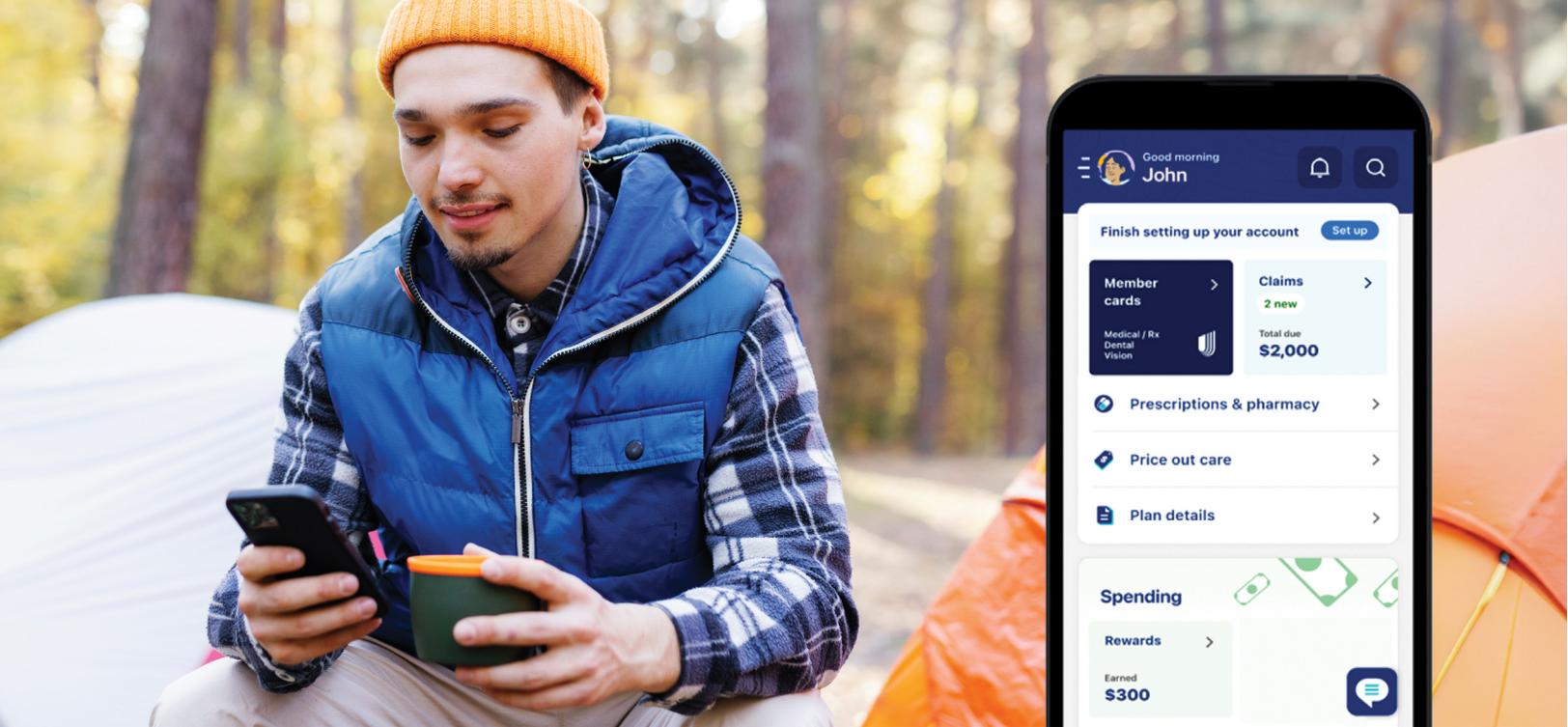




# A health plan you can count on. It matters.

Find a plan that's right for you.  
Learn more inside or visit [uhcfeds.com](https://uhcfeds.com).





# Why UnitedHealthcare? Your well-being. Our number-one priority.

## We take the hassle out of healthcare

UnitedHealthcare has been providing health coverage for federal employees, retirees, and their family members for over two decades. We are focused on helping you find the health care you deserve with a simpler approach to health plans.



### Access your plan with ease

[myuhc.com](https://myuhc.com)<sup>®</sup> is your personalized health plan hub. Find a doctor, manage your claims, estimate costs and more.



### Download the UnitedHealthcare<sup>®</sup> 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](https://myuhc.com)<sup>®</sup> or the UnitedHealthcare<sup>®</sup> app.

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# Programs and perks for 2025

We know that health goes beyond what happens at the doctor's office. That's why we're focused on delivering access to care that includes many health and wellness benefits for 2025:

## **\$300** New for 2025: Get started with UHC Rewards

Good news – your health plan comes with a new way to earn up to **\$300**. With UnitedHealthcare Rewards, you can earn up to **\$300** for tracking your steps or sleep, getting an annual checkup and more. The activities you go for are up to you.

When you activate UHC Rewards, you can also get started with **One Pass Select™**, a fitness program that gives you unlimited access to a nationwide network of thousands of fitness centers. Plus, you can use your earnings to help pay for a One Pass Select membership. Please note subscribers and enrolled spouses are eligible for this program.

### Start earning with UHC Rewards

Download the UnitedHealthcare® app and then:

- 1 Sign in or register
- 2 Select **UHC Rewards**
- 3 Activate UHC Rewards
- 4 Select **Redeem rewards** to access One Pass Select



Visit UHC Rewards page  
on the UnitedHealthcare® app



# Programs and perks cont.



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.



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



UnitedHealthcare offers member options for virtual visits with local providers or by using the network of national providers. Talk to a health care provider from your computer, tablet or smartphone. Virtual visits may be covered by your health insurance. One virtual care option, Teladoc, connects you to a Primary Care Provider of your choice via phone or video for a unique, personalized care experience. Included is a \$0 annual checkup, a dedicated care team, a customized care plan and in-person referrals.



The Wellos app provides personalized, goal-based content based on your daily tracking. Also includes new lessons that may help keep you motivated, curated recipe collections and meal plans, mini tracking challenges and more.



Experience a different type of urgent health care. DispatchHealth brings medical care where you're the most comfortable – right at home. Here's what you'll have access to:

- Care delivered to your doorstep
- Providers are prepared to treat everything an urgent care can
- Similar cost as in-network urgent care – covered by most insurance companies
- A nationwide care network



Meet your unique needs with hybrid care. With the Amwell Converge™ platform, you can schedule visits, specialty consults and more in an in-person, virtual or automated care setting. Your provider can diagnose, treat, prescribe medication and answer any questions you may have about your health.

## Talk to an advocate

Connect with an advocate over the phone, via [myuhc.com](https://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.

## UHC Health Engagement Nurse

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.

## Personal Health Support

Personal Health Support is a flexible, holistic care management solution. It provides members highly personalized support and guidance to address their health concerns while directing them towards the most appropriate care and provider. The program provides support for 100-plus conditions for episodic/acute and chronic conditions.

## Mental and behavioral health

Access our large network of nearby mental and behavioral health providers with options for either in-person or virtual care. This 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.



# 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
 <b>\$0 copay for network PCP visits</b> 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
 <b>In-network benefits only</b> You can save money when you receive care for covered benefits from network providers.	✓ Nationwide access				✓ Nationwide access	✓ Regional access
 <b>In- and out-of-network benefits</b> 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		
 <b>\$0 deductible</b> There's no minimum balance that needs to be met before your health plan begins contributing to your expenses.					✓	✓
 <b>Preventive dental</b> You're covered for preventive dental visits up to \$500.	✓	✓	✓	✓	✓	✓
 <b>24/7 Virtual Visits (telehealth)</b> 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 <a href="http://myuhc.com">myuhc.com</a> ® or the UnitedHealthcare® app.	✓	✓	✓	✓	✓	✓
 <b>Health Savings Account (HSA)</b> 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.			✓			
 <b>UHC Rewards and One Pass Select</b> You can earn \$300 and redeem towards a One Pass Select membership.	✓	✓	✓	✓	✓	✓
 <b>UnitedHealthcare Retiree Advantage</b> 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		
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>			
<b>Network</b>			
<b>Annual Deductible Amounts:</b> 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	
<b>Out-of-Pocket Limits:</b> The maximum amount you will pay for covered health services.	Self	\$7,350	
	Self Plus One	\$14,700	
	Self and Family	\$14,700	
<b>MEDICAL COPAYS AND COINSURANCE</b>			
<b>Network</b>			
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		
<b>Emergency Care</b>			
Emergency Room	20% after deductible (waived if admitted)		
Emergency Transportation (ground)	20% after deductible		
<b>Other Care</b>			
Mental Health Visit (office visit)	\$0		
Applied Behavioral Analysis (office visit)	\$0		
Mental Health Hospitalization	20% after deductible		
Surgery – Outpatient	<b>Freestanding center:</b> 20% after deductible <b>Hospital-based center:</b> 20% after deductible		
Hospital – Inpatient Stay	20% after deductible		
Physician Fees for Surgical and Medical Services	20% after deductible		
<b>PHARMACY COPAYS</b>			
<b>Prescription Type</b>	<b>Retail</b> up to 30-day supply	<b>Specialty Pharmacy</b> up to 30-day supply	
Tier Level 1	\$10	\$10	
Tier Level 2	\$50	\$150	
Tier Level 3	\$100	\$350	
Tier Level 4	\$200	\$500	
<b>PHARMACY DEDUCTIBLES - RETAIL/MAIL ORDER</b>			
<b>Prescription Type</b>	<b>Retail/Mail Order</b>	<b>Specialty Pharmacy</b>	
	Self	\$250	
Tier Level 3 & 4	Self Plus One	\$500	
	Self and Family	\$500	

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>CHOICE PRIMARY</b>			
<b>Y8</b>			
Self Only	<b>Y81</b>	\$81.43	\$176.44
Self Plus One	<b>Y83</b>	\$175.08	\$379.35
Self and Family	<b>Y82</b>	\$192.59	\$417.28
<b>VD</b>			
Self Only	<b>VD1</b>	\$89.00	\$192.84
Self Plus One	<b>VD3</b>	\$191.36	\$414.61
Self and Family	<b>VD2</b>	\$210.50	\$456.08

**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

## Benefit changes for 2025 – Plan Y8, YD:

- Pharmacy copays have increased to the following: Tier 1 \$10 and Tier 4 \$200.
- The Tier 1 Specialty Pharmacy copay has increased from \$5 to \$10 in 2025.

## 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](http://uhcfeds.com). Visit [uhcfeds.com](http://uhcfeds.com) for additional information and to find a participating dentist near you.

\*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 include limitations and exclusions.

\*\*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.



# 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		
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>			
		Network	Out-of-Network
<b>Annual Deductible Amounts:</b> The amount of health costs you're responsible for before the plan starts sharing costs.	Self	\$500	\$3,000
	Self Plus One	\$1,000	\$6,000
	Self and Family	\$1,000	\$6,000
<b>Out-of-Pocket Limits:</b> The maximum amount you will pay for covered health services.	Self	\$7,350	\$15,000
	Self Plus One	\$14,700	\$30,000
	Self and Family	\$14,700	\$30,000
<b>MEDICAL COPAYS AND COINSURANCE</b>			
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	
<b>Emergency Care</b>			
Emergency Room	20% after deductible (waived if admitted)	40% after deductible** (waived if admitted)	
Emergency Transportation (ground)	20% after deductible	40% after deductible**	
<b>Other Care</b>			
Mental Health Visit (office visit)	\$0 copay, not subject to deductible	40% after deductible**	
Applied Behavioral Analysis (office visit)	\$0 copay, not subject to deductible	40% after deductible**	
Mental Health Hospitalization	20% after deductible	40% after deductible**	
Surgery – Outpatient	<b>Freestanding center:</b> 20% after deductible	<b>Freestanding center:</b> 40% after deductible**	
	<b>Hospital-based center:</b> 20% after deductible	<b>Hospital-based center:</b> 40% after deductible**	
Hospital – Inpatient Stay	20% after deductible	40% after deductible**	
Physician Fees for Surgical and Medical Services	20% after deductible	40% after deductible**	
<b>PHARMACY COPAYS</b>			
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	\$50	\$150	Not covered
Tier Level 3	\$100	\$350	Not covered
Tier Level 4	\$200	\$500	Not covered
<b>PHARMACY DEDUCTIBLES - RETAIL/MAIL ORDER</b>			
Prescription Type	Retail/Mail Order	Specialty Pharmacy	Out-of-Network
Tier Level 3 & 4	Self	\$250	N/A
	Self Plus One	\$500	N/A
	Self and Family	\$500	N/A

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>CHOICE PLUS PRIMARY</b>			
<b>AS</b>			
Self Only	AS1	\$94.93	\$205.69
Self Plus One	AS3	\$204.11	\$442.23
Self and Family	AS2	\$224.52	\$486.46
<b>WF</b>			
Self Only	WF1	\$90.11	\$195.24
Self Plus One	WF3	\$193.74	\$419.77
Self and Family	WF2	\$213.11	\$461.75

## 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

## Benefit changes for 2025 – Plan AS, WF:

- Pharmacy copays have increased to the following: Tier 1 \$10 and Tier 4 \$200.
- The Tier 1 Specialty Pharmacy copay has increased from \$5 to \$10 in 2025.

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 <a href="https://uhcfeds.com">uhcfeds.com</a> . Visit <a href="https://uhcfeds.com">uhcfeds.com</a> for additional information and to find a participating dentist near you.	

\*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 include limitations and exclusions.  
 \*\*Of allowable charges and any difference between allowed and billed amount.  
 \*\*\*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.

# 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		
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>			
		Network	Out-of-Network
<b>Annual Deductible Amounts:</b> 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 and family, to Health Savings Account.	Self	\$2,000	\$4,000
	Self Plus One	\$4,000	\$8,000
	Self and Family	\$4,000	\$8,000
	Self	\$6,000	\$12,000
<b>Out-of-Pocket Limits:</b> The maximum amount you will pay for covered health services.	Self Plus One	\$12,000	\$24,000
	Self and Family	\$12,000	\$24,000
<b>MEDICAL COPAYS AND COINSURANCE</b>			
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	
<b>Emergency Care</b>			
Emergency Room	\$350 after deductible	30% after deductible***	
Emergency Transportation (ground)	\$0	30% after deductible***	
<b>Other Care</b>			
Mental Health Visit (office visit)	\$30 after deductible	30% after deductible***	
Applied Behavioral Analysis (office visit)	\$30 after deductible	30% after deductible***	
Mental Health Hospitalization	\$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***	
<b>PHARMACY COPAYS</b>			
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	\$50	\$150	Not covered
Tier Level 3	\$100	\$350	Not covered
Tier Level 4	\$200	\$500	Not covered

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>CHOICE PLUS HDHP WITH HSA</b>			
<b>LS</b>			
Self Only	LS1	\$90.94	\$197.04
Self Plus One	LS3	\$195.51	\$423.61
Self and Family	LS2	\$209.16	\$453.17
<b>LU</b>			
Self Only	LU1	\$98.29	\$212.97
Self Plus One	LU3	\$211.33	\$457.89
Self and Family	LU2	\$226.08	\$489.83
<b>V4</b>			
Self Only	V41	\$81.02	\$175.54
Self Plus One	V43	\$174.19	\$377.41
Self and Family	V42	\$185.45	\$401.81

**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

## Benefit changes for 2025 – HDHP:

- Emergency Room Copay has increased from \$275 (after deductible) per occurrence to \$350 (after deductible) per occurrence. ER copay is waived if admitted.
- Pharmacy copays have increased to the following: Tier 2 \$50, Tier 3 \$100, and Tier 4 \$200.

**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.**

## 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](http://uhcfeds.com). Visit [uhcfeds.com](http://uhcfeds.com) for additional information and to find a participating dentist near you.

\*Must set up Health Savings Account with Optum Bank. Application will be mailed to you or sign up online at [uhcfeds.com](http://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 include limitations and exclusions.  
 \*\*\*Of allowable charges and any difference between allowed and billed amount.  
 \*\*\*\*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.



# 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		
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>			
		Network	Out-of-Network
<b>Annual Deductible Amounts:</b> The amount of health costs you're responsible for before the plan starts sharing costs.	Self	\$500	\$1,000
	Self Plus One	\$1,000	\$2,000
	Self and Family	\$1,000	\$2,000
<b>Out-of-Pocket Limits:</b> The maximum amount you will pay for covered health services.	Self	\$6,000	\$12,000
	Self Plus One	\$12,000	\$24,000
	Self and Family	\$12,000	\$24,000
<b>MEDICAL COPAYS AND COINSURANCE</b>			
<b>Doctors and Specialists</b>	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	<b>Non-premium:</b> \$75 after deductible <b>Premium:</b> \$50 after deductible	50% after deductible***	
Lab and X-ray	20% after deductible	Not covered	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	<b>Office and Freestanding lab:</b> 20% after deductible; <b>Hospital-based:</b> 20%+ per occurrence; deductible of \$250 after annual deductible	Not covered	
<b>Emergency Care</b>			
Emergency Room	\$350 after deductible (waived if admitted)	\$350 after deductible (waived if admitted)	
Emergency Transportation (ground)	20% after deductible	20% after deductible	
<b>Other Care</b>			
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 Hospitalization	20% after deductible	50% after deductible***	
Surgery – Outpatient	<b>Freestanding center:</b> 20% after deductible <b>Hospital-based center:</b> 20% coinsurance plus \$250 per-occurrence deductible	<b>Freestanding center:</b> 50% after deductible*** <b>Hospital-based center:</b> 50% coinsurance plus \$250 per-occurrence deductible***	
Hospital – Inpatient Stay	20% after deductible	50% after deductible***	
Physician Fees for Surgical and Medical Services	20% after deductible	50% after deductible***	
<b>PHARMACY COPAYS</b>			
<b>Prescription Type</b>	<b>Retail</b> up to 30-day supply	<b>Specialty Pharmacy</b> up to 30-day supply	<b>Out-of-Network</b>
Tier Level 1	\$10	\$10	Not covered
Tier Level 2	\$45	\$150	Not covered
Tier Level 3	\$85	\$350	Not covered
Tier Level 4	\$170	\$500	Not covered

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>CHOICE PLUS ADVANCED</b>			
<b>L9</b>			
Self Only	<b>L91</b>	\$95.81	\$207.59
Self Plus One	<b>L93</b>	\$203.51	\$440.93
Self and Family	<b>L92</b>	\$229.85	\$498.01

**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)

## Benefit changes for 2025 – Plan L9:

- Emergency Room Copay has increased from \$275 (after deductible) per occurrence to \$350 (after deductible) per occurrence. ER copay is waived if admitted.
- Pharmacy copays have increased to the following: Tier 2 \$45, Tier 3 \$85 and Tier 4 \$170.

## 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](http://uhcfeds.com). Visit [uhcfeds.com](http://uhcfeds.com) for additional information and to find a participating dentist near you.

\*Benefits may vary by plan and location.

\*\*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 include limitations and exclusions.

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

\*\*\*\*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.



# Choice Open Access HMO (LR)

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

HEALTH PLAN DETAILS	CHOICE (LR)	
Plan Type	Open Access	
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>		
	Network	
<b>Annual Deductible Amounts:</b> 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
<b>Out-of-Pocket Limits:</b> The maximum amount you will pay for covered health services.	Self	\$5,000
	Self Plus One	\$10,000
	Self and Family	\$10,000
<b>MEDICAL COPAYS AND COINSURANCE</b>		
<b>Doctors and Specialists</b>	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	
<b>Emergency Care</b>		
Emergency Room	\$350 (waived if admitted)	
Emergency Transportation (ground)	\$0	
<b>Other Care</b>		
Mental Health Visit (office visit)	\$25	
Applied Behavioral Analysis (office visit)	\$35	
Mental Health Hospitalization	\$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	
<b>PHARMACY COPAYS</b>		
<b>Prescription Type</b>	<b>Retail</b> up to 30-day supply	<b>Specialty Pharmacy</b> up to 30-day supply
Tier Level 1	\$10	\$10
Tier Level 2	\$50	\$150
Tier Level 3	\$100	\$350
Tier Level 4	\$200	\$500

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>CHOICE OPEN ACCESS</b>			
<b>LR</b>			
Self Only	LR1	\$224.56	\$486.55
Self Plus One	LR3	\$473.66	\$1,026.27
Self and Family	LR2	\$524.41	\$1,136.22

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

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

## Benefit changes for 2025 – Plan LR:

- Emergency Room Copay has increased from \$275 per occurrence to \$350 per occurrence. ER copay is waived if admitted.
- Pharmacy copays have increased to the following: Tier 2 \$50, Tier 3 \$100, and Tier 4 \$200.

## 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](https://uhcfeds.com). Visit [uhcfeds.com](https://uhcfeds.com) for additional information and to find a participating dentist near you.

\*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 include limitations and exclusions.

\*\*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.



# 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	
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>		
	Network	
<b>Annual Deductible Amounts:</b> 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
<b>Out-of-Pocket Limits:</b> The maximum amount you will pay for covered health services.	Self	\$5,000
	Self Plus One	\$10,000
	Self and Family	\$10,000
<b>MEDICAL COPAYS AND COINSURANCE</b>		
<b>Doctors and Specialists</b>	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)	
<b>Emergency Care</b>		
Emergency Room	\$325 (waived if admitted)	
Emergency Transportation (ground)	\$0	
<b>Other Care</b>		
Mental Health Visit (office visit)	\$25	
Applied Behavioral Analysis (office visit)	\$25	
Mental Health Hospitalization	\$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	
<b>PHARMACY COPAYS</b>		
<b>Prescription Type</b>	<b>Retail</b> up to 30-day supply	<b>Specialty Pharmacy</b> up to 30-day supply
Tier Level 1	\$10	\$10
Tier Level 2	\$50	\$150
Tier Level 3	\$100	\$350
Tier Level 4	\$200	\$500

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>MD-IPA</b>			
<b>JP</b>			
Self Only	<b>JP1</b>	\$236.97	\$513.44
Self Plus One	<b>JP3</b>	\$394.97	\$855.77
Self and Family	<b>JP2</b>	\$786.08	\$1,703.17

**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

### Benefit changes for 2025 – Plan JP:

- Emergency Room Copay has increased from \$250 per occurrence to \$325 per occurrence. ER copay is waived if admitted.
- Pharmacy copays have increased to the following: Tier 1 \$10, Tier 2 \$50, Tier 3 \$100, and Tier 4 \$200.
- The Tier 1 Specialty Pharmacy copay has increased from \$5 to \$10 in 2025.
- Infertility benefits have been expanded for MDIPA, 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](http://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 include limitations and exclusions.

\*\*Non FEHB benefit

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





## How to enroll

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 FEHB plan that works best for you at this moment in your life.

### Need help?

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

## 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 a UnitedHealthcare FEHB health plan.

## 2 Two ways to enroll



### Online:

- Visit [uhcfeds.com](https://uhcfeds.com) to learn about plan options
- Sign up online at [employeeexpress.gov](https://employeeexpress.gov)



### Paper:

- Go to your benefits office and ask for Standard Form (SF) 2809

# 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
- Part D prescription drug coverage
- National (PPO) Network
- One plan – no need to coordinate benefits



## Extra benefits designed for how you live



### Real Appeal:

An online wellness program to inspire a healthy lifestyle



### UnitedHealthcare Hearing:

A \$1,500 allowance every 3 years for hearing aids\*



### Healthy Benefits Plus:

\$40 quarterly credits to spend on over-the-counter (OTC) health care products



### Renew Active® by

UnitedHealthcare: Offering a free gym membership, access to online classes and social activities



### UnitedHealthcare Healthy

at Home: Provides you the support you need to recover from hospital and skilled-nursing facility stays



### Health & Wellness:

Take charge of your well-being with fitness resources, brain health, recipes, wellness education, health articles and more

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.

**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](https://retiree.uhc.com/fehbra) to learn more.**

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

\* Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.



# Plan summary

Compare premiums, summarized here. You can also review your costs and coverage at [uhcfeds.com](http://uhcfeds.com).

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>CHOICE PRIMARY</b>			
<b>Y8 – Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia</b>			
Self Only	Y81	\$81.43	\$176.44
Self Plus One	Y83	\$175.08	\$379.35
Self and Family	Y82	\$192.59	\$417.28
<b>VD – Arizona (Phoenix, Tucson, Mohave and Yavapai Counties), Nevada, Oregon, Washington</b>			
Self Only	VD1	\$89.00	\$192.84
Self Plus One	VD3	\$191.36	\$414.61
Self and Family	VD2	\$210.50	\$456.08
<b>CHOICE PLUS PRIMARY</b>			
<b>AS – Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia</b>			
Self Only	AS1	\$94.93	\$205.69
Self Plus One	AS3	\$204.11	\$442.23
Self and Family	AS2	\$224.52	\$486.46
<b>WF – Arizona (Phoenix, Tucson, Mohave, and Yavapai Counties), Nevada, Oregon, Washington</b>			
Self Only	WF1	\$90.11	\$195.24
Self Plus One	WF3	\$193.74	\$419.77
Self and Family	WF2	\$213.11	\$461.75
<b>CHOICE PLUS HDHP WITH HSA</b>			
<b>LS – Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee</b>			
Self Only	LS1	\$90.94	\$197.04
Self Plus One	LS3	\$195.51	\$423.61
Self and Family	LS2	\$209.16	\$453.17
<b>LU – Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington</b>			
Self Only	LU1	\$98.29	\$212.97
Self Plus One	LU3	\$211.33	\$457.89
Self and Family	LU2	\$226.08	\$489.83
<b>V4 – District of Columbia, Maryland, Pennsylvania, Virginia</b>			
Self Only	V41	\$81.02	\$175.54
Self Plus One	V43	\$174.19	\$377.41
Self and Family	V42	\$185.45	\$401.81
<b>CHOICE PLUS ADVANCED</b>			
<b>L9 – District of Columbia, Illinois (Chicago), Maryland (entire state), Texas (San Antonio), Virginia (Northern Virginia)</b>			
Self Only	L91	\$95.81	\$207.59
Self Plus One	L93	\$203.51	\$440.93
Self and Family	L92	\$229.85	\$498.01



# Plan summary cont. ...

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY
		Your Share	Your Share
<b>CHOICE OPEN ACCESS HMO</b>			
<b>LR – District of Columbia, Maryland, Pennsylvania, Virginia</b>			
Self Only	LR1	\$224.56	\$486.55
Self Plus One	LR3	\$473.66	\$1,026.27
Self and Family	LR2	\$524.41	\$1,136.22
<b>MD-IPA</b>			
<b>JP – District of Columbia, Maryland, Northern Virginia</b>			
Self Only	JP1	\$236.97	\$513.44
Self Plus One	JP3	\$394.97	\$855.77
Self and Family	JP2	\$786.08	\$1,703.17



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

\*UnitedHealthcare is a 2024 Gold Military Friendly® Employer and is No. 3 on the Military Spouse Friendly® Employer list.



UnitedHealthcare®  
Federal Programs

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Visit [uhcfeds.com](http://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

**Email:** [UHC\\_Civil\\_Rights@uhc.com](mailto: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.

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.

هين اجمل تيو غللا تدع اسملا تامادخ ناف، (Arabic)، فيبر علأ ثدحتت تنك اذا: يبي-نت فير عتلا قاطب عل عجدمل اين اجملأ فتاتلا جؤرب لاصتالا ي جري. لئل عحاتم لبف قصاخلا

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 identifikasyon 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, नॉ:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DIÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáníłt'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee na'ahóót'i'. T'áá shóodí ninaaltsoos nít'í'izi bee nééhozinígíí bine'déqé' t'áá jíík'ehgo béésh bee hane'í bika'ígíí bee hodiłnlnh.

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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through MD-Individual Practice Association, Inc. (MD-IPA).

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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.

Real Appeal is offered at no additional cost to you as part of your UnitedHealthcare Medicare Advantage plan coverage, subject to eligibility requirements. Refer to the Evidence of Coverage for complete eligibility requirements.

Real Appeal® Weight Loss is available to those with a BMI of 19 and higher. Real Appeal Diabetes Prevention is available to you if you have a BMI ≥ 25 (BMI ≥ 23 for Asian Americans), have Prediabetes, and no previous diagnosis of Type 1 or Type 2 Diabetes. If you are pregnant, please speak with your primary care provider before joining the program.

The program is not an insurance program and may be discontinued at any time. Benefits and features may vary by plan/area. The information provided through the program is for informational purposes only and provided as part of your health plan. It is educational in nature and should not substitute for medical advice.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

The Renew Active® Program varies by plan/area and may not be available on all plans. Renew Active includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market and plan.

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. 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.

One Pass Select is a voluntary program featuring a subscription-based nationwide gym network, digital fitness and grocery delivery service. The information provided under this program is for general informational purposes only and is not intended to be nor should it be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery delivery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by Optum. Subscription costs are payable to Optum.

Wellos 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 Wellos is for informational purposes only and provided as part of your health plan. The Wellos team cannot diagnose problems or recommend treatment and is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Wellos is not an insurance program and may be discontinued at any time.



UnitedHealthcare®  
Federal Programs

[uhcfeds.com](http://uhcfeds.com)