

Milliman MACVAT®
Value Added Comparison of 3 Plans for a Non Dual Eligible Population
2020 Plans for All Parent Companies in Davis, UT
Displaying 2020 Benefits Only for 2020 Plans

Competitor Plans	Plan #1	Plan #2	Plan #3
Contract - Plan - Segment Parent Name	H4604 - 003 - 000 UnitedHealth Group, Inc.	H4604 - 011 - 000 UnitedHealth Group, Inc.	H1994 - 001 - 000 Intermountain Health Care, Inc.
Plan Details			
2020 Plan Name	AARP Medicare Advantage Plan 1 (HMO)	AARP Medicare Advantage Plan 2 (HMO)	SelectHealth Advantage Essential (HMO)
2020 Plan Type	HMO	HMO	HMO
2020 Tax Status ²	For Profit	For Profit	Non-Profit
2020 SNP Type	Not SNP	Not SNP	Not SNP
2020 SNP Detail	Not Applicable	Not Applicable	Not Applicable
2020 Part C / Part D Coverage	MA-PD	MA-PD	MA-PD
Star Ratings³			
2020 Overall Star Rating (Used in 2021 Bids)	4.0	4.0	4.5
2020 Medical Star Rating	4.0	4.0	5.0
2020 Drug Star Rating	4.0	4.0	4.0
2019 Overall Star Rating (Used in 2020 Bids)	4.0	4.0	4.0
2019 Medical Star Rating	4.0	4.0	4.5
2019 Drug Star Rating	4.0	4.0	4.0
2018 Overall Star Rating (Used in 2019 Bids)	4.0	4.0	4.0
2018 Medical Star Rating	4.0	4.0	4.0
2018 Drug Star Rating	4.5	4.5	4.5
2017 Overall Star Rating (Used in 2018 Bids)	4.0	4.0	3.5
2017 Medical Star Rating	4.0	4.0	4.5
2017 Drug Star Rating	4.5	4.5	3.5
2016 Overall Star Rating (Used in 2017 Bids)	4.5	4.5	3.5
2016 Medical Star Rating	4.0	4.0	3.5
2016 Drug Star Rating	4.5	4.5	3.5
Enrollment⁴ 36.6% MA Penetration			
February 2020 Enrollment - Counties Selected	5,547	3,221	1,891
Total Plan February 2020 Enrollment - All Counties	45,724	27,662	20,199
2019 Enrollment Mapped to 2020 - Counties Selected	5,670	2,832	1,779
Total Plan 2019 Enrollment Mapped to 2020 - All Counties	46,886	24,063	18,716
September 2019 Enrollment - Counties Selected	5,670	2,832	1,779
Total Plan September 2019 Enrollment - All Counties	46,886	24,063	18,716
April 2019 Low Income Percentage - All Counties	11%	10%	6%
February 2019 Enrollment - Counties Selected	5,622	2,737	1,749
February 2018 Enrollment - Counties Selected	5,654	2,517	1,655
February 2017 Enrollment - Counties Selected	5,229	1,910	1,579
February 2016 Enrollment - Counties Selected	4,709	1,505	1,565
2019 to 2020 Enrollment - Counties Selected Increase (Decrease)	(75)	484	142
2018 to 2019 Enrollment - Counties Selected Increase (Decrease)	(32)	220	94
2017 to 2018 Enrollment - Counties Selected Increase (Decrease)	425	607	76
2016 to 2017 Enrollment - Counties Selected Increase (Decrease)	520	405	14
Total Plan February 2019 Enrollment - All Counties	46,931	23,396	18,282
Total Plan February 2018 Enrollment - All Counties	47,258	21,172	17,728
Total Plan February 2017 Enrollment - All Counties	44,871	16,606	17,225
Total Plan February 2016 Enrollment - All Counties	40,102	12,414	17,299
2019 to 2020 Enrollment - Plan Increase (Decrease)	(1,207)	4,266	1,917
2018 to 2019 Enrollment - Plan Increase (Decrease)	(327)	2,224	554
2017 to 2018 Enrollment - Plan Increase (Decrease)	2,387	4,566	503
2016 to 2017 Enrollment - Plan Increase (Decrease)	4,769	4,192	(74)

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Premium (Part C plus Part D)⁶			
2020 Member Premium	\$39.00	\$0.00	\$0.00
2019 Member Premium	\$32.00	\$0.00	\$0.00
2018 Member Premium	\$33.00	\$0.00	\$0.00
2017 Member Premium	\$29.00	\$0.00	\$0.00
2016 Member Premium	\$29.00	\$0.00	\$0.00
Estimated Value Added by Year⁶			
2020 Total Value Added	\$105.58	\$126.19	\$120.99
2019 Total Value Added	\$88.40	\$107.45	\$87.51
2018 Total Value Added	\$88.84	\$109.55	\$89.38
2017 Total Value Added	\$100.24	\$111.70	\$85.95
2016 Total Value Added	\$84.57	\$96.54	\$93.44
2019 to 2020 Value Added Increase (Decrease)	\$17.18	\$18.74	\$33.48
2018 to 2019 Value Added Increase (Decrease)	(\$0.44)	(\$2.10)	(\$1.87)
2017 to 2018 Value Added Increase (Decrease)	(\$11.40)	(\$2.15)	\$3.43
2016 to 2017 Value Added Increase (Decrease)	\$15.67	\$15.16	(\$7.49)
2020 Estimated Value Added			
Medical Supplemental Benefit Value			
Inpatient / SNF / Home Health Supplemental Benefit Value	\$17.90	\$15.72	\$16.08
Outpatient Supplemental Benefit Value	\$23.30	\$21.32	\$3.91
Professional Supplemental Benefit Value	\$31.38	\$26.62	\$12.17
Other Medicare Covered Supplemental Benefit Value	\$2.64	\$2.37	\$3.87
Other Non-Medicare Covered Supplemental Benefit Value	\$29.26	\$20.06	\$22.86
Total Medical Supplemental Benefit Value	\$104.48	\$86.09	\$58.89
Part C Premium	\$13.30	\$0.00	\$0.00
Part C Value Added	\$91.18	\$86.09	\$58.89
Total Drug Supplemental Benefit Value	\$40.10	\$40.10	\$62.10
Part D Premium	\$25.70	\$0.00	\$0.00
Part D Value Added	\$14.40	\$40.10	\$62.10
Part B Premium Buy-Down	\$0.00	\$0.00	\$0.00
Member Premium - Part C plus Part D	\$39.00	\$0.00	\$0.00
2020 Total Value Added⁷	\$105.58	\$126.19	\$120.99
Rank by Total Value Added	10	2	6

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Parent Name		UnitedHealth Group, Inc.	UnitedHealth Group, Inc.	Intermountain Health Care, Inc.			
2020 Benefit Cost Sharing Descriptions							
Medicare Covered Part C Benefits		In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
	Deductible ⁸	\$0	No OON Benefits	\$0	No OON Benefits	\$0	No OON Benefits
	Out-of-Pocket Maximum / MSA Contribution	\$4,500		\$5,000		\$5,500	
	MOOP Benefits	All Benefits		All Benefits		All Benefits	
	Inpatient Services						
1a	Medical / Surgical	\$290/Day for Days 1-5 & \$0/Day for Days 6-90		\$345/Day for Days 1-5 & \$0/Day for Days 6-90		\$320/Day for Days 1-5 & \$0/Day for Days 6-90	
	Medical / Surgical Benefit Period	Per Admission or Per Stay		Per Admission or Per Stay		Per Admission or Per Stay	
	Medical / Surgical Additional Days Coverage	C		C		C	
1b	Mental Health	\$290/Day for Days 1-5 & \$0/Day for Days 6-90		\$345/Day for Days 1-4 & \$0/Day for Days 5-90		\$285/Day for Days 1-5 & \$0/Day for Days 6-90	
	Mental Health Benefit Period	Per Admission or Per Stay		Per Admission or Per Stay		Per Admission or Per Stay	
	Mental Health Additional Days Coverage	NC		NC		NC	
2	Skilled Nursing Facility	\$0/Day for Days 1-20 & \$160/Day for Days 21-49 & \$0/Day for Days 50-Original Medicare		\$0/Day for Days 1-20 & \$160/Day for Days 21-52 & \$0/Day for Days 53-Original Medicare		\$0/Day for Days 1-20 & \$160/Day for Days 21-75 & \$0/Day for Days 76-Original Medicare	
3	Skilled Nursing Facility Benefit Period						
	Cardiac Services						
	Cardiac Rehabilitation Services	\$20		\$20		\$10	
	Intensive Cardiac Rehabilitation Services	\$20		\$20		\$10	
	Pulmonary Rehabilitation Services	\$20		\$20		\$30	
	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$20		\$20		\$30	
4a	Emergency Room	\$90		\$90		\$90	
4b	Urgent Care	\$30 - \$40		\$30 - \$40		\$25	
5	Partial Hospitalization	\$55		\$55		\$55	
6	Home Health	\$0		\$0		\$0	
	Professional Services						
7a	Primary Care Physician	\$0		\$0		\$0	
7b	Chiropractor	\$20		\$20		\$20	
7c	Occupational Therapy	\$20		\$20		\$40	
7d	Specialty Care Physician	\$30		\$40		\$45	
7e	Mental Health - Individual Services	\$25		\$25		\$40	
7e	Mental Health - Group Services	\$20		\$20		\$40	
7f	Podiatry	\$30		\$40		\$45	
7h	Physician Psychiatrist - Individual Services	\$25		\$25		\$40	
7h	Physician Psychiatrist - Group Services	\$20		\$20		\$40	
7i	Therapy - Physical / Speech	\$20		\$20		\$40	
7j	Additional Telehealth Services	\$0 - \$25		\$0 - \$25		\$0 - \$45	
7k	Opioid Treatment Services	\$0		\$0		10%	
8a	Laboratory	\$0		\$6		\$0	
8b	Radiology						
	X-Ray	\$14		\$14		\$20	
	Tests & Procedures	\$25		\$25		0% - 20%	
	Therapeutic Radiology	\$60		\$60		20%	
	Diagnostic Radiology	\$0 - \$150		\$0 - \$150		\$300	

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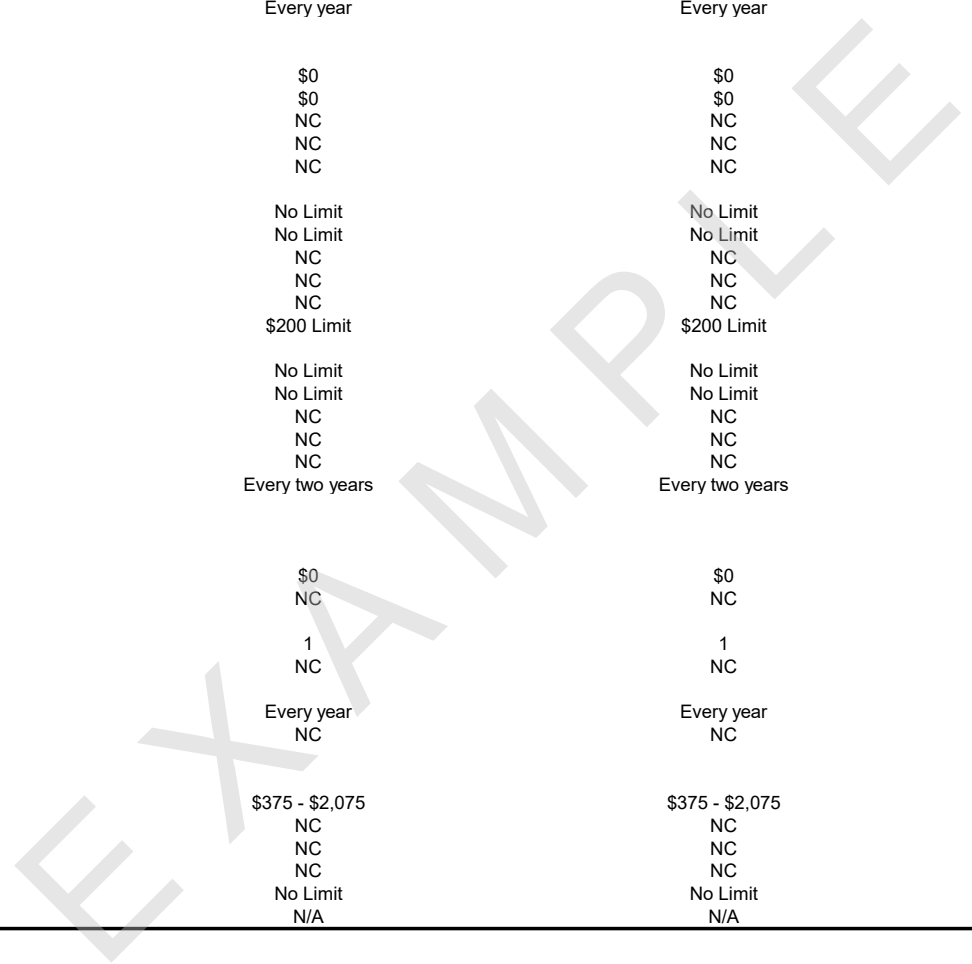
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Contract - Plan - Segment		H4604 - 003 - 000	H4604 - 011 - 000	H1994 - 001 - 000	
Parent Name		UnitedHealth Group, Inc.	UnitedHealth Group, Inc.	Intermountain Health Care, Inc.	
	Outpatient Services				
9a	Surgery	\$0 - \$275	\$0 - \$325	20% or \$0 - \$300	
9a	Observation	\$275	\$325	\$300	
9b	Ambulatory Surgical Center	\$0 - \$225	\$0 - \$250	\$300	
9c	Substance Abuse - Individual Services	\$25	\$25	\$40 - \$50	
9c	Substance Abuse - Group Services	\$20	\$20	\$40 - \$50	
10a	Ground Ambulance	\$275	\$275	\$225	
10a	Air Ambulance	\$275	\$275	\$225	
11a	Durable Medical Equipment	20%	20%	0% - 20%	
11b	Prosthetics Devices / Medical Supplies				
	Prosthetics Devices	20%	20%	20%	
	Medical Supplies	20%	20%	20%	
11c	Diabetic Coverage				
	Supplies	\$0	\$0	\$0	
	Therapeutic Shoes / Inserts	20%	20%	20%	
12	Dialysis	20%	20%	20%	
15	Part B Rx				
	Part A/B Step Therapy	Part B to Part B	Part B to Part B	Part B to Part B, Part B to Part D	
	Chemotherapy	20%	20%	20%	
	Other	20%	20%	20%	
16b	Dental	20%	20%	\$45	
	Vision				
17a	Exams	\$0	\$0	\$45	
17b	Hardware	\$0	\$0	\$0	
18a	Hearing	\$0	\$0	\$45	
Part D Benefits⁹		Preferred	Non-Preferred	Preferred	Non-Preferred
Part D Benefit Type		Enhanced Alternative	Enhanced Alternative	Enhanced Alternative	Enhanced Alternative
Indication Based Formulary		No	No	No	No
Deductible		Z	\$200	\$200	\$200
Initial Coverage Limit		\$4,020	\$4,020	\$4,020	\$4,020
Deductible By Tier ¹⁰		T3 / T4 / T5	T3 / T4 / T5	T3 / T4 / T5	T3 / T4 / T5
Tier Descriptions		PG / G / PB / NB / S	PG / G / PB / NB / S	PG / G / PB / NB / S	PG / G / PB / NB / S
ICL Cost Sharing					
	30 Day Retail Scripts	\$3 / \$10 / \$45 / \$95 /	NC	\$3 / \$10 / \$45 / \$95 /	NC
	90 Day Retail Scripts	\$9 / \$30 / \$135 / \$285 /	NC	\$9 / \$30 / \$135 / \$285 /	NC
		29%	NC	29%	NC
	30 Day Mail Scripts	NC	NC	NC	NC
	90 Day Mail Scripts	\$0 / \$0 / \$125 / \$275 /	\$9 / \$30 / \$135 / \$285 /	\$0 / \$0 / \$125 / \$275 /	\$9 / \$30 / \$135 / \$285 /
		29%	29%	29%	29%
Gap Coverage by Tier ¹¹		DS		DS	Some / Some / None / None / None
Gap Cost Sharing					
	30 Day Retail Scripts	DS	DS	DS	DS
	90 Day Retail Scripts	DS	DS	DS	DS
	30 Day Mail Scripts	DS	DS	DS	DS
	90 Day Mail Scripts	DS	DS	DS	DS
Supplemental Drug Coverage		NC		NC	NC
Preferred Networks ¹²					
	CVS	Preferred		Preferred	Preferred
	Walgreens	Preferred		Preferred	Preferred
	Walmart	Preferred		Preferred	Preferred

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Enticement Benefits (Covered = C Not Covered = NC)				
16a	Preventive Dental ¹³			
	Cost Sharing			
	Shared Cost Sharing	N/A	N/A	N/A
	X-Rays	\$0	\$0	\$0
	Oral Exams	\$0	\$0	\$0
	Prophylaxis (Cleaning)	\$0	\$0	\$0
	Fluoride Treatment	\$0	\$0	NC
	Limit	\$500 Shared Limit	No Limit	\$1,000
	Limit Period	Every year	No Limit	Every year
	Visit Limit			
	X-Rays	1	1	1
	Oral Exams	2	2	1
	Prophylaxis (Cleaning)	3	3	1
	Fluoride Treatment	2	2	NC
	Visit Limit Period			
	X-Rays	Other	Every three years	Every six months
	Oral Exams	Every year	Every year	Every six months
	Prophylaxis (Cleaning)	Every year	Every year	Every six months
	Fluoride Treatment	Every year	Every year	NC
16b	Comprehensive Dental ¹³			
	Cost Sharing			
	Prosthodontics, Other Oral / Maxillofacial Surgery	\$0	NC	NC
	Non-Routine Services	NC	NC	NC
	Diagnostic Services	NC	NC	NC
	Restorative Services	\$0	NC	NC
	Endodontics	NC	NC	NC
	Periodontics	NC	NC	NC
	Extractions	NC	NC	NC
	Limit	\$500 Shared Limit	NC	NC
	Limit Period	Every year	NC	NC
	Visit Limit			
	Prosthodontics, Other Oral / Maxillofacial Surgery	No Limit	NC	NC
	Non-Routine Services	NC	NC	NC
	Diagnostic Services	NC	NC	NC
	Restorative Services	No Limit	NC	NC
	Endodontics	NC	NC	NC
	Periodontics	NC	NC	NC
	Extractions	NC	NC	NC
	Visit Limit Period			
	Prosthodontics, Other Oral / Maxillofacial Surgery	No Limit	NC	NC
	Non-Routine Services	NC	NC	NC
	Diagnostic Services	NC	NC	NC
	Restorative Services	No Limit	NC	NC
	Endodontics	NC	NC	NC
	Periodontics	NC	NC	NC
	Extractions	NC	NC	NC

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Parent Name		UnitedHealth Group, Inc.	UnitedHealth Group, Inc.	Intermountain Health Care, Inc.
17a	Vision Exams			
	Cost Sharing	\$0	\$0	\$45
	Limit	1	1	1
	Limit Period	Every year	Every year	Every year
17b	Eye Wear			
	Benefit Cost Sharing			
	Contact Lenses	\$0	\$0	\$0
	Eye Glasses	\$0	\$0	NC
	Lenses	NC	NC	\$0 - \$65
	Frames	NC	NC	\$0
	Hardware Upgrades	NC	NC	\$15 - \$45
	Limit			
	Contact Lenses	No Limit	No Limit	\$150 Limit
	Eye Glasses	No Limit	No Limit	NC
	Lenses	NC	NC	No Limit
	Frames	NC	NC	\$150 Limit
	Hardware Upgrades	NC	NC	No Limit
	Combined	\$200 Limit	\$200 Limit	NC
	Limit Period			
	Contact Lenses	No Limit	No Limit	Every two years
	Eye Glasses	No Limit	No Limit	NC
	Lenses	NC	NC	No Limit
	Frames	NC	NC	Every two years
	Hardware Upgrades	NC	NC	No Limit
	Combined	Every two years	Every two years	NC
18a	Hearing Exams			
	Benefit Cost Sharing			
	Routine Hearing Test	\$0	\$0	NC
	Fitting Hearing Aid	NC	NC	NC
	Limit			
	Routine Hearing Test	1	1	NC
	Fitting Hearing Aid	NC	NC	NC
	Limit Period			
	Routine Hearing Test	Every year	Every year	NC
	Fitting Hearing Aid	NC	NC	NC
18b	Hearing Aids			
	Benefit Cost Sharing			
	Hearing Aids - All Types	\$375 - \$2,075	\$375 - \$2,075	\$399 - \$1,749
	Hearing Aids - Inner Ear	NC	NC	NC
	Hearing Aids - Outer Ear	NC	NC	NC
	Hearing Aids - Over Ear	NC	NC	NC
	Limit	No Limit	No Limit	No Limit
	Limit Period	N/A	N/A	N/A



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Parent Name		UnitedHealth Group, Inc.	UnitedHealth Group, Inc.	Intermountain Health Care, Inc.
10b	Non-Emergency Medical Transport			
	Cost Sharing	\$0	NC	NC
	Number of One-Way Trips	12	NC	NC
6	Home Health - Non-Medicare Covered	NC	NC	NC
7f	Podiatry - Non-Medicare Covered	\$30	\$40	NC
7b	Chiropractic - Non-Medicare Covered	NC	NC	NC
7b	Chiropractic - Routine Coverage	NC	NC	NC
13a	Acupuncture			
	Cost Sharing	NC	NC	NC
	Annual Visit Limit	NC	NC	NC
13b	Over-the-Counter Drug Card			
	OTC Drug Card Limit	\$50 Limit	\$40 Limit	\$50 Limit
	OTC Drug Card Period	Every three months	Every three months	Every three months
	OTC Nicotine Coverage	C	C	NC
13c	Meal Benefit	NC	NC	NC
13d	Other Supplemental Benefit 1	N/A	N/A	N/A
	Cost Sharing	N/A	N/A	N/A
13e	Other Supplemental Benefit 2	N/A	N/A	N/A
	Cost Sharing	N/A	N/A	N/A
13f	Other Supplemental Benefit 3	N/A	N/A	N/A
	Cost Sharing	N/A	N/A	N/A
14b	Annual Physical Exams	C	C	C
14e	Barium Exams	\$0	\$0	\$0
14e	Digital Rectal Exams	\$0	\$0	\$0
14e	EKG Exams	\$0	\$0	\$0
4c	Worldwide ER			
	Cost Sharing	\$90	\$90	\$90
	Limit	No Limit	No Limit	No Limit
	Worldwide Urgent Care	\$90	\$90	\$25
	Visitor/Travel	C	C	NC
14c	Other Supplemental Benefits			
	Health Education	NC	NC	\$0
	Nutritional / Dietary Benefit	NC	NC	\$0
	Smoking and Tobacco Cessation Counseling	NC	NC	NC
	Fitness Benefit	\$0	\$0	\$0
	Remote Access Technology - Nursing Hotline	\$0	\$0	NC
	Remote Access Technology - Web/Phone	NC	NC	NC
	Telemonitoring Services	NC	NC	NC
	Enhanced Disease Management	NC	NC	NC
	Bathroom Safety Devices	NC	NC	NC
	Counseling Services	NC	NC	NC
	In-Home Safety Assessment	NC	NC	NC
	Personal Emergency Response System (PERS)	NC	NC	NC
	Medical Nutrition Therapy (MNT)	NC	NC	NC
	Post Discharge In-Home Medication Reconciliation	NC	NC	NC
	Re-Admission Prevention	NC	NC	NC
	Wigs for Hair Loss Related to Chemotherapy	NC	NC	NC
	Weight Management Programs	NC	NC	\$0
	Alternative Therapies	NC	NC	NC
	Adult Day Health Services	NC	NC	NC
	Home Based Palliative Care	NC	NC	NC
	In-Home Support Services	NC	NC	NC
	Support for Caregivers of Enrollees	NC	NC	NC
	Therapeutic Massage	NC	NC	NC

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Value Based Insurance Design / Uniform Flexibility Benefits / Special Supplemental Benefits for the Chronically Ill¹⁴			
VBID/UF Indicator	No VBID and/or UF	No VBID and/or UF	No VBID and/or UF
Group 1			
<u>Reduced Cost Share</u>			
Condition			
Medicare Covered Benefits			
Non-Medicare Covered Benefits			
Aggregate Cost Share Reduction			
<u>Additional Services</u>			
Condition			
Non-Medicare Covered Benefits			
Aggregate Cost Share Reduction			
Group 2			
<u>Reduced Cost Share</u>			
Condition			
Medicare Covered Benefits			
Non-Medicare Covered Benefits			
Aggregate Cost Share Reduction			
<u>Additional Services</u>			
Condition			
Non-Medicare Covered Benefits			
Aggregate Cost Share Reduction			
Group 3			
<u>Reduced Cost Share</u>			
Condition			
Medicare Covered Benefits			
Non-Medicare Covered Benefits			
Aggregate Cost Share Reduction			
<u>Additional Services</u>			
Condition			
Non-Medicare Covered Benefits			
Aggregate Cost Share Reduction			

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Optional Supplemental Benefits			
Package 1			
Name	Package 1: Dental Platinum Rider	Package 1: Dental Platinum Rider	Package 1: SelectHealth Dental Comprehensive Benefit
Premium	\$36.00	\$38.00	\$28.00
Deductible / Limit	No Deductible / No Limit	No Deductible / No Limit	No Deductible / \$1000 Limit
Coverage	Preventive Dental; Comprehensive Dental	Preventive Dental; Comprehensive Dental	Comprehensive Dental
Package 2			
Name			
Premium			
Deductible / Limit			
Coverage			
Package 3			
Name			
Premium			
Deductible / Limit			
Coverage			
Package 4			
Name			
Premium			
Deductible / Limit			
Coverage			
Out-Of-Network Groupings			
Group 1			
Medicare-Covered Benefits			
Non-Medicare Covered Benefits			
Deductible / Limit			
Group 2			
Medicare-Covered Benefits			
Non-Medicare Covered Benefits			
Deductible / Limit			
Group 3			
Medicare-Covered Benefits			
Non-Medicare Covered Benefits			
Deductible / Limit			
Group 4			
Medicare-Covered Benefits			
Non-Medicare Covered Benefits			
Deductible / Limit			

