

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.



Texas – Greater Houston
 Small Business Multichoice Packages
 1-50 ATNE Employees
 Effective **04/01/2017**

UnitedHealthcare Premier Plans

Package				Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
17	18	19	21		Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan Code
									Single	Family	Single	Family	Single	Family	Single	Family										
●				P	AM-DM	AM-D2	100%	70%	\$250	\$750	\$5,000	\$15,000	\$1,750	\$5,250	\$10,000	\$30,000	\$20	\$0	\$20	\$40	\$75	\$300	100%	\$400	Ded	NS - 10/35/60
●		●		G	AM-DN	AM-D3	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$4,000	\$12,000	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$300	100%	\$400	Ded	DT - 15/40/70
●	●	●		G	AM-DO		100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$3,750	\$11,250	\$10,000	\$30,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	\$400	Ded	NS - 10/35/60
●	●	●	●	G		AM-D4	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$3,750	\$11,250	\$10,000	\$30,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	\$400	Ded	NS - 10/35/60
●			●	S	AM-DP	AM-D5	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	\$400	Ded	DV - 20/45/80
●			●	G	AM-DQ	AM-D6	80%	50%	\$500	\$1,500	\$5,000	\$15,000	\$4,500	\$13,500	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	100%	\$400	Ded+20%	DV - 20/45/80
●	●	●	●	G	AM-DR	AM-D7	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$4,000	\$12,000	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	100%	\$400	Ded+20%	DT - 15/40/70
●			●	G	AM-DS	AM-D8	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$25	\$0	\$25	\$50	\$75	\$250+20%	100%	\$400	Ded+20%	DT - 15/40/70
●	●			S	AM-DT	AM-D9	80%	50%	\$4,500	\$13,500	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$35	\$0	\$35	\$70	\$75	\$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									
17	18	19	21		Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan Code
									Single	Family	Single	Family	Single	Family	Single	Family										
●				G	AM-DU	AM-EA	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$35	\$0	\$35	\$70	\$100	\$400	Ded	\$400	\$250+Ded	DV - 20/45/80
●	●	●	●	G	AM-DV	AM-EB	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400	Ded	\$400	\$250+Ded	NS - 10/35/60
●	●	●	●	S	AM-DW	AM-EC	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded	DV - 20/45/80
●	●	●	●	S	AM-DX	AM-ED	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,000	\$12,000	\$20,000	\$60,000	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded	DT - 15/40/70
●			●	G	AM-DY	AM-EE	80%	50%	\$0	\$0	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$35	\$0	\$35	\$70	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	DT - 15/40/70
●	●	●	●	S	AM-DZ	AM-EF	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	DT - 15/40/70
●	●	●	●	S	AM-D1	AM-EG	80%	50%	\$4,000	\$12,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$45	\$0	\$45	\$90	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%	DT - 15/40/70



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UnitedHealthcare Primary Advantage Plans

Package				Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
17	18	19	21		Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery	Rx Plan Code
									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%	Ded+20%	Ded+20%	548 - 5/50/100/250
●				S	AS-52	AS-55	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$7,000	\$13,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	548 - 5/50/100/250
●				S	AS-53	AS-56	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$7,000	\$13,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	548 - 5/50/100/250

UnitedHealthcare FlexFree¹⁷ Plans

Package				Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
17	18	19	21		Choice+	EPO ¹¹	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 Code
									Single	Family	Single	Family	Single	Family	Single	Family									
●				G	AM-C6	AM-C9	80%	50%	\$1,000	\$3,000	\$5,000	\$15,000	\$5,000	\$14,000	\$10,000	\$30,000	\$25		\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099 - 15/50/100/125
●				S	AM-C7	AM-DA	80%	50%	\$2,250	\$6,750	\$5,000	\$15,000	\$7,000	\$14,000	\$10,000	\$30,000	\$25		\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099 - 15/50/100/125
●				S	AM-C8	AM-DB	80%	50%	\$3,350	\$10,050	\$5,000	\$15,000	\$7,150	\$14,300	\$10,000	\$30,000	\$25		\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	099 - 15/50/100/125

UnitedHealthcare Health Savings Account (HSA) Plans

Package				Metallic	Plan Code			Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan Code ⁹	Ded Type	
17	18	19	21		Choice+	EPO ¹¹	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT,	I/P & O/P Surgery					
										Single	Family	Single	Family	Single	Family	Single	Family												
●	●	●		G	AE-OZ	AE-O4		100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$500 ⁹	100%	100%	100%	100%	100%	100%	DT - 15/40/70	Non-Emb
●	●			G			AE-PD	100%	70%	\$2,000	\$4,000	\$5,000	\$15,000	\$4,500	\$6,850	\$10,000	\$30,000	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$500 ⁹	100%	100%	100%	100%	100%	100%	DT - 15/40/70	Non-Emb
●		●		S	AM-CX	AM-C2	AM-DD	100%	70%	\$3,000	\$6,000	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	100%	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%	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%	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%	100%	MM - 100%	Emb	
●				S	AE-O2	AE-O6	AE-PF	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%	80%	DT - 15/40/70	Emb	
●	●	●		S	AE-O3	AE-O7		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%	80%	DT - 15/40/70	Emb	
●		●		S			AE-PG	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%	80%	DT - 15/40/70	Emb	



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UnitedHealthcare Navigate^{8,11} Plans

Package				Metallic	Navigate Plan Code	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									
17	18	19	21				Network	Network		Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan Code
								Single	Family	Single	Family									
●				P	AA-QC	100%	N/A	N/A	\$2,000	\$6,000	\$10	\$0	\$30	\$50	\$650	Ded	\$500	\$250	098 - 10/50/100/125	
●	●			G	AA-QF	100%	\$1,000	\$3,000	\$6,350	\$12,700	\$15	\$0	\$45	\$50	\$650	Ded	\$500	\$250+Ded	098 - 10/50/100/125	
●	●	●		S	AM-DC	100%	\$3,000	\$9,000	\$6,750	\$13,500	\$25	\$0	\$75	\$50	\$650	Ded	\$500	\$250+Ded	099 - 15/50/100/125	
●				S	AA-QI	100%	\$4,000	\$12,000	\$6,350	\$12,700	\$25	\$0	\$75	\$50	\$650	Ded	\$500	\$250+Ded	099 - 15/50/100/125	

UnitedHealthcare Health Reimbursement Account (HRA) Plans

Package				Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Rx Plan			
17	18	19	21		Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray		MRI, CT.	I/P & O/P Surgery	
									Single	Family	Single	Family	Single	Family	Single	Family											
●		●		G	AM-EH	AM-EK	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,000	\$12,000	\$10,000	\$30,000	\$30	\$0	\$30	\$60	\$75	\$300	100%	\$400	Ded	NS - 10/35/60	
	●			G	AM-EJ	AM-EM	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,000	\$12,000	\$20,000	\$60,000	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded	DT - 15/40/70	
●	●	●		G	AA-PJ	AA-P7	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$3,500	\$10,500	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Ded	DT - 15/40/70
●	●	●		S	AA-PK	AA-P8	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%	Ded	DT - 15/40/70

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

Package				Metallic	Charter Plan Code	Plan Type	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									
17	18	19	21					Network	Network		Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	Rx Plan Code
									Single	Family	Single	Family									
●				G	AM-DH	Copay	100%	\$500	\$1,500	\$4,000	\$12,000	\$20	\$0	\$60	\$75	\$500	100%	\$500	Ded	DV - 20/45/80	
●				G	AC-E7	Copay	100%	\$1,000	\$3,000	\$4,000	\$12,000	\$20	\$0	\$60	\$75	\$500	100%	\$500	Ded	DT - 15/40/70	
●				G	AE-PI	Copay	100%	\$2,000	\$6,000	\$3,750	\$11,250	\$20	\$0	\$60	\$75	\$500	100%	\$500	Ded	NS - 10/35/60	
●				S	AE-PJ	Copay	100%	\$5,000	\$10,000	\$6,600	\$13,200	\$25	\$0	\$75	\$100	\$500	100%	\$500	Ded	DV - 20/45/80	
●				G	AC-FB	Copay	80%	\$1,000	\$3,000	\$3,000	\$9,000	\$25	\$0	\$75	\$100	\$500	Ded+20%	\$500	Ded+20%	DT - 15/40/70	
●				S	AM-DI	Copay	80%	\$2,500	\$5,000	\$6,600	\$13,200	\$25	\$0	\$75	\$100	\$500	Ded+20%	\$500	Ded+20%	DV - 20/45/80	
●				G	AE-PK	HSA	100%	\$2,000	\$4,000	\$6,350	\$6,850	\$15 ⁹	\$15 ⁹	\$45 ⁹	\$75 ⁹	\$500 ⁹	100%	\$500	100%	DT - 15/40/70	
●				S	AM-DJ	HSA	100%	\$3,000	\$6,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%	100%	100%	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%	MM - 100%	
●				S	AE-PL	HSA	80%	\$3,750	\$7,500	\$6,350	\$12,700	80%	80%	80%	80%	80%	80%	80%	80%	80%	DT - 15/40/70



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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 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 "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.

⁶ "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.

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

¹¹ 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.

¹⁷ "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.

UnitedHealthcare product comparison chart

	PCP	Specialist	Virtual Visits	Urgent Care	ER	Lab/Xray	MRI	In-Patient Hospital	Out-Patient Surgery	Rx
Premier	\$20-\$35 \$0 for child	\$40-\$70 Premium Designation spec at PCP copay	\$20-\$25	\$75	\$250 +coins (no ded)	\$0	ded + coins	ded +coins	ded + coins	copays (e.g. plan 2v-10/35/60)
Premier Value	\$35-\$45 \$0 for child	\$70-\$90 Premium Designation spec at PCP copay	\$25	\$100	\$400 +coins (no ded)	ded +coins	\$400	\$250 +ded +coins	\$250 +ded +coins	copays (e.g. plan 2v-10/35/60)
UnitedHealthcare FlexFree	\$0 1 ST 3 visits, then ded+coins		\$25	\$0 1 ST 2 visits, then ded+coins	\$250 +ded+coins	ded +coins	\$250 +ded +coins	\$250 +ded +coins	\$250 +ded +coins	copays (e.g. plan 2v-10/35/60)
Primary Advantage	\$0	\$100	\$0	\$50	\$250 +ded+coins	ded +coins	ded +coins	ded +coins	ded +coins	\$250 Rx ded for tier 3 4 \$0/50/100/250 or \$5/50/100/250
HSA	ded +coins	ded +coins	ded +coins	ded +coins	ded +coins	ded +coins	ded +coins	ded +coins	ded +coins	medical ded +copays
UnitedHealthcare Navigate	\$10-\$25 \$0 for child	referral required \$30-\$75	\$10-\$25	\$50-\$100	\$500-\$650	Both options offered either \$0 or ded +coins	\$500	Both options offered either \$250 ded coins or ded +coins	Both options offered either \$250 ded coins or ded +coins	copays (e.g. plan 2v-10/35/60)
UnitedHealthcare Charter	\$10-\$25 \$0 for child	referral required; \$30-\$75	\$10-\$25	\$50-\$100	\$500	Both options offered either \$0 or ded +coins	\$500	Ded or Dedu + coins	Ded or Dedu + coins	copays (e.g. plan 2v-10/35/60)

Network access is the same for above mentioned products.

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Top Selling Voluntary Plans for Groups 2-9 Lives

Shaded plans have no waiting periods regardless of previous coverage

PPO Plans												
DEDUCTIBLE SINGLE/FAMILY	NETWORK COINSURANCE				NON-NETWORK COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	UCR	PLAN NAME
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA				
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	MAC	A1211
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,500	\$0	MAC	A8012
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	MAC	P1211 ⁴
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	90%	P3365# ¹
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	MAC	P3366#
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,200	\$0	MAC	P7329# ¹

Top Selling Contributory Plans for Groups 2-9 Lives

Shaded plans have no waiting periods regardless of previous coverage

PPO Plans												
DEDUCTIBLE SINGLE/FAMILY	NETWORK COINSURANCE				NON-NETWORK COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	UCR	PLAN NAME
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA				
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	70%	A2543
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,500	\$0	MAC	A7976
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	MAC	A8016
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	85%	P0012
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,500	\$0	85%	P0019
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,500	\$0	MAC	P0207
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,500	\$0	85%	P3467 ¹
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,500	\$0	85%	P7977 ¹

Top Selling Voluntary Plans for Groups 10-50 Lives

Shaded plans have no waiting periods regardless of previous coverage

PPO Plans												
DEDUCTIBLE SINGLE/FAMILY	NETWORK COINSURANCE				NON-NETWORK COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	UCR	PLAN NAME
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA				
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,200	\$0	MAC	P3305 ⁴
\$50/\$150	100%	80%	50%	50%	100%	80%	50%	50%	\$1,500	\$1,000	90%	P3374# ¹
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,200	\$0	90%	P3381# ¹
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,500	\$0	MAC	P5425#

UnitedHealthcare Dental

2012 Customer Satisfaction & Service Metrics

93% overall member satisfaction; quality of dental care
99% financial accuracy of dental claim payments

All Plans

- Available Stand-Alone
- Dual Option available*
- Freedom to See Any Dentist
- Multi-Site Capabilities
- Deductible Waived for Preventive Services
- Waiting Period Waived & Deductible Credit for Take-Over
- Employer eServices Online Administration
- Orthodontia: Groups of 10+ Eligibles and 8 Enrollees
- Enhanced option available: includes coverage for posterior composites, implants and any combination of 4 routine or periodontal cleanings
- 75% Participation of all Eligible Employees, not less than 50% after waivers
- Non-network PPO Claims Reimbursed at MAC, 85% UCR, 90% UCR or 95% UCR

Voluntary Plans

- Only 2 Enrollees Required
- No Participation Percentages Required
- Non-network PPO Claims Reimbursed at MAC, 85% UCR or 90% UCR
- Groups with 2-9 Eligibles Require a Waiting Period

Employer Sponsored Plans

- 50% Employer Contribution Required for Employee Premium
- 75% Participation of all Eligible Employees, not less than 50% after waivers
- Non-network PPO Claims Reimbursed at MAC, 85% UCR or 90% UCR

Consumer MaxMultiplier

Axxxx indicate Gateway Plans

- When footnote appears, services move to Major
- 1 Endo, Perio, and Oral Surgery
- 2 Oral surgery
- 3 Perio and Oral surgery
- 4 Simple Extractions, Endo, Perio and Oral Surgery
- 5 Perio
- 6 Simple Extractions, Perio and Oral surgery
- 7 Perio and Endo
- 8 Oral Surgery and Perio

*Dual Option available for groups with 10 or more enrollees. Choose any two plans that differ by more than Orthodontia coverage. These benefit grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker or UnitedHealthcare. Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change. UnitedHealthcare Dental coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.

Top Selling Contributory Plans for Groups 10-50 Lives

Shaded plans have no waiting periods regardless of previous coverage

PPO Plans												
DEDUCTIBLE SINGLE/FAMILY	NETWORK COINSURANCE				NON-NETWORK COINSURANCE				ANNUAL MAX	LIFETIME MAX ORTHO BENEFIT	UCR	PLAN NAME
	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA	PREVENTIVE	BASIC	MAJOR	ORTHODONTIA				
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	MAC	P0202
\$50/\$150	100%	80%	50%	0%	100%	80%	50%	0%	\$1,000	\$0	90%	P4879#

Don't see what you're looking for? Ask your UnitedHealthcare Sales Representative - we have MANY plan options!

UnitedHealthcare Dental

2012 Customer Satisfaction & Service Metrics

93% overall member satisfaction; quality of dental care
99% financial accuracy of dental claim payments

All Plans

- Available Stand-Alone
- Dual Option available*
- Freedom to See Any Dentist
- Multi-Site Capabilities
- Deductible Waived for Preventive Services
- Waiting Period Waived & Deductible Credit for Take-Over
- Employer eServices Online Administration
- Orthodontia: Groups of 10+ Eligibles and 8 Enrollees
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- 75% Participation of all Eligible Employees, not less than 50% after waivers
- Non-network PPO Claims Reimbursed at MAC, 85% UCR, 90% UCR or 95% UCR

Voluntary Plans

- Only 2 Enrollees Required
- No Participation Percentages Required
- Non-network PPO Claims Reimbursed at MAC, 85% UCR or 90% UCR
- Groups with 2-9 Eligibles Require a Waiting Period

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- 1 Endo, Perio, and Oral Surgery
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- 8 Oral Surgery and Perio

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Small Business Vision Rates (2-100 lives)

We deliver a total solution in providing you and your members access to high-quality vision care.

 <p>Clear Benefits and Value</p> <ul style="list-style-type: none"> • Reduced member out-of-pocket costs • Flexible plan designs and added member benefit features 	 <p>Provider Access and Choice</p> <ul style="list-style-type: none"> • Over 60,000 provider access points • Broad choice of private practice and retail chains = Freedom of choice 	 <p>Eye Health and Wellness</p> <ul style="list-style-type: none"> • Integrated with medical and disease management programs • Online and telephonic tools to engage and empower members 	 <p>Exceptional Customer Service</p> <ul style="list-style-type: none"> • Customer service center with evening and weekend hours • Toll-free, 7 days a week • Website with member specific benefit claims and order information
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THIS MATTERS

UnitedHealthcare offers vision coverage to fit each member's needs, including an integrated approach to health and wellness

Illustration of potential savings with a UnitedHealthcare vision plan.

(Copays and discounts vary by plan.)

Service received	No plan	UnitedHealthcare vision plan
If you prefer glasses:		
Routine eye exam	\$60	\$10
Glasses (frames and lenses) copay	\$0	\$25
Frames**	\$130	\$0
Standard progressive lenses	\$219	\$70
Standard anti-reflective coating	\$70	\$40
Standard scratch-resistant coating	\$27	\$0
Annual Premium	\$0	\$68
Total cost	\$506	\$213
Or if you prefer contact lenses:		
Routine eye exam and fitting	\$85	\$10
Contact lens copay 4 boxes selection contact lenses	\$116	\$25
Annual Premium	\$0	\$68
Total cost	\$201	\$103

Note: This is a sample savings chart. It does not show specific plan designs or vision provider costs. Your plan's allowances and copayments may be different from the example above.

The rates and benefits provided are for general information and discussion purposes only and are not valid unless approved by UnitedHealthcare Specialty Benefits. This rate quote is not an offer or guarantee of coverage. The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare Specialty Benefits and final rates have been accepted by and initial premium paid by the groups. Final rates are determined by UnitedHealthcare Specialty Benefits' underwriting guidelines and final enrollment. The insurance Policy, not general rates and descriptions on this rate sheet,

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United Healthcare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX and associated COC form number VCOC.INT.06.TX.

UnitedHealthcare Vision: delivering more - for less

- We have been providing vision care benefit for over 50 years
- We provide benefits to more than 18 million members
- Between office locations and providers, our national network of private practice and retail chains offer over 72,000 options to choose from

Our vision plans provide you with:

- Eye exams
- Complete set of eyeglasses or contacts (refer to benefit materials)
- Polycarbonate lenses for dependent children covered in full

As a member you also have access to:

- Discounts on laser vision correction of 15% off standard prices or 5% off promotional prices at any in-network surgeon
- Discounts on extra pairs of eyewear
- 20%-40% discount on popular lens options
- Preferred pricing on premium hearing aids

Refer to your benefit summary for plan details

To complement the pediatric vision coverage included as an Essential Health Benefit in UnitedHealthcare medical plans, we are recommending you provide a quote for your clients for a vision plan. Your UnitedHealthcare Account Executive is available to review your options to provide a consistent and comprehensive family vision experience.

For groups with effective dates
January 01, 2017 - March 31, 2017

	Contribution	Exam/Lenses*/ Frames (months)	Copay	Frame Allowance	Contact Lens Allowance	Covered Lens Options	Employee	Employee + Spouse	Employee + Child (ren)	Employee + Family
V1026	100% Employer Paid	12/12/24	\$15/\$30	\$130	\$105	Dep Only	\$5.63	\$10.70	\$12.51	\$17.63
VL004		12/12/24	\$10/\$25	\$100	\$105	Dep Only	\$5.99	\$11.39	\$13.30	\$18.76
VH088		12/12/24	\$15/\$30	\$150	\$125	Dep Only	\$6.32	\$12.01	\$14.03	\$19.79
V1004		12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$6.44	\$12.23	\$14.29	\$20.15
VH106		12/12/24	\$10/\$25	\$150	\$150	Dep Only	\$7.50	\$14.24	\$16.64	\$23.46
V1001		12/12/12	\$10/\$10	\$130	\$105	Dep Only	\$8.24	\$15.65	\$18.29	\$25.78
V1022		12/12/24	\$0/\$0	\$130	\$105	Dep Only	\$9.13	\$17.34	\$20.26	\$28.57
V1049	50/50	12/12/24	\$15/\$30	\$130	\$105	Dep Only	\$5.96	\$11.33	\$13.23	\$18.66
V1048		12/12/12	\$15/\$30	\$130	\$105	Dep Only	\$6.42	\$12.19	\$14.24	\$20.08
V1020		12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$6.82	\$12.96	\$15.14	\$21.34
V1018		12/12/12	\$10/\$25	\$130	\$105	Dep Only	\$7.34	\$13.94	\$16.29	\$22.97
V1012	Employee Core	12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$6.44	\$13.52	\$15.90	\$23.43
V1010		12/12/12	\$10/\$25	\$130	\$105	Dep Only	\$6.94	\$14.56	\$17.13	\$25.25
VH010		12/12/12	\$10/\$25	\$150	\$105	Dep Only	\$7.25	\$15.23	\$17.92	\$26.40
V1043	Voluntary	12/12/24	\$15/\$30	\$130	\$105	Dep Only	\$6.86	\$13.04	\$15.23	\$21.48
VL008		12/12/24	\$10/\$25	\$100	\$105	Dep Only	\$7.31	\$13.88	\$16.22	\$22.87
V1031		12/12/12	\$15/\$30	\$130	\$105	Dep Only	\$7.39	\$14.04	\$16.41	\$23.13
VH089		12/12/24	\$15/\$30	\$150	\$125	Dep Only	\$7.71	\$14.65	\$17.11	\$24.13
V1008		12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$7.86	\$14.93	\$17.44	\$24.59
VH008		12/12/24	\$10/\$25	\$150	\$105	Dep Only	\$8.22	\$15.61	\$18.24	\$25.72
VH370		12/12/24	\$15/\$30	\$150	\$125	All	\$8.44	\$16.03	\$18.73	\$26.41
V1006		12/12/12	\$10/\$25	\$130	\$105	Dep Only	\$8.45	\$16.05	\$18.76	\$26.45
VH107		12/12/24	\$10/\$25	\$150	\$150	Dep Only	\$9.14	\$17.36	\$20.29	\$28.60
V1007		12/12/24	\$10/\$10	\$130	\$105	Dep Only	\$9.34	\$17.74	\$20.73	\$29.23

* Lenses or contacts may be received every 12 months, but not both.

Participation and Contribution Requirements:

Employer Paid: 75 - 100% employer contribution for both employees & dependents.

At least 75% participation of eligible employees less valid waivers, no to fall below 50% of total eligible employees.

Employee Core / Voluntary Dependents: 75 - 100% employer contribution for employees. No employer contribution requirements for dependents.

At least 75% participation of eligible employees less valid waivers, not fall below 50% of total eligible employees.

50% Employer Paid: 50- 74% employer contribution for employees. No employer contribution requirements for dependents.

At least 75% participation of eligible employees less valid waivers, no to fall below 50% of total eligible employees.

Voluntary: 0 - 49% employer contribution for employees. No employer contribution requirements for dependents.

Two eligible, only 1 to enroll.

- 24 month rate guarantee
- Monthly premiums
- 10% level broker commission is included

For a group quote with additional tier structure, situs states or plan designs, please contact your UnitedHealthcare Account Executive.

Fully Insured quotes: The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Affordable Care Act.

The rates and benefits provided are for general information and discussion purposes only and are not valid unless approved by UnitedHealthcare Specialty Benefits. This rate quote is not an offer or guarantee of coverage. The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare Specialty Benefits and final rates have been accepted by and initial premium paid by the groups. Final rates are determined by UnitedHealthcare Specialty Benefit's underwriting guidelines and final enrollment. The insurance Policy, not general rates and descriptions on this rate sheet, will form the contract between the insured and the insurance company, and the Certificate of Coverage issued to the subscriber will provide the legal description of

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

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