

## 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.

**Kentucky**  
2-50 Segment  
Effective 01/01/2017

### Standard HMO Choice Plus Plans

Metallic Level	Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible Type <sup>5</sup>	Rx Plan <sup>15</sup>
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>		
					Single	Family	Single	Family	Single	Family	Single	Family							
Gold	AL-FJ	Choice Plus	80%	50%	\$500	\$1,000	\$1,500	\$3,000	\$5,000	\$10,000	\$13,500	\$27,000	\$25	\$25	\$50	\$100	\$300+20%	Emb	NS
Gold	AC-TB	Choice Plus	80%	50%	\$500	\$1,000	\$1,500	\$3,000	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$30	\$60	\$100	\$300+20%	Emb	DT
Gold	AL-FO	Choice Plus	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$5,000	\$9,000	\$15,000	\$30,000	\$25	\$30	\$60	\$100	\$300+20%	Emb	NS
Gold	6LT	Choice Plus	80%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$4,500	\$9,000	\$13,500	\$27,000	\$25	\$25	\$50	\$100	\$300+20%	Emb	NS
Silver	AL-FR	Choice Plus	100%	70%	\$3,000	\$6,000	\$9,000	\$18,000	\$7,150	\$14,300	\$18,750	\$37,500	\$25	\$40	\$80	\$100	\$400	Emb	GV
Gold	AL-FP	Choice Plus	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,000	\$7,000	\$15,000	\$30,000	\$25	\$30	\$60	\$100	\$300+20%	Emb	NS
Silver	AL-FM	Choice Plus	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$7,150	\$14,300	\$18,750	\$37,500	\$25	\$40	\$80	\$100	\$400+20%	Emb	GV
Silver	AL-FL	Choice Plus	80%	60%	\$2,500	\$5,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$25	\$40	\$80	\$100	\$400+20%	Emb	GV
Silver	AL-FI	Choice Plus	80%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,400	\$12,800	\$18,750	\$37,500	\$25	\$35	\$70	\$100	\$300+20%	Emb	DT
Silver	AC-SW	Choice Plus	80%	60%	\$4,000	\$8,000	\$12,000	\$24,000	\$6,250	\$12,500	\$18,750	\$37,500	\$25	\$30	\$60	\$100	\$300+20%	Emb	DT
Silver	6M-V	Choice Plus	80%	60%	\$5,000	\$10,000	\$15,000	\$30,000	\$6,250	\$12,500	\$18,750	\$37,500	\$25	\$30	\$60	\$100	\$300+20%	Emb	DT
Silver	AC-ST	Choice Plus	60%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$6,600	\$13,200	\$18,750	\$37,500	\$25	\$35	\$70	\$100	\$400+40%	Emb	GV

80/50/50 Plans<sup>16</sup>

Metallic Level	Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible Type <sup>5</sup>	Rx Plan <sup>15</sup>
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>		
					Single	Family	Single	Family	Single	Family	Single	Family							
Silver	AL-F6	Choice Plus	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$7,150	\$14,300	\$18,750	\$37,500	\$25	\$45	\$90	\$100	\$400+20%	Emb	GV
Silver	AL-FK	Choice Plus	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$7,150	\$14,300	\$12,500	\$25,000	\$25	\$35	\$70	\$100	\$300+20%	Emb	GV
Silver	AL-F5	Choice Plus	80%	50%	\$2,500	\$5,000	\$3,000	\$6,000	\$6,850	\$13,700	\$18,750	\$37,500	\$25	\$30	\$60	\$100	\$300+20%	Emb	DT

Flex Plans

Metallic Level	Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence <sup>9</sup>					Deductible Type <sup>5</sup>	Rx Plan <sup>15</sup>	
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>			
					Single	Family	Single	Family	Single	Family	Single	Family								
FlexPoint with 3 visit limit <sup>6</sup>																				
Silver	AL-GA	80/50/50 Flex	80%	50%	\$1,500	\$3,000	\$6,000	\$12,000	\$6,800	\$13,700	\$19,200	\$38,400	\$25	\$35	\$70	\$100	\$300+20%	Emb	GV	
Silver	AC-S9	80/50/50 Flex	80%	50%	\$2,000	\$4,000	\$9,000	\$18,000	\$6,400	\$12,800	\$19,200	\$38,400	\$25	\$30	\$60	\$100	\$300+20%	Emb	GV	
Silver	AC-TI	80/50/50 Flex	80%	50%	\$2,500	\$5,000	\$12,000	\$24,000	\$6,400	\$12,800	\$19,200	\$38,400	\$25	\$30	\$60	\$100	\$300+20%	Emb	NS	
Silver	AC-TA	Flex	80%	50%	\$3,000	\$6,000	\$15,000	\$30,000	\$6,400	\$12,800	\$19,200	\$38,400	\$25	\$30	\$60	\$100	\$300+20%	Emb	NS	

Multi Choice Package	Metallic Level	Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence				Per Occurrence Deductible			Deductible Type <sup>5</sup>	Rx Plan
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>17</sup>	Spec <sup>18</sup>	Urgent Care <sup>18</sup>	ER <sup>10</sup>	Inpatient Facility <sup>10</sup>	Outpatient Surgery <sup>10</sup>		
					Single	Family	Single	Family	Single	Family	Single	Family									
FlexFree with 3 Office Visit limit and 2 Urgent Care Visit limit <sup>11, 17, 18</sup>																					
Silver	AL-GD	Flex	80%	N/A	\$2,250	\$4,500	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$25	100%	100%	100%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	Emb	369
Silver	AL-GE	Flex	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	\$25	100%	100%	100%	\$250+Ded+20%	\$250+Ded+20%	\$250+Ded+20%	Emb	368

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**HSA Plans**

Metallic Level	Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence <sup>9</sup>					Deductible Type <sup>5</sup>	Rx Plan <sup>15</sup>
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>		
					Single	Family	Single	Family	Single	Family	Single	Family							
Silver	AL-F8	Choice Plus	100%	50%	\$2,850	\$5,700	\$7,500	\$15,000	\$6,250	\$12,500	\$18,750	\$37,500	\$25	\$35	\$70	\$100	\$400	Emb	GV
Silver	AL-FN	Choice Plus	100%	70%	\$4,000	\$8,000	\$15,000	\$30,000	\$6,550	\$13,100	\$18,750	\$25,000	\$25	\$25	\$50	\$100	\$300	Emb	NS
Silver	AC-TE	Choice Plus	80%	50%	\$2,700	\$5,400	\$7,500	\$15,000	\$6,250	\$12,500	\$18,750	\$37,500	80%	80%	80%	80%	80%	Emb	NS
Silver	AL-F7	Choice Plus	80%	70%	\$3,500	\$7,000	\$9,000	\$18,000	\$6,550	\$13,100	\$18,750	\$37,500	80%	80%	80%	80%	80%	Emb	NS
Bronze	AL-GC	Choice	100%	N/A	\$6,550	\$13,100	N/A	N/A	\$6,550	\$13,100	N/A	N/A	100%	100%	100%	100%	100%	Emb	MM

**Navigate Plans<sup>8, 11</sup>**

Metallic Level	Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible Type <sup>5</sup>	Rx Plan <sup>15</sup>
			Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	Urgent Care	ER <sup>4</sup>		
					Single	Family	Single	Family	Single	Family	Single	Family							
Gold	AC-TL	Navigate	80%	N/A	80%	N/A	80%	N/A	N/A	\$500	\$1,000	\$4,500	\$9,000	\$25	\$30	\$60	\$300+20%	Emb	NS
Gold	AC-TM	Navigate	80%	N/A	80%	N/A	80%	N/A	N/A	\$1,000	\$2,000	\$4,500	\$9,000	\$25	\$25	\$50	\$300+20%	Emb	NS
Silver	AL-FY	Navigate	80%	N/A	80%	N/A	80%	N/A	N/A	\$1,750	\$3,500	\$7,150	\$14,300	\$25	\$45	\$90	\$400+20%	Emb	GV
Silver	AL-FZ	Navigate	80%	N/A	80%	N/A	80%	N/A	N/A	\$2,000	\$4,000	\$7,150	\$14,300	\$25	\$45	\$90	\$400+20%	Emb	GV
Silver	AL-FS	Navigate	80%	N/A	80%	N/A	80%	N/A	N/A	\$2,500	\$5,000	\$7,150	\$14,300	\$25	\$35	\$70	\$300+20%	Emb	GV
Silver	AL-FT	Navigate	80%	N/A	80%	N/A	80%	N/A	N/A	\$3,000	\$6,000	\$6,500	\$13,000	\$25	\$35	\$70	\$300+20%	Emb	DT
Silver	AC-TT	Navigate	80%	N/A	80%	N/A	80%	N/A	N/A	\$5,000	\$10,000	\$6,250	\$12,500	\$25	\$30	\$60	\$300+20%	Emb	NS

**Navigate Plus Plans<sup>8</sup>**

Metallic Level	Plan Code	Plan Type	Coinsurance							Deductible				Out-Of-Pocket Maximum				Copoly/Per Occurrence				Deductible Type <sup>5</sup>	Rx Plan <sup>15</sup>
			Network	Network w/o referral	Inpatient	Inpatient w/o referral	Outpatient	Outpatient w/o referral	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	ER <sup>4</sup>		
										Single	Family	Single	Family	Single	Family	Single	Family						
Gold	6M-2	Navigate Plus	80%	50%	80%	50%	80%	50%	50%	\$1,000	\$2,000	\$3,000	\$6,000	\$4,500	\$9,000	\$13,500	\$27,000	\$25	\$25	\$50	\$300+20%	Emb	NS
Silver	AL-FU	Navigate Plus	80%	50%	80%	50%	80%	50%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,500	\$13,000	\$18,750	\$37,500	\$25	\$35	\$70	\$300+20%	Emb	DT
Silver	AL-FV	Navigate Plus	70%	50%	70%	50%	70%	50%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$7,150	\$14,300	\$19,800	\$39,600	\$25	\$45	\$90	\$400+30%	Emb	GV

**Navigate HSA Plans<sup>8, 11</sup>**

Metallic Level	Plan Code	Plan Type <sup>8, 9, 11</sup>	Coinsurance							Deductible				Out-Of-Pocket Maximum				Copoly/Per Occurrence				Deductible Type <sup>5</sup>	Rx Plan <sup>15</sup>
			Network	Network w/o referral	Inpatient	Inpatient w/o referral	Outpatient	Outpatient w/o referral	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup>	Spec	ER <sup>4</sup>		
										Single	Family	Single	Family	Single	Family	Single	Family						
Silver	AL-FX	Navigate	100%	N/A	100%	N/A	100%	N/A	N/A	\$2,700	\$5,400	N/A	N/A	\$6,550	\$13,100	N/A	N/A	\$25	\$35	\$70	\$400	Emb	GV
Silver	AL-FW	Navigate	100%	N/A	100%	N/A	100%	N/A	N/A	\$3,000	\$6,000	N/A	N/A	\$6,400	\$12,800	N/A	N/A	\$25	\$35	\$70	\$300	Emb	NS
Silver	AL-F2	Navigate	100%	N/A	100%	N/A	100%	N/A	N/A	\$3,500	\$6,000	N/A	N/A	\$6,550	\$13,100	N/A	N/A	\$25	\$35	\$70	\$300	Emb	GV

**Navigate Premier<sup>2, 11</sup>**

Plan Code	Coinsurance				Deductible				Out of Pocket Maximum				Copayments				Per Occurrence Deductibles						Deductible Type <sup>5</sup>	
	Network	Out of Network	Physician Professional Services		Network		Out of Network		Network		Out of Network		PCP <sup>1</sup>		Specialist		Urgent Care	ER <sup>4</sup>	ER	Major Diagnostic MRI, CT etc.	Outpatient Surgery/Scopic	Inpatient Hospital		Therapeutic Treatments
			Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>	Single	Family	Single	Family	Single	Family	Single	Family	Designated Network (Tier 1) <sup>2</sup>	Network <sup>3</sup>										
AL-F3	60%	N/A	80%	60%	\$2,000	\$4,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$45	\$90	\$100	60%	\$125	80%	\$250	\$250	\$250	\$500	\$250	Emb

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### Standard/Specialty Rx plans

Rx Plan Code	Copays						Deductible		Mail Order Ratio
	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Single	Family	
NS	\$10	\$10	\$35	\$100	\$60	\$300	N/A	N/A	2.5
NS*	\$10	\$10	\$35	\$100	\$60	\$300	Same as Medical	Same as Medical	2.5
GV	\$15	\$15	\$45	\$100	\$85	\$300	N/A	N/A	2.5
DT	\$15	\$15	\$40	\$100	\$70	\$300	N/A	N/A	2.5

### Standard/Essential Rx Plans

Rx Plan Code	Copays				Deductible		Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
368	\$5	\$35	\$135	\$285	N/A	N/A	2.5
369	\$5	\$50	\$150	\$300	N/A	N/A	2.5
MM	No Copay	No Copay	No Copay	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 General Practice, Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- 2 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated providers. Please visit myuhc.com for details.
- 3 This tier of benefits applies to physicians 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 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 "Flexpoint" plans feature a copay for office and urgent care visits one through four during the calendar year or plan year, depending on plan type selected. Office visits and urgent care visits four and over will be subject to plan deductible/coinsurance. This is a separate limit for both Physician Office Visits and Urgent Care visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copay limit.
- 8 "Navigate" plans (Navigate, Balanced, Plus) 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 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
- 15 Pharmacy plans feature copays of \$100 (Tier 2) and \$300 (Tier 3) for specialty medications. This is in lieu of the listed copayments. Refer to plan documents for more information.
- 16 "80/50/50" plans cover inpatient and outpatient facilities at 50%, after deductible and professional fees at 80%, after deductible.
- 17 Flex Free plans have 3 combined PCP and specialist visits that are covered at 100% for the first 3 visits per year. Once those visits are exhausted all subsequent visits are covered deductible, then coinsurance.
- 18 Flex Free plans have 2 urgent care visits covered at 100% per year. Once those visits are exhausted, all subsequent visits are covered deductible, then coinsurance.

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