

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
51+ Eligible Employees
Effective 7/1/2020

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay/Per Occurrence						Deductible ⁵ Type
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-ray	MRI, CT & PET	
			Single	Family	Single	Family	Single	Family	Single	Family								
Choice Plus																		
BW-W2	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
BW-WO	80%	50%	\$250	\$500	\$750	\$1,500	\$1,500	\$3,000	\$4,500	\$9,000	\$0	\$20	\$20	\$75	Ded+Coin	100%	Ded+Coin	Emb
BW-WE	90%	60%	\$500	\$1,000	\$1,500	\$3,000	\$1,500	\$3,000	\$6,000	\$12,000	\$0	\$20	\$20	\$75	Ded+Coin	100%	Ded+Coin	Emb
BW-WF	80%	50%	\$500	\$1,000	\$1,500	\$3,000	\$5,000	\$10,000	\$15,000	\$30,000	\$0	\$35	\$70	\$75	\$400	100%	\$400	Emb
BW-WP	80%	50%	\$500	\$1,000	\$1,500	\$3,000	\$1,500	\$3,000	\$6,000	\$12,000	\$0	\$20	\$20	\$75	Ded+Coin	100%	Ded+Coin	Emb
BW-YG	80%	60%	\$750	\$1,500	\$1,500	\$3,000	\$2,750	\$5,500	\$5,500	\$11,000	\$0	\$20	\$20	\$50	\$250	100%	Ded+Coin	Emb
BW-WC	100%	70%	\$1,000	\$2,000	\$3,000	\$6,000	\$3,000	\$6,000	\$9,000	\$18,000	\$0	\$35	\$70	\$75	\$400	100%	\$400	Emb
BW-XB	100%	80%	\$1,000	\$3,000	\$2,000	\$6,000	\$1,000	\$3,000	\$3,000	\$9,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Emb
BW-XC	90%	70%	\$1,000	\$3,000	\$2,000	\$6,000	\$2,500	\$7,500	\$7,500	\$22,500	\$0	\$20	\$40	\$75	\$250	100%	Ded+Coin	Emb
BW-WQ	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$4,000	\$8,000	\$12,000	\$24,000	\$0	\$25	\$50	\$75	\$400	100%	\$400	Emb
BW-WR	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$5,000	\$10,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$400	100%	\$400	Emb
BW-XV	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000	\$0	\$20	\$20	\$50	\$250	100%	Ded+Coin	Emb
BW-YP	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$16,000	\$0	\$25	\$25	\$50	\$250	Ded+Coin	Ded+Coin	Emb
BW-YM	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
BW-YN	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
BW-XZ	70%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$3,000	\$6,000	\$10,500	\$21,000	\$0	\$25	\$50	\$75	\$400	100%	\$400	Emb
BW-WD	100%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$13,500	\$27,000	\$0	\$25	\$50	\$75	\$400	100%	\$400	Emb
BW-WG	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,500	\$7,000	\$10,500	\$21,000	\$0	\$25	\$25	\$75	Ded+Coin	100%	Ded+Coin	Emb
BW-WH	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$15,000	\$30,000	\$0	\$25	\$50	\$75	\$400	100%	\$400	Emb
BW-XU	80%	60%	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000	\$0	\$20	\$20	\$50	\$250	100%	Ded+Coin	Emb
BW-WJ	50%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$6,350	\$12,700	\$19,200	\$38,400	\$0	\$40	\$80	\$100	Ded+Coin	100%	Ded+Coin	Emb
BW-WB	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	\$50	\$100	\$250	Ded+Coin	80%	Emb



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	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-ray	MRI, CT & PET		
			Single	Family	Single	Family	Single	Family	Single	Family									
Choice Plus																			
BW-YO	80%	50%	\$2,000	\$4,000	\$3,000	\$6,000	\$4,500	\$9,000	\$12,000	\$24,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-WI	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$4,000	\$8,000	\$12,000	\$24,000	\$0	\$25	\$50	\$75	Ded+Coin	100%	Ded+Coin	Ded+Coin	Emb
BW-W3	80%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$25	\$100	\$250	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-WK	50%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,250	\$12,500	\$19,200	\$38,400	\$0	\$35	\$70	\$100	Ded+Coin	100%	Ded+Coin	Ded+Coin	Emb
BW-YF	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$6,850	\$12,500	\$25,000	\$0	\$25	\$50	\$75	\$250	Ded	Ded	Ded	NonEmb
BW-W4	100%	80%	\$2,500	\$7,500	\$5,000	\$15,000	\$2,500	\$7,500	\$7,500	\$22,500	\$0	\$30	\$60	\$75	\$250	100%	Ded+Coin	Ded+Coin	Emb
BW-XA	90%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$4,500	\$12,400	\$13,500	\$27,000	\$0	\$20	\$40	\$75	\$250	100%	Ded+Coin	Ded+Coin	Emb
BW-YC	90%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$4,500	\$12,400	\$13,500	\$27,000	\$0	\$20	\$40	\$75	\$250	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-W5	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$10,000	\$10,000	\$30,000	\$0	\$30	\$60	\$75	\$250	100%	Ded+Coin	Ded+Coin	Emb
BW-XE	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Ded+Coin	Emb
BW-XQ	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$4,500	\$9,000	\$9,000	\$18,000	\$0	\$25	\$25	\$75	\$250	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-YA	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$10,000	\$10,000	\$30,000	\$0	\$30	\$60	\$75	\$250	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-YD	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,250	\$12,500	\$18,750	\$37,500	\$0	\$25	\$50	\$75	\$250	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-WL	100%	80%	\$3,000	\$9,000	\$6,000	\$18,000	\$3,000	\$9,000	\$12,000	\$24,000	\$0	\$30	\$60	\$100	\$250	100%	Ded+Coin	Ded+Coin	Emb
BW-VZ	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,600	\$13,200	\$12,000	\$24,000	\$0	\$30	\$60	\$75	\$400	100%	\$400	\$400	Emb
BW-WT	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,250	\$12,500	\$12,000	\$24,000	\$0	\$30	\$60	\$75	\$400	100%	\$400	\$400	Emb
BW-XG	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$30	\$30	\$100	\$250	100%	Ded+Coin	Ded+Coin	Emb
BW-XR	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,600	\$13,200	\$12,000	\$24,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-X2	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,600	\$13,200	\$12,000	\$24,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-X7	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,250	\$12,500	\$12,000	\$24,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-YE	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$30	\$30	\$100	\$250	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-W7	100%	80%	\$4,000	\$12,000	\$8,000	\$24,000	\$4,000	\$12,000	\$12,000	\$36,000	\$0	\$25	\$50	\$75	\$250	100%	Ded+Coin	Ded+Coin	Emb
BW-V2	80%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,600	\$13,200	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	100%	\$400	\$400	Emb
BW-WU	80%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	100%	\$400	\$400	Emb



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	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-ray	MRI, CT & PET	
			Single	Family	Single	Family	Single	Family	Single	Family								
Choice Plus																		
BW-XS	80%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,600	\$13,200	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	Ded+Coin	Emb
BW-X3	80%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,600	\$13,200	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	Emb
BW-X8	80%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	Emb
BW-WV	70%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	100%	\$400	Emb
BW-X9	70%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	Emb
BW-W9	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,600	\$13,200	\$20,000	\$40,000	\$0	\$30	\$60	\$100	\$250	100%	Ded+Coin	Emb
BW-W8	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,600	\$13,200	\$20,000	\$40,000	\$0	\$30	\$60	\$100	\$250	100%	Ded+Coin	Emb
BW-YB	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,600	\$13,200	\$20,000	\$40,000	\$0	\$30	\$60	\$100	\$250	Ded+Coin	Ded+Coin	Emb
BW-XT	80%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$6,850	\$13,700	\$18,000	\$36,000	\$0	\$30	\$60	\$100	\$400	Ded+Coin	Ded+Coin	Emb

Choice																		
BW-YH	80%	N/A	\$1,000	\$2,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$20	\$30	\$75	\$250	100%	\$150	Emb

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	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-ray	MRI, CT & PET	
			Single	Family	Single	Family	Single	Family	Single	Family								
Choice Plus Flex⁶																		
BW-V7	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$4,000	\$8,000	\$12,000	\$24,000	\$0	\$30	\$60	\$100	80%	100%	Ded+Coin	Emb
BW-XY	80%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-WA	80%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	80%	100%	Ded+Coin	Emb
BW-X6	80%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	80%	Ded+Coin	Ded+Coin	Emb
BW-XW	70%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-V8	70%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	70%	100%	Ded+Coin	Emb
BW-X4	70%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	70%	Ded+Coin	Ded+Coin	Emb
BW-XX	70%	50%	\$4,000	\$8,000	\$12,000	\$24,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-V9	70%	50%	\$4,000	\$8,000	\$12,000	\$24,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	70%	100%	Ded+Coin	Emb
BW-X5	70%	50%	\$4,000	\$8,000	\$12,000	\$24,000	\$6,600	\$13,200	\$19,800	\$39,600	\$0	\$30	\$60	\$100	70%	Ded+Coin	Ded+Coin	Emb



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			Single	Family	Single	Family	Single	Family	Single	Family									
Choice Plus H S A⁹																			
BT-B3	100%	80%	\$2,800	\$5,600	\$5,200	\$10,400	\$2,800	\$5,600	\$10,400	\$20,800	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-YL	95%	50%	\$2,800	\$5,600	\$5,000	\$10,000	\$3,200	\$6,400	\$7,500	\$15,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AA-77	80%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,450	\$12,900	\$12,500	\$25,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BD-73	50%	50%	\$3,000	\$6,000	\$9,000	\$27,000	\$6,250	\$12,500	\$12,500	\$25,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
DB-M	100%	80%	\$3,500	\$7,000	\$7,000	\$21,000	\$5,500	\$11,000	\$16,500	\$33,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AM-77	100%	70%	\$3,500	\$7,000	\$7,000	\$14,000	\$3,500	\$7,000	\$14,000	\$28,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AM-78	100%	70%	\$3,500	\$7,000	\$7,000	\$14,000	\$4,000	\$8,000	\$14,000	\$28,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BW-WS	100%	50%	\$5,000	\$10,000	\$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
AA-74	100%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,450	\$12,900	\$19,200	\$38,400	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AM-79	80%	50%	\$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
Choice Plus HRA																			
BW-XD	80%	50%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$25	\$75	\$250	Ded+Coin	Ded+Coin	\$400	Emb
BW-V3	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,450	\$12,900	\$12,000	\$24,000	\$0	\$25	\$50	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-WW	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,250	\$12,500	\$12,000	\$24,000	\$0	\$25	\$50	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-W6	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,450	\$12,900	\$10,000	\$20,000	\$0	\$30	\$30	\$100	\$250	Ded+Coin	Ded+Coin	\$400	Emb
BW-XF	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$30	\$30	\$100	\$250	Ded+Coin	Ded+Coin	\$400	Emb
BW-V5	70%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,450	\$12,900	\$12,000	\$24,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-WY	70%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,250	\$12,500	\$12,000	\$24,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-WM	80%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$25	\$50	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-WN	70%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-V4	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,450	\$12,900	\$16,000	\$32,000	\$0	\$25	\$50	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-WX	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$25	\$50	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-V6	70%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,450	\$12,900	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	\$400	Emb
BW-WZ	70%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,250	\$12,500	\$16,000	\$32,000	\$0	\$30	\$60	\$75	\$400	Ded+Coin	\$400	\$400	Emb



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Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay/Per Occurrence						Deductible ⁵ Type
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹	Spec	Urgent Care	ER ⁴	Lab/X-ray	MRI, CT & PET	
			Single	Family	Single	Family	Single	Family	Single	Family								
NonDiff PPO																		
DA-J	80%	N/A	\$1,500	\$4,500	N/A	N/A	\$4,000	\$12,000	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
DA-T	80%	N/A	\$2,000	\$6,000	N/A	N/A	\$4,000	\$12,000	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				Virtual Visits	Copay/Per Occurrence					Deductible ⁵ Type	
	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹	Spec	Urgent Care	Lab X-ray	Deductible ER, MRI, Op Surg, Scopic, Inpatient		
			Single	Family	Single	Family	Single	Family	Single	Family								
Choice Plus Flex Free⁷																		
BW-XH	80%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$3,850	\$7,700	\$6,000	\$12,000	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
BW-XI	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
BW-XJ	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$6,850	\$13,700	\$14,000	\$24,000	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
BW-XK	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
Choice Flex Free^{7,11}																		
BW-XL	80%	N/A	\$1,500	\$3,000	N/A	N/A	\$3,850	\$7,700	N/A	N/A	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
BW-XM	80%	N/A	\$2,500	\$5,000	N/A	N/A	\$6,850	\$13,700	N/A	N/A	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
BW-XN	80%	N/A	\$3,500	\$7,000	N/A	N/A	\$6,850	\$13,700	N/A	N/A	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
BW-XO	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,850	\$13,700	N/A	N/A	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	
BW-XP	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,850	\$13,700	N/A	N/A	\$0	100%	100%	100%	Ded+Coin	\$250+Ded/Coin	Emb	



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	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP	Spec	Urgent Care	ER	Lab/X-ray	MRI, CT, etc.	I/P & O/P Surgery	Deductible ⁵ Type
			Single	Family	Single	Family	Single	Family	Single	Family									
Primary Advantage																			
BW-YI	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	Ded+Coin	Emb
AN-D6	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	Ded+Coin	Emb
BW-YJ	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	Ded+Coin	Emb
AN-D7	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	Ded+Coin	Emb
BW-YK	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	Ded+Coin	Emb
AN-D8	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	Ded+Coin	Emb
AN-D9	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	Ded+Coin	Emb
AN-EA	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	Ded+Coin	Emb
AN-EB	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	Ded+Coin	Emb



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	Network	Out of Network	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/X-ray	MRI, CT, etc.	I/P & O/P Surgery		
			Single	Family	Single	Family	Single	Family	Single	Family												
Premier PROformance																						
AX-K8	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	
BW-Y4	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	Emb	
AX-K9	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	
BW-Y5	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	Emb	
AX-LE	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	
BW-Y6	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	
AX-LF	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	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	Op Surg	MRI	ER	Inpatient	
					Single	Family	Single	Family	Single	Family	Single	Family											
Choice Plus Copay Clear																							
BT-CA	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-CB	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-CC	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-CD	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-CE	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
BW-YX	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
BW-YY	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
BW-YZ	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
BW-Y2	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
BW-Y3	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



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	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹	Spec	Urgent Care	ER ⁴	Lab X-ray	MRI, CT & PET	
			Single	Family	Single	Family	Single	Family	Single	Family								
Navigate^{8,11}																		
BW-YQ	80%	N/A	\$1,000	\$2,000	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$0	\$25	\$50	\$100	\$300+20%	Ded+Coin	Ded+Coin	Emb
BW-YR	70%	N/A	\$1,500	\$3,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$35	\$70	\$100	\$300+30%	Ded+Coin	Ded+Coin	Emb
BW-YU	80%	N/A	\$2,500	\$5,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$25	\$50	\$100	\$300+20%	Ded+Coin	Ded+Coin	Emb
BW-YW	80%	N/A	\$2,500	\$5,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$25	\$50	\$100	\$300-20%	Ded+Coin	Ded+Coin	Emb
BW-YS	80%	N/A	\$3,500	\$7,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$30	\$60	\$100	\$300+20%	Ded+Coin	Ded+Coin	Emb
BW-YT	80%	N/A	\$4,500	\$9,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$30	\$60	\$100	\$300+20%	Ded+Coin	Ded+Coin	Emb
BW-YV	80%	N/A	\$4,500	\$9,000	N/A	N/A	\$6,600	\$13,200	N/A	N/A	\$0	\$30	\$60	\$100	\$300-20%	Ded+Coin	Ded+Coin	Emb
Navigate H S A^{8,9,11}																		
AJ-3D	100%	N/A	\$2,000	\$4,000	N/A	N/A	\$4,000	\$6,850	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
BT-B4	100%	N/A	\$2,800	\$5,600	N/A	N/A	\$2,800	\$5,600	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AJ-3A	80%	N/A	\$3,500	\$7,000	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
AQ-LP	100%	N/A	\$5,500	\$11,000	N/A	N/A	\$5,500	\$11,000	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AJ-3B	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,300	\$12,600	N/A	N/A	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb



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Standard Rx Plans

Rx Plan Code	Copays				Individual Deductible	Family Deductible	Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4			
DS	\$15	\$45	\$85	\$200			3
F5	\$10	\$25	\$45				2.5
H9*	\$10	\$30	\$50				2.5
2V*	\$10	\$35	\$60				2.5
0I	\$10	\$35	\$70				2.5
G4	\$10	\$30	\$50		\$100	\$300	2.5
4F	\$10	\$30	\$50	\$100			2.5
6M	\$10	\$35	\$60		\$100	\$300	2.5
PQ	\$15	\$45	\$85	\$200	\$100	\$300	3
N8	\$7	\$25	\$45		\$100	\$300	2.5
W5	\$20	\$55	\$80	\$100			2.5
W6	\$10	\$30	\$50		\$200	\$400	2.5
W7	\$10	\$35	\$70		\$200	\$400	2.5
S5**	\$7	\$25	\$45		Same as Medical	Same as Medical	2.5
MM**	No Copay	No Copay	No Copay		Same as Medical	Same as Medical	No Copay
329*	\$10	\$35	20%	30%			2.5
330*	\$20	\$55	20%	20%			2.5
331	\$20	\$55	20%	20%	\$100	\$300	2.5
332*	\$10	\$35	\$60	20%			2.5
OL	\$10	\$30	\$50		\$100	\$300	2.5
WL	\$10	\$35	\$60		\$100	\$300	2.5
333	\$15	\$45	\$85	\$200	\$100	\$300	3
334	\$7	\$25	\$45		\$100	\$300	2.5
IU*	\$15	\$40	\$75				2.5
KU*	\$20	\$45	\$80				2.5
231	\$15	\$40	\$70				2.5
QR	\$10	\$35	\$50		\$100	\$200	2.5
QW	\$10	\$35	\$50		\$200	\$400	2.5

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	
454	\$0	\$50	\$100	\$250	\$250	\$500	2.5
455	\$5	\$50	\$100	\$250	\$250	\$500	2.5

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

** Combined Med/Rx to be paired with 100% HSA plan - Deductible equals Out of Pocket.



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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® quality- and efficiency-designated providers. Please visit myuhc.com® for details.
- 3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians that are not quality- and efficiency-designated.
- 4 Plan deductible is waived for Emergency Room visits on plans where a copayment or copayment plus coinsurance are listed.
- 5 “Embedded” deductible means once an individual meets his or her 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 “Flexpoint” plans feature a copayment for office visits one through four during the calendar year or plan year, depending on plan type selected. Office visits five and over will be subject to plan deductible/coinsurance. This is a separate limit for both Physician Office visits and Urgent Care visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copayment limit.
- 7 “Flex Free” plans feature a copayment for office visits one through three during the calendar year or plan year, depending on plan type selected. Office visits four and over will be subject to plan deductible/coinsurance. This is a separate limit for both Physician Office visits and Urgent Care (two) visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copayment limit.
- 8 Navigate” plans require referrals for certain services. Failure to obtain a referral will result in non-payment of claims.
- 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.
- 10 Copayments for Inpatient Hospital admissions and Outpatient Facility services are prior to and in addition to any required deductible and coinsurance.
- 11 EPO plans exclude coverage for services provided by Out-of-Network Providers with the exceptions of 1) Services performed in a Network Facility by hospital-based providers; and 2) Services performed under the Emergency Care benefit.
- 12 Zero Kid Copay is available on all plan designs except HSA/HRAs.

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 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.

