


Review

The chart below shows an overview of your current plan, your renewal plan and the associated premiums.

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
Current Medical Plans WI MC New 54 / WI054								
Open Access w/Care Cash	EB-E2 / RX K62S ¹		\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS

Metallic Levels: P = Platinum, G = Gold, S = Silver, B = Bronze

Renewal Medical Plans WI MC New 55 / WI055							
Open Access w/Care Cash	EQ-R3 / RX K62S ¹	P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10 CHOICE PLUS

Metallic Levels: P = Platinum, G = Gold, S = Silver, B = Bronze

- If you choose to add or change an existing HRA plan, you must choose from the list of UnitedHealthcare HRA-eligible medical plans as shown to you by your broker or agent. If you have a Third Party Administrator for your HRA, please note that HRA plans administered by other insurers or TPAs must comply with UnitedHealthcare HRA design standards.
- Premium rates and/or product forms included herein are subject to approval by regulators. If the 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, in accordance with applicable law.
- Starting with 2014 effective dates, all pharmacy plans include an ancillary charge (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.
- Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.
- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
- Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
- Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
- Your renewal plan may include the Standard Select Pharmacy Network which could exclude certain pharmacies. Please contact your broker or your UnitedHealthcare representative for additional details.
- This premium may include state and federal taxes and fees.
- ¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

All of your current benefit design options are no longer available in a combined plan offering. We have included new Medical plan choices for the upcoming year, offering the same flexibility, choice, and affordability that you are enjoying today.

Coinsurance		Legal Entity / License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium
Network	Non-Network						
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E	6		\$14,399.71
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E	6		\$15,781.90
Change from Current:							9.6%

- Renewal Assumptions:
- The monthly cost noted above is based upon the coverage inforce at the time the renewal was calculated. Please refer to Appendix A included in this package. Actual billed premium as of your renewal date may differ from the amounts reflected in this package.
 - Information on alternate benefit plans is summarized for ease of review. It is not intended to be a statement of benefits, nor does it guarantee coverage. The Certificate of Coverage provides the legal description of coverage and is available for your review upon request. UHC Choice plans will cover only the employees within the defined UnitedHealthcare service area. The rates are based upon the employer's primary location. Other locations will require alternate plan designs and rates.
 - Renewal of your employer plan is contingent upon meeting UnitedHealthcare's minimum participation requirements.
 - Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
 - Upon the renewal of your employer plan, the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the plan(s) selected may be transmitted electronically to you (employer group) and the group employees. The employer group may withdraw their consent at any time or request a document in a paper or non-electronic form.
 - Please see the Glossary on inside back cover of this package for definitions of the above terms.