

## Benefit Plan Designs

## Alternate Funding

Code	Co-payments	Deductible (In-Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed <sup>1</sup> )	Co-insurance Rate (In-Network/ Out-of-Network)	Out-of-Pocket Limit (In-Network/ Out-of-Network)	Pharmacy Co-payments
<b>HSA Plans</b>						
<b>HP1500</b>	None	\$1,500/\$3,000	Non-Embedded	80%/50%	\$3,000/\$6,000	None
<b>HP2000</b>	None	\$2,000/\$4,000	Non-Embedded	100%/50%	\$2,000/\$8,000	None
<b>HP2000X</b>	None	\$2,000/\$4,000	Non-Embedded	80%/50%	\$4,000/\$8,000	None
<b>HP2500</b>	None	\$2,500/\$5,000	Non-Embedded	100%/50%	\$2,500/\$10,000	None
<b>HP2850</b>	None	\$2,850/\$5,700	Embedded	100%/50%	\$2,850/\$11,400	None
<b>HP5000</b>	None	\$5,000/\$10,000	Embedded	100%/50%	\$5,000/\$20,000	None
<b>HP6350</b>	None	\$6,350/\$12,700	Embedded	100%/50%	\$6,350/\$25,400	None
<b>PPO Plans</b>						
<b>P50030</b>	\$30/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
<b>P100030</b>	\$30/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
<b>P100040</b>	\$40/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
<b>P150030</b>	\$30/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
<b>P150040</b>	\$40/\$100/\$300	\$1,500/\$3,000	Embedded	80%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
<b>P200030</b>	\$30/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
<b>P200040</b>	\$40/\$100/\$300	\$2,000/\$4,000	Embedded	80%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
<b>P250030</b>	\$30/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
<b>P250040</b>	\$40/\$100/\$300	\$2,500/\$5,000	Embedded	80%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
<b>P300030</b>	\$30/\$100/\$300	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
<b>P300060</b>	\$60/\$100/\$300	\$3,000/\$6,000	Embedded	80%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
<b>P350030</b>	\$30/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
<b>P350040</b>	\$40/\$100/\$300	\$3,500/\$7,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
<b>P400080</b>	\$80/\$100/\$300	\$4,000/\$8,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
<b>P500060</b>	\$60/\$100/\$300	\$5,000/\$10,000	Embedded	100%/50%	\$6,350/\$15,000	\$15/\$35/\$75/\$250
<b>HSA – EPO Plans (no out-of-network coverage<sup>2</sup>)</b>						
<b>HE1500</b>	None	\$1,500/None	Non-Embedded	80%/None	\$3,000/None	None
<b>HE2000</b>	None	\$2,000/None	Non-Embedded	100%/None	\$2,000/None	None
<b>HE2000X</b>	None	\$2,000/None	Non-Embedded	80%/None	\$4,000/None	None
<b>HE2500</b>	None	\$2,500/None	Non-Embedded	100%/None	\$2,500/None	None
<b>HE2850</b>	None	\$2,850/None	Embedded	100%/None	\$2,850/None	None
<b>HE5000</b>	None	\$5,000/None	Embedded	100%/None	\$5,000/None	None
<b>HE6350</b>	None	\$6,350/None	Embedded	100%/None	\$6,350/None	None

EPO Plans (no out-of-network coverage <sup>2</sup> )						
<b>E50030</b>	\$30/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
<b>E100030</b>	\$30/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
<b>E100040</b>	\$40/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
<b>E150030</b>	\$30/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
<b>E150040</b>	\$40/\$100/\$300	\$1,500/None	Embedded	80%/None	\$4,000/None	\$15/\$35/\$75/\$250
<b>E200030</b>	\$30/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
<b>E200040</b>	\$40/\$100/\$300	\$2,000/None	Embedded	80%/None	\$4,000/None	\$15/\$35/\$75/\$250
<b>E250030</b>	\$30/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
<b>E250040</b>	\$40/\$100/\$300	\$2,500/None	Embedded	80%/None	\$5,000/None	\$15/\$35/\$75/\$250
<b>E300030</b>	\$30/\$100/\$300	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
<b>E300060</b>	\$60/\$100/\$300	\$3,000/None	Embedded	80%/None	\$5,500/None	\$15/\$35/\$75/\$250
<b>E350030</b>	\$30/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
<b>E350040</b>	\$40/\$100/\$300	\$3,500/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
<b>E400080</b>	\$80/\$100/\$300	\$4,000/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
<b>E500060</b>	\$60/\$100/\$300	\$5,000/None	Embedded	100%/None	\$6,350/None	\$15/\$35/\$75/\$250

**Every All Savers benefit plan has the following family benefits:**

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit



<sup>1</sup>“Embedded” deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met. “Non-Embedded” deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

<sup>2</sup>EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

Administrative services are provided by United HealthCare Services, Inc. and its affiliates. Stop loss insurance is underwritten by All Savers Insurance Company, 3100 AMS Blvd., Green Bay, WI 54313 (800) 291-2634.

These products are not available in all states.

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