

UnitedHealthcare

CHOICE PLUS PLAN

with a HEALTH SAVINGS ACCOUNT



Frequently Asked Questions

These FAQs are for general informational purposes only. Refer to your benefit plan documents for coverage details.

Health Plan Questions

What is an annual deductible?

The annual deductible is the amount of money that 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 specified in the health care reform law, as those will be covered 100 percent when received in the network.

What is the out-of-pocket maximum?

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 health services. The plan will then pay 100 percent of all remaining covered eligible expenses for the rest of the plan year.

Will I have fewer provider choices? Is my doctor in the network?

You can see any doctor you want. You save money when you choose doctors (including specialists), hospitals and pharmacies in our network. They've agreed to charge lower rates. If you receive care outside of our network, you'll be covered but it might cost more money. Some services may not be covered if provided by a doctor who is not in our network. See your benefit plan documents for details.

Will I have a copayment?

If you have paid your annual deductible, you may have a copayment for certain services, such as prescriptions. You will not have a copayment for eligible preventive care services received in the network. Copayments (if they apply) will go toward meeting the out-of-pocket maximum.

What is the premium?

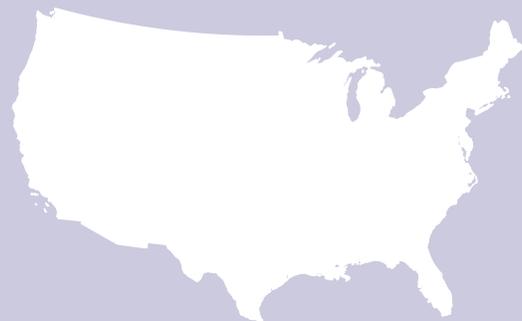
The premium is the money you pay each month out of your paycheck to have health coverage. The total monthly premium normally includes a portion that your employer pays and any money you pay out of your paycheck to have health coverage. The monthly premium you pay with this plan may be less than what you've paid with traditional copayment plans.

Do I need to choose a primary care physician and obtain a referral to see a specialist?

No. The plan works similar to a Preferred Provider Organization (PPO) plan. You have the freedom to use any doctor or hospital without being required to choose a primary care physician or receive referrals.

The UnitedHealthcare network covers 99 percent of the U.S. population and is available in 96 percent of all U.S. counties.

Source: UnitedHealthcare Network and national network data provided by Strenuus and industry standard access requirements for hospitals and primary care physicians, May 2012



Will I have fewer prescription choices?

You will have many choices when it comes to prescriptions. In fact, we provide a variety of U.S. Food and Drug Administration (FDA) approved prescription medications. These medications are identified in the plan's Prescription Drug List (PDL). The PDL includes those brand and generic prescription medications that can be covered under your plan. When selecting a medication, you and your doctor should consult the PDL.

Are the emergency room and urgent care covered?

Yes, the emergency room and urgent care are covered after you meet the plan's deductible.

What procedures are covered?

Medical coverage generally includes eligible preventive care, office visits, care in the event of an illness or surgery, and care for a chronic condition, subject to any limitations.

Is vision coverage included?

You and your covered dependents may be eligible for one routine vision exam every 12 or 24 months, depending on your plan. The exam must be done at a network eye clinic. See your benefit plan documents for more information.

Does the plan include wellness programs and special support?

Yes. The health plan gives you access to health and wellness programs, as well as personal services to help you manage your health and save money:

- Access to 24-hour Registered Nurses
- Healthy Pregnancy Program
- Employee Assistance Program
- Care management services
- Personal health coaches
- Health Discount Program

Are my dependents covered under this plan?

Eligible dependents can be covered as long as you include them on your plan. Adult children are eligible for coverage under the plan up to the age of 26. Any dependents under age 19 cannot be denied coverage because of a pre-existing medical condition.

HSA Questions

What is an HSA?

An HSA is a personal bank account that you own. You can use it to save money, federal income-tax-free, to pay for qualified medical expenses. When you have medical expenses, including those that may apply to your health plan's annual deductible, you can choose to pay for them using the money in your HSA. Or, you can save the money for a future need — even into retirement.

What is a qualified medical expense?

The Internal Revenue Service (IRS) decides which expenses can be paid and reimbursed from an HSA. You can find a list of common HSA-qualified expenses at welcometouhc.com.

What expenses don't qualify for tax benefits?

Examples of expenses that do not qualify include cosmetic surgery, health club memberships, teeth whitening and over-the-counter medicines purchased without a prescription. If you use an HSA to pay for an expense that is not qualified, you will have to pay taxes on the expense and may also have to pay a 20 percent penalty. So, if the expense was \$100, you would pay an extra \$20, plus taxes.

Do I have to use the bank my employer chooses?

You can open your HSA with any bank of your choice, but OptumHealth BankSM, Member FDIC, is UnitedHealthcare's preferred health care bank. OptumHealth Bank is the national leader in HSA banking. Plus, only OptumHealth Bank offers the convenience of banking through your health plan website, myuhc.com[®].

Is there a limit on how much I can contribute (deposit) to my HSA?

Yes. The IRS limits how much you can deposit into your HSA each year. The 2013 limits are \$3,250 for individual coverage and \$6,450 for family coverage.

If you are 55 or older, you can deposit an extra \$1,000 during the year. This is called a catch-up contribution.

Do I have to pay federal taxes on the money I deposit in an HSA?

When you deposit money into an HSA, you won't have to pay federal income tax on:

- Deposits you or others make to your HSA
- Money you spend from your HSA on qualified expenses
- Interest earned from the HSA

Can other people contribute to my HSA?

Yes, anyone can contribute to your HSA. A family member, for example, may choose to give you money that you can deposit into your account. Wherever the money comes from, though, keep in mind there are annual contribution limits set by the IRS. Contributions above the annual limit are subject to income taxes and a penalty.

What happens to my HSA if I leave my current employer, change health plans or retire?

Any money deposited into your HSA is yours to keep. If you leave your company, change health plans or retire, you can take your HSA with you.

I want my HSA dollars to go as far as possible. So how can I find out how much a treatment or procedure is going to cost?

After you enroll, you will have tools on myuhc.com[®] like the myHealthcare Cost Estimator* to help you make the best decision regarding your care. The myHealthcare Cost Estimator can help estimate the cost of treatments and other procedures based on your health plan, a specific doctor or hospital, and your ZIP Code.

We also encourage you to ask your doctor how much a service or procedure might cost. Doctors and hospitals may charge different rates for the same services depending on where you go, so your choice can make a difference.

If I need to pay for a doctor visit or for a prescription, how do I do so using HSA dollars?

When you have a doctor visit with a network doctor, he or she will submit the claim for you. UnitedHealthcare will process the claim to:

- Make sure the claim is an eligible expense under your plan.
- Determine whether the claim was for eligible preventive care, so it can be paid 100 percent, which does not affect the HSA.
- Make sure the service is charged at a lower rate for seeing a network doctor.

Once you receive a bill from your doctor or if you are at the pharmacy filling a prescription, you have a few options.

- First, most banks will give you a debit card to make paying easy. You can pay the bill with your debit card by filling out the credit/debit card information on the bill. If you are at the pharmacy or a walk-in clinic, you can swipe the card or hand it to the cashier, just like you would with any other debit card.
- Some banks may also make checks available to you (sometimes at a charge).
- You can pay another way, such as with cash or other credit card. Later you can choose to reimburse yourself from your HSA. Or, let your dollars grow for the future.

Can I use the HSA for my spouse or dependents if they are not covered under my plan?

Yes. You can use the money in the HSA to pay for qualified medical expenses of your spouse and your dependents even if they are not covered by your plan.

If I am still carrying health coverage for my 24-year-old, can I use my HSA to help pay for his qualified medical expenses?

An adult child must still be a tax dependent in order for his or her medical expenses to qualify for payment or reimbursement from a parent's HSA. If the adult child is not a tax dependent but is covered by a parent's HSA-eligible health plan, he or she may be able to open his or her own HSA. In these circumstances, it is best to consult with a competent tax advisor.

What if my spouse is also covered by an HSA eligible health plan and has an HSA?

Federal law says that in this case, the two of you together can only contribute up to the family limit, either to individual HSAs or to one or the other's HSA.

If I'm 65 or older and decide to retire, what happens to my HSA?

Once you retire, you can continue to receive tax benefits when you use the HSA for qualified medical expenses. If you are 65 years old or older, there is no penalty for withdrawing your money, even if you enroll in Medicare. When your Medicare

coverage starts, you can use your HSA to pay your Medicare premiums, deductibles and copayments. After you turn 65 or become entitled to Medicare benefits, you may withdraw money from your HSA for non-medical purposes without penalty. The withdrawal is treated as retirement income and is subject to normal income tax.

Can I have an HSA and a health care flexible spending account, or FSA?

No. If you are enrolled in a health care FSA, federal tax law does not permit you to be eligible for an HSA. But the law does permit you to enroll in what is called a limited-purpose FSA to pay for eligible dental and vision expenses. See your benefit plan to see if a limited-purpose FSA is available to you. You may also open a dependent care FSA if your employer offers this option. A dependent care FSA can help you save to pay for qualified day care expenses for children under 13 or adult dependents who cannot care for themselves.



The UnitedHealthcare Health4MeSM Mobile App



Health4Me

Download our Health4Me mobile app to your smartphone or tablet and see how easy it is to find nearby physicians, check the status of a claim, see your account balance or speak directly with a nurse.



*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 Savings Account (HSA) is a high deductible health plan 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 OptumHealth Bank, Member of FDIC.

Health savings accounts (HSAs) are individual accounts offered by OptumHealth BankSM, Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply.

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.

Disclosure: The Health Discount Program is administered by HealthAllies[®], Inc., a discount medical plan organization. **The Health Discount Program is NOT insurance.** The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA, 91209, 1-800-860-8773, www.unitedhealthallies.com, uhacustomer@optumhealth.com. 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.

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.

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Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance program and may be discontinued at any time. myNurseLine is a service mark of UnitedHealth Group Incorporated.

The information provided on included programs is for informational purposes only and is not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you.

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.

For a complete description of the UnitedHealth Premium[®] designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see myuhc.com.[®]