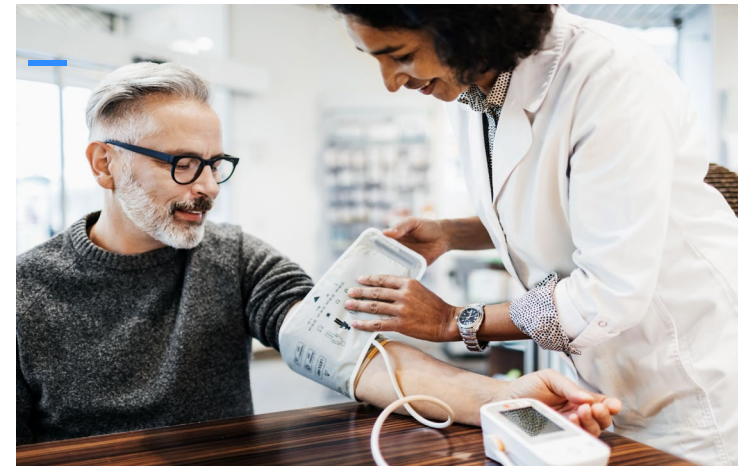


How Do I Choose a FEHB Plan?



FIRST – WHAT DO THESE LETTERS STAND FOR?

- **Fee for Service with PPO – Preferred provider Organization**
 - See any doctor without referral, nation wide and worldwide coverage, when you use an in-network doctor or hospital you pay less
- **HDHP – High Deductible plans** -- plans with an Annual Health Savings Plan (HSA) (generally lower premiums)
 - Covers high-cost medical events; but you pay a higher cost for medial events
 - Your plan deposits money from your premium into a health saving account
 - You make tax-free withdrawals for qualified medical expenses, and this account is yours and is “portable” if you retire or leave government.
- **HMO – Heath Maintenance Organization** plans (some have point of service benefits out the plan network)
 - A facility-based group practice – you agree to receive healthcare by one of the physicians on staff (usually paid a salary). Under this plan, the medical staff does not get paid more if you receive more medical treatment/surgery.

SOME OTHER THINGS TO THINK ABOUT

- Self, self plus one, or self plus family
 - NOTE: A Self Plus One enrollment covers the enrollee and one designated eligible family member. The definition of eligible family members has not changed. Your eligible family member can include either a spouse **OR** a child up to age 26. A child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.
- Do you know of major health issues expected in the next year
- Out of pocket maximum (if you or your covered family have major health costs, this will be the maximum you will have to pay)
- After choosing a health plan, don't forget to look at Vision and Dental plans available
- If you do not choose a plan with a savings account included, consider a Federal Saving Account (FSA). If eligible, you can have pre-tax funds deposited into this account for use to pay deductibles, glasses, some over-the-counter medications, even massage therapy ... that is another discussion (see FSAFEDS.com)

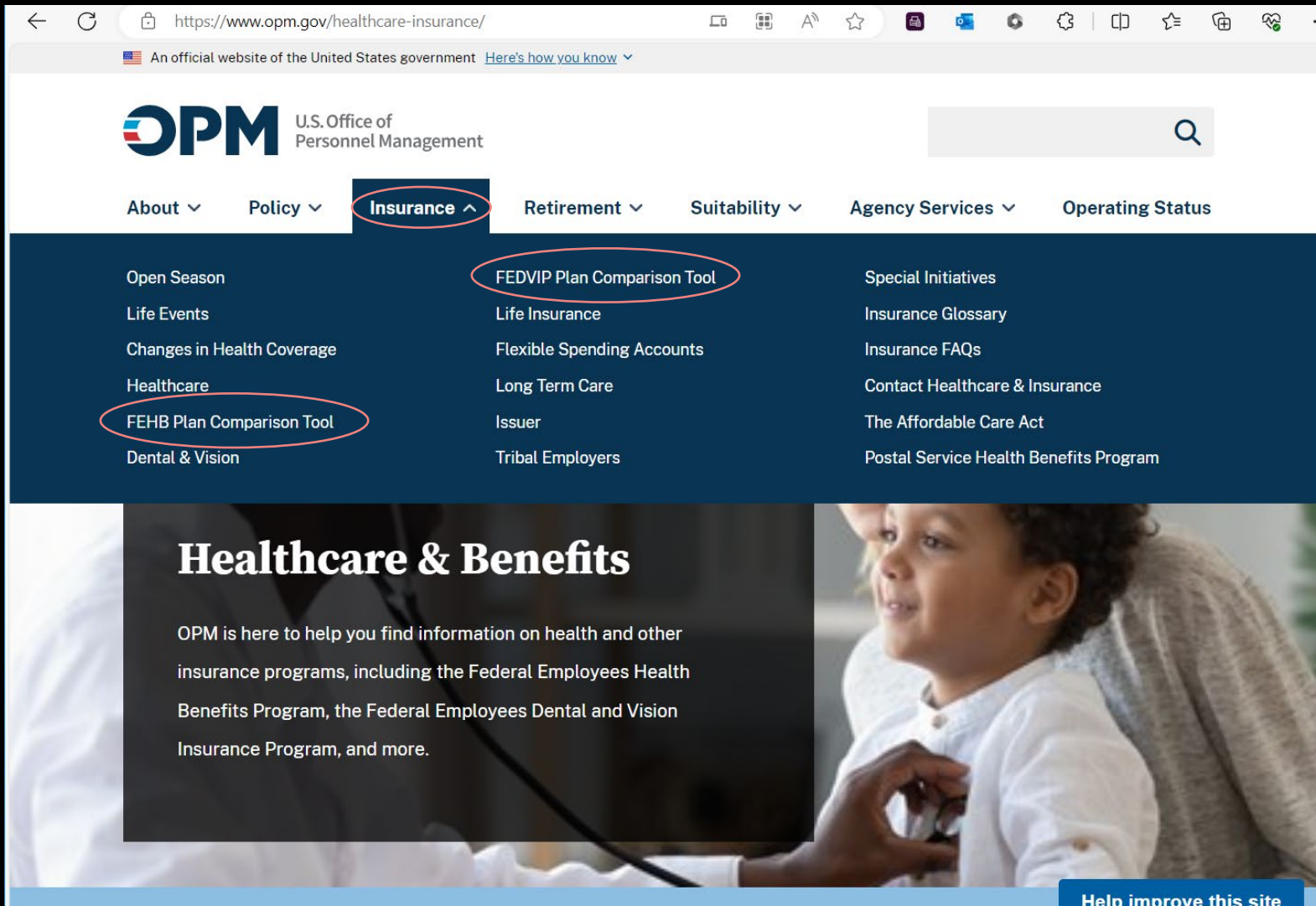
ANY JOB AIDS FOR THIS TASK?

- Use OPMs [comparison guide](#), to compare plans and find the handful of plans that appear to meet your needs – cost, coverage, etc.
- Focus on any special needs, circumstances, or benefits that are important to you.
- Consider how important it is to retain your doctor(s) – often changing plans will require changing doctors.
- Go to each plan’s website and check out the “extra” things offered – some plans include fitness benefits, online educational programs, and benefits for healthy activities (gym membership, etc.) There is a link for each plan on the OPM website:

<https://www.opm.gov/healthcare-insurance/> - opening page with great information.

<https://www.opm.gov/healthcare-insurance/Guide-Me/Federal-Employees/> - FEHB specific

Navigation – Getting there is the first step...



<https://www.opm.gov/healthcare-insurance/>

Second Step: click on the down arrow beside the word 'insurance'

You can find both Health plan and Vision/Dental Comparison Tools on this page (circled)

There are also other links for important information... we can talk about this another time!

Healthcare & Benefits

OPM is here to help you find information on health and other insurance programs, including the Federal Employees Health Benefits Program, the Federal Employees Dental and Vision Insurance Program, and more.

STEPS ...

The screenshot shows the OPM.gov website's 'Insurance' section. The navigation bar includes 'About', 'Policy', 'Insurance', 'Retirement', 'Suitability', 'Agency Services', and 'Operating Status'. The breadcrumb trail is 'OPM.gov / Insurance / Guide Me'. The main heading is 'Guide Me Federal Employees'. Below this is a horizontal menu with tabs for 'Overview', 'Health', 'Dental', 'Vision', 'Life', 'Flexible Spending Accounts', and 'Long Term Care'. The 'Overview' tab is selected. A red arrow points to the 'FEHB Plan Comparison Tool' link in the left sidebar. The main content area is titled 'Overview' and contains the heading 'Choose a program to begin:'. There are three columns of text: 'Health', 'Life', and 'Flexible Spending Accounts', each with a 'Learn More' link. The 'Dental' section is partially visible at the bottom.

[About](#) [Policy](#) [Insurance](#) [Retirement](#) [Suitability](#) [Agency Services](#) [Operating Status](#)

🏠 OPM.gov / Insurance / Guide Me

In this section

- Open Season
- Life Events
- Changes in Health Coverage
- Healthcare
- FEHB Plan Comparison Tool
- Dental & Vision
- FEDVIP Plan Comparison Tool
- Life Insurance
- Flexible Spending Accounts
- Long Term Care
- Issuer
- Tribal Employers
- Special Initiatives
- Insurance Glossary

Guide Me Federal Employees

Overview Health Dental Vision Life Flexible Spending Accounts Long Term Care

Overview

Choose a program to begin:

Health

As a Federal employee, you may be able to enroll in health, dental, vision and life insurance, flexible spending accounts, and apply for long term care insurance. You can find information about each program by clicking on one of the links below. Each section includes common questions to help guide you to the information you need.

[Learn More](#)

Life

We offer the largest group life insurance program in the world, covering employees, retirees and family members.

[Learn More](#)

Flexible Spending Accounts

Eligible employees can choose to enroll in up to three different flexible spending accounts during Open Season.

[Learn More](#)

Dental

<https://www.opm.gov/healthcare-insurance/Guide-Me/Federal-Employees/>

Healthcare

COMPARE 2024 PLANS

The information contained in this comparison tool is not the official statement of benefits. Before making your final enrollment decision, always refer to the individual FEHB brochures. Each plan's FEHB brochure is the official statement of benefits. If you decide to enroll, change health plans or plan options, or change enrollment type, please visit the [Enroll](#) page for information on submitting a change.

Search by one of the following:
Items marked with an * are required.

Enter your home or work zip code. To enroll, you must live or work in a plan's geographic service area.

5-Digit Zip Code*

I live overseas or outside the Continental United States. (Selecting this option will set the zip code to 99999)

The current Plan selection below is disabled until you enter a Zip Code, Enrollee Type, and Pay Frequency. Pay Frequency depends on the Enrollee Type and may be restricted depending on Enrollee Type selected.

FEHB-eligible career USPS Employees should use the Federal & U.S. Postal Service Enrollee Type for 2024.

Enrollee Type*

- Federal & U.S. Postal Service Employee
- Federal Deposit Insurance Corporation Employee
- Certain Temporary Employee
- Tribal Employee (Monthly)
- Annuitant (Monthly)
- Former Spouse Enrollee (Monthly)
- Temporary Continuation of Coverage Enrollee (TCC) (Monthly)
- Workers Compensation Recipient (Every Four Weeks)

Pay Frequency* (May be restricted with certain Enrollee Types)

- Biweekly
- Every Four Weeks
- Semi-Monthly
- Monthly

Your Current Plan (if applicable)

(This option is disabled until all required options are selected.)

Search



OPM.GOV

OPM.gov Main > Insurance > Healthcare > Plan Information > Compare Plans

2024 FEHB Plan Results

Results for coverage in 21403 for Federal & U.S. Postal Employee paid Biweekly

Please note the benefits displayed on this page are for in-network benefits only! To see out-of-network benefits, please select up to 3 plans to compare.

The amounts displayed on this page represent the member's liability for each service.

Self Self Plus One Self & Family

You may only select 3 plans to compare at once

Need more information about plan types?

Sort By: Plan Option Name (A - Z)

Filters

Plan Selection Comparison Tool

Select Plan	Plan Name (Plan Code) - Enrollment Code ⓘ	Enrollee Premium ⓘ	Annual Deductible ⓘ	Annual Out of Pocket Maximum ⓘ	Medical Account (HRA/HSA) ⓘ	Primary Care Office Visit ⓘ	Specialist Office Visit ⓘ	Doctor Costs Inpatient Surgery ⓘ	Retail Generic ⓘ	Retail Brand ⓘ	Plan Requires Referral to See Certain Specialists ⓘ
<input type="checkbox"/>	Aetna Advantage Plan - Advantage (Z2) - Z24 ⓘ	\$57.69	\$2000	\$7500	N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
<input type="checkbox"/>	Aetna Advantage Plan - Advantage (Z2) - Z26 ⓘ	\$126.92	\$4000	\$15000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
<input type="checkbox"/>	Aetna Advantage Plan - Advantage (Z2) - Z25 ⓘ	\$152.88	\$4000	\$15000	\$0 N/A	30%	30%	30%	Tier 1: \$10	Tier 2: 45%	No
<input type="checkbox"/>	Aetna HealthFund CDHP and Aetna	\$217.56	\$1000	\$5000	\$1000 HRA	15%	15%	15%	Tier 1: \$10 Tier 3: 50% \$300 max	Tier 2: 50% \$200 max Tier 3: 50%	No



2024 FEHB Plan Results

Results for coverage in **21403** for Federal & U.S. Postal Employee paid Biweekly

Please note the benefits displayed on this page are for in-network benefits only! To see out-of-network benefits, please select up to 3 plans to compare.

The amounts displayed on this page represent the member's liability for each service.

Self Self Plus One Self & Family

You may only select 3 plans to compare at once

[Need more information about plan types?](#) [Sort By: Plan Option Name \(A - Z\)](#) [Filters](#)

Premiums From \$0 to <input type="text" value="\$5000"/>	Annual Deductible From \$0 to <input type="text" value="\$20000"/>	Annual Out of Pocket Maximum From \$0 to <input type="text" value="\$45000"/>
Number of Members <input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Self Plus One <input checked="" type="checkbox"/> Self & Family	Medical Account (HRA/HSA) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plan Requires Referral <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

[Reset Defaults](#)

Plan Selection Comparison Tool

Select Plan	Plan Name (Plan Code) - Enrollment Code	Enrollee Premium	Annual Deductible	Annual Out of Pocket Maximum	Medical Account (HRA/HSA)	Primary Care Office Visit	Specialist Office Visit	Doctor Costs Inpatient Surgery	Retail Generic	Retail Brand	Plan Requires Referral to See Certain
-------------	---	------------------	-------------------	------------------------------	---------------------------	---------------------------	-------------------------	--------------------------------	----------------	--------------	---------------------------------------

Once you have searched, then use the "filter"



Limit your search by what you need – how many people do you want the FEHB plan to cover; maximum "Out of Pocket" cost; maximum premium amount, etc.

This will reduce the multitude of plans to review.

Premiums From \$0 to <input type="text" value="\$100"/>	Annual Deductible From \$0 to <input type="text" value="\$1000"/>	Annual Out of Pocket Maximum From \$0 to <input type="text" value="\$6000"/>
Number of Members <input checked="" type="checkbox"/> Self <input type="checkbox"/> Self Plus One <input type="checkbox"/> Self & Family	Medical Account (HRA/HSA) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plan Requires Referral <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

As you change your filters the corresponding plans are filtered for you to review.




[Reset Defaults](#)

Plan Selection Comparison Tool







Select Plan	Plan Name (Plan Code) - Enrollment Code ⓘ	Enrollee Premium ⓘ	Annual Deductible ⓘ	Annual Out of Pocket Maximum ⓘ	Medical Account (HRA/HSA) ⓘ	Primary Care Office Visit ⓘ	Specialist Office Visit ⓘ	Doctor Costs Inpatient Surgery ⓘ	Retail Generic ⓘ	Retail Brand ⓘ	Plan Requires Referral to See Certain Specialists ⓘ
<input type="checkbox"/>	CareFirst BlueChoice - Blue Value Plus (B6) - B64 ⓘ	\$89.43	None	\$6000	N/A	\$15	\$50	25%	\$10	Tier 2: \$50 \$200 Calendar Year Deductible	No
<input type="checkbox"/>	Foreign Service Benefit Plan - High (40) <i>This plan is only open to specific groups - 401</i> ⓘ	\$82.62	\$300	\$5000	N/A	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	\$300 Calendar Year Deductible \$600 Calendar Year Deductible 10%	10%	Tier 1: \$10	Tier 2: 25% \$30 Min \$100 Max Tier 3: 35% \$60 Min \$200 Max	No
<input type="checkbox"/>	Kaiser Permanente - Mid-Atlantic States - Prosper (T7) - T71 ⓘ	\$49.04	\$100	\$4000	N/A	\$30	\$40	Member Pays Nothing	Tier 1: \$10 Tier 3: \$65	Tier 2: \$45 Tier 3: \$65	Yes

Costs & Network

Disclaimer: In some cases, the enrollee share of premiums for the Self Plus One enrollment type will be higher than for the Self and Family enrollment type. Enrollees who wish to cover one eligible family member are free to elect either the Self and Family or Self Plus One enrollment type. Check premiums on our website at www.opm.gov/fehbppremiums.

Self  Self Plus One  Self & Family 

Plan Selection Comparison Tool

Plans	CareFirst BlueChoice (Blue Value Plus)	Kaiser Permanente - Mid-Atlantic States (Prosper)
Plan Links	[Website], Brochure Link , [Summary of Benefits], [Provider Directory], [RX Pricing Tool]	[Website], Brochure Link , [Summary of Benefits], [Provider Directory], [RX Pricing Tool]
General Information - State	Maryland	Maryland
General Information - Enrollment Code - Self	B64 	T71 
General Information - Enrollment Code - Self & Family	B65 	T72 
General Information - Enrollment Code - Self Plus One	B66 	T73 
General Information - Carrier Code	B6	T7
General Information - Telephone Number	888-789-9065	877-574-3337

On the “compare” screen, you will get a link to each brochure -- do your research and read through them!

Most plans will allow you to check and see if your preferred physician is available under their plan. (Provider directory)

ANYTHING ELSE? OF COURSE, THERE IS!

IN THIS SECTION

- Life Events
- Changes in Health Coverage
- Healthcare
- Dental & Vision**
- Eligibility
- Enrollment
- Plan Information
- Carriers
- Reference Materials
- Life Insurance
- Flexible Spending Accounts
- Long Term Care
- Multi-State Plan Program
- Tribal Employers
- Special Initiatives
- Insurance Glossary
- Insurance FAQs
- Contact Healthcare & Insurance
- The Affordable Care Act

Dental & Vision

COMPARE 2024 PLANS

The information contained in this comparison tool is not the official statement of benefits. Before making your final enrollment decision, always refer to the individual FEDVIP brochures. Each plan's FEDVIP brochure is the official statement of benefits.

Search by one of the following:

Items marked with an * are required.

5-Digit Zip Code*

Plan Type*

Dental

Vision

Pay Frequency*

Biweekly

Monthly

Search

- **Vision and Dental Plans** are available under FEHB!
- <https://www.opm.gov/healthcare-insurance/>
 - Search is available, but fewer “filter” options to assist.
 - Location based (use your zip code)
- Once you choose at least one to “compare” you will be able to see the links to the brochure.

Plans	Aetna Vision Preferred (High)	VSP Vision Care (High)
Plan Links	[Website], Brochure Link, [Provider Directory]	[Website], Brochure Link, [Provider Directory]
General Information - Telephone Number	877-459-6604	800-807-0764



READ the brochure – the link is at the top of the page. You can also call the phone number to speak with a representative.

Plans	Aetna Vision Preferred (High)	VSP Vision Care (High)
Premiums - Biweekly - Self	\$5.65	\$6.69
Premiums - Biweekly - Self Plus One	\$11.28	\$13.40
Premiums - Biweekly - Self & Family	\$16.93	\$20.11

Plans - Networks	Aetna Vision Preferred (High) - In-Network 1	Aetna Vision Preferred (High) - Out-of-Network	VSP Vision Care (High) - In-Network 1	VSP Vision Care (High) - Out-of-Network
Vision Benefits - Vision Exam	Every 12 Months \$0 Exam, Materials	Every 12 Months	Every 12 Months	Every 12 Months
Vision Benefits - Vision Lenses Only	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Vision Benefits - Frames	Every 12 Months Additional Features	Every 12 Months	Every 12 Months	Every 12 Months
Vision Benefits - Copay	\$0 Exam \$0 Lenses	Flat Fee - See Brochure	\$10	\$10
Vision Benefits - Additional Features	Laser Vision Correction Discount Retinal Imaging Additional Lens Options Glasses or Contacts 2nd Pair of Eyeglasses	Laser Vision Correction Discount Retinal Imaging Additional Lens Options Glasses or Contacts 2nd Pair of Eyeglasses	Laser Vision Correction Discount Additional Lens Options Glasses or Contacts Retinal Imaging Low Vision Coverage	Glasses or Contacts

Print

Back to Plan List

Start New Search

DENTAL INSURANCE

https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-pl...

Select Plan	Dental Plan Name	Enrollee Premium (Biweekly)	Preventive	Intermediate	Major	Orthodontic	Orthodontic Lifetime Maximum
<input type="checkbox"/>	UnitedHealthcare Dental Plan - High - Self	\$23.31	0% Coinsurance	30% Coinsurance	50% Coinsurance	50% Coinsurance	\$2000 Per Adult \$4000 Per Child Up to Maximum Eligibility No Age Limit No Waiting Period
	UnitedHealthcare Dental Plan - High - Self Plus One	\$46.61	0% Coinsurance	30% Coinsurance	50% Coinsurance	50% Coinsurance	\$2000 Per Adult \$4000 Per Child Up to Maximum Eligibility No Age Limit No Waiting Period
	UnitedHealthcare Dental Plan - High - Self & Family	\$69.92	0% Coinsurance	30% Coinsurance	50% Coinsurance	50% Coinsurance	\$2000 Per Adult \$4000 Per Child Up to Maximum Eligibility No Age Limit No Waiting Period
<input type="checkbox"/>	UnitedHealthcare Dental Plan - Standard - Self	\$13.52	0% Coinsurance	45% Coinsurance	65% Coinsurance	50% Coinsurance	\$2000 Per Person No Age Limit No Waiting Period
	UnitedHealthcare Dental Plan - Standard - Self Plus One	\$27.05	0% Coinsurance	45% Coinsurance	65% Coinsurance	50% Coinsurance	\$2000 Per Person No Age Limit No Waiting Period
	UnitedHealthcare Dental Plan - Standard - Self & Family	\$40.57	0% Coinsurance	45% Coinsurance	65% Coinsurance	50% Coinsurance	\$2000 Per Person No Age Limit No Waiting Period

Print Compare Plans Clear Selected New Search

- Dental is similar – select plan(s) that you are interested in, and then you can get more detailed information by clicking on “Compare Plans” on the bottom of the page



U.S. OFFICE OF PERSONNEL MANAGEMENT
 1900 E Street, NW, Washington, DC 20415
 202-606-1800
 Federal Relay Service

A - Z Index
 FAQs
 Forms
 Reports & Publications
 Combined Federal
 Campaign

Sustainability
 Recovery Act
 FOIA
 Information Management
 No Fear Act

Inspector General
 Ethics
 USA.gov
 Office of Special Counsel
 Privacy Policy

UnitedHealthcare Federal Programs

FEHBP & FEDVIP | 2024 Benefits



United
Healthcare
[uhcfeds.com](https://www.uhcfeds.com)





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.



Behavioral health solutions

Access our large network of nearby behavioral health providers with options for either in-person or virtual care. The behavioral health benefit offers support for 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.

Pride365+

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

Expanding your awareness

For more information, including additional LGBTQ+ resources, visit pride365plus.com. Also, follow myuhc.com[®].

Customizing your journey

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

Benefit Changes to all UnitedHealthcare FEHB Plans for 2024!

- Any plan that had a copay for a Virtual Visit, now has a **\$0 copay for Virtual Visits.**
- Covid Tests will be covered at a Tier 3 copay (not to exceed \$12) to a maximum of 8 per month
- Gender dysphoria benefits have been expanded to include:
 - Gender affirming facial surgeries (i.e. tracheal shave, facial bone remodeling)
 - Voice modification surgery and therapy
 - Chest and breast surgery (reduction and augmentation following 12 months of hormone therapy)
 - Travel and lodging for services (\$2000 max)
- Revisional Bariatric surgery to revise a potential failure or major complication from the initial procedure will be covered (see COC for details)

These changes are for **all** UHC FEHB plans:

- Choice
- Choice Plus
Advanced
- Choice Primary
- Choice Plus Primary
- Choice Plus HDHP
with HSA
- MDIPA

Plan code specific changes that are not applicable to all 2024 UHC FEHB plans are included in the chart coming up

Continued... **Benefit Changes** to all UnitedHealthcare FEHB Plans for **2024!**

Infertility Benefits have been added and expanded specifically to include:

- Artificial insemination (AI) – covered at 50% both in and out-of-network
 - (OON – 50% of UHC allowed amount and the difference)
 - IVI (Intravaginal insemination)
 - ICI (Intracervical insemination)
 - IUI (Intrauterine insemination)
- Fertility Drugs (as covered under plan specific Prescription Drug List - PDL)
 - Oral and injectable drugs associated with artificial insemination and IVF *up to 3 cycles annually, even though IVF procedure itself is not covered)

Refer members to Section 5(a) within their plan specific 2024 brochure

A Prior Authorization is required for all services

These changes are for **all** UHC FEHB plans:

- Choice
- Choice Plus Advanced
- Choice Primary
- Choice Plus Primary
- Choice Plus HDHP with HSA
- MDIPA

Plan code specific changes that are not applicable to all 2024 UHC FEHB plans are included in the chart coming up

How to find the details?

The screenshot shows the United Healthcare website for federal employees. At the top, the URL www.uhcfeds.com is displayed in orange. A navigation bar includes links for "Your Plan Options", "Search for a Provider", "How to Enroll", and "Resources". A message states: "The website has been updated with the 2024 rate and benefit offerings." Below this is a large banner with a photo of a man and a child, and the text: "Welcome, federal employees and annuitants! With UnitedHealthcare, you've got a helping hand in health care. Here, you can explore plan options that are designed to help you access quality care, enjoy a healthier life and keep costs in check." An orange arrow points from this banner to a section titled "2024 Plan Options Available in 61001". This section features four categories: Health Plans, Vision Plans, Dental Plans, and Medicare Plans. To the right, a "Key Dates" box indicates the "2024 Open Season (Ends midnight EST)" from November 13 to December 11.

Choice Primary - Y81

No copayment for your primary care physician, no need to meet your deductible and see a specialist without a referral.

Deductible

\$500

Individual

\$1,000

Family

Out-of-pocket Limit

\$7,350

Individual

\$14,700

Family

Rate

\$83.68

Biweekly

[Plan Details >](#)

2024 FEHBP MARKETING HIGHLIGHT

The graphic features a tilted document titled "Your plan, your choice" with the subtitle "Enroll, compare premiums, summarized here. You can also review your...". It includes the United Healthcare logo and a photo of three people smiling. A table titled "POSTAL AND NON-POSTAL (MONTHLY)" lists rates for various states. Below the photo, the text reads: "Having a health plan you can count on. That matters." and "Find a plan that's right for you. Learn more inside or visit uhcfeds.com". A QR code is located at the bottom left, and "Health Benefits 2024" is at the bottom right.

State	Your Share
Arkansas, Missouri, Mississippi, Missouri (St. Louis)	\$181.30 \$389.80 \$428.78
California	\$194.60 \$418.59 \$460.23
Colorado, Maryland, Mississippi, Missouri (St. Louis)	\$203.41 \$431.04 \$471.92
Florida	\$203.73 \$431.67 \$472.61
Georgia	\$191.75 \$412.25 \$441.01
Illinois	\$195.61 \$420.54 \$449.89
Indiana	\$173.39 \$372.80 \$396.95
Virginia (Northern Virginia)	\$192.31 \$408.67 \$461.56

Contact Us

FEHB & FEDVIP Outreach

Email: uhcfeds@uhc.com

Member Resolution Teams

Member & Pre-Member Support

FEHBP: 877-835-9861

Retiree: 1-844-481-8821

FEDVIP Vision: 866-249-1999

FEDVIP Dental: 866-315-2321

Pre-Member Website

UHCfeds.com

Member Website

MyUHC.com



Nikita West

Senior Account Manager

GENDER AFFIRMING CARE

- Several plans have “Pride Clinic” or “LGBTQ+” medical programs specifically established to support the specific needs of the LGBTQIA+ community.
- Examples:
 - [Kaiser Permanente](#) – Pride Clinic: “We created Pride Medical at Capitol Hill so any patient can easily find experienced physicians who they know are comfortable with and compassionate toward LGBTQ+ patients”
 - [United Health Care](#) -- provides for the LGBTQIA+ community: from specially trained advocates and an LGBTQ+ supportive provider search, to HIV services, gender-affirming care and more

GENDER AFFIRMING CARE – PRIDE IN FED SERVICE

- The information provided in this spreadsheet is intended for general informational purposes only. While every effort has been made to ensure the accuracy and completeness of the information, the creators are not licensed insurance professionals, healthcare providers, or legal advisors. As such, this spreadsheet should not be used as the sole basis for making decisions regarding healthcare plans.
- Please be aware that healthcare plans and coverage can vary greatly, and the information provided may not be up-to-date or applicable to your specific situation. It is your responsibility to conduct **thorough research and verify the details** of any healthcare plan **before** making a decision. This includes, but is not limited to, understanding the extent of coverage for gender affirming care and any associated costs.
- We are not responsible or liable for any decisions made, actions taken, or costs incurred as a result of using or relying on the information provided in this spreadsheet. The use of this spreadsheet and any decisions made based on its content are solely at your own risk.
- We highly recommend consulting with a qualified insurance professional or healthcare advisor to ensure that the plan you choose meets your individual needs and circumstances, especially regarding gender affirming care.
- By using this spreadsheet, you acknowledge and agree that I am not liable for any errors or omissions in the information provided, or for any loss or damage of any kind incurred as a result of using this information.

Many thanks to the Policy Committee of PFS! **Spreadsheet is available on the [FAAPride.org](https://www.FAAPride.org) website.**

GENDER AFFIRMING CARE

AutoSave Off 2024 FEHB Plans -- Navigating Gender Affirming... Search Hatt, James A (FAA)

File Home Insert Page Layout Formulas Data Review View Help Acrobat Comments Share

D1

Click the + icons above to expand sections

IMPORTANT: MEDICAL POLICIES
Disclaimer:
 if a service is not specifically included, please refer to their medical policies. When the medical policy and the benefits contradict, the benefits brochure supersedes (general information provided in this spreadsheet is intended for general informational purposes only. While every effort has been made to ensure the accuracy and completeness of the information, the spreadsheet should not be used as the sole basis for making decisions regarding healthcare plans. Please be aware that healthcare plans and coverage can vary greatly, and the information provided may not be up-to-date or applicable to your specific situation. It is your responsibility to conduct the research and understand the extent of coverage for gender affirming care and any associated costs.

Plan Name	Year	Brochure Number	Brochure PDF Page	Brochure PDF	Medical Policy	State	Plan Score*	FACIAL SURGERY FGAS Coverage Summary	VOICE Voice Coverage Summary	BREAST/CHEST SURGERY Chest Coverage Summary
55 Kaiser Permanente - Mid-Atlantic States - (E3, T7)	2024	73-047	54	Brochure PDF		dc,md,va	38.50	Extensive Coverage	Some Coverage	Extensive Coverage
56 Kaiser Permanente - Northern California - (59, KC)	2024	73-003	57	Brochure PDF	KP NorCal Trans Health Website	ca	38.50	Extensive Coverage	Some Coverage	Extensive Coverage
58 Kaiser Permanente - Southern California - (62, FL)	2024	73-822	54	Brochure PDF		ca	38.50	Extensive Coverage	Some Coverage	Extensive Coverage
72 UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary - AS	2024	73-905	50	Brochure PDF	UHC Medical Policies	ga,fl,dc,md,nc,t x,mo,pa,tn,ar,v	32.50	Extensive Coverage	Full Coverage	Extensive Coverage
73 UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary - WF	2024	73-900	50	Brochure PDF	UHC Medical Policies	az,nv,or,wa	32.50	Extensive Coverage	Full Coverage	Extensive Coverage
74 UnitedHealthcare Insurance Company, Inc. Choice HDHP - (LU, LS, N7, V4)	2024	73-891	61	Brochure PDF	UHC Medical Policies	az,ia,nv,ai,ms,k y,la,fl,or,dc,md, nc,pa,tn,wa,ar,v	32.50	Extensive Coverage	Full Coverage	Extensive Coverage
75 UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO - (LJ, LR KK, KT)	2024	73-890	45	Brochure PDF	UHC Medical Policies	az,ia,nv,ai,ms,k y,la,fl,or,dc,md, nc,pa,tn,wa,ar,v	32.50	Extensive Coverage	Full Coverage	Extensive Coverage

Click the + icons above to expand sections

										FACIAL SURGERY	VOICE	BREAST/CHEST SURGERY
Plan Name	Year	Brochure Number	Brochure PDF Page	Brochure PDF	Medical Policy	State	Plan Score*	FGAS Coverage Summary	Voice Coverage Summary	Chest Coverage Summary		
Kaiser Permanente - Mid-Atlantic States - (E3, T7)	2024	73-047	54	Brochure PDF		dc,md,va	38.50	Extensive Coverage	Some Coverage	Extensive Coverage		
Kaiser Permanente - Northern California - (59, KC)	2024	73-003	57	Brochure PDF	KP NorCal Trans Health Website	ca	38.50	Extensive Coverage	Some Coverage	Extensive Coverage		
Kaiser Permanente - Northwest - (57, AM)	2024	73-004	53	Brochure PDF	Medical Policies (scroll to NW)	or,wa	38.50	Extensive Coverage	Some Coverage	Extensive Coverage		
Kaiser Permanente - Southern California - (62, FL)	2024	73-822	54	Brochure PDF		ca	38.50	Extensive Coverage	Some Coverage	Extensive Coverage		
Kaiser Permanente - Washington Core - (54, PT)	2024	73-012	47	Brochure PDF	Medical Policy	id,wa	38.50	Extensive Coverage	Some Coverage	Extensive Coverage		
Kaiser Permanente Washington Options Federal - L1	2024	73-051	51	Brochure PDF	Medical Policy	wa	38.00	Extensive Coverage	Some Coverage	Extensive Coverage		

IMPORTANT: MEDICAL POLICIES

Disclaimer:

The information provided in this spreadsheet is intended for general informational purposes only. While every effort has been made to ensure the accuracy and completeness of the information, the creators are not licensed insurance professionals, healthcare providers, or legal advisors. As such, this spreadsheet should not be used as the sole basis for making decisions. Please be aware that healthcare plans and coverage can vary greatly, and the information provided may not be up-to-date or applicable to your specific situation. It is your responsibility to conduct thorough research and verify the details of any healthcare plan before making a decision. This includes, but is not limited to, understanding the extent of coverage for fertility services. We are not responsible or liable for any decisions made, actions taken, or costs incurred as a result of using or relying on the information provided in this spreadsheet. The use of this spreadsheet and any decisions made based on its content are solely at your own risk.

Plan Name	Brochure PDF Page	Brochure PDF	Medical Policy	State	Coverage Summary	AI - Artificial insemination	ICI - Intracervical insemination	IUI - Intrauterine insemination	IVI - Intravaginal insemination	ART - Assisted reproductive technologies	IVF - In vitro fertilization	GIFT / ZIFT	ICSI - Intracytoplasmic sperm injection	Iatrogenic Procedures	Iatrogenic storage max	Max benefit	Fertility care covered
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary - AS	37	Brochure PDF	UHC Medical Policies	la,il,ga,fl,dc,md,nc,tx,mo,pa,tn,ar,va	Some Coverage	covered in plan brochure	covered in plan brochure	covered in plan brochure	covered in plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	covered in plan brochure	1 year	during the period of time he or she is enrolled for coverage under the policy. There is a benefit limit of \$20,000 for medical services and \$5,000 for pharmacy benefits. The preimplantation genetic	to carry a pregnancy to achieve a successful of unprotected intercourse individuals under age
UnitedHealthcare Insurance Company, Inc. Choice HDHP - (LU, LS, N7, V4)	48	Brochure PDF	UHC Medical Policies	az,ia,nv,al,ms,ky,la,fl,or,dc,md,nc,pa,tn,wa,ar,va,co	Some Coverage	covered in plan brochure	covered in plan brochure	covered in plan brochure	covered in plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	covered in plan brochure	1 year	fertility preservation for iatrogenic infertility per covered person during the period of time he or she is enrolled for coverage under the policy. There is a benefit limit of \$20,000 for medical services and \$5,000 for pharmacy benefits. The preimplantation genetic	of body functions, system which prevents to carry a pregnancy to achieve a successful of unprotected intercourse individuals under age
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO - (LJ, LR KK, KT)	34	Brochure PDF	UHC Medical Policies	az,ia,nv,al,ms,ky,la,fl,or,dc,md,nc,pa,tn,wa,ar,va,co	Some Coverage	covered in plan brochure	covered in plan brochure	covered in plan brochure	covered in plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	covered in plan brochure	1 year	iatrogenic - Benefits are further limited to one cycle of fertility preservation for iatrogenic infertility per covered person during the period of time he or she is enrolled for coverage under the policy. There is a benefit limit of \$20,000 for medical services and \$5,000 for pharmacy benefits. The preimplantation genetic	of body functions, system which prevents to carry a pregnancy to achieve a successful of unprotected intercourse individuals under age
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced - L9	38	Brochure PDF	UHC Medical Policies	il,dc,md,tx,va	Some Coverage	covered in plan brochure	covered in plan brochure	covered in plan brochure	covered in plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	covered in plan brochure	1 year	fertility preservation for iatrogenic infertility per covered person during the period of time he or she is enrolled for coverage under the policy. There is a benefit limit of \$20,000 for medical services and \$5,000 for pharmacy benefits. The preimplantation genetic	of body functions, system which prevents to carry a pregnancy to achieve a successful of unprotected intercourse individuals under age
UnitedHealthcare Insurance Company, Inc. Choice Primary - Y8	34	Brochure PDF	UHC Medical Policies	ia,al,ms,ky,la,il,ga,fl,dc,md,nc,tx,mo,pa,tn,ar,va	Some Coverage	covered in plan brochure	covered in plan brochure	covered in plan brochure	covered in plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	Not covered per plan brochure	covered in plan brochure	1 year	fertility preservation for iatrogenic infertility per covered person during the period of time he or she is enrolled for coverage under the policy. There is a benefit limit of \$20,000 for medical services and \$5,000 for pharmacy benefits. The preimplantation genetic	of body functions, system which prevents to carry a pregnancy to achieve a successful of unprotected intercourse individuals under age

Gender Affirming Care – If Not Available, What Then?

Nationwide Insurance Plans:

If you choose a PPO nationwide insurance plan, you should be able to find and receive in-network coverage via your insurance provider for care sought outside your state, even for minors.

Your insurance company can assist in locating this coverage, whether it's in or outside your state. It's recommended to call your state insurance licensee for specific guidance (for example, BCBS of Florida) and discuss the type of care you are seeking. Your insurance company likely has a department for special cases, and they may assign you someone that has experience in this area to help coordinate access to care. You can also reach out to local organizations that would usually provide this care such as Planned Parenthood and arrange access.

Out-of-Network Providers:

If you're seeking a gender affirming procedure and there's no in-network provider within a reasonable distance, your insurance company may be able to arrange for an out-of-network provider to be covered at an in-network rate. In my own situation, my insurance company has done this for me when I've sought pre-authorization for gender affirming care from out-of-network providers.

Gender Affirming Care – If Not Available, What Then? (cont)

In-State Access to Prescription Medication:

For adult children, telehealth services may be a viable option even in states with discriminatory laws. Organizations such as [getplume.co](https://www.getplume.co) and [queerdoc.com](https://www.queerdoc.com) provide these types of services, but not all of them take insurance. If this is the only available care, you can speak to your insurance company about possibly getting the services covered and appeal if necessary.

However, these services might not be accessible if the individual is a minor.

Out-of-State Access to Prescription Medication:

If traveling out of state is necessary for prescription medication, try to access it through organizations known for providing transgender care, and request a 3-month supply or more. When taking a family trip to a trans-friendly state, plan a visit to a provider, get medication refills, and blood work done.

Thanks to Tess Miller for providing these answers for us

QUESTIONS?

Thank you to United Health Care for participating today!

