

Health Plan Product Offering

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefits to your business needs, choosing what you value in a health plan.

American Council of Engineering Companies (ACEC) Life/Health Trust 2+ Eligible Employees – Effective 1/1/2018

UnitedHealthcare Premier Plans

Plan Code		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible ⁵ Type	
2016-17	Prior		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
					Single	Family	Single	Family	Single	Family	Single	Family							
AH-AT	54-2	Premier	100%	80%	\$0	\$0	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	Emb
AH-AU	54-3	Premier	100%	80%	\$250	\$500	\$5,000	\$10,000	\$1,750	\$3,500	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	Emb
AH-AV	54-4	Premier	100%	80%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	Emb
AH-AW	54-5	Premier	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	Emb
AH-AX	54-6	Premier	100%	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$300	Emb
AH-AY	54-7	Premier	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	Emb
AH-AZ	54-8	Premier	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	Emb
AH-A1	54-9	Premier	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	Emb
AH-A2	55-1	Premier	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$300	Emb
AH-A3	55-2	Premier	80%	60%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	Emb
AH-A4	55-3	Premier	80%	60%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	Emb
AH-A5	55-4	Premier	80%	60%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	Emb
AH-A6	55-5	Premier	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	Emb
AH-A7	55-6	Premier	80%	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+20%	Emb
AH-A8	55-7	Premier	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	Emb
AH-A9	55-8	Premier	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	Emb
AH-BA	55-9	Premier	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	Emb
AH-BB	55-W	Premier	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+20%	Emb
AH-BC	55-X	Premier	60%	50%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	Emb
AH-BD	55-Y	Premier	60%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	Emb
AH-BE	55-Z	Premier	60%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	Emb
AH-BF	56-1	Premier	60%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	Emb
AH-BG	56-2	Premier	60%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$20	\$0	\$20	\$40	\$75	\$250+40%	Emb
AH-BH	56-3	Premier	60%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	Emb
AH-BI	56-4	Premier	60%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	Emb
AH-BJ	56-5	Premier	60%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	Emb
AH-BK	56-6	Premier	60%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30	\$0	\$30	\$60	\$75	\$250+40%	Emb



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 Illinois, Inc.

UnitedHealthcare Premier Value Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
	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, etc.	I/P & O/P Surgery
			Single	Family	Single	Family	Single	Family	Single	Family									
AK-UG	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$35	\$0	\$35	\$70	\$100	\$400	Ded	\$400	\$250+Ded
AK-UH	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
AK-UI	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
AK-UJ	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded
AK-UK	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%
AK-UL	80%	50%	\$1,250	\$3,750	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%
AK-UM	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%
AK-UN	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%
AK-UO	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%

UnitedHealthcare Primary Advantage Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery
			Single	Family	Single	Family	Single	Family	Single	Family							
AN-CN	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CO	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CP	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CQ	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AN-CR	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%
AN-CS	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$100	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%

UnitedHealthcare FlexFree Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surg
			Single	Family	Single	Family	Single	Family	Single	Family							
AK-TB	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TC	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TD	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TE	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
AK-TF	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0/3 visits combined	\$0/2 visits	\$250+Ded	Ded	\$250+Ded	\$250+Ded	



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 Illinois, Inc.

6/20 BROKERS

© 2016 United HealthCare Services, Inc.

UnitedHealthcare Standard Plans

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible ⁵ Type
		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ³	Urgent Care	ER ⁴	
				Single	Family	Single	Family	Single	Family	Single	Family						
QC-N	Standard	100%	50%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$15,000	\$30,000	\$30	\$0	\$50	\$75	\$100	Emb
QE-8	Standard	100%	80%	\$1,500	\$3,000	\$3,000	\$6,000	\$3,000	\$7,500	\$6,000	\$12,000	\$20	\$0	\$20	\$75	\$125	Emb
QE-9	Standard	100%	80%	\$1,500	\$3,000	\$3,500	\$7,000	\$3,000	\$6,000	\$5,000	\$10,000	\$25	\$0	\$50	\$75	\$150	Emb
QF-7	Standard	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,500	\$9,000	\$8,000	\$16,000	\$25	\$0	\$50	\$75	\$150	Emb
QF-J	Standard	100%	90%	\$4,000	\$8,000	\$7,200	\$14,400	\$5,500	\$11,000	\$16,000	\$32,000	\$15	\$0	\$30	\$75	\$125	Emb
QF-L	Standard	100%	90%	\$5,000	\$10,000	\$8,500	\$17,000	\$6,250	\$12,500	\$17,000	\$34,000	\$20	\$0	\$40	\$75	\$150	Emb
QF-N	Standard	90%	70%	\$0	\$0	\$1,000	\$2,000	\$4,000	\$8,000	\$6,000	\$12,000	\$25	\$0	\$50	\$75	\$150	Emb
QC-6	Standard	90%	70%	\$250	\$500	\$1,000	\$3,000	\$2,500	\$5,000	\$2,500	\$5,000	\$25	\$0	\$50	\$75	\$150	Emb
QC-7	Standard	90%	60%	\$250	\$750	\$4,000	\$12,000	\$3,000	\$10,000	\$6,000	\$18,000	\$15	\$0	\$35	\$50	\$150	Emb
QC-I	Standard	90%	60%	\$250	\$750	\$5,000	\$15,000	\$3,250	\$11,250	\$7,500	\$22,500	\$25	\$0	\$45	\$75	\$150	Emb
QC-L	Standard	90%	70%	\$250	\$500	\$1,000	\$2,000	\$3,750	\$7,500	\$4,500	\$9,000	\$15	\$0	\$15	\$50	\$100	Emb
QC-O	Standard	90%	60%	\$500	\$1,500	\$4,000	\$12,000	\$3,000	\$10,500	\$6,000	\$18,000	\$15	\$0	\$35	\$50	\$150	Emb
QC-Q	Standard	90%	70%	\$500	\$1,000	\$1,500	\$3,000	\$3,500	\$7,000	\$7,000	\$14,000	\$15	\$0	\$25	\$50	\$100	Emb
QC-R	Standard	90%	60%	\$500	\$1,500	\$6,000	\$18,000	\$3,500	\$10,500	\$8,000	\$24,000	\$25	\$0	\$45	\$75	\$150	Emb
QC-U	Standard	90%	60%	\$500	\$1,500	\$1,000	\$3,000	\$5,000	\$10,000	\$6,500	\$14,000	\$40	\$0	\$50	\$75	\$150	Emb
QE-U	Standard	90%	70%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$7,500	\$9,000	\$18,000	\$25	\$0	\$50	\$75	\$150	Emb
QF-8	Standard	90%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$25	\$0	\$25	\$75	\$150	Emb
QF-M	Standard	80%	60%	\$0	\$0	\$500	\$1,000	\$3,000	\$6,000	\$3,500	\$7,000	\$15	\$0	\$25	\$50	\$100	Emb
QC-J	Standard	80%	60%	\$250	\$500	\$500	\$1,000	\$3,250	\$6,500	\$6,500	\$13,000	\$15	\$0	\$25	\$50	\$100	Emb
QC-K	Standard	80%	60%	\$250	\$750	\$500	\$1,500	\$3,250	\$6,500	\$5,500	\$11,500	\$30	\$0	\$50	\$75	\$150	Emb
QC-M	Standard	80%	60%	\$250	\$500	\$500	\$1,000	\$3,750	\$7,500	\$4,500	\$9,000	\$40	\$0	\$50	\$75	\$100	Emb
QC-P	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$7,500	\$5,000	\$10,000	\$15	\$0	\$30	\$75	\$150	Emb
QC-S	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,000	\$8,000	\$5,000	\$10,000	\$20	\$0	\$20	\$75	\$100	Emb
QC-T	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,500	\$9,000	\$10,000	\$20,000	\$30	\$0	\$50	\$75	\$150	Emb
QC-V	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$6,000	\$12,000	\$9,000	\$18,000	\$20	\$0	\$40	\$50	\$100	Emb
QC-X	Standard	80%	60%	\$750	\$2,250	\$6,000	\$12,000	\$6,250	\$12,500	\$10,000	\$20,000	\$25	\$0	\$50	\$75	\$150	Emb
QE-3	Standard	80%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$5,500	\$11,000	\$10,000	\$20,000	\$30	\$0	\$60	\$75	\$150	Emb
QE-V	Standard	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$6,250	\$12,500	\$11,000	\$22,000	\$30	\$0	\$50	\$75	\$150	Emb
QF-1	Standard	80%	60%	\$2,000	\$4,000	\$3,500	\$7,000	\$6,000	\$12,000	\$11,000	\$22,000	\$25	\$0	\$25	\$75	\$100	Emb
QF-3	Standard	80%	60%	\$2,000	\$4,000	\$3,500	\$6,000	\$6,250	\$12,500	\$12,500	\$25,000	\$30	\$0	\$50	\$75	\$150	Emb
QF-6	Standard	80%	60%	\$2,500	\$5,000	\$3,500	\$7,000	\$6,000	\$12,000	\$12,000	\$24,000	\$30	\$0	\$50	\$75	\$250	Emb
QF-K	Standard	80%	60%	\$4,000	\$8,000	\$5,600	\$11,200	\$6,250	\$12,500	\$11,200	\$22,400	\$15	\$0	\$30	\$75	\$150	Emb



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 Illinois, Inc.

© 2016 United HealthCare Services, Inc.

UnitedHealthcare Standard Plans

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible ⁵ Type
		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ³	Urgent Care	ER ⁴	
				Single	Family	Single	Family	Single	Family	Single	Family						
QC-N	Standard	100%	50%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$15,000	\$30,000	\$30	\$0	\$50	\$75	\$100	Emb
QE-8	Standard	100%	80%	\$1,500	\$3,000	\$3,000	\$6,000	\$3,000	\$7,500	\$6,000	\$12,000	\$20	\$0	\$20	\$75	\$125	Emb
QE-9	Standard	100%	80%	\$1,500	\$3,000	\$3,500	\$7,000	\$3,000	\$6,000	\$5,000	\$10,000	\$25	\$0	\$50	\$75	\$150	Emb
QF-7	Standard	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,500	\$9,000	\$8,000	\$16,000	\$25	\$0	\$50	\$75	\$150	Emb
QF-J	Standard	100%	90%	\$4,000	\$8,000	\$7,200	\$14,400	\$5,500	\$11,000	\$16,000	\$32,000	\$15	\$0	\$30	\$75	\$125	Emb
QF-L	Standard	100%	90%	\$5,000	\$10,000	\$8,500	\$17,000	\$6,250	\$12,500	\$17,000	\$34,000	\$20	\$0	\$40	\$75	\$150	Emb
QF-N	Standard	90%	70%	\$0	\$0	\$1,000	\$2,000	\$4,000	\$8,000	\$6,000	\$12,000	\$25	\$0	\$50	\$75	\$150	Emb
QC-6	Standard	90%	70%	\$250	\$500	\$1,000	\$3,000	\$2,500	\$5,000	\$2,500	\$5,000	\$25	\$0	\$50	\$75	\$150	Emb
QC-7	Standard	90%	60%	\$250	\$750	\$4,000	\$12,000	\$3,000	\$10,000	\$6,000	\$18,000	\$15	\$0	\$35	\$50	\$150	Emb
QC-I	Standard	90%	60%	\$250	\$750	\$5,000	\$15,000	\$3,250	\$11,250	\$7,500	\$22,500	\$25	\$0	\$45	\$75	\$150	Emb
QC-L	Standard	90%	70%	\$250	\$500	\$1,000	\$2,000	\$3,750	\$7,500	\$4,500	\$9,000	\$15	\$0	\$15	\$50	\$100	Emb
QC-O	Standard	90%	60%	\$500	\$1,500	\$4,000	\$12,000	\$3,000	\$10,500	\$6,000	\$18,000	\$15	\$0	\$35	\$50	\$150	Emb
QC-Q	Standard	90%	70%	\$500	\$1,000	\$1,500	\$3,000	\$3,500	\$7,000	\$7,000	\$14,000	\$15	\$0	\$25	\$50	\$100	Emb
QC-R	Standard	90%	60%	\$500	\$1,500	\$6,000	\$18,000	\$3,500	\$10,500	\$8,000	\$24,000	\$25	\$0	\$45	\$75	\$150	Emb
QC-U	Standard	90%	60%	\$500	\$1,500	\$1,000	\$3,000	\$5,000	\$10,000	\$6,500	\$14,000	\$40	\$0	\$50	\$75	\$150	Emb
QE-U	Standard	90%	70%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$7,500	\$9,000	\$18,000	\$25	\$0	\$50	\$75	\$150	Emb
QF-8	Standard	90%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$25	\$0	\$25	\$75	\$150	Emb
QF-M	Standard	80%	60%	\$0	\$0	\$500	\$1,000	\$3,000	\$6,000	\$3,500	\$7,000	\$15	\$0	\$25	\$50	\$100	Emb
QC-J	Standard	80%	60%	\$250	\$500	\$500	\$1,000	\$3,250	\$6,500	\$6,500	\$13,000	\$15	\$0	\$25	\$50	\$100	Emb
QC-K	Standard	80%	60%	\$250	\$750	\$500	\$1,500	\$3,250	\$6,500	\$5,500	\$11,500	\$30	\$0	\$50	\$75	\$150	Emb
QC-M	Standard	80%	60%	\$250	\$500	\$500	\$1,000	\$3,750	\$7,500	\$4,500	\$9,000	\$40	\$0	\$50	\$75	\$100	Emb
QC-P	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$7,500	\$5,000	\$10,000	\$15	\$0	\$30	\$75	\$150	Emb
QC-S	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,000	\$8,000	\$5,000	\$10,000	\$20	\$0	\$20	\$75	\$100	Emb
QC-T	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,500	\$9,000	\$10,000	\$20,000	\$30	\$0	\$50	\$75	\$150	Emb
QC-V	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$6,000	\$12,000	\$9,000	\$18,000	\$20	\$0	\$40	\$50	\$100	Emb
QC-X	Standard	80%	60%	\$750	\$2,250	\$6,000	\$12,000	\$6,250	\$12,500	\$10,000	\$20,000	\$25	\$0	\$50	\$75	\$150	Emb
QE-3	Standard	80%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$5,500	\$11,000	\$10,000	\$20,000	\$30	\$0	\$60	\$75	\$150	Emb
QE-V	Standard	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$6,250	\$12,500	\$11,000	\$22,000	\$30	\$0	\$50	\$75	\$150	Emb
QF-1	Standard	80%	60%	\$2,000	\$4,000	\$3,500	\$7,000	\$6,000	\$12,000	\$11,000	\$22,000	\$25	\$0	\$25	\$75	\$100	Emb
QF-3	Standard	80%	60%	\$2,000	\$4,000	\$3,500	\$6,000	\$6,250	\$12,500	\$12,500	\$25,000	\$30	\$0	\$50	\$75	\$150	Emb
QF-6	Standard	80%	60%	\$2,500	\$5,000	\$3,500	\$7,000	\$6,000	\$12,000	\$12,000	\$24,000	\$30	\$0	\$50	\$75	\$250	Emb
QF-K	Standard	80%	60%	\$4,000	\$8,000	\$5,600	\$11,200	\$6,250	\$12,500	\$11,200	\$22,400	\$15	\$0	\$30	\$75	\$150	Emb



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 Illinois, Inc.

© 2016 United HealthCare Services, Inc.

UnitedHealthcare Standard Plans (cont)

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible ⁵ Type
		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ³	Urgent Care	ER ⁴	
				Single	Family	Single	Family	Single	Family	Single	Family						
QE-6	Standard	70%	50%	\$1,000	\$2,000	\$2,500	\$5,000	\$6,250	\$12,500	\$12,000	\$24,000	\$25	\$0	\$50	\$75	\$150	Emb
QE-Z	Standard	70%	50%	\$2,000	\$4,000	\$3,000	\$6,000	\$5,500	\$11,000	\$6,000	\$12,000	\$25	\$0	\$50	\$75	\$100	Emb
QF-5	Standard	70%	50%	\$2,500	\$5,000	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$30	\$0	\$50	\$75	\$250	Emb
AG-U4	50/50	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$50	\$0	\$50	\$100	50%	Emb
AG-U5	50/50	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$50	\$0	\$50	\$100	50%	Emb
AG-U6	50/50	50%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$50	\$0	\$50	\$100	50%	Emb

UnitedHealthcare Health Savings Account (HSA) Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence ⁹				Deductible ⁵ Type	Rx Plan ⁹
	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Spec	Urgent Care	ER		
			Single	Family	Single	Family	Single	Family	Single	Family						
AG-9G	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	NonEmb	10/35/60
AG-9I	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	100%	100%	100%	100%	NonEmb	100%
AX-T4	100%	80%	\$2,800	\$5,600	\$5,000	\$10,000	\$2,800	\$5,600	\$10,000	\$20,000	100%	100%	100%	100%	Emb	100%
AX-T5	100%	80%	\$2,800	\$5,600	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	100%	100%	100%	100%	Emb	10/35/60
AX-T6	100%	80%	\$2,800	\$5,600	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$300 ⁹	Emb	10/35/60
AG-9J	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	100%	100%	100%	100%	Emb	10/35/60
QG-5	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,500	\$11,000	\$6,000	\$12,000	100%	100%	100%	100%	Emb	10/35/60
AG-9L	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	100%	100%	100%	Emb	10/35/60
AG-9N	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$300 ⁹	Emb	10/35/60
AG-9P	100%	80%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	100%	100%	100%	100%	Emb	100%
AX-TY	80%	60%	\$2,800	\$5,600	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
QG-8	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,500	\$11,000	\$6,000	\$12,000	80%	80%	80%	80%	Emb	10/35/60
AG-9S	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
AG-9U	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
AG-9W	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	Emb	10/35/60
AE-3Q	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	50%	50%	50%	50%	Emb	10/35/60



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 Illinois, Inc.

UnitedHealthcare Consumer Plans

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible ⁵ Type
		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ³	Urgent Care	ER ⁴	
				Single	Family	Single	Family	Single	Family	Single	Family						
QC-W	Consumer	100%	80%	\$750	\$2,250	\$6,000	\$12,000	\$6,250	\$12,500	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb
QE-7	Consumer	100%	80%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$7,500	\$9,000	\$18,000	100%	100%	100%	100%	100%	Emb
QE-X	Consumer	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb
QE-2	Consumer	80%	60%	\$1,000	\$3,000	\$5,000	\$10,000	\$5,500	\$11,000	\$7,000	\$14,000	80%	80%	80%	80%	80%	Emb
QE-Y	Consumer	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,500	\$11,000	\$7,500	\$15,000	80%	80%	80%	80%	80%	Emb
AG-9A	Consumer	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	80%	80%	80%	80%	80%	Emb
QF-9	Consumer	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,250	\$12,500	\$8,000	\$16,000	80%	80%	80%	80%	80%	Emb
AG-9C	Consumer	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	Emb
QE-4	Consumer	70%	50%	\$1,000	\$2,000	\$2,000	\$4,000	\$5,500	\$11,000	\$8,000	\$16,000	70%	70%	70%	70%	70%	Emb
AE-3S	Consumer	50%	50%	\$0	\$0	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	50%	50%	50%	50%	50%	Emb

UnitedHealthcare Non-Differential Plans

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence					Deductible ⁵ Type
		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ³	Urgent Care	ER ⁴	
				Single	Family	Single	Family	Single	Family	Single	Family						
QH-W	Non-Diff	80%	80%	\$500	\$1,000	Combined with Network		\$4,500	\$9,000	Combined with Network		80%	80%	80%	80%	80%	Emb
AG-YF	Non-Diff	80%	80%	\$1,000	\$2,000			\$3,000	\$6,000			80%	80%	80%	80%	80%	Emb
QH-X	Non-Diff	80%	80%	\$1,500	\$3,000			\$5,500	\$11,000			80%	80%	80%	80%	80%	Emb
AG-YG	Non-Diff	80%	80%	\$2,000	\$4,000			\$4,000	\$8,000			80%	80%	80%	80%	80%	Emb
QH-Y	Non-Diff	80%	80%	\$2,000	\$4,000			\$5,500	\$11,000			80%	80%	80%	80%	80%	Emb
QH-Z	Non-Diff	80%	80%	\$3,000	\$6,000			\$6,250	\$12,500			80%	80%	80%	80%	80%	Emb



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 Illinois, Inc.

6/20 BROKERS

© 2016 United HealthCare Services, Inc.

UnitedHealthcare Advanced Tier Plans

Plan Code		Plan Type	Coinsurance				Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						Deductible ⁵ Type
2016-17	Prior		Network Physician Prem Des ²	Network Physician ³	Network Facility	Out of Network	Network		Out of Network		Network		Out of Network		PCP ^{1,2} Prem Des	PCP ¹	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	
							Single	Family	Single	Family	Single	Family	Single	Family							
AH-CJ	OX-J	Adv. Tier	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$25	\$50	\$50	\$100	\$100	\$250+20%	Emb
AH-CK	OX-K	Adv. Tier	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$25	\$50	\$50	\$100	\$100	\$250+20%	Emb
AH-CL	OX-L	Adv. Tier	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$35	\$70	\$70	\$100	\$100	\$250+20%	Emb
AH-CM	OX-M	Adv. Tier	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$35	\$70	\$70	\$100	\$100	\$250+20%	Emb

UnitedHealthcare FlexPoint⁶ Plans

Plan Code		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						Deductible ⁵ Type
2016-17	Prior		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	
					Single	Family	Single	Family	Single	Family	Single	Family							
AH-CD	2W-U	FlexPoint ⁶	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$25	N/A	\$25	\$50	\$100	\$250+20%	Emb
AH-CE	2W-V	FlexPoint ⁶	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$30	N/A	\$30	\$60	\$100	\$250+20%	Emb
AH-CF	2W-W	FlexPoint ⁶	80%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$35	N/A	\$35	\$70	\$100	\$250+20%	Emb

UnitedHealthcare Options PPO Plans

Plan Code		Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						Deductible ⁵ Type
2016-17	Prior		Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ³	Urgent Care	ER ⁴		
					Single	Family	Single	Family	Single	Family	Single	Family							
QH-5	Standard	100%	80%	\$250	\$500	\$500	\$1,000	\$1,750	\$5,250	\$3,000	\$6,000	\$15	\$0	\$15	\$35	\$100	Emb		
QG-M	Standard	100%	80%	\$1,000	\$2,000	\$2,000	\$4,000	\$2,500	\$7,500	\$5,000	\$10,000	\$20	\$0	\$20	\$50	\$100	Emb		
QH-6	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$9,000	\$5,000	\$10,000	\$15	\$0	\$15	\$50	\$100	Emb		
QH-7	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$6,000	\$12,000	\$9,000	\$18,000	\$20	\$0	\$40	\$50	\$100	Emb		
QG-L	Standard	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$4,500	\$12,700	\$10,000	\$20,000	\$25	\$0	\$25	\$50	\$100	Emb		
QG-O	Consumer	100%	80%	\$1,500	\$3,000	\$4,000	\$8,000	\$3,000	\$9,000	\$8,000	\$16,000	100%	100%	100%	100%	100%	Emb		
QG-P	Consumer	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$10,500	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb		
QG-Q	Consumer	100%	80%	\$2,850	\$5,700	\$3,500	\$7,000	\$4,350	\$12,700	\$12,000	\$18,000	100%	100%	100%	100%	100%	Emb		
QH-9	HSA	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,500	\$11,000	\$11,000	\$22,000	100%	100%	100%	100%	100%	Emb		



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 Illinois, Inc.

6/20 BROKERS

© 2016 United HealthCare Services, Inc.

Premier PROformance



We've made our best benefit plans even better. Introducing **Premier PROformance** – the latest innovation in our UnitedHealthcare suite of consumer-focused plan options. This next-generation series features even lower copays for Primary Care & Urgent Care while continuing \$0 PCP Copays for Kids and \$0 Copay Virtual Visits. All this at up to 15% savings. Your employees want more performance from their health benefits? Ask for more **PROformance** from UnitedHealthcare.

American Council of Engineering Companies (ACEC) Life/Health Trust
2+ Eligible Employees –Effective 10/1/2017

UnitedHealthcare Premier PROformance Medical Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									
	Network	Out of network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery
			Single	Family	Single	Family	Single	Family	Single	Family										
AX-LO	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%
AX-LP	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%
AX-LQ	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%
AX-LR	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%
AX-LW	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AX-LX	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AX-LY	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%
AX-LZ	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%

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

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.

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 Texas, Inc.



PrimaryAdvantage

We're redefining value in your healthcare benefits. Primary Advantage from UnitedHealthcare offers simple, easy to use benefits for the services your employees need the most – primary care, urgent care, and the most common prescriptions. Designed for affordability, these new plans are loaded with perks such as access to our largest network and innovative health and wellness programs. The coverage you want has all the advantages.

American Council of Engineering Companies (ACEC) Life/Health Trust 2+ Eligible Employees –Effective 10/1/2017

UnitedHealthcare PrimaryAdvantage Medical Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
	Choice+	Network	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
				Single	Family	Single	Family	Single	Family	Single	Family								
AN-CN	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	
AN-CO	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	
AN-CP	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	
AN-CQ	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Ded+20%	
AN-CR	50%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	
AN-CS	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+50%	Ded+50%	Ded+50%	Ded+50%	

UnitedHealthcare PrimaryAdvantage HSA Plans

Plan Code Oklahoma	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Deductible Type	
	Choice+	Network	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
				Single	Family	Single	Family	Single	Family	Single	Family								
AX-T7	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,500	\$7,150	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Non-Embedded	
AX-T8	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$7,150	\$10,000	\$20,000	\$0	\$0	\$100	\$50	\$250+Ded+20%	Ded+20%	Ded+20%	Non-Embedded	

Copayments on Primary Advantage HSA plans will be required only after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

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

There is no separate additional Rx deductible required for Primary Advantage HSA plans.

*Additional costs may apply depending on complexity of services provided (e.g. surgical procedures, laboratory services, etc.)

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.

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 Texas, Inc.

UnitedHealthcare PrimaryAdvantage Rx Plans

Rx Plan Code	Copays				Mail Order Ratio	Rx Ded Ind/Fam	Rx Deductible Note
	Tier 1	Tier 2	Tier 3	Tier 4			
546/546x	\$0	\$50	\$100	\$250	2.5x	\$250/\$500	Tiers 3 & 4 only
547/547x	\$5	\$50	\$100	\$250	2.5x	\$250/\$500	Tiers 3 & 4 only
772/772x	\$0	\$50	\$100	\$250	2.5x	N/A	For HSA use only

Rx plan codes with the "x" suffix denote the Access PDL



UnitedHealthcare Rx Plans

American Council of Engineering
Companies (ACEC) Life/Health Trust 2+
Eligible Employees - Effective 1/1/2018

2016-17 Rx Plan Code	Copay/Per Occurrence				Deductible	Mail Order
	Tier 1	Tier 2	Tier 3	Tier 4		
280	\$10	\$30	\$70	n/a	n/a	2.5
281	\$10	\$35	\$70	n/a	n/a	2.5
282	\$10	\$35	\$60	n/a	n/a	2.5
283	\$10	\$40	\$75	\$125	n/a	2.5
284	\$10	\$25	\$45	n/a	n/a	2.5
285	\$10	\$30	\$50	n/a	\$100/\$300	2.5
286	\$10	\$30	\$50	n/a	n/a	2.5
287	\$15	\$30	\$50	n/a	n/a	2.5
288	\$15	\$40	\$75	n/a	n/a	2.5
289	\$20	\$45	\$80	n/a	n/a	2.5
290	100%	100%	100%	n/a	n/a	100%
291	\$10	\$30	\$60	n/a	n/a	2.5

UnitedHealthcare Primary Advantage Rx Plans

2016-17 Rx Plan Code	Copay/Per Occurrence				Mail Order	Rx Ded Ind/Fam	Rx Deductible Notes
	Tier 1	Tier 2	Tier 3	Tier 4			
546	\$0	\$50	\$100	\$250	2.5	\$250/\$500	Applies to tiers 3 & 4 only
547	\$5	\$50	\$100	\$250	2.5	\$250/\$500	Applies to tiers 3 & 4 only

Primary Advantage medical plans require one of the above two Rx plans be included with coverage. No other Rx plans are available for Primary Advantage medical plans. Rx plans 454 and 455 are solely for use Primary Advantage and cannot be included as an Rx option on any other medical plans.

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 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 copay for office visits one through four during the calendar year or plan year, depending on plan type selected. Office visits five 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.

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.

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.

Groups with 2-50 eligible employees can elect up to two plans, staying within a 50% financial spread. Groups with 51+ eligible employees can elect up to five plans, staying within a 50% financial spread.

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.

The American Council of Engineering Companies (ACEC), the ACEC Life/Health Insurance Trust and UnitedHealthcare Insurance Company are three separate legal operating entities and, as such, the organizations are governed and function independently. UnitedHealthcare's services are provided with the authorization of the ACEC Life/Health Trust. Questions related to health benefits offered through the Life/Health Trust should be directed to 1-800-573-0415. HMO products don't apply. ACEC membership qualification is determined by the association.

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 Illinois, Inc.

