

# UnitedHealthcare: Qualified Health Plans

## Small Group 2-50

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

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

<b>Health Plan Name</b>	UNITEDHEALTHCARE CHOICE PLUS <b>E0NO</b>
<b>O-EPIC Health Plan ID</b>	<b>H02265</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	UHC SELECT <b>E0NX</b>
<b>O-EPIC Health Plan ID</b>	<b>H02325</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	UHC CHARTER <b>E00M</b>
<b>O-EPIC Health Plan ID</b>	<b>H02326</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	UHC CHARTER <b>E00W</b>
<b>O-EPIC Health Plan ID</b>	<b>H02327</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

## UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	UHC SELECT <b>EON8</b>
<b>O-EPIC Health Plan ID</b>	<b>H02328</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	UHC CHOICE PLUS <b>E00F</b>
<b>O-EPIC Health Plan ID</b>	<b>H02329</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

# UnitedHealthcare: Qualified Health Plans

## Group Size 51+

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

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

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

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

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

# UnitedHealthcare: Qualified Health Plans

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

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

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

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

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

## UnitedHealthcare: Qualified Health Plans

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

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

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

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