

Benefit Plan Designs

Alternate Funding

Code	Copayments PCP/Spec/UC/ER	Deductible (In-Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (In-Network/ Out-of-Network)	Out-of-Pocket Limit (In-Network/ Out-of-Network)	Pharmacy Copayments
HSA Plans (ChoicePlus Network)						
HP1500	None	\$1,500/\$3,000	Non-Embedded	80%/50%	\$3,000/\$6,000	None
HP2000	None	\$2,000/\$4,000	Non-Embedded	100%/50%	\$2,000/\$8,000	None
HP2000X	None	\$2,000/\$4,000	Non-Embedded	80%/50%	\$4,000/\$8,000	None
HP2500	None	\$2,500/\$5,000	Non-Embedded	100%/50%	\$2,500/\$10,000	None
HP2850	None	\$2,850/\$5,700	Embedded	100%/50%	\$2,850/\$11,400	None
HP2850i80	None	\$2,850/\$5,700	Embedded	80%/50%	\$5,700/\$11,400	None
HP3500	None	\$3,500/\$7,000	Embedded	100%/50%	\$3,500/\$14,000	None
HP3500i80	None	\$3,500/\$7,000	Embedded	80%/50%	\$6,550/\$14,000	None
HP5000	None	\$5,000/\$10,000	Embedded	100%/50%	\$5,000/\$20,000	None
HP5000i80	None	\$5,000/\$10,000	Embedded	80%/50%	\$6,550/\$20,000	None
HP6350	None	\$6,350/\$12,700	Embedded	100%/50%	\$6,350/\$25,400	None
PPO Plans (ChoicePlus Network)						
P50030	\$30/\$30/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
P5003060	\$30/\$60/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
P100030	\$30/\$30/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P10003060	\$30/\$60/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P100040	\$40/\$40/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P10004080	\$40/\$80/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P150030	\$30/\$30/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P15003060	\$30/\$60/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P150040	\$40/\$40/\$100/\$300	\$1,500/\$3,000	Embedded	80%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P15004080	\$40/\$80/\$100/\$300	\$1,500/\$3,000	Embedded	80%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P200030	\$30/\$30/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20003060	\$30/\$60/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P200040	\$40/\$40/\$100/\$300	\$2,000/\$4,000	Embedded	80%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20004080	\$40/\$80/\$100/\$300	\$2,000/\$4,000	Embedded	80%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20004080 i80Max	\$40/\$80/\$100/\$300	\$2,000/\$4,000	Embedded	80%/50%	\$6,850/\$13,700	\$15/\$35/\$75/\$250
P250030	\$30/\$30/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P25003060	\$30/\$60/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P250040	\$40/\$40/\$100/\$300	\$2,500/\$5,000	Embedded	80%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250

Code	Copayments PCP/Spec/UC/ER	Deductible (In-Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (In-Network/ Out-of-Network)	Out-of-Pocket Limit (In-Network/ Out-of-Network)	Pharmacy Copayments
P25004080	\$40/\$80/\$100/\$300	\$2,500/\$5,000	Embedded	80%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P25004080 i80Max	\$40/\$80/\$100/\$300	\$2,500/\$5,000	Embedded	80%/50%	\$6,850/\$13,700	\$15/\$35/\$75/\$250
P300030	\$30/\$30/\$100/\$300	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P30003060	\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$10,000	\$15/\$35/\$75/\$250
P300060	\$60/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	80%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P300060120	\$60/\$120/\$100/\$300	\$3,000/\$6,000	Embedded	80%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P350030	\$30/\$30/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P35003060	\$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P350040	\$40/\$40/\$100/\$300	\$3,500/\$7,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P35004080	\$40/\$80/\$100/\$300	\$3,500/\$7,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P400080	\$80/\$80/\$100/\$300	\$4,000/\$8,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P400080160	\$80/\$160/\$100/\$300	\$4,000/\$8,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P500060	\$60/\$60/\$100/\$300	\$5,000/\$10,000	Embedded	100%/50%	\$6,350/\$15,000	\$15/\$35/\$75/\$250
P500060120	\$60/\$120/\$100/\$300	\$5,000/\$10,000	Embedded	100%/50%	\$6,350/\$15,000	\$15/\$35/\$75/\$250
HSA - EPO Plans (Choice Network: no out-of-network coverage²)						
HE1500	None	\$1,500/None	Non-Embedded	80%/None	\$3,000/None	None
HE2000	None	\$2,000/None	Non-Embedded	100%/None	\$2,000/None	None
HE2000X	None	\$2,000/None	Non-Embedded	80%/None	\$4,000/None	None
HE2500	None	\$2,500/None	Non-Embedded	100%/None	\$2,500/None	None
HE2850	None	\$2,850/None	Embedded	100%/None	\$2,850/None	None
HE2850i80	None	\$2,850/None	Embedded	80%/None	\$5,700/None	None
HE3500	None	\$3,500/None	Embedded	100%/None	\$3,500/None	None
HE3500i80	None	\$3,500/None	Embedded	80%/None	\$6,550/None	None
HE5000	None	\$5,000/None	Embedded	100%/None	\$5,000/None	None
HE5000i80	None	\$5,000/None	Embedded	80%/None	\$6,550/None	None
HE6350	None	\$6,350/None	Embedded	100%/None	\$6,350/None	None
EPO Plans (Choice Network: no out-of-network coverage²)						
E50030	\$30/\$30/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
E5003060	\$30/\$60/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
E100030	\$30/\$30/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E10003060	\$30/\$60/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E100040	\$40/\$40/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E10004080	\$40/\$80/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E150030	\$30/\$30/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E15003060	\$30/\$60/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E150040	\$40/\$40/\$100/\$300	\$1,500/None	Embedded	80%/None	\$4,000/None	\$15/\$35/\$75/\$250
E15004080	\$40/\$80/\$100/\$300	\$1,500/None	Embedded	80%/None	\$4,000/None	\$15/\$35/\$75/\$250
E200030	\$30/\$30/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20003060	\$30/\$60/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250

Code	Copayments PCP/Spec/UC/ER	Deductible (In-Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (In-Network/ Out-of-Network)	Out-of-Pocket Limit (In-Network/ Out-of-Network)	Pharmacy Copayments
E200040	\$40/\$40/\$100/\$300	\$2,000/None	Embedded	80%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20004080	\$40/\$80/\$100/\$300	\$2,000/None	Embedded	80%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20004080 i80Max	\$40/\$80/\$100/\$300	\$2,000/None	Embedded	80%/None	\$6,850/None	\$15/\$35/\$75/\$250
E250030	\$30/\$30/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
E25003060	\$30/\$60/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
E250040	\$40/\$40/\$100/\$300	\$2,500/None	Embedded	80%/None	\$5,000/None	\$15/\$35/\$75/\$250
E25004080	\$40/\$80/\$100/\$300	\$2,500/None	Embedded	80%/None	\$5,000/None	\$15/\$35/\$75/\$250
E25004080 i80Max	\$40/\$80/\$100/\$300	\$2,500/None	Embedded	80%/None	\$6,850/None	\$15/\$35/\$75/\$250
E300030	\$30/\$30/\$100/\$300	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
E30003060	\$30/\$60/\$100/\$300	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
E300060	\$60/\$60/\$100/\$300	\$3,000/None	Embedded	80%/None	\$5,500/None	\$15/\$35/\$75/\$250
E300060120	\$60/\$120/\$100/\$300	\$3,000/None	Embedded	80%/None	\$5,500/None	\$15/\$35/\$75/\$250
E350030	\$30/\$30/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E35003060	\$30/\$60/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E350040	\$40/\$40/\$100/\$300	\$3,500/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
E35004080	\$40/\$80/\$100/\$300	\$3,500/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
E400080	\$80/\$80/\$100/\$300	\$4,000/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
E400080160	\$80/\$160/\$100/\$300	\$4,000/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
E500060	\$60/\$60/\$100/\$300	\$5,000/None	Embedded	100%/None	\$6,350/None	\$15/\$35/\$75/\$250
E500060120	\$60/\$120/\$100/\$300	\$5,000/None	Embedded	100%/None	\$6,350/None	\$15/\$35/\$75/\$250

Every All Savers benefit plan has the following family benefits:

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

With the HP2000X and HE2000X family plans, the Out-of-Pocket for one person is capped at \$6,550.
¹ "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.
² EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.
 Administrative services are provided by United HealthCare Services, Inc. and its affiliates. Stop loss insurance is underwritten by All Savers Insurance Company, 3100 AMS Blvd., Green Bay, WI 54313 (800) 291-2634. This product is not available in all states.
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