A health plan for living well

Living well starts with confidence in your coverage. Explore UnitedHealthcare FEHB plans designed to support your health, your budget and your goals – so you can focus on what matters most.



Learn more inside and visit **uhcfeds.com**

United Healthcare

Your helping hand in health care

UnitedHealthcare has been providing coverage to federal employees, retirees and their family members for over 40 years with plans designed for a simpler and convenient health care experience. Members can choose from over 1.9 million providers and over 5.6 thousand hospitals with our nationwide network.*

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Manage your plan with ease

The **UnitedHealthcare app®** and **myuhc.com** are designed to help you find a provider, manage your claims, share your digital ID card and so much more.

24/7 care from anywhere

Get same-day care for a wide range of health conditions with 24/7 Virtual Visits with a $0 copay.

Health support and advocacy

Get support navigating your health and plan with resources and advocacy programs. From managing health conditions to understanding benefits, these programs make it simple to get the care you need.



UHC FEHB Health Engagement Nurses

Your dedicated health support

Get personalized health and wellness support from a UnitedHealthcare Health Engagement Nurse. This dedicated staff 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.

*As of July 2026.

Better health starts here

Feel your best with UnitedHealthcare programs designed to support weight management, physical activity and nutrition.

NEW!

wondr HEALTH™

Enjoy access to Wondr, a personalized, science-backed digital weight management program designed to help build healthier habits that lead to lasting results. Through short weekly video lessons, tailored content and a supportive community, members learn skills related to nutrition, physical activity, sleep and stress management. Wondr focuses on sustainable behavior change rather than restrictive dieting – helping individuals meet their health and wellness goals.

Beginning January 1, 2027, UnitedHealthcare FEHB will cover only select anti-obesity medications for weight management. Enrollment in Wondr is required as part of the prior authorization process to support member engagement and improved health outcomes.



Scan the QR code to download the UnitedHealthcare® app

More fitness and nutrition programs

UnitedHealthcare Rewards

With UHC Rewards, you can earn rewards for reaching goals and taking care of your health. Simply complete healthy activities like tracking steps or getting an annual checkup and you can earn up to $300 toward a One Pass Select® membership.

One Pass

Once you activate UHC Rewards, subscribers and enrolled spouses can get started with One Pass Select, a subscription-based fitness membership and well-being network that gives you access to fitness centers, digital fitness classes and more.

wellos

Redefine your relationship with food by getting personalized, goal-focused content based on your daily tracking, plus curated recipe collections and meal plans.

Programs you can count on

Every UnitedHealthcare plan includes programs and benefits built to support you and your family's needs.



Care, anywhere

24/7 Virtual Visits

Get same-day, urgent care for a wide range of conditions with $0 copay. Simply use the UnitedHealthcare app to connect to a network provider from the comfort of your home.

Teladoc HEALTH

Teladoc™ connects you to a primary care provider (PCP) of your choice by phone or video for a personalized care experience.

dr. on demand by Included Health

Enjoy convenient and quality care from anywhere with virtual appointments from Doctors on Demand by Included Health.

dispatch health®

Experience a different type of urgent health care. DispatchHealth brings medical care where you're the most comfortable – right at home.

amwell

Amwell meets your unique needs with hybrid care and a provider who can diagnose and treat your health conditions.

Well-being support

Calm Health

Calm offers a wide range of features including guided meditations, soothing sleep stories, breathing exercises and more.

Mental and behavioral health

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

NEW! Doula Wellness Benefit

This benefit provides coverage for certified doula support services with an allowance of up to $1,500 per pregnancy, paid at 100% with no deductible.

Save on everyday needs

UHC Store

Designed to help you live healthier, UHC Store offers health, wellness and lifestyle offerings you can purchase – many at a discount – to help support your needs and goals.

Optum Rx®

Easily manage your prescriptions with Optum Rx®. This pharmacy service provider makes it simple to compare medication costs, find network pharmacies and enjoy reliable medication delivery to your home.

TrumpRx

The federal TrumpRx initiative provides access to manufacturer-direct pricing on select medications. Members using the platform can compare options and determine what works best for their needs.

Compare your options

Find rates and plan highlights all in one place.

Plan options

Biweekly rates & enrollment codes	Choice Plus Primary (AS) Available in: AL, AR, DC, FL, GA, IL, IA, KY, LA, MD, MS, MO, NC, PA, TN, TX, VA		Choice Plus HDHP with HSA (V4) Available in: DC, MD, PA, VA		Choice Open Access HMO (LR) Available in: DC, MD, PA, VA		MD-IPA (JP) Available in: DC, MD, VA	
	Code	Rate	Code	Rate	Code	Rate	Code	Rate
Self only	AS1	$129.52	V41	$98.60	LR1	$260.67	JP1	$116.62
Self plus	AS3	$264.94	V43	$211.39	LR3	$549.79	JP3	$227.77
Self and family	AS2	$287.86	V42	$225.10	LR2	$608.29	JP2	$464.23
Plan highlights								
$0 **$0 copay for network PCP visits** See your network PCP without paying a copay.	✓ For all ages				✓ For children under 18		✓ For children under 18	
Network and out-of-network benefits You may get care and services from network and out-of-network providers and facilities, but staying in the network may help lower your costs.	✓ Nationwide access		✓ Nationwide access					
Network benefits only You may save money when you get care for covered benefits from network providers.					✓ Nationwide access		✓ Regional access	
$0 deductible There's no minimum amount you need to reach before the plan starts sharing costs.					✓		✓	
Health savings account (HSA) Put money aside, tax-free, to save and pay for qualified medical expenses. UnitedHealthcare contributes to your HSA.			✓					
UnitedHealthcare Retiree Advantage Available to annuitants enrolled in a UnitedHealthcare plan through the FEHBP with Medicare Part A and Part B.	✓				✓		✓	

Choice Plus Primary (AS)

Key benefits of the Choice Plus Primary plan include: No copays for primary care, no referrals to see a specialist and enjoy coverage with a nationwide network. Plus, this plan has network and out-of-network benefits.

To enroll in this plan, you must live or work in one of these areas: Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia

Health plan details	Choice Plus Primary (AS)		
Plan type	Open access		
Deductibles and out-of-pocket limits		**Network**	**Out-of-network**
Annual deductible amounts: The amount you pay before the plan starts sharing costs	Self	$750	$3,000
	Self plus one	$1,500	$6,000
	Self and family	$1,500	$6,000
Out-of-pocket limits: The most you could pay for covered services in a plan year	Self	$7,350	$15,000
	Self plus one	$14,700	$30,000
	Self and family	$14,700	$30,000
Medical copays and coinsurance		**Network**	**Out-of-network**
Doctors and specialists			
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		$60; not subject to deductible	40% after deductible**
Specialist visit		$60; not subject to deductible	40% after deductible**
Lab and X-ray		25% after deductible	Not covered
Major diagnostic and imaging (MRI, CT scan, PET scan)		25% after deductible	Not covered
Emergency care			
Emergency room		25% after deductible	25% after deductible
Emergency transportation		25% after deductible	25% after deductible
Other care			
Mental health visit (office visit)		$0 copay, not subject to deductible	40% after deductible**
Applied behavioral analysis (office visit)		$0 copay, not subject to deductible	40% after deductible**
Mental health hospitalization		25% after deductible	40% after deductible**
Surgery – outpatient		Freestanding center: 25% after deductible	Freestanding center: 40% after deductible**
		Hospital-based center: 25% after deductible plus $250 per occurrence deductible	Hospital-based center: 40% after deductible**
Hospital – inpatient stay		25% after deductible	40% after deductible**

Benefit changes for 2027 – Plan AS:

- 20% coinsurance benefit has been updated to 25% coinsurance
- Pharmacy copays have been updated to 15/60/150/300 and Specialty Pharmacy Tier 1 has been updated to $25
- Hospital based center per occurrence deductible of $250 has been added for outpatient surgery

Enrollment type	Enrollment code	Biweekly	Monthly
Choice Plus Primary (AS)			
Self only	**AS1**	$129.52	$280.63
Self plus one	**AS3**	$264.94	$574.04
Self and family	**AS2**	$287.86	$623.69

Pharmacy benefits			
Pharmacy copays		**Retail** up to 30-day supply	**Specialty pharmacy** up to 30-day supply
Prescription tier level 1		$15	$25
Prescription tier level 2		$60	$150
Prescription tier level 3		$150	$350
Prescription tier level 4		$300	$500
Pharmacy deductibles		**Retail / Mail order**	**Specialty pharmacy**
Prescription tier level 3 & 4	Self	$250	N/A
	Self plus one	$500	N/A
	Self and family	$500	N/A

Home Delivery (90-day supply) options are 2.5x the retail price

GLP-1 Weight Management (New for 2027): Effective 1/1/2027, Zepbound will be the only covered GLP-1 medication for weight management, available at 50% coinsurance based on the Wholesale Acquisition Cost (WAC). Wondr enrollment and participation are required as part of the prior authorization process.

Scan the QR code to use the OptumRx drug price search tool

Preventive Dental PPO*** Plan****

You can see any licensed dentist.
Just present your separate PPO dental ID card to access benefits.

What it offers:
$0 deductible
$500 annual maximum per person per year
$0 oral exam;***** prophylaxis (cleaning);***** X-rays and sealants' (100% for covered services)

Visit **uhcfeds.com** for additional information and to find a participating dentist near you. For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at **uhcfeds.com**.

*Age-appropriate preventive care services are covered at 100% when received in the plan network. This is a summary of the features of the Choice Plus Primary East plan. Before making a final decision, please read the plan's officially approved brochure, RI 73-905, all benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.
**Of allowable charges and any difference between allowed and billed amount.
***PPO = Preferred Provider Organization, Excluding MD-IPA
****Non-FEHBP benefit.
*****Limited to 2 times per consecutive 12 months.
†Available to children under the age of 16.

Choice Plus High Deductible Health Plan with HSA (V4)

Key benefits of the Choice Plus High Deductible Health Plan (HDHP): Includes the option to open a health savings account (HSA), no referrals required, network and out-of-network benefits and access to a nationwide network.*

To enroll in this plan, you must live or work in one of these areas: District of Columbia, Maryland, Pennsylvania, Virginia

Health plan details	Choice Plus HDHP with HSA (V4)		
Plan type	Open access		
Deductibles and out-of-pocket limits		**Network**	**Out-of-network**
Annual deductible amounts: The amount you pay before the plan starts sharing costs	Self	$2,000	$4,000
	Self plus one	$4,000	$8,000
	Self and family	$4,000	$8,000
Out-of-pocket limits: The most you could pay for covered services in a plan year	Self	$6,000	$12,000
	Self plus one	$12,000	$24,000
	Self and family	$12,000	$24,000
Medical copays and coinsurance		**Network**	**Out-of-network**
Doctors and specialists			
Preventive care visit**		$0	Not covered
Primary care visit (illness or injury)		$30 after deductible	30% after deductible***
Virtual visit (online doctor)		$0 after deductible	Not covered
Urgent care visit		$50 after deductible	30% after deductible***
Specialist visit		$50 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
Emergency care			
Emergency room		$350 after deductible	$350 after deductible
Emergency transportation (ground)		$0 after deductible	30% after deductible***
Other care			
Mental health visit (office visit)		$50 after deductible	30% after deductible***
Applied behavioral analysis (office visit)		$0 copay, not subject to deductible	30% after deductible***
Mental health hospitalization		$500 per admission after deductible	30% after deductible***
Surgery – outpatient		$250 after deductible	30% after deductible***
Hospital – inpatient stay		$500 per admission after deductible	30% after deductible***

Benefit changes for 2027 – Plan V4:

- Pharmacy copays have been updated to 15/60/150/300 and Specialty Pharmacy Tier 1 has been updated to $25
- PCP copay has increased to $30 after deductible

Enrollment type	Enrollment code	Biweekly	Monthly
Choice Plus HDHP with HSA (V4)			
Self only	**V41**	$98.60	$213.64
Self plus one	**V43**	$211.39	$458.02
Self and family	**V42**	$225.10	$487.71

Pharmacy benefits		
Pharmacy copays	**Retail** up to 30-day supply	**Specialty pharmacy** up to 30-day supply
Prescription tier level 1	$15	$25
Prescription tier level 2	$60	$150
Prescription tier level 3	$150	$350
Prescription tier level 4	$300	$500

Home Delivery (90-day supply) options are 2.5x the retail price

GLP-1 Weight Management (New for 2027): Effective 1/1/2027, Zepbound will be the only covered GLP-1 medication for weight management, available at 50% coinsurance based on the Wholesale Acquisition Cost (WAC). Wondr enrollment and participation are required as part of the prior authorization process.

Scan the QR code to use the OptumRx drug price search tool

Preventive Dental PPO**** Plan*****

You can see any licensed dentist.
Just present your separate PPO dental ID card to access benefits.

What it offers:
$0 deductible
$500 annual maximum per person per year
$0 oral exam;****** prophylaxis (cleaning);****** X-rays and sealants' (100% for covered services)

Visit **uhcfeds.com** for additional information and to find a participating dentist near you. For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at **uhcfeds.com**.

*Must set up Health Savings Account with Optum Bank. Application will be mailed to you or sign up online at **uhcfeds.com.**
**Age-appropriate preventive care services are covered at 100% when received in the plan network. This is a summary of the features of the HDHP with HSA plan. Before making a final decision, please read the plan's officially approved brochure, RI 73-891, all benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.
***Of allowable charges and any difference between allowed and billed amount.
****PPO = Preferred Provider Organization, Excluding MD-IPA
*****Non-FEHBP benefit.
******Limited to 2 times per consecutive 12 months.
†Available to children under the age of 16.

Choice Open Access HMO (LR)

To enroll in this plan, you must live or work in one of these areas: District of Columbia, Maryland, Pennsylvania, Virginia

Key benefits of the Choice Open Access HMO Plan: This plan opens up to a nationwide network (just like it sounds!), no referrals, no deductibles with copays for most services.

Health plan details	Choice (LR)	
Plan type	**Open access**	
Deductibles and out-of-pocket limits	**Network**	
Annual deductible amounts: The amount you pay before the plan starts sharing costs	Self	$0
	Self plus one	$0
	Self and family	$0
Out-of-pocket limits: The most you could pay for covered services in a plan year	Self	$5,000
	Self plus one	$10,000
	Self and family	$10,000
Medical copays and coinsurance	**Network**	
Doctors and specialists		
Preventive care visit*	$0	
Primary care visit (illness or injury)	$30 copay; $0 copay for children under 18	
Virtual visit (online doctor)	$0	
Urgent care visit	$50	
Specialist visit	$60	
Lab and X-ray	$60	
Major diagnostic and imaging (MRI, CT scan, PET scan)	$200	
Emergency care		
Emergency room	$350 (waived if admitted)	
Emergency transportation (ground)	$0	
Other care		
Mental health visit (office visit)	$25	
Applied behavioral analysis (office visit)	$0	
Mental health hospitalization	$150 per day (up to $750 per admission)	
Surgery – outpatient	Freestanding center: $150 Hospital-based center: $300	
Hospital – inpatient stay	$150 per day (up to $750 per admission)	

Benefit changes for 2027 – Plan LR:

- Pharmacy copays have been updated to 15/60/150/300 and Specialty Pharmacy Tier 1 has been updated to $25
- PCP copay has been updated to $30
- Specialist copay, Lab and X-ray copay have been updated to $60
- Major diagnostic and imaging copay has been updated to $200

Enrollment type	Enrollment code	Biweekly	Monthly
Choice Open Access HMO (LR)			
Self only	**LR1**	$260.67	$564.79
Self plus one	**LR3**	$549.79	$1,191.21
Self and family	**LR2**	$608.29	$1,317.96

Pharmacy benefits

Pharmacy copays	Retail up to 30-day supply	Specialty pharmacy up to 30-day supply
Prescription tier level 1	$15	$25
Prescription tier level 2	$60	$150
Prescription tier level 3	$150	$350
Prescription tier level 4	$300	$500

Home Delivery (90-day supply) options are 2.5x the retail price

GLP-1 Weight Management (New for 2027): Effective 1/1/2027, Zepbound will be the only covered GLP-1 medication for weight management, available at 50% coinsurance based on the Wholesale Acquisition Cost (WAC). Wondr enrollment and participation are required as part of the prior authorization process.

Scan the QR code to use the OptumRx drug price search tool

Preventive Dental PPO Plan*****

You can see any licensed dentist.

Just present your separate PPO dental ID card to access benefits.

What it offers:

- $0 deductible
- $500 annual maximum per person per year
- $0 oral exam,**** prophylaxis (cleaning),**** X-rays and sealants† (100% for covered services)

Visit **uhcfeds.com** for additional information and to find a participating dentist near you. For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at **uhcfeds.com**.

*Age-appropriate preventive care services are covered at 100% when received in the plan network. This is a summary of the features of the Choice Open Access Plan. Before making a final decision, please read the plan's officially approved brochure, RI 73-890, all benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

**PPO = Preferred Provider Organization, Excluding MD-IPA

***Non-FEHBP benefit.

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

†Available to children under the age of 16.

MD-IPA (JP)

To enroll in this plan, you must live or work in one of these areas: District of Columbia, Maryland, Northern Virginia

The benefits of the MD-IPA plan include: A network-only, no-deductible plan that requires referrals with a strong regional network. It is only offered in the District of Columbia, Maryland and Northern Virginia.

Health plan details	MD-IPA (JP) (PCP/Referral Plan)	
Plan type	**PCP/Referral**	
Deductibles and out-of-pocket limits	**Network**	
Annual deductible amounts: The amount you pay before the plan starts sharing costs	Self	$0
	Self plus one	$0
	Self and family	$0
Out-of-pocket limits: The most you could pay for covered services in a plan year	Self	$5,000
	Self plus one	$10,000
	Self and family	$10,000
Medical copays and coinsurance	**Network**	
Doctors and specialists		
Preventive care visit*	$0	
Primary care visit (illness or injury)	$30 copay; $0 copay for children under 18	
Virtual visit (online doctor)	$0	
Urgent care visit	$50	
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)	
Emergency care		
Emergency room	$350 (waived if admitted)	
Emergency transportation (ground)	$0	
Other care		
Mental health visit (office visit)	$25	
Applied behavioral analysis (office visit)	$0	
Mental health hospitalization	$250 per day (up to $750 per admission)	
Surgery – outpatient	Freestanding center: $150 Hospital-based center: $300	
Hospital – inpatient stay	$250 per day (up to $750 per admission)	

Benefit changes for 2027 – Plan JP:

- Benefit Changes for 2027: PCP copay increased to $30
- Urgent Care copay increased to $50
- Pharmacy copays increased to 15/60/150/300 and Specialty Pharmacy tier 1 copay increased to $25

*Age-appropriate preventive care services are covered at 100% when received in the plan network. This is a summary of the features of the MD-IPA plan. Before making a final decision, please read the plan's officially approved brochure, RI 73-100, all benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

**Non FEHB benefit

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

Enrollment type	Enrollment code	Biweekly	Monthly
MD-IPA (JP)			
Self only	**JP1**	$116.62	$252.69
Self plus one	**JP3**	$227.77	$493.50
Self and family	**JP2**	$464.23	$1,005.83

Pharmacy benefits

Pharmacy copays	Retail up to 30-day supply	Specialty pharmacy up to 30-day supply
Prescription tier level 1	$15	$25
Prescription tier level 2	$60	$150
Prescription tier level 3	$150	$350
Prescription tier level 4	$300	$500

Home Delivery (90-day supply) options are 3x the retail price

GLP-1 Weight Management (New for 2027): Effective 1/1/2027, Zepbound will be the only covered GLP-1 medication for weight management, available at 50% coinsurance based on the Wholesale Acquisition Cost (WAC). Wondr enrollment and participation are required as part of the prior authorization process.

Scan the QR code to use the OptumRx drug price search tool

Dental and vision benefits included with MD-IPA**

Preventive dental PPO plan***

Present your separate PPO dental card to access benefits, which include oral exam, prophylaxis (cleaning), X-rays and sealants, amalgam and composite restorations (fillings)

You pay: $0 in-network and 40% out-of-network

Visit **uhcfeds.com** for additional information and to find a participating dentist near you. For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at **uhcfeds.com**.

Dental discount plan***

Present your health plan ID card to access benefits

It includes: non-cosmetic services at 25-30% discount, cosmetic services at 10-15% discount

Refer to the FEHBP/COC, section **Non-FEHB Benefits Available to Plan Members**, for additional information.

Vision discount***

- Available every 24 months
- $130 frame allowance at network providers
- $125 contact lens allowance (in lieu of eyeglasses)

Let's enroll!

Now that you've had some time to review the details, it's time to enroll in the plan that fits you best.

Step 1: Jot down the code for the plan you chose

You'll need it to enroll in a UnitedHealthcare FEHB plan. Go to **uhcfeds.com** to learn more about your plan.

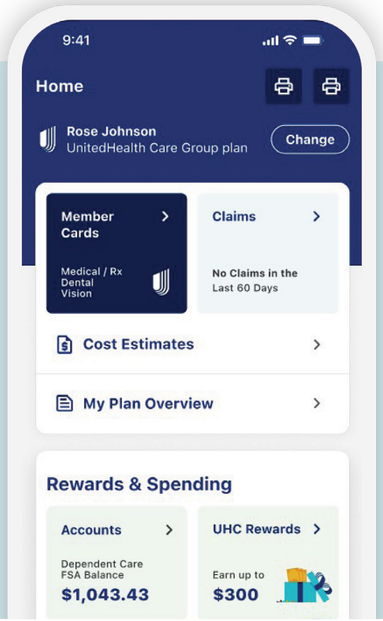
Step 2: Enroll online or on paper

Submit **Standard Form (SF) 2809** at **employeeexpress.gov** or at your benefits office.



Questions? We're here to help

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



What's next?

After you enroll, you'll be sent a welcome letter and a new member checklist to help you access your benefits and download a digital ID card. Also download the **UnitedHealthcare® app** for 24/7 plan access. Your coverage will begin Jan. 1 of that plan year if you sign up during Open Season.

Scan the QR code to download the UnitedHealthcare® app

UnitedHealthcare Medicare Advantage plan

If you're a federal retiree, you can get the benefits of Original Medicare (Medicare Parts A & B) plus these benefits at no additional cost:

- $0 copays on covered medical services
- National (PPO) network
- One plan – no need to coordinate benefits



Extra benefits designed for how you live

$150 Medicare Part B premium subsidy
A monthly subsidy applied in the form of a reduced premium for each enrollee

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

Over-the-counter item allowance
$40 quarterly credits to spend on eligible over-the-counter health care products**

Renew Active® by UnitedHealthcare
A no-cost gym membership at a fitness center in our large national network***

UnitedHealthcare Healthy at Home
Post-discharge delivered meals, transportation to appointments and in-home, non-medical care

Vision Benefit
$100 allowance every year for glasses or contacts****

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.

To opt in, call toll-free **1-844-481-8821, TTY 711**, 8 a.m.– 8 p.m. local time, Monday–Friday.
To learn more, visit **retiree.uhc.com/fehbra**

*The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Other hearing exam providers are available in the UnitedHealthcare network.
**OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information.
***The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.
****Annual routine eye exam and an allowance for contacts or 1 pair of eyeglasses (lenses and frames) every year or every year. Review your Evidence of Coverage (EOC) for more information.
You must be retired with Medicare Parts A & B to be eligible for the UnitedHealthcare Retiree Advantage plan.
Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Plan rates

Enrollment type	Enrollment code	Biweekly	Monthly
Choice Plus Primary			
AS — Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas, Virginia			
Self only	**AS1**	$129.52	$280.63
Self plus one	**AS3**	$264.94	$574.04
Self and family	**AS2**	$287.86	$623.69
Choice Plus HDHP with HSA			
V4 — District of Columbia, Maryland, Pennsylvania, Virginia			
Self only	**V41**	$98.60	$213.64
Self plus one	**V43**	$211.39	$458.02
Self and family	**V42**	$225.10	$487.71
Choice Open Access HMO			
LR — District of Columbia, Maryland, Pennsylvania, Virginia			
Self only	**LR1**	$260.67	$564.79
Self plus one	**LR3**	$549.79	$1,191.21
Self and family	**LR2**	$608.29	$1,317.96
MD-IPA			
JP — District of Columbia, Maryland, Northern Virginia			
Self only	**JP1**	$116.62	$252.69
Self plus one	**JP3**	$227.77	$493.50
Self and family	**JP2**	$464.23	$1,005.83

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.

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.

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

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

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico.

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

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

UHC Store provides a member-direct purchase of health and wellness offerings. UHC Store is not a product, program nor service, is not insurance, and is not a substitute for health plan benefits nor professional medical advice, diagnosis, or treatment. UnitedHealthcare does not endorse nor guarantee offerings available through UHC Store. UnitedHealthcare is not responsible or liable for services, or advice given by a UHC Store participant of these offerings. Individuals are responsible for understanding potential risks associated with using these offerings. Purchasing any offerings may have tax implications. Individuals should consult with a tax specialist to determine whether they have any tax obligations from purchasing offerings from the UHC Store, subscriptions' Health Savings Account (HSA)/Flexible Spending Account (FSA) eligibility, and to determine if a subscription provides medical care that may impact HSA eligibility. Components subject to change. UHC Store is not available in all states or for all members. Some products are not available in all states.

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