UnitedHealthcare®
Healing health care. Together.℠

Rhode Island
Groups with 1-99
Eligible Employees

UnitedHealthcare Benchmark Solutions℠

Benchmark Solutions is a health plan portfolio featuring our highly proven plan designs with a special focus on the affordable, integrated Health Savings Account (HSA) and Health Reimbursement Account (HRA) consumer-driven plans for small businesses up to 99 employees.

Traditional Benefits – Proven plans with deductibles up to $500

Balanced Plans – Tailored plans with deductibles of $750-$5,000

Consumer-Driven – Affordable HSA and HRA plans with deductibles greater than $1,250

Designed to keep your customers' business healthy

Tailored – Products that match employer priorities; designed to grow and change with their business needs

Affordable – Leveraging innovation and efficiency tomaintain benefits; making plans more affordable

Proven – Largest national carrier with extensive network; leading the industry in HSAs and HRAs

Proactive – Simple, self-service tools save time and money on administration; plus programs that keep your employees healthy and productive.

Consumer-directed plans save money two ways

Our consumer-directed plans are engaging consumers in the most intimate way they can — through their pocketbooks and their health care choices. The potential benefits are large.

Lower Premiums – Switching to a higher-deductible plan can offer dramatically lower premiums and improved cash flows.

Reduced Health Care Utilization – Our proven consumer activation techniques encourage wise health care purchasing decisions through incentive-driven plan designs and our member Web tools on **myuhc.com®**.

UnitedHealthcare EDGE℠

UnitedHealthcare EDGE plans are designed to provide lower office visit copayments and higher plan coinsurance coverage when members utilize care provided by UnitedHealth Premium® designation program quality and cost-efficiency designated specialty physicians.

	Basic EDGE	EDGE with Definity℠ HSA
Preventive care benefits	●	●
Calendar or plan year	●	●
$500 inpatient per occurrence deductible	●	●
Family out-of-pocket maximum at 2x individual	●	●
Separate pharmacy plan rider	●	●
Lifetime maximum at $5,000,000	●	●
$100 urgent care copay	●	-
$250 emergency room copay	●	-
Coinsurance for urgent care and emergency room service	-	●
Family deductible at 2x individual	-	●
Family deductible at 3x individual	●	-
Embedded deductibles	●	
Non-embedded deductibles	-	●

Get Started Today

Contact your local UnitedHealthcare sales office, or visit **www.UnitedeServices.com** and select *'Preferred Plans'* when prompted to generate a Benchmark Solutions quote.

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Traditional Plans

Plan Code	Pricing Guide	Network					Copay			
		Deductible		Coinsurance	Out-of-Pocket Max					
		Single	Family		Single	Family	PCP	Spec	Urg Care	ER
1R-C	*Benchmark*	n/a	n/a	100%	n/a	n/a	$10	$10	$25	$100
1R-D	-8%	$300	$600	100%	$300	$600	$15	$15	$25	$100
1R-L	-13%	$500	$1,000	100%	$500	$1,000	$20	$20	$50	$100
1R-M	-18%	$500	$1,000	100%	$500	$1,000	$30	$45	$75	$200
7A-A	-26%	$500	$1,500	80%	$3,000	$6,000	$25	$50	$75	$200

Balanced Plans

Plan Code	Pricing Guide	Network					Copay			
		Deductible		Coinsurance	Out-of-Pocket Max					
		Single	Family		Single	Family	PCP	Spec	Urg Care	ER
1R-J	-19%	$1,000	$2,000	100%	$1,000	$2,000	$20	$20	$50	$100
1R-K	-27%	$2,000	$4,000	100%	$2,000	$4,000	$20	$20	$50	$100
7A-E	-24%	$1,000	$3,000	100%	$1,000	$3,000	$25	$50	$75	$200
7A-B	-30%	$1,000	$3,000	80%	$3,500	$7,500	$25	$50	$75	$200
7A-F	-28%	$1,500	$4,500	100%	$1,500	$4,500	$25	$50	$75	$200
7A-C	-33%	$1,500	$4,500	80%	$4,500	$9,000	$25	$50	$75	$200
7A-G	-31%	$2,000	$6,000	100%	$2,000	$6,000	$25	$50	$75	$200
7A-D	-35%	$2,000	$6,000	80%	$4,000	$8,000	$25	$50	$75	$200
7A-P	-34%	$2,500	$7,500	100%	$2,500	$7,500	$30	$60	$100	$250
7A-R	-41%	$5,000	$15,000	100%	$5,000	$15,000	$30	$60	$100	$250

Consumer-Driven Plans

	Plan Code	Pricing Guide	Network					Copay			
			Deductible		Coinsurance	Out-of-Pocket Max					
			Single	Family		Single	Family	PCP	Spec	Urg Care	ER
HRA Plans	1R-R	-19%	$1,000	$2,000	100%	$1,000	$2,000	$20	$20	$50	$100
	1R-S	-27%	$2,000	$4,000	100%	$2,000	$4,000	$20	$20	$50	$100
	1R-A[1]	-24%	$1,000	$2,000	100%	$1,000	$2,000	100%	100%	100%	100%
	1R-N[1]	-28%	$1,500	$3,000	100%	$1,500	$3,000	100%	100%	100%	100%
	1R-B[1]	-33%	$2,000	$4,000	100%	$2,000	$4,000	100%	100%	100%	100%
	1R-O[1]	-38%	$3,000	$6,000	100%	$3,000	$6,000	100%	100%	100%	100%
HSA Plans	U1-G[1, 2, 3]	-32%	$1,500	$3,000	100%	$3,000	$6,000	100%	100%	100%	100%
	7F-I	-36%	$1,500	$3,000	80%	$2,500	$5,000	80%	80%	80%	80%
	7A-T[1, 2, 3]	-38%	$2,000	$4,000	100%	$4,000	$8,000	100%	100%	100%	100%
	7A-U[1, 2, 3]	-45%	$2,850	$5,700	100%	$4,850	$9,700	100%	100%	100%	100%

Pharmacy Plans

Pharmacy Plan Code	Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio	Deductible	
						Single	Family
K4	$10	$25	$40		2.5x each retail category		
H9	$10	$30	$50		2.5x each retail category		
2V	$10	$35	$60		2.5x each retail category		
G4	$10	$30	$50		2.5x each retail category	$100	$300
S8	$10	$30	$50		2.5x each retail category	$250	$750
CG[4]	$15	$45	$80	$160	3x each retail category	$250	$750
DS	$15	$45	$85	$200	3x each retail category		

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, whether preventive services are covered at 100%, and other benefit details.

1 Preventive coverage: 100%
2 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.
3 Combined medical and pharmacy deductible and out-of-pocket maximum. After deductible is met, coinsurance and pharmacy copayments apply. 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.
4 The $250 deductible does not apply to Tier 1 medications.

In 2008, maximum HSA contribution is $2,900 single/$5,800 family. In 2009, maximum HSA contribution is $3,000 single/$5,950 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The Definity℠ 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. "Definity HSA" refers generally to the Definity℠ HSA product, which includes a HDHP, although at times "Definity HSA" may refer only and specifically to the Definity Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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Plan Code	Deductible				Coinsurance					Out-of-Pocket				Copays									Prevent. Care[5]	Medical Deductible Type
	Network		Non-Network		Network				Non-Network	Network		Non-Network												
	Single	Family	Single	Family	Phys Base[1]	SPEC Non-Prem Des[2]	SPEC Prem Des[3]	Non-phys[4]		Single	Family	Single	Family	PCP[1]	SPEC[2]	SPEC Prem Des[3]	UC	ER	OP	*OP per occur de-ductible*	IP	*IP per occur deducti-ble*		
Basic EDGE plan designs[6]																								
G8-F	$1,000	$3,000	$2,000	$6,000	100%	80%	100%	100%	70%	$3,000	$6,000	$6,000	$12,000	$30	$60	$30	$100	$250	100%	*$250*	100%	*$500*	PVY	Emb
G8-G	$1,000	$3,000	$2,000	$6,000	90%	60%	90%	90%	50%	$4,000	$8,000	$8,000	$16,000	$30	$60	$30	$100	$250	90%	*$250*	90%	*$500*	PVY	Emb
G8-H	$2,000	$6,000	$4,000	$12,000	90%	60%	90%	90%	50%	$5,000	$10,000	$10,000	$20,000	$30	$60	$30	$100	$250	90%	*$250*	90%	*$500*	PVY	Emb
EDGE with Definity HSA℠ plan designs[7]																								
Y3-N[7]	$1,500	$3,000	$3,000	$6,000	100%	70%	100%	100%	50%	$3,000	$6,000	$6,000	$12,000	100%	70%	100%	100%	100%	100%	*$250*	100%	*$500*	PVY	Comb/Non-Emb
Y3-L[7]	$2,000	$4,000	$4,000	$8,000	90%	60%	90%	90%	50%	$5,600	$11,200	$11,200	$22,400	100%	60%	90%	90%	90%	90%	*$250*	90%	*$500*	PVY	Comb/Non-Emb

EDGE Regular Pharmacy Plans

Plan Code	Deductible		Copay				Mail Order (90-day Supply)
	Single	Family	Tier 1	Tier 2	Tier 3	Tier 4	
CG[8]	$250	$750	$15	$45	$80	$160	3x each retail category
DS[10]	$0	$0	$15	$45	$85	$200	3x each retail category

EDGE Shared[9] Pharmacy Plans

Plan Code	Deductible		Out-of-Pocket Max		Member Copay				Plan Copay				Mail Order (90-day Supply)
	Single	Family	Single	Family	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
CC[9]	n/a	n/a	$5,000	$15,000	$10	$30	$50	N/A	Up to $60	Up to $40	Up to $30	N/A	3x each retail category
CD[9]	n/a	n/a	$2,500	$7,500	$10	$30	$60	N/A	Up to $60	Up to $40	Up to $30	N/A	3x each retail category
CE[9]	n/a	n/a	$5,000	$15,000	$10	$30	$60	N/A	Up to $60	Up to $40	Up to $30	N/A	3x each retail category
CF[9]	n/a	n/a	$2,500	$7,500	N/A	N/A	N/A	N/A	Up to $45	Up to $30	Up to $15	N/A	3x each retail category

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- All plans have additional per occurrence deductibles on inpatient hospitalization ($500) and outpatient surgery ($250).
- All plans have a $5,000,000 lifetime maximum.
- For medical plan, Minor Lab, X-Ray and Diagnostics - Outpatient services performed in physician office or urgent care facility will be covered by the co-pay. Major Lab and Diagnostics (CT, PET, MRI, MRA, and Nuclear Medicine) - Outpatient services performed in physician office or urgent care facility apply to deductible and coinsurance. Please see benefit summary for complete details.

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 services. This is the in-network plan coinsurance.
5 PVY = Preventive care at 100%.
6 Embedded deductible plan.
7 Combined Medical/Pharmacy and non-embedded deductible plan.
8 The $250 deductible does not apply to Tier 1 medications.
9 Shared Pharmacy plans are not available with HSA plans. These plans pay a fixed dollar amount toward the cost of covered medications, based on the tier level. Employees are responsible for a copayment as well as costs that exceed the plan contribution. They are protected by an annual out-of-pocket maximum (see table above for amounts).
10 Pharmacy plan DS is the only pharmacy plan available with EDGE with Definity HSA plans.

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.

In 2009, maximum HSA contribution is $3,000 single/$5,950 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The Definity℠ 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 Exante Bank. "Definity HSA" refers generally to the Definity℠ HSA product, which includes a HDHP, although at times "Definity HSA" may refer only and specifically to the Definity Health Savings Account, and not to the associated HDHP. Services supplied by Exante Bank, Inc. are not available in Hawaii, Alaska or the U.S. Virgin Islands. UnitedHealthcare's Definity℠ Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

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