



# New Hampshire, 1-50 Fully Insured Plan Grid Freedom

Effective January 2024

*Plans designed for simplicity and affordability.*

*This plan grid highlights benefits and should not be used to fully understand exact coverage. Review COC for an exact description, coverage details and other terms and conditions. Contact your UnitedHealthcare representative for more information.*

Issued Date: 11/17/23

**United  
Healthcare**

# Health plans built for what matters to small business

## Vital Medications Program | *\$0 cost for certain medications.*

The UnitedHealthcare Vital Medication Program offers certain drugs at no additional cost. Preferred medications with \$0 out-of-pocket costs may include:

- Insulin – rapid, short and long-acting
- Epinephrine – allergic reactions
- Glucagon – hypoglycemia (low blood sugar)
- Naloxone – opioid overuse
- Albuterol – asthma

## \$0 24/7 Virtual Visits | *Convenient care for \$0.*

With a 24/7 Virtual Visit, employees and their covered family members of all ages can see and speak to a doctor anywhere, anytime on a mobile device or computer.

Benefit plan	24/7 Virtual Visits benefit
High deductible health plan	
Coinsurance and deductible plan	<ul style="list-style-type: none"><li>• \$0 cost-share – Deductible does not apply</li><li>• First dollar coverage</li></ul>
Health Savings Account (HSA) plan	
Copay plan	<ul style="list-style-type: none"><li>• \$0 cost-share (copay)</li><li>• First dollar coverage</li></ul>

## UnitedHealthcare Rewards | *Increase employee engagement.*

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses select activities right for them and choose how to spend their earnings. Participants can earn up to \$300 annually.

## For all New Hampshire Freedom Plans:

- All plans apply UnitedHealthcare Rewards. Contact your UnitedHealthcare representative for details
- All plans are paired with an Essential PDL Pharmacy Plan, which combines a four-tier benefit design with a managed drug list
- All pharmacy plans utilize the Broad National Retail Pharmacy network
- All plans include coverage for one Routine Adult Vision exam per year
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- Unless identified, member cost-shares show the richest level of network plan coverage; please see benefit summaries for details at [www.UHCeServices.com](http://www.UHCeServices.com)
- Visit [myuhc.com](http://myuhc.com)® for network details



# Health Plan Product Offering

**New Hampshire Freedom**  
1-50 Fully Insured Eligible Employees

## Granite Advantage EPO (Insurance) (Continued on next page)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Granite Advantage EPO	\$1,000	80%	\$8,000	100%	\$30	\$60 w/referral	\$60	Ded + \$350	\$25	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Ded + 80% w/referral	Emb	Sep	CX-IB	EF01	Gold
Granite Advantage EPO	\$1,500	100%	\$8,500	100%	\$25	\$60 w/referral	\$60	Ded + \$350	100%	Ded + \$50	Ded + \$250	\$500 w/referral	Ded + 100% w/referral	Emb	Sep	CX-IC	EF01	Gold
Granite Advantage EPO	\$2,000	100%	\$7,500	100%	\$30	\$50 w/referral	\$50	Ded + \$350	100%	Ded + \$50	Ded + \$75	Ded + \$300 w/referral	Ded + 100% w/referral	Emb	Sep	CX-ID	EF01	Gold
Granite Advantage EPO	\$2,000	90%	\$8,000	100%	\$30	\$50 w/referral	\$50	Ded + 90%	\$25	Ded + 90%	Ded + 90%	Ded + 90% w/referral	Ded + 90% w/referral	Emb	Sep	CX-IE	EF01	Gold
Granite Advantage EPO	\$3,000	100%	\$7,500	100%	\$30	\$75 w/referral	\$75	Ded + \$350	\$25	\$50 + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Sep	DH-LB	EF01	Gold
Granite Advantage EPO	\$3,000	100%	\$7,500	100%	\$30	\$50 w/referral	\$50	Ded + \$350	100%	Ded + \$50	Ded + \$75	\$300 w/referral	Ded + 100% w/referral	Emb	Sep	CX-IF	EF01	Gold
Granite Advantage EPO	\$3,000	100%	\$8,000	100%	\$30	\$60 w/referral	\$60	Ded + 100%	\$25	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Sep	CX-IV	EF01	Gold
Granite Advantage EPO	\$3,000	90%	\$8,500	100%	\$25	\$50 w/referral	\$50	Ded + 90%	100%	Ded + 90%	Ded + 90%	\$350 w/referral	Ded + 90% w/referral	Emb	Sep	DH-LG	EF02	Gold
Granite Advantage EPO	\$3,000	80%	\$7,500	100%	\$25	\$60 w/referral	\$60	Ded + 80%	\$25	\$50	\$450	Ded + 80% w/referral	Ded + 80% w/referral	Emb	Sep	DH-LC	EF01	Gold
Granite Advantage EPO	\$3,250	100%	\$8,500	100%	\$25	\$60 w/referral	\$60	Ded + 100%	100%	\$50	\$350	\$350 w/referral	Ded + 100% w/referral	Emb	Sep	DH-LI	EF02	Gold



# Health Plan Product Offering

**New Hampshire Freedom**  
1-50 Fully Insured Eligible Employees

## Granite Advantage EPO (Insurance) (Continued on next page)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Granite Advantage EPO	\$4,000	100%	\$7,500	100%	\$30	\$60 w/referral	\$60	Ded + 100%	\$25	\$50	\$350	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Sep	DH-LF	EF01	Gold
Granite Advantage EPO	\$4,000	100%	\$8,000	100%	\$25	\$50 w/referral	\$50	Ded + 100%	\$25	\$50	\$350	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Sep	DH-LE	EF01	Gold
Granite Advantage EPO	\$4,000	100%	\$8,000	100%	\$25	\$60 w/referral	\$60	Ded + 100%	\$25	\$50	\$450	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Sep	DH-LD	EF01	Gold
Granite Advantage EPO	\$4,500	100%	\$8,700	100%	\$55	\$85 w/referral	\$85	Ded + \$500	\$25	Ded + \$65	Ded + \$500	\$500 w/referral	Ded + 100% w/referral	Emb	Sep	CX-IG	EF02	Silver
Granite Advantage EPO	\$4,750	80%	\$9,100	100%	\$35	\$80 w/referral	\$80	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Ded + 80% w/referral	Emb	Sep	CX-IQ	EF02	Silver
Granite Advantage EPO	\$5,000	100%	\$7,000	100%	\$20	\$50 w/referral	\$50	\$350	\$20	Ded + 100%	\$350	\$350 w/referral	Ded + 100% w/referral	Emb	Sep	CX-IX	EF01	Gold
Granite Advantage EPO	\$5,000	70%	\$9,100	100%	\$35	\$80 w/referral	\$80	Ded + 70%	\$25	Ded + 70%	Ded + 70%	Ded + 70% w/referral	Ded + 70% w/referral	Emb	Sep	CX-IS	EF02	Silver
Granite Advantage EPO	\$5,000	70%	\$9,450	100%	\$35	\$70 w/referral	\$70	Ded + 70%	100%	\$50	\$350	\$350 w/referral	Ded + 70% w/referral	Emb	Sep	DH-LH	EF02	Silver
Granite Advantage EPO	\$6,000	100%	\$9,100	100%	\$50	\$80 w/referral	\$80	Ded + \$350	\$25	Ded + \$50	Ded + 100%	\$350 w/referral	Ded + 100% w/referral	Emb	Sep	CX-IH	EF02	Silver
Granite Advantage EPO	\$6,500	100%	\$8,700	100%	\$45	\$85 w/referral	\$85	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$500 w/referral	Ded + 100% w/referral	Emb	Sep	CX-IT	EF01	Silver
Granite Advantage EPO	\$7,500	100%	\$9,100	100%	\$35	\$75 w/referral	\$75	Ded + 100%	\$25	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Sep	CX-IZ	EF02	Silver
Granite Advantage EPO	\$7,500	100%	\$9,100	100%	\$45	\$85 w/referral	\$85	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Sep	CX-IU	EF01	Silver



# Health Plan Product Offering

**New Hampshire Freedom**  
1-50 Fully Insured Eligible Employees

## Granite Advantage EPO OA (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Granite Advantage EPO OA	N/A	100%	\$3,500	100%	\$15	\$30	\$30	\$300	100%	100%	\$150	\$150	\$500 Admit	Emb	Sep	CX-I8	EF01	Platinum
Granite Advantage EPO OA	\$2,000	100%	\$7,500	100%	\$30	\$60	\$60	Ded + 100%	\$25	Ded + 100%	\$350	\$350	Ded + 100%	Emb	Sep	CX-H6	EF01	Gold
Granite Advantage EPO OA	\$2,000	100%	\$8,500	100%	\$30	\$70	\$70	Ded + \$350	\$25	\$50	\$500	\$500	Ded + 100%	Emb	Sep	DH-SN	EF01	Gold
Granite Advantage EPO OA	\$2,500	100%	\$8,500	100%	\$30	\$70	\$70	Ded + \$350	\$25	Ded + 100%	\$500	\$500	Ded + 100%	Emb	Sep	CX-I5	EF01	Gold
Granite Advantage EPO OA	\$3,000	100%	\$8,000	100%	\$30	\$60	\$60	Ded + 100%	\$25	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CX-H7	EF01	Gold
Granite Advantage EPO OA	\$3,000	80%	\$7,500	100%	\$25	\$60	\$60	Ded + 80%	\$25	Ded + 80%	\$500	\$500	Ded + 80%	Emb	Sep	DH-LJ	EF01	Gold
Granite Advantage EPO OA	\$3,500	100%	\$8,900	100%	\$30	\$65	\$65	Ded + \$350	\$25	\$50	\$350	\$500	Ded + 100%	Emb	Sep	DH-LK	EF01	Gold
Granite Advantage EPO OA	\$4,000	100%	\$7,000	100%	\$30	\$60	\$60	Ded + 100%	\$25	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	DH-K4	EF01	Gold
Granite Advantage EPO OA	\$4,000	100%	\$8,000	100%	\$25	\$50	\$50	Ded + 100%	\$25	\$50	\$350	\$350	Ded + 100%	Emb	Sep	DH-SO	EF01	Gold
Granite Advantage EPO OA	\$5,000	100%	\$7,000	100%	\$20	\$55	\$55	Ded + 100%	\$20	\$50	\$350	\$350	Ded + 100%	Emb	Sep	DH-K5	EF01	Gold
Granite Advantage EPO OA	\$5,000	100%	\$8,000	100%	\$20	\$50	\$50	Ded + 100%	\$20	\$50	\$350	\$350	Ded + 100%	Emb	Sep	DH-LL	EF01	Gold
Granite Advantage EPO OA	\$5,500	80%	\$9,100	100%	\$35	\$75	\$75	Ded + 80%	\$25	Ded + 80%	\$500	\$500	Ded + 80%	Emb	Sep	CX-I4	EF02	Silver
Granite Advantage EPO OA	\$7,500	100%	\$9,100	100%	\$35	\$75	\$75	Ded + 100%	\$25	Ded + 100%	\$500	\$500	Ded + 100%	Emb	Sep	CX-I6	EF02	Silver
Granite Advantage EPO OA	\$7,500	100%	\$9,100	100%	\$35	\$75	\$75	Ded + 100%	\$25	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CX-IA	EF02	Silver



# Health Plan Product Offering

**New Hampshire Freedom**  
1-50 Fully Insured Eligible Employees

## Granite Advantage EPO Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Granite Advantage EPO HSA	\$3,200	80%	\$7,500	100%	Ded + 80%	Ded + 80% w/referral	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Ded + 80% w/referral	Emb	Comb	DH-K6	EF01	Silver
Granite Advantage EPO HSA	\$4,000	100%	\$7,900	100%	Ded + \$30	Ded + \$50 w/referral	Ded + \$50	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Comb	DH-K7	EF01	Silver
Granite Advantage EPO HSA	\$4,000	80%	\$6,900	100%	Ded + 80%	Ded + 80% w/referral	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80% w/referral	Ded + 80% w/referral	Emb	Comb	DH-K8	EF01	Silver
Granite Advantage EPO HSA	\$4,700	90%	\$6,700	100%	Ded + 90%	Ded + 90% w/referral	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90% w/referral	Ded + 90% w/referral	Emb	Comb	DH-K9	EF01	Silver
Granite Advantage EPO HSA	\$7,200	100%	\$7,200	100%	Ded + 100%	Ded + 100% w/referral	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100% w/referral	Ded + 100% w/referral	Emb	Comb	DH-LA	EF01	Bronze

## Granite Advantage EPO OA Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Granite Advantage EPO OA HSA	\$1,750	100%	\$5,000	100%	Ded + \$20	Ded + \$40	Ded + \$40	Ded + \$350	Ded + \$20	Ded + \$20	Ded + \$150	Ded + \$150	Ded + \$500 Admit	Ded NonEmb/ OOPM Emb	Comb	CX-JA	EF01	Gold



# Health Plan Product Offering

**New Hampshire Freedom**  
1-50 Fully Insured Eligible Employees

## Granite Advantage PPO (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Granite Advantage PPO	\$1,500	100%	\$8,700	100%	\$35	\$35	\$35	Ded + \$350	100%	Ded + \$50	Ded + \$250	\$500	Ded + 100%	Emb	Sep	CX-HS	EF01	Gold
Granite Advantage PPO	\$2,000	100%	\$7,500	100%	\$35	\$35	\$35	Ded + \$350	100%	Ded + \$50	Ded + \$75	\$300	Ded + 100%	Emb	Sep	CX-HT	EF01	Gold
Granite Advantage PPO	\$2,000	90%	\$7,250	100%	\$30	\$70	\$70	Ded + 90%	\$25	\$50	\$350	Ded + 90%	Ded + 90%	Emb	Sep	DH-K2	EF02	Gold
Granite Advantage PPO	\$3,000	100%	\$7,500	100%	\$35	\$70	\$70	Ded + 100%	\$25	\$50	\$500	Ded + 100%	Ded + 100%	Emb	Sep	DH-SM	EF01	Gold
Granite Advantage PPO	\$3,000	100%	\$7,500	100%	\$35	\$35	\$35	Ded + \$350	100%	Ded + \$50	Ded + \$75	\$300	Ded + 100%	Emb	Sep	CX-HU	EF01	Gold
Granite Advantage PPO	\$3,000	80%	\$7,000	100%	\$20	\$55	\$55	Ded + 80%	\$20	\$50	\$350	\$350	Ded + 80%	Emb	Sep	DH-K3	EF02	Gold
Granite Advantage PPO	\$5,000	70%	\$8,700	100%	\$40	\$80	\$80	Ded + 70%	\$25	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	CX-H5	EF02	Silver
Granite Advantage PPO	\$6,500	100%	\$9,100	100%	\$45	\$85	\$85	Ded + 100%	\$25	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CX-H4	EF02	Silver

## Granite Advantage PPO Health Savings Account (HSA) (Insurance)

[Click for Plan Descriptions](#)

Plan Category	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP Network	Specialist Network	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital Network	Med Ded Type	Med Rx Ded Type	Med Plan Code	<a href="#">Rx Plan Code</a>	Metallic Level
Granite Advantage PPO HSA	\$3,200	80%	\$7,500	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	DH-KW	EF01	Silver
Granite Advantage PPO HSA	\$4,000	100%	\$7,900	100%	Ded + \$30	Ded + \$30	Ded + \$30	Ded + 100%	Ded + 100%	Ded + \$50	Ded + \$75	Ded + 100%	Ded + 100%	Emb	Comb	DH-KX	EF01	Silver
Granite Advantage PPO HSA	\$5,000	90%	\$6,000	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Comb	DH-KY	EF01	Silver
Granite Advantage PPO HSA	\$7,250	100%	\$7,250	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	DH-KZ	EF01	Bronze



# Health Plan Product Offering

New Hampshire Freedom  
1-50 Fully Insured Eligible Employees

Rx Plans							
Rx Plan Code	PDL	Pharmacy Network	Deductible	Copays			
			Individual	Tier 1	Tier 2	Tier 3	Tier 4
Separate Medical/Rx Deductible							
EF01	Essential	National	N/A	\$10	\$60	65% up to \$350	65% up to \$500
EF02	Essential	National	\$250 on T2, T3, & T4	\$10	\$60	65% up to \$350	65% up to \$500
Combined Medical/Rx Deductible							
EF01	Essential	National	Same as Medical	\$10	\$60	65% up to \$350	65% up to \$500



# Plan Descriptions – Granite Advantage

**New Hampshire Freedom**  
1-50 Fully Insured Eligible Employees

**For all Granite Advantage Plans** | [Click to see Plan Grids](#)

- National UnitedHealthcare network access outside of New Hampshire and bordering facilities in Maine and Vermont

## **Granite Advantage EPO:**

- PCP selection and referrals required to see a network specialist
- In-network only benefits

## **Granite Advantage EPO HSA:**

- PCP selection and referrals required to see a network specialist
- In-network only benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible

## **Granite Advantage EPO OA:**

- No PCP selection or referrals required to see a network specialist
- In-network only benefits

## **Granite Advantage EPO OA HSA:**

- No PCP selection or referrals required to see a network specialist
- In-network only benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible



# Plan Descriptions – Granite Advantage

**New Hampshire Freedom**  
1-50 Fully Insured Eligible Employees

**For all Granite Advantage Plans** | [Click to see Plan Grids](#)

- National UnitedHealthcare network access outside of New Hampshire and bordering facilities in Maine and Vermont

## **Granite Advantage PPO:**

- No PCP selection or referrals required to see a network specialist
- In-network and out-of-network benefits

## **Granite Advantage PPO HSA:**

- No PCP selection or referrals required to see a network specialist
- In-network and out-of-network benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible



- Unless otherwise noted, product availability is national/statewide.
- All plans are ACA compliant.
- The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying 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 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. In 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.
- Refer to the complete Certificate of Coverage and/or Benefit Summary documents for additional benefit plan design details. Benefit Summaries can be found by visiting [www.UHCeServices.com](http://www.UHCeServices.com).
- Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.
- UnitedHealthcare Rewards is a voluntary program. 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. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.
- 24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 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.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- Insurance coverage provided by or through UnitedHealthcare Freedom Insurance Company.

