



Having a health plan you can count on. That matters.

**Find a plan that's right for you.
Learn more inside or visit uhcfeds.com.**



Your well-being. Our number 1 priority.

You're busy serving others. You need a health plan that's dedicated to serving you.

UnitedHealthcare has been providing health coverage for federal employees for almost two decades, and we are focused on helping you find the health care you deserve. You can compare your options by visiting uhcfeds.com to instantly explore the plans available in your area.

We offer a simpler approach to health plans, starting with one of the largest networks in the U.S., full of quality providers and hospitals close to you, making it easier for you to find the care you need, when and where you need it.

We are always looking for new, convenient ways to help keep you and your family healthy. We hope to bring you a simplified insurance experience—always with the human touch you can expect from UnitedHealthcare.

We take the hassle out of health care



Access your plan with ease

myuhc.com[®] is your personalized health plan hub. Find a doctor, manage your claims, estimate costs and more.



Download the UnitedHealthcare[®] app

It's perfect for on-the-go access. Find a doctor, locate nearby care, share your digital ID card and more.



Connect with a doctor 24/7

With 24/7 Virtual Visits, you can connect to a doctor by phone or video through myuhc.com[®] or the UnitedHealthcare[®] app.



Recognized as one of the most
Military Friendly[®] Employers in the nation.*

*No. 7 in the nation on the 2023 Military Friendly[®] Employers list and a Top Ten 2023 Military Spouse Friendly[®] Employer.



Programs for 2024

We know that health goes beyond what happens at the doctor’s office. That’s why we’re focused on delivering access to comprehensive care that includes many health and wellness benefits for 2024.



Access a personalized digital experience designed to help you make small changes that may help improve your health. Earn Rally Coins that you can use to donate to the charity of your choice, or access Rally Marketplace, which allows members to exchange their coins for discounts on a wide variety of products and services.



A weight loss program designed to help you lose weight and keep it off, Real Appeal offers up to a year of personalized 1-on-1 coaching, a tracking app and a Success Kit offering simple steps toward transformation.



Connect with nationally recognized specialists from the comfort of your home for an expert second opinion. Call 1-866-269-3534 or click uhcfeds.com to learn more.



You’ll get new, personalized content that’s designed to help you boost your mood and shift your perspectives. Tap into clinician-created tools, including:

- Daily mood tracking to help you identify patterns and self-assess progress
- Meditation tools and methods for relaxation, like deep breathing and positive visualization
- A personalized roadmap to help track your progress, set goals and more



A dedicated Health Engagement Nurse can help you create a plan to address lifestyle behaviors such as physical activity, nutrition counseling, chronic condition management and disease prevention – all to help you reach your health goals.



Get help to overcome tobacco cravings and withdrawals with access to a personal Quit Coach®, the Quit For Life app, Text2QuitSM text messages, an online course and, based on eligibility, quit medications.



Specialist Management Solutions (SMS) is part of your health plan at no additional cost.* SMS exists to simplify your path to affordable care through its concierge service. An SMS Care Advocate will help find a specialist for your condition, schedule an appointment, and discuss options for a localized site of care.

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*Payment for medical appointments and treatments will remain the member’s responsibility and are subject to plan benefits.





OK, let's get started

We know you have a lot of choices when it comes to health care. Don't worry. Finding coverage and understanding plan costs only takes a few steps.

- 1 Compare your plan options**
- 2 Review your benefits**
- 3 Enroll**

Visit uhcfeds.com and enter your home or work ZIP code to find plans in your area.



Need help?

Give us a call at **1-877-835-9861 (TTY 711)**.

¿Habla Español? Podemos ayudar.



Ready to sign up?

Sign up online or on paper. Visit employeeexpress.gov or go to your benefits office and ask for Standard Form (SF) 2809.



Postal employee?

Visit ewss.usps.gov or call PostalEASE at 1-877-477-3273



First, let's compare

Needless to say, there are a lot of factors that go into your decision. See the chart below for an overview of some key plan points. Further plan details are included on the next few pages.

HEALTH PLAN DETAILS	Choice Primary See benefit details on p. 6	Choice Plus Primary See benefit details on p. 7	Choice Plus HDHP with HSA See benefit details on p. 8	Choice Plus Advanced See benefit details on p. 9	Choice Open Access HMO See benefit details on p. 10	MD-IPA See benefit details on p. 11
 \$0 copay for network PCP visits There is no copay required for a visit to your PCP.	✓ For all ages	✓ For all ages			✓ For children under 18	✓ For children under 18
 In-network benefits only You can save money when you receive care for covered benefits from network providers.	✓ Nationwide access				✓ Nationwide access	✓ Regional access
 In- and out-of-network benefits You may receive care and services from providers and facilities in and out of our network, but staying in network can help lower your costs.		✓ Nationwide access	✓ Nationwide access	✓ Nationwide access		
 \$0 deductible There's no minimum balance that needs to be met before your health plan begins contributing to your expenses.					✓	✓
 Preventive dental You're covered for preventive dental visits up to \$500. See page 12.	✓	✓	✓	✓	✓	✓
 24/7 Virtual Visits (telehealth) See and talk to one of our virtual visit doctors who can treat you for conditions ranging from colds and fevers to migraines and allergies — 24/7 on myuhc.com ® or the UnitedHealthcare® app.	✓	✓	✓	✓	✓	✓
 Health Savings Account (HSA) With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses. UnitedHealthcare contributes to your HSA.			✓			
 UnitedHealthcare Retiree Advantage Available to annuitants enrolled in a UnitedHealthcare plan through the FEHBP with Medicare Part A and Part B. To enroll in this plan or to get more information, call our Retirement Team at 1-844-481-8821.	✓	✓		✓	✓	✓



Choice Primary (Y8, VD)

No copays for primary care? It's true. And, we've got you covered with a nationwide network plus no referrals to see a specialist.

HEALTH PLAN DETAILS		CHOICE PRIMARY (Y8, VD)	
Plan Type		Open Access	
MEDICAL COPAYS AND COINSURANCE			
Doctors and Specialists		Network	
Preventive Care Visit*		\$0; not subject to deductible	
Primary Care Visit (illness or injury)		\$0; not subject to deductible	
Virtual Visit (online doctor)		\$0; not subject to deductible	
Urgent Care Visit		\$50; not subject to deductible	
Specialist Visit		\$60; not subject to deductible	
Lab and X-ray		20% after deductible	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)		20% after deductible	
Emergency Care			
Emergency Room		20% after deductible (waived if admitted)	
Emergency Transportation (ground)		20% after deductible	
Other Care			
Mental Health Visit (office visit)		\$0	
Applied Behavioral Analysis (office visit)		\$0	
Mental Health Visit (inpatient)		20% after deductible	
Surgery – Outpatient		Freestanding center: 20% after deductible Hospital-based center: 20% after deductible	
Hospital – Inpatient Stay		20% after deductible	
Physician Fees for Surgical and Medical Services		20% after deductible	
PHARMACY COPAYS			
Prescription Type	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply	
Tier Level 1	\$5	\$5	
Tier Level 2	\$50	\$150	
Tier Level 3	\$100	\$350	
Tier Level 4	\$150	\$500	
DEDUCTIBLES AND OUT-OF-POCKET LIMITS			
Network			
Annual Deductible Amounts: The amount of health costs you're responsible for before the plan starts sharing costs.		Medical: Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000 Prescription – Tier 3 & 4: Self: \$250 Self Plus One: \$500 Self and Family: \$500	
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.		Medical: Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700	

You must live or work in our geographic service area to enroll in Choice Primary:

Y8 / 918711 Available in: Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia

VD / 918690 Available in: Arizona (Phoenix, Tucson, Mohave and Yavapai Counties), Nevada, Oregon, Washington

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE PRIMARY			
Y8			
Self Only	Y8 1	\$83.68	\$181.30
Self Plus One	Y8 3	\$179.91	\$389.80
Self and Family	Y8 2	\$197.90	\$428.78
VD			
Self Only	VD 1	\$89.81	\$194.60
Self Plus One	VD 3	\$193.10	\$418.39
Self and Family	VD 2	\$212.41	\$460.23

Benefit changes for 2024:

- Infertility benefits have been expanded, please refer to the FEHBP brochure for details
- Gender Dysphoria benefits have been expanded, please refer to the FEHBP brochure for details

*Age appropriate preventive care services are covered at 100% when received in the plan network. This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions.



Choice Plus Primary (AS, WF)

No copays for primary care? It's true. And, you can enjoy all the Choice you need with a nationwide network and no referrals. Plus, this plan has in- and out-of-network benefits.

HEALTH PLAN DETAILS	CHOICE PLUS PRIMARY (AS, WF)		
Plan Type	Open Access		
MEDICAL COPAYS AND COINSURANCE			
Doctors and Specialists	Network	Out-of-Network	
Preventive Care Visit*	\$0; not subject to deductible	Not covered	
Primary Care Visit (illness or injury)	\$0; not subject to deductible	40% after deductible**	
Virtual Visit (online doctor)	\$0; not subject to deductible	Not covered	
Urgent Care Visit	\$50; not subject to deductible	40% after deductible**	
Specialist Visit	\$60; not subject to deductible	40% after deductible**	
Lab and X-ray	20% after deductible	Not covered	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	20% after deductible	Not covered	
Emergency Care			
Emergency Room	20% after deductible (waived if admitted)	40% after deductible** (waived if admitted)	
Emergency Transportation (ground)	20% after deductible	40% after deductible**	
Other Care			
Mental Health Visit (office visit)	\$0; not subject to deductible	40% after deductible**	
Applied Behavioral Analysis (office visit)	\$0	40% after deductible**	
Mental Health Visit (inpatient)	20% after deductible	40% after deductible**	
Surgery – Outpatient	Freestanding center: 20% after deductible Hospital-based center: 20% after deductible	Freestanding center: 20% after deductible Hospital-based center: 20% after deductible	
Hospital – Inpatient Stay	20% after deductible	40% after deductible**	
Physician Fees for Surgical and Medical Services	20% after deductible	40% after deductible**	
PHARMACY COPAYS			
Prescription Type	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply	Out-of-Network
Tier Level 1	\$5	\$5	Not covered
Tier Level 2	\$50	\$150	Not covered
Tier Level 3	\$100	\$350	Not covered
Tier Level 4	\$150	\$500	Not covered
DEDUCTIBLES AND OUT-OF-POCKET LIMITS			
	Network	Out-of-Network	
Annual Deductible Amounts: The amount of health costs you're responsible for before the plan starts sharing costs.	Medical: Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000 Prescription – Tier 3 & 4: Self: \$250 Self Plus One: \$500 Self and Family: \$500	Medical: Self: \$3,000 Self Plus One: \$6,000 Self and Family: \$6,000	
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Medical: Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700	Medical: Self: \$15,000 Self Plus One: \$30,000 Self and Family: \$30,000	

You must live or work in our geographic service area to enroll in Choice Plus Primary:

AS / 918707 Available in: Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia

WF / 918691 Available in: Arizona (Phoenix, Tucson, Mohave and Yavapai Counties), Nevada, Oregon, Washington

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE PLUS PRIMARY			
AS			
Self Only	AS 1	\$93.88	\$203.41
Self Plus One	AS 3	\$198.94	\$431.04
Self and Family	AS 2	\$217.81	\$471.92
WF			
Self Only	WF 1	\$94.03	\$203.73
Self Plus One	WF 3	\$199.23	\$431.67
Self and Family	WF 2	\$218.13	\$472.61

Benefit changes for 2024:

- Infertility benefits have been expanded, please refer to the FEHBP brochure for details
- Gender Dysphoria benefits have been expanded, please refer to the FEHBP brochure for details

* Age appropriate preventive care services are covered at 100% when received in the plan network. This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions.

** Of allowable charges and any difference between allowed and billed amount.



Choice Plus High Deductible Health Plan with HSA (LS, LU, V4)

Your costs — covered — with a health savings account (HSA)* This plan has no referrals, offers a nationwide network, and has in- and out-of-network benefits.

HEALTH PLAN DETAILS		CHOICE PLUS HDHP WITH HSA (LS, LU, V4)	
Plan Type		Open Access	
MEDICAL COPAYS AND COINSURANCE			
Doctors and Specialists	Network	Out-of-Network	
Preventive Care Visit**	\$0	Not covered	
Primary Care Visit (illness or injury)	\$15 after deductible	30% after deductible***	
Virtual Visit (online doctor)	\$0 after deductible	Not covered	
Urgent Care Visit	\$35 after deductible	30% after deductible***	
Specialist Visit	\$30 after deductible	30% after deductible***	
Lab and X-ray	\$50 after deductible	Not covered	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	\$150 after deductible	Not covered	
Emergency Care			
Emergency Room	\$275 after deductible	30% after deductible***	
Emergency Transportation (ground)	\$0	30% after deductible***	
Other Care			
Mental Health Visit (office visit)	\$30 after deductible	30% after deductible***	
Applied Behavioral Analysis (office visit)	\$30 after deductible	30% after deductible***	
Mental Health Visit (inpatient)	\$500 per admission after deductible	30% after deductible***	
Surgery — Outpatient	\$250 after deductible	30% after deductible***	
Hospital — Inpatient Stay	\$500 per admission after deductible	30% after deductible***	
Physician Fees for Surgical and Medical Services	20% after deductible	30% after deductible***	
PHARMACY COPAYS			
Prescription Type	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply	Out-of-Network
Tier Level 1	\$10	\$10	Not covered
Tier Level 2	\$40	\$150	Not covered
Tier Level 3	\$85	\$350	Not covered
Tier Level 4	\$175	\$500	Not covered
DEDUCTIBLES AND OUT-OF-POCKET LIMITS			
	Network	Out-of-Network	
Annual Deductible Amounts: The amount of health costs you're responsible for before the plan starts sharing costs. UnitedHealthcare contributes \$750 self only/ \$1,500 self plus one or self plus family, to Health Savings Account.	Self: \$2,000 Self Plus One: \$4,000 Self and Family: \$4,000	Self: \$4,000 Self Plus One: \$8,000 Self and Family: \$8,000	
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$6,000 Self Plus One: \$12,000 Self and Family: \$12,000	Self: \$12,000 Self Plus One: \$24,000 Self and Family: \$24,000	

You must live or work in our geographic service area to enroll in the Choice Plus High Deductible Health Plan with HSA:

LS / 906530 Available in: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee

LU / 906864 Available in: Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington

V4 / 911923 Available in: District of Columbia, Maryland, Pennsylvania, Virginia

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE PLUS HDHP WITH HSA			
LS			
Self Only	LS 1	\$88.50	\$191.75
Self Plus One	LS 3	\$190.27	\$412.25
Self and Family	LS 2	\$203.54	\$441.01
LU			
Self Only	LU 1	\$90.28	\$195.61
Self Plus One	LU 3	\$194.09	\$420.54
Self and Family	LU 2	\$207.64	\$449.89
V4			
Self Only	V4 1	\$80.02	\$173.39
Self Plus One	V4 3	\$172.06	\$372.80
Self and Family	V4 2	\$183.21	\$396.95

Benefit changes for 2024:

- Virtual Visits copay has decreased from \$5 after deductible to \$0 after deductible
- Infertility benefits have been expanded, please refer to the FEHBP brochure for details
- Gender Dysphoria benefits have been expanded, please refer to the FEHBP brochure for details
- Emergency Room copay has increased from \$200 (after deductible) per occurrence to \$275 (after deductible) per occurrence

Open your Optum Bank account to receive an HSA premium pass through. We will contribute \$62.50 per month for a self only enrollment or \$125 to your HSA per month for a self plus one enrollment or self and family enrollment.

* Must set up Health Savings Account with Optum Bank. Application will be mailed to you or sign up online at uhcfeds.com.

** Age appropriate preventive care services are covered at 100% when received in the plan network. This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions.

*** Of allowable charges and any difference between allowed and billed amount.



Choice Plus Advanced (L9)***

Nationwide coverage that goes wherever you do with no referrals needed.
And, with out-of-network benefits.

HEALTH PLAN DETAILS	CHOICE PLUS ADVANCED (L9)		
Plan Type	Open Access		
MEDICAL COPAYS AND COINSURANCE			
Doctors and Specialists	Network	Out-of-Network	
Preventive Care Visit*	\$0	Not covered	
Primary Care Visit (illness or injury)	\$25 after deductible	50% after deductible**	
Virtual Visit (online doctor)	\$0, not subject to deductible	Not covered	
Urgent Care Visit	\$75 after deductible	50% after deductible**	
Specialist Visit	Non-premium: \$75 after deductible Premium: \$50 after deductible	50% after deductible**	
Lab and X-ray	20% after deductible	Not covered	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	Office and Freestanding lab: 20% after deductible; Hospital-based: 20%+ per occurrence deductible of \$250 after annual deductible	Not covered	
Emergency Care			
Emergency Room	\$275 (waived if admitted)	\$275 (waived if admitted)	
Emergency Transportation (ground)	20% after deductible	20% after deductible	
Other Care			
Mental Health Visit (office visit)	\$50 after deductible	50% after deductible**	
Applied Behavioral Analysis (Service areas differ. Please consult your FEHBP brochure)	\$50 per visit	50% after deductible**	
Mental Health Visit (inpatient)	20% after deductible	50% after deductible**	
Surgery – Outpatient	Freestanding center: 20% after deductible Hospital-based center: 20% after deductible	Freestanding center: 20% after deductible Hospital-based center: 20% after deductible	
Hospital – Inpatient Stay	20% after deductible	50% after deductible**	
Physician Fees for Surgical and Medical Services	20% after deductible	50% after deductible**	
PHARMACY COPAYS			
Prescription Type	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply	Out-of-Network
Tier Level 1	\$10	\$10	Not covered
Tier Level 2	\$35	\$150	Not covered
Tier Level 3	\$70	\$350	Not covered
Tier Level 4	\$120	\$500	Not covered
DEDUCTIBLES AND OUT-OF-POCKET LIMITS			
	Network	Out-of-Network	
Annual Deductible			
Amounts: The amount of health costs you're responsible for before the plan starts sharing costs.	Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000	Self: \$1,000 Self Plus One: \$2,000 Self and Family: \$2,000	
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$6,000 Self Plus One: \$12,000 Self and Family: \$12,000	Self: \$12,000 Self Plus One: \$24,000 Self and Family: \$24,000	

You must live or work in our geographic service area to enroll in the Choice Plus Advanced plan:

L9 / 904646 Available in: District of Columbia, Illinois (Chicago), Maryland (entire state), Texas (San Antonio), Virginia (Northern Virginia)

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE PLUS ADVANCED			
L9			
Self Only	L9 1	\$88.76	\$192.31
Self Plus One	L9 3	\$188.62	\$408.67
Self and Family	L9 2	\$213.03	\$461.56

Benefit changes for 2024:

- Virtual Visits copay has decreased from \$5 to \$0
- Infertility benefits have been expanded, please refer to the FEHBP brochure for details
- Gender Dysphoria benefits have been expanded, please refer to the FEHBP brochure for details
- In-network out-of-pocket maximum has increased from \$3,000 self only, \$6,000 self plus one or self and family to \$6,000 self only, \$12,000 self plus one or self and family
- Out-of-network out-of-pocket maximum has increased from \$6,000 self only, \$12,000 self plus one or self and family to \$12,000 self only, \$24,000 self plus one or self and family

*Age appropriate preventive care services are covered at 100% when received in the plan network. This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions.

**Of allowable charges and any difference between allowed and billed amount.

***Benefits may vary by plan and location.



Choice Open Access HMO (KK, KT, LJ, LR)

Just like it sounds, this plan opens up a nationwide network. This is a no-referrals and no-deductible plan with copays for most services.

HEALTH PLAN DETAILS	CHOICE (KK, KT, LJ, LR)	
Plan Type	Open Access	
MEDICAL COPAYS AND COINSURANCE		
Doctors and Specialists	Network	
Preventive Care Visit*	\$0	
Primary Care Visit (illness or injury)	\$25 copay; \$0 copay for children under 18	
Virtual Visit (online doctor)	\$0	
Urgent Care Visit	\$35	
Specialist Visit	\$35	
Lab and X-ray	\$50	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	\$150	
Emergency Care		
Emergency Room	\$275 (waived if admitted)	
Emergency Transportation (ground)	\$0	
Other Care		
Mental Health Visit (office visit)	\$25	
Applied Behavioral Analysis (office visit)	\$35	
Mental Health Visit (inpatient)	\$150 per day (up to \$750 per admission)	
Surgery – Outpatient	Freestanding center: \$150 Hospital-based center: \$300	
Hospital – Inpatient Stay	\$150 per day (up to \$750 per admission)	
Physician Fees for Surgical and Medical Services	Specialist: \$35	
PHARMACY COPAYS		
Prescription Type	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply
Tier Level 1	\$10	\$10
Tier Level 2	\$40	\$150
Tier Level 3	\$85	\$350
Tier Level 4	\$175	\$500
DEDUCTIBLES AND OUT-OF-POCKET LIMITS		
Network		
Annual Deductible Amounts: The amount of health costs you're responsible for before the plan starts sharing costs.	Self: \$0 Self Plus One: \$0 Self and Family: \$0	
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000	

You must live or work in our geographic service area to enroll in Choice Open Access HMO:

KK / 906520 Available in: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee

KT / 906861 Available in: Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington

LJ / 906743 Available in: Iowa, Kentucky

LR / 906671 Available in: District of Columbia, Maryland, Pennsylvania, Virginia

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE OPEN ACCESS			
KK			
Self Only	KK 1	\$211.84	\$458.99
Self Plus One	KK 3	\$452.52	\$980.46
Self and Family	KK 2	\$561.99	\$1,217.64
KT			
Self Only	KT 1	\$223.93	\$485.18
Self Plus One	KT 3	\$478.53	\$1,036.82
Self and Family	KT 2	\$592.23	\$1,283.16
LJ			
Self Only	LJ 1	\$229.05	\$496.27
Self Plus One	LJ 3	\$489.50	\$1,060.58
Self and Family	LJ 2	\$605.00	\$1,310.83
LR			
Self Only	LR 1	\$193.59	\$419.44
Self Plus One	LR 3	\$413.29	\$895.46
Self and Family	LR 2	\$455.92	\$987.82

Benefit changes for 2024:

- Virtual Visits copay has decreased from \$5 to \$0
- Infertility benefits have been expanded, please refer to the FEHBP brochure for details
- Gender Dysphoria benefits have been expanded, please refer to your FEHBP brochure for details

*Age appropriate preventive care services are covered at 100% when received in the plan network. This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions.



MD-IPA (JP)

This is an in-network-only, no-deductible plan that requires referrals with a strong regional network. It is only offered in the District of Columbia, Maryland and Northern Virginia.

HEALTH PLAN DETAILS	MD-IPA (JP) (PCP/REFERRAL PLAN)	
Plan Type	PCP/Referral	
MEDICAL COPAYS AND COINSURANCE		
Doctors and Specialists	Network	
Preventive Care Visit*	\$0	
Primary Care Visit (illness or injury)	\$25 copay; \$0 copay for children under 18	
Virtual Visit (online doctor)	\$0	
Urgent Care Visit	\$35	
Specialist Visit	\$40	
Lab and X-ray	\$0 in office / \$50 at lab	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	\$100 - (Diagnostic - MRI, CT scan, PET scan)	
Emergency Care		
Emergency Room	\$250 (waived if admitted)	
Emergency Transportation (ground)	\$0	
Other Care		
Mental Health Visit (office visit)	\$25	
Applied Behavioral Analysis (office visit)	\$25	
Mental Health Visit (inpatient)	\$250 per day (up to \$750 per admission)	
Surgery – Outpatient	Freestanding center: \$150 Hospital-based center: \$300	
Hospital – Inpatient Stay	\$250 per day (up to \$750 per admission)	
Physician Fees for Surgical and Medical Services	Specialist: \$40	
PHARMACY COPAYS		
Prescription Type	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply
Tier Level 1	\$5	\$5
Tier Level 2	\$40	\$150
Tier Level 3	\$75	\$350
Tier Level 4	\$120	\$500
DEDUCTIBLES AND OUT-OF-POCKET LIMITS		
	Network	
Annual Deductible Amounts: The amount of health costs you're responsible for before the plan starts sharing costs.	Self: \$0 Self Plus One: \$0 Self and Family: \$0	
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000	

You must live or work in our geographic service area to enroll in the MD-IPA plan:

JP / 712403 Available in: District of Columbia, Maryland, Northern Virginia

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
MD-IPA			
JP			
Self Only	JP 1	\$260.86	\$565.20
Self Plus One	JP 3	\$453.08	\$981.67
Self and Family	JP 2	\$846.37	\$1,833.80

Benefit changes for 2024:

- Virtual Visits copay has decreased from \$5 to \$0
- Infertility benefits have been expanded, please refer to the FEHBP brochure for details
- Gender Dysphoria benefits have been expanded, please refer to the FEHBP brochure for details

Dental and Vision benefits included with MD-IPA**

• Preventive Dental PPO Plan***

Present your separate PPO dental card, once printed, to access benefits, which include oral exam, prophylaxis (cleaning), X-rays and sealants, amalgam and composite restorations (fillings)

You pay: \$0 in-network and 40% out-of-network

• Dental Discount Plan***

Present your health plan ID card to access benefits

It includes: non-cosmetic services at 25-30% discount, cosmetic services at 10-15% discount

Visit uhcfeds.com for additional information and to find participating dentists near you.

Refer to the FEHBP/COC, section **Non-FEHB Benefits Available to Plan Members** for additional information.

• Vision Discount***

- Available every 24 months
- Copay of \$25-\$40 for basic eyeglasses
- \$130 frame allowance at in-network providers
- \$125 contact lens allowance (in lieu of eyeglasses)

*Age appropriate preventive care services are covered at 100% when received in the plan network. This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions.

**Non FEHB benefit

***Limitations, exclusions, and differences between allowance and amount billed are applicable



Preventive dental benefits included at no cost to you

Additional Dental PPO* benefits included with all plans:

PREVENTIVE DENTAL PPO* PLAN**	
You can see any licensed dentist. Just present your separate PPO dental ID card to access benefits.	
What it offers:	What you'll pay:
Deductible	\$0
Annual maximum	\$500 per person per year
Oral exam,*** prophylaxis (cleaning),*** X-rays and sealants†	\$0 (100% for covered services)

For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at uhcfeds.com. Visit uhcfeds.com for additional information and to find a participating dentist near you.



* PPO = Preferred Provider Organization. Excluding MD-IPA.
 ** Non-FEHBP benefit.
 *** Limited to 2 times per consecutive 12 months.
 † Available to children under the age of 16.



UnitedHealthcare Medicare Advantage plan

Meet the UnitedHealthcare® Retiree Advantage plan for federal retirees

Get all the benefits of Original Medicare (Medicare parts A & B) plus these benefits at no additional cost:

- \$0 copays on covered medical services
- \$150 monthly Part B premium subsidy
- Prescription drug coverage (Part D) with full coverage in the gap
- One plan — no need to coordinate benefits

UnitedHealthcare designed this Medicare Advantage plan to provide an enhanced level of benefits for federal annuitants, which include all the features and protections of your FEHB plan and Original Medicare, plus much more.

You must be retired with Medicare parts A & B to be eligible for the UnitedHealthcare Retiree Advantage plan.



Call UnitedHealthcare toll-free at 1-844-481-8821, TTY 711, 8 a.m.–8 p.m. local time Monday–Friday, or visit our website at retiree.uhc.com/fehbra to learn more.



Talk to an advocate

Connect with an advocate over the phone, via myuhc.com® webchat or on the UnitedHealthcare® app — someone who can provide you with information and support to help you understand your benefits and claims, make more informed decisions about your health, and access the care that helps fits your needs.



Behavioral health solutions

Access our large network of nearby behavioral health providers with options for either in-person or virtual care. The behavioral health benefit offers support for you and your covered family members with alcohol and drug use recovery, depression, anxiety and stress, coping with grief and loss, relationship difficulties, compulsive habits and disorders, and medication management.

Pride365+

Because you're you. Colleague, friend, sibling, partner, LGBTQ+. We respect and support all that you are.

Expanding your awareness

For more information, including additional LGBTQ+ resources, visit pride365plus.com. Also, follow myuhc.com®.

Customizing your journey

Interested in additional personalized resources? Call the number on your health plan ID card or visit myuhc.com® to learn what's available to you.



Your plan, your choice

Before you enroll, compare premiums, summarized here. You can also review your costs and coverage at uhcfeds.com.

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE PRIMARY			
Y8 — Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia			
Self Only	Y8 1	\$83.68	\$181.30
Self Plus One	Y8 3	\$179.91	\$389.80
Self and Family	Y8 2	\$197.90	\$428.78
VD — Arizona (Phoenix, Tucson, Mohave and Yavapai Counties), Nevada, Oregon, Washington			
Self Only	VD 1	\$89.81	\$194.60
Self Plus One	VD 3	\$193.10	\$418.39
Self and Family	VD 2	\$212.41	\$460.23
CHOICE PLUS PRIMARY			
AS — Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia			
Self Only	AS 1	\$93.88	\$203.41
Self Plus One	AS 3	\$198.94	\$431.04
Self and Family	AS 2	\$217.81	\$471.92
WF — Arizona (Phoenix, Tucson, Mohave, and Yavapai Counties), Nevada, Oregon, Washington			
Self Only	WF 1	\$94.03	\$203.73
Self Plus One	WF 3	\$199.23	\$431.67
Self and Family	WF 2	\$218.13	\$472.61
CHOICE PLUS HDHP WITH HSA			
LS — Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee			
Self Only	LS 1	\$88.50	\$191.75
Self Plus One	LS 3	\$190.27	\$412.25
Self and Family	LS 2	\$203.54	\$441.01
LU — Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington			
Self Only	LU 1	\$90.28	\$195.61
Self Plus One	LU 3	\$194.09	\$420.54
Self and Family	LU 2	\$207.64	\$449.89
V4 — District of Columbia, Maryland, Pennsylvania, Virginia			
Self Only	V4 1	\$80.02	\$173.39
Self Plus One	V4 3	\$172.06	\$372.80
Self and Family	V4 2	\$183.21	\$396.95
CHOICE PLUS ADVANCED			
L9 — District of Columbia, Illinois (Chicago), Maryland (entire state), Texas (San Antonio), Virginia (Northern Virginia)			
Self Only	L9 1	\$88.76	\$192.31
Self Plus One	L9 3	\$188.62	\$408.67
Self and Family	L9 2	\$213.03	\$461.56



More plans, more choice

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE OPEN ACCESS HMO			
KK — Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee			
Self Only	KK 1	\$211.84	\$458.99
Self Plus One	KK 3	\$452.52	\$980.46
Self and Family	KK 2	\$561.99	\$1,217.64
KT — Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington			
Self Only	KT 1	\$223.93	\$485.18
Self Plus One	KT 3	\$478.53	\$1,036.82
Self and Family	KT 2	\$592.23	\$1,283.16
LJ — Iowa, Kentucky			
Self Only	LJ 1	\$229.05	\$496.27
Self Plus One	LJ 3	\$489.50	\$1,060.58
Self and Family	LJ 2	\$605.00	\$1,310.83
LR — District of Columbia, Maryland, Pennsylvania, Virginia			
Self Only	LR 1	\$193.59	\$419.44
Self Plus One	LR 3	\$413.29	\$895.46
Self and Family	LR 2	\$455.92	\$987.82
MD-IPA			
JP — District of Columbia, Maryland, Northern Virginia			
Self Only	JP 1	\$260.86	\$565.20
Self Plus One	JP 3	\$453.08	\$981.67
Self and Family	JP 2	\$846.37	\$1,833.80

So now you know

You've considered these health plan costs and coverage. You've explored resources to help you stay healthier. Now you're ready for the next step: enroll in the UnitedHealthcare plan that works best for you at this moment in your life.

1 Choose your plan.



Jot down the code for the enrollment type that works best for you — you will need it when you sign up for UnitedHealthcare health plan coverage

2 Two ways to enroll:



Online:

- Visit uhcfeds.com to learn about plan options
- Sign up online at employeeexpress.gov
- Postal employees: Visit <https://ewss.usps.gov>



Paper:

- Go to your benefits office and ask for Standard Form (SF) 2809
- Postal employees: Call PostalEASE at 1-877-477-3273



Visit uhcfeds.com

The fine print.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card. You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:
<http://www.hhs.gov/ocr/complaints/index.html>

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

هذه الخدمات مجانية متاحة للأشخاص الذين يتحدثون لغتهم الأم: العربية (**Arabic**)، اللغة العربية، خدمة الترجمة متاحة مجاناً. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍI BAA'ÁKONINÍZIN: Diné (**Navajo**) bizaad bee yáníiti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'í. T'áá shóodí ninaaltsoos nitl'izi bee nééhozínigíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

All trademarks are the property of their respective owners.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank, Member of 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.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number service is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a copay, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, 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.



UnitedHealthcare®
Federal Programs

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