

A guide to choosing health plans

UnitedHealthcare is here to help you get to know the plans we offer through the Maryland Health Connection.

UnitedHealthcare® | maryland health connection℠

1 How to choose health care coverage

See if your business is eligible

You'll need to meet 4 requirements before buying a Small Business Health Options Program (SHOP) group health plan.

1. **Principal employee worksite**
   Your business must have an employee office or worksite in Maryland
2. **Number of employees**
   You must have 50 or fewer full-time employees (FTEs)
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)

Pick your coverage options

You can offer your employees one plan or a choice of plans. There are 4 categories (metal levels).

	Bronze	Silver	Gold	Platinum
Monthly premium	$	$$	$$$	$$$$
Copay (cost per visit/prescription)	$$$$	$$$	$$	$
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 greatest benefit coverage.

Decide how to offer coverage

Employer choice: You select one insurance company that offers coverage through the SHOP, and employees may choose any SHOP plan across any metal level that insurance company offers.

Employee choice: You select one metal level of coverage, and employees may choose any SHOP plan across all the insurance companies that offer plans at that metal level.

Narrow down your plan options

To help you decide, think about what is most important to you and your employees.

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

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

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

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

Here's what our plans include

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

- **UnitedHealthcare Rewards** is available on all of our plans. Employees may earn rewards for completing certain healthy actions like tracking their daily steps, active minutes and sleep and by completing one-time activities like biometric screenings.
- **Care Cash®** is a program that puts cash in the hands of members. Just by signing up for the plan, members get a prepaid debit card of $200 (for individuals) or $500 (for families) to help pay toward cost-sharing for certain eligible network health care expenses. It's available on all non-HSA and non-HRA plans.
- **$0 Kid's Copay** is a plan feature that offers no copay for network primary care office visits for children under 19. It's available on all non-HSA and non-HRA plans.

Additional considerations



See if you qualify for a tax credit

If you have fewer than 25 full-time equivalent employees, 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). For-profit organizations can 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, pre-existing conditions and include prescriptions and lab services.



Easy access to care

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



Tools built for better health and lower costs

Online resources, mobile apps and **myuhc.com®** offer employees access to:

- Apps, tools and programs to manage their health
- Estimated health care costs
- Network provider search
- Benefit information 24/7



24/7 Virtual Visits

Offers access to behavioral and medical health care providers from a computer or mobile device.* Employees can sign 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 or 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 plus out-of-network coverage. 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 stay in the network.

The Choice Plus network

Choice Plus insurance plans offer national access to over 1,838,000 physicians and health care providers, over 5,600 hospitals and 67,000 pharmacies.[1]

Choice insurance plans

MAMSI Life and Health Insurance Company

Choice offers broad, national access with no referrals 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 in the network – without a referral. 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 nonemergency services, they will be responsible for all costs.

The Choice network

Choice insurance plans offer national access to over 1,838,000 physicians and health care providers, over 5,560 hospitals and 67,000 pharmacies.[1]

Optimum Choice HMO plans (OCI) Optimum Choice, Inc.

OCI offers quality plans with a primary doctor to coordinate care.



Members will need to choose a primary provider



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

How does it work?

Your employees pick a primary care provider (PCP) to be their main doctor. This doctor gets to know them, manages 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 nonemergency services, they will be responsible for all costs.

The OCI network

With over 29,000 health care providers, 179 hospitals and 3,500 pharmacies in D.C., Delaware, Maryland, Virginia and West Virginia, the OCI network offers similar regional coverage as the Choice Plus network.[2]

Core Essential plans

UnitedHealthcare of the Mid-Atlantic, Inc.

Core Essential offers quality plans with a locally tailored network and no referrals 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. 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 nonemergency services, they will be responsible for all costs.

The Core Essential network

The Core Essential network includes 22,850 providers and 110 hospitals in the Mid-Atlantic region.[2]

3 What comes next?

Set up



Make sure you're eligible

Visit **marylandhealthconnection.gov/small-business**



Choose coverage for your employees*

Compare options at **marylandhealthconnection.gov/small-business**



Learn about tax credits

See if you can get a tax credit at **marylandhealthconnection.gov/small-business/the-small-business-tax-credit**



Enter employee information

Use this simple sign-up checklist. For every employee you're covering, you'll need:

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

Please note, if you're offering dependent coverage, you'll need 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
- Employees choose the health plan that fits their needs



Employer finalizes enrollment

Work with a broker or visit **marylandhealthconnection.gov/small-business** to enroll your employees in health coverage



Pay the first month's premium

Make your first payment directly to UnitedHealthcare



Choose when you'd like your employees' coverage to start

The waiting period cannot exceed 90 days from enrollment

*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.

Notes:

Learn more

Contact your broker or call us at **1-866-469-9226** TTY **711**

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[1] UnitedHealthcare internal analysis, ending Q2 2025.

[2] UnitedHealth networks internal analysis, as of July 2025.

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The UnitedHealthcare Core product is designed to accommodate a limited network of participating physicians, health care professionals, hospitals and facilities ("providers"). Except in emergency situations, members should confirm their provider is participating in this product before receiving services to receive the highest level of benefits. Network status may be determined by calling the number indicated on the health plan ID card or visiting myuhc.com®.

UnitedHealth Premium® is proprietary to UnitedHealthcare. UnitedHealth Premium evaluates physicians based on safe, timely, effective and efficient quality care criteria to help members make more informed choices for their health care. It's intended only as a guide and should not be the sole factor considered when selecting a physician. Designations have a risk of error and members should discuss designations with a physician before choosing one. If a member already has a physician, they should also consult with them for advice on selecting other physicians. The fact that a physician does not have a Premium Care Physician designation does not mean that the physician does not provide quality health care services. All physicians in the UnitedHealthcare network have met certain minimum credentialing requirements (separate from the UnitedHealth Premium criteria). Please visit the medical care directory specific to the member's benefit plan for physician designations and detailed information about UnitedHealth Premium and the evaluation methodology.

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.

Care Cash provides a pre-loaded debit card which can be used toward cost-sharing for certain network 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.

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.

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.

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. UnitedHealthcare also covers other routine services, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

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

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