



Coverage solutions for the entire workforce

The National Restaurant Association is expanding health and benefit options with UnitedHealthcare. UnitedHealthcare FlexWork® offers a range of affordable, flexible benefit plans and unique administration capabilities, providing advantages for restaurant employers and their part-time and ineligible employees.

Making health care more accessible and affordable



Advantages for the employer

- Elevate employer of choice status
- Address access, affordable care needs
- Single vendor, complete program
- No added cost or risk, detailed reporting



Advantages for the employee

- Additional, meaningful benefit choices
- Upfront premiums and out-of-pocket costs
- Access to care options and cost certainty¹
- Access to UnitedHealthcare resources

UnitedHealthcare FlexWork offering overview

Designed for National Restaurant Association and State Restaurant Association members

Minimum group size		FlexWork eligible employee types
Eligible	500	<ul style="list-style-type: none"> • Variable/part-time • Full time (waiting period)
Participating (medical and ancillary combined)	50	

Benefit solutions

Limited medical (MEC) and pharmacy (level funded)	Ancillary benefits (fully insured)	Benefits administration
<ul style="list-style-type: none"> • Plans starting under \$20 per week • 3 available plan options: <ul style="list-style-type: none"> – \$0 cost preventive care, EAP – \$0 cost virtual doctor, behavioral health visits – Copay doctor office visits, urgent care • Integrated indemnity coverage • Optional pharmacy 	<ul style="list-style-type: none"> • Dental • Vision • Enhanced Hospital Indemnity 	<ul style="list-style-type: none"> • Optional integrated platform • Eligibility, system of record • Self-service and live benefit counselor supported enrollment

UnitedHealthcare resources and value-added programs

Pre-member engagement	Member experience	Additional member programs
<ul style="list-style-type: none"> • Complete benefit guides and fliers • Pre-member call center • Education website and digital tools (additional costs may apply) 	<ul style="list-style-type: none"> • ID cards mailed (and available online) • Digital access and support tools • Dedicated member advocates 	<ul style="list-style-type: none"> • MedCents consumer advocacy • MHPAEA compliant mental health counseling • Discount Marketplace

FlexWork limited medical (enhanced MEC) benefits¹

General description	Bridge Basic		Bridge Standard		Bridge Enhanced	
Plan value, ACA compliance ²	20–35% AV, part A		25–40% AV, part A		30–45% AV, part A	
Essential health benefits	6–7: preventive care, outpatient, maternity/newborn, behavioral, diagnostic laboratory, pediatric, prescription drug (optional)					
Member cost share	First-dollar coverage; \$0 deductible; 0% coinsurance (except Tiers 3, 4 pharmacy benefits, if applicable)					
Annual OOP limit	\$9,200 individual, \$18,400 family					
Outpatient mental, behavioral health	Covered benefit parity for doctor office visits, virtual care, emotional support line (EAP)					
MEC limited medical benefits (in-network only)	Member cost	Annual limit	Member cost	Annual limit	Member cost	Annual limit
Plan value, ACA compliance	\$0 (covered in full)	ACA allowable	\$0 (covered in full)	ACA allowable	\$0 (covered in full)	ACA allowable
Virtual doctor, mental health visits	\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited
Emotional support line (EAP)	\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited
Doctor's office visits Walk-in clinic Primary care physician Specialist Urgent care provider	\$15 copay \$25 copay \$50 copay \$150 copay	6 visits (combined)	\$15 copay \$25 copay \$50 copay \$150 copay	6 visits (combined)	\$10 copay \$20 copay \$30 copay \$100 copay	8 visits (combined)
Chiropractor, acupuncture	Not covered		\$15 copay	10 visits (combined)	\$15 copay	15 visits (combined)
Diagnostic laboratory testing In-office, freestanding facility Hospital outpatient	\$15 copay \$150 copay	1 service day (no test limit/day)	\$15 copay \$150 copay	1 service day (no test limit/day)	\$50 copay \$150 copay	2 service days (no test limit/day)
Minor diagnostic imaging (X-ray) In-office, freestanding facility Hospital outpatient	Not covered (see indemnity benefits)		\$50 copay \$150 copay	1 service day (no test limit/day)	\$50 copay \$150 copay	2 service days (no test limit/day)
Major diagnostic imaging (MRI, CT PET) In-office, freestanding facility Hospital outpatient	Not covered (see indemnity benefits)		\$50 copay \$150 copay	1 service day (no test limit/day)	\$50 copay \$150 copay	2 service days (no test limit/day)
FlexWork pharmacy benefits PPACA preventive medications (included) Limited pharmacy benefits ^{3,4} (optional) Tier 1 Tier 2 Tier 3 & 4	\$0 (covered in full)	ACA allowable	\$0 (covered in full)	ACA allowable	\$0 (covered in full)	ACA allowable
	\$15 copay \$30 copay 50% coinsurance	Unlimited Unlimited Unlimited	\$15 copay \$30 copay 50% coinsurance	Unlimited Unlimited Unlimited	\$15 copay \$30 copay 50% coinsurance	Unlimited Unlimited Unlimited
Hospital indemnity benefits (EHIPP)	Benefit amount	Annual limit	Benefit amount	Annual limit	Benefit amount	Annual limit
Annual wellness	\$50	1 day	\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited
Minor diagnostic imaging (X-ray)	\$50	1 day	Covered by Limited Medical (MEC) plan		Covered by Limited Medical (MEC) plan	
Major diagnostic imaging (MRI, CT PET)	\$100	1 day				
Invasive diagnostics (colonoscopy)	\$500	1 day	\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited
Emergency room visits	\$100	2 days	\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited
Prescription drug	Optum Perks Discount Card		\$0 (covered in full)	Unlimited	\$0 (covered in full)	Unlimited
Outpatient surgery	\$500 surgery \$125 anesthesia	2 days 2 days	\$750 surgery \$187 anesthesia	2 days 2 days	\$1,000 surgery \$250 anesthesia	2 days 2 days
Inpatient facility and services	\$500 admission \$100 confinement \$100 ICU daily \$500 surgery \$125 anesthesia	2 days 364 days 364 days 2 days 2 days	\$1,000 admission \$150 confinement \$150 ICU daily \$750 surgery \$187 anesthesia	2 days 364 days 364 days 2 days 2 days	\$1,500 admission \$200 confinement \$200 ICU daily \$1,000 surgery \$250 anesthesia	2 days 364 days 364 days 2 days 2 days
Accident indemnity benefits	Applies to all Bridge plans					
Accident benefit schedule	Schedule covers 80+ accidental injuries					
Accidental death and dismemberment	<ul style="list-style-type: none"> Loss of life – \$20,000, \$80,000 common carrier (50% for dependent child) Dismemberment – 25–100% of Principal Sum 					

Enhanced Hospital Indemnity (EHIPP) not available for employers in IN, CT, ID, KS, MD, NJ, NM, NY. Alternate indemnity benefits proposed based on state availability

continued

FlexWork ancillary plans

- High-level summary only – see proposal and official plan documents for additional details
- Plans may vary by employer situs state
- All plans are fully insured

Enhanced Hospital Indemnity Protection Plan

Benefit description	Benefit amount	Annual limit
Hospital admissions	\$1,000	2 days
Hospital confinement (day 2+)	\$150	364 days
ICU confinement	\$100	364 days
Emergency room	\$100	2 days
Invasive diagnostic tests	\$500	1 day
Major diagnostic tests	\$100	1 day
Minor diagnostic tests	\$50	1 day
Doctor and urgent care visits	\$60	6 days
Surgery, inpatient	\$750	2 days
Surgery, outpatient	\$750	2 days
Anesthesia	25% of surgery amount	See surgery limits
Prescription drugs	Optum Perks unlimited pharmacy discounts included	

Enhanced Hospital Indemnity (EHIPP) not available for employers in IN, CT, ID, KS, MD, NJ, NM, NY. Alternate indemnity benefits proposed based on state availability

FlexWork Dental Plan

Dental network	Annual maximum	Annual deductible
UnitedHealthcare Options PPO 30	\$1,000 per covered person	\$50 per person, \$150 per family
Benefit category	Common services	Plan coverage
Diagnostic and preventive	<ul style="list-style-type: none"> • Exams, cleanings • X-ray, labs, diagnostic tests • Fluoride treatment, sealants 	100%
Basic restorative	<ul style="list-style-type: none"> • Fillings, space maintainers • Simple extractions • Periodontics, endodontics 	60% (after deductible)
Major restorative	<ul style="list-style-type: none"> • Oral surgery • Inlays, onlays, crowns • Bridges, prosthetics • Dentures, implants 	50% (after deductible)
Orthodontia	Not covered	

FlexWork Vision Plan

Vision network	Children's benefits	Maternity benefit
UnitedHealthcare Vision Option	+1 exam, +1 lenses/yr, \$0 polycarbonate	+1 exam, +1 lenses/yr
Benefit category	In-network coverage	Benefit frequency
Exam	100% covered	Once per 12 months
Lenses	100% covered <ul style="list-style-type: none"> • Single vision (pair) • Lined multifocal (pair) • Lenticular 	Once per 12 months
Frames	\$100 allowance (30% coverage discount)	Once per 24 months
Contact lenses (in lieu of spectacle lenses)	\$105 allowance (+\$30 fitting/evaluation)	Once per 12 months
Discounts	<ul style="list-style-type: none"> • 20–60% off lens options and upgrades • 35% laser correction discount (QualSight LASIK) 	

continued

Learn more

For more information or a quote, contact your Broker
or UnitedHealthcare representative or visit uhc.com/restinfo

United
Healthcare®



¹ Not comprehensive major medical plans – high-level summary only. Please refer to official plan documents for details and exclusions.

² Per UnitedHealthcare MEC plan actuarial value calculator.

³ All benefits are in-network only except as required by law.

⁴ FlexWork limited pharmacy benefits includes access to Optum Rx Standard Select network; FlexWork limited prescription drug list (PDL).

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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