



# Product Catalog

Plans designed with the needs of employers mind



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\* Formal product name: UnitedHealthcare Multi-Choice<sup>®</sup>

<sup>+</sup> Formal HMO product names:

Signature = UnitedHealthcare SignatureValue<sup>™</sup>

Advantage = UnitedHealthcare SignatureValue Advantage

Alliance = UnitedHealthcare SignatureValue Alliance

# Better Information. Better Decisions. Better Health.

UnitedHealthcare is a division of UnitedHealth Group, a Fortune 50 company and one of the single largest health coverage carriers in the country. We offer a diverse range of health coverage plans and a national network of more than 726,000 physicians and health care professionals, 5,600 hospitals and 64,000 pharmacies. Serving nearly 25 million members nationwide, we're committed to enhancing the health care experience through:



**Better information** – We alert individuals and their doctors to potential health risks or opportunities to take charge of their health. We give employers access to information to plan and implement worksite wellness programs to boost productivity and morale.



**Better decisions** – When we give employers, individuals and doctors access to relevant information, they can be empowered to make better-informed decisions.



**Better health** – Our shared goal is to help people live healthier lives, which contributes to a healthier and more productive, cost-efficient workplace.

## We asked our customers what to improve – and they told us

- ▶ Do something about the costs
- ▶ Make it easy

You'll be glad to know that we're doing just that.

### Affordability

**Good health.** We hear and read every day that the best way to get control over health care costs is to get healthy. It's been well-documented: Poor health costs money. And unhealthy employees cost their employers – in lost productivity as well as health care costs. UnitedHealthcare plans include 100 percent coverage for preventive care and wellness benefits, such as wellness coaching, fitness memberships and biometric screenings, with built-in incentives to encourage members to adopt healthy behaviors, and other value-added programs at no additional premium cost. And we contact our members to get that preventive care or take action on personal health risks when the need arises.

**Education.** We're making it easier for our customers to understand and manage their health care costs with tools such as our easy-to-use myHealthcare Cost Estimator and easily accessible health advisers, professionals who offer guidance as needed through the complex health care system.

**Plan design.** Plans such as Select Plus and Alliance feature flexibility in choice of benefits and financial responsibility, as well as give the member more control over managing health-related expenses. And the increasing availability of lower-cost generic drugs is making a significant dent in the high cost of prescription medication.

### Simplicity

**Simpler is better.** We've improved our services, simplified administration and renewals, and made it easier to offer more well-rounded health care coverage options to employers and their employees.

And our **Choice Simplified** option provides employers with the opportunity to mix and match any of our plans to meet their needs. Plus, specialty plans, such as dental, vision or life, can be added at considerable savings, and administration services are part and parcel of the program.



# The Power of the Network

Our commitment to providing you with health coverage solutions includes offering an expansive network, both nationally and locally.

## Our California HMO network includes over:

- ▶ 52,000 physicians and health care professionals, and 220 hospitals
- ▶ Advantage plan: More than 30,000 physicians and specialists, and 140 hospitals
- ▶ Alliance plan: More than 21,000 physicians and specialists, and 120 hospitals

## Our California Select Plus network includes over:

- ▶ 100,000 physicians and health care professionals, and 340 hospitals

## Our national network includes over:

- ▶ 726,000 physicians and health care professionals, and 5,600 hospitals

Employees have nationwide access to 83 percent of all available U.S. hospital beds and two out of three available doctors and health care professionals.

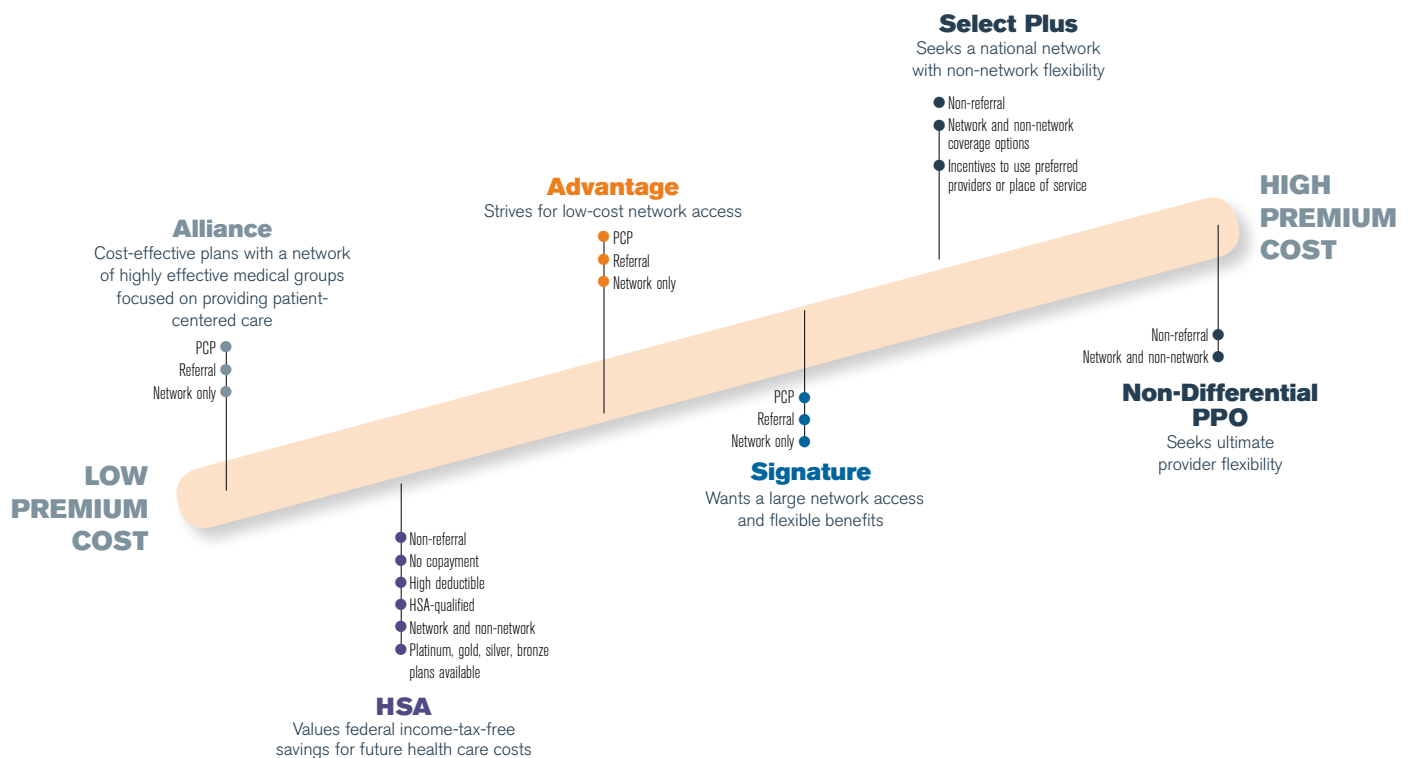


- ▶ **Seamless and easy to use**
- ▶ **Fully integrated**
- ▶ **Stable**

# UnitedHealthcare Product Continuum Chart

## California Small Business (1-50 employees)

UnitedHealthcare offers a broad range of health plans that are designed to be affordable and flexible for employers of various sizes. To help determine the plans that best suit their employees' need for affordability, we've created a product continuum chart. The plans are arranged from lowest to highest premium and list key features.



# Choice Simplified

Choice Simplified offers more options to suit the diverse needs of small businesses

A well-designed, flexible health plan, supported by streamlined administration and employee-focused wellness programs, can help small businesses create a long-term strategy to manage health care costs now and in the future.

Plans in the Choice Simplified portfolio allow small group employers with one or more enrolling employees to purchase one health plan package that includes multiple benefit design options. They can offer their employees an array of health care coverage options to meet a variety of health care and financial needs. Our plans include different product options, ranging from HMOs to consumer-driven health plans eligible for HSAs.

## Here's how it works:

**Step 1:** Pick the plans that best fit the employees' needs. Employer can choose as many plans as they need to fit their program.

**Step 2:** Direct employees to choose the benefit design option that best meets their individual needs from the selected plans.

**Step 3:** As the employer renews with UnitedHealthcare, they can keep or change their plan offerings within the package year after year, ensuring that the health plan benefits will evolve with the changing needs of the employer and their employees.



# California Small Business (1-50) Choice Simplified

UnitedHealthcare Plan	Plan Description	Plan Code	Choice Simplified	Multi-Choice State
Select Plus	15/10%	GN-3	▪	
Select Plus	15/250/10%	GO-V	▪	
Select Plus	15/500/10%	GO-W	▪	
Select Plus	15/1000/10%	GO-X	▪	
Select Plus	25/1800/20%	GO-Y	▪	
Select Plus	4500/20%	GP-5	▪	
Select Plus HSA	1500/20%	GN-4	▪	
Select Plus HSA	2000/20%	GN-5	▪	
Select Plus HSA	3500/20%	GN-6	▪	
Select Plus HSA	5000/20%	GN-7	▪	
Signature	10-20/300a/250ded	3T-K	▪	
Signature	20-40/1000d/500ded	3T-L	▪	
Signature	20-40/1000d/1000ded	3T-M	▪	
Signature	30-50/25%/2000ded	3T-N	▪	
Signature	50-75/30%/4500ded	3T-P	▪	
Advantage	10-20/300a/250ded	3T-Q	▪	
Advantage	20-40/1000d/500ded	3T-R	▪	
Advantage	20-40/1000d/1000ded	3T-S	▪	
Advantage	30-50/25%/2000ded	3T-T	▪	
Advantage	50-75/30%/4500ded	3T-V	▪	
Alliance	10-20/300a/250ded	3T-W	▪	
Alliance	20-40/1000d/500ded	3T-X	▪	
Alliance	20-40/1000d/1000ded	3T-Y	▪	
Alliance	30-50/25%/2000ded	3T-Z	▪	
Alliance	50-75/30%/4500ded	3T-2	▪	
Alliance HSA	20%/2000ded	3T-4	▪	
Alliance HSA	20%/3500ded	3T-5	▪	
Alliance HSA	40%/4500ded	3U-U	▪	
Non-Differential PPO	2000/20%	GN-2	▪	▪
Select	20/10%	GN-8		▪
Select	30/20%	GN-9		▪
Select	45/1500/20%	GN-Z		▪
Select HSA	4500/40%	GO-1		▪
Alliance	20-40/250d	3T-7		▪
Alliance	30-50/600d	3T-8		▪
Alliance HSA	20%/1500ded	3T-9		▪
Alliance HSA	40%/4500ded	3U-U		▪

#### Choice Simplified Package

- Groups may offer a Choice Simplified package alongside a staff model if 75% of the eligible employees, excluding COBRA participants, enroll with UnitedHealthcare.
- Groups may offer a Choice Simplified package alongside a staff model if 75% of the eligible employees, excluding COBRA participants, enroll with UnitedHealthcare and the staff model (75% combined) with a minimum of five active California employees (residing/working in California) as UnitedHealthcare enrollees.

#### Multi-Choice State Package

- Groups may offer a Multi-Choice State package alongside a staff model if 75% of the eligible employees, excluding COBRA participants, enroll with UnitedHealthcare.

Guidelines subject to change.



# Medical Plans Overview

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# Medical Plans Overview

## Select Plus

Plan Type	Metallic Level	Deductible <sup>1</sup>		Out-of-Pocket Maximum <sup>2</sup>		Coinsurance		Network <sup>3</sup>						Deductible Type	Combined Med/RX Ded	Plan Code	Rx Plan Code
		Network	Out of Network	Network	Out of Network	Network	Out of Network	PCP	Spec	ER	Inpatient Hospital	IP Per-Occurrence Ded <sup>4</sup>	OP Per-Occurrence Ded <sup>4</sup>				
Select Plus	Platinum	N/A	\$1,000	\$4,000	\$8,000	10%	50%	\$15	\$30	\$100	10%	N/A	N/A	Embedded	No	GN-3	HH
Select Plus	Gold	\$250	\$500	\$4,000	\$8,000	10%	50%	\$15	\$30	\$100	10%	\$250	\$250	Embedded	No	GO-V	HD
Select Plus	Gold	\$500	\$1,000	\$4,000	\$8,000	10%	50%	\$15	\$30	\$100	10%	\$250	\$250	Embedded	No	GO-W	HD
Select Plus	Gold	\$1,000	\$2,000	\$4,000	\$8,000	10%	50%	\$15	\$30	\$100	10%	\$250	\$250	Embedded	No	GO-X	HD
Select Plus	Silver	\$1,800	\$3,600	\$6,000	\$12,000	20%	50%	\$25	\$50	\$200	20%	\$250	\$250	Embedded	No	GO-Y	HL
Select Plus	Bronze	\$4,500	\$9,000	\$6,250	\$12,500	20%	50%	20%	20%	20%	20%	\$250	\$250	Embedded	No	GP-5	HQ
Select Plus HSA	Silver	\$1,500	\$3,000	\$5,000	\$10,000	20%	50%	20%	20%	20%	20%	N/A	N/A	Non-Embedded	Yes	GN-4	HJ
Select Plus HSA	Silver	\$2,000	\$4,000	\$5,000	\$10,000	20%	50%	20%	20%	20%	20%	N/A	N/A	Non-Embedded	Yes	GN-5	HJ
Select Plus HSA	Bronze	\$3,500	\$7,000	\$6,250	\$12,500	20%	50%	20%	20%	20%	20%	N/A	N/A	Non-Embedded	Yes	GN-6	HP
Select Plus HSA	Bronze	\$5,000	\$10,000	\$6,250	\$12,500	20%	50%	20%	20%	20%	20%	N/A	N/A	Non-Embedded	Yes	GN-7	HP

## Signature, Advantage, and Alliance

Plan Type	Metallic Level	Deductible <sup>1</sup>	Out-Of-Pocket Maximum <sup>2</sup>	PCP	Spec	ER	Inpatient Hospital	IP Copay Max	IP Copay Type	Outpatient Surgery	Deductible Type	Combined Med/RX Ded	HMO Plan Codes			Rx Plan Code
													Signature	Advantage	Alliance	
HMO	Platinum	\$250	\$1,500	\$10	\$20	\$100	\$300	N/A	Admit	\$150	Embedded	No	3T-K	3T-Q	3T-W	2R
HMO	Gold	\$500	\$4,000	\$20	\$40	\$200	\$1,000	\$4,000	Day	\$500	Embedded	No	3T-L	3T-R	3T-X	2T
HMO	Gold	1,000	\$4,000	\$20	\$40	\$200	\$1,000	\$4,000	Day	\$500	Embedded	No	3T-M	3T-S	3T-Y	2T
HMO	Silver	\$2,000	\$6,250	\$30	\$50	\$300	25%	N/A	Admit	25%	Embedded	No	3T-N	3T-T	3T-Z	2U
HMO	Bronze	\$4,500	\$6,250	\$50	\$75	\$300	30%	N/A	Admit	30%	Embedded	No	3T-P	3T-V	3T-2	2Y
HMO HSA	Silver	\$2,000	\$5,000	20%	20%	20%	20%	N/A	Admit	20%	Non-Embedded	Yes	N/A	N/A	3T-4	2X
HMO HSA	Bronze	\$3,500	\$6,250	20%	20%	20%	20%	N/A	Admit	20%	Non-Embedded	Yes	N/A	N/A	3T-5	2Z

## Select State\*

Plan Type	Metallic Level	Deductible <sup>1</sup>		Out-of-Pocket Maximum <sup>2</sup>		Coinsurance		Network <sup>3</sup>						Deductible Type	Combined Med/RX Ded	Plan Code	Rx Plan Code	
		Network	Out of Network	Network	Out of Network	Network	Out of Network	PCP	Spec	ER	Inpatient Hospital	IP Per-Occurrence Ded <sup>4</sup>	OP Per-Occurrence Ded <sup>4</sup>					
Select	Platinum	N/A	N/A	\$4,000	N/A	10%	N/A	\$20	\$40	\$150	10%	N/A	N/A	Embedded	No	GN-8	G2	
Select	Gold	N/A	N/A	\$6,350	N/A	20%	N/A	\$30	\$50	\$250	20%	N/A	N/A	Embedded	No	GN-9	G3	
Select	Silver	\$1,500	N/A	\$6,350	N/A	20%	N/A	\$45	\$65	\$250	20%	N/A	N/A	Embedded	No	GN-Z	G9	
Select HSA	Bronze	\$4,500	N/A	\$6,350	N/A	40%	N/A	40%	40%	40%	40%	40%	N/A	N/A	Non-Embedded	Yes	GO-1	HB

## Alliance State\*

Plan Type	Metallic Level	Deductible <sup>1</sup>	Out-Of-Pocket Maximum <sup>2</sup>	PCP	Spec	ER	Inpatient Hospital	IP Copay Max	IP Copay Type	Outpatient Surgery	Deductible Type	Combined Med/RX Ded	HMO Plan Codes			Rx Plan Code
													Signature	Advantage	Alliance	
HMO	Platinum	N/A	\$4,000	\$20	\$40	\$150	\$250	\$1,250	Day	\$250	N/A	N/A	N/A	N/A	3T-7	20
HMO	Gold	N/A	\$6,350	\$30	\$50	\$250	\$600	\$3,000	Day	\$600	N/A	N/A	N/A	N/A	3T-8	21
HMO HSA	Silver	\$1,500	\$6,350	20%	20%	N/A	20%	N/A	Admit	20%	Non-Embedded	Yes	N/A	N/A	3T-9	24
HMO HSA	Bronze	\$4,500	\$6,350	40%	40%	N/A	40%	N/A	Admit	40%	Non-Embedded	Yes	N/A	N/A	3U-U	25

## Non-Differential PPO

Plan Type	Metallic Level	Deductible <sup>1</sup>		Out-of-Pocket Maximum <sup>2</sup>		Coinsurance		Network <sup>3</sup>					Deductible Type	Combined Med/RX Ded	Plan Code	Rx Plan Code	
		Network	Out of Network	Network	Out of Network	Network	Out of Network	PCP	Spec	ER	Inpatient Hospital	IP Per-Occurrence Ded <sup>4</sup>					OP Per-Occurrence Ded <sup>4</sup>
Non-Differential PPO	Silver	\$2,000		\$4,500		20%		20%	20%	20%	20%	N/A	N/A	Embedded	No	GN-2	HC

## Pharmacy for Select, Select Plus, and Non-Differential PPO

Deductible <sup>5</sup>		Member Copay				Mail Order (90-Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
N/A	N/A	\$10	\$30	\$60	25%	2.5x	HH
N/A	N/A	\$15	\$35	\$60	25%	2.5x	HD
\$200	\$400	\$15	\$35	\$70	25%	2.5x	HL
\$250	\$750	\$20	\$50	\$100	25%	2.5x	HQ
Medical Deductible		\$15	\$35	\$70	25%	2.5x	HJ
Medical Deductible		\$20	\$50	\$100	25%	2.5x	HP
N/A	N/A	\$20	\$35	\$60	25%	2.5x	HC
N/A	N/A	\$5	\$15	\$25	10%	2.5x	G2
N/A	N/A	\$19	\$50	\$70	20%	2.5x	G3
\$500	\$1,000	\$19	\$50	\$70	20%	2.5x	G9
Medical Deductible		40%	40%	40%	40%	2.5x	HB

## Pharmacy for Signature, Advantage, and Alliance

Deductible <sup>5</sup>		Member Copay				Mail Order (90-Day Supply)	Plan Code
Individual	Family	Generic Formulary	Brand-Name Formulary	Non-Formulary	Specialty Medications		
N/A	N/A	\$15	\$35	\$50	25% (max \$300)	2x	2R
N/A	N/A	\$15	\$35	\$60	25% (max \$300)	2x	2T
\$250	\$750	\$15	\$35	\$70	25% (max \$300)	2x	2U
\$250	\$750	\$20	\$50	\$100	25% (max \$300)	2x	2Y
Medical Deductible		\$15	\$35	\$70	25% (max \$300)	2x	2X
Medical Deductible		\$20	\$50	\$100	25% (max \$300)	2x	2Z
N/A	N/A	\$5	\$15	\$25	10%	2x	20
N/A	N/A	\$19	\$50	\$70	20%	2x	21
Medical Deductible		20%	20%	20%	20%	2x	24
Medical Deductible		40%	40%	40%	40%	2x	25

<sup>1</sup> Family Deductible is 2x Individual. For plans with a Non-Embedded deductible, one or more eligible members of a family unit may satisfy the entire Family Deductible. No one in the family will be eligible for benefits until the Family Deductible has been met.

<sup>2</sup> Family Out-of-Pocket Maximum is 2x Individual. Member cost share, including Office Visits, deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>3</sup> Benefits with coinsurance (%) responsibility are subject to the Deductible.

<sup>4</sup> The Per-Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per-Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital-affiliated provider.

<sup>5</sup> Does not apply to Tier 1. Applies to all tiers for pharmacy plans subject to the Medical Deductible.

<sup>6</sup> Does not apply to Generic drugs. Applies to all drugs for pharmacy plans subject to the Medical Deductible.

\*Plans match the CA Exchange plans and are available on a limited basis. In-network coverage only. Please contact your UnitedHealthcare representative for details.





# Select Plus, Consumer-Driven Health and Non-Differential PPO

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- Select Plus ●
- Consumer-Driven Health ●
- Non-Differential PPO ●
- Additional Value-Added Programs for Select Plus, Consumer-Driven Health and Non-Differential PPO ●

# Select Plus

## Flexible Plans with Network Advantages

UnitedHealthcare provides network and non-network benefits, plans for single-site, multi-site and multi-state businesses and variable options for deductibles, coinsurance and pharmacy plans that help meet employers' needs.

Our new Select Plus plan designs include a per-occurrence deductible, which is applied to inpatient hospital and certain outpatient services such as outpatient surgery, standard lab/X-ray, and complex imaging (e.g., MRI, CT, PET). Members with these plans have the option to avoid the per-occurrence deductible when accessing these outpatient benefits by receiving services from an in-network independent, non-hospital-affiliated provider.

### **These benefit plan designs offer employers:**

- **Affordability** – Low-cost alternatives for premiums
- **Choice** – Popular combinations of benefits and pricing
- **Network** – Access to more than 726,000 physicians, 5,600 hospitals, and 64,000 pharmacies across the country

### **Select Plus**

Select Plus plans give members the freedom to see any doctor in or outside the Select Plus network without a referral. A limited number of Select (in-network only) plans, which are modeled after the Covered California State Exchange standard plans, are also available.

Benefits of the Select Plus plan include:

- Members visit any participating network physician or facility (including specialist) without a referral
- When members visit participating network physicians and hospitals, there aren't any claim forms or bills to worry about
- Range of plan designs with different deductible levels, copayments, coinsurance and out-of-pocket amounts



## Select Plus

Metallic Level	Platinum		Gold		Gold	
Select Plus Plan	15/10%		15/250/10%		15/500/10%	
Network <sup>1</sup>	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Annual Deductible<sup>2</sup></b> (individual/family)	None	\$1,000/\$2,000	\$250/\$500	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000
<b>Annual Out-of-Pocket Maximum<sup>3</sup></b> (individual/family)	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000
<b>Professional Services</b>						
<b>Office Visits – PCP</b>	\$15	50% after deductible	\$15	50% after deductible	\$15	50% after deductible
<b>Office Visits – Specialist</b>	\$30	50% after deductible	\$30	50% after deductible	\$30	50% after deductible
<b>Laboratory<sup>4</sup></b> – (Standard)	10%	50% after deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
<b>Radiology<sup>4</sup></b> – (Standard)	10%	50% after deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
<b>Maternity Care<sup>5</sup></b>	\$15	50% after deductible	\$15	50% after deductible	\$15	50% after deductible
<b>Preventive Care Services</b>	No copayment	No benefit	No copayment	No benefit	No copayment	No benefit
<b>Hospitalization Services</b>						
<b>Inpatient Hospital Benefits</b>	10%	50% after deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
<b>Inpatient Physician Care</b>	10%	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
<b>Skilled Nursing Facility Care</b> (100 days per benefit period)	10%	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
<b>Emergency Health Coverage</b>						
<b>Emergency Services</b>	\$100	Same as Network benefit	\$100	Same as Network benefit	\$100	Same as Network benefit
<b>Urgently Needed Services</b>	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible
<b>Ambulance Services</b>	10%	Same as Network benefit	10% after deductible	Same as Network benefit	10% after deductible	Same as Network benefit
<b>Outpatient Services</b>						
<b>Outpatient Surgery<sup>4</sup></b>	10%	50% after deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
<b>Durable Medical Equipment</b>	10%	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
<b>Home Health Services</b> (Up to 100 visits per calendar year)	10%	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
<b>Infertility Services</b> (Benefits limited to \$2,000 per lifetime)	10%	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
<b>Injections Received in a Physician's Office</b>	\$15	50% after deductible	\$15	50% after deductible	\$15	50% after deductible
<b>Mental Health and Substance Use Disorder Services</b>						
■ Inpatient	10%	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
■ Outpatient	No copayment	50% after deductible	\$15	50% after deductible	\$15	50% after deductible
<b>Outpatient Prescription Drug Coverage</b>						
<b>Calendar Year Deductible</b> (individual/family)	None		None		None	
<b>Tier 1</b>	\$10		\$15		\$15	
<b>Tier 2</b>	\$30		\$35		\$35	
<b>Tier 3</b>	\$60		\$60		\$60	
<b>Tier 4</b>	25%		25%		25%	
<b>Pediatric Dental and Vision Coverage<sup>6</sup></b>						
<b>Dental Exam</b> (preventive/diagnostic)	No copayment	20%	No copayment	20%	No copayment	20%
<b>Vision Exam</b> (routine)	No copayment	50%	No copayment	50%	No copayment	50%
<b>Glasses</b> (frames and lenses)	10%	50%	10%	50%	10%	50%

<sup>1</sup> Reimbursement for Non-Network services is based on a percentage of the published rates allowed by Medicare for the same or similar services.

<sup>2</sup> When a member of a family unit satisfies the individual Deductible amount for the calendar year, no further deductible will be required for him or her for that calendar year. The per-occurrence deductible does not apply to the Annual Deductible.

<sup>3</sup> Member cost share, including office visits, annual deductible, per-occurrence deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>4</sup> The outpatient per-occurrence deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

<sup>5</sup> No copayment applies to physician office visits for prenatal care after the first visit.

<sup>6</sup> Pediatric Dental: All covered pediatric dental services, except for preventive and diagnostic services, are subject to the medical deductible. Pediatric Vision: One routine vision exam and one pair of glasses per calendar year for children under age 19.

	Gold		Silver		Bronze	
	15/1000/10%		25/1800/20%		4500/20%	
Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
\$2,000	\$1,000/\$2000	\$2000/\$4,000	\$1,800/\$3,600	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000
\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,250/\$12,500	\$12,500/\$25,000
Deductible	\$15	50% after deductible	\$25	50% after deductible	20% after deductible	50% after deductible
Deductible	\$30	50% after deductible	\$50	50% after deductible	20% after deductible	50% after deductible
Deductible, \$50 per deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
Deductible, \$50 per deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
Deductible	\$15	50% after deductible	\$25	50% after deductible	20% after deductible	50% after deductible
Benefit	No copayment	No benefit	No copayment	No benefit	No copayment	No benefit
Deductible, \$50 per deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
Deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Network Benefit	\$100	Same as Network benefit	\$200	Same as Network benefit	20% after deductible	Same as Network benefit
Deductible	\$50	50% after deductible	\$75	50% after deductible	20% after deductible	50% after deductible
Network Benefit	10% after deductible	Same as Network benefit	20% after deductible	Same as Network benefit	20% after deductible	Same as Network benefit
Deductible, \$50 per deductible	10% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible	20% after deductible, plus \$250 per occurrence deductible	50% after deductible, plus \$250 per occurrence deductible
Deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Deductible	\$15	50% after deductible	\$25	50% after deductible	20% after deductible	50% after deductible
Deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Deductible	\$15	50% after deductible	\$25	50% after deductible	20% after deductible	50% after deductible
	None		\$200/\$400 does not apply to Tier 1		\$250/\$750 does not apply to Tier 1	
	\$15		\$15		\$20	
	\$35		\$35		\$50	
	\$60		\$70		\$100	
	25%		25%		25%	
%	No copayment	20%	No copayment	20%	No copayment	20%
%	No copayment	50%	No copayment	50%	No copayment	50%
%	10%	50%	20%	50%	20%	50%

## Select State

Metallic Level	Platinum	Gold	Silver	Bronze
Select Plan	20/10%	30/20%	45/1500/20%	HSA 4500/40%
Network <sup>1</sup>	Network	Network	Network	Network
<b>Annual Deductible</b> (individual/family)	None	None	\$1,500/\$3,000 <sup>2</sup>	\$4,500/\$9,000 <sup>2</sup>
<b>Annual Out-of-Pocket Maximum<sup>3</sup></b> (individual/family)	\$4,000/\$8,000	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
<b>Professional Services</b>				
<b>Office Visits – PCP</b>	\$20	\$30	\$45	40% after deductible
<b>Office Visits – Specialist</b>	\$30	\$50	\$65	40% after deductible
<b>Laboratory – (Standard)</b>	\$20	\$30	\$45	40% after deductible
<b>Radiology – (Standard)</b>	\$40	\$50	\$65	40% after deductible
<b>Maternity Care<sup>4</sup></b>	\$20	\$30	\$45	40% after deductible
<b>Preventive Care Services</b>	No copayment	No copayment	No copayment	No copayment
<b>Hospitalization Services</b>				
<b>Inpatient Hospital Benefits</b>	10%	20%	20% after deductible	40% after deductible
<b>Inpatient Physician Care</b>	10%	20%	20% after deductible	40% after deductible
<b>Skilled Nursing Facility Care</b> (100 days per benefit period)	10%	20%	20% after deductible	40% after deductible
<b>Emergency Health Coverage</b>				
<b>Emergency Services</b>	\$150	\$250	\$250 after deductible	40% after deductible
<b>Urgently Needed Services</b>	\$40	\$60	\$90	40% after deductible
<b>Ambulance Services</b>	\$150	\$250	\$250 after deductible	40% after deductible
<b>Outpatient Services</b>				
<b>Outpatient Surgery</b>	10%	20%	20%	40% after deductible
<b>Durable Medical Equipment</b>	10%	20%	20%	40% after deductible
<b>Home Health Services</b> (Up to 100 visits per calendar year)	10%	20%	20%	40% after deductible
<b>Infertility Services</b> (Benefits limited to \$2000 per lifetime)	Not covered	Not covered	Not covered	Not covered
<b>Injections Received in a Physician's Office</b>	\$20	\$30	\$45	40% after deductible
<b>Mental Health and Substance Use Disorder Services</b>				
■ Inpatient	10%	20%	20% after deductible	40% after deductible
■ Outpatient	\$20	\$30	\$45	40% after deductible
<b>Outpatient Prescription Drug Coverage</b>				
<b>Calendar Year Deductible</b> (individual/family)	None	None	\$500/\$1000 does not apply to Tier 1	Annual Deductible applies
<b>Tier 1</b>	\$5	\$19	\$19	40%
<b>Tier 2</b>	\$15	\$50	\$50	40%
<b>Tier 3</b>	\$25	\$70	\$70	40%
<b>Tier 4</b>	10%	20%	20%	40%
<b>Pediatric Dental and Vision Coverage<sup>5</sup></b>				
<b>Dental Exam</b> (preventive/diagnostic)	No copayment	No copayment	No copayment	No copayment
<b>Vision Exam</b> (routine)	No copayment	No copayment	No copayment	No copayment
<b>Glasses</b> (frames and lenses)	No copayment	No copayment	No copayment	No copayment after deductible

<sup>1</sup> No benefits for Non-Network services, except for emergency health and urgent care services.

<sup>2</sup> When a member of a family unit satisfies the individual Deductible amount for the calendar year, no further deductible will be required for him or her for that calendar year.

<sup>3</sup> The Annual Deductible is combined for medical and pharmacy benefits. One or more eligible members of a family unit may satisfy the entire family deductible. No one in the family will be eligible for benefits until the family deductible has been met.

<sup>4</sup> Member cost share, including office visits, annual deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>5</sup> No copayment applies to physician office visits for prenatal care after the first visit.

<sup>6</sup> Pediatric Dental: All covered pediatric dental services, except for preventive and diagnostic services, are subject to the medical deductible. Pediatric Vision: One routine vision exam and one pair of glasses per calendar year for children under age 19.



# Consumer-Driven Health

## UnitedHealthcare Health Savings Account (HSA)

### HSA Overview

UnitedHealthcare's HSA plans are designed with the new health care consumer in mind. Our HSA plans offer a medical plan, coverage for preventive care and a health care account that members control and access themselves to cover some of the costs of qualified medical expenses. Account-based consumer solutions initiate the transformation from passive health plan members into value-conscious consumers.

### HSA features

- Members can manage their medical claims and HSA together online or with a customer care professional.
- Three account types offer balance of interest, account fees and spending. Non-proprietary mutual fund investing is available.
- For greater member convenience, HSAs include a debit card and online bill payment.
- Accounts are administered by Optum Bank,<sup>SM</sup> Member FDIC. OptumHealth Financial Services<sup>SM</sup> provides educational tools that help both employers and individuals successfully engage in their financial health.

UnitedHealthcare HSA plans help members become more-informed and active health care consumers. By taking ownership of their health and health care spending, employees can also help their employers have more control of their health care costs. Recent studies support the value of HSA-eligible plans in reducing costs and promoting a healthier workplace.

- HSA-eligible plans have shown 20 percent to 30 percent lower-cost-than-average premiums, helping U.S. businesses save money.<sup>1</sup>
- Premium savings for employees with an HSA-eligible plan amount to an average of \$852.<sup>2</sup>
- HSA plan members are two to three times more likely to participate in wellness programs than those in non-consumer-driven health plans.<sup>3</sup> Our wellness offerings include worksite wellness programs, a confidential,\* personalized health assessment, online and telephonic coaching and personal support.

<sup>1</sup> HSA Insider, HSA Road Rules for Employers, Seventh Edition, May 2008.

<sup>2</sup> 14th Annual National Business Group on Health/Watson Wyatt Survey Report – 2009, "The Effect of the Economic Crisis on Health Care Programs".

<sup>3</sup> 2006 survey of 212,000 UnitedHealthcare members enrolled in UnitedHealthcare Health Savings Accounts for the full year of 2006.

\* Confidential to the fullest extent permitted by law.

## Select Plus HSA

Metallic Level	Silver		Silver	
Select Plus HSA Plan	1500/20%		2000/20%	
Network <sup>1</sup>	Network	Non-Network	Network	
<b>Annual Deductible<sup>2</sup></b> (individual/family)	\$1,500/\$3,000	\$3,000/\$9,000	\$2,000/\$4,000	
<b>Annual Out-of-Pocket Maximum<sup>3</sup></b> (individual/family)	\$5000/\$10,000	\$10,000/\$20,000	\$5000/\$10,000	
<b>Professional Services</b>				
<b>Office Visits – PCP</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Office Visits – Specialist</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Laboratory – (Standard)</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Radiology – (Standard)</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Maternity Care</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Preventive Care Services</b>	No copayment	No benefit	No copayment	
<b>Hospitalization Services</b>				
<b>Inpatient Hospital Benefits</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Inpatient Physician Care</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Skilled Nursing Facility Care</b> (100 days per benefit period)	20% after deductible	50% after deductible	20% after deductible	
<b>Emergency Health Coverage</b>				
<b>Emergency Services</b>	20% after deductible	Same as Network benefit	20% after deductible	
<b>Urgently Needed Services</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Ambulance Services</b>	20% after deductible	Same as Network benefit	20% after deductible	
<b>Outpatient Services</b>				
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Durable Medical Equipment</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Home Health Services</b> (Benefits limited to \$2,000 per lifetime)	20% after deductible	50% after deductible	20% after deductible	
<b>Infertility Services</b> (Up to 100 visits per calendar year)	20% after deductible	50% after deductible	20% after deductible	
<b>Injections Received in a Physician's Office</b>	20% after deductible	50% after deductible	20% after deductible	
<b>Mental Health and Substance Use Disorder Services</b>				
■ Inpatient	20% after deductible	50% after deductible	20% after deductible	
■ Outpatient	20% after deductible	50% after deductible	20% after deductible	
<b>Outpatient Prescription Drug Coverage</b>				
<b>Calendar Year Deductible</b> (individual/family)	Annual Deductible applies		Annual Deductible applies	
<b>Tier 1</b>	\$15		\$15	
<b>Tier 2</b>	\$35		\$35	
<b>Tier 3</b>	\$70		\$70	
<b>Tier 4</b>	25%		25%	
<b>Pediatric Dental and Vision Coverage<sup>4</sup></b>				
<b>Dental Exam</b> (preventive/diagnostic)	No copayment	20%	No copayment	
<b>Vision Exam</b> (routine)	No copayment	50% after deductible	No copayment	
<b>Glasses</b> (frames and lenses)	20% after deductible	50% after deductible	20% after deductible	

<sup>1</sup> Reimbursement for Non-Network services is based on a percentage of the published rates allowed by Medicare for the same or similar services.

<sup>2</sup> The Annual Deductible is combined for medical and pharmacy benefits. One or more eligible members of a family unit may satisfy the entire family deductible. No one in the family will be eligible for benefits until the family deductible has been met.

<sup>3</sup> Member cost share, including office visits, annual deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>4</sup> Pediatric Dental: All covered pediatric dental services, except for preventive and diagnostic services, are subject to the medical deductible. Pediatric Vision: One routine vision exam and one pair of glasses per calendar year for children under age 19.

	Bronze		Bronze	
%	3500/20%		5000/20%	
Non-Network	Network	Non-Network	Network	Non-Network
\$4,000/\$8,000	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000
\$10,000/\$20,000	\$6,250/\$12,500	\$12,500/\$25,000	\$6,250/\$12,500	\$12,500/\$25,000
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
No benefit	No copayment	No benefit	No copayment	No benefit
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Same as Network benefit	20% after deductible	Same as Network benefit	20% after deductible	Same as Network benefit
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Same as Network benefit	20% after deductible	Same as Network benefit	20% after deductible	Same as Network benefit
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
applies	Annual Deductible applies		Annual Deductible applies	
	\$20		\$20	
	\$50		\$50	
	\$100		\$100	
	25%		25%	
20%	No copayment	20%	No copayment	20%
50% after deductible	No copayment	50% after deductible	No copayment	50% after deductible
50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible

# Non-Differential PPO

The UnitedHealthcare Non-Differential PPO product provides maximum freedom for dealing with any health care situation. This flexible product provides a broader-based coverage to include more doctors and specialists to visit without referrals. With this version of health insurance, benefits are provided for covered health services received from any physician or other licensed health care professional.

Metallic Level	Silver
Non-Differential PPO Plan <sup>1</sup>	2000/20%
Network	Network and Non-Network
<b>Annual Deductible<sup>2</sup></b> (individual/family)	\$2,000/\$4,000
<b>Annual Out-of-Pocket Maximum<sup>3</sup></b> (individual/family)	\$4,500/\$9,000
<b>Professional Services</b>	
<b>Office Visits – PCP</b>	20% after deductible
<b>Office Visits – Specialist</b>	20% after deductible
<b>Laboratory – (Standard)</b>	20% after deductible
<b>Radiology – (Standard)</b>	20% after deductible
<b>Maternity Care</b>	20% after deductible
<b>Preventive Care Services</b>	No copayment
<b>Hospitalization Services</b>	
<b>Inpatient Hospital Benefits</b>	20% after deductible
<b>Inpatient Physician Care</b>	20% after deductible
<b>Skilled Nursing Facility Care</b> (100 days per benefit period)	20% after deductible
<b>Emergency Health Coverage</b>	
<b>Emergency Services</b>	20% after deductible
<b>Urgently Needed Services</b>	20% after deductible
<b>Ambulance Services</b>	20% after deductible
<b>Outpatient Services</b>	
<b>Outpatient Surgery</b>	20% after deductible
<b>Durable Medical Equipment</b>	20% after deductible
<b>Home Health Services</b> (Up to 100 visits per calendar year)	20% after deductible
<b>Infertility Services</b> (Benefits limited to \$2,000 per lifetime)	20% after deductible
<b>Injections Received in a Physician's Office</b>	20% after deductible
<b>Mental Health and Substance Use Disorder Services</b>	
■ Inpatient	20% after deductible
■ Outpatient	20% after deductible
<b>Outpatient Prescription Drug Coverage</b>	
<b>Calendar Year Deductible</b> (individual/family)	None
<b>Tier 1</b>	\$20
<b>Tier 2</b>	\$35
<b>Tier 3</b>	\$60
<b>Tier 4</b>	25%
<b>Pediatric Dental and Vision Coverage<sup>4</sup></b>	
<b>Dental Exam</b> (preventive/diagnostic)	No copayment
<b>Vision Exam</b> (routine)	No copayment
<b>Glasses</b> (frames and lenses)	20%

<sup>1</sup> Out-of-area plan available outside of our contracted network service areas. Subject to underwriting guidelines.

<sup>2</sup> When a member of a family unit satisfies the individual Deductible amount for the calendar year, no further deductible will be required for him or her for that calendar year.

<sup>3</sup> Member cost share, including office visits, annual deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>4</sup> Pediatric Dental: All covered pediatric dental services, except for preventive and diagnostic services, are subject to the medical deductible. Pediatric Vision: One routine vision exam and one pair of glasses per calendar year for children under age 19.

# Notes

# Additional Value-Added Programs for Select Plus, Consumer-Driven Health and Non-Differential PPO

Our goal is to help employers and employees manage costs by helping people improve their total health and productivity. That's why we offer these additional health and wellness programs with all our Select Plus, Consumer-Driven Health and Non-Differential PPO plans at no additional charge.

## myHealthcare Cost Estimator

myHealthCare Cost Estimator is a personalized online tool that will empower employees to make more-informed health care decisions. myHealthcare Cost Estimator is available to UnitedHealthcare members at no additional cost. When members are able to get information based on their plan, they'll have the knowledge to better understand their choices and be in greater control of health care.

## Care Coordination<sup>SM</sup>

Coordinates and customizes services where gaps in care may exist. Education and prevention programs include pre-admission counseling, inpatient care advocacy and readmission prevention.

## eSync Platform<sup>®</sup> Technology

UnitedHealthcare's sophisticated eSync platform takes a big-picture look at a member's health, and, using proprietary technology, alerts the member and his or her physician to a potentially serious condition so that intervention can occur at the diagnostic stage.

## Disease Management

Identifies high-risk individuals with chronic conditions, such as asthma, diabetes and coronary artery disease, who may benefit from a focused intervention program. Individuals are placed on one of three levels of intervention to improve quality of life and keep cost trends in check.

## Complex Medical Conditions

The Complex Medical Conditions program provides access to Centers of Excellence networks comprising medical centers that are identified as specialists in the treatment of specific conditions and that meet strict evaluation requirements. The Complex Medical Conditions program also provides clinical consulting services to manage treatment programs and costs to maximize employee benefits.

## Evidence-Based Medicine

Improves consistent clinical outcomes and reduces inefficient delivery of care. We offer Clinical Evidence (a compilation of thousands of recent research studies); facilitate peer-to-peer data-sharing consultations; and provide physicians and hospitals with relevant data regarding their performance compared to nationally accepted, evidence-based practices.

## United Behavioral Health

Behavioral health and substance disorder services, ranging from counseling to acute inpatient care are delivered by our affiliate, United Behavioral Health (UBH).

### Features

- Support and treatment for mental health and substance disorder issues
- Integration with medical benefits for streamlined administration
- Indirect and direct cost-savings



## **Care24®**

Our Care24 resources assist employees with health, personal or family-related concerns via a toll-free phone number 24 hours a day, seven days a week. One toll-free number puts them in touch with nurses, counselors, financial consultants and attorneys.

For situations where in-person resources are needed, Care24 contracts with more than 9,000 professionals nationwide who provide local, in-person support. In addition, our database of more than 60,000 unique community resources, representing 400,000 points of expertise, adds to Care24's depth of service.

Care24 also offers employers access to audio messages on more than 1,100 health and well-being topics. Most audio tapes are available in Spanish, and we provide translation services for more than 140 languages.

## **myuhc.com®**

Gives Select Plus, Consumer-Driven Health and Non-Differential PPO members online, self-service access to benefit and network information. **myuhc.com** also provides customized information and articles on hundreds of health-related topics.



# HMO

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Signature ●

Advantage ●

Alliance ●

Additional Value-Added Programs for  
Signature, Advantage, and Alliance ●





# Signature Advantage Alliance

The **Signature** plan includes our **full** network of contracted providers. With this HMO plan, members simply choose a Primary Care Physician (PCP) from our full network of contracted providers to coordinate all their medical care. They can then visit their PCP for routine checkups, and when they need to see a specialist, their PCP can provide a referral. Members are charged only a copayment for each doctor's visit. Preventive care, including checkups, is covered.

The **Advantage** plan offers the same level of benefit coverage as a traditional HMO plan at a lower premium. The difference is in the network. The Advantage plan offers a narrower network of contracted providers. Members must choose a PCP from the Advantage network to coordinate all their medical care.

The **Alliance** plan requires members to choose a PCP from network medical groups that were selected based on their outstanding reputations and clinically proven abilities to deliver the kind of care that keeps health care costs down. The focus of these plans is on "patient-centered care" – the PCP coordinates the member's care with other physicians and specialists in their chosen medical group's network to ensure that the member will receive outstanding care. As with our other plans, members get the tools they need to do their own evaluations, so they can select the right physician to meet their unique needs and preferences.

## Signature, Advantage, and Alliance

Metallic Level	Platinum	Gold	Gold
HMO Plan	10-20/300a/250ded	20-40/1000d/500ded	20-40/1000d/1000ded
<b>Annual Deductible<sup>1</sup></b> (individual/family)	\$250/500	\$500/\$1000	\$1000/\$2000
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b> (individual/family)	\$1500/\$3000	\$4000/\$8000	\$4000/\$8000
<b>Professional Services</b>			
<b>Office Visits – PCP</b>	\$10	\$20	\$20
<b>Office Visits – Specialist</b>	\$20	\$40	\$40
<b>Laboratory – (Standard)</b>	Paid in full	\$20	\$20
<b>Radiology – (Standard)</b>	Paid in full	\$20	\$20
<b>Maternity Care</b>	Paid in full	Paid in full	Paid in full
<b>Preventive Care Services</b>	Paid in full	Paid in full	Paid in full
<b>Hospitalization Services</b>			
<b>Inpatient Hospital Benefits</b>	\$300/admit after deductible	\$1000/day, max 4 days per stay after deductible	\$1000/day, max 4 days per stay after deductible
<b>Inpatient Physician Care</b>	Paid in full	Paid in full	Paid in full
<b>Skilled Nursing Facility Care</b> (100 days per benefit period)	\$300/admit after deductible	\$300/day after deductible	\$300/day after deductible
<b>Emergency Health Coverage</b>			
<b>Emergency Services</b>	\$100	\$200	\$200
<b>Urgently Needed Services</b> (within member's Primary Medical Group)	\$10	\$20	\$20
<b>Urgently Needed Services</b> (out-of-area)	\$50	\$75	\$75
<b>Ambulance Services</b>	\$100	\$100	\$100
<b>Outpatient Services</b>			
<b>Outpatient Surgery</b>	\$150/admit after deductible	\$500/admit after deductible	\$500/admit after deductible
<b>Durable Medical Equipment</b>	\$50	\$50	\$50
<b>Home Health Services</b> (Up to 100 visits per calendar year)	\$10	\$20	\$20
<b>Infertility Services</b>	50%	Not covered	Not covered
<b>Injectable Drugs</b>	\$150	\$150	\$150
<b>Mental Health and Substance Use Disorder Services</b>			
■ Inpatient	\$300/admit after deductible	\$500/day, max 4 days per stay after deductible	\$500/day, max 4 days per stay after deductible
■ Outpatient	\$20	\$40	\$40
<b>Outpatient Prescription Drug Coverage</b>			
<b>Calendar Year Deductible</b> (individual/family)	None	None	None
<b>Generic Formulary</b>	\$15	\$15	\$15
<b>Brand-Name Formulary</b>	\$35	\$35	\$35
<b>Non-Formulary</b>	\$50	\$60	\$60
<b>Specialty Medications</b>	25% up to \$300	25% up to \$300	25% up to \$300
<b>Pediatric Dental and Vision Coverage<sup>3</sup></b>			
<b>Dental Exam</b> (preventive/diagnostic)	Paid in full	Paid in full	Paid in full
<b>Vision Exam</b> (routine)	Paid in full	Paid in full	Paid in full
<b>Glasses</b> (frames and lenses)	10%	10%	10%
<b>Optional Group Coverage – Chiropractic</b>			
<b>Offered Through OptumHealth Care Solutions, Inc.</b> (Maximum 30 visits per Calendar Year)	\$10	\$10	\$10

<sup>1</sup> When a member of a family unit satisfies the individual Deductible amount for the calendar year, no further deductible will be required for him or her for that calendar year.

<sup>2</sup> Member cost share, including office visits, annual deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>3</sup> Pediatric Dental: All covered pediatric dental services, except for preventive and diagnostic services, are subject to the medical deductible. Pediatric Vision: One routine vision exam and one pair of glasses per calendar year for children under age 19.

<b>Silver</b>
<b>30-50/25%/2000ded</b>
\$2000/\$4000
\$6250/\$12,500
\$30
\$50
\$25
\$25
Paid in full
Paid in full
25% after deductible
25%
25% after deductible
\$300
\$30
\$75
\$100
25% after deductible
\$50
\$30
Not covered
\$150
25% after deductible
\$40
\$250/\$750 brand-name deductible
\$15
\$35
\$70
25% up to \$300
Paid in full
Paid in full
25%
\$10

## Alliance HSA

Metallic Level	Silver	Bronze
HMO Plan	HSA 20%/2000ded	HSA 20%/3500ded
<b>Annual Deductible<sup>1</sup></b> (individual/family)	\$2,000/\$4,000	\$3,500/\$7,000
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b> (individual/family)	\$5,000/\$10,000	\$6,250/\$12,500
<b>Professional Services</b>		
<b>Office Visits – PCP</b>	20% after deductible	20% after deductible
<b>Office Visits – Specialist</b>	20% after deductible	20% after deductible
<b>Laboratory – (Standard)</b>	20% after deductible	20% after deductible
<b>Radiology – (Standard)</b>	20% after deductible	20% after deductible
<b>Maternity Care</b>	20% after deductible	20% after deductible
<b>Preventive Care Services</b>	Paid in full	Paid in full
<b>Hospitalization Services</b>		
<b>Inpatient Hospital Benefits</b>	20% after deductible	20% after deductible
<b>Inpatient Physician Care</b>	20% after deductible	20% after deductible
<b>Skilled Nursing Facility Care</b> (100 days per benefit period)	20% after deductible	20% after deductible
<b>Emergency Health Coverage</b>		
<b>Emergency Services</b>	20% after deductible	20% after deductible
<b>Urgently Needed Services</b> (within member's Primary Medical Group)	20% after deductible	20% after deductible
<b>Urgently Needed Services</b> (out-of-area)	20% after deductible	20% after deductible
<b>Ambulance Services</b>	20% after deductible	20% after deductible
<b>Outpatient Services</b>		
<b>Outpatient Surgery</b>	20% after deductible	20% after deductible
<b>Outpatient Surgery Physician Care</b>	20% after deductible	20% after deductible
<b>Durable Medical Equipment</b>	20% after deductible	20% after deductible
<b>Home Health Services</b> (Up to 100 visits per calendar year)	20% after deductible	20% after deductible
<b>Infertility Services</b>	Not covered	Not covered
<b>Injectable Drugs</b>	20% after deductible	20% after deductible
<b>Mental Health and Substance Use Disorder Services</b>		
■ Inpatient	20% after deductible	20% after deductible
■ Outpatient	20% after deductible	20% after deductible
<b>Outpatient Prescription Drug Coverage</b>		
<b>Calendar Year Deductible</b> (individual/family)	Annual Deductible applies	Annual Deductible applies
<b>Generic Formulary</b>	\$15	\$20
<b>Brand-Name Formulary</b>	\$35	\$50
<b>Non-Formulary</b>	\$70	\$100
<b>Specialty Medications</b>	25% up to \$300	25% up to \$300
<b>Pediatric Dental and Vision Coverage<sup>3</sup></b>		
<b>Dental Exam</b> (preventive/diagnostic)	Paid in full	Paid in full
<b>Vision Exam</b> (routine)	Paid in full	Paid in full
<b>Glasses</b> (frames and lenses)	20% after deductible	20% after deductible
<b>Optional Group Coverage - Chiropractic</b>		
<b>Offered Through OptumHealth Care Solutions, Inc.</b> (Maximum 30 visits per Calendar Year)	Not available	Not available

<sup>1</sup> The Annual Deductible is combined for medical and pharmacy benefits. One or more eligible members of a family unit may satisfy the entire family deductible. No one in the family will be eligible for benefits until the family deductible has been met.

<sup>2</sup> Member cost share, including office visits, annual deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>3</sup> Pediatric Dental: All covered pediatric dental services, except for preventive and diagnostic services, are subject to the medical deductible. Pediatric Vision: One routine vision exam and one pair of glasses per calendar year for children under age 19.



## Alliance State

Metallic Level	Platinum	Gold	Silver	Bronze
HMO Plan	20-40/250d	30-50/600d	HSA 20%/1500ded	HSA 40%/4500ded
<b>Annual Deductible<sup>1</sup></b> (individual/family)	None	None	\$1,500/\$3,000	\$4,500/\$9,000
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b> (individual/family)	\$4,000/\$8,000	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
<b>Professional Services</b>				
<b>Office Visits – PCP</b>	\$20	\$30	20% after deductible	40% after deductible
<b>Office Visits – Specialist</b>	\$40	\$50	20% after deductible	40% after deductible
<b>Laboratory – (Standard)</b>	\$20	\$30	20% after deductible	40% after deductible
<b>Radiology – (Standard)</b>	\$40	\$50	20% after deductible	40% after deductible
<b>Maternity Care</b>	Paid in full	Paid in full	20% after deductible	40% after deductible
<b>Preventive Care Services</b>	Paid in full	Paid in full	Paid in full	Paid in full
<b>Hospitalization Services</b>				
<b>Inpatient Hospital Benefits</b>	\$250/day, max 5 days per stay	\$600/day, max 5 days per stay	20% after deductible	40% after deductible
<b>Inpatient Physician Care</b>	Paid in full	Paid in full	20% after deductible	40% after deductible
<b>Skilled Nursing Facility Care</b> (100 days per benefit period)	\$150/day, max 5 days per stay	\$300/day, max 5 days per stay	20% after deductible	40% after deductible
<b>Emergency Health Coverage</b>				
<b>Emergency Services</b>	\$150	\$250	20% after deductible	40% after deductible
<b>Urgently Needed Services</b> (within member's Primary Medical Group)	\$20	\$30	20% after deductible	40% after deductible
<b>Urgently Needed Services</b> (out-of-area)	\$40	\$60	20% after deductible	40% after deductible
<b>Ambulance Services</b>	\$150	\$250	20% after deductible	40% after deductible
<b>Outpatient Services</b>				
<b>Outpatient Surgery</b>	\$250	\$600	20% after deductible	40% after deductible
<b>Outpatient Surgery Physician Care</b>	Paid in full	Paid in full	20% after deductible	40% after deductible
<b>Durable Medical Equipment</b>	10%	20%	20% after deductible	40% after deductible
<b>Home Health Services</b> (Up to 100 visits per calendar year)	\$20	\$30	20% after deductible	40% after deductible
<b>Infertility Services</b>	Not covered	Not covered	Not covered	Not covered
<b>Injectable Drugs</b>	\$150	\$150	20% after deductible	40% after deductible
<b>Mental Health and Substance Use Disorder Services</b>				
■ Inpatient	\$250/day, max 5 days per stay	\$600/day, max 5 days per stay	20% after deductible	40% after deductible
■ Outpatient	\$20	\$30	20% after deductible	40% after deductible
<b>Outpatient Prescription Drug Coverage</b>				
<b>Calendar Year Deductible</b> (individual/family)	None	None	Annual Deductible applies	Annual Deductible applies
<b>Generic Formulary</b>	\$5	\$19	20%	40%
<b>Brand-Name Formulary</b>	\$15	\$50	20%	40%
<b>Non-Formulary</b>	\$25	\$70	20%	40%
<b>Specialty Medications</b>	10%	20%	20%	40%
<b>Pediatric Dental and Vision Coverage<sup>3</sup></b>				
<b>Dental Exam</b> (preventive/diagnostic)	Paid in full	Paid in full	Paid in full	Paid in full
<b>Vision Exam</b> (routine)	Paid in full	Paid in full	Paid in full	Paid in full
<b>Glasses</b> (frames and lenses)	Paid in full	Paid in full	Paid in full after deductible	Paid in full after deductible
<b>Optional Group Coverage - Chiropractic</b>				
<b>Offered Through OptumHealth Care Solutions, Inc.</b> (Maximum 30 visits per Calendar Year)	\$10	\$10	Not available	Not available

<sup>1</sup> The Annual Deductible is combined for medical and pharmacy benefits. One or more eligible members of a family unit may satisfy the entire family deductible. No one in the family will be eligible for benefits until the family deductible has been met.

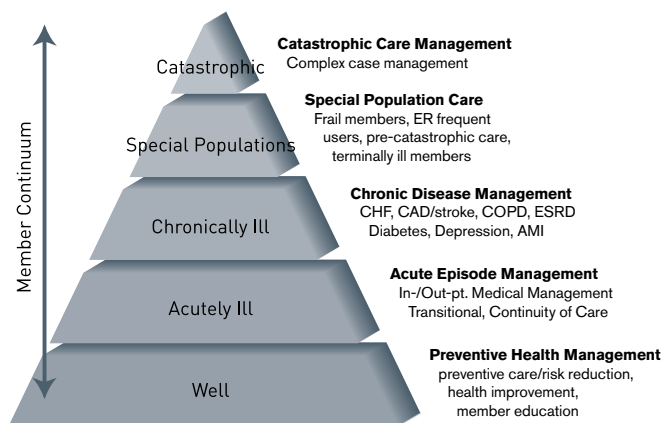
<sup>2</sup> Member cost share, including office visits, annual deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

<sup>3</sup> Pediatric Dental: All covered pediatric dental services, except for preventive and diagnostic services, are subject to the medical deductible. Pediatric Vision: One routine vision exam and one pair of glasses per calendar year for children under age 19.

# Additional Value-Added Programs for Signature, Advantage, and Alliance

## Disease Management and Health Management Programs

Managing a disease is never easy. But with the right support and information, it can be made more tolerable.



We offer case-based disease management programs for:

- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease/Stroke
- Depression
- Diabetes
- End-Stage Renal Disease
- Neonatal Care Management
- Healthy Pregnancy Program

We also offer Health Management programs that provide education and self-care information that can help members live healthier lives. Our Health Management programs include:

- Taking Charge of Asthma®
- Taking Charge of Diabetes
- Taking Charge of Your Heart Health
- StopSmoking

## Health Discount Program

The Health Discount Program\* offers members savings of between 10-25 percent on health and wellness purchases not included in their standard health benefit plan. Even if they already have medical, dental and vision coverage, as an enrolled health plan member, they can save even more money by using their Health Discount Program for fitness centers, weight management, alternative care, dental, vision, and more.

- Dental, vision, alternative care and infertility treatment savings
- Fitness equipment and apparel discounts
- Reduced rates on fitness clubs, including 24 Hour Fitness®, LA Fitness®, Anytime Fitness®, Bally Total Fitness®, Curves®, Gold's Gym® and Snap Fitness®

HMO members can log on to [www.uhcwest.com](http://www.uhcwest.com) and search through the Health and Wellness tab to find providers and discounts, and start taking advantage of this program.

## Healthy Pregnancy Program

This program is like a “fairy godmother” for any mom-to-be. In addition to an information resource center that provides valuable tips, advice, screening and immunization schedules, and what mothers need to know for pre- and post-baby health, Healthy Pregnancy program also includes:

- Pregnancy consultation to identify a new mother's risks and special care needs
- 24-hour toll-free access to experienced maternity nurses
- No additional cost book: *Your Journey Through Pregnancy*

The Healthy Pregnancy program is a completely new program for HMO members.

## 24-Hour Information

If members need answers to general health questions, they no longer need to wait until Monday morning.

The 24-Hour Health Information Program provides members with access to experienced registered nurses by calling 1-866-747-4325 or TTY 711. They also have the option of listening to prerecorded information on a variety of health topics.

## **Online Self-Service**

At [www.uhctest.com](http://www.uhctest.com), HMO members may order health plan ID cards and change their provider, plus get access to interactive health information, health benefits, doctor directories, information on the Mail Service Pharmacy, health tips, resource links and more.

## **NurseLine<sup>SM</sup>**

Efficient use of health care resources can help contain employers' medical costs. NurseLine nurses provide health information, discuss treatment options and assist individuals in finding an appropriate level of care. Maintaining good health starts with asking questions and understanding the answers. NurseLine services empower people with information, support and guidance. From helping prepare questions for an upcoming doctor visit to determining the appropriate use of medical resources, NurseLine helps individuals make educated decisions about their personal health. NurseLine provides immediate access to experienced registered nurses for nearly any health or medical concern – 24 hours a day, seven days a week.



# eServices

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Manage Business Online with eServices ●

# Manage Business Online with eServices

**Available to Select Plus, Consumer-Driven Health and Non-Differential PPO plans. Programs subject to change.**

## Solutions for Employers

### **Employer eServices® provides streamlined administration for employers**

Employer eServices is UnitedHealthcare's secure website that provides immediate and secure self-service access to health benefits information. Self-service efficiency leads to:

- Increased employee satisfaction – employees have access to their benefits immediately and experience less hassle at the time of service with updated eligibility information
- Increased accuracy – customers benefit from accuracy through real-time processing and more accurate billing statements

From eligibility maintenance to customer reporting and billing solutions, Employer eServices is a gateway to tools that make health benefits administration more efficient.

### **Online eligibility maintenance**

- Add new employees
- Verify and change eligibility
- Request medical health plan ID cards
- Verify or change status of employees and dependents

### **Electronic eligibility management**

- Submit data electronically from an HR system – no manual entry
- Spend less time reconciling full population files
- Download error reports into an easy spreadsheet
- Receive email notifications with updated eligibility statistics

### **Online billing**

- Check claims status (self-funded customers only)
- View invoices online
- Authorize payment online
- Download invoices into spreadsheets
- View, sort and search current and prior month's invoices
- Request adjusted invoices after changing/adding eligibility information

### **Real-time reporting\***

- View benefit plan cost and use information
- Access free standard reports and optional customized reports

### **Communication Resource Center (CRC)**

The Communication Resource Center on [www.EmployerServices.com](http://www.EmployerServices.com) or [www.uhc.com/crc](http://www.uhc.com/crc) makes it easy for employers to communicate with their employees and help them get the most from their benefit plan.

- Access fliers, posters, brochures and articles that employers can email, print, use in company newsletters or any other form of employee communication
- Build a customized newsletter with articles provided
- Use communication tools that help employers plan a workplace wellness campaign

\*Availability based on group size and funding arrangements



## Solutions for Brokers

### United eServices®

United eServices makes administration simpler for brokers who are appointed to sell UnitedHealthcare plans. We developed the United eServices website to help appointed brokers and consultants streamline their administrative tasks and provide better service to employers. Brokers can access an array of online tools and information:

- Network information
- Online commission statements and bonus schedules
- Sales support materials
- Reward program information
- Forms

United eServices also provides a gateway to the Employer eServices site for those brokers who manage benefits administration on behalf of their clients.

Register with United eServices online. Visit [www.unitedeservices.com](http://www.unitedeservices.com) and click on the registration button.

### [www.uhctogether.com/casb](http://www.uhctogether.com/casb)

We provide the most current Small Business plan information and tools right at the fingertips at [www.uhctogether.com/casb](http://www.uhctogether.com/casb).

With our new expanded small business product portfolio that includes new and improved plans, you can view and download PDFs by a click of a button. This includes:

- Product catalogs
- Small business forms
- Wellness tools
- Brochures and fliers for specialty plans, such as dental and vision, no-fee administrative services and more

Brokers can send a request for a quote within 24 hours or run quotes for all major health plan carriers in California and receive just one census and proposal. Visit [www.uhctogether.com/casb](http://www.uhctogether.com/casb) today.





# Value-Added Programs Available with Every Plan and Additional Services

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- Small Business Wellness Program ●
- Market-Specific Solutions and Resources ●
- Specialty Plans ●
- Packaged Savings ●
- Enhanced Member Service ●
- Benefit Services ●

# Small Business Wellness Programs

As more companies look for ways to lower their health care costs, we believe that wellness programs in the workplace could potentially save employers money. When employees learn how to make good decisions for their health, everyone wins.

## UnitedHealth Wellness®

UnitedHealth Wellness is a group of programs and services designed to help members make healthy lifestyle decisions that could affect their long-term quality of life. Among the tools and resources offered are a personal health record, online health coaching, an online health assessment, a Healthy Pregnancy program, and health and wellness publications.

## Fitness reimbursement program

The fitness reimbursement program offers money back to members who on a regular basis go to a participating fitness center, including 24 Hour Fitness®, LA Fitness®, Anytime Fitness®, Curves®, Life Time Fitness, Snap Fitness, the Y and more.

## Biometric screenings and coaching

Biometric health screenings and wellness coaching can help make a measurable difference for employers and their employees. Home-screening kits for both the member and spouse are sent and received by mail to check their cholesterol, glucose and body-mass index. In addition, telephone wellness coaching is available on diabetes, exercise, heart health, nutrition, stress, tobacco cessation and weight.

## Health discount program

Our health discount program helps members and their families save 10 percent to 25 percent on non-covered health and wellness purchases from participating providers. Even with medical, dental and vision coverage, enrolled health plan members can save even more money by using the health discount program for dental care, hearing devices, vision care, long-term care services, infertility treatment and alternative care – such as acupuncture, chiropractic care, massage therapy and natural medicine.

## Preventive care services

Preventing disease or detecting disease early is important to living a healthy life. The better an individual's health, the lower health care costs are likely to be. UnitedHealthcare provides information about guidelines for maintaining health, including health screenings and recommended immunization schedules for children up to 18 years of age as well as preventive care guidelines for adults 18 and older.

## Member online portal

UnitedHealthcare has set up a website on health and wellness information at [www.uhctogether.com/uhcwellness](http://www.uhctogether.com/uhcwellness). Designed to help members understand their health care choices and get the most out of their coverage, it offers easy-to-use online tools and personalized information.

Also, UnitedHealthcare will provide a promotional tool kit to help spread the news to members about these new programs and the new website.

# Market-Specific Solutions and Resources

## Multicultural Solutions

### Latino Health Solutions<sup>SM</sup>

Latinos have specific health care and cultural preferences – and many prefer Spanish, especially when dealing with such complicated or personal subjects as health care coverage. We understand these cultural preferences and have designed a broad range of services to assist employers' needs within the Latino community, including:

- A Spanish-language website, **www.uhclatino.com**, offers interactive, easy-to-use, Web-based health and educational resources.
- Schedules of benefits and enrollment materials in Spanish.
- Online provider directory of Spanish-speaking physicians.
- Customer service in Spanish, with bilingual customer care professionals.

### Asian American Markets

UnitedHealthcare has worked to develop alternative plans, health education and in-language communications to better serve our Asian American customers and members.

Asian American Markets features:

- **www.uhcasian.com** – an educational website that offers general health care topics and terms in English, Chinese, Korean, Vietnamese and Japanese.
- Asian-language provider directories that won the 2007 Recognizing Innovation in Multicultural Health Care Award from the National Committee of Quality Assurance.
- Sponsored community events for traditional Asian holidays, including Lunar New Year.

### Generations of Wellness<sup>®</sup>

When it comes to good health, people need to have options that take into account their individual needs – not only their background and history, but

their cultural preferences and even where they live and work.

That's why UnitedHealthcare created Generations of Wellness<sup>®</sup>, an initiative designed to address health issues specific to African Americans. By providing more relevant options and choices, we're working to create a better health care experience

Generations of Wellness helps members:

- Create their own personalized road maps to good health by using innovative, interactive health tools, such as our Family Health History Tree and health tip fliers, found on **www.uhcgenerations.com**.
- Become more engaged in their own health, and their community, by participating in UnitedHealthcare-sponsored health and wellness events.
- Prevent or manage diabetes, stroke and other conditions that affect a disproportionately high number of African Americans by referencing our health tip fliers utilizing our Online Health Coach.

## Resources for Women

### Source4Women<sup>™</sup>

Source4Women, our women's website at **www.uhc.com/source4women.htm** offers an online space for women to share their insights about health and improve their ability to manage their health care.

The site also offers online seminars so that they will be able to hear from leading women's health experts on key topics.

# Specialty Plans

UnitedHealthcare offers a broad portfolio of specialty plans that make it easy to offer a complete benefit program.

- Can be purchased individually or bundled for additional convenience
- Designed to improve health and help reduce health care costs
- Most specialty plans are available on an employer-sponsored or voluntary basis so employers can choose how much or how little to contribute

## Convenience

- One account management team
- One eligibility and enrollment process
- One consolidated bill to pay
- One dedicated customer service line and member website

## Better Health

To help members make better health care decisions, they receive actionable health and wellness education. When employers purchase medical and specialty plans together, we leverage member claims data to provide personalized recommendations. We call that approach Bridge2Health™.

- For members with specific chronic illnesses, our targeted outreach encourages them to receive care that can improve their health and reduce costs.
- For members who file disability claims, case managers help manage their recovery so they can return to health and return to work. Bridge2Health is available to groups with medical coverage and one or more specialty plans.

**Contact your UnitedHealthcare representative for more information.**

Bridge2Health™



Product	Options	Key Features
<b>Dental</b>	<ul style="list-style-type: none"> <li>▪ PPO and Indemnity plans for maximum flexibility</li> <li>▪ In-Network Only and DHMO plans in select markets for maximum savings</li> <li>▪ Dual offerings available to groups of 10 or more</li> <li>▪ Voluntary plans offered</li> </ul>	<ul style="list-style-type: none"> <li>▪ Large national network with more than 165,000 locations</li> <li>▪ Average PPO network discounts of 30%</li> <li>▪ Enhanced benefits during pregnancy</li> <li>▪ Oral cancer screenings included for adults</li> <li>▪ Online Treatment Cost Calculator</li> <li>▪ Option to roll over unused dollars<sup>1</sup></li> <li>▪ Option to exclude preventive care costs from annual maximums<sup>2</sup></li> <li>▪ Optional enhanced coverage for dental implants<sup>2</sup></li> </ul>
	<b>Vision</b>	<ul style="list-style-type: none"> <li>▪ Annual eye exams</li> <li>▪ Discounts on frames, lenses and contacts</li> <li>▪ Comprehensive plan (covers eye exam and discounts on eyewear)<sup>3</sup></li> <li>▪ Voluntary plans offered</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>▪ Short-Term Disability</li> <li>▪ Long-Term Disability</li> <li>▪ Voluntary plans offered</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff members have an average of 15 years of experience working with disability claims</li> <li>▪ Services and support include vocational and physical rehabilitation, career planning and transitional work return</li> </ul>
<b>Life Insurance</b>	<ul style="list-style-type: none"> <li>▪ Basic Life</li> <li>▪ Supplemental Life</li> <li>▪ Dependent Life</li> <li>▪ Accidental Death and Dismemberment (AD&amp;D)</li> <li>▪ Voluntary plans offered</li> </ul>	<ul style="list-style-type: none"> <li>▪ Flat coverage amounts or multiples of salary</li> <li>▪ Will and trust preparation services included</li> <li>▪ Travel assistance included</li> <li>▪ Beneficiary services included</li> </ul>

<sup>1</sup> Rollover plans available for groups with 2 or more when there are waiting periods and 10 or more without waiting periods. Ask your broker or UnitedHealthcare representative for details.

<sup>2</sup> These optional dental benefit enhancements require 10 or more members.

<sup>3</sup> Vision benefits only require two eligible and one enrollee to qualify.

# Packaged Savings<sup>®</sup>

## Bundle benefits for savings and simplicity

**Buy medical plan and specialty benefits together and save.**

UnitedHealthcare and our affiliated companies give employers one-stop shopping for quality, comprehensive health care benefits. Employers can combine our innovative, affordable medical plans with comprehensive specialty benefits - dental, life, disability and vision. When they bundle the benefits, they can expect proven knowledge and service from a leading specialty carrier plus the simplicity and convenience of just one team to administer benefits. The savings employers realize through Packaged Savings are based upon medical enrollment and the number of active lines of specialty coverage they have with the UnitedHealthcare family. The more they bundle, the more they save.

## Packaged Savings means:

- Bundled UnitedHealthcare medical and specialty benefits for administrative credit
- Savings based on medical enrollment and the number of eligible employer paid or contributory specialty coverages chosen
- One account team from UnitedHealthcare to serve all of your benefits needs
- Streamlined administration
- State-of-the-art online tools

When your group purchases medical and:	Receive the following potential savings calculated per employee per month:
Dental	\$3.00
Vision	\$2.00
Life <sup>1</sup>	\$1.00
Short-term disability <sup>2</sup>	\$1.00
Life <sup>1</sup> and short-term disability <sup>2</sup>	\$2.00
Life <sup>1</sup> and long-term disability <sup>2</sup>	\$2.00
Dental and vision	\$5.00
Dental and life <sup>1</sup>	\$4.00
Vision and life <sup>1</sup>	\$3.00
Dental, vision and life <sup>1</sup>	\$6.00
Dental, vision, life <sup>1</sup> and short-term disability <sup>2</sup>	\$7.00

<sup>1</sup> Any combination of life products counts as one product for the purpose of the program.

<sup>2</sup> Any combination of disability products counts as one product for the purpose of the program.

Long-term disability must be bundled in conjunction with life or short-term disability coverage to qualify for the program and be eligible for credit.

Per-employee per-month savings is given as a monthly credit based on the number of enrolled UnitedHealthcare medical subscribers.

# Enhanced Member Service

When employees call UnitedHealthcare with a benefits, program or claims question, employers and their employees should expect first-class service and quick and complete resolution to the issue. We strive to provide that and more. Experience customer service the way it is supposed to be with our new Enhanced Member Service.

## Members can get help to:

- Understand a bill or resolve a claim
- Find a network health care provider
- Schedule an appointment

- Better understand their health plan benefits
- Resolve their issues with service professionals who will perform outbound or three-way calls
- Follow through when additional research or assistance is needed
- Understand their responsibility and how to coordinate across medical and financial accounts

**We are dedicated to providing members with the best possible experience. Members can call the number on the back of their health plan ID card for questions.**

# Benefit Services

UnitedHealthcare Benefit Services comes at no additional cost when employers purchase medical coverage through UnitedHealthcare, to help employers and their employees save both time and money.

- **Pre-Tax Premium Plans.** These plans allow employers and their employees to pay your premiums on a pre-tax basis, which lowers their taxable income under Section 125. Employees can reduce their payroll-related taxes, and they can decrease their taxable income and increase their take-home pay.

- **COBRA Administration.** We offer streamlined administration and efficient record-keeping, so employers can focus on managing and growing their business, not on the administrative responsibilities required by COBRA.
- **Flexible Spending Accounts (FSA).** Our FSA services include planning, implementation, communication, administration, compliance and maintenance.

# Notes



Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthCare of California. Administrative services provided by United Healthcare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

**HSA:** 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 of 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.

**myHealthcare Cost Estimator:** All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

**The Care24<sup>®</sup> Program** integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. Program components may not be available in all states or for all groups. Care24 is a registered trademark of UnitedHealth Group, Inc., used by permission. 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 UnitedHealthcare services directly or indirectly (e.g. employer or health plan). Care24 may not be available in all states or for all group sizes. Components subject to change.

**NurseLine<sup>SM</sup>:** NurseLine is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time.

**United Behavioral Health:** Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

**UnitedHealth Wellness<sup>®</sup>** is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not intended to be medical advice or a substitute for your doctor's care. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change.

The **24-Hour Health Information Program** is provided by PacifiCare Health Plan Administrators, Inc. The 24-Hour Health Information Program's intent is to provide general information regarding common health questions or conditions. If you have a specific question relating to a condition or medical course of treatment for yourself or others, please consult your physician. If you believe you need emergency services, call 911, or its local equivalent, or go to the nearest medical facility for treatment.

**Online Health and Wellness:** Your personal information will be used only by UnitedHealthcare and its wellness program affiliates to provide individualized health information to you to improve your health practices. The Health Assessment is protected by one of the most advanced technologies for Internet information processing and complies with the federal and state security and privacy statutes mandated by HIPAA legislation. Participation in the Health Assessment is strictly confidential. Any health information collected as part of the assessment will be kept confidential in accordance with the Notice of Privacy Practices; information will be used only for health and wellness recommendations, or for payments, treatment, or health care operations; and will be shared with your health plan, but not with your employer.

**The Healthy Pregnancy Program:** follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program can not diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

**Health discount program (formerly UnitedHealth Allies<sup>SM</sup>): Disclosure:** The UnitedHealth Allies health discount program is administered by HealthAllies<sup>®</sup>, Inc., a discount medical plan organization located at 505 N. Brand Blvd., Suite 850, Glendale, CA, 91203, 1-800-860-8773. **The health discount program is NOT insurance.** The health discount program provides discounts for certain health products and services. The health discount program does not make payments directly to the providers of health products and services. The program member is obligated to pay for all health products and services but will receive a discount from those providers who have contracted with the discount plan organization. The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. This program may not be available in all states or for all groups. Components subject to change.

This Product Catalog is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. If this Product Catalog conflicts in any way with the plan documents, i.e., the Combined Evidence of Coverage and Disclosure Form (EOC/DF) or Certificate of Coverage (COC) including the Schedule of Benefits and any amendment(s), the plan document shall prevail. Your plan document provides the terms and conditions of your coverage with UnitedHealthcare of California and UnitedHealthcare and all applicants have a right to review this document prior to enrollment. Upon request, a copy of the plan document will be provided to all potential enrollees prior to enrollment.

Components subject to change.

These programs provide information and support as part of your health plan. It is not a substitute for a doctor's or professional's care. Please discuss with your doctor how the information provided by these programs is right for you.



**Please contact your UnitedHealthcare representative to learn how we can serve you.**



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