

Traditional Benefits Proven plans with deductibles up to \$500

Plan Code	DEDUCTIBLE In \$ / Out \$		COINSURANCE In / Out	OUT-OF-POCKET In \$ / Out \$		CO-PAY			Available Pharmacy Plans	
	Single	Family		Single	Family	Office		ER		
						PCP	Specialist			Urgent Care
LIG	\$500/\$1,000	\$1,500/\$3,000	80% / 60%	\$3,000/\$6,000	\$6,000/\$12,000	\$25	\$50	\$75	\$200	5Y, 6B
USD	\$500/\$1,000	\$1,500/\$3,000	80% / 60%	\$2,000/\$4,000	\$4,000/\$8,000	\$20	\$20	\$50	\$100	5Y, 6B

Balanced Plans Tailored plans with deductibles of \$501-1,000

Plan Code	DEDUCTIBLE In \$ / Out \$		COINSURANCE In / Out	OUT-OF-POCKET In \$ / Out \$		CO-PAY			Available Pharmacy Plans	
	Single	Family		Single	Family	Office		ER		
						PCP	Specialist			Urgent Care
ANB	\$1,000/\$2,000	\$3,000/\$6,000	100% / 80%	\$1,000/\$5,000	\$3,000/\$10,000	N/A	N/A	N/A	N/A	5Y, 6B
ANA	\$1,000/\$2,000	\$3,000/\$6,000	100% / 80%	\$1,000/\$5,000	\$3,000/\$10,000	\$20	\$20	\$50	\$100	5Y, 6B
LIF	\$1,000/\$2,000	\$3,000/\$6,000	100% / 80%	\$1,000/\$5,000	\$3,000/\$10,000	\$25	\$50	\$75	\$200	5Y, 6B
USF	\$1,000/\$2,000	\$3,000/\$6,000	80% / 60%	\$2,500/\$5,000	\$5,000/\$10,000	\$20	\$20	\$50	\$100	5Y, 6B
LH/PZH ²	\$1,000/\$2,000	\$3,000/\$6,000	80% / 60%	\$3,500/\$7,000	\$7,000/\$14,000	\$25	\$50	\$75	\$200	5Y, 6B

Consumer-Driven Affordable HSA and HRA plans with deductibles greater than \$1,000

Plan Code	DEDUCTIBLE In \$ / Out \$		COINSURANCE In / Out	OUT-OF-POCKET In \$ / Out \$		CO-PAY			Available Pharmacy Plans	
	Single	Family		Single	Family	Office		ER		
						PCP	Specialist			Urgent Care
USG	\$1,500/\$3,000	\$4,500/\$9,000	90% / 70%	\$3,500/\$7,000	\$7,000/\$14,000	N/A	N/A	N/A	N/A	5Y, 6B
USI	\$1,500/\$3,000	\$4,500/\$9,000	80% / 60%	\$3,500/\$7,000	\$7,000/\$14,000	N/A	N/A	N/A	N/A	5Y, 6B
USK/PUK ²	\$2,000/\$4,000	\$6,000/\$12,000	90% / 70%	\$4,000/\$8,000	\$8,000/\$16,000	N/A	N/A	N/A	N/A	5Y, 6B
USM	\$2,000/\$4,000	\$6,000/\$12,000	80% / 60%	\$4,000/\$8,000	\$8,000/\$16,000	N/A	N/A	N/A	N/A	5Y, 6B
USS	\$3,000/\$6,000	\$9,000/\$18,000	90% / 70%	\$5,000/\$10,000	\$10,000/\$20,000	N/A	N/A	N/A	N/A	5Y, 6B
ANC	\$2,000/\$4,000	\$6,000/\$12,000	100% / 80%	\$2,000/\$8,000	\$6,000/\$16,000	\$25	\$25	\$75	\$125	5Y, 6B
AND/PYD ²	\$2,000/\$4,000	\$6,000/\$12,000	100% / 80%	\$2,000/\$8,000	\$6,000/\$16,000	N/A	N/A	N/A	N/A	5Y, 6B
RTA/RQA ^{1,2}	\$1,100/\$2,200	\$2,200/\$4,400	100% / 80%	\$1,100/\$4,400	\$2,200/\$8,800	N/A	N/A	N/A	N/A	H9
USN	\$2,000/\$4,000	\$6,000/\$12,000	80% / 60%	\$4,000/\$8,000	\$8,000/\$16,000	\$25	\$25	\$75	\$125	5Y, 6B
Split Co-Pay Plans										
LIA	\$1,500/\$3,000	\$4,500/\$9,000	100% / 80%	\$1,500/\$8,000	\$4,500/\$16,000	\$25	\$50	\$75	\$200	5Y, 6B
LIE	\$5,000/\$6,000	\$15,000/\$18,000	100% / 80%	\$5,000/\$10,000	\$15,000/\$20,000	\$25	\$50	\$75	\$125	5Y, 6B
LIB	\$2,500/\$5,000	\$7,500/\$15,000	100% / 80%	\$2,500/\$9,000	\$7,500/\$18,000	\$25	\$50	\$75	\$200	5Y, 6B
LIC/PZC ²	\$3,000/\$6,000	\$9,000/\$18,000	100% / 80%	\$3,000/\$10,000	\$9,000/\$20,000	\$25	\$50	\$75	\$200	5Y, 6B
LID/PZD ²	\$4,000/\$6,000	\$12,000/\$18,000	100% / 80%	\$4,000/\$10,000	\$12,000/\$20,000	\$25	\$50	\$75	\$200	H9, 2V
Non-embedded Deductible Plans										
HDD ²	\$2,000/\$4,000	\$4,000/\$8,000	100% / 80%	\$2,000/\$8,000	\$4,000/\$16,000	N/A	N/A	N/A	N/A	H9
HDF ²	\$2,850/\$5,000	\$5,600/\$10,000	100% / 80%	\$2,850/\$10,000	\$5,600/\$20,000	N/A	N/A	N/A	N/A	H9

* Preventive coverage: 100%

² Policy-year deductible plans

For "LI" Plans: Deductible applies toward out-of-pocket maximum.

For "HD" Plans: 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.

Plan is HSA-eligible. In 2006, maximum HSA contribution is the lesser of the plan deductible or \$2,700 single/\$5,450 family for 2006. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.

Pharmacy Plans

Plan Code	CO-PAY				Mail Order (90-Day Supply)	Deductible (per covered person, 3 per family)
	Tier 1	Tier 2	Tier 3	Tier 4		
5Y	\$10	\$30	\$50	\$250	2.5x each retail category	N/A
6B	\$10	\$35	\$60	\$250	2.5x each retail category	N/A
H9	\$10	\$30	\$50	N/A	2.5x each retail category	\$0

Please talk to your UnitedHealthcare representative, or consult other UnitedHealthcare collateral with more detailed product information, 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, whether preventive services are covered at 100%, and other benefit details.

Insurance coverage provided by or through United HealthCare Insurance Company. Administrative services to self-funded plans provided by United HealthCare Insurance Company or United HealthCare Service LLC. Health Plan coverage provided by or through: United HealthCare of Colorado, Inc.