

# UnitedHealthcare Preferred Portfolio

Illinois  
Groups with 2-99 Eligible Employees

## Medical Plans– Choice Plus

Plan Code	Deductible				Coinsurance		Out of Pocket Maximum				Copays				Outpatient Surgery	Inpatient Stays
	In Network		Out of Network				In Network		Out of Network		PCP Copay	SPEC Copay	URG CARE Copay	ER Copay		
	Single	Family	Single	Family	Network	Non-Network	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	\$200	\$500
X6-T	N/A	N/A	\$200	\$600	100%	80%	N/A	N/A	\$1,200	\$3,600	\$25	\$45	\$50	\$150	100%	100%
X6-W	\$250	\$750	\$500	\$1,500	80%	60%	\$2,250	\$6,750	\$4,500	\$13,500	\$30	\$50	\$50	\$150	80%	80%
X6-O	\$250	\$750	\$500	\$1,500	90%	70%	\$1,250	\$3,750	\$2,500	\$7,500	\$25	\$45	\$50	\$150	90%	90%
X6-R	\$250	\$750	\$500	\$1,500	100%	80%	\$250	\$750	\$1,500	\$4,500	\$25	\$45	\$50	\$150	100%	100%
X6-Z	\$500	\$1,500	\$1,000	\$3,000	80%	60%	\$2,500	\$7,500	\$5,000	\$15,000	\$30	\$50	\$50	\$150	80%	80%
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%
X6-S	\$500	\$1,500	\$1,000	\$3,000	100%	80%	\$500	\$1,500	\$2,000	\$6,000	\$25	\$45	\$50	\$150	100%	100%
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%
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%
X7-G	\$1,000	\$3,000	\$2,000	\$6,000	100%	80%	\$1,000	\$3,000	\$5,000	\$15,000	\$30	\$50	\$50	\$150	100%	100%
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%
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%
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%
<b>Definity<sup>SM</sup> Health Reimbursement Account</b>																
X7-M <sup>1</sup>	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	\$3,500	\$10,500	\$6,000	\$18,000	80%	80%	80%	80%	80%	80%
<b>Definity<sup>SM</sup> Health Savings Account</b>																
20-A <sup>1,2</sup>	\$1,500	\$3,000	\$3,000	\$6,000	100%	80%	\$2,500	\$5,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%
X1-M <sup>1,2</sup>	\$2,500	\$5,000	\$5,000	\$10,000	100%	80%	\$2,500	\$5,000	\$6,000	\$12,000	100%	100%	100%	100%	100%	100%

## Pharmacy Plans

Plan Code	Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio
K4	\$10	\$25	\$40	\$0	2.5
H9 <sup>3</sup>	\$10	\$30	\$50	\$0	2.5
2V <sup>3</sup>	\$10	\$35	\$60	\$0	2.5
EU	\$10	\$40	\$75	\$125	2.5
<b>HSA Plan Only</b>					
MM	No Copay	No Copay	No Copay	\$0	No Copay

All plans have a \$5,000,000 lifetime maximum.

- Preventive care is covered at 100%
- Combined Medical/Pharmacy and embedded deductible plan.
- Pharmacy plans H9 and 2V may also be used with HSA plans

### For HSA plans:

In 2009, maximum HSA contribution is \$3,000 single/\$5,950 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 bank of their choice or through OptumHealth Bank, Member of FDIC. "Definity HSA" refers generally to the Definity<sup>SM</sup> 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.

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.



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

Illinois  
Groups with 2-99 Eligible Employees

## New UnitedHealthcare EDGE<sup>SM</sup> Plans Designs— Choice Plus

Plan Code	Deductible				Coinsurance			Out-of-Pocket Maximum				Copays					Outpatient Surgery		Inpatient Stays		
	In Network		Out of Network		Phys Base <sup>1</sup>	Prem <sup>3</sup>	Non-Prem <sup>2</sup>	In Network		Out of Network		SPEC <sup>2</sup>	PCP <sup>1</sup>	SPEC Prem <sup>3</sup>	URG CARE	ER	OP Surg	OP Surg per OC Ded	IP	IP per OC Ded	
	Single	Family	Single	Family				Single	Family	Single	Family										
Y3-F <sup>4</sup>	\$1,000	\$3,000	\$2,000	\$6,000	100%	100%	80%	\$3,000	\$6,000	\$6,000	\$6,000	\$30	\$30	\$60	\$100	\$250	100%	\$250	100%	\$500	
Y3-G <sup>4</sup>	\$1,000	\$3,000	\$2,000	\$6,000	90%	90%	60%	\$4,000	\$8,000	\$6,000	\$8,000	\$30	\$30	\$60	\$100	\$250	90%	\$250	90%	\$500	
Y3-H <sup>4</sup>	\$2,000	\$6,000	\$4,000	\$12,000	90%	90%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$30	\$60	\$100	\$250	90%	\$250	90%	\$500	
EDGE w/Definity																					
Y3-N <sup>5</sup>	\$1,500	\$3,000	\$3,000	\$6,000	100%	100%	70%	\$3,000	\$6,000	\$6,000	\$12,000	70%	100%	100%	100%	100%	100%	100%	\$250	100%	\$500
G8-V <sup>5</sup>	\$2,500	\$5,000	\$5,000	\$10,000	100%	100%	70%	\$5,000	\$10,000	\$11,200	\$22,400	70%	100%	100%	100%	100%	100%	100%	\$250	100%	\$500

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

Plan Code	Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio
DS	\$15	\$45	\$85	\$200	3

**EDGE Plan Footnotes**—Please see benefit summary for complete details.

All EDGE plans:

- Have additional per occurrence deductibles on inpatient hospitalization (\$500) and outpatient surgery (\$250).
- Lab and imaging apply to deductible and coinsurance.
- Have \$5,000,000 lifetime maximum.
- Preventive care at 100%.

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. Embedded deductible plan.
5. Combined Medical/Pharmacy and non-embedded deductible plan. .

**UnitedHealth Premium disclaimer must appear on all EDGE pages:**

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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