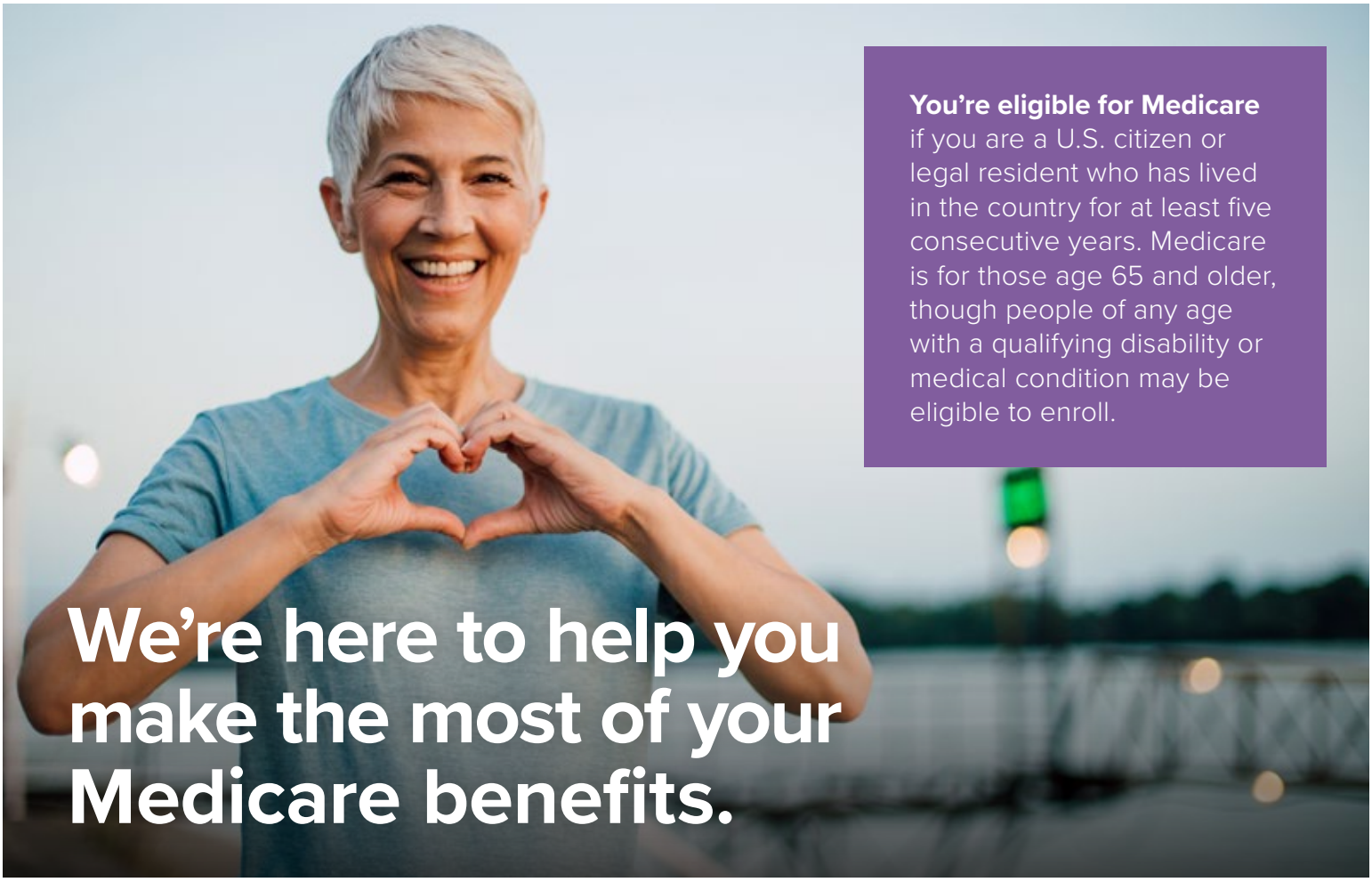


How APWU Health Plans work with Medicare.

MEDICARE PART A	+	MEDICARE PART B	+	APWU HEALTH PLAN HIGH OPTION	=	100% COVERAGE FOR YOUR MEDICAL BILLS

TOGETHER. BETTER HEALTH.

APWU HEALTH PLAN



You're eligible for Medicare if you are a U.S. citizen or legal resident who has lived in the country for at least five consecutive years. Medicare is for those age 65 and older, though people of any age with a qualifying disability or medical condition may be eligible to enroll.

We're here to help you make the most of your Medicare benefits.

Whether you're getting ready to retire or are already retired, you can turn to APWU Health Plan for answers to your questions about Medicare. We've been serving federal and postal employees and retirees for more than 60 years.

The High Option offers 100% coverage for your medical bills.

When you enroll in both Medicare Part A and Part B, our High Option plan can help maximize your health care coverage and get your medical bills paid 100%.

As a member of the High Option plan, you can rely on:

- Comprehensive coverage with low copays
- A nationwide Cigna® Healthcare network of 1 million+ providers
- No referrals needed
- Personal service from people who care

The Consumer Driven Option provides flexible health coverage for retirees.

With a low net deductible and a Personal Care Account (PCA) that covers your health care expenses, the Consumer Driven Option offers a flexible alternative to conventional health plans. In January, APWU Health Plan funds your PCA at $1,200 per year for Self Only enrollment or $2,400 per year for Self Plus One or Self and Family enrollment.

Visit **apwuhp.com** for details.

Get to know the parts of Medicare.

Medicare is a federal insurance program for people 65 and older. It's made up of four parts that help pay for different kinds of services.

Part A

Hospital insurance



Covers mostly inpatient care

- Hospitalization
- Some costs for a skilled nursing facility or home health care
- Hospice

Costs

When you sign up for Medicare, you're automatically enrolled in Part A. Most federal employees and retirees pay no premiums for Part A.

Part B

Medical insurance



Covers most outpatient care

- Preventive services
- Doctor visits
- Screenings
- Outpatient hospital
- Clinical research
- Ambulance
- Medical equipment
- Mental health
- Getting a second opinion before surgery
- Home health care not covered by Part A

Costs

Your premium is deducted from your Social Security check each month, and you must meet a deductible. You'll also need to pay a percentage for most doctor services, usually 20%.

For many retirees, Part B is a critical component of an overall health package. If you don't sign up for Part B when you're first eligible, you may be penalized by paying a much higher monthly premium.

Part C

Medicare Advantage



These Medicare-approved private health plans have contracts with Medicare. Usually, you must use certain providers.

Covers

- All of the same things as Part A and Part B
- May include prescription coverage and coverage for vision, hearing and dental

Costs

Vary by plan.

APWU Health Plan offers a NEW Medicare Advantage plan for High Option members. Visit apwuhp.com for details.

Part D

Prescription drug coverage



You must join a Medicare-approved plan.

Covers

- Prescription drugs

Costs

You will pay a monthly premium and must meet a deductible. You'll also need to pay either a set amount per prescription (copayment) or a percentage of the cost (coinsurance).

APWU Health Plan prescription drug coverage is the same or even better than that of Medicare Part D, so you don't need to enroll in Part D.

APWU Health Plans work with Medicare for health coverage you can trust.

If you or your spouse are employed and have an APWU Health Plan**, APWU Health Plan is your primary health plan** and Medicare is secondary. If both you and your spouse are retired, **Medicare is your primary coverage** and APWU Health Plan is secondary.

Part A

In general, members with Part A as their primary insurance do not need to pre-certify hospital stays. However, a stay must be pre-certified prior to the 90th day of confinement in a benefit period.

Part B

Medicare pays first, and the Plan pays second. Generally, with the High Option, most of your medical expenses are covered 100% because your deductible and coinsurance are waived for covered services. With the Consumer Driven Option, deductibles and coinsurance are not waived.

Medicare participating doctors and suppliers: Medicare usually pays 80% for covered services after you satisfy the Part B annual deductible. As long as services represent a covered benefit, the APWU Health Plan High Option pays the Part B deductible and the 20% coinsurance, which means you're covered 100%. With the Consumer Driven Option, if you have benefit dollars in your PCA, the Medicare deductible and coinsurance will be paid.

Part D

You do not need to enroll in Part D. If you do enroll, present both prescription drug ID cards when filling a prescription at a network retail pharmacy. If you use a mail-order pharmacy through your Medicare prescription drug plan, submit a claim to APWU Health Plan with a copy of your Medicare Explanation of Benefits and your pharmacy receipt.



When to sign up for Medicare.

You can enroll in Medicare during specific times. The first time is the Initial Enrollment Period, which starts three months before the month you turn 65 and ends three months after the month you turn 65. After you enroll, you can change your coverage each year during Open Enrollment, October 15 to December 7. To find out about other times you may be able to enroll or make a change, visit **medicare.gov.**

To apply for Medicare, locate your local Social Security Administration office at **ssa.gov** or call **800-772-1213 (TTY: 800-325-0778).**

The High Option is a premier plan in the Federal Employees Health Benefits (FEHB) Program.

Save money with virtual visits.

The reduced copay for a virtual visit is just $15.

2021 Benefits	High Option in-network you pay	With Part A & Part B you pay
Calendar year deductible Self Only Self Plus One Self and Family	 $450 $800 $800	 $0 $0 $0
Annual out-of-pocket maximum Both medical and prescription drugs	$6,500 Self Only $13,000 Self Plus One and Self and Family	$6,500 Self Only $13,000 Self Plus One and Self and Family
Medical visits Office and specialist visits Virtual visits with Amwell®	 $25 copay $15 copay	 $0 $0
Preventive care Annual adult routine exams, adult immunizations and preventive screenings	$0	$0
Dental care Routine dental	30% of plan allowance	30% of plan allowance
Diabetes care Generic oral medication, formulary blood glucose test strips and lancets (used to reduce blood sugar)	$0 through mail-order	$0 through mail-order
Hospital/facility care Diagnostic tests or imaging Outpatient surgery Inpatient Surgical Cancer Centers of Excellence	 15% ($0 for covered blood work performed at LabCorp and Quest Diagnostics) 15% 15% 15% 5%	 $0 $0 $0 $0 $0
Emergency care Accidental injury (within 72 hours) Urgent care Emergency room Ambulance	 $0 $30 copay 15% 15%	 $0 $0 $0 $0
Hearing services Hearing aids	All charges in excess of $1,500 (every 3 years)	All charges in excess of $1,500 (every 3 years)*
Alternative care Chiropractic care Acupuncture	 $25 copay (24 visits annually) $25 copay (26 visits annually)	 $25 copay (24 visits annually) $25 copay (26 visits annually)

* Medicare non-covered service

The plan covers prescriptions with no deductible and low copays.



Save on prescriptions by using the Express Scripts® *Smart90*® program.

The High Option prescription drug plan includes access to 70,432 retail pharmacies that belong to the Express Scripts national network.

Spend less time and money getting your medications.

Making monthly trips to the pharmacy can be inconvenient. With Express Scripts *Smart90*, it's easy to switch from a 30-day supply to a 90-day supply of your daily medications.

Fill prescriptions through Express Scripts mail-order home delivery with free standard shipping or at any network retail pharmacy. With fewer trips to the pharmacy, you're less likely to run out of your medications or miss a dose.

EXPRESS SCRIPTS®

2021 prescription coverage	In-network you pay	Out-of-network you pay
Retail prescription drugs — non-specialty 30-day supply	$10 for Tier 1 25% for Tier 2, max. $200 per Rx 45% for Tier 3, max. $300 per Rx	50% of cost per prescription
Mail-order prescription drugs — non-specialty 90-day supply	$20 for Tier 1 25% for Tier 2, max. $300 per Rx 45% for Tier 3, max. $500 per Rx	n/a
Retail prescription drugs — specialty 30-day supply	25% for Tier 4, max. $300 per Rx 25% for Tier 5, max. $600 per Rx 45% for Tier 6, max. $1,000 per Rx	50% of cost per prescription
Mail-order prescription drugs — specialty 90-day supply	25% for Tier 4, max. $150 per Rx 25% for Tier 5, max. $300 per Rx 45% for Tier 6, max. $500 per Rx	n/a

Pharmacy benefits do not count toward your deductible.



Diabetes medications available through mail-order

- **$0 copay for generic oral medication, formulary blood glucose test strips and lancets (used to reduce blood sugar)**
- **$25 copay for a 30-day supply of certain insulin**
- **$75 copay for a 90-day supply of certain insulin**

Outpatient specialty medications

For patients with complex or chronic health conditions, Accredo pharmacy provides access to specialty medications at the lowest cost.

100% covered services.



You pay nothing for preventive care and routine screenings when you choose a network doctor. Preventive medications are also covered 100%.

It's important to see your doctor each year, even if you feel healthy. Your doctor can identify risk factors for diseases, share tips for healthy living, make sure your immunizations are up to date and identify health issues before they become a problem.

Annual adult routine exams and immunizations

Regular preventive care visits are part of maintaining a good relationship with your primary care doctor.

NEW Breast cancer screenings

The plan now offers 100% coverage for in-network annual mammograms for women age 65 and older.

Lab tests

Lab tests (covered blood work performed at LabCorp and Quest Diagnostics) are covered 100%.

High blood pressure screenings

High blood pressure—also known as hypertension—often has no symptoms, so it's important to be screened at your annual routine exam.

Premiums for the 2021 High Option plan.

MEDICARE PART A + MEDICARE PART B + APWU HEALTH PLAN HIGH OPTION

100% COVERAGE FOR YOUR MEDICAL BILLS

Enrollment type	Enrollment code	Federal retirees pay per month
Self Only	471	$224.60
Self Plus One	473	$449.61
Self and Family	472	$576.98

Worldwide coverage when you travel abroad.

Medicare generally doesn't pay for hospital or medical services outside the United States, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. However, the APWU Health Plan covers you around the world. When you have services outside of the U.S., you'll probably have to pay the bill at the time of service and submit a bill for reimbursement.



What is the Medicare limiting charge?

All insurance carriers in the Federal Employees Health Benefits (FEHB) Program are mandated by law to limit payments for retired members 65 and older who do not have Medicare. Providers absorb these payment reductions. Our members are responsible only for deductibles, coinsurance, amounts over reasonable and customary limits and non-covered charges. For details, see the APWU Health Plan federal brochure at **apwuhp.com.**

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apwu.welcometouhc.com

RETIREES
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Information Center
888-767-6738
retire@opm.gov
opm.gov/retirement-services

To learn more about Medicare, visit: Medicare.gov
opm.gov/healthcare-insurance/healthcare/medicare

This is a summary of features of the APWU Health Plan. Before making a final decision, please read the Health Plan's Federal Brochure (RI 71-004). Other benefits not shown above are shown in the Brochure. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Brochure.

The information in this brochure is based on the Health Plan's interpretation of the Medicare Handbook. If you have questions about how Medicare processes its claims, please contact the Medicare carrier that serves your geographic area.

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