Groups with 2-99 Eligible Employees

Insurance Choice Plus

2001 COC	Copay								Coins	urance		Ded	uctible			Out-of-P	ocket Max		Drev	Deduct		
PRIME	PRIME	Plan Name	Plan Category				- ,					Netw	/ork	Non-N	etwork	Net	work	Non-N	etwork	Prev. Cov.*	Deduct. Type**	Lifetime Max.
Code	Code			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Single	Family	Single	Family	Single						
ICX	X4-C	15/250/90%	Trad. w/Ded.	\$15	\$15	\$50	\$100	90%	90%	90%	70%	\$250	\$750	\$500	\$1,500	\$2,250	\$4,500	\$4,500	\$9,000	PVN	Emb	\$5,000,000
USA	X4-J	20/250/90%	Trad. w/Ded.	\$20	\$20	\$50	\$100	90%	90%	90%	70%	\$250	\$750	\$500	\$1,500	\$1,500	\$3,000	\$3,000	\$6,000	PVN	Emb	\$5,000,000
LIK	X4-Y	25/250/90%	Trad. w/Ded.	\$25	\$50	\$75	\$200	90%	90%	90%	70%	\$250	\$750	\$500	\$1,500	\$2,500	\$5,000	\$5,000	\$10,000	PVN	Emb	\$5,000,000
USB	X4-H	20/250/80%	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$250	\$750	\$500	\$1,500	\$1,500	\$3,000	\$3,000	\$6,000	PVN	Emb	\$5,000,000
USC	X4-K	20/500/90%	Trad. w/Ded.	\$20	\$20	\$50	\$100	90%	90%	90%	70%	\$500	\$1,500	\$1,000	\$3,000	\$2,000	\$4,000	\$4,000	\$8,000	PVN	Emb	\$5,000,000
LIJ	X4-Z	25/500/90%	Trad. w/Ded.	\$25	\$50	\$75	\$200	90%	90%	90%	70%	\$500	\$1,500	\$1,000	\$3,000	\$3,000	\$6,000	\$6,000	\$12,000	PVN	Emb	\$5,000,000
	7A-A	25/500/80%	Trad. w/Ded.	\$25	\$50	\$75	\$200	80%	80%	80%	60%	\$500	\$1,500	\$1,000	\$3,000	\$3,000	\$6,000	\$6,000	\$12,000	PVN	Emb	\$5,000,000
USD	U5-P	20/500/80%	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$500	\$1,500	\$1,000	\$3,000	\$2,500	\$5,500	\$5,000	\$11,000	PVN	Emb	\$5,000,000
EAA	X4-P	20/500/80%	Trad. w/Ded.	\$20	\$35	\$50	\$100	80%	80%	80%	60%	\$500	\$1,500	\$1,000	\$3,000	\$2,000	\$4,000	\$4,000	\$8,000	PVN	Emb	\$5,000,000
ICL	X4-Q	25/500/80%	Trad. w/Ded.	\$25	\$25	80%	\$100	80%	80%	80%	60%	\$500	\$1,500	\$1,500	\$4,500	\$2,000	\$6,000	\$4,000	\$12,000	PVN	Emb	\$5,000,000
	X4-F	20/500/70%	Trad. w/Ded.	\$20	\$20	\$50	\$100	70%	70%	70%	50%	\$500	\$1,500	\$1,000	\$3,000	\$2,500	\$5,500	\$5,000	\$11,000	PVN	Emb	\$5,000,000
USE	X4-I	20/1000/90%	Balanced	\$20	\$20	\$50	\$100	90%	90%	90%	70%	\$1,000	\$3,000	\$2,000	\$6,000	\$2,500	\$5,000	\$5,000	\$10,000	PVN	Emb	\$5,000,000
	7A-B	25/1000/80%	Balanced	\$25	\$50	\$75	\$200	80%	80%	80%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	Emb	\$5,000,000
EAB	X4-0	20/1000/80%	Balanced	\$20	\$35	\$50	\$100	80%	80%	80%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$2,500	\$5,000	\$5,000	\$10,000	PVN	Emb	\$5,000,000
USF	X4-G	20/1000/80%	Balanced	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$2,500	\$5,000	\$5,000	\$10,000	PVN	Emb	\$5,000,000
	X4-E	20/1000/70%	Balanced	\$20	\$20	\$50	\$100	70%	70%	70%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,500	\$8,000	\$7,000	\$16,000	PVN	Emb	\$5,000,000
USH	X4-T	25/1500/90%	Balanced	\$25	\$25	\$75	\$125	90%	90%	90%	70%	\$1,500	\$4,500	\$3,000	\$9,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	Emb	\$5,000,000
	7A-C	25/1500/80%	Balanced	\$25	\$50	\$75	\$200	80%	80%	80%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$4,500	\$9,000	\$9,000	\$18,000	PVN	Emb	\$5,000,000
EAC	X4-X	25/1500/80%	Balanced	\$25	\$50	\$75	\$125	80%	80%	80%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	Emb	\$5,000,000
USJ	X4-R	25/1500/80%	Balanced	\$25	\$25	\$75	\$125	80%	80%	80%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	Emb	\$5,000,000
ICE	X4-B	10/100%	Traditional	\$10	\$10	100%	\$50	100%	100%	100%	80%	N/A	N/A	\$200	\$600	N/A	N/A	\$1,000	\$3,000	PVN	Emb	\$5,000,000
ICD	X4-A	10/90%	Traditional	\$10	\$10	90%	\$50	90%	90%	90%	70%	N/A	N/A	\$200	\$600	\$500	\$1,500	\$1,000	\$3,000	PVN	Emb	\$5,000,000
ICH	X4-D	20/90%	Traditional	\$20	\$20	90%	\$100	90%	90%	90%	60%	N/A	N/A	\$1,000	\$3,000	\$1,000	\$3,000	\$3,000	\$9,000	PVN	Emb	\$5,000,000
ICY	X4-N	20/100%	Traditional	\$20	\$20	\$50	\$100	100%	100%	100%	50%	N/A	N/A	\$2,000	\$6,000	N/A	N/A	\$10,000	\$20,000	PVN	Emb	\$5,000,000
ICZ	X4-L	20/90%	Traditional	\$20	\$20	\$50	\$100	90%	90%	90%	50%	N/A	N/A	\$2,000	\$6,000	\$2,000	\$4,000	\$10,000	\$20,000	PVN	Emb	\$5,000,000

* PVN = Covered as other services; PVY = Covered at 100%

** Plans with Non-emb (non-embedded) reflect family deductible and out-of-pocket maximum meaning no Single in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met.

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Groups with 2-99 Eligible Employees

Insurance Choice Plus (continued)

2001	2007	COC Copay							Coins	urance						Out-of-P	ocket Max		Darres	Deduct		
COC PRIME	PRIME	Plan Name	Plan Category			006	~)				aranoo	Netw	vork	Non-N	letwork	Net	work	Non-N	etwork	Prev. Cov.*	Deduct. Type**	Lifetime Max.
Code	Code			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Single	Family	Single	Family							
	7A-E	25/1000/100%	Balanced 100	\$25	\$50	\$75	\$200	100%	100%	100%	80%	\$1,000	\$3,000	\$2,000	\$6,000	\$1,000	\$3,000	\$5,000	\$10,000	PVN	Emb	\$5,000,000
ANA	X4-M	20/1000/100%	Balanced 100	\$20	\$20	\$50	\$100	100%	100%	100%	80%	\$1,000	\$3,000	\$2,000	\$6,000	\$1,000	\$3,000	\$5,000	\$10,000	PVN	Emb	\$5,000,000
	7A-K	1000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$1,000	\$3,000	\$2,000	\$6,000	\$1,000	\$3,000	\$5,000	\$10,000	PVY	Emb	\$5,000,000
	X5-E	1500/70%	Consumer	70%	70%	70%	70%	70%	70%	70%	50%	\$1,500	\$4,500	\$3,000	\$9,000	\$5,000	\$11,500	\$10,000	\$23,000	PVY	Emb	\$5,000,000
USI	X5-F	1500/80%	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$3,500	\$7,000	\$7,000	\$14,000	PVY	Emb	\$5,000,000
USG	X5-K	1500/90%	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$1,500	\$4,500	\$3,000	\$9,000	\$3,500	\$7,000	\$7,000	\$14,000	PVY	Emb	\$5,000,000
	7A-F	25/1500/100%	Balanced 100	\$25	\$50	\$75	\$200	100%	100%	100%	80%	\$1,500	\$4,500	\$3,000	\$9,000	\$1,500	\$4,500	\$6,000	\$12,000	PVN	Emb	\$5,000,000
	7A-L	1500/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$1,500	\$4,500	\$3,000	\$9,000	\$1,500	\$4,500	\$6,000	\$12,000	PVY	Emb	\$5,000,000
	7A-D	25/2000/80%	Balanced	\$25	\$50	\$75	\$200	80%	80%	80%	60%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$8,000	\$8,000	\$16,000	PVN	Emb	\$5,000,000
USN	X4-S	25/2000/80%	Balanced	\$25	\$25	\$75	\$125	80%	80%	80%	60%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$8,000	\$8,000	\$16,000	PVN	Emb	\$5,000,000
USL	X4-U	25/2000/90%	Balanced	\$25	\$25	\$75	\$125	90%	90%	90%	70%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$8,000	\$8,000	\$16,000	PVN	Emb	\$5,000,000
	7A-G	25/2000/100%	Balanced 100	\$25	\$50	\$75	\$200	100%	100%	100%	80%	\$2,000	\$6,000	\$4,000	\$12,000	\$2,000	\$6,000	\$8,000	\$16,000	PVN	Emb	\$5,000,000
ANC	X4-W	25/2000/100%	Balanced 100	\$25	\$25	\$75	\$125	100%	100%	100%	80%	\$2,000	\$6,000	\$4,000	\$12,000	\$2,000	\$6,000	\$8,000	\$16,000	PVN	Emb	\$5,000,000
	7A-M	2000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$6,000	\$4,000	\$12,000	\$2,000	\$6,000	\$8,000	\$16,000	PVY	Emb	\$5,000,000
RTB	X5-P	2000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$6,000	\$4,000	\$8,000	\$2,000	\$6,000	\$8,000	\$16,000	PVY	Emb	\$5,000,000
USP	X4-V	25/2500/90%	Balanced	\$25	\$25	\$75	\$125	90%	90%	90%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$4,500	\$9,000	\$9,000	\$18,000	PVN	Emb	\$5,000,000
	7A-P	30/2500/100%	Balanced 100	\$30	\$60	\$100	\$250	100%	100%	100%	80%	\$2,500	\$7,500	\$5,000	\$15,000	\$2,500	\$7,500	\$10,000	\$20,000	PVN	Emb	\$5,000,000
LIB	X5-A	25/2500/100%	Balanced 100	\$25	\$50	\$75	\$200	100%	100%	100%	80%	\$2,500	\$7,500	\$5,000	\$15,000	\$2,500	\$7,500	\$9,000	\$18,000	PVN	Emb	\$5,000,000
USV	X5-C	30/3000/80%	Balanced	\$30	\$30	\$100	\$150	80%	80%	80%	60%	\$3,000	\$9,000	\$6,000	\$18,000	\$5,000	\$10,000	\$10,000	\$20,000	PVN	Emb	\$5,000,000
UST	X5-D	30/3000/90%	Balanced	\$30	\$30	\$100	\$150	90%	90%	90%	70%	\$3,000	\$9,000	\$6,000	\$18,000	\$5,000	\$10,000	\$10,000	\$20,000	PVN	Emb	\$5,000,000
	7A-Q	30/3000/100%	Balanced 100	\$30	\$60	\$100	\$250	100%	100%	100%	80%	\$3,000	\$9,000	\$6,000	\$18,000	\$3,000	\$9,000	\$12,000	\$24,000	PVN	Emb	\$5,000,000
LIC	X5-B	25/3000/100%	Balanced 100	\$25	\$50	\$75	\$200	100%	100%	100%	80%	\$3,000	\$9,000	\$6,000	\$18,000	\$3,000	\$9,000	\$10,000	\$20,000	PVN	Emb	\$5,000,000
	7A-R	30/5000/100%	Balanced 100	\$30	\$60	\$100	\$250	100%	100%	100%	80%	\$5,000	\$15,000	\$8,000	\$24,000	\$5,000	\$15,000	\$14,000	\$28,000	PVN	Emb	\$5,000,000
LIE	M1-Q	25/5000/100%	Balanced 100	\$25	\$50	\$75	\$200	100%	100%	100%	80%	\$5,000	\$15,000	\$6,000	\$18,000	\$5,000	\$15,000	\$10,000	\$20,000	PVN	Emb	\$5,000,000

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Groups with 2-99 Eligible Employees

Insurance Choice Plus (continued)

2001 COC	2007 COC					Сор	av			Coins	urance		Ded	uctible			Out-of-P	ocket Max		Prev.	Deduct.	
PRIME	PRIME	Plan Name	Plan Category									Netw	/ork	Non-N	etwork	Net	work	Non-N	etwork	Cov.*	Type**	Lifetime Max.
Code	Code			РСР	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Single	Family	Single	Family	Single						
	7A-S	1250/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$1,250	\$2,500	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	PVY	Non-Emb	\$5,000,000
HDP	7A-H	1250/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$1,250	\$2,500	\$2,500	\$5,000	\$1,250	\$2,500	\$5,000	\$10,000	PVY	Non-Emb	\$5,000,000
HDQ	1A-S	1250/80%	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$1,250	\$2,500	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	PVY	Non-Emb	\$5,000,000
USK	X5-L	2000/90%	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$8,000	\$8,000	\$16,000	PVY	Emb	\$5,000,000
USM	X5-G	2000/80%	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$8,000	\$8,000	\$16,000	PVY	Emb	\$5,000,000
	7A-T	2000/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	PVY	Non-Emb	\$5,000,000
	7A-V	2500/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,500	\$7,500	\$5,000	\$15,000	\$2,500	\$7,500	\$10,000	\$20,000	PVY	Emb	\$5,000,000
USO	X5-M	2500/90%	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$2,500	\$7,500	\$5,000	\$15,000	\$4,500	\$9,000	\$9,000	\$18,000	PVY	Emb	\$5,000,000
USQ	X5-H	2500/80%	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$2,500	\$7,500	\$5,000	\$15,000	\$4,500	\$9,000	\$9,000	\$18,000	PVY	Emb	\$5,000,000
HYA	X7-A	2500/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000	\$10,000	\$20,000	PVY	Emb	\$5,000,000
RTC	X5-Q	2850/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$8,550	\$5,000	\$10,000	\$2,850	\$8,550	\$10,000	\$20,000	PVY	Emb	\$5,000,000
	7A-U	2850/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$5,700	\$5,000	\$10,000	\$4,850	\$9,700	\$10,000	\$20,000	PVY	Non-Emb	\$5,000,000
HDF	Х7-В	2850/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$5,600	\$5,000	\$10,000	\$2,850	\$5,600	\$10,000	\$20,000	PVY	Non-Emb	\$5,000,000
	7A-W	3000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$3,000	\$9,000	\$6,000	\$18,000	\$3,000	\$9,000	\$12,000	\$24,000	PVY	Emb	\$5,000,000
USS	X5-N	3000/90%	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$3,000	\$9,000	\$6,000	\$18,000	\$5,000	\$10,000	\$10,000	\$20,000	PVY	Emb	\$5,000,000
USU	X5-I	3000/80%	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$3,000	\$9,000	\$6,000	\$18,000	\$5,000	\$10,000	\$10,000	\$20,000	PVY	Emb	\$5,000,000
HDI	X7-C	3500/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$3,500	\$7,000	\$7,500	\$15,000	\$3,500	\$7,000	\$10,000	\$30,000	PVY	Non-Emb	\$5,000,000
	7A-X	5000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$5,000	\$15,000	\$8,000	\$24,000	\$5,000	\$15,000	\$14,000	\$28,000	PVY	Emb	\$5,000,000
USW	X5-0	5000/90%	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$5,000	\$15,000	\$7,500	\$22,500	\$7,500	\$15,000	\$10,000	\$20,000	PVY	Emb	\$5,000,000
USY	X5-J	5000/80%	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$5,000	\$15,000	\$7,500	\$22,500	\$7,500	\$15,000	\$10,000	\$20,000	PVY	Emb	\$5,000,000
HDL	X7-D	5000/100%	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$5,000	\$10,000	\$7,500	\$15,000	\$5,000	\$10,000	\$10,000	\$30,000	PVY	Non-Emb	\$5,000,000

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The DefinitySM Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through Exante Bank, "Definity HSA" refers generally to the DefinitySM HSA product, which includes a HDHP, although at times "Definity HSA" may refer only and specifically to the Definity Health Savings Account, and not to the associated HDHP. Services supplied by Exante Bank, Inc. are not available in Hawaii, Alaska or the U.S. Virgin Islands. UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.



Groups with 2-99 Eligible Employees

Insurance Choice Plus Value Plans***

2007					C				Colina			Dedu	ıctible			Out-of-P	ocket Max				
COC PRIME	Plan Name	Plan Category			Сор	ay			Coins	urance	Netw	ork	Non-N	etwork	Net	work	Non-N	etwork	Prev. Cov.*	Deduct. Type**	Lifetime Max.
Code			РСР	Spec	Urg Care	ER	OP Surg	IP		OUT	Single	Family	Single	Family							
X5-W	20/1000/80%	Balanced	\$20	\$35	\$50	\$250	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	Non-Emb	\$5,000,000
X5-X	25/1500/80%	Balanced	\$25	\$25	\$75	\$250	80%	80%	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	PVN	Non-Emb	\$5,000,000
X5-T	1500/90%	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	PVN	Non-Emb	\$5,000,000
X5-R	1500/80%	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	PVN	Non-Emb	\$5,000,000
X5-Y	25/2000/90%	Balanced	\$25	\$25	\$75	\$250	90%	90%	90%	70%	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000	\$12,000	\$24,000	PVN	Non-Emb	\$5,000,000
7V-A	25/2000/80%	Balanced	\$25	\$50	\$75	\$250	80%	80%	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	PVN	Non-Emb	\$5,000,000
7V-B	25/2000/100%	Balanced 100	\$25	\$50	\$75	\$250	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,000	\$6,000	\$8,000	\$16,000	PVN	Non-Emb	\$5,000,000
X5-Z	25/2000/100%	Balanced 100	\$25	\$50	\$75	\$250	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,000	\$10,000	\$12,000	\$24,000	PVN	Non-Emb	\$5,000,000
X5-V	2000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,000	\$10,000	\$12,000	\$24,000	PVN	Non-Emb	\$5,000,000
7V-C	30/2500/100%	Balanced 100	\$30	\$60	\$100	\$250	100%	100%	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	PVN	Non-Emb	\$5,000,000
X6-A	25/2500/100%	Balanced 100	\$25	\$50	\$75	\$250	100%	100%	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,000	\$12,000	\$14,000	\$28,000	PVN	Non-Emb	\$5,000,000
7V-D	2500/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,500	\$5,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	PVN	Non-Emb	\$5,000,000
X5-U	2500/90%	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$7,000	\$14,000	\$14,000	\$28,000	PVN	Non-Emb	\$5,000,000
X5-S	2500/80%	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$7,000	\$14,000	\$14,000	\$28,000	PVN	Non-Emb	\$5,000,000
X6-B	30/3000/90%	Balanced	\$30	\$30	\$100	\$250	90%	90%	90%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$8,000	\$16,000	\$16,000	\$32,000	PVN	Non-Emb	\$5,000,000
7V-E	30/3000/100%	Balanced 100	\$30	\$60	\$100	\$250	100%	100%	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,000	\$8,000	\$12,000	\$24,000	PVN	Non-Emb	\$5,000,000
7V-F	3000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,000	\$8,000	\$12,000	\$24,000	PVN	Non-Emb	\$5,000,000
7V-G	30/5000/100%	Balanced 100	\$30	\$60	\$100	\$250	100%	100%	100%	80%	\$5,000	\$10,000	\$8,000	\$16,000	\$6,000	\$12,000	\$14,000	\$28,000	PVN	Non-Emb	\$5,000,000
7V-H	5000/100%	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$5,000	\$10,000	\$8,000	\$16,000	\$6,000	\$12,000	\$14,000	\$28,000	PVN	Non-Emb	\$5,000,000

* PVN = Covered as other services; PVY = Covered at 100%

** Plans with Non-emb (non-embedded) reflect family deductible and out-of-pocket maximum meaning no Single in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met.

*** Value plans feature non-embedded deductibles and additional per occurrence deductibles on inpatient hospitalization and outpatient surgery.

In 2008, maximum HSA contribution is \$2,900 single/\$5,800 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.

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Non-Differential PPO

2007					C = 1				Coinsu			Dedu	ıctible			Out-of-Poc	ket Max		-		
COC	COC Plan Name Plan Category				Сор	ау			Coinsu	rance	Netw	/ork	Non-Ne	etwork	Net	work	Non-N	etwork	Prev. Cov.*	Deduct. Type	Lifetime Max.
Code			РСР	Spec	Urg Care	ER	OP Surg	IP		OUT	Single	Family	Single	Family						1900	
7C-A	1500/80%	Non-Diff. PPO	80%	80%	80%	80%	80%	80%	80%	80%	\$1,500	\$4,500	\$1,500	\$4,500	\$4,000	\$12,000	\$4,000	\$12,000	PVN	Emb	\$ 5,000,000
7C-B	2000/80%	Non-Diff. PPO	80%	80%	80%	80%	80%	80%	80%	80%	\$2,000	\$6,000	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	PVN	Emb	\$ 5,000,000

HMO Choice

2001 COC	2007 COC					Co	opay			Coinsı	irance		Ded	uctible			Out-of-P	ocket Max		Prev.	Deduct.	
PRIME Code	PRIME Code	Plan Name	Plan Category									Net	work	Non-I	Network	Net	twork	Non-N	letwork	Cov.*	Туре	Lifetime Max.
Code	Coue			РСР	Spec	Urg Care	ER	OP Surg	IP		OUT	Single	Family	Single	Family							
PVA	X3-A	10/100%	Traditional	\$10	\$10	\$50	\$100	100%	100%	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	PVN	Emb	Unlimited
PVB	Х3-В	20/100%	Traditional	\$20	\$20	\$50	\$100	100%	\$250	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	PVN	Emb	Unlimited
PVF	X3-C	25/90%	Traditional	\$25	\$25	\$50	\$100	90%	\$250	90%	0%	N/A	N/A	N/A	N/A	\$1,500	\$4,500	N/A	N/A	PVN	Emb	Unlimited
PVG	X3-D	30/80%	Traditional	\$30	\$30	\$50	\$100	80%	\$250	80%	0%	N/A	N/A	N/A	N/A	\$1,500	\$3,000	N/A	N/A	PVN	Emb	Unlimited
PVH	Х3-Е	35/70%	Traditional	\$35	\$35	\$50	\$100	70%	\$250	70%	0%	N/A	N/A	N/A	N/A	\$1,500	\$3,000	N/A	N/A	PVN	Emb	Unlimited

* PVN = Covered as other services; PVY = Covered at 100%

** Plans with Non-emb (non-embedded) reflect family deductible and out-of-pocket maximum meaning no Single in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met.

In 2008, maximum HSA contribution is \$2,900 single/\$5,800 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.

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Illinois Groups with 2-99 Eligible Employees

Pharmacy Plans

Plan Code	Deductible Single	Deductible Family	Out-of-Pocket Max. Single	Out-of-Pocket Max. Family	Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio
4F	\$0	\$0	\$0	\$0	\$10	\$30	\$50	\$100	2.5
2V	\$0	\$0	\$0	\$0	\$10	\$35	\$60	\$0	2.5
5S	\$100	\$300	\$0	\$0	\$10	\$30	\$50	\$100	2.5
ОН	\$0	\$0	\$0	\$0	\$10	\$30	\$70	\$0	2.5
6M	\$100	\$300	\$0	\$0	\$10	\$35	\$60	\$0	2.5
5U	\$0	\$0	\$0	\$0	\$10	\$35	\$60	\$100	2.5
5V	\$100	\$300	\$0	\$0	\$10	\$35	\$60	\$100	2.5
01	\$0	\$0	\$0	\$0	\$10	\$35	\$70	\$0	2.5
AT	\$100	\$300	\$0	\$0	\$10	\$35	\$70	\$0	2.5
H9	\$0	\$0	\$0	\$0	\$10	\$30	\$50	\$0	2.5
Combined medical/pharmacy	plans								
2V	\$0	\$0	\$0	\$0	\$10	\$35	\$60	\$0	2.5
MM	Same as Medical	Same as Medical	\$0	\$0	No Copay	No Copay	No Copay	\$0	No Copay
H9*	\$0	\$0	\$0	\$0	\$10	\$30	\$50	\$0	2.5

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