# **Federal Employees Health Benefits**

Compare your health plan options.

- **Review your FEHB medical plan's** dental benefits.
- 3 Enroll.

# **Health plans** built to go above and beyond

# Options for plan year 2021

#### Southeast:

Choice Plus Advanced (LV): Georgia-Atlanta | Florida-Miami, Orlando, Tampa Choice Open Access (KK) and Choice Plus HDHP with HSA (LS): Florida Choice Primary (East Y8) and Choice Plus Primary (East AS): Florida | Georgia-Atlanta

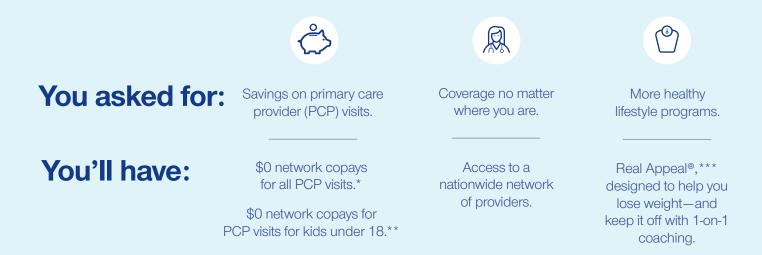
### Just like you do



UnitedHealthcare®

# We appreciate all that you do.

A heartfelt thank-you for your dedication and service to the community. We believe you deserve hardworking benefits tailored to meet your needs, so we're offering health plans that—like you—go above and beyond what's expected.



# Our national network<sup>†</sup> includes more than:

**1,036,000** doctors and health care professionals

67,000 pharmacies

5,700 hospitals

**1,400** convenience care clinics



### Recognized as the sixth most Military Friendly<sup>®</sup> Employer in the nation.

For the ninth consecutive year, UnitedHealth Group® has been designated as a Military Friendly Employer by Viqtory—based on efforts relating to recruiting, retention, training and more.

\* For the Choice Primary plans.

\*\* For the Choice Open Access plan

\*\*\* The Real Appeal program is provided to eligible members at no additional cost to you as part of your benefit plan.

<sup>†</sup> As of 2020.



# Compare your health plan options.

You have up to 5 different plans to choose from, each with its own benefits. To compare each plan, including coverage amounts, take a look at the charts throughout this brochure.

	HEALTH PLAN DETAILS	Choice Open Access (KK)	Choice Plus Advanced (LV)	Choice Plus HDHP* with HSA** (LS)	Choice Primary (East Y8)	Choice Plus Primary (East AS)
Ţ	<b>Network coverage only</b> You can save money when you receive care for covered benefits from network providers.	✓			~	
Ŀ	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.		✓	✓		~
Ċ	<b>\$0 deductible</b> There's no minimum balance that needs to be met before your health plan begins contributing to your expenses.	✓				
$\Im$	<b>Preventive Dental</b> You're covered for preventive dental visits up to \$500.	<b>~</b>	<b>~</b>	<b>~</b>	<b>~</b>	<b>~</b>
\$	<b>\$0 copay for PCP visits</b> There is no copay required for a visit to your PCP.	For children under 18			~	~
	Virtual Visits (Telehealth) See and talk to a doctor who can treat you for conditions ranging from colds and fevers to migraines and allergies—24/7.	~	~	~	~	~
\$	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.			~		
¢	<b>UnitedHealthcare Retiree Advantage</b> 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.	~	~		~	~

\*HDHP = High deductible health plan. \*\*HSA = health savings account.

### More benefits that are part of the plans.

UnitedHealthcare's digital tools and online resources help make managing your health—and health plan—easier and more convenient. Here are just a few examples of what's included.



HEALTH PLAN DETAILS	CHOICE OPEN ACCESS (KK)		CHOICE PLUS ADVANCED (LV)			
Plan Type	Open Access		Open Access			
MEDICAL COPAYS AND COINSURANCE						
Doctors and Specialists	Network		Netw	vork	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, deductible does not apply		Not covered	
Urgent Care Visit	\$	35	\$75 after c	leductible	50% after deductible*	
Specialist Visit	\$	35	Non-Tier One: \$75 after deductible Tier One: \$50 after deductible		50% after deductible*	
Lab and X-ray	\$50		Freestanding facility ( \$0, not subject Hospital-base not subject to	to deductible ed lab: 20%,	50% after deductible*	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	\$150		Freestanding facility/diagnostic center/ physicians office: 20% after deductible Hospital-based facility: 20% after \$500 per occurrence deductible and annual deductible have been met		Freestanding facility or PCP: 50% after deductible* Hospital-based facility: 50% after per occurrence deductible of \$500 and annual deductible have been met*	
Emergency Care						
Emergency Room	\$250 (waive	d if admitted)	\$275 (waived if admitted)		\$275 (waived if admitted)	
Emergency Transportation (ground)	9	60	20% after deductible		20% after deductible	
Other Care						
Mental Health Visit (office visit)		25	\$25 per visit after deductible		50% after deductible*	
Mental Health Visit (inpatient)	\$150 per day (up to \$750 per admission)		20% per visit after deductible		50% after deductible*	
Surgery — Outpatient	Freestanding facility: \$150 Hospital-based facility: \$300		Ambulatory surgical center or physicians office: 20% after deductible Hospital-based facility: 20% after per occurrence deductible of \$500 and annual deductible have been met		Freestanding facility: 50% after deductible* Hospital-based facility: 50% after per occurrence deductible of \$500 and annual deductible have been met*	
Hospital — Inpatient Stay	\$150 per day (up to \$750 per admission)		Premium: 20% after per occurrence deductible of \$500 and annual deductible have been met		50% after \$1,000 per occurrence deductible and annual deductible have been met*	
Physician Fees for Surgical Services			PCP: \$25 afte Non-Tier One: \$75		50% after deductible*	
PHARMACY COPAYS						
Prescription Type	<b>Retail</b> up to 30-day supply	Home Delivery up to 90-day supply	Retail up to 30-day supply	Home Delivery up to 90-day supply	Out-of-Network	
Tier Level 1	\$10	\$25	\$10	\$25	Not covered	
Tier Level 2	\$40	\$100	\$35	\$87.50	Not covered	
Tier Level 3	\$85	\$212.50	\$60	\$150	Not covered	
Tier Level 4	\$175	\$437.50	\$100	\$250	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: \$ Self Plus Or Self and Fan	ne: \$1,000	Self: \$1,000 Self Plus One: \$2,000 Self and Family: \$2,000	
<b>Out-of-Pocket Limits:</b> 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	

### The UnitedHealthcare Retiree Advantage Plan.\*\*

This option is available to retirees who have enrolled in a UnitedHealthcare FEHB plan and have both Medicare Part A and B. For additional details and available plans, please call 1-844-481-8821.

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HEALTH PLAN DETAILS	CHOICE PLUS HDHP WITH HSA (LS)			CHOICE PRIMARY (EAST Y8)		CHOICE PLUS PRIMARY (EAST AS) Open Access		
Plan Type	Open Access		Open Access					
MEDICAL COPAYS AND COINSURANCE								
Doctors and Specialists	Netw	ork	Out-of-Network	Net	work	Network	Out-of-Network	
Preventive Care Visit	\$C	)	Not covered		not subject to ictible	\$0, all ages, not subject to deductible	\$0, all ages, not subject to deductible	
Primary Care Visit (illness or injury)	\$15 after de	eductible	30% after deductible*		not subject to ictible	\$0, all ages, not subject to deductible	\$0, all ages, not subject to deductible	
Virtual Visit (online doctor)	\$5 after de	eductible	Not covered	\$0, not subjec	t to deductible	\$0, not subject to deductible	40% after deductible*	
Urgent Care Visit	\$35 after d	eductible	30% after deductible*	\$50, not subje	ct to deductible	\$50, not subject to deductible	40% after deductible*	
Specialist Visit	\$30 after d	eductible	30% after deductible*	\$60, not subje	ct to deductible	\$60, not subject to deductible	40% after deductible*	
Lab and X-ray	\$50 after d	eductible	30% after deductible*	20% after	deductible	20% after deductible	40% after deductible*	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	\$50 after de	eductible	30% after deductible*	20% after	deductible	20% after deductible	40% after deductible*	
Emergency Care								
Emergency Room	\$200 after o	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)	\$200 after o	deductible	30% after deductible*	20% after deductible		20% after deductible	40% after deductible*	
Other Care								
Mental Health Visit (office visit)	\$15 after deductible		30% after deductible*	PCP: \$0 Specialist: \$60, not subject to deductible		20% coinsurance	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	\$50 after d	eductible	30% after deductible*	20% after	deductible	20% after deductible	40% after deductible*	
Hospital — Inpatient Stay	\$500 per a after ded		30% after deductible*	20% after deductible		20% after deductible	40% after deductible*	
Physician Fees for Surgical Services	PCP: \$1 deduc Specialist: \$ deduc	tible \$30 after	30% after deductible*	20% after deductible		20% after deductible	40% after deductible*	
PHARMACY COPAYS								
Prescription Type	Retail up to 30-day	Home Delivery up to 90-day	Out-of-Network	Retail up to 30-day	Home Delivery up to 90-day	Retail	Home Delivery	
Tier Level 1	supply \$10	supply \$25	Not covered	\$5	supply \$12.50	up to 30-day supply 	up to 90-day supply \$12.50	
Tier Level 2	\$40	\$100	Not covered	\$50	\$125	\$50	\$125	
Tier Level 3	\$85	\$212.50	Not covered	\$100	\$250	\$100	\$250	
Tier Level 4	\$175	\$437.50	Not covered	\$150	\$375	\$150	\$375	
DEDUCTIBLES AND OUT-OF-POCKET LIMITS								
	Network Out-of-Network		Network		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 Plus One: Self Plus O \$3,000 \$5,000		Self and Family:	Medical:           Self: \$500           Self Plus One: \$1,000           Self and Family: \$1,000           Prescription — Tier 3 & 4:           Self: \$250           Self and Family: \$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 & Self: \$250 Self Plus One: \$500 Self and Family: \$500	
<b>Out-of-Pocket Limits:</b> The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$4 Self Plus \$6,8 Self and \$6,8	S One: 50 Family:	Self: \$6,850 Self Plus One: \$10,000 Self and Family: \$10,000	Medical:         Medical:           Self: \$7,350         Self: \$7,350           Self Plus One: \$14,700         Self Plus One: \$14,700		Medical: Self: \$15,000 Self Plus One: \$30,000 Self and Family: \$30,000		

\*Of allowable charges and any difference between allowed and billed amount. \*\* Available with all plans except the Choice Plus HDHP plan.

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.

# Review your FEHB medical plan's dental benefits.

### For all plans:

<b>PREVENTIVE DENTAL PPO* PLAN**</b> 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 <sup>†</sup>	\$0 (100% for covered services)			

\* \* Non-FEHB benefit.

\*\*\*Limited to 2 times per consecutive 12 months.

<sup>†</sup> Available to children under the age of 16.



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## Enroll.

Now that you've had a chance to review your options, you're ready to get started. You'll need the enrollment code for the plan that works best for you. You'll find it in the chart below—along with the locations of where each plan is available.

ENROLLMENT TYPE	ENROLLMENT CODE	NON-POSTAL PREMIUM (BIWEEKLY)	NON-POSTAL PREMIUM (MONTHLY)	POSTAL PREMIUM (BIWEEKLY)	POSTAL PREMIUM (BIWEEKLY)				
		Your Share	Your Share	Category 1 Your Share	Category 2 Your Share				
CHOICE OPEN ACCESS (KK) FLORIDA									
Self Only	KK 1	\$113.36	\$245.62	\$110.00	\$99.94				
Self Plus One	KK 3	\$245.68	\$532.31	\$238.49	\$216.93				
Self and Family	KK 2	\$325.12	\$704.43	\$317.31	\$293.89				
CHOICE PLUS ADVANCED (LV) GEORGIA—ATLANTA   FLORIDA—MIAMI, ORLANDO, TAMPA									
Self Only	LV 1	\$104.86	\$227.20	\$101.50	\$91.44				
Self Plus One	Self Plus One LV 3		\$492.73	\$220.22	\$198.66				
Self and Family	LV 2	\$477.09	\$1,033.69	\$469.28	\$445.86				
CHOICE PLUS HDH	P WITH HSA (LS) FLC	RIDA							
Self Only	LS 1	\$56.06	\$121.46	\$53.82	\$46.53				
Self Plus One	Self Plus One LS 3		\$261.15	\$115.71	\$100.04				
Self and Family	Self and Family LS 2		\$279.37	\$123.78	\$107.02				
CHOICE PRIMARY (EAST Y8) FLORIDA   GEORGIA—ATLANTA									
Self Only	Y8 1	\$66.54	\$144.18	\$63.88	\$55.23				
Self Plus One	Self Plus One Y83		\$309.98	\$137.35	\$118.75				
Self and Family	Y8 2	\$157.38	\$340.98	\$151.08	\$130.62				
CHOICE PLUS PRIMARY (EAST AS) FLORIDA   GEORGIA—ATLANTA									
Self Only	AS 1	\$69.17	\$149.87	\$66.40	\$57.41				
Self Plus One	AS 3	\$148.72	\$322.22	\$142.77	\$123.44				
Self and Family	AS 2	\$163.59	\$354.44	\$157.04	\$135.78				

Some plans are available in additional locations. Visit uhcfeds.com for more information on plans in your area.



### Notes:

## Sign up online or on paper.

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- Visit employeeexpress.gov.
  Postal employees: Visit https://ewss.usps.gov.
- Go to your benefits office and ask for Standard Form (SF) 2809.
  - Postal employees: Call PostalEASE at **1-877-477-3273.**





### 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.

ةين اجهاا قوبو غلالا قدعاسها شامدخ ناف ،(Arabic) قويبر علّا شدحتت تنك اذا : «ويبنت فسور عثالا فقاطب علاع جردمانا فين اجهلا فت الما مقرب ل اصت الله ى جرُي لكل قاحت م إقد قص اخلا

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 ر ایگان در اختیار شما می باشد. لطفا با شماره تلفن ر ایگانی که ر وی کارت شناسایی شما قید شده تماس بگیرید.

#### ध्यान दें: यद आिप हदीं (Hindi) बोलते है, आपको भाषा सहायता सेबाएं, नरिशुल्क 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'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí ninaaltsoos nitl'izí bee nééhozinígíí bine'dee' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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.

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.

#### Southeast:

Choice Plus Advanced (LV): Georgia—Atlanta | Florida—Miami, Orlando, Tampa Choice Open Access (KK) and Choice Plus HDHP with HSA (LS): Florida Choice Primary (East Y8) and Choice Plus Primary (East AS): Florida | Georgia—Atlanta



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