

# 2021 Health Plan Product Offering

South and Central Texas Package MC43

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 <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family											
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 <sup>11</sup>		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	
						Single	Family	Single	Family	Single	Family	Single	Family											
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
Silver	CE-EY	CE-EZ	Premier Value	50%	50%	\$5,500	\$11,000	\$10,000	\$30,000	\$7,900	\$15,800	\$20,000	\$60,000	\$0	\$35	\$0	\$35	\$70	\$50	\$400+50%	Ded+50%	\$400	\$250+Ded+50%	E82

## UnitedHealthcare Primary Advantage Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
	Choice+	EPO <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery			
					Single	Family	Single	Family	Single	Family	Single	Family											
Silver	CE-DL	CE-DJ	70%	50%	\$6,000	\$13,000	\$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%	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 <sup>1,2</sup>	PCP <sup>3</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER		Lab/Xray
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	CE-EF	CE-EG	70%	50%	\$1,000	\$2,000	\$10,000	\$30,000	\$4,500	\$9,000	\$20,000	\$60,000	\$0	\$20	\$20	\$40	\$40	\$50	\$500+Ded+30%	Ded+30%	E38
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-X9	CF-YA	70%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	\$0	\$30	\$30	\$60	\$60	\$50	\$500+Ded+30%	Ded+30%	E38
Silver	CF-YB	CF-YC	70%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$0	\$35	\$35	\$70	\$70	\$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

\*\*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 <sup>9</sup>	Ded Type <sup>5</sup>			
	Choice+	EPO <sup>11</sup>		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	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%	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%	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%	80%	E82	Emb

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

Metallic	Navigate Plan Code	Plan Type	Contrib Range	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence										Rx Plan	Ded Type <sup>5</sup>	
					Network	Single	Family	Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery			
								Single	Family												Single
Gold	CE-GC	PROformance	N/A	80%	\$3,000	\$6,000	\$8,500	\$17,000	\$0	\$10	\$0	\$40-Prem Des/\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	E82	Emb		
Gold	CE-F6	PROformance	N/A	80%	\$4,000	\$8,000	\$8,500	\$17,000	\$0	\$10	\$0	\$40-Prem Des/\$80	\$25	\$300+Ded+20%	\$40	\$500	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%	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

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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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