

Feel confident in your health care coverage

Clear answers to guide you

Your guide to choosing the right health plan





You



United Healthcare

Easily shop for Individual & Family ACA Marketplace plans from UnitedHealthcare*. You'll find lots of affordable plan options that fit different lifestyles, needs and budgets. Our ACA Marketplace plans are for people who buy their own insurance, rather than getting coverage through an employer, Medicare or Medicaid. ACA Marketplace plans are popular because anyone is eligible for coverage, even those with pre-existing conditions. Plus, ACA Marketplace plans are required to offer Essential Health Benefits, including:

- Preventive care, including many preventive screenings and routine vaccines
- Emergency services
- Hospitalization and outpatient services
- Maternity and newborn care
- Mental health, behavioral health and substance use disorder services

- Prescriptions
- Physical, occupational and speech therapy
- Lab tests
- Pediatric services, including dental and vision care



Why is health insurance necessary?

Your health matters — and health insurance is a way to help protect your health.

Health insurance is designed to help you prepare for unexpected moments in life, like accidents or illnesses. Without health insurance, you could be faced with paying medical bills yourself, and health care can be expensive.

Health insurance can keep you on track with preventive care — which may be covered by insurance at 100% in many cases.

When can I buy a plan on the Marketplace?

Open enrollment period (OEP)

This period usually takes place in the fall. During this time, you pick the plan you want for next year. For example, if you enroll in a plan on or before Dec. 15, 2023, your coverage will start Jan. 1, 2024.

Special enrollment period (SEP)

You may be eligible for an SEP if you experience a qualifying life event. This includes things like having or adopting a baby, getting married, moving to a new area, turning 26, getting divorced or leaving your job.



What is the Individual Marketplace?

The health care Marketplace (also called the Exchange) is where Affordable Care Act (ACA) health care plans are sold. You may also hear names like ObamaCare and Individual & Family plans.

What kind of plans are on the Marketplace?

Plans on the health care Marketplace are categorized based on how you and your plan split the cost of your health care. They go by Bronze, Silver, Gold — known as the "metal" categories. For 2024, UnitedHealthcare is offering ACA Marketplace plan options in Bronze, Silver and Gold metal levels.

What do the different Marketplace ACA plan metal levels mean?

The metal level your plan aligns to will determine how much you'll pay for your health care and how much coverage you'll have — they don't have anything to do with the quality or type of care you'll get.

Bronze

Premiums	Low
Copays & coinsurance	High
Deductible	High

You rarely see your doctor and want a low-cost way to help protect yourself from the cost of worst-case medical scenarios, like serious illness or injury. Your monthly premium will be low, but you'll have to pay more when you get care. UnitedHealthcare Essential, Virtual First*, Value and Copay Focus plans are available in the Bronze metal level.



Silver

Premiums	Moderate
Copays & coinsurance	Moderate
Deductible	Moderate

You're fairly healthy and typically only see your doctor a few times a year. You qualify for extra savings through cost-sharing reductions. If you don't qualify for extra savings, a Silver plan is a good option if you're willing to pay a slightly higher monthly premium than Bronze so you'll have fewer out-of-pocket expenses. Reminder: If you qualify for cost-sharing reductions, you have to pick a Silver plan to get those extra savings. (You may save money depending on how much health care you receive.) UnitedHealthcare Virtual First*, Value, Advantage and Copay Focus plans are available in the Silver metal level.



Gold

Premiums	High
Copays & coinsurance	Moderate
Deductible	Moderate

You see your doctor quite a bit during the year and you're willing to pay more each month to pay less when you get care. UnitedHealthcare Virtual First*, Value, Advantage and Copay Focus plans are available in the Gold metal level.



What are subsidies and how do you qualify?

Depending on your household income and a few other factors, you may be eligible for a subsidy, which would reduce your health care expenses. When you're ready to enroll, you'll be asked for an estimate of your income for next year, as well as other household information. This information is used to give you a quote that includes the level of subsidy you may qualify for. The only way to get these subsidies (if you qualify) is through the Marketplace. Here's a look at the different types of subsidies:

Premium tax credit

This is something you can use to lower your premium. It can be applied toward any metal level of coverage, so you still have the freedom to compare all your options. Think of this as a way to save on your monthly insurance costs, even if you don't get care.

Cost-sharing reductions ("extra savings")

Plans with these subsidies built in come with lower out-of-pocket costs, like deductibles, copays and coinsurance. Unlike premium tax credits, you can only use these extra savings with a Silver plan. And keep in mind, these extra savings apply only when you get care.



Learn about your benefits

Because everyone's health needs are different, we offer a variety of plans in 3 different metal levels — Bronze, Silver and Gold. Within each metal category, we have different plan options available in different states. The table below shows some of the benefits you could get with each type of plan.

	Bronze	Silver	Gold
\$0 preventive health care, like yearly checkups, a flu shot and mammogram*	~	✓	✓
Low-cost primary care (\$0 on most plans) either in-person (non-Virtual First plans) or virtually (Virtual First plans) [†]	✓	✓	✓
\$0 unlimited virtual urgent care available 24/7	~	✓	~
30-day supply of Tier 2 generic medications for \$5 or less‡ and a convenient 90-day supply^ of select maintenance medications at any network pharmacy	✓	✓	✓
Adult dental and vision (with certain plans)§		✓	✓

^{*} Preventive care services are covered as recommended by the Affordable Care Act (ACA) of 2010.

[†] Unless otherwise required, virtual care benefits are available only when services are delivered through a Designated Virtual Network Provider. 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. Data rates may apply. Virtual First and Virtual Access plans offer access to virtual primary and specialist care coordinated through Galileo, a virtual primary care provider. Virtual Access plans are offered in the state of Maryland. Virtual First plans are offered in the following states: FL, GA, IL, MI, OH, TX, VA. Members of this plan must have a smartphone or tablet, and data rates may apply. Members have no cost sharing for care provided through the Galileo app. For in-person care, cost sharing (which may include deductibles, copays and coinsurance) may apply. Virtual care is not appropriate in all circumstances, including for emergencies or life-threatening medical conditions, and should not be used in those circumstances. Certain prescriptions may not be available and other restrictions may apply.

[‡] The following plan types do not offer a 30-day supply of \$5 or less Tier 2 generic medications: Regulatory-required Standard/HSA Plans, Bronze & Silver Copay Focus Plans, and select State-Based Marketplaces (Maryland, Virginia and Washington). Pay a \$5 copay or less for Tier 2 medications listed on the Prescription Drug List (formulary). Not available on all plans or in all states.

^{^ 90-}day fills apply to select maintenance medications only. Applicable formulary requirements such as prior authorization and quantity limits may apply to your pharmacy benefit.

^{§ \$0} cost-share for network periodic oral evaluation 2 times per consecutive 12 months. Adult dental benefit coverage is limited to a \$1,000 benefit maximum per plan year. Coverage for routine vision exam and eyewear is limited to once every 12 months. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Coverage may not be available in all plans or in all states. For costs and complete details of coverage, contact your broker or the company.

Key considerations

The key to choosing your health plan is knowing what you're looking for and planning for what you may need. As you review your plan options, these 7 questions can help you find the plan that may best fit your needs.

1

How much will it cost each month?

Pay attention to monthly premiums so you have an idea of your monthly costs even if you don't get care.



How much care do I usually get?

Think about how often you (or your family) see the doctor. Do the deductible and out-of-pocket costs (like copays, coinsurance and out-of-pocket maximums) match your lifestyle?

- 3
- Is there an option to qualify for financial help?

Remember, premium tax credits can apply to all metal levels, while cost-sharing reductions only work with Silver plans.

4

What doctors are covered?

Check the plan's provider network to make sure it includes options that fit your needs.

5

Are my medications covered?

Make sure your medications are listed on the plan's formulary (list of covered medications).

6

What if I have questions?

Check that the plan has a member support team you can call whenever you have questions.

7

What additional benefits do I get?

Many plans offer extra benefits like over-the-counter wellness product discounts, and a digital or in-person fitness membership at no additional cost. For some people, these can be a great way to stay healthy and save money. To see all the extras you get with a plan from UnitedHealthcare, turn to page 12.





"In-network" means having a doctor, hospital, clinic or pharmacy that accepts your health insurance plan. Visiting in-network health care providers helps keep you from overpaying.



Check the plan's provider network to make sure it includes options that fit your needs. Scan the QR code.



Ready to enroll?



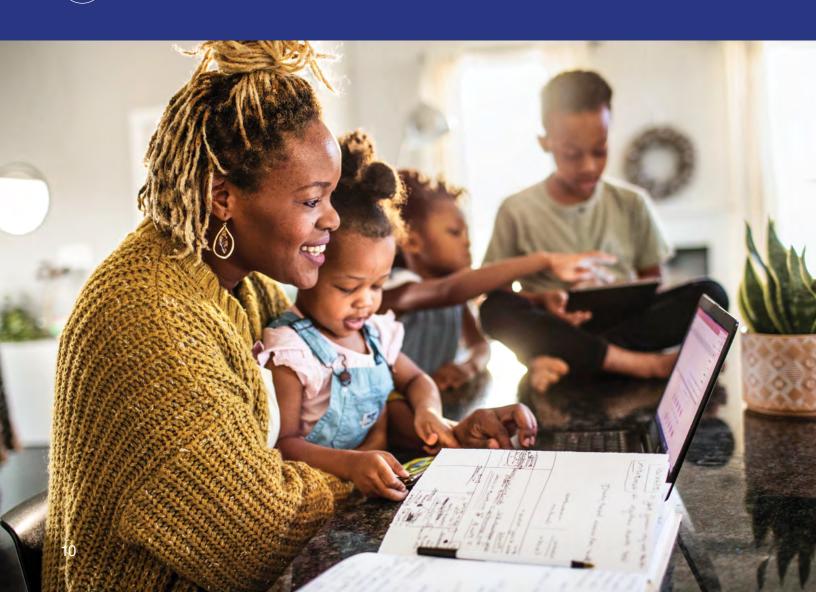
Contact your licensed insurance broker today.

What to expect after you enroll

After you've enrolled in a UnitedHealthcare Individual & Family ACA Marketplace plan, there are just a few final steps to complete your enrollment and start using your plan benefits.

- Make your first payment to finish enrolling in your UnitedHealthcare Individual & Family ACA Marketplace plan. You'll receive an invoice in the mail with instructions to pay online, by phone or by mail. Your first payment is required to confirm your enrollment. After your coverage is active, your monthly payment will be due the first of each month.
- Keep an eye out for your welcome mailer about 7–10 days after your first payment.

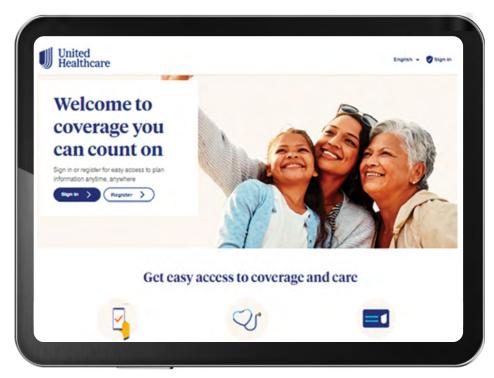
 In it, you'll find helpful information about your plan benefits and your health plan ID card.
- Register at **myuhc.com/exchange** to take a guided tour of your plan. You'll learn about your coverage and costs, finish getting set up and get tips to make the most of your plan.



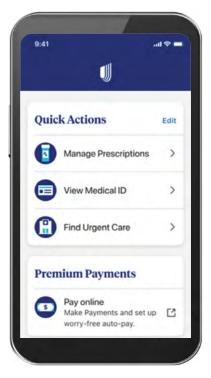
On-the-go plan access

Gain all the tools you need to get the most out of your plan. With an online account via **myuhc.com/exhange** and the **UnitedHealthcare app**, you can:

- Pay premium, set up Auto-pay
- Find in-network providers and pharmacies
- View coverage, benefits and cost of care
- Access ID card and set preferences
- Track and pay claims
- Get Virtual Care
- Access your rewards and value-added benefits
- Chat 24/7 with a member advocate



Register online via myuhc.com/exchange



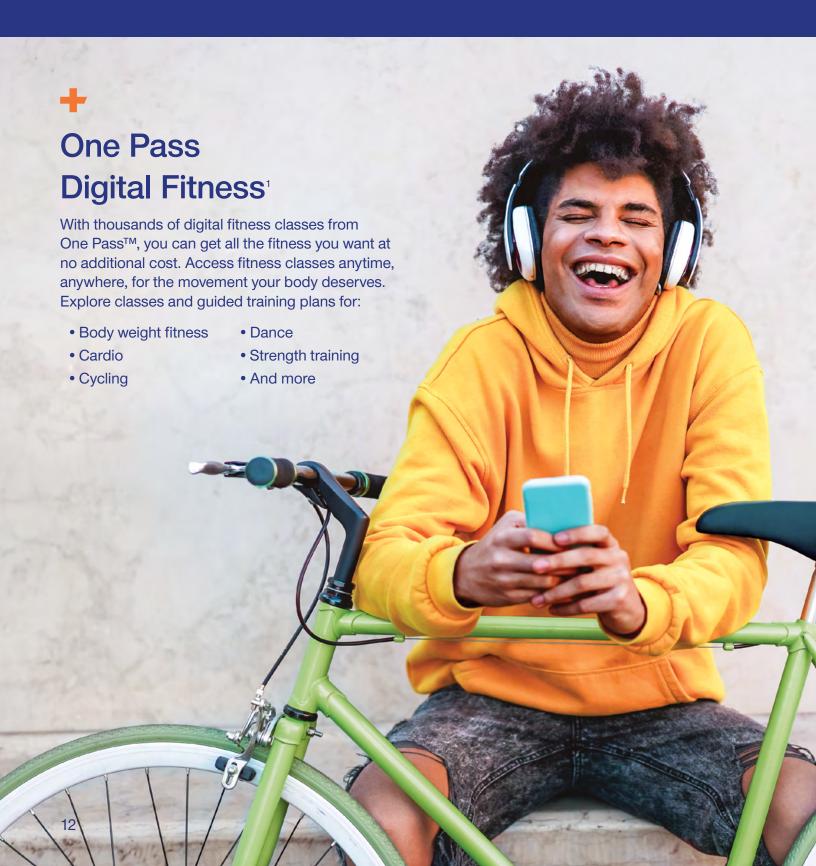






More extras. More savings. More value. It's all yours with UnitedHealthcare.

With a UnitedHealthcare Individual & Family ACA Marketplace plan, you can take advantage of something that adds extra value: a special set of benefits that are health-focused and wallet-friendly.



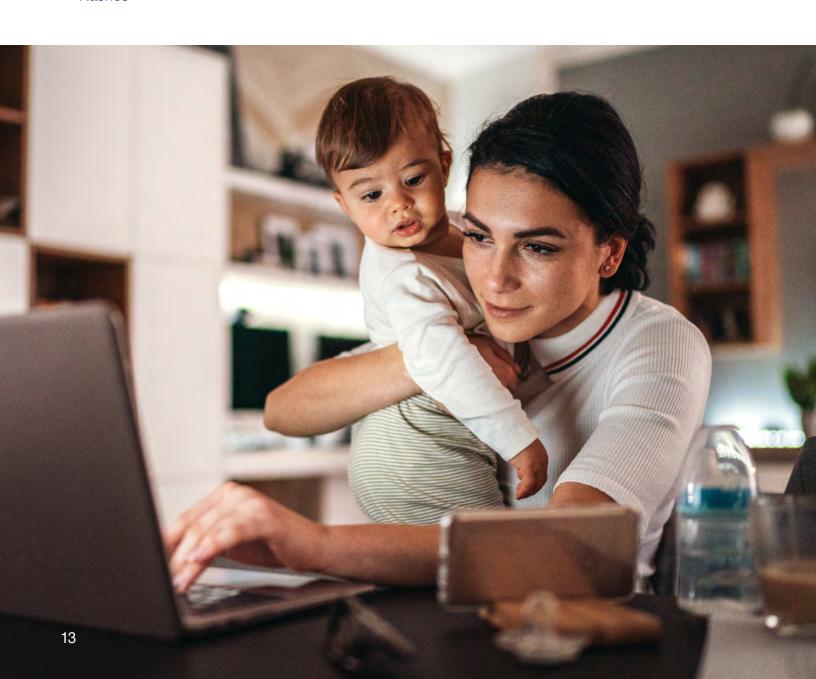


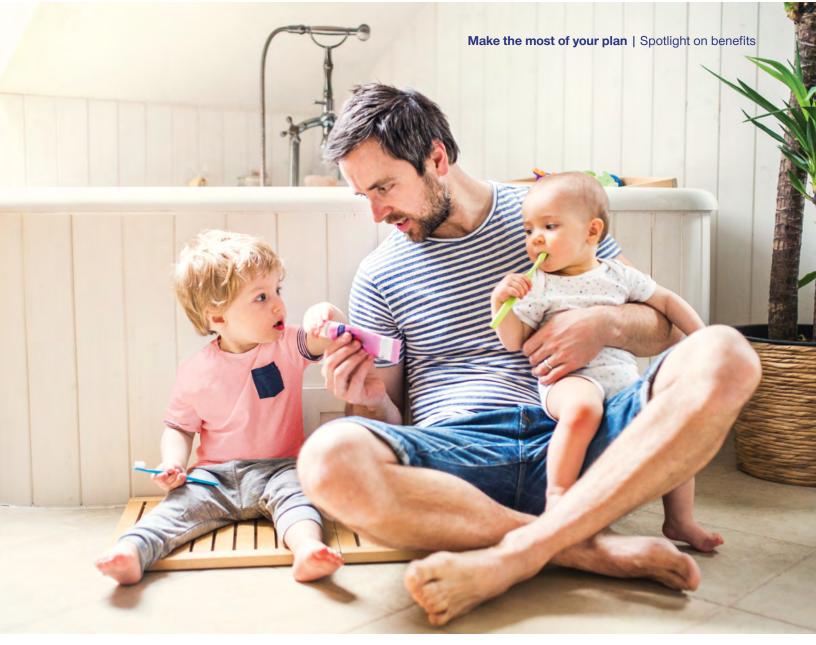
\$0 virtual urgent care visits, 24/7

With \$0 virtual urgent care visits through Optum Virtual Care,² you can get help 24/7 over the phone or on your computer. Virtual urgent care is a good option if your primary care provider isn't available and you want to get care quickly. See a doctor online 24/7 with Optum Virtual Care when you need care fast for things like:

- Pink eye
- Sinus problems
- Sore throat
- Rashes

- Mild vomiting
- Diarrhea
- And more







Walgreens

Once your coverage starts, save on everyday products at Walgreens stores across the country.



Use your Smart savings card in-store and get a 20% discount on eligible Walgreens branded over-the-counter health and wellness products,³ including:

- Vitamins and supplements
- Allergy, cold and pain relief
- Eye care, dental care and baby essentials





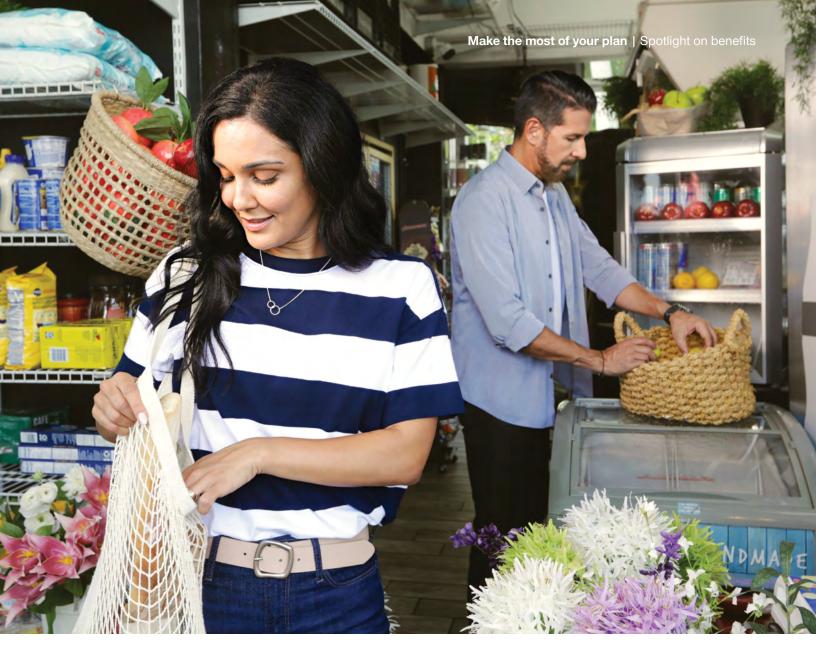
AARP®

Enroll in a UnitedHealthcare Individual & Family ACA Marketplace plan to redeem your free AARP membership today⁴ and get:

- Everyday discounts on travel, groceries, dining and more
- Tools and resources to help you navigate your career, financial planning and healthy living
- Exclusive products and services like dental, hearing and cellphone plans
- Trusted information like AARP: The Magazine
- Volunteer opportunities in your community and nationwide
- Additional spouse/partner membership at no additional cost









Health Perks

It's easy to earn a \$100 prepaid Visa® card from your UnitedHealthcare Individual & Family ACA Marketplace plan. Just complete 5 health and account-related activities:

- 1. Register for an online member account at myuhc.com
- 2. Sign up for all types of text alerts
- 3. Go paperless for all plan communications
- 4. Set up Auto-pay
- 5. Visit your primary care provider (PCP)

Let's find a plan for you. Get in touch today.

[<Agent First Name>
<Agent Last Name>

Licensed Independent Insurance Agent

<1-888-888-8888>, TTY **711**

[<Email Address>] [<Agent Website>] [<Sí, hablo su idioma.>]]





¹One Pass™ is a voluntary program for members age 18 and over. 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. Your health information is kept confidential in accordance with the law. The fitness partners cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The service is not an insurance program and may be discontinued at any time.

²Optum Virtual Care is not available for members in Virtual First plans, Virtual Access plans, or Copay Focus plans in partnership with Kelsey-Seybold Clinic. View plan details for the virtual care offerings specific to these plan types.

³Walgreens discount valid until 12/31/24. Discount valid only for in-store purchases of eligible Walgreens brand health and wellness products by current members eligible for the UnitedHealthcare discount program. Discount cannot be used online. For a full list of Walgreens brand health and wellness products and exclusions, please visit www.walgreens.com/smartsavings.

⁴Members covered under an applicable UnitedHealthcare health plan are eligible for a one-year AARP membership or one-year AARP membership renewal at no additional cost. Acceptance of membership offer is voluntary. Offer is non-transferable.

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

The benefits described may not be offered in all plans or in all states. Some plans may require copayments, deductibles and/or coinsurance for these benefits. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, review your plan documents, call or write your insurance agent or the company, whichever is applicable. Plan specifics and benefits vary by coverage area and by plan category. Please review plan details to learn more.

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