



Product Continuum

For New York, New Jersey and Connecticut

Extensive portfolio of UnitedHealthcare products ●

National network access ●

Available as fully insured or self-funded ●

Extensive portfolio of Oxford products ●

Categorized solutions for every company ●

Easily find a plan to fit your needs ●



Better information. Better decisions. Better health.

UnitedHealthcare is proud to offer both UnitedHealthcare and Oxford products in the tri-state markets of New York, New Jersey and Connecticut. By having these two product platforms, we have the ability to offer more choices than any other carrier.

We provide our customers with a valuable experience by offering:



Better information alerts individuals and their doctors of health risks or opportunities to take action and let employers track results.



Better decisions are possible because we can give individuals, doctors and employers the insights they need to make better informed choices.



Better health is our shared goal to help individuals live healthier lives and organizations be more productive.

We invite you to learn more about the types of products we offer in the tri-state area:

Tab 1: Oxford products

- Overview
- Product Continuum charts
- Product details by category

Tab 2: UnitedHealthcare products*

- Overview
- Product Continuum charts (51+ only)
- Product details by category



* Note: UnitedHealthcare products are not available to small group employers (up to 50 employees) in New York, New Jersey and Connecticut.



Oxford Products

- Overview ●
- Product Continuum charts ●
- Product details by category ●

Local knowledge and expertise

We are committed to finding solutions to fit the health care needs of the market by continually offering an extensive portfolio of products. Our Oxford products offer a wide range of affordable and flexible health plans for all size businesses. This brochure includes an overview of our products in two sections:

- **Product Continuum charts** (Pages 6 -11)
- **Product details by category** (Pages 13 -24)

Product Continuum charts

These charts allow you to look up plans by state and group size on a continuum from lowest to highest premium. You can refer to the bullets by each plan for features (in- and out-of-network, referral, non-referral, etc.).

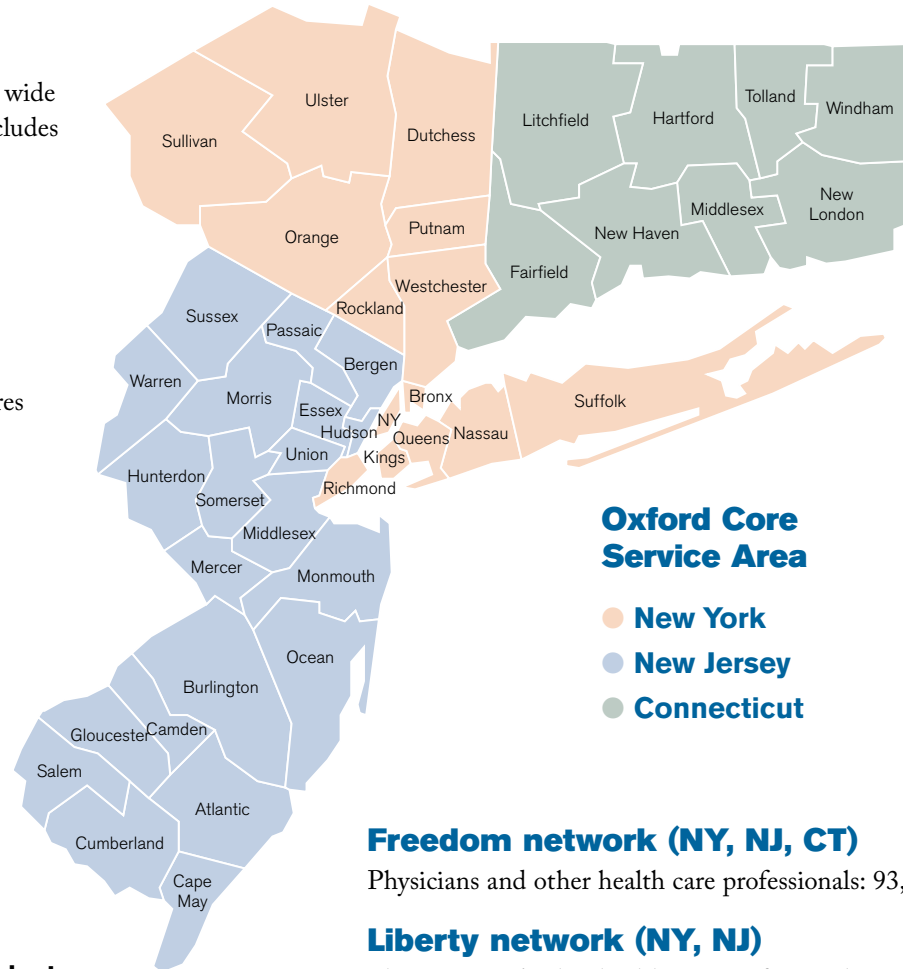
Group size categories

- **NY Small Group** (2-50 employees)
- **NY Large Group** (51+ employees)
- **NJ Small Group** (2-50 employees)
- **NJ Large Group** (51+ employees)
- **CT Small Group** (1-50 employees)
- **CT Large Group** (51+ employees)

Product details by category

Categories are listed below, and some are color-coded for your convenience when looking up products in the Product Continuum charts.

- **Consumer-driven products**
- **In-network products**
- **Gatekeeper products**
- **Open Access products**
- **Sole Proprietor products**
- **Out-of-area solutions**
- **Mandated products**
- **Pharmacy**
- **OBMSM Specialty Products**
- **UnitedHealthcare Specialty Products**

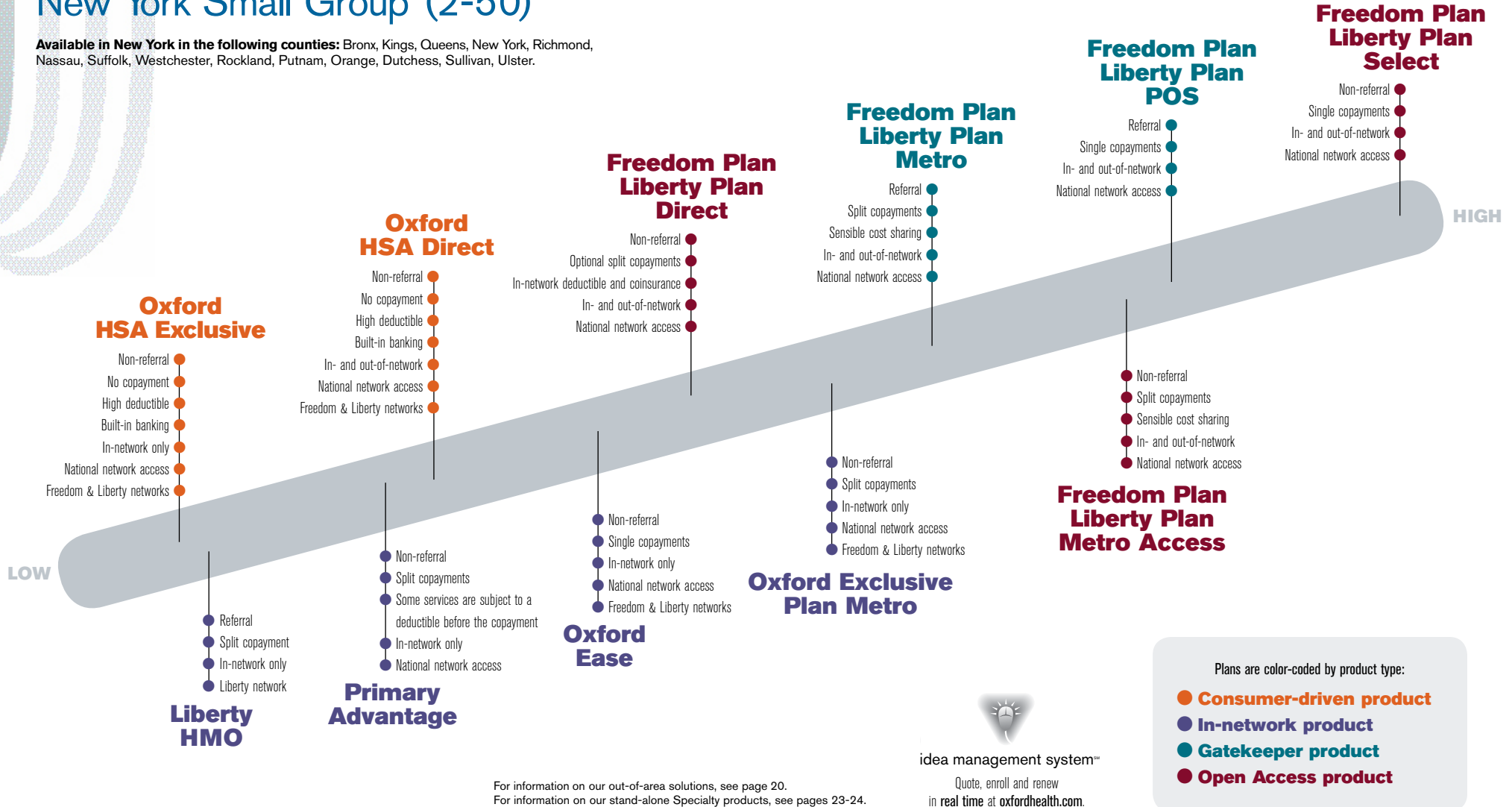


*As of 12/31/10

Oxford Product Continuum Chart

New York Small Group (2-50)

Available in New York in the following counties: Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Dutchess, Sullivan, Ulster.



For information on our out-of-area solutions, see page 20.
For information on our stand-alone Specialty products, see pages 23-24.

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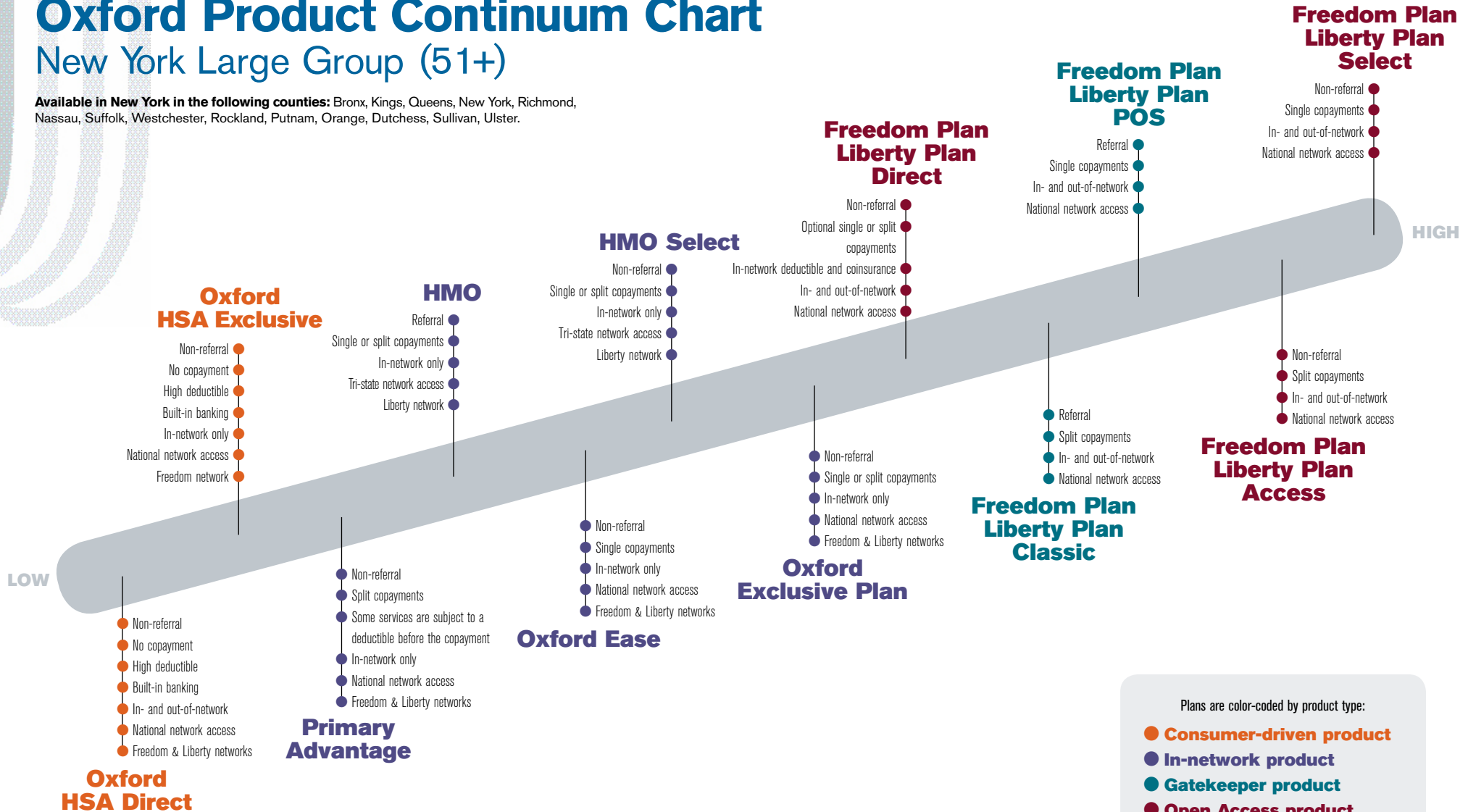
Plans are color-coded by product type:

- **Consumer-driven product**
- **In-network product**
- **Gatekeeper product**
- **Open Access product**

Oxford Product Continuum Chart

New York Large Group (51+)

Available in New York in the following counties: Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk, Westchester, Rockland, Putnam, Orange, Dutchess, Sullivan, Ulster.



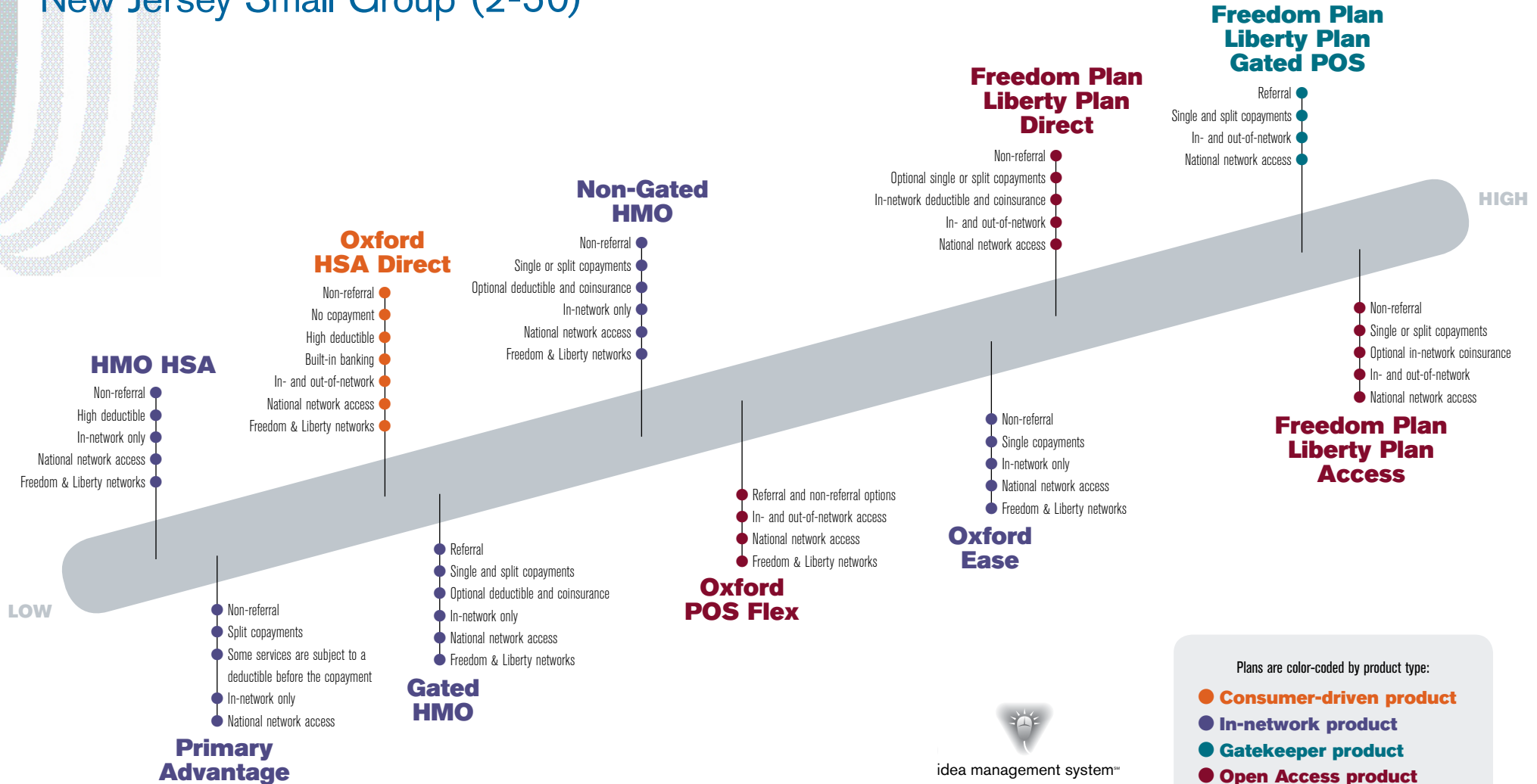
Plans are color-coded by product type:

- **Consumer-driven product** (orange)
- **In-network product** (blue)
- **Gatekeeper product** (teal)
- **Open Access product** (red)

For information on our out-of-area solutions, see page 20.
 For information on our stand-alone Specialty products, see pages 23-24.

Oxford Product Continuum Chart

New Jersey Small Group (2-50)



Plans are color-coded by product type:

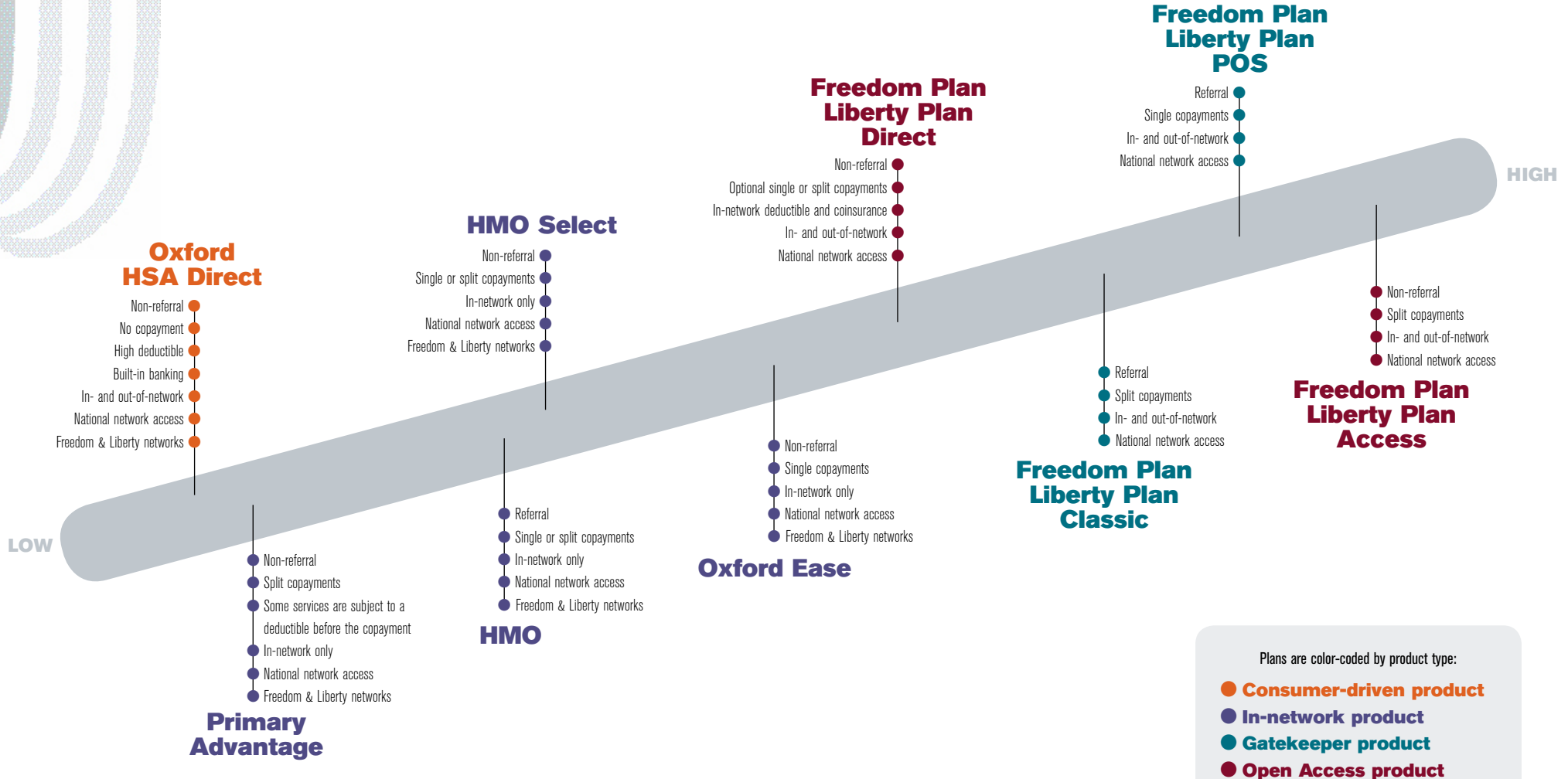
- Consumer-driven product** (Orange dot)
- In-network product** (Blue dot)
- Gatekeeper product** (Teal dot)
- Open Access product** (Red dot)

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For information on our out-of-area solutions, see page 20.
For information on our stand-alone Specialty products, see pages 23-24.

Oxford Product Continuum Chart

New Jersey Large Group (51+)



Plans are color-coded by product type:

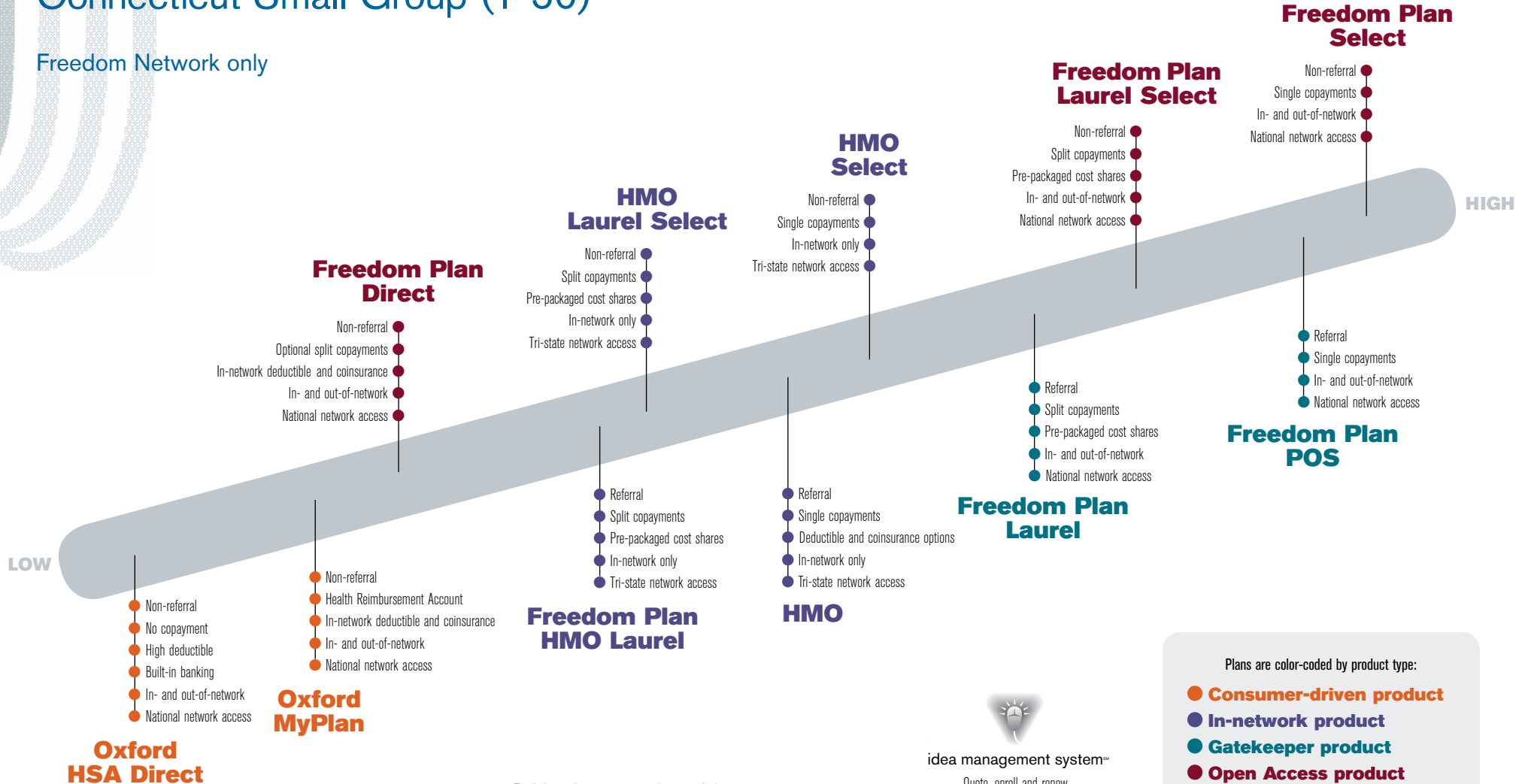
- **Consumer-driven product**
- **In-network product**
- **Gatekeeper product**
- **Open Access product**

For information on our out-of-area solutions, see page 20.
 For information on our stand-alone Specialty products, see pages 23-24.

Oxford Product Continuum Chart

Connecticut Small Group (1-50)

Freedom Network only



For information on our out-of-area solutions, see page 20.
For information on our stand-alone Specialty products, see pages 23-24.

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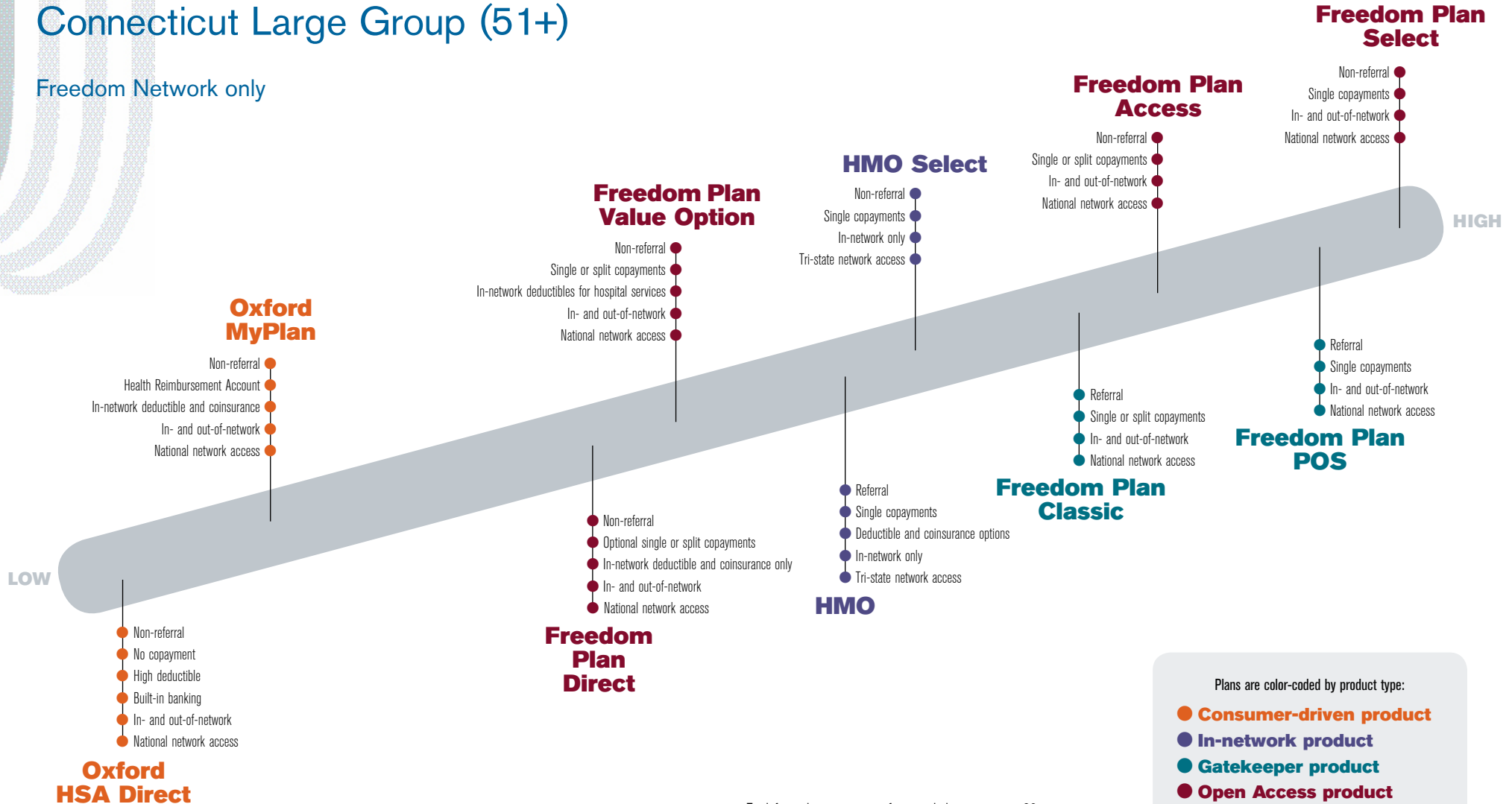
Plans are color-coded by product type:

- Consumer-driven product** (Orange dot)
- In-network product** (Blue dot)
- Gatekeeper product** (Teal dot)
- Open Access product** (Red dot)

Oxford Product Continuum Chart

Connecticut Large Group (51+)

Freedom Network only



Plans are color-coded by product type:

- Consumer-driven product** (Orange dot)
- In-network product** (Purple dot)
- Gatekeeper product** (Teal dot)
- Open Access product** (Red dot)

For information on our out-of-area solutions, see page 20.
 For information on our stand-alone Specialty products, see pages 23-24.

Oxford product details by category

● Consumer-driven products

Lower cost, empowers members to make health care choices

● In-network products

Copayments, in-network coverage only

● Gatekeeper products

Referral, copayments, in- and out-of-network

● Open Access products

Non-referral, copayments, in- and out-of-network

● Sole Proprietor products

New York sole proprietors and groups of one

● Out-of-area Solutions

New York, New Jersey and Connecticut large and small groups

● Mandated Products

Standardized plans for individuals and groups

● Pharmacy

Integrated pharmacy and health management

● OBMSM Specialty Products

New York, New Jersey and Connecticut small groups

● UnitedHealthcare Specialty Products

New York, New Jersey and Connecticut large and small groups

Consumer-driven products

Lower cost, empowers members to make informed health care choices

Oxford® HSA DirectSM and Oxford® HSA ExclusiveSM

Health Savings Accounts (HSA)

If you're looking to offer your employees a cost-effective health plan and motivate them to save money for future health care needs, we have just the Oxford plan for you. Oxford HSA plans combine our medical coverage with a Health Savings Account administered by OptumHealth Bank, member FDIC.

Oxford HSA plans include high deductibles, no referrals for in-network specialist visits, and most are available with the Freedom or Liberty network. Office visits, lab services and all other in-network services (except preventive care) are subject to a deductible.

- The HSA is a cash account owned by the employee and is fully portable if the employee changes jobs.
- Both employers and employees may contribute tax-free.
- Cash balances remaining in the HSA at the end of the year roll over to the next year.
- Funds may be accessed through a debit card, free online bill pay and checks (optional), and may be used to pay for qualified medical expenses.
- Qualified medical expenses include but are not limited to doctor visits, hospital expenses, lab services, x-rays, prescription drugs, dental, vision and hearing care.

Oxford MyPlanSM

The Oxford MyPlan is a high-deductible, non-referral health plan that has both in- and out-of-network deductibles. In general, the in-network deductible applies to all covered services, unless the plan includes an office visit copayment. Out-of-network care is covered under a separate deductible and coinsurance. Oxford MyPlan includes a Health Reimbursement Account, which is funded by the employer and controlled by the employee, to help employees pay for covered out-of-pocket expenses that fall under their deductible and coinsurance. Oxford MyPlan is available with either our Freedom or Liberty network. Employees will also have access to our UnitedHealthcare national Choice Plus Network when traveling outside the Oxford tri-state service area.

In-network products

Copayments, in-network coverage only

HMO/Freedom Network and HMO/Liberty Network*

We offer traditional Oxford HMO plans for those who like to stay in-network and have their care coordinated by a primary care physician (PCP). Oxford HMO plans allow members to receive covered services from the in-network primary care physician of their choice. Members must obtain a PCP referral for all specialist visits with these plans. In Connecticut, we offer HMO plans with both copayment and deductible/coinsurance options.

HMO Select/Freedom Network and HMO Select/Liberty Network*

These HMO Select plans are administered just like our HMO plans described above, except members do not need a referral to see a specialist.

HMO LaurelSM

HMO Laurel was created for small group employers in Connecticut that need more affordable options, without sacrificing quality. The HMO Laurel is a pre-packaged referral plan with in-network only coverage.

HMO Laurel SelectSM

HMO Laurel Select is also available to the Connecticut small group market. A referral is not required to access in-network care from participating specialists.

Small Group LibertySM HMO

The Small Group Liberty HMO plan is available to New York small group employers. The plan is administered like our other HMO plans. Members of this plan receive in-network coverage only through our Liberty network.

HMO HSA

The HMO HSA is a plan with in-network coverage only that can be purchased with either the Freedom or Liberty network. Employees have access to our UnitedHealthcare national Choice Plus Network when traveling outside of the Oxford New York, New Jersey and Connecticut tri-state service area. With the HMO HSA, member access is not compromised and employers may be able to recognize savings through lower premiums. The HMO HSA plan does not require a PCP referral and includes routine, in-network preventive care covered at 100%. The plan utilizes an in-network deductible and coinsurance structure with copayments for participating physician and specialist office visits after reaching a deductible. This plan is also available with a tax-advantaged Health Savings Account (HSA) funded by employee.

continued on next page

*Liberty Network is not available in Connecticut.

Please note: Oxford HMO products do not offer in-network access outside the Oxford service area. Oxford Exclusive PlanSM & Exclusive PlanSM Metro offer in-network access to the UnitedHealthcare Choice Plus Network throughout the United States when outside the Oxford NY, NJ and CT service area. National network access is offered with HMO, HMO Select and HMO HSA plans in NJ.

In-network products (continued)

Traditional plans, in-network coverage only

Oxford EaseSM

The Oxford Ease plan is available to New York and New Jersey employer groups and allows access to the Freedom or Liberty network. It provides the price relief of cost sharing without the complexity of consumer-driven products. Oxford Ease focuses on predictability and affordability, with benefit and plan designs that are easy to use and understand.

Oxford Exclusive PlanSM Metro

The Oxford Exclusive Plan Metro is available to New York small group employers and gives access to either the Freedom or Liberty network. These in-network only plans have split copayments for PCPs and specialists, and are paired with hospital copayments for inpatient and outpatient services. Referrals are not required for participating physicians, and members can access physicians in the UnitedHealthcare national Choice Plus Network when outside the Oxford service area.

Oxford Exclusive PlanSM

The Oxford Exclusive Plan is specifically designed for New York large employer groups that desire health plans that fit their budgets without compromising the quality of care. It is available with either the Freedom or Liberty network, and includes in-network access to the UnitedHealthcare national Choice Plus Network when outside the Oxford service area. These in-network plans do not require a referral for specialist visits and are available with single or split copayment options.

Primary Advantage

The Primary Advantage product, available to large and small employers in New York and New Jersey, puts an emphasis on benefits where health care encounters are most prevalent: preventive care, services provided by a primary care physician (PCP) or OB/GYN, and Tier 1 prescription drugs, which are available through low copayments and not subject to a deductible. Since more than 50% of Oxford health care encounters fall under these categories¹, Primary Advantage can mean lower costs and greater savings for members who make the right choices.

Of course, if a higher level of care is required, Primary Advantage provides members access to comprehensive coverage through a vast network of specialists and hospitals. These services are subject to a deductible; however, once the deductible has been met, benefits are covered through clearly defined copayments, a feature designed to add predictability to health care spending.

¹Oxford claims data

Please note: Oxford HMO products do not offer in-network access outside the Oxford service area. Oxford Exclusive PlanSM & Exclusive PlanSM Metro offer in-network access to the UnitedHealthcare Choice Plus Network throughout the United States when outside the Oxford NY, NJ and CT service area. National network access is offered with HMO, HMO Select and HMO HSA plans in NJ.

Gatekeeper products

Referral, copayments, in- and out-of-network

We were the first in the health care industry to offer a combined in- and out-of-network plan in the tri-state area. These point-of-service plans give members the choice to go in- or out-of-network for care. It is also important to note that many of our HMO plans can be considered gatekeeper products as well, since a referral is required for specialist office visits. However, our HMO plans provide in-network access only, which is different from our traditional gatekeeper plans that provide coverage for both in- and out-of-network care.

In-network

- PCP referral required for all specialist visits (except OB/GYN)
- Copayment for in-network physician office visits
- Routine in-network preventive care at no charge

Out-of-network

- Claim form submission required for all out-of-network services
- Deductible and coinsurance applicable to all out-of-network services
- Subject to out-of-network reimbursement amount limitations described in the chosen plan

Freedom Plan® and Liberty PlanSM

We understand that choice and flexibility are a top priority for many. So we created the Freedom Plan and the Liberty Plan and became the first company in the tri-state area to offer in- and out-of-network benefits within the same plan.

Freedom Plan® ClassicSM and Liberty PlanSM Classic

Many people feel it is a good idea to have the guidance of a primary care physician (PCP) throughout the health care process, and for those consumers we offer Freedom Plan Classic. Requiring a PCP referral prior to most specialist visits also allows for lower premium rates. Freedom Plan Classic offers single or split office visit copayments for in-network PCPs and specialists.

Freedom Plan® MetroSM and Liberty PlanSM Metro

The Freedom Plan Metro and Liberty Plan Metro products offer health care coverage for New York small groups at a lower premium cost through increased cost sharing. These split copayment plans are available with both the Freedom network and the Liberty network. These plans offer pre-packaged benefits and low premiums.

Freedom Plan® LaurelSM

Freedom Plan Laurel was created for Connecticut small employer groups that are looking for affordable point-of-service products for their employees. To keep costs low, this plan utilizes cost sharing strategies, such as split copayments and in-network hospital copayments. Members have access to our Freedom network of doctors and hospitals, which includes access to Connecticut hospitals.

Open Access products

Non-referral, copayments, in- and out-of-network

Freedom Plan® AccessSM and Liberty PlanSM Access

These plans do not require a referral for specialist visits. Instead, specialist copayments are set at a higher rate than primary care physician (PCP) copayments since specialist visits cost more. The result is more affordable rates and plans that give members greater flexibility to choose their own doctors and health care coverage options.

Freedom Plan® Metro AccessSM and Liberty PlanSM Metro Access

Both offer health care coverage for New York small groups at a lower premium cost through increased cost sharing. These split copayment plans are available with both the Freedom network and the Liberty network and offer pre-packaged benefits and low premiums with no PCP referral.

Freedom Plan® Value OptionSM

This plan is available to large employer groups in Connecticut. Members can access our renowned Freedom network of doctors and hospitals without a PCP referral. By offering employer groups plan design options with single or higher split copayments for specialists and in-network deductibles for all hospital, facility or ambulatory surgery services, we are able to offer this Oxford product at lower price points.

Freedom Plan® SelectSM and Liberty PlanSM Select

These open access plans are administered like our point-of-service plans, except members may self-refer to specialists and receive in-network coverage. Members do not need to select a PCP with most of our open access plans. Plans offered to New York groups require the selection of a PCP.

Freedom Plan® Laurel SelectSM

This plan was created for Connecticut small employer groups that need more affordable options that don't sacrifice quality. It's a pre-packaged, non-referral plan utilizing cost-sharing strategies, such as split copayments and in-network hospital copayments to keep costs low. All Freedom Plan Laurel Select members have access to our Freedom network of doctors and hospitals.

Freedom Plan® DirectSM and Liberty PlanSM Direct

These plans come with deductibles and coinsurance for in-network services, and a separate deductible and coinsurance for out-of-network services. Plans are available with or without copayments for office visits.

Oxford POS Flex

Oxford POS Flex offers New Jersey small employer groups the affordability of a traditional HMO plan while providing employees with the flexibility of a POS plan. Oxford POS Flex has in- and out-of-network coverage and is available with either our Freedom network or Liberty network. Employees will also have access to our UnitedHealthcare national Choice Plus network when traveling outside the Oxford tri-state service area. The Oxford POS Flex plan can be purchased with or without a PCP referral component. With Oxford POS Flex, employees get the access to health care they want and clients enjoy the price points they need.

Sole Proprietor products

New York Sole proprietors and groups of one¹

Big company benefits for companies of one

We understand the unique challenges sole proprietors face day-to-day in running their businesses in the New York metropolitan area. Access to affordable, high-quality health insurance is the last thing sole proprietors need to worry about. This is why we are pleased to offer a suite of Oxford products designed especially for sole proprietors. These plans represent some of our most proven and popular offerings for groups of two to 50 employees, with built-in cost shares that make them affordable. New York sole proprietors with a business located in New York, Kings, Queens, Bronx, Richmond, Nassau or Suffolk counties are eligible to enroll in one of our exciting plan options.

The Benefits

- Routine preventive care and lab services covered in-network at no charge (includes PCP and OB/GYN)
- Access to the industry leading Oxford network of over 93,000 physicians and other health care professionals in the tri-state area²
- In-network access to more than 654,000 UnitedHealthcare Choice Plus Network providers³ in the United States when outside the Oxford tri-state service area
- No referrals for specialist visits

The Advantage

- Comprehensive benefits that are affordable
- Streamlined plan design features making plan selection and enrollment easy
- Choice of traditional or cutting edge consumer-driven options
- Access to most of the area's finest hospitals

The Oxford Difference

- Online plan administration with cutting-edge functionality on www.oxfordhealth.com
- Preferred relationship with OptumHealth Bank for seamless HSA banking administration
- Knowledgeable, responsive customer service that our members know and trust
- Access to our industry-leading support programs, such as *Oxford On-Call*[®], giving members 24/7 telephone access to health care guidance from registered nurses, including referrals when necessary
- Access to our pioneering Complementary & Alternative Medicine (CAM) Program and preventive care programs, designed to help maximize member health and satisfaction

¹Available in New York, Kings, Queens, Bronx, Richmond, Nassau, or Suffolk counties.

²As of 12/31/10. This data represents all participating providers except ancillary providers and hospitals. Dental and complementary and alternative medicine providers are included. Providers who are board certified in more than one specialty are counted for each specialty.

³UnitedHealth Group Regional Summary, 12/31/10.

Out-of-area solutions

New York, New Jersey and Connecticut large and small groups

For employees who live beyond the tri-state area

Many groups have employees living beyond our service area. Therefore, we've created a national solution: Oxford USASM. There is an Oxford USA plan that closely matches the plan you choose for your in-area employees, and provides non-gated access to the UnitedHealthcare national Choice Plus Network for your employees who live elsewhere in the country. Employees living outside of the Oxford New York, New Jersey and Connecticut service area and certain surrounding counties must enroll in Oxford USA.



This Oxford out-of-area plan provides one-stop shopping for customer service, claims, enrollment, billing, and all other administrative functions. The UnitedHealthcare Choice Plus Network is unsurpassed, with more than 654,000 physicians and health care professionals and approximately 5,127 hospitals to choose from nationwide¹. And when your out-of-area employees travel to the tri-state area, they'll have access to the Oxford provider network of more than 93,000 physicians and other health care professionals².

For employees who live in the tri-state area and travel within the U.S.

Now Oxford members who are enrolled in any of our non-HMO plans have full access to the national UnitedHealthcare national Choice Plus Network when outside of the Oxford New York, New Jersey and Connecticut service area.

This is great news for vacationers, parents with college students and travelers of all kinds. They may visit one of over 654,000 UnitedHealthcare Choice Plus providers nationwide, and the visit will be covered in-network.

Please note that this out-of-area access is not available with New York and Connecticut Oxford HMO products.

¹UnitedHealth Group Regional Summary, 12/31/10.

²Data as of 12/31/10.

Mandated products

Standardized plans for individuals and groups

Healthy NY

New York small group and individuals

Healthy NY is a unique program designed to encourage small group employers in New York to offer health insurance to their employees by creating a standardized benefits package that is made more affordable by state sponsorship. This program is also available to qualifying New York individuals and sole proprietors.

Individual Plans

New York and New Jersey individuals

We offer individual health insurance plans in New York and New Jersey. To be eligible for an individual plan, the applicant must be a state resident who is ineligible for group coverage (i.e., self-employed). For more information, please call us at 1-800-216-0778, or write to:

Oxford Individual Product Plan Kit Request
14 Central Park Drive
Hooksett, NH 03106

Connecticut Blue Ribbon

Connecticut small group

The Connecticut Blue Ribbon plan was designed by the State of Connecticut to provide limited benefits at an affordable price to Connecticut small groups. All of the Oxford small group products are offered to sole proprietors within Connecticut.



Pharmacy

Reducing cost and supporting better health through integration

Did you know that the pharmacy benefit is the most used part of each benefit plan and the first line of therapy for 88% of chronic conditions?¹ Now more than ever, it's important to connect medical and pharmacy benefits to help manage costs and focus on each member's total health care experience. One of the best ways members can manage their pharmacy benefit is by visiting oxfordhealth.com. We provide a one-stop online resource to manage both medical and pharmacy benefits.

Prescription drug list management: Based on total health care value

While pharmaceutical companies spend an estimated \$20 billion² each year to influence physicians and consumers, we cut through the clutter and look at evidence. With one of the largest integrated databases, we know exactly how physicians prescribe and how members use drugs, and the resulting medical impact to inform better decisions. We manage our prescription drug list (PDL) to provide you with access to information about medications by category, allowing you to make informed decisions regarding the costs of your care. This includes a medication's clinical effectiveness, cost, and impact on other health care costs such as hospitalization and work place productivity. This means we're not just assigning a medication to a tier based on its drug cost, but on its overall impact on total health care costs.

- **Generics** – We encourage members to use low-cost generics
- **Brands** – We drive preference for brands with the best health care value
- **Specialty** – We support members with complex diseases with a total condition management approach

Member engagement: Simple, integrated health support

We know that navigating health care can be challenging. Our goal is to make it easier for your employees to access the support they need to maximize their health care benefits. Helping members understand their pharmacy benefit and their medication choices allows them to fully optimize the value of the benefit and better manage costs. Whether members seek out our resources on their own or respond to one of our directed communications, they'll be empowered to make better decisions and live healthier lives. We provide pharmacy information through the member website, direct mail campaigns, member service phone calls, and point of sale pharmacy messaging.

Specialty pharmacy: Supporting complex conditions

Specialty medications, managed through either the pharmacy or medical benefit, are used to treat the most complex and debilitating diseases, such as hemophilia, hepatitis, and cancer. While they account for only 1% of utilization, specialty medications equate to 30% of the pharmacy cost.³ At an average monthly cost of \$2,500⁴, there is heightened responsibility to thoughtfully manage the benefits for these drugs to help make health care more affordable. As an integrated benefits provider, we're uniquely able to surround these members with support to help them manage their condition, not just the medication component.

Clinical management: Faster, consistent health information

As an integrated benefits provider, our pharmacy programs work in concert with our clinical and disease management programs. Our access to daily integrated member information goes above and beyond the industry standard of a monthly pharmacy data feed. Member health information is updated in real-time and constantly scanned for health and savings opportunities. More than 70% of these opportunities are driven by pharmacy data. This empowers us to help close gaps in care, increase compliance, prevent harmful interactions and lower pharmacy costs.

¹ 2008 Dartmouth Atlas Healthcare study.

² Congressional Budget Office brief, Dec. 2009 issue.

³ UnitedHealthcare 2010 claims data.

⁴ UnitedHealthcare 2010 claims data based on the three top therapeutic categories.

OBMSM Specialty Products

New York, New Jersey and Connecticut small groups (2-99)

A simplified approach to Specialty Benefits

Now there is a single source for your specialty benefit needs — Oxford Benefit ManagementSM (OBMSM). OBM is a wholly owned subsidiary of Oxford Health Plans LLC, acting as the distribution company for specialty products from UnitedHealthcare Specialty Benefits, OptumHealth and UnitedHealth Allies. OBM offers a set of pre-packaged specialty products and services, providing small businesses with a simple and convenient way to deliver a robust suite of employee benefits. This bundled solution combines dental and vision products with several health and wellness programs, including an Employee Assistance Program (EAP) with WorkLife services, Health Discounts and an optional Life benefit. OBM packages are easy to quote with a single quote for several specialty products at once. In addition, an OBM package is simple to administer, invoice and deliver to employees – all at a relatively low cost.

Oxford Benefit Management (OBM) overview

OBM Product Set	Basic	Preferred	Voluntary	Elite	Incentive	Premier
Dental Plan	✓	✓	✓	✓	✓	✓
Vision Plan	✓	✓	✓	✓	✓	✓
EAP with WorkLife	All plans include access to EAP with WorkLife website with information and support on family/health topics.					
Health Discount	All plans include discounts on health/wellness services nationwide.					
Optional Life Plan	✓	✓	Not available	✓	✓	✓

Oxford Benefit Management at a glance

What's more, OBM packages offer flexibility to meet your employees' preferences. We've created six plan designs with dental buy-up options available on most designs. Plus, optional Life coverage is available on most plans (not available with Voluntary plan).

- OBMSM Basic Specialty Option
- OBMSM Preferred Specialty Option
- OBMSM Voluntary Specialty Option
- OBMSM Elite Specialty Option
- OBMSM Incentive Specialty Option
- OBMSM Premier Specialty Option

OBM plans are offered at guaranteed rates to groups sized two to 99 lives. Plans are available in Connecticut, New York and New Jersey. Plus, the advantage of selecting an OBM plan is that all of the specialty benefits are bundled into one convenient package – which means your employees get just one ID card, and you get just one bill and hassle-free administration. You'll be able to find a plan to suit your needs and budget.

UnitedHealthcare Specialty Products

Stand-alone products for New York, New Jersey and Connecticut large and small groups

UnitedHealthcare Specialty Benefits

Dental portfolio

- Fully insured dental coverage for preventive and diagnostic procedures such as cleanings, X-rays and routine examinations
- Preventive care programs with coverage for prenatal dental care, for additional coverage for women in their second and third trimester at no out-of-pocket costs, and coverage for oral cancer screening
- Consumer MaxMultiplierSM awards members based upon the unused dental benefit period maximum and can be carried forward each year (based on program guidelines).
- Access to a large national network of more than 150,000¹ participating dentists and specialists

Vision portfolio

- Comprehensive annual eye exams
- Eyeglass frames and lenses, or contact lenses in lieu of eyeglasses, are available as covered-in-full options with a copayment in-network and as an allowance out-of-network.
- National network of more than 31,000² private practice and retail chain providers conveniently located near work or home
- Discounts on many popular services

Life portfolio

- Full suite of Life plans including Basic Life with Accidental Death & Dismemberment (AD&D) and Basic Dependent Life, as well as Supplemental Employee Life with AD&D and Supplemental Dependent Life with AD&D
- Each plan includes flexible plan designs and guarantee issue amounts.
- Special features include a seat belt benefit that pays out an additional percentage of the AD&D benefit if a seat belt is worn properly, an accelerated benefit option, and waiver of premium for disabled employees under age 60.
- In addition, the following benefits are included at no additional cost:
 - Travel Assistance: assists travelers with a variety of services such as pre-trip information, and emergency medical assistance and transportation
 - Will and Trust Preparation: provides access to information on will preparation, including articles, forms and calculators
 - Beneficiary Services: offers grief consultation and financial/legal assistance services for beneficiaries

Disability portfolio

- Disability plans include Short-Term Disability, Long-Term Disability and Voluntary Long-Term Disability.
- All products feature flexible plan designs with variable benefit amounts, benefit durations and elimination periods.
- All plans are supported by disability claim management experts who maintain ongoing communication with the claimant, employer and physician, and focus on returning employees to work in a timely manner.

¹Dental and Vision Ranking 11/4/10.

²UnitedHealthcare Vision Regional Analysis Report 11/4/10.



UnitedHealthcare Products

- Overview ●
- Product Continuum charts (51+ only) ●
- Product details by category ●



Innovative solutions, national network

We are committed to finding solutions to fit the health care needs of the market by continually offering an extensive portfolio of products. Our UnitedHealthcare products offer superior service, greater efficiency and unparalleled flexibility. We'll help you find the health care solution you're looking for regardless of your company's locations. UnitedHealthcare offers a range of plan choices and funding options, putting you in more control over your health care costs.

Product Continuum charts

These charts allow you to look up plans by state and group size on a continuum from the lowest to highest premium. You can refer to the bullets by each plan for features (in- and out-of-network, non-referral, etc.) These UnitedHealthcare products are for large groups with 51 to 3,000 employees. Products are available nationally, as well as in the tri-state area, to either fully insured or self-funded plans.

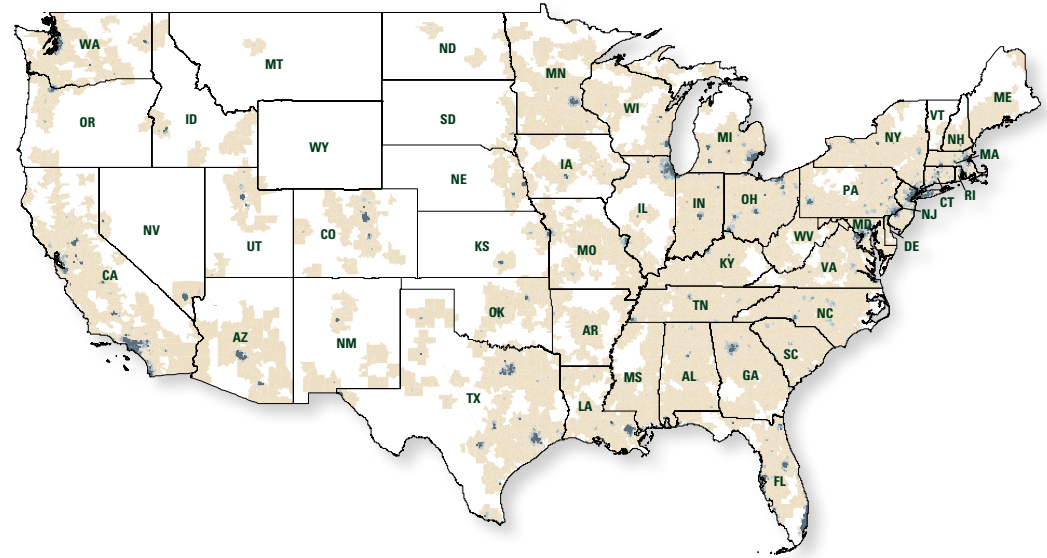
Group size categories

- **NY Large Group** (51+ employees)
- **NJ Large Group** (51+ employees)
- **CT Large Group** (51+ employees)

Product details by category

Categories are listed below, and some are color-coded for your convenience when looking up products in the Product Continuum charts.

- **Consumer-driven products**
- **In-network products**
- **Open Access products**
- **Pharmacy**
- **UnitedHealthcare Specialty Products**



UnitedHealthcare's Nationwide Service Area

Physicians and other health care professionals: 654,000¹

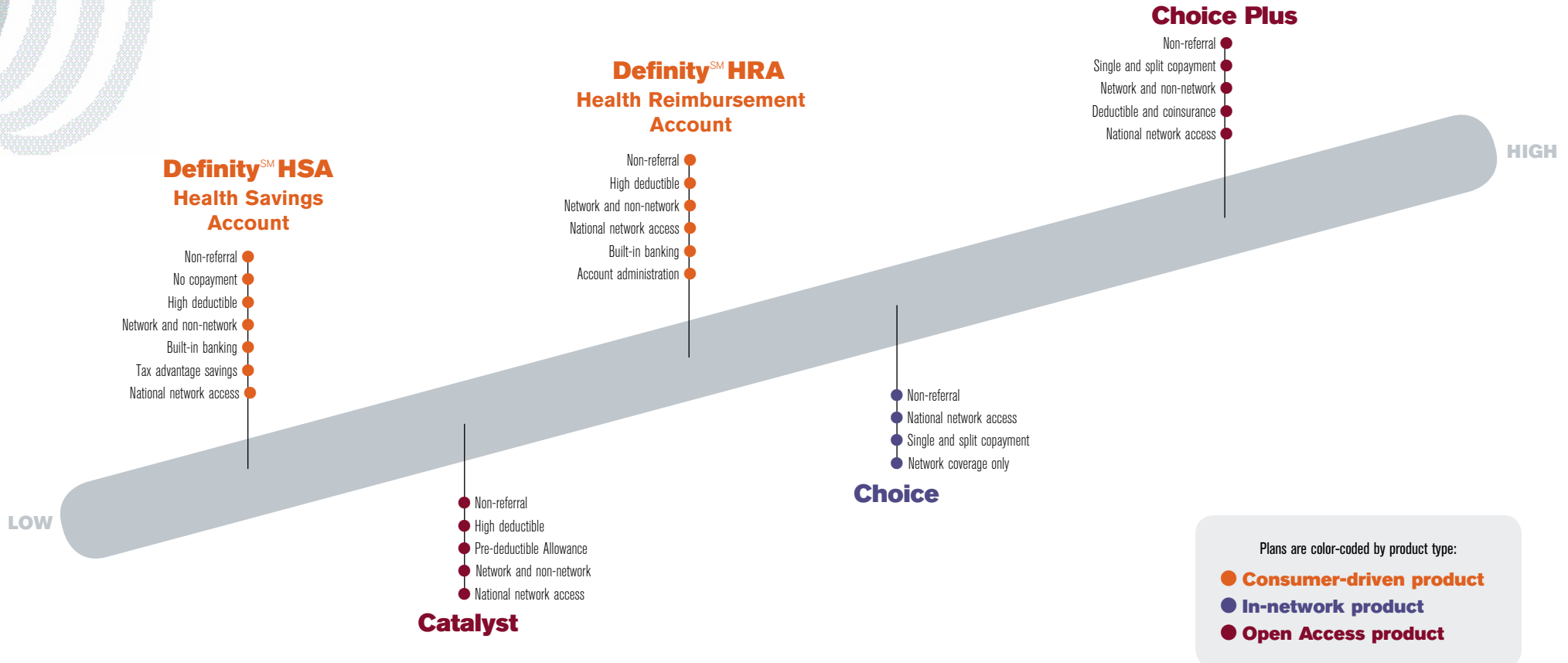
Hospitals: 5,127¹

¹UnitedHealth Group Regional Summary, 12/31/10.

UnitedHealthcare Product Continuum Chart

New York Large Group (51+)

Available in all counties in New York.



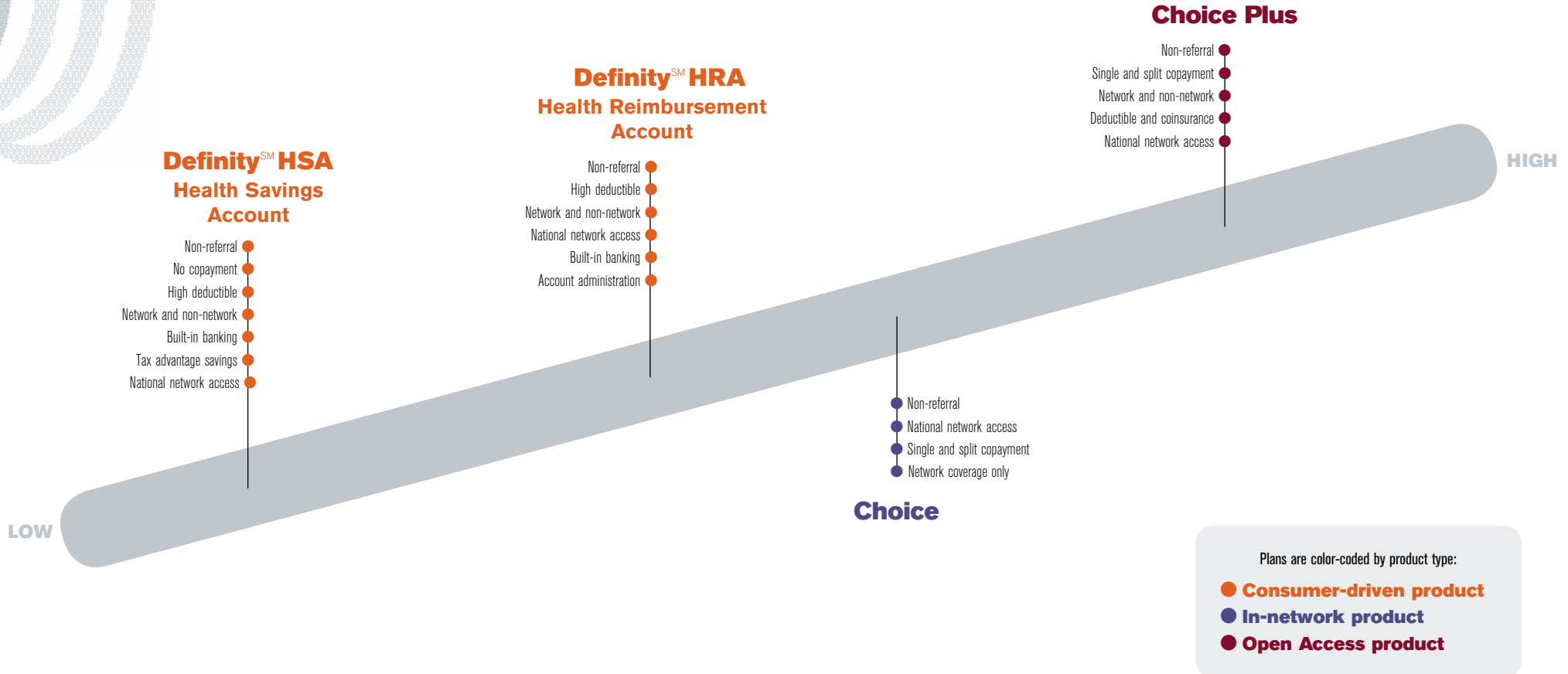
Plans are color-coded by product type:

- Consumer-driven product
- In-network product
- Open Access product

Please note: Options PPO and Options Non-Differential PPO are available as an out-of-area accommodation.

UnitedHealthcare Product Continuum Chart

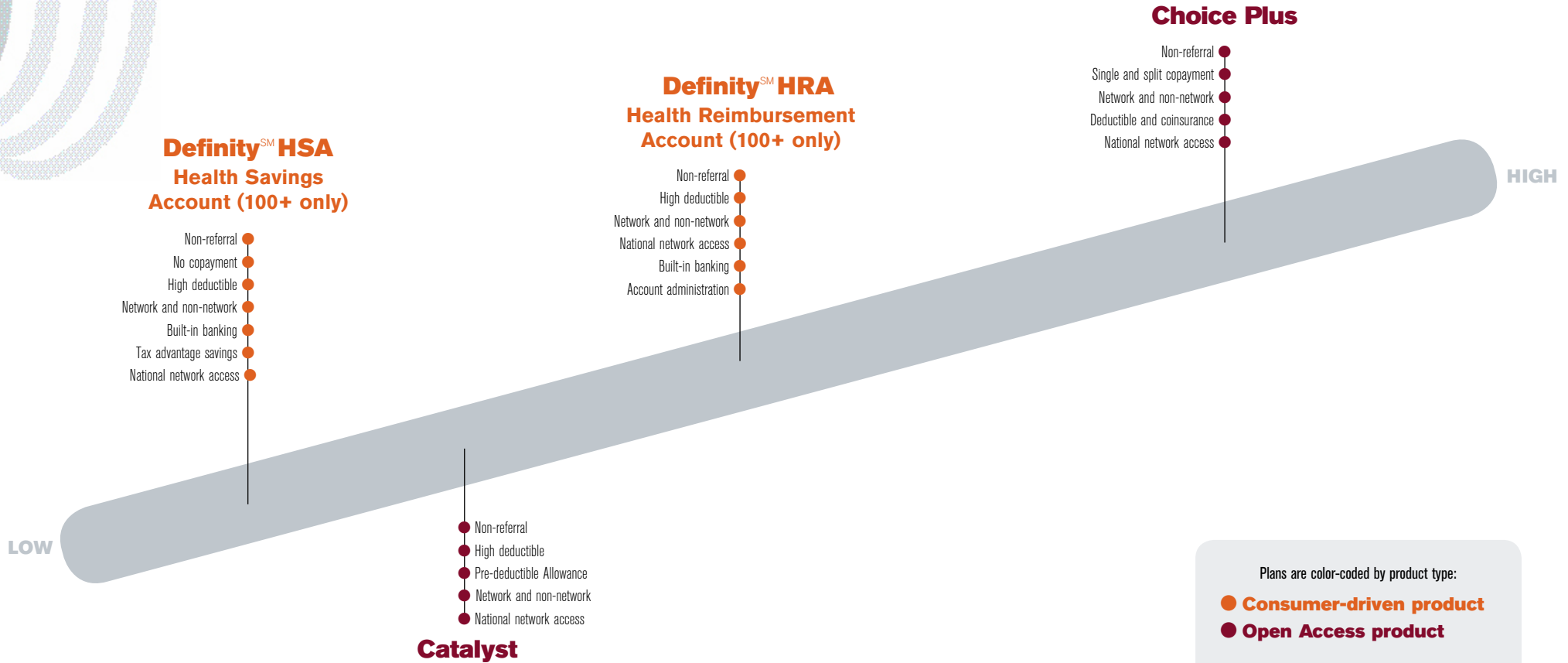
New Jersey Large Group (51+)



Please note: Options PPO and Options Non-Differential PPO are available as an out-of-area accommodation.

UnitedHealthcare Product Continuum Chart

Connecticut Large Group (51+)



Please note: Options Non-Differential PPO is available as an out-of-area accommodation.

Consumer-driven products

Lower cost, empowers members to make informed health care choices

Definity Health Savings Account (HSA)

This consumer-driven health plan is made up of two parts: a high deductible health plan and a Health Savings Account (HSA). With this plan, you can open and deposit money, before taxes, into an HSA, which is your own personal savings account. Use the money to pay for eligible medical and pharmacy expenses, including your deductible, or save it for future expenses. Here are the highlights:

Health plan

- Typically lower monthly premiums
- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- No referrals required to see a network specialist
- Pharmacy benefits included
- Vision exam included, plus discounts on frames, glasses and lenses

Health savings account

- Deposit health care dollars – think of it as a savings plan for your health
- Grow your savings – earn interest on deposits, invest in mutual funds, or save for retirement
- Triple tax savings:
 - Deposits can be made before taxes
 - Interest earned is income-tax-free
 - Money spent on eligible expenses is income-tax-free

Definity Health Reimbursement Account (HRA)

This consumer-driven health plan includes a deductible and a health reimbursement account (HRA) that is funded by the employer. The HRA is used to help the member pay a portion of their deductible. Members will be responsible for paying the remaining deductible, which requires them to pay the actual cost of eligible health care expenses. This also encourages smarter spending. Here are some of the highlights:

Health plan

- Typically lower monthly premiums
- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- No referrals required to see a network specialist
- Pharmacy benefits included
- Vision exam included, plus discounts on frames, glasses and lenses

Health reimbursement account

- Funded by the employer
- Pays for eligible expenses
- Pays a portion of the annual deductible
- Seamless administration by UnitedHealthcare

In-network products

Traditional plan, network coverage only

Choice

This is a traditional health plan with copayments, coinsurance and deductibles. You have the freedom to see any doctor and visit any facility in our nationwide network, including specialists, without a referral and without choosing a primary care doctor. You can choose to receive services outside our network, but you will not receive coverage.

Here are some of the highlights:

- National network coverage
- No coverage for non-network care, except in an emergency
- No referrals required to see a network specialist
- Pharmacy benefits included
- Vision exam included, plus discounts on frames, glasses and lenses

Here's how the plan works

1. You will pay a copayment, coinsurance and/or deductible for eligible health care services.
2. You are protected from major expenses with an out-of-pocket maximum. If your medical expenses reach the maximum, you are covered 100% for eligible services for the rest of the plan year (subject to plan limitations).



Open Access products

Non-referral, copayments, network and non-network

Choice Plus

This is a traditional health plan with copayments, coinsurance and deductibles. You have the freedom to see any doctor and visit any facility in our nationwide network, including specialists, without a referral and without choosing a primary care doctor. You can choose services outside our network, but your payments will be higher. Here are some of the highlights:

- National network and non-network coverage
- Cost savings by going to a network doctor or facility
- No referrals required to see a network specialist
- Pharmacy benefits included
- Vision exam included, plus discounts on frames, glasses and lenses
- Member responsible for prior authorization or notification of some services (e.g., hospital stay) if using a non-network doctor

Here's how the plan works

1. You will pay a copayment, coinsurance and/or deductible for eligible health care services.
2. You are protected from major expenses with an out-of-pocket maximum. If your medical expenses reach the maximum, you are covered 100 percent for eligible services for the rest of the plan year (subject to plan limitations).

Catalyst

Catalyst provides health care coverage by combining a comprehensive catastrophic coverage plan with a Pre-deductible Allowance. The value-added Pre-deductible Allowance provides consumers the opportunity to obtain basic preventive, routine, or emergency health services without triggering the high deductible component of their coverage plan. In other words, consumers can get the routine coverage they want and the protection for major health events they may need. Some medical plans require members to meet their deductible before the plan will pay any benefits, but with Catalyst, many of the initial medical services received will be covered under the Pre-deductible Allowance.



Pharmacy

Reducing cost and supporting better health through integration

Did you know that the pharmacy benefit is the most used part of each benefit plan and the first line of therapy for 88% of chronic conditions?¹ Now more than ever, it's important to connect medical and pharmacy benefits to help manage costs and focus on each member's total health care experience. One of the best ways members can manage their pharmacy benefit is by visiting myuhc.com[®]. We provide a one-stop online resource to manage both medical and pharmacy benefits.

Prescription drug list management: Based on total health care value

While pharmaceutical companies spend an estimated \$20 billion² each year to influence physicians and consumers, we cut through the clutter and look at evidence. With one of the largest integrated databases, we know exactly how physicians prescribe, how members use drugs, and the resulting medical impact to inform better decisions. We manage our prescription drug list (PDL) to provide you with access to information about medications by category, allowing you to make informed decisions regarding the costs of your care. This includes a medication's clinical effectiveness, cost, and impact on other health care costs such as hospitalization and work place productivity. This means we're not just assigning a medication to a tier based on its drug cost, but on its overall impact on total health care costs.

- **Generics** – We encourage members to use low-cost generics
- **Brands** – We drive preference for brands with the best health care value
- **Specialty** – We support members with complex diseases with a total condition management approach

Member engagement: Simple, integrated health support

We know that navigating health care can be challenging. Our goal is to make it easier for your employees to access the support they need to maximize their health care benefits. Helping members understand their pharmacy benefit and their medication choices allows them to fully optimize the value of the benefit and better manage costs. Whether members seek out our resources on their own or respond to one of our directed communications, they'll be empowered to make better decisions and live healthier lives. We provide pharmacy information through the member website, direct mail campaigns, member service phone calls, and point of sale pharmacy messaging.

Specialty pharmacy: Supporting complex conditions

Specialty medications, managed through either the pharmacy or medical benefit, are used to treat the most complex and debilitating diseases, such as hemophilia, hepatitis, and cancer. While they account for only 1% of utilization, specialty medications equate to 30% of the pharmacy cost.³ At an average monthly cost of \$2,500⁴, there is heightened responsibility to thoughtfully manage the benefits for these drugs to help make health care more affordable. As an integrated benefits provider, we're uniquely able to surround these members with support to help them manage their condition, not just the medication component.

Clinical management: Faster, consistent health information

As an integrated benefits provider, our pharmacy programs work in concert with our clinical and disease management programs. Our access to daily integrated member information goes above and beyond the industry standard of a monthly pharmacy data feed. Member health information is updated in real-time and constantly scanned for health and savings opportunities. Over 70% of these opportunities are driven by pharmacy data. This empowers us to help close gaps in care, increase compliance, prevent harmful interactions and lower pharmacy costs.

¹2008 Dartmouth Atlas Healthcare study.

²Congressional Budget Office brief, Dec. 2009 issue.

³UnitedHealthcare 2010 claims data.

⁴UnitedHealthcare 2010 claims data based on the three top therapeutic categories.

Specialty products

Stand-alone products for New York, New Jersey and Connecticut large and small groups

UnitedHealthcare Specialty Benefits

Dental portfolio

- Fully insured dental coverage for preventive and diagnostic procedures such as cleanings, X-rays and routine examinations
- Preventive care programs with coverage for prenatal dental care, for additional coverage for women in their second and third trimester at no out-of-pocket costs, and coverage for oral cancer screening
- Consumer MaxMultiplier® awards members based upon the unused dental benefit period maximum and can be carried forward each year (based on program guidelines).
- Access to a large national network of more than 150,000¹ participating dentists and specialists

Vision portfolio

- Comprehensive annual eye exams
- Eyeglass frames and lenses, or contact lenses in lieu of eyeglasses, are available as covered-in-full options with a copayment in-network and as an allowance out-of-network.
- National network of more than 31,000² private practice and retail chain providers conveniently located near work or home
- Discounts on many popular services

Life portfolio

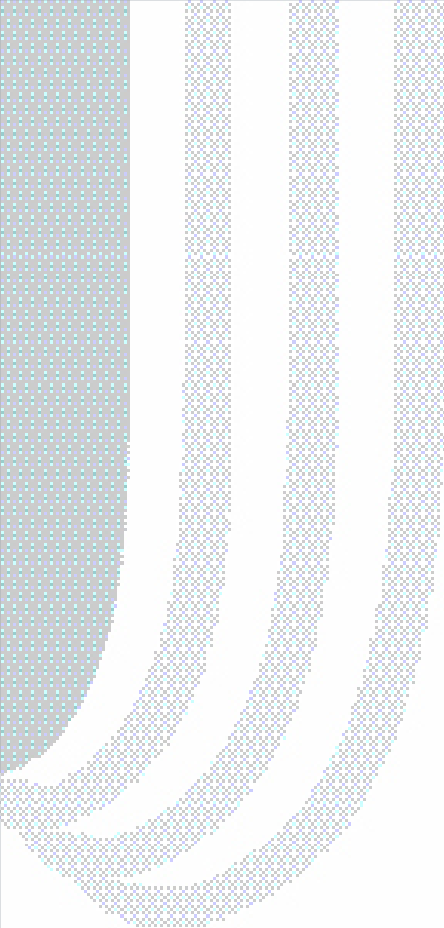
- Full suite of Life plans including Basic Life with Accidental Death & Dismemberment (AD&D) and Basic Dependent Life, as well as Supplemental Employee Life with AD&D and Supplemental Dependent Life with AD&D
- Each plan includes flexible plan designs and guarantee issue amounts.
- Special features include a seat belt benefit that pays out an additional percentage of the AD&D benefit if a seat belt is worn properly, an accelerated benefit option, and waiver of premium for disabled employees under age 60.
- In addition, the following benefits are included at no additional cost:
 - Travel Assistance: assists travelers with a variety of services such as pre-trip information, and emergency medical assistance and transportation
 - Will and Trust Preparation: provides access to information on will preparation, including articles, forms and calculators
 - Beneficiary Services: offers grief consultation and financial/legal assistance services for beneficiaries

Disability portfolio

- Disability plans include Short-Term Disability, Long-Term Disability and Voluntary Long-Term Disability.
- All products feature flexible plan designs with variable benefit amounts, benefit durations and elimination periods.
- All plans are supported by disability claim management experts who maintain ongoing communication with the claimant, employer and physician, and focus on returning employees to work in a timely manner.

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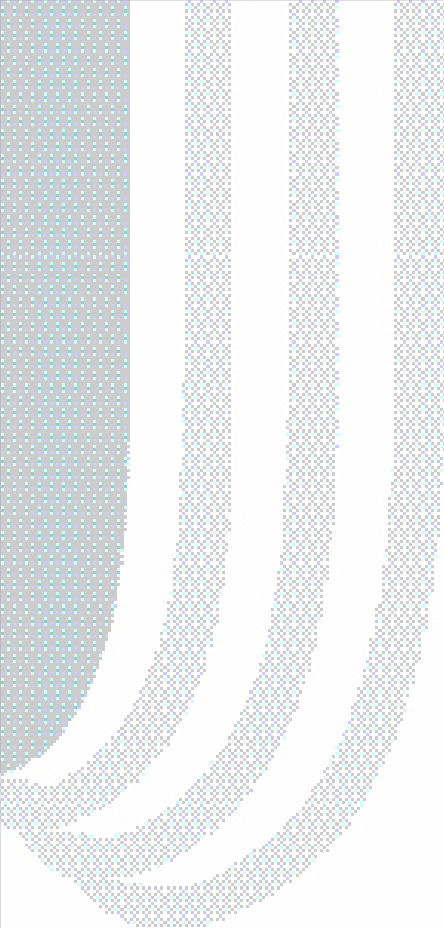
**For more information or to request a quote,
please contact your sales representative or
visit our website.**



uhc.com



oxfordhealth.com



For more information or to request a quote, please contact your sales representative or visit our website.

The DefinitySM Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "Definity HSA" refers generally to the DefinitySM HSA product, which includes a HDHP, although at times "Definity HSA" may refer only and specifically to the Definity Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

UnitedHealthcare Dental[®] coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX (11/15/2006) and associated COC form number DCOC.CER.06.

UnitedHealthcare Vision[®] coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06 and associated COC form number VCOC.INT.06.TX.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company; and in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York. In Texas coverage is provided on Form LASD-POL-TX (05/03) or Form UHCLD-POL 2/2008-TX. UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Life Insurance Company in Milwaukee, WI; Unimerica Life Insurance Company of New York in New York, NY.



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Insurance coverage provided by or through: UnitedHealthCare Insurance Company, UnitedHealthCare Insurance Company of New York, or their affiliates. Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. Oxford Insurance products are underwritten by Oxford Health Insurance, Inc.