

Health Plan Product Offering

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.

Houston
 Multi-Choice Package
 1-50 ATNE Employees
 Effective 1/1/2018

UnitedHealthcare Premier Plans

Package				Metallic	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
22	23	24	25		Choice+	EPO ¹¹	Network Physician	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/X-ray	MRI, CT	I/P & O/P Surgery	
									Single	Family	Single	Family	Single	Family	Single	Family											
●				P	AV-WO	AV-W4	100%	70%	\$250	\$750	\$5,000	\$15,000	\$1,750	\$5,250	\$10,000	\$30,000	\$0	\$20	\$0	\$20	\$40	\$50	\$300	100%	\$400	Ded	NS-10/35/60
●		●		P	AV-WP	AV-W5	100%	70%	\$750	\$2,250	\$5,000	\$15,000	\$3,000	\$9,000	\$10,000	\$30,000	\$0	\$20	\$0	\$20	\$40	\$50	\$300	100%	\$400	Ded	DT-15/40/70
●	●	●		G	AV-WQ		100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$7,350	\$14,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$300	100%	\$400	Ded	NS-10/35/60
●	●	●	●	G		AV-W6	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$7,350	\$14,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$300	100%	\$400	Ded	NS-10/35/60
●			●	G	AV-WR		100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$0	\$30	\$0	\$30	\$60	\$50	\$300	100%	\$400	Ded	DV-20/45/80
			●	G		AV-W7	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$0	\$30	\$0	\$30	\$60	\$50	\$300	100%	\$400	Ded	DV-20/45/80
●				G	AV-WS		80%	50%	\$500	\$1,500	\$5,000	\$15,000	\$7,350	\$14,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$250+20%	100%	\$400	Ded+20%	DV-20/45/80
●	●			G		AV-W8	80%	50%	\$500	\$1,500	\$5,000	\$15,000	\$7,350	\$14,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$250+20%	100%	\$400	Ded+20%	DV-20/45/80
●	●	●	●	G	AV-WT	AV-W9	80%	50%	\$1,250	\$3,750	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$0	\$25	\$0	\$25	\$50	\$50	\$250+20%	100%	\$400	Ded+20%	DT-15/40/70
			●	G	AV-WU	AV-XA	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$5,500	\$11,000	\$10,000	\$30,000	\$0	\$25	\$0	\$25	\$50	\$50	\$250+20%	100%	\$400	Ded+20%	DT-15/40/70
	●	●		G	AV-WV	AV-XB	80%	50%	\$3,500	\$10,500	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$25	\$0	\$25	\$50	\$50	\$250+20%	100%	\$400	Ded+20%	DV-20/45/80

UnitedHealthcare Premier Value Plans

Package					Metallic	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
22	23	24	25	Choice+		EPO ¹¹	Network Physician	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/X-ray	MRI, CT	I/P & O/P Surgery		
									Single	Family	Single	Family	Single	Family	Single	Family												
●				G	AV-WW	AV-XC	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$400	Ded	\$400	\$250+Ded	DV-20/45/80	
●	●	●	●	G	AV-WX	AV-XD	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	NS-10/35/60	
●	●	●	●	S	AV-WY	AV-XE	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$4,000	\$12,000	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$300	Ded	\$400	\$250+Ded	DV-20/45/80	
●	●	●	●	S	AV-WZ	AV-XF	100%	70%	\$5,500	\$11,000	\$10,000	\$30,000	\$7,350	\$14,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$50	\$500	Ded	\$400	\$250+Ded	DV-20/45/80	
●				G	AV-W1	AV-XG	80%	50%	N/A	N/A	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$400+20%	Ded+80%	\$400	\$250+Ded+20%	DT-15/40/70	
●	●	●	●	G	AV-W2	AV-XH	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$4,500	\$13,500	\$10,000	\$30,000	\$0	\$30	\$0	\$30	\$60	\$50	\$400+20%	Ded+80%	\$400	\$250+Ded+20%	DT-15/40/70	
●	●	●	●	S	AV-W3	AV-XI	80%	50%	\$4,250	\$12,750	\$10,000	\$30,000	\$7,350	\$14,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$50	\$400+20%	Ded+80%	\$400	\$250+Ded+20%	DT-15/40/70	

UnitedHealthcare Primary Advantage Plans

Package					Metallic	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
22	23	24	25	Choice+		EPO ¹¹	Network Physician	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/X-ray	MRI, CT	I/P & O/P Surgery				
									Single	Family	Single	Family	Single	Family	Single	Family												
●	●		●	G	AS-51	AS-54	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$5,000	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	548 ¹⁶ - 5/50/100/250		
	●	●	●	G	AV-VP	AV-VQ	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$5,500	\$13,500	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	548 ¹⁶ - 5/50/100/250		
		●	●	S	AV-VR	AV-VS	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,350	\$14,700	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	548 ¹⁶ - 5/50/100/250		

UnitedHealthcare FlexFree¹⁷ Plans

Package					Metallic	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
22	23	24	25	Choice+		EPO ¹¹	Network Physician	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/X-ray	MRI, CT	I/P & O/P Surgery				
									Single	Family	Single	Family	Single	Family	Single	Family												
			●	G	AV-VJ	AV-VM	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099 -15/50/100/125			
			●	S	AV-VK	AV-VN	80%	50%	\$2,800	\$8,400	\$5,000	\$15,000	\$7,350	\$14,700	\$10,000	\$30,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099 -15/50/100/125			
			●	S	AV-VL	AV-VO	80%	50%	\$3,350	\$10,050	\$5,000	\$15,000	\$7,150	\$14,300	\$10,000	\$30,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099 -15/50/100/125			

UnitedHealthcare Health Savings Account (HSA) Plans with Motion

Package				Metallic	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence						Rx Plan ⁹	Rx Plan	Ded Type ⁵		
22	23	24	25		Choice+	EPO ¹¹	Network Physician	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹	Spec	Urgent Care	ER	Lab/X-ray	MRI, CT			I/P & O/P Surgery	
									Single	Family	Single	Family	Single	Family	Single	Family											
●			●	G	AV-VT	AV-VY	100%	70%	\$3,500	\$7,000	\$5,000	\$15,000	\$6,650	\$13,300	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	Emb
		●		S	AV-VU	AV-VZ	100%	70%	\$4,000	\$8,000	\$5,000	\$15,000	\$6,650	\$13,300	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	Emb
	●			S	AV-VV	AV-V1	100%	70%	\$5,250	\$10,500	\$10,000	\$30,000	\$6,650	\$13,300	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	Emb

UnitedHealthcare Health Savings Account (HSA) Plans

Package				Metallic	Plan Code			Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence						Rx Plan ⁹	Rx Plan	Ded Type ⁵		
22	23	24	25		Choice+	EPO 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/X-ray	MRI, CT			I/P & O/P Surgery	
										Single	Family	Single	Family	Single	Family	Single	Family											Single
●	●	●		G	AV-VB	AV-VF		100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	100%	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$500 ⁹	100%	100%	100%	100%	DT-15/40/70	Non-Emb
●	●			G			AV-V8	100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	100%	\$30 ⁹	\$60 ⁹	\$50 ⁹	\$500 ⁹	100%	100%	100%	100%	DT-15/40/70	Non-Emb
●				S	AV-VC	AV-VG		100%	70%	\$3,250	\$6,500	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	Emb	
●			●	S			AV-V9	100%	70%	\$3,250	\$6,500	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	Emb	
●		●		S	AE-O1	AE-O5		100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,000	\$12,000	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	Emb	
●	●			S			AE-PE	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,000	\$12,000	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	Emb	
	●		●	B	AM-CY	AM-C3	AM-DE	100%	70%	\$6,500	\$13,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	MM-100%	Emb	
	●			S	AE-O2	AE-O6	AV-WB	80%	50%	\$2,700	\$5,400	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	80%	80%	DT-15/40/70	Emb	
	●		●	S	AE-O3	AE-O7	AV-WC	80%	50%	\$3,750	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	80%	80%	80%	80%	80%	80%	80%	80%	DT-15/40/70	Emb	

UnitedHealthcare Navigate^{8,11} Plans

Package				Metallic	Navigate Plan Code	Coins	Deductible		Out-of-Pocket Maximum		Copay/Per Occurrence							Rx		
22	23	24	25			Network	Network		Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/X-ray		MRI, CT	I/P & O/P Surgery
							Single	Family	Single	Family										
●				P	AV-V2	100%	N/A	N/A	\$2,000	\$6,000	\$0	\$10	\$0	\$30	\$50	\$650	Ded	\$500	\$250	098-10/50/100/125
●	●		●	G	AV-V3	100%	\$1,000	\$3,000	\$6,350	\$12,700	\$0	\$15	\$0	\$45	\$50	\$650	Ded	\$500	\$250+Ded	098-10/50/100/125
●	●		●	S	AV-V4	100%	\$3,000	\$9,000	\$5,000	\$10,000	\$0	\$15	\$0	\$45	\$50	\$650	Ded	\$500	\$250+Ded	099-15/50/100/125
	●			S	AV-V6	80%	\$4,000	\$12,000	\$7,350	\$14,700	\$0	\$35	\$0	\$105	\$50	\$650	Ded	\$500	\$250+Ded	099-15/50/100/125

UnitedHealthcare Charter^{8,11}/Kelsey-Seybold HMO Plans

Package				Metallic	Navigate Plan Code	Plan Type	Coins	Deductible		Out-of-Pocket Maximum		Copay/Per Occurrence								Ded Type	Rx	
22	23	24	25				Network	Network		Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/X-ray	MRI, CT			I/P & O/P Surgery
								Single	Family	Single	Family											
		●		P	AV-WE	Copay	100%	\$500	\$1,500	\$2,000	\$6,000	\$0	\$20	\$0	\$60	\$50	\$500	100%	\$500	Ded	Emb	DV-20/45/80
		●		G	AV-WL	Copay	100%	\$2,000	\$6,000	\$7,350	\$14,700	\$0	\$20	\$0	\$60	\$50	\$650	Ded	\$500	\$250+Ded	Emb	NS-10/35/60
		●		G	AV-WF	Copay	90%	\$1,000	\$3,000	\$7,350	\$14,700	\$0	\$20	\$0	\$60	\$50	\$500	Ded+10%	\$500	Ded	Emb	DT-15/40/70
		●		G	AV-WG	Copay	90%	\$2,000	\$6,000	\$7,350	\$14,700	\$0	\$20	\$0	\$60	\$50	\$500	Ded	\$500	Ded+10%	Emb	NS-10/35/60
		●		S	AV-WM	Copay	80%	\$3,500	\$10,500	\$7,350	\$14,700	\$0	\$35	\$0	\$105	\$50	\$650	Ded+20%	\$500	\$400+Ded+20%	Emb	DV-20/45/80
		●		S	AV-WN	Copay	70%	\$4,000	\$12,000	\$7,350	\$14,700	\$0	\$35	\$0	\$105	\$50	\$650	Ded+30%	\$500	\$400+Ded+30%	Emb	DV-20/45/80
		●		S	AV-WH	Copay	70%	\$5,000	\$10,000	\$7,350	\$14,700	\$0	\$35	\$0	\$105	\$50	\$500	Ded+30%	\$500	Ded+30%	Emb	DV-20/45/80
		●		G	AV-WJ	HSA	100%	\$2,000	\$4,000	\$6,350	\$6,850	100%	\$15 ⁹	\$15 ⁹	\$45 ⁹	\$50 ⁹	\$500 ⁹	100%	100%	100%	Non-Emb	DT-15/40/70
		●		S	AV-WI	HSA	100%	\$3,250	\$6,500	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	DT-15/40/70
		●		B	AM-DK	HSA	100%	\$6,500	\$13,000	\$6,500	\$13,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	MM-100%
		●		S	AV-WK	HSA	80%	\$3,750	\$7,500	\$6,350	\$12,700	80%	80%	80%	80%	80%	80%	80%	80%	80%	Emb	DT-15/40/70

UnitedHealthcare Health Reimbursement Account (HRA) Plans

Package				Metallic	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Copay/Per Occurrence										Rx Plan	
22	23	24	25		Choice+	Navigate ^{8,11}	Network	Out-of-Network	Network		Out-of-Network		Network		Out-of-Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER+	Lab/X-ray	MRI, CT	I/P & O/P Surgery		
									Single	Family	Single	Family	Single	Family	Single	Family												Single
		●	●	S	AA-PK		100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70
		●		S		AA-Q4	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	DT-15/40/70	

Pharmacy Plans

Rx Plan Code	Copays								Deductible		Mail Order Ratio
	Tier 1	Tier 1 Specialty Copay	Tier 2	Tier 2 Specialty Copay	Tier 3	Tier 3 Specialty Copay	Tier 4	Tier 4 Specialty Copay	Single	Family	
NS	\$10	\$10	\$35	\$100	\$60	\$300	N/A	N/A	N/A	N/A	2.5
NS*	\$10	\$10	\$35	\$100	\$60	\$300	N/A	N/A	Same as Medical	Same as Medical	2.5
DT	\$15	\$15	\$40	\$100	\$70	\$300	N/A	N/A	N/A	N/A	2.5
DT*	\$15	\$15	\$40	\$100	\$70	\$300	N/A	N/A	Same as Medical	Same as Medical	2.5
DV	\$20	\$20	\$45	\$100	\$80	\$300	N/A	N/A	N/A	N/A	2.5
098	\$10	\$10	\$50	\$100	\$100	\$300	\$125	\$500	N/A	N/A	2.5
099	\$15	\$15	\$50	\$100	\$100	\$300	\$125	\$500	N/A	N/A	2.5
MM	No Copay	N/A	No Copay	N/A	No Copay	N/A	N/A	N/A	Same as Medical	Same as Medical	No Copay

* Combined Rx plan. HSA plans can only be paired with Combined Pharmacy plans.

¹ Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology 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 benefits applies to Physicians that are not UnitedHealth Premium Tier 1 Designated.

⁴ Plan deductible is waived for Emergency Room visits on plans where copay or copay+coinsurance is listed.

⁵ Navigate plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.

⁶ 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.

⁷ EPO and Navigate 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.

⁸ \$250 individual and \$500 family Rx deductible applies to Tier 3 and 4 only.

⁹ FlexFree plans feature \$0 copay for the first 3 PCP and/or Specialist office visits during the Calendar or Plan Year. Office visits 4+ will be subject to plan deductible/coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copay limit.

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