

# Health Plan Product Offering

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.

## United Healthcare/Heritage Plus and Heritage Select CIL21

Metallic Value	Plan Code	Rx			Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	Lab/X-ray	Major Diagnostic MRI, CT, etc.	ER
					Single	Family	Single	Family	Single	Family	Single	Family									
<b>UHC Choice Plus Premier</b>																					
Platinum	BR-LB	651	80%	50%	\$500	\$1,000	\$1,500	\$3,000	\$2,500	\$5,000	\$7,500	\$15,000	100%	\$20	\$0	\$40	\$70	\$50	\$40	Ded/Coin	\$300+Coin
Platinum	CC-27	619	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	100%	\$20	\$0	\$30	\$60	\$50	\$40	\$200	\$250
Gold	CC-2V	652	80%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$7,250	\$14,500	\$13,500	\$27,000	100%	\$20	\$0	\$30	\$60	\$50	\$40	Ded/Coin	\$500+Ded/Coin
Gold	BR-K8	651	70%	50%	\$2,000	\$4,000	\$10,000	\$30,000	\$6,500	\$13,900	\$20,000	\$60,000	100%	\$5	\$0	\$25	\$50	\$50	Ded/Coin	Ded/Coin	\$300+Coin
Silver	CC-28	E84	80%	60%	\$6,500	\$13,000	\$13,000	\$26,000	\$8,000	\$16,000	\$14,700	\$29,400	100%	\$25	\$0	\$40	\$70	\$50	Ded/Coin	Ded/Coin	\$350+Ded/Coin
Silver	CC-3A	E84	80%	50%	\$8,000	\$16,000	\$10,000	\$20,000	\$8,300	\$16,600	\$20,000	\$40,000	100%	\$40	\$0	\$50	\$100	\$50	Ded	Ded	Ded

Metallic Value	Plan Code	Rx	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec	Urgent Care	Lab/X-ray	Major Diagnostic MRI, CT, etc.	ER <sup>4</sup>	
					Single	Family	Single	Family	Single	Family	Single	Family									
<b>UHC Choice Plus Primary Advantage</b>																					
Platinum	CC-2K	548	80%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	Ded/Coin	Ded/Coin	\$250+Ded/Coin	
Gold	CC-2A	548	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,500	\$11,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	Ded/Coin	Ded/Coin	\$250+Ded/Coin	
Gold	CC-2B	548	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$6,000	\$13,000	\$12,000	\$24,000	\$0	\$0	\$0	\$100	\$50	Ded/Coin	Ded/Coin	\$250+Ded/Coin	
Silver	CC-2O	E38	80%	50%	\$5,500	\$11,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	Ded/Coin	Ded/Coin	\$250+Ded/Coin	



Metallic Value	Plan Code	Rx	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence											
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec	Urgent Care	Lab/X-ray	Major Diagnostic MRI, CT, etc.	ER <sup>4</sup>				
					Single	Family	Single	Family	Single	Family	Single	Family												
<b>UHC Choice Plus H SA with Motion<sup>9</sup></b>																								
Gold	CC-2G	273	100%	70%	\$2,900	\$5,800	\$5,400	\$10,800	\$2,900	\$5,800	\$10,800	\$21,600	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded			
Gold	CC-2M	651	95%	70%	\$2,900	\$5,800	\$5,400	\$10,800	\$4,500	\$9,000	\$10,800	\$21,600	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn			
Silver	CC-2R	E84	80%	50%	\$2,900	\$5,800	\$10,500	\$21,000	\$6,500	\$13,000	\$21,000	\$42,000	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn			
Silver	CC-2S	E84	80%	60%	\$4,000	\$8,000	\$10,500	\$21,000	\$6,850	\$13,700	\$21,000	\$42,000	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	\$500+Ded/CoIn			
Silver	CC-2T	E83	100%	70%	\$4,500	\$9,000	\$10,000	\$20,000	\$4,500	\$9,000	\$15,000	\$30,000	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded			
Bronze	CC-2P	E84	100%	50%	\$6,700	\$13,200	\$15,000	\$30,000	\$6,850	\$13,700	\$19,350	\$38,700	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	Ded/CoIn	\$750+Ded			
<b>UHC Choice Plus HRA</b>																								
Gold	CC-2D	651	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$7,000	\$14,000	\$11,000	\$22,000	100%	\$30	\$0	\$60	\$50	Ded/CoIn	Ded/CoIn	\$500+Ded				
Gold	CC-2E	651	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,900	\$15,800	\$14,000	\$28,000	100%	\$25	\$0	\$50	\$50	Ded/CoIn	Ded/CoIn	\$500+Ded				
Metallic Value	Plan Code	Rx	Coinsurance				Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
			Network	Network	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1,2</sup> Prem Des	PCP <sup>1</sup>	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	Op Surg	MRI	ER	Inpatient
							Physician	Physician <sup>3</sup>	Facility	Network	Single	Family	Single	Family										
<b>UHC Choice Plus Copay Clear</b>																								
Gold	CC-2X	548	100%	100%	100%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$5,500	\$11,000	\$10,000	\$20,000	100%	100%	\$50	\$75	\$125	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000
Silver	CC-29	E38	100%	100%	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	100%	100%	\$50	\$75	\$125	\$50	Ded/\$1,000	Ded/\$500	Ded/\$750	Ded/\$2,500



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Metallic Value	Plan Code	Rx	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	Lab/X-ray	Deductible ER	Deductible MRI, Op Surg, Scopic	Deductible Inpatient
					Single	Family	Single	Family	Single	Family	Single	Family								
<b>UHC Choice Plus Flex Free <sup>17,18</sup></b>																				
Silver	CC-2N	E84	80%	50%	\$4,000	\$12,000	\$5,000	\$15,000	\$8,400	\$16,800	\$10,000	\$30,000	100%	\$0/3 visits comb	\$0/2 visits	Ded/Coin	\$500+Ded/Coin	\$350+Ded/Coin	\$500+Ded/Coin	

Metallic Value	Plan Code	Rx	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des	PCP	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	ER
					Single	Family	Single	Family	Single	Family	Single	Family							
<b>UHC Choice Plus Premium Assured Plan</b>																			
Silver	CC-24	E38	70%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	100%	\$35	\$35 + Ded	\$70	\$70 + Ded	\$50	\$500+Ded/Coin
Silver	CC-26	E38	70%	50%	\$7,000	\$14,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	100%	\$50	\$50 + Ded	\$100	\$100 + Ded	\$50	\$500+Ded/Coin



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Metallic Value	Plan Code	Rx			Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	Lab/X-ray	Major Diagnostic MRI, CT, etc.	ER	
					Single	Family	Single	Family	Single	Family	Single	Family										
<b>Heritage Plus Premier Insurance</b>																						
Platinum	BR-MR	307A	80%	50%	\$500	\$1,000	\$1,500	\$3,000	\$2,500	\$5,000	\$5,000	\$10,000	100%	\$20	\$0	\$30	\$60	\$50	\$40	Ded/Coin	\$300	
Gold	BR-M3	308A	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	100%	\$15	\$0	\$30	\$60	\$25	Ded/Coin	Ded/Coin	\$300/Ded/Coin	
Gold	BR-MT	308A	80%	50%	\$2,000	\$4,000	\$15,000	\$30,000	\$6,000	\$12,000	\$21,300	\$42,600	100%	\$25	\$0	\$40	\$70	\$50	Ded/Coin	Ded/Coin	\$500	
Gold	BR-M4	308A	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,300	\$12,600	\$10,000	\$20,000	100%	\$15	\$0	\$40	\$70	\$25	Ded/Coin	Ded/Coin	\$300/Ded/Coin	
Silver	CC-34	353E	70%	50%	\$6,000	\$12,000	\$9,000	\$15,000	\$8,300	\$16,600	\$14,400	\$30,000	100%	\$25	\$0	\$40	\$70	\$50	Ded/Coin	Ded/Coin	\$800/Ded/Coin	
<b>Heritage Select Premier Insurance</b>																						
Platinum	BR-MO	307A	80%	N/A	\$500	\$1,000	N/A	N/A	\$2,500	\$5,000	N/A	N/A	100%	\$20	\$0	\$30	\$60	\$50	\$40	Ded/Coin	\$300	
Gold	CC-3W	307A	80%	N/A	\$2,000	\$4,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	100%	\$25	\$0	\$40	\$70	\$50	Ded/Coin	Ded/Coin	\$500	
Silver	CC-35	353E	80%	N/A	\$6,500	\$13,000	N/A	N/A	\$8,300	\$16,600	N/A	N/A	100%	\$25	\$0	\$40	\$70	\$50	Ded/Coin	Ded/Coin	\$500/Ded/Coin	



Metallic Value	Plan Code	Rx	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec	Urgent Care	Lab/X-ray	Major Diagnostic MRI, CT, etc.	ER
					Single	Family	Single	Family	Single	Family	Single	Family								
<b>Heritage Plus</b>																				
Platinum	CC-3C	300A	100%	70%	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	100%	\$25	\$0	\$45	\$50	\$40	Ded/Coin	\$300
Gold	CC-3F	308A	80%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$6,000	\$12,000	\$9,000	\$18,000	100%	\$35	\$0	\$70	\$50	Ded/Coin	Ded/Coin	\$500
<b>Heritage Plus Primary Advantage</b>																				
Gold	CE-ME	309A	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,500	\$11,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	Ded/Coin	Ded/Coin	\$250+Ded/Coin
Silver	CC-3O	354E	80%	50%	\$5,500	\$11,000	\$10,000	\$20,000	\$8,150	\$16,300	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	Ded/Coin	Ded/Coin	\$250+Ded/Coin
<b>Heritage Plus H S A with Motion<sup>9</sup></b>																				
Silver	CC-3M	353E	80%	50%	\$3,500	\$7,000	\$10,500	\$21,000	\$6,850	\$13,700	\$21,000	\$42,000	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin
Silver	CC-3S	351E	100%	70%	\$4,500	\$9,000	\$10,000	\$20,000	\$4,500	\$9,000	\$15,000	\$30,000	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin
Silver	CC-3Q	353E	95%	70%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,850	\$13,700	\$19,350	\$38,700	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	\$500+Ded/Coin
Silver	CC-3N	353E	100%	80%	\$6,550	\$13,100	\$15,000	\$36,000	\$6,550	\$13,100	\$18,750	\$39,300	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin
Bronze	CC-3T	351E	100%	70%	\$6,900	\$13,800	\$10,000	\$20,000	\$6,900	\$13,800	\$15,000	\$30,000	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin



**UHC Standard Rx Plans**

PDL	Rx Plan Code	Copays				Deductible		Mail Order Ratio
		Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
Advantage	273*	No Copay	No Copay	No Copay	N/A	Same as Medical	Same as Medical	No Copay
Advantage	619	\$10	\$35	\$70	\$200	N/A	N/A	2.5
Advantage	651	\$15	\$40	\$85	\$250	N/A	N/A	2.5
Advantage	651*	\$15	\$40	\$85	\$250	Same as Medical	Same as Medical	2.5
Advantage	652	\$20	\$45	\$85	\$250	N/A	N/A	2.5
Advantage	548**	\$5	\$50	\$100	\$250	\$250	\$500	2.5
Essential	E38**	\$10	\$65	\$125	\$250	\$300	\$600	2.5
Essential	E84	\$10	\$50	\$125	\$300	N/A	N/A	2.5
Essential	E84*	\$10	\$50	\$125	\$300	Same as Medical	Same as Medical	2.5
Essential	E83	No Copay	No Copay	No Copay	No Copay	Same as Medical	Same as Medical	No Copay

**Heritage Standard Rx Plans**

PDL	Rx Plan Code	Copays				Deductible		Mail Order Ratio
		Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
Advantage	270A*	No Copay	No Copay	No Copay	N/A	Same as Medical	Same as Medical	No Copay
Advantage	300A	\$10	\$35	\$70	\$200	N/A	N/A	2.5
Advantage	300A*	\$10	\$35	\$70	\$200	Same as Medical	Same as Medical	2.5
Advantage	307A	\$15	\$40	\$85	\$250	N/A	N/A	2.5
Advantage	307A*	\$15	\$40	\$85	\$250	Same as Medical	Same as Medical	2.5
Advantage	308A	\$20	\$45	\$85	\$250	N/A	N/A	2.5
Advantage	309A**	\$5	\$50	\$100	\$250	\$250	\$500	2.5
Essential	353E	\$10	\$50	\$125	\$300	N/A	N/A	2.5
Essential	353E*	\$10	\$50	\$125	\$300	Same as Medical	Same as Medical	2.5
Essential	354E**	\$10	\$65	\$125	\$250	\$300	\$600	2.5
Essential	351E	No Copay	No Copay	No Copay	No Copay	Same as Medical	Same as Medical	No Copay

\* Combined Rx plan. HSA plans can only be paired with Combined Pharmacy plans.

\*\*Deductible applies to on Tier 3&4



## Footnotes

- 1 Primary Care Physicians include General Practice, Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- 2 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated providers. Please visit myuhc.com for details.
- 3 This tier of benefits applies to physicians where there is no UnitedHealth Premium designation program and for physicians that are not quality and efficiency designated
- 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 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
- 17 Flex Free plans have 3 combined PCP and specialist visits that are covered at 100% for the first 3 visits per year. Once those visits are exhausted all subsequent visits are covered deductible, then coinsurance.
- 18 Flex Free plans have 2 urgent care visits covered at 100% per year. Once those visits are exhausted, all subsequent visits are covered deductible, then coinsurance

**Plans not available in all areas.**

