

# UnitedHealthcare California Small Business (2–50) Plan Benefit & Administration Changes

For groups renewing November 1, 2011 and after

Current Plan Name	New Plan Name (Upon Renewal)	Benefit Description	Current Benefit In-network/Out-of-network	New Benefit (Upon Renewal) In-network/Out-of-network
<b>UnitedHealthcare Choice Plus Balanced 20/3000/90%</b>	UnitedHealthcare Choice Plus Balanced 30/3000/70%	Annual Deductible	\$3,000 individual; \$9,000 family/ \$6,000 individual; \$18,000 family	\$3,000 individual; \$6,000 family/ \$3,000 individual; \$6,000 family
		Out-of-Pocket Maximum	\$6,000 individual; \$12,000 family/ \$12,000 individual; \$24,000 family	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family
		Plan Coinsurance	90%/70%	70%/50%
		Office Visits	\$20 primary; \$40 specialist/30%	\$30 primary; \$50 specialist/50%
		Inpatient Hospital Benefits	10%/30%	After \$500 per occurrence deductible, then: 30% /50%
		Outpatient Surgery	10%/30%	After \$250 per occurrence deductible, then: 30%/50%
		Prescription Drug Benefits	\$15/\$35/\$60 (\$15/25%/30% for Specialty Medications) after \$150 Individual; \$450 Family deductible on tier II and III drugs	\$15/\$35/\$60 (\$15/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on tier II and III drugs
<b>UnitedHealthcare Choice Plus Balanced 30/2500/80%</b>	UnitedHealthcare Choice Plus Balanced 30/3000/70%	Annual Deductible	\$2,500 individual; \$7,500 family/ \$5,000 individual; \$15,000 family	\$3,000 individual; \$6,000 family/ \$3,000 individual; \$6,000 family
		Out-of-Pocket Maximum	\$4,500 individual; \$9,000 family/ \$9,000 individual; \$18,000 family	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family
		Plan Coinsurance	80%/60%	70%/50%
		Office Visits	\$30 primary; \$50 specialist/40%	\$30 primary; \$50 specialist/50%
		Inpatient Hospital Benefits	20%/40%	\$500 per occurrence deductible, then: 30% /50%
		Outpatient Surgery	20%/40%	\$250 per occurrence deductible, then: 30%/50%
		Prescription Drug Benefits	\$15/\$35/\$60 (\$15/25%/30% for Specialty Medications) after \$150 Individual; \$450 Family deductible on tier II and III drugs	\$15/\$35/\$60 (\$15/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on tier II and III drugs

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<b>UnitedHealthcare Choice Plus Balanced 40/1000/50%</b>	No change	Inpatient Hospital Benefits	50%/50%	\$500 per occurrence deductible, then: 50% /50%
		Outpatient Surgery	50%/50%	\$250 per occurrence deductible, then: 50%/50%
<b>UnitedHealthcare Choice Plus Balanced 40/2000/50%</b>	No change	Inpatient Hospital Benefits	50%/50%	\$500 per occurrence deductible, then: 50% /50%
		Outpatient Surgery	50%/50%	\$250 per occurrence deductible, then: 50%/50%
<b>UnitedHealthcare Choice Plus Balanced Value 40/1000/70%</b>	No change	Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family Does not include the Annual Deductible
		Inpatient Hospital Benefits	\$500 per occurrence deductible, then: 30% /50%	\$1,000 per occurrence deductible, then: 30% /50%
		Outpatient Surgery	\$250 per occurrence deductible, then: 30%/50%	\$500 per occurrence deductible, then: 30%/50%
		Prescription Drug Benefits	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$250 Individual; \$750 Family deductible on all tiers	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on all tiers
<b>UnitedHealthcare Choice Plus Balanced Value 40/1500/70%</b>	No change	Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family Does not include the Annual Deductible
		Inpatient Hospital Benefits	\$500 per occurrence deductible, then: 30% /50%	\$1,000 per occurrence deductible, then: 30% /50%
		Outpatient Surgery	\$250 per occurrence deductible, then: 30%/50%	\$500 per occurrence deductible, then: 30%/50%
		Prescription Drug Benefits	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$250 Individual; \$750 Family deductible on all tiers	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on all tiers
<b>UnitedHealthcare Choice Plus Balanced Value 40/2000/50%</b>	No change	Out-of-Pocket Maximum	\$6,000 individual; \$12,000 family/ \$12,000 individual; \$24,000 family	\$6,000 individual; \$12,000 family/ \$12,000 individual; \$24,000 family Does not include the Annual Deductible
		Inpatient Hospital Benefits	\$500 per occurrence deductible, then: 50% /50%	\$1,000 per occurrence deductible, then: 50% /50%
		Outpatient Surgery	\$250 per occurrence deductible, then: 50%/50%	\$500 per occurrence deductible, then: 50%/50%
		Prescription Drug Benefits	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$250 Individual; \$750 Family deductible on all tiers	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on all tiers

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<b>UnitedHealthcare Choice Plus Balanced Value 40/5000/70%</b>	No change	Out-of-Pocket Maximum	\$10,000 individual; \$20,000 family / \$15,000 individual; \$30,000 family	\$10,000 individual; \$20,000 family / \$15,000 individual; \$30,000 family Does not include the Annual Deductible
		Prescription Drug Benefits	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$250 Individual; \$750 Family deductible on all tiers	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on all tiers
<b>UnitedHealthcare Choice Plus Balanced Value 30/1000/80%</b>	UnitedHealthcare Choice Plus Balanced Value 40/1000/70%	Annual Deductible	\$1,000 individual; \$3,000 family/ \$2,000 individual; \$6,000 family	\$1,000 individual; \$3,000 family/ \$2,000 individual; \$6,000 family
		Out-of-Pocket Maximum	\$4,000 individual; \$8,000 family/ \$8,000 individual; \$16,000 family	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family Does not include the Annual Deductible
		Plan Coinsurance	80%/60%	70%/50%
		Office Visits	\$30 primary; \$50 specialist/40%	\$40 primary; \$60 specialist/50%
		Inpatient Hospital Benefits	\$500 per occurrence deductible, then: 20%/40%	\$1,000 per occurrence deductible, then: 30% /50%
		Outpatient Surgery	\$250 per occurrence deductible, then: 20%/40%	\$500 per occurrence deductible, then: 30%/50%
		Prescription Drug Benefits	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$250 Individual; \$750 Family deductible on all tiers	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on all tiers
<b>UnitedHealthcare Choice Plus Balanced Value 40/1000/50%</b>	UnitedHealthcare Choice Plus Balanced Value 40/1500/70%	Annual Deductible	\$1,000 individual; \$3,000 family/ \$2,000 individual; \$6,000 family	\$1,500 individual; \$4,500 family/ \$3,000 individual; \$9,000 family
		Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family Does not include the Annual Deductible
		Plan Coinsurance	50%/50%	70%/50%
		Office Visits	\$40 primary; \$60 specialist/50%	\$40 primary; \$60 specialist/50%
		Inpatient Hospital Benefits	\$500 per occurrence deductible, then: 50%/50%	\$1,000 per occurrence deductible, then: 30% /50%
		Outpatient Surgery	\$250 per occurrence deductible, then: 50%/50%	\$500 per occurrence deductible, then: 30%/50%
		Prescription Drug Benefits	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$250 Individual; \$750 Family deductible on all tiers	\$20/\$40/\$60 (\$20/25%/30% for Specialty Medications) after \$300 Individual; \$900 Family deductible on all tiers

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<b>UnitedHealthcare Choice Plus HRA 1500/80%</b>	UnitedHealthcare Choice Plus HRA 2000/70%	Annual Deductible	\$1,500 individual; \$3,000 family/ \$3,000 individual; \$6,000 family	\$2,000 individual; \$4,000 family/ \$4,000 individual; \$8,000 family
		Out-of-Pocket Maximum	\$6,000 individual; \$12,000 family/ \$12,000 individual; \$24,000 family	\$5,000 individual; \$10,000 family/ \$10,000 individual; \$20,000 family
		Plan Coinsurance	80%/60%	70%/50%
		Office Visits	80%/60%	70%/50%
		Inpatient Hospital Benefits	80%/60%	70%/50%
		Outpatient Surgery	80%/60%	70%/50%
<b>UnitedHealthcare Choice Plus HRA 2500/80%</b>	UnitedHealthcare Choice Plus HRA 3000/70%	Annual Deductible	\$2,500 individual; \$5,000 family/ \$5,000 individual; \$10,000 family	\$3,000 individual; \$6,000 family/ \$6,000 individual; \$12,000 family
		Plan Coinsurance	80%/60%	70%/50%
		Office Visits	80%/60%	70%/50%
		Inpatient Hospital Benefits	80%/60%	70%/50%
		Outpatient Surgery	80%/60%	70%/50%
<b>UnitedHealthcare SignatureValue 40-60/60%</b> <b>UnitedHealthcare SignatureValue Advantage 40-60/60%</b>	No change	Annual Copayment Maximum	\$5,000 individual; \$15,000 family	\$5,000 individual; \$10,000 family

This document illustrates the key benefit differences between the current and new plan designs. For a more detailed and comprehensive view of benefit changes, refer to the Benefit Summary or the Schedule of Benefits for each plan design.

Coinsurance or Percent Copayment amounts are subject to the Annual Deductible (if any). Member cost-sharing includes the Annual Deductible, Per Occurrence Deductible (if any), and In-network or Out-of-Network Coinsurance.

The Per Occurrence Deductible is separate from the Annual Deductible and does not accrue toward the Out-of-Pocket Maximum.

