

Enterprise Series/National Choice Plus and PPO Medical Plans - Split Copay

DEDUCTIBLE* IN/OUT		OUT-OF-POCKET MAXIMUM IN/OUT		COINSURANCE IN/OUT	IN-NETWORK				PLAN CODE	
SINGLE	FAMILY	SINGLE	FAMILY		PCP OFFICE VISIT	SPECIALIST OFFICE VISIT	URGENT CARE	ER	CHOICE PLUS	PPO
\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$4,000 / \$8,000	80% / 60%	\$20	\$35	\$50	\$100	EA-A	TE-A
\$1,000 / \$2,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$5,000 / \$10,000	80% / 60%	\$20	\$35	\$50	\$100	EA-B	TE-B
\$1,500 / \$3,000	\$4,500 / \$9,000	\$3,500 / \$7,000	\$7,000 / \$14,000	80% / 60%	\$25	\$50	\$75	\$125	EA-C	TE-C
\$1,000 / \$2,000	\$3,000 / \$6,000	\$1,000 / \$5,000	\$3,000 / \$10,000	100% / 80%	\$20	\$35	\$50	\$100	EA-D	TE-D
\$2,000 / \$4,000	\$6,000 / \$12,000	\$2,000 / \$8,000	\$6,000 / \$16,000	100% / 80%	\$25	\$50	\$75	\$125	EA-E	TE-E

Notes

* Deductible applies toward out-of-pocket maximum; per covered person

For in-network coinsurance plans, you must meet the deductible first, before coinsurance is applicable (excludes ER).

Out-of-Network Benefits

Office Visit: See Out-of-Network Coinsurance

Urgent Care: See Out-of-Network Coinsurance

Emergency Room: Same as In-Network Enterprise Series Lifetime Maximum = \$5 million

Note:

Primary Physician Office Visit Copay applies to Physician Office Services benefits. In addition, the Primary Physician Office Visit Copay also applies to the Eye Exams and Injection benefit categories.

Specialist Physician Office Visit Copays apply to Physician Office Services benefits. A Specialist Physician is defined as a Network Physician who has a majority of his or her practice outside the areas of pediatrics, internal medicine, obstetrics/gynecology, or family or general practice.

Small Business Standards: the following benefit categories are subject to the Deductible and Coinsurance: EA-A, B, C – Out-of-Pocket MH/SA = 50%; EA-D, E – Out-of-Pocket MH/SA = specialist copay for IN; OON = 80%.

Pharmacy Plans

PRODUCT	H9	2V	G4	S8
Tier 1 Copay [†]	\$10	\$10	\$10	\$10
Tier 2 Copay [†]	\$30	\$35	\$30	\$30
Tier 3 Copay [†]	\$50	\$60	\$50	\$50
Mail Service (90-day supply)	2.5x	2.5x	2.5x	2.5x
Deductible (per covered person)	\$0	\$0	\$100	\$250
Maximum Out-of-Pocket (per covered person)	N/A	N/A	N/A	N/A

[†] The participant will pay the lesser of the applicable minimum copayment or the Network Pharmacy's U&C charge. In certain documents Tier 1 was referred to as "generics"; Tier 2 was referred to as "preferred brands" or "brand name on the PDL"; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand name not on the PDL." These changes in descriptive terms do not affect your benefit coverage.

All pharmacy plans are available with all Enterprise medical plans.



100-6102 2/05
© 2005 United HealthCare Services, Inc.

These benefit grids are 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.

Insurance coverage provided by or through:
United HealthCare Insurance Company