Welcome to the UnitedHealthcare Choice Plus Plan with a Health Reimbursement Account

You’ve enrolled in the UnitedHealthcare Choice Plus Plan, which is a plan that gives you the freedom to use any doctor, hospital or pharmacy you choose. With this plan, your employer is funding a health reimbursement account (HRA). This money is to help you pay for health care expenses. For all of your coverage details, log in to myuhc.com*.

Plan highlights

**You can use any doctor or hospital in our network.** You save money when you choose doctors (including specialists), hospitals and pharmacies in our network. They’ve agreed to charge lower rates. There’s a reason we give this plan a “Plus.” You will have coverage if you receive care outside of our network, but it might cost more money. Plus, emergencies are covered anywhere in the world.

**You do not need referrals.** You are not required to choose a primary care physician. And if you need to see a specialist, you can do so without a referral.

**Your preventive care is covered.** The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. UnitedHealthcare covers preventive services, as specified in the health care reform law, at 100 percent without charging a copayment, coinsurance or deductible, as long as they are received in the network. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible.

**You have coverage for a wide range of prescriptions.** You can fill your prescriptions through one of our 60,000+ retail network pharmacies across the U.S. If you have our mail-order service, you may save money with a three-month medication supply, which is mailed to you at no additional cost.

**You have coverage for a routine vision exam.** You and your covered dependents are eligible for one routine vision exam, which must be done at a network eye clinic.

**Questions?** Log in to myuhc.com or call the Customer Care number listed on the back of your health plan ID card. Please review your benefit plan documents for all of the coverage details.

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*If you were previously enrolled in a different UnitedHealthcare plan, the network may be different. Please log in to myuhc.com to confirm that your doctor or hospital is in the Choice Plus network.
Your Health Reimbursement Account
An account to help pay your health care bills

Your employer is funding a health reimbursement account (HRA) for you. An HRA is an account that helps pay for eligible health care expenses, including those that may apply to your annual deductible.

**Think of the HRA as your money.**
Even though your employer owns and funds the HRA, think of it as your money. By doing so, you’ll realize that spending your HRA wisely can help save you money. As long as you have money in your HRA, that’s less money you have to pay out of your pocket for health care expenses.

**See how the HRA helps you save.**
The money in the HRA may be enough to cover all of your health care costs for the year. In addition:
- What you don’t spend might roll over so you can use the money next year.
- You will likely pay less in monthly premiums compared to traditional copayment plans.
- You will usually not have to pay a copayment for doctor visits.

**Your employer owns and funds the HRA.**
In the future, if you decide to change your plan or leave your employer, you cannot keep the money or take it with you.

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**PAYING FOR PRESCRIPTIONS**
Your prescription payments and coverage may work differently depending on the type of plan you have.

**If your plan has a combined medical and pharmacy deductible:** Eligible prescription expenses will apply to the deductible. The HRA can be used to help pay for those prescriptions. If all of the HRA is spent, you will need to pay the entire cost of your prescriptions out of your pocket until you meet your deductible.

**If your plan does not have a combined deductible:**
Prescription costs will not be paid from the HRA and will not apply to your deductible. You will likely pay copayments or coinsurance for your prescriptions.

See your benefit plan documents for the details about your prescription coverage.
How the plan works

Your plan has an annual deductible. The deductible must be paid before your plan will help pay for eligible health care expenses. You do not need to pay anything out of your pocket for eligible preventive care as those will be covered 100 percent when received in the network.

Read on to learn about how the plan works before and after you meet your deductible.

1. **Your deductible** – Your HRA pays first.
   When you have an eligible expense, like a doctor visit, the entire cost of the visit will apply to your deductible. The HRA will pay for all your eligible expenses first, as long as there is money in the account. This means you won’t have to pay anything until the HRA is spent.

   **If you spend all of the HRA, you will need to pay out of pocket.**
   You will need to pay the full cost of your health care expenses until the remaining deductible is paid.

2. **Your coverage** – Your plan pays a percentage of your expenses.
   Once the deductible is paid, your health plan has coinsurance. With coinsurance, the plan shares the cost of expenses with you. The plan will pay a percentage of each eligible expense and you will pay the rest. For example, if your plan pays 80% of the cost, you will pay 20%.

   After the deductible, your plan may have a copayment for certain services, such as prescriptions.

3. **Your out-of-pocket maximum** – You are protected from major expenses.
   An out-of-pocket maximum protects you from major expenses. The out-of-pocket maximum amount is the most you have to pay each year for covered services. The plan will then pay 100 percent of all remaining covered expenses for the rest of the plan year. Your deductible and coinsurance payments will apply to your out-of-pocket maximum.

   Copayments (if they apply) do not go toward meeting the out-of-pocket maximum.

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**The HRA can be used to pay for:**
- Doctor’s office visits (non-preventive care)
- Hospital stays
- Lab work
- Surgeries (does not include cosmetic)

See your benefit plan details to learn all of the expenses that are eligible for HRA use under your plan.

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Preventive care is covered 100% in the network.
Main Street
Visit different businesses with friendly employees who are excited to talk to you about all sorts of health care topics, including the HRA.

Community Center
Watch U. Horace Cartright deliver simple facts and straight answers about the health reform law.

Wellness Days
Join the Wellness Days festival to learn about tools, services and programs available to UnitedHealthcare members.

myHealthcare Cost Estimator*
Use the myHealthcare Cost Estimator to better understand your choices in procedures, providers, even to estimate prices. The more you know, the more you can positively influence the quality of your care. It’s available to assist you 24/7 at no additional cost.

1 UnitedHealthcare Network and national network data provided by Strenuus and industry standard access requirements for hospitals and primary care physicians, May 2012.
* All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP code that is entered, either the new myHealthcare Cost Estimator or the current Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator will be launched soon, and additional ZIP codes and procedures will be added soon.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc., or their affiliates.

The UnitedHealthcare Choice Plus Plan with a Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

Health reimbursement arrangements, also referred to as health reimbursement accounts, (HRAs) are administered by Optum Financial ServicesSM and are subject to eligibility and restrictions.

This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment, and restrictions. Federal and state laws and regulations are subject to change.

Information for individuals residing in the state of Louisiana or have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those non-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services. Specific information about network and non-network facility-based physicians can be found at myuhc.com or by calling the toll-free Customer Care telephone number that appears on the back of your health plan ID card.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06 and associated COC form number VCOC.INT.06.TX.

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