

UnitedHealthcare Insurance Company, Inc.

Amarillo Chamber Co-Op **Small Business Insurance Plans**

Groups with 2-99 Eligible Employees

UnitedHealthcare Choice Plus Standard Plans

Plan Code	Copay / Per Occurrence				Coinsurance		Deductible				Coinsurance Maximum				Policy Max
	PCP	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network		
							Single	Family	Single	Family	Single	Family	Single	Family	
C4-1	\$25	\$50	\$75	\$200	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	n/a	n/a	\$10,000	\$30,000	\$5M
C4-2	\$30	\$60	\$75	\$250	100%	70%	\$5,000	\$15,000	\$10,000	\$30,000	n/a	n/a	\$10,000	\$30,000	\$5M
C4-3	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000	\$6,000	\$18,000	\$5M
C4-4	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000	\$5M

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.

UnitedHealthcare DefinitySM Health Savings Account (HSA) Plans

Plan Code	Copay / Per Occurrence				Coinsurance		Deductible				Out of Pocket Maximum ¹				Policy Max	HSA Rx Code ²	
	Embedded Deductible ²	PCP	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network			
								Single	Family	Single	Family	Single	Family	Single			Family
C4-5	100%	100%	100%	100%	100%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	\$5M	LW	
C4-6	100%	100%	100%	100%	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$5,800	\$11,600	\$20,000	\$40,000	\$5M	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 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.

UnitedHealthcare DefinitySM Health Reimbursement Account (HRA) Plans

Plan Code	Copay / Per Occurrence				Coinsurance		Deductible				Coinsurance Maximum				Policy Max	
	Copays	PCP	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network		
								Single	Family	Single	Family	Single	Family	Single		Family
C4-7	\$25	\$50	\$75	\$200	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	n/a	n/a	\$10,000	\$30,000	\$5M	
C4-8	\$30	\$60	\$75	\$250	100%	70%	\$5,000	\$15,000	\$10,000	\$30,000	n/a	n/a	\$10,000	\$30,000	\$5M	

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 Plans feature plan deductible and coinsurance rather than copays for certain services

NEW! 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.

Dual Option is available with any combination of these plans.

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

In 2010, 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, United HealthCare Services, Inc. or their affiliates. Health plan coverage provided by or through UnitedHealthcare of Texas, Inc.

