

2026 Chicago 1-50 Insurance Plans

UnitedHealthcare Multi-Choice® allows you to purchase one health plan package with multiple benefit design options to meet a variety of health care and financial needs. Your employees can choose the option that meets their individual needs, whether it's saving money on essential coverage or paying additional dollars for more comprehensive coverage. And you can keep or change your benefit design package year after year, ensuring that your health plan will evolve with the changing needs of your business and your employees.

UnitedHealthcare Premier Plans with UnitedHealthcare Rewards and Care Cash

Med Plan Code	Metallic Level	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist		Urgent Care	ER	Lab/ X-Ray	Maj. Diag. & Imaging DDP	OP Surg/ IP Hosp	Med Ded Type	Med Rx Ded Type	Rx Plan Code
							Tier 1 ¹	Non-Tier 1 ²								
Core (Premier w/Care Cash)																
EP-JY	Platinum	\$250	80%	\$2,500	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	E82S
EP-JV	Platinum	\$250	100%	\$3,000	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	E82S
EP-JW	Platinum	\$500	100%	\$3,000	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	E82S
EP-JJ	Platinum	\$750	80%	\$2,300	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	E82S
EP-JK	Platinum	\$1,000	100%	\$2,500	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	E82S
EP-77	Gold	\$1,000	70%	\$6,600	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	E82S
EP-JZ	Gold	\$1,500	80%	\$7,000	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	E82S
EP-JG	Gold	\$2,000	70%	\$5,000	100%	\$30	\$60	Ded + \$60	\$50	\$500 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	K63S
EP-78	Gold	\$2,000	70%	\$5,250	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	E82S
EP-76	Gold	\$2,500	80%	\$6,500	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	E82S
EP-JX	Gold	\$3,000	100%	\$6,500	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	E82S
EP-J2	Gold	\$3,000	80%	\$7,500	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	E82S
EP-J3	Gold	\$4,000	80%	\$7,000	100%	\$30	\$60	\$100	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	E82S
EP-JH	Silver	\$5,000	70%	\$7,750	100%	\$35	\$70	Ded + \$70	\$50	\$500 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	K63S
EP-79	Silver	\$6,000	70%	\$9,300	100%	\$50	\$85	\$100	\$50	\$500 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	E82S
Navigate (Premier w/Care Cash)																
EP-KJ	Platinum	\$250	80%	\$2,500	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Sep	E82S
EP-KG	Platinum	\$250	100%	\$3,000	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Sep	E82S
EP-KH	Platinum	\$500	100%	\$3,000	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Sep	E82S
EP-KD	Platinum	\$750	80%	\$2,300	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Sep	E82S
EP-KE	Platinum	\$1,000	100%	\$2,500	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Sep	E82S
EP-J9	Gold	\$1,000	70%	\$6,600	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70% w/referral	Emb	Sep	E82S

2026 Chicago 1-50 Insurance Plans

UnitedHealthcare Premier Plans with UnitedHealthcare Rewards and Care Cash

Med Plan Code	Metallic Level	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist		Urgent Care	ER	Lab/ X-Ray	Maj. Diag. & Imaging DDP	OP Surg/ IP Hosp	Med Ded Type	Med Rx Ded Type	Rx Plan Code
							Tier 1 ¹	Non-Tier 1 ²								
EP-KK	Gold	\$1,500	80%	\$7,000	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Sep	E82S
EP-KA	Gold	\$2,000	70%	\$5,250	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70% w/referral	Emb	Sep	E82S
EP-J8	Gold	\$2,500	80%	\$6,500	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Sep	E82S
EP-KI	Gold	\$3,000	100%	\$6,500	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Sep	E82S
EP-KL	Gold	\$3,000	80%	\$7,500	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Sep	E82S
EP-KM	Gold	\$4,000	80%	\$7,000	100%	\$30	\$60 w/referral	\$100 w/referral	\$50	\$500 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Sep	E82S
EP-KB	Silver	\$6,000	70%	\$9,300	100%	\$50	\$85 w/referral	\$100 w/referral	\$50	\$300 + Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70% w/referral	Emb	Sep	E82S

¹ This benefit applies to Premium Designated (PD) specialists office visits in an eligible care specialty, have submitted clinical data, and proven to meet both Quality and Cost.

² This benefit applies to specialties where there is no PD program or a specialists that has not submitted and/or met Premium Designation Quality and Cost Efficiency criteria.

2026 Chicago 1-50 Insurance Plans

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

Med Plan Code	Metallic Level	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab/X-Ray	Maj. Diag. & Imaging DDP	OP Surg/ IP Hosp	Med Ded Type	Med Rx Ded Type	Rx Plan Code
Core (Open Access HSA w/Prem Rewards)															
EP-IK	Gold	\$2,000	100%	\$5,000	Ded + 100%	Ded + \$30	Ded + \$60	Ded + \$50	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	NonEmb	Comb	E82S
EP-I3	Gold	\$2,000	100%	\$6,000	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$40	Ded + \$500	Ded + \$800	NonEmb	Comb	E82S
EP-IZ	Gold	\$3,400	100%	\$4,500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	E82S
EP-IO	Silver	\$4,000	80%	\$6,500	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	E82S
EP-I5	Silver	\$4,000	100%	\$7,500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + \$500	Ded + \$40	Ded + \$500	Ded + \$800	Emb	Comb	E82S
EP-IL	Silver	\$4,500	100%	\$6,500	Ded + 100%	Ded + \$30	Ded + \$60	Ded + \$50	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	E82S
EP-IP	Silver	\$5,000	80%	\$6,000	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	E82S
EP-IT	Silver	\$5,500	100%	\$6,500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	E82S
EP-IV	Silver	\$6,000	100%	\$7,000	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	E82S
EP-IX	Bronze	\$7,300	100%	\$8,000	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	E82S
Navigate (PCP Led HSA w/Prem Rewards)															
EP-I6	Gold	\$2,000	100%	\$5,000	Ded + 100%	Ded + \$30	Ded + \$60 w/referral	Ded + \$50	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100% w/referral	NonEmb	Comb	E82S
EP-JD	Gold	\$2,000	100%	\$6,000	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100%	Ded + \$500	Ded + \$40	Ded + \$500	Ded + \$800 w/referral	NonEmb	Comb	E82S
EP-JA	Gold	\$3,400	100%	\$4,500	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Comb	E82S
EP-I8	Silver	\$4,000	80%	\$6,500	Ded + 100%	Ded + 80%	Ded + 80% w/referral	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Comb	E82S
EP-JE	Silver	\$4,000	100%	\$7,500	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100%	Ded + \$500	Ded + \$40	Ded + \$500	Ded + \$800 w/referral	Emb	Comb	E82S
EP-I7	Silver	\$4,500	100%	\$6,500	Ded + 100%	Ded + \$30	Ded + \$60 w/referral	Ded + \$50	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Comb	E82S
EP-I9	Silver	\$5,000	80%	\$6,000	Ded + 100%	Ded + 80%	Ded + 80% w/referral	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Emb	Comb	E82S
EP-JB	Silver	\$5,500	100%	\$6,500	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Comb	E82S
EP-JC	Silver	\$6,000	100%	\$7,000	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Emb	Comb	E82S

2026 Chicago 1-50 Insurance Plans

UnitedHealthcare OAP Nexus Plans with UnitedHealthcare Rewards¹³

Med Plan Code	Metallic Level	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab/ X-Ray	Maj. Diag. & Imaging DDP	OP Surg/ IP Hosp		Med Ded Type	Med Rx Ded Type	Rx Plan Code
						Tier1 ¹	Non-Tier1 ²	Tier1 ¹	Non-Tier1 ²					Tier1 ¹	Non-Tier1 ²			
NexusACO (OAP Tiered w/Care Cash)																		
EP-KP	Platinum	\$300	100%	\$3,800	100%	\$10	\$40	\$40	\$80	\$50	\$300 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$500 + Ded + 80%	Emb	Sep	E82S
EP-KR	Gold	\$1,000	80%	\$6,200	100%	\$15	\$45	\$50	\$110	\$50	\$300 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$500 + Ded + 60%	Emb	Sep	E82S
EP-KS	Gold	\$1,700	80%	\$6,000	100%	\$15	\$45	\$50	\$110	\$50	\$300 + Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$500 + Ded + 60%	Emb	Sep	E82S
EP-KQ	Gold	\$2,000	100%	\$7,900	100%	\$10	\$40	\$40	\$100	\$50	\$300 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$500 + Ded + 80%	Emb	Sep	E82S
NexusACO (OAP Tiered HSA w/Prem Rewards)																		
EP-KU	Gold	\$3,500	80%	\$4,000	Ded + 100%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 60%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 60%	Emb	Comb	E82S
EP-KT	Gold	\$3,900	100%	\$3,900	Ded + 100%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 80%	Emb	Comb	E83S

¹ This benefit applies to Premium Designated (PD) specialists office visits in an eligible care specialty, have submitted clinical data, and proven to meet both Quality and Cost.

² This benefit applies to specialties where there is no PD program or a specialists that has not submitted and/or met Premium Designation Quality and Cost Efficiency criteria.

2026 Chicago 1-50 Insurance Plans

Pharmacy Plans Essential PDL

Rx Plan Code	Copays					Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty	Single	Family	
E83S	No Copay	No Copay	No Copay	No Copay	No Copay	Same as Medical	Same as Medical	No Copay
E82S	\$10	\$40	\$125	\$300	\$400	N/A	N/A	2.5
K63S	\$10	\$65	\$125	\$250	\$400	\$300	\$300	2.5
E82S	\$10	\$40	\$125	\$300	\$400	Same as Medical	Same as Medical	2.5

1 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics.

2 This tier of benefits applies to UnitedHealthcare Premium Tier 1 Designated Providers. Please visit myuhc.com for details.

3 This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated.

5 "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

8 Navigate 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.

11 Navigate 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.

13 Enrolled Nexus members must select a primary care physician (PCP) – either a general or family practitioner, internist or pediatrician

19 Core and Navigate available within Chicago (Boone, Cook, DeKalb, DuPage, Grundy, Iroquois, Kane, Kankakee, Kendall, Lake, La Salle, McHenry, Will and Winnebago counties) and NW Indiana (Lake, LaPorte and Porter counties) only

Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible. Insurance coverage provided by or through by United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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