

# 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

**Iowa Heritage**  
51+ Eligible Employees  
Effective 7/1/2020

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay						Deductible <sup>5</sup> Type
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>	Lab/X-Ray	Major Diagnostic MRI, CT	
			Single	Family	Single	Family	Single	Family	Single	Family								
<b>Select Plus</b>																		
BX-QI	100%	50%	N/A	N/A	\$5,000	\$10,000	\$6,500	\$13,000	\$19,000	\$38,100	\$0	\$45	\$85	\$100	\$500	100%	\$500	Emb
BX-QJ	100%	50%	N/A	N/A	\$5,000	\$10,000	\$6,350	\$12,700	\$19,000	\$38,100	\$0	\$50	\$100	\$125	\$600	100%	\$600	Emb
BX-QX	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
BX-RF	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
BX-RC	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
BX-RP	90%	70%	\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	\$0	\$10	\$10	\$10	\$50	100%	Ded+Coin	Emb
BX-QK	80%	60%	\$750	\$1,500	\$2,250	\$4,500	\$4,500	\$9,000	\$13,500	\$27,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BX-SM	80%	60%	\$500	\$1,000	\$1,500	\$3,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$20	\$40	\$75	\$250	100%	Ded+Coin	Emb
BX-QL	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
BX-RG	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
BX-RH	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
BX-SS	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$4,000	\$8,000	\$12,000	\$24,000	\$0	\$25	\$50	\$75	\$400	Ded+Coin	\$400	Emb
BX-QV	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
BX-QW	80%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$9,000	\$18,000	\$0	\$35	\$70	\$75	\$250	100%	Ded+Coin	Emb
BX-SR	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$400	Ded+Coin	\$400	Emb
BX-RD	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
BX-RE	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
BX-SK	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
BM-CH	70%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	70%	70%	70%	70%	\$250	Ded+Coin	Ded+Coin	Emb
BX-QM	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
BX-QU	90%	60%	\$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
BX-SB	90%	60%	\$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
BX-QT	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



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	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>	Lab/X-Ray	Major Diagnostic MRI, CT	
			Single	Family	Single	Family	Single	Family	Single	Family								
<b>Select Plus</b>																		
BX-Q6	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
BX-SA	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
BX-QO	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
BX-QN	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
BX-QY	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$10	\$10	\$75	\$250	100%	Ded+Coin	Emb
BX-Q3	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
BX-R7	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
BX-SC	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$10	\$10	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BX-QP	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
BX-QQ	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
BX-QZ	80%	60%	\$4,000	\$8,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$10	\$10	\$75	\$250	100%	Ded+Coin	Emb
BX-Q4	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
BX-R8	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
BX-SD	80%	60%	\$4,000	\$8,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$10	\$10	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BX-QR	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
BX-QS	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
BX-Q2	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$10	\$10	\$75	\$250	100%	Ded+Coin	Emb
BX-Q5	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
BX-R9	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
BX-SE	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$18,750	\$37,500	\$0	\$10	\$10	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BX-RL	70%	50%	\$5,000	\$10,000	\$6,250	\$12,500	\$6,600	\$13,200	\$12,500	\$25,000	\$0	\$20	\$20	\$25	\$300	100%	Ded+Coin	Emb
BX-SL	80%	60%	\$6,000	\$12,000	\$15,000	\$30,000	\$7,900	\$15,800	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb



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	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>	Lab/X-Ray	Major Diagnostic MRI, CT	
			Single	Family	Single	Family	Single	Family	Single	Family								
<b>Select Plus H S A</b>																		
IWAP	100%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$2,000	\$6,850	\$12,000	\$24,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
IWAQ	100%	60%	\$2,500	\$5,000	\$7,500	\$15,000	\$2,500	\$6,850	\$15,000	\$30,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
BT-CF	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	Emb
BT-CI	80%	80%	\$2,800	\$5,600	\$6,250	\$12,500	\$5,000	\$10,000	\$12,500	\$25,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
IWA9	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	NonEmb
IW16	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	Emb
IWA2	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	Emb
IWA4	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	Emb
IWAR	100%	80%	\$5,000	\$10,000	\$15,000	\$30,000	\$5,000	\$10,000	\$20,000	\$40,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
IW19	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	Emb

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay/Per Occurrence						Deductible <sup>5</sup> Type
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab X-ray	MRI, CT, etc.	
			Single	Family	Single	Family	Single	Family	Single	Family								
<b>Heritage Primary Advantage</b>																		
BD-ZH	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
BD-ZI	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
BD-ZJ	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
BD-ZK	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
BD-ZL	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
BD-ZM	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
BX-SN	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+Coin	Ded+Coin	Emb
BX-SO	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+Coin	Ded+Coin	Emb
BX-SP	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+Coin	Ded+Coin	Emb



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	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>2</sup>	Lab/X-Ray	Major Diagnostic MRI, CT	
			Single	Family	Single	Family	Single	Family	Single	Family								
<b>Select</b>																		
BX-R2	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
BX-R3	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
BX-RS	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
BX-RT	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
BX-R4	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
BX-RZ	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
BX-R5	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
BX-R6	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
BX-RU	100%	N/A	\$2,500	\$5,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Emb
BX-RV	100%	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
BX-RY	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
BX-RW	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
BX-RX	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
<b>Select H S A</b>																		
IW97	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



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	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	
	Phy Prem Des <sup>2</sup>	Phys <sup>3</sup>	Facility	Network	Single	Family	Single	Family	Single	Family	Single	Family											
<b>Select Plus Copay Clear</b>																							
BT-BW	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-BX	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-BY	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-BZ	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-B2	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
BX-SX	100%	100%	100%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	100%	100%	\$50	\$75	\$125	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BX-SY	100%	100%	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	100%	100%	\$50	\$75	\$125	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BX-SZ	100%	100%	100%	70%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	100%	100%	\$50	\$75	\$125	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BX-S2	100%	100%	100%	70%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	100%	100%	\$50	\$75	\$125	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb
BX-S3	100%	100%	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	100%	100%	\$50	\$75	\$125	\$50	Ded/\$750	Ded/\$500	Ded/\$750	Ded/\$2,000	Emb

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										Deductible <sup>5</sup> Type		
	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	ER	Lab/X-ray	MRI, CT, etc.	I/P & O/P Surgery			
			Single	Family	Single	Family	Single	Family	Single	Family													
<b>Select Plus Premier PROformance</b>																							
BX-ST	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	Ded+Coin	Emb	
BX-SU	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	Ded+Coin	Emb	
BX-SV	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		
BX-SW	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		
BX-S4	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+Coin	Ded+Coin	Emb	
BX-S5	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+Coin	Ded+Coin	Emb	
BX-S6	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+Coin	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

## Standard Rx Plans

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



**Iowa Heritage**  
**51+ Eligible Employees**  
**Effective 7/1/2020**

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.

6 Routine Lab and X-ray covered at deductible and coinsurance.

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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of the River Valley or their affiliates.

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