

Health Plans



Pharmacy benefits are paid separately and do not apply to the annual deductible or out-of-pocket maximum.

Choice Plan

No referrals	Non-network coverage	No primary doctor required	Pharmacy	Vision	Spending account
✓		✓	✓	✓	

This is a traditional health plan with copayments, coinsurance and deductibles. Your employees have the freedom to see any doctor and visit any facility in our nationwide network, including specialists, without a referral and without choosing a primary care doctor. They can choose services outside our network, but they will not receive coverage. Here are some of the highlights:

- National network coverage
- No coverage for non-network care, except in an emergency
- No referrals required to see a network specialist
- Preventive care covered up to 100 percent when they see a network doctor
- Pharmacy benefits included
- Vision exam included, plus discounts on frames, glasses and lenses

Here's how the plan works.

See benefit grid for details.

1

Your employees will pay a copayment, coinsurance and/or deductible for eligible health care services.

2

The plan will cover preventive care up to 100 percent when they see a network doctor.

3

Your employees are protected from major expenses with an out-of-pocket maximum. If their medical expenses reach the maximum, they are covered 100 percent for eligible services for the rest of the plan year (subject to plan limitations).



For more information, visit uhc.com or call 1-877-632-4195.

Some plans may not be available in all counties in the state. See the product tables in this document for product availability by state/county.

Health Plans

Groups with up to 50 Eligible Employees ▪ Plans available July 1, 2010

Illinois ▪ Cook ▪ Dupage ▪ Lake ▪ Will ▪ Kankakee ▪ McHenry ▪ Boone ▪ Winnebago ▪ Kane ▪ Iroquois ▪ Grundy ▪ LaSalle ▪ Kane ▪ DeKalb ▪ Kendall

Choice Plans

Plan Code	Deductible				Coinsurance		Out-of-Pocket Maximum				Copay						Preventive Coverage
	Network		Non-Network				Network		Non-Network		PCP	Spec	UC	ER	IP	OP	
	Single	Family	Single	Family	Single	Family	Single	Family									
X3-J	N/A	N/A	N/A	N/A	100%	N/A	\$1,500	\$3,000	N/A	N/A	\$30	\$45	\$50	\$100	\$500	\$200	Yes

Please note: The information in this grid is provided for informational purposes only and is not a contract or binder of coverage.

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- PCP – Primary Care Physician
- Spec – Specialist
- UC – Urgent Care
- ER – Emergency Room
- IP – Inpatient
- OP – Outpatient