

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
 Multichoice Package
 1-50 Eligible Employees
 Effective 1/1/2017

UnitedHealthcare Premier Plans

Package			Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
17	18	20		Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray	MRI, CT	I/P & O/P Surgery	Rx
								Single	Family	Single	Family	Single	Family	Single	Family										
•			P	AM-DM	AM-D2	100%	70%	\$250	\$750	\$5,000	\$15,000	\$1,750	\$5,250	\$10,000	\$30,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	\$400	Ded	NS
•			G	AM-DN	AM-D3	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	Ded	DT
•	•	•	G	AM-DO	AM-D4	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	NS
		•	S	AM-DP	AM-D5	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	\$400	Ded	DV
•			G	AM-DQ	AM-D6	80%	50%	\$500	\$1,500	\$5,000	\$15,000	\$4,500	\$13,500	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	100%	\$400	Ded+20%	DV
•	•	•	G	AM-DR	AM-D7	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%	DT
		•	G	AM-DS	AM-D8	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	100%	\$400	Ded+20%	DT
	•		S	AM-DT	AM-D9	80%	50%	\$4,500	\$13,500	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$35	\$0	\$35	\$70	\$75	\$250+20%	100%	\$400	Ded+20%	DV

UnitedHealthcare Premier Value Plans

Package			Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
17	18	20		Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray	MRI, CT	I/P & O/P Surgery	Rx
								Single	Family	Single	Family	Single	Family	Single	Family										
•			G	AM-DU	AM-EA	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$35	\$0	\$35	\$70	\$100	\$400	100%	\$400	\$250+Ded	DV
•	•	•	G	AM-DV	AM-EB	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400	100%	\$400	\$250+Ded	NS
•	•	•	S	AM-DW	AM-EC	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$45	\$0	\$45	\$90	\$100	\$400	100%	\$400	\$250+Ded	DV
•	•	•	S	AM-DX	AM-ED	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,000	\$12,000	\$20,000	\$60,000	\$45	\$0	\$45	\$90	\$100	\$400	100%	\$400	\$250+Ded	DT
•		•	G	AM-DY	AM-EE	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%	DT
•	•	•	S	AM-DZ	AM-EF	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	DT
	•	•	S	AM-D1	AM-EG	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%	DT

UnitedHealthcare FlexFree¹⁷ Plans

Package			Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							
17	18	20		Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT	I/P & O/P Surgery	Rx
								Single	Family	Single	Family	Single	Family	Single	Family								
		•	G	AM-C6	AM-C9	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099
		•	S	AM-C7	AM-DA	80%	50%	\$2,250	\$6,750	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099
		•	S	AM-C8	AM-DB	80%	50%	\$3,350	\$10,050	\$5,000	\$15,000	\$7,150	\$14,300	\$10,000	\$30,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099

UnitedHealthcare Navigate^{8,11} Plans

Package			Metallic	Navigate Plan Code	Coinsurance	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence								
17	18	20				Network	Network		Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT	I/P & O/P Surgery
					Single		Family	Single	Family									
•			P	AA-QC	100%	N/A	N/A	\$2,000	\$6,000	\$10	\$0	\$30	\$50	\$650	Ded	\$500	\$250	098
•	•	•	G	AA-QF	100%	\$1,000	\$3,000	\$6,350	\$12,700	\$15	\$0	\$45	\$50	\$650	Ded	\$500	\$250+Ded	098
•	•	•	S	AM-DC	100%	\$3,000	\$9,000	\$6,750	\$13,500	\$25	\$0	\$75	\$50	\$650	Ded	\$500	\$250+Ded	099
	•		S	AA-QI	100%	\$4,000	\$12,000	\$6,350	\$12,700	\$25	\$0	\$75	\$50	\$650	Ded	\$500	\$250+Ded	099

UnitedHealthcare Health Savings Account (HSA) Plans

Package			Metallic	Plan Code			Coinsurance	Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
17	18	20		Choice+	EPO ¹¹	Navigate ^{8,11}		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT	I/P & O/P Surgery
							Single			Family	Single	Family	Single	Family	Single	Family								
•	•		G	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 ⁹	\$60 ⁹	\$75 ⁹	\$500 ⁹	100%	100%	100%	DT
•		•	S	AM-CX	AM-C2	AM-DD	100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	DT
•	•		S	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%	DT
	•	•	B	AM-CY	AM-C3	AM-DE	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%	MM
		•	S	AM-CZ	AM-C4	AM-DF	90%	50%	\$3,000	\$6,000	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	90%	90%	90%	90%	90%	90%	90%	DT
	•		S	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%	DT
	•	•	S	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%	DT

UnitedHealthcare Health Reimbursement Account (HRA) Plans

Package			Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copoly/Per Occurrence									
17	18	20		Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray	MRI, CT	I/P & O/P Surgery	Rx Plan
								Single	Family	Single	Family	Single	Family	Single	Family										
•			G	AM-EH	AM-EK	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	Ded	NS
	•		G	AM-EJ	AM-EM	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	DT
•	•		G	AA-PJ	AA-P7	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%	Ded	DT
•	•		S	AA-PK	AA-P8	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%	Ded	DT

Pharmacy Plans

Rx Plan Code	Copays						Deductible		Mail Order Ratio
	Tier 1	Tier 1 Specialty copay	Tier 2	Tier 2 Specialty copay	Tier 3	Tier 3 Specialty copay	Single	Family	
NS	\$10	\$10	\$35	\$100	\$60	\$300	N/A	N/A	2.5
NS*	\$10	\$10	\$35	\$100	\$60	\$300	Same as medical	Same as medical	2.5
DT	\$15	\$15	\$40	\$100	\$70	\$300	N/A	N/A	2.5
DT*	\$15	\$15	\$40	\$100	\$70	\$300	Same as medical	Same as medical	2.5
DV	\$20	\$20	\$45	\$100	\$80	\$300	N/A	N/A	2.5
098	\$10	\$10	\$50	\$100	\$100	\$300	N/A	N/A	2.5
099	\$15	\$15	\$50	\$100	\$100	\$300	N/A	N/A	2.5
MM	No Copay	N/A	No Copay	N/A	No Copay	N/A	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.
 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.
 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 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
 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.