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 PrimaryAdvantage Plans with Core Rewards**

Plan (Code	Plan C	Code	Coins	urance		Dedu	ıctible		0	ut-Of-Poc	ket Maxim	um					Copay/Per Occur	rence			
Illin		NW In		Network	Out of	Net	work	Out of I	Network	Net	work	Out of I	Network	Virtual	PCP ¹	Spec	Urgent	ER	Lob/Yrov	MRI, CT, etc.	I/P & O/P	HRA Eligible
Choice+	Core	Choice+	Core	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP	Spec	Care	ER	Lab/ Alay	WIKI, CI, etc.	Surgery	g
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%	•



UnitedHealthcare Nexus Open Access Plans with Core Rewards 13**

			Coinsura	nce			Dedu	ctibles				Pocket imum								(Copays/Per Occi	ırrence						
Plan Codes	PLAN TYPE			ssi	an Profe- onal vices	Net	work	Out of	Network	Net	work	Out of I	Network			PCP ¹		Speci	ialist				MRI.	Ou	tpatient urgery	Inpati	ent Hospital	Deduc- tible Type ⁵
Chicago		Network	Out of Network	Designated Network (Tier 1) ²	Network ³	Single	Family	Single	Family	Single	Family	Single	Family	Virtual Visit	Dep <- 19 ²	Designated Network (Tier 1) ²	Network ³	Designated Network (Tier 1) ²	Network ³	Urgent Care	ER	Lab/ XRay	CT, etc.	Designated Network Facility	Network Facility ¹⁰	Designated Network Facility	Network Facility ¹⁰	Type
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	\$7,500	\$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	\$7,900	\$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	\$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%	\$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	\$7,900	\$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%	70%	100%	80%	\$3,500	\$7,000	\$7,500	\$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	\$7,500	\$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	\$7,500	\$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	\$7,500	\$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	\$7,500	\$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



UnitedHealthcare PROformance Plans with Core Rewards**

Plan	Code	Plan (Code	Co	insurance		Dedu	ıctible		C	Out-Of-Poo	ket Maxim	um					Copay/F	er Occurr	rence				
	nois	NW In		Notwork	Out of network	Net	work	Out of I	Network	Net	work	Out of I	Network	Virtual	PCP ¹	DCD Ages (101	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P	HRA Eligible
Choice+	Core	Choice+	Core	Network	Outornetwork	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP	FCF Ages (19	Spec Fielli Des	Spec	Care	EK	Lab/ Alay	WRI, CI, etc.	Surgery	
EG-P6	EG-QA	EG-48	EG-5C	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$O	\$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	\$7,150	\$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	\$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%	•
EG-P9	EG-QD	EG-5B	EG-5F	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%	•
EG-NE	EG-NI	EG-5G	EG-5K	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%	•
EG-NF	EG-NJ	EG-5H	EG-5L	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$O	\$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	\$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%	•
EG-NH	EG-NL	EG-5J	EG-5N	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%	•
EG-QM	EG-QR	EG-6A	EG-6F	75%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$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	\$7,150	\$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	\$7,500	\$15,000	\$7,150	\$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	\$7,150	\$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	Plan	Code		Coins	urance		Dedu	ctible		C	ut-Of-Poc	ket Maxim	um				Copay/F	Per Occurre	nce				
Illin		NW In	diana	Plan Type	Network	Out of	Net	work	Out of	Network	Net	work	Out of	Network	Virtual	PCP1	PCP Ages <191	Spec Prem Des ²	Spec ³	Urgent	ER	Lab/Xray	MRI, CT, etc.	HRA Eligible
Choice+	Core	Choice+	Core	31-	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP	PCP Ages (19-	Spec Prem Des-	Spec	Care	EK	Lab/ Aray	WIKI, CT, etc.	
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%	•
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%	•
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%	•
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%	•
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%	•
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%	•
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%	•



UnitedHealthcare Premier Plans with Core Rewards**

Plan	Code	Plan	Code	Coinsu	urance		Dedu	uctible			Out-Of-Poo	ket Maxim	um					Copay/F	Per Occuri	rence				
Illir			ndiana		Out of	Net	work	Out of	Network	Net	work	Out of I	Network	Virtual					Urgent				I/P & O/P	HRA Eligible
Choice+	Core	Choice+	Core	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Care	ER	Lab/Xray	MRI, CT, etc.	Surgery	Eligible
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-50	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-30	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-40	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%	



UnitedHealthcare Premier Plans with Core Rewards**

Plan	Code	Plan (Code	Coins	urance		Ded	uctible		C	ut-Of-Poo	ket Maxim	um					Copay/l	Per Occuri	ence				
Illin	nois	NW In	diana	Network	Out of	Net	work	Out of I	Network	Net	work	Out of I	Network	Virtual Visits	PCP ¹	DOD 4 401	Spec Prem Des ²	C3	Urgent	ER	Lab (Vuov	MRI, CT, etc.	I/P & O/P	HRA Eligible
Choice+	Core	Choice+	Core	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP	PCP Ages <19-	Spec Prem Des-	Spec	Urgent Care	EK	Lab/ Aray	WRI, CI, etc.	Surgery	
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	\$ O	\$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	e		Coins	Dedu	ıctible	Out-Of-Poc	ket Maximum				Сора	y/Per Oc	currence				
Chicago Navigate	Chicago Charter	NW Indiana Navigate	Plan Type	Network	Net Single	work Family	Net Single	work Family	Virtual Visits	PCP1	PCP Ages <191	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	HRA Eligibl
EG-IU	EG-IT	EG-2F	Copay	100%	\$0	\$0	\$1,500	\$3,000	\$0	\$20	\$ O	\$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	\$ O	\$40	\$50	\$250+40%	100%	Ded+40%	Ded+40%	



UnitedHealthcare Navigate & Charter Plans (Charter Plans Chicago market only)^{8,10,11,12,13,18} with Core Rewards**

	Plan Code	е		Coins	Dedu	ıctible	Out-Of-Poc	ket Maximum				Сора	y/Per Oc	currence				
Chicago	Chicago	NW Indiana	Plan Type	Network	Net	work	Net	work	Virtual	PCP ¹	PCP Ages <19 ¹	Spec w/PCP	Urgent	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P	HRA Eligible
Navigate	Charter	Navigate	.,,,,,	Network	Single	Family	Single	Family	Visits	PCP-	PCP Ages (19	Referral	Care	ER	Lab/ Alay	MRI, CI, etc.	Surgery	g
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-10	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				ırance		Dedu	ıctible		O	ut-Of-Poc	ket Maxim	num		Copay/	Per Occ	urrence ⁹			
		Chicago		No. de de	Out of	Net	work	Out of I	Network	Net	work	Out of I	Network	Virtual	1		Urgent		Ded Type ⁵	Rx Plan ⁹
Choice+	Core	Navigate ^{8,11,13,18}	Charter ^{8,10,11,12}	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP ¹	Spec	Care	ER	31	
EG-G6	EG-G5	N/A	N/A	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,500	\$8,900	\$11,000	\$22,000	100%	100%	100%	100%	\$500 ⁹	NonEmb	10/35/60
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%
EG-GW	EG-GV	N/A	N/A	100%	80%	\$3,300	\$6,600	\$5,000	\$10,000	\$3,300	\$6,600	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	100%
EG-GY	EG-GX	N/A	N/A	100%	80%	\$3,300	\$6,600	\$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-G2	EG-GZ	N/A	N/A	100%	80%	\$3,500	\$7,000	\$7,000	\$14,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	100%	100%	100%	\$500 ⁹	Emb	10/35/60
EG-G4	EG-G3	N/A	N/A	100%	80%	\$3,500	\$7,000	\$7,000	\$14,000	\$6,750	\$13,500	\$13,500	\$27,000	100%	100%	100%	100%	\$500 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	\$3009	Emb	10/35/60
EG-G7	EG-G8	N/A	N/A	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,200	\$14,400	\$14,400	\$28,800	100%	100%	100%	100%	\$500 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

UnitedHealthcare Health Savings Account (HSA) Plans with Core Rewards**

		Plan Code		Coins	ırance		Dedu	ıctible		0	ut-Of-Poc	ket Maxim	um		Copay/	Per Occ	urrence ⁹			
		Chicago		Maderianda	Out of	Net	work	Out of I	Network	Net	work	Out of I	Network	Virtual	PCP ¹	Conn	Urgent	ER	Ded Type ⁵	Rx Plan ⁹
Choice+	Core	Navigate ^{8,11,13,18}	Charter ^{8,10,11,12}	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP-	Spec	Care	EK		
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

UnitedHealthcare Health Savings Account (HSA) Plans with Core Rewards**

	Plan	Code	Coins	urance		Dedu	ıctible		Oı	ut-Of-Poc	ket Maxim	num	(Copay/	Per Occ	urrence ⁹			
	NWI	ndiana	Maderianis	Out of	Net	work	Out of I	Network	Net	work	Out of I	Network	Virtual	PCP ¹	Conne	Urgent	ER	Ded Type ⁵	Rx Plan ⁹
Choice+	Core	Navigate ^{8,11,13,18}	Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Visits	PCP-	Spec	Care	EK	21	
EG-ZC	EG-ZB	N/A	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,500	\$8,900	\$11,000	\$22,000	100%	100%	100%	100%	\$500 ⁹	NonEmb	10/35/60
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-X9	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-Y8	EG-Y7	N/A	100%	80%	\$3,500	\$7,000	\$7,000	\$14,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	100%	100%	100%	\$500 ⁹	Emb	10/35/60
EG-ZA	EG-Y9	N/A	100%	80%	\$3,500	\$7,000	\$7,000	\$14,000	\$6,750	\$13,500	\$13,500	\$27,000	100%	100%	100%	100%	\$500 ⁹	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-ZD	EG-ZE	N/A	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,200	\$14,400	\$14,400	\$28,800	100%	100%	100%	100%	\$500 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-20	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



Pharmacy Plans

DV Dlon Code	Prescription	Phar <u>macv</u>				Co	pays				Dedu	ıctible	Moil Orden
RX Plan Code	Prescription Drug List (PDL)	Pharmacy Network	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Individual	Family	Mail Order
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
I1	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



Pharmacy Plans

RX Plan Code	Prescription Drug List (PDL)	Pharmacy Network	Copays								Deductible		
			Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Individual	Family	Mail Order
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	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 sitused 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 for mither 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. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Administrative services provided by United HealthCare Services, Inc. or their affilia

