APWU HEALTH PLAN

Together. Better health.

apwuhp.com

2024 High Option and Consumer Driven Option



Get more from your healthcare network.

All eligible postal and federal employees and retirees can enroll.

Choose a health plan with 1.7+ million providers.

United Healthcare

Access care from an extensive nationwide network of providers and facilities.

APWU Health Plan is committed to providing members with access to a comprehensive network of doctors, hospitals and healthcare providers. To find doctors in the UnitedHealthcare network, visit **apwuhp.com** and select **Are my doctors in the network?**

As a member, you can choose between two smart medical plans that feature a **nationwide UnitedHealthcare network of 1.7+ million providers*** and **7,000 hospitals and care facilities**—and no referrals are needed.

You also have access to:

- 13,500 urgent/convenience care clinics
- 5,800 freestanding ambulatory surgery centers
- 100% digitally focused virtual primary care

* As of July 2023

Consider seeing providers in the UnitedHealth Premium® program.

With UnitedHealthcare's extensive national network, you can most likely find a provider whenever you need care, wherever you are—at home or traveling.

The **UnitedHealth Premium program** uses national, evidence-based, standardized measures to evaluate physicians in various specialties to help you locate quality and cost-efficient providers. By choosing a provider in the UnitedHealth Premium program, you may experience better cost controls and a better overall healthcare experience.



The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician. Please visit myuhc.com for detailed program information and methodologies.

Compare your plan options.

High Option

With low copays and low deductibles, the High Option is a premier plan in the Federal Employees Health Benefits (FEHB) Program.

100% coverage for in-network services

- Preventive care and screenings
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Maternity care and support
- Breast cancer screenings
- Tobacco cessation program
- Accidental injury outpatient services within 72 hours
- Generic oral diabetes medications
- Visits to a registered dietician/nutritionist
- No primary care provider (PCP) requirement
- Freedom to use network and out-of-network providers

In-network copays:

- $10 for a 24/7 Virtual Visit
- $25 for office visits, including specialists
- $30 for urgent care
- $10 for retail non-specialty Tier 1 drugs

See pages 12–13 for details about preventive care coverage

Consumer Driven Option

The Consumer Driven Option is a proactive alternative to conventional healthcare that can save you money.

100% coverage for in-network services

- Your own Personal Care Account (PCA) helps pay for medical expenses
  See pages 8–9 for details about your PCA
- Preventive care and screenings
- Maternity care and support
- Breast cancer screenings
- Tobacco cessation program
- No primary care provider (PCP) requirement
- Freedom to use network and out-of-network providers

In-network copays:

- Pay just 15% of the Plan allowance for a 24/7 Virtual Visit
- No upfront deductible, coinsurance or copay until you exhaust your PCA
- Receive a discount on prescriptions when you use OptumRx® Home Delivery

Compare premiums for the 2024 plan year.

High Option premium rates

Self Only enrollment code 471		Self Plus One enrollment code 473		Self & Family enrollment code 472	
Biweekly	**Monthly**	**Biweekly**	**Monthly**	**Biweekly**	**Monthly**
$124.52	$269.79	$244.95	$530.73	$304.05	$658.77

Consumer Driven Option premium rates

Self Only enrollment code 474		Self Plus One enrollment code 476		Self & Family enrollment code 475	
Biweekly	**Monthly**	**Biweekly**	**Monthly**	**Biweekly**	**Monthly**
$76.78	$166.36	$166.88	$361.58	$182.05	$394.45

APWU special rates biweekly

Special rates apply to APWU Career Bargaining Unit Employees

Self Only enrollment code 474			Self Plus One enrollment code 476			Self & Family enrollment code 475		
APWU career less than 1 year in FEHB	**PSE**	**APWU career more than 1 year in FEHB**	**APWU career less than 1 year in FEHB**	**PSE**	**APWU career more than 1 year in FEHB**	**APWU career less than 1 year in FEHB**	**PSE**	**APWU career more than 1 year in FEHB**
$76.78	$76.78	$15.36	$166.88	$166.88	$33.38	$182.05	$182.05	$36.41

Premiums for Tribal employees are shown under the monthly premium rate column. The amount shown is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Enroll in a Medicare Advantage plan that provides added benefits and reduced costs to High Option retirees.

APWU Health Plan offers a Medicare Advantage plan for High Option retirees covered by Medicare Part A and Part B. The UnitedHealthcare® Medicare Advantage (PPO) for APWU Health Plan enhances your Federal Employees Health Benefits (FEHB) Program coverage by reducing or eliminating cost-sharing for services.

Get a collection of benefits you won't find anywhere else:

- ✔ No copays for covered medical services
- ✔ An $85 monthly Part B premium subsidy
- ✔ $60 quarterly over-the-counter item allowance
- ✔ $1,500 hearing aid allowance
- ✔ Dental coverage
- ✔ Prescription drug coverage (Part D)
- ✔ Nationwide provider network
- ✔ One plan with no need to coordinate primary and secondary payers

To qualify for enhanced Medicare Advantage benefits you must be:

- Enrolled in the APWU Health Plan High Option
- Retired
- Enrolled in Medicare Parts A and B

Find out if you're eligible to enroll in the Medicare Advantage plan:

Call **855-383-8793**
711 (TTY)
8 a.m. – 8 p.m. CT
Monday – Friday

Learn more about the Medicare Advantage plan:

- Go to **apwuhp.com**
- Select the **Become a Member** tab
- Under **High Option,** select the **+** symbol next to **Retirees/Medicare**
- Select **Medicare Advantage**

Choose a plan with valuable benefits and programs.

Renew Active®[1]
Stay active with a free gym membership and access to thousands of digital on-demand workout videos and live-streaming fitness classes.

NurseLine[2]
Access a registered nurse 24/7.

UnitedHealthcare HouseCalls[3]
Get an annual in-home preventive care visit at no extra cost.

UnitedHealthcare Hearing[4]
Receive a hearing exam and access a wide selection of custom-programmed hearing aids—available in-person at 7,000 providers nationwide[5] or through home delivery.

Provider network
See any doctor you want and pay the same cost share, as long as they accept Medicare patients and the Plan.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

[1] Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The information provided through Renew Active is for informational purposes only and is not medical advice. Gym network may vary in local market.

[2] The NurseLine service 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 this service is for informational purposes only. The nurses 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. Access to this service is subject to terms of use.

[3] HouseCalls may not be available in all areas.

[4] Other hearing exam providers are available in our network. Your plan includes benefits for hearing aid coverage outside of the UnitedHealthcare Hearing network. See plan for details.

[5] 2019 UnitedHealthcare Internal Data.

High Option

A premier plan in the Federal Employees Health Benefits (FEHB) Program

High Option 2024

Calendar year deductible	In-network	Out-of-network
• Self Only	$450	$1,000
• Self Plus One / Self & Family	$800	$2,000
Annual out-of-pocket maximum	**In-network**	**Out-of-network**
• Combined medical and prescription drugs	$6,500 Self Only $13,000 Self Plus One and Self & Family	$12,000 Self Only $24,000 Self Plus One and Self & Family

2024 benefits	High Option in-network you pay	UnitedHealthcare Medicare Advantage (PPO) for APWU Health Plan in-network you pay (for High Option members)
Medical visits		
• Office and specialist visits	$25 copay (no deductible applied)	$0
• 24/7 Virtual Visits with Teladoc®	$10 copay (no deductible applied)	$0
Preventive care		
• Well-child care	$0	n/a
• Childhood immunizations	$0	n/a
• Annual adult routine exams	$0	$0
• Adult immunizations	$0	$0
• Preventive screenings	$0	$0
Dental care		
• Routine dental	30% of Plan allowance (no deductible applied)	$0 for preventive care $50 yearly deductible $1,000 max for non-routine per year
Diabetes care		
• Generic oral medication, formulary blood glucose test strips and lancets (used to reduce blood sugar)	$0 through mail-order	$0

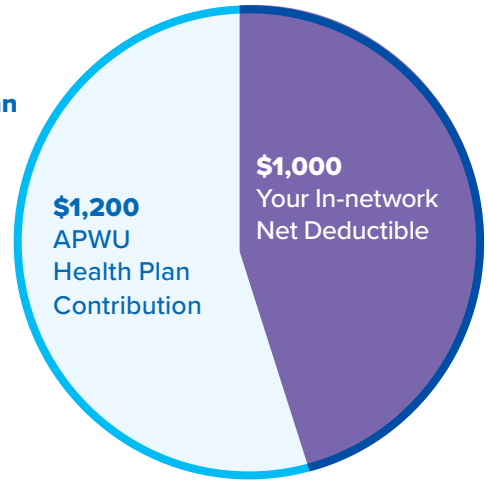
2024 benefits	High Option in-network you pay	UnitedHealthcare Medicare Advantage (PPO) for APWU Health Plan in-network you pay (for High Option members)
Maternity		
• Complete maternity care, including prenatal, delivery, postnatal and initial exam of newborn covered under family enrollment	$0	n/a
• Medical food formulas are covered to treat phenylketonuria (PKU) and other inborn errors of metabolism	15%	n/a
Hospital/facility care		
• Diagnostic tests or imaging	15% ($0 for covered blood work performed at LabCorp and Quest Diagnostics)	$0
• Outpatient surgery	15%	$0
• Inpatient	15%	$0
• Surgical	15%	$0
• Cancer Centers of Excellence	5%	$0
Emergency care		
• Accidental injury (within 72 hours)	$0	$0
• Urgent care	$30 copay (no deductible applied)	$0
• Emergency room	15%	$0
• Ambulance	15% (no deductible applied)	$0
Hearing services		
• Diagnostic hearing tests	15% every 2 years	$0
• Hearing aids	All charges in excess of $1,500 (every 3 years, no deductible applied)	$1,500 allowance (must use UnitedHealthcare network)
Alternative care		
• Physical therapy	15% (60 visits per year, no deductible applied)	$0
• Chiropractic care	$25 copay (24 visits per year, no deductible applied)	$0
• Acupuncture	$25 copay (26 visits per year, no deductible applied)	$0
Mental health/substance use		
• Office visits	$25 copay (no deductible applied)	$0
• Outpatient treatment	15%	$0
• Diagnostics, inpatient and outpatient service	15%	$0

Get to know how your Personal Care Account (PCA) works.

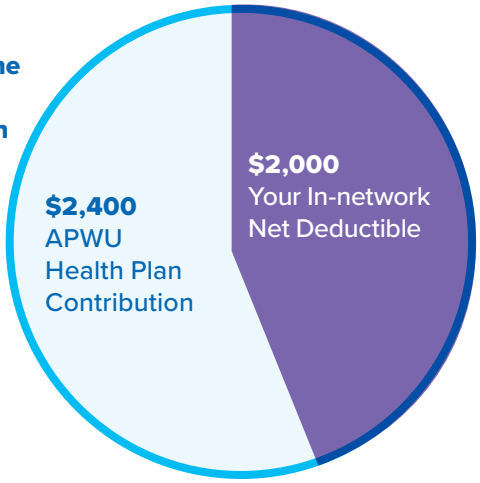
The Consumer Driven Option features a PCA that covers your healthcare expenses and lowers any deductible you may have to pay. In January each year, the Plan funds your PCA at $1,200 per year for Self Only enrollment or $2,400 per year for Self Plus One or Self & Family enrollment. If you are hired mid-year, the amount will be prorated.

1. **Your full PCA balance is available in January. Use your PCA for any eligible expenses.**
2. **If you use up your PCA funds, you need to satisfy your annual net deductible.**
3. **After you satisfy the annual plan deductible, you pay coinsurance—a percentage of the cost of covered healthcare—and the Plan pays the rest.**
4. **If you reach the out-of-pocket maximum, the Plan pays 100% of your covered healthcare costs for the rest of the year.**

Self Only $2,200 Plan Deductible



Self Plus One or Family $4,400 Plan Deductible



As a member, you are covered 100% until your PCA is exhausted.

$25

Earn a reward when you take a proactive step to protect your health.

Receive a $25 wellness incentive—added to your PCA—for each family member who completes an annual physical exam.

Your PCA covers 100% of all covered healthcare expenses.

You can use your PCA to cover both in-network and out-of-network services. However, care can be less expensive when you stay in the network because network providers discount their fees.

You can use your PCA for:

- Medical care
- Prescription drugs and supplies
- Dental and vision, including eyeglasses and contact lenses (up to $400 for Self Only and $800 for Self Plus One and Self & Family)
- Surgery and hospital services
- Mental health and substance use treatment
- Emergency care

Get to know the Consumer Driven Option.

Plan deductible: The total amount of eligible medical expenses you must meet each year before traditional health coverage begins.

Personal Care Account (PCA): APWU Health Plan contributes funds to your PCA each year. By using this money to pay for eligible medical expenses, you decrease your plan deductible and out-of-pocket expenses.

Net deductible: The remaining amount you have to pay once the funds in your PCA have been exhausted and before traditional health coverage begins. **Net deductible = Plan deductible - PCA.**

Traditional health coverage: Your benefits begin after you satisfy the Plan deductible. For most services, you pay only 15% of the cost if you use a network provider.

Choose how you pay for medical claims.

If you have funds available in your PCA, claims will be paid out of your PCA first. If you want to use your FSA or another account to pay a medical bill, you can instruct the Health Plan to turn off your PCA for the Plan year. In some cases, you may have to pay the cost of the services up front. Pharmacy claims will always be paid out of your PCA, as long as you have funds available.

Consumer Driven Option

A proactive alternative to conventional health plans

Overall plan features

In January each year, the Health Plan funds a Personal Care Account (PCA) members can use for covered medical services. Members are covered 100% until the PCA is exhausted.

Personal Care Account (PCA)

Self Only

$1,200 — APWU Health Plan contribution

Net deductible		Out-of-pocket maximum	
In-network	**Out-of-network**	**In-network**	**Out-of-network**
$1,000	$1,500	$6,500	$12,000

Self Plus One / Self & Family

$2,400 — APWU Health Plan contribution

Net deductible		Out-of-pocket maximum	
In-network	**Out-of-network**	**In-network**	**Out-of-network**
$2,000	$3,000	$13,000	$24,000

What is an out-of-pocket maximum?

This is the most you may have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance for in-network care and services, the Health Plan pays 100% of the costs of covered benefits.

PCA rollover

As long as you remain in this plan, any unused balance in your PCA at the end of the calendar year may be rolled over to subsequent years. The maximum amount allowed in your PCA balance in any given year is $5,000 for Self Only and $10,000 for Self Plus One and Self & Family.

2024 benefits	In-network you pay
Preventive care	
• Well-child care, immunizations, preventive care, adult routine exams, preventive screenings	$0 — No PCA used Receive a $25 wellness incentive for each family member who completes an annual physical exam
Medical visits	
• Office, specialist & 24/7 Virtual Visits	15% of Plan allowance (Plan allowance: The maximum amount a plan will pay for a covered healthcare service)
Maternity	
• Complete maternity care, including prenatal, delivery, postnatal and initial exam of newborn covered under family enrollment	$0 — No PCA used
• Medical food formulas are covered to treat phenylketonuria (PKU) and other inborn errors of metabolism	15% of Plan allowance
Hospital/facility care	
• Diagnostic tests or imaging	15% of Plan allowance
• Outpatient surgery	15% of Plan allowance
• Inpatient	15% of Plan allowance
• Cancer Centers of Excellence	10% of Plan allowance
Emergency care	
• Accidental injury (within 24 hours)	15% of Plan allowance
• Urgent care	15% of Plan allowance
• Emergency room	15% of Plan allowance
• Ambulance	15% of Plan allowance
• Air ambulance	15% of Plan allowance
Hearing services	
• Diagnostic hearing tests	15% every 2 years
• Hearing aids	All charges in excess of $1,500 (every 3 years, no deductible applied)
Alternative care	
• Chiropractic care	15% of Plan allowance (24 visits per year)
• Acupuncture	15% of Plan allowance
• Physical, occupational and speech therapy	15% of Plan allowance (up to 60 visits per year)
Mental health/substance use	
• Office visits	15% of Plan allowance
• Virtual Behavioral Health Care	15% of Plan allowance
• Outpatient treatment	15% of Plan allowance
• Diagnostics, inpatient and outpatient services	15% of Plan allowance

Protect your health and well-being with preventive care and routine screenings.

You pay nothing when you choose a network doctor.

Regular checkups and routine screenings help protect your health, so it's important to see your doctor each year, even if you feel healthy. Your doctor can monitor risk factors for diseases, share tips for healthy living and make sure your immunizations are up-to-date. During a checkup, your doctor may also identify a health issue before it becomes a problem.

Find your doctor.

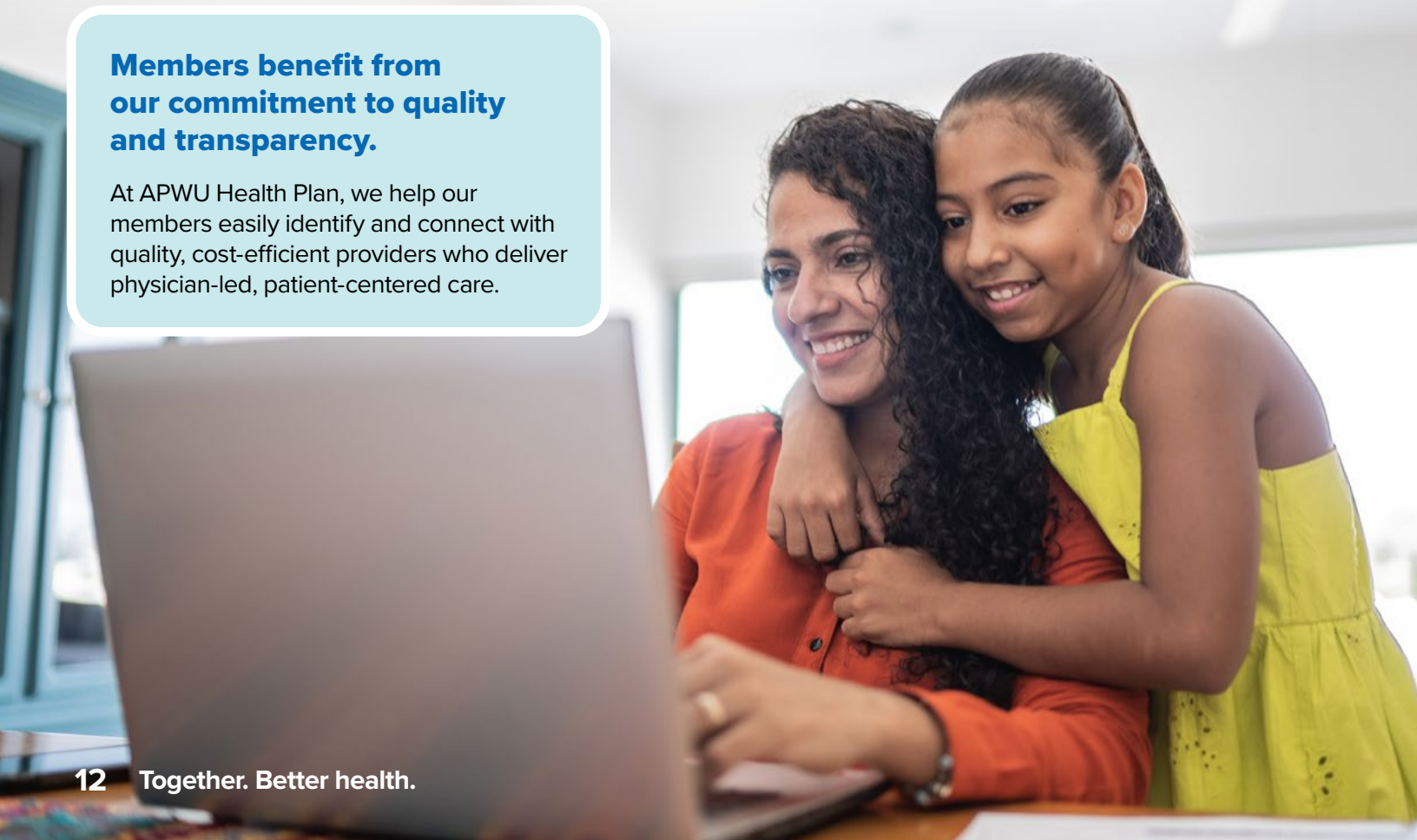
The High Option and Consumer Driven Option feature the UnitedHealthcare network. If you use out-of-network providers, you'll have a lower level of coverage.

With the Consumer Driven Option, you can use any doctor, clinic, hospital or healthcare facility you want, but you'll save money when you see providers in the UnitedHealthcare network.

To search the provider directory and find doctors in the UnitedHealthcare network, visit **apwuhp.com** and select **Are my doctors in the network?**

Members benefit from our commitment to quality and transparency.

At APWU Health Plan, we help our members easily identify and connect with quality, cost-efficient providers who deliver physician-led, patient-centered care.



Enjoy 100% coverage for in-network preventive care.

Wellness checkups

Annual adult routine exams and immunizations

Seeing a doctor regularly means they get to know you and your health, making it easier to guide you to appropriate care. And, your doctor may catch a health issue before it becomes serious.

Well-child exams and immunizations

Regular well-child visits allow a healthcare provider to track your child's growth and development, find or prevent health issues and answer questions. The American Academy of Pediatrics recommends a series of well-child visits in the first 3 years of your child's life and annual visits for children 4 years and older.[1]

Recommended screenings

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.

Diabetes screenings

The symptoms of diabetes are often hard to spot. If you have any risk factors for diabetes, talk to your doctor about getting your blood sugar tested.

Cancer screenings

Regular cancer screenings may detect cancer early, before it has a chance to spread.[2]

Recommended screenings include:

- Cervical cancer screening starting at age 21[3]
- Colorectal cancer screening starting at age 45[4]
- Breast cancer screening starting at age 40[5]

APWU Health Plan covers routine mammograms as follows:

- Age 35–39, one during this five-year period
- From age 40 on, one every calendar year

For a full list of recommended screenings, visit **uhc.com/preventivecare.**

Care and support

Maternity care

Regular prenatal visits throughout your pregnancy can help catch potential issues early and reduce the risk of complications.

Contraception

Contraceptive drugs and devices as listed on the ACA/HRSA websites are covered at 100%.

[1] Healthychildren.org. AAP Schedule of Well-Child Care Visits. https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx. Accessed Jun. 6, 2023.

[2] American Cancer Society. Find Cancer Early. https://www.cancer.org/cancer/screening.html. Accessed Jun. 6, 2023.

[3] U.S. Preventive Services Task Force (USPSTF). Cervical Cancer: Screening. https://uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening. Accessed June 7, 2023.

[4] Centers for Disease Control and Prevention. What Should I Know About Screening? https://www.cdc.gov/cancer/colorectal/basic_info/screening/. Accessed Jun 7, 2023.

[5] American Cancer Society. American Cancer Society Recommendations for the Early Detection of Breast Cancer. https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html. Accessed June 7, 2023.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

The High Option covers prescriptions with no deductible and low copays.

The High Option prescription drug plan includes access to nearly 64,000 pharmacies that belong to the Express Scripts® network, along with home delivery options in all 50 states.

High Option 2024 prescription coverage	In-network (PPO) 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
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
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
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

Pharmacy benefits do not count toward your deductible.

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 mail-order home delivery with free standard shipping or at any network retail pharmacy.

Order diabetes medications through the mail.

- $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 and non-Insulin drugs to treat diabetes
- $75 copay for a 90-day supply of certain Insulin

Get connected to savings.

Discover more ways to save money on your prescriptions:

- Access lower-cost drug options
- Find a network pharmacy near you
- Use the **prescription cost calculator** to compare prices for medications ahead of time

Create an online profile at **express-scripts.com** or download the **Express Scripts mobile app**.

Receive Medicare Part D coverage at no extra cost.

Medicare Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP)

As a High Option member, if you are enrolled in Medicare and are not enrolled in a Medicare Advantage plan (Part C), you will be automatically enrolled in our Express Scripts Medicare® (PDP) for APWU Health Plan.

The PDP EGWP is a Medicare Part D prescription drug benefit for FEHB covered annuitants and FEHB covered family members who are eligible for Medicare. Your benefits under this prescription drug plan will never be less than your coverage that is available under our FEHB High Option Plan. The advantages of this new prescription drug benefit include lower copays, coverage during the donut hole gap and no additional premium for Part D.

For your convenience, you will be automatically enrolled in our PDP EGWP and continue to remain enrolled in our FEHB High Option Plan. Participation in the PDP EGWP is voluntary, and you can opt out at any time.

For details about the new Medicare Part D plan, contact Express Scripts Medicare at **844-818-8790,** 24 hours a day, 7 days a week, or visit **apwuhp.com.**

With the Consumer Driven Option, your PCA covers the cost of prescription drugs.

OptumRx, a UnitedHealthcare company, provides pharmacy benefits for the Consumer Driven Option. The OptumRx network features more than 64,000 retail pharmacies, including all large national chains, many local community pharmacies, OptumRx Home Delivery and Optum Specialty.

If you fill a prescription when you have benefit dollars available in your PCA, the funds will be applied and you may pay nothing.

Consumer Driven Option 2024 prescription coverage

Network retail	In-network you pay
Tier 1/Tier 2 Lower cost/Mid-range cost	25%, min. $15 and max. per Rx of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply
Tier 3 Highest cost	40%, min. $15 and max. per Rx of $300 for a 30-day supply, $600 for a 60-day supply, $900 for a 90-day supply
Network home delivery	**In-network you pay**
Tier 1/Tier 2 Lower cost/Mid-range cost	25%, min. $10 and max. per Rx of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply
Tier 3 Highest cost	40%, min. $10 and max. per Rx of $300 for a 30-day supply, $600 for a 60-day supply, $900 for a 90-day supply

OPTUMRx®

Receive a discount when you use OptumRx Home Delivery.

Price medications and explore lower cost options.

Visit **whyuhc.com/apwuhp** to compare prescription costs.

Consider your dental coverage options.

High Option

Dental benefits are part of your medical plan.

The High Option pays 70% of the allowed amount for routine dental care, office visits, exams, cleanings, X-rays, fluoride treatment, fillings and simple extractions. Use any dentist you choose. Some providers may require you to pay at the time of service and file a claim with APWU Health Plan.

Consumer Driven Option

Access dental care through the Careington Dental Discount Network.

Save 20% to 50% on most dental procedures at thousands of participating dental offices nationwide. Transparent pricing with fee schedules let you know what each dental treatment costs before your appointment. Maximize your PCA dollars by using dentists in the Careington Dental Discount Network.

Federal and postal employees and retirees can also enroll in APWU Health Plan Dental Insurance Plan.

You'll pay a separate premium for this plan and can use any dentist you choose. There is no deductible for preventive services, including exams, X-rays and cleanings. Available only to APWU members and APWU associate members. See eligibility requirements.

Learn more about APWU Health Plan Dental Insurance Plan and download the brochure:

- Go to **apwuhp.com**
- Select the **Become a Member** tab
- Choose your plan, **High Option** or **Consumer Driven Option**
- Select **Dental**
- Or call **800-307-8615**



Members who enroll in APWU Health Plan Dental Insurance Plan pay a separate premium.

APWU Health Plan Dental Insurance Plan
Administered by Voluntary Benefits Plan

Calendar year deductible	**Type I benefits:** No deductible **Type II and Type III benefits:** $50 per person/Family deductible $150 **Type IV benefits:** No deductible for orthodontic coverage (if selected)

After the annual deductible is met, this plan pays:

Type I benefits	Type II benefits	Type III benefits	Type IV benefits
Preventive services: • Exams • X-rays • Cleanings 100% of reasonable and customary charges	Basic services: • Fillings • Oral surgery • Extractions 80% of reasonable and customary charges	Major services: • Crowns • Bridges • Dentures • Periodontics 50% of reasonable and customary charges (12-month waiting period)	Optional coverage: • Orthodontic services 50% of reasonable and customary charges

Enrollment is open throughout the year. Enroll at any time.

Available to APWU members, associate members and their eligible dependents.

Use any dentist you choose.

If you were a member of a dental plan that made you use a specific dentist, you may continue to use that dentist, but it's not required.

Who is eligible to enroll?

Postal workers: You have to be an APWU member **before** you can enroll. All APWU members in good standing, including active workers, PSEs who work at least 20 hours per week and retirees are eligible.

Federal workers: To enroll in the dental plan, you must already be enrolled in an APWU Health Plan. As a Health Plan member, you are an APWU associate member and need to remain one—and pay the $35 annual fee—in order to maintain eligibility for the dental plan. All federal employees enrolled in an APWU Health Plan are eligible for this plan—you don't have to be a postal worker.

Eligible dependents: These include lawful spouses or domestic partners and any unmarried dependent children you support up to age 26, subject to state variations.

Get back to being you with Behavioral Health Solutions.

To help you feel better and more in control of your emotional well-being, APWU Health Plan offers mental health and substance use services through Behavioral Health Solutions. If you or a loved one are facing emotional struggles or substance use issues, you're not alone. Behavioral Health Solutions offers confidential assistance to help you find the support you need to do all of this and more:

- Manage stress and anxiety
- Cope with depression
- Address the challenges of adoption
- Access caregiver support
- Treat substance use disorders

With Virtual Behavioral Health Care, you can talk to a behavioral health professional without leaving home. Help is completely confidential.

The UnitedHealthcare network features 305K+ behavioral health providers.

APWU Health Plan members pay 15% of the Plan allowance for outpatient treatment, diagnostics and inpatient services.



If you or a loved one is in crisis, counselors are available 24/7:

- Call the number on your ID card
- Text **HOME** to **741741** from anywhere in the USA
- Call the Suicide and Crisis Lifeline: **988**
- For TTY users: Use your preferred relay service or dial **711** and then **988**

The information and therapeutic approaches in this article are provided for informational and/or educational purposes only. They are not meant to be used in place of professional clinical consultations for individual health needs. Certain treatments may not be covered in some benefit plans. Check your health plan regarding your coverage of services.

SURE Network Summary Dashboard, Commercial and UBH General Networks Q3 2022 (Sept. 29, 2022, data); DuBois, Oct. 7, 2022.

Start your journey to better hearing.

APWU Health Plan covers diagnostic hearing tests every two years and hearing aids every three years. For hearing tests, members pay 15% of the Plan allowance, while hearing aids are covered up to $1,500.

Get the most from life's moments with UnitedHealthcare Hearing.

High Option and Consumer Driven Option members can access over 2,000 name-brand models and styles of hearing aids at significant savings through UnitedHealthcare Hearing. Choose virtual care with hearing aid home delivery or in-person care at more than 7,000 hearing providers nationwide. Plus, get in-person or virtual support for every stage or your hearing health journey.

APWU Health Plan clinical resources

Nurses are available to help you find providers, answer questions about benefits, assist with ongoing care and educate you about plan resources and programs, including:

- Cancer Support Program
- Maternity Support Program
- Kidney Resources
- Treatment decision support
- Personal Health Support
- Quit For Life® smoking cessation
- Transplant Resources Services Program
- Disease Management

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Cancer Support Program is a program, not insurance. Availability may vary on a location-by-location basis and is subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. Please check with your UnitedHealthcare representative.

The information provided under the Maternity Support Program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Program nurses cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor. Participants should consult an appropriate health care professional to determine what may be right for them. Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30% of the cost of self-only coverage of the lowest-cost plan, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel.

The Quit For Life® program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

Take care of yourself with health and wellness programs.

Available to all APWU Health Plan members.

One Pass Select™

One Pass Select is a fitness and well-being subscription-based network that provides access to over 16,000 gyms and studios. Members can use multiple locations during the same month and change locations at any time. Choose from five membership tiers, with the option to change tiers monthly.

The digital membership tier provides discounted access to thousands of on-demand and live-streaming exercise classes through fitness apps. Select tiers offer free access to convenient grocery and household item delivery services.

Maven

Maven provides free, 24/7 virtual support for pregnancy, postpartum and returning to work after parental leave. Take advantage of:

- **Unlimited video chat and messaging** with providers from 35+ specialties—including OB-GYNs, mental health providers and lactation specialists
- **Your own care advocate** who can help you navigate your benefits and understand your health bills
- **Personal referrals** to quality, in-person providers in your network
- **Trusted resources** such as on-demand classes, community forums and MD-approved articles



RALLY®

Rally® is a digital health experience that offers personalized recommendations to help you move more, eat better and feel great. It even rewards your progress with Rally Coins, which you can use to contribute to a charity.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

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 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.

Maven and Maven Wallet are products of Maven Clinic Co. Maven is an independent company contracted to provide family-building support including care advocacy, virtual coaching, and education. Maven does not provide medical care and is not intended to replace your in-person heath care providers. Use of the services is subject to terms of service and privacy policy. Maven® is a registered trademark of Maven Clinic Co. All rights reserved.

High Option

Visit your member website at **apwuhp.com** for the tools you need to manage your health plan benefits and get on the path to healthier living.

Member portal

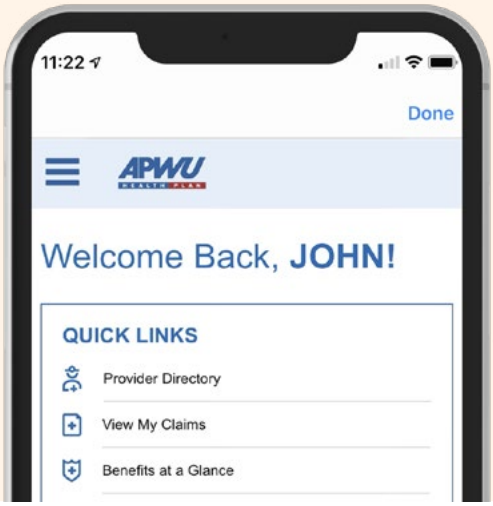
Your member portal at **myapwuhp.com** features resources to keep you healthy and tools to help you get the most from your plan. Log in to your portal to:

- Access deductibles, copays and maximums
- Check the provider network to find a doctor
- Print or request an ID card
- View or print claims and authorizations
- See benefit and eligibility information

Register for a free member account at **apwuhp.com.**

Mobile app

The **myapwuhp** member app helps you manage your health plan. See your claims, year-to-date information, prescriptions and more.



Download it at the **App Store®** or **Google Play™**.

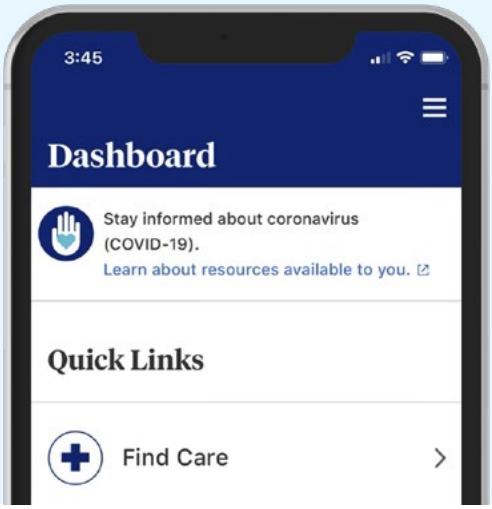
Consumer Driven Option

Access your Health Plan 24/7 with **myuhc.com.** After you're signed in, you'll have easy access to tools and resources that can help you understand your benefits and make informed decisions about your care:

- Find care and compare costs with the provider search and cost estimate tool
- Get estimates for treatments and procedures
- Price medications, explore lower cost options and order refills
- View claims and PCA balances
- Access 24/7 Virtual Visits

Mobile app

The **UnitedHealthcare app®** helps you find care, price medications, review and manage claims, view and share your digital Health Plan ID card and more—all from your mobile device.



All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

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.

See a doctor 24/7 without leaving home.

24/7 Virtual Visits let you connect with a doctor by phone or video.[1] Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications.[2]

24/7 Virtual Visits are good for:

- Allergies
- Bronchitis
- Colds
- Flu
- Migraines
- Pink eye
- Rashes
- Sinus infections
- Urinary tract infections
- And more

Save money with virtual care.

High Option members have a copay of just $10 for a Teladoc visit, while Consumer Driven Option members pay 15% of the Plan allowance through Amwell, Teladoc and Doctor on Demand, less than the cost of an in-person office visit.

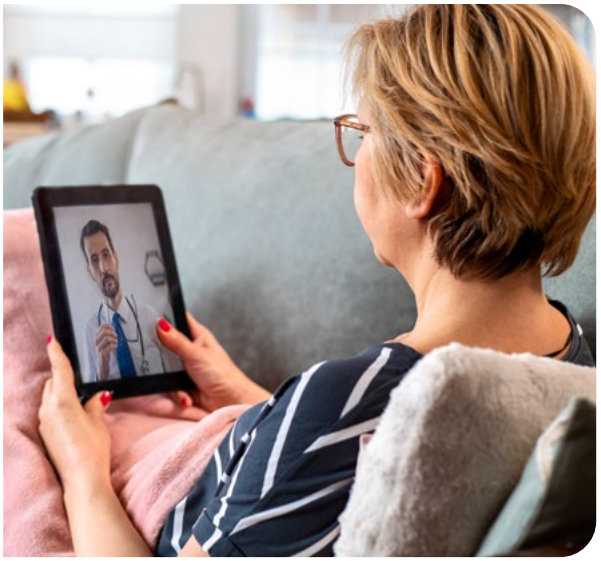
Call 911 immediately or go to the nearest emergency room if you believe you are experiencing a medical emergency.

Try virtual primary care.

Connect with a virtual primary care provider (PCP) and a team of healthcare professionals[1] without leaving home or work.[2] You can see the same virtual PCP for:

- Annual checkups, prescriptions and non-urgent care[3]
- Check-ups for ongoing conditions like asthma, diabetes and more
- Follow-up visits

The care team will guide you, when needed, to in-person care, such as labs, imaging, specialists and more.



[1] Data rates may apply.
[2] Virtual primary care is applied to primary care benefits—it is not applied to the 24/7 Virtual Visits benefit.
[3] Certain prescriptions may not be available, and other restrictions may apply.

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 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.

Virtual primary care are services available with a provider via video, chat, email, or audio-only where permitted under state law. Virtual primary care services are only available if the provider is licensed in the state that the member is located at the time of the appointment. Virtual primary care is 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. Certain prescriptions may not be available, and other restrictions may apply.

Enroll today.

Choose the option that works best for you.

USPS employees

- Call PostalEASE at **877-477-3273,** option 5
- Visit **liteblue.usps.gov**
- Make sure you have your Employee Identification Number and USPS PIN

USPS retirees

- Complete the FEHB Health Benefits Election Form (SF2809)
- Visit **apwuhp.com/enroll** to download the form
- Visit **opm.gov/forms/pdf_fill/sf2809.pdf** to download the form

Federal employees and retirees

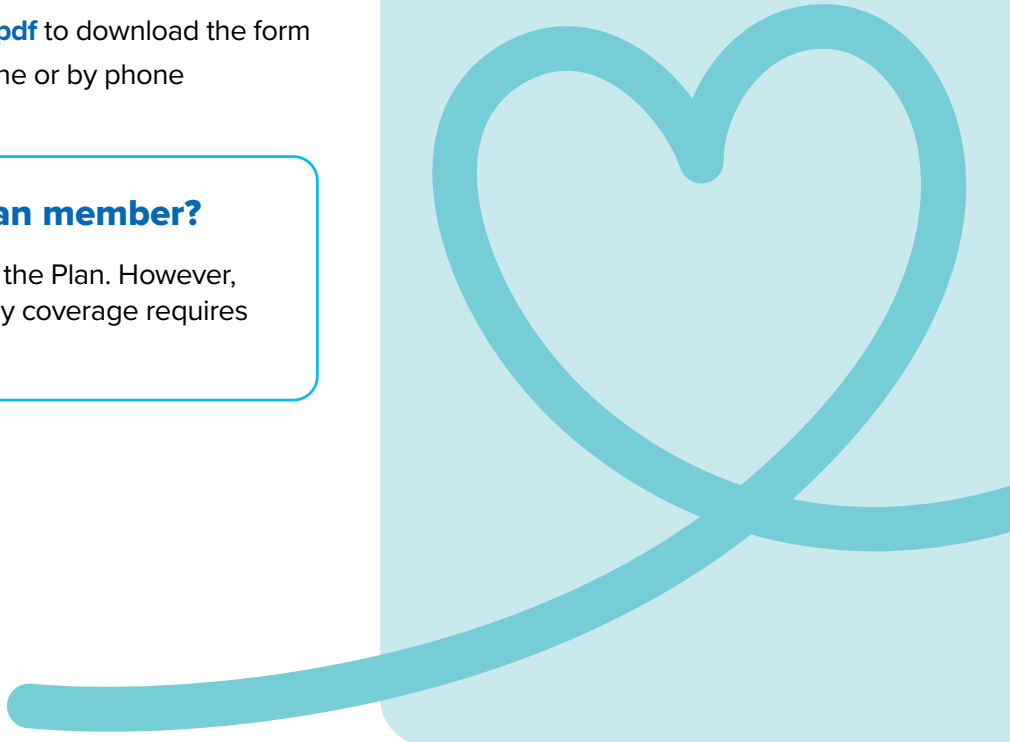
- Complete the FEHB Health Benefits Election Form (SF2809)
- Pick up the form in your employing office
- Visit **opm.gov/forms/pdf_fill/sf2809.pdf** to download the form
- Ask your agency if you can enroll online or by phone

Already an APWU Health Plan member?

You will automatically be re-enrolled in the Plan. However, moving to Self Plus One or Self & Family coverage requires you to change your enrollment.

It's the smartest $35 you'll ever spend.

You don't need to be a postal worker to enroll in an APWU Health Plan. As part of enrollment, you will become an associate member of the APWU and will be billed the $35 fee after enrolling.



Get more with APWU Health Plan.

Mark Dimondstein
APWU President

Sarah J. Rodriguez
APWU Health Plan Director

Stay connected to your plan.

Contact us for help.

High Option

800-PIC-APWU (Open Season)
800-222-2798
800-622-2511 (TTY)
apwuhp.com

Consumer Driven Option

800-718-1299
whyuhc.com/apwuhp

Retirees

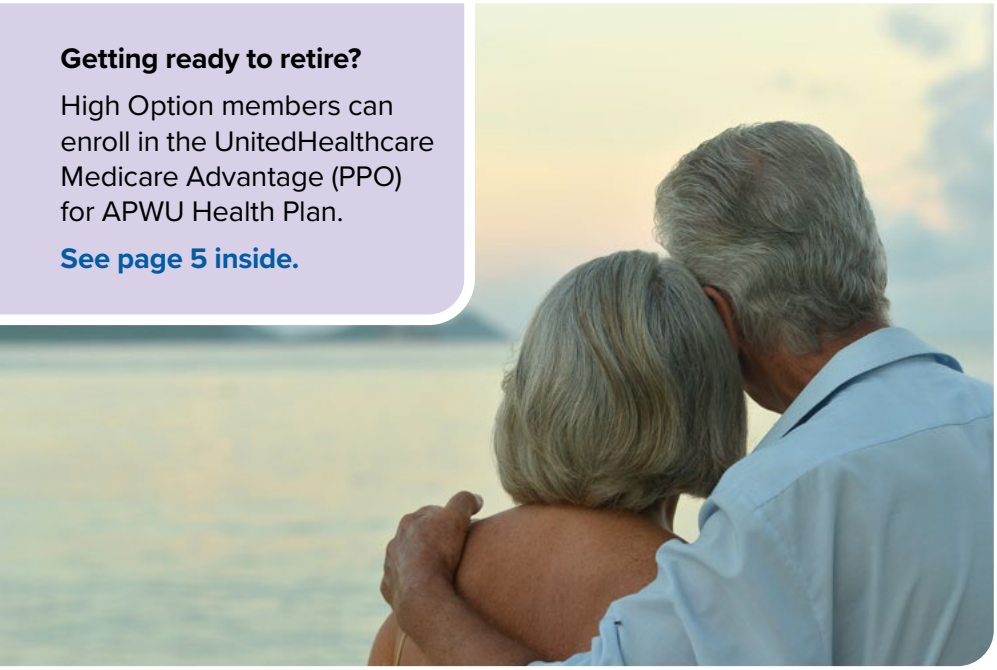
OPM Retirement
Information Center
888-767-6738
retire@opm.gov
opm.gov/retirement-services

799 Cromwell Park Drive
Suites K-Z
Glen Burnie, MD 21061

Getting ready to retire?

High Option members can enroll in the UnitedHealthcare Medicare Advantage (PPO) for APWU Health Plan.

See page 5 inside.



APWU HEALTH PLAN

Together. Better health.

This is a summary of benefits and features offered by the APWU Health Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Brochure (RI 71-004).

The APWU Health Plan's Notice of Privacy Practices describes how medical information about you may be used by the Health Plan, your rights concerning your health information, and how to exercise them and APWU Health Plan's responsibilities in protecting your health information. The Notice is posted on the Health Plan's website. If you need to obtain a copy of the Health Plan's Notice of Privacy Practices, you may either contact the Health Plan via email or through the website at **apwuhp.com** or by calling **800-222-2798.**

The information provided is for general informational purposes only and is not intended to be medical advice or a substitute for professional health care. You should consult an appropriate health care professional for your specific needs and to determine whether making a lifestyle change or decision based on this information is appropriate for you. Some treatments mentioned may not be covered by your health plan. Please refer to your benefit plan documents for information about coverage.

Health plan coverage provided by or through UnitedHealthcare Insurance Company, UHC of California and UnitedHealthcare Benefits Plan of California. Administrative services provided by United Healthcare Services, Inc., Optum Rx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC).

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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