

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 PrimaryAdvantage Plans with Core Rewards* *

Plan Code Illinois		Plan Code NW Indiana		Coinsurance	Out of Network	Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								HRA Eligible
Choice+	Core	Choice+	Core			Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
						Single	Family	Single	Family	Single	Family	Single	Family									
DO-SE	DO-SF	DM-YU	DM-YV	90%	50%	\$500	\$1,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+10%	Ded+10%	Ded+10%	Ded+10%	
DO-RW	DO-R9	DM-WY	DM-W6	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+20%	Ded+20%	Ded+20%	•
DO-RX	DO-R4	DM-WZ	DM-W7	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+20%	Ded+20%	Ded+20%	•
DO-RY	DO-R5	DM-W2	DM-W8	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+20%	Ded+20%	Ded+20%	•
DO-RZ	DO-R6	DM-W3	DM-W9	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+20%	Ded+20%	Ded+20%	•
DO-SG	DO-SM	DM-ZK	DM-ZL	70%	50%	N/A	N/A	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$70	\$50	\$250+30%	30%	30%	30%	
DO-SH	DO-SN	DM-YW	DM-Y3	70%	50%	\$500	\$1,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$70	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	•
DO-SI	DO-SO	DM-YX	DM-Y4	70%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$70	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	•
DO-SJ	DO-SP	DM-YY	DM-Y5	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,950	\$15,900	\$10,000	\$20,000	\$0	\$0	\$70	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	•
DO-SK	DO-SQ	DM-YZ	DM-Y6	70%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,950	\$15,900	\$20,000	\$40,000	\$0	\$0	\$70	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	•
DO-SL	DO-SR	DM-Y2	DM-Y7	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,950	\$15,900	\$20,000	\$40,000	\$0	\$0	\$70	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	•
DO-R2	DO-R7	DM-W4	DM-XA	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+50%	Ded+50%	Ded+50%	•
DO-R3	DO-R8	DM-W5	DM-XB	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+50%	Ded+50%	Ded+50%	•

Health Plan Product Offering

UnitedHealthcare Nexus Open Access Plans with Core Rewards 13**

Plan Codes Chicago	PLAN TYPE	Coinsurance				Deductibles				Out of Pocket Maximum				Copays/Per Occurrence														Deductible Type ⁵
		Network	Out of Network	Physician Professional Services		Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹			Specialist		Urgent Care	ER	Lab/XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital		
				Designated Network (Tier 1) ²	Network ³	Single	Family	Single	Family	Single	Family	Single	Family		Single	Family	Dep <1-g ²	Designated Network (Tier 1) ²	Network ³					Designated Network (Tier 1) ²	Network ³	Designated Network Facility	Network Facility ⁴	
DO-6V	Nexus OAP	100%	70%	100%	80%	\$500	\$1,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
DO-6N	Nexus OAP	100%	70%	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
DO-6P	Nexus OAP	100%	70%	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
DO-6R	Nexus OAP	100%	70%	100%	80%	\$3,000	\$6,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
DO-6T	Nexus OAP	100%	70%	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
DO-6U	Nexus OAP	80%	50%	80%	60%	\$500	\$1,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
DO-6M	Nexus OAP	80%	50%	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
DO-6O	Nexus OAP	80%	50%	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
DO-6Q	Nexus OAP	80%	50%	80%	60%	\$3,000	\$6,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
DO-6S	Nexus OAP	80%	50%	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
DO-7F	Nexus HSA OAP	100%	70%	100%	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$2,700	\$5,400	\$12,000	\$24,000	\$0	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Non-Emb
DO-7A	Nexus HSA OAP	100%	70%	100%	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$12,000	\$24,000	\$0	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Non-Emb
DO-7I	Nexus HSA OAP	100%	70%	100%	80%	\$3,500	\$7,000	\$7,500	\$15,000	\$5,500	\$11,000	\$15,000	\$30,000	\$0	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
DO-7G	Nexus HSA OAP	100%	70%	100%	80%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,500	\$13,000	\$15,000	\$30,000	\$0	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
DO-7C	Nexus HSA OAP	100%	70%	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
DO-7D	Nexus HSA OAP	100%	70%	100%	80%	\$6,000	\$12,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
DO-7H	Nexus HSA OAP	80%	50%	80%	60%	\$3,500	\$7,000	\$7,500	\$15,000	\$5,500	\$11,000	\$15,000	\$30,000	\$0	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb
DO-7B	Nexus HSA OAP	80%	50%	80%	60%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,500	\$13,000	\$15,000	\$30,000	\$0	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb
DO-7E	Nexus HSA OAP	80%	50%	80%	60%	\$4,000	\$8,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	\$0	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb

Health Plan Product Offering

UnitedHealthcare PROformance Plans with Core Rewards **

Plan Code Illinois		Plan Code NW Indiana		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core	Choice+	Core	Network	Out of network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
						Single	Family	Single	Family	Single	Family	Single	Family											
DO-44	DO-48	DM-7O	DM-7S	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+20%	*
DO-45	DO-49	DM-7P	DM-7T	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+20%	*
DO-46	DO-5A	DM-7Q	DM-7U	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	*
DO-47	DO-5B	DM-7R	DM-7V	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	*
DO-2C	DO-2G	DM-7W	DM-72	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	*
DO-2D	DO-2H	DM-7X	DM-73	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	*
DO-2E	DO-2I	DM-7Y	DM-74	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+20%	Ded+20%	Ded+20%	*
DO-2F	DO-2J	DM-7Z	DM-75	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	*
DO-5K	DO-5P	DM-8Q	DM-8V	75%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$400+Ded+25%	Ded+20%	Ded+20%	Ded+20%	*
DO-5L	DO-5Q	DM-8R	DM-8W	75%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$400+Ded+25%	Ded+20%	Ded+20%	Ded+20%	*
DO-5M	DO-5R	DM-8S	DM-8X	75%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$400+Ded+25%	Ded+20%	Ded+20%	Ded+20%	*
DO-5N	DO-5S	DM-8T	DM-8Y	75%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$400+Ded+25%	Ded+20%	Ded+20%	Ded+20%	*

UnitedHealthcare Consumer Plans with Core Rewards **

Plan Code Illinois		Plan Code NW Indiana		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible			
Choice+	Core	Choice+	Core		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT, etc.					
				Single			Family	Single	Family	Single	Family	Single	Family															
DO-S9	N/A	DM-Z8	N/A	Consumer	100%	80%	\$750	\$2,250	\$6,000	\$12,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*			
DO-TP	N/A	N/A	N/A	Consumer	100%	80%	\$1,000	\$3,000	\$2,000	\$6,000	\$1,000	\$3,000	\$5,000	\$15,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*		
DO-SS	DO-ST	DM-1Z	DM-12	Consumer	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*		
DO-TC	N/A	DM-1B	N/A	Consumer	100%	80%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$7,500	\$9,000	\$18,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*		
DO-TQ	N/A	N/A	N/A	Consumer	100%	80%	\$1,500	\$4,500	\$2,000	\$6,000	\$1,500	\$4,500	\$4,000	\$12,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*	
DO-SU	DO-SV	DM-14	DM-13	Consumer	100%	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*	
DO-TR	N/A	N/A	N/A	Consumer	100%	80%	\$2,000	\$6,000	\$4,000	\$12,000	\$2,000	\$6,000	\$5,000	\$15,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*	
DO-TD	DO-SW	DM-1C	DM-15	Consumer	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*	
DO-S3	DO-S4	DM-16	DM-17	Consumer	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*	
DO-SX	DO-SY	DM-18	DM-19	Consumer	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*	
DO-SZ	DO-S2	DM-2A	DM-2B	Consumer	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	*	
DO-S5	DO-S6	DM-2C	N/A	Consumer	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$5,500	\$11,000	\$10,000	\$20,000	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	*	
DO-TE	N/A	DM-1D	N/A	Consumer	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,500	\$11,000	\$7,500	\$15,000	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	*
DO-TH	DO-TI	DM-Z4	DM-2D	Consumer	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	*
DO-TF	N/A	DM-1E	DM-2E	Consumer	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,250	\$12,500	\$8,000	\$16,000	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	*
DO-TJ	DO-TK	DM-Z5	DM-Z7	Consumer	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	*
DO-TB	N/A	DM-1A	N/A	Consumer	70%	50%	\$1,000	\$2,000	\$2,000	\$4,000	\$5,500	\$11,000	\$8,000	\$16,000	\$0	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	Ded+30%	*
DO-TG	DO-TL	DM-2F	DM-2G	Consumer	50%	50%	\$0	\$0	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	*	

Health Plan Product Offering

UnitedHealthcare Premier Plans with Core Rewards * *

Plan Code Illinois		Plan Code NW Indiana		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
						Single	Family	Single	Family	Single	Family	Single	Family											
DO-Y9	DO-Z2	DM-8L	DM-8N	100%	80%	\$0	\$0	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$300	100%	Ded	Ded	
DO-ZA	DO-Z3	DM-5K	DM-6B	100%	80%	\$250	\$500	\$5,000	\$10,000	\$1,750	\$3,500	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$300	100%	Ded	Ded	
DO-ZB	DO-Z4	DM-5L	DM-6C	100%	80%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$300	100%	Ded	Ded	
DO-ZC	DO-Z5	DM-5M	DM-6D	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$300	100%	Ded	Ded	
DO-ZD	DO-Z6	DM-5N	DM-6E	100%	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$300	100%	Ded	Ded	
DO-ZE	DO-Z7	DM-5O	DM-6F	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$300	100%	Ded	Ded	•
DO-ZF	DO-Z8	DM-5P	DM-6G	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$300	100%	Ded	Ded	•
DO-YY	DO-Z9	DM-5Q	DM-6H	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$300	100%	Ded	Ded	•
DO-YZ	DO-1A	DM-5R	DM-6I	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$300	100%	Ded	Ded	•
DO-26	DO-3F	DM-8A	DM-8D	90%	70%	\$250	\$500	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+10%	100%	Ded	Ded	
DO-27	DO-3G	DM-8B	DM-8E	90%	70%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+10%	100%	Ded	Ded	
DO-28	DO-3H	DM-8C	DM-8F	90%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+10%	100%	Ded	Ded	
DO-29	DO-3I	DM-76	DM-8G	90%	70%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+10%	100%	Ded	Ded	
DO-3A	DO-3J	DM-77	DM-8H	90%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+10%	100%	Ded	Ded	•
DO-3B	DO-3C	DM-78	DM-8I	90%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+10%	100%	Ded	Ded	•
DO-3E	DO-3D	DM-79	DM-8J	90%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+10%	100%	Ded	Ded	•
DO-Y2	DO-1B	DM-8M	DM-8O	80%	60%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%	
DO-Y3	DO-1C	DM-5S	DM-6J	80%	60%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%	
DO-Y4	DO-1D	DM-5T	DM-6K	80%	60%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%	
DO-Y5	DO-1E	DM-5U	DM-6L	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•
DO-Y6	DO-1F	DM-5C	DM-6M	80%	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•
DO-Y7	DO-1G	DM-5D	DM-6N	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•
DO-Y8	DO-ZG	DM-5E	DM-6O	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•
DO-ZP	DO-ZH	DM-5F	DM-6P	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•
DO-ZQ	DO-ZI	DM-5G	DM-6Q	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•
DO-ZR	DO-ZJ	DM-8K	DM-8P	60%	50%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	
DO-ZS	DO-ZK	DM-5H	DM-6R	60%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	
DO-ZT	DO-ZL	DM-5I	DM-6S	60%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	
DO-ZU	DO-ZM	DM-5J	DM-5V	60%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•
DO-ZV	DO-ZN	DM-56	DM-5W	60%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•
DO-ZW	DO-ZO	DM-57	DM-5X	60%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•
DO-ZX	DO-1H	DM-58	DM-5Y	60%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•
DO-ZY	DO-1I	DM-59	DM-5Z	60%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•
DO-ZZ	DO-1J	DM-6A	DM-52	60%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•
DO-1U	DO-14	DM-66	DM-7F	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$400	Ded	\$400	\$250+Ded	
DO-1V	DO-15	DM-67	DM-7G	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$50	\$400	Ded	\$400	\$250+Ded	
DO-1W	DO-16	DM-68	DM-7H	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$0	\$45	\$90	\$50	\$400	Ded	\$400	\$250+Ded	

Health Plan Product Offering

UnitedHealthcare Premier Plans with Core Rewards * *

Plan Code Illinois		Plan Code NW Indiana		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
						Single	Family	Single	Family	Single	Family	Single	Family											
DO-1X	DO-17	DM-69	DM-7I	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$50	\$400	Ded	\$400	\$250+Ded	
DO-42	DO-43	DM-7A	DM-7J	80%	50%	\$0	\$0	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	
DO-1Y	DO-18	DM-7B	DM-7K	80%	50%	\$1,250	\$3,750	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$50	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	
DO-1Z	DO-19	DM-7C	DM-7L	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$50	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	
DO-12	DO-2A	DM-7D	DM-7M	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$50	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	
DO-13	DO-2B	DM-7E	DM-7N	80%	50%	\$4,000	\$12,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$50	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	

UnitedHealthcare Navigate & Charter Plans (Charter Plans Chicago market only)^{8,10,11,12,13,18} with Core Rewards * *

Plan Code			Plan Type	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence										HRA Eligible
Chicago Navigate	Chicago Charter	NW Indiana Navigate			Network	Network		Network		Virtual Visits	PCP ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
						Single	Family	Single	Family										
DO-WE	DO-WZ	DM-4S	Copay	100%	\$0	\$0	\$1,500	\$3,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
DO-WF	DO-W2	DM-3M	Copay	100%	\$250	\$500	\$1,750	\$3,500	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
DO-V5	DO-XO	DM-3E	Copay	100%	\$500	\$1,000	\$2,000	\$4,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
DO-V6	DO-W7	DM-3F	Copay	100%	\$1,000	\$2,000	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
DO-V7	DO-W8	DM-3G	Copay	100%	\$1,500	\$3,000	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
DO-V8	DO-W9	DM-3H	Copay	100%	\$2,000	\$4,000	\$3,500	\$7,000	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded		
DO-V9	DO-XA	DM-3I	Copay	100%	\$2,500	\$5,000	\$4,000	\$8,000	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded		
DO-WA	DO-XB	DM-3J	Copay	100%	\$3,000	\$6,000	\$4,500	\$9,000	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded		
DO-WB	DO-WW	DM-3K	Copay	100%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded		
DO-WC	DO-WX	DM-4R	Copay	80%	\$0	\$0	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WD	DO-WY	DM-3L	Copay	80%	\$250	\$500	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WG	DO-W3	DM-3N	Copay	80%	\$500	\$1,000	\$3,500	\$7,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WH	DO-W4	DM-3O	Copay	80%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WI	DO-W5	DM-3P	Copay	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WJ	DO-W6	DM-3Q	Copay	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WK	DO-XC	DM-3R	Copay	80%	\$2,500	\$5,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WL	DO-XD	DM-3S	Copay	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
DO-WM	DO-XE	DM-3T	Copay	80%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%		

Health Plan Product Offering

UnitedHealthcare Navigate & Charter Plans (Charter Plans Chicago market only)^{8,10,11,12,13,18} with Core Rewards^{**}

Plan Code			Plan Type	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									HRA Eligible	
Chicago Navigate	Chicago Charter	NW Indiana Navigate			Network	Network		Network		Virtual Visits	PCP ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT, etc.		I/P & O/P Surgery
						Single	Family	Single	Family										
DO-WN	DO-XF	DM-4T	Copay	60%	\$0	\$0	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%		
DO-WO	DO-XG	DM-3U	Copay	60%	\$250	\$500	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%		
DO-WP	DO-XH	DM-3V	Copay	60%	\$500	\$1,000	\$3,500	\$7,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%		
DO-WQ	DO-XI	DM-3W	Copay	60%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
DO-WR	DO-XJ	DM-3X	Copay	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
DO-WS	DO-XK	DM-3Y	Copay	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
DO-WT	DO-XL	DM-3Z	Copay	60%	\$2,500	\$5,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
DO-WU	DO-XM	DM-32	Copay	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
DO-WV	DO-XN	DM-33	Copay	60%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	

UnitedHealthcare Health Savings Account (HSA) Plans with Core Rewards^{**}

Plan Code Chicago				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence ⁹					Ded Type ⁵	Rx Plan ⁹
Choice+	Core	Navigate ^{8,11,13,18}	Charter ^{8,10,11,12}	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER		
						Single	Family	Single	Family	Single	Family	Single	Family							
DO-TW	DO-TV	DO-YI	DO-YJ	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	NonEmb	10/35/60
N/A	N/A	DO-YO	DO-YP	100%	N/A	\$2,000	\$4,000	N/A	N/A	\$4,500	\$6,850	N/A	N/A	\$0	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$500 ⁹	NonEmb	10/35/60
DO-TY	DO-TX	N/A	N/A	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	NonEmb	100%
DO-UY	DO-UX	N/A	N/A	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	100%
DO-UP	DO-UQ	DO-YS	DO-YT	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	10/35/60
DO-U2	DO-UZ	N/A	N/A	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$300 ⁹	Emb	10/35/60
DE-KR	DO-T2	DO-YK	DO-YL	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	10/35/60
DO-TM	DO-TN	N/A	N/A	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$300 ⁹	Emb	10/35/60
DO-T3	DO-T4	DO-YM	DO-YN	100%	80%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	\$0	100%	100%	100%	100%	Emb	100%
DO-UM	DO-UN	DO-YQ	DO-YR	100%	80%	\$6,850	\$13,700	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	100%	100%	100%	100%	Emb	100%
DO-VF	DO-VG	N/A	N/A	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$9,200	\$11,000	\$22,000	\$0	80%	80%	80%	80%	NonEmb	10/35/60
DO-T5	DO-T6	DO-YC	DO-YE	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	Emb	10/35/60

Health Plan Product Offering

UnitedHealthcare Health Savings Account (HSA) Plans with Core Rewards**

Plan Code Chicago				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence ⁹					Ded Type ⁵	Rx Plan ⁹
Choice+	Core	Navigate ^{8,11,13,18}	Charter ^{8,10,11,12}	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER		
						Single	Family	Single	Family	Single	Family	Single	Family							
DO-T7	DO-T8	DO-YD	DO-YF	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	Emb	10/35/60
N/A	N/A	DO-YG	DO-YH	70%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	70%	70%	70%	70%	Emb	10/35/60
DO-TT	DO-TU	N/A	N/A	70%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,650	\$13,300	\$10,000	\$20,000	\$0	70%	70%	70%	70%	Emb	10/35/60
DO-UO	DO-UR	N/A	N/A	50%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	50%	50%	50%	50%	Emb	10/35/60

UnitedHealthcare Health Savings Account (HSA) Plans with Core Rewards**

Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence ⁹					Ded Type ⁵	Rx Plan ⁹
Choice+	Core	Navigate ^{8,11,13,18}	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER		
					Single	Family	Single	Family	Single	Family	Single	Family							
DM-ZX	DM-Z2	DM-46	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	NonEmb	10/35/60
DM-ZY	DM-Z3	N/A	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	NonEmb	100%
DM-2R	DM-2Q	N/A	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	100%
DM-2J	DM-2I	DM-5B	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	10/35/60
DM-1U	N/A	N/A	100%	80%	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000	\$7,000	\$14,000	\$0	100%	100%	100%	100%	Emb	100%
DM-ZS	DM-ZO	DM-47	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	10/35/60
DM-ZT	DM-ZP	N/A	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30 ⁹	\$60 ⁹	50 ⁹	\$300 ⁹	Emb	10/35/60
DM-ZU	DM-ZQ	DM-48	100%	80%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	\$0	100%	100%	100%	100%	Emb	100%
DM-1Y	DM-1X	DM-5A	100%	80%	\$6,850	\$13,700	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	100%	100%	100%	100%	Emb	100%
DM-ZV	DM-ZR	DM-43	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	Emb	10/35/60
DM-ZW	DM-ZZ	DM-44	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	Emb	10/35/60
DM-1W	DM-1V	DM-45	70%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,650	\$13,300	\$10,000	\$20,000	\$0	70%	70%	70%	70%	Emb	10/35/60
DM-2H	DM-2K	N/A	50%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	50%	50%	50%	50%	Emb	10/35/60

Health Plan Product Offering

Pharmacy Plans

RX Plan Code	Prescription Drug List (PDL)	Pharmacy Network	Copays								Deductible		Mail Order
			Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Individual	Family	
454X	Access	National	\$0	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5
455X	Access	National	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5
H9X*	Access	National	\$10	N/A	\$30	N/A	\$50	N/A	N/A	N/A	N/A	N/A	2.5
2VX*	Access	National	\$10	N/A	\$35	N/A	\$60	N/A	N/A	N/A	N/A	N/A	2.5
C55X	Access	National	\$10	N/A	\$35	N/A	\$85	N/A	N/A	N/A	N/A	N/A	2.5
EUX	Access	National	\$10	N/A	\$40	N/A	\$75	N/A	\$125	N/A	N/A	N/A	2.5
G75X	Access	National	\$10	N/A	\$45	N/A	\$95	N/A	N/A	N/A	N/A	N/A	2.5
997X	Access	National	\$10	N/A	\$50	N/A	\$100	N/A	N/A	N/A	N/A	N/A	2.5
3BX	Access	National	\$15	N/A	\$35	N/A	\$60	N/A	N/A	N/A	N/A	N/A	2.5
IUX	Access	National	\$15	N/A	\$40	N/A	\$75	N/A	N/A	N/A	N/A	N/A	2.5
DSX	Access	National	\$15	N/A	\$45	N/A	\$85	N/A	\$200	N/A	N/A	N/A	3.0
51X	Access	National	\$20	N/A	\$50	N/A	\$100	N/A	N/A	N/A	N/A	N/A	2.5
MMX (HSA only)	Access	National	No Copay	N/A	No Copay	N/A	No Copay	N/A	N/A	N/A	Same as Medical	Same as Medical	No Copay
454	Advantage	National	\$0	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5
455	Advantage	National	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5
H9*	Advantage	National	\$10	N/A	\$30	N/A	\$50	N/A	N/A	N/A	N/A	N/A	2.5
G4	Advantage	National	\$10	N/A	\$30	N/A	\$50	N/A	N/A	N/A	\$100	\$300	2.5
Y6	Advantage	National	\$10	N/A	\$30	N/A	\$60	N/A	N/A	N/A	N/A	N/A	2.5
0I	Advantage	National	\$10	N/A	\$35	N/A	\$70	N/A	N/A	N/A	N/A	N/A	2.5
2V*	Advantage	National	\$10	N/A	\$35	N/A	\$60	N/A	N/A	N/A	N/A	N/A	2.5
EU	Advantage	National	\$10	N/A	\$40	N/A	\$75	N/A	\$125	N/A	N/A	N/A	2.5
I1	Advantage	National	\$15	N/A	\$30	N/A	\$50	N/A	N/A	N/A	N/A	N/A	2.5
3B	Advantage	National	\$15	N/A	\$35	N/A	\$60	N/A	N/A	N/A	N/A	N/A	2.5
IU	Advantage	National	\$15	N/A	\$40	N/A	\$75	N/A	N/A	N/A	N/A	N/A	2.5
DS	Advantage	National	\$15	N/A	\$45	N/A	\$85	N/A	\$200	N/A	N/A	N/A	3.0
KU	Advantage	National	\$20	N/A	\$45	N/A	\$80	N/A	N/A	N/A	N/A	N/A	2.5
51	Advantage	National	\$20	N/A	\$50	N/A	\$100	N/A	N/A	N/A	N/A	N/A	2.5
MM (HSA only)	Advantage	National	No Copay	N/A	No Copay	N/A	No Copay	N/A	N/A	N/A	Same as Medical	Same as Medical	No Copay
G72S	Advantage w/ SMCS Drugs	National	\$5	\$5	\$40	\$150	\$75	\$500	N/A	N/A	N/A	N/A	2.5

Health Plan Product Offering

Pharmacy Plans

RX Plan Code	Prescription Drug List (PDL)	Pharmacy Network	Copays								Deductible		Mail Order
			Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Individual	Family	
OIOS*	Advantage w/ SMCS Drugs	National	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	N/A	N/A	2.5
G75S	Advantage w/ SMCS Drugs	National	\$10	\$10	\$45	\$150	\$95	\$500	N/A	N/A	N/A	N/A	2.5
997S	Advantage w/ SMCS Drugs	National	\$10	\$10	\$50	\$150	\$100	\$500	N/A	N/A	N/A	N/A	2.5
C24*	Essential	National	\$10	N/A	\$40	N/A	\$85	N/A	\$250	N/A	N/A	N/A	2.5
C25	Essential	National	\$10	N/A	\$45	N/A	\$90	N/A	\$250	N/A	N/A	N/A	2.5
C26	Essential	National	\$10	N/A	\$50	N/A	\$95	N/A	\$250	N/A	N/A	N/A	2.5
C27	Essential	National	\$10	N/A	\$65	N/A	\$125	N/A	\$250	N/A	N/A	N/A	2.5
D57L (HSA only)	Essential	National	No Copay	N/A	No Copay	N/A	No Copay	N/A	No Copay	N/A	Same as Medical	Same as Medical	No Copay
G76S*	Essential w/ SMCS Drugs	National	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	N/A	N/A	2.5
G78S	Essential w/ SMCS Drugs	National	\$10	\$10	\$50	\$50	\$120	\$120	\$250	\$500	N/A	N/A	2.5
G79S	Essential w/ SMCS Drugs	National	\$10	\$10	\$65	\$65	\$125	\$125	\$250	\$500	N/A	N/A	2.5

*Rx can be used by HSA plans

**Premium Rewards is available

- 1 Primary Care Physicians include Family Practice, Internal Medicine and Pediatrics.
- 2 This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.
- 3 This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated Providers.
- 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.
- 8 Navigate, Charter and Nexus HMO R plans require electronic referrals for certain services. Failure to obtain an electronic referral may result in either non-payment of claims or in a reduction of benefits.
- 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 Employers must be situated in and employees must reside in one of the following six counties: Cook, DuPage, Kane, Kendall, Lake, or McHenry to select and enroll in Charter
- 11 Navigate, Charter and Nexus HMO R 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.
- 12 Enrolled Charter members must select an Advocate Health Care network Primary Care Physician (PCP) — either a general or family practitioner, internist or pediatrician.
- 13 Enrolled Nexus and Navigate members must select a Primary Care Physician (PCP) — either a general or family practitioner, internist or pediatrician
- 18 Navigate available within Chicago (Boone, Cook,DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall,Lake, La Salle, McHenry, Will and Winnebago counties) and NW Indiana (Lake, LaPorte and Porter counties) only

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 by United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.V3/22/2024





**Networks configured for the needs of
specific populations and cost strategies**

With UnitedHealthcare, you have options. In the Chicago/Northwest Indiana market, we offer a variety of PPO, HMO and ACO plans with both broad and high-performing networks to suit our customers' needs.

PPO



Choice Plus

Our largest network

Broad access to providers

Core

Our high-performance network PPO

HMO



Navigate

Our full HMO

PCP coordinated care

Charter

Our high-performance ACO HMO

PCP coordinated care

ACO



NexusACO

Accountable Care Organization

Benefit levels tiered based on where members seek care

UnitedHealthcare Choice Plus

With UnitedHealthcare Choice Plus, members choose from any of the 1,610,200+ network physicians and health care professionals, including specialists, without a referral or selecting a primary care physician (PCP). There is coverage outside the Choice Plus network, but members can expect a lower benefit level.

How we help members choose the care that's right for them

UnitedHealthcare helps deliver access to resources and personal support with our member website myuhc.com[®]. Easy-to-use tools can help members:

- Find UnitedHealth Premium[®] doctors who meet quality and cost-efficiency guidelines
- Estimate the costs of specific services ahead of time
- Discuss treatment options with a physician
- Manage their claims

Additional services available to all Choice Plus plan members

24/7 Virtual Visits

Connect with a provider for nonemergency care via video chat or phone* anytime.

- Available 24/7 and takes about 20 minutes

Our UnitedHealthcare[®] app

- Get access to health plan information
- Find a physician nearby
- Check the status of a claim

Customer Service

Our Customer Service professionals answer a variety of health plan questions. Members simply call the toll-free member number on their health plan ID cards.

UnitedHealthcare Core

Core plans give members the freedom to choose from any health care professional in the UnitedHealthcare Core network, including specialists, without a referral or choosing a PCP. Since Core is an open-access product, members can seek care from any provider—but they may pay more out-of-pocket costs when they do not seek care from network providers or facilities.

Value

- **Lower price point** allows employers and employees to benefit from lower premiums

Flexibility

- **Plan design options** are flexible and have the ability to support a range of benefit designs, including HSA-compatible plans
- **Dual option** is available with Core, or it can be sold as a standalone product

Access

- **24/7 Virtual Visits** allow members to connect with a provider for nonemergency care via video chat or phone* anytime
- **Core national network** allows members access to health care services nationwide
- **No requirement to choose a PCP**
- **Out-of-network benefits.** Members have the option of seeing out-of-network providers with more limited coverage, rehabilitative services and devices, and wellness services
- **No referrals required**

UnitedHealthcare Navigate®

UnitedHealthcare Navigate is an HMO plan design that requires the selection of a PCP to help simplify and coordinate care. By actively promoting quality care and guiding employees to use health care more efficiently, PCPs can help save both time and money. PCPs provide routine care, such as annual well visits and preventive care, treatment for minor injuries and short-term illnesses. They also provide routine care, such as annual well visits and preventive care, treatment for minor injuries and short-term illnesses. They also coordinate care and make electronic referrals to other network physicians and specialists.

Encourage care decisions that also offer cost savings opportunities

- PCPs provide regular and routine care, like annual checkups; they also coordinate care by network physicians and specialists
- Referrals are required for other network physicians or specialists
- No out-of-network coverage, except for emergency care
- Access to 24/7 Virtual Visits so members can connect with a provider for nonemergency care via video chat or phone* anytime

Health plan ID cards

The name and telephone number of the member's PCP will be listed on their health plan ID card. Members should present their health plan ID card to their provider at every visit so their provider bills UnitedHealthcare correctly. Members can also view and share their health plan ID card by using the UnitedHealthcare app.

*Data rates may apply.

The UnitedHealthcare Core product is designed to accommodate a limited network of participating physicians, health care professionals, hospitals and facilities ("providers"). Except in emergency situations, members should confirm their provider is participating in this product before receiving services to receive the highest level of benefits. Network status may be determined by calling the number indicated on the health plan ID card or visiting myuhc.com®.

UnitedHealthcare Core is available to groups situated in Chicago (Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, La Salle, McHenry, Will and Winnebago Counties) and NW Indiana (Lake, La Salle and Porter Counties) only.

UnitedHealthcare Charter®

In 6 Illinois counties, UnitedHealthcare, together with Advocate Health Care, is offering health plans designed to enhance the provider-patient relationship and help promote better health with little to no out-of-pocket costs.

5,000+ PCPs and specialists at 400+ care sites

Benefits include: ambulatory, chronic disease management, emergency services, hospital care, lab services, mental health and substance use disorder services, pediatric oral and vision services, pregnancy and newborn care, prescription drugs, preventive care, rehabilitative services and devices, and wellness services.

- Advocate Health Care's 24/7 scheduling on its app or website
- Advocate Health Care same-day PCP visits
- Access to 24/7 Virtual Visits so members can connect with a provider for nonemergency care via video chat or phone* anytime

How UnitedHealthcare Charter works

- Members must select a network PCP—either a general or family practitioner, internist or pediatrician—from Advocate's high-performance ACO network, or one will be selected for them
- PCPs provide care for the majority of health care needs, whether it is for a preventive visit or an illness or injury, as well as provide a referral when specialist care is needed
- Out-of-network coverage is not available, except for emergency care
- Members must obtain a referral from their designated PCPs before they see any other network physician or specialist

NexusACO®

UnitedHealthcare NexusACO is a tiered benefit plan built on a collaborative relationship with the ACO, Advocate Health Care, in the 6-county service area of: Cook, DuPage, Lake, Kane, Kendall and McHenry. Outside of Illinois, NexusACO offers access to 40+ ACOs in 31 markets or UnitedHealth Premium designated providers. It's designed for local or national groups interested in premium savings and access to quality, cost-efficient providers.

Highlights

- Premium savings
- Coordination of care among top-tier providers
- Advocate Health Care's 24/7 scheduling on its app or website
- Advocate Health Care same-day PCP visits
- Access to 24/7 Virtual Visits so members can connect with a doctor online for nonemergency care

Innovative, value-based network



Focuses on top-performing ACOs and the UnitedHealth Premium program physicians



Drives use of quality, cost-efficient Tier 1 providers



All plans require selection of a PCP to improve coordination of care and appropriate referrals to specialists

*Data rates may apply.

The Illinois Charter product is only available to customers who are situated in one of the following counties: Cook, DuPage, Kane, Kendall, Lake and McHenry. Also, Charter members must live and work in the aforementioned 6 counties.

The Illinois NexusACO product (HMO version) is only available to customers who are situated in one of the following counties: Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry, Will and Winnebago.

Getting the best value with NexusACO



Choosing a UnitedHealth Premium designated PCP from Tier 1 may offer the greatest value for an employee's health care benefits.

In the 6-county NexusACO service area, all Advocate Health Care PCPs and specialists are Tier 1. Outside of the 6-county NexusACO service area, approximately 70% of physicians are NexusACO Tier 1 providers.

Chicago/Northwest Indiana network hospitals

Subject to change. Always refer to directory for current network status.

System affiliation	Hospital name	Choice Plus	Core	Navigate	Charter	NexusACO
Advocate Health	Advocate Christ Medical Center (IL)	•	•	•	•	Tier 1
	Advocate Condell Medical Center (IL)	•	•	•	•	Tier 1
	Advocate Good Samaritan Hospital (IL)	•	•	•	•	Tier 1
	Advocate Good Shepherd Hospital (IL)	•	•	•	•	Tier 1
	Advocate Hope Children's Hospital (IL)	•	•	•	•	Tier 1
	Advocate Illinois Masonic Medical Center (IL)	•	•	•	•	Tier 1
	Advocate Lutheran General Hospital (IL)	•	•	•	•	Tier 1
	Advocate Lutheran General Children's Hospital (IL)	•	•	•	•	Tier 1
	Advocate Sherman Hospital (IL)	•	•	•	•	Tier 1
	Advocate South Suburban Hospital (IL)	•	•	•	•	Tier 1
	Advocate Trinity Hospital (IL)	•	•	•	•	Tier 1
Ann & Robert H. Lurie Children's Hospital of Chicago	Ann & Robert H. Lurie Children's Hospital of Chicago (IL)	•	•	•		Tier 2
Ascension Health	Alexian Brothers Medical Center (IL)	•	•	•		Tier 2
	Presence Holy Family Medical Center (IL)	•	•	•		Tier 1
	Presence Mercy Medical Center - Aurora (IL)	•	•	•	•	Tier 1
	Presence Resurrection Medical Center (IL)	•	•	•		Tier 2
	Presence Saints Mary & Elizabeth Medical Center (IL)	•	•	•		Tier 2
	St. Alexius Medical Center (IL)	•	•	•		Tier 2
	Amita Saint Francis Hospital (IL)	•	•	•		Tier 2
	Presence Saint Joseph Hospital - Chicago (IL)	•	•	•		Tier 2
	Presence Saint Joseph Hospital - Elgin (IL)	•	•	•		Tier 2
	Presence Saint Joseph Medical Center - Joliet (IL)	•	•	•		Tier 1
	Presence St. Mary's Hospital - Kankakee (IL)	•	•	•		Tier 1

Chicago/Northwest Indiana network hospitals continued

System affiliation	Hospital name	Choice Plus	Core	Navigate	Charter	NexusACO
City of Hope (f/k/a Cancer Treatment Centers of America)	City of Hope Chicago (f/k/a Midwest Regional Medical Center) (IL)	•				
Community First Healthcare	Community First Healthcare (IL)	•	•	•		Tier 2
Community Health Systems	Northwest Health – La Porte Hospital (IN)	•	•	•		Tier 1
	Northwest Health – Porter Hospital (IN)	•	•	•		Tier 1
Community Healthcare System	Community Hospital – Munster (IN)	•	•	•		Tier 1
	Community Stroke and Rehabilitation Center - Crown Point (IN)	•	•	•		Tier 1
	St. Catherine Hospital – East Chicago (IN)	•	•	•		Tier 1
	St. Mary Medical Center – Hobart (IN)	•	•	•		Tier 1
Cook County Health	John H. Stroger, Jr. Hospital of Cook County (IL)	•	•	•		Tier 2
	Provident Hospital of Cook County (IL)	•	•	•		Tier 2
Franciscan Alliance	Franciscan Health – Munster (IN)	•	•	•		Tier 1
	Franciscan Health Crown Point (IN)	•	•	•		Tier 1
	Franciscan Health Michigan City (IN)	•	•	•		Tier 1
	Franciscan Health Olympia Fields (IL)	•	•	•		Tier 2
	Franciscan Health Dyer (IN)	•	•	•		Tier 1
Healthsouth Corporation	Van Matre HealthSouth Rehabilitation Hospital (IL)	•	•	•		Tier 1
Humboldt Park Health	Humboldt Park Health (IL)	•	•	•		Tier 2
Insight Hospital and Medical Center Chicago	Insight Hospital and Medical Center Chicago (formerly Mercy Hospital and Medical Center) (IL)	•	•	•		Tier 2
Iroquois Hospital	Iroquois Memorial Hospital (IL)	•	•	•		Tier 1
Jackson Park Hospital and Medical Center	Jackson Park Hospital and Medical Center (IL)	•	•	•		Tier 2
Kindred Healthcare	Kindred Chicago Lakeshore (IL)	•	•	•		Tier 1
	Kindred Hospital Chicago North (IL)	•	•	•		Tier 1
	Kindred Hospital Northlake (IL)	•	•	•		Tier 1
	Kindred Hospital Sycamore (IL)	•	•	•		Tier 1
La Rabida Children’s Hospital	La Rabida Children’s Hospital (IL)	•	•	•		Tier 2
Loretto Hospital	Loretto Hospital (IL)	•	•	•		Tier 2
Mercy Health System (WI)	Javon Bea (formerly Rockford Memorial Hospital) (IL)	•				Tier 1
	Mercy Harvard Hospital (IL)	•	•	•		Tier 2
Methodist Hospitals (IN)	Methodist Hospital – Northlake (IN)	•	•	•		Tier 1
	Methodist Hospital – Southlake (IN)	•	•	•		Tier 1
Morris Hospital & Healthcare Center	Morris Hospital (IL)	•	•	•		Tier 1

Chicago/Northwest Indiana network hospitals continued

System affiliation	Hospital name	Choice Plus	Core	Navigate	Charter	NexusACO
NorthShore – Edward-Elmhurst Health	NorthShore Evanston Hospital (IL)	•	•	•		Tier 2
	NorthShore Glenbrook Hospital (IL)	•	•	•		Tier 2
	NorthShore Highland Park Hospital (IL)	•	•	•		Tier 2
	Northwest Community Hospital (IL)	•				Tier 2
	Edward Hospital (IL)	•	•	•		Tier 2
	Elmhurst Memorial Hospital (IL)	•	•	•		Tier 2
	NorthShore Skokie Hospital (IL)	•	•	•		Tier 2
	Swedish Covenant Hospital (IL)	•	•	•		Tier 2
Northwestern Medicine	Central DuPage Hospital Association (IL)	•	•	•		Tier 2
	Delnor Community Hospital (IL)	•	•	•		Tier 2
	Kishwaukee Community Hospital (IL)	•	•	•		Tier 1
	Marianjoy Rehabilitation Hospital (IL)	•	•	•		Tier 2
	Northwestern Medicine Woodstock Hospital (IL)	•	•	•	•	Tier 1
	Northwestern Medicine McHenry Hospital (IL)	•	•	•	•	Tier 1
	Northwestern Medicine Huntley Hospital (IL)	•	•	•	•	Tier 1
	Northwestern Lake Forest Hospital (IL)	•	•	•		Tier 2
	Northwestern Memorial Hospital (IL)	•	•	•		Tier 2
	Palos Community Hospital (IL)	•	•	•		Tier 2
Valley West Community Hospital (IL)	•	•	•		Tier 1	
OSF Healthcare	OSF HealthCare Little Company of Mary Hospital (IL)	•	•	•		Tier 2
	OSF Saint Paul Medical Center (IL)	•	•	•		Tier 1
	OSF Saint Anthony Medical Center (IL)	•	•	•		Tier 1
	OSF Saint Elizabeth Medical Center (IL)	•	•	•		Tier 1
Pinnacle Healthcare	Pinnacle Hospital (IN)	•	•	•		Tier 1
Pipeline Health	Weiss Memorial Hospital (IL)	•	•	•		Tier 2
	West Suburban Medical Center (IL)	•	•	•		Tier 2
Regency Hospital Company	Regency Hospital of NW Indiana (IN)	•	•	•		Tier 1
	Regency Hospital of Porter County (IN)	•	•	•		Tier 1
Rehabilitation Institute of Chicago	Shirley Ryan AbilityLab (IL)	•				Tier 2
RML Specialty Hospital	RML Chicago (IL)	•	•	•		Tier 1
Roseland Community Hospital	Roseland Community Hospital (IL)	•	•	•		Tier 2

Chicago/Northwest Indiana network hospitals continued

System affiliation	Hospital name	Choice Plus	Core	Navigate	Charter	NexusACO
Rush Health	Riverside Medical Center (IL)	•	•	•		Tier 1
	Rush Oak Park Hospital (IL)	•	•	•		Tier 2
	Rush University Medical Center (IL)	•	•	•		Tier 2
	Rush Copley Medical Center (IL)	•	•	•	•	Tier 1
Shriners	Shriners Hospitals for Children (IL)	•	•	•		Tier 1
Silver Cross Hospital	Silver Cross Hospital and Medical Centers (IL)	•	•	•		Tier 1
Sinai Chicago	Holy Cross Hospital (IL)	•	•	•		Tier 2
	Mount Sinai Hospital Medical Center (IL)	•	•	•		Tier 2
	Sinai Children's Hospital (IL)	•	•	•		Tier 2
	Schwab Rehabilitation (IL)	•	•	•		Tier 2
South Shore Hospital	South Shore Hospital (IL)	•	•	•		Tier 2
Saint Anthony Hospital – Chicago	Saint Anthony Hospital – Chicago (IL)	•	•	•		Tier 2
St. Bernard Hospital	St. Bernard Hospital (IL)	•	•	•		Tier 2
Thorek Hospital and Medical Center	Thorek Memorial Hospital (IL)	•	•	•		Tier 2
	Thorek Memorial Hospital – Andersonville (IL)	•	•	•		Tier 2
Trinity Health	Gottlieb Memorial Hospital (IL)	•	•	•		Tier 2
	Loyola University Medical Center (IL)	•	•	•		Tier 2
	MacNeal Hospital (IL)	•	•	•		Tier 2
UChicago Medicine AdventHealth	Ingalls Memorial Hospital (IL)	•	•	•		Tier 2
	University of Chicago Medical Center (IL)	•				Tier 2
	UChicago Medicine AdventHealth Bolingbrook Hospital (IL)	•	•	•		Tier 1
	UChicago Medicine AdventHealth GlenOaks (IL)	•	•	•		Tier 2
	UChicago Medicine AdventHealth Hinsdale Hospital (IL)	•	•	•		Tier 2
	UChicago Medicine AdventHealth La Grange Hospital (IL)	•	•	•		Tier 2
	University of Illinois at Chicago Medical Center	University of Illinois at Chicago Medical Center (IL)	•	•	•	
UW Health	Swedish American Medical Center Belvidere (IL)	•	•	•		Tier 1
	Swedish American Hospital – Rockford (IL)	•	•	•		Tier 1
Vista Health System	Vista Medical Center – East (IL)	•	•	•		Tier 2



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