



Your guide to understanding your 2024 plan options

Plans available to members of Congress,
staff and dependents

**United
Healthcare**

Welcome

UnitedHealthcare is bringing you this guide to help you understand the plans we offer to members of Congress, staff and dependents through the DC Health Link.

What's inside:

1 | How to choose health care coverage

6 | Compare plans

27 | What comes next?



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.

Choice Insurance Plans

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

Optimum Choice, Inc. (OCI) HMO Plans

Local access only to physician 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.

UnitedHealthcare Navigate® HMO Plans

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

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. Coverage also includes:

UnitedHealthcare Rewards is available on all of our plans. You can earn dollars for completing certain healthy actions like tracking your daily steps, active minutes and sleep, and by completing one-time reward activities like biometric screenings.

Care Cash® is a program that puts cash in members' hands. Just by signing up for the plan, you get a pre-paid debit card of \$200 (individuals) or \$500 (families) to help pay toward cost sharing for certain eligible network health care expenses. Care Cash is available on all non-HSA and non-HRA plans.

\$0 Kid's Copay is a plan feature available on all non-HSA and non-HRA plans. With this feature, there is no copay for network primary care office visits for children under 19.

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, and pre-existing conditions, and they include prescriptions and lab services.

Easy access to care

Access to doctors, clinics and hospitals with all of our health plans. If you have a question or need advice, you can call the toll-free number on your health plan ID card to talk with registered nurses 24/7.

24/7 Virtual Visits

Access to Behavioral and Medical health care providers from a computer, mobile device* and over the telephone. Simply log 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
- 24/7 access to benefit information
- Estimated health care costs

UnitedHealth Premium Program

The UnitedHealth Premium® program can help you find doctors who are right for you and your family.

Find quality, cost-efficient care. For over 15 years, physicians in the UnitedHealth Premium® program have been measured against criteria for providing quality and cost-efficient care. The Premium designation makes it easy for you to find doctors who meet national standards for quality and local market benchmarks for cost efficiency. The UnitedHealth Premium program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient doctors. It's easy to find a UnitedHealth Premium Care Physician. Just go to myuhc.com > **Find a Provider**. Choose smart. Look for blue hearts.



Premium Care Physician

The physician meets the UnitedHealth Premium program quality and cost-efficient care criteria.



Quality Care Physician

This physician meets the UnitedHealth Premium program quality care criteria but does not meet the program's criteria for cost-efficient care.



Does Not Meet Premium Quality Criteria

The physician does not meet the UnitedHealth Premium program quality criteria, so the physician is not eligible for a Premium designation.



Not Evaluated for Premium Care

The physician's specialty is not evaluated in the UnitedHealth Premium program, the physician does not have enough claims data for program evaluation or the physician's program evaluation is in process.

*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
- Neurology and psychiatry
- 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


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 such as dental and vision.

How a plan with 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

UnitedHealthcare benefits include resources that offer support for many issues and concerns. Consider these behavioral health resources when you or your family members need support.



AbleTo® (Telephonic/Video outreach)

AbleTo focuses on individuals with unmet behavioral health needs coupled with chronic medical conditions and/or major life events. This evidence-based, structured therapy program helps to strengthen medical recovery and self-care. AbleTo provides virtual support for depression, anxiety and stress that may accompany health issues, such as cardiac conditions, diabetes, chronic pain and cancer. Individuals who may not take advantage of treatment on their own are identified and contacted proactively. AbleTo engages members in both behavioral coaching and personalized therapy via phone or video twice a week for up to 8 weeks.



Behavioral health in-person visits

Behavioral health care is a service for individuals with specific diagnoses such as clinical depression, bipolar disorder, etc. Substance use disorder treatment benefits also fall under this category. Behavioral health care, typically, is longer term in nature.

The behavioral health benefit can help with ongoing stressful situations, such as:

- Clinical depression
- Eating disorders
- Bipolar disorder
- Compulsive disorders
- Alcohol or drug use disorders
- Medication management
- Domestic violence



Behavioral health virtual visits: myuhc.com

Behavioral health care from the comfort of home is now more accessible to help you and your dependents stay healthier and more productive. With UnitedHealthcare, members have access to behavioral health providers, including sessions with licensed psychiatrists, through our video-based technology on our member website, myuhc.com.



Live and work well: liveandworkwell.com

Dedicated member portal with many resources and online Cognitive Behavioral Therapy (CBT)¹ tools. Members can connect via myuhc.com or access directly using their HealthSafe ID[®].



Psych Hub videos: liveandworkwell.com

(under Popular Tools section)

Educational video resources for understanding behavioral health topics. With shame and stigma often being reasons for non-treatment,² the Psych Hub videos are meant to help educate members on a variety of behavioral health topics, as well as increase their understanding of care options and support overall awareness.



Recovery Record

(available through the App Store[®])

This app helps to promote recommended treatment options to help engage and improve outcomes for members with eating disorders. Recovery Record provides members and providers with a way to connect on provider-recommended treatment plans and progress in between regularly scheduled appointments to help improve member engagement and outcomes.



Substance Use Disorder helpline and website: [855-780-5995](tel:855-780-5995) / liveandworkwell.com

Specialized substance use recovery advocates are available by phone or online to help navigate recovery options.

2 Compare plans

Choice Plus insurance plans

UnitedHealthcare Insurance Company

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 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 you save money when you use the network.

The Choice Plus Network

National access to over 1,713,250 physicians and health care professionals, 7,030 hospitals and 67,000 pharmacies.*

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

* Network counts based on internal network analysis as of Q3 2023.

Compare plans



Choice Plus insurance plans

Plan Name	UnitedHealthcare Choice Plus Gold							
	0-2	500	750-2	1000	1500-1	1500-2	1500-3	1500-4
HSA								
Plan Code	DG-RP	DI-AL	DG-RC	DG-RU	DG-RH	DG-Q5	DG-RF	DG-QZ
Network Individual Deductible	\$0	\$500	\$750	\$1,000	\$1,500	\$1,500	\$1,500	\$1,500
Network Family Deductible	\$0	\$1,000	\$1,500	\$2,000	\$3,000	\$3,000	\$3,000	\$3,000
Network Coinsurance	0%	20%	20%	0%	0%	20%	20%	20%
Network Individual Out-of-Pocket Limit	\$9,450	\$5,800	\$9,000	\$7,500	\$8,550	\$8,550	\$5,800	\$8,550
Network Family Out-of-Pocket Limit	\$18,900	\$11,600	\$18,000	\$15,000	\$17,100	\$17,100	\$11,600	\$17,100
24/7 Virtual Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$30	\$25	\$30	\$20	\$35	\$0	\$30	\$10
Specialist Office Visit	\$60	\$50	\$60 (PD) \$65 (non-PD)	\$40	\$70	\$60 (PD) \$120 (non-PD)	\$60	\$40 (PD) \$80 (non-PD)
Urgent Care	\$60	\$60	\$60	\$60	\$60	\$25	\$60	\$25
Emergency Room	\$500	\$300	\$400 after deductible	\$300 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	40% after deductible
Pharmacy								
Pharmacy Code	N09S	N44	N09S	K08S	K08S	K05S	K08S	K43S
Pharmacy Deductible Type	\$0	\$0	\$0	\$250 Tier 2,3,4	\$250 Tier 2,3,4	\$250 Tier 2,3,4	\$250 Tier 2,3,4	Combined
Tier 1	\$15	\$15	\$15	\$10	\$10	\$5	\$10	\$10
Tier 2	\$40	\$50	\$40	\$40	\$40	\$50	\$40	\$40
Tier 2 Specialty	\$40	N/A	\$40	\$40	\$40	\$50	\$40	\$40
Tier 3	\$75	\$70	\$75	\$75	\$75	\$80	\$75	\$75
Tier 3 Specialty	\$100	N/A	\$100	\$100	\$100	\$100	\$100	\$100
Tier 4	\$125	\$150	\$125	\$125	\$125	\$125	\$125	\$125
Tier 4 Specialty	\$150	N/A	\$150	\$150	\$150	\$150	\$150	\$150

Choice Plus insurance plans

Plan Name	UnitedHealthcare Choice Plus Gold				
	HSA 1800	2000	2500-1	HSA 2500-1	3000
HSA	HSA		HSA		
Plan Code	DG-QL	DG-RA	DG-Q2	DG-QQ	DG-Q3
Network Individual Deductible	\$1,800	\$2,000	\$2,500	\$2,500	\$3,000
Network Family Deductible	\$3,600	\$4,000	\$5,000	\$5,000	\$6,000
Network Coinsurance	10%	0%	20%	10%	0%
Network Individual Out-of-Pocket Limit	\$4,400	\$7,000	\$8,550	\$4,350	\$8,550
Network Family Out-of-Pocket Limit	\$8,800	\$14,000	\$17,100	\$8,700	\$17,100
24/7 Virtual Visits	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	10% after deductible	\$30	\$10	10% after deductible	\$0
Specialist Office Visit	10% after deductible	\$60 after deductible	\$40 (PD) \$80 (non-PD)	10% after deductible	\$50 (PD) \$100 (non-PD)
Urgent Care	10% after deductible	\$60	\$25	10% after deductible	\$25
Emergency Room	10% after deductible	\$350 after deductible	40% after deductible	10% after deductible	\$350 after deductible
Pharmacy					
Pharmacy Code	N09S	K08S	K43S	K43S	K05S
Pharmacy Deductible Type	\$0	\$250 Tier 2,3,4	Combined	Combined	\$250 Tier 2,3,4
Tier 1	\$15	\$10	\$10	\$10	\$5
Tier 2	\$40	\$40	\$40	\$40	\$50
Tier 2 Specialty	\$40	\$40	\$40	\$40	\$50
Tier 3	\$75	\$75	\$75	\$75	\$80
Tier 3 Specialty	\$100	\$100	\$100	\$100	\$100
Tier 4	\$125	\$125	\$125	\$125	\$125
Tier 4 Specialty	\$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	1500-1	1500-2	1500-3	1500-4
Plan Code	DG-RP	DI-AL	DG-RC	DG-RU	DG-RH	DG-Q5	DG-RF	DG-QZ
Age								
0-14	\$415.94	\$413.46	\$383.13	\$413.51	\$397.08	\$379.04	\$379.24	\$366.53
15	\$415.94	\$413.46	\$383.13	\$413.51	\$397.08	\$379.04	\$379.24	\$366.53
16	\$415.94	\$413.46	\$383.13	\$413.51	\$397.08	\$379.04	\$379.24	\$366.53
17	\$415.94	\$413.46	\$383.13	\$413.51	\$397.08	\$379.04	\$379.24	\$366.53
18	\$415.94	\$413.46	\$383.13	\$413.51	\$397.08	\$379.04	\$379.24	\$366.53
19	\$415.94	\$413.46	\$383.13	\$413.51	\$397.08	\$379.04	\$379.24	\$366.53
20	\$415.94	\$413.46	\$383.13	\$413.51	\$397.08	\$379.04	\$379.24	\$366.53
21	\$462.38	\$459.62	\$425.91	\$459.68	\$441.41	\$421.36	\$421.58	\$407.45
22	\$462.37	\$459.61	\$425.90	\$459.67	\$441.40	\$421.35	\$421.57	\$407.44
23	\$462.37	\$459.61	\$425.90	\$459.67	\$441.40	\$421.35	\$421.57	\$407.44
24	\$462.37	\$459.61	\$425.90	\$459.67	\$441.40	\$421.35	\$421.57	\$407.44
25	\$462.37	\$459.61	\$425.90	\$459.67	\$441.40	\$421.35	\$421.57	\$407.44
26	\$462.37	\$459.61	\$425.90	\$459.67	\$441.40	\$421.35	\$421.57	\$407.44
27	\$462.37	\$459.61	\$425.90	\$459.67	\$441.40	\$421.35	\$421.57	\$407.44
28	\$473.18	\$470.36	\$435.86	\$470.42	\$451.72	\$431.20	\$431.43	\$416.97
29	\$483.36	\$480.47	\$445.23	\$480.53	\$461.43	\$440.47	\$440.71	\$425.93
30	\$495.44	\$492.48	\$456.36	\$492.55	\$472.97	\$451.49	\$451.73	\$436.58
31	\$508.16	\$505.13	\$468.08	\$505.19	\$485.11	\$463.08	\$463.32	\$447.79
32	\$519.61	\$516.51	\$478.62	\$516.57	\$496.04	\$473.51	\$473.76	\$457.88
33	\$531.70	\$528.52	\$489.75	\$528.59	\$507.58	\$484.52	\$484.78	\$468.53
34	\$544.42	\$541.16	\$501.47	\$541.23	\$519.72	\$496.11	\$496.38	\$479.74
35	\$557.14	\$553.81	\$513.19	\$553.88	\$531.86	\$507.70	\$507.97	\$490.95
36	\$569.86	\$566.45	\$524.90	\$566.52	\$544.01	\$519.29	\$519.57	\$502.15
37	\$582.58	\$579.10	\$536.62	\$579.17	\$556.15	\$530.89	\$531.17	\$513.36
38	\$589.57	\$586.05	\$543.06	\$586.12	\$562.83	\$537.26	\$537.55	\$519.53
39	\$596.57	\$593.00	\$549.51	\$593.08	\$569.51	\$543.64	\$543.93	\$525.69
40	\$620.10	\$616.40	\$571.18	\$616.47	\$591.97	\$565.08	\$565.38	\$546.43
41	\$644.27	\$640.42	\$593.45	\$640.50	\$615.04	\$587.10	\$587.42	\$567.73
42	\$669.71	\$665.71	\$616.88	\$665.79	\$639.33	\$610.29	\$610.61	\$590.14
43	\$695.78	\$691.63	\$640.90	\$691.71	\$664.22	\$634.05	\$634.39	\$613.12
44	\$723.13	\$718.81	\$666.09	\$718.90	\$690.33	\$658.97	\$659.32	\$637.22
45	\$751.12	\$746.63	\$691.87	\$746.72	\$717.04	\$684.47	\$684.84	\$661.88

(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 1800	2000	2500-1	HSA 2500-1	3000
Plan Code	DG-QL	DG-RA	DG-Q2	DG-QQ	DG-Q3
Age					
0-14	\$401.87	\$373.90	\$357.40	\$378.37	\$383.62
15	\$401.87	\$373.90	\$357.40	\$378.37	\$383.62
16	\$401.87	\$373.90	\$357.40	\$378.37	\$383.62
17	\$401.87	\$373.90	\$357.40	\$378.37	\$383.62
18	\$401.87	\$373.90	\$357.40	\$378.37	\$383.62
19	\$401.87	\$373.90	\$357.40	\$378.37	\$383.62
20	\$401.87	\$373.90	\$357.40	\$378.37	\$383.62
21	\$446.74	\$415.64	\$397.31	\$420.62	\$426.45
22	\$446.73	\$415.63	\$397.30	\$420.61	\$426.44
23	\$446.73	\$415.63	\$397.30	\$420.61	\$426.44
24	\$446.73	\$415.63	\$397.30	\$420.61	\$426.44
25	\$446.73	\$415.63	\$397.30	\$420.61	\$426.44
26	\$446.73	\$415.63	\$397.30	\$420.61	\$426.44
27	\$446.73	\$415.63	\$397.30	\$420.61	\$426.44
28	\$457.17	\$425.35	\$406.59	\$430.44	\$436.42
29	\$467.00	\$434.50	\$415.33	\$439.70	\$445.80
30	\$478.68	\$445.36	\$425.72	\$450.69	\$456.95
31	\$490.97	\$456.80	\$436.65	\$462.26	\$468.68
32	\$502.03	\$467.09	\$446.48	\$472.68	\$479.24
33	\$513.71	\$477.95	\$456.87	\$483.67	\$490.38
34	\$525.99	\$489.38	\$467.80	\$495.24	\$502.11
35	\$538.28	\$500.82	\$478.73	\$506.81	\$513.84
36	\$550.57	\$512.25	\$489.66	\$518.38	\$525.58
37	\$562.86	\$523.69	\$500.58	\$529.95	\$537.31
38	\$569.62	\$529.98	\$506.60	\$536.32	\$543.76
39	\$576.38	\$536.26	\$512.61	\$542.68	\$550.21
40	\$599.12	\$557.42	\$532.83	\$564.09	\$571.92
41	\$622.47	\$579.14	\$553.59	\$586.07	\$594.21
42	\$647.05	\$602.01	\$575.45	\$609.21	\$617.67
43	\$672.24	\$625.45	\$597.86	\$632.93	\$641.72
44	\$698.66	\$650.03	\$621.36	\$657.81	\$666.94
45	\$725.70	\$675.19	\$645.40	\$683.27	\$692.75

(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							
	0-2	500	750-2	1000	1500-1	1500-2	1500-3	1500-4
Plan Code	DG-RP	DI-AL	DG-RC	DG-RU	DG-RH	DG-Q5	DG-RF	DG-QZ
Age								
46	\$780.37	\$775.71	\$718.81	\$775.81	\$744.97	\$711.13	\$711.51	\$687.66
47	\$810.90	\$806.06	\$746.93	\$806.16	\$774.12	\$738.95	\$739.35	\$714.56
48	\$842.70	\$837.67	\$776.22	\$837.77	\$804.47	\$767.93	\$768.34	\$742.58
49	\$875.77	\$870.54	\$806.69	\$870.65	\$836.05	\$798.07	\$798.49	\$771.73
50	\$910.12	\$904.68	\$838.32	\$904.79	\$868.83	\$829.36	\$829.81	\$801.99
51	\$945.73	\$940.08	\$871.13	\$940.20	\$902.83	\$861.82	\$862.28	\$833.37
52	\$982.62	\$976.75	\$905.11	\$976.87	\$938.05	\$895.44	\$895.91	\$865.88
53	\$1,020.78	\$1,014.68	\$940.26	\$1,014.81	\$974.48	\$930.21	\$930.71	\$899.51
54	\$1,060.85	\$1,054.51	\$977.16	\$1,054.64	\$1,012.73	\$966.72	\$967.24	\$934.81
55	\$1,102.19	\$1,095.60	\$1,015.24	\$1,095.74	\$1,052.19	\$1,004.39	\$1,004.93	\$971.24
56	\$1,145.44	\$1,138.59	\$1,055.08	\$1,138.74	\$1,093.48	\$1,043.81	\$1,044.36	\$1,009.35
57	\$1,189.96	\$1,182.85	\$1,096.09	\$1,183.00	\$1,135.98	\$1,084.38	\$1,084.96	\$1,048.58
58	\$1,236.38	\$1,229.00	\$1,138.85	\$1,229.15	\$1,180.30	\$1,126.68	\$1,127.29	\$1,089.50
59	\$1,284.72	\$1,277.04	\$1,183.38	\$1,277.21	\$1,226.44	\$1,170.73	\$1,171.36	\$1,132.09
60	\$1,334.96	\$1,326.99	\$1,229.66	\$1,327.16	\$1,274.41	\$1,216.52	\$1,217.17	\$1,176.36
61	\$1,387.12	\$1,378.83	\$1,277.70	\$1,379.00	\$1,324.19	\$1,264.04	\$1,264.72	\$1,222.32
62	\$1,387.12	\$1,378.83	\$1,277.70	\$1,379.00	\$1,324.19	\$1,264.04	\$1,264.72	\$1,222.32
63	\$1,387.12	\$1,378.83	\$1,277.70	\$1,379.00	\$1,324.19	\$1,264.04	\$1,264.72	\$1,222.32
64 and over	\$1,387.12	\$1,378.83	\$1,277.70	\$1,379.00	\$1,324.19	\$1,264.04	\$1,264.72	\$1,222.32

(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 Gold 1800	2000	2500-1	HSA Gold 2500-1	3000
Plan Code	DG-QL	DG-RA	DG-Q2	DG-QQ	DG-Q3
Age					
46	\$753.97	\$701.49	\$670.54	\$709.88	\$719.73
47	\$783.46	\$728.93	\$696.77	\$737.65	\$747.89
48	\$814.19	\$757.52	\$724.10	\$766.58	\$777.22
49	\$846.14	\$787.24	\$752.52	\$796.66	\$807.72
50	\$879.32	\$818.12	\$782.03	\$827.91	\$839.40
51	\$913.73	\$850.13	\$812.63	\$860.30	\$872.24
52	\$949.37	\$883.29	\$844.33	\$893.86	\$906.27
53	\$986.24	\$917.59	\$877.12	\$928.57	\$941.46
54	\$1,024.95	\$953.61	\$911.55	\$965.02	\$978.42
55	\$1,064.89	\$990.77	\$947.07	\$1,002.63	\$1,016.54
56	\$1,106.68	\$1,029.65	\$984.23	\$1,041.97	\$1,056.43
57	\$1,149.69	\$1,069.67	\$1,022.48	\$1,082.47	\$1,097.49
58	\$1,194.55	\$1,111.40	\$1,062.38	\$1,124.70	\$1,140.31
59	\$1,241.25	\$1,154.85	\$1,103.91	\$1,168.67	\$1,184.89
60	\$1,289.79	\$1,200.02	\$1,147.08	\$1,214.38	\$1,231.23
61	\$1,340.18	\$1,246.90	\$1,191.89	\$1,261.82	\$1,279.33
62	\$1,340.18	\$1,246.90	\$1,191.89	\$1,261.82	\$1,279.33
63	\$1,340.18	\$1,246.90	\$1,191.89	\$1,261.82	\$1,279.33
64 and over	\$1,340.18	\$1,246.90	\$1,191.89	\$1,261.82	\$1,279.33

Valid for effective dates: Q1 2024.

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



Choice insurance plans

UnitedHealthcare Insurance Company

Choice offers broad, national access to physicians and hospitals with no referrals needed to see a specialist.

How does it work?

You have the choice to see any doctor or specialist without a referral in the network. The insurance coverage 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 non-emergency services, you will be responsible for all costs.

The Choice Network

Choice insurance plans offer national access to over 1,713,250 physicians and health care professionals, 7,030 hospitals and 67,000 pharmacies.*

Members can choose any doctor/specialist in the network.

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

* Network counts based on internal network analysis as of Q3 2023.

Compare plans



Choice insurance plans

Plan Name	UnitedHealthcare Choice Gold							
	0-1	750-1	1500-1	1500-3	1500-2	HSA 1800	2000	HSA 2500-1
HSA						HSA	HSA	
Plan Code	DG-RO	DG-QM	DG-RG	DG-RE	DG-Q4	DG-QK	DG-Q9	DG-QP
Network Individual Deductible	\$0	\$750	\$1,500	\$1,500	\$1,500	\$1,800	\$2,000	\$2,500
Network Family Deductible	\$0	\$1,500	\$3,000	\$3,000	\$3,000	\$3,600	\$4,000	\$5,000
Network Coinsurance	0%	50%	0%	20%	20%	10%	0%	10%
Network Individual Out-of-Pocket Limit	\$9,450	\$6,100	\$8,550	\$5,800	\$8,550	\$4,400	\$7,000	\$4,350
Network Family Out-of-Pocket Limit	\$18,900	\$12,200	\$17,100	\$11,600	\$17,100	\$8,800	\$14,000	\$8,700
24/7 Virtual Visits	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0
PCP Office Visit	\$30	\$50	\$35	\$30	0%	10% after deductible	\$30	10% after deductible
Specialist Office Visit	\$60	50%	\$70	\$60	\$60 (PD) \$120 (non-PD)	10% after deductible	\$60 after deductible	10% after deductible
Urgent Care	\$60	50% after deductible	\$60	\$60	\$25	10% after deductible	\$60	10% after deductible
Emergency Room	\$500	50% after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	10% after deductible	\$350 after deductible	10% after deductible
Pharmacy								
Pharmacy Code	N09S	N42	K08S	K08S	K05S	N09S	K08S	K43S
Pharmacy Deductible Type	\$0	\$0	\$250 Tier 2,3,4	\$250 Tier 2,3,4	\$250 Tier 2,3,4	\$0	\$250 Tier 2,3,4	Combined
Tier 1	\$15	\$15	\$10	\$10	\$5	\$15	\$10	\$10
Tier 2	\$40	\$50	\$40	\$40	\$50	\$40	\$40	\$40
Tier 2 Specialty	\$40	N/A	\$40	\$40	\$50	\$40	\$40	\$40
Tier 3	\$75	50% up to \$150	\$75	\$75	\$80	\$75	\$75	\$75
Tier 3 Specialty	\$100	N/A	\$100	\$100	\$100	\$100	\$100	\$100
Tier 4	\$125	50% up to \$150	\$125	\$125	\$125	\$125	\$125	\$125
Tier 4 Specialty	\$150	N/A	\$150	\$150	\$150	\$150	\$150	\$150

(continued)

Compare plans



Choice insurance rates

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

Plan Name	UnitedHealthcare Choice Gold							
	0-1	750-1	1500-1	1500-3	1500-2	HSA 1800	2000	HSA 2500-1
Plan Code	DG-RO	DG-QM	DG-RG	DG-RE	DG-Q4	DG-QK	DG-Q9	DG-QP
Age								
0-14	\$411.55	\$353.51	\$392.06	\$373.92	\$374.16	\$396.16	\$369.08	\$349.54
15	\$411.55	\$353.51	\$392.06	\$373.92	\$374.16	\$396.16	\$369.08	\$349.54
16	\$411.55	\$353.51	\$392.06	\$373.92	\$374.16	\$396.16	\$369.08	\$349.54
17	\$411.55	\$353.51	\$392.06	\$373.92	\$374.16	\$396.16	\$369.08	\$349.54
18	\$411.55	\$353.51	\$392.06	\$373.92	\$374.16	\$396.16	\$369.08	\$349.54
19	\$411.55	\$353.51	\$392.06	\$373.92	\$374.16	\$396.16	\$369.08	\$349.54
20	\$411.55	\$353.51	\$392.06	\$373.92	\$374.16	\$396.16	\$369.08	\$349.54
21	\$457.50	\$392.98	\$435.83	\$415.67	\$415.93	\$440.39	\$410.29	\$388.56
22	\$457.49	\$392.97	\$435.82	\$415.66	\$415.92	\$440.38	\$410.28	\$388.55
23	\$457.49	\$392.97	\$435.82	\$415.66	\$415.92	\$440.38	\$410.28	\$388.55
24	\$457.49	\$392.97	\$435.82	\$415.66	\$415.92	\$440.38	\$410.28	\$388.55
25	\$457.49	\$392.97	\$435.82	\$415.66	\$415.92	\$440.38	\$410.28	\$388.55
26	\$457.49	\$392.97	\$435.82	\$415.66	\$415.92	\$440.38	\$410.28	\$388.55
27	\$457.49	\$392.97	\$435.82	\$415.66	\$415.92	\$440.38	\$410.28	\$388.55
28	\$468.18	\$402.16	\$446.01	\$425.38	\$425.65	\$450.68	\$419.88	\$397.64
29	\$478.25	\$410.81	\$455.60	\$434.53	\$434.80	\$460.37	\$428.91	\$406.19
30	\$490.21	\$421.08	\$466.99	\$445.39	\$445.67	\$471.88	\$439.63	\$416.34
31	\$502.79	\$431.89	\$478.98	\$456.83	\$457.12	\$483.99	\$450.92	\$427.03
32	\$514.12	\$441.62	\$489.78	\$467.12	\$467.41	\$494.90	\$461.07	\$436.65
33	\$526.08	\$451.89	\$501.17	\$477.98	\$478.28	\$506.41	\$471.80	\$446.81
34	\$538.66	\$462.70	\$513.15	\$489.42	\$489.73	\$518.52	\$483.08	\$457.50
35	\$551.25	\$473.51	\$525.14	\$500.85	\$501.17	\$530.64	\$494.37	\$468.19
36	\$563.83	\$484.32	\$537.13	\$512.29	\$512.61	\$542.75	\$505.66	\$478.88
37	\$576.42	\$495.13	\$549.12	\$523.72	\$524.05	\$554.87	\$516.94	\$489.57
38	\$583.34	\$501.08	\$555.72	\$530.01	\$530.35	\$561.53	\$523.15	\$495.44
39	\$590.26	\$507.03	\$562.31	\$536.30	\$536.64	\$568.19	\$529.36	\$501.32

(continued)

Compare plans



Choice insurance rates

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

Plan Name	UnitedHealthcare Choice Gold							
	0-1	750-1	1500-1	1500-3	1500-2	HSA 1800	2000	HSA 2500-1
Plan Code	DG-RO	DG-QM	DG-RG	DG-RE	DG-Q4	DG-QK	DG-Q9	DG-QP
Age								
40	\$613.55	\$527.03	\$584.49	\$557.46	\$557.81	\$590.61	\$550.24	\$521.10
41	\$637.46	\$547.57	\$607.27	\$579.18	\$579.55	\$613.62	\$571.69	\$541.41
42	\$662.63	\$569.19	\$631.25	\$602.05	\$602.43	\$637.85	\$594.26	\$562.79
43	\$688.43	\$591.35	\$655.83	\$625.49	\$625.89	\$662.69	\$617.40	\$584.70
44	\$715.49	\$614.59	\$681.61	\$650.08	\$650.49	\$688.74	\$641.67	\$607.68
45	\$743.18	\$638.38	\$707.99	\$675.24	\$675.66	\$715.39	\$666.50	\$631.20
46	\$772.13	\$663.24	\$735.56	\$701.54	\$701.98	\$743.26	\$692.46	\$655.78
47	\$802.33	\$689.19	\$764.34	\$728.98	\$729.44	\$772.33	\$719.55	\$681.44
48	\$833.80	\$716.22	\$794.31	\$757.57	\$758.05	\$802.62	\$747.76	\$708.16
49	\$866.52	\$744.32	\$825.48	\$787.30	\$787.80	\$834.12	\$777.11	\$735.95
50	\$900.50	\$773.51	\$857.86	\$818.17	\$818.69	\$866.83	\$807.58	\$764.81
51	\$935.74	\$803.78	\$891.43	\$850.19	\$850.73	\$900.75	\$839.19	\$794.74
52	\$972.24	\$835.13	\$926.20	\$883.35	\$883.91	\$935.88	\$871.92	\$825.74
53	\$1,009.99	\$867.57	\$962.17	\$917.66	\$918.24	\$972.23	\$905.78	\$857.81
54	\$1,049.64	\$901.62	\$999.93	\$953.68	\$954.28	\$1,010.39	\$941.34	\$891.48
55	\$1,090.54	\$936.76	\$1,038.90	\$990.84	\$991.47	\$1,049.76	\$978.02	\$926.22
56	\$1,133.33	\$973.51	\$1,079.66	\$1,029.72	\$1,030.37	\$1,090.96	\$1,016.39	\$962.56
57	\$1,177.38	\$1,011.35	\$1,121.63	\$1,069.74	\$1,070.42	\$1,133.36	\$1,055.90	\$999.97
58	\$1,223.32	\$1,050.81	\$1,165.39	\$1,111.48	\$1,112.18	\$1,177.58	\$1,097.10	\$1,038.99
59	\$1,271.15	\$1,091.89	\$1,210.95	\$1,154.94	\$1,155.66	\$1,223.62	\$1,139.99	\$1,079.61
60	\$1,320.86	\$1,134.59	\$1,258.31	\$1,200.10	\$1,200.86	\$1,271.47	\$1,184.57	\$1,121.83
61	\$1,372.46	\$1,178.92	\$1,307.47	\$1,246.99	\$1,247.77	\$1,321.14	\$1,230.85	\$1,165.66
62	\$1,372.46	\$1,178.92	\$1,307.47	\$1,246.99	\$1,247.77	\$1,321.14	\$1,230.85	\$1,165.66
63	\$1,372.46	\$1,178.92	\$1,307.47	\$1,246.99	\$1,247.77	\$1,321.14	\$1,230.85	\$1,165.66
64 and over	\$1,372.46	\$1,178.92	\$1,307.47	\$1,246.99	\$1,247.77	\$1,321.14	\$1,230.85	\$1,165.66

Valid for effective dates: Q1 2024.

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 non-emergency services, you will be responsible for all costs.**

The OCI Network

With almost 32,000 health care providers, 235 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.³

Members will need to choose a PCP.

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

³ Network counts based on internal network analysis as of Q3 2023.

Compare plans



OCI HMO plans

Plan Name	UnitedHealthcare OCI Gold				
	500	1500-1	HSA 1800	2000-1	2500-3
HSA	HSA				
Plan Code	DI-AS	DG-QD	DG-P5	DG-QA	DQ-QE
Network Individual Deductible	\$500	\$1,500	\$1,800	\$2,000	\$2,500
Network Family Deductible	\$1,000	\$3,000	\$3,600	\$4,000	\$5,000
Network Coinsurance	20%	20%	10%	20%	20%
Network Individual Out-of-Pocket Limit	\$5,800	\$8,550	\$4,400	\$6,000	\$8,550
Network Family Out-of-Pocket Limit	\$11,600	\$17,100	\$8,800	\$12,000	\$17,100
24/7 Virtual Visits	\$0	\$0	\$0	\$0	0%
PCP Office Visit	\$25	\$0	10% after deductible	\$30	\$10
Specialist Office Visit	\$50	\$60 (PD) \$120 (non-PD)	10% after deductible	\$60	\$40 (PD) \$80 (non-PD)
Urgent Care	\$60	\$25	10% after deductible	\$60	\$25
Emergency Room	\$300	\$350 after deductible	10% after deductible	\$350 after deductible	60% after deductible
Pharmacy					
Pharmacy Code	N44	K05S	N09S	K08S	K43S
Pharmacy Deductible Type	\$0	\$250 Tier 2,3,4	\$0	\$250 Tier 2,3,4	Combined
Tier 1	\$15	\$5	\$15	\$10	\$10
Tier 2	\$50	\$50	\$40	\$40	\$40
Tier 2 Specialty	N/A	\$50	\$40	\$40	\$40
Tier 3	\$70	\$80	\$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 rates

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

Plan Name	UnitedHealthcare OCI Gold				
	500	1500-1	HSA 1800	2000-1	2500-3
Plan Code	DI-AS	DG-QD	DG-P5	DG-QA	DQ-QE
Age					
0-14	\$387.10	\$357.70	\$376.97	\$352.52	\$336.71
15	\$387.10	\$357.70	\$376.97	\$352.52	\$336.71
16	\$387.10	\$357.70	\$376.97	\$352.52	\$336.71
17	\$387.10	\$357.70	\$376.97	\$352.52	\$336.71
18	\$387.10	\$357.70	\$376.97	\$352.52	\$336.71
19	\$387.10	\$357.70	\$376.97	\$352.52	\$336.71
20	\$387.10	\$357.70	\$376.97	\$352.52	\$336.71
21	\$430.31	\$397.64	\$419.05	\$391.88	\$374.31
22	\$430.30	\$397.63	\$419.04	\$391.87	\$374.30
23	\$430.30	\$397.63	\$419.04	\$391.87	\$374.30
24	\$430.30	\$397.63	\$419.04	\$391.87	\$374.30
25	\$430.30	\$397.63	\$419.04	\$391.87	\$374.30
26	\$430.30	\$397.63	\$419.04	\$391.87	\$374.30
27	\$430.30	\$397.63	\$419.04	\$391.87	\$374.30
28	\$440.37	\$406.92	\$428.84	\$401.03	\$383.05
29	\$449.84	\$415.67	\$438.06	\$409.66	\$391.29
30	\$461.08	\$426.07	\$449.02	\$419.90	\$401.07
31	\$472.92	\$437.01	\$460.54	\$430.68	\$411.37
32	\$483.57	\$446.85	\$470.92	\$440.38	\$420.63
33	\$494.82	\$457.24	\$481.87	\$450.62	\$430.41
34	\$506.66	\$468.18	\$493.40	\$461.40	\$440.71
35	\$518.50	\$479.12	\$504.93	\$472.18	\$451.01
36	\$530.33	\$490.06	\$516.45	\$482.96	\$461.31
37	\$542.17	\$501.00	\$527.98	\$493.74	\$471.60
38	\$548.68	\$507.01	\$534.32	\$499.67	\$477.27
39	\$555.19	\$513.03	\$540.66	\$505.60	\$482.93

(continued)

Compare plans



OCI HMO rates

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

Plan Name	UnitedHealthcare OCI Gold				
	500	1500-1	HSA 1800	2000-1	2500-3
Plan Code	DI-AS	DG-QD	DG-P5	DG-QA	DQ-QE
Age					
40	\$577.09	\$533.27	\$561.99	\$525.54	\$501.98
41	\$599.58	\$554.05	\$583.89	\$546.03	\$521.54
42	\$623.26	\$575.93	\$606.95	\$567.59	\$542.14
43	\$647.53	\$598.35	\$630.58	\$589.69	\$563.25
44	\$672.98	\$621.87	\$655.37	\$612.87	\$585.38
45	\$699.02	\$645.94	\$680.73	\$636.58	\$608.04
46	\$726.25	\$671.10	\$707.24	\$661.38	\$631.72
47	\$754.66	\$697.35	\$734.91	\$687.25	\$656.43
48	\$784.25	\$724.70	\$763.73	\$714.20	\$682.18
49	\$815.03	\$753.14	\$793.70	\$742.23	\$708.95
50	\$846.99	\$782.67	\$824.83	\$771.34	\$736.75
51	\$880.14	\$813.30	\$857.11	\$801.52	\$765.58
52	\$914.47	\$845.02	\$890.54	\$832.79	\$795.44
53	\$949.98	\$877.84	\$925.12	\$865.13	\$826.33
54	\$987.27	\$912.30	\$961.44	\$899.09	\$858.77
55	\$1,025.75	\$947.85	\$998.90	\$934.12	\$892.24
56	\$1,065.99	\$985.04	\$1,038.10	\$970.78	\$927.24
57	\$1,107.43	\$1,023.32	\$1,078.44	\$1,008.51	\$963.28
58	\$1,150.63	\$1,063.25	\$1,120.52	\$1,047.85	\$1,000.87
59	\$1,195.62	\$1,104.82	\$1,164.33	\$1,088.82	\$1,040.00
60	\$1,242.38	\$1,148.03	\$1,209.86	\$1,131.40	\$1,080.67
61	\$1,290.91	\$1,192.88	\$1,257.13	\$1,175.60	\$1,122.89
62	\$1,290.91	\$1,192.88	\$1,257.13	\$1,175.60	\$1,122.89
63	\$1,290.91	\$1,192.88	\$1,257.13	\$1,175.60	\$1,122.89
64 and over	\$1,290.91	\$1,192.88	\$1,257.13	\$1,175.60	\$1,122.89

Valid for effective dates: Q1 2024.

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

How does it work?

You have the choice to see any doctor or specialist without a referral in the tailored network. 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 non-emergency services, you will be responsible for all costs.

The Core Essential Network

The Core Essential network includes 24,880 providers and 87 hospitals in the Mid-Atlantic region.⁴

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 reduce costs. By covering only those drugs that offer both clinical value and competitive prices, we are 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.

Members can choose any doctor/specialist in the network.

⁴ Network counts based on internal network analysis as of Q3 2023

Compare plans



Core Essential plans

Plan Name	UHC Core Essential Gold 500	UHC Core Essential Gold 750-2
Plan Code	DI-AO	DG-RD
Network Individual Deductible	\$500	\$750
Network Family Deductible	\$1,000	\$1,500
Network Coinsurance	20%	20%
Network Individual Out-of-Pocket Limit	\$5,800	\$9,000
Network Family Out-of-Pocket Limit	\$11,600	\$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	\$400 after deductible
Pharmacy		
Pharmacy Code	N44	N09S
Pharmacy Deductible Type	\$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
Age	DI-AO	DG-RD
0-14	\$373.52	\$345.80
15	\$373.52	\$345.80
16	\$373.52	\$345.80
17	\$373.52	\$345.80
18	\$373.52	\$345.80
19	\$373.52	\$345.80
20	\$373.52	\$345.80
21	\$415.22	\$384.40
22	\$415.21	\$384.39
23	\$415.21	\$384.39
24	\$415.21	\$384.39
25	\$415.21	\$384.39
26	\$415.21	\$384.39
27	\$415.21	\$384.39
28	\$424.92	\$393.38
29	\$434.06	\$401.84
30	\$444.91	\$411.89
31	\$456.33	\$422.46
32	\$466.61	\$431.98
33	\$477.46	\$442.03
34	\$488.89	\$452.60
35	\$500.31	\$463.18
36	\$511.73	\$473.75
37	\$523.16	\$484.33
38	\$529.44	\$490.14

Plan Name	UHC Core Essential Gold 500	UHC Core Essential Gold 750-2
Age	DI-AO	DG-RD
39	\$535.72	\$495.96
40	\$556.85	\$515.52
41	\$578.55	\$535.61
42	\$601.40	\$556.76
43	\$624.82	\$578.44
44	\$649.37	\$601.18
45	\$674.50	\$624.44
46	\$700.78	\$648.76
47	\$728.19	\$674.14
48	\$756.75	\$700.58
49	\$786.45	\$728.07
50	\$817.29	\$756.63
51	\$849.27	\$786.24
52	\$882.40	\$816.90
53	\$916.66	\$848.63
54	\$952.64	\$881.94
55	\$989.77	\$916.31
56	\$1,028.61	\$952.26
57	\$1,068.58	\$989.27
58	\$1,110.28	\$1,027.87
59	\$1,153.68	\$1,068.05
60	\$1,198.80	\$1,109.83
61	\$1,245.63	\$1,153.18
62	\$1,245.63	\$1,153.18
63	\$1,245.63	\$1,153.18
64 and over	\$1,245.63	\$1,153.18

Valid for effective dates: Q1 2023.

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



UnitedHealthcare Navigate® HMO plans

UnitedHealthcare of the Mid-Atlantic, Inc.

UnitedHealthcare Navigate® HMO plans offer tailored local access only 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 non-emergency services, you will be responsible for all costs.

The Navigate Network

The Navigate network includes 24,880 providers and 87 hospitals in the Mid-Atlantic region.⁵

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 are 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.

Members will need to choose a PCP.

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

⁵ Network counts based on internal network analysis as of Q3 2023

Compare plans



UnitedHealthcare Navigate HMO plans

Plan Name	UHC Navigate Gold 750
Plan Code	DG-QY
Network Individual Deductible	\$750
Network Family Deductible	\$1,500
Network Coinsurance	20%
Network Individual Out-of-Pocket Limit	\$8,900
Network Family Out-of-Pocket Limit	\$17,800
24/7 Virtual Visits	\$0
PCP Office Visit	\$30
Specialist Office Visit	\$60
Urgent Care	\$60
Emergency Room	\$400 after deductible
Pharmacy	
Pharmacy Code	N09S
Pharmacy Deductible Type	\$0
Tier 1	\$15
Tier 2	\$40
Tier 2 Specialty	\$40
Tier 3	\$75
Tier 3 Specialty	\$100
Tier 4	\$125
Tier 4 Specialty	\$150

Compare plans



UnitedHealthcare Navigate rates

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

UHC Navigate Gold 750	
Age	DG-QY
0-14	\$330.13
15	\$330.13
16	\$330.13
17	\$330.13
18	\$330.13
19	\$330.13
20	\$330.13
21	\$366.99
22	\$366.98
23	\$366.98
24	\$366.98
25	\$366.98
26	\$366.98
27	\$366.98
28	\$375.56
29	\$383.64
30	\$393.23
31	\$403.33
32	\$412.41
33	\$422.00
34	\$432.10
35	\$442.20
36	\$452.29
37	\$462.39
38	\$467.94

UHC Navigate Gold 750	
Age	DG-QY
39	\$473.49
40	\$492.17
41	\$511.35
42	\$531.54
43	\$552.24
44	\$573.95
45	\$596.16
46	\$619.38
47	\$643.61
48	\$668.85
49	\$695.10
50	\$722.35
51	\$750.62
52	\$779.90
53	\$810.19
54	\$841.99
55	\$874.80
56	\$909.13
57	\$944.46
58	\$981.31
59	\$1,019.68
60	\$1,059.55
61	\$1,100.95
62	\$1,100.95
63	\$1,100.95
64 and over	\$1,100.95

Valid for effective dates: Q1 2023.
 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 and to access sample policies, visit uhc.com/congress.

If you want more benefit information on all UnitedHealthcare plans available to you, and 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.

If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-856-2430.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Health Insurance Marketplace, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-856-2430.

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Health Insurance Marketplace ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና የግግኝት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-877-856-2430 ይደውሉ።

如果，或是正在協助的對象，有關於Health Insurance Marketplace 方面的問題，有權利免費以的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話1-877-856-2430。

Si vous, ou une personne que vous aidez, avez des questions à propos du Health Insurance Marketplace, vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour parler à un interprète, appelez le 1-877-856-2430.

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Health Insurance Marketplace, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makipag-usap sa isang tagasalin ng wika, tumawag sa 1-877-856-2430.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Health Insurance Marketplace, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-856-2430.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Health Insurance Marketplace, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-856-2430.

Se tu o qualcuno che stai aiutando avete domande su Health Insurance Marketplace, avete il diritto di ottenere aiuto e informazioni nella vostra lingua gratuitamente. Per parlare con un interprete, potete chiamare 1-877-856-2430.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Health Insurance Marketplace, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-856-2430.

I bale we, tole mut u ye hola, a gwee mbarga inyu Health Insurance Marketplace, U gwee Kunde I kosna mahola ni biniiguene i hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 1-877-856-2430.

Ọ bụrụ gị, ma o bụ onye I na eyere-aka, nwere ajujọ gbasara Health Insurance Marketplace, I nwere ohere iwenta nye maka na ọmụma na asụsụ gị na akwughị ụgwọ. I chọrọ I kwurọ onye-ntapia okwu, kpọ 1-877-856-2430.

Bí iwọ, tàbí ẹnikẹni tí o n ranlọwọ, bá ní ibeere nípa Health Insurance Marketplace, o ní ẹtọ lati gba iranwọ àti ifitónilétí ní èdè rẹ láìsanwọ. Látí bá ongbufọ kan sọrọ, pè sórí 1-877-856-2430.

যদি আপনি, অথবা আপনাকে সহায়তা করছেন, তাদের Health Insurance Marketplace সম্পর্কে প্রশ্ন থাকলে, আপনার অধিকার আছে বিনা খরচে সাহায্য পাবার, এবং আপনার নিজস্ব ভাষাতে তথ্য জানবার। অনুবাদকরে সাথে কথা বলার জন্য, কল করুন 1-877-856-2430.

ご本人、またはお客の身の回りの方でも、Health Insurance Marketplace についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通とお話される場合、1-877-856-2430までお電話ください。

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Health Insurance Marketplace에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-856-2430로 전화하십시오.

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Health Insurance Marketplace คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลเป็นภาษาของคุณได้โดยไม่มีต้องเสียค่าใช้จ่ายใด ๆ พูดคุยกับล่าม โทรฯ 1-877-856-2430

Falls Sie oder jemand, dem Sie helfen, Fragen zum Health Insurance Marketplace haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-856-2430 an.

Health Insurance Marketplace، صوصخب قلى س ادعاست صخش ىدل وأ كيدل ناك اذإ تامول عمل او قدهع اسم الما ىلع لوصح الما ىف ق حلا كيدلف، لب لصتا م جرت عم تدحتلل .فقلكت يا نود نم كفت غلب فيرورضلا 1-877-856-2430.

UnitedHealthcare Insurance Company, UnitedHealthcare of the Mid-Atlantic and Optimum Choice Inc., and their affiliates do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
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 health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. 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 <http://www.hhs.gov/ocr/office/file/index.html>.

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

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, Hubert H. Humphrey Building, Washington, D.C. 20201

We provide free language services. We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card TTY 711, Monday through Friday, 8 a.m. to 8 p.m. ET.

Learn more

To learn more about UnitedHealthcare plans, visit uhc.com/congress or call 1-877-856-2430.

United
Healthcare

¹ Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems, including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders and severe mental illness. apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral. Accessed 09/30/2023.

² bhsonline.com/ending-mental-health-stigma-in-the-workplace/. Accessed 09/30/2023.

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The AbleTo mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The Self Care information contained in the AbleTo mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. AbleTo Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care is not available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the mobile application.

The UnitedHealth Premium[®] designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com[®]. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with them for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

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.

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.

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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company. Administrative services provided by United HealthCare Services, Inc. Health Plan coverage provided by or through Optimum Choice, Inc. (and MAMSI Life and Health Insurance Company for out-of-network benefits). Health plan coverage provided by UnitedHealthcare of the Mid-Atlantic, Inc.