

2021 Health Plan Product Offering

North Texas Package MC40

1-50 ATNE Employees

January 1, 2021

UnitedHealthcare Multi-Choice® allows you to purchase one health plan package with multiple benefit design options to meet a variety of health care and financial needs. Your employees can choose the option that meets their individual needs, whether it's saving money on essential coverage or paying additional dollars for more comprehensive coverage. And you can keep or change your benefit design package year after year, ensuring that your health plan will evolve with the changing needs of your business and your employees.

UnitedHealthcare Premier PROformance Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
	Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family											
Platinum	CE-FJ	CE-FN	80%	50%	\$1,000	\$2,000	\$5,000	\$15,000	\$2,500	\$5,000	\$10,000	\$30,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	E82
Gold	CE-FP	CE-FR	80%	50%	\$1,500	\$3,000	\$5,000	\$15,000	\$8,500	\$17,000	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82
Gold	CE-FK	CE-FT	80%	50%	\$2,000	\$4,000	\$10,000	\$30,000	\$8,500	\$17,000	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	E82
Gold	CE-FV	CE-FS	80%	50%	\$2,500	\$5,000	\$5,000	\$15,000	\$8,500	\$17,000	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82
Gold	CE-FL	CE-FX	80%	50%	\$3,000	\$6,000	\$10,000	\$30,000	\$8,500	\$17,000	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	E82
Gold	CE-FZ	CE-F2	80%	50%	\$3,500	\$7,000	\$5,000	\$15,000	\$8,500	\$17,000	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82
Gold	CE-FM	CE-F4	80%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$8,500	\$17,000	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	E82
Silver	CE-FC	CE-FD	80%	50%	\$6,500	\$13,000	\$10,000	\$30,000	\$8,500	\$17,000	\$20,000	\$60,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82

UnitedHealthcare Premier and Premier Value Plans

Metallic	Plan Code		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
	Choice+	EPO ¹¹		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	
						Single	Family	Single	Family	Single	Family	Single	Family											
Gold	CE-E6	CE-E7	Premier Value	100%	70%	\$1,500	\$4,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$0	\$45	\$90	\$50	\$400	Ded	\$400	\$250+Ded	E82
Gold	CE-E9	CE-FA	Premier Value	100%	70%	\$3,500	\$10,500	\$5,000	\$15,000	\$6,000	\$13,500	\$10,000	\$30,000	\$0	\$45	\$0	\$45	\$90	\$50	\$300	Ded	\$400	\$250+Ded	E82
Gold	CE-ER	CE-ES	Premier	100%	70%	\$5,500	\$11,000	\$10,000	\$30,000	\$7,900	\$15,800	\$20,000	\$60,000	\$0	\$30	\$0	\$30	\$60	\$50	\$350	100%	\$400	N/A	E82

**UnitedHealthcare Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Rx Plan	
	Choice+	EPO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des ^{1,2}	PCP ³	Spec Prem Des ²	Spec ³	Urgent Care	ER		Lab/Xray
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	CE-EP	CE-EQ	70%	50%	\$3,000	\$6,000	\$10,000	\$30,000	\$5,000	\$10,000	\$20,000	\$60,000	\$0	\$25	\$25	\$50	\$50	\$50	\$500+Ded+30%	Ded+30%	E38
Silver	CF-YD	CF-YE	70%	50%	\$6,000	\$12,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	\$0	\$40	\$40	\$80	\$80	\$50	\$500+Ded+30%	Ded+30%	E38

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**UnitedHealthcare Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	EPO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des ^{1,2}	PCP ³	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	
					Single	Family	Single	Family	Single	Family	Single	Family									
Silver	CE-EE	CE-ON	70%	50%	\$7,000	\$14,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	\$0	\$50	\$50	\$100	\$100	\$50	\$500+Ded+30%	Ded+30%	E38

**Non Premium Designated (PD) PCP and Specialist copays apply after deductible

UnitedHealthcare Health Savings Account (HSA) Motion Plans

Metallic	Plan Code		Contrib Range	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan ⁹	Ded Type ⁵	
	Choice+	EPO ¹¹		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery			
						Single	Family	Single	Family	Single	Family	Single	Family											
Silver	CE-CY	CE-CZ	\$0-\$200	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%	E82	Emb
Bronze	CE-C9	CE-DA	\$0-\$0	100%	70%	\$6,850	\$13,700	\$10,000	\$30,000	\$6,850	\$13,700	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	E83	Emb
Silver	CE-C6	CE-C7	\$0-\$150	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%	E82	Emb

UnitedHealthcare Navigate Plans^{8, 11}

Metallic	Navigate Plan Code	Plan Type	Contrib Range	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence										Rx Plan	Ded Type ⁵	
					Network	Out of Network	Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery				
							Single	Family										Single			Family
Gold	CE-F9	PROformance	N/A	80%	\$1,500	\$3,000	\$8,500	\$17,000	\$0	\$15	\$0	\$50-Prem Des/\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82	Emb
Gold	CE-GB	PROformance	N/A	80%	\$2,500	\$5,000	\$8,500	\$17,000	\$0	\$15	\$0	\$50-Prem Des/\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82	Emb
Silver	CE-F7	PROformance	N/A	80%	\$6,500	\$13,000	\$8,500	\$17,000	\$0	\$15	\$0	\$50-Prem Des/\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82	Emb
Silver	CE-DQ	Motion HSA	\$0-\$200	100%	\$5,000	\$10,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	E82	Emb
Bronze	CE-DS	Motion HSA	\$0-\$0	100%	\$6,850	\$13,700	\$6,850	\$13,700	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	E83	Emb
Silver	CE-DV	Motion HSA	\$0-\$150	80%	\$3,750	\$7,500	\$6,350	\$12,700	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	E82	Emb

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Pharmacy Plans-Essential PDL

Rx Plan Code	Copays				Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
E82	\$10	\$40	\$125	\$300	N/A	N/A	2.5
E38	\$10	\$65	\$125	\$250	\$300	\$600	2.5
E83	No Copay	No Copay	No Copay	N/A	Same as Medical	Same as Medical	No Copay

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

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.

8 Navigate and Charter plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.

11 EPO, Navigate and Charter 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

Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible. Insurance coverage provided by or through by United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Version 10/5

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