

## Benefit Plan Designs

### Alternate Funding

Code	Co-payments	Medical Credit	Deductible (Individual / Family)	Co-insurance Rate	Out-of-Pocket Limit (Individual / Family)	Pharmacy Deductible	Pharmacy Co-payments
E1	\$10/\$75/\$250	\$1,000	\$2,000/\$4,000	50%	\$3,250/\$6,500	\$0	\$10/\$40/\$80/30%
E2	\$10/\$75/\$250	\$1,000	\$2,000/\$4,000	60%	\$3,600/\$7,200	\$100	\$10/\$20/\$40/30%
E3	\$20/\$75/\$250	\$1,000	\$2,000/\$4,000	55%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
E4	\$20/\$75/\$250	\$1,000	\$2,000/\$4,000	65%	\$3,350/\$6,700	\$100	\$10/\$20/\$40/30%
E5	\$10/\$75/\$250	\$1,000	\$2,250/\$4,500	70%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
E6	\$10/\$75/\$250	\$1,000	\$2,250/\$4,500	80%	\$3,600/\$7,200	\$100	\$10/\$20/\$40/30%
E7	\$20/\$75/\$250	\$1,000	\$2,250/\$4,500	75%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
E8	\$20/\$75/\$250	\$1,000	\$2,250/\$4,500	85%	\$3,100/\$6,200	\$100	\$10/\$20/\$40/30%
D1	\$10/\$75/\$250	\$1,000	\$2,500/\$5,000	50%	\$4,500/\$9,000	\$0	\$10/\$40/\$80/30%
D2	\$10/\$75/\$250	\$1,000	\$2,500/\$5,000	60%	\$5,200/\$10,400	\$200	\$10/\$20/\$40/30%
D3	\$20/\$75/\$250	\$1,000	\$2,500/\$5,000	55%	\$3,750/\$7,500	\$0	\$10/\$40/\$80/30%
D4	\$20/\$75/\$250	\$1,000	\$2,500/\$5,000	65%	\$4,200/\$8,400	\$200	\$10/\$20/\$40/30%
D5	\$10/\$75/\$250	\$1,000	\$2,750/\$5,500	70%	\$4,250/\$8,500	\$0	\$10/\$40/\$80/30%
D6	\$10/\$75/\$250	\$1,000	\$2,750/\$5,500	80%	\$4,950/\$9,900	\$200	\$10/\$20/\$40/30%
D7	\$20/\$75/\$250	\$1,000	\$2,750/\$5,500	75%	\$3,750/\$7,500	\$0	\$10/\$40/\$80/30%
D8	\$20/\$75/\$250	\$1,000	\$2,750/\$5,500	85%	\$4,200/\$8,400	\$200	\$10/\$20/\$40/30%
C1	\$20/\$125/\$350	\$1,000	\$3,500/\$7,000	50%	\$6,000/\$12,000	\$0	\$10/\$40/\$80/30%
C2	\$20/\$125/\$350	\$1,000	\$3,500/\$7,000	60%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
C3	\$40/\$125/\$350	\$1,000	\$3,500/\$7,000	55%	\$6,000/\$12,000	\$0	\$10/\$40/\$80/30%
C4	\$40/\$125/\$350	\$1,000	\$3,500/\$7,000	65%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
C5	\$20/\$125/\$350	\$1,000	\$4,000/\$8,000	70%	\$5,750/\$11,500	\$0	\$10/\$40/\$80/30%
C6	\$20/\$125/\$350	\$1,000	\$4,000/\$8,000	80%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
C7	\$40/\$125/\$350	\$1,000	\$4,000/\$8,000	75%	\$5,750/\$11,500	\$0	\$10/\$40/\$80/30%
C8	\$40/\$125/\$350	\$1,000	\$4,000/\$8,000	85%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%

### Every All Savers benefit plan has the following non-network benefits:

Co-payments	Medical / Wellness Credit	Deductible	Co-insurance Rate	Out-of-Pocket Limit	Pharmacy Deductible	Pharmacy Co-payments
N/A	Same as Network	2x Network Deductible	Same as Network Rate	2x Network Limit	N/A	N/A

## Benefit Plan Designs – Wellness

### Alternate Funding

Code	Co-payments	Wellness Credit	Deductible (Individual / Family)	Co-insurance Rate	Out-of-Pocket Limit (Individual / Family)	Pharmacy Deductible	Pharmacy Co-payments
J1	\$10/\$75/\$250	\$1,000	\$2,000/\$4,000	50%	\$3,250/\$6,500	\$0	\$10/\$40/\$80/30%
J2	\$10/\$75/\$250	\$1,000	\$2,000/\$4,000	60%	\$3,600/\$7,200	\$100	\$10/\$20/\$40/30%
J3	\$20/\$75/\$250	\$1,000	\$2,000/\$4,000	55%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
J4	\$20/\$75/\$250	\$1,000	\$2,000/\$4,000	65%	\$3,350/\$6,700	\$100	\$10/\$20/\$40/30%
J5	\$10/\$75/\$250	\$1,000	\$2,250/\$4,500	70%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
J6	\$10/\$75/\$250	\$1,000	\$2,250/\$4,500	80%	\$3,600/\$7,200	\$100	\$10/\$20/\$40/30%
J7	\$20/\$75/\$250	\$1,000	\$2,250/\$4,500	75%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
J8	\$20/\$75/\$250	\$1,000	\$2,250/\$4,500	85%	\$3,100/\$6,200	\$100	\$10/\$20/\$40/30%
I1	\$10/\$75/\$250	\$1,000	\$2,500/\$5,000	50%	\$4,500/\$9,000	\$0	\$10/\$40/\$80/30%
I2	\$10/\$75/\$250	\$1,000	\$2,500/\$5,000	60%	\$5,200/\$10,400	\$200	\$10/\$20/\$40/30%
I3	\$20/\$75/\$250	\$1,000	\$2,500/\$5,000	55%	\$3,750/\$7,500	\$0	\$10/\$40/\$80/30%
I4	\$20/\$75/\$250	\$1,000	\$2,500/\$5,000	65%	\$4,200/\$8,400	\$200	\$10/\$20/\$40/30%
I5	\$10/\$75/\$250	\$1,000	\$2,750/\$5,500	70%	\$4,250/\$8,500	\$0	\$10/\$40/\$80/30%
I6	\$10/\$75/\$250	\$1,000	\$2,750/\$5,500	80%	\$4,950/\$9,900	\$200	\$10/\$20/\$40/30%
I7	\$20/\$75/\$250	\$1,000	\$2,750/\$5,500	75%	\$3,750/\$7,500	\$0	\$10/\$40/\$80/30%
I8	\$20/\$75/\$250	\$1,000	\$2,750/\$5,500	85%	\$4,200/\$8,400	\$200	\$10/\$20/\$40/30%
H1	\$20/\$125/\$350	\$1,000	\$3,500/\$7,000	50%	\$6,000/\$12,000	\$0	\$10/\$40/\$80/30%
H2	\$20/\$125/\$350	\$1,000	\$3,500/\$7,000	60%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
H3	\$40/\$125/\$350	\$1,000	\$3,500/\$7,000	55%	\$6,000/\$12,000	\$0	\$10/\$40/\$80/30%
H4	\$40/\$125/\$350	\$1,000	\$3,500/\$7,000	65%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
H5	\$20/\$125/\$350	\$1,000	\$4,000/\$8,000	70%	\$5,750/\$11,500	\$0	\$10/\$40/\$80/30%
H6	\$20/\$125/\$350	\$1,000	\$4,000/\$8,000	80%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
H7	\$40/\$125/\$350	\$1,000	\$4,000/\$8,000	75%	\$5,750/\$11,500	\$0	\$10/\$40/\$80/30%
H8	\$40/\$125/\$350	\$1,000	\$4,000/\$8,000	85%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%

### Every All Savers benefit plan has the following non-network benefits:

Co-payments	Medical / Wellness Credit	Deductible	Co-insurance Rate	Out-of-Pocket Limit	Pharmacy Deductible	Pharmacy Co-payments
N/A	Same as Network	2x Network Deductible	Same as Network Rate	2x Network Limit	N/A	N/A

## Benefit Plan Designs – Motion

### Alternate Funding

Code	Co-payments	Deductible (Individual / Family)	Co-insurance Rate	Out-of-Pocket Limit (Individual / Family)	Pharmacy Deductible	Pharmacy Co-payments
<b>O1</b>	\$10/\$75/\$250	\$2,000/\$4,000	50%	\$3,250/\$6,500	\$0	\$10/\$40/\$80/30%
<b>O2</b>	\$10/\$75/\$250	\$2,000/\$4,000	60%	\$3,600/\$7,200	\$100	\$10/\$20/\$40/30%
<b>O3</b>	\$20/\$75/\$250	\$2,000/\$4,000	55%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
<b>O4</b>	\$20/\$75/\$250	\$2,000/\$4,000	65%	\$3,350/\$6,700	\$100	\$10/\$20/\$40/30%
<b>O5</b>	\$10/\$75/\$250	\$2,250/\$4,500	70%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
<b>O6</b>	\$10/\$75/\$250	\$2,250/\$4,500	80%	\$3,600/\$7,200	\$100	\$10/\$20/\$40/30%
<b>O7</b>	\$20/\$75/\$250	\$2,250/\$4,500	75%	\$3,000/\$6,000	\$0	\$10/\$40/\$80/30%
<b>O8</b>	\$20/\$75/\$250	\$2,250/\$4,500	85%	\$3,100/\$6,200	\$100	\$10/\$20/\$40/30%
<b>N1</b>	\$10/\$75/\$250	\$2,500/\$5,000	50%	\$4,500/\$9,000	\$0	\$10/\$40/\$80/30%
<b>N2</b>	\$10/\$75/\$250	\$2,500/\$5,000	60%	\$5,200/\$10,400	\$200	\$10/\$20/\$40/30%
<b>N3</b>	\$20/\$75/\$250	\$2,500/\$5,000	55%	\$3,750/\$7,500	\$0	\$10/\$40/\$80/30%
<b>N4</b>	\$20/\$75/\$250	\$2,500/\$5,000	65%	\$4,200/\$8,400	\$200	\$10/\$20/\$40/30%
<b>N5</b>	\$10/\$75/\$250	\$2,750/\$5,500	70%	\$4,250/\$8,500	\$0	\$10/\$40/\$80/30%
<b>N6</b>	\$10/\$75/\$250	\$2,750/\$5,500	80%	\$4,950/\$9,900	\$200	\$10/\$20/\$40/30%
<b>N7</b>	\$20/\$75/\$250	\$2,750/\$5,500	75%	\$3,750/\$7,500	\$0	\$10/\$40/\$80/30%
<b>N8</b>	\$20/\$75/\$250	\$2,750/\$5,500	85%	\$4,200/\$8,400	\$200	\$10/\$20/\$40/30%
<b>M1</b>	\$20/\$125/\$350	\$3,500/\$7,000	50%	\$6,000/\$12,000	\$0	\$10/\$40/\$80/30%
<b>M2</b>	\$20/\$125/\$350	\$3,500/\$7,000	60%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
<b>M3</b>	\$40/\$125/\$350	\$3,500/\$7,000	55%	\$6,000/\$12,000	\$0	\$10/\$40/\$80/30%
<b>M4</b>	\$40/\$125/\$350	\$3,500/\$7,000	65%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
<b>M5</b>	\$20/\$125/\$350	\$4,000/\$8,000	70%	\$5,750/\$11,500	\$0	\$10/\$40/\$80/30%
<b>M6</b>	\$20/\$125/\$350	\$4,000/\$8,000	80%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%
<b>M7</b>	\$40/\$125/\$350	\$4,000/\$8,000	75%	\$5,750/\$11,500	\$0	\$10/\$40/\$80/30%
<b>M8</b>	\$40/\$125/\$350	\$4,000/\$8,000	85%	\$6,250/\$12,500	\$200	\$10/\$20/\$40/30%

### Every All Savers Motion benefit plan has the following non-network benefits:

Co-payments	Deductible	Co-insurance Rate	Out-of-Pocket Limit	Pharmacy Deductible	Pharmacy Co-payments
N/A	2x Network Deductible	Same as Network Rate	2x Network Limit	N/A	N/A



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Page 4 of 4

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