

UnitedHealthcare Insurance Company, Inc.

Texas 2012 Small Business Insurance Plans

Groups with 2-99 Eligible Employees

UnitedHealthcare is proud to announce our new Small Business portfolio of benefit plans for 2012. We've not only included the best of our previous suite of plans, but we're also introducing some exciting and innovative new plan designs. The overwhelming market response to our launch of **Choice Plus Premier** in 2011 means these plans will continue to set the standard in healthcare quality, efficiency, and affordability in 2012. To enhance **Premier** even further, we're including some additional plan options for even more choices. We have expanded our **HSA** portfolio with additional 100% and 80% plans, as well as a new 50% option. New for 2012 are **SB80** plans that qualify for significantly reduced premiums under Texas Senate Bill 80. Employer groups that contribute 100% to the employee premium are eligible to enroll on these plans. We're also introducing **FlexPoint**, a new set of plans specifically designed for the budget-conscious employer. **Flexpoint** maximizes affordability yet still offers lower out-of-pocket costs for the benefits employees use the most. And we're excited to announce our new **UnitedHealthcare Wellness Incentive** plans, which feature integrated wellness programs and activities. Employees who enroll and work toward wellness and better health through these activities can qualify for a reduced deductible at renewal. Contact your Account Representative for more information.

UnitedHealthcare Choice Plus Premier Plans

2012 Plan Code	SB 80 Plan Code ⁵	Prior Plan Code	Copay / Per Occurrence					Coinsurance		Deductible				Coinsurance Maximum			
			PCP ¹	Prem. Des. Spec. ²	Spec ³	Urgent Care	ER ⁴	Network	Non-Network	Network		Non-Network		Network		Non-Network	
										Single	Family	Single	Family	Single	Family	Single	Family
T9-V		9J-1	\$25	\$25	\$50	\$75	\$200	100%	70%	\$1,000	\$3,000	\$2,000	\$6,000	n/a	n/a	\$6,000	\$18,000
T9-W		9J-6	\$25	\$25	\$50	\$75	\$200	100%	70%	\$1,500	\$4,500	\$3,000	\$9,000	n/a	n/a	\$9,000	\$27,000
T9-X		9J-2	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,000	\$6,000	\$4,000	\$12,000	n/a	n/a	\$8,000	\$24,000
T9-Y		9J-7	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	n/a	n/a	\$10,000	\$30,000
T9-Z	XA-P	9J-3	\$30	\$30	\$60	\$75	\$250	100%	70%	\$3,000	\$9,000	\$6,000	\$18,000	n/a	n/a	\$12,000	\$36,000
T9-1	XA-Q	9J-4	\$30	\$30	\$60	\$75	\$250	100%	70%	\$4,000	\$12,000	\$8,000	\$24,000	n/a	n/a	\$8,000	\$24,000
T9-2	XA-R	9J-5	\$30	\$30	\$60	\$75	\$250	100%	70%	\$5,000	\$15,000	\$10,000	\$30,000	n/a	n/a	\$10,000	\$30,000
T9-3			\$35	\$35	\$70	\$100	\$300	100%	70%	\$7,500	\$22,500	\$15,000	\$45,000	n/a	n/a	\$15,000	\$45,000
T9-4			\$35	\$35	\$70	\$100	\$300	100%	70%	\$10,000	\$30,000	\$15,000	\$45,000	n/a	n/a	\$15,000	\$45,000
T9-5	XA-S	9J-H	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000	\$6,000	\$18,000
T9-6	XA-T	9J-J	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$1,500	\$4,500	\$3,000	\$9,000	\$4,500	\$13,500	\$9,000	\$27,000
T9-7	XA-U	9J-K	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	\$8,000	\$24,000
T9-8	XA-V	9J-L	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$15,000	\$10,000	\$30,000
T9-9	XA-W	9J-M	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000
XA-E	XA-X	9J-P	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000
XA-F			\$35	\$35	\$70	\$100	\$300 + 20%	80%	50%	\$7,500	\$22,500	\$15,000	\$45,000	\$7,500	\$22,500	\$15,000	\$45,000
XA-G			\$35	\$35	\$70	\$100	\$300 + 20%	80%	50%	\$10,000	\$30,000	\$15,000	\$45,000	\$10,000	\$30,000	\$15,000	\$45,000
XA-H	XA-Y	9J-R	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$1,000	\$3,000	\$2,000	\$6,000	\$3,000	\$9,000	\$6,000	\$18,000
XA-I	XA-Z	9J-S	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$1,500	\$4,500	\$3,000	\$9,000	\$4,500	\$13,500	\$9,000	\$27,000
XA-J	XA-1	9J-T	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$12,000	\$8,000	\$24,000
XA-K	XA-2	9J-U	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$15,000	\$10,000	\$30,000
XA-L	XA-3	9J-V	\$30	\$30	\$60	\$75	\$200 + 30%	70%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000
XA-M	XA-4	9J-X	\$30	\$30	\$60	\$75	\$200 + 30%	70%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000
XA-N			\$35	\$35	\$70	\$100	\$300 + 30%	70%	50%	\$7,500	\$22,500	\$15,000	\$45,000	\$7,500	\$22,500	\$15,000	\$45,000
XA-O			\$35	\$35	\$70	\$100	\$300 + 30%	70%	50%	\$10,000	\$30,000	\$15,000	\$45,000	\$10,000	\$30,000	\$15,000	\$45,000

NEW! UnitedHealthcare Wellness Incentive Plans

2012 Plan Code	Plan Type	Copay / Per Occurrence					Coinsurance		Deductible				Coinsurance Maximum			
		PCP ¹	Prem. Des. Spec. ²	Spec ³	Urgent Care	ER ⁴	Network	Non-Network	Network		Non-Network		Network		Non-Network	
									Single	Family	Single	Family	Single	Family	Single	Family
XB-Q	Choice Plus	\$25	\$25	\$50	\$75	\$150 + 20%	80%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$15,000	\$10,000	\$30,000
XB-R	Choice Plus	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000
XB-S	Choice Plus	\$30	\$30	\$60	\$75	\$200 + 20%	80%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000
XB-T	Choice Plus	\$25	\$25	\$50	\$75	\$150 + 30%	70%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$5,000	\$15,000	\$10,000	\$30,000
XB-U	Choice Plus	\$30	\$30	\$60	\$75	\$200 + 30%	70%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$6,000	\$18,000	\$12,000	\$36,000
XB-V	Choice Plus	\$30	\$30	\$60	\$75	\$200 + 30%	70%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$5,000	\$15,000	\$10,000	\$30,000
1U-V	HSA	80%	80%	80%	80%	80%	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,050	\$12,100	\$12,000	\$24,000

Wellness Incentive plans feature integrated wellness programs and activities. Participation in and completion of certain programs is required to be eligible for a reduced deductible in year 2. See program details for more information.

Out-of-Network facilities will be subject to the following per occurrence deductibles: \$500 Inpatient Hospital; \$250 Outpatient Surgery. These are separate from, and in addition to, the annual medical plan deductible and do not apply to the out-of-pocket maximum.

For dual option choices please refer to the Small Business Dual Option Grid or contact your local health plan/Account Executive.

1 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

2 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated specialists. Please visit myuhc.com for details.

3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for specialty physicians that are not quality and efficiency designated

4 Plan deductible is waived for Emergency Room visits. Copay or copay plus plan coinsurance will be required, depending on plan design. Does not apply to HSA plan 1U-V.

5 These plan codes are to be used solely for groups enrolling under the provisions of Texas Senate Bill 80 (SB80). In order to qualify for the premium discounts available under SB80, an employer must contribute 100% of the employee-only premium for all eligible employees.

All Plans feature an Unlimited Lifetime Maximum
All Plans cover in network Preventive Care at 100%

Please Note: The information in this grid is provided for informational purposes only & is not intended for use as a contract. For a complete listing of coverage & 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.



Insurance coverage provided by or through: UnitedHealthCare Insurance Company or its affiliates or PacifiCare Life and Health Insurance Company. Administrative services provided by UnitedHealthCare Insurance Company, UnitedHealthCare Services, Inc. or their affiliates. Health plan coverage provided by or through UnitedHealthcare of Texas, Inc.

UnitedHealthcare Insurance Company, Inc.

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Groups with 2-99 Eligible Employees



UnitedHealthcare FlexPoint Plans

2012 Plan Code	Copay / Per Occurrence					Coinsurance		Deductible				Coinsurance Maximum			
	PCP ¹	Prem. Des. Spec ²	Spec ³	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network	
								Single	Family	Single	Family	Single	Family	Single	Family
XB-N	\$20	\$20	\$40	\$75	80%	80%	50%	\$2,000	\$6,000	\$4,000	\$12,000	\$6,000	\$18,000	\$12,000	\$36,000
XB-O	\$25	\$25	\$50	\$75	80%	80%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$9,000	\$27,000	\$18,000	\$54,000
XB-P	\$30	\$30	\$60	\$75	80%	80%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$10,000	\$30,000	\$20,000	\$60,000
T7-N	\$50	\$50	\$50	\$100	50%	50%	50%	\$2,000	\$6,000	\$4,000	\$12,000	\$6,000	\$18,000	\$12,000	\$36,000
T7-O	\$50	\$50	\$50	\$100	50%	50%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$9,000	\$27,000	\$18,000	\$54,000
T7-P	\$50	\$50	\$50	\$100	50%	50%	50%	\$5,000	\$15,000	\$10,000	\$30,000	\$10,000	\$30,000	\$20,000	\$60,000

Plans feature a copay for office visits 1-4 during the calendar year or plan year, depending on plan type selected. Office visits 5+ will be subject to plan deductible/coinsurance. This is a combined limit for both Physician Office Visits and Urgent Care visits.

Plans feature one Preventive Care visit per year which does not count against the office visit copay limit.

Routine Lab/Xray is covered at plan deductible/coinsurance. Preventive Lab/Xray is covered at 100% under the Preventive Care benefit.

UnitedHealthcare Health Savings Account (HSA) Plans

2012 Plan Code - Embedded ⁸	SB80 Plan Code - Embedded ^{5,8}	2012 Plan Code - Non Emb ^{7,8}	Copay / Per Occurrence				Coinsurance		Deductible				Out of Pocket Maximum ⁶				HSA Rx Code ⁹
			PCP	Spec	Urgent Care	ER	Network	Non-Network	Network		Non-Network		Network		Non-Network		
									Single	Family	Single	Family	Single	Family	Single	Family	
T8-D	T8-5	T8-X	100%	100%	100%	100%	100%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$3,500	\$7,000	\$10,000	\$20,000	LW
T8-R	T8-6	T8-Y	100%	100%	100%	100%	100%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$4,000	\$8,000	\$12,000	\$24,000	LW
T8-S	T8-7	T8-Z	100%	100%	100%	100%	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,050	\$12,100	\$20,000	\$40,000	LW
T8-T	T8-8	T8-1	100%	100%	100%	100%	100%	70%	\$6,050	\$12,100	\$12,000	\$24,000	\$6,050	\$12,100	\$24,000	\$48,000	MM
T8-U	T8-9	T8-2	80%	80%	80%	80%	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,050	\$12,100	\$10,000	\$20,000	LW
T8-V	1T-H	T8-3	80%	80%	80%	80%	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,050	\$12,100	\$12,000	\$24,000	LW
T8-W	1T-I	T8-4	50%	50%	50%	50%	50%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,050	\$12,100	\$12,000	\$24,000	LW

UnitedHealthcare Health Reimbursement Account (HRA) Premier Plans

2012 Plan Code	Prior Plan Code	Copay / Per Occurrence					Coinsurance		Deductible				Coinsurance Maximum			
		PCP ¹	Prem. Des. Spec. ²	Spec ³	Urgent Care	ER ⁴	Network	Non-Network	Network		Non-Network		Network		Non-Network	
									Single	Family	Single	Family	Single	Family	Single	Family
XB-F	6J-A	\$25	\$25	\$50	\$75	\$200	100%	70%	\$1,000	\$3,000	\$2,000	\$6,000	n/a	n/a	\$6,000	\$18,000
XB-G	6J-B	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,000	\$6,000	\$4,000	\$12,000	n/a	n/a	\$8,000	\$24,000
XB-H	6J-C	\$25	\$25	\$50	\$75	\$200	100%	70%	\$2,500	\$7,500	\$5,000	\$15,000	n/a	n/a	\$10,000	\$30,000
XB-I	6J-D	\$30	\$30	\$60	\$75	\$250	100%	70%	\$3,000	\$9,000	\$6,000	\$18,000	n/a	n/a	\$12,000	\$36,000
XB-J	6J-E	\$30	\$30	\$60	\$75	\$250	100%	70%	\$4,000	\$12,000	\$8,000	\$24,000	n/a	n/a	\$8,000	\$24,000
XB-K	6J-F	\$30	\$30	\$60	\$75	\$250	100%	70%	\$5,000	\$15,000	\$10,000	\$30,000	n/a	n/a	\$10,000	\$30,000
XB-L		\$35	\$35	\$70	\$100	\$300	100%	70%	7,500	22,500	15,000	45,000	N/A	N/A	15,000	45,000
XB-M		\$35	\$35	\$70	\$100	\$300	100%	70%	10,000	30,000	15,000	45,000	N/A	N/A	15,000	45,000

Out-of-Network facilities will be subject to the following per occurrence deductibles: \$500 Inpatient Hospital; \$250 Outpatient Surgery. These are separate from, and in addition to, the annual medical plan deductible and do not apply to the out-of-pocket maximum.

For dual option choices please refer to the Small Business Dual Option Grid or contact your local health plan/Account Executive.

1 Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

2 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated specialists. Please visit myuhc.com for details.

3 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for specialty physicians that are not quality and efficiency designated

4 Plan deductible is waived for Emergency Room visits. Copay or copay plus plan coinsurance will be required, depending on plan design.

5 These plan codes are to be used solely for groups enrolling under the provisions of Texas Senate Bill 80 (SB80). In order to qualify for the premium discounts available under SB80, an employer must contribute 100% of the employee-only premium for all eligible employees.

6 Out-of-Pocket Maximums listed for HSA plans include the deductible.

7 Plan has non-embedded family deductible and out-of-pocket maximum, meaning no individual in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met.

8 Combined medical and pharmacy deductible and out-of-pocket maximum. After the deductible is met, coinsurance and pharmacy copayments of 15/35/60 (\$15/20%/25% for specialty injectables) will apply. HSA plans T8-T, T8-8, T8-1 do not require Rx copays after the deductible is met.

All Plans feature an Unlimited Lifetime Maximum
All Plans cover in network Preventive Care at 100%

Please Note: The information in this grid is provided for informational purposes only & is not intended for use as a contract. For a complete listing of coverage & 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

In 2012, maximum HSA contribution is \$3,100 single/\$6,250 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.

The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP. UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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UnitedHealthcare Insurance Company, Inc.

Texas 2012 Small Business Insurance Plans

Groups with 2-99 Eligible Employees

UnitedHealthcare EDGESM

2012 Plan Code	Prior Plan Code	Deductible				Coinsurance				Coinsurance Maximum				Copays						
		Network		Non-Network		Network			Non-Network	Network		Non-Network		PCP ¹	SPEC ²	SPEC Prem. Des ³	UC	ER	OP	IP
		Single	Family	Single	Family	SPEC ²	SPEC Prem. Des ³	Non-phys ⁴		Single	Family	Single	Family							
T9-P	8L-1	\$1,000	\$3,000	\$2,000	\$6,000	80%	100%	100%	70%	\$3,000	\$9,000	\$6,000	\$18,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
T9-R	8L-2	\$1,500	\$4,500	\$3,000	\$9,000	70%	100%	100%	50%	\$4,500	\$13,500	\$9,000	\$27,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
T9-S	8L-3	\$1,000	\$3,000	\$2,000	\$6,000	60%	90%	90%	50%	\$3,000	\$9,000	\$6,000	\$18,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
T9-T	8L-4	\$2,000	\$6,000	\$4,000	\$12,000	60%	90%	90%	50%	\$4,000	\$12,000	\$8,000	\$24,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500
T9-U		\$3,000	\$9,000	\$6,000	\$18,000	80%	100%	100%	70%	\$9,000	\$27,000	\$18,000	\$54,000	\$30	\$60	\$30	\$100	\$250	\$250	\$500

All plans will be subject to a the following per occurrence deductibles for Network and Non-Network facilities: \$500 Inpatient Hospital; \$250 Outpatient Surgery. These are separate from, and in addition to, the annual medical plan deductible and do not apply to the out-of-pocket maximum.

All Plans feature an Unlimited Lifetime Maximum

All Plans cover in network Preventive Care at 100%

For Dual-Option choices, please refer to the Small Business Dual Option Grid or contact your local Account Executive.

1 Primary Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics

2 This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for specialty physicians that are not quality and efficiency designated

3 This tier of benefits applies to UnitedHealth Premium quality and efficiency designated specialists. Please visit myuhc.com for details.

4 These benefits apply to all categories in which deductible-coinsurance cost-sharing applies, except physician fees for surgical and medical. This is the in-network plan coinsurance.

Pharmacy Plans

Plan Codes						
Deductible ¹ (Tiers 2 & 3 only)			Retail Copays			Mail Order Copays (up to 90-day supply)
\$0	\$100	\$250	Tier 1	Tier 2 ²	Tier 3 ²	
JB	JC		\$10	\$30	\$50	3x Retail
JD	JE		\$15	\$35	\$60	3x Retail
JF		JG	\$15	\$40	\$70	3x Retail
JH		JI	\$20	\$45	\$75	3x Retail

Pharmacy plans feature annual out-of-pocket maximums of \$3,000/individual and \$9,000/family. These pharmacy plan codes are not for HSA use. See HSA information above for HSA-specific Rx codes.

1 Rx plan designs with deductibles do not require the deductible when obtaining Tier 1 drugs.

2 Specialty injectable medications in Tier 2 will be subject to 20% coinsurance and in Tier 3 will be subject to 25% coinsurance. This is in lieu of the listed copayments.

Additional Pharmacy options are available for groups with 51 or more eligible employees. Contact your Account Representative for more information.

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The UnitedHealth Premium[®] designation program is an information resource to help our members choose a physician. It may be used as one of many factors members consider when choosing the physicians from whom they receive care. As with any performance assessment program, physician evaluations have a risk of error. Please see myuhc.com[®] for detailed program information and methodologies.

Insurance coverage provided by or through: UnitedHealthCare Insurance Company or its affiliates or PacifiCare Life and Health Insurance Company. Administrative services provided by UnitedHealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health plan coverage provided by or through UnitedHealthcare of Texas, Inc.

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