



A guide to choosing health plans

Plans available to members of Congress,
staff and dependents

**United
Healthcare®**

Welcome

We're here to help you understand the plans we offer to members of Congress, staff and dependents through the DC Health Link.

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How to choose health care coverage

Narrow down your plan options

To help narrow down plan options, consider what is most important to you and your dependents.

Choice Plus insurance plans

Broad, national access to physicians and hospitals, out-of-network coverage and no referrals needed to see a specialist.

Optimum Choice, Inc. (OCI) HMO plans

Local access only to physicians and hospitals, network-only coverage and a primary care physician (PCP) to coordinate care and refer specialist services.

Core Essential plans

Tailored local access only to physicians and hospitals, network-only coverage and no referrals needed to see a specialist.

Choose plan features

With many plans to choose from, you have the control to pick the deductible, health savings account (HSA) compatibility and cost-share levels that are right for you. All of our plans include the following programs designed to help you save on out-of-pocket costs:

UnitedHealthcare Rewards – Employees may earn rewards for completing certain healthy actions like tracking their daily steps, active minutes and sleep and by completing one-time activities like biometric screenings. UHC Rewards is available with all of our plans.

Care Cash® – Puts cash in the hands of members. Just by signing up for the plan, members get a prepaid debit card of \$200 (for individuals) or \$500 (for families) to help pay toward cost-sharing for certain eligible network health care expenses. It's available with all non-HSA and non-health reimbursement account (HRA) plans.

\$0 Kid's Copay – A plan feature that offers no copay for network primary care office visits for children under 19. It's available on all non-HSA and non-HRA plans.*

*See the Summary Plan Description for the full definition of a dependent child.

How to choose health care coverage



Additional considerations

Essential coverage in every plan

These plans cover 10 essential benefits, preventive care services like annual wellness exams and flu vaccinations, as well as pre-existing conditions. They also include prescriptions and lab services.

Access to care

You have access to quality doctors, clinics and hospitals with all of our health plans. In fact, we screen providers and facilities for those that meet quality criteria for safe, timely, effective and efficient care. If you have questions or need advice, you can call the toll-free number on your health plan ID card to talk with a registered nurse 24/7.

24/7 Virtual Visits

You can speak to a behavioral or medical health care provider from a computer, mobile device* and over the telephone. Simply sign in to myuhc.com®, select a participating 24/7 Virtual Visits provider, and out-of-pocket costs will be \$0 when covered by both HSA and non-HSA plans.

Tools to manage health and costs

Through online resources, mobile apps and myuhc.com, you have access to:

- Apps, tools and programs to manage your health
- Health care provider search
- Estimated health care costs
- 24/7 access to benefit information

We've made it easier to find the right doctor for you

The UnitedHealth Premium® program evaluates physicians in various specialties to identify those who meet the quality care criteria, which includes safe, timely, effective and efficient care. It's easy to find a UnitedHealth Premium Care Physician. Go to myuhc.com or the UnitedHealthcare® app, click **Find a Provider** and look for the blue hearts next to the provider's name.



Premium Care Physician

The physician meets the UnitedHealth Premium quality care criteria which includes effective quality care and efficient quality care.

*Data rates may apply.

How to choose health care coverage



UnitedHealth Premium program specialties

Allergy

- Allergy
- Allergy and immunology

Cardiology

- Cardiac diagnostic
- Cardiology
- Cardiovascular disease
- Clinical cardiac electrophysiology
- Interventional cardiology

Ear, nose and throat

- Head and neck surgery
- Laryngology
- Otolaryngology
- Otology
- Pediatric otolaryngology
- Rhinology

Endocrinology

- Endocrinology, diabetes and metabolism

Family medicine

- Family practice
- General practice
- Preventive medicine

Gastroenterology

- Digestive diseases
- Gastroenterology
- Hepatology – liver disease

General surgery

- Abdominal surgery
- Colon and rectal surgery
- Proctology
- Surgery

Internal medicine

- Geriatric medicine
- Internal medicine
- Pediatric internal medicine

Nephrology

- Nephrology

Neurology

- Neurology
- Neuromuscular disease

Neurosurgery, orthopedics and spine

- Back and spine surgery
- Hand surgery
- Knee surgery
- Neurology surgery
- Orthopedic surgery
- Shoulder surgery
- Sports medicine

Obstetrics and gynecology

- Gynecology
- Obstetrics
- Obstetrics and gynecology

Pediatrics

- Adolescent medicine
- Pediatric adolescent
- Pediatrics

Pulmonology

- Pulmonary medicine

Rheumatology

- Rheumatology

Urology

- Urology

How to choose health care coverage



Designated Diagnostic Providers

Designated Diagnostic Providers (DDP) are laboratory and imaging service providers that meet certain quality and efficiency requirements. With your DDP benefit, you'll have the highest level of coverage – and likely save money – when you use a DDP for outpatient lab and imaging services. If you don't use a DDP, your services may receive a lower level of coverage and you may be responsible for a higher out-of-pocket cost.

Just look for the green check mark

To find a lower-cost DDP near you, go to myuhc.com > **Find Care & Costs** > **Medical Directory** > **Places**.

Choose whether you'd like lab or imaging services and then look for the green check  to confirm DDP status.



ABC Laboratory
Laboratory
1234 Any Street
Any City, State 12345
(123) 456-7890 PHONE
5.9 Miles Away | [Get Directions](#) 

 **Designated Diagnostic Provider**

DDP outpatient lab and imaging services

Using a DDP may help you save money on many services, including:

Lab services

- Blood draws
- Blood glucose tests
- Metabolic tests/panels
- Rapid strep tests

Imaging services

- CT and PET scans
- MRI/MRAs
- Nuclear medicine scans

How to choose health care coverage



Why choose a health plan with a health savings account (HSA)?

Your premium costs may be lower

- You will have a higher deductible but usually pay less in plan premiums
- This can add up to big savings, depending on your usage

You own the HSA

The HSA is a personal bank account, which means:

- There is no “use-it-or-lose-it” rule
- If you leave your employer or change plans, you can take your HSA with you

The HSA helps you pay less in taxes*

You won't have to pay federal income tax on:

- Deposits you or others make to your HSA
- Money you spend from your HSA on qualified expenses
- Interest earned on the HSA

Use the HSA for medical and pharmacy expenses, and more

When you have qualifying medical expenses, like a doctor visit or prescription, you can pay for them using the money in your HSA. Or, you can save the money for a future medical need — even into retirement. It's your choice. Plus, you can use the money for expenses not covered by your plan—like dental and vision care.

How a plan with an HSA works

Eligible preventive care received in the network is covered 100%, and you won't have any out-of-pocket costs.

Your deductible — You pay out-of-pocket until you reach the deductible. When you have an eligible expense, such as a doctor visit, the entire cost of the visit will apply to your deductible. You will pay the full cost of your health care expenses until you meet your deductible. You can choose to pay for care from your HSA or you can choose to pay another way (i.e., cash, credit card) and let your HSA grow. It's your money. It's your choice.

Your coverage — Your plan pays a percentage of your expenses. Once the deductible is paid, your health plan may have cost-share. With cost-share, the plan shares the cost of expenses with you. The plan will pay a percentage of each eligible expense, and you will pay the rest. For example, if your plan pays 80% of the cost, you will be responsible for paying the remaining 20%. After the deductible, your plan may have a copayment for certain services, such as prescriptions.

Your out-of-pocket limit — The out-of-pocket limit is the most you will have to pay in the plan year for covered services. The plan will then pay 100% of all remaining covered expenses for the rest of the plan year. Your deductible, coinsurance and even copayments will apply to your out-of-pocket limit.

If you have questions about health savings accounts available through UnitedHealthcare plans, please call Optum Bank HSA at **800-791-9361** or send an email to HSAGroup@optumbank.com.

* Subject to limits. Consult a tax advisor.

How to choose health care coverage



Behavioral health resources

At UnitedHealthcare, we believe that care shouldn't stop at physical health. That's why we offer behavioral health resources that can help support your path toward mental and emotional well-being. Get connected to self-care digital tools, behavioral health providers (in-person or virtual) and other helpful resources.



Feeling down and want to explore self-care tools and tips?

Calm Health: Mental Health support at your pace

Designed to help you find your path to a happier, healthier you, the Calm Health app provides plans to support your mental and physical well-being. The app is self-guided, so you can go at your own pace and work toward goals such as:

- Better Sleep
- Building skills to manage stress
- Developing resiliency
- Starting and building a mindfulness habit



Have a concern that needs long-term support from a licensed therapist?

Behavioral health care

Connect virtually or in person with a licensed therapist, counselor, psychologist or psychiatrist for ongoing support to help with:

- Bipolar and neuro-development disorders
- Compulsive habits and eating disorders
- Substance abuse, medication management and more

Answer a few questions and find support at myuhc.com/mh-recommendations or call the number on the back of your health plan ID card.



Dealing with life transitions and could use some support or guidance?

Employee Assistance Program (EAP)

Your EAP provides up to 3 \$0 provider visits, either by phone or in-person, designed to offer short-term support and advice to help with:

- Stress, anxiety and depression
- Personal challenges, including substance abuse and relationships
- Work/life balance, including legal and financial support

Call **1-888-887-4114** for 24/7 for in-the-moment phone support or to schedule in-person counseling with a masters-level EAP specialist.

2 Compare plans

Choice Plus insurance plans

Choice Plus offers broad, national access to physicians, hospitals and out-of-network coverage, and there are no referrals needed to see a specialist.

How does it work?

You have the choice to see any doctor or specialist in or out of the network – without a referral. Although the insurance coverage will pay for out-of-network services, it's important to know that you save money when you use the network.

The Choice Plus Network

Choice Plus insurance plans offer national access to over 1,934,000 physicians and health care providers and over 5,680 hospitals and 67,000 pharmacies.¹

Members can receive services outside the network, if they choose, without a referral

¹ Network counts based on internal network analysis as of Q3 2025.

Compare plans



Choice Plus insurance plans

Plan name	UnitedHealthcare Choice Plus Gold					
	0-2	500	750-2	1000-1	1500-2	1600-4
HSA						
Plan code	EO-IM	DX-RU	DX-SP	EO-IP	DX-SS	EO-IL
Network individual deductible	\$0	\$500	\$750	\$1,000	\$1,500	\$1,600
Network family deductible	\$0	\$1,000	\$1,500	\$2,000	\$3,000	\$3,200
Network coinsurance	0%	20%	0%	0%	0%	0%
Network individual out-of-pocket limit	\$9,200	\$6,050	\$9,000	\$7,500	\$8,550	\$8,750
Network family out-of-pocket limit	\$18,400	\$12,100	\$18,000	\$15,000	\$17,100	\$17,500
24/7 Virtual Visits	\$0	\$0	\$0	\$0	\$0	\$0
PCP office visit	\$30	\$25	\$30	\$20	\$35	\$10
Specialist office visit	\$60	\$50	\$60	\$40	\$70	\$40
Urgent care	\$60	\$60	\$60	\$60	\$60	\$25
Emergency room	\$500 after deductible	\$300 after deductible	20% after deductible	\$350 after deductible	\$400 after deductible	40% after deductible
Pharmacy						
Pharmacy code	N09S	N44	N09S	K08S	K08S	K07S
Pharmacy deductible	\$0	\$0	\$0	\$250 Tier 2,3,4	\$250 Tier 2,3,4	\$0
Tier 1	\$15	\$15	\$15	\$10	\$10	\$10
Tier 2	\$40	\$50	\$40	\$40	\$40	\$40
Tier 2 specialty	\$40	N/A	\$40	\$40	\$40	\$40
Tier 3	\$75	\$70	\$75	\$75	\$75	\$75
Tier 3 specialty	\$100	N/A	\$100	\$100	\$100	\$100
Tier 4	\$125	\$150	\$125	\$125	\$125	\$125
Tier 4 specialty	\$150	N/A	\$150	\$150	\$150	\$150

Compare plans



Choice Plus insurance plans

Plan name	UnitedHealthcare Choice Plus Gold					
	HSA 1700-4	1750-3	2000-1	HSA 2100	HSA 2500-1	3000-2
HSA	HSA			HSA	HSA	
Plan code	EO-IT	DX-SR	DX-SN	EO-IE	DX-RQ	EO-IS
Network individual deductible	\$1,700	\$1,750	\$2,000	\$2,100	\$2,500	\$3,000
Network family deductible	\$3,400	\$3,500	\$4,000	\$4,200	\$5,000	\$6,000
Network coinsurance	0%	20%	0%	10%	10%	0%
Network individual out-of-pocket limit	\$4,500	\$5,800	\$7,000	\$4,400	\$4,350	\$8,550
Network family out-of-pocket limit	\$9,000	\$11,600	\$14,000	\$8,800	\$8,700	\$17,100
24/7 Virtual Visits	\$0	\$0	\$0	\$0	\$0	\$0
PCP office visit	\$10	\$30	\$30	10% after deductible	10% after deductible	\$0
Specialist office visit	\$30	\$60	\$60	10% after deductible	10% after deductible	\$50
Urgent care	\$40	\$60	\$60	10% after deductible	10% after deductible	\$25
Emergency room	\$400 after deductible	20% after deductible	\$400 after deductible	10% after deductible	10% after deductible	\$400 after deductible
Pharmacy						
Pharmacy code	K07S	K08S	K08S	N09S	K07S	K08S
Pharmacy deductible	\$0	\$250 Tier 2,3,4	\$250 Tier 2,3,4	\$0	\$0	\$250 Tier 2,3,4
Tier 1	\$10	\$10	\$10	\$15	\$10	\$10
Tier 2	\$40	\$40	\$40	\$40	\$40	\$40
Tier 2 specialty	\$40	\$40	\$40	\$40	\$40	\$40
Tier 3	\$75	\$75	\$75	\$75	\$75	\$75
Tier 3 specialty	\$100	\$100	\$100	\$100	\$100	\$100
Tier 4	\$125	\$125	\$125	\$125	\$125	\$125
Tier 4 specialty	\$150	\$150	\$150	\$150	\$150	\$150

Compare plans



Choice Plus insurance rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare Choice Plus Gold					
	0-2	500	750-2	1000-1	1500-2	1600-4
Plan code	EO-IM	DX-RU	DX-SP	EO-IP	DX-SS	EO-IL
Age						
0-14	\$473.99	\$478.70	\$442.01	\$474.71	\$455.54	\$433.50
15	\$473.99	\$478.70	\$442.01	\$474.71	\$455.54	\$433.50
16	\$473.99	\$478.70	\$442.01	\$474.71	\$455.54	\$433.50
17	\$473.99	\$478.70	\$442.01	\$474.71	\$455.54	\$433.50
18	\$473.99	\$478.70	\$442.01	\$474.71	\$455.54	\$433.50
19	\$473.99	\$478.70	\$442.01	\$474.71	\$455.54	\$433.50
20	\$473.99	\$478.70	\$442.01	\$474.71	\$455.54	\$433.50
21	\$526.90	\$532.14	\$491.35	\$527.70	\$506.40	\$481.90
22	\$526.89	\$532.13	\$491.34	\$527.69	\$506.39	\$481.89
23	\$526.89	\$532.13	\$491.34	\$527.69	\$506.39	\$481.89
24	\$526.89	\$532.13	\$491.34	\$527.69	\$506.39	\$481.89
25	\$526.89	\$532.13	\$491.34	\$527.69	\$506.39	\$481.89
26	\$526.89	\$532.13	\$491.34	\$527.69	\$506.39	\$481.89
27	\$526.89	\$532.13	\$491.34	\$527.69	\$506.39	\$481.89
28	\$539.21	\$544.57	\$502.83	\$540.03	\$518.23	\$493.16
29	\$550.81	\$556.28	\$513.65	\$551.65	\$529.38	\$503.77
30	\$564.58	\$570.19	\$526.49	\$565.44	\$542.61	\$516.36
31	\$579.08	\$584.83	\$540.00	\$579.95	\$556.54	\$529.62
32	\$592.12	\$598.00	\$552.17	\$593.02	\$569.08	\$541.55
33	\$605.89	\$611.91	\$565.01	\$606.81	\$582.32	\$554.14
34	\$620.39	\$626.55	\$578.53	\$621.33	\$596.25	\$567.40
35	\$634.88	\$641.19	\$592.04	\$635.84	\$610.18	\$580.66
36	\$649.38	\$655.83	\$605.56	\$650.36	\$624.11	\$593.91
37	\$663.87	\$670.47	\$619.08	\$664.88	\$638.04	\$607.17
38	\$671.84	\$678.52	\$626.51	\$672.86	\$645.70	\$614.46
39	\$679.82	\$686.57	\$633.95	\$680.85	\$653.36	\$621.75
40	\$706.63	\$713.65	\$658.95	\$707.70	\$679.14	\$646.28
41	\$734.17	\$741.47	\$684.64	\$735.29	\$705.61	\$671.47
42	\$763.16	\$770.74	\$711.67	\$764.32	\$733.47	\$697.98
43	\$792.88	\$800.75	\$739.38	\$794.08	\$762.03	\$725.16
44	\$824.04	\$832.23	\$768.44	\$825.29	\$791.98	\$753.66
45	\$781.62	\$779.72	\$702.86	\$720.15	\$779.93	\$746.19

(continued)

Compare plans



Choice Plus insurance rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare Choice Plus Gold					
	HSA 1700-4	1750-3	2000-1	HSA 2100	HSA 2500-1	3000-2
Plan code	EO-IT	DX-SR	DX-SN	EO-IE	DX-RQ	EO-IS
Age						
0-14	\$467.58	\$441.16	\$438.54	\$457.57	\$446.32	\$443.97
15	\$467.58	\$441.16	\$438.54	\$457.57	\$446.32	\$443.97
16	\$467.58	\$441.16	\$438.54	\$457.57	\$446.32	\$443.97
17	\$467.58	\$441.16	\$438.54	\$457.57	\$446.32	\$443.97
18	\$467.58	\$441.16	\$438.54	\$457.57	\$446.32	\$443.97
19	\$467.58	\$441.16	\$438.54	\$457.57	\$446.32	\$443.97
20	\$467.58	\$441.16	\$438.54	\$457.57	\$446.32	\$443.97
21	\$519.78	\$490.41	\$487.50	\$508.66	\$496.15	\$493.53
22	\$519.77	\$490.40	\$487.49	\$508.65	\$496.14	\$493.52
23	\$519.77	\$490.40	\$487.49	\$508.65	\$496.14	\$493.52
24	\$519.77	\$490.40	\$487.49	\$508.65	\$496.14	\$493.52
25	\$519.77	\$490.40	\$487.49	\$508.65	\$496.14	\$493.52
26	\$519.77	\$490.40	\$487.49	\$508.65	\$496.14	\$493.52
27	\$519.77	\$490.40	\$487.49	\$508.65	\$496.14	\$493.52
28	\$531.92	\$501.87	\$498.89	\$520.54	\$507.74	\$505.06
29	\$543.36	\$512.66	\$509.62	\$531.73	\$518.66	\$515.93
30	\$556.95	\$525.47	\$522.36	\$545.03	\$531.63	\$528.82
31	\$571.25	\$538.97	\$535.77	\$559.02	\$545.28	\$542.40
32	\$584.11	\$551.11	\$547.84	\$571.61	\$557.56	\$554.62
33	\$597.70	\$563.92	\$560.58	\$584.91	\$570.53	\$567.52
34	\$612.00	\$577.41	\$573.99	\$598.90	\$584.18	\$581.10
35	\$626.30	\$590.91	\$587.40	\$612.89	\$597.83	\$594.67
36	\$640.60	\$604.40	\$600.81	\$626.89	\$611.48	\$608.25
37	\$654.89	\$617.89	\$614.22	\$640.88	\$625.12	\$621.83
38	\$662.76	\$625.31	\$621.60	\$648.58	\$632.63	\$629.29
39	\$670.62	\$632.73	\$628.98	\$656.27	\$640.14	\$636.76
40	\$697.08	\$657.69	\$653.79	\$682.16	\$665.39	\$661.88
41	\$724.24	\$683.32	\$679.27	\$708.75	\$691.32	\$687.68
42	\$752.84	\$710.30	\$706.09	\$736.73	\$718.62	\$714.83
43	\$782.16	\$737.96	\$733.58	\$765.42	\$746.60	\$742.66
44	\$812.90	\$766.96	\$762.42	\$795.50	\$775.95	\$771.85
45	\$723.42	\$756.31	\$727.21	\$706.88	\$724.69	\$730.59

Compare plans



Choice Plus insurance rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare Choice Plus Gold					
	0-2	500	750-2	1000-1	1500-2	1600-4
Plan code	EO-IM	DX-RU	DX-SP	EO-IP	DX-SS	EO-IL
Age						
46	\$889.27	\$898.10	\$829.27	\$890.62	\$854.67	\$813.32
47	\$924.06	\$933.24	\$861.71	\$925.46	\$888.10	\$845.13
48	\$960.29	\$969.83	\$895.50	\$961.75	\$922.93	\$878.28
49	\$997.98	\$1,007.90	\$930.65	\$999.50	\$959.15	\$912.74
50	\$1,037.12	\$1,047.42	\$967.14	\$1,038.69	\$996.76	\$948.54
51	\$1,077.70	\$1,088.41	\$1,004.99	\$1,079.34	\$1,035.77	\$985.66
52	\$1,119.74	\$1,130.86	\$1,044.19	\$1,121.44	\$1,076.17	\$1,024.10
53	\$1,163.22	\$1,174.78	\$1,084.74	\$1,164.99	\$1,117.96	\$1,063.87
54	\$1,208.88	\$1,220.89	\$1,127.32	\$1,210.72	\$1,161.85	\$1,105.63
55	\$1,255.99	\$1,268.47	\$1,171.25	\$1,257.90	\$1,207.12	\$1,148.72
56	\$1,305.27	\$1,318.24	\$1,217.21	\$1,307.26	\$1,254.49	\$1,193.79
57	\$1,356.01	\$1,369.48	\$1,264.52	\$1,358.07	\$1,303.25	\$1,240.19
58	\$1,408.91	\$1,422.91	\$1,313.85	\$1,411.05	\$1,354.09	\$1,288.58
59	\$1,464.00	\$1,478.54	\$1,365.22	\$1,466.22	\$1,407.03	\$1,338.96
60	\$1,521.25	\$1,536.36	\$1,418.61	\$1,523.56	\$1,462.06	\$1,391.32
61	\$1,580.68	\$1,596.38	\$1,474.03	\$1,583.08	\$1,519.18	\$1,445.68
62	\$1,580.68	\$1,596.38	\$1,474.03	\$1,583.08	\$1,519.18	\$1,445.68
63	\$1,580.68	\$1,596.38	\$1,474.03	\$1,583.08	\$1,519.18	\$1,445.68
64 and over	\$1,580.68	\$1,596.38	\$1,474.03	\$1,583.08	\$1,519.18	\$1,445.68

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Compare plans



Choice Plus insurance rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare Choice Plus Gold					
	HSA 1700-4	1750-3	2000-1	HSA 2100	HSA 2500-1	3000-2
Plan code	EO-IT	DX-SR	DX-SN	EO-IE	DX-RQ	EO-IS
Age						
46	\$877.24	\$827.67	\$822.76	\$858.47	\$837.37	\$832.95
47	\$911.56	\$860.05	\$854.95	\$892.05	\$870.12	\$865.53
48	\$947.31	\$893.78	\$888.48	\$927.04	\$904.25	\$899.48
49	\$984.49	\$928.86	\$923.35	\$963.42	\$939.73	\$934.78
50	\$1,023.09	\$965.28	\$959.56	\$1,001.20	\$976.59	\$971.43
51	\$1,063.13	\$1,003.06	\$997.11	\$1,040.38	\$1,014.80	\$1,009.45
52	\$1,104.60	\$1,042.18	\$1,036.00	\$1,080.96	\$1,054.39	\$1,048.82
53	\$1,147.49	\$1,082.65	\$1,076.23	\$1,122.94	\$1,095.33	\$1,089.55
54	\$1,192.54	\$1,125.15	\$1,118.48	\$1,167.02	\$1,138.33	\$1,132.32
55	\$1,239.01	\$1,169.00	\$1,162.06	\$1,212.49	\$1,182.69	\$1,176.45
56	\$1,287.62	\$1,214.86	\$1,207.66	\$1,260.07	\$1,229.09	\$1,222.61
57	\$1,337.67	\$1,262.08	\$1,254.60	\$1,309.05	\$1,276.86	\$1,270.13
58	\$1,389.86	\$1,311.33	\$1,303.55	\$1,360.12	\$1,326.68	\$1,319.68
59	\$1,444.20	\$1,362.59	\$1,354.51	\$1,413.29	\$1,378.55	\$1,371.28
60	\$1,500.68	\$1,415.88	\$1,407.48	\$1,468.57	\$1,432.46	\$1,424.91
61	\$1,559.31	\$1,471.19	\$1,462.47	\$1,525.94	\$1,488.42	\$1,480.57
62	\$1,559.31	\$1,471.19	\$1,462.47	\$1,525.94	\$1,488.42	\$1,480.57
63	\$1,559.31	\$1,471.19	\$1,462.47	\$1,525.94	\$1,488.42	\$1,480.57
64 and over	\$1,559.31	\$1,471.19	\$1,462.47	\$1,525.94	\$1,488.42	\$1,480.57

Valid for effective dates: Q1 2026.
Rates displayed are per employee rates by age for the Medical/Rx product.
Rates include employer and employee contribution – please contact your HR department for your employee contribution.
To calculate your total family rate (if applicable), add all rates by age for each member of the household. For all dependent children, ages 21 and over, individual rates apply.
For up to three dependent children under 21, add the 0-20 rate. Apply the employee contribution to this total to determine your monthly family premium.

Compare plans



OCI HMO plans

Optimum Choice, Inc. (OCI)

OCI HMO plans offer regional access to physicians and hospitals, network-only coverage and a primary doctor to coordinate care and refer specialist services.

How does it work?

You pick a primary care physician (PCP) to be your main doctor. Your PCP gets to know you, helps manage your health care and refers you to specialists (if needed). The health plan will only pay for visits to network providers, so you will need to check your plan before visiting a doctor, clinic or hospital. **If you see an out-of-network provider for nonemergency services, you will be responsible for all costs.**

The OCI Network

With over 29,000 health care providers, 179 hospitals and 3,500 pharmacies in D.C., Delaware, Maryland, Virginia and West Virginia, the OCI network offers similar regional coverage as the Choice Plus network.¹

Members will need to choose a PCP

Members will not be covered if they receive out-of-network care

¹ Network counts based on internal network analysis as of Q3 2025.

Compare plans



OCI HMO plans

Plan name	UnitedHealthcare OCI Gold				
	500	750-2	1500-2	1600-3	HSA 1700-4
HSA	HSA				
Plan code	DX-RG	DX-R9	DX-SA	DX-SD	EO-IJ
Network individual deductible	\$500	\$750	\$1,500	\$1,600	\$1,700
Network family deductible	\$1,000	\$1,500	\$3,000	\$3,200	\$3,400
Network coinsurance	20%	20%	20%	20%	20%
Network individual out-of-pocket limit	\$6,050	\$9,000	\$8,550	\$8,550	\$4,500
Network family out-of-pocket limit	\$12,100	\$18,000	\$17,100	\$17,100	\$9,000
24/7 Virtual Visits	\$0	0%	0%	0%	\$0
PCP office visit	\$25	\$30	\$35	\$10	\$10
Specialist office visit	\$50	\$60	\$70	\$40	\$30
Urgent care	\$60	\$60	\$60	\$25	\$40
Emergency room	\$300	20%	\$400 after deductible	40% after deductible	\$400 after deductible
Pharmacy					
Pharmacy code	N44	N09S	K08S	K07S	K07S
Pharmacy deductible	\$0	\$0	\$250 Tier 2,3,4	\$0	\$0
Tier 1	\$15	\$15	\$10	\$10	\$10
Tier 2	\$50	\$40	\$40	\$40	\$40
Tier 2 specialty	N/A	\$40	\$40	\$40	\$40
Tier 3	\$70	\$75	\$75	\$75	\$75
Tier 3 specialty	N/A	\$100	\$100	\$100	\$100
Tier 4	\$150	\$125	\$125	\$125	\$125
Tier 4 specialty	N/A	\$150	\$150	\$150	\$150

(continued)

Compare plans



OCI HMO plans

Plan name	UnitedHealthcare OCI Gold			
	1750-1	2000-1	HSA 2100	HSA 2500-1
HSA	HSA			
Plan code	DX-R3	DX-R8	EO-IB	DX-RL
Network individual deductible	\$1,750	\$2,000	\$2,100	\$2,500
Network family deductible	\$3,500	\$4,000	\$4,200	\$5,000
Network coinsurance	20%	20%	10%	10%
Network individual out-of-pocket limit	\$5,800	\$7,000	\$4,400	\$4,350
Network family out-of-pocket limit	\$11,600	\$14,000	\$8,800	\$8,700
24/7 Virtual Visits	0%	0%	\$0	\$0
PCP office visit	\$30	\$30	10% after deductible	10% after deductible
Specialist office visit	\$60	\$60	10% after deductible	10% after deductible
Urgent care	\$60	\$60	10% after deductible	10% after deductible
Emergency room	20% after deductible	\$400	10% after deductible	10% after deductible
Pharmacy				
Pharmacy code	K08S	K08S	N09S	K07S
Pharmacy deductible	\$250 Tier 2,3,4	\$250 Tier 2,3,4	\$0	\$0
Tier 1	\$10	\$10	\$15	\$10
Tier 2	\$40	\$40	\$40	\$40
Tier 2 specialty	\$40	\$40	\$40	\$40
Tier 3	\$75	\$75	\$75	\$75
Tier 3 specialty	\$100	\$100	\$100	\$100
Tier 4	\$125	\$125	\$125	\$125
Tier 4 specialty	\$150	\$150	\$150	\$150

(continued)

Compare plans



OCI HMO rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare OCI Gold				
	500	750-2	1500-2	1600-3	HSA 1700-4
Plan code	DX-RG	DX-R9	DX-SA	DX-SD	EO-IJ
Age					
0-14	\$432.57	\$400.79	\$409.55	\$397.64	\$423.43
15	\$432.57	\$400.79	\$409.55	\$397.64	\$423.43
16	\$432.57	\$400.79	\$409.55	\$397.64	\$423.43
17	\$432.57	\$400.79	\$409.55	\$397.64	\$423.43
18	\$432.57	\$400.79	\$409.55	\$397.64	\$423.43
19	\$432.57	\$400.79	\$409.55	\$397.64	\$423.43
20	\$432.57	\$400.79	\$409.55	\$397.64	\$423.43
21	\$480.86	\$445.54	\$455.28	\$442.03	\$470.70
22	\$480.85	\$445.53	\$455.27	\$442.02	\$470.69
23	\$480.85	\$445.53	\$455.27	\$442.02	\$470.69
24	\$480.85	\$445.53	\$455.27	\$442.02	\$470.69
25	\$480.85	\$445.53	\$455.27	\$442.02	\$470.69
26	\$480.85	\$445.53	\$455.27	\$442.02	\$470.69
27	\$480.85	\$445.53	\$455.27	\$442.02	\$470.69
28	\$492.10	\$455.95	\$465.92	\$452.36	\$481.70
29	\$502.68	\$465.75	\$475.93	\$462.09	\$492.05
30	\$515.25	\$477.39	\$487.83	\$473.64	\$504.36
31	\$528.47	\$489.65	\$500.36	\$485.80	\$517.30
32	\$540.38	\$500.68	\$511.63	\$496.74	\$528.96
33	\$552.95	\$512.33	\$523.53	\$508.30	\$541.26
34	\$566.18	\$524.58	\$536.05	\$520.46	\$554.21
35	\$579.40	\$536.84	\$548.58	\$532.62	\$567.16
36	\$592.63	\$549.10	\$561.10	\$544.78	\$580.11
37	\$605.86	\$561.35	\$573.63	\$556.94	\$593.06
38	\$613.14	\$568.09	\$580.52	\$563.63	\$600.18
39	\$620.41	\$574.83	\$587.40	\$570.31	\$607.30

(continued)

Compare plans



OCI HMO rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare OCI Gold			
	1750-1	2000-1	HSA 2100	HSA 2500-1
Plan code	DX-R3	DX-R8	EO-IB	DX-RL
Age				
0-14	\$398.65	\$395.74	\$414.09	\$404.38
15	\$398.65	\$395.74	\$414.09	\$404.38
16	\$398.65	\$395.74	\$414.09	\$404.38
17	\$398.65	\$395.74	\$414.09	\$404.38
18	\$398.65	\$395.74	\$414.09	\$404.38
19	\$398.65	\$395.74	\$414.09	\$404.38
20	\$398.65	\$395.74	\$414.09	\$404.38
21	\$443.15	\$439.92	\$460.32	\$449.53
22	\$443.14	\$439.91	\$460.31	\$449.52
23	\$443.14	\$439.91	\$460.31	\$449.52
24	\$443.14	\$439.91	\$460.31	\$449.52
25	\$443.14	\$439.91	\$460.31	\$449.52
26	\$443.14	\$439.91	\$460.31	\$449.52
27	\$443.14	\$439.91	\$460.31	\$449.52
28	\$453.51	\$450.20	\$471.08	\$460.03
29	\$463.26	\$459.88	\$481.21	\$469.92
30	\$474.84	\$471.38	\$493.24	\$481.67
31	\$487.03	\$483.48	\$505.90	\$494.04
32	\$498.00	\$494.37	\$517.30	\$505.17
33	\$509.58	\$505.87	\$529.33	\$516.92
34	\$521.77	\$517.97	\$541.99	\$529.28
35	\$533.97	\$530.08	\$554.66	\$541.65
36	\$546.16	\$542.18	\$567.32	\$554.01
37	\$558.35	\$554.28	\$579.98	\$566.38
38	\$565.05	\$560.94	\$586.95	\$573.18
39	\$571.76	\$567.59	\$593.91	\$579.98

(continued)

Compare plans



OCI HMO rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare OCI Gold				
	500	750-2	1500-2	1600-3	HSA 1700-4
Plan code	DX-RG	DX-R9	DX-SA	DX-SD	EO-IJ
Age					
40	\$644.88	\$597.51	\$610.57	\$592.81	\$631.25
41	\$670.02	\$620.80	\$634.37	\$615.91	\$655.86
42	\$696.48	\$645.31	\$659.42	\$640.23	\$681.75
43	\$723.59	\$670.44	\$685.10	\$665.16	\$708.30
44	\$752.03	\$696.79	\$712.02	\$691.31	\$736.14
45	\$781.14	\$723.75	\$739.58	\$718.06	\$764.63
46	\$811.56	\$751.94	\$768.38	\$746.03	\$794.41
47	\$843.31	\$781.36	\$798.44	\$775.21	\$825.49
48	\$876.38	\$812.00	\$829.75	\$805.61	\$857.86
49	\$910.78	\$843.87	\$862.32	\$837.23	\$891.52
50	\$946.49	\$876.96	\$896.14	\$870.06	\$926.49
51	\$983.53	\$911.28	\$931.20	\$904.11	\$962.74
52	\$1,021.89	\$946.82	\$967.53	\$939.38	\$1,000.29
53	\$1,061.58	\$983.59	\$1,005.10	\$975.86	\$1,039.14
54	\$1,103.25	\$1,022.20	\$1,044.55	\$1,014.16	\$1,079.93
55	\$1,146.24	\$1,062.03	\$1,085.26	\$1,053.68	\$1,122.01
56	\$1,191.22	\$1,103.71	\$1,127.84	\$1,095.03	\$1,166.04
57	\$1,237.52	\$1,146.60	\$1,171.68	\$1,137.59	\$1,211.36
58	\$1,285.80	\$1,191.34	\$1,217.39	\$1,181.97	\$1,258.62
59	\$1,336.07	\$1,237.92	\$1,264.98	\$1,228.18	\$1,307.83
60	\$1,388.32	\$1,286.33	\$1,314.46	\$1,276.21	\$1,358.98
61	\$1,442.56	\$1,336.58	\$1,365.81	\$1,326.07	\$1,412.07
62	\$1,442.56	\$1,336.58	\$1,365.81	\$1,326.07	\$1,412.07
63	\$1,442.56	\$1,336.58	\$1,365.81	\$1,326.07	\$1,412.07
64 and over	\$1,442.56	\$1,336.58	\$1,365.81	\$1,326.07	\$1,412.07

Valid for effective dates: Q1 2026.

Rates displayed are per employee rates by age for the Medical/Rx product.

Rates include employer and employee contribution – please contact your HR department for your employee contribution.

To calculate your total family rate (if applicable), add all rates by age for each member of the household. For all dependent children, ages 21 and over, individual rates apply.

For up to three dependent children under 21, add the 0-20 rate. Apply the employee contribution to this total to determine your monthly family premium.

Compare plans



OCI HMO rates

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UnitedHealthcare OCI Gold			
	1750-1	2000-1	HSA 2100	HSA 2500-1
Plan code	DX-R3	DX-R8	EO-IB	DX-RL
Age				
40	\$594.31	\$589.98	\$617.34	\$602.86
41	\$617.47	\$612.98	\$641.40	\$626.36
42	\$641.86	\$637.18	\$666.73	\$651.09
43	\$666.85	\$661.99	\$692.69	\$676.44
44	\$693.06	\$688.01	\$719.91	\$703.03
45	\$719.88	\$714.63	\$747.77	\$730.24
46	\$747.92	\$742.47	\$776.90	\$758.68
47	\$777.18	\$771.52	\$807.29	\$788.36
48	\$807.65	\$801.77	\$838.95	\$819.27
49	\$839.35	\$833.24	\$871.88	\$851.43
50	\$872.27	\$865.91	\$906.07	\$884.82
51	\$906.40	\$899.80	\$941.52	\$919.44
52	\$941.75	\$934.89	\$978.25	\$955.30
53	\$978.33	\$971.20	\$1,016.24	\$992.40
54	\$1,016.73	\$1,009.32	\$1,056.13	\$1,031.36
55	\$1,056.35	\$1,048.66	\$1,097.28	\$1,071.55
56	\$1,097.80	\$1,089.80	\$1,140.34	\$1,113.59
57	\$1,140.47	\$1,132.16	\$1,184.66	\$1,156.88
58	\$1,184.97	\$1,176.33	\$1,230.88	\$1,202.01
59	\$1,231.29	\$1,222.32	\$1,279.00	\$1,249.01
60	\$1,279.45	\$1,270.13	\$1,329.02	\$1,297.85
61	\$1,329.43	\$1,319.74	\$1,380.94	\$1,348.56
62	\$1,329.43	\$1,319.74	\$1,380.94	\$1,348.56
63	\$1,329.43	\$1,319.74	\$1,380.94	\$1,348.56
64 and over	\$1,329.43	\$1,319.74	\$1,380.94	\$1,348.56

Valid for effective dates: Q1 2026.

Rates displayed are per employee rates by age for the Medical/Rx product.

Rates include employer and employee contribution – please contact your HR department for your employee contribution.

To calculate your total family rate (if applicable), add all rates by age for each member of the household. For all dependent children, ages 21 and over, individual rates apply.

For up to three dependent children under 21, add the 0-20 rate. Apply the employee contribution to this total to determine your monthly family premium.

Compare plans



Core Essential plans

UnitedHealthcare of the Mid-Atlantic, Inc.

Core Essential plans offer tailored local access to physicians and hospitals and network-only coverage. No referrals are needed to see a specialist.

How does it work?

You have the choice to see any doctor or specialist in the tailored network – without a referral. The health plan will only pay for visits to network providers, so you will need to check your plan before visiting a doctor, clinic or hospital.

If you see an out-of-network provider for nonemergency services, you will be responsible for all costs.

The Core Essential Network

The Core Essential network includes 22,850 providers and 110 hospitals in the Mid-Atlantic region.¹

Information about pharmacy coverage for Core Essential plans

Prescription drugs on all Core Essential plans are covered under a Prescription Drug List that features a 4-tiered design to deliver clinical value and competitive pricing. Tier 1 and Tier 2 medications have cost-share amounts that are lower than Tier 3 and Tier 4. This helps encourage members to use these more cost-effective options.

Medications that aren't listed are excluded from coverage. Exclusions, while potentially disruptive, may help reduce costs significantly. By covering only those medications that offer both clinical value and competitive prices, we're able to provide coverage for treatment options with lower total pharmacy costs. Members who use an excluded medication have to meet criteria for review and approval for coverage.

Members can choose any doctor/specialist in the network

¹ Network counts based on internal network analysis as of Q3 2025.

Compare plans



Core Essential plans

Plan name	UHC Core Essential Gold 500	UHC Core Essential Gold 750-2
Plan code	EC-17	DX-SQ
Network individual deductible	\$500	\$750
Network family deductible	\$1,000	\$1,500
Network coinsurance	20%	20%
Network individual out-of-pocket limit	\$6,050	\$9,000
Network family out-of-pocket limit	\$12,100	\$18,000
24/7 Virtual Visits	\$0	\$0
PCP office visit	\$25	\$30
Specialist office visit	\$50	\$60 (PD) \$65 (NON-PD)
Urgent care	\$60	\$60
Emergency room	\$300	20%
Pharmacy		
Pharmacy code	N44	N09S
Pharmacy deductible	\$0	\$0
Tier 1	\$15	\$15
Tier 2	\$50	\$40
Tier 2 specialty	N/A	\$40
Tier 3	\$70	\$75
Tier 3 specialty	N/A	\$100
Tier 4	\$150	\$125
Tier 4 specialty	N/A	\$150

Compare plans



Core Essential plans

Rates displayed are full monthly premium rates based on a single policyholder.

Plan name	UHC Core Essential Gold 500	UHC Core Essential Gold 750-2
Plan code	EC-17	DX-SQ
Age		
0-14	\$423.09	\$391.43
15	\$423.09	\$391.43
16	\$423.09	\$391.43
17	\$423.09	\$391.43
18	\$423.09	\$391.43
19	\$423.09	\$391.43
20	\$423.09	\$391.43
21	\$470.32	\$435.13
22	\$470.31	\$435.12
23	\$470.31	\$435.12
24	\$470.31	\$435.12
25	\$470.31	\$435.12
26	\$470.31	\$435.12
27	\$470.31	\$435.12
28	\$481.31	\$445.30
29	\$491.66	\$454.88
30	\$503.95	\$466.25
31	\$516.89	\$478.22
32	\$528.53	\$488.99
33	\$540.83	\$500.36
34	\$553.76	\$512.33
35	\$566.70	\$524.30
36	\$579.64	\$536.27
37	\$592.58	\$548.24
38	\$599.69	\$554.83

Plan name	UHC Core Essential Gold 500	UHC Core Essential Gold 750-2
Plan code	EC-17	DX-SQ
Age		
39	\$606.81	\$561.41
40	\$630.75	\$583.56
41	\$655.33	\$606.30
42	\$681.21	\$630.24
43	\$707.73	\$654.78
44	\$735.55	\$680.52
45	\$764.01	\$706.85
46	\$793.77	\$734.38
47	\$824.82	\$763.11
48	\$857.17	\$793.04
49	\$890.81	\$824.16
50	\$925.74	\$856.48
51	\$961.97	\$890.00
52	\$999.49	\$924.71
53	\$1,038.31	\$960.62
54	\$1,079.06	\$998.33
55	\$1,121.11	\$1,037.24
56	\$1,165.10	\$1,077.93
57	\$1,210.39	\$1,119.83
58	\$1,257.61	\$1,163.52
59	\$1,306.78	\$1,209.01
60	\$1,357.89	\$1,256.29
61	\$1,410.93	\$1,305.37
62	\$1,410.93	\$1,305.37
63	\$1,410.93	\$1,305.37
64 and over	\$1,410.93	\$1,305.37

Valid for effective dates: Q1 2026.

Rates displayed are per employee rates by age for the Medical/Rx product.

Rates include employer and employee contribution – please contact your HR department for your employee contribution.

To calculate your total family rate (if applicable), add all rates by age for each member of the household. For all dependent children, ages 21 and over, individual rates apply.

For up to three dependent children under 21, add the 0-20 rate. Apply the employee contribution to this total to determine your monthly family premium.

3 Sign up

Find out what happens next

Check out the Members of Congress/Staff page at the Office of Personnel Management [website](#).

- Visit opm.gov/healthcare-insurance
- Click Changes in Health Coverage under the **Insurance** tab
- Click Eligibility & Enrollment in the left-hand column
- Click the Members of Congress/Staff tab

If you would like more information on UnitedHealthcare networks or would like to access sample policies, visit uhc.com/congress.

If you want more benefit information on all UnitedHealthcare plans available to you, or want to sign up for coverage, visit dchealthlink.com.

Exclusions and limitations:*

- Charges in excess of eligible expenses or in excess of any specified limitation
- Pediatric dental and vision limited to benefits as described in the medical contract
- Outpatient prescription drug products obtained from a non-network pharmacy
- Coverage for prescription drug products, which is less than or exceeds the supply limit
- Prescription drug products dispensed outside the United States, except as required for emergency treatment
- Any product dispensed for the purpose of appetite suppression or weight loss
- Prescription drug products when prescribed to treat infertility
- Certain prescription drug products for smoking cessation
- Prescription drug products not included on Prescription Drug List
- Compounded prescriptions
- Over-the-counter prescription drugs unless we have designated the over-the-counter medication as eligible for coverage
- Growth hormone for children with familial short stature
- Any medication that is used for the treatment of erectile dysfunction or sexual dysfunction
- A prescription drug product that contains marijuana, including medical marijuana
- Dental products including, but not limited to, prescription fluoride topicals
- Cosmetic procedures and medications
- In-vitro fertilization
- Obesity surgery
- Services performed by a provider who is a family member or shares your same legal residence
- Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under this policy when required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage, adoption, related to judicial or administrative proceedings or orders, conducted for purposes of medical research, or are required to obtain or maintain a license of any type.
- Services or supplies that are experimental or investigational, except routine costs associated with qualifying clinical trials

* This list may not be all inclusive and is subject to change. Please refer to your plan coverage documents for a full list of exclusions and limitations.

We do not treat members differently because of sex, age, race, color, disability or national origin

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

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

Online: UHC_Civil_Rights@uhc.com

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 member phone number listed on your ID card.

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.

ATENCIÓN: 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.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LŪ'U Y: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

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UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shóqdí ninaaltsoos nít'ízi bee nééhozinígíí bine'dęę t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.

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24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 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, or for all members. Check your benefit plan to determine if these services are available.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying 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 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.

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the website or mobile application terms of use under Find Care & Costs section.

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