

UnitedHealthcare: Qualified Health Plans

Small Group 2-50

Health Plan Name	UNITEDHEALTHCARE CHARTER DG1X
O-EPIC Health Plan ID	H02272
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS DG1T
O-EPIC Health Plan ID	H02266
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS DG1U
O-EPIC Health Plan ID	H02268
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS DG1V
O-EPIC Health Plan ID	H02271
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT DG1B
O-EPIC Health Plan ID	H02273
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UNITEDHEALTHCARE CHARTER DGZW
O-EPIC Health Plan ID	H02292
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS DGZL
O-EPIC Health Plan ID	H02293
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT DGZM
O-EPIC Health Plan ID	H02294
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHOICE PLUS DGZN
O-EPIC Health Plan ID	H02304
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1250
Office Visit Copay	\$35
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC SELECT DGZO
O-EPIC Health Plan ID	H02305
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1250
Office Visit Copay	\$35
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC CHARTER DGZY
O-EPIC Health Plan ID	H02306
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1250
Office Visit Copay	\$35
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS DXOZ
O-EPIC Health Plan ID	H02265
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC SELECT DXPA
O-EPIC Health Plan ID	H02325
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15 PCP // \$50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHARTER DXPR
O-EPIC Health Plan ID	H02326
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15 PCP // \$50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHARTER DXP3
O-EPIC Health Plan ID	H02327
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15 PCP // \$50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC SELECT DXPJ
O-EPIC Health Plan ID	H02328
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15 PCP // \$50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHOICE PLUS DXPQ
O-EPIC Health Plan ID	H02329
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$15 PCP // \$50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Group Size 51+

Health Plan Name	CHOICE PLUS PREMIER 25/500/100% DNYK
O-EPIC Health Plan ID	H01721
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER 25/1000/100% DNYL
O-EPIC Health Plan ID	H01722
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS PREMIER 25/1500/100% DNYM
O-EPIC Health Plan ID	H01723
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS DN1D
O-EPIC Health Plan ID	H01726
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$30
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC NAVIGATE DNXL
O-EPIC Health Plan ID	H01793
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$1750
Office Visit Copay	\$10 / Specialist \$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE DNXO
O-EPIC Health Plan ID	H01795
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$20/ Specialist \$60
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE EHNV
O-EPIC Health Plan ID	H01797
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$25/ Specialist \$75
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS DNYJ
O-EPIC Health Plan ID	H01851
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1750
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS DNY9
O-EPIC Health Plan ID	H01854
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	CHOICE PLUS DNZH
O-EPIC Health Plan ID	H01855
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS DNZU
O-EPIC Health Plan ID	H01856
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$1500
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS DNZV
O-EPIC Health Plan ID	H01857
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1750
Office Visit Copay	\$20
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS DNZW
O-EPIC Health Plan ID	H01858
Individual Annual Deductible (in-network)	\$3000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	CHOICE PLUS DNZX
O-EPIC Health Plan ID	H01859
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	CHOICE PLUS DNZY
O-EPIC Health Plan ID	H01860
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE DN1E
O-EPIC Health Plan ID	H02059
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$30
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHOICE PLUS EHP3
O-EPIC Health Plan ID	H02083
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHARTER DNX5
O-EPIC Health Plan ID	H02121
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25 PCP / \$75 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE DNXZ
O-EPIC Health Plan ID	H02122
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20 PCP / \$60 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UHC NAVIGATE DNXW
O-EPIC Health Plan ID	H02123
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$1750
Office Visit Copay	\$10 PCP / \$30 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT EHQJ
O-EPIC Health Plan ID	H02176
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT EHP6
O-EPIC Health Plan ID	H02178
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE OKLAHOMA CHOICE PLUS EHQB
O-EPIC Health Plan ID	H02181
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$15
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE OKLAHOMA CHARTER EHN7
O-EPIC Health Plan ID	H02182
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25 PCP
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UNITEDHEALTHCARE OKLAHOMA NAVIGATE EHRT
O-EPIC Health Plan ID	H02183
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$15 PCP
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS DN2K
O-EPIC Health Plan ID	H02282
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$10
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE NAVIGATE EHRU
O-EPIC Health Plan ID	H02284
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$10
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE NAVIGATE DN3X
O-EPIC Health Plan ID	H02286
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$15 PCP / \$50 Specialist
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS EHQZ
O-EPIC Health Plan ID	H02296
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$15 PCP // \$50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS EHQU
O-EPIC Health Plan ID	H02297
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$10 PCP // \$40 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT EHQV
O-EPIC Health Plan ID	H02298
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$10 PCP // \$40 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UNITEDHEALTHCARE SELECT EHQY
O-EPIC Health Plan ID	H02299
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$15 PCP // \$50 SPEC
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	SUREST A2500 UNITEDHEALTHCARE
O-EPIC Health Plan ID	H02276
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$2500
Office Visit Copay	\$5 TO \$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	SUREST A3000 UNITEDHEALTHCARE
O-EPIC Health Plan ID	H02277
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$5 TO \$40
Pharmacy	All Filed & Approved Pharmacy Options

UnitedHealthcare: Qualified Health Plans

Health Plan Name	SUREST A1500 UNITEDHEALTHCARE
O-EPIC Health Plan ID	H02300
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$1500
Office Visit Copay	\$5 TO \$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	SUREST A2000 UNITEDHEALTHCARE
O-EPIC Health Plan ID	H02301
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$5 TO \$25
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC NAVIGATE EHRV
O-EPIC Health Plan ID	H02341
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$15 PCP
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	UHC CHOICE PLUS EHPU
O-EPIC Health Plan ID	H01860
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25 PCP
Pharmacy	All Filed & Approved Pharmacy Options