

UnitedHealthcare Multi-Choice allows you to purchase one health plan package with multiple benefit design options (choose up to 5 plans) 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 Plans

Plan Codes		Plan Type	Coinsurance		Deductibles				Out of Pocket Maximum				Copays										RX
Choice+	EPO ¹¹		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³							
BC-YH	BC-Z2	Premier	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%	IU
BC-YI	BC-Z3	Premier	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%	IU

UnitedHealthcare Premier Value plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays										RX
Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³							
BC-ZA	BC-1T	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$100	\$400	Ded	\$400	\$250+Ded	IU
BC-ZB	BC-1U	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400	Ded	\$400	\$250+Ded	IU
BC-ZC	BC-1V	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400	Ded	\$400	\$250+Ded	IU
BC-ZE	BC-1X	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%	IU
BC-17	BC-19	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%	IU
BC-18	BC-2A	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%	IU

UnitedHealthcare Premier PROformance Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays										Deductible Type ⁵	RX
Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery		
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³								
AX-KN	AX-KV	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-KO	AX-KW	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-KP	AX-KX	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-KQ	AX-KY	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU

UnitedHealthcare Primary Advantage Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays										Deductible Type ⁵	RX
Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec ³	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery				
				Single	Family	Single	Family	Single	Family	Single	Family												
AN-DK	AN-DQ	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455		
AN-DL	AN-DR	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455		

UnitedHealthcare Navigate Plans^{8,11}

Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copays										Deductible Type ⁵	RX
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec with Referral	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery			
			Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP										
AY-Y8	100%	NA	\$2,000	\$4,000	NA	NA	\$5,000	\$10,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	IU	
AY-ZA	100%	NA	\$4,000	\$8,000	NA	NA	\$7,000	\$14,000	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	IU	
BE-II	100%	NA	\$6,000	\$12,000	NA	NA	\$7,350	\$14,700	NA	NA	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	IU	

UnitedHealthcare Health Savings Account (HSA) Plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type ⁵	RX
Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec ³	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery		
				Single	Family	Single	Family	Single	Family	Single	Family										
AE-3K	AG-X7	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	2V
AE-3L	AG-X8	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	2V
AE-3M	AG-X9	100%	70%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	100%	100%	Emb	MM

Pharmacy Plans

Rx Plan Code	Copays				Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	
MM**	Medical	Medical	Medical	N/A	N/A
2V**	\$10	\$35	\$60		2.5
IU	\$15	\$40	\$75		2.5
455*	\$5	\$50	\$100	\$250	2.5

*\$250 Individual/\$500 Family deductible applies to Tier 3 and Tier 4 only

**The 2V/MM are the only available Rx combinations for HSA plans

Texas Sign Association

Texas

1-50 ATNE Employees
Effective Date: June 1, 2019

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 benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians who 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 referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.

11 EPO and Navigate plans exclude coverage for services provided by Out-of-Network Providers with the exceptions of 1) Services performed in a Network Facility by hospital-based providers; and 2) Services performed under the Emergency Care benefit.

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.

