

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 Primary Advantage Plans with Core Rewards**

Plan Code Illinois		Plan Code NW Indiana		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									HRA Eligible
				Network	Out of Network	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		
Choice+	Core	Choice+	Core			Single	Family	Single	Family	Single	Family	Single	Family										
EG-DQ	EG-DR	EG-VU	EG-VV	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%		
EG-DA	EG-DL	EG-TY	EG-T6	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%	•	
EG-DB	EG-DG	EG-TZ	EG-T7	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%	•	
EG-DC	EG-DH	EG-T2	EG-T8	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%	•	
EG-DD	EG-DI	EG-T3	EG-T9	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%	•	
EG-DS	EG-DY	EG-WK	EG-WL	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%		
EG-DT	EG-DZ	EG-VW	EG-V3	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%	•	
EG-DU	EG-D2	EG-VX	EG-V4	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%	•	
EG-DV	EG-D3	EG-VY	EG-V5	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%	•	
EG-DW	EG-D4	EG-VZ	EG-V6	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%	•	
EG-DX	EG-D5	EG-V2	EG-V7	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%	•	
EG-DE	EG-DJ	EG-T4	EG-UA	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%	•	
EG-DF	EG-DK	EG-T5	EG-UB	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 < 19 ²	Designated Network (Tier 1) ²	Network ³					Designated Network (Tier 1) ²	Network ³	Designated Network Facility	Network Facility ⁶	Designated Network Facility	Network Facility ⁶	
EG-RX	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		
EG-RP	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		
EG-RR	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		
EG-RT	Nexus OAP	100%	70%	100%	80%	\$3,000	\$6,000	\$7500	\$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		
EG-RV	Nexus OAP	100%	70%	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$7900	\$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		
EG-RW	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		
EG-RO	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		
EG-RQ	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		
EG-RS	Nexus OAP	80%	50%	80%	60%	\$3,000	\$6,000	\$7500	\$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		
EG-RU	Nexus OAP	80%	50%	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$7900	\$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		
EG-R5	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%	\$250+20%	100%	\$500+20%	Non-Emb		
EG-RY	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%	\$250+20%	100%	\$500+20%	Non-Emb		
EG-R8	Nexus HSA OAP	100%	60%	100%	60%	\$3,500	\$7,000	\$7500	\$15,000	\$5,500	\$11,000	\$15,000	\$30,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb		
EG-R6	Nexus HSA OAP	100%	70%	100%	80%	\$3,500	\$7,000	\$7500	\$15,000	\$6,500	\$13,000	\$15,000	\$30,000	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	\$250+20%	100%	\$500+20%	Emb		
EG-R2	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%	\$250+20%	100%	\$500+20%	Emb		
EG-R3	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%	\$250+20%	100%	\$500+20%	Emb		
EG-R7	Nexus HSA OAP	80%	50%	80%	60%	\$3,500	\$7,000	\$7500	\$15,000	\$5,500	\$11,000	\$15,000	\$30,000	100%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb		
EG-RZ	Nexus HSA OAP	80%	50%	80%	60%	\$3,500	\$7,000	\$7500	\$15,000	\$6,500	\$13,000	\$15,000	\$30,000	100%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	\$250+40%	80%	\$500+40%	Emb		
EG-R4	Nexus HSA OAP	80%	50%	80%	60%	\$4,000	\$8,000	\$7500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	100%	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
				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															
EG-P6	EG-QA	EG-48	EG-5C	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	•
EG-P7	EG-QB	EG-49	EG-5D	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	•
EG-P8	EG-QC	EG-5A	EG-5E	80%	50%	\$3,000	\$6,000	\$7500	\$15,000	\$7150	\$14,300	\$15,000	\$30,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	•
EG-P9	EG-QD	EG-5B	EG-5F	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7150	\$14,300	\$20,000	\$40,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	•
EG-NE	EG-NI	EG-5G	EG-5K	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
EG-NF	EG-NJ	EG-5H	EG-5L	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
EG-NG	EG-NK	EG-5I	EG-5M	80%	50%	\$3,000	\$6,000	\$7500	\$15,000	\$7150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
EG-NH	EG-NL	EG-5J	EG-5N	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	•
EG-QM	EG-QR	EG-6A	EG-6F	75%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$400+Ded+25%	Ded+20%	Ded+20%	Ded+20%	•
EG-QN	EG-QS	EG-6B	EG-6G	75%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$400+Ded+25%	Ded+20%	Ded+20%	Ded+20%	•
EG-QO	EG-QT	EG-6C	EG-6H	75%	50%	\$3,000	\$6,000	\$7500	\$15,000	\$7150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$400+Ded+25%	Ded+20%	Ded+20%	Ded+20%	•
EG-QP	EG-QU	EG-6D	EG-6I	75%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7150	\$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											
EG-EL	N/A	EG-WS	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	*	
EG-EZ	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	*	
EG-D6	EG-D7	EG-XF	EG-XG	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	*	
EG-EO	N/A	EG-WV	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	*	
EG-E2	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	*	
EG-D8	EG-D9	EG-XI	EG-XH	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	*	
EG-E3	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	*	
EG-EP	EG-EA	EG-WW	EG-XJ	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	*	
EG-EF	EG-EG	EG-XK	EG-XL	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	*	
EG-EB	EG-EC	EG-XM	EG-XN	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	*	
EG-ED	EG-EE	EG-XO	EG-XP	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	*	
EG-EH	EG-EI	EG-XQ	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%	*
EG-EQ	N/A	EG-WX	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%	*
EG-ET	EG-EU	EG-WO	EG-XR	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%	*
EG-ER	N/A	EG-WY	EG-XS	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%	*
EG-EV	EG-EW	EG-WP	EG-WR	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%	*
EG-EN	N/A	EG-WU	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%	*
EG-ES	EG-EX	EG-XT	EG-XU	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%	*

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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											
EG-LD	EG-L6	EG-55	EG-57	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	
EG-LE	EG-L7	EG-28	EG-3V	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	
EG-LF	EG-L8	EG-29	EG-3W	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	
EG-LG	EG-L9	EG-3A	EG-3X	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	
EG-LH	EG-MA	EG-3B	EG-3Y	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	
EG-LI	EG-MB	EG-3C	EG-3Z	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	*
EG-LJ	EG-MC	EG-3D	EG-32	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	*
EG-K4	EG-MD	EG-3E	EG-33	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	*
EG-K5	EG-ME	EG-3F	EG-34	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	*
EG-N8	EG-OH	EG-5S	EG-5V	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	
EG-N9	EG-OI	EG-5T	EG-5W	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	
EG-OA	EG-OJ	EG-5U	EG-5X	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	
EG-OB	EG-OK	EG-5O	EG-5Y	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	
EG-OC	EG-OL	EG-5P	EG-5Z	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	*
EG-OD	EG-OE	EG-5Q	EG-52	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	*
EG-OG	EG-OF	EG-5R	EG-53	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	*
EG-K6	EG-MF	EG-56	EG-58	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%	
EG-K7	EG-MG	EG-3G	EG-35	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%	
EG-K8	EG-MH	EG-3H	EG-36	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%	
EG-K9	EG-MI	EG-3I	EG-37	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%	*
EG-LA	EG-MJ	EG-2Y	EG-38	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%	*
EG-LB	EG-MK	EG-2Z	EG-39	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%	*
EG-LC	EG-LK	EG-22	EG-4A	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%	*
EG-LT	EG-LL	EG-23	EG-4B	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%	*
EG-LU	EG-LM	EG-24	EG-4C	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%	*
EG-LV	EG-LN	EG-54	EG-59	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%	
EG-LW	EG-LO	EG-25	EG-4D	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%	
EG-LX	EG-LP	EG-26	EG-4E	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%	
EG-LY	EG-LQ	EG-27	EG-3J	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%	*
EG-LZ	EG-LR	EG-3Q	EG-3K	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%	*
EG-L2	EG-LS	EG-3R	EG-3L	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%	*
EG-L3	EG-ML	EG-3S	EG-3M	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%	*
EG-L4	EG-MM	EG-3T	EG-3N	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%	*
EG-L5	EG-MN	EG-3U	EG-3O	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%	*
EG-MW	EG-M6	EG-4O	EG-4X	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	
EG-MX	EG-M7	EG-4P	EG-4Y	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	
EG-MY	EG-M8	EG-4Q	EG-4Z	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	
EG-MZ	EG-M9	EG-4R	EG-42	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	
EG-P4	EG-P5	EG-4S	EG-43	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%	

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											
EG-M2	EG-NA	EG-4T	EG-44	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%	
EG-M3	EG-NB	EG-4U	EG-45	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%	
EG-M4	EG-NC	EG-4V	EG-46	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%	
EG-M5	EG-ND	EG-4W	EG-47	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											
EG-IU	EG-IT	EG-2F	Copay	100%	\$0	\$0	\$1,500	\$3,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
EG-IW	EG-IV	EG-Z9	Copay	100%	\$250	\$500	\$1,750	\$3,500	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
EG-IX	EG-IY	EG-ZZ	Copay	100%	\$500	\$1,000	\$2,000	\$4,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
EG-IZ	EG-I2	EG-Z2	Copay	100%	\$1,000	\$2,000	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
EG-I3	EG-I4	EG-Z3	Copay	100%	\$1,500	\$3,000	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	Ded	Ded		
EG-I5	EG-I6	EG-Z4	Copay	100%	\$2,000	\$4,000	\$3,500	\$7,000	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded	•	
EG-I7	EG-I8	EG-Z5	Copay	100%	\$2,500	\$5,000	\$4,000	\$8,000	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded	•	
EG-I9	EG-JA	EG-Z6	Copay	100%	\$3,000	\$6,000	\$4,500	\$9,000	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded	•	
EG-JB	EG-JC	EG-Z7	Copay	100%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$50	\$300	100%	Ded	Ded	•	
EG-JV	EG-JW	EG-2E	Copay	80%	\$0	\$0	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
EG-JX	EG-JY	EG-Z8	Copay	80%	\$250	\$500	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
EG-JZ	EG-J2	EG-1A	Copay	80%	\$500	\$1,000	\$3,500	\$7,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
EG-J3	EG-J4	EG-1B	Copay	80%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•	
EG-J5	EG-J6	EG-1C	Copay	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$0	\$20	\$0	\$40	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•	
EG-J7	EG-J8	EG-1D	Copay	80%	\$2,000	\$4,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•	
EG-J9	EG-KA	EG-1E	Copay	80%	\$2,500	\$5,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•	
EG-KB	EG-KC	EG-1F	Copay	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%	•	
EG-KD	EG-KE	EG-1G	Copay	80%	\$5,000	\$10,000	\$6,350	\$12,700	\$0	\$30	\$0	\$60	\$50	\$250+20%	100%	Ded+20%	Ded+20%		
EG-JD	EG-JE	EG-2G	Copay	60%	\$0	\$0	\$2,500	\$5,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%		
EG-JF	EG-JG	EG-1H	Copay	60%	\$250	\$500	\$3,000	\$6,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%		
EG-JH	EG-JI	EG-1I	Copay	60%	\$500	\$1,000	\$3,500	\$7,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%		

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											
EG-JJ	EG-JK	EG-1J	Copay	60%	\$1,000	\$2,000	\$4,000	\$8,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
EG-JL	EG-JM	EG-1K	Copay	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$0	\$20	\$0	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
EG-JN	EG-JO	EG-1L	Copay	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
EG-JP	EG-JQ	EG-1M	Copay	60%	\$2,500	\$5,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
EG-JR	EG-JS	EG-1N	Copay	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$0	\$60	\$50	\$250+40%	100%	Ded+40%	Ded+40%	•	
EG-JT	EG-JU	EG-1O	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
				Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER		
Choice+	Core	Navigate ^{8,11,13,18}	Charter ^{8,10,11,12}			Single	Family	Single	Family	Single	Family	Single	Family							
EG-FU	EG-FT	EG-KK	EG-IN	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
N/A	N/A	EG-KL	EG-IO	100%	N/A	\$2,000	\$4,000	N/A	N/A	\$4,500	\$6,850	N/A	N/A	100%	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$500 ⁹	NonEmb	10/35/60
EG-FW	EG-FV	N/A	N/A	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%
EQ-XF	EQ-XE	N/A	N/A	100%	80%	\$3,400	\$6,800	\$5,000	\$10,000	\$3,400	\$6,800	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	100%
EQ-XH	EQ-XG	N/A	N/A	100%	80%	\$3,400	\$6,800	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$300 ⁹	Emb	10/35/60
EG-GO	EG-GN	N/A	N/A	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	100%
EG-GF	EG-GG	EG-KM	EG-IP	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	10/35/60
EG-GQ	EG-GP	N/A	N/A	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$300 ⁹	Emb	10/35/60
EG-FX	EG-FY	EG-KN	EG-IQ	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
EG-FO	EG-FP	N/A	N/A	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$300 ⁹	Emb	10/35/60
EG-FZ	EG-F2	EG-KO	EG-IR	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%
EG-GC	EG-GD	EG-KP	EG-IS	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%
EG-GT	EG-GU	N/A	N/A	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$9,200	\$11,000	\$22,000	100%	80%	80%	80%	80%	NonEmb	10/35/60
EG-F3	EG-F4	EG-KF	EG-KH	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	80%	80%	80%	80%	Emb	10/35/60
EG-F5	EG-F6	EG-KI	EG-KJ	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	80%	80%	80%	80%	Emb	10/35/60
N/A	N/A	EG-KG	EG-IM	70%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	70%	70%	70%	70%	Emb	10/35/60
EG-FR	EG-FS	N/A	N/A	70%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,650	\$13,300	\$10,000	\$20,000	100%	70%	70%	70%	70%	Emb	10/35/60
EG-GE	EG-GH	N/A	N/A	50%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	50%	50%	50%	50%	Emb	10/35/60

Health Plan Product Offering

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
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER		
Choice+	Core	Navigate ^{8,11,13,18}			Single	Family	Single	Family	Single	Family	Single	Family							
EG-YG	EG-YJ	EG-2R	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
EG-YH	EG-YK	N/A	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%
EG-Y3	EG-Y2	N/A	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	100%
EG-YT	EG-YS	EG-2W	100%	80%	\$3,500	\$7,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	10/35/60
EG-YM	N/A	N/A	100%	80%	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000	\$7,000	\$14,000	100%	100%	100%	100%	100%	Emb	100%
EG-YB	EG-X7	EG-2S	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
EG-YC	EG-X8	N/A	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	\$30 ⁹	\$60 ⁹	50 ⁹	\$300 ⁹	Emb	10/35/60
EG-YD	EG-X9	EG-2T	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%
EG-YQ	EG-YP	EG-2V	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%
EG-YE	EG-YA	EG-2O	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	80%	80%	80%	80%	Emb	10/35/60
EG-YF	EG-YI	EG-2P	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	80%	80%	80%	80%	Emb	10/35/60
EG-YO	EG-YN	EG-2Q	70%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,650	\$13,300	\$10,000	\$20,000	100%	70%	70%	70%	70%	Emb	10/35/60
EG-YR	EG-YU	N/A	50%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	100%	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
OI	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
1I	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
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

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	
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.

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