

# UnitedHealthcare Product Portfolio

Better information. Better decision. Better health.

Pennsylvania

Groups with 51-99 Eligible Employees  
Effective January 1, 2014

| Plan Code | Deductible       |                     | Coinsurance | Out-of-Pocket Max    |                   | Copay<br>(Services with a copayment are not subject to deductible) |      |       |          |       |                          | Available Pharmacy Plans       |
|-----------|------------------|---------------------|-------------|----------------------|-------------------|--|------|-------|----------|-------|--------------------------|--------------------------------|
|           | Network Ind/Fam  | Non-Network Ind/Fam |             | Network/ Non-network | Network Ind/Fam   | Non-Network Ind/Fam  | PCP  | Spec  | Urg Care | ER    | OP Surg                  |                                |
| QDP       | N/A              | N/A                 | 100%/N/A    | \$3,000/\$6,000      | N/A               | \$15   | \$30 | \$100 | \$200    | \$150 | \$150/day<br>\$750 max   | UK, NN, NO, UL, UM, UN, UO, VV |
| QDQ       | N/A              | N/A                 | 100%/N/A    | \$3,000/\$6,000      | N/A               | \$20   | \$40 | \$100 | \$200    | \$300 | \$300/day<br>\$1,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QDR       | N/A              | N/A                 | 100%/N/A    | \$3,000/\$6,000      | N/A               | \$30   | \$50 | \$100 | \$200    | \$500 | \$500/day<br>\$1,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QDS       | N/A              | N/A                 | 100%/N/A    | \$5,000/\$10,000     | N/A               | \$40   | \$70 | \$100 | \$200    | \$750 | \$750/day<br>\$3,750 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QDW       | \$500/\$1,000    | N/A                 | 100%/NA     | \$3,000/\$6,000      | N/A               | \$30   | \$50 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QD6       | \$1,000/\$2,000  | N/A                 | 100%/N/A    | \$5,000/\$10,000     | N/A               | \$25   | \$50 | \$100 | \$200    | \$500 | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QDV       | \$1,000/\$2,000  | N/A                 | 100%/N/A    | \$3,000/\$6,000      | N/A               | \$25   | \$50 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QEJ       | \$2,000/\$4,000  | N/A                 | 100%/N/A    | \$3,000/\$6,000      | N/A               | \$30   | \$60 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QEP       | \$3,000/\$6,000  | N/A                 | 100%/N/A    | \$5,000/\$10,000     | N/A               | \$30   | \$60 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QEQ       | \$5,000/\$10,000 | N/A                 | 100%/N/A    | \$6,250/\$12,500     | N/A               | \$30   | \$60 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QDU       | N/A              | \$2,000/\$4,000     | 100%/70%    | \$3,000/\$6,000      | \$10,000/\$20,000 | \$15   | \$30 | \$100 | \$200    | \$125 | \$150/day<br>\$750 max   | UK, NN, NO, UL, UM, UN, UO, VV |
| QDX       | N/A              | \$2,000/\$4,000     | 100%/70%    | \$3,000/\$6,000      | \$10,000/\$20,000 | \$20   | \$40 | \$100 | \$200    | \$300 | \$300/day<br>\$1,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QDY       | N/A              | \$3,000/\$6,000     | 100%/70%    | \$3,000/\$6,000      | \$10,000/\$20,000 | \$30   | \$60 | \$100 | \$200    | \$500 | \$500/day<br>\$1,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QDZ       | N/A              | \$6,000/\$12,000    | 100%/70%    | \$6,250/\$12,500     | \$15,000/\$30,000 | \$40   | \$70 | \$100 | \$200    | \$750 | \$750/day<br>\$3,750 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QD4       | \$500/\$1,000    | \$5,000/\$10,000    | 100%/50%    | \$3,000/\$6,000      | \$10,000/\$20,000 | \$30   | \$50 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QD1       | \$1,000/\$2,000  | \$3,000/\$6,000     | 100%/70%    | \$5,000/\$10,000     | \$10,000/\$20,000 | \$25   | \$50 | \$100 | \$200    | \$500 | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QD3       | \$1,000/\$2,000  | \$5,000/\$10,000    | 100%/50%    | \$3,000/\$6,000      | \$10,000/\$20,000 | \$25   | \$50 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| MY8       | \$1,000/\$2,000  | \$5,000/\$10,000    | 90%/60%     | \$3,000/\$6,000      | \$15,000/\$30,000 | 90%  | 90%  | 90%   | 90%      | 90%   | 90%                      | UK, NN, NO, UL, UM, UN, UO, VV |
| QER       | \$2,000/\$4,000  | \$4,000/\$8,000     | 100%/50%    | \$3,000/\$6,000      | \$10,000/\$20,000 | \$30   | \$60 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QES       | \$3,000/\$6,000  | \$6,000/\$12,000    | 100%/70%    | \$5,000/\$10,000     | \$20,000/\$40,000 | \$30   | \$60 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |
| QET       | \$5,000/\$10,000 | \$10,000/\$20,000   | 100%/50%    | \$6,250/\$12,500     | \$20,000/\$40,000 | \$30   | \$60 | \$100 | \$200    | 100%  | 100%                     | UK, NN, NO, UL, UM, UN, UO, VV |

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Groups with 51-99 Eligible Employees

Effective January 1, 2014

| Plan Code        | Deductible       |                     | Coinsurance         | Out-of-Pocket Max |                     | Copay<br>(Copayments apply after the network deductible has been met) |      |          |       |         |                          | Available Pharmacy Plans |
|------------------|------------------|---------------------|---------------------|-------------------|---------------------|---|------|----------|-------|---------|--------------------------|--------------------------|
|                  | Network Ind/Fam  | Non-Network Ind/Fam | Network/Non-network | Network Ind/Fam   | Non-Network Ind/Fam | PCP   | Spec | Urg Care | ER    | OP Surg | IP                       |                          |
| <b>HSA Plans</b> |                  |                     |                     |                   |                     |   |      |          |       |         |                          |                          |
| P72              | \$1,500/\$3,000  | N/A                 | 100%/N/A            | \$5,000/\$10,000  | N/A                 | \$25  | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |
| P89              | \$1,500/\$3,000  | \$3,000/\$6,000     | 100%/70%            | \$5,000/\$10,000  | \$10,000/\$20,000   | \$25  | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |
| P73              | \$2,000/\$4,000  | N/A                 | 100%/N/A            | \$5,000/\$10,000  | N/A                 | \$25  | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |
| P83              | \$2,000/\$4,000  | \$4,500/\$9,000     | 100%/70%            | \$5,000/\$10,000  | \$15,000/\$30,000   | \$25  | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |
| P85              | \$2,000/\$4,000  | \$5,000/\$10,000    | 90%/60%             | \$6,250/\$12,500  | \$15,000/\$30,000   | 90%   | 90%  | 90%      | 90%   | 90%     | 90%                      | NN, NO                   |
| GPW              | \$2,000/\$4,000  | N/A                 | 90%/N/A             | \$5,000/\$10,000  | N/A                 | \$25  | \$50 | \$100    | \$200 | 90%     | 90%                      | NN, NO                   |
| P76              | \$2,000/\$4,000  | N/A                 | 80%/N/A             | \$5,000/\$10,000  | N/A                 | 80%   | 80%  | 80%      | 80%   | 80%     | 80%                      | NN, NO                   |
| P9G              | \$2,000/\$4,000  | \$4,000/\$8,000     | 80%/50%             | \$5,000/\$10,000  | \$10,000/\$20,000   | 80%   | 80%  | 80%      | 80%   | 80%     | 80%                      | NN, NO                   |
| P74              | \$3,000/\$6,000  | N/A                 | 100%/N/A            | \$6,250/\$12,500  | N/A                 | \$30  | \$60 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |
| P86              | \$3,000/\$6,000  | \$6,000/\$12,000    | 100%/50%            | \$6,250/\$12,500  | \$15,000/\$30,000   | \$40  | \$70 | \$100    | \$200 | 100%    | 100%                     | NN, NO                   |
| GPV              | \$3,000/\$6,000  | N/A                 | 90%/N/A             | \$6,250/\$12,500  | N/A                 | \$40  | \$70 | \$100    | \$200 | 90%     | 90%                      | NN, NO                   |
| GP3              | \$3,000/\$6,000  | \$6,000/\$12,000    | 90%/50%             | \$6,250/\$12,500  | \$15,000/\$30,000   | \$30  | \$60 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |
| GP4              | \$3,000/\$6,000  | \$6,000/\$12,000    | 90%/50%             | \$6,250/\$12,500  | \$15,000/\$30,000   | \$30  | \$60 | \$100    | \$200 | 90%     | 90%                      | NN, NO                   |
| GPX              | \$3,000/\$6,000  | N/A                 | 80%/N/A             | \$6,250/\$12,500  | N/A                 | \$30  | \$60 | \$100    | \$200 | 80%     | 80%                      | NN, NO                   |
| P75              | \$4,000/\$8,000  | N/A                 | 90%/N/A             | \$6,250/\$12,500  | N/A                 | 90%   | 90%  | 90%      | 90%   | 90%     | 90%                      | NN, NO                   |
| GPZ              | \$4,000/\$8,000  | \$8,000/\$16,000    | 80%/70%             | \$6,250/\$12,500  | \$20,000/\$40,000   | \$30  | \$60 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |
| GP2              | \$4,000/\$8,000  | N/A                 | 80%/N/A             | \$6,250/\$12,500  | N/A                 | \$30  | \$60 | \$100    | \$200 | 80%     | 80%                      | NN, NO                   |
| P79              | \$4,000/\$8,000  | \$4,000/\$8,000     | 80%/60%             | \$6,250/\$12,500  | \$10,000/\$20,000   | 80%   | 80%  | 80%      | 80%   | 80%     | 80%                      | NN, NO                   |
| GPY              | \$5,000/\$10,000 | \$8,000/\$16,000    | 80%/70%             | \$6,250/\$12,500  | \$20,000/\$40,000   | \$40  | \$70 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | NN, NO                   |

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|------------------|-----------------|---------------------|---------------------|-------------------|---------------------|--|------|----------|-------|---------|--------------------------|--------------------------------|
|                  | Network Ind/Fam | Non-Network Ind/Fam | Network/Non-network | Network Ind/Fam   | Non-Network Ind/Fam | PCP  | Spec | Urg Care | ER    | OP Surg | IP                       |                                |
| <b>HRA Plans</b> |                 |                     |                     |                   |                     |  |      |          |       |         |                          |                                |
| QD5              | \$1,000/\$2,000 | \$3,000/\$6,000     | 100%/70%            | \$5,000/\$10,000  | \$10,000/\$20,000   | \$25   | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| MY9              | \$1,000/\$2,000 | N/A                 | 100%/N/A            | \$5,000/\$10,000  | N/A                 | \$25   | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QD7              | \$2,000/\$4,000 | N/A                 | 100%/N/A            | \$5,000/\$10,000  | N/A                 | \$25   | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QD8              | \$2,000/\$4,000 | \$4,500/\$9,000     | 100%/70%            | \$5,000/\$10,000  | \$15,000/\$30,000   | \$25   | \$50 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| QD9              | \$3,000/\$6,000 | N/A                 | 100%/N/A            | \$6,250/\$12,500  | N/A                 | \$30   | \$60 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |
| HQ9              | \$3,000/\$6,000 | \$6,000/\$12,000    | 90%/50%             | \$6,250/\$12,500  | \$15,000/\$30,000   | \$30   | \$60 | \$100    | \$200 | \$500   | \$500/day<br>\$2,500 max | UK, NN, NO, UL, UM, UN, UO, VV |

## Pharmacy Plans

| RX Plan Code |                 | Deductible |        | Tier 1 | Tier 2 | Tier 3 | Mail Service Ratio |
|--------------|-----------------|------------|--------|--------|--------|--------|--------------------|
|              |                 | Individual | Family |        |        |        |                    |
| UK           | Non-specialty   | N/A        | N/A    | \$10   | \$20   | \$35   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| NN           | Non-specialty   | N/A        | N/A    | \$10   | \$30   | \$50   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| NO           | Non-specialty   | N/A        | N/A    | \$10   | \$35   | \$60   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| UL           | Non-specialty   | \$100      | N/A    | \$10   | \$35   | \$60   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| UM           | Non-specialty   | \$100      | N/A    | \$10   | \$35   | \$70   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| UN           | Non-specialty   | N/A        | N/A    | \$15   | \$35   | \$50   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$15   | \$100  | \$300  | N/A                |
| UO           | Non-specialty   | N/A        | N/A    | \$20   | \$40   | \$60   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$20   | \$100  | \$300  | N/A                |
| VV           | Non-specialty   | \$250      | N/A    | \$10   | \$35   | \$60   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |

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.

- All Plans have an Unlimited Lifetime Maximum
- All Plans cover in network Preventive care at 100%

For Qualified HSA Plans: Combined medical and pharmacy deductible and out-of-pocket maximum. After deductible is met, coinsurance, medical copayments and pharmacy copayments apply. 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. Contact your broker or UnitedHealthcare representative for more information.

The UnitedHealthcare 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 Optum Bank, Member of FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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| Description | Plan Codes   |                       | Network Pre-Deductible Allowance Benefits <sup>1</sup> |                                    |        |        |          |       |             | Benefits After Pre-Deductible Allowance <sup>2</sup> |          |         |          |             |        |                       |          |          |          |                          |
|-------------|--------------|-----------------------|--|------------------------------------|--------|--------|----------|-------|-------------|--|----------|---------|----------|-------------|--------|-----------------------|----------|----------|----------|--------------------------|
|             | Choice       | Choice Plus           | Routine Services Pre-Deductible Allowance              | Emergency Pre-Deductible Allowance | Copay  |        |          |       | Coinsurance | Deductible   |          |         |          | Coinsurance |        | Out-of-Pocket Maximum |          |          |          | IP <sup>3</sup> /OP Surg |
|             | Network Only | Network & Non-Network |  |                                    | PCP    | SPEC   | URG CARE | ER    |             | Ambulance  | In       |         | Out      |             | In     | Out                   | In       |          | Out      |                          |
|             |              |                       | Single   | Family                             | Single | Family |          |       |             |  | Single   | Family  | Single   | Family      | Single | Family                | Single   | Family   |          |                          |
| \$3,000/80% | PI4          | PI5                   | \$350  | \$1,000                            | \$30   | \$60   | \$75     | \$200 | 80%         | \$3,000  | \$9,000  | \$7,500 | \$22,500 | 80%         | 60%    | \$5,500               | \$11,000 | \$11,000 | \$26,000 |                          |
| \$30/0/80%  |              |                       |  |                                    |        |        |          |       |             |  |          |         |          |             |        |                       |          |          |          |                          |
| \$5,000/80% | PI7          |                       | \$450  | \$1,500                            | \$25   | \$50   | \$75     | \$200 | 80%         | \$5,000  | \$10,000 | N/A     | N/A      | 80%         | N/A    | \$6,250               | \$12,500 | N/A      | N/A      | 80% after deductible     |
| \$25/0/80%  |              |                       |  |                                    |        |        |          |       |             |  |          |         |          |             |        |                       |          |          |          |                          |
| \$5,000/80% |              | PI6                   | \$450  | \$1,500                            | \$30   | \$60   | \$75     | \$200 | 80%         | \$5,000  | \$10,000 | \$9,500 | \$25,000 | 80%         | 60%    | \$6,250               | \$12,500 | \$13,000 | \$30,000 | 80% after deductible     |
| \$30/0/80%  |              |                       |  |                                    |        |        |          |       |             |  |          |         |          |             |        |                       |          |          |          |                          |

## Pharmacy Plans

| RX Plan Code | Deductible |        | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Mail Service Ratio |
|--------------|------------|--------|--------|--------|--------|--------|--------------------|
|              | Individual | Family |        |        |        |        |                    |
| AU           | \$250      | \$750  | \$10   | \$35   | \$70   | N/A    | 2.5x retail        |
| 5W           | \$250      | \$750  | \$10   | \$35   | \$60   | \$100  | 2.5x retail        |

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- All Plans have an Unlimited Lifetime Maximum
- All Plans cover in network Preventive care at 100%

<sup>1</sup> Refer to the Certificate of Coverage and/or Benefits Summary document for complete listing of services included in Pre-Deductible Allowance Benefit. Non-Network services are eligible for Pre-Deductible Allowance and subject to separate coinsurance.

<sup>2</sup> Benefits after Pre-Deductible Allowance have been exhausted and services not eligible for Pre-Deductible Allowance.

<sup>3</sup> Refer to the complete Certificate of Coverage and/or Benefit Summary documents for IP copay type (i.e. per day or per admit).

Notes for all plan types unless noted otherwise:

- Pre-Deductible Allowance applies to medical services only
- Pre-Deductible Allowance is the amount the plan pays per member before the deductible applies
- Members incur copay or coinsurance cost share during the Pre-Deductible Allowance benefit
- Copay and coinsurance do not accumulate toward Pre-Deductible Allowance or Annual Deductible
- Out-of-Network Preventive not covered

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Navigate Plus Plans – Highest level of coverage for network specialists with referral, lower level of coverage without a referral from primary care physician. Additionally, non-network coverage is included.

| Description       | Plan Code | PCP Office Visit Copay | SPEC Office Visit Copay (with Referral) | SPEC Office Visit Copay (without Referral) | Urgent Care Copay | ER Copay | Inpatient Copay | IP' & OP SPEC Charges (with Referral) | IP & OP SPEC Charges (no Referral) | Network Coverage <sup>2</sup> |                      |           |             |              |                | Non Network Coverage |           |             |              |                | Med/RX Deduct Type |
|-------------------|-----------|------------------------|---|--|-------------------|----------|-----------------|---------------------------------------|------------------------------------|-------------------------------|----------------------|-----------|-------------|--------------|----------------|----------------------|-----------|-------------|--------------|----------------|--------------------|
|                   |           |                        |   |  |                   |          |                 |                                       |                                    | Coins.                        | Coins. (no referral) | Ind. Ded. | Family Ded. | Ind. OOP Max | Family OOP Max | Coins.               | Ind. Ded. | Family Ded. | Ind. OOP Max | Family OOP Max |                    |
| \$30/100%         | PI8       | \$30                   | \$50                                    | \$70                                       | \$100             | \$200    | \$300           | 100%                                  | 70%                                | 100%                          | 70%                  | N/A       | N/A         | \$3,000      | \$6,000        | 70%                  | \$1,500   | \$4,500     | \$5,000      | \$10,000       | Sep                |
| \$30/100%         | PI9       | \$30                   | \$50                                    | \$70                                       | \$100             | \$200    | \$500           | 100%                                  | 50%                                | 100%                          | 50%                  | N/A       | N/A         | \$5,000      | \$10,000       | 50%                  | \$1,500   | \$4,500     | \$10,000     | \$20,000       | Sep                |
| \$30/\$1,000/100% | PKW       | \$30                   | \$50                                    | \$70                                       | \$100             | \$200    | N/A             | 100%                                  | 50%                                | 100%                          | 50%                  | \$1,000   | \$3,000     | \$3,000      | \$9,000        | 50%                  | \$5,000   | \$15,000    | \$15,000     | \$45,000       | Sep                |
| \$30/\$2,000/90%  | PKX       | \$30                   | \$50                                    | \$70                                       | \$100             | \$200    | N/A             | 90%                                   | 50%                                | 90%                           | 50%                  | \$2,000   | \$6,000     | \$3,000      | \$9,000        | 50%                  | \$5,000   | \$15,000    | \$15,000     | \$45,000       | Sep                |
| \$30/\$3,000/80%  | PKY       | \$30                   | \$50                                    | \$70                                       | \$100             | \$200    | N/A             | 80%                                   | 50%                                | 80%                           | 50%                  | \$3,000   | \$9,000     | \$6,250      | \$12,500       | 50%                  | \$5,000   | \$15,000    | \$15,000     | \$45,000       | Sep                |

### Pharmacy Plans

| RX Plan Code |                 | Deductible |        | Tier 1 | Tier 2 | Tier 3 | Mail Service Ratio |
|--------------|-----------------|------------|--------|--------|--------|--------|--------------------|
|              |                 | Individual | Family |        |        |        |                    |
| UK           | Non-specialty   | N/A        | N/A    | \$10   | \$20   | \$35   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| NN           | Non-specialty   | N/A        | N/A    | \$10   | \$30   | \$50   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| NO           | Non-specialty   | N/A        | N/A    | \$10   | \$35   | \$60   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| UL           | Non-specialty   | \$100      | N/A    | \$10   | \$35   | \$60   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| UM           | Non-specialty   | \$100      | N/A    | \$10   | \$35   | \$70   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$10   | \$100  | \$300  | N/A                |
| UN           | Non-specialty   | N/A        | N/A    | \$15   | \$35   | \$50   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$15   | \$100  | \$300  | N/A                |
| UO           | Non-specialty   | N/A        | N/A    | \$20   | \$40   | \$60   | 2.5x retail        |
|              | Specialty copay | N/A        | N/A    | \$20   | \$100  | \$300  | N/A                |

This plan requires a determination of medical necessity as a requirement of benefit coverage. Certain health care services referenced in the Certificate of Coverage for this plan require prior authorization.

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.

- All Plans have an Unlimited Lifetime Maximum
- All Plans cover in network Preventive care at 100%
- All Navigate plans have an embedded Medical Deductible.

<sup>1</sup> Refer to the complete Certificate of Coverage and/or Benefit Summary documents for IP copay type (i.e. per day or per admit)

<sup>2</sup> Refer to the Certificate of Coverage and/or Benefits Summary document for complete listing of services included

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.