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About UnitedHealthcare

UnitedHealthcare is a division of UnitedHealth Group, a Fortune 50 company and one of the largest health coverage carriers in the country, offering a wide range of health care plans to fit small business needs. As a recognized leader in the industry, we work to enhance the health care experience for the 25 million members we serve. This includes working with providers and physicians to improve the quality and efficiency of health care services, providing greater access to health care for our members and the underserved, developing and implementing plans and programs that help our members manage health care costs, and using technology to help our members better navigate the health care system.

Our nationwide network includes more than 726,000 physicians and health care professionals, 5,600 hospitals and 64,000 pharmacies.

We are committed to enhancing the health and well-being of individuals and communities and ensuring the continuing improvement of the quality of health care in the United States.

* Formal HMO product names:
  Signature = UnitedHealthcare SignatureValue™
  Advantage = UnitedHealthcare SignatureValue Advantage
  Alliance = UnitedHealthcare SignatureValue Alliance
UnitedHealthcare is a division of UnitedHealth Group, a Fortune 50 company and one of the single largest health coverage carriers in the country. We offer a diverse range of health coverage plans and a national network of more than 726,000 physicians and health care professionals, 5,600 hospitals and 64,000 pharmacies. Serving nearly 25 million members nationwide, we’re committed to enhancing the health care experience through:

**Better information** – We alert individuals and their doctors to potential health risks or opportunities to take charge of their health. We give employers access to information to plan and implement worksite wellness programs to boost productivity and morale.

**Better decisions** – When we give employers, individuals and doctors access to relevant information, they can be empowered to make better-informed decisions.

**Better health** – Our shared focus is: helping people live healthier lives™, which contributes to a healthier and more productive, cost-efficient workplace.
We asked our customers what to improve – and they told us

- Do something about the costs
- Make it easy

You’ll be glad to know that we’re doing just that.

Affordability

Good Health. We hear and read every day that the best way to get control over health care costs is to get healthy. It’s been well-documented: Poor health costs money. And unhealthy employees cost their employers – in lost productivity as well as health care costs. UnitedHealthcare plans include 100 percent coverage for preventive care and wellness benefits, such as wellness coaching, fitness memberships and biometric screenings, with built-in incentives to encourage members to adopt healthy behaviors, and other value-added programs at no additional premium cost. And we reach out to our members to get that preventive care or take action on personal health risks when the need arises.

Education. We’re making it easier for our customers to understand and manage their health care costs with tools like our easy-to-use Health Care Cost Estimator and easily accessible health advisors and professionals who offer guidance as needed through the complex health care system.

Plan Design. Plans like the Select Plus, Consumer-Driven Health and Alliance plans feature flexibility in choice of benefits and financial responsibility, as well as give the member more control over managing health-related expenses. And the increasing availability of lower-cost generic drugs is making a significant dent in the high cost of prescription medication.
Our commitment to providing you with health coverage solutions includes offering an expansive network, both nationally and locally.

**Our California HMO network includes over:**
- 52,000 physicians and health care professionals, and 220 hospitals
- Advantage plan: More than 30,000 physicians and specialists, and 140 hospitals
- Alliance plan: More than 21,000 physicians and specialists, and 120 hospitals

**Our Select Plus network includes over:**
- 100,000 physicians and health care professionals, and 340 hospitals

**Our national network includes over:**
- 726,000 physicians and health care professionals, and 5,600 hospitals

Employees have nationwide access to 83 percent of all available U.S. hospital beds and two out of three available doctors and health care professionals.
UnitedHealthcare offers a broad range of health plans that are designed to be affordable and flexible for employers of various sizes. To help determine the plans that best suit their employees’ need for affordability, we’ve created a product continuum chart. The plans are arranged from lowest to highest premium and list key features.

**UnitedHealthcare Product Continuum Chart**

**California Small Business (51-99 employees)**

**Alliance**
Cost-effective plans with a network of highly effective medical groups focused on providing patient-centered care

**Advantage**
Strives for low-cost network access
- PCP Referral
- Network only

**HSA**
Values federal income tax-free savings for future health care costs

**HRA**
Likes to empower member choice in health care spending
- PCP Referral
- Network only

**Select Plus**
Seeks a national network with non-network flexibility
- Non-referral
- Network and non-network
- Incentives to use preferred providers or places of service

**Signature**
Wants a large network access and flexible benefits
- PCP Referral
- Network only

**Non-Differential PPO**
Seeks ultimate provider flexibility
- Non-referral
- Network and non-network

**HIGH PREMIUM COST**

**LOW PREMIUM COST**
UnitedHealthcare Plans and Programs

We offer an array of plans designed to help employers and their employees get access to the health care coverage they need at an affordable price.
Flexible Plans with Network Advantages

UnitedHealthcare provides network and out-of-network benefits; plans for single-site, multi-site and multi-state businesses; and variable options for deductibles, coinsurance and pharmacy plans that help meet employers’ needs.

Our new Select Plus plan designs include a per-occurrence deductible, which is applied to inpatient hospital and certain outpatient services such as outpatient surgery, standard lab/X-ray, and complex imaging (e.g., MRI, CT, PET). Members have the option to avoid the per-occurrence deductible when accessing these benefits by receiving services from an independent, non-hospital-affiliated provider.

These benefit plan designs offer employers:

- **Affordability** – Low-cost alternatives for premiums
- **Choice** – Popular combinations of benefits and pricing

These benefit plan designs offer consumers:

- **Choice** – Choice of any network physician or health care professional and no referral or primary physician required
- **Freedom** – National reciprocity for visiting physicians and specialists in participating networks across the country and no referrals for specialists required

- **Network** – Access to more than 726,000 physicians, 5,600 hospitals, and 64,000 pharmacies across the country
- **Complete benefits** for hospital, clinic, physician and prescription drugs
- **Preventive care and office visits** – Complete physical exams, Pap smears and mammograms, routine vision exam, well-baby/child, including immunizations, routine office visits, obstetrical office visits, pre/postnatal care
- **Pharmacy** – A wide selection of pharmacy plan options available with the medical plans
- **Notification** – Participating physicians and health care professionals are responsible for Care Coordination℠ notification requirements
**Family Out-of-Pocket Maximum is 2x Individual. Member cost share, including Office Visits, deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.

Benefits with coinsurance (%) responsibility are subject to the Deductible.

The Per-Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per-Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

**Family Deductible is 2x Individual. For plans with a Non-Embedded deductible, one or more eligible members of a family unit may satisfy the entire Family Deductible. No one in the family will be eligible for benefits until the Family Deductible has been met.**

HSA-eligible plans may only be offered with pharmacy plans with a combined medical and drug annual deductible.

This benefit grid is intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your sales representative.

### Select Plus

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**HRA-Eligible**

- $2,000 | $4,000 | $6,350 | $12,700 | 70% | 50% | 70% | 70% | N/A | 70% | $500 | $250 | Embedded | No | RZ-2
- $3,000 | $6,000 | $6,350 | $12,700 | 70% | 50% | 70% | 70% | N/A | 70% | $500 | $250 | Embedded | No | RZ-3
- $4,000 | $8,000 | $6,350 | $12,700 | 70% | 50% | 70% | 70% | N/A | 70% | $500 | $250 | Embedded | No | RZ-4

**HSA-Eligible**

- $2,000 | $4,000 | $4,000 | $8,000 | 90% | 60% | 90% | 90% | N/A | 90% | N/A | N/A | Non-Embedded | Yes | LX-W
- $2,000 | $4,000 | $5,000 | $8,000 | 80% | 50% | 80% | 80% | N/A | 80% | N/A | N/A | Non-Embedded | Yes | RY-M
- $3,000 | $6,000 | $4,000 | $12,000 | 90% | 60% | 90% | 90% | N/A | 90% | N/A | N/A | Non-Embedded | Yes | RY-N
- $3,000 | $6,000 | $5,000 | $12,000 | 80% | 50% | 80% | 80% | N/A | 80% | N/A | N/A | Non-Embedded | Yes | RY-O
- $4,000 | $8,000 | $5,000 | $16,000 | 80% | 50% | 80% | 80% | N/A | 80% | N/A | N/A | Non-Embedded | Yes | RY-P

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1. Family Out-of-Pocket Maximum is 2x Individual. Member cost share, including Office Visits, deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.
2. Benefits with coinsurance (%) responsibility are subject to the Deductible.
3. The Per-Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per-Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.
4. Family Deductible is 2x Individual. For plans with a Non-Embedded deductible, one or more eligible members of a family unit may satisfy the entire Family Deductible. No one in the family will be eligible for benefits until the Family Deductible has been met.
5. HSA-eligible plans may only be offered with pharmacy plans with a combined medical and drug annual deductible.

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UnitedHealthcare Health Savings Account (HSA) and Health Reimbursement Account (HRA)

UnitedHealthcare’s HSA and HRA plans are designed with the new health care consumer in mind. Our HSA and HRA plans offer a medical plan, coverage for preventive care and a health care account that members control and access themselves to cover some of the costs of qualified medical expenses outside network preventive care. With these accounts, members shift from being passive health care users to value-conscious, engaged consumers.

HSA features
• Members can manage their medical claims and HSA together online or with a customer care professional.
• Three account types offer balance of interest, account fees and spending. Non-proprietary mutual fund investing is available.
• For greater member convenience, HSAs include a debit card and online bill payment.
• Accounts are administered by Optum BankSM, Member FDIC. OptumHealth Financial ServicesSM provides educational tools that help both employers and individuals successfully engage in their financial health.

UnitedHealthcare HSA plans help members become more informed and active health care consumers. By taking ownership of their health and health care spending, employees can also help their employers have more control of their health care costs. Recent studies support the value of HSA-eligible plans in reducing costs and promoting a healthier workplace.

• HSA-eligible plans have shown 20% to 30% lower cost-than-average premiums, helping U.S. businesses save money.1
• Premium savings for employees with an HSA-eligible plan amount to an average $852.2

• HSA plan members are two to three times more likely to participate in wellness programs than those in non-consumer-driven health plans.3 Our wellness offerings include worksite wellness programs, a confidential,* personalized health assessment, online and telephonic coaching and personal support.

HRA features
• Employers and employees get tax savings with an HRA. The distributions from the employer-funded HRA are tax-deductible to the employer; employee reimbursements from the HRA are tax-exempt.
• UnitedHealthcare offers a First Dollar Shared-Deductible HRA: An employer-defined percentage of each eligible expense is paid out of the HRA and the rest is the member’s responsibility.
• Employers set the contribution amount and covered expenses
• Employees are automatically enrolled in the HRA-eligible medical plan
• Accounts are not funded until a request for reimbursement is filed
• UnitedHealthcare claims are paid to the member automatically and member is responsible for providing payment to the provider
• Employers get reports to help track account use
• HRAs can work with Flexible Spending Accounts (FSAs)

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3 2006 survey of 212,000 UnitedHealthcare members enrolled in UnitedHealthcare Health Savings Accounts for the full year of 2006.
* Confidential to the fullest extent permitted by law.
**Consumer-Driven Health**

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2. Benefits with coinsurance (%) responsibility are subject to the Deductible.
3. The Per-Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per-Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.
4. Family Deductible is 2x Individual. For plans with a Non-Embedded deductible, one or more eligible members of a family unit may satisfy the entire Family Deductible. No one in the family will be eligible for benefits until the Family Deductible has been met.
5. HSA-eligible plans may only be offered with pharmacy plans with a combined medical and drug annual deductible.

This benefit grid is intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your sales representative.
The UnitedHealthcare Non-Differential PPO product provides maximum freedom for dealing with any health care situation. This flexible product provides a broader-based coverage to include more doctors and specialists to visit without referrals. With this version of health insurance, benefits are provided for covered health services received from any physician or other licensed health care professional.

### Non-Differential PPO

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1. Family Out-of-Pocket Maximum is 2x Individual. Member cost share, including Office Visits, deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.
2. Benefits with coinsurance (%) responsibility are subject to the Deductible.
3. The Per-Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per-Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.
4. Family Deductible is 2x Individual. For plans with a Non-Embedded deductible, one or more eligible members of a family unit may satisfy the entire Family Deductible. No one in the family will be eligible for benefits until the Family Deductible has been met.
5. HSA-eligible plans may only be offered with pharmacy plans with a combined medical and drug annual deductible.

This benefit grid is intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your sales representative.
UnitedHealthcare Pharmacy

Designed to meet employers' financial goals, as well as the health and wellness needs of their employees and their families, our pharmacy management program is included in all fully insured plans. Here are the reasons to offer UnitedHealthcare Pharmacy:

1. We are aligned with employers' goals:
   - Focusing on total health care costs
   - Emphasizing lowering net costs, not rebate maximization
   - Building and executing a consistent overall medical and pharmacy strategy

This approach is based on the fact that we manage risk for total health care spending for approximately 8 million fully insured members.

2. Our pharmacy management program focuses on all the components to help ensure optimal performance through:
   - Benefit design that engages and motivates members to choose higher-value drugs
   - A Prescription Drug List (PDL) based on evidence of total health care value and managed with flexibility to quickly respond to new information and changing market conditions
   - Demonstrated ability to drive market share, motivating pharmaceutical companies to provide greater rebates, resulting in lower net costs for entire therapeutic categories
   - Support tools and programs to help consumers fully understand their options and costs
   - Complete physician-directed clinical programs to improve quality of care and to support high health care value options

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**Pharmacy for Select Plus, Consumer-Driven Health, and Non-Differential PPO**

**UnitedHealthcare Pharmacy**

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<thead>
<tr>
<th>Deductible</th>
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<th>Member Copay - Specialty Medications</th>
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**Combined Medical/Pharmacy Deductible Plans**

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1 Does not apply to Tier 1, except for plan IZ and pharmacy plans subject to the Medical Deductible.
2 This pharmacy plan may only be paired with medical plans with a $1,000 or greater deductible. It is not eligible to be paired with HSA plans or any other plans with a combined medical/ pharmacy deductible. Only generic drugs are covered with this plan under Tier 1. State-mandated brand-name drugs, if any, are covered under Tier 2 and Tier 3.
The **Signature** plan includes our **full** network of contracted providers. With this HMO plan, members simply choose a Primary Care Physician (PCP) from our network to coordinate all their medical care. They can then visit their PCP for routine checkups, and when they need to see a specialist, their PCP can provide a referral. Members are charged only a copayment for each doctor's visit. Preventive care, including checkups, is covered.

The **Advantage** plan offers the same level of benefit coverage as a traditional HMO plan at a lower premium. The difference is in the network. The Advantage plan offers a narrower network of contracted providers. Members must choose a PCP from the Advantage network to coordinate all their medical care.

The **Alliance** plan requires members to choose a PCP from network medical groups that were selected based on their outstanding reputations and clinically proven abilities to deliver the kind of care that keeps health care costs down. The focus of these plans is on “patient-centered care” – the PCP coordinates the member's care with other physicians and specialists in their chosen medical group's network to ensure that the member will receive outstanding care. As with our other plans, members get the tools they need to do their own evaluations, so they can select the right physician to meet their unique needs and preferences.

To make these plans flexible enough to meet the needs of employers and their employees, they can be paired with either an HSA or an HRA. These options each provide a unique set of features, benefits and requirements. For example, the employee is the “owner” of the HSA, while HRAs give the employer much more control over which expenses to cover. With both types of account, funds can “roll over” from year to year to allow members to save for bigger expenses, and significant tax benefits can be realized, with proper use.
### Signature, Advantage and Alliance

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<thead>
<tr>
<th>Deductible1</th>
<th>Out-of-Pocket Maximum1</th>
<th>PCP</th>
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1. Family Deductible is 2x Individual. For plans with a Non-Embedded deductible, one or more eligible members of a family unit may satisfy the entire Family Deductible. No one in the family will be eligible for benefits until the Family Deductible has been met.
2. Family Out-of-Pocket Maximum is 2x Individual. Member cost share, including Office Visits, deductible, coinsurance and pharmacy, apply to the Out-of-Pocket Maximum.
3. Only pharmacy plans 3Y5, 3Y6 and 3Y7 are available with HSA-eligible plans.
For more information about by OptumRx, visit www.optumrx.com.
Available with Select Plus, Consumer-Driven Health and Non-Differential PPO plans. Programs subject to change.

Solutions for Employers

Employer eServices* provides streamlined administration for employers

Employer eServices is UnitedHealthcare’s secure website that provides immediate and secure self-service access to health benefits information. Self-service efficiency leads to:

- Increased member satisfaction – members have access to their benefits immediately and experience less hassle at the time of service with updated eligibility information
- Increased accuracy – employers benefit from accuracy through real-time processing and more accurate billing statements

From eligibility maintenance to customer reporting and billing solutions, Employer eServices is a gateway to tools that make health benefits administration more efficient.

Online eligibility maintenance
- Add new employees
- Verify and change eligibility
- Request health plan ID cards
- Verify or change status of employees and dependents

Online billing
- Check claims status (self-funded customers only)
- View invoices
- Authorize payment
- Download invoices into spreadsheets
- View, sort and search current and prior month’s invoices
- Request adjusted invoices after changing/adding eligibility information

Real-time reporting*
- View benefit plan cost and use information
- Access free standard reports and optional customized reports
- Download free employee communication tools

Online enrollment
UnitedHealthcare’s OnlinEnroll® offers a quick, easy and accurate way for presenting, collecting and managing employee benefit enrollment data with one integrated solution.

Communication Resource Center (CRC)

*Availability based on group size and funding arrangements

makes it easy for employers to communicate with their employees and help them get the most from their benefit plan.

- Access fliers, posters, brochures and articles that employers can email, print, use in company newsletters or any other form of employee communication
- Build a customized newsletter with articles provided
- Use communication tools that help employers plan a workplace wellness campaign

Solutions for Brokers

United eServices*

United eServices makes administration simpler for brokers who are appointed to sell UnitedHealthcare plans. We developed the United eServices website to help appointed brokers and consultants streamline their administrative tasks and provide better service to employers. Brokers can access an array of online tools and information:

- Network information
- Online commission statements and bonus schedules
- Sales support materials
- Reward program information
- Forms

United eServices also provides a gateway to the Employer eServices site for those brokers who manage benefits administration on behalf of their clients. Register with United eServices online. Visit unitedeservices.com and click on the registration button.

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- Product catalogs
- Forms
- Wellness tools
- Brochures and flyers for specialty plans, such as dental and vision, no-fee administrative services and more

Brokers also can send a request for a quote. Visit www.uhctogether.com/casb today.
Our goal is to help employers and employees manage costs by helping people improve their total health and productivity. That’s why we offer these additional health and wellness programs with all our Select Plus, Consumer-Driven Health and Non-Differential PPO plans at no additional charge.

**myHealthcare Cost Estimator**

myHealthCare Cost Estimator is your employees personalized online tool that will empower them to make more informed health care decisions. myHealthcare Cost Estimator is available to UnitedHealthcare members at no additional cost. When members are able to get information based on their plan, they’ll have the knowledge to better understand their choices and be in greater control of health care.

**United Resource Networks**

Through our affiliate company, United Resource Networks (U.R.N.), we provide access to Centers of Excellence networks comprising medical centers that U.R.N. identifies as specialists in the treatment of specific conditions and that meet strict evaluation requirements. U.R.N. also provides clinical consulting services to manage treatment programs and costs to maximize employee benefits.

**United Behavioral Health**

Our goal is to help employers manage costs by helping people improve their total health and productivity. That’s why we offer complete behavioral health and substance abuse services, ranging from counseling to acute inpatient care. We do this through behavioral health benefits delivered by our affiliate, United Behavioral Health (UBH).

**Features**

- Support and treatment for mental health and substance use issues
- Integration with medical benefits for streamlined administration
- Indirect and direct cost-savings

**Care24®**

Our Care24 assists employees with health, personal or family-related concerns via a toll-free phone number 24 hours a day, seven days a week. One toll-free number puts them in touch with nurses, counselors, financial consultants and attorneys.

For situations where in-person resources are needed, Care24 contracts with more than 9,000 professionals nationwide who provide local support. In addition, our database of more than 60,000 unique community resources, representing 400,000 points of expertise, adds to Care24’s depth of service.

Care24 also offers employers access to audio messages on more than 1,100 health and well-being topics. Most audio tapes are available in Spanish, and we provide translation services for more than 140 languages.

**eSync Platform® Technology**

UnitedHealthcare’s sophisticated eSync platform takes a big-picture look at a member’s health, and, using proprietary technology, alerts the member and his or her physician to a potentially serious condition so that intervention can occur at the diagnostic stage.

**Care CoordinationSM**

Coordinates and customizes services where gaps in care may exist. Education and prevention programs include pre-admission counseling, inpatient care advocacy and readmission prevention.

**Disease Management**

Identifies high-risk individuals with chronic conditions, such as asthma, diabetes and coronary artery disease, who may benefit from a focused intervention program. Individuals are placed on one of three levels of intervention to improve quality of life and keep cost trends in check.
Reminders Program
Encourages individuals to get recommended preventive care and screenings, including mammograms, diabetic eye exams, pediatric immunizations and flu shots.

Complex Medical Conditions
The Complex Medical Conditions program provides access to Centers of Excellence networks comprising medical centers that are identified as specialists in the treatment of specific conditions and that meet strict evaluation requirements. The Complex Medical Conditions program also provides clinical consulting services to manage treatment programs and costs to maximize employee benefits.

Evidence-Based Medicine
Improves consistent clinical outcomes and reduces inefficient delivery of care. We offer Clinical Evidence (a compilation of thousands of recent research studies); facilitate peer-to-peer, data-sharing consultations; and provide physicians and hospitals with relevant data regarding their performance compared to nationally accepted, evidence-based practices.

myuhc.com®
Gives members with Select Plus, Consumer-Driven Health and Non-Differential PPO plans online, self-service access to benefit and network information. myuhc.com also provides customized information and articles on hundreds of health-related topics.
Disease Management and Health Management Programs

Managing a disease is never easy. But with the right support and information, it can be made more tolerable.

We offer case-based disease management programs for:
- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease/Stroke
- Depression
- Diabetes
- End-Stage Renal Disease
- Neonatal Care Management
- Healthy Pregnancy Program

We also offer Health Management programs that are over and above the traditional health care coverage. These extended services provide education and self-care information that can help members live healthier lives.

Our Health Management programs include:
- Taking Charge of Asthma®
- Taking Charge of Diabetes®
- Taking Charge of Your Heart Health
- StopSmoking™

Health discount program

The health discount program offers members savings of between 5-50 percent on a variety of products, programs and services, ranging from alternative and complementary therapy discounts, to national weight loss programs like Jenny Craig®.

- Dental, Vision, alternative care and infertility treatment savings
- Fitness equipment and apparel discounts
- Reduced rates on fitness clubs, including 24 Hour Fitness®, LA Fitness®, Anytime Fitness®, Bally Total Fitness®, Curves®, Gold’s Gym® and Snap Fitness®

HMO members can log on to www.uhcwest.com and search through the Health and Wellness tab to find providers and discounts, and start taking advantage of this program.

Healthy Pregnancy program

This program is like a “fairy godmother” for any mom-to-be. In addition to an information resource center that provides valuable tips, advice, screening and immunization schedules, and what mothers need to know for pre- and post-baby health, Healthy Pregnancy program also includes:
- Pregnancy consultation to identify a new mother’s risks and special care needs
- 24-hour toll-free access to experienced maternity nurses
- Complimentary book: Your Journey Through Pregnancy

The Healthy Pregnancy program is a completely new program for HMO members.

24-Hour Information

If members need answers to general health questions, they no longer need to wait until Monday morning.

For those who prefer to pick up the phone, they may call 1-866-PHS-HEALTH to speak to a licensed registered nurse about general health issues. They also have the option of listening to prerecorded information on a variety of health topics.

Online Self-Service

At www.uhcwest.com, HMO members may order ID cards and change their provider, plus get access to interactive health information, health benefits, doctor directories, information on the Mail Service Pharmacy, health tips, resource links and more.

NurseLineSM

Efficient use of health care resources can help contain employers’ medical costs. NurseLine nurses provide health information, discuss treatment options and assist individuals in finding an appropriate level of care.

Maintaining good health starts with asking questions and understanding the answers. NurseLine services empower people with information, support and guidance. From helping prepare questions for an upcoming doctor visit to determining the appropriate use of medical resources, NurseLine helps individuals make educated decisions about their personal health.

NurseLine provides immediate access to experienced registered nurses for nearly any health or medical concern – 24 hours a day, seven days a week.
Small Business Wellness Programs

As more companies look for ways to lower their health care costs, we believe that wellness programs in the workplace could potentially save employers money. When employees learn how to make good decisions for their health, everyone wins.

UnitedHealth Wellness®

UnitedHealth Wellness is a group of programs and services designed to help members make healthy lifestyle decisions that could affect their long-term quality of life. Among the tools and resources offered are a personal health record, online health coaching, an online health assessment, a Healthy Pregnancy program, and health and wellness publications.

Fitness reimbursement program

The fitness reimbursement program offers money back to members who on a regular basis go to a participating fitness center, including 24 Hour Fitness®, LA Fitness®, Anytime Fitness®, Curves®, Life Time Fitness, Snap Fitness, the Y and more.

Biometric screenings and coaching

Biometric health screenings and wellness coaching can help make a measurable difference for employers and their employees. Home-screening kits for both the member and spouse are sent and received by mail to check their cholesterol, glucose and body-mass index. In addition, telephone wellness coaching is available on diabetes, exercise, heart health, nutrition, stress, tobacco cessation and weight.

Health discount program

Our health discount program helps members and their families save 10 to 25 percent on non-covered health and wellness purchases from participating providers. Even with medical, dental and vision coverage, enrolled health plan members can save even more money by using the health discount program for dental care, hearing devices, vision care, long-term care services, infertility treatment and alternative care – such as acupuncture, chiropractic care, massage therapy and natural medicine.

Preventive care services

Preventing disease or detecting disease early is important to living a healthy life. The better an individual’s health, the lower health care costs are likely to be. UnitedHealthcare provides information about guidelines for maintaining health, including health screenings and recommended immunization schedules for children up to 18 years of age as well as preventive care guidelines for adults 18 and older.

Member online portal

UnitedHealthcare has set up a website on health and wellness information at uhctogether.com/uhcwellness. Designed to help members understand their health care choices and get the most out of their coverage, it offers easy-to-use online tools and personalized information.

Also, UnitedHealthcare will provide a promotional tool kit to help spread the news to members about these new programs and the new website.

CaféWell®

It is a fun, “all in one” wellness program that’s easy for employers to implement, and fun and rewarding enough to keep employees engaged and motivated. The program combines health and fitness challenges and social networking. CaféWell connects members with the tools they need to make meaningful lifestyle changes and giving them the chance to win prizes.
Market-Specific Solutions and Resources

Multicultural Solutions

Latino Health Solutions℠

Latinos have specific health care and cultural preferences – and many prefer Spanish, especially when dealing with such complicated or personal subjects as health care coverage. We understand these cultural preferences and have designed a broad range of services to assist employers’ needs within the Latino community, including:

• A Spanish-language website, www.uhclatino.com, offers interactive, easy-to-use, Web-based health and educational resources.
• Schedules of benefits and enrollment materials in Spanish.
• Online provider directory of Spanish-speaking physicians.
• Customer service in Spanish, with bilingual customer care professionals.

Asian American Markets

UnitedHealthcare has worked to develop alternative plans, health education and in-language communications to better serve our Asian American customers and members.

Asian American Markets features:

• www.uhcasian.com – an educational website that offers general health care topics and terms in English, Chinese, Korean, Vietnamese and Japanese.
• Asian-language provider directories that won the 2007 Recognizing Innovation in Multicultural Health Care Award from the National Committee of Quality Assurance.
• Sponsored community events for traditional Asian holidays, including Lunar New Year.

Generations of Wellness℠

When it comes to good health, people need to have options that take into account their individual needs – not only their background and history, but their cultural preferences and even where they live and work.

That’s why UnitedHealthcare created Generations of Wellness℠, an initiative designed to address health issues specific to African Americans. By providing more relevant options and choices, we’re working to create a better health care experience.

Generations of Wellness helps members:

• Create their own personalized road maps to good health by using innovative, interactive health tools, such as our Family Health History Tree and health tip fliers, found on www.uhcgenerations.com.
• Become more engaged in their own health, and their community, by participating in UnitedHealthcare-sponsored health and wellness events.
• Prevent or manage diabetes, stroke and other conditions that affect a disproportionately high number of African Americans by referencing our health tip fliers utilizing our Online Health Coach.

Resources for Women

Source4Women℠

Source4Women, our women’s website at uhc.com/source4women.htm offers an online space for women to share their insights about health and improve their ability to manage their health care. Our female members and their friends and family members can register to participate in the Source4Women communities by going to uhc.com/source4women/community. There women will find four core communities, discussions and advice, email notifications and blogs about managing their, and their families’, health and more.

The site also offers online seminars so that they will be able to hear from leading women’s health experts on key topics.
Packaged Savings

Buy medical plan and specialty benefits together and save.

UnitedHealthcare and our affiliated companies give the employers one-stop shopping for quality, comprehensive health care benefits. Employers can combine our innovative medical plans with comprehensive specialty benefits – dental, life, disability and vision. When they bundle the benefits, they can expect proven knowledge and service from a leading specialty carrier plus the simplicity and convenience of just one team to administer benefits. The savings employers realize through Packaged Savings are based upon medical enrollment and the number of active lines of specialty coverage they have with the UnitedHealthcare family. The more they bundle, the more they save.

Packaged Savings means:

• Bundled UnitedHealthcare medical and specialty benefits for administrative credit
• Savings based on medical enrollment and the number of eligible employer paid or contributory specialty coverages chosen
• One account team from UnitedHealthcare to serve all of your benefits needs
• Streamlined administration
• State-of-the-art online tools

UnitedHealthcare Benefit Services

UnitedHealthcare Benefit Services comes at no additional cost when employers purchase medical coverage through UnitedHealthcare, to help employers and their employees save both time and money.

• Pre-Tax Premium Plans. These plans allow employers and their employees to pay your premiums on a pre-tax basis, which lowers their taxable income under Section 125. Employees can reduce their payroll-related taxes, and they can decrease their taxable income and increase their take-home pay.

• COBRA Administration. We offer streamlined administration and efficient record-keeping, so employers can focus on managing and growing their business, not on the administrative responsibilities required by COBRA.

• Flexible Spending Accounts (FSA). Our FSA services include planning, implementation, communication, administration, compliance and maintenance.

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<table>
<thead>
<tr>
<th>When your group purchases medical and:</th>
<th>Receive the following potential savings calculated per employee per month:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
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</tr>
<tr>
<td>Vision</td>
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</tr>
<tr>
<td>Life1</td>
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</tr>
<tr>
<td>Short-term disability1</td>
<td>$1.00</td>
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<tr>
<td>Life1 and short-term disability1</td>
<td>$2.00</td>
</tr>
<tr>
<td>Life1 and long-term disability1</td>
<td>$2.00</td>
</tr>
<tr>
<td>Dental and vision</td>
<td>$5.00</td>
</tr>
<tr>
<td>Dental and life</td>
<td>$4.00</td>
</tr>
<tr>
<td>Vision and life</td>
<td>$3.00</td>
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<tr>
<td>Dental, vision and life</td>
<td>$6.00</td>
</tr>
<tr>
<td>Dental, vision, life and short-term disability2</td>
<td>$7.00</td>
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</tbody>
</table>

1Any combination of life products counts as one product for the purpose of the program.
2Any combination of disability products counts as one product for the purposes of the program.

Long-term disability must be bundled in conjunction with life or short-term disability coverage to qualify for the program and be eligible for credit.

Per-employee per-month savings is given as a monthly credit based on the number of enrolled UnitedHealthcare medical subscribers.
Enhanced Member Services

When employees call UnitedHealthcare with a benefits, program or claims question, employers and their employees should expect first class service and quick and complete resolution to the issue. We strive to provide that and more. Experience customer service the way it is supposed to be with our new Enhanced Member Service.

Members can get help to:

• Understand a bill or resolve a claim
• Find a network health care provider
• Schedule an appointment
• Better understand their health plan benefits
• Resolve their issues with service professionals who will perform outbound or three-way calls
• Follow through when additional research or assistance is needed
• Understand their responsibility and how to coordinate across medical and financial accounts

We are dedicated to providing members with the best possible experience. Members can call the number on the back of their health plan ID card for questions.
Specialty Plans

Our Dental and Vision plans feature simplified underwriting guidelines, excellent benefits, and business rules designed for easy administration, which makes them an easy addition to any medical plan.
Dental Overview

- Dental coverage adds value to a stand-alone medical plan, which helps retain employers and keep them happy
- HMO, Direct Compensation, PPO and Indemnity dental plans are available as voluntary or contributory
- Dual choice plans available, combining DHMO or Direct Compensation with either DPPO or Dental Indemnity
- Dental HMO and Direct Compensation are enhancements to medical coverage
- Dental PPO and Indemnity offer the expanded dental coverage desired by many employers

HMO Dental

- Offered by Dental Benefit Providers of California, Inc. with one of the largest DHMO networks in California
- Employers can offer their members comprehensive dental coverage at a modest price
- No waiting periods; no deductibles; no claim forms.
- All plans include orthodontics
- All group plans include specialty referral

<table>
<thead>
<tr>
<th>ADA</th>
<th>Description</th>
<th>Copayments</th>
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</thead>
<tbody>
<tr>
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<td>D0120</td>
<td>Periodic oral evaluation est pt</td>
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<tr>
<td>D0210</td>
<td>Intracural – complete series</td>
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<td>D0274</td>
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<td>Preventive</td>
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<td>D1120</td>
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<td>D1201</td>
<td>Top fluoride – child</td>
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<td>Restorative</td>
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<td>D2330</td>
<td>Resin compos – one surface anterior</td>
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<td>D2530</td>
<td>Inlay – metallic – 3/more surfaces</td>
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<td>D2740</td>
<td>Crown – porcelain/ceramic substrate</td>
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<tr>
<td>D2750</td>
<td>Crown – porcelain fused high noble metal</td>
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<td>Endodontics</td>
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<td>D3110</td>
<td>Pulp cap – direct</td>
<td>$5</td>
</tr>
<tr>
<td>D3220</td>
<td>Tx pulpot-corodi dintrococemt junc</td>
<td>$5</td>
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<tr>
<td>D3330</td>
<td>Molar</td>
<td>$365</td>
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<td>Periodontics</td>
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<td>D4341</td>
<td>Periodontal scale &amp; root planing 4/&gt;teeth-quad</td>
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<td>Prosthodontics</td>
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<td>D5110</td>
<td>Complete denture – maxillary</td>
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<td>D5211</td>
<td>Max partial denture – resin base</td>
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<td>D5213</td>
<td>Max partial denture – cast metal/iron</td>
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<td>Oral Surgery</td>
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<td>Orthodontics</td>
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<td>D8090</td>
<td>Comprehensive orthodontic treatment adult dentition</td>
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<tr>
<td>D8999</td>
<td>Start-up fee (including exam, beginning records, X-rays, tracing, photos, and models)</td>
<td>$250</td>
</tr>
</tbody>
</table>

Please contact your UnitedHealthcare representative for complete plan details.

UnitedHealthcare Dental® coverage is underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Benefits for the UnitedHealthcare Dental DHMO plans are offered by Dental Benefit Providers of California, Inc.
Dental PPO and Dental Indemnity
• Provided by UnitedHealthcare
• Over 83,000 clients and seven million plan participants nationwide
• Over 241,513 dentist access points in our national PPO network
• Offers innovative solutions for all employer populations

UnitedHealthcare Dental Metrics
• Competitive network discounts
• High first call resolution rate: Nearly 92% first call resolution
• Fast claims service: 99% of claims paid within 10 days; 99.85% within 15 days
• 99.96% financial and clerical accuracy
• 76% of claims are automatically adjudicated

### UnitedHealthcare Indemnity

<table>
<thead>
<tr>
<th>Percentage Payable</th>
<th>Endo/Pero/Oral</th>
<th>Annual Max</th>
<th>Individual Deductible</th>
<th>Waiting Period</th>
<th>Payment Basis</th>
<th>Ortho</th>
<th>Lifetime Ortho Max</th>
<th>Minimum Group Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1310</td>
<td>100/80/50</td>
<td>$1,000</td>
<td>$50</td>
<td>No wait</td>
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<tr>
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<td>I1206</td>
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<tr>
<td>I1210</td>
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<td>No wait</td>
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### UnitedHealthcare PPO

<table>
<thead>
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<th>Percentage Payable</th>
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<th>Individual Deductible</th>
<th>Waiting Period</th>
<th>Payment Basis</th>
<th>Ortho</th>
<th>Lifetime Ortho Max</th>
<th>Minimum Group Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4212</td>
<td>Covered in basic</td>
<td>$1,000</td>
<td>$50</td>
<td>No wait</td>
<td>85% UCR</td>
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<tr>
<td>P3439</td>
<td>Covered in basic</td>
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<td>No wait</td>
<td>85% UCR</td>
<td>Child only</td>
<td>n/a</td>
<td>2</td>
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</tbody>
</table>
| P3416              | Covered in basic | $1,000     | $50                   | No wait        | 85% UCR       | 76% of claims are automatically adjudicated

Additional dental plans may be available. Please contact your UnitedHealthcare representative for complete plan details.

UnitedHealthcare Dental® coverage is underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United Healthcare Services, Inc. or their affiliates. Benefits for the UnitedHealthcare Dental DHMO plans are offered by Dental Benefit Providers of California, Inc.
Stand-Alone Plans From UnitedHealthcare Vision

- Backed by UnitedHealthcare, with a rapidly growing presence in California
- Highly competitive benefits with generous material allowances
- Plans available to employers of two eligible/one enrolled members
- All plans available as Voluntary and Contributory
- Over 35,000 providers nationwide, including private practices
- Serves over 29,000 groups and administers vision benefits to more than 19.2 million members nationwide

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
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<td>Medically Necessary</td>
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<td>100%/$/210</td>
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<td>Minimum Group Size</td>
<td>Contributory 2; Voluntary 10</td>
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<td>Contributory 2; Voluntary 10</td>
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This is a sample of the plans available. Please contact your UnitedHealthcare representative for complete plan details.

For Frame Allowance:

Retail/Out-of-Network: $130/$45

Note: Members receive a $130 retail price frame allowance at both retail chain providers (e.g., Walmart) and private practice providers. If a member chooses an out-of-network provider, they will be reimbursed up to $45 for frames.
Underwriting Guidelines
1. Eligible Businesses – businesses must meet the following to be considered:
   - An employer/employee relationship must be present.
   - All employees, excluding owners and officers, must be covered for workers’ compensation.
   - Eligible Businesses for California Small Business – businesses must have at least 51 full-time active employees working 30 hours per week.

2. Excluded Industries
   - Private Households
   - Membership Organizations (including business associations, political organizations, religious organizations, member organizations not elsewhere classified (NEC), professional organizations, and civic organizations).
   - Professional Employer Organizations (must be referred to Small Business).

3. Employer Contributions – The employer must contribute a minimum of 50% of the employee-only premium.

4. Participation
   - UnitedHealthcare sole carrier – We assume that at least 75% of all eligible employees will enroll in the employer-sponsored UnitedHealthcare plan. Those employees who are waiving due to other group coverage being in force will not be counted toward this requirement (i.e. spousal coverage). UnitedHealthcare assumes that at least 50% of all benefit eligible employees (including those waiving for spousal coverage) will enroll in an employer-sponsored plan.
   - UnitedHealthcare alongside a staff model HMO or other carrier(s) – We assume that at least 75% of all eligible employees will enroll in an employer-sponsored plan. Those employees who are waiving due to other group coverage being in force will not be counted toward this requirement (i.e., spousal coverage). UnitedHealthcare assumes that no less than 50% of all employees (including those waiving for spousal coverage) enroll with UnitedHealthcare. A minimum of 50% of the employees enrolled in an employer-sponsored plan must enroll with UnitedHealthcare.

5. Effective Date of Coverage – All new group enrollment paperwork must be submitted to us by the effective date of coverage to be considered for that date. Employer groups submitting their paperwork after that date will be considered for the next effective month.
**Required Information to Quote a Case**

1. **Company Information**
   - Name
   - Address
   - Industry
   - SIC

2. **Census Information by Employee That Includes:**
   - Age/DOB
   - Dependent Status/Number of Dependents
   - Male/Female
   - Enrollment by Product (including other carriers which will be offered alongside UnitedHealthcare)
   - Zip Codes of Employees (optional, but preferred)
   - Waivers
   - COBRAs

3. **Employer Contribution**

4. **Risk Questionnaire/Specific Claim Information**
   - Any known medical conditions

5. **Carrier History**
   - Carrier history for last five years including reason for leaving each carrier

6. **Number of Years in Business**

7. **Waiting Period**

8. **Current/In-force Rates & Benefits**

9. **Renewal Rates**

10. **Requested Commission**

11. **Broker of Record: Yes or No**

12. **List of large claims (claims exceeding $25,000); large claims data must match the claims experience period**
Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthCare of California. Administrative services provided by United Healthcare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

HSA and HRA: The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP. The UnitedHealthcare plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

myHealthcare Cost Estimator: All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

The Care24® Program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. Program components may not be available in all states or for all groups. Care24 is a registered trademark of UnitedHealth Group, Inc., used by permission. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving UnitedHealthcare services directly or indirectly (e.g. employer or health plan). Care24 may not be available in all states or for all group sizes. Components subject to change.

NurseLine®: For informational purposes only. NurseLine nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor’s care. NurseLine services are not an insurance program and may be discontinued at any time.

United Behavioral Health: Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

UnitedHealth Wellness® is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change.

United Resource Network: The medical centers and programs in UnitedHealthcare’s network and within United Resource Networks are independent contractors who render care and treatment to UnitedHealthcare members. UnitedHealthcare does not provide health services or practice medicine. The medical centers and programs are solely responsible for medical judgments and related treatments. UnitedHealthcare is not liable for any act or omission, including negligence, committed by any independent contracted health care professional, medical center or program.

The 24-Hour Health Information Program is provided by PacifiCare Health Plan Administrators, Inc. The 24-Hour Health Information Program’s intent is to provide general information regarding common health questions or conditions. If you have a specific question relating to a condition or medical course of treatment for yourself or others, please consult your physician. If you believe you need emergency services, call 911, or its local equivalent, or go to the nearest medical facility for treatment.

Online Health and Wellness: Your personal information will be used only by UnitedHealthcare and its wellness program affiliates to provide individualized health information to you to improve your health practices. The Health Assessment is protected by one of the most advanced technologies for Internet information processing and complies with the federal and state security and privacy statutes mandated by HIPAA legislation. Participation in the Health Assessment is strictly confidential. Any health information collected as part of the assessment will be kept confidential in accordance with the Notice of Privacy Practices; information will be used only for health and wellness recommendations, or for payments, treatment, or health care operations; and will be shared with your health plan, but not with your employer.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor’s care.
Health discount program (formerly UnitedHealth Alliesso): Disclosure: The UnitedHealth Allies health discount program is administered by HealthAllies\textsuperscript{x}, Inc., a discount medical plan organization located at 505 N. Brand Blvd., Suite 850, Glendale, CA, 91203, 1-800-860-8773. \textbf{The health discount program is NOT insurance.} The health discount program provides discounts for certain health products and services. The health discount program does not make payments directly to the providers of health products and services. The program member is obligated to pay for all health products and services but will receive a discount from those providers who have contracted with the discount plan organization. The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. This program may not be available in all states or for all groups. Components subject to change.

\textbf{Disease Management:} Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

Source4Women\textsuperscript{TM}: Source4Women content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor’s care. Lists of potential treatment options and/or symptoms may not be all inclusive.

Packaged Savings\textsuperscript{TM}: Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

CaféWell is a registered trademark of Welltok, Inc.

This Product Catalog is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. If this Product Catalog conflicts in any way with the plan documents, i.e., the Combined Evidence of Coverage and Disclosure Form (EOC/DF) or Certificate of Coverage (COC) including the Schedule of Benefits and any amendment(s), the plan document shall prevail. Your plan document provides the terms and conditions of your coverage with UnitedHealthcare of California and UnitedHealthcare and all applicants have a right to review this document prior to enrollment. Upon request, a copy of the plan document will be provided to all potential enrollees prior to enrollment. Components subject to change.
Sales Support

**Concord**
2300 Clayton Rd, Suite 1000
Concord, CA 94520
866-288-4993

**Fresno**
7067 N. Mariposa Avenue
Fresno, CA 93720
866-288-4993

**Glendale**
505 N. Brand Blvd., Suite 1200
Glendale, CA 91203
866-288-4993

**Inland Empire**
3400 Central Avenue, Suite 225
Riverside, CA 92506
866-288-4993

**Orange County**
5995 Plaza Drive
Cypress, CA 90630
866-288-4993

**Sacramento**
8880 Cal Center Drive, Suite 300
Sacramento, CA 95826
866-288-4993

**San Jose**
2077 Gateway Place, Suite 120
San Jose, CA 95110
866-288-4993

**San Diego**
4365 Executive Drive, Suite 500
San Diego, CA 92121
866-288-4993