

Health Plan Product Offering

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefits to your business needs, choosing what you value in a health plan.

UnitedHealthcare

Central Illinois Heritage
51+ Eligible Employees
Effective 7/1/2020

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay						Deductible ⁵ Type	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-Ray		Major Diagnostic MRI, CT
			Single	Family	Single	Family	Single	Family	Single	Family								
Select																		
BU-E4	90%	N/A	\$250	\$500	N/A	N/A	\$2,000	\$4,000	N/A	N/A	\$0	\$20	\$20	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-E8	70%	N/A	\$250	\$500	N/A	N/A	\$6,250	\$12,500	N/A	N/A	\$0	\$20	\$40	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-EW	80%	N/A	\$750	\$1,500	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-FD	100%	N/A	\$500	\$1,000	N/A	N/A	\$2,000	\$4,000	N/A	N/A	\$0	\$25	\$45	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-E5	90%	N/A	\$500	\$1,000	N/A	N/A	\$1,500	\$3,000	N/A	N/A	\$0	\$20	\$20	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-E9	80%	N/A	\$500	\$1,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	\$0	\$20	\$40	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-E6	80%	N/A	\$750	\$1,500	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$20	\$20	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-E7	80%	N/A	\$1,000	\$2,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$30	\$30	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-EX	80%	N/A	\$1,000	\$2,000	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-E3	70%	N/A	\$1,000	\$2,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-FA	80%	N/A	\$1,500	\$3,000	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-FB	70%	N/A	\$1,500	\$3,000	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-FE	90%	N/A	\$2,000	\$4,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	\$0	\$25	\$65	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-FC	80%	N/A	\$2,000	\$4,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-EZ	70%	N/A	\$3,000	\$6,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-EY	80%	N/A	\$4,000	\$8,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
LW46	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BU-E2	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb



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Central Illinois Heritage
51+ Eligible Employees
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Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay							Deductible ⁵ Type
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-Ray	Major Diagnostic MRI, CT	
			Single	Family	Single	Family	Single	Family	Single	Family								
Select H S A																		
LW48	100%	N/A	\$1,750	\$3,500	N/A	N/A	\$1,750	\$3,500	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
LWB0	90%	N/A	\$2,000	\$4,000	N/A	N/A	\$6,250	\$6,850	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
LWB1	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
LWB2	60%	N/A	\$5,500	\$11,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay							Deductible ⁵ Type
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-Ray	Major Diagnostic MRI, CT	
			Single	Family	Single	Family	Single	Family	Single	Family								
Heritage Plus																		
BU-DW	100%	50%	N/A	N/A	\$5,000	\$10,000	\$6,350	\$12,700	\$19,000	\$38,100	\$0	\$30	\$55	\$100	\$250	100%	\$250	Emb
BU-EB	100%	70%	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$0	\$25	\$45	\$75	\$250	100%	Ded+Coin	Emb
BU-EV	100%	70%	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$0	\$25	\$45	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-D7	90%	70%	\$500	\$1,000	\$1,500	\$3,000	\$1,500	\$3,000	\$4,500	\$9,000	\$0	\$20	\$20	\$75	\$250	100%	Ded+Coin	Emb
BU-ER	90%	70%	\$500	\$1,000	\$1,500	\$3,000	\$1,500	\$3,000	\$4,500	\$9,000	\$0	\$20	\$20	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DX	80%	60%	\$500	\$1,000	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	\$0	\$30	\$60	\$75	\$250	100%	Ded+Coin	Emb
BU-EN	80%	60%	\$500	\$1,000	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	\$0	\$30	\$60	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-D8	80%	60%	\$750	\$1,500	\$1,500	\$3,000	\$5,000	\$10,000	\$10,500	\$21,000	\$0	\$20	\$20	\$75	\$250	100%	Ded+Coin	Emb
BU-ES	80%	60%	\$750	\$1,500	\$1,500	\$3,000	\$5,000	\$10,000	\$10,500	\$21,000	\$0	\$20	\$20	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DM	80%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$4,500	\$9,000	\$13,500	\$27,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-EC	80%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$3,000	\$6,000	\$9,000	\$18,000	\$0	\$30	\$30	\$75	\$250	100%	Ded+Coin	Emb
BU-ED	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb



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			Single	Family	Single	Family	Single	Family	Single	Family								
Heritage Plus																		
BU-EH	80%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$4,500	\$9,000	\$13,500	\$27,000	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-FI	80%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$3,000	\$6,000	\$9,000	\$18,000	\$0	\$30	\$30	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DV	70%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-EM	70%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-D9	70%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$13,500	\$27,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-ET	70%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$13,500	\$27,000	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-EA	80%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$4,000	\$8,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-EU	80%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$4,000	\$8,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DN	100%	80%	\$2,500	\$5,000	\$7,500	\$15,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-EI	100%	80%	\$2,500	\$5,000	\$7,500	\$15,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
AN-KD	100%	80%	\$2,500	\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BU-DU	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-DZ	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DP	100%	80%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-EJ	100%	80%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DO	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-D2	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DQ	100%	80%	\$4,000	\$8,000	\$12,000	\$24,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-EK	100%	80%	\$4,000	\$8,000	\$12,000	\$24,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DR	80%	60%	\$4,000	\$8,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-D3	80%	60%	\$4,000	\$8,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BU-DS	100%	80%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-EL	100%	80%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
LW45	100%	80%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BU-DT	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BU-DY	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb



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	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-Ray		Major Diagnostic MRI, CT	
			Single	Family	Single	Family	Single	Family											
Heritage Plus H S A																			
LWBC	100%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$2,000	\$4,000	\$12,000	\$24,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
LWB3	90%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,250	\$6,850	\$9,000	\$18,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
LWBD	100%	60%	\$2,500	\$5,000	\$7,500	\$15,000	\$2,500	\$5,000	\$15,000	\$30,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
BT-CM	100%	80%	\$2,800	\$5,600	\$5,000	\$10,000	\$2,800	\$5,600	\$10,000	\$20,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BT-CL	100%	80%	\$2,800	\$5,600	\$7,800	\$15,600	\$2,800	\$5,600	\$31,200	\$62,400	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
LW60	100%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$3,000	\$6,000	\$18,000	\$36,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
LW16	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$5,000	\$10,000	\$19,200	\$38,400	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
LW53	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,450	\$12,900	\$19,350	\$38,700	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BK-VY	100%	80%	\$3,500	\$7,000	\$5,500	\$11,000	\$7,000	\$33,000	\$16,500	\$33,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
LW55	80%	60%	\$4,000	\$8,000	\$12,000	\$24,000	\$6,450	\$12,900	\$19,350	\$38,700	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AN-KE	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AN-KF	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,550	\$13,100	\$20,000	\$40,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
LW19	60%	50%	\$5,500	\$11,000	\$15,000	\$30,000	\$6,250	\$12,500	\$19,200	\$38,400	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb

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	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/X-Ray		Major Diagnostic MRI, CT
			Single	Family	Single	Family	Single	Family										
Heritage Primary Advantage																		
BE-BD	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+Coin	Ded+Coin	Emb
BE-BE	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+Coin	Ded+Coin	Emb
BE-BF	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+Coin	Ded+Coin	Emb
BE-BG	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+Coin	Ded+Coin	Emb
BE-BH	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+50%	Ded+Coin	Ded+Coin	Emb
BE-BI	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+50%	Ded+Coin	Ded+Coin	Emb
BK-U7	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,550	\$13,100	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+Ded	Ded+Coin	Ded+Coin	Emb



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	Network	Out of Network	Network		Out of Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery					
			Single	Family	Single	Family											Single		Family		
Heritage Premier PROformance																					
BK-VT	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+Coin	Emb
BK-VU	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+Coin	Emb
BK-VV	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BK-VW	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+Coin	Ded+Coin	Ded+Coin	Emb

Plan Code	Coinsurance				Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										Deductible ⁵ Type
	Network Physician	Network Physician ³	Network Facility	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ^{1,2} Prem Des	PCP ¹	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/X-Ray	MRI, CT & PET		
					Single	Family	Single	Family	Single	Family	Single	Family											
Heritage Plus Premium																							
BU-FK	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$25	\$50	\$50	\$100	\$100	\$250+20%	Ded+Coin	Ded+Coin	Emb	
BU-FM	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$35	\$70	\$70	\$100	\$100	\$250+20%	Ded+Coin	Ded+Coin	Emb	
BU-FL	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$25	\$50	\$50	\$100	\$100	\$250+20%	Ded+Coin	Ded+Coin	Emb	
BU-FN	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$35	\$70	\$70	\$100	\$100	\$250+20%	Ded+Coin	Ded+Coin	Emb	



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

Central Illinois Heritage
51+ Eligible Employees
Effective 7/1/2020

Plan Code	Coinsurance				Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										Deductible ⁵ Type
	Network	Network	Network	Out of	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ^{1,2} Prem Des	PCP ¹	Spec ² Prem Des	Spec ³	Urgent Care	Op Surg	MRI	ER	Inpatient	
	Phy Prem Des ²	Phys ³	Facility	Network	Single	Family	Single	Family	Single	Family	Single	Family											
Heritage Plus Copay Clear																							
BT-CN	100%	100%	100%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	100%	100%	Ded	\$75	Ded/\$75	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BT-CO	100%	100%	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	100%	100%	Ded	\$75	Ded/\$75	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BT-CP	100%	100%	100%	70%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	100%	100%	Ded	\$75	Ded/\$75	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BT-CQ	100%	100%	100%	70%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	100%	100%	Ded	\$75	Ded/\$75	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BT-CR	100%	100%	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	100%	100%	Ded	\$75	Ded/\$75	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb



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Standard Rx Plans

Rx Plan Code	Copays				Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	Ratio
X19A	\$10	\$35	\$50	\$0			2.5
X20A*	\$20	\$40	\$60	\$0			2.5
X22A	\$10	\$35	\$50	\$0	\$100	\$200	2.5
X23A	\$20	\$40	\$60	\$0	\$100	\$200	2.5
X24A	\$10	\$35	\$50	\$0	\$200	\$400	2.5
X25A	\$20	\$40	\$60	\$0	\$200	\$400	2.5
X21A*	\$20	\$40	\$80	\$125			2.5
X26A*	\$15	\$40	\$75	\$100			2.5
X06A*	\$20	\$65	\$100	\$150			2.5
X50A	\$15	\$45	\$85	\$125	\$250	\$500	2.5
X51A	\$15	\$50	\$75	\$125	\$250	\$500	2.5
X14A**	\$0	\$0	\$0	\$0			N/A
X54A*	\$15	\$30	\$50	\$0			2.5

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

** Combined Med/Rx X14A to be paired with 100% HSA plans - Deductible equal to OOP Max

Heritage Primary Advantage Rx Plans

Rx Plan Code	Copays				Tier 3 and 4 Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	Ratio
X81A	\$0	\$50	\$100	\$250	\$250	\$500	2.5
X82A	\$5	\$50	\$100	\$250	\$250	\$500	2.5



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1 Primary Care Physicians include General Practice, Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

4 Plan deductible is waived for Emergency Room visits on plans where copay is listed.

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.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators, we will immediately advise you of the change in plan

design and retroactively adjust premium in subsequent billings.

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.

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