

# Federal Employees Health Benefits

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



Health plans  
built to go above  
and beyond

Just like  
you do

## Options for plan year 2021

### 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



# 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 copays for all PCP visits.\*

\$0 network copays for PCP visits for kids under 18.\*\*

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<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® Employer in the nation.

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

\* For the Choice Primary plans.

\*\* For the Choice Open Access and MD-IPA plans.

\*\*\* MD-IPA plan network limited to Maryland, Washington D.C. and Northern VA. Not all plans have access to the full national network. Please review plan details for each plan's specific network.

† 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 6 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 (LR)	Choice Plus Advanced (L9)	MD-IPA (JP)*	Choice Plus HDHP** with HSA*** (V4)	Choice Primary (East Y8)	Choice Plus Primary (East AS)
 <b>Network coverage only</b> You can save money when you receive care for covered benefits from network providers.	✓		✓		✓	
 <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.		✓		✓		✓
 <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>\$0 copay for PCP visits</b> There is no copay required for a visit to your PCP.	✓ For children under 18		✓ For children under 18		✓	✓
 <b>Virtual Visits (Telehealth)</b> See and talk to a doctor who can treat you for conditions ranging from colds and fevers to migraines and allergies—24/7.	✓	✓	✓	✓	✓	✓
 <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. 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.	✓	✓	✓		✓	✓

\*PCP required. \*\*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.



### 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 (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	Network
Preventive Care Visit	\$0		\$0	Not covered	\$0
Primary Care Visit (illness or injury)	\$25 copayment; \$0 copayment for children under 18		\$25 after deductible	50% after deductible*	\$25 copayment; \$0 copayment for children under 18
Virtual Visit (online doctor)	\$5		\$5; not subject to deductible	Not covered	\$5
Urgent Care Visit	\$35		\$75 after deductible	50% after deductible*	\$35
Specialist Visit	\$35		Non-premium: \$75 after deductible Premium: \$50 after deductible	50% after deductible*	\$40
Lab and X-ray	\$50		20%, not subject to deductible	50% after deductible*	\$0 in office / \$50 at lab
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	50% after per occurrence deductible of \$250*	\$100 - (Diagnostic - MRI, CT scan, PET scan)
Emergency Care					
Emergency Room	\$250 (waived if admitted)		\$275 (waived if admitted)	\$275 (waived if admitted)	\$175 (waived if admitted)
Emergency Transportation (ground)	\$0		20% after deductible	20% after deductible	\$0
Other Care					
Mental Health Visit (office visit) ***	\$25		\$75 after deductible	50% after deductible*	\$25
Mental Health Visit (inpatient) ***	\$150 per day (up to \$750 per admission)		20% after deductible	50% after deductible*	\$150 per day (up to \$450 per admission)
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*	Freestanding facility: \$100 Hospital-based facility: \$200
Hospital — Inpatient Stay	\$150 per day (up to \$750 per admission)		20% after deductible	50% after deductible*	\$150 per day (up to \$450 per admission)
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*	PCP: \$25 copayment; \$0 copayment for children under 18, Specialist: \$40
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	Retail up to 30-day supply
Tier Level 1	\$10	\$25	\$10	\$25	\$7
Tier Level 2	\$40	\$100	\$35	\$87.50	\$35
Tier Level 3	\$85	\$212.50	\$60	\$150	\$65
Tier Level 4	\$175	\$437.50	\$100	\$250	\$100
DEDUCTIBLES AND OUT-OF-POCKET LIMITS					
	Network		Network	Out-of-Network	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	Self: \$0 Self Plus One: \$0 Self and Family: \$0
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$5,000 Self Plus One: \$10,000 Self and Family: \$10,000		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

**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 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	\$0; not subject to deductible
Primary Care Visit (illness or injury)	\$15 after deductible	30% after deductible*	\$0; not subject to deductible	\$0; not subject to deductible	\$0; not subject to deductible
Virtual Visit (online doctor)	\$5 after deductible	Not Covered	\$0; not subject to deductible	\$0; not subject to deductible	40% after deductible*
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	30% after deductible*	20% after deductible	20% after deductible	40% after deductible*
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	\$150 after deductible	30% after deductible*	20% after deductible	20% after deductible	40% after deductible*
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	\$0	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	Home Delivery up to 90-day supply	Out-of-Network	Retail up to 30-day supply	Home Delivery up to 90-day supply
Tier Level 1	\$10	\$25	Not covered	\$5	\$12.50
Tier Level 2	\$40	\$100	Not covered	\$50	\$125
Tier Level 3	\$85	\$212.50	Not covered	\$100	\$250
Tier Level 4	\$175	\$437.50	Not covered	\$150	\$375
DEDUCTIBLES AND OUT-OF-POCKET LIMITS					
	Network	Out-of-Network	Network	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 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	<b>Medical:</b> Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000  <b>Prescription — Tier 3 &amp; 4:</b> Self: \$250 Self Plus One: \$500 Self and Family: \$500	<b>Medical:</b> Self: \$500 Self Plus One: \$1,000 Self and Family: \$1,000  <b>Prescription — Tier 3 &amp; 4:</b> Self: \$250 Self Plus One: \$500 Self and Family: \$500	<b>Medical:</b> Self: \$3,000 Self Plus One: \$6,000 Self and Family: \$6,000  <b>Prescription — Tier 3 &amp; 4:</b> 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: \$4,000 Self Plus One: \$6,850 Self and Family: \$6,850	Self: \$6,850 Self Plus One: \$10,000 Self and Family: \$10,000	<b>Medical:</b> Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700	<b>Medical:</b> Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700	<b>Medical:</b> 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. \*\*Available with all plans except the Choice Plus HDHP plan. \*\*\*For ABA Therapy benefits, please see FEHB Brochure for details.



Visit [uhcfeds.com](https://uhcfeds.com).

## 2

## Review your FEHB medical plan's dental and vision 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)

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](https://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
<b>Eyeglasses (every 24 months)</b>	\$25 copayment	\$40 copayment	See allowances below
<b>Frames</b>	\$130 frame allowance	\$130 frame allowance	\$45 allowance
<b>Lenses (every 24 months)</b>	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
<b>Contact lenses (in lieu of eyeglasses)</b>	\$125 allowance	\$125 allowance	\$125 allowance

Thanks for  
your service

Now we'll  
serve you

\*PPO = Preferred Provider Organization.

\*\*Non-FEHB benefit.

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

† Available to children under the age of 16.

†† You pay 40% of the negotiated rate and any difference between our allowance and the billed amount.



Search [uhcfeds.com/find-a-doctor](https://uhcfeds.com/find-a-doctor) to find providers near you.

## 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
<b>CHOICE OPEN ACCESS (LR) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA</b>					
Self Only	<b>LR 1</b>	\$113.99	\$246.98	\$110.63	\$100.57
Self Plus One	<b>LR 3</b>	\$247.00	\$535.17	\$239.81	\$218.25
Self and Family	<b>LR 2</b>	\$280.44	\$607.62	\$272.63	\$249.21
<b>CHOICE PLUS ADVANCED (L9) WASHINGTON, DC / MARYLAND / NORTHERN VIRGINIA</b>					
Self Only	<b>L9 1</b>	\$63.99	\$138.65	\$61.44	\$53.12
Self Plus One	<b>L9 3</b>	\$124.98	\$270.79	\$119.98	\$103.74
Self and Family	<b>L9 2</b>	\$179.44	\$388.79	\$172.26	\$148.94
<b>MD-IPA (JP) WASHINGTON, DC / MARYLAND / NORTHERN VIRGINIA</b>					
Self Only	<b>JP 1</b>	\$197.29	\$427.47	\$193.93	\$183.87
Self Plus One	<b>JP 3</b>	\$339.66	\$735.93	\$332.47	\$310.91
Self and Family	<b>JP 2</b>	\$668.34	\$1,448.07	\$660.53	\$637.11
<b>CHOICE PLUS HDHP WITH HSA (V4) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA</b>					
Self Only	<b>V4 1</b>	\$59.99	\$129.98	\$57.59	\$49.79
Self Plus One	<b>V4 3</b>	\$128.98	\$279.45	\$123.82	\$107.05
Self and Family	<b>V4 2</b>	\$137.98	\$298.95	\$132.46	\$114.52
<b>CHOICE PRIMARY (EAST Y8) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA</b>					
Self Only	<b>Y8 1</b>	\$66.54	\$144.18	\$63.88	\$55.23
Self Plus One	<b>Y8 3</b>	\$143.07	\$309.98	\$137.35	\$118.75
Self and Family	<b>Y8 2</b>	\$157.38	\$340.98	\$151.08	\$130.62
<b>CHOICE PLUS PRIMARY (EAST AS) WASHINGTON, DC / MARYLAND / VIRGINIA / PENNSYLVANIA</b>					
Self Only	<b>AS 1</b>	\$69.17	\$149.87	\$66.40	\$57.41
Self Plus One	<b>AS 3</b>	\$148.72	\$322.22	\$142.77	\$123.44
Self and Family	<b>AS 2</b>	\$163.59	\$354.44	\$157.04	\$135.78

Some plans are available in additional locations. Visit [uhcfeds.com](https://uhcfeds.com) for more information on plans in your area.

## Sign up online or on paper.



- Visit [employeeexpress.gov](https://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**.



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

## 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](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/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 iyang 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 متوفرة مجاناً لجميع الأشخاص الذين يتحدثون اللغة العربية (**Arabic**)، في إطار خدماتنا المجانية. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

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 رایجانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

Díí BAA'ÁKONÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nít'izi bee nééhozinígíí bine'dęę' t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.

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).

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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#### 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) and

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