

UnitedHealthcare

Medical Renewal Rates with Alternate Plan Designs

TOM GREEN COUNTY
00718539
January 1, 2011

* The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

Plan Name	Option 1: Current original renewal offer	Option 2: Current negotiated renewal offer	Option 3: Changed plan with negotiated renewal offer
	7EH-P (Base/Emb Ded/PVY)	7EH-P (Base/Emb Ded/PVY)	9TD-P mod (Base/Emb Ded/PVY)
Product	Choice Plus *	Choice Plus *	Choice Plus *
Rating Group	718539 - All	718539 - All	718539 - All
Plan Offering	Single Option	Single Option	Single Option
Multiple Option with:	Option(s) N/A	Option(s) N/A	Option(s) N/A
HRA or HSA	No	No	No
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	\$15 Per Visit	\$15 Per Visit	\$20/40 Per Visit
Other Copays (I/PER/UC)	N/A/\$100/\$50	N/A/\$100/\$50	N/A/\$200/\$75
Deductible	\$500/1,000	\$500/1,000	\$500/1,000
Coinsurance	80%	80%	80%
Out-of-Pocket	\$1,500/3,000	\$1,500/3,000	\$2,000/4,000
Pharmacy	\$5/35/70	\$5/35/70	\$10/40/75
Deductible	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Coinsurance	\$1,000/2,000	\$1,000/2,000	\$1,000/2,000
Out of Pocket	60%	60%	60%
	\$5,000/10,000	\$5,000/10,000	\$3,500/7,000
Enrollment			
Employee	360	360	360
Employee + Spouse	20	20	20
Employee + Child(ren)	45	45	45
Employee + Family	17	17	17
Total	442	442	442
Rates			
	Current	Proposed	Proposed
Employee	\$472.38	\$581.56	\$550.32
Employee + Spouse	\$869.18	\$1,070.07	\$1,012.58
Employee + Child(ren)	\$736.92	\$907.24	\$858.50
Employee + Family	\$1,133.70	\$1,395.73	\$1,320.75
Monthly Premium	\$239,875	\$295,316	\$279,451
Annual Premium	\$2,878,496	\$3,543,789	\$3,353,411
Change from Current		23.1%	16.5%

*High level benefit summary. Please see your plan summary for more detailed benefit description.