

Get to know your benefits

Open Enrollment 2021-2022



United Healthcare

Optimum Choice HMO (OCI)

This is a health plan that requires you to select a **Primary Care Physician (PCP)** who is responsible for providing or coordinating medical care, including in-network referrals for specialty care and hospital care, when medically necessary.

Plan Highlights:

- Select your personal PCP from the plan network.
- There's no coverage if you go out-of-network.
- Know when you need a referral. You'll need a referral from your PCP before seeing another network physician or specialist.
- Preventive care is covered at 100 percent.
- You won't have coverage if you go out of network, except in the case of emergency care.
- Your radiology facility is assigned based on your PCP's county, and your lab facility is assigned based on the county in which you live.

OCI features a broad regional network of health care professionals covering Delaware, Washington, D.C., Maryland, Virginia, West Virginia and parts of Pennsylvania which border MD.





Choosing a network provider

Your PCP



Can be a doctor in general practice, family practice, internal medicine, or pediatrics



Should be located in a town or city near where you (the subscriber) live or work



Can be selected for the entire family or each covered member can choose their own

How to choose a PCP

- Go to myuhc.com® (you don't need to log in)
- Choose Find a Provider, then Medical Directory
- On the next screen, select All UnitedHealthcare Plans. When asked, "What plan are you looking for?", scroll down and select Optimum Choice HMO
- Confirm that your location is correct or change it.
- Choose People, then Primary Care, and then select All Primary Care Physicians
- Scroll through the search results. You can refine your search using the filters on the left side of the screen.
- Once you have made your selection, click on the provider's name to see Services
 & Costs, Locations and Enrollment Information
- Before leaving the Overview screen, find the Provider ID and write down the 14digit number on your enrollment form



Know when you need a referral

You'll need a referral from your PCP before seeing another network physician or specialist

Referral Submission Requirements:

- Members must obtain a referral from their primary care provider (PCP) for most specialty services
- Referrals must be generated by an in-network physician or health care professional
- Referrals must be completed on or before the date of service.
 Retroactive referrals are not valid.
- Paper referrals must be signed and dated by the PCP. Electronic referrals don't require signatures.
- If the PCP doesn't indicate the number of visits, the referral is valid for one visit for a maximum of 6 months from the date it's signed or electronically filed.
- A maximum of four visits are allowed, except for these services listed below:
 - Allergy consultation and shots
 - Chemotherapy
 - Chiropractic
 - Dialysis
 - Lab and Radiology services
 - Physical therapy, occupational therapy and speech therapy
 - Post-operative care

Referrals not needed for the following in-network services:

- OB/GYN
- Routine eye refraction care, if covered by your plan
- Emergency room services
- Behavioral health care services
- Urgent care
- Virtual visits



Common Medical Terms

Copayment

A fixed amount of money you pay a provider for a covered visit or prescription.

Deductible

The amount you'll need to pay before your plan starts to pay for covered services.

Coinsurance

The percentage you pay as your share of a covered health care service.

Out-of-pocket limit

The most you could pay during a coverage period (usually 1 year) for your cost share of covered services. After you meet this limit, the plan will pay 100 percent of the allowed amount.





Medical Plan Summary

| | OCI HMO Plan | OCI POS Plan | | OCI HSA Plan |
|------------------------------|--|--|---|--|
| | In Network Only | In Network | Out of Network | In Network Only |
| Annual Deductible | Individual - \$1,000 Family - \$2,000 | Individual - \$500 Family - \$1,000 | Individual - \$1,000 Family - \$2,000 | Individual - \$2,000 Family - \$4,000 |
| Coinsurance | 0% | 10% | 20% | 10% |
| Annual Out-of-Pocket Limit | Individual - \$3,000 Family - \$6,000 | Individual - \$3,000 Family - \$6,000 | Individual - \$6,000 Family - \$12,000 | Individual - \$4,000 Family - \$8,000 |
| Preventive Care Services | No charge | No charge | Deductible, then 20% | No charge |
| PCP Office Visit | \$25 copay | \$30 copay | Deductible, then 20% | Deductible, then 10% |
| Specialist Office Visit | \$40 copay | \$50 copay | Deductible, then 20% | Deductible, then 10% |
| Virtual Visit | No charge | No charge | Deductible, then 20% | Deductible, then 100% |
| Urgent Care | \$50 copay | \$75 copay | Deductible, then 20% | Deductible, then 10% |
| Emergency Room | \$100 copay | \$250 copay | \$250 copay | Deductible, then 10% |
| Inpatient Care | Deductible, then 100% | Deductible, then 10% | Deductible, then 20% | Deductible, then 10% |
| Outpatient Surgery | Deductible, then 100% | Deductible, then 10% | Deductible, then 20% | Deductible, then 10% |
| Lab Testing | No charge | No charge | Deductible, then 20% | Deductible, then 10% |
| Major Diagnostic and Imaging | Deductible, then 100% | \$150 copay | Deductible, then 20% | Deductible, then 10% |

| Pharmacy Benefits | Up to a 31-day supply (*HSA plan copay after deductible) | Up to 90-day supply |
|-------------------|---|---------------------|
| Tier 1 | \$10 copay | \$25 copay |
| Tier 2 | \$30 copay | \$75 copay |
| Tier 3 | \$50 copay | \$125 copay |

Get to know your care options and costs.

How much you pay for care can depend on where you go. You'll want to make your PCP your first stop whenever possible. For life-threatening conditions, call 911 or go to an emergency room.

| Care options | PCP Care from the doctor who knows you best. | Virtual Visits See a doctor whenever, wherever. | Convenience Care Basic conditions that aren't life-threatening. | Urgent Care Serious conditions that aren't life-threatening. | Emergency Room Life- and limb-threatening emergencies. |
|--|--|---|---|--|--|
| Av erage cost* | Varies by plan type | Less than \$50** | \$90 | \$180 | \$2,100 |
| Hours | Varies by location | 24/7 | Varies by location | Varies by location — may be open nights/weekends | 24/7 |
| How to connect | Contact your PCP | myuhc.com/virtualvists | myuhc.com | myuhc.com | myuhc.com |
| Indicates the recommended place for ca | re when it comes to the follow | ving common conditions: | | | |
| Broken bone | | | | • | • |
| Chest pain | | | | | • |
| Cough, fever or sore throat | • | • | • | | |
| Muscle strain | • | | • | | |
| Pinkeye | • | • | • | | |
| Sinusproblems | • | • | • | | |
| Sprain | • | | • | • | |
| Urinary tract infection | • | • | • | | |

^{*2018} av erage allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated \$1,900.00 difference between the average emergency room visit and the average urgent care visit.) The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

^{**}The Designated Virtual Visit Provider's reduced rate for a Virtual Visit is subject to change at any time. Check your official health plan documents to see what services and providers are covered by your plan.



Preventive Care

Preventive care is...

- Evaluating your health when you are symptom-free.
- · Routine checkups and screenings.
- Decreasing risk of developing health issues even if you are in the best shape of your life.



Understand the difference between preventive care and diagnostic care



Preventive

- Wellness examinations.
- Well-woman visits, including routine prenatal visits.
- Age-appropriate well-child examination
- Routine mammogram screening
- Colorectal Cancer Screening
- Osteoporosis Screening



Diagnostic

- You visit your doctor because you have a cough that isn't getting better
- Your doctor orders additional lab work after preventive care visit
- Your doctor orders an additional mammogram to learn more about a lump that was found
- Quarterly visits to your doctor for blood tests to check her cholesterol level.



Lab Services

Using network laboratories can save you money.

Using a network laboratory:

- It is important that your doctors or providers send you or your lab samples to a participating laboratory in the UnitedHealthcare network
- UnitedHealthcare's preferred labs are LabCorp and Quest Diagnostics
- To locate a local laboratory in the UnitedHealthcare network, visit us online at myuhc.com.

What this means to you:

- If your doctor refers you or your lab sample to a nonparticipating laboratory, you and your employer may be charged higher out-of-network costs.
- Non-participating laboratories may be up to seven times more expensive than network laboratories.



Examples of Lab Tests:

- Comprehensive Metabolic Panel
- Lipid Panel
- Glucose
- Hemoglobin A1C
- Throat Culture



Care at your fingertips with Virtual Visits

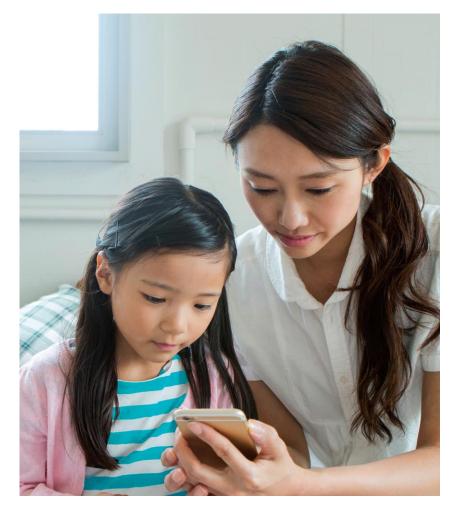
With a Virtual Visit, you can talk — by phone or video — to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.*

Virtual Visits may make it easier than ever to get treated by a doctor. 3 Networks-(Teledoc, Dr. On Demand & Amwell)

Whether using myuhc.com® or the UnitedHealthcare® app, Virtual Visits let you video chat with a doctor 24/7 — without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

Use a Virtual Visit for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more





^{*}Certain prescriptions may not be available, and other restrictions may apply.

Behavioral Virtual Care

Virtual therapy offers confidential counseling and includes:

Private video sessions.

Get 1-on-1 support — in your home and at a time that's convenient for you.

Help with coping — for children, teens and adults.

Your licensed virtual therapist may provide a diagnosis, treatment and medication if needed.

Similar standard of care as in-person visits.

You can see the same therapist with each appointment and establish an ongoing relationship.

Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Addition
- Anxiety

- Depression
- Mental health disorders

To find a provider and schedule a visit:

- Sign in or register on myuhc.com®.
 Then, go to Find a Doctor >
 Behavioral Health Directory >
 People > Provider Type >
 Telemental Health Providers.
- 2. Call the provider to set up an appointment.



Please refer to your benefit summary under "Mental Health – Outpatient Visit" for cost





Prescription Drug List

The UnitedHealthcare Prescription Drug List (PDL) is a list of commonly prescribed medications covered by the plan. Medications are placed into tiers that represent the cost you pay out of pocket.

Tier 1 \$10

- Lower-cost medications.
- Highest overall value.
- Mostly generics.



- Mid-range cost.
- Good overall value.
- Mix of brands and generics.



- Higher-cost medications.
- Lowest overall value.
- Mostly brands.



Clinical Programs

Some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits.

PA QL E SP **Prior authorization Quantity limits Exclusions Specialty Medication** Specifies the largest Prescription drugs may be excluded from Specialty medications Requires your doctor to provide information about quantity of medication treat complex or rare coverage why you are taking a covered per based on availability of lower-cost option or conditions and may medication to determine copayment or in a over-the counter option. require special defined period storage and handling. how it may be covered by of time. You may be required your plan. to obtain these medications from a specialty pharmacy.



Health Savings Account (HSA)





High Deductible Health Plan



- A qualified high deductible health plan (HDHP) is one that satisfies certain requirements with respect to minimum deductibles and maximum out-ofpocket expenses.
- Employees who enroll one or more dependents will be considered family and are subject to family deductibles and family out-of pocket-maximums.
- You are responsible for paying your covered medical expenses up to the deductible(s) stated in your health plan.
- All expenses, both medical and pharmacy apply to the plan deductible and out-of-pocket maximum.
- The plan provides comprehensive coverage for medical and pharmacy benefits (it is not a limited benefit plan.)
- Operates with a large network of doctors (the same as the Traditional Plan.)
- Can be coupled with a Health Savings Account.

Health Savings Account (HSA).





It's a bank account with tax advantages.



It's your money. There's no "use it or lose it" rule. You get to keep it even if you change plans, change employers or retire.



The money is there when you need it:

- Use your Optum Bank debit Mastercard® to pay at the pharmacy, doctor's office or at locations that accept Mastercard®.
- Or you can build savings for retirement.

Qualified expenses:



Doctor office visits.



Prescriptions.



Eyeglasses and contacts.



Dental care and braces.



Chiropractic services and more.

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits. The UnitedHealthcare plan with Health Savings Account (HSA) is a 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 of 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.

HSA eligibility.



- You must be enrolled in a qualifying high-deductible health plan (HDHP).
- You cannot be covered by any other health coverage.
- You cannot be enrolled in Medicare, TRICARE or TRICARE for Life.
- You cannot be claimed as a dependent on someone else's tax return.

Other restrictions apply. Please consult a tax, benefits or financial advisor.

2021/2022 Contribution Limits.

The IRS limits how much you can put into your HSA each year. The 2021/2022 limits are:

\$3,600/\$3,650 for individual coverage **\$7,200/\$7,300** for family coverage

Are you age 55 or older? You can put in an extra \$1,000 this year.

Your contributions and the company contribution cannot exceed the IRS limits.

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits. The UnitedHealthcare plan with Health Savings Account (HSA) is a 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 of 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.

How paying for network care works with an HSA.





Your deductible

You pay for all services, including prescriptions, until you meet your deductible. You can use an HSA to help pay it.

Employee - \$2,000 Family - \$4,000 2

Your coinsurance

After you reach the deductible, you pay a percentage of the cost. You can use an HSA to help pay your share.

You pay- 10% Deductible



Your out-of-pocket limit

When you reach the limit, you are done paying. The plan pays 100% of covered services for the rest of the coverage year.

Employee - \$4,000 Family - \$8,000

Preventive care is covered 100% when you use a network doctor.

Optum Bank® advantages.







The mobile app makes it easy to track your HSA and to connect it to Apple Pay.



Your Google Home or Alexa-enabled device can connect to Optum Bank.



Conveniently link to Optum Bank and your HSA information at **myuhc.com**.



Easy payment options include an Optum Bank debit Mastercard®, online bill payment and reimbursement.



Contribute to your account by:

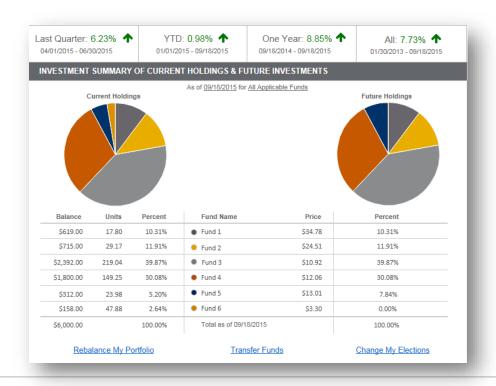
- Payroll deduction.
- Electronic deposits.





Investing with your HSA

Once your HSA reaches the investment threshold (typically \$2,000), you may choose to invest a portion of your HSA dollars in mutual funds — just like you would with a 401(k). You can choose from a wide variety of mutual funds at optumbank.com. Any investment earnings such as interest or dividends are income tax-free.



Have an unexpected medical expense?

No problem. Whenever you need additional money to pay for qualified medical expenses, you can easily transfer your investment funds back into your HSA.



Getting started

Start your health plan off right by registering on myuhc.com

Your personalized website myuhc.com features tools designed to help you:

- Find, price and save on care you can compare costs for providers and services in your network
- Get care from anywhere with Virtual Visits a doctor can diagnose common conditions by phone or video 24/7
- Access claim details, plan balances and your health plan ID card quickly
- Order prescription refills, get estimates and compare medication pricing
- Check your plan balances, access financial accounts and more



Download the UnitedHealthcare app

It's perfect for on-the-go access to help you find a nearby doctor and more



Registering is quick. Go to myuhc.com



UnitedHealthcare App

Get on-the-go access to your health plan. You can do everything from managing your plan to getting convenient care.





Find nearby care options in your network and estimate costs.



View and share your health plan ID card.



Review plan information, including deductibles and copays/coinsurance.



The UnitedHealthcare app is available for download for iPhone® or Android®.



Discovering your health and wellness programs.

Once your health plan becomes active, you can choose to participate in the following programs. There's no additional cost to you —just the opportunity to get information and support. Find out more at myuhc.com.



Rally

A program to help you move more and eat better.

- Take your health survey
- Get personalized activities and recommended missions
- Earn Rally coins as you complete your activities



Real Appeal

An online weight loss program focused on making small changes to help you live a healthier life. It includes:

- An online coach
- 24/7 online support and a mobile app
- A Success Kit



Quit For Life

A clinically proven tobacco cessation program. As part of the program, you'll receive:

- Access to a Quit Coach®.
- A Quit Guide, mobile app and online tools to help you customize a quit plan.
- And more.



Maternity Support

Get support throughout your pregnancy.

- Learn what to expect how to stay healthy, and manage your health through pregnancy and postpartum
- Connect in real time with a nurse 24/7



Employee Assistance

Provides confidential support to for those everyday challenges or for more serious problems.

- Up to 3 Face-to-face visits with EAP Network Providers
- Financial and Legal referrals



Cancer Support Program

Provides specialized cancer case management.

- Support from a personal care nurse
- Disease and treatment education
- Support at end of life and impact of using hospice.
- Survivorship services





United Healthcare

What's covered?

Eye Exam - Your plan includes a fully covered exam. A copay may apply.

Frame allowance - When you use a network provider, you can spend a frame allowance to help buy any frame your eye doctor offers. You get a discount on any cost over the allowance amount.

Contact lens benefit - Order extra contact lenses at uhccontacts.com for 10% of.

Lens options - Popular lens options, like UV protection or anti-reflective coating, are available to you at price-protected amounts. Plus, standard scratch coating and polycarbonate lenses for dependent children are available at no cost.

Additional benefits:

Enhanced maternity and pediatric benefits - Two eye exams are covered each plan year for mothers-to-be and children up to age 13

Laser vision correction – up to 35% off national average

Hearing aids – preferred pricing through UHC Hearing

Additional pairs of glasses - Receive a 20% discount on additional pairs of eyeglasses, including prescription sunglasses.



Visit myuhcvision.com

Log in for 24/7 access to details about your vision plan.

Sign in to myuhc.com

If you have a UnitedHealthcare health plan, you can access both your vision and health plan benefits here.

Call toll-free

1-800-638-3120, TTY 711



Network

A diverse, extensive network sets us apart:

- Provider types
- Locations
- Price points
- Convenient hours





26% growth in access points from 2018 to 2019. 98% of members chose a network provider in 2019.

48 of the top vision retailers, with a wide variety of price points























Plan at-a-glance

| Benefit Frequency | | |
|--|----------------------|--|
| Comprehensive exam | Once every 12 months | |
| Lenses – single, bifocal, trifocal, lenticular | Once every 12 months | |
| Frames | Once every 24 months | |
| Contact Lens in lieu of eyeglasses | Once every 12 months | |

| In-Network Services | | |
|---------------------|--------------------------------|--|
| Exam only | \$10 copay | |
| Materials | \$25 copay | |
| Frames* | \$130 allowance | |
| Contact Lens** | \$105 allowance, up to 4 boxes | |

^{**}The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay



- You don't need your ID card to use your benefits. Tell your doctor you have UnitedHealthcare Vision Plan and give your name and date of birth.
- If you would prefer to have an ID card, you can print it from your computer or save it to your mobile device at **myuhcvision.com**



^{*}For frames that exceed allowance, an additional 30% discount may be applied to overage.

Advocate4Me

Advocate4Me is built for a better experience, where compassionate experts offer 1-on-1 guidance.



Caring, personal support — it's all part of the plan



Email Us - Send us a secure message through myuhc.com



Call us - Refer to the number on the back of your UHC Medical ID card or Click to call using UHC App



Click to Chat - Available through UHC App under "Contact Us"

Going way above and way beyond customer service

Included in every health plan, Advocate4Me provides whole-person, proactive guidance across a broad number of health care needs, such as:

- Emotional health
- Clinical and complex care support
- ✓ Financial and benefits/claims





Thank You.



www.myuhc.com or download the UHC app.



Toll-Free on the back of your Medical ID card. With UHC App, an Advocate will call you.



Chat/Email with an Advocate via myuhc.com.

