

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	\$10/\$35/\$60

Health Plan Name	UHC NAVIGATE DN XO
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	Plan 2V \$10/35/60

Health Plan Name	UHC NAVIGATE DN XS
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	Plan 2V \$10/35/60

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 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

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Health Plan Name	CHOICE PLUS 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 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 DNYZ
O-EPIC Health Plan ID	H01853
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 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

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

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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	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

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	\$10/\$35/\$60

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	\$10/\$35/\$60

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	\$10/\$35/\$60

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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	\$10/\$35/\$60

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 DN1C
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 NAVIGATE DNX5 (BQ-BU)
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 (BQ-BQ)
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

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Health Plan Name	UHC NAVIGATE DNXW (BQ-BN)
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 DN14
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 DN1G
O-EPIC Health Plan ID	H02177
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	UNITEDHEALTHCARE SELECT DN1F
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 DN15
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

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Health Plan Name	UNITEDHEALTHCARE SELECT DN1W
O-EPIC Health Plan ID	H02259
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 CHOICE PLUS DG22 CVSM
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	UNITEDHEALTHCARE CHOICE PLUS DG1T CVTF
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 CVTG
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 CVTH
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

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Health Plan Name	UNITEDHEALTHCARE CHARTER DG1X CVTK
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 SELECT DG1B CVS
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

Health Plan Name	UNITEDHEALTHCARE SELECT DN2L
O-EPIC Health Plan ID	H02281
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$10
Pharmacy	\$10/\$35/\$60

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	\$10/\$35/\$60

Health Plan Name	UNITEDHEALTHCARE NAVIGATE DN3Y
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	\$10/\$35/\$60

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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	\$10/\$35/\$60

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	UNITEDHEALTHCARE CHOICE PLUS DN2Q
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	\$10/\$35/\$60

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Health Plan Name	UNITEDHEALTHCARE CHOICE PLUS DN2V
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	\$10/\$35/\$60

Health Plan Name	UNITEDHEALTHCARE SELECT DN2W
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	\$10/\$35/\$60

Health Plan Name	UNITEDHEALTHCARE SELECT DN2P
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	\$10/\$35/\$60

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

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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	\$10/\$35/\$70

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	\$10/\$35/\$70

Health Plan Name	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	\$10/\$40/\$125/\$300

Health Plan Name	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	\$10/\$40/\$125/\$300

Health Plan Name	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	\$10/\$40/\$125/\$300