

UnitedHealthcare - 2016 SHOP Portfolio

Mississippi
1-100 Eligible Employees

Plan Code	Metallic Tier	Plan Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay/Plan Coinsurance						Med/Rx Ded Type	Ded Type	Rx				
			Network		Non-Network		Net-work	Non-Network	Network		Non- Network		Virtual Visits	PCP ¹	SPEC	UC	ER	Major Diag				OP Surg	IP Hosp		
			Single	Family	Single	Family			Single	Family	Single	Family													
Insurance Choice Plus Health Savings Account (HSA) Plans																									
AD-VO	Gold	1350/90%	\$1,350	\$2,700	\$2,700	\$5,400	90%	70%	\$3,000	\$6,000	\$6,000	\$12,000	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	NonEmb	Comb	A8
AD-VR	Gold	2500/80%	\$2,500	\$5,000	\$5,000	\$10,000	80%	60%	\$6,250	\$6,850	\$12,500	\$25,000	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	NonEmb	Comb	A8
AD-VP	Silver	25/2500/100%	\$2,500	\$5,000	\$5,000	\$10,000	100%	80%	\$6,500	\$6,850	\$13,000	\$26,000	\$25	\$25	\$50	\$100	\$200	\$350	\$300	\$500	NonEmb	Comb	A8		
AD-VQ	Bronze	5000/70%	\$5,000	\$10,000	\$10,000	\$20,000	70%	50%	\$6,250	\$12,500	\$12,500	\$25,000	70%	70%	70%	70%	70%	70%	70%	70%	70%	Emb	Comb	A8	
Insurance Choice Plus Plans																									
AD-VN	Bronze	5500/90%	\$5,500	\$11,000	\$11,000	\$22,000	90%	70%	\$6,500	\$13,000	\$13,000	\$26,000	90%	90%	90%	90%	90%	90%	90%	90%	90%	Emb	Comb	A8	
AD-VS	Bronze	6250/100%	\$6,250	\$12,500	\$12,500	\$25,000	100%	100%	\$6,250	\$12,500	\$12,500	\$25,000	100%	100%	100%	100%	100%	100%	100%	100%	100%	Emb	Comb	T5	

Plan Code	Metallic Tier	Plan Description	Network Coverage					Non- Network Coverage	Member Copay/ Plan Coinsurance					OP Surg and Place of Service Benefit		IP Hospital		Med Ded Type	Med/ Rx Ded Type	Rx		
			Single Deductible	Family Deductible	Coinsurance	Single OOPM	Family OOPM		Virt Visit	PCP	SPEC with Ref ²	UC	ER	Freestand and Hosp - with Referral ²	Per-Occur Ded - Hosp	IP - with Referral ²	IP Per-Occur Ded					
Navigate Direct Plans																						
AD-VT	Gold	25/1000/80%	\$1,000	\$3,000	80%	\$3,500	\$7,000	N/A	\$25	\$25	\$50	\$100	\$350	80%	\$250	80%	\$250	Emb	Sep	A8		
AD-VU	Silver	40/2000/60%	\$2,000	\$4,000	60%	\$6,500	\$13,000	N/A	\$25	\$40	\$80	\$80	60%	60%	\$500	60%	\$500	Emb	Sep	B4		

In 2016, maximum HSA contribution is \$3,350 single/\$6,750 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare 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 Optum BankSM, Member FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

¹ Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics.
² Refer to benefit documents for coverage without referral.

For all medical plans listed deductible applies toward out-of-pocket max.
 All plans have unlimited lifetime max.
 All plans cover in-network preventive care at 100%.

- For Navigate Plans:
- PCP referrals are required to obtain highest level of coverage.
 - The per-occurrence deductible must be met prior to and in addition to the annual deductible and coinsurance (if applicable).
 - Place-of-Service Benefits include: Major Diagnostics: CT scans, PET scans, MRIs, MRAs, nuclear medicine and major diagnostic services. Scopic Procedures: visualizations, biopsy, polyp removal including colonoscopy, sigmoidoscopy and endoscopy.

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and 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.

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



UnitedHealthcare - 2016 SHOP Portfolio

Mississippi
1-100 Eligible Employees

Plan Code	Metallic Tier	Plan Description	Deductible				Plan Coinsurance		Out of Pocket Maximum				Member Copay / Plan Coinsurance						Place-of-Service (Major Diag, Scopic Procedures & OP Surg)		Inpatient Hospital			Med/Rx Ded Type	Ded Type	Rx
			Network		Non-Network		Network	Non-Network	Network		Non-Network		Virtual Visits	PCP ¹	Prem Desig SPEC ²	SPEC ³	UC	ER	Free-standing or Hosp	Per-Occur (Hosp)	Coins	Prem Desig Per-Occur Ded	Non-Prem Desig Per-Occur Ded			
			Single	Family	Single	Family			Single	Family	Single	Family														
Choice Plus Advanced Plans - Tiered benefits plan (Specialist, Hospital, Freestanding Facility) / Includes Non-Network benefits																										
AD-VV	Gold	30/500/80%	\$500	\$1,000	\$1,000	\$2,000	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$30	\$60	\$90	\$100	\$350	80%	\$500	80%	\$500	\$1,000	Emb	Sep	A8
AD-VW	Silver	30/3000/80%	\$3,000	\$6,000	\$6,000	\$12,000	80%	60%	\$6,600	\$13,200	\$13,200	\$26,400	\$25	\$30	\$60	\$90	\$100	\$350	80%	\$500	80%	\$500	\$1,000	Emb	Sep	B4

Place of Service Overview

Service	Description	Member Pays	
		Hospital Setting	Freestanding Facility ^{3,4,5}
Lab/X-ray	Routine lab and X-ray	Plan Coinsurance	100% (deductible waived)
Major Diagnostics	Services for CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services received on an outpatient basis at a hospital or alternate facility	\$500 Copayment + Deductible/Coinsurance	Deductible/Coinsurance
Scopic Procedures - Outpatient Diagnostic	Diagnostic scopic procedures are those for visualization, biopsy and polyp removal. Examples of diagnostic scopic procedures include colonoscopy, sigmoidoscopy and endoscopy.		
Surgery - Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility		

Copayments are the charge or set dollar amount that members are required to pay for certain services per their benefit plans. In addition to office visit copayments, members may also be responsible for copayments when they visit a facility or hospital. Facility and hospital copayments are in addition to the calendar-year/policy-year deductible and coinsurance. Facility and hospital copayments do not apply to the deductible and continue to apply after the deductible is satisfied; they do apply to the out-of-pocket maximums. These copayments may be referred to in plan documents as "per-occurrence copayments" or "per-occurrence deductibles."

¹ Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics.

² This enhanced benefit applies to UnitedHealth Premium specialists.

³ This benefit level applies to physicians in specialties where there is a UnitedHealth Premium program, but the physician is not a Premium Tier 1 specialist; or, where there is no UnitedHealth Premium program available; or, when the physician's specialty is not part of the UnitedHealth Premium program.

⁴ Freestanding facilities are any of the following: outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory. At a freestanding facility, deductible and coinsurance still apply. See plan benefit information for further details.

⁵ Freestanding facility listings are available at uhctogether.com/Facilities.

Cost share will vary based on hospital tier designation. Hospital tier designations can be found at uhctogether.com/Facilities and at myuhc.com. Cost share will vary based on hospital tier designation. Hospital tier designations can be found at uhctogether.com/Facilities and at myuhc.com

For all medical plans listed deductible applies toward out-of-pocket max.

All plans have unlimited lifetime max.

All plans cover in-network preventive care at 100%.

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and 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.

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



UnitedHealthcare - 2016 SHOP Portfolio

Mississippi
1-100 Eligible Employees

PLEASE NOTE: All pharmacy options below may not be available with every medical plan. Please refer to the Rx pairing listed with each medical plan.

Pharmacy Traditional Plan

Rx Plan Code	Member Copay / Plan Coinsurance				Deductible		Mail Service Ratio (x Retail)
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
Combined Medical/Rx Deductible Plan							
T5	No Copay	No Copay	No Copay	No Copay	Same as Medical	Same as Medical	N/A

Pharmacy SMCS Plans

Rx Plan Code	Member Copay / Plan Coinsurance								Deductible		Mail Service Ratio (x Retail)
	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Single	Family	
Separate Medical/Rx Deductible Plans											
A8	\$10	\$10	\$35	40%	\$60	45%	N/A	N/A	N/A	N/A	3.0
B4	\$15	\$15	\$45	40%	\$85	45%	\$200	50%	N/A	N/A	3.0
Combined Medical/Rx Deductible Plan											
A8	\$10	\$10	\$35	40%	\$60	45%	N/A	N/A	Same as Medical	Same as Medical	3.0

For Rx plans with a Specialty copayment, please refer to the Specialty Medication Plan Designs for a list of specialty medications and tiers. For the most up-to-date drug coverage information, members may contact Customer Care by using the toll-free member phone number on the back of their health plan ID card; or they may log on to myuhc.com

An Ancillary Charge may apply when a covered Prescription Drug Product is dispensed at your provider's request and there is another drug that is chemically the same available at a lower tier.

For all medical and pharmacy plans, coinsurance percentages reflect plan responsibility.

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and 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.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

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



©2015 United HealthCare Services, Inc.

UHCMS756877_000 9/15 2016 Broker