

**Finding a  
UnitedHealthcare  
health plan is as  
easy as ...**

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**Find coverage fast.  
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# Our dedication. Your health and wellness.

## It all comes together when you click, ZIP, and go.

While you're busy serving others, you need a health plan that's busy serving you. Let us help make it easy for you to find one. By visiting [uhcfeds.com](https://uhcfeds.com) and entering your home or work ZIP code, you can instantly shop the plans available in your area.

At UnitedHealthcare, we offer a simpler approach to health plans, starting with one of the largest networks in the U.S., full of quality providers and hospitals close to you. You'll have an easier time finding the care you need, when and where you want it, and 24/7 access to virtual visits with a provider right from your mobile device or computer.

Our goal is to be able to connect you quickly to quality support led by trained, caring experts. Because you deserve a health plan that simply works every day to take good care of you.

## We take the hassle out of health care



### Access your plan easily

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



### Download the UnitedHealthcare® 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® or the UnitedHealthcare® app.



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

\*No. 4 in the nation on the 2022 Military Friendly® Employers list and a Top Ten 2022 Military Spouse Friendly® Employer.



# Programs and perks for 2023

We know that health goes beyond what happens at the doctor’s office. That’s why we’re focused on delivering access to comprehensive care that includes a number of health and wellness perks for 2023.



UnitedHealthcare FEHB plans include free Peloton app access for 12 months. The app offers thousands of live and on-demand fitness classes to help members get active and live healthier lifestyles. Plus, eligible members can receive special pricing on Peloton equipment. (Some restrictions apply.)\*



Access a personalized digital experience designed to help you make small changes that may help improve your health. Earn Rally Coins that you can use to donate to the charity of your choice, or access Rally Marketplace, which allows members to exchange their coins for discounts on a wide variety of products and services.



Connect with nationally recognized specialists from the comfort of your home for an expert second opinion. Call **1-866-269-3534** or click [uhcfeds.com](http://uhcfeds.com) to learn more.

## But wait, there’s even more ...



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 each week 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

It’s all here to help support your self-guided journey to better mental health.



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.



Get help to overcome tobacco cravings and withdrawals with access to a personal Quit Coach®, the Quit For Life app, Text2Quit<sup>SM</sup> text messages, an online course and, based on eligibility, quit medications.



Specialist Management Solutions (SMS) is part of your health plan and exists to simplify your path to affordable, quality surgery and specialty care.

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\*For access, set up your myuhc.com account. In some states, restrictions apply.







## OK, let's get started!

We get it. You have a lot of choices when it comes to health care. Don't worry. We've made finding coverage easy.

- 1 Compare your plan options**
- 2 Review your benefits**
- 3 Enroll!**

Visit [uhcfeds.com](https://uhcfeds.com) and enter your home or work ZIP code to find plans in your area.



### Need help?

Give us a call at **1-877-835-9861 (TTY 711)**.

¿Habla Español? Podemos ayudar.



### Ready to sign up?

Sign up online or on paper.

Visit [employeeexpress.gov](https://employeeexpress.gov) or go to your benefits office and ask for Standard Form (SF) 2809.



### Postal employee?

Visit [ewss.usps.gov](https://ewss.usps.gov) or call

**PostalEASE at 1-877-477-3273**



# 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>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. See page 12.						
 <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>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 myuhc.com 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>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? No problem. We've got you covered with a nationwide network and no referrals to see a specialist.

HEALTH PLAN DETAILS		CHOICE PRIMARY (Y8, VD)	
<b>Plan Type</b>		<b>Open Access</b>	
<b>MEDICAL COPAYS AND COINSURANCE</b>			
<b>Doctors and Specialists</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 Visit (inpatient)		20% after deductible	
Surgery – Outpatient		Ambulatory center: 20% after deductible Hospital-based center: 20% after deductible plus \$250 per occurrence 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	\$5	\$5	
Tier Level 2	\$50	\$150	
Tier Level 3	\$100	\$350	
Tier Level 4	\$150	\$500	
<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.		<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>Out-of-Pocket Limits:</b> The total amount of health costs you're responsible for before your portion of the coinsurance changes.		<b>Medical:</b> Self: \$7,350 Self Plus One: \$14,700 Self and Family: \$14,700	

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

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
<b>CHOICE PRIMARY</b>			
<b>Y8</b>			
Self Only	<b>Y8 1</b>	\$77.93	\$168.85
Self Plus One	<b>Y8 3</b>	\$167.55	\$363.03
Self and Family	<b>Y8 2</b>	\$184.31	\$399.34
<b>VD</b>			
Self Only	<b>VD 1</b>	\$73.19	\$158.58
Self Plus One	<b>VD 3</b>	\$157.36	\$340.95
Self and Family	<b>VD 2</b>	\$173.10	\$375.04

## Benefit changes for 2023:

- Ambulatory surgery performed at a hospital-based surgical center will incur a \$250 per-occurrence deductible in addition to the 20% coinsurance; ambulatory surgery performed at a freestanding surgical center will remain at 20% coinsurance after deductible
- Iatrogenic infertility will now be covered for diagnosis of Gender Dysphoria. Gender Dysphoria surgical benefits have been expanded: please refer to your FEHBP brochure for details.

\*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.



# Choice Plus Primary (AS, WF)

No copays for primary care? No problem. 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>MEDICAL COPAYS AND COINSURANCE</b>			
<b>Doctors and Specialists</b>	<b>Network</b>	<b>Out-of-Network</b>	
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)	\$60; not subject to deductible	40% after deductible**	
Applied Behavioral Analysis (office visit)	\$60	40% after deductible**	
Mental Health Visit (inpatient)	20% after deductible	40% after deductible**	
Surgery – Outpatient	20% after deductible	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>			
<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	\$5	\$5	Not covered
Tier Level 2	\$50	\$150	Not covered
Tier Level 3	\$100	\$350	Not covered
Tier Level 4	\$150	\$500	Not covered
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>			
	<b>Network</b>	<b>Out-of-Network</b>	
<b>Annual Deductible Amounts:</b> The amount of health costs you're responsible for before the plan starts sharing costs.	<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>Out-of-Pocket Limits:</b> The total amount of health costs you're responsible for before your portion of the coinsurance changes.	<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	

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

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		<b>Your Share</b>	<b>Your Share</b>
<b>CHOICE PLUS PRIMARY</b>			
<b>AS</b>			
Self Only	<b>AS 1</b>	\$82.13	\$177.95
Self Plus One	<b>AS 3</b>	\$176.58	\$382.58
Self and Family	<b>AS 2</b>	\$194.23	\$420.84
<b>WF</b>			
Self Only	<b>WF 1</b>	\$81.89	\$177.43
Self Plus One	<b>WF 3</b>	\$176.06	\$381.47
Self and Family	<b>WF 2</b>	\$193.67	\$419.62

## Benefit changes for 2023:

- Iatrogenic infertility will now be covered for diagnosis of Gender Dysphoria. Gender Dysphoria surgical benefits have been expanded: please refer to your FEHBP brochure for details.

\*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.





# Choice Plus High Deductible Health Plan with HSA (LS, LU, N7, 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, N7, V4)	
<b>Plan Type</b>		<b>Open Access</b>	
<b>MEDICAL COPAYS AND COINSURANCE</b>			
<b>Doctors and Specialists</b>	<b>Network</b>	<b>Out-of-Network</b>	
Preventive Care Visit*	\$0	Not covered	
Primary Care Visit (illness or injury)	\$15 after deductible	30% after deductible**	
Virtual Visit (online doctor)	\$5 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	\$200 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 Visit (inpatient)	\$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>			
<b>Prescription Type</b>	<b>Retail up to 30-day supply</b>	<b>Specialty Pharmacy up to 30-day supply</b>	<b>Out-of-Network</b>
Tier Level 1	\$10	\$10	Not covered
Tier Level 2	\$40	\$150	Not covered
Tier Level 3	\$85	\$350	Not covered
Tier Level 4	\$175	\$500	Not covered
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>			
	<b>Network</b>	<b>Out-of-Network</b>	
<b>Annual Deductible</b>			
<b>Amounts:</b> The amount of health costs you're responsible for before the plan starts sharing costs.	Self: \$2,000 Self Plus One: \$4,000 Self and Family: \$4,000	Self: \$4,000 Self Plus One: \$8,000 Self and Family: \$8,000	
UnitedHealthcare contributes \$750 self only/ \$1,500 self plus one or self plus family, to Health Savings Account.			
<b>Out-of-Pocket Limits:</b> The total amount of health costs you're responsible for before your portion of the coinsurance changes.	Self: \$6,000 Self Plus One: \$12,000 Self and Family: \$12,000	Self: \$12,000 Self Plus One: \$24,000 Self and Family: \$24,000	

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

**N7 / 906741** Available in: Iowa, Kentucky

**V4 / 911923** Available in: District of Columbia, Maryland, Pennsylvania, Virginia

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
<b>CHOICE PLUS HDHP WITH HSA</b>			
<b>LS</b>			
Self Only	<b>LS 1</b>	\$76.02	\$164.71
Self Plus One	<b>LS 3</b>	\$163.44	\$354.13
Self and Family	<b>LS 2</b>	\$173.90	\$376.79
<b>LU</b>			
Self Only	<b>LU 1</b>	\$81.76	\$177.16
Self Plus One	<b>LU 3</b>	\$175.79	\$380.88
Self and Family	<b>LU 2</b>	\$188.05	\$407.44
<b>N7</b>			
Self Only	<b>N7 1</b>	\$90.05	\$195.11
Self Plus One	<b>N7 3</b>	\$191.51	\$414.94
Self and Family	<b>N7 2</b>	\$201.12	\$435.76
<b>V4</b>			
Self Only	<b>V4 1</b>	\$76.75	\$166.30
Self Plus One	<b>V4 3</b>	\$165.01	\$357.53
Self and Family	<b>V4 2</b>	\$176.52	\$382.46

## Benefit changes for 2023:

- Your in-network deductible has increased from \$1,500 self only, \$3,000 self plus one or self and family to \$2,000 self only, \$4,000 self plus one or self and family
- Your out-of-network deductible has increased from \$2,500 self only, \$5,000 self plus one or self and family to \$4,000 self only, \$8,000 self plus one or self and family
- Your in-network out-of-pocket maximum has increased from \$4,000 self only, \$6,850 self plus one or self and family to \$6,000 self only, \$12,000 self plus one or self and family
- Your out-of-network out-of-pocket maximum has increased from \$6,850 self only, \$10,000 self plus one or self and family to \$12,000 self only, \$24,000 self plus one or self and family
- Idiopathic infertility will be covered for diagnosis of Gender Dysphoria. Gender Dysphoria surgical benefits have been expanded: please refer to your FEHBP brochure for details.

\*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.





# Choice Plus Advanced (LV, L9)\*\*\*

Nationwide coverage that goes wherever you do with no referrals.  
And, with out-of-network benefits.

HEALTH PLAN DETAILS		CHOICE PLUS ADVANCED (LV, L9)	
Plan Type	Open Access		
<b>MEDICAL COPAYS AND COINSURANCE</b>			
<b>Doctors and Specialists</b>	<b>Network</b>	<b>Out-of-Network</b>	
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	Non-premium: \$75 after deductible Premium: \$50 after deductible	50% after deductible**	
Lab and X-ray	LV: Office and Freestanding lab: No copay, not subject to deductible Hospital based: 20%, not subject to deductible L9: 20% after deductible	Not covered	
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	Office and Freestanding lab: LV: 20% after deductible; L9: 20% after deductible; Hospital-based: LV: 20%+ per occurrence deductible of \$500 after annual deductible L9: 20%+ per occurrence deductible of \$250 after annual deductible	Not covered	
<b>Emergency Care</b>			
Emergency Room	\$275 (waived if admitted)	\$275 (waived if admitted)	
Emergency Transportation (ground)	20% after deductible	20% after deductible	
<b>Other Care</b>			
Mental Health Visit (office visit)	LV: \$25 after deductible L9: \$75 after deductible	LV/L9: 50% after deductible**	
Applied Behavioral Analysis (Service areas differ. Please consult your FEHBP brochure)	LV: \$25 per visit L9: \$75 per visit	LV/L9: 50% after deductible**	
Mental Health Visit (inpatient)	20% after deductible	50% after deductible**	
Surgery – Outpatient	<b>Freestanding facility:</b> LV: 20% after deductible L9: 20% after deductible <b>Hospital-based facility:</b> LV: 20% after per occurrence deductible of \$500 and annual deductible L9: 20% after per occurrence deductible of \$250 and annual deductible	<b>Freestanding facility:</b> LV: 50% after deductible** L9: 50% after deductible** <b>Hospital-based facility:</b> LV: 50% after per occurrence deductible of \$500 and annual deductible** L9: 50% after per occurrence deductible of \$250 and annual 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	\$35	\$150	Not covered
Tier Level 3	\$70	\$350	Not covered
Tier Level 4	\$120	\$500	Not covered
<b>DEDUCTIBLES AND OUT-OF-POCKET LIMITS</b>			
	<b>Network</b>	<b>Out-of-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	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: \$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	

You must live or work in our geographic service area to enroll in the Choice Plus Advanced plan:

**LV / 903417** Available in: Florida (Miami, Orlando Tampa), Georgia (Atlanta)

**L9 / 904646** Available in: District of Columbia, Illinois (Chicago), Maryland (entire state), Texas (San Antonio), Virginia (Northern Virginia)

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
<b>CHOICE PLUS ADVANCED</b>			
<b>LV</b>			
Self Only	<b>LV 1</b>	\$204.33	\$442.71
Self Plus One	<b>LV 3</b>	\$437.18	\$947.22
Self and Family	<b>LV 2</b>	\$780.72	\$1,691.56
<b>L9</b>			
Self Only	<b>L9 1</b>	\$80.42	\$174.25
Self Plus One	<b>L9 3</b>	\$170.90	\$370.29
Self and Family	<b>L9 2</b>	\$193.01	\$418.20

## Benefit changes for 2023:

### LV plan:

- Inpatient hospital benefit has eliminated the per occurrence deductible and will become 20% coinsurance deductible for in-network hospital. No change to out-of-network hospital charges.
- Iatrogenic infertility will now be covered for diagnosis of Gender Dysphoria. Gender Dysphoria surgical benefits have been expanded: please refer to your FEHBP brochure for details.

### L9 plan:

- Iatrogenic infertility will now be covered for diagnosis of Gender Dysphoria. Gender Dysphoria surgical benefits have been expanded: please refer to your FEHBP brochure for details.

\*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.

\*\*\*Benefits may vary by plan and location.



# Choice Open Access HMO (KK, KT, LJ, LR)

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

HEALTH PLAN DETAILS	CHOICE (KK, KT, LJ, LR)	
<b>Plan Type</b>	Open Access	
<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)	\$5	
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	\$275 (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 Visit (inpatient)	\$150 per day (up to \$750 per admission)	
Surgery – Outpatient	Freestanding facility: \$150 Hospital-based facility: \$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	\$40	\$150
Tier Level 3	\$85	\$350
Tier Level 4	\$175	\$500
<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 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	

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

**KK / 906520** Available in: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee

**KT / 906861** Available in: Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington

**LJ / 906742** Available in: Iowa, Kentucky

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

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
<b>CHOICE OPEN ACCESS</b>			
<b>KK</b>			
Self Only	<b>KK 1</b>	\$174.58	\$378.25
Self Plus One	<b>KK 3</b>	\$373.25	\$808.71
Self and Family	<b>KK 2</b>	\$474.36	\$1,027.78
<b>KT</b>			
Self Only	<b>KT 1</b>	\$184.95	\$400.72
Self Plus One	<b>KT 3</b>	\$395.51	\$856.94
Self and Family	<b>KT 2</b>	\$500.25	\$1,083.88
<b>LJ</b>			
Self Only	<b>LJ 1</b>	\$190.49	\$412.73
Self Plus One	<b>LJ 3</b>	\$407.42	\$882.74
Self and Family	<b>LJ 2</b>	\$514.10	\$1,113.89
<b>LR</b>			
Self Only	<b>LR 1</b>	\$159.36	\$345.28
Self Plus One	<b>LR 3</b>	\$340.48	\$737.71
Self and Family	<b>LR 2</b>	\$381.78	\$827.19

## Benefit changes for 2023:

- Emergency room copay has increased from \$250 per visit to \$275 per visit
- Iatrogenic infertility will now be covered for diagnosis of Gender Dysphoria. Gender Dysphoria surgical benefits have been expanded: please refer to your FEHBP brochure for details.

\*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.



# 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)	
<b>Plan Type</b>	PCP/Referral	
<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)	\$5	
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	\$250 (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 Visit (inpatient)	\$250 per day (up to \$750 per admission)	
Surgery – Outpatient	Freestanding facility: \$150 Hospital-based facility: \$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	\$5	\$5
Tier Level 2	\$40	\$150
Tier Level 3	\$75	\$350
Tier Level 4	\$120	\$500
<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 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	

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

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
<b>MD-IPA</b>			
<b>JP</b>			
Self Only	<b>JP 1</b>	\$232.18	\$503.05
Self Plus One	<b>JP 3</b>	\$400.15	\$866.99
Self and Family	<b>JP 2</b>	\$767.86	\$1,663.70

### Benefit changes for 2023:

- Emergency Room copay has increased from \$175 per visit to \$250 per visit
- Inpatient hospital copay has increased from \$150 per day up to 3 days per admission to \$250 per day up to 3 days per admission
- Outpatient surgery copay has increased from \$100 for freestanding and \$200 for hospital based location to \$150 for freestanding and \$300 for hospital based location
- Iatrogenic infertility will now be covered for diagnosis of Gender Dysphoria. Gender Dysphoria surgical benefits have been expanded: please refer to your FEHBP brochure for details.

\*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.



# Preventive dental benefits at no cost to you

## Additional Dental PPO\* benefits for all plans (except MD-IPA):

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)

Visit [uhcfeds.com](http://uhcfeds.com) to download dental plan documents and find participating dentists near you. For dental coverage above and beyond what your health plan offers, explore the FEDVIP dental plans at [uhcfeds.com](http://uhcfeds.com).

## Dental and Vision plans for MD-IPA only (JP):

Protect your health from every angle with dental and vision plans for MD-IPA only.

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 separate 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](http://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 copay	\$40 copay	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

\* PPO = Preferred Provider Organization.

\*\* Non-FEHBP 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.





# It's time to take advantage

## Meet the UnitedHealthcare® Retiree Advantage plan for federal retirees

Get all the benefits of Original Medicare plus these benefits at no additional cost:

- \$0 out-of-pocket costs for covered medical services
- \$150 monthly Part B premium subsidy
- Prescription drug coverage (Part D) with full coverage in the gap
- One plan — no need to coordinate benefits

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.

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



**Call UnitedHealthcare toll-free at 1-844-481-8821, TTY 711, 8 a.m.–8 p.m. local time 7 days a week, or visit our website at [retiree.uhc.com/fehbra](https://retiree.uhc.com/fehbra) to learn more.**



### 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.



### Behavioral health solutions

Access our large network of nearby behavioral health providers with options for either in-person or virtual care. The behavioral health benefit offers support for alcohol and drug use recovery, depression, anxiety and stress, coping with grief and loss, relationship difficulties, compulsive habits and disorders, and medication management.

## Pride365+

Because you're you. Colleague, friend, sibling, partner, LGBTQ+. We respect and support all that you are.

### Expanding your awareness

For more information, including additional LGBTQ+ resources, visit [pride365plus.com](https://pride365plus.com). Also, follow [myuhc.com](https://myuhc.com)®.

### Customizing your journey

Interested in additional personalized resources? Call the number on your health plan ID card or visit [myuhc.com](https://myuhc.com)® to learn what's available to you.



# Your plan, your choice

Compare premiums, summarized here, then just click, ZIP, and go to enroll.

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (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	Y8 1	\$77.93	\$168.85
Self Plus One	Y8 3	\$167.55	\$363.03
Self and Family	Y8 2	\$184.31	\$399.34
<b>VD — Arizona (Phoenix, Tucson, Mohave and Yavapai Counties), Nevada, Oregon, Washington</b>			
Self Only	VD 1	\$73.19	\$158.58
Self Plus One	VD 3	\$157.36	\$340.95
Self and Family	VD 2	\$173.10	\$375.04
<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	AS 1	\$82.13	\$177.95
Self Plus One	AS 3	\$176.58	\$382.58
Self and Family	AS 2	\$194.23	\$420.84
<b>WF — Arizona (Phoenix, Tucson, Mohave, and Yavapai Counties), Nevada, Oregon, Washington</b>			
Self Only	WF 1	\$81.89	\$177.43
Self Plus One	WF 3	\$176.06	\$381.47
Self and Family	WF 2	\$193.67	\$419.62
<b>CHOICE PLUS HDHP WITH HSA</b>			
<b>LS — Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee</b>			
Self Only	LS 1	\$76.02	\$164.71
Self Plus One	LS 3	\$163.44	\$354.13
Self and Family	LS 2	\$173.90	\$376.79
<b>LU — Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington</b>			
Self Only	LU 1	\$81.76	\$177.16
Self Plus One	LU 3	\$175.79	\$380.88
Self and Family	LU 2	\$188.05	\$407.44
<b>N7 — Iowa, Kentucky</b>			
Self Only	N7 1	\$90.05	\$195.11
Self Plus One	N7 3	\$191.51	\$414.94
Self and Family	N7 2	\$201.12	\$435.76
<b>V4 — District of Columbia, Maryland, Pennsylvania, Virginia</b>			
Self Only	V4 1	\$76.75	\$166.30
Self Plus One	V4 3	\$165.01	\$357.53
Self and Family	V4 2	\$176.52	\$382.46
<b>CHOICE PLUS ADVANCED</b>			
<b>LV — Florida (Miami, Orlando and Tampa), Georgia (Atlanta)</b>			
Self Only	LV 1	\$204.33	\$442.71
Self Plus One	LV 3	\$437.18	\$947.22
Self and Family	LV 2	\$780.72	\$1,691.56
<b>L9 — District of Columbia, Illinois (Chicago), Maryland (entire state), Texas (San Antonio), Virginia (Northern Virginia)</b>			
Self Only	L9 1	\$80.42	\$174.25
Self Plus One	L9 3	\$170.90	\$370.29
Self and Family	L9 2	\$193.01	\$418.20



# More plans, more choice

ENROLLMENT TYPE	ENROLLMENT CODE	POSTAL AND NON-POSTAL (BI-WEEKLY)	POSTAL AND NON-POSTAL (MONTHLY)
		Your Share	Your Share
<b>CHOICE OPEN ACCESS HMO</b>			
<b>KK — Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee</b>			
Self Only	<b>KK 1</b>	\$174.58	\$378.25
Self Plus One	<b>KK 3</b>	\$373.25	\$808.71
Self and Family	<b>KK 2</b>	\$474.36	\$1,027.78
<b>KT — Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington</b>			
Self Only	<b>KT 1</b>	\$184.95	\$400.72
Self Plus One	<b>KT 3</b>	\$395.51	\$856.94
Self and Family	<b>KT 2</b>	\$500.25	\$1,083.88
<b>LJ — Iowa, Kentucky</b>			
Self Only	<b>LJ 1</b>	\$190.49	\$412.73
Self Plus One	<b>LJ 3</b>	\$407.42	\$882.74
Self and Family	<b>LJ 2</b>	\$514.10	\$1,113.89
<b>LR — District of Columbia, Maryland, Pennsylvania, Virginia</b>			
Self Only	<b>LR 1</b>	\$159.36	\$345.28
Self Plus One	<b>LR 3</b>	\$340.48	\$737.71
Self and Family	<b>LR 2</b>	\$381.78	\$827.19
<b>MD-IPA</b>			
<b>JP — District of Columbia, Maryland, Northern Virginia</b>			
Self Only	<b>JP 1</b>	\$232.18	\$503.05
Self Plus One	<b>JP 3</b>	\$400.15	\$866.99
Self and Family	<b>JP 2</b>	\$767.86	\$1,663.70

## So now you know

You've considered what's covered. You've explored resources to help you stay healthier. Now you're ready for the next step: enrolling in the plan that works best for you at this moment in your life.

### 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 coverage

### 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)
- Postal employees: Visit <https://ewss.usps.gov>



#### Paper:

- 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](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 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.

**تنبؤ:** خدمات الترجمة متاحة للأشخاص الذين يتحدثون لغتهم الأم (**Arabic**)، دون تكلفة. يرجى الاتصال بالرقم المجاني الموجود على بطاقة هويتك.

**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 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**), udostępniłmy 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, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

**DÍÍ BAA'ÁKONÍNÍZIN:** Diné (**Navajo**) bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áá jiiik'eh, bee ná'ahóót'i'. T'áá shoódi ninaaltsos nít'i'izi bee nééhozinígíí bine'déé' t'áá jiiik'ehgo béésh bee hane'í biká'ígíí bee hodiilnih.

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

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number service is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a 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 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.

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**UnitedHealthcare®**  
**Federal Programs**