

Health Plan Product Offering

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 Premier Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							HRA Eligible?		
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹	PCP Ages <19 ¹	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴		Lab/Xray	MRI, CT, etc.
			Single	Family	Single	Family	Single	Family	Single	Family										
BT-EI	100%	80%	\$0	\$0	\$5,000	\$10,000	\$1,500	\$3,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
BT-EJ	100%	80%	\$250	\$500	\$5,000	\$10,000	\$1,750	\$3,500	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
BT-EK	100%	80%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
BT-EL	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
BT-EM	100%	80%	\$1,500	\$3,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$300	100%	Ded	
BT-EN	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
BT-EO	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
BT-D9	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
BT-EA	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$300	100%	Ded	•
BT-EB	80%	60%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	
BT-EC	80%	60%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	
BT-ED	80%	60%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	
BT-EE	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	•
BT-EF	80%	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+20%	100%	Ded+20%	•
BT-EG	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
BT-EH	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
BT-EP	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
BT-EQ	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+20%	100%	Ded+20%	•
BT-ER	60%	50%	\$0	\$0	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	
BT-ES	60%	50%	\$250	\$500	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	
BT-ET	60%	50%	\$500	\$1,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	
BT-EU	60%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	•
BT-EV	60%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$20	\$0	\$20	\$40	\$75	\$250+40%	100%	Ded+40%	•
BT-EW	60%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•
BT-EX	60%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•
BT-EY	60%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•
BT-EZ	60%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30	\$0	\$30	\$60	\$75	\$250+40%	100%	Ded+40%	•

Health Plan Product Offering

American Council of Engineering
Companies (ACEC) Life/Health Trust
2+ Eligible Employees
July 1, 2023

UnitedHealthcare Premier Value Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									HRA Eligible?		
	Choice+	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray		MRI, CT, etc.	I/P & O/P Surgery
				Single	Family	Single	Family	Single	Family	Single	Family											
BT-E9	100%	70%	\$500	\$1,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$100	\$400	Ded	\$400	\$250+Ded		
BT-FA	100%	70%	\$1,000	\$3,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400	Ded	\$400	\$250+Ded		
BT-FB	100%	70%	\$3,000	\$9,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded		
BT-FC	100%	70%	\$5,000	\$10,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$100	\$400	Ded	\$400	\$250+Ded		
CZ-L4	80%	50%	\$0	\$0	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$35	\$0	\$35	\$70	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%		
BT-FE	80%	50%	\$1,250	\$3,750	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%		
BT-FF	80%	50%	\$2,000	\$6,000	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%		
BT-FG	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,350	\$12,700	\$10,000	\$30,000	\$0	\$40	\$0	\$40	\$80	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%		
BT-FH	80%	50%	\$4,000	\$12,000	\$10,000	\$30,000	\$6,350	\$12,700	\$20,000	\$60,000	\$0	\$45	\$0	\$45	\$90	\$100	\$400+20%	Ded+20%	\$400	\$250+Ded+20%		

UnitedHealthcare PROformance Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									HRA Eligible?		
	Choice+	Network	Out of network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/Xray		MRI, CT, etc.	I/P & O/P Surgery
				Single	Family	Single	Family	Single	Family	Single	Family											
BT-FI	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	•	
BT-FJ	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$0	\$40	\$80	\$25	\$300+Ded+20%	\$40	\$500	Ded+20%	•	
BT-FK	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%	•	
BT-FL	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%	•	
BT-FM	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%	•	
BT-FN	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%	•	
BT-FO	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%	•	
BT-FP	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%	•	

Health Plan Product Offering

UnitedHealthcare Primary Advantage Plans

Plan Code Choice+	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							HRA Eligible?	
	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									
BT-IO	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%	•
BT-IQ	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%	•
BT-IR	50%	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%	•
BT-IS	50%	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%	•

UnitedHealthcare Primary Advantage HSA Plans

Plan Code Choice+	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence						
	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							
DE-8X	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%
DE-8Y	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%

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			
546/646x	\$0	\$50	\$100	\$250	2.5x	\$250/\$500	Tiers 3 & 4 only
547/547x	\$5	\$50	\$100	\$250	2.5x	\$250/\$500	Tiers 3 & 4 only
772/772x	\$0	\$50	\$100	\$250	2.5x	N/A	For HSA use only

Health Plan Product Offering

American Council of Engineering
Companies (ACEC) Life/Health Trust
2+ Eligible Employees
July 1, 2023

UnitedHealthcare Health Savings Account (HSA) Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence ⁹					Ded ⁵ Type	Rx Plan ⁹
	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							
DE-86	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	NonEmb	10/35/60
DE-87	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	NonEmb	100%
DE-8N	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	290
DE-88	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	10/35/60
DE-8Q	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$300 ⁹	Emb	282,E34
DE-9N	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,500	\$11,000	\$6,000	\$12,000	\$0	100%	100%	100%	100%	Emb	10/35/60
DE-89	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	Emb	10/35/60
DE-8S	100%	80%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$30 ⁹	\$60 ⁹	\$75 ⁹	\$300 ⁹	Emb	10/35/60
DE-9A	100%	80%	\$6,350	\$12,700	\$10,000	\$20,000	\$6,350	\$12,700	\$20,000	\$40,000	\$0	100%	100%	100%	100%	Emb	100%
DE-9B	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	Emb	10/35/60
DE-9O	80%	60%	\$3,000	\$6,000	\$5,500	\$11,000	\$5,500	\$11,000	\$6,000	\$12,000	\$0	80%	80%	80%	80%	Emb	10/35/60
DE-9C	80%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	Emb	10/35/60
DE-9D	80%	60%	\$5,000	\$10,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	Emb	10/35/60
DE-8P	70%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,650	\$12,700	\$10,000	\$20,000	\$0	70%	70%	70%	70%	Emb	10/35/60
DE-82	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	50%	50%	50%	50%	Emb	10/35/60

UnitedHealthcare FlexFree¹⁷ Plans

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							
	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 Surg
			Single	Family	Single	Family	Single	Family	Single	Family								
BT-GU	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
BT-GV	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
BT-GW	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
BT-GX	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	
BT-GY	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	\$0/3 visits combined	\$0/2 visits	\$250+Ded+20%	Ded+20%	\$250+Ded+20%	\$250+Ded+20%	

Health Plan Product Offering

American Council of Engineering
Companies (ACEC) Life/Health Trust
2+ Eligible Employees
July 1, 2023

UnitedHealthcare Standard Plans

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Ded ⁵ Type	
		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec ³	Urgent Care	ER ⁴	Lab/Xray		MRI, CT, etc.
				Single	Family	Single	Family	Single	Family	Single	Family									
BT-HI	Standard	100%	80%	\$250	\$750	\$500	\$1,500	\$250	\$750	\$1,500	\$4,500	\$0	\$25	\$0	\$45	\$50	\$150	100%	100%	Emb
BT-F2	Standard	100%	50%	\$500	\$1,000	\$5,000	\$10,000	\$2,000	\$4,000	\$15,000	\$30,000	\$0	\$30	\$0	\$50	\$75	\$100	100%	100%	Emb
BT-GE	Standard	100%	80%	\$1,500	\$3,000	\$3,000	\$6,000	\$3,000	\$7,500	\$6,000	\$12,000	\$0	\$20	\$0	\$20	\$75	\$125	100%	100%	Emb
BT-HZ	Standard	100%	80%	\$2,500	\$7,500	\$5,000	\$15,000	\$2,500	\$7,500	\$6,000	\$18,000	\$0	\$30	\$0	\$50	\$50	\$150	100%	100%	Emb
BT-GN	Standard	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,500	\$9,000	\$8,000	\$16,000	\$0	\$25	\$0	\$50	\$75	\$150	100%	100%	Emb
BT-H2	Standard	100%	80%	\$3,500	\$10,500	\$6,000	\$18,000	\$3,500	\$10,500	\$7,000	\$21,000	\$0	\$30	\$0	\$50	\$50	\$150	100%	100%	Emb
BT-GP	Standard	100%	90%	\$4,000	\$8,000	\$7,200	\$14,400	\$5,500	\$11,000	\$16,000	\$32,000	\$0	\$15	\$0	\$30	\$75	\$125	100%	100%	Emb
BT-GR	Standard	100%	90%	\$5,000	\$10,000	\$8,500	\$17,000	\$6,250	\$12,500	\$17,000	\$34,000	\$0	\$20	\$0	\$40	\$75	\$150	100%	100%	Emb
BT-GT	Standard	90%	70%	\$0	\$0	\$1,000	\$2,000	\$4,000	\$8,000	\$6,000	\$12,000	\$0	\$25	\$0	\$50	\$75	\$150	100%	100%	Emb
BT-FT	Standard	90%	70%	\$250	\$500	\$1,000	\$3,000	\$2,500	\$5,000	\$2,500	\$5,000	\$0	\$25	\$0	\$50	\$75	\$150	100%	Ded+10%	Emb
BT-F6	Standard	90%	60%	\$500	\$1,500	\$6,000	\$18,000	\$3,500	\$10,500	\$8,000	\$24,000	\$0	\$25	\$0	\$45	\$75	\$150	100%	Ded+10%	Emb
BT-F9	Standard	90%	60%	\$500	\$1,500	\$1,000	\$3,000	\$5,000	\$10,000	\$6,500	\$14,000	\$0	\$40	\$0	\$50	\$75	\$150	100%	Ded+10%	Emb
BT-GG	Standard	90%	70%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$7,500	\$9,000	\$18,000	\$0	\$25	\$0	\$50	\$75	\$150	100%	Ded+10%	Emb
BT-HS	Standard	90%	70%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	\$6,000	\$18,000	\$0	\$30	\$0	\$50	\$50	\$150	100%	Ded+10%	Emb
BT-GO	Standard	90%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	\$25	\$0	\$25	\$75	\$150	100%	Ded+10%	Emb
BT-GS	Standard	80%	60%	\$0	\$0	\$500	\$1,000	\$3,000	\$6,000	\$3,500	\$7,000	\$0	\$15	\$0	\$25	\$50	\$100	100%	20%	Emb
BT-FX	Standard	80%	60%	\$250	\$750	\$500	\$1,500	\$3,250	\$6,500	\$5,500	\$11,500	\$0	\$30	\$0	\$50	\$75	\$150	100%	Ded+20%	Emb
BT-F4	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$7,500	\$5,000	\$10,000	\$0	\$15	\$0	\$30	\$75	\$150	100%	Ded+20%	Emb
BT-F8	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,500	\$9,000	\$10,000	\$20,000	\$0	\$30	\$0	\$50	\$75	\$150	100%	Ded+20%	Emb
BT-GB	Standard	80%	60%	\$750	\$2,250	\$6,000	\$12,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$25	\$0	\$50	\$75	\$150	100%	Ded+20%	Emb
BT-GC	Standard	80%	60%	\$1,000	\$2,000	\$3,000	\$6,000	\$5,500	\$11,000	\$10,000	\$20,000	\$0	\$30	\$0	\$60	\$75	\$150	100%	Ded+20%	Emb
BT-GH	Standard	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$6,250	\$12,500	\$11,000	\$22,000	\$0	\$30	\$0	\$50	\$75	\$150	100%	Ded+20%	Emb
BT-G6	Standard	80%	60%	\$3,500	\$10,500	\$6,000	\$18,000	\$6,350	\$12,700	\$8,500	\$25,500	\$0	\$30	\$0	\$50	\$50	\$150	100%	Ded+20%	Emb
BT-GQ	Standard	80%	60%	\$4,000	\$8,000	\$5,600	\$11,200	\$6,250	\$12,500	\$11,200	\$22,400	\$0	\$15	\$0	\$30	\$75	\$150	100%	Ded+20%	Emb
BT-GD	Standard	70%	50%	\$1,000	\$2,000	\$2,500	\$5,000	\$6,250	\$12,500	\$12,000	\$24,000	\$0	\$25	\$0	\$50	\$75	\$150	100%	Ded+30%	Emb
BT-GI	Standard	70%	50%	\$2,000	\$4,000	\$3,000	\$6,000	\$5,500	\$11,000	\$6,000	\$12,000	\$0	\$25	\$0	\$50	\$75	\$100	100%	Ded+30%	Emb
BT-GL	Standard	70%	50%	\$2,500	\$5,000	\$3,000	\$6,000	\$5,000	\$10,000	\$6,000	\$12,000	\$0	\$30	\$0	\$50	\$75	\$250	100%	Ded+30%	Emb
BT-FR	50/50	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$50	\$0	\$50	\$100	Ded+50%	Ded+50%	Ded+50%	Emb

Health Plan Product Offering

American Council of Engineering
Companies (ACEC) Life/Health Trust
2+ Eligible Employees
July 1, 2023

UnitedHealthcare Options PPO Plans

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Ded ⁵ Type		
		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec ³	Urgent Care	ER ⁴	Lab/Xray		MRI, CT, etc.	
				Single	Family	Single	Family	Single	Family	Single	Family										
BT-P6	Standard	100%	80%	\$250	\$500	\$500	\$1,000	\$1,750	\$5,250	\$3,000	\$6,000	\$0	\$15	\$0	\$15	\$35	\$100	100%	Ded	Emb	
BT-P5	Standard	100%	80%	\$1,000	\$2,000	\$2,000	\$4,000	\$2,500	\$7,500	\$5,000	\$10,000	\$0	\$20	\$0	\$20	\$50	\$100	100%	Ded	Emb	
BT-P7	Standard	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$9,000	\$5,000	\$10,000	\$0	\$15	\$0	\$15	\$50	\$100	100%	Ded+20%	Emb	
BT-P4	Standard	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$4,500	\$12,700	\$10,000	\$20,000	\$0	\$25	\$0	\$25	\$50	\$100	100%	Ded+20%	Emb	
DE-9S	Consumer	100%	80%	\$1,500	\$3,000	\$4,000	\$8,000	\$3,000	\$9,000	\$8,000	\$16,000	\$0	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DE-9T	Consumer	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$10,500	\$10,000	\$20,000	\$0	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DE-9U	Consumer	100%	80%	\$2,850	\$5,700	\$3,500	\$7,000	\$4,350	\$12,700	\$12,000	\$18,000	\$0	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DE-9V	HSA	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$5,500	\$11,000	\$11,000	\$22,000	\$0	100%	100%	100%	100%	100%	100%	100%	100%	Emb

UnitedHealthcare Consumer Plans

Plan Code	Plan Type	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Ded ⁵ Type		
		Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP Ages 19+ ¹	PCP Ages <19 ¹	Spec ³	Urgent Care	ER ⁴	Lab/Xray		MRI, CT, etc.	
				Single	Family	Single	Family	Single	Family	Single	Family										
DE-9G	Consumer	100%	80%	\$750	\$2,250	\$6,000	\$12,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DE-9J	Consumer	100%	80%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$7,500	\$9,000	\$18,000	\$0	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DE-9K	Consumer	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$0	100%	100%	100%	100%	100%	100%	100%	100%	Emb
DE-9H	Consumer	80%	60%	\$1,000	\$3,000	\$5,000	\$10,000	\$5,500	\$11,000	\$7,000	\$14,000	\$0	80%	80%	80%	80%	80%	80%	80%	80%	Emb
DE-9L	Consumer	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,500	\$11,000	\$7,500	\$15,000	\$0	80%	80%	80%	80%	80%	80%	80%	80%	Emb
DE-84	Consumer	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	\$0	80%	80%	80%	80%	80%	80%	80%	80%	Emb
DE-9M	Consumer	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,250	\$12,500	\$8,000	\$16,000	\$0	80%	80%	80%	80%	80%	80%	80%	80%	Emb
DE-85	Consumer	80%	60%	\$5,000	\$1,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	80%	80%	80%	80%	80%	80%	80%	80%	Emb

UnitedHealthcare Advanced Tier Plans

Plan Code	Coinsurance				Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence								
	Network Physician Prem Des ²	Network Physician ³	Network Facility	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ^{1,2} Prem Des	PCP ¹	Spec ² Prem Des	Spec ³	Urgent Care	ER ⁴	Lab/Xray	MRI, CT, etc.
					Single	Family	Single	Family	Single	Family	Single	Family									
BT-E5	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$25	\$50	\$50	\$100	\$100	\$250+20%	Ded+20%	Ded+20%
BT-E6	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,250	\$12,500	\$10,000	\$20,000	\$0	\$25	\$50	\$50	\$100	\$100	\$250+20%	Ded+20%	Ded+20%
BT-E7	80%	50%	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$70	\$70	\$100	\$100	\$250+20%	Ded+20%	Ded+20%
BT-E8	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,350	\$12,700	\$10,000	\$20,000	\$0	\$35	\$70	\$70	\$100	\$100	\$250+20%	Ded+20%	Ded+20%

Health Plan Product Offering

Pharmacy Plans

Rx Plan Code	Copays				Deductible	Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4		
280	\$10	\$30	\$70	N/A		2.5
281	\$10	\$35	\$70	N/A		2.5
282	\$10	\$35	\$60	N/A		2.5
283	\$10	\$40	\$75	\$125		2.5
284	\$10	\$25	\$45	N/A		2.5
285	\$10	\$30	\$50	N/A	\$100/\$300	2.5
286	\$10	\$30	\$50	N/A		2.5
287	\$15	\$30	\$50	N/A		2.5
288	\$15	\$40	\$75	N/A		2.5
289	\$20	\$45	\$80	N/A		2.5
290	100%	100%	100%	N/A		100%
291	\$10	\$30	\$60	N/A		2.5

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			
546/646x	\$0	\$50	\$100	\$250	2.5x	\$250/\$500	Tiers 3 & 4 only
547/547x	\$5	\$50	\$100	\$250	2.5x	\$250/\$500	Tiers 3 & 4 only
772/772x	\$0	\$50	\$100	\$250	2.5x	N/A	For HSA use only

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.

4 Plan deductible is waived for Emergency Room visits on plans where copay or copay+coinsurance is listed.

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.

6 "Flexpoint" plans feature a copay for office visits one through four during the calendar year or plan year, depending on plan type selected. Office visits five and over will be subject to plan deductible/coinsurance. This is a separate limit for both Physician Office Visits and Urgent Care visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copay limit.

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.

17 "FlexFree" plans feature \$0 copay for the first 3 PCP and/or Specialist office visits during the Calendar or Plan Year. Office visits 4+ will be subject to plan deductible/ coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copay limit.

Health Plan Product Offering

American Council of Engineering
Companies (ACEC) Life/Health Trust

2+ Eligible Employees

July 1, 2023

Groups with 2-50 eligible employees can elect up to two plans, staying within a 50% financial spread. Groups with 51+ eligible employees can elect up to five plans, staying within a 50% financial spread. 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. The American Council of Engineering Companies (ACEC), the ACEC Life/Health Insurance Trust and UnitedHealthcare Insurance Company are three separate legal operating entities and, as such, the organizations are governed and function independently. UnitedHealthcare's services are provided with the authorization of the ACEC Life/Health Trust. Questions related to health benefits offered through the Life/Health Trust should be directed to 1-800-573-0415. HMO products don't apply. ACEC membership qualification is determined by the association. 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. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Illinois, Inc. Plans are not available in all states V04/18/23