

Federal Employees Health Benefits

- 1 Compare your health plan options.
- 2 Review your FEHB medical plan's dental benefits.
- 3 Enroll.



Health plans
built to go above
and beyond

Just like
you do

Options for plan year 2021

Central:

Choice Plus Advanced (L9): Illinois—Chicago | Texas—San Antonio

Choice Primary (East Y8) and **Choice Plus Primary** (East AS): Illinois | Texas



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.



You asked for:

Savings on primary care provider (PCP) visits.

Coverage no matter where you are.

More healthy lifestyle programs.

You'll have:

\$0 network network copays for all PCP visits.*

Access to a nationwide network of providers.

Real Appeal®,** designed to help you lose weight—and keep it off with 1-on-1 coaching.

Our national network*** 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® Employer in the nation.

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

* For the Choice Primary plans.

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

*** As of 2020.



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

1

Compare your health plan options.

You have up to 3 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 Plus Advanced (L9)	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.	✓		✓
 Preventive Dental You're covered for preventive dental visits up to \$500.	✓	✓	✓
 \$0 copay for PCP visits There is no copay required for a visit to your PCP.		✓	✓
 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.	✓	✓	✓
 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.	✓	✓	✓

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.



Access your plan easily.

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



Get your info on the go.

Our **UnitedHealthcare® app** helps you find care, review claims and even gives you a digital health plan ID card—all from the palm of your hand.



Connect with a doctor 24/7.

A **Virtual Visit** lets you talk to a doctor 24/7—by video from your computer or mobile device—to get care at home or on the go. Data rates may apply.



Visit **uhcfeds.com**.

HEALTH PLAN DETAILS

CHOICE PLUS ADVANCED
(L9)

Plan Type

Open Access

MEDICAL COPAYS
AND COINSURANCE

Doctors and Specialists

Network

Out-of-Network

Preventive Care Visit	\$0	Not covered
Primary Care Visit (illness or injury)	\$25 after deductible	50% after deductible*
Virtual Visit (online doctor)	\$5, not subject to deductible	Not covered
Urgent Care Visit	\$75 after deductible	50% after deductible*
Specialist Visit	After deductible Premium: \$50 Non Premium: \$75	50% after deductible*
Lab and X-ray	20% after deductible	50% after deductible*
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	Freestanding facility or physicians office: 20% after deductible* Hospital-based facility: 20% after deductible per occurrence Deductible of \$250 plus annual deductible has been met	50% after per occurrence deductible of \$250 and annual deductible has been met*

Emergency Care

Emergency Room	\$275 (waived if admitted)	\$275 (waived if admitted)
Emergency Transportation (ground)	20% after deductible	20% after deductible

Other Care

Mental Health Visit (office visit)	\$75 after deductible	50% after deductible*
Mental Health Visit (inpatient)	20% after deductible	50% after deductible*
Surgery — Outpatient	Freestanding facility: 20% after deductible* Hospital-based facility: 20% after per occurrence deductible of \$250 and annual deductible has been met	Freestanding facility: 50% after deductible* Hospital-based facility: 50% after per occurrence deductible of \$250 and annual deductible has been met*
Hospital — Inpatient Stay	20% after deductible	50% after deductible*
Physician Fees for Surgical Services	PCP: \$25 after deductible Premium: \$50 after deductible Non Premium: \$75 after deductible	50% after deductible*

PHARMACY COPAYS

Prescription Type	Retail up to 30-day supply	Home Delivery up to 90-day supply	Out-of-Network
Tier Level 1	\$10	\$25	Not covered
Tier Level 2	\$35	\$87.50	Not covered
Tier Level 3	\$60	\$150	Not covered
Tier Level 4	\$100	\$250	Not covered

DEDUCTIBLES AND
OUT-OF-POCKET LIMITS

	Network	Out-of-Network
Annual Deductible Amounts: The amount of health costs you're responsible for before the plan starts sharing costs.	Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000	Self: \$1,000 Self Plus One: \$2,000 Self and Family: \$2,000
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$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.



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

HEALTH PLAN DETAILS		CHOICE PRIMARY (EAST Y8)		CHOICE PLUS PRIMARY (EAST AS)	
Plan Type		Open Access		Open Access	
MEDICAL COPAYS AND COINSURANCE					
Doctors and Specialists		Network		Network	Out-of-Network
Preventive Care Visit		\$0, all ages, not subject to deductible		\$0, all ages, not subject to deductible	\$0, all ages, not subject to deductible
Primary Care Visit (illness or injury)		\$0, all ages, not subject to deductible		\$0, all ages, not subject to deductible	\$0, all ages, not subject to deductible
Virtual Visit (online doctor)		\$0		\$0	40% after deductible*
Urgent Care Visit		\$50, not subject to deductible		\$50	40% after deductible*
Specialist Visit		\$60, not subject to deductible		\$60	40% after deductible*
Lab and X-ray		20% after deductible		20% after deductible	40% after deductible*
Major Diagnostic and Imaging (MRI, CT scan, PET scan)		20% after deductible		20% after deductible	40% after deductible*
Emergency Care					
Emergency Room		20% after deductible (waived if admitted)		20% after deductible (waived if admitted)	40% after deductible* (waived if admitted)
Emergency Transportation (ground)		20% after deductible		20% after deductible	40% after deductible*
Other Care					
Mental Health Visit (office visit)		PCP: \$0, all ages, not subject to deductible Specialist: \$60, not subject to deductible		PCP: \$0, all ages, not subject to deductible Specialist: \$60, not subject to deductible	40% after deductible*
Mental Health Visit (inpatient)		20% after deductible		20% after deductible	40% after deductible*
Surgery — Outpatient		20% after deductible		20% after deductible	40% after deductible*
Hospital — Inpatient Stay		20% after deductible		20% after deductible	40% after deductible*
Physician Fees for Surgical Services		20% after deductible		20% after deductible	40% after deductible*
PHARMACY COPAYS					
Prescription Type		Retail 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
Tier Level 1		\$5	\$12.50	\$5	\$12.50
Tier Level 2		\$50	\$125	\$50	\$125
Tier Level 3		\$100	\$250	\$100	\$250
Tier Level 4		\$150	\$375	\$150	\$375
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.		Medical: Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000		Medical: Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000	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		Prescription — Tier 3 & 4: Self: \$250 Self Plus One: \$500 Self and Family: \$500	Prescription — Tier 3 & 4: Self: \$250 Self Plus One: \$500 Self and Family: \$500
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.		Medical: Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700		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

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

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.



Visit uhcfeds.com.

2

Review your FEHB medical plan's dental benefits.

For all plans:

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)

*PPO = Preferred Provider Organization.

**Non-FEHB benefit.

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

† Available to children under the age of 16.

3

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 PLUS ADVANCED (L9) ILLINOIS—CHICAGO TEXAS—SAN ANTONIO					
Self Only	L9 1	\$63.99	\$138.65	\$61.44	\$53.12
Self Plus One	L9 3	\$124.98	\$270.79	\$119.98	\$103.74
Self and Family	L9 2	\$179.44	\$388.79	\$172.26	\$148.94
CHOICE PRIMARY (EAST Y8) ILLINOIS TEXAS					
Self Only	Y8 1	\$66.54	\$144.18	\$63.88	\$55.23
Self Plus One	Y8 3	\$143.07	\$309.98	\$137.35	\$118.75
Self and Family	Y8 2	\$157.38	\$340.98	\$151.08	\$130.62
CHOICE PLUS PRIMARY (EAST AS) ILLINOIS TEXAS					
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 the plans in your area.



Search uhcfeds.com/find-a-doctor to find providers near you.



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- 
- Thanks for
your service**
- Now we'll
serve you**



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.

هذه الخدمة متاحة مجاناً لجميع الأشخاص الذين يتحدثون اللغة العربية (**Arabic**)، في جميع أنحاء المنطقة. يرجى الاتصال بالرقم المجاني الموجود على بطاقة الهوية الخاصة بك.

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, नैऋतिक उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

Díí BAA'ÁKONÍÍZIN: Diné (**Navajo**) bizaad bee yáanii'ti'go, saad bee áka'anida'awo'ígíí, t'áá jiiik'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déé' t'áá jiiik'ehgo béesh bee hane'i biká'ígíí bee hodíilnih.

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

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.

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