Health Plan Product Offering

North Texas
51+ ATNE; 51-100 Eligible Employees
Effective May 1, 2020

UnitedHealthcare Multi-Choice allows you to purchase one health plan package with multiple benefit design options (can choose up to 5 plans with a premium spread of no more than 50%) to meet a variety of health care and financial needs.

UnitedHealthcare Premium Designation & Standard Plans

Plan Codes		Plan Type	Coinsurance		Deductibles				Out of Pocket Maximum				Copays									
Choice+	EPO[11]		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP[1]		Spec		Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec[2]	Spec[3]						
BC-X3	BC-ZM	Premier	100%	70%	$250	$500	$5,000	$10,000	$1,750	$3,500	$10,000	$20,000	$0	$20	$20	$40	$0	$75	$300	100%	Ded	Ded
BC-X4	BC-ZN	Premier	100%	70%	$500	$1,000	$5,000	$10,000	$2,000	$4,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$300	100%	Ded	Ded
BM-DE	BM-DF	Premier	100%	70%	$750	$1,500	$5,000	$10,000	$2,500	$5,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$300	100%	Ded	Ded
BC-X5	BC-ZO	Premier	100%	70%	$1,000	$2,000	$5,000	$10,000	$2,500	$5,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$300	100%	Ded	Ded
BC-X6	BC-ZP	Premier	100%	70%	$1,500	$3,000	$5,000	$10,000	$3,000	$6,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$300	100%	Ded	Ded
BC-X7	BC-ZQ	Premier	100%	70%	$2,000	$4,000	$5,000	$10,000	$3,500	$7,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$300	100%	Ded	Ded
BC-X8	BC-ZR	Premier	100%	70%	$2,500	$5,000	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$300	100%	Ded	Ded
BC-X9	BC-ZS	Premier	100%	70%	$3,000	$6,000	$5,000	$10,000	$4,500	$9,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$300	100%	Ded	Ded
BC-YA	BC-ZT	Premier	100%	70%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	$0	$35	$35	$70	$0	$75	$300	100%	Ded	Ded
BC-YB	BC-ZU	Premier	80%	50%	$250	$500	$5,000	$10,000	$3,000	$6,000	$10,000	$20,000	$0	$20	$20	$40	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YC	BC-ZV	Premier	80%	50%	$500	$1,000	$5,000	$10,000	$3,500	$7,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BM-DG	BM-DH	Premier	80%	50%	$750	$1,500	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YD	BC-ZW	Premier	80%	50%	$1,000	$2,000	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YE	BC-ZX	Premier	80%	50%	$1,500	$3,000	$5,000	$10,000	$5,000	$10,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YF	BC-ZY	Premier	80%	50%	$2,000	$4,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YG	BC-ZZ	Premier	80%	50%	$2,500	$5,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YH	BC-Z2	Premier	80%	50%	$3,000	$6,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YI	BC-Z3	Premier	80%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	$0	$35	$35	$70	$0	$75	$250+20%	100%	Ded+20%	Ded+20%
BC-YR	BC-1C	Premier	70%	50%	$250	$500	$5,000	$10,000	$3,000	$6,000	$10,000	$20,000	$0	$20	$20	$40	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BC-YS	BC-1D	Premier	70%	50%	$500	$1,000	$5,000	$10,000	$3,500	$7,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BM-DI	BM-DJ	Premier	70%	50%	$750	$1,500	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BC-YT	BC-1E	Premier	70%	50%	$1,000	$2,000	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BC-YU	BC-1F	Premier	70%	50%	$1,500	$3,000	$5,000	$10,000	$5,000	$10,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BC-YV	BC-1G	Premier	70%	50%	$2,000	$4,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BC-YW	BC-1H	Premier	70%	50%	$2,500	$5,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BC-YX	BC-1I	Premier	70%	50%	$3,000	$6,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+30%	100%	Ded+30%	Ded+30%
BC-YY	BC-1J	Premier	70%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	$0	$35	$35	$70	$0	$75	$250+30%	100%	Ded+30%	Ded+30%

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North Texas
51+ ATNE; 51-100 Eligible Employees
Effective May 1, 2020

UnitedHealthcare Premium Designation & Standard Plans

Plan Codes		Plan Type	Coinsurance		Deductibles				Out of Pocket Maximum				Copays									
Choice+	EPO[11]		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP[1]		Spec		Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec[2]	Spec[3]						
BC-YZ	BC-1K	Premier	50%	50%	$250	$500	$5,000	$10,000	$3,000	$6,000	$10,000	$20,000	$0	$20	$20	$40	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-Y2	BC-1L	Premier	50%	50%	$500	$1,000	$5,000	$10,000	$3,500	$7,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BM-DK	BM-DL	Premier	50%	50%	$750	$1,500	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-Y3	BC-1M	Premier	50%	50%	$1,000	$2,000	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-Y4	BC-1N	Premier	50%	50%	$1,500	$3,000	$5,000	$10,000	$5,000	$10,000	$10,000	$20,000	$0	$25	$25	$50	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-Y5	BC-1O	Premier	50%	50%	$2,000	$4,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-Y6	BC-1P	Premier	50%	50%	$2,500	$5,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-Y7	BC-1Q	Premier	50%	50%	$3,000	$6,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$0	$30	$30	$60	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-Y8	BC-1R	Premier	50%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	$0	$35	$35	$70	$0	$75	$250+50%	100%	Ded+50%	Ded+50%
BC-WJ	BC-WR	50/50	50%	50%	$2,000	$4,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	N/A	$50	$50	$50	$0	$100	Ded+50%	Ded+50%	Ded+50%	Ded+50%
BC-WK	BC-WS	50/50	50%	50%	$3,000	$6,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	N/A	$50	$50	$50	$0	$100	Ded+50%	Ded+50%	Ded+50%	Ded+50%
BC-WL	BC-WT	50/50	50%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	N/A	$50	$50	$50	$0	$100	Ded+50%	Ded+50%	Ded+50%	Ded+50%
AE-4E	AG-X2	Consumer	80%	50%	$2,000	$4,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
AE-3R	AG-X3	Consumer	80%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
BM-CU	BM-CV	Consumer	80%	50%	$7,350	$14,700	$10,000	$20,000	$7,900	$15,800	$20,000	$40,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
AE-3S	AG-X4	Consumer	50%	50%	$0	$0	$5,000	$10,000	$6,000	$12,000	$10,000	$30,000	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
AG-YF	N/A	Non-Diff	80%	80%	$1,000	$2,000	N/A	N/A	$3,000	$6,000	N/A	N/A	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
AG-YG	N/A	Non-Diff	80%	80%	$2,000	$4,000	N/A	N/A	$4,000	$8,000	N/A	N/A	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

UnitedHealthcare Premier PROformance Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays										Deductible Type[5]
Choice+	EPO[11]	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP[1]		Spec		Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec[2]	Spec[3]							
AX-KJ	AX-KR	80%	50%	$1,000	$2,000	$5,000	$10,000	$7,150	$14,300	$10,000	$20,000	$0	$10	$40	$80	$0	$25	$300+Ded+20%	$40	$500	Ded+20%	Emb
AX-KK	AX-KS	80%	50%	$2,000	$4,000	$5,000	$10,000	$7,150	$14,300	$10,000	$20,000	$0	$10	$40	$80	$0	$25	$300+Ded+20%	$40	$500	Ded+20%	Emb
AX-KL	AX-KT	80%	50%	$3,000	$6,000	$7,500	$15,000	$7,150	$14,300	$15,000	$30,000	$0	$10	$40	$80	$0	$25	$300+Ded+20%	$40	$500	Ded+20%	Emb
AX-KM	AX-KU	80%	50%	$5,000	$10,000	$10,000	$20,000	$7,150	$14,300	$20,000	$40,000	$0	$10	$40	$80	$0	$25	$300+Ded+20%	$40	$500	Ded+20%	Emb
BM-DM	BM-DO	80%	50%	$6,000	$12,000	$10,000	$20,000	$7,150	$14,300	$20,000	$40,000	$0	$10	$40	$80	$0	$25	$300+Ded+20%	$40	$500	Ded+20%	Emb

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UnitedHealthcare Premier PROformance Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays										Deductible Type[5]
Choice+	EPO[11]	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP[1]		Spec		Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec[2]	Spec[3]							
AX-KN	AX-KV	80%	50%	$1,000	$2,000	$5,000	$10,000	$7,150	$14,300	$10,000	$20,000	$0	$15	$50	$100	$0	$25	$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AX-KO	AX-KW	80%	50%	$2,000	$4,000	$5,000	$10,000	$7,150	$14,300	$10,000	$20,000	$0	$15	$50	$100	$0	$25	$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AX-KP	AX-KX	80%	50%	$3,000	$6,000	$7,500	$15,000	$7,150	$14,300	$15,000	$30,000	$0	$15	$50	$100	$0	$25	$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AX-KQ	AX-KY	80%	50%	$5,000	$10,000	$10,000	$20,000	$7,150	$14,300	$20,000	$40,000	$0	$15	$50	$100	$0	$25	$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-DN	BM-DP	80%	50%	$6,000	$12,000	$10,000	$20,000	$7,150	$14,300	$20,000	$40,000	$0	$15	$50	$100	$0	$25	$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb

UnitedHealthcare Premier Value plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays									
Choice+	EPO[11]	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP[1]		Spec		Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec[2]	Spec[3]						
BC-Y9	BC-1S	100%	70%	$500	$1,500	$5,000	$15,000	$6,350	$12,700	$10,000	$30,000	$0	$35	$35	$70	$0	$100	$400	Ded	$400	$250+Ded
BC-ZA	BC-1T	100%	70%	$1,000	$3,000	$5,000	$15,000	$6,350	$12,700	$10,000	$30,000	$0	$40	$40	$80	$0	$100	$400	Ded	$400	$250+Ded
BC-ZB	BC-1U	100%	70%	$3,000	$9,000	$5,000	$15,000	$6,350	$12,700	$10,000	$30,000	$0	$45	$45	$90	$0	$100	$400	Ded	$400	$250+Ded
BC-ZC	BC-1V	100%	70%	$5,000	$10,000	$10,000	$30,000	$6,350	$12,700	$20,000	$60,000	$0	$45	$45	$90	$0	$100	$400	Ded	$400	$250+Ded
BC-ZD	BC-1W	80%	50%	$0	$0	$5,000	$15,000	$6,350	$12,700	$10,000	$30,000	$0	$35	$35	$70	$0	$100	$400 + 20%	Ded + 20%	$400	$250+Ded+20%
BC-ZE	BC-1X	80%	50%	$1,500	$4,500	$5,000	$15,000	$6,350	$12,700	$10,000	$30,000	$0	$40	$40	$80	$0	$100	$400 + 20%	Ded + 20%	$400	$250+Ded+20%
BC-17	BC-19	80%	50%	$2,500	$7,500	$5,000	$15,000	$6,350	$12,700	$10,000	$30,000	$0	$40	$40	$80	$0	$100	$400 + 20%	Ded + 20%	$400	$250+Ded+20%
BC-18	BC-2A	80%	50%	$5,000	$10,000	$10,000	$30,000	$6,350	$12,700	$20,000	$60,000	$0	$45	$45	$90	$0	$100	$400 + 20%	Ded + 20%	$400	$250+Ded+20%

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UnitedHealthcare Primary Advantage Plans

Plan Codes			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays								Deductible Type[5]
Choice+	EPO[11]	PLAN TYPE	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec[3]	Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family									
AN-DI	AN-DO	PrimAdv	80%	50%	$1,000	$2,000	$5,000	$10,000	$6,500	$13,000	$10,000	$20,000	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AN-DJ	AN-DP	PrimAdv	80%	50%	$2,000	$4,000	$5,000	$10,000	$6,500	$13,000	$10,000	$20,000	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AN-DK	AN-DQ	PrimAdv	80%	50%	$3,000	$6,000	$10,000	$20,000	$6,500	$13,000	$20,000	$40,000	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AN-DL	AN-DR	PrimAdv	80%	50%	$5,000	$10,000	$10,000	$20,000	$6,500	$13,000	$20,000	$40,000	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-CS	BM-CT	PrimAdv	80%	50%	$6,000	$12,000	$10,000	$20,000	$7,000	$14,000	$20,000	$40,000	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
AN-DM	AN-DS	PrimAdv	50%	50%	$1,000	$2,000	$5,000	$10,000	$6,500	$13,000	$10,000	$20,000	$0	$100	$0	$50	$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb
AN-DN	AN-DT	PrimAdv	50%	50%	$2,000	$4,000	$5,000	$10,000	$6,500	$13,000	$10,000	$20,000	$0	$100	$0	$50	$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb
AX-SO	AX-SP	PrimAdv HSA[18]	80%	50%	$1,500	$3,000	$5,000	$10,000	$6,500	$7,150	$10,000	$20,000	$0[9]	$100[9]	$0[9]	$50[9]	$250+Ded+20%[9]	Ded+20%	Ded+20%	Ded+20%	Non-Emb
AX-SQ	AX-SR	PrimAdv HSA[18]	80%	50%	$2,000	$4,000	$5,000	$10,000	$6,500	$7,150	$10,000	$20,000	$0[9]	$100[9]	$0[9]	$50[9]	$250+Ded+20%[9]	Ded+20%	Ded+20%	Ded+20%	Non-Emb

UnitedHealthcare Primary Advantage Rx

Rx Plan	Copays				Mail Order	Rx Ded	Rx Deductible
	Tier 1	Tier 2	Tier 3	Tier 4			
454/454X	$0	$50	$100	$250	2.5	$250/$500	Waived for tier 1 & 2
455/455X	$5	$50	$100	$250	2.5	$250/$500	Waived for tier 1 & 2
751/751X	$0	$50	$100	$250	2.5	Medical	HSA Only

UnitedHealthcare Navigate[8,11] Plans

Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copays									Deductible Type[5]
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP[1]		Spec with Referral	Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
			Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
BC-W7	100%	NA	$0	$0	NA	NA	$2,000	$6,000	NA	NA	$0	$10	$30	$0	$50	$650	Ded	$500	$250	Emb
BC-W8	100%	NA	$250	$750	NA	NA	$6,350	$12,700	NA	NA	$0	$15	$45	$0	$50	$650	Ded	$500	$250 + Ded	Emb
BC-W9	100%	NA	$500	$1,500	NA	NA	$6,350	$12,700	NA	NA	$0	$15	$45	$0	$50	$650	Ded	$500	$250 + Ded	Emb
BC-XA	100%	NA	$1,000	$3,000	NA	NA	$6,350	$12,700	NA	NA	$0	$15	$45	$0	$50	$650	Ded	$500	$250 + Ded	Emb

UnitedHealthcare®

Health Plan Product Offering

North Texas
51+ ATNE; 51-100 Eligible Employees
Effective May 1, 2020

UnitedHealthcare Navigate[8,11] Plans

Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copays									Deductible Type[5]
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP[1]		Spec with Referral	Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
			Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
BC-XB	100%	NA	$3,000	$9,000	NA	NA	$6,350	$12,700	NA	NA	$0	$25	$75	$0	$50	$650	Ded	$500	$250 + Ded	Emb
BC-XC	100%	NA	$3,500	$10,500	NA	NA	$6,350	$12,700	NA	NA	$0	$25	$75	$0	$50	$650	Ded	$500	$250 + Ded	Emb
BC-XD	100%	NA	$4,000	$12,000	NA	NA	$6,350	$12,700	NA	NA	$0	$25	$75	$0	$50	$650	Ded	$500	$250 + Ded	Emb
BC-XE	100%	NA	$5,000	$10,000	NA	NA	$6,350	$12,700	NA	NA	$0	$25	$75	$0	$50	$650	Ded	$500	$250 + Ded	Emb
BC-XG	100%	NA	$0	$0	NA	NA	$2,500	$5,000	NA	NA	$0	$10	$30	$0	$50	$500	100%	$500	100%	Emb
BC-XH	100%	NA	$500	$1,000	NA	NA	$3,000	$6,000	NA	NA	$0	$10	$30	$0	$50	$500	100%	$500	Ded	Emb
BC-XI	100%	NA	$1,000	$2,000	NA	NA	$3,500	$7,000	NA	NA	$0	$10	$30	$0	$50	$500	100%	$500	Ded	Emb
BC-XJ	100%	NA	$2,000	$4,000	NA	NA	$4,500	$9,000	NA	NA	$0	$15	$45	$0	$75	$500	100%	$500	Ded	Emb
BC-XK	100%	NA	$2,500	$5,000	NA	NA	$5,000	$10,000	NA	NA	$0	$15	$45	$0	$75	$500	100%	$500	Ded	Emb
BC-XL	100%	NA	$3,000	$6,000	NA	NA	$5,500	$11,000	NA	NA	$0	$15	$45	$0	$75	$500	100%	$500	Ded	Emb
BC-XM	100%	NA	$5,000	$10,000	NA	NA	$6,500	$13,000	NA	NA	$0	$25	$75	$0	$100	$500	100%	$500	Ded	Emb
AY-Y7	100%	NA	$1,000	$2,000	NA	NA	$4,000	$8,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-Y8	100%	NA	$2,000	$4,000	NA	NA	$5,000	$10,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-Y9	100%	NA	$3,000	$6,000	NA	NA	$6,000	$12,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-ZA	100%	NA	$4,000	$8,000	NA	NA	$7,000	$14,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-ZB	100%	NA	$5,000	$10,000	NA	NA	$7,350	$14,700	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
BE-II	100%	NA	$6,000	$12,000	NA	NA	$7,350	$14,700	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
BC-XN	80%	NA	$0	$0	NA	NA	$6,600	$13,200	NA	NA	$0	$25	$75	$0	$100	$500	Ded+20%	$500	Ded + 20%	Emb
BC-XO	80%	NA	$1,000	$2,000	NA	NA	$6,600	$13,200	NA	NA	$0	$25	$75	$0	$100	$500	Ded+20%	$500	Ded + 20%	Emb
BC-XP	80%	NA	$2,500	$5,000	NA	NA	$6,600	$13,200	NA	NA	$0	$25	$75	$0	$100	$500	Ded+20%	$500	Ded + 20%	Emb
AY-ZH	80%	NA	$1,000	$2,000	NA	NA	$4,000	$8,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	Ded+20%	Emb
AY-ZI	80%	NA	$2,000	$4,000	NA	NA	$5,000	$10,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	Ded+20%	Emb
AY-ZJ	80%	NA	$3,000	$6,000	NA	NA	$6,000	$12,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	Ded+20%	Emb
AY-ZK	80%	NA	$4,000	$8,000	NA	NA	$7,000	$14,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	Ded+20%	Emb
AY-ZL	80%	NA	$5,000	$10,000	NA	NA	$7,350	$14,700	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	Ded+20%	Emb

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UnitedHealthcare Dallas,El Paso and Lubbock Charter[8,11] Plans

These plans are available in the following counties: Collin, Dallas, Denton, Ellis, Fannin, Hunt, Johnson, Parker, Rockwall, Tarrant, El Paso, Hudspeth, Lubbock, Hale and Hockley

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays									
Charter	PLAN TYPE	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP		SCP	Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	Deductible Type[5]
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
BM-C8	Charter PrimAdv	80%	NA	$1,000	$2,000	NA	NA	$6,500	$13,000	NA	NA	$0	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-C9	Charter PrimAdv	80%	NA	$2,000	$4,000	NA	NA	$6,500	$13,000	NA	NA	$0	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-DA	Charter PrimAdv	80%	NA	$3,000	$6,000	NA	NA	$6,500	$13,000	NA	NA	$0	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-DB	Charter PrimAdv	80%	NA	$5,000	$10,000	NA	NA	$6,500	$13,000	NA	NA	$0	$0	$100	$0	$50	$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BM-DC	Charter PrimAdv	50%	NA	$1,000	$2,000	NA	NA	$6,500	$13,000	NA	NA	$0	$0	$100	$0	$50	$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb
BM-DD	Charter PrimAdv	50%	NA	$2,000	$4,000	NA	NA	$6,500	$13,000	NA	NA	$0	$0	$100	$0	$50	$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	Emb
BC-XQ	Charter	100%	NA	$0	$0	NA	NA	$2,500	$5,000	NA	NA	$0	$10	$30	$0	$50	$500	100%	$500	100%	Emb
BC-XR	Charter	100%	NA	$500	$1,500	NA	NA	$3,000	$6,000	NA	NA	$0	$10	$30	$0	$50	$500	100%	$500	Ded	Emb
BC-XS	Charter	100%	NA	$1,000	$2,000	NA	NA	$3,500	$7,000	NA	NA	$0	$10	$30	$0	$50	$500	100%	$500	Ded	Emb
BC-XT	Charter	100%	NA	$2,000	$4,000	NA	NA	$4,500	$9,000	NA	NA	$0	$15	$45	$0	$75	$500	100%	$500	Ded	Emb
BC-XU	Charter	100%	NA	$2,500	$5,000	NA	NA	$5,000	$10,000	NA	NA	$0	$15	$45	$0	$75	$500	100%	$500	Ded	Emb
BC-XV	Charter	100%	NA	$3,000	$6,000	NA	NA	$5,500	$11,000	NA	NA	$0	$15	$45	$0	$75	$500	100%	$500	Ded	Emb
BC-XW	Charter	100%	NA	$5,000	$10,000	NA	NA	$6,500	$13,000	NA	NA	$0	$25	$75	$0	$100	$500	100%	$500	Ded	Emb
AY-ZC	Charter	100%	NA	$1,000	$2,000	NA	NA	$4,000	$8,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-ZD	Charter	100%	NA	$2,000	$4,000	NA	NA	$5,000	$10,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-ZE	Charter	100%	NA	$3,000	$6,000	NA	NA	$6,000	$12,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-ZF	Charter	100%	NA	$4,000	$8,000	NA	NA	$7,000	$14,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
AY-ZG	Charter	100%	NA	$5,000	$10,000	NA	NA	$7,350	$14,700	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
BE-IJ	Charter	100%	NA	$6,000	$12,000	NA	NA	$7,350	$14,700	NA	NA	$0	$10	$60	$0	$25	$500+Ded	$40	$500	Ded	Emb
BC-XX	Charter	80%	NA	$0	$0	NA	NA	$6,600	$13,200	NA	NA	$0	$25	$75	$0	$100	$500	Ded+20%	$500	80%	Emb
BC-XY	Charter	80%	NA	$1,000	$2,000	NA	NA	$6,600	$13,200	NA	NA	$0	$25	$75	$0	$100	$500	Ded+20%	$500	80%	Emb
BC-XZ	Charter	80%	NA	$2,500	$5,000	NA	NA	$6,600	$13,200	NA	NA	$0	$25	$75	$0	$100	$500	Ded+20%	$500	80%	Emb
AY-ZM	Charter	80%	NA	$1,000	$2,000	NA	NA	$4,000	$8,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	80%	Emb
AY-ZN	Charter	80%	NA	$2,000	$4,000	NA	NA	$5,000	$10,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	80%	Emb
AY-ZO	Charter	80%	NA	$3,000	$6,000	NA	NA	$6,000	$12,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	80%	Emb
AY-ZP	Charter	80%	NA	$4,000	$8,000	NA	NA	$7,000	$14,000	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	80%	Emb
AY-ZQ	Charter	80%	NA	$5,000	$10,000	NA	NA	$7,350	$14,700	NA	NA	$0	$10	$60	$0	$25	$500+Ded+20%	$40	$500	80%	Emb
BC-X2	HSA Charter	100%	NA	$2,000	$4,000	NA	NA	$6,450	$6,850	NA	NA	$15[9]		$45[9]	$0[9]	$75[9]	$500[9]	100%	$500[9]	100%	Non-Emb
AG-ZL	HSA Charter	100%	NA	$3,000	$6,000	NA	NA	$5,000	$10,000	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb

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Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays								
Charter	PLAN TYPE	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP		SCP	Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	Deductible Type[5]
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP								
BM-C6	HSA Charter	100%	NA	$4,000	$8,000	NA	NA	$5,450	$10,900	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb
AG-ZM	HSA Charter	100%	NA	$5,000	$10,000	NA	NA	$6,450	$12,900	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb
AG-ZN	HSA Charter	100%	NA	$6,350	$12,700	NA	NA	$6,350	$12,700	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb
BS-DL	HSA Charter	100%	NA	$6,750	$13,500	NA	NA	$6,750	$13,500	NA	NA	100%		100%	100%	100%	100%	100%	100%	100%	Emb
AG-ZO	HSA Charter	80%	NA	$3,000	$6,000	NA	NA	$6,450	$12,900	NA	NA	80%		80%	80%	80%	80%	80%	80%	80%	Emb
BM-C3	HSA Charter	70%	NA	$3,000	$6,000	NA	NA	$6,450	$12,900	NA	NA	70%		70%	70%	70%	70%	70%	70%	70%	Emb

UnitedHealthcare Health Savings Account (HSA) Plans

Plan Codes			Coinsurance		Deductibles				Out of Pocket Maximum				Copays								
Choice+	EPO [11]	Navigate[8],[11]	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec[3]	Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	Deductible Type[5]
					Single	Family	Single	Family	Single	Family	Single	Family									
AE-3J	AG-X6	AG-YQ	100%	70%	$2,000	$4,000	$5,000	$10,000	$3,000	$6,000	$10,000	$20,000	100%	100%	100%	100%	100%	100%	100%	100%	Non-Emb
BC-WO	BC-W6	BC-XF	100%	70%	$2,000	$4,000	$5,000	$10,000	$4,500	$6,850	$10,000	$20,000	30[9]	60[9]	$0[9]	$75[9]	$500[9]	100%	100%	100%	Non-Emb
AE-3K	AG-X7	AG-YR	100%	70%	$3,000	$6,000	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb
BM-CW	BM-CX	BM-C5	100%	70%	$4,000	$8,000	$5,000	$10,000	$5,000	$10,000	$10,000	$20,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb
AE-3L	AG-X8	AG-YS	100%	70%	$5,000	$10,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb
AE-3M	AG-X9	AG-YT	100%	70%	$6,350	$12,700	$10,000	$20,000	$6,350	$12,700	$20,000	$40,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb
BS-DH	BS-DI	BS-DK	100%	70%	$6,750	$13,500	$10,000	$20,000	$6,750	$13,500	$20,000	$40,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb
BT-CS	BT-CT	BT-CZ	80%	50%	$2,800	$5,600	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb
AE-3N	AG-YB	AG-YV	80%	50%	$3,000	$6,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb
AE-3O	AG-YC	AG-YW	80%	50%	$3,500	$7,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb
BM-CY	BM-CZ	BM-C7	80%	50%	$4,000	$8,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb
AE-3P	AG-YD	AG-YX	80%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb
BM-CO	BM-CP	BM-C2	70%	50%	$3,000	$6,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	70%	70%	70%	70%	70%	70%	70%	70%	Emb
BM-CQ	BM-CR	BM-C4	70%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	70%	70%	70%	70%	70%	70%	70%	70%	Emb
AE-3Q	AG-YE	AG-YY	50%	50%	$3,000	$6,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	50%	50%	50%	50%	50%	50%	50%	50%	Emb

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Health Plan Product Offering

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51+ ATNE; 51-100 Eligible Employees
Effective May 1, 2020

UnitedHealthcare Copay Clear Plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Per Occurrence											Deductible Type[5]
Choice +	EPO[11]	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP[1] Prem Des	PCP[1]	Spec[2] Prem Des	Spec[3]	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	O/P Surgery	I/P Surgery	
				Single	Family	Single	Family	Single	Family	Single	Family												
BT-C2	BT-C8	100%	50%	$500	$1,000	$5,000	$10,000	$7,500	$15,000	$10,000	$20,000	$0	$0	$0*	$75	$75*	$50	$750*	$0**	$500*	$750*	$2,000*	Emb
BT-C3	BT-C9	100%	50%	$1,000	$2,000	$5,000	$10,000	$7,500	$15,000	$10,000	$20,000	$0	$0	$0*	$75	$75*	$50	$750*	$0**	$500*	$750*	$2,000*	Emb
BT-C4	BT-DA	100%	50%	$2,000	$4,000	$5,000	$10,000	$7,500	$15,000	$10,000	$20,000	$0	$0	$0*	$75	$75*	$50	$750*	$0**	$500*	$750*	$2,000*	Emb
BT-C5	BT-DB	100%	50%	$3,000	$6,000	$7,500	$15,000	$7,500	$15,000	$15,000	$30,000	$0	$0	$0*	$75	$75*	$50	$750*	$0**	$500*	$750*	$2,000*	Emb
BT-C6	BT-DC	100%	50%	$4,000	$8,000	$10,000	$20,000	$7,500	$15,000	$20,000	$40,000	$0	$0	$0*	$75	$75*	$50	$750*	$0**	$500*	$750*	$2,000*	Emb
BT-C7	BT-DD	100%	50%	$5,000	$10,000	$10,000	$20,000	$7,500	$15,000	$20,000	$40,000	$0	$0	$0*	$75	$75*	$50	$750*	$0**	$500*	$750*	$2,000*	Emb

*After plan deductible

**Plan deductible waived at Preferred Lab Network (PLN) providers

UnitedHealthcare Flex Free[17] plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type[5]
Choice+	EPO[11]	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec	Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
				Single	Family	Single	Family	Single	Family	Single	Family	Visits 1 -3, combined PCP, Spec			Visit 1-2					
BC-WY	BC-W5	100%	50%	$5,000	$10,000	$10,000	$20,000	$6,850	$13,700	$20,000	$40,000	$0 (Visit 1-3), then Ded & Coins		$0	$0	$250+Ded	Ded	$250+Ded	$250+Ded	Emb
BC-WU	BC-WZ	80%	50%	$1,000	$2,000	$5,000	$10,000	$6,850	$13,700	$10,000	$20,000	$0 (Visit 1-3), then Ded & Coins		$0	$0	$250+Ded+20%	Ded+20%	$250+Ded+20%	$250+Ded+20%	Emb
BC-WV	BC-W2	80%	50%	$2,000	$4,000	$5,000	$10,000	$6,850	$13,700	$10,000	$20,000	$0 (Visit 1-3), then Ded & Coins		$0	$0	$250+Ded+20%	Ded+20%	$250+Ded+20%	$250+Ded+20%	Emb
BC-WW	BC-W3	80%	50%	$3,000	$6,000	$5,000	$10,000	$6,850	$13,700	$10,000	$20,000	$0 (Visit 1-3), then Ded & Coins		$0	$0	$250+Ded+20%	Ded+20%	$250+Ded+20%	$250+Ded+20%	Emb
BC-WX	BC-W4	80%	50%	$5,000	$10,000	$10,000	$20,000	$6,850	$13,700	$20,000	$40,000	$0 (Visit 1-3), then Ded & Coins		$0	$0	$250+Ded+20%	Ded+20%	$250+Ded+20%	$250+Ded+20%	Emb

UnitedHealthcare Flex point[6] Plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays									Deductible Type[5]
Choice+	EPO[11]	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec		Virtual Visit	Urgent Care	ER[4]	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
				Single	Family	Single	Family	Single	Family	Single	Family	PCP (Visits 1 -4, Includes Spec)	Tier 1 Spec[2]	Spec[3]		Visit 1-4					
BC-ZF	BC-1Y	80%	50%	$1,000	$2,000	$5,000	$10,000	$4,000	$8,000	$10,000	$20,000	$25	$25	$50	$0	$100	$250+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BC-ZG	BC-1Z	80%	50%	$2,000	$4,000	$5,000	$10,000	$6,000	$12,000	$10,000	$20,000	$30	$30	$60	$0	$100	$250+20%	Ded+20%	Ded+20%	Ded+20%	Emb
BC-ZH	BC-12	80%	50%	$5,000	$10,000	$5,000	$10,000	$6,350	$12,700	$10,000	$20,000	$35	$35	$70	$0	$100	$250+20%	Ded+20%	Ded+20%	Ded+20%	Emb

UnitedHealthcare®

Health Plan Product Offering

North Texas
51+ ATNE; 51-100 Eligible Employees
Effective May 1, 2020

Pharmacy Plans

Rx Plan Code	Copays				Mail Order Ration
	Tier 1	Tier 2	Tier 3	Tier 4	
K5	$10	$25	$50		2.5
H9/NN*	$10	$30	$50		2.5
2V/NO*	$10	$35	$60		2.5
5U	$10	$35	$60	$100	2.5
OI	$10	$35	$70		2.5
VQ	$10	$40	$80		2.5
FZ	$15	$30	$65		2.5
3B/032*	$15	$35	$60		2.5
FE	$15	$35	$70		2.5
IU/52*	$15	$40	$75		2.5
V3	$15	$40	$75	$200	2.5
GB	$15	$45	$80		2.5
QF/Z9*	$15	$45	$85		2.5
EJ/53**	$15	$45	$85	$200	2.5
LJ	$20	$35	$70		2.5
KT	$20	$40	$75		2.5
KU	$20	$45	$80		2.5
V6	$20	$50	$85		2.5
V7	$20	$50	$85	$250	2.5
51/54*	$20	$50	$100		2.5
C24***	$10	$40	$85	$250	2.5
C25***	$10	$45	$90	$250	2.5
C26***	$10	$50	$95	$250	2.5
C27***	$10	$65	$125	$250	2.5

*Rx plan features copays of $100/$300 for Specialty medications in Tiers 2/3. Available on the PRIME system only.

**Rx plan features copays of $100/$300/$500 for Specialty medications in Tiers 2/3/4. Available on the PRIME system only.

***RX plans utilize the Essential RX PDL

The 2V/NO are the only available Rx combinations for our HSA plans

Access PDL is available on the following RX plans: 2V,5U,H9,IU,V3,KT,455,454,NO,NN,032, MM and 52

UnitedHealthcare®

Health Plan Product Offering

1 Primary Care Physicians include Family Practice, Internal medicine,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 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.

4 Plan deductible is waived for Emergency Room visits on plans where copay or copay + coinsurance are 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 “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.

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 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 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 Copayments on Primary Advantage HSA plans will be required only after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

18 There is no separate additional Rx deductible required for Primary Advantage HSA plans.

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 Benefit Summary or talk to your UnitedHealthcare representative for additional details that could impact the benefits. 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, Inc.V5/11

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