

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.

KS015 - MOK10

Core Essential Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Virtual Visits	Copay						RX Plan Code	
	Kansas	KCMO	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹		Spec	Lab/Xray	MRI, CT, etc.	Urgent Care		ER ⁴
					Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19						
Platinum	CD-05	CD-6X	80%	N/A	\$500	\$1,500	N/A	N/A	\$2,000	\$6,000	N/A	N/A	100%	\$20	\$0	\$60	Ded/Coin	Ded/Coin	\$50	\$500+Ded/Coin	620
Gold	CD-06	CD-6Y	80%	N/A	\$1,500	\$3,000	N/A	N/A	\$7,900	\$15,800	N/A	N/A	100%	\$20	\$0	\$60	Ded/Coin	Ded/Coin	\$50	\$500+Ded/Coin	620
Gold	CD-07	CD-6Z	80%	N/A	\$2,000	\$6,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	100%	\$20	\$0	\$60	Ded/Coin	Ded/Coin	\$50	\$500+Ded/Coin	620
Gold	CD-08	CD-62	80%	N/A	\$3,000	\$9,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	100%	\$20	\$0	\$60	Ded/Coin	Ded/Coin	\$50	\$500+Ded/Coin	620

Core Essential H S A Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Coinsurance						RX Plan Code
	Kansas	KCMO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Specialist	Urgent Care	ER	MRI, CT, etc. ⁹	
					Single	Family	Single	Family	Single	Family	Single	Family							
Gold	CD-09	CD-63	100%	N/A	\$2,900	\$5,800	N/A	N/A	\$4,000	\$8,000	N/A	N/A	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	\$250+Ded	Ded/Coin	619
Silver	CD-PA	CD-64	80%	N/A	\$3,750	\$7,500	N/A	N/A	\$6,350	\$12,700	N/A	N/A	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	E84
Silver	CD-PB	CD-65	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	E84



Choice Plus Premier Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visits	Copays							ER ⁴	Outpatient Surgery & Inpatient Facility	RX Plan Code
	Kansas	KCMO	Network	Out of Network	Network		Out of Network		Network		Out of Network			PCP ¹		Specialist		Lab/X-ray	MRI, CT etc.	Urgent Care			
					Single	Family	Single	Family	Single	Family	Ages 19+	Ages <19		Designated Network (Tier 1) ²	Network ³								
					Single	Family	Single	Family	Single	Family													
Gold	CD-PT	CD-7G	80%	50%	\$500	\$1,000	\$5,000	\$10,000	\$8,500	\$17,000	\$10,000	\$20,000	100%	\$35	\$0	\$35	\$70	\$40	\$500	\$50	\$500+Ded/Coin	80%	892
Platinum	CD-PN	CD-7A	100%	70%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	100%	\$25	\$0	\$25	\$50	\$40	\$500	\$50	\$500	100%	620
Gold	CD-PJ	CD-66	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$35	\$0	\$35	\$70	Ded/Coin	Ded/Coin	\$50	\$500+Ded/Coin	50%	619
Gold	CD-PK	CD-67	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	100%	\$25	\$0	\$25	\$50	\$40	\$500	\$50	\$800+Ded/Coin	80%	892
Gold	CD-PL	CD-68	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	100%	\$25	\$0	\$25	\$50	\$40	\$500	\$50	\$500+Ded/Coin	80%	892
Gold	CD-PR	CD-7E	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	100%	\$30	\$0	\$30	\$60	\$40	\$400	\$50	\$700+Ded/Coin	80%	892
Gold	CD-PM	CD-69	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,350	\$14,700	\$10,000	\$20,000	100%	\$25	\$0	\$25	\$50	\$40	\$500	\$50	\$250+Ded/Coin	80%	629
Gold	CD-PP	CD-7C	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	100%	\$30	\$0	\$30	\$60	\$40	\$400	\$50	\$250	80%	620
Gold	CD-PU	CD-7H	100%	70%	\$3,200	\$6,400	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	100%	\$25	\$0	\$25	\$50	\$40	\$500	\$50	\$500+Ded/Coin	100%	891



Choice Plus Primary Advantage Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay				ER ¹⁰	Lab/Xray	MRI, CT, etc.	Inpatient Facility	Outpatient Surgery	RX Plan Code
	Kansas	KCMO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Specialist	Urgent Care						
					Single	Family	Single	Family	Single	Family	Single	Family										
Platinum	BQ-LF	BQ-RB	80%	50%	\$500	\$1,000	\$7,500	\$15,000	\$2,000	\$4,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+20%	Ded/Coin	Ded/Coin	Ded/Coin	548	
Gold	BH-T5	BJ-GU	80%	50%	\$1,500	\$3,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+20%	Ded/Coin	Ded/Coin	Ded/Coin	548	
Gold	BH-UB	BJ-G2	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$5,500	\$11,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+20%	Ded/Coin	Ded/Coin	Ded/Coin	548	
Gold	BQ-LG	BQ-RA	80%	50%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+20%	Ded/Coin	Ded/Coin	Ded/Coin	548	
Gold	BQ-LJ	BQ-Q7	100%	70%	\$3,000	\$6,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+Ded	Ded	Ded	Ded	548	
Gold	BQ-LK	BQ-Q8	100%	70%	\$4,000	\$9,100	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250+Ded	Ded	Ded	Ded	548	
Gold	CD-OZ	CD-6M	80%	50%	\$1,000	\$2,000	\$7,500	\$15,000	\$7,500	\$14,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$500+Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin	548	
Platinum	CD-O2	CD-6N	100%	70%	\$1,000	\$2,000	\$7,500	\$15,000	\$4,000	\$8,000	\$15,000	\$30,000	\$0	\$0	\$100	\$50	\$250	Ded	Ded	Ded	548	

Choice Plus Standard Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay							RX Plan Code	
	Kansas	KCMO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹		Spec	Lab/Xray	MRI, CT, etc.	Urgent Care		ER ⁶
					Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19						
Gold	CD-OX	CD-6K	80%	50%	\$2,000	\$4,000	\$7,500	\$15,000	\$5,000	\$10,000	\$19,800	\$39,600	100%	\$45	\$0	\$90	\$40	\$500	\$50	\$500+Coin	620
Gold	CD-OY	CD-6L	80%	50%	\$3,000	\$6,000	\$10,500	\$21,000	\$7,000	\$14,000	\$19,050	\$38,100	100%	\$35	\$0	\$70	\$40	\$500	\$50	\$300+Coin	620



Choice Plus Flex Point Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays				ER	Lab/X-ray	RX Plan Code	
	Kansas	KCMO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹		Specialist				Urgent Care
					Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19					
FlexPoint with 4 visit limit⁶																				
Gold	CD-PV	CD-7I	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,250	\$14,500	\$10,000	\$20,000	100%	\$35	\$0	\$70	\$50	\$500+Ded/Coins	Ded/Coins	620
Gold	CD-PO	CD-7B	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,250	\$12,500	\$12,500	\$25,000	100%	\$35	\$0	\$70	\$50	\$250+Ded	Ded/Coins	620

Choice Plus HSA Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Coinsurance					MRL, CT, etc. ⁹	RX Plan Code
	Kansas	KCMO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	Specialist	Urgent Care	ER		
					Single	Family	Single	Family	Single	Family	Single	Family							
Silver	CD-PD	CD-6P	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$500+Ded/Coins	Ded/Coins	E84
Gold	CD-O4	CD-6W	100%	70%	\$3,500	\$7,000	\$7,500	\$15,000	\$4,000	\$8,000	\$15,000	\$30,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$250+Ded	Ded/Coins	635
Silver	CD-PC	CD-6O	80%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	E84
Silver	CD-PI	CD-6S	100%	70%	\$4,500	\$9,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$500+Ded	E84
Bronze	CD-PF	CD-6R	80%	50%	\$6,250	\$12,500	\$6,500	\$13,000	\$6,850	\$13,700	\$10,000	\$20,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$750+Ded/Coins	Ded/Coins	E84



Choice Plus Premier

Metallic Level	Kansas	KCMO	Coinsurance		Deductible				Out-of-Pocket Maximum				Copays								Inpatient Facility	Outpatient Surgery	RX Plan Code	
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹		Specialist		Lab/X-ray	Urgent Care	MRI, CT, etc.				ER
					Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Designated Network	Network							
Gold	CD-PQ	CD-7D	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$8,500	\$17,000	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	Ded/Coin	\$50	Ded/Coin	\$700+Ded/Coin	Ded/Coin	619	
Gold	BQ-LM	BQ-RD	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	Ded/Coin	\$50	Ded/Coin	\$300+Ded/Coin	Ded/Coin	619	
Gold	BQ-LN	BQ-RE	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	Ded/Coin	\$50	Ded/Coin	\$300+Ded/Coin	Ded/Coin	619	
Gold	CD-P8	CD-7T	80%	50%	\$4,000	\$8,000	\$6,000	\$12,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	Ded/Coin	\$50	Ded/Coin	\$300+Ded/Coin	Ded/Coin	619	

Choice Plus Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-of-Pocket Maximum				Copays								RX Plan Code	
	Nebraska	Western Iowa	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹		Specialist		Lab/X-ray ^{1a}	Urgent Care	MRI, CT, etc.		ER ⁴
					Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Designated Network (Tier 1) ²	Network ³					
Silver	CD-P3	CD-7O	70%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	100%	\$30	N/A	\$60	\$60+Ded	Ded/Coin	\$50	Ded/Coin	\$500+Ded/Cpon	E38
Silver	CD-P5	CD-7Q	70%	50%	\$6,000	\$12,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	100%	\$40	N/A	\$80	\$80+Ded	Ded/Coin	\$50	Ded/Coin	\$500+Ded/Cpon	E38
Silver	CD-P6	CD-7R	70%	50%	\$7,000	\$14,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	100%	\$50	N/A	\$100	\$10+Ded	Ded/Coin	\$50	Ded/Coin	\$500+Ded/Cpon	E38



Pharmacy Plans

PDL	Rx Plan Code	Deductible	Copayments				Mail Order Ratio
		Single/Family	Tier 1	Tier 2	Tier 3 *	Tier 4 *	
Advantage	629	N/A	\$10	\$45	\$85	\$250	2.5
Advantage	619	N/A	\$10	\$35	\$70	\$200	2.5
Advantage	620	N/A	\$15	\$40	\$75	\$200	2.5
Advantage	891	N/A	\$20	\$50	\$85	\$200	2.5
Advantage	892	N/A	\$20	\$55	\$90	\$200	2.5
Advantage	548 *	\$250/\$500	\$5	\$50	\$100	\$250	2.5
Essential	E38*	\$300/\$600	\$10	\$65	\$125	\$250	2.5
Essential	E84	N/A	\$10	\$50	\$125	\$300	2.5

* Pharmacy deductible applies to the 3rd and 4th tiers

H S A Pharmacy Plans

PDL	Rx Plan Code	Deductible	Copayments				Mail Order Ratio
		Single/Family	Tier 1	Tier 2	Tier 3	Tier 4	
Advantage	635	Same as Med	\$5	\$60	\$100	\$200	2.5
Advantage	619	Same as Med	\$10	\$35	\$70	\$200	2.5
Essential	E84	Same as Med	\$10	\$50	\$125	\$300	2.5



Foot Notes

All Deductible, Copays, Coinsurances, Per Occurrence Deductibles and Rx Copays and Rx Deductibles apply toward the out-of-pocket maximum

- 1 Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.
- 2 This tier of benefits applies to UnitedHealth Premium Designated Tier 1 quality and efficiency designated providers. Please visit myuhc.com for details.
- 3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians that are not quality and efficiency designated.
- 4 Plan deductible is waived for Emergency Room visits on plans where copay or copay+coinsurance are 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 "FlexPoint" plans feature a copayment for four Office visits and Urgent Care visits during the calendar year or policy year, depending on plan type selected. Office and Urgent Care visits above those limits will be subject to deductible/coinsurance. This is a separate limit for both Physician Office Visits and Urgent Care visits. Plans feature one Preventive Care visit per service per year, which does not count against the office visit copay limit. Office visits on Flexpoint plans are counted on either a calendar or policy year basis. Office visits accrued under an existing UHC plan will apply to the Flexpoint office visit maximum until the next calendar or policy year, at that point the count will reset.
- 9 Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.
- 10 Per Occurrence Deductibles are prior to and in addition to any required deductible and coinsurance.

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.

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 affect the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.

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 a 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 UnitedHealthcare plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Kansas and Missouri, Inc.

10/19 BROKERS

