

# 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.

## UnitedHealthcare/Heritage CIA14

Metallic Value	Plan Code	Rx			Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
					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											
<b>UHC Choice Plus Premier Insurance</b>																					
Platinum	BS-C6	651	80%	50%	\$500	\$1,000	\$1,500	\$3,000	\$2,500	\$5,000	\$7,500	\$15,000	100%	\$20	\$0	\$30	\$60	\$50	\$40	80%	\$300
Gold	CE-XA	651	70%	50%	\$1,100	\$3,300	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	100%	\$15	\$0	\$30	\$60	\$50	70%	70%	\$400+Coin
Gold	BS-DF	651	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	100%	\$15	\$0	\$50	\$100	\$25	80%	80%	\$300+Ded/Coin
Gold	CE-XC	651	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,950	\$13,900	\$13,500	\$27,000	100%	\$25	\$0	\$40	\$70	\$50	80%	\$400	\$400
Gold	BS-DG	651	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,300	\$12,600	\$10,000	\$20,000	100%	\$15	\$0	\$40	\$70	\$25	80%	80%	\$300+Ded/Coin
Gold	CE-XM	651	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$7,000	\$14,000	\$11,000	\$22,000	100%	\$30	\$0	\$50	\$100	\$50	80%	80%	\$300
Gold	CE-XD***	651	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$7,500	\$15,000	\$11,000	\$22,000	100%	\$25	\$0	\$40	\$70	\$50	80%	80%	\$300
Gold	CE-XN***	651	80%	50%	\$5,000	\$10,000	\$8,000	\$16,000	\$8,300	\$16,600	\$12,000	\$24,000	100%	\$30	\$0	\$50	\$100	\$50	80%	80%	\$300

\*\*\*HRA Eligible



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>UHC Choice Plus Primary Advantage Insurance</b>																					
Platinum	CE-WU	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	CE-WI	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	CE-WJ	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	
Gold	CE-WV	548	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,250	\$15,000	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	Ded/Coin	Ded/Coin	\$250+Ded/Coin	
Silver	CE-WZ	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	

<b>UHC Choice Plus Insurance</b>																					
Bronze	CE-W5	E84	80%	60%	\$7,500	\$15,000	\$13,000	\$26,000	\$8,500	\$17,000	\$14,700	\$29,400	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	\$750+Ded/Coin

<b>Choice Plus Insurance H S A with Motion<sup>9</sup></b>																					
Gold	CE-WT	651	95%	70%	\$2,900	\$5,800	\$5,400	\$10,800	\$4,500	\$6,500	\$10,800	\$21,600	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	\$500+Ded/Coin
Silver	CE-W3	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	CE-W7	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/Coin
Silver	CE-W6	E84	95%	70%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,800	\$13,600	\$19,350	\$38,700	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	\$500+Ded/Coin
Bronze	CE-W4	E84	100%	50%	\$6,900	\$13,800	\$15,000	\$30,000	\$7,000	\$14,000	\$19,350	\$38,700	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin

Metallic Value	Plan Code	Rx	Coinsurance				Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
			Network Physician	Network Physician <sup>3</sup>	Network Facility	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
							Single	Family	Single	Family	Single	Family	Single	Family										
<b>UHC Copay Clear</b>																								
Gold	CE-XJ	548	100%	100%	100%	50%	\$2,000	\$4,000	\$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	CE-XP	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	CE-WY	E84	80%	50%	\$4,000	\$12,000	\$5,000	\$15,000	\$8,300	\$16,600	\$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	CE-XF	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	CE-XH	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	



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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 <sup>2</sup> Prem Des	Spec <sup>3</sup>	Urgent Care	Lab/X-ray	Major Diagnostic MRI, CT, etc.	ER <sup>4</sup>
					Single	Family	Single	Family	Single	Family	Single	Family									
<b>Select Plus Premier</b>																					
Platinum	CE-YD	300A	90%	70%	\$500	\$1,000	\$1,500	\$3,000	\$2,200	\$6,600	\$4,500	\$9,000	100%	\$20	\$0	\$30	\$60	\$50	\$40	Ded/Coins	\$300
Gold	CE-YF	308A	70%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$6,500	\$13,000	\$9,000	\$18,000	100%	\$20	\$0	\$30	\$60	\$50	Ded/Coins	Ded/Coins	\$400
Gold	CE-YM	307A	70%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$6,500	\$13,900	\$10,000	\$20,000	100%	\$5	\$0	\$25	\$50	\$50	Ded/Coins	Ded/Coins	\$300
Gold	CE-YN	307A	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$7,500	\$15,000	\$11,000	\$22,000	100%	\$25	\$0	\$40	\$70	\$50	Ded/Coins	Ded/Coins	\$300
Silver	CE-YO	353E	80%	50%	\$6,000	\$11,000	\$12,000	\$24,000	\$8,150	\$16,300	\$14,000	\$28,000	100%	\$25	\$0	\$40	\$70	\$50	Ded/Coins	Ded/Coins	\$800/Ded+Coins
Silver	CE-YR	353E	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>Select Plus Primary Advantage</b>																					
Platinum	CE-XX	309A	80%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	Ded/Coins	Ded/Coins	\$250+Ded/Coins	
Gold	CE-XR	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/Coins	Ded/Coins	\$250+Ded/Coins	
Gold	CE-XS	309A	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$6,000	\$13,000	\$12,000	\$24,000	\$0	\$0	\$0	\$100	\$50	Ded/Coins	Ded/Coins	\$250+Ded/Coins	
Gold	CE-XY	309A	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,250	\$15,000	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	Ded/Coins	Ded/Coins	\$250+Ded/Coins	
Silver	CE-X5	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/Coins	Ded/Coins	\$250+Ded/Coins	

<b>Select Plus H S A with Motion<sup>9</sup></b>																					
Silver	CE-X8	353E	80%	50%	\$2,900	\$5,800	\$10,500	\$21,000	\$6,850	\$13,700	\$21,000	\$42,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	
Silver	CE-X9	351E	100%	70%	\$4,500	\$9,000	\$10,000	\$20,000	\$4,500	\$9,000	\$15,000	\$30,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	
Silver	CE-X7	353E	95%	70%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,850	\$13,700	\$19,350	\$38,700	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	
Bronze	CE-X6	351E	100%	70%	\$6,850	\$13,700	\$15,000	\$30,000	\$6,850	\$13,700	\$19,350	\$38,700	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	



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**UHC Standard Rx Plans**

PDL	Rx Plan Code	Copays				Deductible		Mail
		Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	Order Ratio
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
		Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	Order Ratio
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](http://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.

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

