

2022 Health Plan Product Offering

Texas Package MC50

1-50 ATNE Employees

January 1, 2022

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**	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	CO-DX	CO-DY	CO-DZ	80%	50%	\$1,000	\$2,000	\$5,000	\$15,000	\$2,400	\$4,800	\$10,000	\$30,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	K35Y
Gold	CE-FP	CE-FR	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%	K35Y
Gold	CE-FK	CE-FT	CE-FU	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%	K35Y
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%	K35Y
Gold	CE-FL	CE-FX	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%	K35Y
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%	K35Y
Gold	CE-FM	CE-F4	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%	K35Y
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%	K35Y

**Core Essential plans are available in the following counties: Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf, Smith, Donley, Gray, Hall, Hansford, Hardeman, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltrie, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler

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	K35Y
Platinum	CO-DV	CO-DW	Premier	100%	70%	\$2,000	\$6,000	\$5,000	\$15,000	\$4,500	\$9,000	\$10,000	\$30,000	\$0	\$20	\$0	\$20	\$40	\$50	\$350	100%	\$400	Ded	K35Y
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	K35Y
Gold	CO-D2	CO-D3	Premier	100%	70%	\$4,000	\$12,000	\$5,000	\$15,000	\$7,500	\$15,000	\$10,000	\$30,000	\$0	\$45	\$0	\$45	\$90	\$50	\$350	100%	\$400	Ded	K35Y
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	Ded	K35Y
Platinum	CO-D4	CO-D5	Premier	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$2,000	\$6,000	\$10,000	\$30,000	\$0	\$20	\$0	\$20	\$40	\$50	\$350+20%	100%	\$400	Ded+20%	K35Y
Platinum	CO-D6	CO-D7	Premier	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$2,000	\$6,000	\$10,000	\$30,000	\$0	\$20	\$0	\$20	\$40	\$50	\$350+20%	Ded+20%	\$400	Ded+20%	K35Y
Gold	CO-D8	CO-D9	Premier	80%	50%	\$3,250	\$9,750	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$350+20%	100%	\$400	Ded+20%	K35Y
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%	K35Y

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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									
Platinum	CE-EJ	CE-EK	70%	50%	\$500	\$1,000	\$10,000	\$30,000	\$2,000	\$4,000	\$20,000	\$60,000	\$0	\$20	\$20 after deductible	\$40	\$40 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y
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 after deductible	\$40	\$40 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y
Gold	CE-EL	CE-EM	70%	50%	\$2,000	\$4,000	\$10,000	\$30,000	\$5,000	\$10,000	\$20,000	\$60,000	\$0	\$25	\$25 after deductible	\$50	\$50 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y
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 after deductible	\$50	\$50 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y
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 after deductible	\$60	\$60 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y
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 after deductible	\$70	\$70 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y
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 after deductible	\$80	\$80 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y
Silver	CO-DT	CO-DU	70%	50%	\$7,000	\$14,000	\$10,000	\$30,000	\$7,900	\$15,800	\$20,000	\$60,000	\$0	\$50	\$50 after deductible	\$100	\$100 after deductible	\$50	\$500+Ded+30%	Ded+30%	K36Y

**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 ^{**}		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	CE-C2	\$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%	K35Y	Emb	
Bronze	CO-DQ	CO-DR	CO-DP	\$0-\$0	100%	70%	\$7,000	\$14,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	E83Y	Emb
Silver	CE-DN	CE-DO	CE-DP	\$0-\$0	80%	50%	\$2,700	\$5,400	\$5,000	\$15,000	\$6,500	\$7,150	\$10,000	\$30,000	100%	100%	\$100	\$50	\$250	80%	80%	80%	80%	80%	K35Y	NonEmb	
Silver	CO-HS	CO-HT		\$0-\$0	80%	50%	\$2,900	\$5,800	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	K35Y	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%	K35Y	Emb	

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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	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												
Platinum	CO-EA	PROformance	N/A	80%	\$1,000	\$2,000	\$2,400	\$4,800	\$0	\$10	\$0	\$40-Prem Des/\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	K35Y	Emb	
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%	K35Y	Emb	
Gold	CE-GA	PROformance	N/A	80%	\$2,000	\$4,000	\$8,500	\$17,000	\$0	\$10	\$0	\$40-Prem Des/\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	K35Y	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%	K35Y	Emb	
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%	K35Y	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%	K35Y	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%	K35Y	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%	K35Y	Emb	
Silver	CE-ED	Motion HSA	\$0-\$0	100%	\$2,700	\$5,400	\$6,500	\$7,150	100%	100%	N/A	\$100	\$50	\$250	80%	80%	80%	K35Y	NonEmb	
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%	K35Y	Emb
Bronze	CO-DS	Motion HSA	\$0-\$0	100%	\$7,000	\$14,000	\$7,000	\$14,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	E83Y	Emb
Silver	CO-HU	Motion HSA	\$0-\$0	80%	\$2,900	\$5,800	\$6,350	\$12,700	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	K35Y	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%	K35Y	Emb

Texas Nexus HMO Referral "R"Plans⁸

Metallic	Plan Codes	PLAN TYPE	Coinsurance			Deductibles		Out of Pocket Maximum		Copays/Per Occurrence												Rx Plan	Deductible Type ⁵		
			Network	Physician Professional Services		Network		Network		Virtual Visit	PCP ¹			Specialist		Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Outpatient Surgery				Inpatient Hospital	
				Designated Network (Tier 1) ²	Network ³	Single	Family	Single	Family		Dep <19	Designated Network (Tier 1) ²	Network	Designated Network (Tier 1) ²	Network					Designated Network Facility	Network Facility ⁶			Designated Network Facility	Network Facility ⁶
Gold	CE-OO	NexusACO R	100%	100%	80%	\$2,000	\$4,000	\$8,500	\$17,000	\$0	\$0	\$30	\$60	\$60	\$120	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	K35Y	Emb
Gold	CE-OW	NexusACO R	100%	100%	80%	\$3,500	\$7,000	\$8,500	\$17,000	\$0	\$0	\$15	\$50	\$50	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	K35Y	Emb
Gold	CO-HV	NexusACO R	100%	100%	80%	\$3,250	\$6,500	\$8,500	\$17,000	\$0	\$0	\$30	\$60	\$60	\$120	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	K35Y	Emb
Silver	CO-HW	NexusACO R	100%	100%	80%	\$5,250	\$10,500	\$8,500	\$17,000	\$0	\$0	\$30	\$60	\$60	\$120	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	K35Y	Emb
Silver	CE-OR	NexusACO R	100%	100%	80%	\$7,500	\$15,000	\$8,500	\$17,000	\$0	\$0	\$30	\$60	\$60	\$120	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	K35Y	Emb
Gold	CO-HX	NexusACO R	80%	80%	60%	\$1,750	\$3,500	\$8,500	\$17,000	\$0	\$0	\$30	\$60	\$60	\$120	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	K35Y	Emb
Silver	CE-OX	NexusACO R	80%	80%	60%	\$5,250	\$10,500	\$8,500	\$17,000	\$0	\$0	\$15	\$50	\$50	\$100	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	K35Y	Emb
Silver	CE-OT	NexusACO R	80%	80%	60%	\$6,500	\$13,000	\$8,500	\$17,000	\$0	\$0	\$30	\$60	\$60	\$120	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	K35Y	Emb

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Texas Nexus HMO Referral "R" Plans⁸

Metallic	Plan Codes	PLAN TYPE	Coinsurance			Deductibles		Out of Pocket Maximum		Copays/Per Occurrence														Rx Plan	Deductible Type ⁵
			Network	Physician Professional Services		Network		Network		Virtual Visit	PCP ¹			Specialist		Urgent Care	ER	Lab/XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital			
				Designated Network (Tier 1) ²	Network ³	Single	Family	Single	Family		Dep <19	Designated Network (Tier 1) ²	Network	Designated Network (Tier 1) ²	Network					Designated Network Facility	Network Facility ⁶	Designated Network Facility	Network Facility ⁶		
Bronze	CE-OU	HSA w/Motion	100%	100%	80%	\$6,825	\$13,650	\$6,850	\$13,700	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	80%	100%	80%	K35Y	Emb
Silver	CE-OV	HSA w/Motion	80%	80%	60%	\$3,000	\$6,000	\$6,850	\$13,700	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	60%	80%	60%	K35Y	Emb

Nexus Plans are available in the following Counties: Austin, Bastrop, Bell, Bexar, Brazos, Brazoria, Burnet, Chambers, Collin, Comal, Cooke, Coryell, Dallas, Denton, Ellis, Erath, Falls, Fannin, Fort Bend, Galveston, Grayson, Harris, Hays, Henderson, Hood, Hopkins, Hunt, Johnson, Kaufman, Lamar, Lampasas, Liberty, Limestone, McLennan, Montgomery, Navarro, Palo Pinto, Parker, Rains, Red River, Rockwall, San Jacinto, Tarrant, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wise

UnitedHealthcare Health Reimbursement Account (HRA) Plans

Metallic Level	Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
		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	I/P & O/P Surg	
				Single	Family	Single	Family	Single	Family	Single	Family									
Silver	CE-CB	80%	50%	\$5,500	\$11,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	80%	80%	80%	80%	80%	80%	80%	80%	K35Y

Pharmacy Plans*

Rx Plan Code	Copays					Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty	Single	Family	
K35Y	\$10	\$40	\$125	\$300	\$500	N/A	N/A	2.5
K36Y**	\$10	\$65	\$125	\$250	\$500	\$300	\$600	2.5
E83Y	No Copay	No Copay	No Copay	N/A	N/A	Same as Medical	Same as Medical	No Copay

*All Rx plans utilize the Standard Select Network with Walgreens as the anchor.

**Individual and Family deductible only applies to tier 3 and tier

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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 Nexus 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 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

12 Core Essential plans are only available in counties:

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. V7/19/22

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