

Dual Option Packages

Kansas City

DUAL OPTION PACKAGE	DEDUCTIBLE IN / OUT	OUT-OF-POCKET MAXIMUM IN / OUT	COINSURANCE IN / OUT	IN-NETWORK			PLAN CODES
				OFFICE VISIT	URGENT CARE	EMERGENCY ROOM	
PACKAGE 1	\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A
	\$1,000 / \$2,000	\$2,500 / \$5,000	90% / 70%	\$20	\$50	\$100	US-E
PACKAGE 2	\$250 / \$500	\$1,500 / \$3,000	80% / 60%	\$20	\$50	\$100	US -B
	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
PACKAGE 3	\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A
	\$500 / \$1,000	\$2,000 / \$4,000	80% / 60%	\$20	\$50	\$100	US-D
PACKAGE 4	\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A
	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
PACKAGE 5	\$500 / \$1,000	\$2,000 / \$4,000	80% / 60%	\$20	\$50	\$100	US-D
	\$1,500 / \$3,000	\$3,500 / \$7,000	80% / 60%	80%	80%	80%	US-I
PACKAGE 6	\$250 / \$500	\$1,500 / \$3,000	80% / 60%	\$20	\$50	\$100	US-B
	\$1,500 / \$3,000	\$3,500 / \$7,000	80% / 60%	\$25	\$75	\$125	US-J
PACKAGE 7	\$500 / \$1,000	\$2,000 / \$4,000	90% / 70%	\$20	\$50	\$100	US-C
	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
PACKAGE 8	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$100	AN-A
	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	100%	100%	100%	AN-B
PACKAGE 9	\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A
	\$1,100 / \$2,200	\$1,100 / \$4,400	100% / 80%	N/A	N/A	N/A	HD-B
PACKAGE 10	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$100	AN-A
	\$1,100 / \$2,200	\$1,100 / \$4,400	100% / 80%	N/A	N/A	N/A	HD-B
PACKAGE 11	\$500 / \$1,000	\$2,000 / \$4,000	80% / 60%	\$20	\$50	\$100	US-D
	\$1,100 / \$2,200	\$1,100 / \$4,400	100% / 80%	N/A	N/A	N/A	HD-B
PACKAGE 12	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
	\$1,100 / \$2,200	\$2,200 / \$4,400	80% / 60%	N/A	N/A	N/A	HD-C
PACKAGE 13	\$500 / \$1,000	\$2,000 / \$4,000	90% / 70%	\$20	\$50	\$100	US-C
	\$2,000 / \$4,000	\$2,000 / \$8,000	100% / 80%	N/A	N/A	N/A	HD-D

Notes

Dual Option is available to single site (not multi-site) customers. Multiple locations within the same state are acceptable.

Out-of-Network Benefits

Office Visit: See Out-of-Network Coinsurance

Urgent Care: See Out-of-Network Coinsurance

Emergency Room: Same as In-Network

This benefit grid is intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker or UnitedHealthcare.

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				OFFICE VISIT	URGENT CARE	EMERGENCY ROOM	
PACKAGE 14	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
	\$2,000 / \$4,000	\$2,000 / \$8,000	100% / 80%	N/A	N/A	N/A	HD-D
PACKAGE 15	\$1,000 / \$2,000	\$2,500 / \$5,000	80% / 60%	\$20	\$50	\$100	US-F
	\$2,000 / \$4,000	\$4,000 / \$8,000	80% / 60%	N/A	N/A	N/A	HD-E
PACKAGE 16	\$1,500 / \$3,000	\$3,500 / \$7,000	80% / 60%	\$25	\$75	\$125	US-J
	\$2,000 / \$4,000	\$4,000 / \$8,000	80% / 60%	N/A	N/A	N/A	HD-E
PACKAGE 17	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	100%	100%	100%	AN-B
	\$2,850 / \$5,000	\$2,850 / \$10,000	100% / 80%	N/A	N/A	N/A	HD-F
PACKAGE 18	\$1,500 / \$3,000	\$3,500 / \$7,000	80% / 60%	\$25	\$75	\$125	US-J
	\$2,850 / \$5,000	\$2,850 / \$10,000	100% / 80%	N/A	N/A	N/A	HD-F
PACKAGE 19	\$1,500 / \$3,000	\$3,500 / \$7,000	80% / 60%	\$25	\$75	\$125	US-J
	\$5,000 / \$7,500	\$5,000 / \$10,000	100% / 80%	N/A	N/A	N/A	HD-M
PACKAGE 20	\$500 / \$1,000	\$2,000 / \$4,000	90% / 70%	\$20	\$50	\$100	US-C
	\$1,100 / \$2,200	\$2,200 / \$4,400	80% / 60%	N/A	N/A	N/A	HD-C
PACKAGE 21	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$100	AN-A
	\$1,100 / \$2,200	\$2,200 / \$4,400	80% / 60%	N/A	N/A	N/A	HD-C
PACKAGE 22	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$100	AN-A
	\$2,000 / \$4,000	\$2,000 / \$8,000	100% / 80%	N/A	N/A	N/A	HD-D
PACKAGE 23	\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$100	AN-A
	\$2,000 / \$4,000	\$4,000 / \$8,000	80% / 60%	N/A	N/A	N/A	HD-E
PACKAGE 24	\$1,100 / \$2,200	\$1,100 / \$4,400	100% / 80%	N/A	N/A	N/A	HD-B
	\$2,850 / \$5,000	\$2,850 / \$10,000	100% / 80%	N/A	N/A	N/A	HD-F
PACKAGE 25	\$0 / \$300	\$2,000 / \$4,000	90% / 70%	\$15	\$25	\$100	KM-A
	\$0 / \$500	\$2,500 / \$4,000	80% / 60%	\$20	\$35	\$100	KM-C
PACKAGE 26	\$0 / \$300	\$2,000 / \$4,000	90% / 60%	\$20	\$35	\$100	KM-B
	\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A
PACKAGE 27	\$0 / \$500	\$2,500 / \$4,000	80% / 60%	\$20	\$35	\$100	KM-C
	\$1,000 / \$2,000	\$4,000 / \$7,500	70% / 50%	\$30	\$50	\$100	KM-G

Notes

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For questions regarding Dual Option, or to get information on additional package options, please contact your account executive.

Insurance coverage provided by or through:
United HealthCare Insurance Company
Health plan coverage provided by or through:
United HealthCare of the Midwest, Inc.