



Plan Guide

Illinois

Plans Effective July 1, 2010

For businesses with
up to 50 employees



Why choose UnitedHealthcare?

Better information alerts individuals and their doctors of health risks or opportunities to take action and lets employers track results.

Better decisions are possible because we can give individuals, doctors and employers the insights they need to make better informed choices.

Better health is our shared goal: to help individuals live healthier lives and organizations be more productive.

Health plans should be about more than just benefit coverage. It's about being there when you and your employees need us and providing the service that you expect and need. Here are just some of the reasons to choose UnitedHealthcare.

1 A lot of doctors and hospitals

We offer one of the largest national physician and hospital networks available with more than 632,000 physicians and 5,060 hospitals.

2 No referrals; see the specialist you want

With most of our plans, we don't require referrals to see a specialist, and your employees don't have to choose a primary care doctor.

3 24/7 support

Your employees' coverage includes a variety of support tools to help them get answers to their health care questions, such as our Care 24[®] program, which puts employees in touch with a registered nurse.

4 Help finding the right doctor

Not all health care and doctors are the same. Our member websites and Customer Care services help your employees find the doctors who are right for them.

5 Wellness programs

We provide a wide range of wellness programs and services to help your employees get healthy and stay healthy, including an online personal health assessment, member discounts, online health coach and weight loss programs.

6 Dedicated customer service

Highly trained customer care professionals are a phone call away and will assist your employees when they need them.

7 Centers of Excellence network

If your employees have a serious illness, they will have access to national leading health care facilities and health care providers.

8 Personal member support

We provide personal support services for your employees, such as Care Coordination, Healthy Pregnancy Program, Employee Assistance and Behavior Health benefits.

9 Benefit administration

Simplify your benefits administration with Employer eServices[®], your online, real-time resource to help you quickly manage eligibility, billing, reporting, online enrollment and more at **employerservices.com**.

10 Understanding health care

We created Health Care Lane, **healthcarelane.com**, to help your employees better understand health care terms and products, as well as all the tools we make available to help people manage their, and their family's, care and well-being.

11 Member experience

To help your employees manage their health care, we provide myuhc.com,[®] DocGPS[™], Quicken Health Expense TrackerSM, Treatment Cost Estimator and a Personal Health Record.

*myuhc.com is the award-winning member website available with most UnitedHealthcare benefit plans. Some plans will require use of another member website, but will often include many of the same capabilities.

Useful terms and symbols

Coinsurance: The money you have to pay for health services after you have paid the deductible

Copayments: The fee paid for a doctor visit, hospital stay or other service

Deductible: The amount of money you pay before your insurance starts to pay

Eligible expense: A service or product recognized by the IRS that is purchased to help treat a medical condition or prevent a disease

Employee contribution: The money an employee pays to be covered by a health plan; also called “premium”

Flexible Spending Account (FSA): An employer-sponsored account in which pre-tax funds are set aside from an employee’s paycheck each year. FSA funds can be used for eligible medical expenses, dependent care or commuter expenses, as determined by the IRS

Health Maintenance Organization (HMO): A kind of health insurance plan that usually requires members to receive services through doctors, labs, and hospitals that contract or work with the HMO

Health Reimbursement Account (HRA): Health care accounts that employers fund for covered workers or retired persons; IRS does not tax this money; also called Health Reimbursement Arrangements

Health Savings Account (HSA): Health care bank accounts that let people put money aside tax free to pay for medical, dental and vision costs; IRS limits who can open and put money into HSA; money in HSA stays in the account until it is used


Network provider: All the doctors, hospitals, nursing homes and laboratories that have contracts with an insurance company; also called “in-network” provider and “participating network” provider

Non-network provider: Doctors, hospitals, and other health care professionals who do not participate in our network and may provide services at a higher cost

Out-of-pocket maximum: The most you have to pay for health services; once paid, the insurance company pays 100 percent of eligible health care costs

Point-of-service (POS): A health benefit plan that allows the covered person to choose to receive service from a participating or non-participating physician or other health care provider, with different benefit levels associated with the use of participating physicians or other health care providers

Preferred Provider Organization (PPO): An organization where providers are under contract to provide care at a discounted or negotiated rate

 Important facts and information

 Call for service

 Visit the Web address



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

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PCP – Primary Care Physician
 Spec – Specialist
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Health Plans



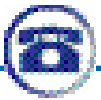
Pharmacy benefits are paid separately and do not apply to the annual deductible or out-of-pocket maximum.

Choice Plus 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 their payments will be higher. Here are some of the highlights:

- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- 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
- Member responsible for prior authorization or notification of some services (e.g., hospital stay) if using a non-network doctor



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

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).

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Choice Plus 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									
X6-T	N/A	N/A	\$200	\$600	100%	80%	N/A	N/A	\$1,200	\$3,600	\$25	\$45	\$50	\$150	100%	100%	Yes
X6-W	\$250	\$750	\$500	\$1,500	80%	60%	\$2,250	\$6,750	\$4,500	\$13,500	\$30	\$50	\$50	\$150	80%	80%	Yes
X6-P	\$500	\$1,500	\$1,000	\$3,000	90%	70%	\$1,500	\$4,500	\$3,000	\$9,000	\$25	\$45	\$50	\$150	90%	90%	Yes
X6-S	\$500	\$1,500	\$1,000	\$3,000	100%	80%	\$500	\$1,500	\$2,000	\$6,000	\$25	\$45	\$50	\$150	100%	100%	Yes
X6-U	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	\$3,000	\$9,000	\$6,000	\$18,000	\$30	\$50	\$50	\$150	80%	80%	Yes
X7-E	\$1,000	\$3,000	\$2,000	\$6,000	90%	70%	\$2,000	\$6,000	\$4,000	\$12,000	\$30	\$50	\$50	\$150	90%	90%	Yes
X6-J	\$1,000	\$3,000	\$2,000	\$6,000	100%	80%	\$1,000	\$3,000	\$5,000	\$15,000	\$20	\$40	\$50	\$150	100%	100%	Yes
X6-V	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	\$3,500	\$10,500	\$6,000	\$18,000	\$30	\$50	\$50	\$150	80%	80%	Yes
X7-F	\$1,500	\$4,500	\$3,000	\$9,000	90%	70%	\$3,500	\$10,500	\$6,000	\$18,000	\$30	\$50	\$50	\$150	90%	90%	Yes
F4-I	\$2,000	\$6,000	\$4,000	\$12,000	80%	60%	\$4,000	\$12,000	\$6,000	\$18,000	\$30	\$50	\$50	\$150	80%	80%	Yes
X6-X	\$2,500	\$7,500	\$5,000	\$15,000	80%	60%	\$4,500	\$13,500	\$7,000	\$21,000	\$30	\$50	\$50	\$150	80%	80%	Yes

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Health Plans

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

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Choice Plus 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									
I1-G	N/A	N/A	\$500	\$1,500	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$15	\$15	\$50	\$100	80%	80%	Yes
1A-J	\$250	\$750	\$500	\$1,500	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$20	\$50	\$100	80%	80%	Yes
1A-O	\$500	\$1,500	\$1,000	\$3,000	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$20	\$35	\$50	\$100	80%	80%	Yes
1A-Z	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$20	\$35	\$50	\$100	80%	80%	Yes
1A-M	\$1,000	\$3,000	\$2,000	\$6,000	100%	80%	\$1,000	\$3,000	\$5,000	\$10,000	\$20	\$35	\$50	\$100	100%	100%	Yes
I2-T	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	\$3,500	\$7,000	\$7,000	\$14,000	\$20	\$35	\$75	\$125	80%	80%	Yes
I2-U	\$2,000	\$6,000	\$4,000	\$12,000	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$20	\$35	\$75	\$125	80%	80%	Yes
I1-L	\$5,000	\$10,000	\$7,500	\$15,000	80%	60%	\$7,500	\$15,000	\$10,000	\$20,000	\$30	\$30	\$100	\$150	80%	80%	Yes
7A-R	\$5,000	\$15,000	\$8,000	\$24,000	100%	80%	\$5,000	\$15,000	\$14,000	\$28,000	\$30	\$60	\$100	\$250	100%	100%	Yes

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Health Plans

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

Illinois ▪ Adams ▪ Alexander ▪ Bond ▪ Brown ▪ Calhoun ▪ Cass ▪ Champaign ▪ Christian ▪ Clark ▪ Clay ▪ Clinton ▪ Coles ▪ Crawford ▪ Cumberland ▪ De Witt ▪ Douglas ▪ Edgar ▪ Edwards ▪ Effingham ▪ Fayette ▪ Ford ▪ Franklin ▪ Gallatin ▪ Greene ▪ Hamilton ▪ Hancock ▪ Hardin ▪ Jackson ▪ Jasper ▪ Jefferson ▪ Jersey ▪ Johnson ▪ Lawrence ▪ Logan ▪ Macon ▪ Macoupin ▪ Madison ▪ Marion ▪ Mason ▪ Massac ▪ Menard ▪ Monroe ▪ Montgomery ▪ Morgan ▪ Moultrie ▪ Perry ▪ Piatt ▪ Pike ▪ Pope ▪ Pulaski ▪ Randolph ▪ Richland ▪ Saline ▪ Sangamon ▪ Schuyler ▪ Scott ▪ Shelby ▪ St. Clair ▪ Union ▪ Vermilion ▪ Wabash ▪ Washington ▪ Wayne ▪ White ▪ Williamson

Choice Plus 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									
B3-S	N/A	N/A	\$750	\$2,250	100%	70%	N/A	N/A	\$4,000	\$8,000	\$20	\$45	\$75	\$200	100%	100%	Yes
B3-Y	N/A	N/A	\$3,000	\$9,000	70%	50%	\$3,500	\$7,000	\$6,000	\$12,000	\$25	\$50	\$75	\$200	70%	70%	Yes
B3-U	N/A	N/A	\$3,500	\$10,500	50%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$50	\$75	\$200	50%	50%	Yes
7A-A	\$500	\$1,500	\$1,000	\$3,000	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$25	\$50	\$75	\$200	80%	80%	Yes
7A-B	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$50	\$75	\$200	80%	80%	Yes
7A-C	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$50	\$75	\$200	80%	80%	Yes
B3-V	\$2,500	\$7,500	\$5,000	\$15,000	80%	50%	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$50	\$75	\$200	50%	50%	Yes
7A-F	\$1,500	\$4,500	\$3,000	\$9,000	100%	80%	\$1,500	\$4,500	\$6,000	\$12,000	\$25	\$50	\$75	\$200	100%	100%	Yes
7A-R	\$5,000	\$15,000	\$8,000	\$24,000	100%	80%	\$5,000	\$15,000	\$14,000	\$28,000	\$30	\$60	\$100	\$250	100%	100%	Yes
7A-M	\$2,000	\$6,000	\$4,000	\$12,000	100%	80%	\$2,000	\$6,000	\$8,000	\$16,000	100%	100%	100%	100%	100%	100%	Yes

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Health Plans



Pharmacy benefits are usually paid separately and do not apply to the annual deductible or out-of-pocket maximum. The HRA would not pay any prescription medication costs.

If you have a combined medical and pharmacy deductible, the HRA will pay for prescription medications, which would apply to the annual deductible and out-of-pocket maximum.



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

UnitedHealthcare DefinitySM Health Reimbursement Account

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

This consumer-driven health (CDH) plan includes a deductible and a health reimbursement account (HRA) that is funded by the employer. The HRA is used to help the member pay a portion of their deductible. Members will be responsible for paying the remaining deductible, which requires them to pay the actual cost of eligible health care expenses. This also encourages smarter spending. Here are some of the highlights:

Health plan

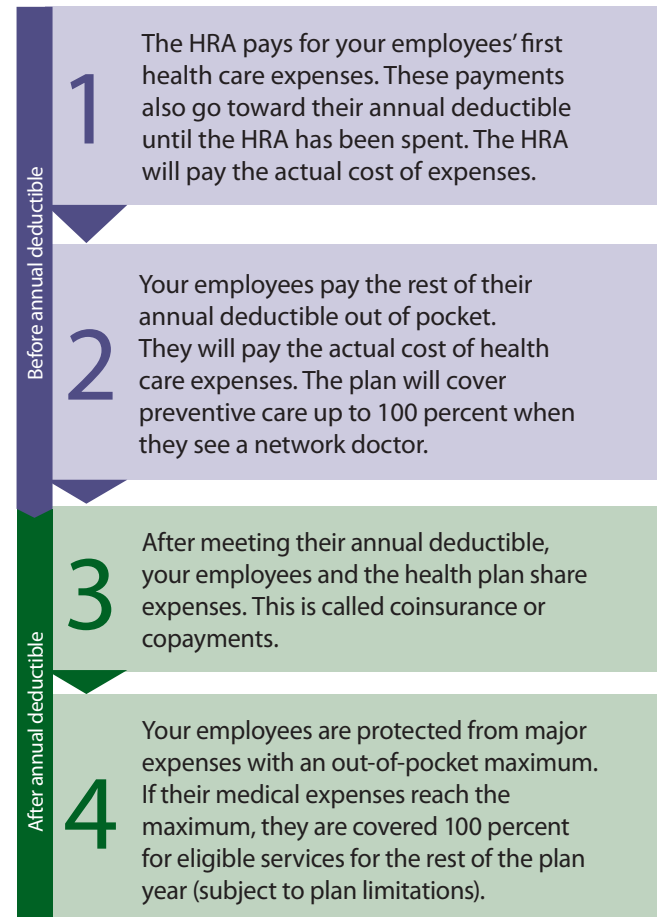
- Typically lower monthly premiums
- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- No referrals required to see a network specialist
- Pharmacy benefits included
- Vision exam included, plus discounts on frames, glasses and lenses
- Preventive care covered up to 100 percent when they see a network doctor

Health Savings Account

- Funded by the employer
- Pays for eligible expenses
- Pays a portion of the annual deductible

Here's how the plan works.

See benefit grid for details.



Health Plans

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Definity Health Reimbursement Account (HRA) 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	In	Out	Single	Family	Single	Family							
F4-M	\$2,000	\$6,000	\$4,000	\$12,000	100%	80%	\$2,000	\$6,000	\$5,000	\$15,000	100%	100%	100%	100%	100%	100%	Yes
X1-G	\$1,000	\$3,000	\$2,000	\$6,000	100%	80%	\$1,000	\$3,000	\$5,000	\$15,000	100%	100%	100%	100%	100%	100%	Yes

UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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Definity Health Reimbursement Account (HRA) 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	In	Out	Single	Family	Single	Family							
7W-T	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$20	\$20	\$50	\$100	80%	80%	Yes
11-V	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$25	\$75	\$125	80%	80%	Yes
11-X	\$2,000	\$6,000	\$4,000	\$12,000	100%	80%	\$2,000	\$6,000	\$8,000	\$16,000	\$25	\$25	\$75	\$125	100%	100%	Yes
11-U	\$2,000	\$6,000	\$4,000	\$12,000	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$25	\$50	\$100	80%	80%	Yes
11-W	\$2,500	\$7,500	\$5,000	\$15,000	80%	60%	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$25	\$75	\$125	80%	80%	Yes
11-Z	\$2,500	\$7,500	\$5,000	\$15,000	100%	80%	\$2,500	\$7,500	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	Yes
11-Y	\$3,000	\$9,000	\$6,000	\$18,000	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$30	\$100	\$150	80%	80%	Yes

UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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Health Plans



OptumHealth BankSM makes savings easier.

OptumHealth Bank, Member FDIC, is our health care bank of choice. With OptumHealth Bank, your employees can have the ease of:

- Pre-tax payroll contributions
- One website and phone number to manage claims, pay bills and track spending



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

UnitedHealthcare DefinitySM Health Savings Account Plan

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

This consumer-driven health plan is made up of two parts: a high deductible health plan and a Health Savings Account (HSA). With this plan, your employees can open and deposit money, before taxes, into an HSA, which is their own personal savings account. They can use the money to pay for eligible medical and pharmacy expenses, including the deductible, or save it for future expenses. Here are the highlights:

Health plan

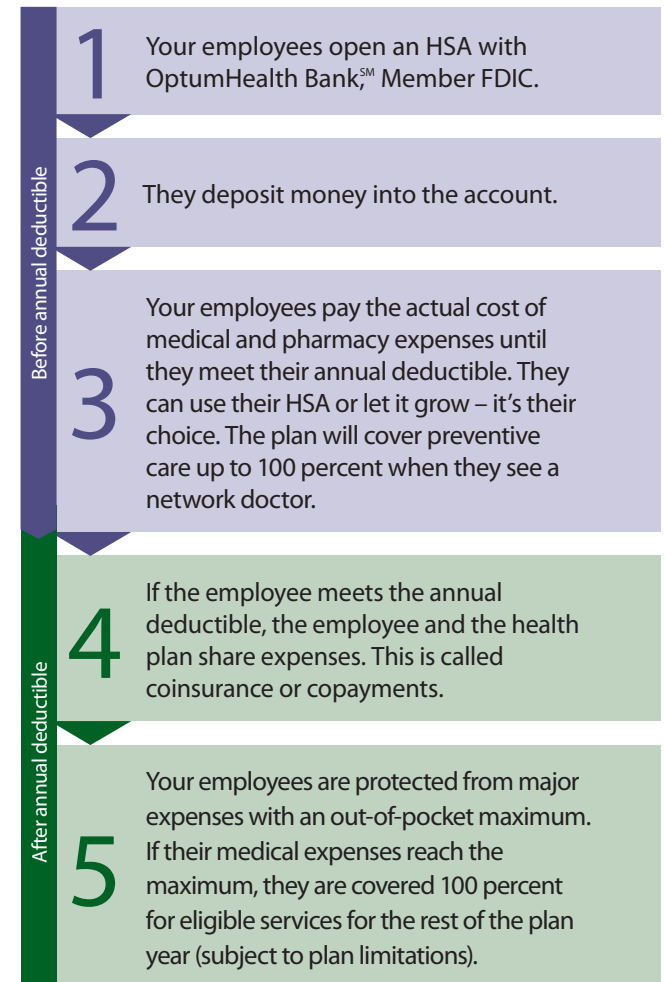
- Typically lower monthly premiums
- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- No referrals required to see a network specialist
- Preventive care covered up to 100 percent when they see a network doctor
- Pharmacy benefits included
- Vision exam included, plus discounts on frames, glasses and lenses

Health Savings Account

- Deposit health care dollars – think of it as a savings plan for their health
- Grow savings – Your employees earn interest on deposits, invest in mutual funds,* or save for retirement
- Triple tax savings:
 - Deposits can be made before taxes
 - Interest earned is income-tax-free
 - Money spent on eligible expenses is income-tax-free

Here's how the plan works.

See benefit grid for details.



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

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Definity Health Savings Account (HSA) 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									
2O-A	\$1,500	\$3,000	\$3,000	\$6,000	100%	80%	\$2,500	\$5,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%	Yes
X1-M	\$2,500	\$5,000	\$5,000	\$10,000	100%	80%	\$2,500	\$5,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%	Yes

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 OptumHealth Bank, Member of FDIC. "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, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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

Health Plans

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

Illinois ▪ Bureau ▪ Carroll ▪ Fulton ▪ Henderson ▪ Henry ▪ Jo Daviess ▪ Knox ▪ Lee ▪ Livingston ▪ Marshall ▪ McDonough ▪ Mclean ▪ Mercer ▪ Ogle ▪ Peoria ▪ Putnam ▪ Rock Island ▪ Stark ▪ Stephenson ▪ Tazewell ▪ Warren ▪ Whiteside ▪ Woodford

Definity Health Savings Account (HSA) 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										
7A-I	\$2,000	\$4,000	\$4,000	\$8,000	100%	80%	\$2,000	\$4,000	\$8,000	\$16,000	100%	100%	100%	100%	100%	100%	100%	Yes
8I-M	\$2,500	\$5,000	\$5,000	\$10,000	100%	80%	\$2,500	\$5,000	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	100%	Yes
8I-O	\$3,000	\$6,000	\$6,500	\$13,000	100%	80%	\$5,000	\$10,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	Yes
I2-B	\$3,500	\$7,000	\$7,500	\$15,000	100%	80%	\$5,500	\$9,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	Yes
2R-A	\$5,000	\$10,000	\$7,500	\$15,000	100%	80%	\$5,500	\$11,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	100%	Yes

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 OptumHealth Bank, Member of FDIC. "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, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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Health Plans

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

Illinois ▪ Adams ▪ Alexander ▪ Bond ▪ Brown ▪ Calhoun ▪ Cass ▪ Champaign ▪ Christian ▪ Clark ▪ Clay ▪ Clinton ▪ Coles ▪ Crawford ▪ Cumberland ▪ De Witt ▪ Douglas ▪ Edgar ▪ Edwards ▪ Effingham ▪ Fayette ▪ Ford ▪ Franklin ▪ Gallatin ▪ Greene ▪ Hamilton ▪ Hancock ▪ Hardin ▪ Jackson ▪ Jasper ▪ Jefferson ▪ Jersey ▪ Johnson ▪ Lawrence ▪ Logan ▪ Macon ▪ Macoupin ▪ Madison ▪ Marion ▪ Mason ▪ Massac ▪ Menard ▪ Monroe ▪ Montgomery ▪ Morgan ▪ Moultrie ▪ Perry ▪ Piatt ▪ Pike ▪ Pope ▪ Pulaski ▪ Randolph ▪ Richland ▪ Saline ▪ Sangamon ▪ Schuyler ▪ Scott ▪ Shelby ▪ St. Clair ▪ Union ▪ Vermilion ▪ Wabash ▪ Washington ▪ Wayne ▪ White ▪ Williamson

Definity Health Savings Account (HSA) 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									
2N-Q	\$2,500	\$5,000	\$5,000	\$10,000	100%	80%	\$3,500	\$7,000	\$7,000	\$14,000	100%	100%	100%	100%	100%	100%	Yes

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 OptumHealth Bank, Member of FDIC. "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, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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Health Plans



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

UnitedHealthcare CoreSM Plan

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

The UnitedHealthcare Core Plan features a designated network of hospitals together with those hospitals' affiliated doctors. Core is more flexible than traditional HMO-based plans, with non-network and out-of-area benefits along with significantly greater plan design flexibility – including an HSA option. Core is available in Chicago, Illinois and Northwest Indiana. Here are the highlights:

- Highest level of benefit coverage when your employees use doctors and hospitals that participate in the plan
- Access to more than 16,500 doctors and more than 90 hospitals in the Chicago area
- Preventive care covered up to 100 percent when they see a network doctor
- No referrals required to see a network specialist
- Access to our national network when traveling outside the Chicago area
- Pharmacy benefits included
- Vision exam included, plus discounts on frames



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

Here's how the plan works.

See benefit grid for details.

1

To receive the highest level of benefit coverage under the plan, your employees choose a doctor or hospital that participates in the Core plan. To find a participating doctor or facility, they can visit myuhc.com or call the toll-free number on the back of their member ID card.

2

If they choose to see a doctor or hospital in the Chicago area that does not participate in the Core plan, non-network benefit levels apply. This will result in higher out-of-pocket costs for them.

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).

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

UnitedHealthcare Core 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	In	Out	Single	Family	Single	Family							
NN-D	N/A	N/A	\$3,000	\$9,000	100%	50%	N/A	N/A	\$9,000	\$18,000	\$15	\$35	\$50	\$150	100%	100%	Yes
NN-O	N/A	N/A	\$4,000	\$12,000	90%	50%	\$1,500	\$3,000	\$9,000	\$18,000	\$25	\$45	\$50	\$150	90%	90%	Yes
NN-E	\$250	\$750	\$4,000	\$12,000	90%	50%	\$1,250	\$3,750	\$9,000	\$18,000	\$15	\$35	\$50	\$150	90%	90%	Yes
NN-S	\$500	\$1,500	\$4,000	\$12,000	80%	50%	\$2,500	\$7,500	\$9,000	\$18,000	\$30	\$50	\$50	\$150	80%	80%	Yes
NN-F	\$1,000	\$3,000	\$4,000	\$12,000	90%	50%	\$2,000	\$5,000	\$9,000	\$18,000	\$20	\$40	\$50	\$150	90%	90%	Yes
NN-Q	\$1,000	\$3,000	\$4,000	\$12,000	80%	50%	\$3,000	\$9,000	\$9,000	\$18,000	\$30	\$50	\$50	\$150	80%	80%	Yes
NN-U	\$2,000	\$6,000	\$4,000	\$12,000	90%	50%	\$5,000	\$15,000	\$9,000	\$18,000	90%	90%	90%	90%	90%	90%	Yes
NT-B	\$2,500	\$5,000	\$5,000	\$15,000	100%	50%	\$3,500	\$7,000	\$9,000	\$18,000	100%	100%	100%	100%	100%	100%	Yes

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Health Plans



The stars (★★) mean a doctor has met national industry standards for quality care established by external medical organizations and governmental agencies such as the:

- Ambulatory Care Quality Alliance
- National Committee for Quality Assurance (NCQA)
- American College of Cardiology

Add an HSA
Employees can add a health savings account (HSA), which allows even more control of their health care spending and gives them triple tax savings.



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

UnitedHealthcare EDGESM Plan

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

EDGE plans feature lower office visit copayments and greater plan coinsurance coverage when employees receive care provided by UnitedHealth Premium[®] designation program quality and cost-efficiency designated specialty doctors. These doctors' designations are displayed on the member website, myuhc.com,[®] with two stars (★★). Here are the highlights.

- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- No referrals required
- Preventive care covered up to 100 percent when you see a network doctor
- Lower office copayments and higher plan coinsurance with Premium-designated doctors
- During a hospital stay, all related care, including emergency room, anesthesiology and labs, is covered at the plan's highest benefit level, regardless of Premium designation status
- 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

Your employees will pay a lower copayment and coinsurance when they see ★★ (two-star) Premium-designated doctors.

3

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

4

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).

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

EDGE Plans

Plan Code	Deductible				Coinsurance						Out-of-Pocket Maximum			
	Network		Non-Network		SPEC Profess. Fees ²	Two-Star Prem. Des. SPEC Profess. Fees ¹	Non-Physician ³	IP	OP	Non-Network	Network		Non-Network	
	Single	Family	Single	Family							Single	Family	Single	Family
Y3-H	\$2,000	\$6,000	\$4,000	\$12,000	60%	90%	90%	90%	90%	50%	\$5,000	\$10,000	\$10,000	\$20,000
Y3-C	\$2,000	\$6,000	\$4,000	\$12,000	70%	100%	100%	100%	100%	50%	\$6,000	\$12,000	\$12,000	\$24,000
Y3-F	\$1,000	\$3,000	\$2,000	\$6,000	80%	100%	100%	100%	100%	70%	\$3,000	\$6,000	\$6,000	\$12,000
G8-V	\$2,500	\$5,000	\$5,000	\$10,000	70%	100%	100%	100%	100%	50%	\$5,000	\$10,000	\$11,200	\$22,400

Plan Code	Copay					Preventive Coverage
	PCP Office Visit	SPEC Office Visit ²	Two-Star Prem. Des. SPEC Office Visit ¹	UC	ER	
Y3-H	\$30	\$60	\$30	\$100	\$250	Yes
Y3-C	\$30	\$60	\$30	\$100	\$250	Yes
Y3-F	\$30	\$60	\$30	\$100	\$250	Yes
G8-V	100%	70%	100%	100%	100%	Yes

All EDGE plans:

Have per occurrence deductibles of \$500 for inpatient services and \$250 for outpatient surgery. These deductibles apply before the annual deductible and accrue to the out-of-pocket maximum.

¹ This enhanced benefit applies to two-star Premium designated specialists.

² This benefit level applies to physicians in specialties where there is a Premium designation program, but the physician is not a two-star Premium designated specialist; or, where there is no UnitedHealth Premium program available; or, when the physician's specialty is not part of the UnitedHealth Premium Designation program

³ These benefits apply to all categories to which deductible-coinsurance cost-sharing applies EXCEPT Physician fees for surgical and medical services, and on the EDGE (non-HSA) OP Surgery and Major Diagnostic (MRI, CT Scan, Pet Scans etc.).

⁴ Combined Medical/Pharmacy and non-embedded deductible plan. Plans with 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.

The UnitedHealth Premium designation program is an information resource to help our members choose a physician. It may be used as one of many factors members consider when choosing the physicians from whom they receive care.

As with any performance assessment program, physician evaluations have a risk of error. Please see myuhc.com* for detailed program information and methodologies.

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Health Plans

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

Illinois ▪ Bureau ▪ Carroll ▪ Fulton ▪ Henderson ▪ Henry ▪ Jo Daviess ▪ Knox ▪ Lee ▪ Livingston ▪ Marshall ▪ McDonough ▪ Mclean ▪ Mercer ▪ Ogle ▪ Peoria ▪ Putnam ▪ Rock Island ▪ Stark ▪ Stephenson ▪ Tazewell ▪ Warren ▪ Whiteside ▪ Woodford

EDGE Plans

Plan Code	Deductible				Coinsurance						Out-of-Pocket Maximum			
	Network		Non-Network		SPEC Profess. Fees ²	Two-Star Prem. Des. SPEC Profess. Fees ¹	Non-Physician ³	IP	OP	Non-Network	Network		Non-Network	
	Single	Family	Single	Family							Single	Family	Single	Family
Y3-D	\$1,000	\$3,000	\$2,000	\$6,000	60%	80%	80%	80%	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000
G8-A	\$1,000	\$3,000	\$2,000	\$6,000	80%	100%	100%	100%	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000
Y3-E	\$1,500	\$4,500	\$3,000	\$9,000	60%	80%	80%	80%	80%	50%	\$10,000	\$20,000	\$20,000	\$40,000
I2-N	\$1,500	\$3,000	\$3,000	\$6,000	80%	100%	100%	100%	100%	70%	\$3,000	\$6,000	\$6,000	\$12,000
G8-C	\$2,000	\$6,000	\$4,000	\$12,000	80%	100%	100%	100%	100%	70%	\$6,000	\$12,000	\$12,000	\$24,000

Plan Code	Coplay					Preventive Coverage
	PCP Office Visit	SPEC Office Visit ²	Two-Star Prem. Des. SPEC Office Visit ¹	UC	ER	
Y3-D	\$30	\$60	\$30	\$100	\$250	Yes
G8-A	\$30	\$60	\$30	\$100	\$250	Yes
Y3-E	\$30	\$60	\$30	\$100	\$250	Yes
I2-N	100%	80%	100%	100%	100%	Yes
G8-C	\$30	\$60	\$30	\$100	\$250	Yes

All EDGE plans:

Have per occurrence deductibles of \$500 for inpatient services and \$250 for outpatient surgery. These deductibles apply before the annual deductible and accrue to the out-of-pocket maximum.

¹ This enhanced benefit applies to two-star Premium designated specialists.

² This benefit level applies to physicians in specialties where there is a Premium designation program, but the physician is not a two-star Premium designated specialist; or, where there is no UnitedHealth Premium program available; or, when the physician's specialty is not part of the UnitedHealth Premium Designation program

³ These benefits apply to all categories to which deductible-coinsurance cost-sharing applies EXCEPT Physician fees for surgical and medical services, and on the EDGE (non-HSA) OP Surgery and Major Diagnostic (MRI, CT Scan, Pet Scans etc.).

The UnitedHealth Premium[®] designation program is an information resource to help our members choose a physician. It may be used as one of many factors members consider when choosing the physicians from whom they receive care.

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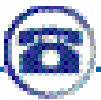
Health Plans



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

Add an HSA

Add a health savings account (HSA), which allows your employees even more control of their health care spending and gives them triple tax savings.



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

Heritage Plus Plan

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

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 their payments will be higher. Here are some of the highlights:

- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- 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*
- Prior authorization or notification of some services (e.g., hospital stay) if using a network and non-network doctor may be required

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

It is your employee's responsibility to obtain approvals for both network and non-network services.

3

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

4

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).

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.

* Available through an additional Rider.

Health Plans

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

Illinois ▪ Bureau ▪ Carroll ▪ Fulton ▪ Henderson ▪ Henry ▪ Jo Daviess ▪ Knox ▪ Lee ▪ Livingston ▪ Marshall ▪ McDonough ▪ Mclean ▪ Mercer ▪ Ogle ▪ Peoria ▪ Putnam ▪ Rock Island ▪ Stark ▪ Stephenson ▪ Tazewell ▪ Warren ▪ Whiteside ▪ Woodford

Heritage Plus Plan

Plan Code	Deductible				Coinsurance		Out-of-Pocket Maximum				Copay						Preventive Coverage
	Network		Non-Network		In	Out	Network		Non-Network		PCP	Spec	UC	ER	IP	OP	
	Single	Family	Single	Family			Single	Family	Single	Family							
ILPSC00025	\$250	\$500	\$500	\$1,000	80%	60%	\$1,000	\$2,500	\$2,000	\$5,000	\$15	\$30	\$30	\$100 copayment after deductible, \$50 copayment after deductible - ER Physician	80% after deductible	80% after deductible	Yes
ILPSC00028	\$250	\$500	\$500	\$1,000	90%	70%	\$1,000	\$2,500	\$2,000	\$5,000	\$10	\$25	\$25	\$100 copayment after deductible, \$50 copayment after deductible - ER Physician	90% after deductible	90% after deductible	Yes
ILPSC00026	\$500	\$1,000	\$1,000	\$2,000	70%	50%	\$2,000	\$4,000	\$4,000	\$6,000	\$25	\$40	\$40	\$100 copayment after deductible, \$50 copayment after deductible - ER Physician	70% after deductible	70% after deductible	Yes
ILPSC00033	\$500	\$1,500	\$1,000	\$3,000	75%	50%	\$3,500	\$5,000	\$5,000	\$7,000	\$25	\$40	\$40	\$250 copayment - deductible does not apply	75% after deductible	75% after deductible	Yes
ILPSC00037	\$500	\$1,500	\$1,000	\$3,000	80%	50%	\$3,500	\$5,000	\$5,000	\$7,000	\$30	\$60	\$60	\$250 copayment after deductible - deductible does not apply	80% after deductible	80% after deductible	Yes
ILPSC00029	\$500	\$1,000	\$1,000	\$2,000	90%	70%	\$1,500	\$3,000	\$3,000	\$5,000	\$10	\$25	\$25	\$100 copayment after deductible, \$50 copayment after deductible - ER Physician	90% after deductible	90% after deductible	Yes
ILPSC00031	\$1,000	\$2,000	\$2,000	\$4,000	80%	60%	\$2,500	\$5,000	\$5,000	\$7,000	\$20	\$35	\$35	\$100 copayment after deductible, \$50 copayment after deductible - ER Physician	80% after deductible	80% after deductible	Yes
ILPSC00038	\$1,000	\$3,000	\$2,000	\$6,000	80%	50%	\$4,000	\$6,000	\$6,000	\$9,000	\$30	\$60	\$60	\$250 copayment - deductible does not apply	80% after deductible	80% after deductible	Yes
ILPSC00017	\$1,500	\$3,000	\$3,000	\$6,000	80%	60%	\$3,500	\$6,000	\$6,000	\$10,000	\$25	\$40	\$40	\$150 copayment after deductible. \$50 copayment after deductible - ER physician	80% after deductible	80% after deductible	Yes
ILPSC00018	\$1,500	\$3,000	\$3,000	\$6,000	70%	50%	\$3,500	\$6,000	\$6,000	\$10,000	\$30	\$45	\$45	\$150 copayment after deductible. \$50 copayment after deductible - ER Physician	70% after deductible	70% after deductible	Yes
ILPSC00035	\$1,500	\$4,500	\$3,000	\$9,000	80%	50%	\$4,500	\$7,500	\$8,000	\$14,000	\$30	\$60	\$60	\$250 copayment. Deductible does not apply	80% after deductible	80% after deductible	Yes

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Heritage Plus Plans continued

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									
ILPSC00020	\$2,000	\$4,000	\$4,000	\$8,000	70%	50%	\$4,000	\$7,000	\$7,000	\$12,000	\$30	\$45	\$45	\$150 copayment after deductible. \$50 copayment after deductible - ER physician	70% after deductible	70% after deductible	Yes
ILPSC00019	\$2,000	\$4,000	\$4,000	\$8,000	80%	60%	\$4,000	\$7,000	\$7,000	\$12,000	\$25	\$40	\$40	\$150 copayment after deductible. \$50 copayment after deductible- ER Physician	80% after deductible	80% after deductible	Yes
ILPSC00022	\$2,500	\$5,000	\$5,000	\$10,000	70%	50%	\$5,000	\$8,000	\$8,000	\$14,000	\$35	\$50	\$50	\$150 copayment after deductible. \$50 copayment after deductible - ER Physician	70% after deductible	70% after deductible	Yes
ILPSC00021	\$2,500	\$5,000	\$5,000	\$10,000	80%	60%	\$5,000	\$8,000	\$8,000	\$14,000	\$30	\$45	\$45	\$150 copayment after deductible. \$50 copayment after deductible- ER Physician	80% after deductible	80% after deductible	Yes
ILPSC00036	\$2,500	\$7,500	\$5,000	\$15,000	80%	50%	\$5,500	\$8,000	\$9,000	\$18,000	\$30	\$60	\$60	\$250 copayment - deductible does not apply	80% after deductible	80% after deductible	Yes
ILPSC00024	\$3,000	\$6,000	\$6,000	\$12,000	70%	50%	\$6,000	\$10,000	\$10,000	\$16,000	\$35	\$50	\$50	\$150 copayment after deductible, \$50 copayment after deductible- ER Physician	70% after deductible	70% after deductible	Yes
ILPSC00023	\$3,000	\$6,000	\$6,000	\$12,000	80%	60%	\$6,000	\$10,000	\$10,000	\$16,000	\$30	\$45	\$45	\$150 copayment after deductible, \$50 copayment after deductible - ER Physician	80% after deductible	80% after deductible	Yes

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

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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Health Plans

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

Illinois ▪ Bureau ▪ Carroll ▪ Fulton ▪ Henderson ▪ Henry ▪ Jo Daviess ▪ Knox ▪ Lee ▪ Livingston ▪ Marshall ▪ McDonough ▪ Mclean ▪ Mercer ▪ Ogle ▪ Peoria ▪ Putnam ▪ Rock Island ▪ Stark ▪ Stephenson ▪ Tazewell ▪ Warren ▪ Whiteside ▪ Woodford

Heritage Plus Savings Account (HSA) 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									
ILPQD00034	\$2,000	\$4,000	\$4,000	\$8,000	100%	100%	\$2,000	\$4,000	\$4,000	\$8,000	100%	100%	100%	100% after deductible	100% after deductible	100% after deductible	Yes
ILPQD00037	\$2,500	\$5,000	\$5,000	\$10,000	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$25 copayment after deductible	\$25 copayment after deductible	\$25 copayment after deductible	\$100 copayment after deductible, 80% after deductible - ER physician	80% after deductible	80% after deductible	Yes
ILPQD00038	\$3,000	\$6,000	\$6,000	\$12,000	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$25 copayment after deductible	\$25 copayment after deductible	\$25 copayment after deductible	\$100 copayment after deductible, 70% after deductible - ER Physician	70% after deductible	70% after deductible	Yes

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 OptumHealth Bank, Member of FDIC. "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, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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Health Plans



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

Heritage Select Advantage Plan

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

This is an “open access” health plan with three different levels of coverage options called tiers. Your employees’ copayments, coinsurance and deductibles amounts will depend on the providers who are used. They 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. Here are some of the highlights:

- National network and some non-network coverage
- No referrals required
- 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*



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.

* Available through an additional Rider.

Here’s how the plan works.

See benefit grid for details.

1

Tier 1 – Offers the lowest level of member cost-sharing. Your employees will pay a lower copayment, coinsurance and/or deductible for eligible health care services.

2

Tier 2 – Offers a mid-level of member cost-sharing including access to University of Iowa Health Care doctors. Your employees will pay a higher copayment, coinsurance and/or deductible for eligible health care services.

3

Tier 3 – Offers the highest level of member cost-sharing. Members will have access to any doctor not in the first two tiers. Your employees will have even higher coinsurance and deductibles than Tier 2. They will also be responsible for charges above what UnitedHealthcare determines as reasonable and customary.

Pharmacy benefit



About our pharmacy benefit

All products come with our easy-to-use pharmacy benefit. This includes:

- 64,000 network retail pharmacies that are available to you across the country
- Mail-order services that can give your employees up to a 90-day supply of their medication(s), often at a lower price than retail. And it's delivered to their home with free shipping.



For more information about pharmacy benefits, visit uhc.com or contact your broker or UnitedHealthcare representative at 1-877-632-4195.

Your employees can use our member website to:

- Look up pharmacy benefit information
- Find network pharmacies
- Price medications and learn about lower cost options
- Refill prescriptions
- Review their prescription history

Understanding common pharmacy terms

What is a Prescription Drug List?

A prescription drug list (PDL) is a list of medications, products or devices that have been approved for your safety by the U.S. Food and Drug Administration. These medications and products are then placed into tiers.

Since the PDL may change, we encourage your employees to visit myuhc.com or call the number on the back of their ID card for the most current information.

What do the tiers mean?

Medications listed in the PDL are placed into tiers. Each tier is given a copayment amount. Medications in tier 1 will have the lowest copayment.

Not all drugs listed on the PDL are covered by all plans. Please check your official benefit plan information to find out what is covered under your plan.

Some plans may require your employees to pay the entire cost of the medication until the plan deductible has been met.



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

Dental, Vision, Life and Disability Plans

Provided by UnitedHealthcare Specialty Benefits



- We provide one-stop shopping for all your medical and specialty plan needs.
- We insure more than 75,000 employers for dental, vision and disability.
- We have 6 million members for dental and 22 million members for vision.
- We have more than 121,000 dentist access points and 30,000 contracted vision providers.

Benefits needs don't stop with just a health plan. But you don't want to get bogged down negotiating with multiple vendors – or paying too much.

With UnitedHealthcare, you have:

- Simplified administration from one carrier and one account team
- Plan designs that fit your needs
- Packaged Savings[®] programs for extra savings
- Employer eServices[®] (EmployerServices.com) for maximum freedom, flexibility

Dental

Regular dental care is now recognized as an important part of a total health and well-being program. Just ask the Surgeon General. We offer dental plans designed to deliver flexibility, convenience and choices – at an affordable price.

Vision

Routine vision exams are important – they may help with early detection of other medical problems. Now you can provide vision benefits that offer convenience and cost savings. Our plans include an eye exam once every 12 months, and lenses and frames once every 12 or 24 months. Contact lenses may be selected instead of spectacle lenses and frames once every 12 or 24 months.

Life and disability

Life

We offer fully integrated life and disability insurance policies for you and your employees. Our plans are available on a stand-alone basis, or packaged with our health plans.

Disability

We offer group disability benefits, including short-term disability, long-term disability and voluntary disability. Optional enhancements, such as cost-of-living adjustment and catastrophic disability riders, are also available for certain group sizes.

Packaged Savings[®]

The Packaged Savings program offers administrative credits to groups purchasing eligible specialty coverages with their health plan. The more coverages you bundle, the more you will save on your packaged price.

For more information, visit uhc.com or contact your broker or UnitedHealthcare representative at 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.

Flexible spending accounts

Flexible spending accounts

Today, flexible spending accounts (FSAs) are easier for employees to use, and they are enjoying red-carpet treatment in advertising and other promotions by grocery, drug and department stores required to identify FSA-eligible expenses at the cash register. In addition, FSA programs help pay for themselves because in many cases, the tax savings can recover all or some of the costs of administration. And, employees save because when they enroll and contribute to an FSA, it lowers their taxable income. We offer the following FSA products:

- **Health care FSA** – copayments and deductibles, prescriptions, orthodontia and other dental work, vision exams, eyeglasses, contact lenses and more
- **Dependent care FSA** – day care and similar expenses for children and adult dependents who are incapable of caring for themselves
- **Commuter expense reimbursement account (CERA)** – mass transit, van pooling and parking expenses (administered through WageWorks)
- **Limited-purpose FSA** – dental and vision only, for individuals who enroll in an HSA-eligible health plan

Example of FSA tax savings

An employee elects to have \$100 withheld from every biweekly paycheck and deposited into his FSA.

	Employee saves	Employer saves
Federal income tax – 25%	\$25.00	\$0.00
State income tax – 5%	\$5.00	\$0.00
FICA – 7.65%	\$7.65	\$7.65
Tax savings every paycheck	\$37.65	\$7.65
Total tax savings annually (26 pay periods)	\$978.90	\$198.90

Hypothetical example for illustrative purposes only. Please consult a benefits and tax expert for your particular business situation.



For more information, visit uhc.com or contact your broker or UnitedHealthcare representative at 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.



Visit us at www.uhc.com or contact your broker or UnitedHealthcare representative at 1-877-632-4195.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates, and UnitedHealthcare Insurance Company of Ohio, UnitedHealthcare Insurance Company of Illinois, UnitedHealthcare Insurance Company of New York, UnitedHealthcare Insurance Company of the River Valley, Oxford Health Insurance, Inc., PacifiCare Life and Health Insurance Company or their affiliates.

Health Plan coverage provided by or through UnitedHealthcare of Alabama, Inc., UnitedHealthcare of Arizona, Inc., UnitedHealthcare of Arkansas, Inc., UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., UnitedHealthcare of Kentucky, Ltd., UnitedHealthcare of Louisiana, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of the Midlands, Inc., UnitedHealthcare of the Midwest, Inc., UnitedHealthcare of Mississippi, Inc., UnitedHealthcare of New England, Inc., UnitedHealthcare of North Carolina, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Tennessee, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Wisconsin, Inc., UnitedHealthcare Plan of the River Valley, Inc., Neighborhood Health Partnership, Inc., Oxford Health Plans, Inc., Oxford Health Plans, Inc., Oxford Health Plans, Inc., PacifiCare of Arizona, Inc., PacifiCare of California, PacifiCare of Colorado, Inc., PacifiCare of Nevada, Inc., PacifiCare of Oklahoma, Inc., PacifiCare of Oregon, Inc., PacifiCare of Texas, Inc., PacifiCare of Washington, Inc.

DefinitySM Health Savings Account (HSA) and/or Health Reimbursement Account (HRA)

HSA: 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 OptumHealth Bank, Member of FDIC. "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, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

HRA: UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

UnitedHealthcare CoreSM: The UnitedHealthcare CoreSM product is designed to accommodate a limited network of participating physicians, health care professionals, hospitals and facilities ("providers"). Except in emergency situations, members should confirm their provider is participating in this product before receiving services to receive the highest level of benefits. Network status may be determined by calling Customer Care at the number indicated on the medical ID card or visiting myuhc.com.

UnitedHealthcare EDGESM: UnitedHealthcare EDGESM plans are only available in states that have implemented the 2007 Certificate of Coverage and have the UnitedHealth PremiumSM designation program.

Care24SM: The Care24SM Program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action with UnitedHealthcare, or its affiliates, or any entity through which the caller is receiving UnitedHealthcare, or its affiliates, services directly or indirectly (e.g., employer or health plan). The Care24 Program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

Health discount program: The UnitedHealth Allies health discount program is administered by HealthAlliesSM, 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.

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

Ancillary / Specialty Benefits Entities

UnitedHealthcare VisionSM coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06 and associated COC form number VCOC.INT.06.TX.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and Unimerica Insurance Company; Unimerica Life Insurance Company of New York (NYC); and in California, Unimerica Life Insurance Company.

UnitedHealthcare DentalSM coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX (11/15/2006) and associated COC form number DCOC.CER.06.

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