

2020 Health Plan Product Offering

Texas Charter Packages MC37

1-50 ATNE Employees

July 1, 2020

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.

UnitedHealthcare Premier PROformance Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan	
	Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family											
G	BR-QU	BR-QX	80%	50%	\$1,500	\$3,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
G	BR-QV	BR-QY	80%	50%	\$2,500	\$5,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
G	BR-RD	BR-RE	80%	50%	\$3,500	\$7,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
S	BR-QT	BR-QW	80%	50%	\$6,500	\$13,000	\$10,000	\$30,000	\$7,900	\$15,800	\$20,000	\$60,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
G	BR-RG	BR-RH	80%	50%	\$1,200	\$2,400	\$5,000	\$15,000	\$6,900	\$13,800	\$10,000	\$30,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250
G	BR-RJ	BR-RK	80%	50%	\$2,000	\$4,000	\$10,000	\$30,000	\$6,900	\$13,800	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250
G	BR-RM	BR-RN	80%	50%	\$3,000	\$6,000	\$10,000	\$30,000	\$6,900	\$13,800	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250
G	BR-RP	BR-RQ	80%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$6,900	\$13,800	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250

2020 Health Plan Product Offering

Texas-Non-Charter MC38

1-50 ATNE Employees

July 1, 2020

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.

UnitedHealthcare Premier PROformance Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan	
	Choice+	EPO ¹¹	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family											
G	BR-QU	BR-QX	80%	50%	\$1,500	\$3,000	\$5,000	\$15,000	\$6,500	\$13,000	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
G	BR-QV	BR-QY	80%	50%	\$2,500	\$5,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
G	BR-RD	BR-RE	80%	50%	\$3,500	\$7,000	\$5,000	\$15,000	\$6,300	\$12,600	\$10,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
S	BR-QT	BR-QW	80%	50%	\$6,500	\$13,000	\$10,000	\$30,000	\$7,900	\$15,800	\$20,000	\$60,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250
G	BR-RG	BR-RH	80%	50%	\$1,200	\$2,400	\$5,000	\$15,000	\$6,900	\$13,800	\$10,000	\$30,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250
G	BR-RJ	BR-RK	80%	50%	\$2,000	\$4,000	\$10,000	\$30,000	\$6,900	\$13,800	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250
G	BR-RM	BR-RN	80%	50%	\$3,000	\$6,000	\$10,000	\$30,000	\$6,900	\$13,800	\$20,000	\$60,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250

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July 1, 2020

UnitedHealthcare Premier Value Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan	
	Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family											
G	BI-Y7	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	BR-QP	BR-QS	100%	70%	\$7,000	\$14,000	\$10,000	\$30,000	\$7,900	\$15,800	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$50	\$500	Ded	\$400	\$250+Ded	DV-20/45/80

UnitedHealthcare Primary Advantage Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	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		
				Single	Family	Single	Family	Single	Family												
S	BR-PT	70%	50%	\$5,500	\$11,000	\$10,000	\$20,000	\$7,350	\$14,700	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+ Ded+30%	Ded+30%	Ded+30%	Ded+30%	548 - 5/50/100/250 ¹⁶	

UnitedHealthcare Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan
	Choice+	EPO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des ^{1,2}	PCP ³	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	
					Single	Family	Single	Family	Single	Family	Single	Family									
Silver	CB-U5	CB-UZ	70%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	\$0	\$30	**\$30	\$60	**\$60	\$50	\$500+Ded+30%	Ded+30%	E-38
Silver	CB-U6	CB-U2	70%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$0	\$35	**\$35	\$70	**\$70	\$50	\$500+Ded+30%	Ded+30%	E-38
Silver	CB-U7	CB-U3	70%	50%	\$6,000	\$12,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	\$0	\$40	**\$40	\$80	**\$80	\$50	\$500+Ded+30%	Ded+30%	E-38
Bronze	CB-U8	CB-U4	70%	50%	\$7,000	\$14,000	\$10,000	\$30,000	\$8,150	\$16,300	\$20,000	\$60,000	\$0	\$50	**\$50	\$100	**\$100	\$50	\$500+Ded+30%	Ded+30%	E-38

* Assured plans utilize Essential RX E-38: \$300/\$600 deductible on tier 3&4 10/65/125/250

** Non Premium Designated (PD) PCP and Specialist copays apply after deductible

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Texas-Non-Charter MC38

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UnitedHealthcare Premier Value Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan	
	Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family											
G	BI-Y7	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	BR-QP	BR-QS	100%	70%	\$7,000	\$14,000	\$10,000	\$30,000	\$7,900	\$15,800	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$50	\$500	Ded	\$400	\$250+Ded	DV-20/45/80
S	BI-ZM	BI-ZN	50%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,300	\$14,600	\$20,000	\$60,000	\$0	\$35	\$0	\$35	\$70	\$50	\$400+50%	Ded+50%	\$400	\$250+Ded+50%	DV-20/45/80

UnitedHealthcare Primary Advantage Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan	
	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			
					Single	Family	Single	Family	Single	Family	Single	Family											
S	BR-PU	BR-PT	70%	50%	\$5,500	\$11,000	\$10,000	\$20,000	\$7,350	\$14,700	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+30%	Ded+30%	Ded+30%	Ded+30%	\$400	\$250+Ded+30%	548 - 5/50/100/250 ¹⁶

UnitedHealthcare Assured Plans

Metallic Level	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan
	Choice+	EPO	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Prem Des ^{1,2}	PCP ³	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray		
					Single	Family	Single	Family	Single	Family	Single	Family										
Silver	CB-U5	CB-UZ	70%	50%	\$4,000	\$8,000	\$10,000	\$30,000	\$6,500	\$13,000	\$20,000	\$60,000	\$0	\$30	**\$30	\$60	**\$60	\$50	\$500+Ded+30%	Ded+30%	E-38	
Silver	CB-U6	CB-U2	70%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,000	\$14,000	\$20,000	\$60,000	\$0	\$35	**\$35	\$70	**\$70	\$50	\$500+Ded+30%	Ded+30%	E-38	
Silver	CB-U7	CB-U3	70%	50%	\$6,000	\$12,000	\$10,000	\$30,000	\$8,000	\$16,000	\$20,000	\$60,000	\$0	\$40	**\$40	\$80	**\$80	\$50	\$500+Ded+30%	Ded+30%	E-38	
Bronze	CB-U8	CB-U4	70%	50%	\$7,000	\$14,000	\$10,000	\$30,000	\$8,150	\$16,300	\$20,000	\$60,000	\$0	\$50	**\$50	\$100	**\$100	\$50	\$500+Ded+30%	Ded+30%	E-38	

* Assured plans utilize Essential RX E-38: \$300/\$600 deductible on tier 3&4 10/65/125/250

** Non Premium Designated (PD) PCP and Specialist copays apply after deductible

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Texas Charter Packages MC37

1-50 ATNE Employees

July 1, 2020

UnitedHealthcare Health Savings Account (HSA) Motion Plans

Metallic	Plan Code		Contrib Range	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Rx Plan ⁹	Ded Type ⁵		
	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	
						Single	Family	Single	Family	Single	Family	Single	Family											
S	BI-XM	AE-O5	\$0-\$200	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%	871-0/25/50/100	Emb
B	BI-XV	AV-VX	\$0-\$0	100%	70%	\$6,650	\$13,300	\$10,000	\$30,000	\$6,650	\$13,300	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	273-100%	Emb

UnitedHealthcare Navigate Plans^{8, 11}

Metallic	Navigate Plan Code	Plan Type	Contrib Range	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									Rx Plan	Ded Type ⁵
					Network		Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery		
					Single	Family	Single	Family											
S	BR-RT	PROformance	N/A	80%	\$3,000	\$6,000	\$6,900	\$13,800	\$0	\$10	\$0	\$40-Prem Des/\$80	\$25	\$300+ Ded+20%	\$40	\$500	Ded+20%	627-5/50/100/250	Emb

UnitedHealthcare Charter HMO Plans^{8, 11}

Metallic	Charter Plan Code	Plan Type	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence									Ded Type ⁵	Rx Plan
				Network		Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery		
				Single	Family	Single	Family											
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	BR-P8	Copay	80%	\$1,000	\$3,000	\$7,350	\$14,700	\$0	\$20	\$0	\$60	\$50	\$500	Ded+20%	\$500	Ded+20%	Emb	DT-15/40/70
S	BI-YW	HSA w/Motion	100%	\$5,000	\$10,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	871-0/25/50/100
B	BI-YY	HSA w/Motion	100%	\$6,650	\$13,300	\$6,650	\$13,300	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	273-100%

Charter is available in the following counties in North Texas: Collin, Dallas, Denton, Ellis, Fannin, Hunt, Johnson, Parker, Rockwall and Tarrant

Charter is available in the following counties in Houston: Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery

Charter is available in the following counties in El Paso: El Paso and Hudspeth

Charter is available in the following counties in Lubbock: Lubbock, Hale and Hockley

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Texas-Non-Charter MC38

1-50 ATNE Employees

July 1, 2020

UnitedHealthcare Health Savings Account (HSA) Motion Plans

Metallic	Plan Code		Contrib Range	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								Rx Plan ⁹	Ded Type ⁵		
	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				
						Single	Family	Single	Family	Single	Family	Single	Family												
S	BI-XM	AE-O5	\$0-\$200	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%	100%	871-0/25/50/100	Emb
B	BI-XV	AV-VX	\$0-\$0	100%	70%	\$6,650	\$13,300	\$10,000	\$30,000	\$6,650	\$13,300	\$20,000	\$60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	273-100%	Emb
S	N/A	AE-O7	\$0-\$150	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%	80%	871-0/25/50/100	Emb

UnitedHealthcare Navigate Plans^{8, 11}

Metallic	Navigate Plan Code	Plan Type	Contrib Range	Coins	Deductible		Out-Of-Pocket Maximum		Copay/Per Occurrence										Rx Plan	Ded Type ⁵				
					Network		Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec w/PCP Referral	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery							
					Single	Family	Single	Family																
G	BR-RS	PROformance	N/A	80%	\$3,500	\$7,000	\$6,300	\$12,600	\$0	\$15	\$0	\$50-Prem Des/\$100	\$25	\$300+ Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	Ded+20%	627-5/50/100/250	Emb
G	AV-V4	Copay	N/A	100%	\$3,000	\$9,000	\$5,000	\$10,000	\$0	\$15	\$0	\$45	\$50	\$650	Ded	\$500	\$250+Ded	\$250+Ded	\$250+Ded	\$250+Ded	\$250+Ded	\$250+Ded	099-15/50/100/125	Emb
S	AE-PE	HSA W/Motion	\$0-\$200	100%	\$5,000	\$10,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	871-0/25/50/100	Emb

UnitedHealthcare Premier Plans

Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence										Rx Plan
	Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.	I/P & O/P Surgery	
					Single	Family	Single	Family	Single	Family	Single	Family											
G	BR-QN	BR-QQ	100%	70%	\$3,500	\$10,500	\$5,000	\$15,000	\$7,900	\$15,800	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$350	100%	\$400	Ded	DV-20/45/80

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Metallic	Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Rx Plan	
	Choice+	EPO ¹¹	Network Physician	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec Prem Des ²	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT.		I/P & O/P Surgery
					Single	Family	Single	Family	Single	Family	Single	Family											
G	BR-QN	BR-QQ	100%	70%	\$3,500	\$10,500	\$5,000	\$15,000	\$7,900	\$15,800	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$50	\$350	100%	\$400	Ded	DV-20/45/80

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
871*	\$0	N/A	\$25	N/A	\$50	N/A	\$100	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
DV	\$20	\$20	\$45	\$100	\$80	\$300	N/A	N/A	N/A	N/A	2.5
627	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	N/A	N/A	2.5
548	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5
E38**	\$10	N/A	\$65	N/A	\$125	N/A	\$250	N/A	\$300	\$600	2.5
273*	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.

**E38 RX plan utilizes the Essential PDL

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 benefit applies to Physicians that 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, Navigate and Charter 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

16 \$250 individual and \$500 family Rx deductible applies to Tier 3 and 4 only

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2020 Health Plan Product Offering

Texas-Non-Charter MC38

1-50 ATNE Employees

July 1, 2020

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	
871*	\$0	N/A	\$25	N/A	\$50	N/A	\$100	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
099	\$15	\$15	\$50	\$100	\$100	\$300	\$125	\$500	N/A	N/A	2.5
627	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	N/A	N/A	2.5
548	\$5	N/A	\$50	N/A	\$100	N/A	\$250	N/A	\$250	\$500	2.5
E38**	\$10	N/A	\$65	N/A	\$125	N/A	\$250	N/A	\$300	\$600	2.5
273*	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.

**E38 RX plan utilizes the Essential PDL

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 benefit applies to Physicians that 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 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 Copayment and/or copayment+coinsurance 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

16 \$250 individual and \$500 family Rx deductible applies to Tier 3 and 4 only

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