

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.

UnitedHealthcare

KC Missouri Plans
1-50 Employees
Effective 1/1/2023

MOK13

Plan Code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		Network	Out-of- Network	Network Ind	Network Family	Network Ind	Out-of- Network Family	Network Ind	Network Family	Out-of- Network Ind	Out-of- Network Family	Virtual Visit	Desig Network PCP Ages < 19	Desig Network PCP Ages +19	Network PCP Ages < 19	Network PCP Ages +19	Desig Network Spec	Network Spec																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						

Rx Plan K62Y

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

* Plan Deductible Applies

** Designated Diagnostic Provider Requirements Apply



Version 9518

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KC Missouri Plans

1-50 Employees

Effective 1/1/2023

Plan code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										
		Network	Out-of-Network	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital
Choice Plus Primary Advantage																						
CW-GE	Platinum	80%	50%	\$500	\$1,000	\$7,500	\$15,000	\$2,000	\$4,000	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *
CW-GI	Platinum	100%	70%	\$1,000	\$2,000	\$7,500	\$15,000	\$2,000	\$4,000	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	100%	100% *	100% *	100% *	100% *	100% *
CW-GS	Platinum	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$1,500	\$2,500	\$10,000	\$20,000	100%	N/A	100%	\$100	\$50	\$750+80% *	80% *	80% *	80% *	80% *	80% *
CW-GH	Gold	80%	50%	\$1,000	\$2,000	\$7,500	\$15,000	\$7,900	\$15,800	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$500+80% *	80% *	80% *	80% *	80% *	80% *
CW-GJ	Gold	80%	50%	\$1,000	\$3,000	\$7,500	\$15,000	\$8,700	\$17,400	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *
CW-F9	Gold	80%	50%	\$1,500	\$3,000	\$7,500	\$15,000	\$6,400	\$12,800	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *
CW-GA	Gold	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$5,500	\$11,000	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *
CW-GB	Gold	100%	70%	\$3,200	\$6,400	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$250	100% *	100% *	100% *	100% *	100% *
CW-GD	Gold	80%	50%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,000	\$12,000	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *
CW-GC	Gold	100%	70%	\$4,000	\$9,100	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$250	100% *	100% *	100% *	100% *	100% *
CW-GW	Gold	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$5,500	\$11,000	\$20,000	\$40,000	100%	\$0	80%	\$100	\$50	\$300+80% *	80% *	80% *	80% *	80% *	80% *
CW-F8	Silver	50%	50%	\$5,750	\$11,500	\$7,500	\$15,000	\$9,000	\$18,000	\$15,000	\$30,000	100%	N/A	100%	\$100	\$50	\$750+50% *	50% *	50% *	50% *	50% *	50% *

Rx Plan K62Y

* Plan Deductible Applies

** Designated Diagnostic Provider Requirements Apply

Plan code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										
		Network	Out-of-Network	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital
Choice Plus																						
CW-GK	Gold	70%	50%	N/A	N/A	\$5,000	\$10,000	\$9,000	\$18,000	\$10,000	\$20,000	100%	N/A	\$30	\$60	\$50	\$750+70%	70%	70%	\$500	70%	70%
CW-GL	Gold	60%	50%	N/A	N/A	\$5,000	\$10,000	\$7,500	\$15,000	\$10,000	\$20,000	100%	N/A	\$35	\$70	\$50	\$500+60%	60%	60%	\$500	60%	60%
CW-GM	Gold	50%	50%	N/A	N/A	\$5,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000	100%	N/A	\$40	\$80	\$50	\$500+50%	50%	50%	\$500	50%	50%
CW-G2	Gold	80%	50%	\$1,500	\$3,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	100%	\$0	\$35	\$75	\$50	80% \$500	80% *	80% *	80% *	80% *	80% *
CW-GF	Gold	80%	50%	\$2,000	\$4,000	\$7,500	\$15,000	\$6,500	\$13,000	\$19,800	\$39,600	100%	\$0	\$45	\$90	\$50	80% \$500	\$40	\$40	\$500	80% *	80% *
CW-GU	Gold	80%	50%	\$2,000	\$4,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	100%	\$0	\$25	\$50	\$50	\$300+80% *	80% *	80% *	80% *	80% *	80% *
CW-G3	Gold	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$5,500	\$11,000	\$20,000	\$40,000	100%	\$0	\$35	\$75	\$50	80% \$500	80% *	80% *	80% *	80% *	80% *
CW-GG	Gold	80%	50%	\$3,000	\$6,000	\$10,500	\$21,000	\$7,000	\$14,000	\$19,050	\$38,100	100%	\$0	\$35	\$70	\$50	80% \$300	\$40	\$40	\$500	80% *	80% *

Rx Plan K62Y

* Plan Deductible Applies

** Designated Diagnostic Provider Requirements Apply



KC Missouri Plans

1-50 Employees

Effective 1/1/2023

Plan code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										
		Network	Out-of- Network	Network Ind	Network Family	Out-of- Network Ind	Out-of- Network Family	Network Ind	Network Family	Out-of- Network Ind	Out-of- Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Spec	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital
Choice Plus H S A																						
CW-HC	Gold	100%	70%	\$3,000	\$6,000	\$7,500	\$15,000	\$4,000	\$8,000	\$15,000	\$30,000	100% *	N/A	100% *	100% *	100% *	\$250	100% *	100% *	100% *	100% *	100% *
CW-HD	Gold	100%	70%	\$3,000	\$6,000	\$7,500	\$15,000	\$4,000	\$8,000	\$15,000	\$30,000	100% *	N/A	100% *	100% *	100% *	100% \$350 *	100% *	100% *	100% *	100% *	100% *
CW-G7	Silver	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$7,000	\$14,000	\$10,000	\$20,000	80% *	N/A	80% *	80% *	80% *	\$500+80% *	80% *	80% *	80% *	80% *	80% *
CW-HI	Silver	70%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$6,250	\$12,500	\$10,000	\$20,000	70% *	N/A	70% *	70% *	70% *	\$500+70% *	70% *	70% *	70% *	70% *	70% *
CW-G6	Silver	80%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	80% *	N/A	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *
CW-G8	Silver	100%	70%	\$3,750	\$7,500	\$5,000	\$10,000	\$7,350	\$14,700	\$10,000	\$20,000	100% *	N/A	100% *	100% *	100% *	\$750	100% *	100% *	\$500 *	100% *	100% *
CW-G9	Silver	100%	70%	\$4,500	\$9,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100% *	N/A	100% *	100% *	100% *	100% *	100% *	100% *	\$500 *	100% *	100% *
CW-HH	Silver	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,250	\$12,500	\$20,000	\$40,000	80% *	N/A	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *

Rx Plan K62Y

* Plan Deductible Applies

** Designated Diagnostic Provider Requirements Apply

Plan code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits														
		Network	Out-of-Network	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Virtual Visit	Desig Network PCP Ages < 19	Desig Network PCP Ages +19	Network PCP Ages < 19	Network PCP Ages +19	Desig Network Spec	Network Spec	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital	
Choice Plus Premier PROformance																										
CW-HW	Gold	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$8,500	\$17,000	\$10,000	\$20,000	100%	\$0	\$15	\$0	\$15	\$50	\$100	\$25	\$700+80% *	80% *	80% *	80% *	80% *	80% *	80% *
CW-HN	Gold	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	100%	\$0	\$15	\$0	\$15	\$50	\$100	\$25	\$300+80% *	80% *	80% *	80% *	80% *	80% *	80% *
CW-HO	Gold	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	100%	\$0	\$15	\$0	\$15	\$50	\$100	\$25	\$300+80% *	80% *	80% *	80% *	80% *	80% *	80% *
CW-H9	Gold	80%	50%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	100%	\$0	\$15	\$0	\$15	\$50	\$100	\$50	\$300+80% *	80% *	80% *	80% *	80% *	80% *	80% *
CW-IA	Gold	80%	50%	\$4,000	\$8,000	\$6,000	\$12,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$0	\$15	\$0	\$15	\$50	\$100	\$50	\$300+80% *	80% *	80% *	80% *	80% *	80% *	80% *
CW-IB	Gold	80%	50%	\$4,500	\$9,000	\$6,000	\$12,000	\$5,000	\$10,000	\$10,000	\$20,000	100%	\$0	\$15	\$0	\$15	\$50	\$100	\$50	\$300+80% *	80% *	80% *	80% *	80% *	80% *	80% *

Rx Plan K62Y

1 Primary Care Physicians include General Practice, Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

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** Designated Diagnostic Provider Requirements Apply



Plan code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits											
		Network	Out-of- Network	Network Ind	Network Family	Out-of- Network Ind	Out-of- Network Family	Network Ind	Network Family	Out-of- Network Ind	Out-of- Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital	
Core Essential Primary Advantage***																							
CP-DA	Gold	80%	N/A	\$1,000	\$3,000	N/A	N/A	\$8,700	\$17,400	N/A	N/A	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *	
CP-DB	Gold	80%	N/A	\$2,500	\$5,000	N/A	N/A	\$5,500	\$11,000	N/A	N/A	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *	
CP-DC	Gold	80%	N/A	\$3,500	\$7,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	100%	N/A	100%	\$100	\$50	\$250+80% *	80% *	80% *	80% *	80% *	80% *	

Rx Plan K62Y

* Plan Deductible Applies

***EPO/HMO 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

Core Essential is not available in all Markets

Plan code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits											
		Network	Out-of-Network	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital	
Core Essential***																							
CP-C4	Platinum	80%	N/A	\$500	\$1,500	N/A	N/A	\$2,000	\$6,000	N/A	N/A	100%	\$0	\$20	\$60	\$50	\$500+80% *	80% *	80% *	80% *	80% *	80% *	
CP-C5	Gold	80%	N/A	\$1,500	\$3,000	N/A	N/A	\$7,900	\$15,800	N/A	N/A	100%	\$0	\$20	\$60	\$50	\$500+80% *	80% *	80% *	80% *	80% *	80% *	
CP-C6	Gold	80%	N/A	\$2,000	\$6,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	100%	\$0	\$20	\$60	\$50	\$500+80% *	80% *	80% *	80% *	80% *	80% *	
CP-C7	Gold	80%	N/A	\$3,000	\$9,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	100%	\$0	\$20	\$60	\$50	\$500+80% *	80% *	80% *	80% *	80% *	80% *	

Rx Plan K62Y

* Plan Deductible Applies

***EPO/HMO 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

Core Essential is not available in all Markets



KC Missouri Plans

1-50 Employees

Effective 1/1/2023

Plan code	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits										
		Network	Out-of-Network	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Virtual Visit	PCP Ages <19	PCP Ages 19+	Specialist	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital
Core Essential H S A***																						
CW-HA	Silver	80%	N/A	\$3,750	\$7,500	N/A	N/A	\$6,350	\$12,700	N/A	N/A	80% *	N/A	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *
CW-HE	Gold	100%	N/A	\$3,000	\$6,000	N/A	N/A	\$4,000	\$8,000	N/A	N/A	100% *	N/A	100% *	100% *	100% *	\$250	100% *	100% *	100% *	100% *	100% *
CW-HG	Silver	70%	N/A	\$3,000	\$6,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	70% *	N/A	70% *	70% *	70% *	\$500+70% *	70% *	70% *	70% *	70% *	70% *
CW-HB	Silver	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	100% *	N/A	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *	100% *
CW-HF	Silver	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,250	\$12,500	N/A	N/A	80% *	N/A	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *	80% *

Rx Plan K62Y

* Plan Deductible Applies

***EPO/HMO 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

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		Network	Out-of-Network	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Network Ind	Network Family	Out-of-Network Ind	Out-of-Network Family	Virtual Visit	Desig Network PCP	Desig Network PCP	Network PCP	Network PCP	Desig Network	Network	Urgent Care	ER	Lab	Xray	MRI, CT	Outpat Surgery	Inpatient Hospital
													Ages < 19	Ages +19	Ages < 19	Ages +19	Spec	Spec							
Choice Plus Flex ^{4,5}																									
CW-H4	Gold	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,450	\$14,900	\$10,000	\$20,000	100%	\$0	\$35	\$0	\$35	\$35	\$70	\$50	80% \$500 *	80% *	80% *	80% *	80% *	80% *
CW-HU	Gold	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$6,250	\$12,500	\$12,500	\$25,000	100%	\$0	\$35	\$0	\$35	\$35	\$70	\$50	80% \$250	80% *	80% *	\$500	80% *	80% *

Rx Plan K62Y

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 Flex plans have 4 combined PCP and specialist visits that are covered at 100% for the first 4 visits per year. Once those visits are exhausted all subsequent visits are covered deductible, then coinsurance.

5 Flex plans have 4 urgent care visits covered at 100% per year. Once those visits are exhausted, all subsequent visits are covered deductible, then coinsurance

* Plan Deductible Applies

** Designated Diagnostic Provider Requirements Apply



UHC Pharmacy Plans

Code		Copays					Deductible		Mail Order Ratio
PDL	Rx Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 Specialty	Single	Family	
Essential	K62Y	\$10	\$40	\$105	\$250	\$500	N/A	N/A	2.5
Essential	K62Y*	\$10	\$40	\$105	\$250	\$500	Same as Medical	Same as Medical	2.5

* Combined Rx plan. HSA plans can only be paired with Combined Pharmacy plans.

** Designated Diagnostic Provider Requirements

Use of a Non-Designated Diagnostic Provider for Lab or Complex Radiology (MRI, CT, etc.) may result in a reduction of benefits. Please see your Schedule of Benefits. Please refer to myuhc.com for a list of Designated Providers.

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.

