



Getting health care coverage is as easy as 1-2-3

1 Compare your plan options

2 Review your benefits

3 Enroll

Options for plan year 2022

Mid-Atlantic

Choice Plus Advanced (L9) and **MD-IPA** (JP): Washington, DC | Maryland | Northern Virginia

Choice Open Access (LR), **Choice Plus HDHP with HSA** (V4), **Choice Primary** (East Y8)

Choice Plus Primary (East AS): Washington, DC | Maryland | Virginia | Pennsylvania

United
Healthcare

Put our years of dedication to work

UnitedHealthcare has been providing federal employees with easy, convenient and affordable access to health care benefits for decades. Take advantage of hardworking benefits designed to fit your needs, lifestyle and budget.



Simple experience:

Whether you prefer technology or a human touch, navigate and use your benefits with ease.



Large network:

As a FEHBP member, you get full coverage for annual checkups and easy access to a range of medical services. Choose from over 1.2 million providers and 6,100 hospitals nationwide.*



Full benefits:

Manage your total health with benefits like no-copay PCP visits,** behavioral health coverage and lifestyle programs like Real Appeal®*** for weight management.

* As of April 2021

** For the Choice Primary plans

*** Real Appeal is provided to eligible members at no additional cost.



Give us a call at **1-877-835-9861 (TTY 711)**. Habla Español? Podemos ayudar.

Step 1: Compare options

HEALTH PLAN DETAILS	Choice Open Access (LR)	Choice Plus Advanced (L9)	MD-IPA (JP)*	Choice Plus HDHP** with HSA*** (V4)	Choice Primary (East Y8)	Choice Plus Primary (East AS)
 Network coverage only You can save money when you receive care for covered benefits from network providers.	✓		✓		✓	
 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.		✓		✓		✓
 \$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.	✓	✓	✓	✓	✓	✓
 \$0 copay for network PCP visits There is no copay required for a visit to your PCP.	✓ For children under 18		✓ For children under 18		✓	✓
 24/7 Virtual visits (telehealth) See and talk to a 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. Your employer contributes to your HSA.				✓		
 UnitedHealthcare retiree advantage Available to annuitants enrolled in a UnitedHealthcare plan through the FEHB 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.	✓	✓	✓		✓	✓



Manage your health anywhere, anytime

Keep your finger on the pulse of your health with easy, convenient digital tools.

- **Plan access:** Find a doctor, manage your claims, estimate costs and more at your myuhc.com® personalized hub and on our UnitedHealthcare® app
- **Care access:** 24/7 Virtual Visits let you video chat with a doctor 24/7—from your computer or mobile device****—to get care conveniently

* PCP required.
 ** HDHP = High deductible health plan.
 *** HSA = health savings account.
 **** Data rates may apply



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HEALTH PLAN DETAILS		CHOICE (LR)		CHOICE PLUS ADVANCED (L9)		MD-IPA (JP) (PCP/REFERRAL PLAN)	
Plan Type		Open Access		Open Access		PCP/Referral	
MEDICAL COPAYS AND COINSURANCE							
Doctors and Specialists		Network		Network		Out-of-Network	
Preventive Care Visit		\$0		\$0		Not covered	
Primary Care Visit (illness or injury)		\$25 copayment; \$0 copayment for children under 18		\$25 after deductible		50% after deductible*	
Virtual Visit (online doctor)		\$5		\$5; not subject to deductible		Not covered	
Urgent Care Visit		\$35		\$75 after deductible		50% after deductible*	
Specialist Visit		\$35		Non-premium: \$75 after deductible Premium: \$50 after deductible		50% after deductible*	
Lab and X-ray		\$50		20% after deductible		Not covered	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)		\$150		Office and Freestanding lab: 20% after deductible; Hospital-based: 20%+ per occurrence deductible of \$250 after annual deductible		Not covered	
Emergency Care							
Emergency Room		\$250 (waived if admitted)		\$275 (waived if admitted)		\$275 (waived if admitted)	
Emergency Transportation (ground)		\$0		20% after deductible		20% after deductible	
Other Care							
Mental Health Visit (office visit)		\$25		\$75 after deductible		50% after deductible*	
Applied Behavioral Analysis (office visit)		\$35		\$75 after deductible		50% after deductible*	
Mental Health Visit (inpatient)		\$150 per day (up to \$750 per admission)		20% after deductible		50% after deductible*	
Surgery — Outpatient		Freestanding facility: \$150 Hospital-based facility: \$300		Freestanding facility: 20% after deductible Hospital-based facility: 20% after per occurrence deductible of \$250 and annual deductible		Freestanding facility: 50% after deductible* Hospital-based facility: 50% after per occurrence deductible of \$250 and annual deductible*	
Hospital — Inpatient Stay		\$150 per day (up to \$750 per admission)		20% after deductible		50% after deductible*	
Physician Fees for Surgical and Medical Services		PCP: \$25 Specialist: \$35		PCP: \$25 after deductible Non-Premium: \$75 after deductible Premium 1: \$50 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		\$40		\$35		Not covered	
Tier Level 3		\$85		\$70		Not covered	
Tier Level 4		\$175		\$120		Not covered	
DEDUCTIBLES AND OUT-OF-POCKET LIMITS							
		Network		Network		Out-of-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		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: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000		Self: \$3,000 Self Plus One: \$6,000 Self and Family: \$6,000		Self: \$6,000 Self Plus One: \$12,000 Self and Family: \$12,000	
		Self: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000		Self: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000		Self: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000	



Give us a call at **1-877-835-9861 (TTY 711)**. Habla Español? Podemos ayudar.

HEALTH PLAN DETAILS	CHOICE PLUS HDHP WITH HSA (V4)		CHOICE PRIMARY (EAST Y8)	CHOICE PLUS PRIMARY (EAST AS)				
Plan Type	Open Access		Open Access	Open Access				
MEDICAL COPAYS AND COINSURANCE								
Doctors and Specialists	Network	Out-of-Network	Network	Network	Out-of-Network			
Preventive Care Visit	\$0	Not covered	\$0; not subject to deductible	\$0; not subject to deductible	Not covered			
Primary Care Visit (illness or injury)	\$15 after deductible	30% after deductible*	\$0; not subject to deductible	\$0; not subject to deductible	40% after deductible*			
Virtual Visit (online doctor)	\$5 after deductible	Not covered	\$0; not subject to deductible	\$0; not subject to deductible	Not covered			
Urgent Care Visit	\$35 after deductible	30% after deductible*	\$50; not subject to deductible	\$50; not subject to deductible	40% after deductible*			
Specialist Visit	\$30 after deductible	30% after deductible*	\$60; not subject to deductible	\$60; not subject to deductible	40% after deductible*			
Lab and X-ray	\$50 after deductible	Not covered	20% after deductible	20% after deductible	Not covered			
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	\$150 after deductible	Not covered	20% after deductible	20% after deductible	Not covered			
Emergency Care								
Emergency Room	\$200 after deductible	30% after deductible*	20% after deductible (waived if admitted)	20% after deductible (waived if admitted)	40% after deductible* (waived if admitted)			
Emergency Transportation (ground)	\$0	30% after deductible*	20% after deductible	20% after deductible	40% after deductible*			
Other Care								
Mental Health Visit (office visit)	\$30 after deductible	30% after deductible*	\$0	20%	40% after deductible*			
Applied Behavioral Analysis (office visit)	\$30 after deductible	30% after deductible*	\$0	\$60	40% after deductible*			
Mental Health Visit (inpatient)	\$500 per admission after deductible	30% after deductible*	20% after deductible	20% after deductible	40% after deductible*			
Surgery — Outpatient	\$250 after deductible	30% after deductible*	20% after deductible	20% after deductible	40% after deductible*			
Hospital — Inpatient Stay	\$500 per admission after deductible	30% after deductible*	20% after deductible	20% after deductible	40% after deductible*			
Physician Fees for Surgical and Medical Services	PCP: \$15 after deductible Specialist: \$30 after deductible	30% after deductible*	20% after deductible	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	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply	Retail up to 30-day supply	Specialty Pharmacy up to 30-day supply	Out-of-Network
Tier Level 1	\$10	\$10	Not covered	\$5	\$5	\$5	\$5	Not covered
Tier Level 2	\$40	\$150	Not covered	\$50	\$150	\$50	\$150	Not covered
Tier Level 3	\$85	\$350	Not covered	\$100	\$350	\$100	\$350	Not covered
Tier Level 4	\$175	\$500	Not covered	\$150	\$500	\$150	\$500	Not covered
DEDUCTIBLES AND OUT-OF-POCKET LIMITS								
	Network	Out-of-Network	Network	Network	Network	Out-of-Network	Out-of-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: \$1,500 Self Plus One: \$3,000 Self and Family: \$3,000	Self: \$2,500 Self Plus One: \$5,000 Self and Family: \$5,000	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: \$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: \$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 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.	Self: \$4,000 Self Plus One: \$6,850 Self and Family: \$6,850	Self: \$6,850 Self Plus One: \$10,000 Self and Family: \$10,000	Medical: Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700	Medical: Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700	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		

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.



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Step 2: Review your dental benefits

PREVENTIVE DENTAL PPO* PLAN**	
You can see any licensed dentist. Just present your 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 offers, explore the FEDVIP dental plans at uhcfeds.com.

Additionally, for the MD-IPA (JP) plan:

DENTAL DISCOUNT PLAN**	
No claim forms, no waiting periods, no deductible. Present your health plan ID card to access benefits.	
What it includes:	Applicable discounts:
Non-cosmetic dental procedures	25%–30%
Cosmetic dental procedures	10%–15%

ADDITIONAL PREVENTIVE DENTAL PPO* PLAN	
You can see any licensed dentist. Just present your PPO dental ID card to access benefits.	
What it offers:	What you'll pay:
Oral exam,*** prophylaxis (cleaning),*** X-rays and sealants† Amalgam and composite restorations (fillings)	\$0/40% network/40% out of network†† for MD-IPA plan

Visit uhcfeds.com to download dental plan documents and find participating dentists near you.

VISION			
	Preferred Provider (Walmart, Sam's Club, MyEyeDr)	Participating Provider	Out-of-Network
Eyeglasses (every 24 months)	\$25 copayment	\$40 copayment	See allowances below
Frames	\$130 frame allowance	\$130 frame allowance	\$45 allowance
Lenses (every 24 months)	Single vision, lined bifocal or trifocal, and lenticular covered in full	Single vision, lined bifocal or trifocal, and lenticular covered in full	Single vision: \$40 Bifocal: \$60 Trifocal: \$80 Lenticular: \$80
Contact lenses (in lieu of eyeglasses)	\$125 allowance	\$125 allowance	\$125 allowance

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

Step 3: Enroll

Once you've chosen the plan that fits you and your family's needs, you're ready to enroll. You'll need the enrollment code from the chart below. Some plans are available in additional locations. Visit uhcfeds.com for more information on the plans available in your area.

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BIWEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
CHOICE OPEN ACCESS (LR) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA			
Self Only	LR 1	\$134.60	\$291.63
Self Plus One	LR 3	\$291.22	\$630.98
Self and Family	LR 2	\$325.20	\$704.60
CHOICE PLUS ADVANCED (L9) WASHINGTON, DC / MARYLAND / NORTHERN VIRGINIA			
Self Only	L9 1	\$76.59	\$165.94
Self Plus One	L9 3	\$153.18	\$331.88
Self and Family	L9 2	\$183.05	\$396.60
MD-IPA (JP) WASHINGTON, DC / MARYLAND / NORTHERN VIRGINIA			
Self Only	JP 1	\$222.21	\$481.46
Self Plus One	JP 3	\$387.57	\$839.73
Self and Family	JP 2	\$735.56	\$1,593.71
CHOICE PLUS HDHP WITH HSA (V4) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA			
Self Only	V4 1	\$76.36	\$165.45
Self Plus One	V4 3	\$164.18	\$355.73
Self and Family	V4 2	\$174.71	\$378.55
CHOICE PRIMARY (EAST Y8) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA			
Self Only	Y8 1	\$67.07	\$145.31
Self Plus One	Y8 3	\$144.20	\$312.43
Self and Family	Y8 2	\$158.62	\$343.67
CHOICE PLUS PRIMARY (EAST AS) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA			
Self Only	AS 1	\$75.10	\$162.73
Self Plus One	AS 3	\$161.48	\$349.87
Self and Family	AS 2	\$177.63	\$384.86

Sign up online or on paper

- Visit employeeexpress.gov
 - Postal employees: Visit ewss.usps.gov
- 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/office/file/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.

PAALALA: 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.

فیناچمال قیوغللا قدا عاسمال تاداخ ناف، (Arabic)، قیبر عل شحت تنك اذا بیبنت
فیر عتلا قاطب یل ع جردمل ایناچمال فتالما مقرب لاصتالای جری. لکل حاتم
لئب قضاخلا

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye 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**), udostępniliśmy 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, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

Díí BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jiik'eh, bee ná'ahóót'i'. T'áá shoodí ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jiik'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.

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 copayment, 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.

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.

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This document includes general information about your medical benefit plan. This summary is not a plan document under which the plan is maintained and administered. Any discrepancies between this information and your plan documents will be governed by the plan documents. The benefits described in this document are subject to change at any time.

24/7 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. 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.

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