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(12) **United States Design Patent**
Dziuba et al.

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(45) **Date of Patent:** **** Nov. 22, 2016**

(54) **DISPLAY SCREEN OR PORTION THEREOF WITH GRAPHICAL USER INTERFACE**

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(**) Term: **14 Years**

(21) Appl. No.: **29/497,619**

(22) Filed: **Jul. 25, 2014**

(51) **LOC (10) Cl.** **14-04**

(52) **U.S. Cl.**
USPC **D14/486**

(58) **Field of Classification Search**
USPC D14/485-488; D18/12.3, 31, 41; D20/10, 11, 18, 22, 27, 28, 40
CPC G06F 3/048-3/04897; G06F 17/246; G06F 17/3005; G06F 19/34; G06Q 30/0281; G06Q 10/06; G06Q 10/063114; G06Q 10/10; G06Q 10/109; G06Q 30/00; G06Q 30/02; G06Q 30/0269; G06Q 30/06

See application file for complete search history.

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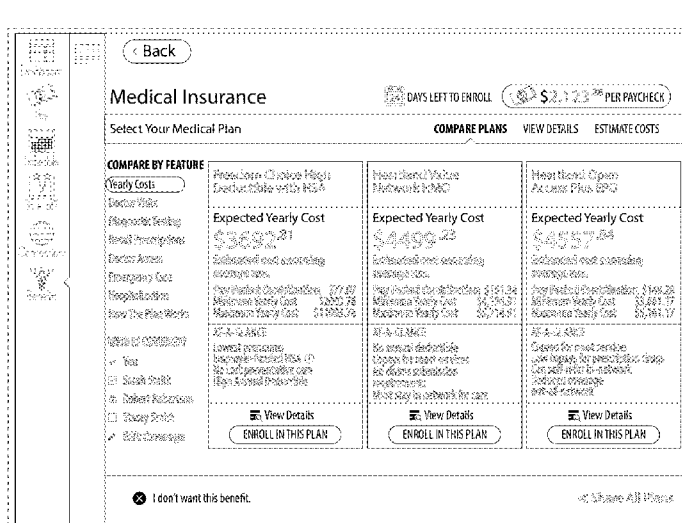
(57) **CLAIM**

We claim the ornamental design for a display screen or portion thereof with graphical user interface, as shown and described.

DESCRIPTION

FIG. 1 is a front view of a display screen or portion thereof with graphical user interface showing our new design; and, FIG. 2 is a front view of a second embodiment thereof. The outermost broken lines illustrate a display screen or portion thereof and form no part of the claimed design. The remaining broken lines illustrate portions of a graphical user interface that form no part of the claimed design.

1 Claim, 2 Drawing Sheets



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Medical Insurance

Select Your Medical Plan

21 DAYS LEFT TO ENROLL

\$2,123.33 PER PAYCHECK

COMPARE PLANS

VIEW DETAILS

ESTIMATE COSTS

COMPARE BY FEATURE

Yearly Costs

- Basic Rate
- Hospital Testing
- Retail Prescriptions
- Doctor Fees
- Emergency Care
- Hospitalization
- How The Plan Works
- What is Included
- You
- South Smith
- Robert Holmbeck
- Sherry Smith
- Bill Owsen

Premium: Chevron High Deductible with HSA	Premium: United Network HMO	Premium: Open Access PPO
Expected Yearly Cost \$3692.81	Expected Yearly Cost \$499.23	Expected Yearly Cost \$4557.84
Estimated cost assuming average use. New Period Contribution: \$77.02 Minimum Yearly Cost: \$1887.74 Maximum Yearly Cost: \$11888.74 N/A - 4.24%	Estimated cost assuming average use. New Period Contribution: \$181.24 Minimum Yearly Cost: \$4194.21 Maximum Yearly Cost: \$7183.91 N/A - 4.24%	Estimated cost assuming average use. New Period Contribution: \$182.08 Minimum Yearly Cost: \$4511.17 Maximum Yearly Cost: \$7481.17 N/A - 4.24%
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Lowest premiums <input checked="" type="checkbox"/> Employer-deducted HSA <input checked="" type="checkbox"/> No out-of-pocket max <input checked="" type="checkbox"/> High Annual Deductible 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> No annual deductible <input checked="" type="checkbox"/> Copays for most services <input checked="" type="checkbox"/> No claim submission requirements <input checked="" type="checkbox"/> Must stay in-network for care 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Copays for most services <input checked="" type="checkbox"/> Use major in-network drugs <input checked="" type="checkbox"/> Can not visit in-network out-of-network
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FIG. 1

[Dashboard](#)

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Medical Insurance

DAYS LEFT TO ENROLL

 \$2,123.25 PER PAYCHECK

COMPARE PLANS

Select Your Medical Plan

VIEW DETAILS

ESTIMATE COSTS

COMPARE BY FEATURE	Freedom Choice High Deductible with HSA	Heartland Value Network PPO	Heartland Open Access Plus PPO
<p>Retail Prescriptions</p> <p> <input checked="" type="checkbox"/> Early Care <input checked="" type="checkbox"/> Doctor Visit <input checked="" type="checkbox"/> Diagnostic Testing <input checked="" type="checkbox"/> Doctor Access <input checked="" type="checkbox"/> Emergency Care <input checked="" type="checkbox"/> Hospitalization <input checked="" type="checkbox"/> How The Plan Works <input checked="" type="checkbox"/> What is Covered <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Speech Therapy <input checked="" type="checkbox"/> Robert Johnson <input type="checkbox"/> Family Health <input checked="" type="checkbox"/> Milk Coverage </p>	<p>Retail Prescriptions</p> <p> <input checked="" type="checkbox"/> You pay <input checked="" type="checkbox"/> \$50 Copayment <input checked="" type="checkbox"/> Subject to restrictions </p> <p> AT-A-GLANCE Lowest premiums Employer-funded HSA No out-of-pocket max High Annual Deductible </p>	<p>Retail Prescriptions</p> <p> <input checked="" type="checkbox"/> You pay <input checked="" type="checkbox"/> 20% (maximum of 40% out-of-pocket) for services that are not less than 25% or greater than 50% <input checked="" type="checkbox"/> Subject to restrictions </p> <p> AT-A-GLANCE No out-of-pocket max Copays & deductibles No visit requirements No 30-day supply limit Subject to network for care </p>	<p>Retail Prescriptions</p> <p> <input checked="" type="checkbox"/> Your Copayment <input checked="" type="checkbox"/> \$70.00 <input checked="" type="checkbox"/> Subject to restrictions </p> <p> AT-A-GLANCE Copays for most services Lower copays for prescription drugs Can self-order in-network No annual maximum out-of-pocket </p>
	<p>View Details</p> <p>ENROLL IN THIS PLAN</p>	<p>View Details</p> <p>ENROLL IN THIS PLAN</p>	<p>View Details</p> <p>ENROLL IN THIS PLAN</p>

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FIG. 2