

UnitedHealthcare

Small Business Portfolio

Colorado
Groups with 2-50
Eligible Employees

Product Family	Traditional Products	Consumer Driven Products	Incentive Products	Value Products	Personal Choice Products
Descriptions	A range of medical benefits and network access	High deductible plans with financial accounts and engagement tools to help increase employee "ownership" of health/well-being	Financial incentives and engagement tools to encourage employee responsibility and behavior change	Lower cost for health care coverage tradeoffs of network and/or benefit coverage	Ability for employees to choose benefit levels with defined employer contributions
Characteristics	Security Familiarity Freedom	Engagement Responsibility Account-based Consumerism	Motivation Health aware Quality care Enablement	Value Economical Asset Protection Foundational	Choice Flexible Tailored Customized
Products	In- & Out-of-Network Plans (Choice Plus)	Definity SM HRA, Definity SM HSA	UnitedHealthcare EDGE SM	UnitedHealthcare Catalyst SM	UnitedHealthcare Catalyst Choice SM
Key Drivers					
Relative Cost	☑☑☑☑	☑☑☐☐	☑☑☐☐	☑☑☐☐	☑☐☐☐
Benefits Coverage	☑☑☑☑	☑☑☑☑	☑☑☑☑	☑☑☐☐	☑☑☐☐
Network Access	☑☑☑☑	☑☑☑☑	☑☑☑☑	☑☑☑☑	☑☑☑☑
Member Engagement	☑☐☐☐	☑☑☑☐	☑☑☑☑	☑☑☐☐	☑☑☑☐



UnitedHealthcare

Small Business Portfolio

Colorado
Groups with 2-50
Eligible Employees

Plan Code	Description	Deductible				Coinsurance		Out-of-Pocket Max				Copay						Savings % Relative to Plan 1A-L ²
		Network		Non-Network		In	Out	Network		Non-Network		PCP	Spec	Urg Care	ER	OP Surg	IP	
		Ind.	Fam.	Ind.	Fam.			Ind.	Fam.	Ind.	Fam.							
1A-L	90%/\$250	\$250	\$750	\$500	\$1,500	90%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$25	\$50	\$75	\$200	90%	90%	0.0%
7A-A	80%/\$500	\$500	\$1,500	\$1,000	\$3,000	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$25	\$50	\$75	\$200	80%	80%	-12.4%
7A-E	100%/\$1000	\$1,000	\$3,000	\$2,000	\$6,000	100%	80%	\$1,000	\$3,000	\$5,000	\$10,000	\$25	\$50	\$75	\$200	100%	100%	-3.9%
7A-B	80%/\$1000	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$50	\$75	\$200	80%	80%	-20.8%
C1-B ⁷	70%/\$1000	\$1,000	\$3,000	\$2,000	\$6,000	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$20	\$35	\$50	\$100	70%	70%	-25.6%
C1-E ⁷	70%/\$1000	\$1,000	\$3,000	\$2,000	\$6,000	70%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$25	\$50	\$75	\$200	70%	70%	-27.1%
7A-F	100%/\$1500	\$1,500	\$4,500	\$3,000	\$9,000	100%	80%	\$1,500	\$4,500	\$6,000	\$12,000	\$25	\$50	\$75	\$200	100%	100%	-17.0%
7A-C	80%/\$1500	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$50	\$75	\$200	80%	80%	-25.4%
C1-F ⁷	70%/\$1500	\$1,500	\$4,500	\$3,000	\$9,000	70%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$25	\$50	\$75	\$200	70%	70%	-28.8%
7A-M	100%/\$2000	\$2,000	\$6,000	\$4,000	\$12,000	100%	80%	\$2,000	\$6,000	\$8,000	\$16,000	100%	100%	100%	100%	100%	100%	-23.3%
7A-G	100%/\$2000	\$2,000	\$6,000	\$4,000	\$12,000	100%	80%	\$2,000	\$6,000	\$8,000	\$16,000	\$25	\$50	\$75	\$200	100%	100%	-22.0%
7A-D	80%/\$2000	\$2,000	\$6,000	\$4,000	\$12,000	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$50	\$75	\$200	80%	80%	-25.7%
C1-G ⁷	70%/\$2000	\$2,000	\$6,000	\$4,000	\$12,000	70%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$50	\$75	\$200	70%	70%	-30.1%
C1-C ⁷	70%/\$2000	\$2,000	\$6,000	\$4,000	\$12,000	70%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$25	\$50	\$100	70%	70%	-28.4%
2A-L	100%/\$2500	\$2,500	\$7,500	\$5,000	\$15,000	100%	80%	\$2,500	\$7,500	\$9,000	\$18,000	\$25	\$50	\$75	\$200	100%	100%	-23.9%
2A-Q	80%/\$2500	\$2,500	\$7,500	\$5,000	\$15,000	80%	60%	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$25	\$75	\$125	80%	80%	-26.0%
C1-H ⁷	70%/\$2500	\$2,500	\$7,500	\$5,000	\$15,000	70%	50%	\$5,000	\$10,000	\$9,000	\$18,000	\$25	\$50	\$75	\$200	70%	70%	-31.2%
2A-O	100%/\$3000	\$3,000	\$9,000	\$6,000	\$18,000	100%	80%	\$3,000	\$9,000	\$10,000	\$20,000	\$25	\$50	\$75	\$200	100%	100%	-25.5%
7A-W	100%/\$3000	\$3,000	\$9,000	\$6,000	\$18,000	100%	80%	\$3,000	\$9,000	\$12,000	\$24,000	100%	100%	100%	100%	100%	100%	-29.6%
2A-T	80%/\$3000	\$3,000	\$9,000	\$6,000	\$18,000	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$30	\$100	\$150	80%	80%	-28.4%
C1-I ⁷	70%/\$3000	\$3,000	\$9,000	\$6,000	\$18,000	70%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$25	\$50	\$75	\$200	70%	70%	-32.1%
W2-P	100%/\$4000	\$4,000	\$12,000	\$6,000	\$18,000	100%	80%	\$4,000	\$12,000	\$10,000	\$20,000	\$25	\$50	\$75	\$200	100%	100%	-28.5%
C1-K ⁷	70%/\$5000	\$5,000	\$15,000	\$6,000	\$18,000	70%	50%	\$9,000	\$18,000	\$10,000	\$20,000	\$25	\$50	\$75	\$200	70%	70%	-35.6%
M1-Q	100%/\$5000	\$5,000	\$15,000	\$6,000	\$18,000	100%	80%	\$5,000	\$15,000	\$10,000	\$20,000	\$25	\$50	\$75	\$200	100%	100%	-31.0%
Health Savings Account Plans																		
C3-A ^{4,8}	80%/\$2000	\$2,000	\$4,000	\$4,000	\$8,000	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	80%	80%	80%	80%	80%	180%	-33.8%
7A-T ^{4,8}	100%/\$2000	\$2,000	\$4,000	\$4,000	\$8,000	100%	80%	\$4,000	\$8,000	\$8,000	\$16,000	100%	100%	100%	100%	100%	100%	-28.1%
C3-B ^{4,8}	80%/\$2850	\$2,850	\$5,600	\$5,000	\$10,000	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	-38.7%
7A-U ^{4,8}	100%/\$2850	\$2,850	\$5,700	\$5,000	\$10,000	100%	80%	\$4,850	\$9,700	\$10,000	\$20,000	100%	100%	100%	100%	100%	100%	-33.9%
2A-G ^{4,8}	100%/\$3500	\$3,500	\$7,000	\$7,500	\$15,000	100%	80%	\$5,500	\$11,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	-38.9%
2A-P ^{4,8}	100%/\$5000	\$5,000	\$10,000	\$7,500	\$15,000	100%	80%	\$5,500	\$11,000	\$10,000	\$30,000	100%	100%	100%	100%	100%	100%	-45.2%
Health Reimbursement Account Plans																		
L4-Y ⁵	80%/\$2000	\$2,000	\$7,500	\$4,000	\$12,000	80%	60%	\$4,000	\$9,000	\$8,000	\$16,000	\$25	\$50	\$75	\$200	80%	80%	-25.7%
7W-H ⁵	80%/\$2000	\$2,000	\$6,000	\$4,000	\$12,000	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	80%	80%	80%	80%	80%	80%	-28.8%
11-Y ⁵	80%/\$3000	\$3,000	\$9,000	\$6,000	\$18,000	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$30	\$100	\$150	80%	80%	-28.4%
L4-Z ⁵	80%/\$3000	\$3,000	\$9,000	\$6,000	\$18,000	80%	60%	\$5,000	\$18,000	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%	-33.7%

Benchmark Solutions Pharmacy Plans

Plan Code	Deductible		Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio (90-day supply)	Savings % Relative to Rx Plan 5Y ³
	Ind.	Fam.						
5Y	\$0	\$0	\$10	\$30	\$50	\$250	2.5x retail	0.0%
6B	\$0	\$0	\$10	\$35	\$60	\$250	2.5x retail	-1.6%
DS	\$0	\$0	\$15	\$45	\$85	\$200	3x retail	-4.6%
CG	\$250	\$750	\$15	\$45	\$80	\$160	3x retail	-5.3%

Any two plans on the above grid are available for dual option¹.

- Plans available as Dual Option with a minimum of five eligible and five enrolled employees.
- Pricing Relativities are estimates for 2-50 groups only. These relativities are based on the pharmacy plan pairings of H9 for all non-EDGE plans and CG for all EDGE plans. Final rates will be based on exact plan selection and the group's census information. H9 relativity with respect to pharmacy plan 5Y is +0.2%.
- Pharmacy relativity is assuming a 85/15 Med/Pharm split
- Combined medical and pharmacy deductible and out-of-pocket maximum. After deductible is met, any coinsurance and pharmacy copayments (\$10/\$30/\$50) apply. H9 pharmacy plan only.
- The HRA portfolio plans are the only plans available for HRA or gap funding programs. HRA funding must be less than or equal to 50% of deductible.
- Minimum Flat Life Benefit \$15,000 with medical for groups 2-50 is required.
- Traditional C1 plans will be removed from this preferred portfolio grid in early 2009.
- Non-embedded deductible plan

For all plans listed, deductible applies toward out-of-pocket maximum. All plans have \$5,000,000 lifetime maximum. In 2008, maximum HSA contribution is \$2,900 individual/\$5,800 family. 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.

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and 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.

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. UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.



Insurance coverage provided by or through: United HealthCare Insurance Company. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through United Healthcare of Colorado, Inc.

Plan Code	Deductible				Coinsurance					Out-of-Pocket				Copays						Prev. Care ⁵	Savings % Relative to Plan 1A-L ⁷	
	In		Out		PCP ¹	INN SPEC ²	INN SPEC Prem. Des ³	INN Non-phys ⁴	Out	In		Out		PCP ¹	SPEC ²	SPEC Prem. Des ³	UC	ER	OP			IP
	Ind.	Fam.	Ind.	Fam.						Ind.	Fam.	Ind.	Fam.									
Y3-A ⁶	\$1,000	\$3,000	\$2,000	\$6,000	100%	70%	100%	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$60	\$30	\$100	\$250	100%	100%	PVY	-24.9%
Y3-B ⁶	\$1,500	\$4,500	\$3,000	\$9,000	100%	70%	100%	70%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$60	\$30	\$100	\$250	100%	100%	PVY	-28.6%
Y3-C ⁶	\$2,000	\$6,000	\$4,000	\$12,000	100%	70%	100%	70%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$30	\$60	\$30	\$100	\$250	100%	100%	PVY	-31.6%
Y3-D ⁶	\$1,000	\$3,000	\$2,000	\$6,000	80%	60%	80%	60%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$60	\$30	\$100	\$250	80%	80%	PVN	-31.0%
Y3-E ⁶	\$1,500	\$4,500	\$3,000	\$9,000	80%	60%	80%	60%	50%	\$10,000	\$20,000	\$20,000	\$40,000	\$30	\$60	\$30	\$100	\$250	80%	80%	PVN	-36.6%
Y2-A ⁶	\$2,000	\$6,000	N/A	N/A	80%	50%	80%	50%	N/A	\$6,000	\$12,000	N/A	N/A	\$30	\$60	\$30	\$100	\$250	80%	80%	PVY	-34.3%

EDGE/Traditional Plan Dual Option Pairings (Case effective 5/1/08)⁸

Traditional Plans															
Plan Code	7A-B	C3-A	7A-C	2A-Q	7A-D	2A-T	C3-B	C1-E	C1-F	C1-G	C1-H	C1-I	C1-K		
EDGE Plans	Y3-A	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N		
	Y3-B	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
	Y3-C	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
	Y3-D	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
	Y3-E	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		

Plan Code	Deductible		Copay				Mail Order (90-day Supply)	Savings % Relative to Rx Plan DS ⁹
	Ind.	Fam.	Tier 1	Tier 2	Tier 3	Tier 4		
DS	\$0	\$0	\$15	\$45	\$85	\$200	3x retail	0.0%
CG ⁷	\$250	\$750	\$15	\$45	\$80	\$160	3x retail	-0.7%

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.

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.
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 services. This is the in-network plan coinsurance.
 5. PVY = Preventive care at 100%. PVN = Preventive care is subject to member cost share.
 6. Embedded deductible plan.
 7. The \$250 deductible does not apply to Tier 1 medications.
 8. If selecting a traditional plan/EDGE plan dual option pairing, the pharmacy plan selected must be one of the EDGE Pharmacy plans, either CG or DS. Pricing Relativities are estimates for 2-50 groups only and final rates will be based upon the exact plans selected and the group's final census information.

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.

In 2008, maximum HSA contribution is \$2,900 single/\$5,800 family. 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 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. UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.



UnitedHealthcare

CatalystSM and Catalyst ChoiceSM

Colorado
Groups with 2-50
Eligible Employees

Plan Code	Plan Type	Deductible				Coinsurance		Out-of-Pocket Max				Copay						Rx	Savings % Relative to Plan 1A-L ⁶	
		Network		Non-Network				Network		Non-Network		PCP	Spec	Urg Care	ER	OP Surg	IP			
		Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.											
Catalyst																				
2E-A	Catastrophic Cov.	\$3,000	\$9,000	\$7,500	\$22,500	80%	60%	\$5,500	\$11,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	5W	-27.4%
	Pre-Deduct. Rider ¹	n/a	n/a	n/a	n/a	80%	n/a	n/a	n/a	n/a	n/a	\$25	\$50	\$75	\$200	80%	80%			
Catalyst Choice—Option 1																				
1E-F	Catastrophic Cov.	\$3,000	\$9,000	\$7,500	\$22,500	80%	60%	\$5,500	\$11,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	DP	-43.4%
1E-G ⁴	Catastrophic Cov.	\$3,000	\$9,000	\$7,500	\$22,500	80%	60%	\$5,500	\$11,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	5W	-35.7% ⁷
	Pre-Deduct. Rider ²	n/a	n/a	n/a	n/a	80%	n/a	n/a	n/a	n/a	n/a	\$25	\$50	\$75	\$200	n/a	n/a			
1E-H ^{4,5}	Catastrophic Cov.	\$3,000	\$9,000	\$7,500	\$22,500	80%	60%	\$5,500	\$11,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	5W	-30.5% ⁷
	Pre-Deduct. Rider ³	n/a	n/a	n/a	n/a	80%	n/a	n/a	n/a	n/a	n/a	\$25	\$50	\$75	\$200	80%	n/a			
Catalyst Choice—Option 2																				
1E-A	Catastrophic Cov.	\$8,000	\$24,000	\$15,000	\$45,000	80%	60%	\$12,000	\$24,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	DP	-55.7%
1E-B ⁴	Catastrophic Cov.	\$8,000	\$24,000	\$15,000	\$45,000	80%	60%	\$12,000	\$24,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	5W	-46.6% ⁷
	Pre-Deduct. Rider ²	n/a	n/a	n/a	n/a	80%	n/a	n/a	n/a	n/a	n/a	\$25	\$50	\$75	\$200	n/a	n/a			
1E-C ^{4,5}	Catastrophic Cov.	\$8,000	\$24,000	\$15,000	\$45,000	80%	60%	\$12,000	\$24,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	5W	-38.9% ⁷
	Pre-Deduct. Rider ³	n/a	n/a	n/a	n/a	80%	n/a	n/a	n/a	n/a	n/a	\$25	\$50	\$75	\$200	80%	n/a			
1E-D ⁴	Catastrophic Cov.	\$3,000	\$9,000	\$7,500	\$22,500	80%	60%	\$5,500	\$11,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	5W	-35.7% ⁷
	Pre-Deduct. Rider ²	n/a	n/a	n/a	n/a	80%	n/a	n/a	n/a	n/a	n/a	\$25	\$50	\$75	\$200	n/a	n/a			
1E-E ^{4,5}	Catastrophic Cov.	\$3,000	\$9,000	\$7,500	\$22,500	80%	60%	\$5,500	\$11,000	n/a	n/a	80%	80%	80%	80%	80%	80%	80%	5W	-30.5% ⁷
	Pre-Deduct. Rider ³	n/a	n/a	n/a	n/a	80%	n/a	n/a	n/a	n/a	n/a	\$25	\$50	\$75	\$200	80%	n/a			

In addition to providing meaningful coverage while providing significant savings relative to other common high deductible plans and HSA plans, Catalyst and Catalyst Choice offer:

- Easy implementation and administration for those employers that may find HSA plans administratively burdensome
- 4 Tier Pharmacy coverage with no maximum
- Reduced employee financial exposure prior to the deductible
 - The pre-deductible rider is built into the Catalyst product
 - Catalyst Choice provides the option to purchase the voluntary pre-deductible coverage enhancement for routine and emergency care, as well as OP coverage
 - Catalyst Choice provides the employee with the choice to select a plan that meets their specific needs while remaining administratively simple

Catalyst and Catalyst Choice Pharmacy Plans

Plan Code	Deductible		Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio (90-day supply)
	Ind.	Fam.					
5W	\$250	\$750	\$10	\$35	\$60	\$100	2.5x retail
DP	\$1,000	\$3,000	\$10	\$35	\$60	\$100	2.5x retail

Catalyst Choice Plans Only: Catalyst Choice plan 1E-A must be installed along with plans 1E-B, 1E-C, 1E-D and 1E-E, which add voluntary pre-deductible coverage options to plan 1E-A. Employer contributions for plans 1E-A, 1E-B, 1E-C, 1E-D and 1E-E must be at least 100% of the single coverage cost of plan 1E-A.

Catalyst Choice Plans Only: Catalyst Choice plan 1E-F must be installed along with plans 1E-G and 1E-H, which add voluntary pre-deductible coverage options to plan 1E-F. Employer contributions for plans 1E-F, 1E-G and 1E-H must be at least 100% of the single coverage cost of plan 1E-F.

- 1 Rider covers same services as Catastrophic coverage. Catalyst plan 2E-A also includes \$1,500 of comprehensive pre-deductible coverage.
- 2 Rider covers only: Ambulance, ER, OP Mental Health, Physician OVs - Sickness & Injury, Prev Care svcs, Pregnancy-Maternity svcs, and Urgent Care.
- 3 Rider covers only: Ambulance, ER, OP Mental Health, Physician OVs - Sickness & Injury, Prev Care svcs, Pregnancy-Maternity svcs, Urgent Care, OP Surgery, Physician Surg fees, Scopic svcs, and Lab-X-ray-MRI (Maj. & Min.).
- 4 \$450 per Covered Person for Physician Office Services – Preventive Care Services and Sickness and Injury categories.
\$1,500 per Covered Person for In-Network and Non-Network Ambulance Services – Emergency and Non-Emergency and Emergency Health Services – Outpatient.
- 5 \$1,000 per Covered Person for In-Network Only Lab, X-Ray and Diagnostics-Outpatient Lab, X-Ray and Major Diagnostics-CT,PET,MRI, MRA and Nuclear Medicine – Outpatient, Scope Procedures – Outpatient Diagnostic and Therapeutic, and Surgery - Outpatient.
- 6 Pricing Relativities are estimates for 2-50 groups only. These relativities are based on the pharmacy plan pairings shown. Final rates will be based on exact plan selection and the group's census information.
- 7 These relativities reflect plans associated with employee buy up choices. The employer is only responsible for the costs of the

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and 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. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through United Healthcare of Colorado, Inc.