



UnitedHealthcare Plans

Explore a wide range of plan designs, from network-based to traditional primary-care solutions.

Small Business 2-50 Medical and Pharmacy Plans
January 1, 2019



UnitedHealthcare Multi-Choice®

UnitedHealthcare Multi-Choice allows employers to purchase a custom package that includes multiple benefit design options, with a variety of deductibles, coinsurance, copayment and out-of-pocket limits.

- Employers can choose any number of plan offerings with a defined contribution that provides cost predictability for the employer and choice for the employee.
- Employers can select as many plans in the package as they want to offer. Employees choose which of the selected plans will best meet their needs.

- UHC = UnitedHealthcare

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. We reserve the right to correct any typographical errors. For a complete listing of coverage and exclusions, please refer to the Benefit Summary documents or contact your UnitedHealthcare Representative for additional benefit plan design details.

Heritage Plus

Split Copay Page 2

Plan Code	Description	Pharmacy Code
BI-TI	35/1500/80%	286A
BI-TJ	25/2000/80%	286A
BI-TA	30/2500/100%	285A
BI-TF	45/3000/100%	310E
BI-TL	30/3000/70%	252A
BI-TK	30/4000/80%	287A
BI-TR	45/4000/80%	297E

Deductible Page 3

Plan Code	Description	Pharmacy Code
AU-VM	4500/70%	239A

\$0 Deductible Page 4

Plan Code	Description	Pharmacy Code
BI-SM	50/70%	313E
BI-SN	50/60%	314E

\$0 PCP Shared Coinsurance Page 5

Plan Code	Description	Pharmacy Code
BI-SO	1000/80%	323A
BI-SP	2000/80%	323A
BI-SR	3000/70%	316A
BI-SS	4000/70%	316A

Primary Advantage Page 6

Plan Code	Description	Pharmacy Code
AU-WK	25/750/100%	286A
BI-UD	50/2250/100%	253A
BI-UC	45/2600/100%	252A
AU-WN	40/3000/100%	252A

Heritage Plus (continued)

Flat Copay Page 7

Plan Code	Description	Pharmacy Code
BI-UG	40/2000/100%	286A
BI-UH	40/3250/100%	253A
BI-UI	40/4000/100%	286A
BI-UJ	40/5000/100%	285A

Premier Page 8

Plan Code	Description	Pharmacy Code
BM-MR	1000/80%	289E
BM-MS	1500/80%	289E
BM-MS	2000/80%	290E
BM-MU	3500/80%	290E

Choice Plus

Copay Only Page 9

Plan Code	Description	Pharmacy Code
BI-RW	30/100%	673
BI-RY	50/100%	A10
BI-RZ	60/100%	445

Health Savings Account with Motion Page 10

Plan Code	Description	Pharmacy Code
BI-R4	25/1500/100%	673
BI-R9	2000/100%	422
BI-R5	40/2400/100%	A10
BI-SD	2600/80%	673
BI-SA	3600/100%	673
AU-4I	4500/100%	422
BI-SB	5000/100%	NI

Choice Plus (continued)

Choice Plus Advanced Tiered Hospital Page 11

Plan Code	Description	Pharmacy Code
BI-T9	30/2500/80%	673
BI-T6	25/4500/100%	A10

UnitedHealthcare Navigate®

Navigate Page 12

Plan Code	Description	Pharmacy Code
BI-TZ	30/2000/100%	668V
BI-T4	35/5000/80%	667V

Pharmacy

Pharmacy Page 13

- All Plans are available by Calendar Year or Policy Year plans unless otherwise noted.
- All Plans are not HRA Eligible.
- All Plans cover network Preventive Care at 100%.
- For all plans, copays and deductibles apply toward out-of-pocket limits.

Heritage Plus

Split Copay Plans

- Member copays for primary care physician (PCP) and specialist physician office visits.
- Major medical services subject to deductible first, then coinsurance applies.
- Minor diagnostic X-ray and lab services covered after deductible, then coinsurance applies.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Heritage Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay												
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec	Urg Care	ER	ER POD ¹	OP Facility	OP Facility POD ¹	MRI, CT & PET	MRI, CT & PET POD ¹	Minor Lab & X-ray	IP Hosp	IP Hosp POD ¹
BI-TI	286A	Heritage Ins	Gold	POS	Emb	Sep	35/1500/80%	\$1,500	\$3,000	80%	\$7,900	\$15,800	\$10	\$35	\$70	\$50	\$500	N/A	20%	N/A	20%	N/A	0%	20%	N/A
BI-TJ	286A	Heritage Ins	Gold	POS	Emb	Sep	25/2000/80%	\$2,000	\$4,000	80%	\$7,900	\$15,800	\$10	\$25	\$50	\$50	\$500	N/A	20%	N/A	20%	N/A	0%	20%	N/A
BI-TA	285A	Heritage Ins	Platinum	POS	Emb	Sep	30/2500/100%	\$2,500	\$5,000	100%	\$2,500	\$5,000	\$10	\$30	\$60	\$50	\$500	N/A	0%	N/A	0%	N/A	0%	0%	N/A
BI-TF	310E	Heritage Ins	Gold	POS	Emb	Sep	45/3000/100%	\$3,000	\$6,000	100%	\$7,900	\$15,800	\$10	\$45	\$100	\$50	0%	\$500	0%	N/A	0%	\$250	0%	0%	\$500
BI-TL	252A	Heritage Ins	Gold	POS	Emb	Sep	30/3000/70%	\$3,000	\$6,000	70%	\$6,000	\$12,000	\$10	\$30	\$60	\$50	30%	\$500	30%	N/A	30%	N/A	0%	30%	N/A
BI-TK	287A	Heritage Ins	Gold	POS	Emb	Sep	30/4000/80%	\$4,000	\$8,000	80%	\$7,000	\$14,000	\$10	\$30	\$60	\$50	\$500	N/A	20%	N/A	20%	N/A	0%	20%	N/A
BI-TR	297E	Heritage Ins	Silver	POS	Emb	Sep	45/4000/80%	\$4,000	\$8,000	80%	\$7,900	\$15,800	\$10	\$45	\$125	\$50	20%	\$500	20%	\$350	20%	\$500	20%	20%	\$750

¹When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Plans are not Health Savings Account (HSA) eligible.

Heritage Plus

Deductible Plans

- Member pays deductible first, then coinsurance for other services.
- Minor diagnostic X-ray and lab services covered at deductible then coinsurance applies.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Heritage Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay												
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec	Urg Care	ER	ER POD ¹	OP Facility	OP Facility POD ¹	MRI, CT & PET	MRI, CT & PET POD ¹	Minor Lab & X-ray	IP Hosp	IP Hosp POD ¹
AU-VM	239A	Heritage Ins	Bronze	POS	Emb	Comb	4500/70%	\$4,500	\$9,000	70%	\$7,150	\$14,300	30%	30%	30%	30%	30%	N/A	30%	N/A	30%	N/A	30%	30%	N/A

¹When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Deductible plans are not Health Savings Account (HSA) eligible.

Heritage Plus

\$0 Deductible Plans

- No annual plan deductibles for network care. Plans begin cost-sharing on day one that coverage is in effect.
- \$50 member copay for primary care physician (PCP) office visits; \$100 member copay for specialist office visits.
- \$10 member copay for Virtual Visits and \$50 copay for urgent care.
- Plan coinsurance for all other covered services, including emergency room (ER).
- Combines the ease and predictability of copays for physician office visits, pharmacy, and urgent care services with a shared plan coinsurance benefit design for all other services.
- Simplified design --No annual plan or per-occurrence deductibles; straightforward plan/consumer cost share design.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Heritage Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay												
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec	Urg Care	ER	ER POD ¹	OP Facility	OP Facility POD ¹	MRI, CT & PET	MRI, CT & PET POD ¹	Minor Lab & X-ray	IP Hosp	IP Hosp POD ¹
BI-SM	313E	Heritage Ins	Gold	POS	Emb	Sep	50/70%	N/A	N/A	70%	\$5,000	\$10,000	\$10	\$50	\$100	\$50	30%	N/A	30%	N/A	30%	N/A	30%	30%	N/A
BI-SN	314E	Heritage Ins	Gold	POS	Emb	Sep	50/60%	N/A	N/A	60%	\$6,000	\$12,000	\$10	\$50	\$100	\$50	40%	N/A	40%	N/A	40%	N/A	40%	40%	N/A

¹When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Heritage Plus

\$0 PCP Shared Coinsurance Plans

- No member cost share for Virtual Visits, primary care physician (PCP) office visits and urgent care services –helps reduce member cost and barriers associated with routine, primary care.
- Plan deductible/coinsurance for all other covered network services, including emergency room (ER) services.
- Supports PCP care by encouraging members to use their PCPs as their primary care provider.
- Simplified design - no per-occurrence deductibles and straightforward deductible/coinsurance design for non-routine services.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Heritage Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay												
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec	Urg Care	ER	ER POD ¹	OP Facility	OP Facility POD ¹	MRI, CT & PET	MRI, CT & PET POD ¹	Minor Lab & X-ray	IP Hosp	IP Hosp POD ¹
BI-SO	323A	Heritage Ins	Gold	POS	Emb	Sep	1000/80%	\$1,000	\$2,000	80%	\$6,500	\$13,000	\$0	\$0	20%	0%	20%	N/A	20%	N/A	20%	N/A	20%	20%	N/A
BI-SP	323A	Heritage Ins	Gold	POS	Emb	Sep	2000/80%	\$2,000	\$4,000	80%	\$6,000	\$12,000	\$0	\$0	20%	0%	20%	N/A	20%	N/A	20%	N/A	20%	20%	N/A
BI-SR	316A	Heritage Ins	Gold	POS	Emb	Sep	3000/70%	\$3,000	\$6,000	70%	\$4,500	\$9,000	\$0	\$0	30%	0%	30%	N/A	30%	N/A	30%	N/A	30%	30%	N/A
BI-SS	316A	Heritage Ins	Silver	POS	Emb	Sep	4000/70%	\$4,000	\$8,000	70%	\$7,900	\$15,800	\$0	\$0	30%	0%	30%	N/A	30%	N/A	30%	N/A	30%	30%	N/A

¹When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Heritage Plus Primary Advantage

Primary Advantage Plans¹

- Member pays a copay for services provided by a primary care physician (PCP), urgent care and Virtual Visits. These services are not subject to the annual plan deductible.
- Member pays deductible first then a copay for specialist physician, emergency room (ER), outpatient surgery, major and minor diagnostics, and inpatient hospital services.
- Member pays deductible and higher coinsurance for certain benefits, including hospice, ambulance, allergy injections, skilled nursing and durable medical equipment.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Heritage Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay												
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec	Urg Care	ER	ER POD ¹	OP Facility	OP Facility POD	MRI, CT & PET	MRI, CT & PET POD	Minor Lab & X-ray	IP Hosp	IP Hosp POD
AU-WK	286A	Heritage Ins	Gold	POS	Emb	Sep	25/750/100%	\$750	\$1,500	100%	\$4,500	\$9,000	\$10	\$25	\$50	\$50	\$500	N/A	\$500	N/A	\$500	N/A	\$40	\$750	N/A
BI-UD	253A	Heritage Ins	Silver	POS	Emb	Sep	50/2250/100%	\$2,250	\$4,500	100%	\$7,900	\$15,800	\$10	\$50	\$100	\$50	\$500	N/A	\$500	N/A	\$500	N/A	\$40	\$1,000	N/A
BI-UC	252A	Heritage Ins	Silver	POS	Emb	Sep	45/2600/100%	\$2,600	\$5,200	100%	\$7,900	\$15,800	\$10	\$45	\$90	\$50	\$500	N/A	\$500	N/A	\$500	N/A	\$40	\$1,000	N/A
AU-WN	252A	Heritage Ins	Silver	POS	Emb	Sep	40/3000/100%	\$3,000	\$6,000	100%	\$7,350	\$14,700	\$10	\$40	\$80	\$50	\$500	N/A	\$500	N/A	\$500	N/A	\$40	\$1,000	N/A

¹Primary Advantage Plans: Specialist Physician, ER, OP Surgery, Minor X-ray/Lab & Major Diagnostic Services and IP Hospital Services are subject to the annual plan deductible in addition to the member copay Cost Share. IP Hospital copays apply on a per admission basis. Plans have other network coinsurance for certain benefits, including Hospice, Ambulance, Allergy Injections, Skilled Nursing and Durable Medical Equipment.

Heritage Plus Flat Copay

Flat Copay

- \$10 member copay for Virtual Visits.
- \$40 member copay for primary care physician (PCP) office visits and for specialist office visits when UnitedHealth Premium designated specialists are used.
- \$50 member copay for urgent care services.
- 100% plan coinsurance for all other covered network services after deductible.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Heritage Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay														
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	Desig. PCP ¹	Non-Desig. PCP ^{2,3}	Desig. Spec ¹	Non-Desig. Spec ^{2,3}	Urg Care	ER	ER POD ⁴	OP Facility	OP Facility POD ⁴	MRI, CT & PET	MRI, CT & PET POD ⁴	Minor Lab & X-ray	IP Hosp	IP Hosp POD ⁴
BI-UG	286A	Heritage Ins	Platinum	POS	Emb	Sep	40/2000/100%	\$2,000	\$4,000	100%	\$2,000	\$4,000	\$10	\$40	\$40	\$40	20%	\$50	100%	N/A	100%	N/A	100%	N/A	100%	100%	N/A
BI-UH	253A	Heritage Ins	Gold	POS	Emb	Sep	40/3250/100%	\$3,250	\$6,500	100%	\$3,250	\$6,500	\$10	\$40	\$40	\$40	20%	\$50	100%	N/A	100%	N/A	100%	N/A	100%	100%	N/A
BI-UI	286A	Heritage Ins	Gold	POS	Emb	Sep	40/4000/100%	\$4,000	\$8,000	100%	\$4,000	\$8,000	\$10	\$40	\$40	\$40	20%	\$50	100%	N/A	100%	N/A	100%	N/A	100%	100%	N/A
BI-UJ	285A	Heritage Ins	Gold	POS	Emb	Sep	40/5000/100%	\$5,000	\$10,000	100%	\$5,000	\$10,000	\$10	\$40	\$40	\$40	20%	\$50	100%	N/A	100%	N/A	100%	N/A	100%	100%	N/A

¹This tier of benefits applies to Premium Care physicians.

²This tier of benefits applies to physicians in specialties where there is NO Premium Designation program

³This tier of benefits applies to physicians in specialties included in the Premium Designation program, but the physician does not meet quality and/or cost-efficiency criteria.

⁴When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Heritage Plus Premier

Premier Plans¹

- \$10 member copay for Virtual Visits.
- \$0 member cost share for primary care physician (PCP) office visits when UnitedHealth Premium designated PCPs are used.
- Member copay for specialist physician office visits when UnitedHealth Premium designated specialists are used.
- \$50 member copay for urgent care services.
- Deductible/coinsurance for all other covered network services after deductible including emergency room (ER) and minor diagnostic lab/X-rays.
- \$350 POD applies to ER, outpatient facility, major diagnostic and inpatient hospital services.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Heritage Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay														
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	Desig. PCP ¹	Non-Desig. PCP ^{2,3}	Desig. Spec ¹	Non-Desig. Spec ^{2,3}	Urg Care	ER	ER POD ⁴	OP Facility	OP Facility POD ⁴	MRI, CT & PET	MRI, CT & PET POD ⁴	Minor Lab & X-ray	IP Hosp	IP Hosp POD ⁴
BM-MR	289E	Heritage Ins	Gold	POS	Emb	Sep	1000/80%	\$1,000	\$2,000	80%	\$5,000	\$10,000	\$10	100%	20%	\$50	20%	\$50	20%	\$350	20%	\$350	20%	\$350	20%	20%	\$350
BM-MS	289E	Heritage Ins	Gold	POS	Emb	Sep	1500/80%	\$1,500	\$3,000	80%	\$5,000	\$10,000	\$10	100%	20%	\$50	20%	\$50	20%	\$350	20%	\$350	20%	\$350	20%	20%	\$350
BM-MT	290E	Heritage Ins	Gold	POS	Emb	Sep	2000/80%	\$2,000	\$4,000	80%	\$4,000	\$8,000	\$10	100%	20%	\$50	20%	\$50	20%	\$350	20%	\$350	20%	\$350	20%	20%	\$350
BM-MU	290E	Heritage Ins	Silver	POS	Emb	Sep	3500/80%	\$3,500	\$7,000	80%	\$7,350	\$14,700	\$10	100%	20%	\$75	20%	\$50	20%	\$350	20%	\$350	20%	\$350	20%	20%	\$350

¹This tier of benefits applies to Premium Care physicians.

²This tier of benefits applies to physicians in specialties where there is NO Premium Designation program.

³This tier of benefits applies to physicians in specialties included in the Premium Designation program, but the physician does not meet quality and/or cost-efficiency criteria.

⁴When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Choice Plus

Copay Only Plans

- Member copays apply for most covered services: primary care physician (PCP) and specialist physician office visits, urgent care, Virtual Visits, emergency room (ER), outpatient surgery, major and minor diagnostics, and inpatient hospital services.
- No member cost share for certain benefits, including hospice, ambulance, allergy injections, skilled nursing and durable medical equipment.
- Simplified, easy-to-understand benefit design – no deductible, copay-only member cost share.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Choice Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay												
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec	Urg Care	ER	ER POD ¹	OP Facility	OP Facility POD ¹	MRI, CT & PET	MRI, CT & PET POD ¹	Minor Lab & X-ray	IP Hosp	IP Hosp POD ¹
BI-RW	673	UHC HMO	Gold	POS	Emb	Sep	30/100%	N/A	N/A	100%	\$7,000	\$14,000	\$10	\$30	\$70	\$50	\$500	N/A	\$1,250	N/A	\$400	N/A	\$70	\$1,250	N/A
BI-RY	A10	UHC HMO	Gold	POS	Emb	Sep	50/100%	N/A	N/A	100%	\$7,000	\$14,000	\$10	\$50	\$100	\$50	\$500	N/A	\$2,250	N/A	\$500	N/A	\$100	\$2,250	N/A
BI-RZ	445	UHC HMO	Silver	POS	Emb	Sep	60/100%	N/A	N/A	100%	\$7,900	\$15,800	\$10	\$60	\$160	\$50	\$800	N/A	\$2,600	N/A	\$800	N/A	\$160	\$2,600	N/A

¹When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Choice Plus Health Savings Account (HSA)

HSA with Motion Plans

- Combines a high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order to help pay for member health costs.
- Federally qualified HSAs with account administration through Optum Bank®
- Includes UnitedHealthcare Motion™ designed to encourage and reward members for engaging in physical activity.
- Motion promotes health care ownership and creating healthier employees to help lower medical claim costs.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Choice Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay												
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec	Urg Care	ER	ER POD ¹	OP Facility	OP Facility POD ¹	MRI, CT & PET	MRI, CT & PET POD ¹	Minor Lab & X-ray	IP Hosp	IP Hosp POD ¹
BI-R4	673	UHC Ins	Gold	POS	NonEmb/Emb	Comb	25/1500/100%	\$1,500	\$3,000	100%	\$2,800	\$5,600	\$10	\$25	\$75	\$50	\$500	N/A	\$300	N/A	\$350	N/A	0%	\$500	N/A
BI-R9	422	UHC HMO	Gold	POS	NonEmb	Comb	2000/100%	\$2,000	\$4,000	100%	\$2,000	\$6,000	0%	0%	0%	0%	0%	N/A	0%	N/A	0%	N/A	0%	0%	N/A
BI-R5	A10	UHC Ins	Silver	POS	NonEmb/Emb	Comb	40/2400/100%	\$2,400	\$4,800	100%	\$6,550	\$13,100	\$10	\$40	\$80	\$50	\$500	N/A	\$200	N/A	0%	N/A	0%	\$800	N/A
BI-SD	673	UHC HMO	Silver	POS	NonEmb/Emb	Comb	2600/80%	\$2,600	\$5,200	80%	\$6,550	\$13,100	20%	20%	20%	20%	20%	N/A	20%	N/A	20%	N/A	20%	20%	N/A
BI-SA	673	UHC HMO	Silver	POS	Emb	Comb	3600/100%	\$3,600	\$7,200	100%	\$6,700	\$13,400	0%	0%	0%	0%	0%	N/A	0%	N/A	0%	N/A	0%	0%	N/A
AU-4I	422	UHC Ins	Silver	POS	Emb	Comb	4500/100%	\$4,500	\$9,000	100%	\$4,500	\$9,000	0%	0%	0%	0%	0%	N/A	0%	N/A	0%	N/A	0%	0%	N/A
BI-SB	NI	UHC HMO	Bronze	POS	Emb	Comb	5000/100%	\$5,000	\$10,000	100%	\$6,650	\$13,300	0%	\$0	\$0	0%	0%	N/A	0%	N/A	0%	N/A	0%	0%	N/A

¹When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

HSA Plans: HSAs are not HRA Eligible Plans. In 2019, maximum HSA contribution is \$3,500 single/\$7,000 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through Optum Bank®, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

Choice Plus Advanced Tiered Hospital

Choice Plus Advanced Tiered Hospital Plans

- Member copays for primary care physician (PCP) and specialist physician office visits.
- Members can enhance the benefits in the form of greater coinsurance coverage and/or lower specialist office copayments when seeking care from UnitedHealth Premium designated providers.
- Plans include a place-of-service tiering feature that provides additional cost savings when members choose freestanding facilities for outpatient services such as MRIs, outpatient surgery and major and minor diagnostics.
- Plans include hospital tiering that provides additional cost savings when members choose tier 1 hospitals for inpatient services.
- Out-of-network benefits available.
- Health provider and facility search at myuhc.com under the **Choice Plus** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Network Plan Insurance		Network Out-of-Pocket Limit		Member Cost Share/Copay											
								Ind.	Fam.	Base & Plan ¹	Minor Lab & X-ray ²	Ind.	Fam.	Virtual Visits	Desig. PCP ³	Non-Desig. PCP ^{4,5}	Desig. Spec ³	Non-Desig. Spec ^{4,5}	Urg Care	ER	ER POD ⁶	OP Facility ⁷	MRI, CT, & PET ⁷	IP Hosp	IP Hosp POD ^{8,9} (Tier 1)
BI-T9	673	UHC HMO	Gold	POS	Emb	Sep	30/2500/80%	\$2,500	\$5,000	80%	100%	\$5,400	\$10,800	\$10	\$30	\$30	\$60	20%	\$50	\$500	N/A	20%	20%	20%	\$500
BI-T6	A10	UHC HMO	Gold	POS	Emb	Sep	25/4500/100%	\$4,500	\$9,000	100%	100%	\$6,500	\$13,000	\$10	\$25	\$25	\$50	20%	\$50	\$500	N/A	0%	0%	0%	\$500

¹These benefits apply to all categories to which deductible-coinsurance cost-sharing applies EXCEPT physician fees for surgical and medical services. This is the network plan coinsurance.

²When Minor Diagnostic X-ray Lab services are obtained in a non-freestanding (hospital-contracted) facility, plan coinsurance is reduced and member out-of-pocket cost share is increased.

³This tier of benefits applies to Premium Care physicians.

⁴This tier of benefits applies to physicians in specialties where there is NO Premium Designation program.

⁵This tier of benefits applies to physicians in specialties included in the Premium Designation program, but the physician does not meet quality and/or cost-efficiency criteria.

⁶When included in the plan design, Per Occurrence Deductibles (PODs) are applied in addition to the annual plan Deductible and Coinsurance. PODs do not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

⁷A Per Occurrence Deductible (POD) will apply to all Outpatient Surgery, Inpatient Stays, Complex Imaging (MRI, MRA, CT, PET and Nuclear Medicine) and Scopic Procedures obtained in a non-freestanding (hospital-contracted) facility. This POD is in addition to the annual plan Deductible; it does not accrue toward the annual plan Deductible but does accrue toward the Out-of-Pocket Limit.

⁸Inpatient Hospital Per Occurrence Deductible (POD) is applied in addition to the annual plan Deductible and Coinsurance. This POD is separate from and does not accrue toward annual plan Deductible but does accrue toward the Out-of-Pocket Limit.

⁹This tier of benefits for IP Hospital POD applies to Designated (Tier 1) hospitals; POD for Tier 2 hospitals is \$1,000.

UnitedHealthcare Navigate®

Navigate Plans¹

- Network-only benefits.
- Primary care physician (PCP) referrals to other network physicians and specialists are required.
- Non-referral penalties apply when referral requirements are not met.
- Plans include a place-of-service tiering feature that provides additional cost savings when members choose freestanding facilities for outpatient services such as MRIs, outpatient surgery and major and minor diagnostics.
- Network ob/gyn, urgent care and emergency room (ER) services do not require a PCP referral.
- Health provider and facility search at myuhc.com under the **Navigate HMO / Navigate Balanced HMO / Navigate Plus HMO** plan.

Medical Plan Code	Rx Plan Code	License	Metallic Tier	Product Type	Medical Ded. Type	Med/Rx Ded. Type	Description	Network Deductible		Net. Plan Coins.	Network Out-of-Pocket Limit		Member Cost Share/Copay									
								Ind.	Fam.		Ind.	Fam.	Virtual Visits	PCP	Spec ¹	Urg Care	ER	OP Facility ^{1,2}	MRI, CT, & PET ^{1,2}	Minor Lab & X-ray ³	IP Hosp ¹	IP Hosp POD ⁴
BI-TZ	668V	UHC HMO	Gold	HMO	Emb	Sep	30/2000/100%	\$2,000	\$4,000	100%	\$7,900	\$15,800	\$10	\$30	\$60	\$50	\$500	0%	0%	0%	0%	\$250
BI-T4	667V	UHC HMO	Silver	HMO	Emb	Sep	35/5000/80%	\$5,000	\$10,000	80%	\$7,900	\$15,800	\$10	\$35	\$70	\$50	\$500	20%	20%	20%	20%	\$500

¹ Certain services require members to obtain a referral from their Primary Care Physician. Plan benefit coverage levels may be reduced if prior authorization and referral requirements are not met. Navigate plans also require a PCP designation. Members must live/work and must elect a PCP within the Navigate HMO service area.

² A Per Occurrence Deductible (POD) will apply to all Outpatient Surgery, Inpatient Stays, Complex Imaging (MRI, MRA, CT, PET and Nuclear Medicine) and Scopic Procedures obtained in a non-freestanding (hospital-contracted) facility. This POD is in addition to the annual plan Deductible; it does not accrue toward the annual plan Deductible but does accrue toward the Out-of-Pocket Limit.

³ When Minor Diagnostic X-ray Lab services are obtained in a non-freestanding (hospital-contracted) facility, plan coinsurance is reduced and member out-of-pocket cost share is increased.

⁴ Inpatient Hospital Per Occurrence Deductible (POD) is applied in addition to the annual plan Deductible and Coinsurance. This POD does not accrue toward the satisfaction of the plan's Deductible but will accrue toward the satisfaction of the Out-of-Pocket Limit.

Pharmacy Plans

Plan Code	Product Line	PDL	Network	Deductible		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Max	Tier 2 Specialty	Tier 3	Tier 3 Max	Tier 3 Specialty	Tier 4	Tier 4 Max	Tier 4 Specialty	Mail-Service Ratio (90-day supply)
				Individual	Family												
Non-HSA (Separate Med/Rx) Pharmacy Plans																	
668V	UHC	Essential	Value	N/A	N/A	\$10	N/A	\$40	N/A	N/A	\$140	N/A	N/A	\$300	N/A	N/A	3.0
667V	UHC	Essential	Value	N/A	N/A	\$15	N/A	\$75	N/A	N/A	\$175	N/A	N/A	\$300	N/A	N/A	3.0
673	UHC	Advantage w/ SMCS Drugs	National	N/A	N/A	\$10	N/A	\$35	N/A	\$100	\$70	N/A	\$200	\$150	N/A	\$300	3.0
A10	UHC	Advantage w/ SMCS Drugs	National	N/A	N/A	\$15	N/A	\$50	N/A	\$100	\$85	N/A	\$200	\$200	N/A	\$400	3.0
445	UHC	Advantage w/ SMCS Drugs	National	N/A	N/A	\$25	N/A	\$50	N/A	\$100	\$125	N/A	\$375	\$200	N/A	\$500	3.0
285A	Heritage	Advantage	National	N/A	N/A	\$7	N/A	\$15	N/A	N/A	\$50	N/A	N/A	\$150	N/A	N/A	3.0
286A	Heritage	Advantage	National	N/A	N/A	\$10	N/A	\$35	N/A	N/A	\$70	N/A	N/A	\$150	N/A	N/A	3.0
316A	Heritage	Advantage	National	N/A	N/A	\$10	N/A	30%	\$100	N/A	30%	\$150	N/A	30%	\$150	N/A	2.5
252A	Heritage	Advantage	National	N/A	N/A	\$15	N/A	\$45	N/A	N/A	\$85	N/A	N/A	\$200	N/A	N/A	3.0
253A	Heritage	Advantage	National	N/A	N/A	\$20	N/A	\$65	N/A	N/A	\$100	N/A	N/A	\$200	N/A	N/A	3.0
287A	Heritage	Advantage	National	N/A	N/A	\$25	N/A	\$150	N/A	N/A	\$250	N/A	N/A	N/A	N/A	N/A	3.0
289E	Heritage	Essential	National	N/A	N/A	\$5	N/A	\$50	N/A	N/A	\$150	N/A	N/A	\$300	N/A	N/A	3.0
290E	Heritage	Essential	National	N/A	N/A	\$8	N/A	\$60	N/A	N/A	\$160	N/A	N/A	\$300	N/A	N/A	3.0
297E	Heritage	Essential	National	N/A	N/A	\$15	N/A	\$75	N/A	N/A	\$175	N/A	N/A	\$300	N/A	N/A	3.0
310E	Heritage	Essential	National	N/A	N/A	\$10	N/A	\$40	N/A	N/A	\$140	N/A	N/A	\$300	N/A	N/A	3.0
313E	Heritage	Essential	National	N/A	N/A	\$15	N/A	30%	\$100	N/A	30%	\$150	N/A	30%	\$150	N/A	2.5
314E	Heritage	Essential	National	N/A	N/A	\$20	N/A	40%	\$150	N/A	40%	\$200	N/A	40%	\$200	N/A	2.5
323A	Heritage	Advantage	National	N/A	N/A	\$10	N/A	20%	\$100	N/A	20%	\$200	N/A	20%	\$250	N/A	2.5
Combined Medical/Pharmacy and HSA Pharmacy Plans																	
A10	UHC	Advantage w/ SMCS Drugs	National	Same as Medical	Same as Medical	\$15	N/A	\$50	N/A	\$100	\$85	N/A	\$200	\$200	N/A	\$400	3.0
NI	UHC	Advantage w/ SMCS Drugs	National	Same as Medical	Same as Medical	\$20	N/A	\$65	N/A	\$100	\$100	N/A	\$200	\$200	N/A	\$400	3.0
422	UHC	Advantage w/ SMCS Drugs	National	Same as Medical	Same as Medical	No Copay	N/A	No Copay	N/A	No Copay	No Copay	N/A	No Copay	No Copay	N/A	No Copay	No Copay
673	UHC	Advantage w/ SMCS Drugs	National	Same as Medical	Same as Medical	\$10	N/A	\$35	N/A	\$100	\$70	N/A	\$200	\$150	N/A	\$300	3.0
239A	Heritage	Advantage	National	Same as Medical	Same as Medical	30%	N/A	30%	N/A	N/A	30%	N/A	N/A	30%	N/A	N/A	N/A

• SMCS = Specialty Medication Cost Share



Value-Added Programs and Services

Health4Me® Mobile App

The mobile app provides secure, on-the-go access to personalized health information, helping members better understand and use their health plan effectively.*

Virtual Visits – Access to care online at any time

A virtual visit lets members see and talk to a doctor from their mobile device or computer. Most visits take about 10 – 15 minutes and doctors can write a prescription, if needed, that members can pick up at their pharmacy.** And, it's part of our health benefits. Members can visit myuhc.com® to register for a virtual visit. Virtual Visits can also be accessed through the Health4Me mobile app.*

Care24®

With a built-in **NurseLine**™ and Employee Assistance Program, Care24 resources assist members with health, personal or family-related concerns via a toll-free number 24 hours a day, seven days a week.

Helping to deliver a healthier pregnancy.

The **UnitedHealthcare Healthy Pregnancy**® mobile app is designed to help pregnant women take steps toward a healthier pregnancy and birth. Features include:

- Customized weekly updates based on week of pregnancy.
- Weight tracking and reminders for vitamins, health appointments and events.
- 24/7 access to a registered nurse.
- A “kick counter” to track baby’s movements.

Estimating your costs

This powerful online tool gives members the opportunity to “shop” for health care services by viewing information about procedures, providers, price and place. The tool breaks down estimated costs so members get a better understanding of how their treatment decisions can affect their finances.

Rally®

Rally offers personalized recommendations and incentives to help members move more, eat better and feel great. They have access to information and tools to help them form healthy habits. This includes Missions — a simple activity tool to help improve diet, fitness and daily mood.

Real Appeal®

A digital program that helps members meet their weight-loss goals, and prevent weight-related health problems. Members have access to interactive weekly shows, videos, and live, online coaching. It's a fun way for members to challenge themselves while developing healthy habits. Members must adhere to program guidelines and limitations.

* Data rates may apply.

** Prescription services may not be available in all states.

¹ Available only with specified HSA plans.

² Biometric screenings and coaching, fitness reimbursement program and the health discount program offered through the SimplyEngaged® UnitedHealthcare Wellness program are not available with UnitedHealthcare Heritage Plans.

UnitedHealthcare Motion®¹

With the walking program, members track their steps to potentially earn over \$1,000 a year to spend on health-related expenses.

Quit For Life®

Quit For Life is a clinically proven tobacco cessation program offered in collaboration with the American Cancer Society®. The program combines digital and telephonic tools and resources, along with physical, psychological and behavioral strategies to help members overcome their tobacco addiction.

SimplyEngaged® UnitedHealthcare Wellness program

Biometric screenings and coaching¹

Through biometric health screenings and wellness coaching, we can help monitor members' health status and focus on preventive care, which may help to reduce the chances of future complicated health conditions.

Fitness reimbursement program¹

SimplyEngaged offers money back to members who go to a participating fitness center on a regular basis. Here is how this works:

- Members choose a participating fitness center including Anytime Fitness®, Curves®, Gold's Gym®, Life Time Fitness®, Snap Fitness®, YMCA® and more.
- Members present their fitness ID card each time they visit the fitness center and get reimbursed \$20 per month (to an annual maximum of \$240) for every month they visit the fitness center at least 12 times.

Health discount program²

Our health discount program helps members and their families save 10 – 25% on non-covered health and wellness purchases from participating providers.

Preventive care services

We provide health screenings guidelines and recommended immunization schedules for children up to 18 years of age, as well as preventive care guidelines for adults 18 and older.

UnitedHealth Wellness®

UnitedHealth Wellness is a group of programs and services designed to help members make healthy lifestyle decisions.

UnitedHealthcare Benefit Services™

There's no additional cost for these valuable services that are part of every UnitedHealthcare plan: Flexible Spending Account (FSA), Pre-Tax Premium Plan and COBRA/State Continuation Administration.



Contact your UnitedHealthcare representative for more information.



For all plans listed:

- All Plans have an Unlimited Lifetime Maximum.
- All Plans cover in network Preventive care at 100%.
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

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.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

All trademarks are the property of their respective owners.

Tier 1 providers may be subject to change, visit myuhc.com for the most current information or call the number on your health plan ID card.

UnitedHealthcare Motion is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker and/or activation credit may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations from receiving an activity tracker and/or activation credit under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to a health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. Contact us and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. The **UnitedHealthcare Healthy Pregnancy** application is only available to eligible members of certain employer-sponsored plans. Application registration is required. **SimplyEngaged** is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional to determine what may be right for you. Rewards may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from receiving rewards under this program. If you are unable to meet a standard related to a health factor to obtain a reward under this program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-855-215-0230 and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Certain **preventive care services** are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible. **Advocate4Me** services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate (Advocate4Me) services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time. **Rally Health** provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities. Contracted **Virtual Visits** provider groups may vary by state and are subject to changes dependent on state laws and regulations. **Real Appeal** is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Virtual Visits are not an insurance product, health care provider or a health plan. Virtual Visits is an internet-based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual Visits is not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. No controlled substances may be prescribed. Other prescriptions may be available where clinically appropriate and permitted by law, and can be transmitted to the pharmacy of the member's choice. The UnitedHealthcare plan with **Health Savings Account (HSA)** high-deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account through Optum Bank®, Member FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes an HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank® and not to the associated HDHP. The **Care24** program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply. **NurseLine** is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time. **UnitedHealth Wellness** is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change. All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of **myHealthcare Cost Estimator** is available, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits. **Health Discount Program:** Disclosure: The Health Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. The Health Discount Program is NOT insurance. The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA, 91209, 1-800-860-8773, www.unitedhealthallies.com, ohacustomer@optumhealth.com. The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. This program may not be available in all states or for all groups. Components subject to change.

Insurance coverage provided by or through UnitedHealthcare of Georgia, Inc. Health Plan coverage provided by or through a UnitedHealthcare company. Administrative services provided by United HealthCare Services, Inc. or their affiliates

ID#:8382877 3/19 ©2019 United HealthCare Services, Inc. 19-10836-N