To qualify:

- Employer must be located in Texas and must qualify as a small business with 2-50 eligible employees
- Employer must not have provided group insurance 12 months prior to Healthy Texas application
- At least 30% of employees must receive annual wages at or below 300% of the federal poverty level (FPL) ($32,670 in 2011)
- 60% of eligible employees must enroll (lower participation rate than other small business plans)
- Employer must offer dependent coverage
- Employer must pay at least 50% of the premium costs for employees
- Each employee in business is a citizen or national of the United States or is an alien lawfully present in the United States
- Employer may offer coverage to part-time employees and their dependents

	Healthy Texas 500	Healthy Texas 1500
Benefit Plan Overview		
UnitedHealthcare Plan Code	HT5	HT6
Deductible (3x for Family)	$500	$1,500
Coinsurance	20%	20%
Out-of-Pocket Maximum (3x for Family)	$2,000	$3,000
Annual Maximum Benefit	$1,250,000	$1,250,000
Out-of-Network Benefits	Excluded	Excluded
Pre-existing Condition Limitation (Ages 19+)	6 mos / 12 mos	6 mos / 12 mos
Physician Office Benefits		
Primary Care Physician (PCP) Visit	$25 Copayment	$25 Copayment
UnitedHealth Premium Specialist Physician Visit	$25 Copayment	$25 Copayment
Specialist Physician Visit	$25 Copayment	$25 Copayment
Preventive Care (as defined in The Patient Protection and Affordable Care Act (H.R. 3590)	100%	100%
Immunizations	100%	100%
Radiology & Pathology	20% after Deductible	20% after Deductible
Office Surgery	20% after Deductible	20% after Deductible
Therapeutic Treatments, Physical Therapy, Allergy Services, Infusion	20% after Deductible	20% after Deductible
Maternity	$25 Copayment (initial visit only)	$25 Copayment (initial visit only)
Inpatient Hospitalization		
Inpatient Facility Services	20% after Deductible	20% after Deductible
Inpatient Physician Services	20% after Deductible	20% after Deductible
Radiology, Pathology, Anesthesiology	20% after Deductible	20% after Deductible
Skilled Nursing Services (60 days)	20% after Deductible	20% after Deductible
Outpatient Services		
Outpatient Facility Services	20% after Deductible	20% after Deductible
Outpatient Physician Services	20% after Deductible	20% after Deductible
Radiology, Pathology, Anesthesiology	20% after Deductible	20% after Deductible
Lab, X-Ray and Minor Diagnostics	20% after Deductible	20% after Deductible
Major Diagnostics (e.g. MRI, CAT, CT)	20% after Deductible	20% after Deductible
Therapeutic Treatments, Infusion, Scopic Procedures	20% after Deductible	20% after Deductible
Emergency & Urgent Services		
Emergency Room Services	$125 Copayment	$125 Copayment
Emergency Physician Services	20% after Deductible	20% after Deductible
Urgent Care Visits	$50 Copayment	$50 Copayment
Ambulance Services	20% after Deductible	20% after Deductible
Mental Health & Substance Abuse		
Inpatient (unlimited days per year)	20% after Deductible	20% after Deductible
Outpatient (unlimited visits per year)	$25 Copayment	$25 Copayment
Prescription Drugs		
Deductible	$200 per person	$500 per person
Tier 1 Drugs	$10 Copayment	$10 Copayment
Tier 2 Drugs	$25 Copayment	$25 Copayment
Tier 3 Drugs	$50 Copayment	$50 Copayment
Mail Order Drugs	2x Copayment	2x Copayment

	Healthy Texas 2000	Healthy Texas 2500	Healthy Texas HSA2500
Benefit Plan Overview			
UnitedHealthcare Plan Code	HT7	HT8	HT9
Deductible (3x for Family)	$2,000	$2,500	$2,500 (2x for Family)
Coinsurance	20%	30%	20%
Out-of-Pocket Maximum (3x for Family)	$4,000	$5,000	$5,000 (2x for Family)
Annual Maximum Benefit	$1,250,000	$1,250,000	$1,250,000
Out-of-Network Benefits	Excluded	Excluded	Excluded
Pre-existing Condition Limitation (Ages 19+)	6 mos / 12 mos	6 mos / 12 mos	6 mos / 12 mos
Physician Office Benefits			
Primary Care Physician (PCP) Visit	$20 Copayment	$25 Copayment	20% after Deductible
UnitedHealth Premium Specialist Physician Visit	$20 Copayment	$25 Copayment	20% after Deductible
Specialist Physician Visit	$40 Copayment	$50 Copayment	20% after Deductible
Preventive Care (as defined in The Patient Protection and Affordable Care Act (H.R. 3590)	100%	100%	100%
Immunizations	100%	100%	100%
Radiology & Pathology	20% after Deductible	30% after Deductible	20% after Deductible
Office Surgery	20% after Deductible	30% after Deductible	20% after Deductible
Therapeutic Treatments, Physical Therapy, Allergy Services, Infusion	20% after Deductible	30% after Deductible	20% after Deductible
Maternity	$20 Copayment (initial visit only)	$25 Copayment (initial visit only)	20% after Deductible
Inpatient Hospitalization			
Inpatient Facility Services	20% after Deductible	30% after Deductible	20% after Deductible
Inpatient Physician Services	20% after Deductible	30% after Deductible	20% after Deductible
Radiology, Pathology, Anesthesiology	20% after Deductible	30% after Deductible	20% after Deductible
Skilled Nursing Services (60 days)	20% after Deductible	30% after Deductible	20% after Deductible
Outpatient Services			
Outpatient Facility Services	20% after Deductible	30% after Deductible	20% after Deductible
Outpatient Physician Services	20% after Deductible	30% after Deductible	20% after Deductible
Radiology, Pathology, Anesthesiology	20% after Deductible	30% after Deductible	20% after Deductible
Lab, X-Ray and Minor Diagnostics	20% after Deductible	30% after Deductible	20% after Deductible
Major Diagnostics (e.g. MRI, CAT, CT)	20% after Deductible	30% after Deductible	20% after Deductible
Therapeutic Treatments, Infusion, Scopic Procedures	20% after Deductible	30% after Deductible	20% after Deductible
Emergency & Urgent Services			
Emergency Room Services	$200 Copayment	$250 Copayment	$250 Copayment after Deductible
Emergency Physician Services	20% after Deductible	30% after Deductible	20% after Deductible
Urgent Care Visits	$50 Copayment	$75 Copayment	20% after Deductible
Ambulance Services	20% after Deductible	30% after Deductible	20% after Deductible
Mental Health & Substance Abuse			
Inpatient (unlimited days per year)	20% after Deductible	30% after Deductible	20% after Deductible
Outpatient (unlimited visits per year)	$20 Copayment	$25 Copayment	20% after Deductible
Prescription Drugs			
Deductible	$500 per person	$500 per person	Combined with Medical
Tier 1 Drugs	$10 Copayment	$15 Copayment	$10 Copayment after Deductible
Tier 2 Drugs	$35 Copayment	$45 Copayment	$50 Copayment after Deductible
Tier 3 Drugs	$60 Copayment	$80 Copayment	$75 Copayment after Deductible
Mail Order Drugs	2x Copayment	2x Copayment	2x Copayment after Deductible

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. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible and other benefit details.