

Restaurant & Hospitality Association Benefit Trust

National Restaurant Association
6-50 Enrolled Employees
Effective January 1, 2023

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											
BT-MP	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
BT-MQ	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
CM-4S	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
BT-MR	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
BT-MS	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
BT-MT	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							
CZ-OD		100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	MM
CZ-OE	CZ-OF	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	Emb	C24
BT-LM	CM-4I	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
BT-LW	CM-4J	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
CM-4G	CM-4R	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
CZ-OC		80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	80%	80%	80%	80%	80%	Emb	C24
BT-LX	CM-4L	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
BT-LY	CM-4M	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
BT-LV		50%	50%	\$3,000	\$6,000	\$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	
Choice+	Core	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
				Single	Family	Single	Family	Single	Family	Single	Family									
CM-4E		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
CM-4F	CM-4Q	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
BT-LZ	CM-4N	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
BT-L2	CM-4O	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
BT-L3	CM-4P	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
BT-L4		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

UnitedHealthcare Primary Advantage HSA Plans

Plan Code		Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Rx Plan
Choice+	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									
BT-LT	80%	50%	\$1,500	\$3,000	\$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	
BT-LU	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

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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.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health plan coverage provided by or through UnitedHealthcare of Illinois, Inc.V11/10