



# Health plans built to serve you well



Find a UnitedHealthcare health plan that's right for you  
and your family. Learn more inside and visit [uhcfeds.com](https://uhcfeds.com).

**United  
Healthcare**

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## Your helping hand in health care

UnitedHealthcare has been providing coverage to federal employees, retirees and their family members for over 2 decades with plans designed for a simpler health care experience.



### Manage your plan with ease

With **myuhc.com**® and the **UnitedHealthcare**® app, you can check claims and coverage details, search network providers and more.



### Connect with care 24/7

Get same-day care – from the comfort of home or anywhere – for a wide range of common health conditions with \$0 copay, 24/7 Virtual Visits.



# UHC Rewards and One Pass Select

Get more from your FEHBP health plan with member programs and services designed to help you live healthier.

## Reach goals, get rewarded

With **UnitedHealthcare Rewards**, you can earn up to **\$300** toward a One Pass Select® membership for things you may already be doing. Here are a few ways to earn:

- ✓ Track your steps and sleep
- ✓ Take a health survey
- ✓ Get an annual checkup

## The ultimate fitness membership

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:

- ✓ Unlimited access to a nationwide network of thousands of fitness centers
- ✓ Grocery and home essentials delivery to make healthy eating easy
- ✓ Live, digital fitness classes and on-demand workouts

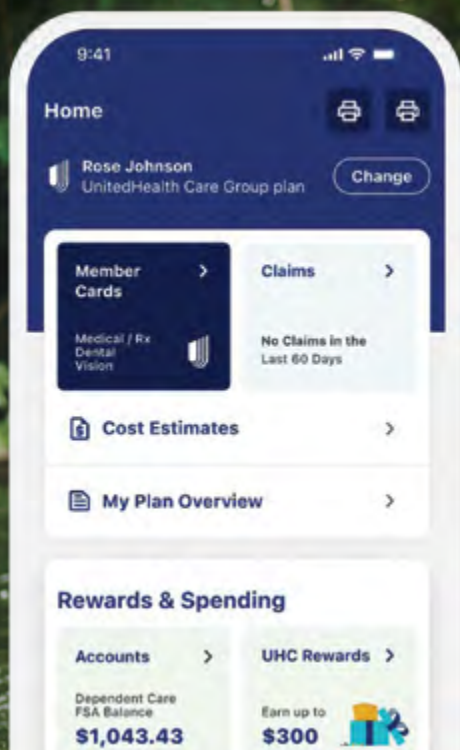
## Start earning with UHC Rewards

Download the UnitedHealthcare® app and then:

- 1 Sign in or register
- 2 Select **UHC Rewards**
- 3 Activate UHC Rewards
- 4 Select **Redeem rewards** to access One Pass Select



Visit **UHC Rewards** within the UnitedHealthcare app



# Member programs designed for you



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
- A Success Kit offering simple steps toward transformation



Calm is a mindfulness and mental wellness app designed to help users enhance overall well-being. It offers a wide range of features including:

- Guided meditations, soothing sleep stories, breathing exercises, calming music, expert-led masterclasses and more



The Wellos app redefines your relationship with food by providing:

- Personalized, goal-based content based on your daily tracking
- New lessons that may help keep you motivated
- Curated recipe collections and meal plans
- Mini tracking challenges and more



Experience a different type of urgent health care. DispatchHealth brings medical care where you're the most comfortable – right at home. Here's what you'll have access to:

- Care delivered to your doorstep
- Providers prepared to treat everything an urgent care can treat
- A nationwide care network

## Virtual care programs



Doctor On Demand by Included Health offers convenient, quality virtual care such as:

- Urgent care for a wide range of conditions
- Online therapy, psychiatry and medication management
- Virtual primary care from the comfort of your home



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

- \$0 out-of-pocket annual checkup
- Access to a dedicated team
- A customized care plan and in-person referrals



Meet your unique needs with hybrid care and a provider who can diagnose and treat your health conditions. With the Amwell Converge™ platform, you can:

- Schedule visits, specialty consults and more
- Choose in-person, virtual or automated care settings

## More ways to access care



### Personal health support

This flexible, holistic care management program provides personalized support and guidance to help address over 100 health concerns and conditions.

### Mental and behavioral health

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

### Health Engagement Nurses

A dedicated Health Engagement Nurse can help you create a plan to address lifestyle behaviors such as physical activity, nutrition counseling and chronic condition management.

### Health advocacy

Connect with an advocate by phone or chat on the UnitedHealthcare app or at [myuhc.com](https://myuhc.com) to help you understand your benefits and claims.





# Compare your options

Find more information on the pages that follow.

Health plan details	Choice Primary	Choice Plus Primary	Choice Plus HDHP with HSA	Choice Plus Advanced	Choice Open Access HMO	MD-IPA
	<b>Y8 available in:</b> AL, AR, DC, FL, GA, IL, IA, KY, LA, MD, MS, MO, NC, PA, TN, TX, VA <b>VD available in:</b> AZ, NV, OR, WA	<b>AS available in:</b> AL, AR, DC, FL, GA, IL, IA, KY, LA, MD, MS, MO, NC, PA, TN, TX, VA <b>WF available in:</b> AZ, NV, OR, WA	<b>LS available in:</b> AL, AR, FL, LA, MS, NC, TN <b>LU available in:</b> AZ, CO, NV, OR, WA <b>V4 available in:</b> DC, MD, PA, VA	<b>L9 available in:</b> DC, IL, MD, TX, VA	<b>LR available in:</b> DC, MD, PA, VA	<b>JP available in:</b> DC, MD, VA
 <b>\$0 copay for network PCP visits</b> See your network PCP without paying a copay.	✓ For all ages	✓ For all ages			✓ For children under 18	✓ For children under 18
 <b>Network and out-of-network benefits</b> 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	✓ Nationwide access		
 <b>Network benefits only</b> You may save money when you get care for covered benefits from network providers.	✓ Nationwide access				✓ Nationwide access	✓ Regional access
 <b>\$0 deductible</b> There's no minimum amount you need to reach before the plan starts sharing costs.					✓	✓
 <b>Preventive dental</b> There's no additional cost to you for preventive dental visits up to \$500.	✓	✓	✓	✓	✓	✓
 <b>24/7 Virtual Visits (telehealth)</b> \$0 copay for virtual visits—get care for conditions ranging from colds and fevers, to migraines and more.	✓	✓	✓	✓	✓	✓
 <b>UHC Rewards and One Pass Select</b> Earn up to \$300 in a plan year – which you can put toward a One Pass Select membership.	✓	✓	✓	✓	✓	✓
 <b>Health savings account (HSA)</b> Put money aside, tax-free, 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.	✓	✓		✓	✓	✓



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

# Choice Primary (Y8, VD)

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

Health plan details	Choice Primary (Y8, VD)	
Plan type	Open access	
Deductibles and out-of-pocket limits	Network	
Annual deductible amounts:	Self	\$750
The amount you pay before the plan starts sharing costs	Self plus one	\$1,500
	Self and family	\$1,500
Out-of-pocket limits:	Self	\$7,350
The most you could pay for covered services in a plan year	Self plus one	\$14,700
	Self and family	\$14,700
Medical copays and coinsurance	Network	
Doctors and specialists		
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	\$60; 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	
Emergency care		
Emergency room	20% after deductible	
Emergency transportation (ground)	20% after deductible	
Other care		
Mental health visit (office visit)	\$0	
Applied behavioral analysis (office visit)	\$0	
Mental health hospitalization	20% after deductible	
Surgery – outpatient	Freestanding center: 20% after deductible	
	Hospital-based center: 20% coinsurance, plus \$250 per-occurrence deductible	
Hospital – inpatient stay	20% after deductible	
Physician fees for surgical and medical services	20% after deductible	
Pharmacy copays	Retail up to 30-day supply	Specialty pharmacy up to 30-day supply
Prescription tier level 1	\$10	\$10
Prescription tier level 2	\$50	\$150
Prescription tier level 3	\$100	\$350
Prescription tier level 4	\$200	\$500
Pharmacy deductibles	Retail / Mail order	Specialty pharmacy
Prescription tier level 3 & 4	Self	N/A
	Self plus one	N/A
	Self and family	N/A

Enrollment type	Enrollment code	Your share Biweekly	Your share Monthly
Choice Primary			
Y8			
Self only	Y81	\$93.03	\$201.56
Self plus one	Y83	\$200.01	\$433.35
Self and family	Y82	\$220.00	\$476.68
VD			
Self only	VD1	\$97.78	\$211.86
Self plus one	VD3	\$210.24	\$455.52
Self and family	VD2	\$231.26	\$501.07

### To enroll in this plan, you must live or work in one of these areas:

- 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

### Benefit changes for 2026 – Plan Y8, VD:

- In-Network deductible changed from **\$500/\$1,000 to \$750/\$1,500**
- Urgent Care copay increased from **\$50 to \$60**
- Fertility benefits expanded, please refer to FEHBP brochure for details

### 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)

For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at [uhcfeds.com](https://uhcfeds.com). Visit [uhcfeds.com](https://uhcfeds.com) for additional information and to find a participating dentist near you.

\*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 include limitations and exclusions.  
\*\*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 Primary (AS, WF)

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

Health plan details		Choice Plus Primary (AS, WF)		
Plan type		Open access		
Deductibles and out-of-pocket limits		Network		Out-of-network
Annual deductible amounts:	Self	\$750		\$3,000
The amount you pay before the plan starts sharing costs	Self plus one	\$1,500		\$6,000
	Self and family	\$1,500		\$6,000
Out-of-pocket limits:	Self	\$7,350		\$15,000
The most you could pay for covered services in a plan year	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		20% after deductible		Not covered
Major diagnostic and imaging (MRI, CT scan, PET scan)		20% after deductible		Not covered
Emergency care				
Emergency room		20% after deductible		40% after deductible
Emergency transportation (ground)		20% after deductible		40% 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		20% after deductible		40% after deductible**
Surgery – outpatient		Freestanding center: 20% after deductible		Freestanding center: 40% after deductible**
		Hospital-based center: 20% after deductible		Hospital-based center: 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**
Pharmacy copays		Retail up to 30-day supply	Specialty pharmacy up to 30-day supply	Out-of-network
Prescription tier level 1		\$10	\$10	Not covered
Prescription tier level 2		\$50	\$150	Not covered
Prescription tier level 3		\$100	\$350	Not covered
Prescription tier level 4		\$200	\$500	Not covered
Pharmacy deductibles		Retail / Mail order	Specialty pharmacy	Out-of-network
Prescription tier level 3 & 4	Self	\$250	N/A	N/A
	Self plus one	\$500	N/A	N/A
	Self and family	\$500	N/A	N/A

Enrollment type	Enrollment code	Your share Biweekly	Your share Monthly
<b>Choice Plus Primary</b>			
<b>AS</b>			
Self only	<b>AS1</b>	\$141.64	\$306.88
Self plus one	<b>AS3</b>	\$291.59	\$631.78
Self and family	<b>AS2</b>	\$325.01	\$704.19
<b>WF</b>			
Self only	<b>WF1</b>	\$179.73	\$389.41
Self plus one	<b>WF3</b>	\$373.54	\$809.34
Self and family	<b>WF2</b>	\$415.13	\$899.45

## To enroll in this plan, you must live or work in one of these areas:

- 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

## Benefit changes for 2026 – Plan AS, WF:

- In-Network deductible changed from **\$500/\$1,000 to \$750/\$1,500**
- Urgent Care copay increased from **\$50 to \$60**
- Fertility benefits expanded, please refer to FEHBP brochure for details

## 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 sealants¹	\$0 (100% for covered services)

For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at [uhcfeds.com](https://uhcfeds.com). Visit [uhcfeds.com](https://uhcfeds.com) for additional information and to find a participating dentist near you.

\*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 include limitations and exclusions.

\*\*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.

¹Available to children under the age of 16.



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

# Choice Plus High Deductible Health Plan with HSA (LS, LU, 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.

Health plan details		Choice Plus HDHP with HSA (LS, LU, V4)	
Plan type	Open access		
Deductibles and out-of-pocket limits		Network	Out-of-network
Annual deductible amounts:	Self	\$2,000	\$4,000
The amount you pay before the plan starts sharing costs	Self plus one	\$4,000	\$8,000
	Self and family	\$4,000	\$8,000
Out-of-pocket limits:	Self	\$6,000	\$12,000
The most you could pay for covered services in a plan year	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)	\$15 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	30% after deductible	
Emergency transportation (ground)	\$0	30% after deductible	
Other care			
Mental health visit (office visit)	\$50 after deductible	30% after deductible***	
Applied behavioral analysis (office visit)	\$50 after 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***	
Physician fees for surgical and medical services	20% after deductible	30% after deductible***	
Pharmacy copays	Retail up to 30-day supply	Specialty pharmacy up to 30-day supply	Out-of-network
Prescription tier level 1	\$10	\$10	Not covered
Prescription tier level 2	\$50	\$150	Not covered
Prescription tier level 3	\$100	\$350	Not covered
Prescription tier level 4	\$200	\$500	Not covered

\*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 information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which include limitations and exclusions.  
\*\*\*Of allowable charges and any difference between allowed and billed amount.

Enrollment type	Enrollment code	Your share Biweekly	Your share Monthly
Choice Plus HDHP with HSA			
LS			
Self only	LS1	\$100.32	\$217.37
Self plus one	LS3	\$215.70	\$467.34
Self and family	LS2	\$229.98	\$498.29
LU			
Self only	LU1	\$108.46	\$234.99
Self plus one	LU3	\$232.86	\$504.52
Self and family	LU2	\$249.10	\$539.73
V4			
Self only	V41	\$87.15	\$188.82
Self plus one	V43	\$187.10	\$405.39
Self and family	V42	\$199.10	\$431.39

**To enroll in this plan, you must live or work in one of these areas:**

**LS / 906530** Available in: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee

**LU / 906864** Available in: Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington

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

**Benefit changes for 2026 – Plan LS, LU, V4:**

- Specialist copay changed from **\$30 after deductible** to **\$50 after deductible**
- Urgent Care copay changed from **\$35 after deductible** to **\$50 after deductible**
- Fertility benefits expanded, please refer to FEHBP brochure for details

**When you open your HSA through Optum Bank®, you'll get an HSA premium pass through. UnitedHealthcare will contribute \$62.50 per month for self only plans (\$750 per plan year) and \$125 per month for family plans (\$1,500 per plan year).**

**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)

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

\*\*\*\*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 Advanced (L9)\*

Key benefits of the Choice Plus Advanced Plan include: Nationwide coverage with no referrals needed and out-of-network benefits.

Health plan details	Choice Plus Advanced (L9)		
Plan type	Open access		
Deductibles and out-of-pocket limits	Network	Out-of-network	
Annual deductible amounts:	Self	\$750	\$1,000
The amount you pay before the plan starts sharing costs	Self plus one	\$1,500	\$2,000
	Self and family	\$1,500	\$2,000
Out-of-pocket limits:	Self	\$6,000	\$12,000
The most you could pay for covered services in a plan year	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 subject to deductible	Not covered	
Primary care visit (illness or injury)	\$25 after deductible	50% after deductible***	
Virtual visit (online doctor)	\$0, not subject to deductible	Not covered	
Urgent care visit	\$75 after deductible	50% after deductible***	
Specialist visit	Premium: \$50 after deductible Non-premium: \$75 after deductible	50% after deductible***	
Lab and X-ray	20% after deductible	Not covered	
Major diagnostic and imaging (MRI, CT scan, PET scan)	Office and freestanding lab: 20% after deductible	Not covered	
	Hospital-based: 20%+ per occurrence, deductible of \$250 after annual deductible		
Emergency care			
Emergency room	\$350 after deductible (waived if admitted)	\$350 after deductible (waived if admitted)	
Emergency transportation (ground)	20% after deductible	20% after deductible	
Other care			
Mental health visit (office visit)	\$50 after deductible	50% after deductible***	
Applied behavioral analysis (Service areas differ. Please consult your FEHBP brochure)	\$50 per visit	50% after deductible***	
Mental health hospitalization	20% after deductible	50% after deductible***	
Surgery – outpatient	Freestanding center: 20% after deductible	Freestanding center: 50% after deductible	
	Hospital-based center: 20% coinsurance plus \$250 per-occurrence deductible	Hospital-based center: 50% coinsurance plus \$250 per-occurrence deductible***	
Hospital – inpatient stay	20% after deductible	50% after deductible***	
Physician fees for surgical and medical services	20% after deductible	50% after deductible***	
Pharmacy copays	Retail up to 30-day supply	Specialty pharmacy up to 30-day supply	Out-of-network
Prescription tier level 1	\$10	\$10	Not covered
Prescription tier level 2	\$50	\$150	Not covered
Prescription tier level 3	\$100	\$350	Not covered
Prescription tier level 4	\$200	\$500	Not covered

Enrollment type	Enrollment code	Your share Biweekly	Your share Monthly
<b>Choice Plus Advanced</b>			
<b>L9</b>			
Self only	<b>L91</b>	\$103.17	\$223.54
Self plus one	<b>L93</b>	\$219.15	\$474.83
Self and family	<b>L92</b>	\$247.53	\$536.32

## To enroll in this plan, you must live or work in one of these areas:

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

## Benefit changes for 2026 – Plan L9:

- In-Network deductible changed from **\$500/\$1,000 to \$750/\$1,500**
- Retail pharmacy copays updated to **\$10/\$50/\$100/\$200**
- Home delivery remains **2.5x retail copay** for a 90-day supply
- Pharmacy deductibles added for Tiers 3 & 4: **\$250 (self)** and **\$500 (self+1/family)**
- Fertility benefits expanded, please refer to FEHBP brochure for details

## 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 sealants¹	\$0 (100% for covered services)

For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at [uhcfeds.com](https://uhcfeds.com). Visit [uhcfeds.com](https://uhcfeds.com) for additional information and to find a participating dentist near you.

\*Benefits may vary by plan and location.  
 \*\*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 include limitations and exclusions.  
 \*\*\*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.  
 ¹Available to children under the age of 16.

Pharmacy deductibles	Retail / Mail order	Specialty pharmacy
Self	\$250	N/A
Prescription tier level 3 & 4	\$500	N/A
Self and family	\$500	N/A



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

# Choice Open Access HMO (LR)

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:	Self	\$0
The amount you pay before the plan starts sharing costs	Self plus one	\$0
	Self and family	\$0
Out-of-pocket limits:	Self	\$5,000
The most you could pay for covered services in a plan year	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)	\$25 copay; \$0 copay for children under 18	
Virtual visit (online doctor)	\$0	
Urgent care visit	\$50	
Specialist visit	\$50	
Lab and X-ray	\$50	
Major diagnostic and imaging (MRI, CT scan, PET scan)	\$150	
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)	\$50	
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)	
Physician fees for surgical and medical services	Specialist: \$50	
Pharmacy copays	Retail up to 30-day supply	Specialty pharmacy up to 30-day supply
Prescription tier level 1	\$10	\$10
Prescription tier level 2	\$50	\$150
Prescription tier level 3	\$100	\$350
Prescription tier level 4	\$200	\$500

Enrollment type	Enrollment code	Your share Biweekly	Your share Monthly
Choice Open Access HMO			
LR			
Self only	LR1	\$245.18	\$531.22
Self plus one	LR3	\$514.21	\$1,114.12
Self and family	LR2	\$572.72	\$1,240.90

To enroll in this plan, you must live or work in one of these areas:

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

- Benefit changes for 2026 – Plan LR:
- Specialist copay increased from \$35 to \$50
  - Urgent Care copay increased from \$35 to \$50
  - Fertility benefits expanded, please refer to FEHBP brochure for details

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)
For dental coverage above and beyond what your health plan includes, explore the FEDVIP dental plans at <a href="https://uhcfeds.com">uhcfeds.com</a> . Visit <a href="https://uhcfeds.com">uhcfeds.com</a> for additional information and to find a participating dentist near you.	

\*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 include limitations and exclusions.

\*\*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)

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	
<b>Annual deductible amounts:</b> The amount you pay before the plan starts sharing costs	Self	\$0
	Self plus one	\$0
	Self and family	\$0
<b>Out-of-pocket limits:</b> 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	
<b>Doctors and specialists</b>		
Preventive care visit*	\$0	
Primary care visit (illness or injury)	\$25 copay; \$0 copay for children under 18	
Virtual visit (online doctor)	\$0	
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	\$350 (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 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)	
Physician fees for surgical and medical services	Specialist: \$40	
Pharmacy copays	Retail up to 30-day supply	Specialty pharmacy up to 30-day supply
Prescription tier level 1	\$10	\$10
Prescription tier level 2	\$50	\$150
Prescription tier level 3	\$100	\$350
Prescription tier level 4	\$200	\$500

Enrollment type	Enrollment code	Your share Biweekly	Your share Monthly
<b>MD-IPA</b>			
<b>JP</b>			
Self only	<b>JP1</b>	\$21762	\$471.51
Self plus one	<b>JP3</b>	\$348.09	\$754.19
Self and family	<b>JP2</b>	\$742.78	\$1,609.36

**To enroll in this plan, you must live or work in one of these areas:**

**JP / 712403** Available in: District of Columbia, Maryland, Northern Virginia

## Benefit changes for 2026 – Plan JP:

- Emergency Room copay increased from **\$325 to \$350**. The copay remains waived if the member is admitted.

## Dental and vision benefits included with MD-IPA\*\*

### Preventive dental PPO plan\*\*\*

Present your separate PPO dental card, once printed, 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

### 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

Visit [uhcfeds.com](https://uhcfeds.com) for additional information and to find participating dentists near you.

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

### Vision discount\*\*\*

- Available every 24 months
- Copay of \$25-\$40 for basic eyeglasses
- \$130 frame allowance at network providers
- \$125 contact lens allowance (in lieu of eyeglasses)

\*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 include limitations and exclusions.

\*\*Non FEHB benefit

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



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



## Ready to enroll?

Now that you've had some time to review the details, you're ready 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](https://uhcfeds.com) to learn more about your plan.



### Step 2: Enroll online or on paper

Submit **Standard Form (SF) 2809** at [employeeexpress.gov](https://employeeexpress.gov) or at your benefits office.



## We're here to help

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

¿Habla Español?  
Podemos ayudar.





# UnitedHealthcare Medicare Advantage plan

## Retirees, let's review the 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
- \$150 monthly Part B premium subsidy
- National (PPO) network
- One plan – no need to coordinate benefits



## Extra benefits designed for how you live



### Real Appeal

An online wellness program to inspire a healthier lifestyle



### Healthy Benefits Plus

\$40 quarterly credits to spend on over-the-counter health care products



### UnitedHealthcare Healthy at Home

Support to help recover from hospital and skilled-nursing facility stays



### UnitedHealthcare Hearing

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



### Renew Active® by UnitedHealthcare

Gym memberships at no additional cost to you, plus access to online classes and social activities



### NEW 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](https://retiree.uhc.com/fehbra)**



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

\*Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.



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



# Plan rates

Take a closer look at each plan option's premiums.

Enrollment type	Enrollment code	Biweekly – active	Monthly – retired
		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	<b>Y81</b>	\$93.03	\$201.56
Self plus one	<b>Y83</b>	\$200.01	\$433.35
Self and family	<b>Y82</b>	\$220.00	\$476.68
<b>VD – Arizona (Phoenix, Tucson, Mohave and Yavapai Counties), Nevada, Oregon, Washington</b>			
Self only	<b>VD1</b>	\$97.78	\$211.86
Self plus one	<b>VD3</b>	\$210.24	\$455.52
Self and family	<b>VD2</b>	\$231.26	\$501.07
<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	<b>AS1</b>	\$141.64	\$306.88
Self plus one	<b>AS3</b>	\$291.59	\$631.78
Self and family	<b>AS2</b>	\$325.01	\$704.19
<b>WF – Arizona (Phoenix, Tucson, Mohave, and Yavapai Counties), Nevada, Oregon, Washington</b>			
Self only	<b>WF1</b>	\$179.73	\$389.41
Self plus one	<b>WF3</b>	\$373.54	\$809.34
Self and family	<b>WF2</b>	\$415.13	\$899.45
<b>Choice Plus HDHP with HSA</b>			
<b>LS – Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Tennessee</b>			
Self only	<b>LS1</b>	\$100.32	\$217.37
Self plus one	<b>LS3</b>	\$215.70	\$467.34
Self and family	<b>LS2</b>	\$229.98	\$498.29
<b>LU – Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon, Washington</b>			
Self only	<b>LU1</b>	\$108.46	\$234.99
Self plus one	<b>LU3</b>	\$232.86	\$504.52
Self and family	<b>LU 2</b>	\$249.10	\$539.73
<b>V4 – District of Columbia, Maryland, Pennsylvania, Virginia</b>			
Self only	<b>V41</b>	\$87.15	\$188.82
Self plus one	<b>V43</b>	\$187.10	\$405.39
Self and family	<b>V42</b>	\$199.10	\$431.39
<b>Choice Plus Advanced</b>			
<b>L9 – District of Columbia, Illinois (Chicago), Maryland (entire state), Texas (San Antonio), Virginia (Northern Virginia)</b>			
Self only	<b>L91</b>	\$103.17	\$223.54
Self plus one	<b>L93</b>	\$219.15	\$474.83
Self and family	<b>L92</b>	\$247.53	\$536.32



# Plan rates, continued

Enrollment type	Enrollment code	Biweekly – active	Monthly – retired
		Your share	Your share
Choice Open Access HMO			
LR – District of Columbia, Maryland, Pennsylvania, Virginia			
Self only	LR1	\$245.18	\$531.22
Self plus one	LR3	\$514.21	\$1,114.12
Self and family	LR2	\$572.72	\$1,240.90
MD-IPA			
JP – District of Columbia, Maryland, Northern Virginia			
Self only	JP1	\$21762	\$471.51
Self plus one	JP3	\$348.09	\$754.19
Self and family	JP2	\$742.78	\$1,609.36



# The fine print

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

All trademarks are the property of their respective owners.

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 offered at no additional cost to you as part of your UnitedHealthcare Medicare Advantage plan coverage, subject to eligibility requirements. Refer to the Evidence of Coverage for complete eligibility requirements.

Real Appeal® Weight Loss is available to those with a BMI of 19 and higher. Real Appeal Diabetes Prevention is available to you if you have a BMI ≥ 25 (BMI ≥ 23 for Asian Americans), have Prediabetes, and no previous diagnosis of Type 1 or Type 2 Diabetes. If you are pregnant, please speak with your primary care provider before joining the program.

The program is not an insurance program and may be discontinued at any time. Benefits and features may vary by plan/area. The information provided through the program is for informational purposes only and provided as part of your health plan. It is educational in nature and should not substitute for medical advice.

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.