

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.

What's inside:

3 How to choose health care coverage

9 Compare plans

26 Sign up

1 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

Aside from competitive benefits, you will have the opportunity to save on out-of-pocket costs through the following programs:

- **UnitedHealthcare Rewards** is available on all of our plans. You may earn rewards for completing certain healthy actions like tracking daily steps, active minutes and sleep and by completing one-time activities like biometric screenings.
- **$0 Primary Care Physician (PCP) Network Copays for Kids program** is 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.
- **Pharmacy coverage** for prescription drugs on all plans is 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.

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

How to choose health care coverage

1 — 2 — 3

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 support, 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 phone. 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
- Estimated health care costs
- Health care provider search
- 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

1 2 3

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

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

* Subject to limits. Consult a tax advisor.

How to choose health care coverage

1 2 3

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 **1-800-791-9361.**

How to choose health care coverage

1 — 2 — 3

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 neurodevelopment disorders
- Compulsive habits and eating disorders
- Substance use disorders, medication management and more

Call the number on your health plan ID Card for more information.



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 use 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.

To search the UnitedHealthcare network directory, visit **uhc.com/shopdocfind.**

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

Compare plans

1 — 2 — 3

Choice Plus insurance plans

Plan name	UnitedHealthcare Choice Plus Gold					
	0-2	500	750-2	1250-1	1500-1	1600-4
HSA						
Plan code	EO-IM	DX-RU	DX-SP	EO-IP	DX-SS	EO-IL
Network individual deductible	$0	$500	$750	$1,250	$1,500	$1,600
Network family deductible	$0	$1,000	$1,500	$2,500	$3,000	$3,200
Network coinsurance	0%	20%	0%	0%	0%	0%
Network individual out-of-pocket limit	$9,400	$7,950	$9,000	$7,750	$8,550	$8,750
Network family out-of-pocket limit	$18,800	$15,900	$18,000	$15,500	$17,100	$17,500
24/7 Virtual Visits	$0	$0	$0	$0	$0	$0
PCP office visit	$30	$25	$30	$25	$35	$10
Specialist office visit	$60	$50	$60	$50	$70	$40
Urgent care	$60	$60	$60	$60	$60	$25
Emergency room	$500	$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

(continued)

Compare plans

1 — 2 — 3

Choice Plus insurance plans

Plan name	UnitedHealthcare Choice Plus Gold					
	HSA 1750–4	1750-3	2000-1	HSA 2300	HSA 2500–1	3000-2
HSA	HSA			HSA	HSA	
Plan code	FC-Q8	FC-QU	FC-QQ	FC-PZ	FC-P4	FC-Q7
Network individual deductible	$1,750	$1,750	$2,000	$2,300	$2,500	$3,000
Network family deductible	$3,500	$3,500	$4,000	$4,600	$5,000	$6,000
Network coinsurance	0%	20%	0%	10%	10%	0%
Network individual out-of-pocket limit	$4,500	$5,800	$7,000	$4,600	$4,350	$8,550
Network family out-of-pocket limit	$9,000	$11,600	$14,000	$9,200	$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

1 — 2 — 3

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	1250-1	1500-1	1600–4
Plan code	FC-QZ	FC-P7	FC-QS	FC-Q4	FC-QV	FC-QY
Age						
0-14	$599.10	$602.39	$550.11	$583.89	$567.37	$534.33
15	$599.10	$602.39	$550.11	$583.89	$567.37	$534.33
16	$599.10	$602.39	$550.11	$583.89	$567.37	$534.33
17	$599.10	$602.39	$550.11	$583.89	$567.37	$534.33
18	$599.10	$602.39	$550.11	$583.89	$567.37	$534.33
19	$599.10	$602.39	$550.11	$583.89	$567.37	$534.33
20	$599.10	$602.39	$550.11	$583.89	$567.37	$534.33
21	$665.97	$669.63	$611.52	$649.07	$630.70	$593.97
22	$665.97	$669.63	$611.52	$649.07	$630.70	$593.97
23	$665.97	$669.63	$611.52	$649.07	$630.70	$593.97
24	$665.97	$669.63	$611.52	$649.07	$630.70	$593.97
25	$665.97	$669.63	$611.52	$649.07	$630.70	$593.97
26	$665.97	$669.63	$611.52	$649.07	$630.70	$593.97
27	$665.97	$669.63	$611.52	$649.07	$630.70	$593.97
28	$681.54	$685.28	$625.82	$664.24	$645.45	$607.86
29	$696.20	$700.02	$639.27	$678.53	$659.33	$620.94
30	$713.60	$717.52	$655.26	$695.49	$675.81	$636.46
31	$731.92	$735.94	$672.08	$713.35	$693.16	$652.80
32	$748.41	$752.52	$687.22	$729.42	$708.78	$667.51
33	$765.82	$770.02	$703.20	$746.38	$725.26	$683.03
34	$784.14	$788.44	$720.02	$764.24	$742.61	$699.37
35	$802.46	$806.87	$736.85	$782.09	$759.97	$715.71
36	$820.78	$825.29	$753.67	$799.95	$777.32	$732.05
37	$839.10	$843.71	$770.49	$817.80	$794.67	$748.39
38	$849.18	$853.84	$779.75	$827.63	$804.21	$757.38
39	$859.25	$863.97	$789.00	$837.45	$813.75	$766.36
40	$893.15	$898.05	$820.12	$870.48	$845.85	$796.59
41	$927.96	$933.05	$852.08	$904.41	$878.82	$827.64
42	$964.60	$969.90	$885.73	$940.12	$913.52	$860.32
43	$1,002.16	$1,007.66	$920.22	$976.72	$949.09	$893.82
44	$1,041.55	$1,047.27	$956.39	$1,015.11	$986.39	$928.95
45	$1,081.86	$1,087.80	$993.40	$1,054.40	$1,024.56	$964.90

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Compare plans

1 — 2 — 3

Choice Plus insurance rates

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

Plan name	UnitedHealthcare Choice Plus Gold					
	HSA 1750-4	1750-3	2000-1	HSA 2300	HSA 2500-1	3000-2
Plan code	EO-IT	DX-SR	DX-SN	EO-IE	DX-RQ	EO-IS
Age						
0-14	$577.57	$544.61	$542.88	$560.80	$555.70	$546.74
15	$577.57	$544.61	$542.88	$560.80	$555.70	$546.74
16	$577.57	$544.61	$542.88	$560.80	$555.70	$546.74
17	$577.57	$544.61	$542.88	$560.80	$555.70	$546.74
18	$577.57	$544.61	$542.88	$560.80	$555.70	$546.74
19	$577.57	$544.61	$542.88	$560.80	$555.70	$546.74
20	$577.57	$544.61	$542.88	$560.80	$555.70	$546.74
21	$642.04	$605.39	$603.48	$623.40	$617.73	$607.77
22	$642.04	$605.39	$603.48	$623.40	$617.73	$607.77
23	$642.04	$605.39	$603.48	$623.40	$617.73	$607.77
24	$642.04	$605.39	$603.48	$623.40	$617.73	$607.77
25	$642.04	$605.39	$603.48	$623.40	$617.73	$607.77
26	$642.04	$605.39	$603.48	$623.40	$617.73	$607.77
27	$642.04	$605.39	$603.48	$623.40	$617.73	$607.77
28	$657.05	$619.55	$617.59	$637.97	$632.18	$621.98
29	$671.18	$632.87	$630.87	$651.69	$645.77	$635.36
30	$687.96	$648.70	$646.64	$667.98	$661.92	$651.24
31	$705.62	$665.35	$663.24	$685.13	$678.91	$667.96
32	$721.52	$680.34	$678.18	$700.57	$694.20	$683.01
33	$738.30	$696.16	$693.96	$716.86	$710.35	$698.90
34	$755.96	$712.82	$710.56	$734.01	$727.34	$715.62
35	$773.62	$729.47	$727.16	$751.16	$744.34	$732.34
36	$791.28	$746.13	$743.76	$768.31	$761.33	$749.06
37	$808.95	$762.78	$760.36	$785.46	$778.33	$765.78
38	$818.66	$771.94	$769.49	$794.89	$787.67	$774.97
39	$828.38	$781.10	$778.62	$804.33	$797.02	$784.17
40	$861.05	$811.91	$809.34	$836.05	$828.46	$815.10
41	$894.61	$843.56	$840.88	$868.64	$860.75	$846.87
42	$929.94	$876.86	$874.08	$902.94	$894.73	$880.31
43	$966.14	$911.01	$908.12	$938.09	$929.57	$914.58
44	$1,004.12	$946.81	$943.81	$974.97	$966.11	$950.53
45	$1,042.98	$983.45	$980.34	$1,012.70	$1,003.50	$987.32

(continued)

Compare plans

1 — 2 — 3

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	1250-1	1500-1	1600–4
Plan code	FC-QZ	FC-P7	FC-QS	FC-Q4	FC-QV	FC-QY
Age						
46	$1,123.99	$1,130.17	$1,032.09	$1,095.47	$1,064.47	$1,002.48
47	$1,167.96	$1,174.38	$1,072.47	$1,138.32	$1,106.11	$1,041.70
48	$1,213.77	$1,220.43	$1,114.52	$1,182.96	$1,149.49	$1,082.55
49	$1,261.40	$1,268.33	$1,158.26	$1,229.39	$1,194.60	$1,125.04
50	$1,310.87	$1,318.07	$1,203.69	$1,277.60	$1,241.45	$1,169.16
51	$1,362.17	$1,369.65	$1,250.79	$1,327.59	$1,290.03	$1,214.91
52	$1,415.30	$1,423.07	$1,299.58	$1,379.38	$1,340.35	$1,262.30
53	$1,470.26	$1,478.33	$1,350.05	$1,432.94	$1,392.40	$1,311.32
54	$1,527.97	$1,536.36	$1,403.04	$1,489.19	$1,447.06	$1,362.79
55	$1,587.51	$1,596.23	$1,457.71	$1,547.22	$1,503.45	$1,415.90
56	$1,649.81	$1,658.87	$1,514.91	$1,607.93	$1,562.44	$1,471.45
57	$1,713.93	$1,723.34	$1,573.79	$1,670.43	$1,623.17	$1,528.64
58	$1,780.80	$1,790.58	$1,635.20	$1,735.60	$1,686.50	$1,588.29
59	$1,850.42	$1,860.58	$1,699.12	$1,803.46	$1,752.43	$1,650.38
60	$1,922.79	$1,933.35	$1,765.57	$1,873.99	$1,820.97	$1,714.92
61	$1,997.91	$2,008.88	$1,834.55	$1,947.20	$1,892.10	$1,781.91
62	$1,997.91	$2,008.88	$1,834.55	$1,947.20	$1,892.10	$1,781.91
63	$1,997.91	$2,008.88	$1,834.55	$1,947.20	$1,892.10	$1,781.91
64 and over	$1,997.91	$2,008.88	$1,834.55	$1,947.20	$1,892.10	$1,781.91

(continued)

Compare plans

1 — 2 — 3

Choice Plus insurance rates

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

Plan name	UnitedHealthcare Choice Plus Gold					
	HSA 1750-4	1750-3	2000-1	HSA 2300	HSA 2500-1	3000-2
Plan code	FC-Q8	FC-QU	FC-QQ	FC-PZ	FC-P4	FC-Q7
Age						
46	$1,083.60	$1,021.76	$1,018.52	$1,052.14	$1,042.58	$1,025.77
47	$1,125.99	$1,061.73	$1,058.36	$1,093.30	$1,083.37	$1,065.90
48	$1,170.15	$1,103.37	$1,099.87	$1,136.17	$1,125.85	$1,107.70
49	$1,216.07	$1,146.67	$1,143.03	$1,180.76	$1,170.04	$1,151.17
50	$1,263.76	$1,191.64	$1,187.86	$1,227.07	$1,215.92	$1,196.32
51	$1,313.21	$1,238.27	$1,234.34	$1,275.09	$1,263.50	$1,243.13
52	$1,364.44	$1,286.57	$1,282.49	$1,324.82	$1,312.79	$1,291.62
53	$1,417.42	$1,336.53	$1,332.29	$1,376.27	$1,363.77	$1,341.78
54	$1,473.06	$1,388.99	$1,384.59	$1,430.29	$1,417.30	$1,394.45
55	$1,530.46	$1,443.12	$1,438.55	$1,486.03	$1,472.53	$1,448.79
56	$1,590.52	$1,499.75	$1,494.99	$1,544.34	$1,530.31	$1,505.64
57	$1,652.34	$1,558.04	$1,553.10	$1,604.36	$1,589.79	$1,564.16
58	$1,716.80	$1,618.83	$1,613.69	$1,666.96	$1,651.82	$1,625.18
59	$1,783.92	$1,682.11	$1,676.78	$1,732.13	$1,716.39	$1,688.72
60	$1,853.69	$1,747.90	$1,742.36	$1,799.87	$1,783.52	$1,754.76
61	$1,926.11	$1,816.17	$1,810.43	$1,870.19	$1,853.19	$1,823.31
62	$1,926.11	$1,816.17	$1,810.43	$1,870.19	$1,853.19	$1,823.31
63	$1,926.11	$1,816.17	$1,810.43	$1,870.19	$1,853.19	$1,823.31
64 and over	$1,926.11	$1,816.17	$1,810.43	$1,870.19	$1,853.19	$1,823.31

Valid for effective dates: Q1 2027.
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 3 dependent children under 21, add the 0-20 rate. Apply the employee contribution to this total to determine your monthly family premium.

Compare plans

1 — 2 — 3

OCI HMO plans

Optimum Choice, Inc. (OCI)

Centered on a regional network, OCI offers quality plans with a primary doctor to coordinate care. To search the UnitedHealthcare network directory, visit **uhc.com/shopdocfind**.

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.

Members will need to choose a PCP

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

Compare plans

1 — 2 — 3

OCI HMO plans

Plan name	UnitedHealthcare OCI Gold				
	500	950-2	1600-2	1600-3	HSA 1800-4
HSA					HSA
Plan code	FC-PL	FC-QE	FC-QF	FC-QJ	FC-QL
Network individual deductible	$500	$950	$1,600	$1,600	$1,800
Network family deductible	$1,000	$1,900	$3,200	$3,200	$3,600
Network coinsurance	20%	20%	20%	20%	20%
Network individual out-of-pocket limit	$7,950	$9,500	$8,750	$9,000	$4,600
Network family out-of-pocket limit	$15,900	$19,000	$17,500	$18,000	$9,200
24/7 Virtual Visits	$0	$0	$0	$0	$0
PCP office visit	$25	$35	$35	$15	$10
Specialist office visit	$50	$70	$70	$80	$60
Urgent care	$60	$60	$60	$25	$40
Emergency room	$300	20%	$450 after deductible	40% after deductible	$400 after deductible
Pharmacy					
Pharmacy code	N44	N09S	K08S	K07S	N09S
Pharmacy deductible	$0	$0	$250 Tier 2,3,4	$0	$0
Tier 1	$15	$15	$10	$10	$15
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

1 — 2 — 3

OCI HMO plans

Plan name	UnitedHealthcare OCI Gold			
	1750-1	2000-1	HSA 2300	HSA 2500-1
HSA			HSA	HSA
Plan code	FC-QC	FC-QD	FC-PQ	FC-PO
Network individual deductible	$1,750	$2,000	$2,300	$2,500
Network family deductible	$3,500	$4,000	$4,600	$5,000
Network coinsurance	20%	20%	10%	10%
Network individual out-of-pocket limit	$6,000	$7,000	$4,600	$4,350
Network family out-of-pocket limit	$12,000	$14,000	$9,200	$8,700
24/7 Virtual Visits	$0	$0	$0	$0
PCP office visit	$35	$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

Compare plans

1 — 2 — 3

OCI HMO rates

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

Plan name	UnitedHealthcare OCI Gold				
	500	950-2	1600-2	1600-3	HSA 1800-4
Plan code	FC-PL	FC-QE	FC-QF	FC-QJ	FC-QL
Age					
0-14	$480.59	$432.52	$443.07	$430.98	$459.42
15	$480.59	$432.52	$443.07	$430.98	$459.42
16	$480.59	$432.52	$443.07	$430.98	$459.42
17	$480.59	$432.52	$443.07	$430.98	$459.42
18	$480.59	$432.52	$443.07	$430.98	$459.42
19	$480.59	$432.52	$443.07	$430.98	$459.42
20	$480.59	$432.52	$443.07	$430.98	$459.42
21	$534.23	$480.79	$492.52	$479.09	$510.70
22	$534.23	$480.79	$492.52	$479.09	$510.70
23	$534.23	$480.79	$492.52	$479.09	$510.70
24	$534.23	$480.79	$492.52	$479.09	$510.70
25	$534.23	$480.79	$492.52	$479.09	$510.70
26	$534.23	$480.79	$492.52	$479.09	$510.70
27	$534.23	$480.79	$492.52	$479.09	$510.70
28	$546.72	$492.04	$504.04	$490.29	$522.64
29	$558.48	$502.62	$514.88	$500.83	$533.88
30	$572.44	$515.18	$527.75	$513.35	$547.22
31	$587.14	$528.41	$541.30	$526.53	$561.27
32	$600.36	$540.31	$553.49	$538.39	$573.92
33	$614.33	$552.88	$566.36	$550.92	$587.26
34	$629.02	$566.11	$579.91	$564.10	$601.31
35	$643.72	$579.33	$593.46	$577.28	$615.36
36	$658.42	$592.56	$607.01	$590.46	$629.41
37	$673.11	$605.79	$620.56	$603.63	$643.46
38	$681.20	$613.06	$628.01	$610.88	$651.19
39	$689.28	$620.34	$635.47	$618.13	$658.92

(continued)

Compare plans

1 — 2 — 3

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 2300	HSA 2500-1
Plan code	FC-QC	FC-QD	FC-PQ	FC-PO
Age				
0-14	$430.63	$430.84	$447.39	$443.69
15	$430.63	$430.84	$447.39	$443.69
16	$430.63	$430.84	$447.39	$443.69
17	$430.63	$430.84	$447.39	$443.69
18	$430.63	$430.84	$447.39	$443.69
19	$430.63	$430.84	$447.39	$443.69
20	$430.63	$430.84	$447.39	$443.69
21	$478.70	$478.93	$497.33	$493.22
22	$478.70	$478.93	$497.33	$493.22
23	$478.70	$478.93	$497.33	$493.22
24	$478.70	$478.93	$497.33	$493.22
25	$478.70	$478.93	$497.33	$493.22
26	$478.70	$478.93	$497.33	$493.22
27	$478.70	$478.93	$497.33	$493.22
28	$489.89	$490.13	$508.96	$504.75
29	$500.43	$500.67	$519.91	$515.61
30	$512.94	$513.19	$532.91	$528.50
31	$526.11	$526.37	$546.59	$542.07
32	$537.96	$538.22	$558.90	$554.28
33	$550.47	$550.74	$571.90	$567.17
34	$563.64	$563.92	$585.58	$580.74
35	$576.81	$577.09	$599.26	$594.30
36	$589.98	$590.27	$612.94	$607.87
37	$603.15	$603.44	$626.63	$621.44
38	$610.39	$610.69	$634.15	$628.90
39	$617.64	$617.94	$641.68	$636.37

(continued)

Compare plans

1 — 2 — 3

OCI HMO rates

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

Plan name	UnitedHealthcare OCI Gold				
	500	950–2	1600–2	1600–3	HSA 1800–4
Plan code	FC-PL	FC-QE	FC-QF	FC-QJ	FC-QL
Age					
40	$716.47	$644.81	$660.53	$642.52	$684.91
41	$744.39	$669.94	$686.28	$667.56	$711.60
42	$773.79	$696.39	$713.38	$693.92	$739.70
43	$803.91	$723.51	$741.15	$720.94	$768.50
44	$835.51	$751.94	$770.28	$749.27	$798.71
45	$867.85	$781.04	$800.09	$778.27	$829.62
46	$901.65	$811.46	$831.26	$808.58	$861.93
47	$936.92	$843.21	$863.77	$840.21	$895.65
48	$973.66	$876.28	$897.65	$873.16	$930.77
49	$1,011.87	$910.67	$932.88	$907.43	$967.30
50	$1,051.56	$946.38	$969.46	$943.01	$1,005.23
51	$1,092.71	$983.41	$1,007.40	$979.92	$1,044.57
52	$1,135.33	$1,021.77	$1,046.69	$1,018.14	$1,085.32
53	$1,179.42	$1,061.45	$1,087.34	$1,057.68	$1,127.46
54	$1,225.71	$1,103.12	$1,130.02	$1,099.20	$1,171.72
55	$1,273.48	$1,146.10	$1,174.06	$1,142.03	$1,217.38
56	$1,323.45	$1,191.07	$1,220.12	$1,186.84	$1,265.15
57	$1,374.89	$1,237.37	$1,267.55	$1,232.97	$1,314.32
58	$1,428.53	$1,285.64	$1,317.00	$1,281.08	$1,365.60
59	$1,484.38	$1,335.91	$1,368.49	$1,331.16	$1,418.99
60	$1,542.43	$1,388.15	$1,422.01	$1,383.22	$1,474.48
61	$1,602.69	$1,442.37	$1,477.56	$1,437.26	$1,532.09
62	$1,602.69	$1,442.37	$1,477.56	$1,437.26	$1,532.09
63	$1,602.69	$1,442.37	$1,477.56	$1,437.26	$1,532.09
64 and over	$1,602.69	$1,442.37	$1,477.56	$1,437.26	$1,532.09

(continued)

Compare plans

1 — 2 — 3

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 2300	HSA 2500–1
Plan code	FC-QC	FC-QD	FC-PQ	FC-PO
Age				
40	$642.00	$642.31	$666.99	$661.47
41	$667.02	$667.34	$692.98	$687.25
42	$693.36	$693.70	$720.35	$714.39
43	$720.36	$720.71	$748.39	$742.20
44	$748.67	$749.03	$777.81	$771.37
45	$777.64	$778.02	$807.91	$801.23
46	$807.93	$808.32	$839.38	$832.43
47	$839.54	$839.94	$872.21	$865.00
48	$872.46	$872.88	$906.42	$898.92
49	$906.70	$907.14	$941.99	$934.20
50	$942.26	$942.71	$978.93	$970.83
51	$979.13	$979.61	$1,017.24	$1,008.83
52	$1,017.32	$1,017.82	$1,056.92	$1,048.17
53	$1,056.83	$1,057.34	$1,097.96	$1,088.88
54	$1,098.31	$1,098.85	$1,141.06	$1,131.62
55	$1,141.11	$1,141.67	$1,185.53	$1,175.72
56	$1,185.89	$1,186.46	$1,232.05	$1,221.85
57	$1,231.98	$1,232.58	$1,279.93	$1,269.34
58	$1,280.05	$1,280.67	$1,329.87	$1,318.87
59	$1,330.09	$1,330.74	$1,381.86	$1,370.43
60	$1,382.11	$1,382.78	$1,435.90	$1,424.02
61	$1,436.10	$1,436.79	$1,491.99	$1,479.66
62	$1,436.10	$1,436.79	$1,491.99	$1,479.66
63	$1,436.10	$1,436.79	$1,491.99	$1,479.66
64 and over	$1,436.10	$1,436.79	$1,491.99	$1,479.66

Valid for effective dates: Q1 2027.
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 3 dependent children under 21, add the 0-20 rate. Apply the employee contribution to this total to determine your monthly family premium.

Compare plans

1 — 2 — 3

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.

To search the UnitedHealthcare network directory, visit **uhc.com/shopdocfind**.

Members can choose any doctor/specialist in the network

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.**

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.

Compare plans

1 2 3

Core Essential plans

Plan name	Standard UHC Core Essential Gold 500	UHC Core Essential Gold 750-2
Plan code	FC-PV	FC-QT
Network individual deductible	$500	$750
Network family deductible	$1,000	$1,500
Network coinsurance	20%	20%
Network individual out-of-pocket limit	$7,950	$9,000
Network family out-of-pocket limit	$15,900	$18,000
24/7 Virtual Visits	$0	$0
PCP office visit	$25	$30
Specialist office visit	$50	$60
Urgent care	$60	$60
Emergency room	$300 after deductible	20%
Pharmacy		
Pharmacy code	K08S	N09S
Pharmacy deductible	$250 Tier 2,3,4	$0
Tier 1	$10	$15
Tier 2	$40	$40
Tier 2 specialty	$40	$40
Tier 3	$75	$75
Tier 3 specialty	$100	$100
Tier 4	$125	$125
Tier 4 specialty	$150	$150

Compare plans

1 — 2 — 3

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	$463.80	$423.43
15	$463.80	$423.43
16	$463.80	$423.43
17	$463.80	$423.43
18	$463.80	$423.43
19	$463.80	$423.43
20	$463.80	$423.43
21	$515.57	$470.69
22	$515.57	$470.69
23	$515.57	$470.69
24	$515.57	$470.69
25	$515.57	$470.69
26	$515.57	$470.69
27	$515.57	$470.69
28	$527.63	$481.70
29	$538.98	$492.05
30	$552.45	$504.36
31	$566.63	$517.30
32	$579.40	$528.96
33	$592.87	$541.26
34	$607.06	$554.21
35	$621.24	$567.16
36	$635.43	$580.11
37	$649.61	$593.06
38	$657.41	$600.18

Plan name	UHC Core Essential Gold 500	UHC Core Essential Gold 750–2
Plan code	EC–17	DX–SQ
Age		
39	$665.21	$607.30
40	$691.45	$631.25
41	$718.40	$655.86
42	$746.77	$681.75
43	$775.84	$708.30
44	$806.34	$736.14
45	$837.54	$764.63
46	$870.16	$794.41
47	$904.20	$825.49
48	$939.66	$857.86
49	$976.54	$891.52
50	$1,014.84	$926.49
51	$1,054.55	$962.74
52	$1,095.68	$1,000.29
53	$1,138.23	$1,039.14
54	$1,182.91	$1,079.93
55	$1,229.01	$1,122.01
56	$1,277.23	$1,166.04
57	$1,326.88	$1,211.36
58	$1,378.65	$1,258.62
59	$1,432.54	$1,307.83
60	$1,488.57	$1,358.98
61	$1,546.71	$1,412.07
62	$1,546.71	$1,412.07
63	$1,546.71	$1,412.07
64 and over	$1,546.71	$1,412.07

Valid for effective dates: Q1 2027.
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 3 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

Here's how to get started

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.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at
hhs.gov/ocr/office/file/index.html

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan 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 LƯU Ý: 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.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русский (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

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

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

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. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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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.

When you sign up for Virtual Behavioral Coaching, you will be asked a series of questions to ensure that this program is the right fit for you. You may be directed to another resource if your answers indicate that a different type of program may better suit your needs. Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

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 overage details.

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Where available, 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. Please refer to the Website or Mobile application terms of use under Benefits & Cost to access a cost estimate, and under Find Care to search for care. Level Funded and Neighborhood Health Partnership members can access average cost data online or on the mobile app. None of the average costs are intended to be a guarantee of your costs or benefits. Your actual costs may vary. Please refer to the Website or Mobile application terms of use under Benefits & Cost to access average cost data, and under Find Care to search for care.

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