



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**
- 2 Compare plans**
- 3 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 who 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 1 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 1 of 3 ways to offer coverage to your employees:

- 1 Choose all plans from 1 carrier
- 2 Choose all plans from 1 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. Coverage also includes:

UnitedHealthcare Rewards is available on all of our plans. Employees can earn dollars for completing certain healthy actions like tracking their 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 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 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 your employees for network primary care office visits for children under 19.



See if you qualify for a tax credit

If you have fewer than 25 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.



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 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 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:

- 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. Employees can simply log in to myuhc.com, select a participating 24/7 Virtual Visits provider, and they will pay \$0 out of pocket when covered by either HSA and non-HSA plans.

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

Compare plans



Optimum Choice HMO plans

Optimum Choice, Inc. (OCI)

OCI offers quality health 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 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.¹

Core Essential plans

UnitedHealthcare of the Mid-Atlantic, Inc.

Core Essential offers quality health 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

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

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

1 — **2** — 3

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

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

Learn more

Contact your broker or call us at **1-866-469-9226**.



*Data rates may apply.

** UnitedHealthcare policies 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 June 30, 2023.

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 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.

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.

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.