Knowing your benefits helps you make more informed choices.

By understanding your benefits, you can select the coverage that best fits your needs. In this guide, you'll find information about your options and benefit extras to help make your choices easier.

UnitedHealthcare is committed to providing you a smooth and simple enrollment experience with all the support you need.

Want more information?

welcometouhc.com/bms
• Search for network providers.
• Learn about your benefits and more.

Toll-free +1-800-463-8667
Habla Español? Podemos ayudar.

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Helpful Highlights

Virtual Visits

Get access to care online, at any time.

For non-emergency medical care, a Virtual Visit can let you see and talk with a doctor from your mobile device or computer. Doctors can diagnose and treat a wide range of non-emergency medical conditions such as pinkeye, the flu or a sore throat. They can even write a prescription.¹ In addition to saving you time, the cost of a Virtual Visit is typically lower than being treated at a doctor’s office, urgent care center or emergency room.

Consider a Virtual Visit when:
• Your doctor isn’t available.
• You become ill while traveling.
• You’re considering an ER for a non-emergency.

¹Prescription services may not be available in all states.
Helpful terms to know when choosing a plan.

**Coinsurance**
Your share of the costs of a covered health care service, calculated as a percent.

**Copayment or Copay**
A fixed amount of money you’ll pay for a covered doctor visit.

**Covered Services**
The portion of a medical expense that the plan has agreed to pay for or reimburse. They include:
- Doctor’s office visits
- Emergency services
- Hospital care
- Lab services
- Pregnancy care services
- Outpatient care services
- Wellness services

**Deductible**
The amount you’ll need to pay before your plan will start to pay for covered services.

**Health Savings Account (HSA)**
A personal savings account to help you save and pay for your health care. There’s no “use it or lose it” rule. You get to keep it even if you change plans, change employers or retire.

**Network**
A group of health care providers and facilities that have a contract with UnitedHealthcare. Using the network may help lower your costs because these providers and facilities have agreed to provide services at a discount. If you use out-of-network providers, your costs may be higher.

**Out-of-pocket Limit**
The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100 percent of the allowed amount. The out-of-pocket limit includes all of your network payments.

**Preventive Care**
Routine health care, including screenings, checkups and patient counseling to prevent or discover illness, disease or other health problems.

FIND INSURANCE TERMS CONFUSING?
Visit justplainclear.com.
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*Out-of-pocket maximum does NOT include deductible. Age appropriate preventive care services are covered 100% when received in the plan network. This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions. See back page for all legal statements.*
Consumer Choice Plan
with a Health Savings Account (HSA)

Get a plan with network freedom and an HSA.

Save money by staying in our network.
A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in our network.

There’s coverage if you need to go out of the network.
You can receive care and services from anyone in or out of our network. Out-of-network means that a provider does not have a contract with us. It’s important to remember, out-of-network providers will likely charge you more than network providers.

There’s no need to select a primary care physician (PCP) or get referrals to see a specialist.
Consider choosing a PCP. Your PCP can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist.

Preventive care is covered 100 percent in our network.¹

DETAILED BENEFITS on Page 5.

You can open an HSA.
An HSA is a personal savings account to help you save and pay for your health care.

It’s your money.
There’s no “use it or lose it” rule. You get to keep it even if you change plans, change employers or retire.

Set a goal, even a small one.
Check with your employer to see if you can set up regular, pretax deposits through payroll deduction.

Look for care in our network first.
The doctors and facilities in our network have agreed to provide you services at a discount. We have:

• 884,689 physicians and health care professionals.*
• 5,634 hospitals.*
Search the network at welcometouhc.com/bms.

*As of 3/31/17.

¹Age appropriate preventive care services are covered 100 percent when received in the plan network. You may be required to receive approval for some services before they can be covered.

If you go out of the network, your costs may be higher. Out-of-network providers can even bill you for amounts higher than what your plan will cover. For all of the COVERAGE DETAILS, see your official health plan documents.
Save on taxes.²
You don’t have to pay federal taxes or, in most cases, state income taxes when you deposit money into your HSA, let it collect interest or use it for qualified expenses. The 2018 IRS HSA deposit limits are:

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<td>Family</td>
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How paying for network care works with an HSA.

**STEP 1**

Your deductible
You pay for all services, including prescriptions, until you meet your deductible. You can use an HSA to help pay it.

Pay with your HSA or pay another way

**STEP 2**

Your coinsurance
After you reach the deductible, you share the costs with the plan. You can use an HSA to help pay your share.

Your plan pays 90% + You pay 10%

**STEP 3**

Your out-of-pocket limit
When you reach the limit, you are done paying. The plan will pay 100 percent of covered services for the rest of the plan year.

You are done paying

Preventive care is covered 100 percent when you use a network doctor.⁴

DETAILED BENEFITS on Page 5.

¹Precise HSA tax effects depend on federal law. We recommend that you see your tax advisor for specific tax advice.
²This includes all deposits, including any contributions your employer makes.
³Age appropriate preventive care services are covered 100 percent when received in the plan network.
⁴You may be required to receive approval for some services before they can be covered.
Point of Service Plan

Get a plan with access to a national network and the choice of out-of-network coverage.

Save money by staying in our network.
A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in our network.

There’s coverage if you need to go out of the network.
You can receive care and services from anyone in or out of our network. Out-of-network means that a provider does not have a contract with us. It’s important to remember, out-of-network providers will likely charge you more than network providers.

There’s no need to select a primary care physician (PCP) or get referrals to see a specialist.
Consider choosing a PCP. Your PCP can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist.

Preventive care is covered 100 percent in our network.¹

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- 5,634 hospitals.*
Search the network at welcometouhc.com/bms.
*As of 3/31/17.

 DETAIL BENEFITS on Page 5.

How paying for network care works.

Copayment¹
You pay
The fixed amount you pay for each covered doctor visit.

Deductible¹
You pay 100%
The amount you pay before your insurance plan pays a portion.

Coinsurance¹
You pay a percentage of the cost
The percentage you pay after you reach your deductible.

After reaching the out-of-pocket limit
Plan pays 100% of covered expenses

Out-of-pocket limit
The most you pay for health care in one plan year (includes all of your network payments).

If you go out of the network, your costs may be higher. Out-of-network providers can even bill you for amounts higher than what your plan will cover. For all of the COVERAGE DETAILS, see your official health plan documents.

¹Age appropriate preventive care services are covered 100 percent when received in the plan network. You may be required to receive approval for some services before they can be covered.
What comes next?

Choose a plan.
Annual enrollment is October 23rd – November 10th, 2017.

Before coverage starts.
While we’re setting up your insurance:

SEARCH OUR NETWORK for providers near you at welcometouhc.com/bms.

Once coverage begins.
Your coverage starts January 1, 2018.

WATCH THE MAIL for your welcome kit and ID card.

GET STARTED ONLINE at myuhc.com and download the Health4Me app to help manage your health and benefits.
2. Click on Register Now.

Use your plan.
Here are some great ways to use your plan throughout the year:

SCHEDULE A PREVENTIVE EXAM, flu shot or other preventive screening service.

ESTIMATE YOUR COSTS before you get care with myuhc.com or the Health4Me app.

USE OUR RESOURCES to help stay healthier and save money.

GET ON-THE-GO ACCESS to health and account info, tools and resources with the Health4Me app.

CALL US FOR HELP when you need us.

MANAGE YOUR PLAN AND HEALTH ONLINE at myuhc.com.

Do you need more help?

uhc.com welcometouhc.com/bms

Toll-free +1-800-463-8667
Habla Español? Podemos ayudar.
We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** UHC_Civil_Rights@uhc.com

**Mail:** Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

**ATENCION:** Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

**NOTICE:** If you speak Chinese (Chinese), we provide free language assistance services. Please call the toll-free phone number listed on your identification card.

**NOTA:** Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

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**ATTENTION:** Si vous parlez français (French), des services d’aide linguistique vous sont proposés gratuitement. Veillez appeler le numéro de téléphone gratuit figurant sur votre carte d’identification.

**ATTENZIONE:** In caso la lingua parliata sia l’italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamare il numero di telefono verde indicato sulla vostra tessera identificativa.

**ACHTUNG:** Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

**注:** イギリス語 (English) ならびにスペイン語 (Spanish) を話す場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

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**CHEET TOOM:** Yog koj hais Lus Hmoob (Hmong), muaj kev pab bhaias lus pub dawb rau kjoo. Thov hau rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntwaj koj daim juay cim qhia tus kheuj.

**DÍI BAA’ÁKONÍNÍZÍN:** Dinë (Navajo) bizaad bees ñàñíítí’go, saad bees ñàñíítí’go, bad bees ñàñíítí’go, t’áá ñàñíítí’go, saad bees ñàñíítí’go, t’áá ñàñíítí’go, bad bees ñàñíítí’go, t’áá ñàñíítí’go, bees ñàñíítí’go.
Network Access Plan information is available for UnitedHealthcare plans in Colorado. UnitedHealthcare has prepared and maintains a network access that describes how the plan monitors the network of providers to ensure that you have access to network providers. The access also has information on the referral processes, compliant procedures, quality programs and emergency services coverage provisions. The network access plan is available at the plan’s office: 6465 Greenwood Plaza Blvd, Suite 300, Centennial, CO, 80111 or call (800)842-4509. This information 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.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) 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 Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Access to Virtual Visits and prescription services may not be available in all states or for all groups. Always refer to your plan documents for your specific coverage. Virtual Visits are not an insurance product, health care provider or a health plan. Virtual Visits are an Internet-based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It's the member’s responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member’s benefit plan. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

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Healthy Mind Healthy Body eNewsletters contain general health information only and are not intended to provide medical advice. Consult an appropriate health care professional for your specific needs.

The information in this guide is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents which may include a Summary of Benefits and Coverage and Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.