

2021 Health Plan Product Offering

Amarillo Package MC41

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 | Core Essential ¹² | 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 | N/A | N/A | CE-FO | 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 | N/A | N/A | CE-FQ | 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-FV | CE-FS | CE-FW | 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 | N/A | N/A | CE-FY | 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 | CE-F3 | 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 | N/A | N/A | CE-F5 | 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 | CE-FE | 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 | Core Essential ¹² | | 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 | N/A | CE-E7 | CE-E8 | 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 | CE-FB | 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 | CE-ET | 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 Primary Advantage Plans

| Metallic | Plan Code | | | Coinsurance | | Deductible | | | | Out-Of-Pocket Maximum | | | | Copay/Per Occurrence | | | | | | | | | | Rx Plan |
|----------|-----------|-------------------|------------------------------|-------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|----------------------|------------------|------|-------------|---------------|----------|----------|-------------------|---------|-----|---------|
| | Choice+ | EPO ¹¹ | Core Essential ¹² | 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 | | | | | | | | | | | |
| Gold | N/A | N/A | CE-DE | 80% | 50% | \$1,500 | \$3,000 | \$5,000 | \$10,000 | \$8,500 | \$17,000 | \$10,000 | \$20,000 | \$0 | 100% | \$70 | \$50 | \$250+Ded+20% | Ded+20% | Ded+20% | Ded+20% | Ded+20% | E82 | |
| Silver | N/A | N/A | CE-DI | 70% | 50% | \$7,000 | \$14,000 | \$10,000 | \$20,000 | \$8,500 | \$17,000 | \$10,000 | \$20,000 | \$0 | 100% | \$70 | \$50 | \$250+Ded+30% | Ded+30% | Ded+30% | Ded+30% | Ded+30% | E82 | |

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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 | | | | | | | | | |
| 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 |
| Silver | N/A | 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 | Core Essential ¹² | | 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 | N/A | \$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 | CE-C3 | \$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 |

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 | Single | Family | Single | Family | 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 | | |
| | | | | | | | | | | | | | | | | | | | | |
| 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% | 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% | E82 | Emb |
| Gold | CE-GD | PROformance | N/A | 80% | \$3,500 | \$7,000 | \$8,500 | \$17,000 | \$0 | \$15 | \$0 | \$50-Prem Des/\$100 | \$25 | \$300+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% | 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% | 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% | 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% | 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

12 Core Essential is available in the following Counties: Hardeman, Childress, Hall, Briscoe, Swisher, Castro, Parmer, Deaf Smith, Randall, Armstrong, Donley, Collingsworth, Oldham, Potter, Carson, Gray, Wheeler, Hemphill, Roberts, Hutchinson, Moore, Hartley, Dallam, Sherman, Hansford, Ochitrea and Lipscomb

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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