

My Profile

Completing your health profile allows us to better recommend coverage that meets your needs.

Covered Family

Providers

Prescriptions

Health Care Use

Preferences

Review Your Information ⓘ

View/Edit

Kenneth Rhodes
SSN: 123-45-6789
Gender: Male
Birthdate: 12/05/1973

Address:
1234 Mystreet Road
Brecksville, OH 44141

Telephone: (440) 123-4567
Email: kenneth.rhodes@gmail.com

Add or Remove Dependents

✖ **Wanda Rhodes** SSN: 901-23-4567 F 03/22/1978 [View/Edit](#)

✖ **Sam Rhodes** SSN: 890-12-3456 M 09/24/2005 [View/Edit](#)

✖ **Joanne Rhodes** SSN: 789-01-2345 F 11/18/2009 [View/Edit](#)

▼ Add Family Member

Add Family Member

First Name:

Last Name:

Date of Birth:



Social Security #:

Gender:

- Male
 Female

Relationship to Kenneth:

Cancel

Save Family Member

? Why are we asking this?

Review and edit your family information to reflect your current situation. Your personal and health information is secure. This information is used to help you find health coverage that best fits you and your family.

Not accurate? Call (800) 234-2345[Privacy Policy](#)

Shop for Benefits

Next Step

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Review Your Information

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Telephone: (440) 123-4567
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Add or Remove Dependents

| | | | | | |
|---|----------------------|------------------|---|------------|---------------------------|
|  | Wanda Rhodes | SSN: 901-23-4567 | F | 03/22/1978 | View/Edit |
|  | Sam Rhodes | SSN: 890-12-3456 | M | 09/24/2005 | View/Edit |
|  | Joanne Rhodes | SSN: 789-01-2345 | F | 11/18/2009 | View/Edit |

[+](#) Add Family Member

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Kenneth Rhodes
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Brecksville, OH 44141

Telephone: (440) 123-4567
Email: kenneth.rhodes@gmail.com

Add or Remove Dependents

First Name:

Last Name:

Date of Birth:



Social Security #:

Gender:

- Male
 Female

Relationship to Kenneth:

[Cancel](#)[Save Changes](#)

[?] Why are we asking this?

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[Privacy Policy](#)

Sam Rhodes SSN: 890-12-3456 M 09/24/2005 [View/Edit](#)

Joanne Rhodes SSN: 789-01-2345 F 11/18/2009 [View/Edit](#)

[+ Add Family Member](#)

[Shop for Benefits](#)[Next Step](#)



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Estimate Health Care Use

Health Care Use: **Average***

Based on the information below, your current calculated family health care use is **average**. If you expect any changes to your family's health care needs, adjust the settings below.

| | LOW | AVERAGE | HIGH |
|---|----------------------------------|----------------------------------|-----------------------|
| Kenneth Rhodes Employee | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Wanda Rhodes Spouse / Domestic Partner | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Sam Rhodes Dependent 1 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Joanne Rhodes Dependent 2 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How to estimate health care use:

Select Low, Average, or High for each family member to view associated health care services below.

Health care use for Kenneth: HIGH*

- Preventive Services: 2
- Preventive Visit: 1
- Office Visit PCP: 2
- Office Visit Specialist: 3
- Surgical Medical: 3
- Inpatient Admission: 3
- Radiology: 4
- Anesthesia: 2
- Mail Order Drugs: 36
- Laboratory Visit: 1

*Based on health care use from previous year's claims.

*These values are prefilled based on your family's recent health care claim history.

[Shop for Benefits](#)
[Next Step](#)

My Profile

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[Covered Family](#)[Providers](#)[Prescriptions](#)[Health Care Use](#)[Preferences](#)

Your Prescriptions [?]

You can estimate your out-of-pocket cost by adding and/or removing the prescriptions you think you will need next year. Based on your recent medical history, members of your family have used these prescriptions.

Prescriptions for Kenneth

Isosorbide Mononitrate Extended Release (IMDUR)

[Delete](#)[View/Edit](#)

Metoprolol Tartrate (Lopressor)

[Delete](#)[View/Edit](#)[+ Add Prescription](#)

Prescriptions for Wanda

DATA NOT AVAILABLE

Prescriptions for Sam

Allegra

[Delete](#)[View/Edit](#)

Amoxicillin (Moxatag)

[Delete](#)[View/Edit](#)[+ Add Prescription](#)

Prescriptions for Joanne

Amoxicillin (Moxatag)

[Delete](#)[View/Edit](#)

Cephalexin (Keflex)

[Delete](#)[View/Edit](#)

Olux

[Delete](#)[View/Edit](#)[+ Add Prescription](#)[Shop for Benefits](#)[Next Step](#)

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[Delete](#)[View/Edit](#)

Metoprolol Tartrate (Lopressor)

[Delete](#)[View/Edit](#)

[+ Add Prescription](#)

Prescriptions for Wanda

Prescriptions for Sam

Prescriptions for Joanne

[Shop for Benefits](#)[Next Step](#)

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Prescriptions for Kenneth

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[Delete](#)[View/Edit](#)

Metoprolol Tartrate (Lopressor)

[Delete](#)[View/Edit](#)

▼ Add Prescription

Find and Add Prescriptions

Drug Name:

[Cancel](#)

Prescriptions for Wanda 

Prescriptions for Sam 

Prescriptions for Joanne 

[Shop for Benefits](#)[Next Step](#)

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Prescriptions for Kenneth

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[Delete](#)[View/Edit](#)

Metoprolol Tartrate (Lopressor)

[Delete](#)[View/Edit](#)

▼ Add Prescription

Find and Add Prescriptions

Drug Name:

Lipitor

Lipofen

Lipram

Prescriptions for Sam

Prescriptions for Joanne

[Shop for Benefits](#)[Next Step](#)

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Prescriptions for Kenneth

Isosorbide Mononitrate Extended Release (IMDUR)

[Delete](#)[View/Edit](#)

Metoprolol Tartrate (Lopressor)

[Delete](#)[View/Edit](#)

▼ Add Prescription

Find and Add Prescriptions

Drug Name:

Lipitor

Dosage:

-- Select Dosage --

How frequently do you refill this medication?:

Every 30 Days

Where do you get this medication?

- Retail Store
 Mail Order

Would you consider switching to the generic version of Lipitor (Atorvastatin Calcium)?

- Yes
 No

Save Prescription

Cancel

Prescriptions for Wanda



Prescriptions for Sam



Prescriptions for Joanne



Shop for Benefits

Next Step



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[Covered Family](#)[Providers](#)[Prescriptions](#)[Health Care Use](#)[Preferences](#)

Your Prescriptions [?]

You can estimate your out-of-pocket cost by adding and/or removing the prescriptions you think you will need next year. Based on your recent medical history, members of your family have used these prescriptions.

Prescriptions for Kenneth

Isosorbide Mononitrate Extended Release (IMDUR)

[Delete](#)[View/Edit](#)

Metoprolol Tartrate (Lopressor)

[Delete](#)[View/Edit](#)

Atorvastatin Calcium (Lipitor)

[Delete](#)[View/Edit](#)

[+ Add Prescription](#)

Prescriptions for Wanda

Prescriptions for Sam

Prescriptions for Joanne

[Shop for Benefits](#)[Next Step](#)

Select Your Benefits

Select from each benefit type below, and you're ready to enroll. Want to learn more about health insurance first? Check out the [Health Insurance Guide](#).

Profile & Preferences

[View/Edit](#)

Kenneth Rhodes: **M, 45**
 Coverage: **Family**
 Family Members: **3**

Employer Contribution: **\$7,560** annually
 Wellness Credit: **\$600** annually

In-network Providers: **2**
 Medications: **11**
 Health Care Use: **Average**

Medical Plans

ELECT BENEFIT



Dental

ELECT BENEFIT



Vision

ELECT BENEFIT



Life Insurance

ELECT BENEFIT



Long Term Disability

ELECT BENEFIT



Short Term Disability

ELECT BENEFIT



Critical Illness Protection

ELECT BENEFIT



Accident Protection

ELECT BENEFIT



Your Real Costs

The amount you will pay annually is determined by totaling your elected plan premiums and then applying your Employer's Contribution and Wellness Credit.

| | |
|-------------------------|----------|
| Premium | \$0 |
| Employer's Contribution | -\$7,560 |
| Wellness Credit | -\$600 |

Your Total Cost

\$0
ANNUALLY

ENROLL
NOW

Select Your Benefits

Select from each benefit type below, and you're ready to enroll. Want to learn more about health insurance first? Check out the [Health Insurance Guide](#).

Profile & Preferences [?]

View/Edit

Kenneth Rhodes: **M, 45**
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Family Members: **3**

Employer Contribution: **\$7,560** annually
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In-network Providers: **2**
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Health Care Use: **Average**

Medical Plans

IN PROGRESS

DECLINE COVERAGE

SORT BY: PREFERENCES

VIEW COST: ANNUALLY

BEST

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS ✓ HIGHEST HEALTH CARE COSTS

UnitedHealthcare Bronze Plan with HSA

view plan details

COMPARE
Up to 3

DEDUCTIBLE
\$2,750 Individual | **\$5,500** Family

OUT-OF-POCKET MAX
\$5,950 Individual | **\$11,900** Family

EST ANNUAL COSTS
\$12,850 Family

PREMIUM
\$8,400 ANNUALLY

Select Plan

BETTER

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS

UnitedHealthcare Silver Plan with HSA

view plan details

COMPARE
Up to 3

DEDUCTIBLE
\$1,900 Individual | **\$3,000** Family

OUT-OF-POCKET MAX
\$3,750 Individual | **\$7,500** Family

EST ANNUAL COSTS
\$13,800 Family

PREMIUM
\$9,800 ANNUALLY

Select Plan

GOOD

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS ✓ HIGHEST HEALTH CARE COSTS

UnitedHealthcare Gold Plan with HSA

view plan details

COMPARE
Up to 3

DEDUCTIBLE
\$600 Individual | **\$1,200** Family

OUT-OF-POCKET MAX
\$3,000 Individual | **\$6,000** Family

EST ANNUAL COSTS
\$14,020 Family

PREMIUM
\$11,200 ANNUALLY

Select Plan

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS

UnitedHealthcare Platinum Plan PPO/HMO Plan

view plan details

COMPARE
Up to 3

DEDUCTIBLE
NONE Individual | **NONE** Family

OUT-OF-POCKET MAX
\$1,500 Individual | **\$3,000** Family

EST ANNUAL COSTS
\$13,885 Family

PREMIUM
\$8,400 ANNUALLY

Select Plan

- Dental ELECT BENEFIT ▼
- Vision ELECT BENEFIT ▼
- Life Insurance ELECT BENEFIT ▼
- Long Term Disability ELECT BENEFIT ▼
- Short Term Disability ELECT BENEFIT ▼
- Critical Illness Protection ELECT BENEFIT ▼
- Accident Protection ELECT BENEFIT ▼

Your Real Costs [?]

The amount you will pay annually is determined by totaling your elected plan premiums and then applying your Employer's Contribution and Wellness Credit.

| | |
|-------------------------|---------------------|
| Premium | \$0 |
| Employer's Contribution | - \$7,560 |
| Wellness Credit | - \$600 |
| Your Total Cost | \$0 ANNUALLY |

ENROLL NOW

Select Your Benefits

Select from each benefit type below, and you're ready to enroll. Want to learn more about health insurance first? Check out the [Health Insurance Guide](#).

Profile & Preferences [?]

[View/Edit](#)

Kenneth Rhodes: **M, 45**
 Coverage: **Family**
 Family Members: **3**

Employer Contribution: **\$7,560** annually
 Wellness Credit: **\$600** annually

In-network Providers: **2**
 Medications: **11**
 Health Care Use: **Average**

Medical

UnitedHealthcare Bronze Plan with HSA

COMPLETE

\$8,400

Dental

IN PROGRESS

 DECLINE COVERAGE

VIEW COST: ANNUALLY ▾

UnitedHealthcare Basic Dental PPO Plan

[view plan details](#) COMPARE

DEDUCTIBLE
\$50
 Family

OUT-OF-POCKET MAX
\$1,500
 Family

COINSURANCE
100-80-50

PREMIUM
\$1,080
 ANNUALLY

[Select Plan](#)

UnitedHealthcare Enhanced Dental PPO Plan

[view plan details](#) COMPARE

DEDUCTIBLE
\$50
 Family

OUT-OF-POCKET MAX
\$2,000
 Family

COINSURANCE
100-80-50

PREMIUM
\$1,260
 ANNUALLY

[Select Plan](#)

Vision

ELECT BENEFIT



Life Insurance

ELECT BENEFIT



Long Term Disability

ELECT BENEFIT



Short Term Disability

ELECT BENEFIT



Critical Illness Protection

ELECT BENEFIT



Accident Protection

ELECT BENEFIT



Your Real Costs [?]

The amount you will pay annually is determined by totaling your elected plan premiums and then applying your Employer's Contribution and Wellness Credit.

| | |
|-------------------------|--------------|
| Premium | \$8,400 |
| Employer's Contribution | - \$7,560 |
| Wellness Credit | - \$600 |
| Your Total Cost | \$240 |
| | ANNUALLY |

[ENROLL NOW](#)

Select Your Benefits

Select from each benefit type below, and you're ready to enroll. Want to learn more about health insurance first? Check out the [Health Insurance Guide](#).

Profile & Preferences [?]

View/Edit

Kenneth Rhodes: **M, 45**
Coverage: **Family**
Family Members: **3**

Employer Contribution: **\$7,560** annually
Wellness Credit: **\$600** annually

In-network Providers: **2**
Medications: **11**
Health Care Use: **Average**

Medical

UnitedHealthcare Bronze Plan with HSA

COMPLETE

\$8,400



Dental

UnitedHealthcare Basic Dental PPO Plan

COMPLETE

\$1,080



Vision

IN PROGRESS


 DECLINE COVERAGE

VIEW COST: ANNUALLY ▾

UnitedHealthcare Basic Vision PPO Plan

[view plan details](#)
 COMPARE

EYE EXAM
\$15 copay
every 12 months

LENSES
\$30 copay
every 12 months

FRAMES
\$130 allowance
every 24 months

PREMIUM
\$280
ANNUALLY

UnitedHealthcare Enhanced Vision PPO Plan

[view plan details](#)
 COMPARE

EYE EXAM
\$10 copay
every 12 months

LENSES
\$25 copay
every 12 months

FRAMES
\$130 allowance
every 24 months

PREMIUM
\$400
ANNUALLY

Life Insurance

ELECT BENEFIT



Long Term Disability

ELECT BENEFIT



Short Term Disability

ELECT BENEFIT



Critical Illness Protection

ELECT BENEFIT



Accident Protection

ELECT BENEFIT



Your Real Costs [?]

The amount you will pay annually is determined by totaling your elected plan premiums and then applying your Employer's Contribution and Wellness Credit.

| | |
|-------------------------|-----------|
| Premium | \$9,480 |
| Employer's Contribution | – \$7,560 |
| Wellness Credit | – \$600 |

Your Total Cost **\$1,320**
ANNUALLY

Select Your Benefits

Select from each benefit type below, and you're ready to enroll. Want to learn more about health insurance first? Check out the [Health Insurance Guide](#).

Profile & Preferences [?]

View/Edit

Kenneth Rhodes: **M, 45**
Coverage: **Family**
Family Members: **3**

Employer Contribution: **\$7,560** annually
Wellness Credit: **\$600** annually

In-network Providers: **2**
Medications: **11**
Health Care Use: **Average**

Medical Plans

IN PROGRESS

DECLINE COVERAGE

SORT BY: PREFERENCES ▼

VIEW COST: ANNUALLY ▼

BEST

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS ✓ HIGHEST HEALTH CARE COSTS

UnitedHealthcare Bronze Plan with HSA

view plan details

COMPARE

DEDUCTIBLE
\$2,750 Individual | **\$5,500** Family

OUT-OF-POCKET MAX
\$5,950 Individual | **\$11,900** Family

EST ANNUAL COSTS
\$12,850 Family

PREMIUM
\$8,400 ANNUALLY

Select Plan

BETTER

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS

UnitedHealthcare Silver Plan with HSA

view plan details

COMPARE

DEDUCTIBLE
\$1,900 Individual | **\$3,000** Family

OUT-OF-POCKET MAX
\$3,750 Individual | **\$7,500** Family

EST ANNUAL COSTS
\$13,800 Family

PREMIUM
\$9,800 ANNUALLY

Select Plan

GOOD

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS ✓ HIGHEST HEALTH CARE COSTS

UnitedHealthcare Gold Plan with HSA

view plan details

COMPARE

DEDUCTIBLE
\$600 Individual | **\$1,200** Family

OUT-OF-POCKET MAX
\$3,000 Individual | **\$6,000** Family

EST ANNUAL COSTS
\$14,020 Family

PREMIUM
\$11,200 ANNUALLY

Select Plan

✓ IN-NETWORK PROVIDERS ✓ PRESCRIPTIONS

UnitedHealthcare Platinum Plan PPO/HMO Plan

view plan details

COMPARE

DEDUCTIBLE
NONE Individual | **NONE** Family

OUT-OF-POCKET MAX
\$1,500 Individual | **\$3,000** Family

EST ANNUAL COSTS
\$13,885 Family

PREMIUM
\$8,400 ANNUALLY

Select Plan

Dental

Dental PPO Plan

COMPLETE

\$1,080



Vision

Vision PPO Plan

COMPLETE

\$280



Life Insurance

Basic Life Insurance

COMPLETE

\$120



Long Term Disability

Long Term Disability

COMPLETE

\$216



Short Term Disability

Short Term Disability

COMPLETE

\$204



Critical Illness Protection

COMPLETE

coverage declined



Accident Protection

ELECT BENEFIT



Your Real Costs [?]

The amount you will pay annually is determined by totaling your elected plan premiums and then applying your Employer's Contribution and Wellness Credit.

| | |
|-------------------------|-----------|
| Premium | \$10,430 |
| Employer's Contribution | - \$7,560 |
| Wellness Credit | - \$600 |

Your Total Cost **\$2,370** ANNUALLY

ENROLL NOW

Select Your Benefits

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Profile & Preferences [?]

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 Coverage: **Family**
 Family Members: **3**

Employer Contribution: **\$7,560** annually
 Wellness Credit: **\$600** annually

In-network Providers: **2**
 Medications: **11**
 Health Care Use: **Average**

Medical

UnitedHealthcare Bronze Plan with HSA

COMPLETE

\$8,400



Dental

UnitedHealthcare Basic Dental PPO Plan

COMPLETE

\$1,080



Vision

UnitedHealthcare Basic Vision PPO Plan

COMPLETE

\$280



Life Insurance

UnitedHealthcare Basic Life Insurance

COMPLETE

\$120



Long Term Disability

UnitedHealthcare Core: 60% of pre-Disability Earning

COMPLETE

\$200



Short Term Disability

COMPLETE

coverage declined



Critical Illness Protection

UnitedHealthcare \$5,000 Benefit Covering 13 Critical Illnesses

COMPLETE

\$60



Accident Protection

UnitedHealthcare Silver Plan (Base Plan Only)

COMPLETE

\$60



Your Real Costs [?]

The amount you will pay annually is determined by totaling your elected plan premiums and then applying your Employer's Contribution and Wellness Credit.

| | |
|-------------------------|-----------|
| Premium | \$10,200 |
| Employer's Contribution | - \$7,560 |
| Wellness Credit | - \$600 |

Your Total Cost **\$2,040**
ANNUALLY

**ENROLL
NOW**