

UnitedHealthcare Benchmark SolutionsSM

Illinois
Groups with 2-99
Eligible Employees

Benchmark Solutions is a health plan portfolio featuring our highly proven plan designs with a special focus on the affordable, integrated Health Savings Account (HSA) and Health Reimbursement Account (HRA) consumer-driven plans for individuals and small businesses up to 99 employees.

Benchmark Solutions: Proven and effective for the long haul

Whether your customer is an individual or a growing enterprise, Benchmark Solutions contains an array of approaches designed to meet their needs

Traditional Benefits – Proven and tailored plans with a range of deductibles

Balanced Plans – Tailored plans with deductibles greater than \$1,000

Consumer-Driven – Affordable HSA and HRA plans with deductibles greater than \$1,000

Designed to keep your customers' business healthy

Tailored – Products that match employer priorities; designed to grow and change with business needs.

Affordable – Leveraging innovation and efficiency to maintain benefits; making plans more affordable.

Proven – Largest national carrier with extensive network; leading the industry in HSAs and HRAs.

Proactive – Simple, self-service tools save time and money on administration; plus programs that keep your employees healthy and productive.

UnitedHealthcare EDGESM

Introducing an entirely new suite of benefit plans, UnitedHealthcare EDGE helps consumers connect with care provided by quality and efficiency designated physicians. Using carefully designed plan incentives, employees get access to this care, and employers can lower their monthly premiums. EDGE means:

- ▶ Engaging and informing consumers
- ▶ Strong incentives to use quality and efficiency designated specialty physicians in the UnitedHealth Premium[®] designation program
- ▶ Maximizing affordability by emphasizing best practices in health care

EDGE lets you pay for coverage levels you need:

- ▶ Varying levels of benefit coverage at the price points you need
- ▶ Based on multiple plan variables
- ▶ Out-of-pocket (OOP) maximum
- ▶ Deductibles
- ▶ Coinsurance

EDGE plans feature an enhanced benefit level, which works to reduce premiums without changing deductible or copays, by guiding members to quality and efficiency designated specialists through the UnitedHealth Premium designation program.



For Individuals:

Go to www.goldenrule.com to get appointed with Golden Rule Insurance Company, and receive product details and quotes.

Traditional—Proven and tailored plans with a range of deductibles

Plan Name	Plan Code	Deductible				Co-ins		Copays						Out-of-Pocket Max				Avail. Rx Plans	Prev. Cov. ¹	Deduct. Type
		Network		Non-Network		Network	Non-Network	PCP	Spec	UC	ER	OP Surg	IP	Network		Non-Network				
		Individual	Family	Individual	Family									Individual	Family	Individual	Family			
Traditional HMO																				
TRAD10/100% wRx2V	X3-A	N/A	N/A	N/A	N/A	100%	0%	\$10	\$10	\$50	\$100	100%	100%	\$1,000	\$2,000	N/A	N/A	All Avail.	PVN	Emb
TRAD20/100% wRx2V	X3-B	N/A	N/A	N/A	N/A	100%	0%	\$20	\$20	\$50	\$100	100%	\$250	\$1,000	\$2,000	N/A	N/A	All Avail.	PVN	Emb
TRAD30/80% wRx2V	X3-D	N/A	N/A	N/A	N/A	80%	0%	\$30	\$30	\$50	\$100	80%	\$250	\$1,500	\$3,000	N/A	N/A	All Avail.	PVN	Emb
Traditional																				
TRAD20/90% wRx2V	X4-L	N/A	N/A	\$2,000	\$6,000	90%	50%	\$20	\$20	\$50	\$100	90%	90%	\$2,000	\$4,000	\$10,000	\$20,000	All Avail.	PVN	Emb
TRAD20/250/90% wRx2V	X4-J	\$250	\$750	\$500	\$1,500	90%	70%	\$20	\$20	\$50	\$100	90%	90%	\$1,500	\$3,000	\$3,000	\$6,000	All Avail.	PVN	Emb
TRAD20/250/80% wRx2V	X4-H	\$250	\$750	\$500	\$1,500	80%	60%	\$20	\$20	\$50	\$100	80%	80%	\$1,500	\$3,000	\$3,000	\$6,000	All Avail.	PVN	Emb
TRAD20/500/90% wRx2V	X4-K	\$500	\$1,500	\$1,000	\$3,000	90%	70%	\$20	\$20	\$50	\$100	90%	90%	\$2,000	\$4,000	\$4,000	\$8,000	All Avail.	PVN	Emb
TRAD20/500/80% wRx2V	U5-P	\$500	\$1,500	\$1,000	\$3,000	80%	60%	\$20	\$20	\$50	\$100	80%	80%	\$2,000	\$4,000	\$4,000	\$8,000	All Avail.	PVN	Emb
TRAD20/500/80% wRx2V	X4-P	\$500	\$1,500	\$1,000	\$3,000	80%	60%	\$20	\$35	\$50	\$100	80%	80%	\$2,000	\$4,000	\$4,000	\$8,000	All Avail.	PVN	Emb
TRAD25/500/80% wRx2V	7A-A	\$500	\$1,500	\$1,000	\$3,000	80%	60%	\$25	\$50	\$75	\$200	80%	80%	\$3,000	\$6,000	\$6,000	\$12,000	All Avail.	PVN	Emb

Balanced—Tailored plans with deductibles greater than \$1,000

Plan Name	Plan Code	Deductible				Co-ins		Copays						Out-of-Pocket Max				Avail. Rx Plans	Prev. Cov. ¹	Deduct. Type
		Network		Non-Network		Network	Non-Network	PCP	Spec	UC	ER	OP Surg	IP	Network		Non-Network				
		Individual	Family	Individual	Family									Individual	Family	Individual	Family			
BAL10025/1000/100% wRx2V	7A-E	\$1,000	\$3,000	\$2,000	\$6,000	100%	80%	\$25	\$50	\$75	\$200	100%	100%	\$1,000	\$3,000	\$5,000	\$10,000	All Avail.	PVN	Emb
BAL20/1000/90% wRx2V	X4-I	\$1,000	\$3,000	\$2,000	\$6,000	90%	70%	\$20	\$20	\$50	\$100	90%	90%	\$2,500	\$5,000	\$5,000	\$10,000	All Avail.	PVN	Emb
BAL20/1000/80% wRx2V	X4-O	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	\$20	\$35	\$50	\$100	80%	80%	\$2,500	\$5,000	\$5,000	\$10,000	All Avail.	PVN	Emb
BAL25/1500/90% wRx2V	X4-T	\$1,500	\$4,500	\$3,000	\$9,000	90%	70%	\$25	\$25	\$75	\$125	90%	90%	\$3,500	\$7,000	\$7,000	\$14,000	All Avail.	PVN	Emb
BAL25/1500/80% wRx2V	7A-C	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	\$25	\$50	\$75	\$200	80%	80%	\$4,500	\$9,000	\$9,000	\$18,000	All Avail.	PVN	Emb
BAL25/2000/80% wRx2V	7A-D	\$2,000	\$6,000	\$4,000	\$12,000	80%	60%	\$25	\$50	\$75	\$200	80%	80%	\$4,000	\$8,000	\$8,000	\$16,000	All Avail.	PVN	Emb

1 PVN = Covered as other services; PVY = Covered 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, whether preventive services are covered at 100%, and other benefit details.

Insurance coverage provided by or through United HealthCare Insurance Company, United HealthCare Insurance Company of Illinois or their affiliates. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Illinois, Inc.

Consumer-Driven—Affordable HSA and HRA plans with deductibles greater than \$1,000

Plan Name	Plan Code	Deductible				Co-ins		Copays						Out-of-Pocket Max				Avail. Rx Plans	Prev. Cov. ¹	Deduct. Type
		Network		Non-Network		Network	Non-Network	PCP	Spec	UC	ER	OP Surg	IP	Network		Non-Network				
		Individual	Family	Individual	Family									Individual	Family	Individual	Family			
CONS1000/100% wRx2V	7A-K	\$1,000	\$3,000	\$2,000	\$6,000	100%	80%	100%	100%	100%	100%	100%	100%	\$1,000	\$3,000	\$5,000	\$10,000	All Avail.	PVY	Emb
CONS1500/100% wRx2V	7A-L	\$1,500	\$4,500	\$3,000	\$9,000	100%	80%	100%	100%	100%	100%	100%	100%	\$1,500	\$4,500	\$6,000	\$12,000	All Avail.	PVY	Emb
CONS2000/100% wRx2V	7A-M	\$2,000	\$6,000	\$4,000	\$12,000	100%	80%	100%	100%	100%	100%	100%	100%	\$2,000	\$6,000	\$8,000	\$16,000	All Avail.	PVY	Emb
CONS2500/100% wRx2V	7A-V	\$2,500	\$7,500	\$5,000	\$15,000	100%	80%	100%	100%	100%	100%	100%	100%	\$2,500	\$7,500	\$10,000	\$20,000	All Avail.	PVY	Emb
Health Savings Account Plans																				
HSA1250/100% wRx2V	7A-H ^{2,3,4}	\$1,250	\$2,500	\$2,500	\$5,000	100%	80%	100%	100%	100%	100%	100%	100%	\$1,250	\$2,500	\$5,000	\$10,000	MM	PVY	NonEmb
HSA2000/100% wRx2V	7A-T ^{2,3,4}	\$2,000	\$4,000	\$4,000	\$8,000	100%	80%	100%	100%	100%	100%	100%	100%	\$4,000	\$8,000	\$8,000	\$16,000	2V	PVY	Nonemb
HSA2500/100% wRx2V	X7-A ^{3,4}	\$2,500	\$5,000	\$5,000	\$10,000	100%	80%	100%	100%	100%	100%	100%	100%	\$2,500	\$5,000	\$10,000	\$20,000	MM	PVY	Emb
HSA2850/100% wRx2V	7A-U ^{2,3,4}	\$2,850	\$5,700	\$5,000	\$10,000	100%	80%	100%	100%	100%	100%	100%	100%	\$4,850	\$9,700	\$10,000	\$20,000	2V	PVY	NonEmb

Pharmacy Plans

Pharmacy Plan Code	Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio	Deductible		Out-of-Pocket Maximum
						Single	Family	Family
4F	\$10	\$30	\$50	\$100	2.5	\$0	\$0	\$0
2V	\$10	\$35	\$60	\$0	2.5	\$0	\$0	\$0
6M	\$10	\$35	\$60	\$0	2.5	\$100	\$300	\$0
H9	\$10	\$30	\$50	\$0	2.5	\$0	\$0	\$0
MM	No Copay	No Copay	No Copay	\$0	No Copay	Same as Medical	Same as Medical	Same as Medical

1PVN = Covered as other services; PVY = Covered at 100%

2 Plans with Nonemb (non-embedded) reflect 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 deductible is met, coinsurance and pharmacy copayments apply. 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.

4 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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Plan Name	Plan Code	Deductible				Coinsurance					Out-of-Pocket				Copays						Avail. Rx	Prev. Cov. ⁵	Deduct. Type	
		Network		Non-Network		PCP ¹	INN SPEC ²	INN SPEC Prem. ³	INN Non-phys ⁴	Non-Network	Network		Non-Network		PCP ¹	SPEC ²	SPEC Prem. Des ³	UC	ER	OP				IP
		Individual	Family	Individual	Family						Individual	Family	Individual	Family										
BAL100-V 30/1000/100% wRxCG	Y3-A	\$1,000	\$3,000	\$2,000	\$6,000	100%	70%	100%	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$60	\$30	\$100	\$250	100%	100%	CG	PVY	Emb
BAL100-V 30/1000/80% wRxCG	Y3-D	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	80%	60%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$60	\$30	\$100	\$250	80%	80%	CG	PVN	Emb
BAL100-V 30/1500/100% wRxCG	Y3-B	\$1,500	\$4,500	\$3,000	\$9,000	100%	70%	100%	70%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$60	\$30	\$100	\$250	100%	100%	CG	PVY	Emb
BAL100-V 30/2000/100% wRxCG	Y3-C	\$2,000	\$6,000	\$4,000	\$12,000	100%	70%	100%	70%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$30	\$60	\$30	\$100	\$250	100%	100%	CG	PVY	Emb

Pharmacy Plans

Plan Code	Deductible		Copay				Mail Order (90-day Supply)
	Single	Family	Tier 1	Tier 2	Tier 3	Tier 4	
CG ⁶	\$250	\$750	\$15	\$45	\$80	\$160	3x each retail category

EDGE plans footnotes:

- All plans have embedded deductibles.
- All plans have additional per occurrence deductibles on inpatient hospitalization (\$500) and outpatient surgery (\$250). Lab and imaging apply to deductible and coinsurance. Please see benefit summary for complete details..
- All plans have a \$5,000,000 lifetime maximum.

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 services. This is the in-network plan coinsurance.

5 PVY = Preventive care at 100%. PVN = Preventive care is subject to member cost share.

6 The \$250 deductible does not apply to Tier 1 medications.

The UnitedHealth Premium[®] designation program uses claims data to create a multi-dimensional view of physician and facility performance. Not all specialties or physician types are eligible for designation. This designation is intended as a resource for informational purposes only and does not guarantee the quality of care being rendered. UnitedHealthcare does not provide health care services or practice medicine. Physicians are solely responsible for medical judgments and treatments. For a complete description of the UnitedHealth Premium[®] designation program, including details on the methodology used, geographic availability, and program limitations, please see myuhc.com[®].

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