

## UnitedHealthcare Announces New Plans Under GA-23111

For Former Railroad Employees and their Eligible Dependents  
(not eligible for Medicare)

UnitedHealthcare is pleased to announce that for the upcoming open enrollment for 2008, three new benefit plans are available under GA-23111. These new benefit plans, called Plans A, B and C, provide new options with different costs and plan designs allowing individuals to select the plan best suited for their needs.

### **Special Enrollment Period – April and May 2008**

Due to the addition of these three new plans, a **special two month open enrollment period** is being offered for this year only. The open enrollment period will **begin April 1<sup>st</sup> and run through May 31<sup>st</sup>** with the coverage you select effective June 1, 2008. After this 2008 enrollment period, the next open enrollment will be May 2010. (Note that this 2008 expanded enrollment period also applies to other Plans under GA-23111 such as Plan E and Plan F.)

### **Plan Design of Plans A, B, and C**

Some of the services provided by these new plans are outlined below. Please review the accompanying chart for more details.

- Physician office visits and certain medical services
- Discount savings program – Rx & other health and wellness purchases
- Inpatient hospital services
- Inpatient & outpatient mental health and substance abuse services
- Surgical procedures
- Outpatient rehabilitation services
- Durable medical equipment

While all of the benefits offered by each plan are the same, they differ in the following areas:

- Annual Deductible
- Annual Out-of-Pocket Maximum
- Percentage of Eligible Expenses Covered
- Monthly Cost

You pay a separate monthly cost for yourself and for your dependents. The monthly cost for your dependents is inclusive of all of your eligible dependents (spouse, children under age 19, students age 19 to 25, and incapacitated children age 19 and over).

The monthly cost for each of the new plans effective June 1, 2008 is:

- **Plan A - \$250**
- **Plan B - \$325**
- **Plan C - \$400**

#### **Current Enrollees in GA-23111 Plans B or C Need to Take Action**

**Current Plans B and C will be replaced by these new options.** If you are currently enrolled in Plans B or C, you need to select a new plan or the following will occur, effective June 1, 2008:

- Current Plan B enrollees will automatically default to the new Plan A
- Current Plan C enrollees will automatically default to the new Plan C

Note: Any current enrollees in Plan B or C who do not wish to continue their participation in one of the new plans can contact the Customer Care Center at **800-842-5252** to cancel their enrollment, or simply not pay the required cost associated with the new plans.

### **Obtaining Additional Information on Plans A, B, and C**

If you are interested in enrolling under any of the new benefit plans, please contact UnitedHealthcare at **800-842-5252**. One of UnitedHealthcare's Customer Care Professionals would be happy to provide you with the following:

- Additional information and an enrollment form
- Certificate of Coverage (this document describes each benefit plan in detail)
- Answers to any other questions you may have

## UnitedHealthcare GA-23111 Plans A, B, and C Benefit Summaries

Benefit	Plan A	Plan B	Plan C
Monthly cost	\$250	\$325	\$400
Annual deductible	\$1,000	\$750	\$500
Annual out of pocket limit	\$15,000	\$10,000	\$7,500
Lifetime maximum benefit	\$500,000	\$500,000	\$500,000
Inpatient hospital services* (includes maternity & inpatient mental health and substance abuse services)  Surgical procedures (surgeon, anesthesiology & facility; ambulatory surgical center and outpatient surgical center)	50% of eligible expenses after satisfying deductible.	60% of eligible expenses after satisfying deductible.	70% of eligible expenses after satisfying deductible.
Medical services/ physician's office visits	50% of eligible expenses after satisfying deductible. 100% of eligible expenses w/out deductible for Mammography and Pap Smear.	60% of eligible expenses after satisfying deductible. 100% of eligible expenses w/out deductible for Mammography and Pap Smear.	70% of eligible expenses after satisfying deductible. 100% of eligible expenses w/out deductible for Mammography and Pap Smear.
Outpatient mental health and substance abuse services	75% of eligible expenses after satisfying deductible for first 40 visits in Calendar Year (CY); 60% thereafter.	75% of eligible expenses after satisfying deductible for first 40 visits in Calendar Year (CY); 60% thereafter.	75% of eligible expenses after satisfying deductible for first 40 visits in Calendar Year (CY); 60% thereafter.
Outpatient rehabilitation (physical, occupational, speech therapy and chiropractic)	50% of eligible expenses after satisfying deductible. Limited to 30 visits per CY. Exception: CY visit limit does not apply to services for a child under age 21 with a congenital or birth defect.	60% of eligible expenses after satisfying deductible. Limited to 30 visits per CY. Exception: CY visit limit does not apply to services for a child under age 21 with a congenital or birth defect.	70% of eligible expenses after satisfying deductible. Limited to 30 visits per CY. Exception: CY visit limit does not apply to services for a child under age 21 with a congenital or birth defect.
Allergy/acupuncture services	50% of eligible expenses after satisfying deductible.	60% of eligible expenses after satisfying deductible.	70% of eligible expenses after satisfying deductible.
Emergency room services	50% of eligible expenses after satisfying deductible.	60% of eligible expenses after satisfying deductible.	70% of eligible expenses after satisfying deductible.
Durable medical equipment*	50% of eligible expenses after satisfying deductible.	60% of eligible expenses after satisfying deductible.	70% of eligible expenses after satisfying deductible.
Prescription drugs (this benefit provides for a discount program; this is not insurance)	UnitedHealth Allies (UHA) Discount RX Program - discount savings avg. 25% to 35% or higher on commonly prescribed generic/brand name Rx's bought at a participating retail location or UHA mail-order service.	UnitedHealth Allies (UHA) Discount RX Program - discount savings avg. 25% to 35% or higher on commonly prescribed generic/brand name Rx's bought at a participating retail location or UHA mail-order service.	UnitedHealth Allies (UHA) Discount RX Program - discount savings avg. 25% to 35% or higher on commonly prescribed generic/brand name Rx's bought at a participating retail location or UHA mail-order service.
Home health care services*	50% of eligible expenses after satisfying deductible up to 30 visits per CY.	60% of eligible expenses after satisfying deductible up to 30 visits per CY.	70% of eligible expenses after satisfying deductible up to 30 visits per CY.
Hospice facility*	50% of eligible expenses after satisfying deductible.	60% of eligible expenses after satisfying deductible.	70% of eligible expenses after satisfying deductible.
Skilled nursing facility* (SNF)	50% of eligible expenses after satisfying deductible for up to 31 days per stay in SNF.	60% of eligible expenses after satisfying deductible for up to 31 days per stay in SNF.	70% of eligible expenses after satisfying deductible for up to 31 days per stay in SNF.
Emergency ambulance services	50% of eligible expenses after satisfying deductible in the event of an emergency.	60% of eligible expenses after satisfying deductible in the event of an emergency.	70% of eligible expenses after satisfying deductible in the event of an emergency.

\* Requires prior notification – Care Coordination must be contacted to determine whether the purchase, rental of equipment (over \$1,000) or services provided are medically appropriate.