

UnitedHealth BasicsSM

The UnitedHealth BasicsSM medical plan is an innovative, affordable group plan that provides essential coverage for part-time and hourly employees, and their families. Existing benefit plans may not cover an entire employee population; however, for those employers who want to provide a benefits package to increase satisfaction and retention, UnitedHealth Basics is now available to help manage costs and trend while still providing essential care services.

Through innovative cost-sharing solutions, the economies of our powerful networks and careful tailoring of benefit designs, UnitedHealth Basics provides participating employees with coverage for a selection of services at an affordable price — without the burden of a deductible on the front end.

UnitedHealth Basics offers convenient access to care and more choice for consumers. The plan includes the following:

- Physician office visits for both preventive and non-preventive care
- Coverage for accidental injury
- Prescription drug benefits
- Significant network discounts, even after the annual maximum is exhausted
- NurseLineSM – 24-hour access to registered nurses by phone
- Wellness programs and discounts

UnitedHealth Basics also offers a level of access typically only offered by traditional medical plans, including:

- **Nationwide network** — access to more than 470,000 qualified, cost-effective UnitedHealthcare physicians and health care professionals, with annual benefit maximums for covered services.
- **Open access** — no referrals required. Plus, participants can visit any doctor in the UnitedHealthcare medical network, including specialists, without the need to designate a primary physician.
- **Health discount program** — provides 10-50 percent off many non-covered health care expenses and medical services, including complementary/alternative care, dental, vision and much more.

UnitedHealth Basics

Easy to buy.

Easy to administer.

Easy to understand.

Easy to use.

Some restrictions apply:

Insurance coverage provided by or through: United HealthCare Insurance Company, United HealthCare Insurance Company of New York, or their affiliates.

Administrative services to self-funded plans provided by United HealthCare Insurance Company or United HealthCare Services LLC.

The Health Discount Program offers discounts on health services to UnitedHealthcare enrollees, and is administered through UnitedHealth Allies. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by United HealthCare Insurance Company or its affiliates to encourage their 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. Therefore, some services may not be included in the program due to state regulations.

The UnitedHealth Basics medical plan and/or Health Discount program may not be available in all states or for all group sizes. They may have some restrictions and limitations; and are subject to change at any time. Always have your employees consult their benefit summary and/or certificate of coverage for medical benefit details.

**UnitedHealthcare
UnitedHealth Basics
Rate Sheet for
Ohio**

Plan: Medical: Enhanced (PB-C) Pharmacy:6Q

Rate Effective Dates: Q1 2008

Segment: 2 - 99 for both Full and Part Time employees

Benefit Description

Proposal Rates

Services		Enhanced Plan (PB-C)	Age Bracket Rate	
Global Costsharing Features	Deductible	None	<i>Male</i>	
	Max OOP Lifetime Max	None Unlimited	<26	\$104.34
Hospitalization	Inpatient facility	<ul style="list-style-type: none"> •Up to \$1000 INN/\$700 OON per day •30 day annual max •100% INN/50% OON •\$500 Annual Max 	26 - 29	\$104.34
	Inpatient physician		30 - 34	\$104.34
			35 - 39	\$117.90
			40 - 44	\$127.57
			45 - 49	\$142.01
			50 - 54	\$164.86
			55 - 59	\$208.18
Doctor Visits	Office Visits	<ul style="list-style-type: none"> •\$10 copay INN/50% OON •\$450 Annual Max 	60 - 64	\$208.18
			65+	\$208.18
Outpatient & Surgical	Outpatient Surgery	<ul style="list-style-type: none"> •80% INN/50% OON •\$2,000 Annual Max •100% INN/50% OON •\$300 annual max 	<i>Female</i>	
	Outpatient Diagnostics		<26	\$165.24
			26 - 29	\$165.24
			30 - 34	\$165.24
Accident	Accidental Injury	<ul style="list-style-type: none"> •Within 3 days •80% INN or OON •\$5,000 Annual Max 	35 - 39	\$158.96
			40 - 44	\$157.45
			45 - 49	\$160.72
			50 - 54	\$173.02
			55 - 59	\$209.31
Pharmacy		<ul style="list-style-type: none"> •\$10/\$25/\$60 retail copay •2.5x's retail for mail order copay •\$350 Indiv/\$1750 family annual max 	60 - 64	\$209.31
			65+	\$209.31
			<i>Child</i>	\$111.87

FINAL RATES WILL BE DETERMINED UPON INSTALLATION.

Rates valid for [January 1, 2008 through March 31, 2008] effective dates.

Rates are guaranteed for twelve months from effective date.

Who can be offered UnitedHealth Basics?

If the full-time eligible employee count falls within 2-99, UnitedHealth Basics may be offered to either a separate valid class of employees or as total carrier replacement coverage. The valid class may include part time employees.

This quote assumes the following:

- * Employer pays a minimum of 50% employee and dependent premium.
- * 50% minimum employee participation and 50% minimum dependent participation in group or class to which Basics coverage is applicable. Participation requirements for Basics and Conventional Coverage must be met separately.
- * Dependents are eligible based on subscriber enrollment.
- * UnitedHealth Basics may be offered as an optional employee choice alongside another Basics benefit plan only, if available.
- * UnitedHealth Basics may be offered alongside another carrier's Fully Insured group medical plan. (Not allowed alongside another carrier's Self-Funded medical plan.)
- * Small Group vs. Large Group classification for Basics is determined by the number of full-time eligible employees (subject to small group regulations of a given state), even if Basics coverage does not apply to full-time employees.
- * Part-time employees must be working at least 10 hours per week to be eligible.
- * The number of part-time employees covered may exceed the full-time eligible count.
- * 1099 employees are eligible with comparable contribution to other Basics classes.
- * Retiree's are not eligible.
- * 60 day waiting period for new hires. Employees must enroll when first eligible.

Sample Premium Calculation

Group Characteristics		Number of Children	Individual Monthly Rate Components			Total Monthly Premium
Employee	Spouse		Employee	Spouse	Children	
Male 30 - 34	Female 30 - 34	2	\$104.34	\$165.24	\$223.74	\$493.32
Male 35 - 39			\$117.90			\$117.90
Female 40 - 44		1	\$157.45		\$111.87	\$269.32
Group Monthly Premium						\$880.54

**UnitedHealthcare
UnitedHealth Basics
Rate Sheet for
Ohio**

Plan: Medical: Standard (PB-B) Pharmacy: 6P

Rate Effective Dates: Q1 2008

Segment: 2 - 99 for both Full and Part Time employees

Benefit Description

Proposal Rates

Services		Standard Plan (PB-B)	Age	
			Bracket	Rate
Global Costsharing Features	Deductible Max OOP Lifetime Max	None	<u>Male</u>	
		None	<26	\$76.49
		Unlimited	26 - 29	\$76.49
Hospitalization	Inpatient facility	•UnitedHealth Allies Enhanced Discounts	30 - 34	\$76.49
			35 - 39	\$86.43
	Inpatient physician	•UnitedHealth Allies Enhanced Discounts	40 - 44	\$93.51
			45 - 49	\$104.10
			50 - 54	\$120.85
			55 - 59	\$152.60
Doctor Visits	Office Visits	•\$15 copay INN/50% OON •\$450 Annual Max	60 - 64	\$152.60
			65+	\$152.60
Outpatient & Surgical	Outpatient Surgery	•80% INN/50% OON •\$1,000 Annual Max	<u>Female</u>	
			Outpatient Diagnostics	<26
	Accidental Injury	•Within 3 days •80% INN or OON •\$5,000 Annual Max	26 - 29	\$121.12
			30 - 34	\$121.12
			35 - 39	\$116.52
Pharmacy		•\$10/\$25/\$60 retail copay •2.5x's retail for mail order copay •\$300 Indiv/\$1500 family annual max	40 - 44	\$115.42
			45 - 49	\$117.81
			50 - 54	\$126.83
			55 - 59	\$153.43
			60 - 64	\$153.43
			65+	\$153.43
			<u>Child</u>	\$82.01

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Male 30 - 34	Female 30 - 34	2	\$76.49	\$121.12	\$164.02	\$361.63
Male 35 - 39			\$86.43			\$86.43
Female 40 - 44		1	\$115.42		\$82.01	\$197.43
Group Monthly Premium						\$645.49