

North Texas Employer Health Plan Cooperative

North Texas
1-50 ATNE Employees
Effective Date: November 1, 2018

UnitedHealthcare Multi-Choice allows you to purchase one health plan package with multiple benefit design options (choose up to 5 plans) to meet a variety of health care and financial needs. Your employees can choose the option that meets their individual needs, whether it's saving money on essential coverage or paying additional dollars for more comprehensive coverage. And you can keep or change your benefit design package year after year, ensuring that your health plan will evolve with the changing needs of your business and your employees.

UnitedHealthcare Primary Advantage Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays								Deductible Type ⁵	RX
Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec ³	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery		
				Single	Family	Single	Family	Single	Family	Single	Family										
AN-DI	AN-DO	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455
AN-DK	AN-DQ	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455
AN-DL	AN-DR	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$0	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	455

UnitedHealthcare Premier PROformance Plans

Plan Codes		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copays										Deductible Type ⁵	RX
Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery		
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³								
AX-KO	AX-KW	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-KP	AX-KX	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU
AX-KQ	AX-KY	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$50	\$100	\$0	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	Emb	IU

North Texas Employer Health Plan Cooperative plans are available in the following counties: Archer, Cooke, Dallas, Denton, Ellis, Erath, Grayson, Hood, Johnson, Kaufman, Montague, Navarro, Palo Pinto, Parker, Rockwall, Somervall, Tarrant, Wichita Falls, Wise, Young, Clay and Jack

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UnitedHealthcare Premier Value plans

Plan Codes		Coinsurance		Deductibles				Out of Pocket Maximum				Copays										RX
Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³							
BC-ZB	BC-1U	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400	Ded	\$400	\$250+Ded	IU
BC-ZC	BC-1V	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$45	\$90	\$0	\$100	\$400	Ded	\$400	\$250+Ded	IU
BC-ZE	BC-1X	80%	50%	\$1,500	\$4,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$40	\$80	\$0	\$100	\$400 + 20%	Ded + 20%	\$400	\$250+Ded+20%	IU

UnitedHealthcare Premier Plans

Plan Codes		Plan Type	Coinsurance		Deductibles				Out of Pocket Maximum				Copays										RX
Choice+	EPO ¹¹		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec		Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ²	Spec ³							
BC-X9	BC-ZS	Premier	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$300	100%	Ded	Ded	IU
BC-YA	BC-ZT	Premier	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$35	\$70	\$0	\$75	\$300	100%	Ded	Ded	IU
BC-YF	BC-ZY	Premier	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$30	\$60	\$0	\$75	\$250+20%	100%	Ded+20%	Ded+20%	IU

UnitedHealthcare Health Savings Account (HSA) Plans

Plan Codes			Coinsurance		Deductibles				Out of Pocket Maximum				Copays										Deductible Type ⁵	RX
Choice+	EPO ¹¹	Navigate ^{8,11}	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP	Spec ³	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.	Inp / Out Surgery				
					Single	Family	Single	Family	Single	Family	Single	Family												
AE-3L	AG-X8	AG-YS	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	2V	
AE-3M	AG-X9		100%	70%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	MM	

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UnitedHealthcare Navigate Plans^{8,11}

Plan Code	Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type ⁵	RX	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹		Spec with Referral	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.			Inp / Out Surgery
			Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP									
AY-Y9	100%	N/A	\$3,000	\$6,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	IU
AY-ZI	80%	N/A	\$2,000	\$4,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40.00	\$500	Ded+20%	Emb	IU

UnitedHealthcare Dallas Charter Plans^{8,11}

These plans are available in the following counties: Dallas, Denton, Ellis, Fannin, Hunt, Johnson, Parker, Rockwall and Tarrant

Plan Codes	PLAN TYPE	Coinsurance		Deductibles				Out of Pocket Maximum				Copays								Deductible Type ⁵	RX	
		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP		SCP	Virtual Visit	Urgent Care	ER	Lab/ XRay	MRI, CT, etc.			Inp / Out Surgery
				Single	Family	Single	Family	Single	Family	Single	Family	Dep <19	PCP									
AY-ZG	Charter	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$10	\$60	\$0	\$25	\$500+Ded	\$40	\$500	Ded	Emb	IU
AY-ZP	Charter	80%	N/A	\$4,000	\$8,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$0	\$10	\$60	\$0	\$25	\$500+Ded+20%	\$40.00	\$500	80%	Emb	IU
AG-ZN	HSA Charter	100%	N/A	\$6,350	\$12,700	N/A	N/A	\$6,350	\$12,700	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	MM

Pharmacy Plans

Rx Plan Code	Copays				RX Deductible Ind/Fam	Mail Order Ration
	Tier 1	Tier 2	Tier 3	Tier 4		
2V	\$10	\$35	\$60		N/A	2.5
IU	\$15	\$40	\$75		N/A	2.5
455	\$5	\$50	\$100	\$250	\$250/\$500	2.5
MM	No Copay	No Copay	No Copay	No Copay	Same as Medical	No Copay

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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 in specialties where there is no UnitedHealth Premium designation program and for physicians who are not UnitedHealth Premium Tier 1 Designated.

5 "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met.

"Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

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

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

Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible. Insurance coverage provided by or through by United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.