

# A health plan that fits you. It's here.

Find a Postal Health Benefits plan that's right for you. Learn more inside or visit **uhcfeds.com**.





# Why UnitedHealthcare? Your well-being. Our number-one priority.

## We help take the hassle out of healthcare

UnitedHealthcare is focused on helping Postal Service employees, retirees and their family members find the health care they deserve with a simpler approach to health plans.



#### Access your plan with ease

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.

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# **Programs and perks for 2025**

We know that health goes beyond what happens at the doctor's office. That's why we're focused on delivering access to care that includes many health and wellness benefits for 2025:

# \$300 New for 2025: Get started with UHC Rewards

Good news – your health plan comes with a new way to earn up to \$300. With UnitedHealthcare Rewards, you can earn up to \$300 for tracking your steps or sleep, getting an annual checkup and more. The activities you go for are up to you.

When you activate UHC Rewards, you can also get started with **One Pass Select™**, a fitness program that gives you unlimited access to a nationwide network of thousands of fitness centers. Plus, you can use your earnings to help pay for a One Pass Select membership. Please note subscribers and enrolled spouses are eligible for this program.

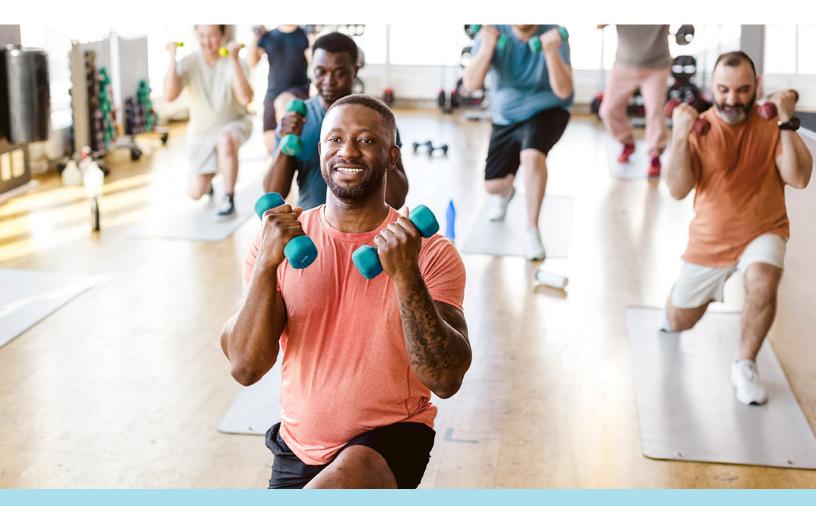
#### Start earning with UHC Rewards

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 page on the UnitedHealthcare® app



# Programs and perks cont.

# Real Appeal

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 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 selfassess 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



UnitedHealthcare offers member options for virtual visits with local providers or by using the network of national providers. Talk to a health care provider from your computer, tablet or smartphone. Virtual visits may be covered by your health insurance. One virtual care option, Teladoc, connects you to a Primary Care Provider of your choice via phone or video for a unique, personalized care experience. Included is a \$0 annual checkup, a dedicated care team, a customized care plan and in-person referrals.



The Wellos app provides personalized, goal-based content based on your daily tracking. Also includes 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 are prepared to treat everything an urgent care can
- Similar cost as in-network urgent care covered by most insurance companies
- · A nationwide care network



Meet your unique needs with hybrid care. With the Amwell Converge™ platform, you can schedule visits, specialty consults and more in an in-person, virtual or automated care setting. Your provider can diagnose, treat, prescribe medication and answer any questions you may have about your health.

#### Talk to an advocate

Connect with an advocate over the phone, via **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.

#### **UHC Health Engagement Nurse**

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.

### **Personal Health Support**

Personal Health Support is a flexible, holistic care management solution. It provides members highly personalized support and guidance to address their health concerns while directing them towards the most appropriate care and provider. The program provides support for 100-plus conditions for episodic/acute and chronic 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. This benefit offers support for you and your covered family members with alcohol and drug use recovery, depression, anxiety and stress, coping with grief and loss, relationship difficulties, compulsive habits and disorders and medication management.

# Choice Plus Primary Postal – East + West (JY, KE)

No copays for primary care? It's true. And, you can 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			CE PLUS OSTAL (	PRIMARY JY, KE)	
Plan Type			Open Access		
DEDUCTIBLES AND OUT-OF-I	РОСК	ET LIMITS			
			Network	Out-of-Network	
Annual Deductible Amounts:		dical			
The amount of health costs you're	Sel	f	\$500	\$3,000	
responsible for before the plan starts sharing costs.	Sel	f Plus One	\$1,000	\$6,000	
starts snaring costs.	Sel	f and Family	\$1,000	\$6,000	
		dical			
Out-of-Pocket Limits:	Sel	f	\$7,350	\$15,000	
The maximum amount you will pay for covered health services.	Sel	f Plus One	\$14,700	\$30,000	
pay for covered fleatiff services.		f and Family	\$14,700	\$30,000	
MEDICAL COPAYS AND COINSURANCE					
Doctors and Specialists	N	letwork	Out-of-Network		
Preventive Care Visit*		not subject leductible	Not covered		
Primary Care Visit (illness or injury)		not subject leductible	40% a	fter deductible**	
Virtual Visit (online doctor)		not subject leductible	١	Not covered	
Urgent Care Visit		not subject leductible	40% after deductible**		

pay for covered nealth services.	3011 1 103 0110	Ψ1 1,7 0 0	400,000
p-,	Self and Family	\$14,700	\$30,000
MEDICAL COPAYS AND COIN	ISURANCE		
Doctors and Specialists	Network	Out-c	f-Network
Preventive Care Visit*	\$0; not subject to deductible	Not	covered
Primary Care Visit (illness or injury)	\$0; not subject to deductible	40% afte	r deductible**
Virtual Visit (online doctor)	\$0; not subject to deductible	Not	covered
Urgent Care Visit	\$50; not subject to deductible	40% afte	r deductible**
Specialist Visit	\$60; not subject to deductible	40% afte	r deductible**
Lab and X-ray	20% after deductible	e Not	covered
Major Diagnostic and Imaging (MRI, CT scan, PET scan)	20% after deductible	e Not	covered
Emergency Care			
Emergency Room	20% after deductible (waived if admitted)		r deductible** I if admitted)
Emergency Transportation (ground)	20% after deductible	e 40% afte	r deductible**
Other Care			
Mental Health Visit (office visit)	\$0 copay; not subject to deductible	t 40% afte	r deductible**
Applied Behavioral Analysis (office visit)	\$0 copay; not subject to deductible	t 40% afte	r deductible**
Mental Health Hospitalization	20% after deductible	40% afte	r deductible**
Surgery – Outpatient	Freestanding center 20% after deductible		nding center: er deductible*
	Hospital-based center 20% after deductible		-based center r deductible**
Hospital – Inpatient Stay	20% after deductible	40% afte	r deductible**
Physician Fees for Surgical and Medical Services	20% after deductible	e 40% afte	r deductible**

PHARMACY COPAYS			
Prescription Type	<b>Retail S</b> up to 30-day supply	pecialty Pharmacy up to 30-day supply	Out-of- Network
Tier Level 1	\$10	\$10	Not covered
Tier Level 2	\$50	\$150	Not covered
Tier Level 3	\$100	\$350	Not covered
Tier Level 4	\$200	\$500	Not covered
DUADMACY DEDUCTED	EC DETAIL (MAA	TI ODDED	

PHARMACY DEDUCTIBLES - RETAIL/MAIL ORDER				
Prescription Type		Retail/ Mail Order	Specialty Pharmacy	Out-of- Network
	Self	\$250	N/A	N/A
Tier Level 3 & 4	Self Plus One	\$500	N/A	N/A
	Self and Family	\$500	N/A	N/A

ENROLLMENT TYPE	ENROLLMENT CODE	BIWEEKLY	MONTHLY	
		Your Share	Your Share	
CHOICE PLUS PR	CHOICE PLUS PRIMARY POSTAL			
JY				
Self Only	JYA	\$112.85	\$244.51	
Self Plus One	JYC	\$239.35	\$518.59	
Self and Family	JYB	\$270.58	\$586.26	
KE				
Self Only	KEA	\$94.62	\$205.01	
Self Plus One	KEC	\$203.43	\$440.76	
Self and Family	KEB	\$223.77	\$484.83	

You must live or work in our geographic service area to enroll in Choice Plus Primary Postal:

JY / 935523 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

KE / 935516 Available in: Arizona (Phoenix, Tucson, Mohave and Yavapai Counties), Nevada, Oregon, Washington

#### 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	<b>\$</b> O
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.

<sup>\*</sup>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.

<sup>\*\*\*</sup>PPO = Preferred Provider Organization.
\*\*\*\*Non-PSHBP benefit.

<sup>\*\*\*\*\*</sup>Limited to 2 times per consecutive 12 months.

<sup>&</sup>lt;sup>†</sup>Available to children under the age of 16.



## **PSHB Enrollment Details**

Ready to enroll in our Choice Plus Primary Postal plan? Here's how to enroll:

### **Enroll online**



- Visit uhcfeds.com to learn about plan options
- · Sign up online at health-benefits. opm.gov/pshb which is available starting November 2024.\*

## **PSHB** Helpline



 Call the PSHB Helpline at 1-844-451-1261 which is available starting October 28th, 2024.\*

# Need help from UHC?

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

<sup>\*</sup> Please note these items and dates are managed by OPM and are subject to change per OPM.

## Postal Retirees, Let's Compare Your Medicare Options

As a part of the Postal Service Health Benefits Program, you will be automatically enrolled into a Part D prescription drug plan for your prescription drug benefits unless you choose to opt in to the UnitedHealthcare Retiree Advantage (PPO) plan, which includes Part D prescription drugs. Find more information at **retiree.uhc.com/postal** or call **1-844-481-8821**, **TTY 711**, **8 a.m.-8 p.m.** local time, Monday-Friday.

2025 Plan Choices	Option 1:  PSHB Retiree Advantage Medical and Part D prescription drugs	Option 2:  PSHB Health Plan medical coverage paired with PSHB Part D prescription drugs
Medical coverage overview <sup>1</sup>	You pay:	You pay:
Deductible	<b>\$0</b>	\$500
Out-of-pocket max	<b>\$0</b>	\$7,350
Primary care visit	<b>\$0</b>	\$0
Specialist visit	<b>\$0</b>	\$60
Emergency Room and Ambulance	<b>\$0</b>	20% after deductible
Inpatient hospital	\$O	20% after deductible
Hearing aids	\$0 up to \$1,500	20% up to \$2,500
Pharmacy coverage overview	You pay:	You pay:
Part D Prescriptions <sup>2</sup>	Yes	Yes
Deductible	\$O	\$0
Out-of-pocket max	\$2,000	\$2,000
Retail Tier 1	\$5	\$10
Retail Tier 2	\$25	\$45
Retail Tier 3	\$60	\$100
Retail Tier 4	\$90	\$100
Mail order - 90 day supply	2 times retail copay	2.5 times retail copay
Extras	<del></del>	
Part B premium subsidy	\$150 per month	\$0
Nationwide network	Yes	Yes
Referrals required	No	No
Worldwide routine coverage	Yes	No
Free gym membership	Yes	No
\$40 quarterly over the counter item credit	Yes	No
One plan - no need to coordinate benefits	Yes	No

The Retiree Advantage plan is available to you at no additional cost to your UnitedHealthcare Choice Plus Primary Postal plan. If you elect to enroll in the Retiree Advantage plan, you must continue to pay your Choice Plus Primary Postal plan premium and your Medicare Part B premiums. Do not suspend or cancel your Choice Plus Primary Postal plan or you will be automatically disenrolled from the Retiree Advantage plan.



<sup>&</sup>lt;sup>1</sup>Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

 $<sup>^2</sup>$ Coupons and copay assistance programs cannot be used under either the Retiree Advantage plan or the Part D prescription

#### 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

#### Email: 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/complaints/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.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION: Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificacão.

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. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí ninaaltsoos nitl'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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 lifethreatening 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.

