

# 2023 Chicago 1-50 Insurance Plans

Chicago Multi-Choice:  
Package IL030  
1-50 ATNE  
January 1, 2023

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 Premier PROformance Plans with UnitedHealthcare Rewards

Metallic Level	Plan Code				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
	Choice+	Core	Navigate <sup>11</sup>	Charter <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	I/P & O/P Surgery	Rx Plan
							Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	CV-GA	CV-GI	CV-HY	CV-HP	100%	70%	\$500	\$1,000	\$10,000	\$20,000	\$2,500	\$5,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded	Ded	Ded	E82Y
Gold	CV-GB	CV-GJ	CV-HZ	CV-HQ	80%	50%	\$1,500	\$3,000	\$10,000	\$20,000	\$6,100	\$12,200	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CV-GC	CV-GK	CV-H2	CV-HR	80%	50%	\$2,500	\$5,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CV-GD	CV-GL	CV-H3	CV-HS	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CV-GE	CV-GM	CV-H4	CV-HT	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CV-GG	CV-GO	CV-H6	CV-HV	70%	50%	\$2,000	\$4,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+30%	Ded+30%	Ded+30%	E82Y
Silver	CV-GH	CV-GP	CV-H7	CV-HW	70%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,550	\$17,100	\$20,000	\$40,000	\$0	\$30	\$0	\$60	\$100	\$25	\$300+Ded+30%	Ded+30%	Ded+30%	E82Y

## UnitedHealthcare Premier Plans with UnitedHealthcare Rewards

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	I/P & O/P Surgery	Rx Plan
					Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	CV-GQ	CV-G8	100%	70%	\$500	\$1,000	\$10,000	\$20,000	\$2,000	\$4,000	\$20,000	\$40,000	\$0	\$20	\$0	\$20	\$40	\$50	\$500	\$40	Ded	E82Y
Platinum	CV-GR	CV-G9	100%	70%	\$1,000	\$2,000	\$10,000	\$20,000	\$2,500	\$5,000	\$20,000	\$40,000	\$0	\$20	\$0	\$20	\$40	\$50	\$500	\$40	Ded	E82Y
Gold	CV-GV	CV-HD	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$30	\$0	\$30	\$60	\$50	\$500	\$40	Ded+20%	E82Y

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## UnitedHealthcare Premier Value Plans with UnitedHealthcare Rewards

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	I/P & O/P Surgery	Rx Plan
					Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	CV-GX	CV-HF	100%	70%	\$500	\$1,000	\$10,000	\$20,000	\$2,500	\$5,000	\$20,000	\$40,000	\$0	\$30	\$0	\$30	\$60	\$50	\$500	Ded	Ded+\$250	E82Y
Gold	CV-GZ	CV-HH	100%	70%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$45	\$0	\$45	\$90	\$50	\$500	Ded	Ded+\$250	E82Y
Gold	CV-G2	CV-HI	100%	70%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$45	\$0	\$45	\$90	\$50	\$500	Ded	Ded+\$250	E82Y

## UnitedHealthcare \$0 Navigate/Charter Plans with UnitedHealthcare Rewards

Metallic Level	Plan Code Chicago		Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence											Rx Plan
	Navigate	Charter		Network	Network		Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	Inpatient	Outpatient	
			Single		Family	Single	Family												
Platinum	CV-FD	CV-FF	100%	N/A	N/A	\$2,000	\$6,000	\$0	\$15	\$0	\$45	\$50	\$300	\$40	\$400	\$150	\$100	E82Y	
Platinum	CN-HI	CN-HM	100%	N/A	N/A	\$2,500	\$7,500	\$0	\$25	\$0	\$50	\$50	\$300	\$40	\$400	\$150	\$100	E82Y	
Platinum	CV-FE	CV-FG	100%	N/A	N/A	\$3,000	\$9,000	\$0	\$30	\$0	\$60	\$50	\$300	\$40	\$400	\$150	\$100	E82Y	
Platinum	CC-OB	CD-YO	100%	N/A	N/A	\$4,000	\$12,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	\$400	N/A	N/A	E82Y	

## UnitedHealthcare Primary Advantage Plans with UnitedHealthcare Rewards

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan	
					Single	Family	Single	Family	Single	Family	Single	Family										
Gold	CV-EI	CV-EN	80%	50%	\$1,500	\$3,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82Y	
Gold	CV-EK	CV-EP	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82Y	
Gold	CV-EL	CV-EQ	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82Y	

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## UnitedHealthcare OAP Nexus Plans with UnitedHealthcare Rewards<sup>13</sup>

Metallic Level	Plan Codes	PLAN TYPE	Coinsurance		Physician Professional Services		Deductibles				Out of Pocket Maximum				Copays/Per Occurrence												Rx Plan			
			Network	Out of Network	Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP <sup>1</sup>			Specialist			Urgent Care	ER	Lab/XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital		
							Single	Family	Single	Family	Single	Family	Single	Family		Dep <19	Designated	Network <sup>3</sup>	Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>	Designated Network Facility					Network Facility <sup>3</sup>		Designated Network Facility	Network Facility <sup>3</sup>	
							80%	70%	100%	80%	\$300	\$600	\$5,000	\$15,000		\$4,400	\$8,800	\$10,000	\$30,000	\$0	\$0					\$10		\$40	\$40	\$80
Platinum	CV4E	Nexus OAP	100%	70%	100%	80%	\$300	\$600	\$5,000	\$15,000	\$4,400	\$8,800	\$10,000	\$30,000	\$0	\$0	\$10	\$40	\$40	\$80	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded	Ded	\$500+Ded	E82Y	
Gold	CV4F	Nexus OAP	100%	70%	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded	Ded	\$500+Ded	E82Y	
Gold	CV4G	Nexus OAP	80%	50%	80%	60%	\$1,000	\$2,000	\$5,000	\$15,000	\$5,500	\$11,000	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82Y	
Gold	CN4B	Nexus OAP	80%	50%	80%	60%	\$1,700	\$3,400	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82Y	
Silver	CV4H	HSA OAP w/Premium Rewards	100%	70%	100%	80%	\$4,900	\$9,800	\$6,000	\$12,000	\$6,750	\$13,500	\$10,000	\$30,000	100%	N/A	100%	80%	100%	80%	100%	100%	100%	100%	80%	100%	80%	E82Y		
Silver	CV4I	HSA OAP w/Premium Rewards	80%	50%	80%	60%	\$3,000	\$6,000	\$5,000	\$15,000	\$6,750	\$13,500	\$10,000	\$30,000	100%	N/A	80%	60%	80%	60%	80%	80%	80%	80%	80%	60%	80%	60%	E82Y	

## UnitedHealthcare Navigate/Charter Plans with UnitedHealthcare Rewards

Metallic	Plan Code		Coinsurance	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									Rx Plan
	Navigate	Charter		Network	Network		Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	
			Single		Family	Single	Family										
Platinum	CV-FX	CV-F4	100%	\$500	\$1,000	\$2,000	\$4,000	\$0	\$20	\$40	\$50	\$500	Ded	Ded	Ded	E82Y	
Platinum	CV-FY	CV-F5	100%	\$1,000	\$2,000	\$2,500	\$5,000	\$0	\$20	\$40	\$50	\$500	Ded	Ded	Ded	E82Y	
Gold	CV-FZ	CV-F6	100%	\$5,000	\$10,000	\$7,500	\$15,000	\$0	\$35	\$75	\$50	\$500	Ded	Ded	Ded	E82Y	
Gold	CV-F2	CV-F7	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$0	\$35	\$75	\$50	\$500	Ded+20	Ded+20	Ded+20	E82Y	

## UnitedHealthcare Health Savings Account (HSA) Plans with UnitedHealthcare Premium Rewards

Metallic Level	Plan Code				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
	Choice+	Core	Navigate <sup>11</sup>	Charter <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan	
							Single	Family	Single	Family	Single	Family	Single	Family										
Gold	CV-ER	CV-ET	CV-FH	CV-FJ	100%	70%	\$2,000	\$4,000	\$10,000	\$20,000	\$5,000	\$7,350	\$20,000	\$40,000	\$0 <sup>9</sup>	\$30 <sup>9</sup>	\$60 <sup>9</sup>	\$50 <sup>9</sup>	\$350 <sup>9</sup>	100%	100%	NonEmb	E82Y	
Gold	CV-EY	CV-E6	CV-FO	CV-FU	100%	70%	\$3,000	\$6,000	\$10,000	\$20,000	\$3,000	\$6,000	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	E83Y
Silver	CV-ES	CV-EU	CV-FI	CV-FK	100%	70%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0 <sup>9</sup>	\$30 <sup>9</sup>	\$60 <sup>9</sup>	\$50 <sup>9</sup>	\$350 <sup>9</sup>	100%	100%	Emb	E82Y	
Bronze	CW-EK	CW-EL	N/A	N/A	100%	70%	\$7,000	\$14,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	E83Y
Gold	CV-EV	CV-E3	CV-FL	CV-FR	80%	50%	\$1,500	\$3,000	\$10,000	\$20,000	\$6,500	\$7,350	\$20,000	\$40,000	80%	80%	80%	80%	80%	80%	80%	80%	NonEmb	E82Y

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## UnitedHealthcare Health Savings Account (HSA) Plans with UnitedHealthcare Premium Rewards

Metallic Level	Plan Code				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
	Choice+	Core	Navigate <sup>11</sup>	Charter <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan	
							Single	Family	Single	Family	Single	Family	Single	Family										
Silver	CV-EW	CV-E4	CV-FM	CV-FS	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$5,500	\$11,000	\$20,000	\$40,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb	E82Y
Silver	CV-EX	CV-E5	CV-FN	CV-FT	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	80%	80%	80%	80%	80%	80%	80%	80%	Emb	E82Y

## \*\*UnitedHealthcare Assured Plans with UnitedHealthcare Rewards

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
	Choice	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des <sup>1,2</sup>	**PCP <sup>3</sup>	Spec Prem Des <sup>2</sup>	**Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	Rx Plan
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	CV-G5	CV-HL	70%	50%	\$2,000	\$4,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	\$0	\$30	\$30 (after deductible)	\$60	\$60 (after deductible)	\$50	\$500+Ded+30%	Ded+30%	*K63Y
Silver	CV-G6	CV-HM	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	\$0	\$35	\$35 (after deductible)	\$70	\$70 (after deductible)	\$50	\$500+Ded+30%	Ded+30%	*K63Y

\* Assured plans utilize Essential RX K63Y: \$300/\$600 deductible on tier 3&4 10/65/125/250

\*\* Non Premium Designated (PD) PCP and Specialist copays apply after deductible

## UnitedHealthcare Health Reimbursement Account (HRA) Plans with UnitedHealthcare Rewards

Metallic Level	Plan Code Chicago		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec <sup>3</sup>	Urgent Care	ER	I/P & O/P Surg		
					Single	Family	Single	Family	Single	Family	Single	Family									
Silver	CC-NQ	CC-NR	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	80%	80%	80%	80%	80%	80%	80%	80%	E82Y

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## Pharmacy Plans \*\*

Rx Plan Code	Copays					Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty	Single	Family	
E82Y	\$10	\$40	\$125	\$300	\$400	N/A	N/A	2.5
K63Y***	\$10	\$65	\$125	\$250	\$400	\$300	\$600	2.5
E83Y	No Copay	No Copay	No Copay	N/A	N/A	Same as Medical	Same as Medical	No Copay

\*\* All Rx plans utilize the Standard Select Network with Walgreens as the anchor.

\*\*\* Individual and Family deductible only applies to tier 3 and tier 4

Charter plans available to employers situated in the following counties only: Cook, Dupage, Kane, Kendall, Lake and McHenry.

- 1 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics.
- 2 This tier of benefits applies to UnitedHealthcare 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.
- 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 and Charter plans require electronic referrals for certain services. Failure to obtain a 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 and Charter HMO 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 Charter members must select a primary care physician (PCP) — either a general or family practitioner, internist or pediatrician
- 19 Core and 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. V10/24

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# A wellness program built to inspire healthier habits



Welcome to UnitedHealthcare Rewards, where healthy choices may result in healthy savings.

## It all starts with a few small steps

Participants track daily activities designed to help them move more and take healthy actions, with the potential of getting rewarded up to \$1,000—depending on their plan.

## What makes Rewards different?

Combining the best practices from our existing health and wellness incentive programs, Rewards goes a step further by:

- Offering a registration incentive for completing onboarding questions and pairing a device
- Adding wellness activities built for better sleep, regular exercise and taking other rewardable actions
- Integrating the UnitedHealthcare digital experience with the UnitedHealthcare® app, making it available at participants' fingertips

### Getting rewards

With daily participation, there's a potential to earn up to:

- **\$300\*** with Rewards Core, including a \$25 registration incentive
- **\$1,000\*** with Rewards Premium, including a \$65 registration incentive

### Redeeming rewards

Earnings can be deposited directly into health savings accounts or used toward:

- A Visa® gift card<sup>1</sup>
- Electronic devices and more

\*Per participant, per year.

continued

## Designed to be a win-win



For employers:

### **Active participation**

The program includes resources such as a flier and video to help get your employees engaged—and reporting to track their participation.



For participants:

### **Satisfaction**

The digital health platform was designed for ease—activities are synced to the participant's device to make tracking simpler. Earning starts upon signing up and participants have the potential to get rewarded up to \$1,000.



For both:

### **Better health**

Rewards encourages wellness and promotes better overall health, which may result in lower medical costs for everyone.

# 66 days

is the average length of time for a new behavior to become automatic<sup>2</sup>

## Ready to go? Contact your UnitedHealthcare representative

# United Healthcare

<sup>1</sup> Receiving a gift card may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations under this program, as applicable.

<sup>2</sup> Healthline. How long does it take for a new behavior to become automatic? [healthline.com/health/how-long-does-it-take-to-form-a-habit#base-figure](https://www.healthline.com/health/how-long-does-it-take-to-form-a-habit#base-figure). Accessed Dec. 14, 2020.

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UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-855-256-8669 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable.

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