

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

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 Primary Advantage Plans

Plan Code Illinois		Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								HRA Eligible
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <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, etc.	I/P & O/P Surgery	
							Single	Family	Single	Family	Single	Family	Single	Family									
CF-1V	CF-1W	CF-2J	CF-2K	CF-2L	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%	
BD-QQ	BD-Q3	BD-G9	BD-HF	BJ-Y9	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%	•
BD-QR	BD-QW	BD-HA	BD-HG	BJ-ZA	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%	•
BD-QS	BD-QX	BD-HB	BD-HH	BJ-ZB	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%	•
BD-QT	BD-QY	BD-HC	BD-HI	BJ-ZC	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%	•
CG-AA	CG-AJ	CG-DC	CG-DL	CG-DU	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%	
CG-AB	CG-AK	CG-DD	CG-DM	CG-DV	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%	•
CG-AC	CG-AL	CG-DE	CG-DN	CG-DW	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%	•
CG-AD	CG-AM	CG-DF	CG-DO	CG-DX	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%	•
CG-AE	CG-AN	CG-DG	CG-DP	CG-DY	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%	•
CG-AF	CG-AO	CG-DH	CG-DQ	CG-DZ	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%	•
BD-QU	BD-QZ	BD-HD	BD-HJ	BJ-ZD	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%	•
BD-QV	BD-Q2	BD-HE	BD-HK	BJ-ZE	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%	•

## UnitedHealthcare Primary Advantage Motion Eligible HSA Plans

Plan Code Illinois		Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
							Single	Family	Single	Family	Single	Family	Single	Family								
BD-C7	BD-C9	BD-JT	BD-JV	BJ-2E	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,500	\$7,150	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	
BD-C8	BD-DA	BD-JU	BD-JW	BJ-2F	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$7,150	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	

Copayments on Primary Advantage HSA plans will be required only after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

"Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

There is no separate additional Rx deductible required for Primary Advantage HSA plans.

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## UnitedHealthcare Copay Clear Plans

Plan Codes Illinois		Plan Codes NW Indiana		Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Per Occurrence										Deductible Type <sup>9</sup>	
Choice +	Core	Choice +	Core	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP <sup>1</sup> Prem Des	PCP <sup>1</sup>	Spec <sup>2</sup> Prem Des	Spec <sup>2</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	O/P Surgery		I/P Surgery
BT-JS	BT-XL	BT-AE	BT-ZL	100%	50%	\$500	\$1,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-JT	BT-XM	BT-AF	BT-ZM	100%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-JU	BT-XN	BT-AG	BT-ZN	100%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-JV	BT-XO	BT-AH	BT-ZO	100%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-JW	BT-XP	BT-AI	BT-ZP	100%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb
BT-JX	BT-XQ	BT-AJ	BT-ZQ	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,500	\$15,000	\$20,000	\$40,000	\$0	\$0	\$0*	\$75	\$75*	\$50	\$750*	\$0**	\$500*	\$750*	\$2,000*	Emb

\* After plan deductible

\*\* Plan deductible waived at Preferred Lab Network (PLN) providers

## UnitedHealthcare PROformance Plans

Plan Code Illinois		Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core <sup>10</sup>	Choice+	Core <sup>10</sup>	Core Essential <sup>11</sup>	Network	Out of network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
BO-EF	BO-EJ	BD-ML	BD-MP	BJ-3R	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%	•
BO-EG	BO-EK	BD-MM	BD-MQ	BJ-3S	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%	•
BO-EH	BO-EL	BD-MN	BD-MR	BJ-3T	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%	•
BO-EI	BO-EM	BD-MO	BD-MS	BJ-3U	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%	•
BO-EN	BO-ER	BD-MT	BD-MX	BJ-3V	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%	•
BO-EO	BO-ES	BD-MU	BD-MY	BJ-3W	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%	•
BO-EP	BO-ET	BD-MV	BD-MZ	BJ-3X	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%	•
BO-EQ	BO-EU	BD-MW	BD-M2	BJ-3Y	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%	•

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## UnitedHealthcare Nexus Open Access Plans

Plan Codes Chicago	PLAN TYPE	Coinsurance				Deductibles				Out of Pocket Maximum				Copays/Per Occurrence													Deductible Type <sup>5</sup>		
		Network	Out of Network	Physician Professional Services		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				
				Designated Network (Tier 1) <sup>2</sup>	Network <sup>2</sup>	Single	Family	Single	Family	Single	Family	Single	Family		Dep <19 <sup>3</sup>	Designated Network (Tier 1) <sup>2</sup>	Network <sup>2</sup>						Designated Network (Tier 1) <sup>2</sup>	Network <sup>2</sup>	Designated Network Facility	Network Facility <sup>4a</sup>		Designated Network Facility	Network Facility <sup>4b</sup>
CF-MQ	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	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-MI	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	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-MK	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	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-MM	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	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-MO	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	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-MP	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%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CF-MH	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%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CF-MJ	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%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CF-ML	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%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CF-MN	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%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	Emb
CF-2I	Nexus HSA OAP	100%	70%	100%	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$2,700	\$5,400	\$12,000	\$24,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Non-Emb
BT-XV	Nexus HSA OAP	100%	70%	100%	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$12,000	\$24,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Non-Emb
CX-5S	Nexus HSA OAP	100%	70%	100%	80%	\$3,000	\$6,000	\$7,500	\$15,000	\$6,500	\$13,000	\$15,000	\$30,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
BT-X4	Nexus HSA OAP	100%	70%	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
BT-X7	Nexus HSA OAP	100%	70%	100%	80%	\$6,000	\$12,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
BT-XZ	Nexus HSA OAP	80%	50%	80%	60%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,500	\$13,000	\$15,000	\$30,000	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb
BT-X8	Nexus HSA OAP	80%	50%	80%	60%	\$4,000	\$8,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb

\*Nexus HSA plans are Eligible for Motion

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## UnitedHealthcare Nexus Referral Plans (Chicago market only)<sup>8,11,13</sup>

Plan Codes	PLAN TYPE	Coinsurance			Deductibles		Out of Pocket Maximum		Copays/Per Occurrence														Deductible Type <sup>5</sup>
		Network	Physician Professional Services		Network		Network		Virtual Visit	PCP <sup>1</sup>			Specialist		Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital		
			Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>	Single	Family	Single	Family		Dep <19 <sup>2</sup>	Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>	Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>					Designated Network Facility	Network Facility <sup>10</sup>	Designated Network Facility	Network Facility <sup>10</sup>	
CF-MF	Nexus Referral	100%	100%	80%	\$500	\$1,000	\$4,000	\$8,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-L7	Nexus Referral	100%	100%	80%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-L8	Nexus Referral	100%	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-L9	Nexus Referral	100%	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-MA	Nexus Referral	100%	100%	80%	\$5,000	\$10,000	\$7,900	\$15,800	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	Emb
CF-MG	Nexus Referral	80%	80%	60%	\$500	\$1,000	\$4,000	\$8,000	\$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
CF-MB	Nexus Referral	80%	80%	60%	\$1,000	\$2,000	\$4,000	\$8,000	\$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
CF-MC	Nexus Referral	80%	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$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
CF-MD	Nexus Referral	80%	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$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
CF-ME	Nexus Referral	80%	80%	60%	\$5,000	\$10,000	\$7,900	\$15,800	\$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
BS-5B	Nexus HSA Referral	100%	100%	80%	\$2,000	\$4,000	\$3,000	\$6,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Non-Emb
CX-5R	Nexus HSA Referral	100%	100%	80%	\$3,000	\$6,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
BS-46	Nexus HSA Referral	100%	100%	80%	\$5,000	\$10,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
BS-47	Nexus HSA Referral	100%	100%	80%	\$6,000	\$12,000	\$6,500	\$13,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb
BS-48	Nexus HSA Referral	80%	80%	60%	\$3,500	\$7,000	\$6,500	\$13,000	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb
BS-4U	Nexus HSA Referral	80%	80%	60%	\$4,000	\$8,000	\$6,000	\$12,000	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb

\*Nexus HSA plans are Eligible for Motion

## UnitedHealthcare \$0 Deductible Plans

Plan Codes					Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays							Deductible Type <sup>5</sup>	
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec <sup>3</sup>	Virtual Visit	Urgent Care	ER <sup>4</sup>	Lab/ XRay	MRI, CT, etc.		Inp / Out Surgery
							Single	Family	Single	Family	Single	Family	Single	Family									
CG-AG	CG-AP	CG-DI	CG-DR	CG-D2	70%	50%	N/A	N/A	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	\$30	\$60	\$0	\$50	\$500+30%	30%	\$500	30%	Emb
CG-AH	CG-AQ	CG-DJ	CG-DS	CG-D3	60%	50%	N/A	N/A	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	\$35	\$70	\$0	\$50	\$500+40%	40%	\$500	40%	Emb
CG-AI	CG-AR	CG-DK	CG-DT	CG-D4	50%	50%	N/A	N/A	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	\$40	\$80	\$0	\$50	\$500+50%	50%	\$500	50%	Emb

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## UnitedHealthcare FlexFree<sup>17</sup> Plans

Plan Code Illinois		Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <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, etc.	I/P & O/P Surg
							Single	Family	Single	Family	Single	Family	Single	Family							
BD-AN	BD-AS	BD-EY	BD-EZ	BJ-YS	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%
BD-AO	BD-AT	BD-E2	BD-E3	BJ-YT	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%
BD-AP	BD-AU	BD-E4	BD-E5	BJ-YU	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%
BD-AQ	BD-AV	BD-E6	BD-E7	BJ-YV	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%
BD-AR	BD-AW	BD-E8	BD-E9	BJ-YW	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded	Ded	\$250+Ded	\$250+Ded

## UnitedHealthcare Consumer Plans

Plan Code Illinois		Plan Code NW Indiana			Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.		
								Single	Family	Single	Family	Single	Family	Single	Family											
CW-VM	CW-VN	CW-UY	CW-UZ	CW-U2	Consumer	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	•	
CW-VO	CW-VP	CW-U5	CW-U3	CW-U4	Consumer	100%	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	•	
BD-RB	CW-VQ	BD-F3	CW-U6	CW-U7	Consumer	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	•	
CW-VR	CW-VS	CW-VB	CW-VD	CW-VC	Consumer	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	•	
CW-VT	CW-VU	CW-VE	CW-VG	CW-VF	Consumer	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	•	
CW-VV	CW-VW	CW-VH			Consumer	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$5,500	\$11,000	\$10,000	\$20,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•	
BD-P2	BD-P3	BD-EO	CW-VJ	CW-VI	Consumer	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•	
CW-VX	CW-VY				Consumer	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•	
BD-P4	BD-P5	BD-EP	BD-ER	BJ-YO	Consumer	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•	
BD-PZ	BD-P6	BD-DZ	BD-ES	BJ-YP	Consumer	50%	50%	\$0	\$0	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	50%	50%	50%	50%	50%	50%	50%	50%	50%	•	

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## UnitedHealthcare Standard Plans

Plan Code Illinois		Plan Code NW Indiana			Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.		
								Single	Family	Single	Family	Single	Family	Single	Family											
BC-8U	BC-8P	BD-ET	BD-EW	BJ-YQ	50/50	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$50	\$0	\$50	\$50	\$100	Ded+50%	Ded+50%	Ded+50%	•	
BC-8V	BC-8Q	BD-EU	BD-EX	BJ-YR	50/50	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$50	\$0	\$50	\$50	\$100	Ded+50%	Ded+50%	Ded+50%	•	
BC-8W	BC-8R	BD-EV	BD-EJ	BJ-YJ	50/50	50%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$50	\$0	\$50	\$50	\$100	Ded+50%	Ded+50%	Ded+50%	•	
BD-TC	BD-TF	BD-KV	BD-LQ	BJ-3B	FlexPoint <sup>6</sup>	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$25	N/A	\$25	\$50	\$100	\$250+20%	Ded+20%	Ded+20%	•	
BD-TD	BD-TG	BD-KW	BD-LR	BJ-3C	FlexPoint <sup>6</sup>	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	N/A	\$30	\$60	\$100	\$250+20%	Ded+20%	Ded+20%	•	
BD-TE	BD-TH	BD-KX	BD-LS	BJ-3D	FlexPoint <sup>6</sup>	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	N/A	\$35	\$70	\$100	\$250+20%	Ded+20%	Ded+20%	•	
BD-QO	N/A	BD-D3	N/A	N/A	Non-Diff	80%	80%	\$1,000	\$2,000	N/A	N/A	\$3,000	\$6,000	N/A	N/A	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•	
BD-QP	N/A	BD-DY	N/A	N/A	Non-Diff	80%	80%	\$2,000	\$4,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	•	

## UnitedHealthcare Premier Plans

Plan Code Illinois		Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.		
							Single	Family	Single	Family	Single	Family	Single	Family											
BD-RZ	BD-SS	BD-KC	BD-K5	BJ-2O	100%	80%	\$0	\$0	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded		
BD-R2	BD-ST	BD-KD	BD-K6	BJ-2P	100%	80%	\$250	\$500	\$5,000	\$10,000	\$1,750	\$3,500	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded		
BD-R3	BD-SU	BD-KE	BD-K7	BJ-2Q	100%	80%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded		
BD-R4	BD-SV	BD-KF	BD-K8	BJ-2R	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded		
BD-R5	BD-SW	BD-KG	BD-K9	BJ-2S	100%	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded		
BD-R6	BD-SX	BD-KH	BD-LA	BJ-2T	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•	
BD-R7	BD-SY	BD-KI	BD-LB	BJ-2U	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•	
BD-RQ	BD-SZ	BD-KJ	BD-LC	BJ-2V	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•	
BD-RR	BD-S2	BD-KK	BD-LD	BJ-2W	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•	
CF-14	CF-2D	CF-2U	CF-2X	CF-26	90%	70%	\$250	\$500	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+10%	100%	Ded		
CF-15	CF-2E	CF-2V	CF-2Y	CF-27	90%	70%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+10%	100%	Ded		
CF-16	CF-2F	CF-2W	CF-2Z	CF-28	90%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+10%	100%	Ded		
CF-17	CF-2G	CF-2Q	CF-22	CF-29	90%	70%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+10%	100%	Ded		
CF-18	CF-2H	CF-2R	CF-23	CF-3A	90%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+10%	100%	Ded	•	
CF-19	CF-2A	CF-2S	CF-24	CF-3B	90%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+10%	100%	Ded	•	
CF-20	CF-2B	CF-2T	CF-25	CF-3C	90%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+10%	100%	Ded	•	
BD-RS	BD-S3	BD-KL	BD-LE	BJ-2X	80%	60%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%		

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## UnitedHealthcare Premier Plans

Plan Code Illinois		Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.		
							Single	Family	Single	Family	Single	Family	Single	Family											
BD-RT	BD-S4	BD-KM	BD-LF	BJ-2Y	80%	60%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%		
BD-RU	BD-S5	BD-KN	BD-LG	BJ-2Z	80%	60%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%		
BD-RV	BD-S6	BD-KO	BD-LH	BJ-22	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	•	
BD-RW	BD-S7	BD-J3	BD-LI	BJ-23	80%	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	•	
BD-RX	BD-S8	BD-J4	BD-LJ	BJ-24	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•	
BD-RY	BD-R8	BD-J5	BD-LK	BJ-25	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•	
BD-SH	BD-R9	BD-J6	BD-LL	BJ-26	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•	
BD-SI	BD-SA	BD-J7	BD-LM	BJ-27	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•	
BD-SJ	BD-SB	BD-J8	BD-LN	BJ-28	60%	50%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%		
BD-SK	BD-SC	BD-J9	BD-LO	BJ-29	60%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%		
BD-SL	BD-SD	BD-KA	BD-LP	BJ-3A	60%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%		
BD-SM	BD-SE	BD-KB	BD-KP	BJ-2I	60%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	•	
BD-SN	BD-SF	BD-KY	BD-KQ	BJ-2J	60%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	•	
BD-SO	BD-SG	BD-KZ	BD-KR	BJ-2K	60%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•	
BD-SP	BD-S9	BD-K2	BD-KS	BJ-2L	60%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•	
BD-SQ	BD-TA	BD-K3	BD-KT	BJ-2M	60%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•	
BD-SR	BD-TB	BD-K4	BD-KU	BJ-2N	60%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•	

## UnitedHealthcare Premier Value Plans

Plan Code Illinois		Plan Code NW Indiana			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Choice+	Core <sup>18</sup>	Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
							Single	Family	Single	Family	Single	Family	Single	Family											
BD-TM	BD-TV	BD-L3	BD-MC	BJ-3I	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$100	\$400	Ded	\$400	\$250+Ded	
BD-TN	BD-TW	BD-L4	BD-MD	BJ-3J	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400	Ded	\$400	\$250+Ded	
BD-TO	BD-TX	BD-L5	BD-ME	BJ-3K	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded	
BD-TP	BD-TY	BD-L6	BD-MF	BJ-3L	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded	
BD-TQ	BD-TZ	BD-L7	BD-MG	BJ-3M	80%	50%	\$0	\$0	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	
BD-TR	BD-T2	BD-L8	BD-MH	BJ-3N	80%	50%	\$1,250	\$3,750	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	
BD-TS	BD-T3	BD-L9	BD-MI	BJ-3O	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	



# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## UnitedHealthcare Premier Value Plans

Plan Code		Plan Code NW Indiana				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										HRA Eligible
Illinois		Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec Prem Des <sup>2</sup>	Spec <sup>3</sup>	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery		
Choice+	Core <sup>18</sup>						Single	Family	Single	Family	Single	Family	Single	Family												
BD-TT	BD-T4	BD-MA	BD-MJ	BJ-3P	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%		
BD-TU	BD-T5	BD-MB	BD-MK	BJ-3Q	80%	50%	\$4,000	\$12,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%		

## UnitedHealthcare Navigate & Charter Plans (Charter Plans Chicago market only)<sup>8,10,11,12,13</sup>

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 <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
						Single	Family	Single	Family										
BF-C4	BF-DP	BK-CY	Copay	100%	\$0	\$0	\$1,500	\$3,000	\$0	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded		
BF-C5	BF-DQ	BK-CZ	Copay	100%	\$250	\$500	\$1,750	\$3,500	\$0	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded		
BF-CT	BF-EE	BK-CP	Copay	100%	\$500	\$1,000	\$2,000	\$4,000	\$0	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded		
BF-CU	BF-DV	BK-CQ	Copay	100%	\$1,000	\$2,000	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded		
BF-CV	BF-DW	BK-CR	Copay	100%	\$1,500	\$3,000	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$75	\$300	100%	Ded	Ded		
BF-CW	BF-DX	BK-CS	Copay	100%	\$2,000	\$4,000	\$3,500	\$7,000	\$0	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	
BF-CX	BF-DY	BK-CT	Copay	100%	\$2,500	\$5,000	\$4,000	\$8,000	\$0	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	
BF-CY	BF-DZ	BK-CU	Copay	100%	\$3,000	\$6,000	\$4,500	\$9,000	\$0	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	
BF-CZ	BF-DM	BK-CV	Copay	100%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$75	\$300	100%	Ded	Ded	•	
BF-C2	BF-DN	BK-CW	Copay	80%	\$0	\$0	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%		
BF-C3	BF-DO	BK-CX	Copay	80%	\$250	\$500	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%		
BF-C6	BF-DR	BK-C2	Copay	80%	\$500	\$1,000	\$3,500	\$7,000	\$0	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%		
BF-C7	BF-DS	BK-C3	Copay	80%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•	
BF-C8	BF-DT	BK-C4	Copay	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$0	\$20	\$0	\$40	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•	
BF-C9	BF-DU	BK-C5	Copay	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•	
BF-DA	BF-D2	BK-C6	Copay	80%	\$2,500	\$5,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•	
BF-DB	BF-D3	BK-C7	Copay	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%	•	
BF-DC	BF-D4	BK-C8	Copay	80%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$75	\$250+20%	100%	Ded+20%	Ded+20%		
BF-DD	BF-D5	BK-C9	Copay	60%	\$0	\$0	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%		
BF-DE	BF-D6	BK-DA	Copay	60%	\$250	\$500	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%		
BF-DF	BF-D7	BK-DB	Copay	60%	\$500	\$1,000	\$3,500	\$7,000	\$0	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%		
BF-DG	BF-D8	BK-DC	Copay	60%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•	
BF-DH	BF-D9	BK-DD	Copay	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$0	\$20	\$0	\$40	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•	



# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## UnitedHealthcare Navigate & Charter Plans (Charter Plans Chicago market only)<sup>8,10,11,12,13</sup>

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 <sup>1</sup>	PCP Ages <19 <sup>1</sup>	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray		MRI, CT, etc.	I/P & O/P Surgery
						Single	Family	Single	Family										
BF-DI	BF-EA	BK-DE	Copay	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•	
BF-DJ	BF-EB	BK-DF	Copay	60%	\$2,500	\$5,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•	
BF-DK	BF-EC	BK-DG	Copay	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%	•	
BF-DL	BF-ED	BK-DH	Copay	60%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$75	\$250+40%	100%	Ded+40%	Ded+40%		

## UnitedHealthcare Charter Primary Advantage Plans (Chicago market only)<sup>8,10,11,12</sup>

Plan Code Chicago	Coinsurance	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence								HRA Eligible
		Network		Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	
		Single	Family	Single	Family									
AX-ZC	80%	\$1,000	\$2,000	\$6,500	\$13,000	\$0	\$0	\$50	\$75	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
AX-ZD	80%	\$2,000	\$4,000	\$6,500	\$13,000	\$0	\$0	\$50	\$75	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
AX-ZE	80%	\$3,000	\$6,000	\$6,500	\$13,000	\$0	\$0	\$50	\$75	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
AX-ZF	80%	\$5,000	\$10,000	\$6,500	\$13,000	\$0	\$0	\$50	\$75	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## UnitedHealthcare Charter 100 Plans (Chicago market only)<sup>8,10,11,12</sup>

Plan Code Chicago	Coinsurance	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									
		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	I/P Hospital	O/P Surgery	MRI, CT, etc.
	Charter	Single	Family	Single	Family										
BJ-XE	100%	\$0	\$0	\$3,000	\$6,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	100%	100%	100%
BJ-XF	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$500	\$250	100%
BJ-XG	100%	\$0	\$0	\$5,000	\$10,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$1,000	\$500	100%
BJ-XH	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$1,500	\$750	100%
BJ-XI	100%	\$0	\$0	\$7,000	\$14,000	\$0	\$0	\$0	\$0	\$75	\$500	100%	\$2,500	\$1,250	100%

## UnitedHealthcare Motion Eligible Health Savings Account (HSA) Plans

Plan Code Chicago				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence <sup>9</sup>					Ded Type <sup>5</sup>	Rx Plan <sup>9</sup>	
Choice+	Core <sup>18</sup>	Navigate <sup>8,10,11,12,13</sup>	Charter <sup>8,10,11,12</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER			
						Single	Family	Single	Family	Single	Family	Single	Family								
BD-P8	BD-P7	BD-DI	BD-DJ	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	NonEmb	10/35/60
BD-QA	BD-P9			100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	NonEmb	100%
CX-2U	CX-2T			100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	Emb	100%
BD-QB	BD-QC	BD-DK	BD-DL	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	Emb	10/35/60
CX-2W	CX-2V			100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$30 <sup>9</sup>	\$60 <sup>9</sup>	\$75 <sup>9</sup>	\$300 <sup>9</sup>	100%	Emb	10/35/60
BD-QD	BD-QE	BD-DM	BD-DN	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	Emb	10/35/60
BC-8S	BC-8T			100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0 <sup>9</sup>	\$30 <sup>9</sup>	\$60 <sup>9</sup>	\$75 <sup>9</sup>	\$300 <sup>9</sup>	100%	Emb	10/35/60
BD-QF	BD-QG	BD-DO	BD-DP	100%	80%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	Emb	100%
CF-1X	CF-1Y	CF-1Z	CF-12	100%	80%	\$6,850	\$13,700	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	Emb	100%
BD-QI	BD-QJ	CX-2X	CX-2Y	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	Emb	10/35/60
BD-QK	BD-QL	AH-AR	AM-3N	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	Emb	10/35/60
BD-QM	BD-QN	AH-AS	AM-3O	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	Emb	10/35/60
BD-PY	BD-QH			50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	50%	50%	50%	50%	50%	50%	Emb	10/35/60

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## UnitedHealthcare Motion Eligible Health Savings Account (HSA) Plans

Plan Code NW Indiana				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence <sup>9</sup>					Ded Type <sup>5</sup>	Rx Plan <sup>9</sup>
Choice+	Core <sup>18</sup>	Core Essential <sup>11</sup>	Navigate <sup>8,10,11,12,13</sup>	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER		
						Single	Family	Single	Family	Single	Family	Single	Family							
BD-EH	BD-EM	BJ-ZZ	BK-BR	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	NonEmb	10/35/60
BD-EI	BD-EN	BJ-YM		100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	NonEmb	100%
CX-22	CX-2Z	CX-23		100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	100%
BD-EA	BD-D4	BJ-YD	BK-BS	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	10/35/60
BD-EB	BD-D5	BJ-YE	BK-BT	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	10/35/60
BD-EC	BD-D6	BJ-YF		100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0 <sup>9</sup>	\$30 <sup>9</sup>	\$60 <sup>9</sup>	\$75 <sup>9</sup>	\$300 <sup>9</sup>	Emb	10/35/60
BD-ED	BD-D7	BJ-YG	BK-BU	100%	80%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	Emb	100%
CF-2N	CF-2M	CF-2O	CF-2P	100%	80%	\$6,850	\$13,700	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	Emb	100%
BD-EE	BD-D8	BJ-YH		80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	Emb	10/35/60
BD-EF	BD-D9	BJ-YI	BK-BN	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	Emb	10/35/60
BD-EG	BD-EK	BJ-YK	BK-BO	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	Emb	10/35/60
BD-D2	BD-EL	BJ-YL		50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	50%	50%	50%	50%	50%	Emb	10/35/60

# Health Plan Product Offering

## Pharmacy Plans

Rx Plan Code	Copays				Deductible	Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4		
F5	\$10	\$25	\$45			2.5
H9*	\$10	\$30	\$50			2.5
G4	\$10	\$30	\$50		\$100/\$300	2.5
Y6	\$10	\$30	\$60			2.5
OH	\$10	\$30	\$70			2.5
2V*	\$10	\$35	\$60			2.5
OI	\$10	\$35	\$70			2.5
EU*	\$10	\$40	\$75	\$125		2.5
I1	\$15	\$30	\$50			2.5
3B*	\$15	\$35	\$60			2.5
IU*	\$15	\$40	\$75			2.5
DS*	\$15	\$45	\$85	\$200		3
KU	\$20	\$45	\$80			2.5
51*	\$20	\$50	\$100			2.5
454*	\$0	\$50	\$100	\$250	\$250/\$500	2.5
455*	\$5	\$50	\$100	\$250	\$250/\$500	2.5
751* (available for Primary Advantage HSA Plans only)	\$0	\$50	\$100	\$250		2.5
C24**	\$10	\$40	\$85	\$250		2.5
C24** (available for HSA)	\$10	\$40	\$85	\$250		2.5
C25**	\$10	\$45	\$90	\$250		2.5
C26**	\$10	\$50	\$95	\$250		2.5
C27**	\$10	\$65	\$125	\$250		2.5

\*Access PDL is available on these pharmacy plans.

\*\* Rx plans utilize the Essential Rx PDL

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

## Specialty Medicine Cost Share (SMCS) with Standard Select Network

Rx Plan Code	Prescription Drug List (PDL)	Copays								Deductible		Mail Order Ratio
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	
G71Y	Advantage	\$5	\$5	\$30	\$150	\$65	\$500	N/A	N/A	N/A	N/A	2.5
G71Y*	Advantage	\$5	\$5	\$30	\$150	\$65	\$500	N/A	N/A	Same as Medical	Same as Medical	2.5
774Y	Advantage	\$5	\$5	\$30	\$150	\$80	\$500	N/A	N/A	N/A	N/A	2.5
G72Y	Advantage	\$5	\$5	\$40	\$150	\$75	\$500	N/A	N/A	N/A	N/A	2.5
G73Y	Advantage	\$5	\$5	\$40	\$150	\$90	\$500	N/A	N/A	N/A	N/A	2.5
G74Y	Advantage	\$5	\$5	\$50	\$150	\$100	\$500	N/A	N/A	N/A	N/A	2.5
OIOY	Advantage	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	N/A	N/A	2.5
OIOY*	Advantage	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Same as Medical	Same as Medical	2.5
C55Y	Advantage	\$10	\$10	\$35	\$150	\$85	\$500	N/A	N/A	N/A	N/A	2.5
G58Y	Advantage	\$10	\$10	\$45	\$150	\$80	\$500	N/A	N/A	N/A	N/A	2.5
G75Y	Advantage	\$10	\$10	\$45	\$150	\$95	\$500	N/A	N/A	N/A	N/A	2.5
997Y	Advantage	\$10	\$10	\$50	\$150	\$100	\$500	N/A	N/A	N/A	N/A	2.5
G76Y	Essential	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	N/A	N/A	2.5
G76Y*	Essential	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Same as Medical	Same as Medical	2.5
G77Y	Essential	\$5	\$5	\$45	\$45	\$110	\$110	\$250	\$500	N/A	N/A	2.5
G78Y	Essential	\$10	\$10	\$50	\$50	\$120	\$120	\$250	\$500	N/A	N/A	2.5
G79Y	Essential	\$10	\$10	\$65	\$65	\$125	\$125	\$250	\$500	N/A	N/A	2.5
D57L**	Essential	no copay	N/A	no copay	N/A	no copay	N/A	no copay	N/A	Same as Medical	Same as Medical	2.5

Standard Select utilizes Walgreens as the anchor pharmacy

\* Version can be paired with HSA plans with combined Pharmacy/Medical plans.

\*\*MM equivalent for 100% HSA plans using the Standard Select Network and Essential PDL (Note plan does not use SMCS)

# Health Plan Product Offering

Chicago/NW Indiana  
 51+ ATNE  
 January 1, 2023

## Access Rx

Rx Plan Code	Copays			Mail Order Ratio
	Tier 1	Tier 2	Tier 3	
G71X	\$5	\$30	\$65	2.5
G71X*	\$5	\$30	\$65	2.5
774X	\$5	\$30	\$80	2.5
G72X	\$5	\$40	\$75	2.5
G73X	\$5	\$40	\$90	2.5
G74X	\$5	\$50	\$100	2.5
0IX	\$10	\$35	\$70	2.5
0IX*	\$10	\$35	\$70	2.5
C55X	\$10	\$35	\$85	2.5
G58X	\$10	\$45	\$80	2.5
G75X	\$10	\$45	\$95	2.5
997X	\$10	\$50	\$100	2.5

\* Version can be paired with HSA plans with combined Pharmacy/Medical plans.

# Health Plan Product Offering

Chicago/NW Indiana

51+ ATNE

January 1, 2023

- 1 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, 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.
- 5 “Embedded” deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met. “Non-Embedded” deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.
- 6 “Flexpoint” plans feature a copay 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 copay limit.
- 8 Navigate, Charter and Nexus 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 seven counties: Cook, DuPage, Kane, Kendall, Lake, McHenry or Will to select and enroll in Charter
- 11 Navigate, Charter, Core Essential and Nexus 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
- 17 “FlexFree” plans feature \$0 copay for the first 3 PCP and/or Specialist office visits during the Calendar or Plan Year. Office visits 4+ will be subject to plan deductible/ coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copay limit.
- 18 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.V10/21