

## Coverage Examples

The Summary of Benefits and Coverage (SBC) final regulations require the inclusion of Coverage Examples, a health plan comparison tool for consumers. The SBC of other plans will include the same Coverage Examples to allow consumers to compare the coverage that each plan provides.

These examples show how this plan might cover medical care for a sample patient for two common medical situations – having a baby (normal delivery) and managing Type 2 diabetes (routine maintenance, well-controlled). Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services. For each treatment situation, the Coverage Example helps consumers to see how deductibles, copayments, and coinsurance can add up. It also helps consumers see what expenses might be their responsibility to pay because the service or treatment isn't covered or payment is limited.

It is important to note that Coverage Examples are not cost estimators. The examples are for comparative purposes only and can't be used to estimate costs for an actual condition. Actual costs will depend on the care received, provider charges, and health plan reimbursement allowed. Coverage Examples also do not predict an individual's care needs. There are many factors such as age, severity of the condition, and advice from the treating physician that will determine an individual's care needs.

### Other Resources Available to UnitedHealthcare Members

- ▶ **myHealthcare Cost Estimator** – enables members to get access to personalized cost estimates and treatment options for the type of care needed. Key information such as: treatment options, provider quality information, total out-of-pocket costs, consumer spending account balances (as applicable) and potential risks, benefits and outcomes for the treatments being considered.



The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of the health plan ID card.

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### Coverage Examples

Insurance Company 1: Plan Option 1  
 Coverage Example  
 Coverage Period: 1/1/2011 – 12/31/2011  
 Coverage For: Individual • Spouse • Plan Type: PPO

**About these Coverage Examples:**  
 These examples show how the plan might cover medical care in some situations. See these examples to see, in general, how much financial responsibility a sample patient might expect if they are covered under different plans.

**This is not a cost estimator.**  
 Don't use these examples to estimate your actual costs under the plan. The actual care you receive will be different from these examples, and the cost of the care will also be different.  
 Do not use any fee for interpretation of benefits about these examples.

Having a baby (normal delivery)		Managing type 2 diabetes (routine maintenance, well-controlled)	
<b>Amount owed to providers:</b> \$7,540	<b>Plan pays:</b> \$5,450	<b>Amount owed to providers:</b> \$4,100	<b>Plan pays:</b> \$2,050
<b>Sample care costs:</b>		<b>Sample care costs:</b>	
Annual deductibles: \$1,500		Annual deductibles: \$1,500	
Annual out-of-pocket: \$5,000		Annual out-of-pocket: \$5,000	
Co-insurance: 20%		Co-insurance: 20%	
Co-payment: \$20		Co-payment: \$20	
Out-of-network: \$50		Out-of-network: \$50	
Out-of-pocket maximum: \$5,000		Out-of-pocket maximum: \$5,000	
<b>Total:</b> \$7,540		<b>Total:</b> \$4,100	
<b>Plan pays:</b>		<b>Plan pays:</b>	
Co-insurance: \$3,950		Co-insurance: \$2,600	
Co-payment: \$400		Co-payment: \$200	
Out-of-network: \$1,000		Out-of-network: \$250	
Out-of-pocket maximum: \$5,000		Out-of-pocket maximum: \$2,500	
<b>Total:</b> \$5,450		<b>Total:</b> \$2,050	

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs will be higher. For more information about the diabetes wellness program, please contact United.

Questions: Call 1-800-222-4373 or visit us at www.uhcare.com. If you aren't sure about any of the linked terms used in this form, see the Glossary. You can view the Glossary at www.uhcare.com or call 1-800-222-4373 to request a copy. 7 of 8