

Restaurant & Hospitality Association Benefit Trust

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.

UnitedHealthcare PROformance Plans

| Plan Code | Coinsurance | | Deductible | | | | Out-Of-Pocket Maximum | | | | Copay/Per Occurrence | | | | | | | | | Rx Plan | |
|-----------|-------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|----------------------|------------------|---------------------------|----------------------------|-------------------|-------------|---------------|----------|---------------|---------|-------------------|
| | Network | Out of network | Network | | Out of Network | | Network | | Out of Network | | Virtual Visits | PCP ¹ | PCP Ages <19 ¹ | Spec Prem Des ² | Spec ³ | Urgent Care | ER | Lab/Xray | MRI, CT, etc. | | I/P & O/P Surgery |
| | | | Single | Family | Single | Family | Single | Family | Single | Family | | | | | | | | | | | |
| DO-85 | 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% | 2V, C24 |
| DO-86 | 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% | 2V, C24 |
| DO-9D | 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% | 2V, C24 |
| DO-87 | 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% | 2V, C24 |
| DO-88 | 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% | 2V, C24 |
| DO-89 | 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% | 2V, C24 |

UnitedHealthcare Health Savings Account (HSA) Plans

| Plan Code | | Coinsurance | | Deductible | | | | Out-Of-Pocket Maximum | | | | Copay/Per Occurrence ⁹ | | | | | Ded Type ⁵ | Rx Plan ⁹ |
|-----------|-------|-------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|-----------------------------------|-------------------|-------------------|-------------------|--------------------|-----------------------|----------------------|
| Choice+ | Core | Network | Out of Network | Network | | Out of Network | | Network | | Out of Network | | Virtual Visits | PCP ¹ | Spec | Urgent Care | ER | | |
| | | | | Single | Family | Single | Family | Single | Family | Single | Family | | | | | | | |
| DO-8D | | 100% | 80% | \$3,200 | \$6,400 | \$5,000 | \$10,000 | \$3,200 | \$6,400 | \$10,000 | \$20,000 | 100% | 100% | 100% | 100% | 100% | Emb | MM |
| DO-8E | DO-8F | 100% | 80% | \$3,200 | \$6,400 | \$5,000 | \$10,000 | \$3,500 | \$7,000 | \$10,000 | \$20,000 | 100% | 100% | 100% | 100% | 100% | Emb | C24 |
| DO-72 | DO-78 | 100% | 80% | \$5,000 | \$10,000 | \$5,000 | \$10,000 | \$6,350 | \$12,700 | \$10,000 | \$20,000 | \$0 ⁹ | \$30 ⁹ | \$60 ⁹ | \$75 ⁹ | \$300 ⁹ | Emb | C24 |
| DO-74 | DO-79 | 100% | 80% | \$6,350 | \$12,700 | \$10,000 | \$20,000 | \$6,350 | \$12,700 | \$20,000 | \$40,000 | 100% | 100% | 100% | 100% | 100% | Emb | MM |
| DO-77 | DO-7Z | 100% | 80% | \$6,850 | \$13,700 | \$10,000 | \$20,000 | \$6,850 | \$13,700 | \$20,000 | \$40,000 | 100% | 100% | 100% | 100% | 100% | Emb | MM |
| DO-8C | | 80% | 60% | \$3,200 | \$6,400 | \$5,000 | \$10,000 | \$6,350 | \$12,700 | \$10,000 | \$20,000 | 80% | 80% | 80% | 80% | 80% | Emb | C24 |
| DO-75 | DO-8A | 80% | 60% | \$3,500 | \$7,000 | \$5,000 | \$10,000 | \$6,350 | \$12,700 | \$10,000 | \$20,000 | 80% | 80% | 80% | 80% | 80% | Emb | C24 |
| DO-76 | DO-8B | 80% | 60% | \$5,000 | \$10,000 | \$5,000 | \$10,000 | \$6,350 | \$12,700 | \$10,000 | \$20,000 | 80% | 80% | 80% | 80% | 80% | Emb | C24 |
| DO-8H | | 50% | 50% | \$3,200 | \$6,400 | \$5,000 | \$10,000 | \$6,350 | \$12,700 | \$10,000 | \$20,000 | 80% | 50% | 50% | 50% | 50% | Emb | C24 |

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UnitedHealthcare Primary Advantage Plans

| Plan Code | | Coinsurance | | Deductible | | | | Out-Of-Pocket Maximum | | | | Copay/Per Occurrence | | | | | | | Rx Plan | |
|-----------|-------|-------------|----------------|------------|----------|----------------|----------|-----------------------|----------|----------------|----------|----------------------|------------------|-------|-------------|---------------|----------|---------------|---------|-------------------|
| | | Network | Out of Network | Network | | Out of Network | | Network | | Out of Network | | Virtual Visits | PCP ¹ | Spec | Urgent Care | ER | Lab/Xray | MRI, CT, etc. | | I/P & O/P Surgery |
| Choice+ | Core | | | Single | Family | Single | Family | Single | Family | Single | Family | | | | | | | | | |
| DO-7T | | 90% | 50% | \$500 | \$1,000 | \$5,000 | \$10,000 | \$5,000 | \$10,000 | \$10,000 | \$20,000 | \$0 | \$0 | \$100 | \$50 | \$250+Ded+10% | Ded+10% | Ded+10% | Ded+10% | 454/2V |
| DO-7U | DO-7Y | 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% | 454/2V |
| DO-7N | DO-7V | 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% | 454/2V |
| DO-7O | DO-7W | 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% | 454/2V |
| DO-7P | DO-7X | 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% | 454/2V |
| DO-7Q | | 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% | 454/2V |

UnitedHealthcare Primary Advantage HSA Plans

| Plan Code | | Coinsurance | | Deductible | | | | Out-Of-Pocket Maximum | | | | Copay/Per Occurrence | | | | | | | Rx Plan |
|-----------|--------|-------------|----------------|------------|---------|----------------|----------|-----------------------|---------|----------------|----------|----------------------|-------|-------------|---------------|----------|---------------|-------------------|---------|
| | | 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 | |
| Choice+ | Single | | | Family | Single | Family | Single | Family | Single | Family | | | | | | | | | |
| DO-8G | | 80% | 50% | \$1,600 | \$3,200 | \$5,000 | \$10,000 | \$6,500 | \$7,150 | \$10,000 | \$20,000 | \$0 | \$100 | \$50 | \$250+Ded+20% | Ded+20% | Ded+20% | Ded+20% | 751 |
| DO-73 | | 80% | 50% | \$2,000 | \$4,000 | \$5,000 | \$10,000 | \$6,500 | \$7,150 | \$10,000 | \$20,000 | \$0 | \$100 | \$50 | \$250+Ded+20% | Ded+20% | Ded+20% | Ded+20% | 751 |

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.

UnitedHealthcare Primary Advantage Rx Plans

| Rx Plan Code | Copays | | | | Mail Order Ratio | Rx Ded Ind/Fam | Rx Deductible Note |
|--------------|--------|--------|--------|--------|------------------|----------------|--------------------|
| | Tier 1 | Tier 2 | Tier 3 | Tier 4 | | | |
| 454* | \$0 | \$50 | \$100 | \$250 | 2.5x | \$250/\$500 | Tiers 3 & 4 only |
| 751* | \$0 | \$50 | \$100 | \$250 | 2.5x | N/A | For HSA use only |

Restaurant & Hospitality Association Benefit Trust

Pharmacy Plans

| Rx Plan Code | Copays | | | | Mail Order Ratio |
|--------------|--------|--------|--------|--------|------------------|
| | Tier 1 | Tier 2 | Tier 3 | Tier 4 | |
| 2V* | \$10 | \$35 | \$60 | N/A | 2.5 |
| C24** | \$10 | \$40 | \$85 | \$250 | 2.5 |
| MM* | 100% | 100% | 100% | 100% | 100% |

*Utilizes the Advantage Prescription Drug List (PDL)

**Utilizes the Essential Prescription Drug List (PDL)

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.

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.

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.

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 impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high-deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank®, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Plans are not available in all States.