

Product Grid

Plan Code	RETAIL							HOME DELIVERY		
	Consumer Copay			Plan Contribution				Out of Pocket Maximum (Ind/Fam)	Multiplier	
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3			Consumer Copay	Plan Contribution
1A*	\$0	\$0	\$0	\$45	\$30	\$15	\$2,000/ \$6,000	Up to 31 days	1x	1x
								31-62 days	2x	2x
								63-90 days	2.5x	3x
1B**	\$10	\$25	\$40	\$75	\$75	\$75	\$2,500/ \$7,500	Up to 31 days	1x	1x
								31-62 days	2x	2x
								63-90 days	2.5x	3x
1E**	\$10	\$30	\$50	\$60	\$40	\$30	\$2,500/ \$7,500	Up to 31 days	1x	1x
								31-62 days	2x	2x
								63-90 days	2.5x	3x

Plan availability

1A & 1B: Colorado, Georgia, North Carolina, Ohio, South Carolina, Virginia and Wisconsin

1E: Includes states listed for 1A & 1B, plus the following additional states: Arkansas, Indiana, Iowa, Kansas, Kentucky, Missouri, Nebraska and Utah

1F: Tennessee only: consumer copay: 10/30/50, plan contribution: 60/40/30, home delivery multiplier: 3x consumer copay and 3x plan contribution for any supply up to 90 days

Consumer copayments apply toward the annual out-of-pocket maximum; 100% coverage thereafter for remainder of plan year.

*1A: The Shared Pharmacy Plan pays a fixed plan contribution and any amount remaining is paid by the employee, up to the annual out-of-pocket maximum.

**1B & 1E: The employee pays initial fixed copay, and the Shared Pharmacy Plan then pays a fixed plan contribution. Any amount remaining is paid by the employee, up to the annual out-of-pocket maximum.

Potential Total Premium Savings vs. Standard 3-Tier Pharmacy Plan***	
Plan Code	Average Total Premium Reduction Percentage
1A	5.3%
1B	4.1%
1E	7.1%

***Total estimated premium reduction based on an 85%/15% medical/pharmacy split, \$10/\$30/\$50 3-tier pharmacy plan

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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.