

2022 Chicago 1-50 Insurance Plans

Chicago Multi-Choice:
Package IL027
1-50 ATNE
January 1, 2022

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 PROformance Plans

Metallic Level	Plan Code Chicago				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan
	Choice+	Core ¹⁹	Charter ^{8,11}	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	I/P & O/P Surgery	
							Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	CN-HR	CN-HS	CC-QC	CC-QB	80%	50%	\$500	\$1,000	\$5,000	\$15,000	\$3,000	\$6,000	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CC-O5	CC-O8	CC-QA	CC-P9	80%	50%	\$1,500	\$3,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CC-O4	CC-OZ	N/A	N/A	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CC-O6	CC-O9	N/A	N/A	80%	50%	\$2,500	\$5,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CC-O7	CC-PA	N/A	N/A	80%	50%	\$3,500	\$7,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Silver	CC-O3	CC-O2	N/A	N/A	80%	50%	\$6,500	\$13,000	\$10,000	\$20,000	\$8,100	\$16,200	\$20,000	\$40,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y
Silver	CN-HU	CN-HT	N/A	N/A	80%	50%	\$7,500	\$15,000	\$10,000	\$20,000	\$8,700	\$17,400	\$20,000	\$40,000	100%	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	E82Y

UnitedHealthcare \$0 Navigate/Charter Plans

Metallic Level	Plan Code Chicago		Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence											Rx Plan
	Navigate	Charter		Network	Network		Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	Inpatient	Outpatient	
			Single		Family	Single	Family												
Platinum	CN-HH	CN-HL	100%	N/A	N/A	\$1,500	\$4,500	\$0	\$10	\$0	\$40	\$50	\$300	\$40	\$400	\$150	\$100	E82Y	
Platinum	CN-HI	CN-HM	100%	N/A	N/A	\$2,500	\$7,500	\$0	\$25	\$0	\$50	\$50	\$300	\$40	\$400	\$150	\$100	E82Y	
Platinum	CN-HJ	CN-HN	100%	N/A	N/A	\$3,000	\$9,000	\$0	\$30	\$0	\$60	\$50	\$300	\$100	\$400	\$150	\$100	E82Y	
Platinum	CD-YO	CC-OB	100%	N/A	N/A	\$4,000	\$12,000	\$0	\$20	\$0	\$40	\$50	\$300	100%	\$400	100%	100%	E82Y	
Gold	CN-HK	CN-HO	100%	N/A	N/A	\$6,000	\$16,500	\$0	\$50	\$0	\$90	\$75	\$400	\$100	\$400	\$250	\$150	E82Y	

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UnitedHealthcare Primary Advantage Plans

Metallic Level	Plan Code Chicago		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan
					Single	Family	Single	Family	Single	Family	Single	Family									
Gold	CC-N3	CC-N4	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,000	\$13,000	\$10,000	\$20,000	100%	100%	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82Y
Gold	CC-N8	N/A	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	100%	100%	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82Y
Silver	CC-NV	CC-NW	80%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$8,100	\$16,200	\$20,000	\$40,000	100%	100%	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	E82Y

UnitedHealthcare OAP Nexus Plans¹³

Metallic Level	Plan Codes	PLAN TYPE	Coinsurance				Deductibles				Out of Pocket Maximum				Copays/Per Occurrence															
			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	Designated	Network ³	Designated Network (Tier 1) ²					Network ³	Designated Network Facility	Network Facility ¹⁰	Designated Network Facility	Network Facility ¹⁰
Platinum	CN-H5	Nexus OAP	100%	70%	100%	80%	\$500	\$1,000	\$5,000	\$15,000	\$5,000	\$10,000	\$10,000	\$30,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded	Ded	\$500+Ded	E82Y	
Gold	CN-H6	Nexus OAP	100%	70%	100%	80%	\$2,000	\$4,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded	Ded	\$500+Ded	E82Y	
Gold	CN-H7	Nexus OAP	80%	50%	80%	60%	\$1,000	\$2,000	\$5,000	\$15,000	\$5,500	\$11,000	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82Y	
Gold	CN-H8	Nexus OAP	80%	50%	80%	60%	\$1,700	\$3,400	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82Y	
Silver	CN-H9	Nexus OAP	80%	50%	80%	60%	\$4,000	\$8,000	\$6,000	\$12,000	\$8,250	\$16,500	\$10,000	\$30,000	\$0	\$0	\$15	\$45	\$50	\$110	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+40%	Ded+20%	\$500+Ded+40%	E82Y	
Silver	CN-HA	HSA OAP w/Motion	100%	70%	100%	80%	\$4,900	\$9,800	\$6,000	\$12,000	\$6,750	\$13,500	\$10,000	\$30,000	100%	N/A	100%	80%	100%	80%	100%	100%	100%	100%	100%	80%	100%	80%	E82Y	
Silver	CN-HB	HSA OAP w/Motion	80%	50%	80%	60%	\$3,000	\$6,000	\$5,000	\$15,000	\$6,750	\$13,500	\$10,000	\$30,000	100%	N/A	80%	60%	80%	60%	80%	80%	80%	80%	80%	60%	80%	60%	E82Y	

Nexus Plans are only available to groups situated in the following counties: Cook, DuPage, Kane, Kendall, Lake and McHenry counties

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UnitedHealthcare Charter and Navigate^{8,10,11,13}

Metallic Level	Plan Code Chicago		Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence								Rx Plan
	Charter	Navigate		Network	Network		Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	
			Single		Family	Single	Family									
Platinum	CC-OR	CC-OQ	100%	\$1,000	\$3,000	\$1,700	\$5,100	100%	\$25	\$0	\$50	\$50	\$300	Ded	Ded	E82Y
Gold	CC-OL	CC-OH	80%	\$2,000	\$6,000	\$7,000	\$14,000	100%	\$25	\$0	\$50	\$50	\$250+20%	Ded+20%	Ded+20%	E82Y
Gold	CC-OS	CC-OP	80%	\$5,000	\$10,000	\$7,200	\$14,400	100%	\$40	\$0	\$80	\$50	\$400+20%	100%	Ded+20%	E82Y

UnitedHealthcare MOTION Health Savings Account (HSA) Plans

Metallic Level	Plan Code Chicago				Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Ded Type ⁵	Rx Plan ⁹
	Choice+	Core ¹⁹	Charter ^{8,11}	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/Xray	I/P & O/P Surg			
							Single	Family	Single	Family	Single	Family	Single	Family										
Gold	CC-NX	CC-NY	CC-OK	N/A	100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	100%	\$30	\$60	\$50	\$500	100%	100%	NonEmb	E82Y	
Gold	CO-FS	CO-FR	N/A	N/A	100%	70%	\$2,900	\$5,800	\$5,000	\$15,000	\$6,650	\$13,300	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	Emb	E82Y	
Bronze	CN-HD	CN-HE	CN-HF	CN-HG	100%	70%	\$7,000	\$14,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	Emb	E83Y	
Silver	CO-FQ	CO-FP	CO-FU	CO-FT	80%	50%	\$2,900	\$5,800	\$5,000	\$15,000	\$6,650	\$13,300	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	80%	Emb	E82Y	

**UnitedHealthcare Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des ^{1,2}	**PCP ³	Spec Prem Des ²	**Spec ³	Urgent Care	ER	Lab/Xray	
					Single	Family	Single	Family	Single	Family	Single	Family									
Platinum	CC-PV	CC-P3	70%	50%	\$500	\$1,500	\$1,500	\$4,500	\$2,000	\$6,000	\$20,000	\$60,000	100%	\$20	\$20 after deductible	\$40	\$40 after deductible	\$50	\$500+Ded+30%	Ded+30%	K63Y
Gold	CC-PX	CC-P5	70%	50%	\$1,500	\$4,500	\$4,500	\$13,500	\$4,500	\$13,500	\$20,000	\$60,000	100%	\$20	\$20 after deductible	\$40	\$40 after deductible	\$50	\$500+Ded+30%	Ded+30%	K63Y
Gold	CC-PZ	CC-P7	70%	50%	\$2,500	\$7,500	\$7,500	\$22,500	\$5,500	\$11,000	\$20,000	\$60,000	100%	\$25	\$25 after deductible	\$50	\$50 after deductible	\$50	\$500+Ded+30%	Ded+30%	K63Y
Silver	CC-PL	CC-PP	70%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	100%	\$30	\$30 after deductible	\$60	\$60 after deductible	\$50	\$500+Ded+30%	Ded+30%	K63Y

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**UnitedHealthcare Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Rx Plan	
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des ^{1,2}	**PCP ³	Spec Prem Des ²	**Spec ³	Urgent Care	ER		Lab/Xray
					Single	Family	Single	Family	Single	Family	Single	Family									
Silver	CC-PM	CC-PQ	70%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	100%	\$35	\$35 after deductible	\$70	\$70 after deductible	\$50	\$500+Ded+30%	Ded+30%	K63Y
Silver	CN-HP	CN-HQ	70%	50%	\$7,000	\$14,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	100%	\$50	\$50 after deductible	\$100	\$100 after deductible	\$50	\$500+Ded+30%	Ded+30%	K63Y

* Assured plans utilize Essential RX K63Y: \$300/\$600 deductible on tier 3&4 10/65/125/250

** Non Premium Designated (PD) PCP and Specialist copays apply after deductible

UnitedHealthcare Premier and Premier Value Plans

Metallic Level	Plan Code Chicago		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan	
	Choice+	Core ¹⁹		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray		I/P & O/P Surgery
						Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	CC-OV	CC-OW	Premier	100%	70%	N/A	N/A	\$5,000	\$15,000	\$2,000	\$6,000	\$10,000	\$30,000	100%	\$20	\$0	\$20	\$40	\$50	\$300	\$40	100%	E82Y
Platinum	CC-PF	CC-PH	Premier	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$1,700	\$5,100	\$10,000	\$30,000	100%	\$25	\$0	\$25	\$50	\$50	\$300	Ded	Ded	E82Y
Gold	CC-OY	CC-OX	Premier Value	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	100%	\$45	\$0	\$45	\$90	\$50	\$400	Ded	\$250+Ded	E82Y

UnitedHealthcare Heath Reimbursement Account (HRA) Plans

Metallic Level	Plan Code Chicago		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan		
	Choice+	Core ¹⁹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	I/P & O/P Surg			
					Single	Family	Single	Family	Single	Family	Single	Family											
Silver	CC-NQ	CC-NR	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	E82Y

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Pharmacy Plans *

Rx Plan Code	Copays					Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty	Single	Family	
E82Y	\$10	\$40	\$125	\$300	\$400	N/A	N/A	2.5
K63Y**	\$10	\$65	\$125	\$250	\$400	\$300	\$600	2.5
E83Y	No Copay	No Copay	No Copay	N/A	N/A	Same as Medical	Same as Medical	No Copay

*All Rx plans utilize the Standard Select Network with Walgreens as the anchor.

** Individual and Family deductible only applies to tier 3 and tier 4

*Charter plans available to employers situated in the following counties only: Cook, Dupage, Kane, Kendall, Lake and McHenry.

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 and Charter plans require electronic referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.

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

10 Employers must be situated in and employees must reside in one of the following six counties: Cook, DuPage, Kane, Kendall, Lake or McHenry to select and enroll in Charter

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

12 Enrolled Charter members must select an Advocate Health Care network primary care physician (PCP) — either a general or family practitioner, internist or pediatrician

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

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. V9/7

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