|                |           |              | Network    |          | Network               |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec w/PCP Referral | Urgent Care | ER    | Lab/X-ray | Major Diagnostic MRI, CT. | Inpatient/Outpatient Surgery |               |
|                |           |              | Single     | Family   | Single                | Family   |                           |                           |                     |             |       |           |                           |                              |               |
| Gold           | AA-QF     | 100%         | \$1,000    | \$3,000  | \$6,350               | \$12,700 | \$15                      | \$0                       | \$45                | \$50        | \$650 | Ded       | \$500                     | \$250 + Deductible           | 10/50/100/125 |
| Silver         | AA-QG     | 100%         | \$3,000    | \$9,000  | \$6,350               | \$12,700 | \$25                      | \$0                       | \$75                | \$50        | \$650 | Ded       | \$500                     | \$250 + Deductible           | 15/50/100/125 |
| Silver         | AA-QI     | 100%         | \$4,000    | \$12,000 | \$6,350               | \$12,700 | \$25                      | \$0                       | \$75                | \$50        | \$650 | Ded       | \$500                     | \$250 + Deductible           | 15/50/100/125 |

## UnitedHealthcare Health Savings Account (HSA) Plans

| Metallic Level | Plan Code   |                   |                          | Co-insurance |                | Deductible |          |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence |                   |                   |                    |           |                                |                              |      | Ded <sup>5</sup> Type | Rx Plan <sup>9</sup> |      |      |          |          |
|----------------|-------------|-------------------|--------------------------|--------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|-----------------------|-------------------|-------------------|--------------------|-----------|--------------------------------|------------------------------|------|-----------------------|----------------------|------|------|----------|----------|
|                | Choice Plus | EPO <sup>11</sup> | Navigate <sup>8,11</sup> | Network      | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup>      | Spec              | Urgent Care       | ER                 | Lab/X-ray | Major Diagnostic MRI, CT, etc. | Inpatient/Outpatient Surgery |      |                       |                      |      |      |          |          |
|                |             |                   |                          |              |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                       |                   |                   |                    |           |                                |                              |      |                       |                      |      |      |          |          |
| Gold           | AE-OZ       | AE-O4             | AE-PD                    | 100%         | 70%            | \$2,000    | \$4,000  | \$5,000        | \$15,000 | \$4,500               | \$6,850  | \$10,000       | \$30,000 | \$30 <sup>9</sup>     | \$60 <sup>9</sup> | \$75 <sup>9</sup> | \$500 <sup>9</sup> | 100%      | 100%                           | 100%                         | 100% | 100%                  | 100%                 | 100% | 100% | Non-Emb  | 15/40/70 |
| Silver         | AE-O1       | AE-O5             | AE-PE                    | 100%         | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,000               | \$12,000 | \$20,000       | \$60,000 | 100%                  | 100%              | 100%              | 100%               | 100%      | 100%                           | 100%                         | 100% | 100%                  | 100%                 | 100% | Emb  | 15/40/70 |          |
| Bronze         | AA-PA       | AA-PX             | AA-QT                    | 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% | 100%                  | 100%                 | 100% | Emb  | 100%     |          |
| Silver         | AE-O2       | AE-O6             | AE-PF                    | 80%          | 50%            | \$2,700    | \$5,400  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | 80%                   | 80%               | 80%               | 80%                | 80%       | 80%                            | 80%                          | 80%  | 80%                   | 80%                  | 80%  | Emb  | 15/40/70 |          |
| Silver         | AE-O3       | AE-O7             | AE-PG                    | 80%          | 50%            | \$3,750    | \$7,500  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | 80%                   | 80%               | 80%               | 80%                | 80%       | 80%                            | 80%                          | 80%  | 80%                   | 80%                  | 80%  | Emb  | 15/40/70 |          |

## UnitedHealthcare Health Reimbursement Account (HRA) Plans

| Metallic Level | Plan Code   |                   |                          | Co-insurance |                | Deductible |          |                |          | Out-of-Pocket Maximum |          |                |          | Co-pay/Per-Occurrence     |                           |                            |                   |             |                 |           |                                | Rx Plan            |                              |          |
|----------------|-------------|-------------------|--------------------------|--------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|-----------|--------------------------------|--------------------|------------------------------|----------|
|                | Choice Plus | EPO <sup>11</sup> | Navigate <sup>8,11</sup> | Network      | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/X-ray | Major Diagnostic MRI, CT, etc. |                    | Inpatient/Outpatient Surgery |          |
|                |             |                   |                          |              |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |           |                                |                    |                              |          |
| Gold           | AA-PJ       | AA-P7             | n/a                      | 100%         | 70%            | \$2,500    | \$7,500  | \$5,000        | \$15,000 | \$3,500               | \$10,500 | \$10,000       | \$30,000 | 100%                      | 100%                      | 100%                       | 100%              | 100%        | 100%            | 100%      | 100%                           | 100%               | Deductible                   | 15/40/70 |
| Silver         | AA-PK       | AA-P8             | n/a                      | 100%         | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,350               | \$12,700 | \$20,000       | \$60,000 | 100%                      | 100%                      | 100%                       | 100%              | 100%        | 100%            | 100%      | 100%                           | 100%               | Deductible                   | 15/40/70 |
| Gold           | AE-PY       | AE-P2             | n/a                      | 100%         | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,000               | \$12,000 | \$20,000       | \$60,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400           | Ded       | \$400                          | \$250 + Deductible | 15/40/70                     |          |

<sup>1</sup> Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

<sup>2</sup> This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details

<sup>3</sup> This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated

<sup>4</sup> Plan deductible is waived for Emergency Room visits on plans where co-pay or co-pay+co-insurance is listed.

<sup>5</sup> "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.

<sup>6</sup> "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.

<sup>9</sup> Co-payments 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.

<sup>11</sup> EPO and Navigate 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

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.**

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank<sup>SM</sup>, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

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 Texas, Inc.



# Health Plan Product Offering

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.



**Texas**

FlexFree Multichoice Package TX016  
1-50 Eligible Employees  
Effective 04/01/2016

## UnitedHealthcare FlexFree®<sup>17</sup> Plans

| Metallic Level | Plan Code |                   | Coinsurance |                | Deductible |         |                |          | Out-Of-Pocket Maximum |          |                |          | Copay/Per Occurrence  |              |               |         |               |                                | Rx Plan       |
|----------------|-----------|-------------------|-------------|----------------|------------|---------|----------------|----------|-----------------------|----------|----------------|----------|-----------------------|--------------|---------------|---------|---------------|--------------------------------|---------------|
|                |           |                   | Network     | Out of Network | Network    |         | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup>      | Spec         | Urgent Care   | ER      | Lab/Xray      | Major Diagnostic MRI, CT, etc. |               |
|                | Choice+   | EPO <sup>11</sup> |             |                | Single     | Family  | Single         | Family   | Single                | Family   | Single         | Family   |                       |              |               |         |               |                                |               |
| Gold           | AJ-QW     | AJ-QZ             | 80%         | 50%            | \$1,000    | \$3,000 | \$5,000        | \$15,000 | \$4,500               | \$13,500 | \$10,000       | \$30,000 | \$0/3 visits combined | \$0/2 visits | \$250+Ded+20% | Ded+20% | \$250+Ded+20% | \$250+Ded+20%                  | 15/50/100/125 |
| Silver         | AJ-QX     | AJ-Q1             | 80%         | 50%            | \$2,000    | \$6,000 | \$5,000        | \$15,000 | \$6,850               | \$13,700 | \$10,000       | \$30,000 | \$0/3 visits combined | \$0/2 visits | \$250+Ded+20% | Ded+20% | \$250+Ded+20% | \$250+Ded+20%                  | 15/50/100/125 |
| Silver         | AJ-QY     | AJ-Q2             | 80%         | 50%            | \$3,000    | \$9,000 | \$5,000        | \$15,000 | \$6,850               | \$13,700 | \$10,000       | \$30,000 | \$0/3 visits combined | \$0/2 visits | \$250+Ded+20% | Ded+20% | \$250+Ded+20% | \$250+Ded+20%                  | 15/50/100/125 |

## UnitedHealthcare Premier Value Plans

| Metallic Level | Plan Code |                   | Coinsurance |                | Deductible |          |                |          | Out-Of-Pocket Maximum |          |                |          | Copay/Per Occurrence      |                           |                            |                   |             |                 |          |                                | Rx Plan       |                              |
|----------------|-----------|-------------------|-------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|----------|--------------------------------|---------------|------------------------------|
|                |           |                   | Network     | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/Xray | Major Diagnostic MRI, CT, etc. |               | Inpatient/Outpatient Surgery |
|                | Choice+   | EPO <sup>11</sup> |             |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |          |                                |               |                              |
| Gold           | AA-RO     | AA-SJ             | 100%        | 70%            | \$1,000    | \$3,000  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$40                      | \$0                       | \$40                       | \$80              | \$100       | \$400           | Ded      | \$400                          | \$250+Ded     | 10/35/60                     |
| Silver         | AA-RP     | AA-SK             | 100%        | 70%            | \$3,000    | \$9,000  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400           | Ded      | \$400                          | \$250+Ded     | 20/45/80                     |
| Silver         | AE-PP     | AE-PU             | 100%        | 70%            | \$5,000    | \$10,000 | \$10,000       | \$30,000 | \$6,000               | \$12,000 | \$20,000       | \$60,000 | \$45                      | \$0                       | \$45                       | \$90              | \$100       | \$400           | Ded      | \$400                          | \$250+Ded     | 15/40/70                     |
| Gold           | AA-RT     | AA-SO             | 80%         | 50%            | \$0        | \$0      | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | \$35                      | \$0                       | \$35                       | \$70              | \$100       | \$400+20%       | Ded+20%  | \$400                          | \$250+Ded+20% | 15/40/70                     |
| Silver         | AE-PQ     | AE-PV             | 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%       | Ded+20%  | \$400                          | \$250+Ded+20% | 20/45/80                     |



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## UnitedHealthcare Premier Plans

| Metallic Level | Plan Code |                   | Coinsurance |                | Deductible |         |                |          | Out-Of-Pocket Maximum |          |                |          | Copay/Per Occurrence      |                           |                            |                   |             |                 |          |                                | Rx Plan |                              |
|----------------|-----------|-------------------|-------------|----------------|------------|---------|----------------|----------|-----------------------|----------|----------------|----------|---------------------------|---------------------------|----------------------------|-------------------|-------------|-----------------|----------|--------------------------------|---------|------------------------------|
|                |           |                   | Network     | Out of Network | Network    |         | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec <sup>2</sup> Prem Des | Spec <sup>3</sup> | Urgent Care | ER <sup>4</sup> | Lab/Xray | Major Diagnostic MRI, CT, etc. |         | Inpatient/Outpatient Surgery |
|                | Choice+   | EPO <sup>11</sup> |             |                | Single     | Family  | Single         | Family   | Single                | Family   | Single         | Family   |                           |                           |                            |                   |             |                 |          |                                |         |                              |
| Gold           | AE-PN     | AE-PS             | 100%        | 70%            | \$2,500    | \$7,500 | \$5,000        | \$15,000 | \$3,750               | \$11,250 | \$10,000       | \$30,000 | \$30                      | \$0                       | \$30                       | \$60              | \$75        | \$300           | 100%     | \$400                          | Ded     | 10/35/60                     |
| Gold           | AA-RJ     | AA-SE             | 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%       | 100%     | \$400                          | Ded+20% | 15/40/70                     |

## UnitedHealthcare Navigate<sup>®8,11</sup> Plans

| Metallic Level | Plan Code | Coins   | Deductible |         | Out-Of-Pocket Maximum |          | Copay/Per Occurrence      |                           |                     |             |       |          |                                |                              | Rx Plan       |
|----------------|-----------|---------|------------|---------|-----------------------|----------|---------------------------|---------------------------|---------------------|-------------|-------|----------|--------------------------------|------------------------------|---------------|
|                |           |         | Network    |         | Network               |          | PCP <sup>1</sup> Ages 19+ | PCP <sup>1</sup> Ages <19 | Spec w/PCP Referral | Urgent Care | ER    | Lab/Xray | Major Diagnostic MRI, CT, etc. | Inpatient/Outpatient Surgery |               |
|                |           | Network | Single     | Family  | Single                | Family   |                           |                           |                     |             |       |          |                                |                              |               |
| Gold           | AA-QF     | 100%    | \$1,000    | \$3,000 | \$6,350               | \$12,700 | \$15                      | \$0                       | \$45                | \$50        | \$650 | Ded      | \$500                          | \$250 + Ded                  | 10/50/100/125 |
| Silver         | AA-QG     | 100%    | \$3,000    | \$9,000 | \$6,350               | \$12,700 | \$25                      | \$0                       | \$75                | \$50        | \$650 | Ded      | \$500                          | \$250 + Ded                  | 15/50/100/125 |

## UnitedHealthcare Health Savings Account (HSA) Plans

| Metallic Level | Plan Code |                   |                          | Coinsurance |                | Deductible |          |                |          | Out-Of-Pocket Maximum |          |                |          | Copay/Per Occurrence |                   |                   |                    |          |                                |                              |         | Ded <sup>5</sup> Type | Rx Plan <sup>9</sup> |
|----------------|-----------|-------------------|--------------------------|-------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|----------------------|-------------------|-------------------|--------------------|----------|--------------------------------|------------------------------|---------|-----------------------|----------------------|
|                |           |                   |                          | Network     | Out of Network | Network    |          | Out of Network |          | Network               |          | Out of Network |          | PCP <sup>1</sup>     | Spec              | Urgent Care       | ER                 | Lab/Xray | Major Diagnostic MRI, CT, etc. | Inpatient/Outpatient Surgery |         |                       |                      |
|                | Choice+   | EPO <sup>11</sup> | Navigate <sup>8,11</sup> |             |                | Single     | Family   | Single         | Family   | Single                | Family   | Single         | Family   |                      |                   |                   |                    |          |                                |                              |         |                       |                      |
| Gold           | AE-OZ     | n/a               | AE-PD                    | 100%        | 70%            | \$2,000    | \$4,000  | \$5,000        | \$15,000 | \$4,500               | \$6,850  | \$10,000       | \$30,000 | \$30 <sup>9</sup>    | \$60 <sup>9</sup> | \$75 <sup>9</sup> | \$500 <sup>9</sup> | 100%     | 100%                           | 100%                         | Non-Emb | 15/40/70              |                      |
| Silver         | AA-O8     | AA-PV             | AA-QR                    | 100%        | 70%            | \$3,000    | \$6,000  | \$5,000        | \$15,000 | \$5,000               | \$10,000 | \$10,000       | \$30,000 | 100%                 | 100%              | 100%              | 100%               | 100%     | 100%                           | 100%                         | Emb     | 15/40/70              |                      |
| Bronze         | AA-PA     | AA-PX             | AA-QT                    | 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%                         | Emb     | 100%                  |                      |
| Silver         | AE-O3     | AE-O7             | AE-PG                    | 80%         | 50%            | \$3,750    | \$7,500  | \$5,000        | \$15,000 | \$6,350               | \$12,700 | \$10,000       | \$30,000 | 80%                  | 80%               | 80%               | 80%                | 80%      | 80%                            | 80%                          | Emb     | 15/40/70              |                      |



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- <sup>1</sup> Primary Care Physicians include Family Practice, Internal medicine, Obstetrics-Gynecology, and Pediatrics.
- <sup>2</sup> This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.
- <sup>3</sup> This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians who are not UnitedHealth Premium Tier 1 Designated.
- <sup>4</sup> Plan deductible is waived for Emergency Room visits on plans where copay or copay + coinsurance are listed.
- <sup>5</sup> "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.
- <sup>6</sup> "Flexpoint" plans feature a copay for office visits one through four during the calendar year or plan year, depending on plan type selected. Office visits five and over will be subject to plan deductible/coinsurance. This is a separate limit for both Physician Office visits and Urgent Care visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copay limit.
- <sup>8</sup> "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.
- <sup>9</sup> 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.
- <sup>11</sup> EPO and Navigate 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.
- <sup>17</sup> "FlexFree" plans feature \$0 copay for the first 3 PCP and/or Specialist office visits during the 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.

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The UnitedHealthcare plan with Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account through Optum Bank, Member FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP. The UnitedHealthcare plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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