

Multi-Site One Source Express

Choice Plus and PPO Plans

DEDUCTIBLE* IN / OUT	OUT-OF-POCKET MAXIMUM IN / OUT	COINSURANCE IN / OUT	IN-NETWORK			PLAN CODE**	
			OFFICE VISIT**	URGENT CARE	ER	CHOICE PLUS	PPO
\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A	NA-A
		80% / 60%				US-B	NA-B
\$500 / \$1,000	\$2,000 / \$4,000	90% / 70%	\$20	\$50	\$100	US-C	NA-C
		80% / 60%				US-D	NA-D
\$1,000 / \$2,000	\$2,500 / \$5,000	90% / 70%	\$20	\$50	\$100	US-E	NA-E
		80% / 60%				US-F	NA-F
\$1,500 / \$3,000	\$3,500 / \$7,000	90% / 70%	90%	90%	90%	US-G	NA-G
			\$25	\$75	\$125	US-H	NA-H
		80% / 60%	80%	80%	80%	US-I	NA-I
			\$25	\$75	\$125	US-J	NA-J
\$2,000 / \$4,000	\$4,000 / \$8,000	90% / 70%	90%	90%	90%	US-K	NA-K
			\$25	\$75	\$125	US-L	NA-L
		80% / 60%	80%	80%	80%	US-M	NA-M
			\$25	\$75	\$125	US-N	NA-N
\$2,500 / \$5,000	\$4,500 / \$9,000	90% / 70%	90%	90%	90%	US-O	NA-O
			\$25	\$75	\$125	US-P	NA-P
		80% / 60%	80%	80%	80%	US-Q	NA-Q
			\$25	\$75	\$125	US-R	NA-R
\$3,000 / \$6,000	\$5,000 / \$10,000	90% / 70%	90%	90%	90%	US-S	NA-S
			\$30	\$100	\$150	US-T	NA-T
		80% / 60%	80%	80%	80%	US-U	NA-U
			\$30	\$100	\$150	US-V	NA-V
\$5,000 / \$7,500	\$7,500 / \$10,000	90% / 70%	90%	90%	90%	US-W	NA-W
			\$30	\$100	\$150	US-X	NA-X
		80% / 60%	80%	80%	80%	US-Y	NA-Y
			\$30	\$100	\$150	US-Z	NA-Z
100% PLANS							
\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$100	AN-A	ND-A
			100%	100%	100%	AN-B	ND-B
\$2,000 / \$4,000	\$2,000 / \$8,000		\$25	\$75	\$125	AN-C	ND-C
			100%	100%	100%	AN-D	ND-D

100% plans are subject to market availability.

PHARMACY PLANS					
PRODUCT	K4	H9	2V	G4	S8
Tier 1 Copay ¹	\$10	\$10	\$10	\$10	\$10
Tier 2 Copay ¹	\$25	\$30	\$35	\$30	\$30
Tier 3 Copay ¹	\$40	\$50	\$60	\$50	\$50
Deductible (per covered person)	\$0	\$0	\$0	\$100	\$250

¹ The participant will pay the lesser of the applicable minimum copayment or the Network Pharmacy's U&C charge. In certain documents Tier 1 was referred to as "generics"; Tier 2 was referred to as "preferred brands" or "brand name on the PDL"; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand name not on the PDL." These changes in descriptive terms do not affect your benefit coverage.

Notes

* Deductible applies toward out-of-pocket maximum; per covered person

** Office visit copays for PCPs and Specialists are the same

Family deductible: 3x

Family out-of-pocket maximum for US/NA plans: 2x

Family out-of-pocket maximum for AN/ND plans: 3x for in network; 2x for out of network

For in-network coinsurance plans, you must meet the deductible first, before coinsurance is applicable (excludes ER).

**Plan Codes

Enterprise Series Lifetime Maximum = \$5 million

Out-of-Network Benefits

Office Visit: See Out-of-Network Coinsurance

Urgent Care: See Out-of-Network Coinsurance

Emergency Room: Same as In-Network

All pharmacy plans are available with all Enterprise medical plans.

Multi-Site One Source Express

iPlan Health Savings Account High-Deductible Health Plans

UnitedHealthcare is pleased to offer the latest solution in benefit program design, flexibility, and savings for small businesses (2-50 subscribers). Our iPlan Health Savings Account (HSA) is offered with high-deductible medical plans, which provides an opportunity to save money and help employers meet their employees' demand for choice and control.

The iPlan HSA from UnitedHealthcare — providing the benefits, strategies, resources and financial incentives to drive consumer-minded thinking into the everyday health care decisions.

Small Business National Plans

DEDUCTIBLE IN / OUT	OUT-OF-POCKET MAXIMUM IN / OUT	COINSURANCE IN / OUT*	IN-NETWORK			MAXIMUM CONTRIBUTION** TO HSA ACCOUNT		PLAN CODE	
			OFFICE VISIT	URGENT CARE	ER	SINGLE	FAMILY	CHOICE PLUS	PPO
\$1,100 / \$2,200	\$1,100 / \$4,400	100%* / 80%	100%*	100%	100%	\$1,100	\$2,200	HD-B	LD-B
\$1,100 / \$2,200	\$2,200 / \$4,400	80%* / 60%	80%*	80%	80%	\$1,100	\$2,200	HD-C	LD-C
\$2,000 / \$4,000	\$2,000 / \$8,000	100%* / 80%	100%*	100%	100%	\$2,000	\$4,000	HD-D	LD-D
\$2,000 / \$4,000	\$4,000 / \$8,000	80%* / 60%	80%*	80%	80%	\$2,000	\$4,000	HD-E	LD-E
\$2,850 / \$5,000	\$2,850 / \$10,000	100%* / 80%	100%*	100%	100%	\$2,600	\$5,150	HD-F	LD-F
\$2,850 / \$5,000	\$5,000 / \$10,000	80%* / 60%	80%*	80%	80%	\$2,600	\$5,150	HD-G	LD-G
\$2,850 / \$5,000	\$5,000 / \$10,000	80% / 60%	80%	80%	80%	\$2,600	\$5,150	HD-H	LD-H
\$3,500 / \$7,500	\$3,500 / \$10,000	100%* / 80%	100%*	100%	100%	\$2,600	\$5,150	HD-I	LD-I
\$3,500 / \$7,500	\$5,000 / \$10,000	80%* / 60%	80%*	80%	80%	\$2,600	\$5,150	HD-J	LD-J
\$3,500 / \$7,500	\$5,000 / \$10,000	80% / 60%	80%	80%	80%	\$2,600	\$5,150	HD-K	LD-K
\$5,000 / \$7,500	\$5,000 / \$10,000	100%* / 80%	100%*	100%	100%	\$2,600	\$5,150	HD-L	LD-L
\$5,000 / \$7,500	\$5,000 / \$10,000	100% / 80%	100%*	100%	100%	\$2,600	\$5,150	HD-M	LD-M

Notes

* Preventive coverage at 100%. Not subject to deductible. No coverage out-of-network.

** Estimates are based on the 2004 IRS-mandated maximum HSA contributions, and these maximums are subject to change by Cost of Living Adjustments (COLA) in 2005. Enrollees are responsible for determining their maximum HSA contribution, including taking into account spousal high-deductible health plan/HSA coverage and contributions.

The Rx plan offered with the plans above is \$10/30/50.

Rx applies to the medical deductible and out-of-pocket maximum.

All services, except preventive when covered at 100%, apply to the deductible. The deductible applies to the out-of-pocket maximum.

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

The family deductible is 2x individual.

Available in select markets. State mandates apply.

National Small Business Dual Option Plan Package Examples

DUAL OPTION PACKAGE	DEDUCTIBLE IN / OUT	OUT-OF-POCKET MAXIMUM IN / OUT	COINSURANCE IN / OUT	OFFICE VISIT	URGENT CARE	ER	PLAN
PACKAGE 1	\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A
	\$1,100 / \$2,200	\$1,100 / \$4,400	100% / 80%				HD-B
PACKAGE 2	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$75	AN-A
	\$1,100 / \$2,200	\$1,100 / \$4,400	100% / 80%				HD-B
PACKAGE 3	\$500 / \$1,000	\$2,000 / \$4,000	80% / 60%	\$20	\$50	\$100	US-D
	\$1,100 / \$2,200	\$1,100 / \$4,400	100% / 80%				HD-B
PACKAGE 4	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
	\$1,100 / \$2,200	\$2,200 / \$4,400	80% / 60%				HD-C
PACKAGE 5	\$500 / \$1,000	\$2,000 / \$4,000	90% / 70%	\$20	\$50	\$100	US-C
	\$2,000 / \$4,000	\$2,000 / \$8,000	100% / 80%				HD-D
PACKAGE 6	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
	\$2,000 / \$4,000	\$2,000 / \$2,000	100% / 80%				HD-D
PACKAGE 7	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
	\$2,000 / \$4,000	\$4,000 / \$8,000	80% / 60%				HD-E
PACKAGE 8	\$1,500 / \$3,000	\$3,500 / \$7,000	80% / 60%	\$25	\$75	\$125	US-J
	\$2,000 / \$4,000	\$4,000 / \$8,000	80% / 60%				HD-E
PACKAGE 9	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$0	\$0	\$0	AN-B
	\$2,850 / \$5,000	\$2,850 / \$10,000	100% / 80%				HD-F
PACKAGE 10	\$1,500 / \$1,500	\$3,500 / \$3,500	80% / 80%	\$25	\$75	\$125	US-J
	\$2,850 / \$2,850	\$2,850 / \$2,850	100% / 100%				HD-F

A strategic, long-term solution to health care cost management.



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