

UnitedHealthcare Insurance Company, Inc.

Oklahoma Small Business 2009 Insurance Plans

Groups with 2-99 Eligible Employees

UnitedHealthcare Choice Plus Standard Plans

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

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.

UnitedHealthcare DefinitySM Health Savings Account (HSA) Plans

Plan Code	Plan Code	Copay / Per Occurrence				Coinsurance		Deductible				Out of Pocket Maximum ¹				Policy Max
		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	\$5M
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	\$5M
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	\$5M
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	\$5M
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	\$5M

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 apply.

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, whether preventive services are covered at 100%, and other benefit details.

In 2009, maximum HSA contribution is \$3,000 single/\$9,950 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. 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.

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. Health plan coverage provided by or through UnitedHealthcare of Oklahoma, Inc.



UnitedHealthcare Insurance Company, Inc.

Oklahoma Small Business 2009 Insurance Plans

UnitedHealthcare DefinitySM Health Reimbursement Account (HRA) Plans *Groups with 2-99 Eligible Employees*

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

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.

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

PacifiCare SignatureEliteSM Plus Plans (2-50 eligible employees only)

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

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.

Preventive care is subject to member cost share and is limited to \$400 of plan-paid benefits per year.

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

UnitedHealthcare EDGESM

Plan Code	Deductible				Coinsurance				Coinsurance Maximum				Copays							Policy Max
	Network		Non-Network		Network			Non-Network	Network		Non-Network		PCP ¹	SPEC ²	SPEC Prem. Des ³	UC	ER	OP	IP	
	Single	Family	Single	Family	SPEC ²	SPEC Prem. Des ³	Non-phys ⁴		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	\$5M
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	\$5M
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	\$5M
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	\$5M

All plans will be subject to a 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.

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

	2V	H9	DS (for EDGE plans)
Tier 1	\$10	\$10	\$15
Tier 2	\$35	\$30	\$45
Tier 3	\$60	\$50	\$85
Tier 4	N/A	N/A	\$200
Deductible	N/A	N/A	N/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, whether preventive services are covered at 100%, and other benefit details.

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.

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. Health plan coverage provided by or through UnitedHealthcare of Oklahoma, Inc.



Key Account Portfolio

Oklahoma
Groups with 100 or more Eligible Employees

Insurance Choice Plus

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Lifetime Max
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
PP104	7E-J	Trad. w/Ded.	\$20	\$40	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,500	\$9,000	\$9,000	\$18,000	PVN	\$5,000,000
	7E-K	Trad. w/Ded.	\$20	\$30	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	\$5,000,000
	7E-L	Balanced	\$25	\$25	\$50	\$100	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$10,000	\$20,000	PVN	\$5,000,000
PP13	7E-M	Balanced	\$30	\$30	\$50	\$150	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$10,000	\$20,000	PVN	\$5,000,000
PP80	7E-N	Balanced 100	\$20	\$20	\$50	\$100	100%	100%	100%	80%	\$1,000	\$2,000	\$2,000	\$4,000	\$1,000	\$2,000	\$5,000	\$10,000	PVN	\$5,000,000
	7E-O	Balanced 100	\$20	\$20	\$75	\$125	100%	100%	100%	80%	\$1,500	\$3,000	\$3,000	\$6,000	\$1,500	\$3,000	\$6,000	\$12,000	PVN	\$5,000,000
	7E-P	Balanced 100	\$25	\$25	\$75	\$125	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$2,000	\$4,000	\$8,000	\$16,000	PVN	\$5,000,000
	7F-B	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$1,500	\$3,000	\$4,000	\$8,000	\$1,500	\$3,000	\$8,000	\$16,000	PVY	\$5,000,000
	7F-C	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	PVY	\$5,000,000
	7F-D	Consumer	80%	80%	80%	80%	80%	80%	60%	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000	PVY	\$5,000,000	
	7F-E	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$5,700	\$3,500	\$7,000	\$2,850	\$5,700	\$5,000	\$10,000	PVY	\$5,000,000
	7P-A	Definity HSA	100%	100%	100%	100%	100%	100%	80%	\$1,250	\$2,500	\$3,250	\$6,500	\$2,250	\$4,500	\$4,250	\$8,500	PVY	\$5,000,000	
	7F-G	Definity HSA	80%	80%	80%	80%	80%	80%	60%	\$1,250	\$2,500	\$3,250	\$6,500	\$2,250	\$4,500	\$4,250	\$8,500	PVY	\$5,000,000	
PP142	7P-B	Definity HSA	100%	100%	100%	100%	100%	100%	80%	\$1,500	\$3,000	\$3,500	\$7,000	\$2,500	\$5,000	\$4,500	\$9,000	PVY	\$5,000,000	
PP138	7F-I	Definity HSA	80%	80%	80%	80%	80%	80%	60%	\$1,500	\$3,000	\$3,500	\$7,000	\$2,500	\$5,000	\$4,500	\$9,000	PVY	\$5,000,000	
	7P-D	Definity HSA	100%	100%	100%	100%	100%	100%	80%	\$2,500	\$5,000	\$4,500	\$9,000	\$3,500	\$7,000	\$5,500	\$11,000	PVY	\$5,000,000	
PP124	7P-E	Definity HSA	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$5,700	\$5,000	\$10,000	\$3,850	\$7,700	\$6,000	\$12,000	PVY	\$5,000,000	
PP125	7P-F	Definity HSA	100%	100%	100%	100%	100%	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$6,000	\$12,000	PVY	\$5,000,000	
PP127	7F-N	Definity HSA	80%	80%	80%	80%	80%	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$6,000	\$12,000	PVY	\$5,000,000	
PP7	7E-F	Trad. w/Ded.	\$15	\$15	\$35	\$100	100%	100%	100%	80%	\$250	\$500	\$500	\$1,000	\$250	\$500	\$3,000	\$6,000	PVN	\$5,000,000
PP8	7E-G	Trad. w/Ded.	\$15	\$15	\$50	\$100	90%	90%	90%	70%	\$250	\$500	\$500	\$1,000	\$2,250	\$4,500	\$4,500	\$9,000	PVN	\$5,000,000
PP62	7E-H	Trad. w/Ded.	\$15	\$15	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000	\$5,000	\$10,000	PVN	\$5,000,000
PP63	7E-I	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$2,500	\$5,000	\$5,000	\$10,000	PVN	\$5,000,000
EWC	5T-E	Balanced	\$15	\$25	\$50	\$100	90%	90%	90%	70%	\$750	\$1,500	\$1,500	\$3,000	\$2,750	\$5,500	\$7,500	\$15,000	PVN	\$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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Key Account Portfolio

Oklahoma
Groups with 100 or more Eligible Employees

Insurance Choice Plus (continued)

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Lifetime Max
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
EWE	7E-X	Balanced	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$750	\$1,500	\$1,500	\$3,000	\$2,750	\$5,500	\$5,500	\$11,000	PVN	\$5,000,000
EFW	7O-J	Balanced	\$25	\$25	\$50	\$100	80%	80%	80%	60%	\$750	\$1,500	\$1,500	\$3,000	\$4,750	\$9,500	\$9,500	\$19,000	PVN	\$5,000,000
EWD	5T-C	Balanced	\$15	\$20	\$50	\$100	90%	90%	90%	70%	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$10,000	\$20,000	PVN	\$5,000,000
	5T-F	Balanced	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$10,000	\$20,000	PVN	\$5,000,000
	5T-Z	Balanced	\$40	\$40	\$50	\$150	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$8,000	\$16,000	PVN	\$5,000,000
NLN	7N-K	Balanced	\$25	\$25	\$50	\$150	70%	70%	70%	50%	\$1,000	\$2,000	\$2,000	\$4,000	\$5,000	\$10,000	\$10,000	\$20,000	PVN	\$5,000,000
EWH	7N-Q	Balanced	\$30	\$30	\$50	\$150	80%	80%	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$11,000	\$22,000	PVN	\$5,000,000
EWJ	2F-Q	Balanced	\$30	\$30	\$50	\$100	70%	70%	70%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$4,500	\$9,000	\$8,000	\$16,000	PVN	\$5,000,000
	5T-V	Balanced	\$35	\$35	\$100	\$250	70%	70%	70%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$7,000	\$14,000	\$15,000	\$30,000	PVN	\$5,000,000
NLO	U5-W	Balanced	\$15	\$15	\$50	\$150	80%	80%	80%	60%	\$2,000	\$4,000	\$3,000	\$6,000	\$6,000	\$12,000	\$11,000	\$22,000	PVN	\$5,000,000
EWI	O3-Q	Balanced	\$25	\$25	\$50	\$100	80%	80%	80%	60%	\$2,000	\$4,000	\$2,000	\$4,000	\$4,500	\$9,000	\$11,000	\$22,000	PVN	\$5,000,000
	5T-S	Balanced	\$30	\$30	\$50	\$150	80%	80%	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000	\$12,000	\$24,000	PVN	\$5,000,000
EWK	7N-R	Balanced	\$35	\$35	\$50	\$150	70%	70%	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,000	\$12,000	\$15,000	\$30,000	PVN	\$5,000,000
	5T-A	Balanced	\$10	\$10	\$50	\$100	80%	80%	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,500	\$13,000	\$13,000	\$26,000	PVN	\$5,000,000
NLR	C7-K	Balanced	\$25	\$25	\$50	\$150	80%	80%	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$7,500	\$15,000	\$15,000	\$30,000	PVN	\$5,000,000
	5T-U	Balanced	\$30	\$30	\$50	\$150	80%	80%	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$7,500	\$15,000	\$15,000	\$30,000	PVN	\$5,000,000
	5T-X	Balanced	\$35	\$35	\$50	\$150	70%	70%	70%	50%	\$4,000	\$8,000	\$7,500	\$15,000	\$12,000	\$24,000	\$17,500	\$35,000	PVN	\$5,000,000
ZFA	M6-A	Balanced 100	\$20	\$20	\$50	\$100	100%	100%	100%	80%	\$1,000	\$2,000	\$2,000	\$4,000	\$1,000	\$2,000	\$7,000	\$14,000	PVN	\$5,000,000
ZFB	M6-B	Balanced 100	\$25	\$25	\$75	\$125	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$2,000	\$4,000	\$12,000	\$24,000	PVN	\$5,000,000
	6T-A	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$12,000	\$24,000	PVY	\$5,000,000
EWP	U6-E	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$8,000	\$16,000	\$14,000	\$28,000	PVY	\$5,000,000
EMI	6T-B	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$3,000	\$6,000	\$16,000	\$32,000	PVY	\$5,000,000
	8T-A	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	\$8,000	\$16,000	PVY	\$5,000,000

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Key Account Portfolio

Oklahoma
Groups with 100 or more Eligible Employees

Insurance Choice Plus (continued)

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Lifetime Max
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
BDF	7P-C	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,000	\$6,000	\$8,000	\$16,000	PVY	\$5,000,000
BDG	7R-K	Definity HSA	90%	90%	90%	90%	90%	90%	90%	70%	\$2,000	\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	PVY	\$5,000,000
BDH	1A-Y	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	PVY	\$5,000,000
BDL	U6-C	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$4,500	\$9,000	\$9,000	\$18,000	PVY	\$5,000,000
BDN	8T-B	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$5,600	\$5,000	\$10,000	\$3,850	\$7,600	\$9,000	\$18,000	PVY	\$5,000,000
	5T-G	Trad. w/Ded.	\$25	\$25	\$50	\$100	90%	90%	90%	60%	\$250	\$500	\$500	\$1,000	\$2,250	\$4,500	\$6,500	\$13,000	PVN	\$5,000,000
	5T-W	Trad. w/Ded.	\$35	\$35	\$50	\$100	90%	90%	90%	60%	\$250	\$500	\$500	\$1,000	\$2,250	\$4,500	\$6,500	\$13,000	PVN	\$5,000,000
WLF	U5-K	Trad. w/Ded.	\$15	\$15	\$50	\$100	80%	80%	80%	60%	\$250	\$500	\$500	\$1,000	\$2,250	\$4,500	\$4,500	\$9,000	PVN	\$5,000,000
WLG	7M-R	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$250	\$500	\$500	\$1,000	\$2,250	\$4,500	\$4,500	\$9,000	PVN	\$5,000,000
EWA	5T-H	Trad. w/Ded.	\$25	\$25	\$50	\$100	100%	100%	100%	70%	\$500	\$1,000	\$1,000	\$2,000	\$500	\$1,000	\$11,000	\$22,000	PVN	\$5,000,000
	5T-B	Trad. w/Ded.	\$10	\$10	\$50	\$100	90%	90%	90%	60%	\$500	\$1,500	\$1,000	\$3,000	\$1,500	\$4,500	\$3,000	\$9,000	PVN	\$5,000,000
NLK	5T-D	Trad. w/Ded.	\$15	\$20	\$50	\$100	90%	90%	90%	70%	\$500	\$1,000	\$1,000	\$2,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	\$5,000,000
NLI	7T-A	Trad. w/Ded.	\$15	\$15	\$50	\$100	90%	90%	90%	70%	\$500	\$1,000	\$1,500	\$3,000	\$3,000	\$6,000	\$6,500	\$13,000	PVN	\$5,000,000
	5T-Y	Trad. w/Ded.	\$35	\$35	\$50	\$150	80%	\$250	80%	60%	\$500	\$1,500	\$1,500	\$4,500	\$3,000	\$6,500	\$6,500	\$13,000	PVN	\$5,000,000
	5T-I	Trad. w/Ded.	\$30	\$30	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	\$5,000,000
	U6-A	Trad. w/Ded.	\$40	\$40	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,500	\$9,000	\$9,000	\$18,000	PVN	\$5,000,000
WLE	U5-I	Traditional	\$15	\$15	\$50	\$100	80%	80%	80%	60%	N/A	N/A	\$500	\$1,000	\$1,500	\$3,000	\$3,500	\$7,000	PVN	\$5,000,000
NLX	5T-Q	Balanced	80%	80%	\$50	\$150	80%	80%	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000	\$12,000	\$12,000	\$24,000	PVN	\$5,000,000
NLY	5T-R	Balanced	80%	80%	\$50	\$150	80%	80%	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$6,500	\$13,000	\$13,000	\$26,000	PVN	\$5,000,000
	4O-I	Consumer	90%	90%	90%	90%	90%	90%	90%	70%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,000	\$10,000	\$10,000	\$20,000	PVY	\$5,000,000
	2O-D	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$1,250	\$2,250	\$2,000	\$3,500	\$2,500	\$3,500	\$5,000	\$7,000	PVY	\$5,000,000
	2O-E	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$1,250	\$3,250	\$2,000	\$5,000	\$2,500	\$4,500	\$5,000	\$9,000	PVY	\$5,000,000

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Key Account Portfolio

Oklahoma
Groups with 100 or more Eligible Employees

Insurance Choice Plus (continued)

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Lifetime Max
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
	4O-E	Trad. w/Ded.	\$20	\$20	\$25	\$75	80%	80%	80%	60%	\$400	\$900	\$800	\$1,800	\$2,000	\$4,000	\$3,000	\$5,000	PVN	\$5,000,000
	4O-H	Trad. w/Ded.	\$30	\$30	\$15	80%	80%	80%	60%	\$250	\$750	\$500	\$1,500	\$2,000	\$6,000	\$4,000	\$12,000	PVN	\$5,000,000	
	4O-G	Trad. w/Ded.	\$25	\$25	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$6,000	\$6,000	\$12,000	PVN	\$5,000,000
	4O-C	Trad. w/Ded.	\$15	\$15	\$35	90%	90%	90%	80%	\$500	\$1,000	\$500	\$1,000	\$1,800	\$3,600	\$3,600	\$7,200	PVN	\$5,000,000	
	N9-F	Trad. w/Ded.	\$30	\$30	\$50	\$150	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	PVN	\$5,000,000
	4O-F	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,000	\$8,000	\$8,000	\$16,000	PVN	\$5,000,000
	4O-A	Trad. w/Ded.	\$10	\$10	\$50	\$100	80%	80%	80%	60%	\$250	\$500	\$500	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000	PVN	\$5,000,000
	4O-B	Traditional	\$15	\$15	\$15	\$50	90%	\$100	90%	60%	N/A	N/A	\$500	\$1,000	\$2,000	\$4,000	\$3,500	\$7,000	PVN	\$5,000,000
	4O-D	Trad. w/Ded.	\$15	\$15	\$35	\$100	90%	90%	90%	80%	\$250	\$500	\$250	\$500	\$500	\$1,000	\$1,250	\$2,500	PVN	\$5,000,000

Insurance Choice Plus Value Plans**

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Deduct. Type
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
NLM	6T-D	Balanced	\$25	\$25	\$50	\$250	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$10,000	\$20,000	PVN	\$5,000,000
EWB	M7-F	Balanced	\$30	\$30	\$50	\$250	80%	80%	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$11,000	\$22,000	PVN	\$5,000,000
NLR	6T-E	Balanced	\$25	\$25	\$50	\$250	80%	80%	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$7,500	\$15,000	\$15,000	\$30,000	PVN	\$5,000,000
EMI	6T-C	Consumer	100%	100%	100%	100%	100%	100%	80%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$32,000	PVN	\$5,000,000	

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

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Key Account Portfolio

Oklahoma
Groups with 100 or more Eligible Employees

Options PPO

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Lifetime Max
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
	7G-J	Trad. w/Ded.	\$20	\$40	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$4,500	\$9,000	\$9,000	\$18,000	PVN	\$5,000,000
	7G-K	Trad. w/Ded.	\$20	\$30	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$3,500	\$7,000	\$7,000	\$14,000	PVN	\$5,000,000
	7G-L	Balanced	\$25	\$25	\$50	\$100	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$10,000	\$20,000	PVN	\$5,000,000
	7G-M	Balanced	\$30	\$30	\$50	\$150	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$10,000	\$20,000	PVN	\$5,000,000
	7G-N	Balanced 100	\$20	\$20	\$50	\$100	100%	100%	100%	80%	\$1,000	\$2,000	\$2,000	\$4,000	\$1,000	\$2,000	\$5,000	\$10,000	PVN	\$5,000,000
	7G-O	Balanced 100	\$20	\$20	\$75	\$125	100%	100%	100%	80%	\$1,500	\$3,000	\$3,000	\$6,000	\$1,500	\$3,000	\$6,000	\$12,000	PVN	\$5,000,000
	7G-P	Balanced 100	\$25	\$25	\$75	\$125	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$2,000	\$4,000	\$8,000	\$16,000	PVN	\$5,000,000
	7H-B	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$1,500	\$3,000	\$4,000	\$8,000	\$1,500	\$3,000	\$8,000	\$16,000	PVY	\$5,000,000
	7H-C	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$4,000	\$5,000	\$10,000	\$2,000	\$4,000	\$10,000	\$20,000	PVY	\$5,000,000
	7H-D	Consumer	80%	80%	80%	80%	80%	80%	80%	60%	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000	PVY	\$5,000,000
	7H-E	Consumer	100%	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$5,700	\$3,500	\$7,000	\$2,850	\$5,700	\$5,000	\$10,000	PVY	\$5,000,000
	7Q-A	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$1,250	\$2,500	\$3,250	\$6,500	\$2,250	\$4,500	\$4,250	\$8,500	PVY	\$5,000,000
	7H-G	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$1,250	\$2,500	\$3,250	\$6,500	\$2,250	\$4,500	\$4,250	\$8,500	PVY	\$5,000,000
	7Q-B	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$1,500	\$3,000	\$3,500	\$7,000	\$2,500	\$5,000	\$4,500	\$9,000	PVY	\$5,000,000
	7H-I	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$1,500	\$3,000	\$3,500	\$7,000	\$2,500	\$5,000	\$4,500	\$9,000	PVY	\$5,000,000
	7Q-C	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,000	\$6,000	\$8,000	\$16,000	PVY	\$5,000,000
	7Q-D	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,500	\$5,000	\$4,500	\$9,000	\$3,500	\$7,000	\$5,500	\$11,000	PVY	\$5,000,000
	7Q-E	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$2,850	\$5,700	\$5,000	\$10,000	\$3,850	\$7,700	\$6,000	\$12,000	PVY	\$5,000,000
	7Q-F	Definity HSA	100%	100%	100%	100%	100%	100%	100%	80%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$6,000	\$12,000	PVY	\$5,000,000
	7H-N	Definity HSA	80%	80%	80%	80%	80%	80%	80%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$4,000	\$8,000	\$6,000	\$12,000	PVY	\$5,000,000
	7G-F	Trad. w/Ded.	\$15	\$15	\$35	\$100	100%	100%	100%	80%	\$250	\$500	\$500	\$1,000	\$250	\$500	\$3,000	\$6,000	PVN	\$5,000,000
	7G-G	Trad. w/Ded.	\$15	\$15	\$50	\$100	90%	90%	90%	70%	\$250	\$500	\$500	\$1,000	\$2,250	\$4,500	\$4,500	\$9,000	PVN	\$5,000,000
	7G-H	Trad. w/Ded.	\$15	\$15	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000	\$5,000	\$10,000	PVN	\$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.

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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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.

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Key Account Portfolio

Oklahoma
Groups with 100 or more Eligible Employees

Options PPO (continued)

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Lifetime Max
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
	7G-I	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$2,500	\$5,000	\$5,000	\$10,000	PVN	\$5,000,000
KAM	5O-C	Balanced	\$25	\$25	\$50	\$100	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$16,000	PVN	\$5,000,000
WNG	5O-D	Balanced	\$30	\$30	\$50	\$150	80%	80%	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$8,000	\$16,000	PVN	\$5,000,000
NBE	5O-A	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$250	\$500	\$500	\$1,000	\$2,000	\$4,000	\$4,000	\$8,000	PVN	\$5,000,000
NBG	5O-B	Trad. w/Ded.	\$20	\$20	\$50	\$100	80%	80%	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	PVN	\$5,000,000

Non-Differential PPO

2001 COC PRIME Code	2007 COC PRIME Code	Plan Category	Copay						Coinsurance		Deductible				Out-of-Pocket Max				Prev. Cov.*	Lifetime Max
			PCP	Spec	Urg Care	ER	OP Surg	IP	IN	OUT	Network		Non-Network		Network		Non-Network			
											Single	Family	Single	Family	Single	Family	Single	Family		
PP43	7I-A	Non-Diff. PPO	80%	80%	80%	80%	80%	80%	80%	80%	\$500	\$1,000	\$500	\$1,000	\$3,000	\$6,000	\$3,000	\$6,000	PVN	\$5,000,000
	7I-B	Non-Diff. PPO	80%	80%	80%	80%	80%	80%	80%	80%	\$1,500	\$3,000	\$1,500	\$3,000	\$4,000	\$8,000	\$4,000	\$8,000	PVN	\$5,000,000
	7I-C	Non-Diff. PPO	80%	80%	80%	80%	80%	80%	80%	80%	\$2,000	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	PVN	\$5,000,000
	7I-D	Non-Diff. PPO	80%	80%	80%	80%	80%	80%	80%	80%	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000	PVN	\$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.

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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Key Account Portfolio

Oklahoma
Groups with 100 or more Eligible Employees

Pharmacy Plans

Plan Code	PRIME Build	UNET Build	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	X	X	\$0	\$0	\$0	\$0	\$10	\$30	\$50	\$100	2.5
2V	X	X	\$0	\$0	\$0	\$0	\$10	\$35	\$60	\$0	2.5
5S	X	X	\$100	\$300	\$0	\$0	\$10	\$30	\$50	\$100	2.5
0H	X	X	\$0	\$0	\$0	\$0	\$10	\$30	\$70	\$0	2.5
AQ	X	X	\$100	\$300	\$0	\$0	\$10	\$30	\$70	\$0	2.5
6M	X	X	\$100	\$300	\$0	\$0	\$10	\$35	\$60	\$0	2.5
Y6	X	X	\$0	\$0	\$0	\$0	\$10	\$30	\$60	\$0	2.5
Y7	X	X	\$100	\$300	\$0	\$0	\$10	\$30	\$60	\$0	2.5
5U	X	X	\$0	\$0	\$0	\$0	\$10	\$35	\$60	\$100	2.5
5V	X	X	\$100	\$300	\$0	\$0	\$10	\$35	\$60	\$100	2.5
0I	X	X	\$0	\$0	\$0	\$0	\$10	\$35	\$70	\$0	2.5
AT	X	X	\$100	\$300	\$0	\$0	\$10	\$35	\$70	\$0	2.5
Combined medical/pharmacy plans											
2V	X	X	\$0	\$0	\$0	\$0	\$10	\$35	\$60	\$0	2.5
MM		X	Same as Medical	Same as Medical	\$0	\$0	No Copay	No Copay	No Copay	No Copay	2.5
H9*	X	X	\$0	\$0	\$0	\$0	\$10	\$30	\$50	\$0	2.5
S5**	X	X	\$0	\$0	\$0	\$0	\$7	\$25	\$45	\$0	2.5

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