

# UNITED HEALTHCARE FINANCIAL EXHIBITS - MEDICAL

## Leon County Board

Effective Date: January 01, 2009

	Option 1 Current Plan	Option 2 Current Plan	Option 3 Alternate Plan	Option 4 Alternate Plan	Option 5 Alternate Plan
<b>PLAN OFFERED</b>					
Plan Name	NRA-mod (1 C INS)	NLB - mod (2 C+ INS)	7DG (Base / Emb Ded)	F5H (Base / Emb Ded)	F5T (Base / Emb Ded)
Product	Choice *	Choice Plus *	Choice *	Choice *	Choice *
Locations	Option 1	Option 2			
Plan Offering	Dual Option				
Multiple Option with: HRA or HSA	Option(s) <enter #(s)> No				
<b>RATES</b>					
Employee	\$658.98	\$658.98	\$571.87	\$514.90	\$502.33
Employee + 1	\$1,364.09	\$1,364.09	\$1,183.76	\$1,065.83	\$1,039.82
Employee + Family	\$1,746.30	\$1,746.30	\$1,515.45	\$1,364.48	\$1,331.18
<b>ASSUMED ENROLLMENT</b>					
Employee	63	0	63	63	63
Employee + 1	34	0	34	34	34
Employee + Family	62	0	62	62	62
<b>Monthly Premium</b>	\$196,165	\$0	\$170,233	\$153,274	\$149,534
<b>Annual Premium</b>	\$2,353,984	\$0	\$2,042,801	\$1,839,292	\$1,794,411
<b>Change from Current</b>	21.7%	21.7%	5.6%	-4.9%	-7.3%
<b>BENEFITS*</b>					
<b>In-Network:</b>					
Office Copay (PCP/SPC)	\$10 Per Visit	\$10 Per Visit	\$15 Per Visit	\$15/30 Per Visit	\$20/40 Per Visit
Other Copays (IP/ER/UC)	N/A/\$100/\$35	N/A/\$100/\$35	N/A/\$100/\$50	N/A/\$125/\$75	N/A/\$100/\$75
Deductible (Individual/Family)	N/A	N/A	\$250/500	\$500/1,000	\$750/1,500
Coinsurance	100%	100%	90%	80%	80%
Out-of-Pocket (Individual/Family)	N/A	N/A	\$2,250/4,500	\$3,500/7,000	\$2750/5500
Pharmacy	\$7/25/40	\$7/25/40	\$15/30/50	\$10/30/70	\$15/30/50
<b>Out of Network:</b>					
Deductible	N/A	\$500/1,000	N/A	N/A	N/A
Coinsurance	N/A	80%	N/A	N/A	N/A
Out of Pocket	N/A	\$2,000/4,000	N/A	N/A	N/A

\*High level benefit summary. Please see your plan summary for more detailed benefit description.