



Making choice simpler

Small business health care plans designed to fit your budget and your employees' health care needs.

**United
Healthcare**

**DC HEALTH
LINK**
Get the facts. Get covered.

Welcome

UnitedHealthcare is bringing you this guide to help you understand the plans we offer in Washington, D.C., through the DC Health Link.

What's inside:

1 | How to choose health care coverage

4 | Compare plans

9 | What comes next?

1 How to choose health care coverage

See if your business is eligible

You'll need to meet 4 requirements before buying a SHOP group health plan:

1. Principal employee worksite

Your business must have an employee office or worksite in the District of Columbia (D.C.)

2. Number of employees

You must have 50 or fewer full-time equivalent employees (FTEs). Get help calculating how many FTEs you have at dchealthlink.com/smallbusiness/eligibility-calculator

3. Offer health care coverage to all full-time employees

You'll need to offer coverage to any employee that works an average of 30 or more hours per week

4. Valid federal employer ID

You must have a valid federal employer identification number (EIN)

Choose coverage options

Effective July 1, 2016, small businesses in D.C. that purchase health coverage began purchasing their coverage through the DC Health Link. You can offer your employees one plan or a choice of plans. There are 4 categories (metal levels) of plans.

	Bronze	Silver	Gold	Platinum
Monthly Premium	\$	\$\$	\$\$\$	\$\$\$\$
Copay (cost per visit/drug)	\$\$\$\$	\$\$\$	\$\$	\$
Is this plan category right for you?	Employees rarely see a doctor, and are willing to pay a higher copay when they do.	Employees want to balance monthly premium, copay and deductible costs. There are several choices in between the Bronze and Platinum plans.		Employees see doctors more often and are willing to pay higher monthly premiums to lower their copay. Platinum plans offer the richest benefits coverage.

Choose how to offer coverage

In D.C., you can choose one of 3 ways to offer coverage to your employees:

- 1 Choose all plans from one carrier
- 2 Choose all plans from one metal tier across all carriers
- 3 Choose a single plan from a single carrier

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 employees.

Choice Plus Insurance Plans

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

Choice Insurance Plans

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

OCI HMO Plans

Regional access only to physicians and hospitals, network-only coverage and a primary doctor 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

UnitedHealthcare Navigate[®] HMO Plans

Tailored local access only to physicians and hospitals, network-only coverage and a primary doctor to coordinate care and refer specialist services

Choose plan features

With many plans to choose from, give your employees the control to pick the deductible, health savings account (HSA) compatibility and cost-share levels that are right for them. Some popular plan designs to consider are:

UnitedHealthcare Primary Advantage® is available with a variety of plans and is designed to help encourage employees to access services through their primary care provider (PCP) while helping employers save money. With easier-to-understand benefits for employees and competitively priced plans for employers, Primary Advantage can work to everyone's advantage.

UHC PROformance plans are designed with children in mind. Children 19 and under pay \$0 for visits to their primary care providers. Furthermore, copays for primary care provider visits are kept low for adults, ranging from \$10 to \$15.

Care Cash® is a new program that puts cash in the hands of members. Just by signing up for the plan, members get a pre-paid debit card of \$200 (individuals) or \$500 (families) to pay for certain eligible network expenses.



See if you qualify for a tax credit

If you have fewer than 25 full-time equivalent employees (FTEs), you could be eligible for a small business health care tax credit worth up to 50% of your premium costs (up to 35% for nonprofit organizations). Plus, for-profit organizations could also deduct the remaining part of their premium on their taxes.



Great coverage in every plan

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



Easy access to care

Your employees have access to doctors, clinics and hospitals with all of our health plans. In fact, we screen all providers and facilities for care quality and cost-efficiency. If employees have a question or need advice, they can call the toll-free number on their health plan ID card to talk with registered nurses 24/7.



Your employees can use tools to manage their health and costs

Through online resources, mobile apps and myuhc.com®, your employees have access to:

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



24/7 Virtual Visits

Access to Behavioral and Medical health care providers from a computer, mobile device* and over the telephone.



UnitedHealthcare Rewards

Participants track daily activities designed to help them move more and take healthy actions, with the potential of getting rewarded up to \$1,000 — depending on the plan.

* Data rates may apply.

2 Compare plans

Choice Plus insurance plans

UnitedHealthcare Insurance Company

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



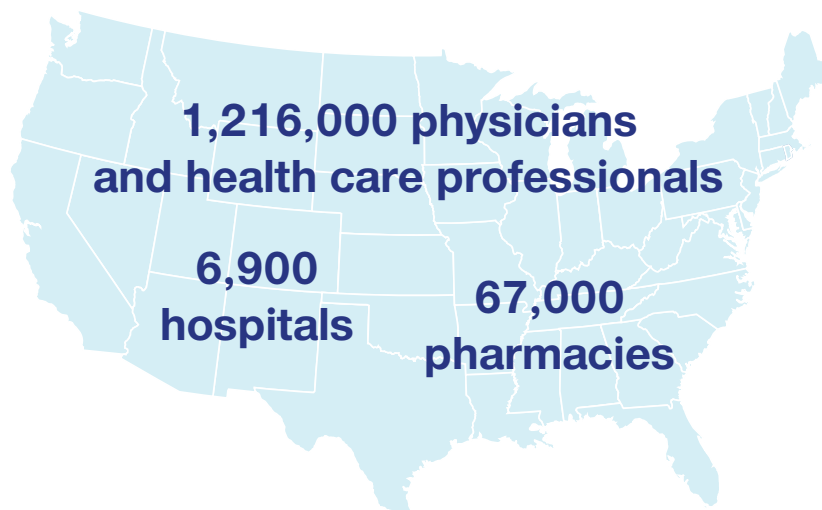
Members can receive services outside the network, if they choose, without a referral

How does it work?

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

The Choice Plus network

National access to over 1,216,000 physicians and health care professionals, 6,900 hospitals and 67,000 pharmacies.¹



Choice insurance plans

UnitedHealthcare Insurance Company

Choice offers broad, national access to physicians and hospitals without needing referrals to see a specialist.



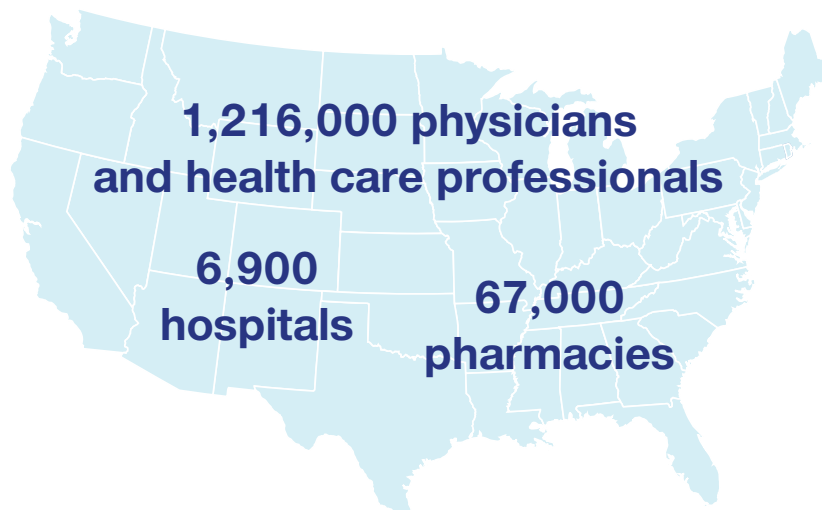
**Members can choose any doctor/specialist
in the network**

How does it work?

Your employees have the choice to see any doctor or specialist in the network without a referral. However, the insurance coverage will only pay for visits to network providers, so your employees will need to check their plan before they visit a doctor, clinic or hospital. If they see an out-of-network provider for non-emergency services, they will be responsible for all costs.

The Choice network

Choice insurance plans offer national access to over 1,216,000 physicians and health care professionals, 6,900 hospitals and 67,000 pharmacies.¹



Compare plans

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Optimum Choice HMO plans

Optimum Choice, Inc. (OCI)

OCI offers budget-friendly plans with a primary doctor to help coordinate care.



Members will need to choose a PCP

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

How does it work?

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

The OCI network

With almost 31,000 health care providers, 260 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

Core Essential plans

UnitedHealthcare of the Mid-Atlantic, Inc.

Core Essential offers budget-friendly plans with a locally tailored network, and no referrals are needed to see a specialist.



Members can choose any doctor/specialist in the network

How does it work?

Your employees have the choice to see any doctor or specialist without a referral in the tailored network. However, the health plan will only pay for visits to network providers, so your employees will need to check their plan before they visit a doctor, clinic or hospital. If they see an out-of-network provider for non-emergency services, they will be responsible for all costs.

The Core Essential network

With nearly 11,000 health care providers and 37 area hospitals, the Core Essential network includes 75% of the physicians and 67% of hospitals in our broadest Choice Plus network in Maryland and D.C.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 significantly to reduce costs. By covering only those drugs 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.

Core Essential plans also feature a tailored pharmacy network that includes Walgreens, Walmart, Sam's Club, Costco and Safeway.

To locate pharmacies in the Standard Select Network visit myuhc.com. Start by selecting **Find a Pharmacy**. On the **Find a Network Pharmacy** page, you can search for pharmacies by name, ZIP code, city and state, or address.

A list of pharmacies will show at the end of the page. The network participation status of each pharmacy is listed in the "Network participation" section after each pharmacy. Be sure to confirm that "Standard Select with Walgreens" is listed.

Compare plans

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UnitedHealthcare Navigate[®] HMO plans

UnitedHealthcare of the Mid-Atlantic, Inc.

Navigate offers budget-friendly plans with a primary doctor to coordinate care.



Members will need to choose a PCP

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

How does it work?

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

The Navigate network

With nearly 11,000 health care providers and 37 area hospitals, the Navigate network includes 75% of the physicians and 67% of hospitals in our broadest Choice Plus network in Maryland and D.C.¹

Information about Pharmacy coverage for Navigate plans:

Prescription drugs on all available Navigate 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 significantly to reduce costs. By covering only those drugs 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.

Navigate plans also feature a tailored pharmacy network that includes Walgreens, Walmart, Sam's Club, Costco and Safeway.

To locate pharmacies in the Standard Select Network visit myuhc.com. Start by selecting **Find a Pharmacy**. On the **Find a Network Pharmacy** page, you can search for pharmacies by name, ZIP code, city and state, or address.

A list of pharmacies will show at the end of the page. The network participation status of each pharmacy is listed in the "Network participation" section after each pharmacy. Be sure to confirm that "Standard Select with Walgreens" is listed.

3 What comes next?

Set up

- Make sure you're eligible**
Visit DChealthlink.com
- Choose coverage for your employees* ***
Need help? Call us at **1-866-469-9226**.
Visit uhc.com/shopdc to compare sample policies and search providers.
- Learn about tax credits**
See if you can get a tax credit at DChealthlink.com/tax-credits

Enter employee information

Use this simple sign-up checklist. Have everything ready for every employee you're covering.

- ✓ First and last name
- ✓ Date of birth
- ✓ Social Security number
- ✓ Date of hire
- ✓ Full- or part-time status
- ✓ Email address

Please note: If you are offering dependent coverage, you will need to have this information for all covered dependents as well.

Sign up

- Employee enrollment period**
Tell employees about coverage and dates. Let them know what's offered, and when and where to sign up. Your employees choose the health plan that fits their needs.
- Employer finalizes enrollment**
Log on to DChealthlink.com to review your employees' enrollment. Submit your application to finish signing up.
- Pay the first month's premium**
Be sure to pay your bill online to start your employees' coverage. The first month's premium must be paid by the 23rd day of the month prior to the coverage effective date.
- Before your employees' coverage starts**
You can choose how long you'd like your employees to wait before their coverage starts. However, a waiting period cannot exceed 90 days from enrollment.

Choosing your small business health plan just got simpler

3 easy ways to sign up:

Sign up and pay the first month's premium by the 12th to start coverage on the first of the following month.

1. **Work with us at 1-866-469-9226**
2. **Contact your broker**
3. **Shop on your own at [DHealthlink.com](https://www.DHealthlink.com)**

Learn more

Contact your broker at **1-866-469-9226**

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Healthcare**

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*Data rates may apply.

**UnitedHealthcare policies may have exclusions or limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker, consultant or UnitedHealthcare representative.

¹ UnitedHealth Networks Internal Analysis, as of August 2022.

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.

Care Cash provides a pre-loaded debit card that can be used for certain health care expenses. If the card is used for ineligible 213(d) expenses, individuals may incur tax obligations and should consult an appropriate tax professional to determine if they have such obligations. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.

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.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. 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.

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 1-855-256-8669 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. Subject to HSA eligibility, as applicable.

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.

Health plan coverage is provided by or through UnitedHealthcare Insurance Company, Optimum Choice, Inc., or UnitedHealthcare of the Mid-Atlantic, Inc., depending on the coverage purchased.

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