

# UnitedHealthcare Insurance Company, Inc.

## Oklahoma Small Business 2011 Insurance Plans Groups with 2-99 Eligible Employees

We're making UnitedHealthcare's benefit plans even better -- Introducing **UnitedHealthcare Choice Plus Premier**. Featuring our innovative **UnitedHealth Premium® Designation** program, these new **Premier** plans are designed to maximize both quality of care and value for your clients. By utilizing specialist physicians who are qualified for UnitedHealth Premium Designation, your clients' employees will not only save out-of-pocket costs, but more importantly, they will benefit from care by providers who meet independent criteria for delivering the best in healthcare quality and efficiency. Plus, we've greatly simplified the introduction of Premium Designation to our portfolio, because if you are familiar with our 9L and 6L series of plans, then you already know these new 9U and 6U **Premier** plans - we've simply added the advantages of the Premium Designation program and updated certain benefits for federal healthcare reform. Contact your Account Representative for more information.

**NEW!** **UnitedHealthcare Choice Plus Premier Plans**

Plan Code	Copay / Per Occurrence					Coinsurance		Deductible				Coinsurance Maximum			
	PCP	Prem. Des. Spec <sup>2</sup>	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network	
								Single	Family	Single	Family	Single	Family	Single	Family
9U-1 *	\$25	\$25	\$50	\$75	\$200	100%	70%	\$1,000	\$3,000	\$2,000	\$6,000	n/a	n/a	\$6,000	\$18,000
9U-6 *	\$25	\$25	\$50	\$75	\$200	100%	70%	\$1,500	\$4,500	\$3,000	\$9,000	n/a	n/a	\$9,000	\$27,000
9U-2 *	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,000	\$6,000	\$4,000	\$12,000	n/a	n/a	\$8,000	\$24,000
9U-7 *	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	n/a	n/a	\$10,000	\$30,000
9U-3 *	\$30	\$30	\$60	\$75	\$250	100%	70%	\$3,000	\$9,000	\$6,000	\$18,000	n/a	n/a	\$12,000	\$36,000
9U-4	\$30	\$30	\$60	\$75	\$250	100%	70%	\$4,000	\$12,000	\$8,000	\$24,000	n/a	n/a	\$8,000	\$24,000
9U-5	\$30	\$30	\$60	\$75	\$250	100%	70%	\$5,000	\$15,000	\$10,000	\$30,000	n/a	n/a	\$10,000	\$30,000
9U-A *	\$25	\$25	\$50	\$75	\$150 + 10%	90%	60%	\$250	\$750	\$500	\$1,500	\$1,000	\$3,000	\$2,000	\$6,000
9U-B *	\$25	\$25	\$50	\$75	\$150 + 10%	90%	60%	\$500	\$1,500	\$1,000	\$3,000	\$2,000	\$6,000	\$4,000	\$12,000
9U-C	\$25	\$25	\$50	\$75	\$150 + 10%	90%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000	\$6,000	\$18,000
9U-D	\$25	\$25	\$50	\$75	\$150 + 10%	90%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$4,500	\$13,500	\$9,000	\$27,000
9U-E	\$25	\$25	\$50	\$75	\$150 + 10%	90%	60%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	\$8,000	\$24,000
9U-F *	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$250	\$750	\$500	\$1,500	\$1,000	\$3,000	\$2,000	\$6,000
9U-G *	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$500	\$1,500	\$1,000	\$3,000	\$2,000	\$6,000	\$4,000	\$12,000
9U-Y *	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$2,000	\$6,000	\$4,000	\$12,000
9U-H	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000	\$6,000	\$18,000
9U-J	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$1,500	\$4,500	\$3,000	\$9,000	\$4,500	\$13,500	\$9,000	\$27,000
9U-K	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	\$8,000	\$24,000
9U-L	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$15,000	\$10,000	\$30,000
9U-M	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000
9U-N	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$4,000	\$12,000	\$8,000	\$24,000
9U-P	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000
9U-Q *	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$500	\$1,500	\$1,000	\$3,000	\$2,000	\$6,000	\$4,000	\$12,000
9U-Z *	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$2,000	\$6,000	\$4,000	\$12,000
9U-R	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000	\$6,000	\$18,000
9U-S	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$1,500	\$4,500	\$3,000	\$9,000	\$4,500	\$13,500	\$9,000	\$27,000
9U-T	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	\$8,000	\$24,000
9U-U	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$15,000	\$10,000	\$30,000
9U-V	\$30	\$30	\$60	\$75	\$200 + 30%	70%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000
9U-W	\$30	\$30	\$60	\$75	\$200 + 30%	70%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$4,000	\$12,000	\$8,000	\$24,000
9U-X	\$30	\$30	\$60	\$75	\$200 + 30%	70%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000

**NEW!** **UnitedHealthcare Definity<sup>SM</sup> Health Reimbursement Account (HRA) Premier Plans**

Plan Code	Plan Code	Copay / Per Occurrence					Coinsurance		Deductible				Coinsurance Maximum					
		Copays	Deductible / Coinsurance 1	PCP	Prem. Des. Spec <sup>2</sup>	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network	
											Single	Family	Single	Family	Single	Family	Single	Family
6U-A *	6L-1	\$25	\$25	\$50	\$75	\$200	100%	70%	\$1,000	\$3,000	\$2,000	\$6,000	n/a	n/a	\$6,000	\$18,000		
6U-B *	6L-2	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,000	\$6,000	\$4,000	\$12,000	n/a	n/a	\$8,000	\$24,000		
6U-C *	6L-3	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	n/a	n/a	\$10,000	\$30,000		
6U-D *	6L-4	\$30	\$30	\$60	\$75	\$250	100%	70%	\$3,000	\$9,000	\$6,000	\$18,000	n/a	n/a	\$12,000	\$36,000		
6U-E	6L-5	\$30	\$30	\$60	\$75	\$250	100%	70%	\$4,000	\$12,000	\$8,000	\$24,000	n/a	n/a	\$8,000	\$24,000		
6U-F	6L-6	\$30	\$30	\$60	\$75	\$250	100%	70%	\$5,000	\$15,000	\$10,000	\$30,000	n/a	n/a	\$10,000	\$30,000		
6U-G	6L-7	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$15,000	\$10,000	\$30,000		
6U-H	6L-8	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000		

Out-of-Network facilities will be subject to the following per occurrence deductibles: \$500 Inpatient Hospital; \$250 Outpatient Surgery. These are separate from, and in addition to, the annual medical plan deductible and do not apply to the out-of-pocket maximum.

For dual option choices please refer to the Small Business Dual Option Grid or contact your local health plan/Account Executive.

\* Qualified plan - Insure Oklahoma/O-EPIC

1 Plans feature plan deductible and coinsurance rather than copays for certain services

2 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated specialists. Please visit myuhc.com for details.

All Plans have an Unlimited Lifetime Maximum  
All Plans cover in network Preventive Care at 100%

**Please Note:** The information in this grid is provided for informational purposes only & is not intended for use as a contract. For a complete listing of coverage & exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.

Insurance coverage provided by or through: UnitedHealthCare Insurance Company or its affiliates or PacificCare Life and Health Insurance Company. Administrative services provided by UnitedHealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates.



# UnitedHealthcare Insurance Company, Inc.

## Oklahoma Small Business 2011 Insurance Plans

Groups with 2-99 Eligible Employees

### UnitedHealthcare Definity<sup>SM</sup> Health Savings Account (HSA) Plans

Plan Code	Plan Code	Copay / Per Occurrence				Coinsurance		Deductible				Out of Pocket Maximum <sup>1</sup>				HSA Rx Codes <sup>3</sup>
		PCP	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network		
								Single	Family	Single	Family	Single	Family	Single	Family	
4L-A	4L-1	100%	100%	100%	100%	100%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	LW
4L-B	4L-2	100%	100%	100%	100%	100%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,000	\$8,000	\$12,000	\$24,000	LW
4L-C	4L-3	100%	100%	100%	100%	100%	70%	\$4,000	\$8,000	\$8,000	\$16,000	\$5,000	\$10,000	\$16,000	\$32,000	LW
4L-D	4L-4	100%	100%	100%	100%	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$5,800	\$11,600	\$20,000	\$40,000	LW
4L-E	4L-5	80%	80%	80%	80%	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	LW

Out-of-Network facilities will be subject to the following per occurrence deductibles: \$500 Inpatient Hospital; \$250 Outpatient Surgery. These are separate from, and in addition to, the annual medical plan deductible.

For dual option choices please refer to the Small Business Dual Option Grid or contact your local health plan/Account Executive.

1 Out-of-Pocket Maximums listed for HSA plans include the deductible

2 Plan has non-embedded family deductible and out-of-pocket maximum, meaning no individual in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met.

3 Combined medical and pharmacy deductible and out-of-pocket maximum. After the deductible is met, coinsurance and pharmacy copayments of 15/35/60 (\$15/20%/30% for specialty injectables) will apply.

### PacifiCare SignatureElite<sup>SM</sup> Plus Plans (2-50 eligible employees only)

Plan Code	Copay / Per Occurrence				Coinsurance		Deductible				Coinsurance Maximum			
	PCP	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network	
							Single	Family	Single	Family	Single	Family	Single	Family
PM-Y *	\$30	\$50	\$75	\$250	80%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$1,500	\$4,500	\$3,000	\$9,000
PM-G	\$30	\$50	\$75	\$250	80%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$2,500	\$5,000	\$7,500	\$15,000
PM-H	\$30	\$50	\$75	\$250	80%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$9,000	\$18,000
PM-I	\$30	\$50	\$75	\$250	80%	60%	\$2,500	\$5,000	\$7,500	\$15,000	\$3,500	\$7,000	\$10,500	\$21,000
PM-J	\$30	\$50	\$75	\$250	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$4,000	\$8,000	\$12,000	\$24,000
PM-Z *	\$35	\$60	\$100	\$250	70%	50%	\$1,500	\$4,500	\$3,000	\$9,000	\$1,500	\$4,500	\$3,000	\$9,000
PM-P	\$35	\$60	\$100	\$250	70%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$13,500	\$27,000
PM-Q	\$35	\$60	\$100	\$250	70%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$5,000	\$10,000	\$15,000	\$30,000
PM-R	\$35	\$60	\$100	\$250	70%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$5,500	\$11,000	\$16,500	\$33,000
PM-S	\$35	\$60	\$100	\$250	70%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,000	\$12,000	\$18,000	\$36,000
PM-T	\$35	\$60	\$100	\$250	70%	50%	\$3,500	\$7,000	\$10,500	\$21,000	\$6,500	\$13,000	\$19,500	\$39,000
PM-E	70%	70%	70%	70%	70%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$5,000	\$10,000	\$15,000	\$30,000

Out-of-Network facilities will be subject to the following per occurrence deductibles: \$500 Inpatient Hospital; \$250 Outpatient Surgery. These are separate from, and in addition to, the annual medical plan deductible and do not apply to the out-of-pocket maximum.

For Dual-Option choices, please refer to the Small Business Dual Option Grid or contact your local Account Executive.

\* Qualified plan - Insure Oklahoma/O-EPIC

### PacifiCare SignatureElite Plus Definity<sup>SM</sup> Health Savings Account (HSA) Plans (2-50 eligible employees only)

Plan Code Standard	Copay / Per Occurrence				Rx <sup>2</sup>	Coinsurance		Deductible				Out-of-Pocket Maximum <sup>1</sup>				HSA Rx Codes <sup>3</sup>
	PCP	Spec	Urgent Care	ER		Network	Non-Network	Network		Non-Network		Network		Non-Network		
					Single			Family	Single	Family	Single	Family	Single	Family		
PM-8	100%	100%	100%	100%	100%	100%	70%	\$5,950	\$11,900	\$11,900	\$23,800	\$5,950	\$11,900	\$23,800	\$47,600	MM
PM-9	80%	80%	80%	80%	80%	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$5,950	\$11,900	\$14,000	\$28,000	KR

1 Out-of-Pocket Maximums listed for HSA plans include the deductible

2 Combined medical and pharmacy deductible, coinsurance, and out-of-pocket maximum.

All Plans have an Unlimited Lifetime Maximum

All Plans cover in network Preventive Care at 100%

In 2010, maximum HSA contribution is \$3,050 single/\$6,150 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The Definity<sup>SM</sup> 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

**Please Note:** The information in this grid is provided for informational purposes only & is not intended for use as a contract. For a complete listing of coverage & exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.

Insurance coverage provided by or through: UnitedHealthCare Insurance Company or its affiliates or PacifiCare Life and Health Insurance Company. Administrative services provided by UnitedHealthCare Insurance Company, UnitedHealthCare Services, Inc. or their affiliates.



# UnitedHealthcare Insurance Company, Inc.

## Oklahoma Small Business 2011 Insurance Plans

Groups with 2-99 Eligible Employees

### UnitedHealthcare EDGE<sup>SM</sup>

Plan Code	Deductible				Coinsurance				Coinsurance Maximum				Copays						
	Network		Non-Network		Network			Non-Network	Network		Non-Network		PCP <sup>1</sup>	SPEC <sup>2</sup>	SPEC Prem. Des <sup>3</sup>	UC	ER	OP	IP
	Single	Family	Single	Family	SPEC <sup>2</sup>	SPEC Prem. Des <sup>3</sup>	Non-phys <sup>4</sup>		Single	Family	Single	Family							
8L-1	\$1,000	\$3,000	\$2,000	\$6,000	80%	100%	100%	70%	\$3,000	\$9,000	\$6,000	\$18,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
8L-5	\$1,500	\$4,500	\$3,000	\$9,000	80%	100%	100%	70%	\$4,500	\$13,500	\$9,000	\$27,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
8L-6	\$1,000	\$3,000	\$2,000	\$6,000	70%	90%	90%	60%	\$3,000	\$9,000	\$6,000	\$18,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
8L-7	\$2,000	\$6,000	\$4,000	\$12,000	70%	90%	90%	60%	\$4,000	\$12,000	\$8,000	\$24,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500

All plans will be subject to the following per occurrence deductibles for Network and Non-Network facilities: \$500 Inpatient Hospital; \$250 Outpatient Surgery. These are separate from, and in addition to, the annual medical plan deductible and do not apply to the out-of-pocket maximum.

Routine lab and imaging for plans 8L-1, 8L-5, 8L-6, 8L-7 is covered under the office visit copay.

All Plans have an Unlimited Lifetime Maximum

All Plans cover in network Preventive Care at 100%

For Dual-Option choices, please refer to the Small Business Dual Option Grid or contact your local Account Executive.

1 Primary Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

2 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for specialty physicians that are not quality and efficiency designated

3 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated specialists. Please visit myuhc.com for details.

4 These benefits apply to all categories in which deductible-coinsurance cost-sharing applies, except physician fees for surgical and medical. This is the in-network plan coinsurance.

### Pharmacy Plans

Plan Codes						
Deductible <sup>1</sup> (Tiers 2 & 3 only)			Retail Copays			Mail Order Copays (up to 90-day supply)
\$0	\$100	\$250	Tier 1	Tier 2 <sup>2</sup>	Tier 3 <sup>2</sup>	
JB	JC		\$10	\$30	\$50	3x Retail
JD	JE		\$15	\$35	\$60	3x Retail
JF		JG	\$15	\$40	\$70	3x Retail
JH		JI	\$20	\$45	\$75	3x Retail

Pharmacy plans feature annual out-of-pocket maximums of \$3,000/individual and \$9,000/family.

These pharmacy plan codes are not for HSA use. See HSA information above for HSA-specific Rx codes.

1 Rx plan designs with deductibles do not require the deductible when obtaining Tier 1 drugs.

2 Specialty injectable medications in Tier 2 will be subject to 20% coinsurance and in Tier 3 will be subject to 25% coinsurance. This is in lieu of the listed copayments.

Additional Pharmacy options are available for groups with 51 or more eligible employees. Contact your Account Representative for more information.

**Please Note:** The information in this grid is provided for informational purposes only & is not intended for use as a contract. For a complete listing of coverage & exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.

The UnitedHealth Premium<sup>®</sup> 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.

Insurance coverage provided by or through: UnitedHealthCare Insurance Company or its affiliates or PacifiCare Life and Health Insurance Company. Administrative services provided by UnitedHealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates.

