

UnitedHealthcare Insurance Company, Inc.

Houston Small Business Insurance Plans

Groups with 2-99 Eligible Employees

We're making UnitedHealthcare's benefit plans even better -- Introducing **UnitedHealthcare Choice Plus Premier**. Featuring our innovative **UnitedHealth Premium® Designation** program, these new **Premier** plans are designed to maximize both quality of care and value for your clients. By utilizing specialist physicians who are qualified for UnitedHealth Premium Designation, your clients' employees will not only save out-of-pocket costs, but more importantly, they will benefit from care by providers who meet independent criteria for delivering the best in healthcare quality and efficiency. Plus, we've greatly simplified the introduction of Premium Designation to our portfolio, because if you are familiar with our 9L and 6L series of plans, then you already know these new 9J and 6J **Premier** plans - we've simply added the advantages of the Premium Designation program and updated certain benefits for federal healthcare reform. Contact your Account Representative for more information.



UnitedHealthcare Choice Plus Premier Plans

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



UnitedHealthcare DefinitySM Health Reimbursement Account (HRA) Premier Plans

Plan Code	Plan Code	Copay / Per Occurrence					Coinsurance		Deductible				Coinsurance Maximum					
		Copays	Deductible / Coinsurance	PCP ¹	Prem. Des. Spec. ²	Spec ³	Urgent Care	ER ⁴	Network	Non-Network	Network		Non-Network		Network		Non-Network	
											Single	Family	Single	Family	Single	Family	Single	Family
6J-D	6L-4	\$30	\$30	\$60	\$75	\$250	100%	70%	\$3,000	\$9,000	\$6,000	\$18,000	n/a	n/a	\$12,000	\$36,000		
6J-F	6L-6	\$30	\$30	\$60	\$75	\$250	100%	70%	\$5,000	\$15,000	\$10,000	\$30,000	n/a	n/a	\$10,000	\$30,000		
6J-H	6L-8	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000		

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 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

2 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated specialists. Please visit myuhc.com for details.

3 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

4 Plan deductible is waived for Emergency Room visits. Copay or copay plus plan coinsurance will be required, depending on plan design.

All Plans feature an Unlimited Lifetime Maximum
All Plans cover in network Preventive Care 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: UnitedHealthCare Insurance Company or its affiliates or PacificCare Life and Health Insurance Company. Administrative services provided by UnitedHealthCare Insurance Company, UnitedHealthCare Services, Inc. or their affiliates. Health plan coverage provided by or through UnitedHealthcare of Texas, Inc.



UnitedHealthcare Insurance Company, Inc.

Texas Small Business Insurance Plans

Groups with 2-99 Eligible Employees

UnitedHealthcare DefinitySM Health Savings Account (HSA) Plans

Plan Code Embedded Deductible 3	Plan Code Non- Embedded Deductible 2,3	Copay / Per Occurrence				Coinsurance		Deductible				Out of Pocket Maximum ¹				HSA Rx Code 3
		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	LW
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	LW
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	LW
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	LW
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	LW

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 of 15/35/60 (\$15/20%/25% for specialty injectables) will apply.

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

Plan Code Standard	Plan Code SB80 Qualified ¹	Copay / Per Occurrence				Coinsurance		Deductible				Coinsurance Maximum			
		PCP	Spec	Urgent Care	ER	Network	Non- Network	Network		Non-Network		Network		Non-Network	
								Single	Family	Single	Family	Single	Family	Single	Family
PM-G	PR-G	\$30	\$50	\$75	\$250	80%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$2,500	\$5,000	\$7,500	\$15,000
PM-H	PR-H	\$30	\$50	\$75	\$250	80%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$9,000	\$18,000
PM-I	PR-I	\$30	\$50	\$75	\$250	80%	60%	\$2,500	\$5,000	\$7,500	\$15,000	\$3,500	\$7,000	\$10,500	\$21,000
PM-J	PR-J	\$30	\$50	\$75	\$250	80%	60%	\$3,000	\$6,000	\$9,000	\$18,000	\$4,000	\$8,000	\$12,000	\$24,000
PM-P	PR-P	\$35	\$60	\$100	\$250	70%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$4,500	\$9,000	\$13,500	\$27,000
PM-Q	PR-Q	\$35	\$60	\$100	\$250	70%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$5,000	\$10,000	\$15,000	\$30,000
PM-R	PR-R	\$35	\$60	\$100	\$250	70%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$5,500	\$11,000	\$16,500	\$33,000
PM-S	PR-S	\$35	\$60	\$100	\$250	70%	50%	\$3,000	\$6,000	\$9,000	\$18,000	\$6,000	\$12,000	\$18,000	\$36,000
PM-T	PR-T	\$35	\$60	\$100	\$250	70%	50%	\$3,500	\$7,000	\$10,500	\$21,000	\$6,500	\$13,000	\$19,500	\$39,000
PM-E	PR-E	70%	70%	70%	70%	70%	50%	\$5,000	\$10,000	\$15,000	\$30,000	\$5,000	\$10,000	\$15,000	\$30,000

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.

1 These plan codes are to be used solely for groups enrolling under the provisions of Texas Senate Bill 80 (SB80). In order to qualify for the premium discounts available under SB80, an employer must contribute 100% of the employee-only premium for all eligible employees.

PacifiCare SignatureElite Plus DefinitySM Health Savings Account (HSA) Plans (2-50 eligible employees only)

Plan Code Standard	Plan Code SB80 Qualified ¹	Copay / Per Occurrence				Rx ³	Coinsurance		Deductible				Out-of-Pocket Maximum ²				HSA Rx Codes ³
		PCP	Spec	Urgent Care	ER		Network	Non- Network	Network		Non-Network		Network		Non-Network		
									Single	Family	Single	Family	Single	Family	Single	Family	
PM-8	PR-8	100%	100%	100%	100%	100%	100%	70%	\$5,950	\$11,900	\$11,900	\$23,800	\$5,950	\$11,900	\$23,800	\$47,600	MM
PM-9	PR-9	80%	80%	80%	80%	80%	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$5,950	\$11,900	\$14,000	\$28,000	KR

1 These plan codes are to be used solely for groups enrolling under the provisions of Texas Senate Bill 80 (SB80). In order to qualify for the premium discounts available under SB80, an employer must contribute 100% of the employee-only premium for all eligible employees.

2 Out-of-Pocket Maximums listed for HSA plans include the deductible

3 Combined medical and pharmacy deductible, coinsurance, and out-of-pocket maximum.

All Plans feature an Unlimited Lifetime Maximum
All Plans cover in network Preventive Care at 100%

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In 2011, maximum HSA contribution is \$3,050 single/\$6,150 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, UnitedHealthCare Services, Inc. or their affiliates. Health plan coverage provided by or through UnitedHealthcare of Texas, Inc.



UnitedHealthcare Insurance Company, Inc.

Texas Small Business Insurance Plans

Groups with 2-99 Eligible Employees

UnitedHealthcare EDGESM

Plan Code	Deductible				Coinsurance				Coinsurance Maximum				Copays						
	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
8L-2	\$1,500	\$4,500	\$3,000	\$9,000	70%	100%	100%	50%	\$4,500	\$13,500	\$9,000	\$27,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
8L-3	\$1,000	\$3,000	\$2,000	\$6,000	60%	90%	90%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500

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-2, 8L-3, 8L-4 is covered under the office visit copay

All Plans feature an Unlimited Lifetime Maximum

All Plans cover in network Preventive Care at 100%

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

Plan Codes						
Deductible ¹ (Tiers 2 & 3 only)			Retail Copays			Mail Order Copays (up to 90-day supply)
\$0	\$100	\$250	Tier 1	Tier 2 ²	Tier 3 ²	
JB	JC		\$10	\$30	\$50	3x Retail
JD	JE		\$15	\$35	\$60	3x Retail
JF		JG	\$15	\$40	\$70	3x Retail
JH		JI	\$20	\$45	\$75	3x Retail

Pharmacy plans feature annual out-of-pocket maximums of \$3,000/individual and \$9,000/family. These pharmacy plan codes are not for HSA use. See HSA information above for HSA-specific Rx codes.

1 Rx plan designs with deductibles do not require the deductible when obtaining Tier 1 drugs.

2 Specialty injectable medications in Tier 2 will be subject to 20% coinsurance and in Tier 3 will be subject to 25% coinsurance. This is in lieu of the listed copayments.

Additional Pharmacy options are available for groups with 51 or more eligible employees. Contact your Account Representative for more information.

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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 Texas, Inc.

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