# Marketing Plus

## Presented by Strategic Marketing & Communications

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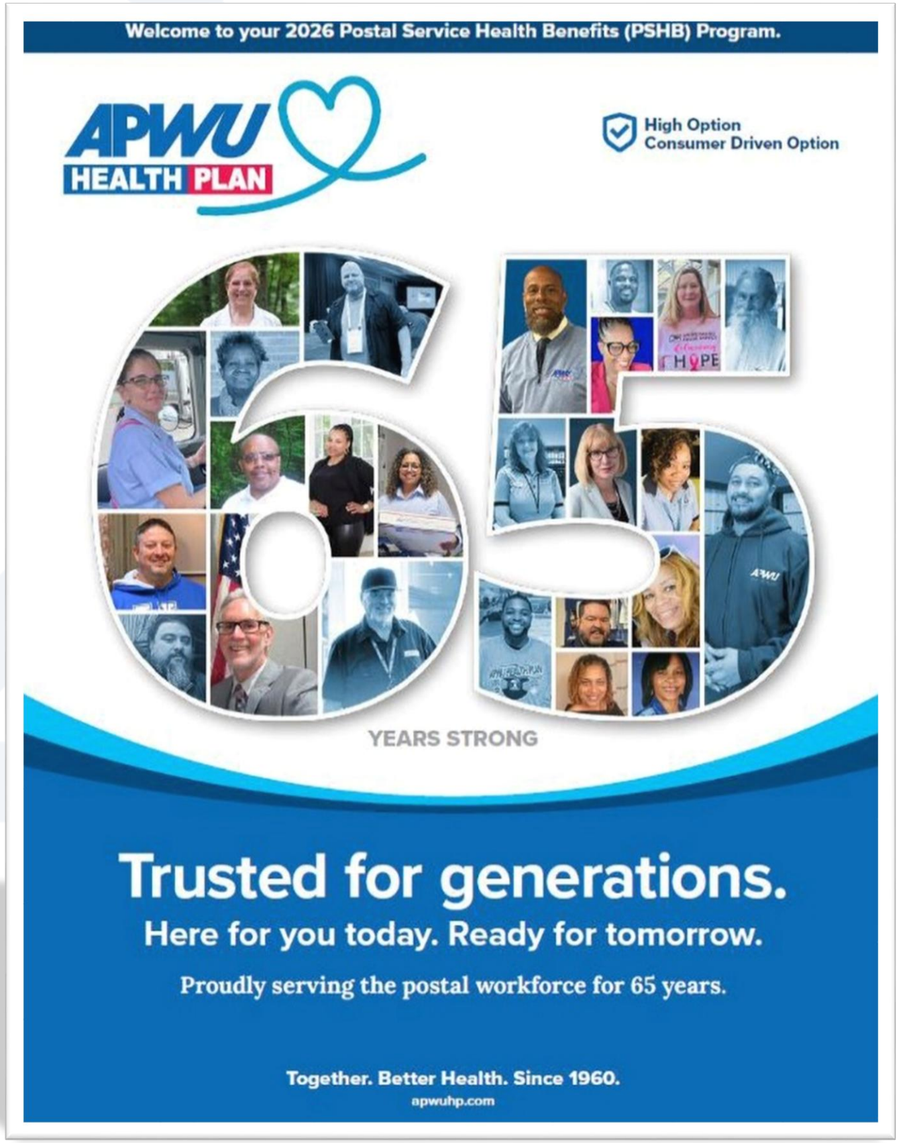
**Trusted for generations.**

**Here for you today. Ready for tomorrow.**

*Proudly serving the Postal workforce for 65 years.*

# Marketing Plus Agenda

- The APWU Health Plan
- The High Option and Consumer Driven Option 2025 Flyer:
  - The PSHB Program
  - Compare Your Plan Options
  - 2026 Premiums
  - How to Enroll
  - The High Option Plan
  - UnitedHealthcare Medicare Advantage Plan
  - The Consumer Driven Option Plan
  - Dental, Special Programs, Virtual Visits & Your Member Portal
- Member Referral Incentive Program (MRIP)
- Open Season Health Fairs/Cvent
- How to Set Up Your Booth
- How to Engage With Potential Members
- Leave Without Pay (LWOP)




**Flyer Page #**

You'll find the page we're on at the bottom left hand of the slide.

# The APWU Health Plan

- The Postal Service Health Benefit (PSHB) Program
- Open to Postal Employees and Retirees
- Over 1.8 Million Providers
- Coverage both In and Out-of-Network

Two Nationwide PPO Plans:

High Option and the Consumer Driven Option

Both plans use the UnitedHealthcare Network

# Your PSHB Program

## Thank you for being a loyal member. You'll be happy to know that your Health Plan has been putting members first for 65 years.

From the moment we introduced APWU Health Plan in 1960, we made it our mission to deliver comprehensive, affordable healthcare coverage with a personal touch. That hasn't changed. Today, serving members like you drives everything we do. We look forward to supporting your health journey in 2026 and beyond.


**1.8 million+**
Providers as of 2025

**5,600+**
Hospitals and care facilities

**14,000+**
Urgent/convenience care clinics

**6,400+**
Freestanding ambulatory surgery centers

# Compare your plan options

Page 3 is a comparison of our High Option and Consumer Driven Option plans.

## HIGH OPTION

### Low copays, low deductibles, and 100% coverage for many in-network services

- ✓ Preventive care and screenings
- ✓ Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- ✓ Maternity care and support
- ✓ Quit for Life® tobacco cessation program
- ✓ Visits to a registered dietician/nutritionist
- ✓ Maven maternity program
- ✓ Accidental injury outpatient services within 72 hours
- ✓ Generic oral diabetes medications

### What's new for 2026

- ★ Up to $200 for custom orthotics from any podiatrist
- ★ 100% coverage for male sterilization

### Your cost (in-network)

- $10 for a virtual visit ($0 for first 2 visits)
- $25 for office visits, including specialists
- $30 for urgent care
- $10 for retail non-specialty Tier 1 drugs

### Medicare Advantage

**For more details, see page 8.**

- $0 copays for covered services
- $100 monthly Part B premium subsidy
- $60 quarterly over-the-counter item allowance
- Vision eyewear allowance benefit

# Compare your plan options

Page 3 is a comparison of our High Option and Consumer Driven Option plans.

## CONSUMER DRIVEN OPTION

### A Personal Care Account (PCA), low costs, and 100% coverage for many in-network services

- ✓ Preventive care and screenings
- ✓ Maternity care and support
- ✓ Breast cancer screenings
- ✓ Quit for Life tobacco cessation program
- ✓ Maven maternity program

### What's new for 2026

- ★ Up to $200 for custom orthotics from any podiatrist
- ★ $25 wellness incentive for a colonoscopy or Cologuard
- ★ 100% in-network coverage for male sterilization, after deductible is met

### Your cost (in-network)

- No upfront deductible, coinsurance or copay until you exhaust your PCA
- Receive a discount on prescriptions when you use OptumRx® Home Delivery

### Health Plan-funded PCA

**For more details, see pages 12 – 13.**

Your own PCA helps pay for medical expenses. Each year, the Plan adds:

- $1,200 for Self coverage
- $2,400 for Self Plus One or Self & Family coverage

# 2026 Premiums

## HIGH OPTION

| Self | | Self Plus One | | Self & Family | |
|---|---|---|---|---|---|
| PSHB enrollment code 23A | | PSHB enrollment code 23C | | PSHB enrollment code 23B | |
| **Biweekly** | **Monthly/Retiree** | **Biweekly** | **Monthly/Retiree** | **Biweekly** | **Monthly/Retiree** |
| $107.15 | $232.16 | $216.18 | $468.38 | $275.94 | $597.87 |

## CONSUMER DRIVEN OPTION

**Monthly rates**

| Self | Self Plus One | Self & Family |
|---|---|---|
| PSHB enrollment code 23D | PSHB enrollment code 23F | PSHB enrollment code 23E |
| $197.39 | $429.01 | $468.02 |

★ **Special biweekly rates for career APWU bargaining unit employees enrolled in PSHB for more than one year** ★

| Self | | Self Plus One | | Self & Family | |
|---|---|---|---|---|---|
| PSHB enrollment code 23D | | PSHB enrollment code 23F | | PSHB enrollment code 23E | |
| **Less than 1 year & PSE** | **More than 1 year** | **Less than 1 year & PSE** | **More than 1 year** | **Less than 1 year & PSE** | **More than 1 year** |
| $91.10 | $18.22 | $198.00 | $39.60 | $216.01 | $43.20 |

APWU special rates - biweekly

# APWU Preferred Premium

- As part of the collective bargaining agreement
- 95% off
- USPS contributes most of the premium
- Contract discounted rates only apply to APWU Career Bargaining Unit Employees enrolled as the subscriber in a PSHB health plan for over a year
- Automatically switches to the lower rate (no paper work)

# Biweekly APWU Special Rates

## CONSUMER DRIVEN OPTION

**Monthly rates**

| Self | Self Plus One | Self & Family |
|---|---|---|
| PSHB enrollment code 23D | PSHB enrollment code 23F | PSHB enrollment code 23E |
| $197.39 | $429.01 | $468.02 |

★ **Special biweekly rates for career APWU bargaining unit employees enrolled in PSHB for more than one year** ★

| Self | | Self Plus One | | Self & Family | |
|---|---|---|---|---|---|
| PSHB enrollment code 23D | | PSHB enrollment code 23F | | PSHB enrollment code 23E | |
| Less than 1 year & PSE | ★★★★★ More than 1 year | Less than 1 year & PSE | ★★★★★ More than 1 year | Less than 1 year & PSE | ★★★★★ More than 1 year |
| $91.10 | $18.22 | $198.00 | $39.60 | $216.01 | $43.20 |

Biweekly special rates only apply to Career APWU Bargaining Unit Employees that have been in a PSHB Health Plan for over a year.

# Premiums: 2025 PSHB Brochure

| Type of Enrollment | Enrollment Code | Biweekly Gov't Share | Biweekly Your Share | Monthly Gov't Share | Monthly Your Share | Biweekly APWU Your Share |
|---|---|---|---|---|---|---|
| High Option Self Only | 23A | $304.64 | $107.15 | $660.05 | $232.16 | $107.15 |
| High Option Self Plus One | 23C | $648.53 | $216.18 | $1,405.16 | $468.38 | $216.18 |
| High Option Self and Family | 23B | $712.30 | $275.94 | $1,543.32 | $597.87 | $275.94 |
| CDHP Self Only | 23D | $273.32 | $91.10 | $592.19 | $197.39 | **$18.22** |
| CDHP Self Plus One | 23F | $594.02 | $198.00 | $1,287.03 | $429.01 | **$39.60** |
| CDHP Self and Family | 23E | $648.02 | $216.01 | $1,404.05 | $468.02 | **$43.20** |

# Premium Example Questions

**I’m a married postal employee, no children. I have the High Option. I retire in January. What will my premium be when I retire?**

1. Nothing will change, you’ll pay the same premium
2. Self Plus One Monthly ✓
3. Self Only Monthly
4. Self Plus One biweekly

# Premium Example Questions

**I have the High Option and will enroll in the Medicare Advantage benefits once I enroll in Medicare Part B. What will happen to my premium for the High Option?**

1. It will increase
2. It will decrease
3. Nothing will change, you'll pay the same premium ✓

# Premium Example Questions

**I am a PSE, I just started working in October. I will enroll during Open Season; what will my premium be?**

1. Regular CDO Rate
2. Not eligible to enroll in the CDO until October 2026 ✓
3. Special CDO Rate

# Premium Example Questions

**I am a PSE, I just started working last October (2024). I will enroll during Open Season; what will my premium be?**

1. Not eligible to enroll in the CDO until October 2026
2. Special CDO Rate
3. Regular CDO Rate ✓

# Premium Example Questions

**I just turned regular, I was a PSE and have had the CDO for three years. I want to stay on the CDO; what will my premium be?**

1. Special CDO Rate ✓
2. Regular CDO Rate
3. You have to enroll during Open Season

# Premium Example Questions

**I just turned regular, I was a PSE and stayed on my spouse's plan (non-Federal). This Open Season, I want to get the CDO family plan for us; what will my premium be?**

1. Special CDO Rate
2. Regular CDO Rate ✓
3. You are not eligible to enroll

# Premium Example Questions

**I will retire next year, in March. I am on the CDO Self Only plan. What will my premium be once I retire?**

1. Special CDO Rate (Monthly)
2. Regular CDO Rate (Monthly) ✓
3. You have to enroll in the High Option once you retire

# Premium Example Questions

**I am a letter carrier and NALC member. I am going to enroll in the CDO plan; what will my premium be?**

1. Special CDO Rate Biweekly
2. Regular CDO Rate Biweekly ✓
3. You are not eligible to enroll

# Premium Example Questions

**I am maintenance and have had BCBS for 30 years. I will enroll in the CDO this Open Season; what will my premium be?**

1. Special CDO Rate Biweekly ✓
2. Regular CDO Rate Biweekly
3. You are not eligible to enroll until next Open Season

# Premium Example Questions

**I just became a clerk in October. I was a letter carrier for 10 years. I have had NALC High Option for all 10 years. I will enroll in the CDO this Open Season; what will my premium be?**

1. Special CDO Rate Biweekly ✓
2. Regular CDO Rate Biweekly
3. You are not eligible to enroll until next Open Season

# Premium Example Questions

**I have been a MVS driver for 5 years. I'm not in the union. I have had BCBS for 2 years. I want to change to the CDO this Open Season; what will my premium be?**

1. Special CDO Rate Biweekly ✓
2. Regular CDO Rate Biweekly
3. You are not eligible to enroll in APWU Health Plan

# Enroll in your 2025 PSHB Health Plan today!

## Access the online system to compare options and select your plan.

USPS career employees, PSEs, and retirees can enroll in a 2026 PSHB health plan during Open Season, starting November 10, through December 8, 2025.

**The USPS pays up to 75% of the premiums for PSEs.** Enroll within 60 days of completing your 360-day initial appointment, or enroll during Open Season, after completing your 360-day initial appointment.

### Already a member of APWU Health Plan?

If you have APWU Health Plan and don't want to change for 2026, you'll automatically be re-enrolled and don't need to act.

You can enroll in a different PSHB plan during Open Season if you choose.

Scan to enroll as a career employee:

Scan to enroll as a PSE:

# Enroll in your 2025 PSHB Health Plan today!

## USPS retirees may need to enroll in Medicare.

If you retire and become eligible for Medicare, you and your Medicare-eligible family members will be required to enroll in Medicare Part B to be eligible for PSHB coverage, unless you're eligible for an exception.

Contact the helpline to find out if you qualify for an exception:

**PSHB Helpline**
844-451-1261
7 am – 8:45 pm ET
Monday – Friday

**Scan to enroll in Medicare Part B:**

## Non-bargaining unit employees and postal employees of other crafts

When you enroll in APWU Health Plan for the 2026 plan year, you will become an associate member of the American Postal Workers Union and be billed a $35 fee.

# Q&A

**Topics we discussed:**

- The APWU Health Plan
- Our two plans – High Option and Consumer Driven Option
- The UnitedHealthcare Network
- 2026 Premiums
- The special biweekly rate for APWU Career Bargaining Unit Employees
- How to enroll

# High Option: Cost Shares & Copays

| HIGH OPTION 2026 | | |
|---|---|---|
| **Calendar year deductible** | **In-network** | **Out-of-network** |
| Self | $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<br>$13,000 Self Plus One and Self & Family | $12,000 Self<br>$24,000 Self Plus One and Self & Family |

**Save money by staying in the network.**

If you receive out-of-network care, you're still covered. APWU Health Plan covers most out-of-network services at 60% of the Plan allowance, while the member pays 40%.

## Copays:

- Office Visit: $25
- Specialist Visit: $25
- Virtual Visit: $10 (1st two visits are free!)
- Urgent Care: $30

**Flyer Pages 6-7**

# Enhance your High Option coverage in retirement with Medicare Advantage.

## Reduce or eliminate the amount you pay for healthcare services.

Our UnitedHealthcare® Medicare Advantage (PPO) for APWU Health Plan offers:

- No copays or deductibles for covered medical services
- $0 annual medical out-of-pocket maximum[1]
- A $100 monthly Part B premium subsidy
- Prescription drug coverage (Medicare Part D)
- Eyewear allowance of $130 for glasses or $175 for contacts every 24 months
- $1,000 dental coverage
- $60 quarterly over-the-counter item allowance
- $1,500 hearing aid allowance
- $0 for routine podiatry, 6 visits per year
- Unlimited visits for acupuncture and chiropractic care
- Unlimited visits for physical, speech, and occupational therapy
- One plan with no need to coordinate primary and secondary payers

## How much does it cost?

**Enrolling in our Medicare Advantage plan costs nothing.** You'll receive all benefits at no additional cost.

Simply continue paying your High Option premium and your Medicare Part B premium, and pay nothing more.

Visit **retiree.uhc.com/apwuhp** for more details.

**See any doctor nationwide who accepts Medicare patients and the plan.**

# Medicare Advantage Pharmacy

Compare our plans to see how much you could save on your prescription drugs by enrolling in Medicare Advantage.

## Part D prescription drug benefits

| | High Option with Medicare Parts A & B | High Option with Medicare Advantage |
|---|---|---|
| **Retail** | **You pay** | **You pay** |
| Tier 1: Generic | $10 | $10 |
| Tier 2: Preferred brand | 25% up to max of $200 | $30 |
| Tier 3: Non-preferred brand | 45% up to max of $300 | $45 |
| Tier 4: Specialty | 25% up to max of $300 | $60 |
| **Mail order** | | |
| Tier 1: Generic | $20 | $20 |
| Tier 2: Preferred brand | 25% up to max of $300 | $60 |
| Tier 3: Non-preferred brand | 45% up to max of $500 | $90 |
| Tier 4: Specialty | 25% up to max of $150 | $120 |

Pharmacy benefits are based on the APWU Health Plan High Option with Express Scripts Part D prescription drugs and the Medicare Advantage plan, which comes with Part D prescription drugs through OptumRX.

**As a retiree, you are eligible to join if you're enrolled in:**

- APWU Health Plan High Option
- Medicare Parts A and B

**To enroll:**

Call **855-383-8793**
**711** (TTY)
8 am – 8 pm CT
Monday – Friday

# Medicare Advantage Programs

## Take advantage of special programs and added benefits — all at no extra cost.

**Free gym membership**
Plus, you have access to thousands of digital on-demand workout videos and live-streaming fitness classes through Renew Active®[1]

**UnitedHealthcare Healthy at Home**
Enjoy home-delivered meals, transportation to medical appointments, and in-home personal care for help with daily activities.

**UnitedHealthcare HouseCalls[2]**
Get an annual in-home preventive care visit.

**UnitedHealthcare Hearing[3]**
Receive a hearing exam and access custom-programmed hearing aids — available at 7,000 providers nationwide[4] or through home delivery.

# Consumer Driven Option: Cost Shares

## Self

$1,200 — APWU Health Plan PCA 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 PCA 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'll have to pay for covered care in one year. Once you reach this amount, including what you've paid toward your deductible, any money used from your PCA, and your copays and coinsurance for in-network care, the Health Plan will cover all costs for covered services for the rest of the year.

### PCA rollover

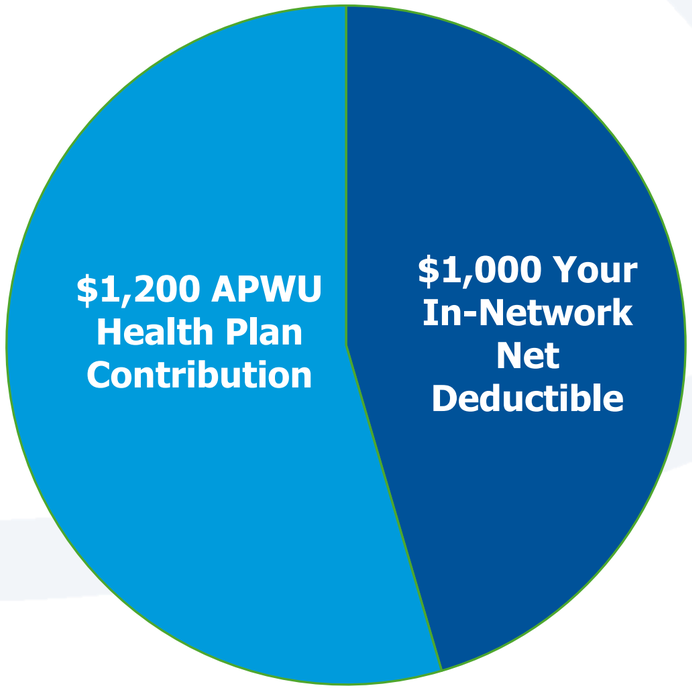
If you remain in this plan, any unused balance in your PCA at the end of the year may be rolled over to next year. The maximum balance allowed in your PCA in any year is $5,000 for Self and $10,000 for Self Plus One and Self & Family.

# Your Personal Care Account (PCA)

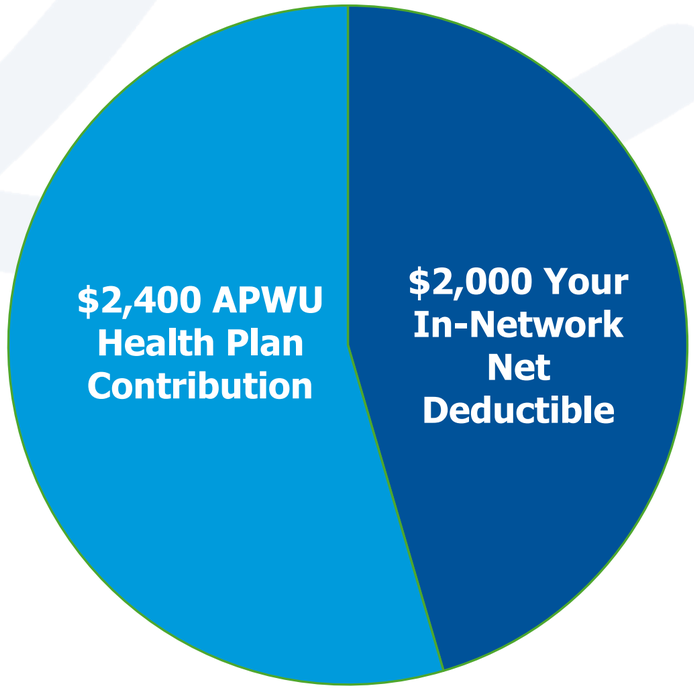
The Consumer Driven Option Plan provides a proactive alternative to conventional health plans. The Personal Care Account helps cover your healthcare expenses, lowering any deductible you may have to pay.

- Net-Deductible: $1,000/$2,000
- Coinsurance: 15%
- Catastrophic Limit: $6,500/$13,000

**Self Only $2,200 Plan Deductible**




**Self Plus One or Family $4,400 Plan Deductible**



# Your PCA covers 100% of all covered healthcare expenses

Use your PCA to cover in-network and out-of-network services. Care can be less expensive when you stay in the network because network providers discount their fees.

**Your PCA covers:**

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

## 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 a different pre-tax benefit account, you can turn off your PCA through your member portal.
- In some cases, you may have to pay the cost of the services upfront.
- Pharmacy claims will always be paid out of your PCA, as long as you have funds available.
- If you're enrolled in Medicare PDP, your prescription drugs will not automatically be paid out of your PCA. If you have funds in your PCA, you can submit a claim for reimbursement.

## Earn rewards when you take proactive steps to protect your health.

Receive a $25 wellness incentive added to your PCA for each family member who completes:

- An annual physical exam
- Mammogram
- Cervical cancer screening
- Colonoscopy or Cologuard

**New for 2026!**

**Flyer Pages 12-13**

# PCA – A glossary of terms

## A glossary of terms:

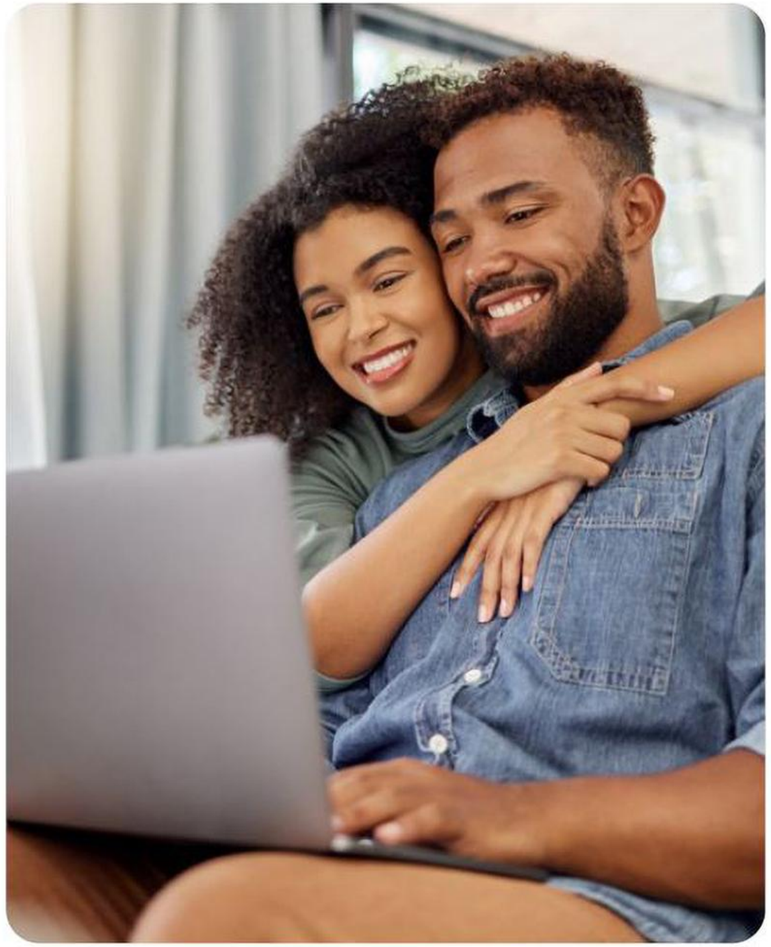
**Plan deductible:** The total amount of eligible medical expenses you must meet each year before traditional health coverage begins.

**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.**

**Medicare Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP):** A Medicare-approved drug plan offered through your employer that provides enhanced prescription coverage. See pages 14 – 15 for details.

**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.



# High Option: Pharmacy

| | In-Network (PPO) You Pay | Out-of-Network You Pay |
|---|---|---|
| **Retail prescription drugs<br>Non-specialty 30-day supply** | | |
| $10 for Tier 1 | | 50% |
| 25% for Tier 2, maximum $200 per Rx | | |
| 45% for Tier 3, maximum $300 per Rx | | |
| **Retail prescription drugs<br>Specialty 30-day supply** | | |
| 25% for Tier 4, maximum $300 per Rx | | 50% |
| 25% for Tier 5, maximum $600 per Rx | | |
| 45% for Tier 6, maximum $1,000 per Rx | | |

*Pharmacy benefits do not count toward your deductible.*

EXPRESS SCRIPTS®

High Option members use Express Scripts for their prescription needs.

# High Option: Diabetes Care

## Save on diabetes medications.

- $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
- $75 copay for a 90-day supply of certain insulin and non-insulin drugs

## Get connected to savings.

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

Scan to visit **Express Scripts**:

# Consumer Driven Option: Pharmacy

| Tier | In-Network<br>You Pay |
|---|---|
| **Network Retail** | |
| **Tier 1 / Tier 2** | 25%, min. $15 and max. per Rx of:<br>$200/30-day supply, $400/60-day supply and $600/90-day supply |
| **Tier 3** | 40%, min. $15 and max. per Rx of:<br>$300/30-day supply, $600/60-day supply and $900/90-day supply |
| **Network home delivery** | |
| **Tier 1 / Tier 2** | 25%, min. $10 and max. per Rx of:<br>$200/30-day supply, $400/60-day supply and $600/90-day supply |
| **Tier 3** | 40%, min. $10 and max. per Rx of:<br>$300/30-day supply, $600/60-day supply and $900/90-day supply |

OPTUMRx®

Receive a discount when you use OptumRx Home Delivery.

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

High Option and Consumer Driven Option

High Option and Consumer Driven Option

## Medicare PDP prescription drug coverage

If you're a Medicare-eligible Postal Service retiree or covered family member in the PSHB Program, your APWU Health Plan benefits will include prescription drug coverage through a Medicare Part D Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP).

Medicare PDP coverage includes:

- Low copays/coinsurance
- $2,100 annual prescription out-of-pocket maximum
- Convenient home delivery service
- PSHB-regulated benefits at no additional premium

**Flyer Pages 14-15**

# Q&A

## Topics we discussed:

- The High Option – coinsurance, cost shares and maximums
- High Option benefits at a glance
- Medicare Advantage
- The Consumer Driven Option – coinsurance, cost shares and maximums
- Consumer Driven Option PCA
- Consumer Driven Option benefits at a glance
- Medicare PDP (EGWP)

# Dental Benefits

## Protect your smile with flexible dental coverage options.

### HIGH OPTION

**Preventive dental benefits are part of your medical plan and have no deductible.**

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

### CONSUMER DRIVEN OPTION

**Access care through the Careington Dental Plan.**

Save 20% to 50% on most dental procedures at thousands of participating dental offices nationwide. Maximize your PCA dollars by using dentists in the network.

Visit **Careington Dental Plan** at **apwuhp.solutionssimplified.com**.

## Postal employees and retirees can also enroll in the APWU Health Plan Dental Insurance Plan.

**Available to APWU members, associate members, and eligible dependents.**
You can use any dentist you choose, and there is no deductible for preventive services, including exams, X-rays, and cleanings.

# The APWU Health Plan Dental Insurance Plan

- Postal employees and retirees who feel that they need extra dental coverage can enroll in APWU Health Plan Dental Insurance Plan
- You pay a separate premium
- You must be an APWU member or an APWU associate member
- Use any dentist you choose

**After the annual deductible is met, this plan pays:**

| Type I benefits | Type II benefits | Type III benefits | Type IV benefits |
|---|---|---|---|
| Preventive services:<br>• Exams<br>• X-rays<br>• Cleanings<br>• Sealants<br>100% of reasonable and customary charges | Basic services:<br>• Fillings<br>• Surgical extractions<br>80% of reasonable and customary charges | **Coverage begins after a 12-month waiting period**<br>Major services:<br>• Crowns<br>• Bridges<br>• Implants<br>• Oral surgery<br>• Dentures<br>• Periodontics<br>50% of reasonable and customary charges | Optional coverage:<br>• Orthodontic services<br>50% of reasonable and customary charges |

The APWU Health Plan Dental Insurance Plan is administered by Voluntary Benefits Plan

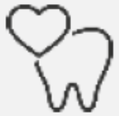
# Careington POS Dental Discount Network

APWU HEALTH PLAN

Careington POS Dental Discount Network offers access to **20% to 50% savings** on most dental procedures at thousands of participating dental offices nationwide.

| PROCEDURE DESCRIPTION | * REGULAR COST | ** PLAN COST | SAVINGS AMOUNT | SAVINGS PERCENT |
|---|---|---|---|---|
| Routine Checkup | $67 | $28 | $39 | 58% |
| Extensive Oral Exam | $118 | $47 | $71 | 60% |
| Four Bitewing X-Rays | $83 | $35 | $48 | 58% |
| Adult Cleaning | $118 | $56 | $62 | 53% |
| Child Cleaning | $82 | $40 | $42 | 51% |
| Composite (White) Filling (Front Teeth) | $198 | $86 | $112 | 57% |
| Crown (porcelain fused to noble metal) | $1,419 | $691 | $728 | 51% |
| Molar Root Canal | $1,418 | $669 | $749 | 53% |
| Complete Upper Denture | $2,104 | $918 | $1,186 | 56% |
| Extraction (single tooth) | $243 | $93 | $150 | 62% |

Transparent pricing with fee schedules sent to each member through fulfillment kits



Members save 20%-50% on most dental procedures

20% savings on cosmetic procedures

# Behavioral Health Solutions

To make quality, comprehensive mental healthcare accessible to everyone, APWU Health Plan partners with Behavioral Health Solutions (BHS). If you or a loved one are facing emotional struggles or substance use issues, you're not alone. BHS offers confidential help for:

- Anxiety and depression
- Family counseling
- Personal growth
- Life transitions
- Substance use and addiction

**Members pay 15% of the Plan allowance for many in-network outpatient and inpatient services.**

Our network features **449K+** behavioral health providers. Visit **apwuhp.com** to search the directory.

## Calm Health

Find a path to a happier, healthier you as you work toward goals like sleeping better, being more resilient, managing stress better, and being more mindful. The Calm Health app features many of the most popular features of Calm plus much more.

Available to Consumer Driven Option members and dependents at no additional cost.

# UnitedHealthcare Hearing

## 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. 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.

Visit **UHCHearing.com**.

# APWU Health Plan Special Programs

## Access APWU Health Plan special programs.

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:

- Disease Management
- Weight Management
- Maternity Support Program
- Cancer Support Program
- Kidney Resources
- Transplant Network

See Section 5(h) of the postal brochure for details.

# Health and Wellness Programs

## Optum Engage

Join a digital health experience that offers personalized recommendations to help you move more, eat better, and feel great — all while earning rewards every step of the way.

Visit **optumengage.com**.

## One Pass Select™

Access 16,000+ gyms and fitness studios available through five membership tiers, with the option to change tiers monthly.

- Use multiple locations during the same month and change locations at any time
- Digital memberships provide on-demand and live-streaming exercise classes through apps
- Select tiers offer free grocery and household item delivery

Visit **onepassselect.com**.

## MAVEN®

Enjoy free, 24/7 virtual support throughout your pregnancy and up until your child's first birthday:

- **Unlimited video chat and messaging** with OB-GYNs, mental health providers, lactation specialists, and others
- **Your own care advocate** to help you navigate benefits and understand health bills
- **Personal referrals** to quality, in-person network providers
- **Trusted resources** and on-demand classes, community forums, and MD-approved articles

Visit **mavenclinic.com**.

## Quit For Life®

Get on the path to enjoying life tobacco-free with $0 out-of-pocket costs. Benefits for those who are eligible include:

- Nicotine replacement therapy
- 24/7 access to tools and resources
- Support to build your personalized Quit Plan
- A mobile app with access to Text a Coach

Visit **quitnow.net**.

Available to all APWU Health Plan members.

**Flyer Page 20**

# Virtual Visits

## Both Plans cover virtual telehealth visits.

Virtual visits let you connect with a doctor by phone or video. Doctors can treat a wide range of health conditions — including many of the same conditions as an emergency room or urgent care — and may even prescribe medications.

### Virtual visits are good for:

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

### Save money with virtual care.

**As a High Option member, your first two Teladoc virtual visits are free.** After that, you have a copay of just $10 per visit.

**Consumer Driven Option members pay 15% of the Plan allowance** for a virtual visit, less than the cost of an in-person office visit.

# In-Network Preventive care

Preventive care and routine screenings are covered 100% when you stay in the network.

## 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.

## 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 100%.

## 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. Recommended screenings include:

- Cervical cancer screening starting at age 21
- Colorectal cancer screening starting at age 45
- Routine mammograms, including 3D mammograms, covered for members age 35 and older

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

# Member Website, Portal & App

Manage your benefits with digital tools.

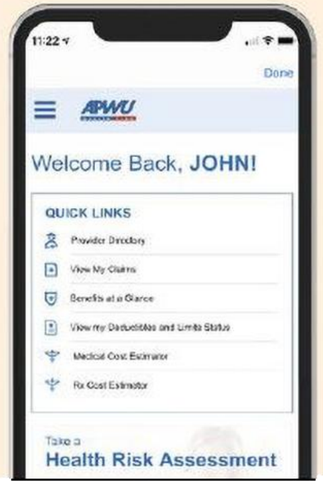
Download your member app at the **App Store®** or **Google Play™.**

## HIGH OPTION

Make the most of your health plan benefits with your **myapwuhp** member portal and mobile app:

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

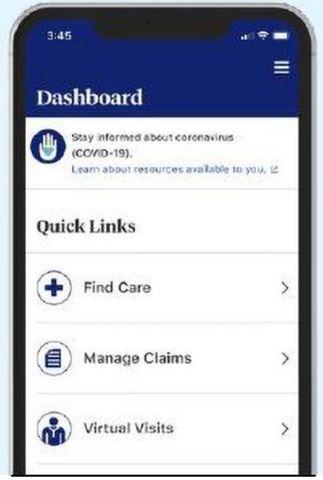
Register for a free member account at **apwuhp.com**.




## CONSUMER DRIVEN OPTION

Access your Health Plan 24/7 with **myuhc.com** or download the **UnitedHealthcare app®**:

- Search for providers and find care
- Compare costs and get estimates for treatments and procedures
- Price medications, explore lower cost options, and order refills
- View claims and PCA balances
- Access virtual visits



# Q&A

## Topics we discussed:

- Dental Benefits
- The APWU Health Plan Dental Insurance Plan (through Voluntary Benefits)
- The Careington Dental Network for Consumer Driven Option members
- Behavioral Health Solutions
- UnitedHealthcare Hearing
- APWU Health Plan special programs
- Virtual visits
- In-network preventive care
- Member website, Portal & App

# Member Referral Incentive Program (MRIP)


**GET REWARDED!**

# Member Referral Incentive Program (MRIP)

## MEMBER REFERRAL INCENTIVE PROGRAM (MRIP)

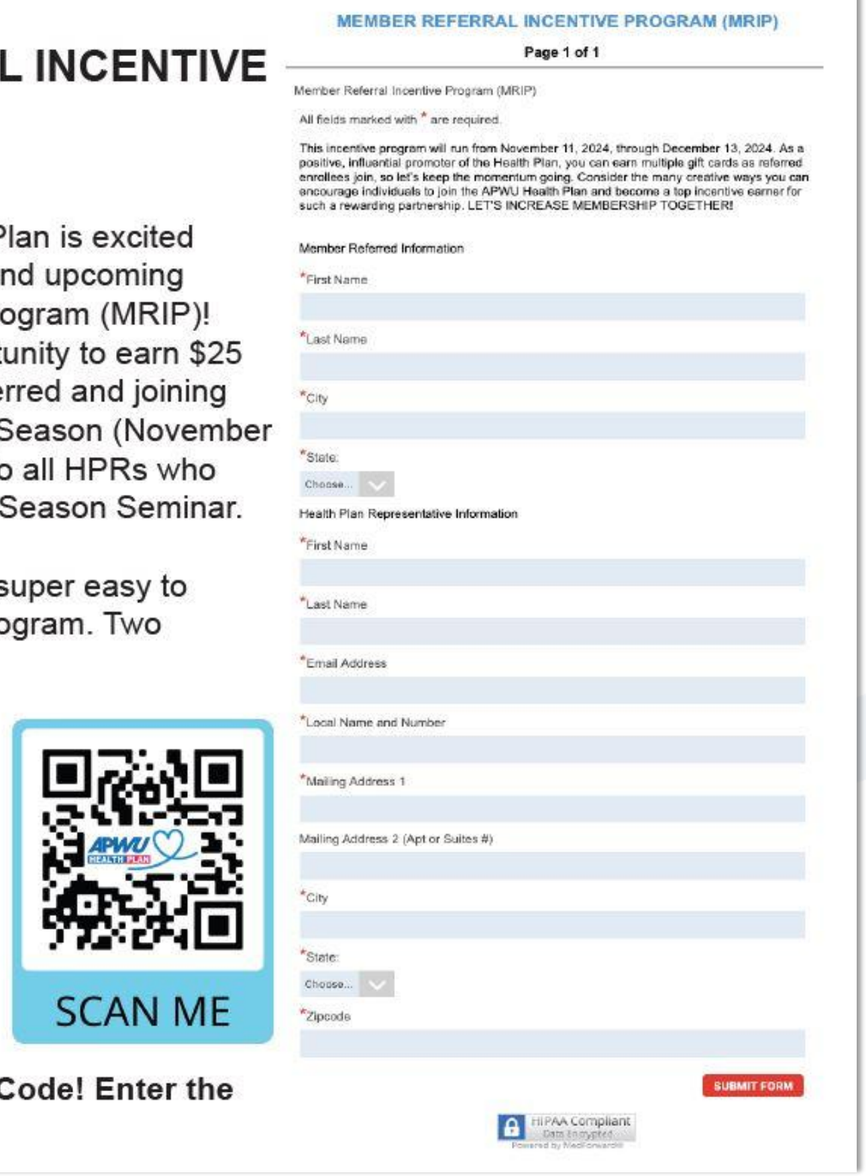
3rd Year! The APWU Health Plan is excited to announce our 3rd annual and upcoming Member Referral Incentive Program (MRIP)! This program offers an opportunity to earn $25 for EACH new subscriber referred and joining the Health Plan during Open Season (November 10 - December 8). It is open to all HPRs who attend the 40th Annual Open Season Seminar.

The Health Plan has made it super easy to participate in this incentive program. Two Requirements:

1. You attend the Open Season Seminar, and you are halfway there to earning your incentive!
2. Next, positively engage your coworkers and convince them to enroll!

SCAN ME

**Get your $25! Scan the QR Code! Enter the following information**



MEMBER REFERRAL INCENTIVE PROGRAM (MRIP)

Page 1 of 1

Member Referral Incentive Program (MRIP)

All fields marked with * are required.

This incentive program will run from November 11, 2024, through December 13, 2024. As a positive, influential promoter of the Health Plan, you can earn multiple gift cards as referred enrollees join, so let's keep the momentum going. Consider the many creative ways you can encourage individuals to join the APWU Health Plan and become a top incentive earner for such a rewarding partnership. LET'S INCREASE MEMBERSHIP TOGETHER!

Member Referred Information

*First Name

*Last Name

*City

*State:

Choose...

Health Plan Representative Information

*First Name

*Last Name

*Email Address

*Local Name and Number

*Mailing Address 1

Mailing Address 2 (Apt or Suites #)

*City

*State:

Choose...

*Zipcode

SUBMIT FORM

HIPAA Compliant
Data Encrypted
Powered by MedForward

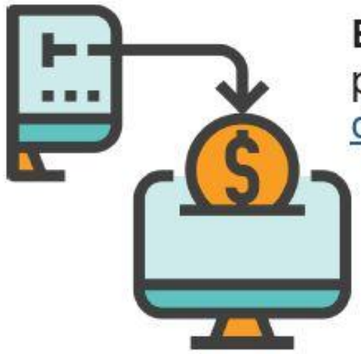
# Member Referral Incentive Program (MRIP)

## All referrals should be submitted by December 8, 2025.

**New This Year**: You will be paid by check or electronic funds transfer.


**W9**: ALL participating representatives must complete a W-9 form. Please complete and return the W-9 to payables@apwuhp.com. No action is needed if you have done so in previous years.


**Paper check**: If you want to receive a paper check, no action is required once the subscribers have been submitted and verified.




**Electronic Funds Transfer**: If you want to opt out of a paper check, please complete the ACH form and submit it to dtalbot@apwuhp.com.

# Agenda

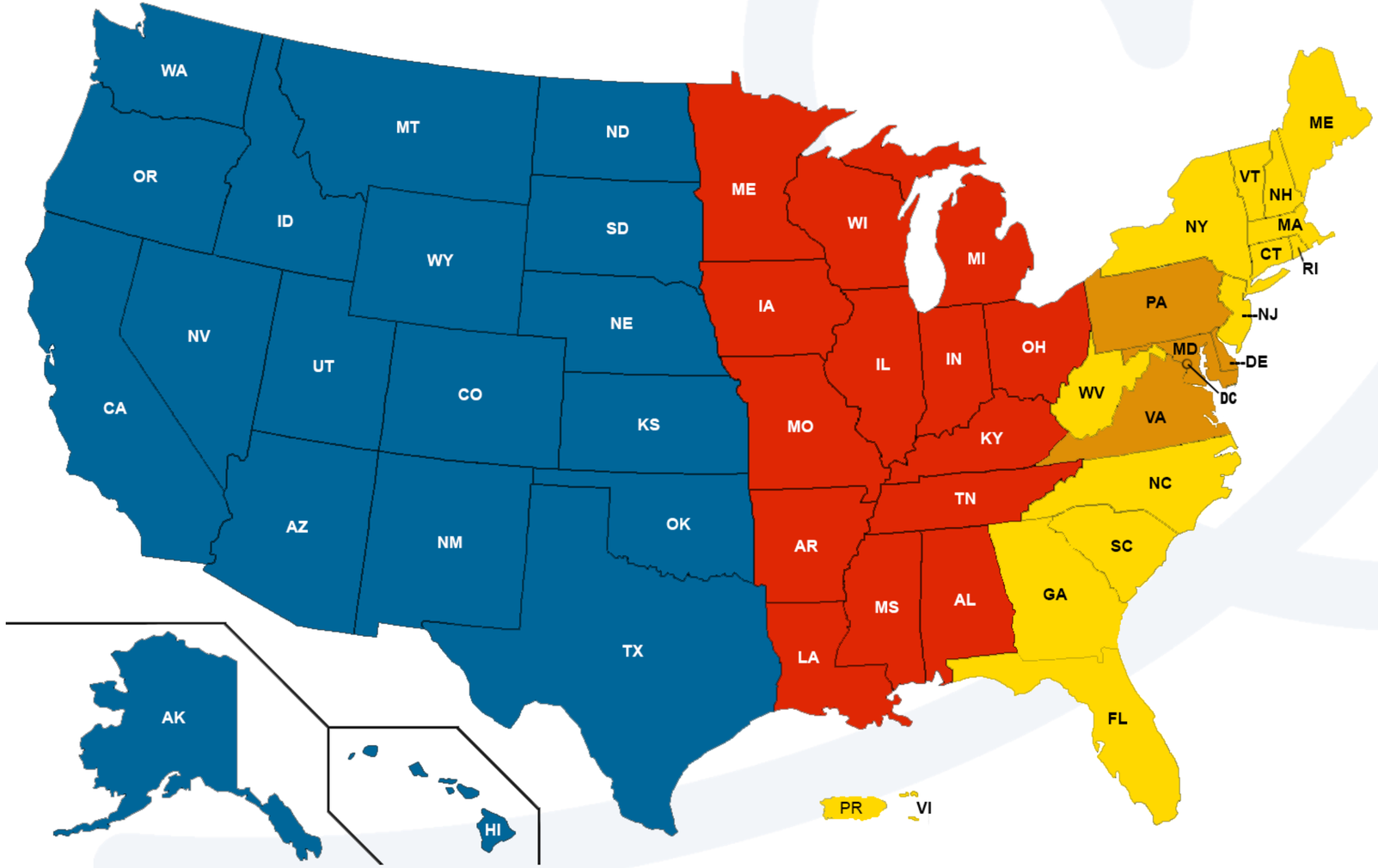
- Open Season
- Know your region
- Cvent: Selecting health fairs
- LWOP
- HPR resources
- HPR support/contacts

# Open Season

## November 10th – December 8th

- There are several ways you can participate in health fairs (Postal/Federal Health Fairs):
  - Cvent
  - Jasmine Parker will contact you by phone
  - Invitations from agencies sent to HPRs– email Jasmine Parker at jparker@apwuhp.com

# Health Fairs - Know your region!




## Western Region

WA, OR, CA, ID, MT, ND, SD, WY, NV, AZ, NM, TX, OK, KS, NE, CO, UT, AK, HI

## Central Region

MI, WI, MI, IA, IL, IB, OH, MO, KY, TN, AR, LA, MS, AL,

## Eastern Region

ME, VT, NH, MA, CT, NY, TI, NJ, WV, NC, SC, GA, FL, PR, VI

## Local Region

PA, DMD, DE, DC, VA

# Registration for your region:

**Central Region**


**Western Region**


**Eastern Region**


**Local Region**


**Scan your region's QR code to take you to Cvent**

# Cvent Registration:

- Event Hub
  - PSHB
  - FEHB
- Register every year
- Build your profile
  - Personal information
  - Registration type
- Select ‘Next’

# Cvent Registration:

## Building Your Profile


2025 Local Region Health Fairs

**January 1, 2025 – December 31, 2025**
6:00 PM-6:00 PM

Personal Information

Fill out the information below, then click Next to continue.

* First name
Jasmine

* Last name
Parker

* Email address
j.parker5204@gmail.com

Mobile
202-843-7087

Company
APWU Health Plan

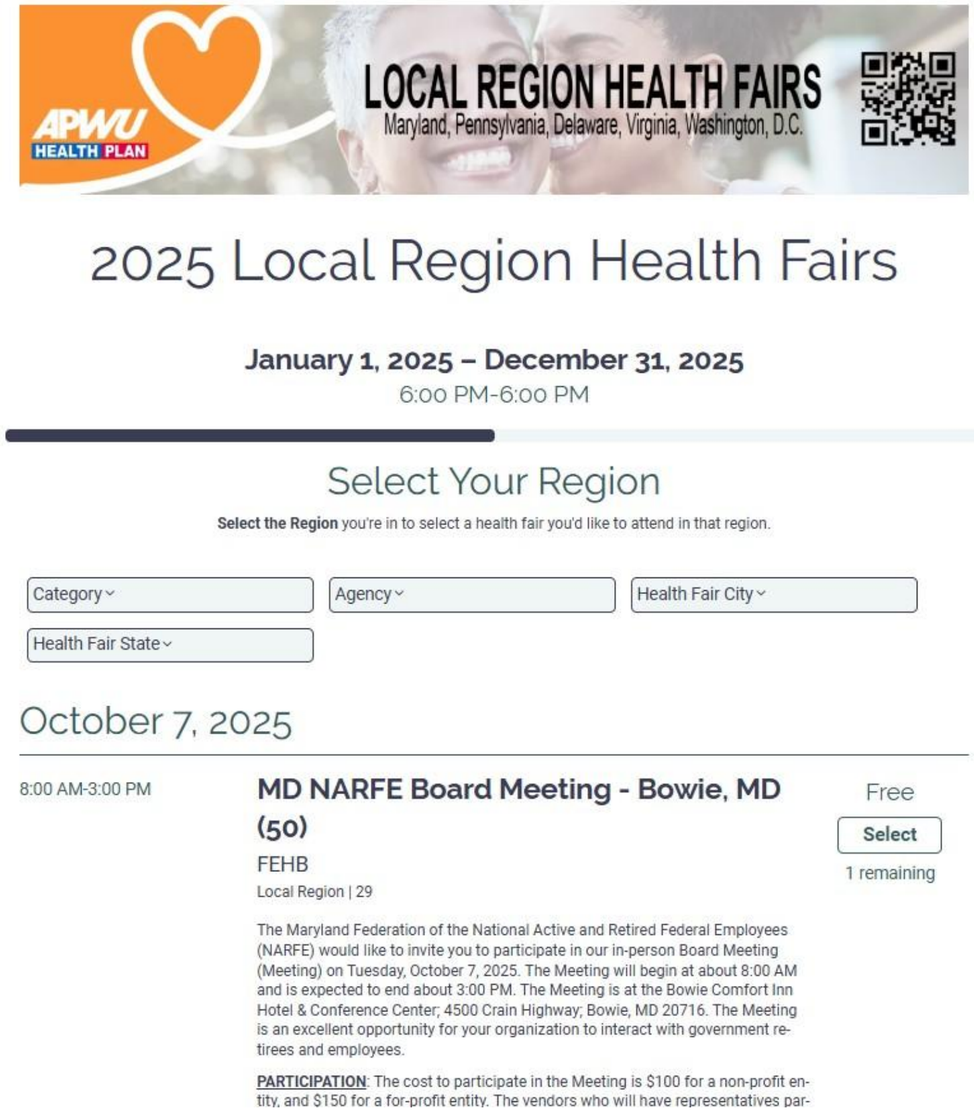
Title
Marketing Programs Coordinator I

Cancel | Next

## Personal Information:

- First and last name
- Email address
- Contact information
- Company (local name and number)
- Title
- Select ‘Next’

# Cvent Registration:
## Selecting Health Fairs




- Category, Agency, City, State
- Health fair information
  - Date/time of the event
  - HF #
  - POC information
  - Location
  - Security measures
  - # of attendees
  - Location
  - Security Measures
- Capacity
- Select ‘Next’

# Cvent Registration: Summary


## 2025 Local Region Health Fairs

**January 1, 2025 – December 31, 2025**
6:00 PM-6:00 PM

### Congratulations, you are now registered!

**Your Confirmation Number is:**

T9NRXJ6ZBYB

You will receive an email with your registration details.

**Add to Calendar**

### Registration Summary

Review your registration information below

**Jasmine Parker**
j.parker5204@gmail.com

Mobile
202-843-7087

Company
APWU Health Plan

Title
Marketing Programs Coordinator I

# Cvent Registration: Confirmation


## 2025 Local Region Health Fairs

**January 1, 2025 – December 31, 2025**
6:00 PM-6:00 PM

Congratulations, you are now registered!

**Your Confirmation Number is:**
T9NRXJ6ZBYB

You will receive an email with your registration details.

Add to Calendar

### Registration Summary

Review your registration information below

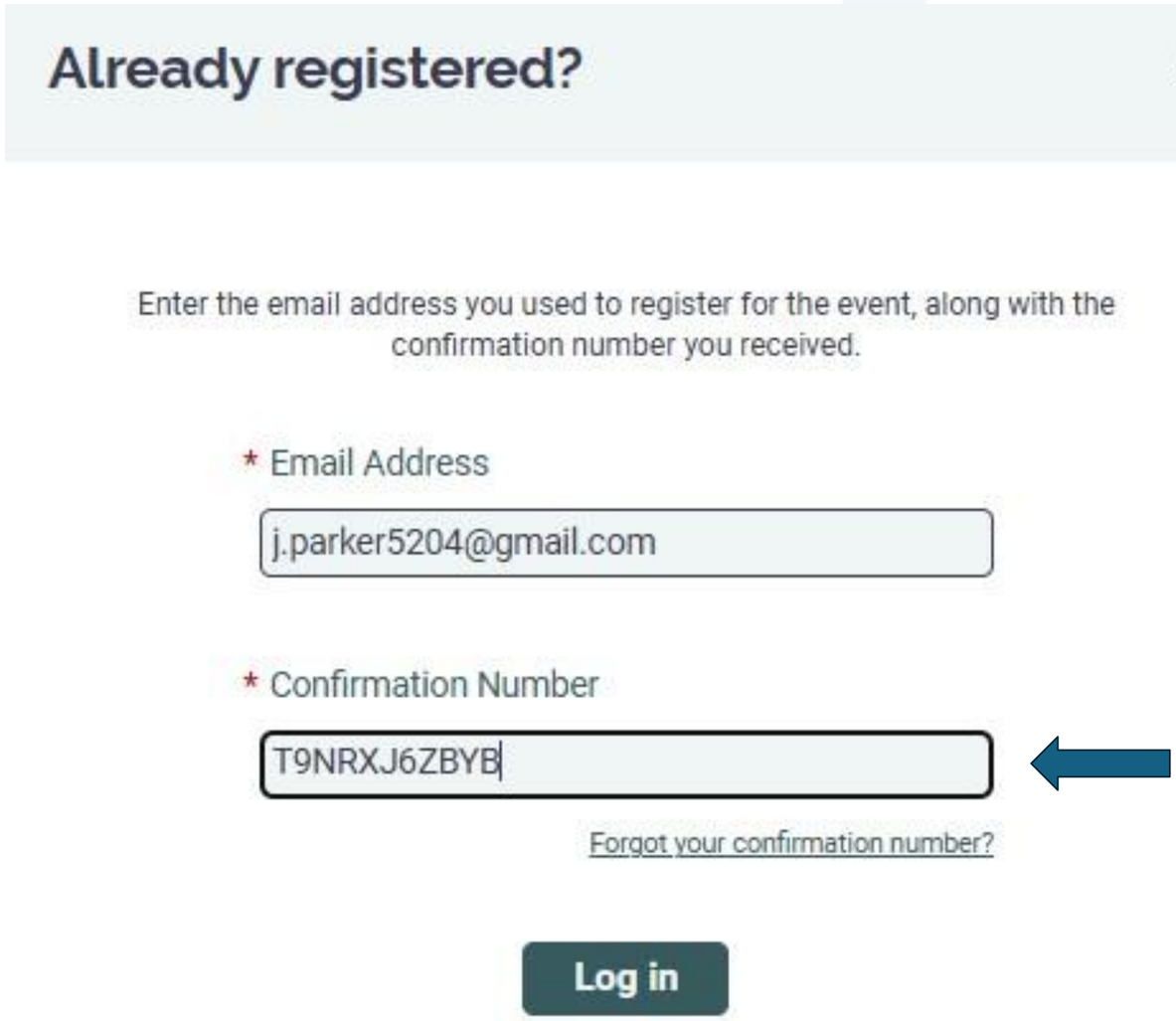
**Jasmine Parker**
j.parker5204@gmail.com

Mobile
202-843-7087

Company
APWU Health Plan

Title
Marketing Programs Coordinator I

# Modifying Your Agenda:
## Selecting/Deselecting Health Fairs




- Select 'Already Registered'
  - Email address
  - confirmation number
- Select 'log in'
- Personal information and registration type
  - Select 'next' until the health fair's page
- Register/unregister
- Scroll to bottom of page, select 'next'
- Complete Registration with modifications

# Selecting Health Fairs:

## Policies and Procedures

### Once your agenda has been created in Cvent:

- Contact the agency's POC and (cc) the Regional Coordinator, Jasmine Parker
- Shipment of materials: Materials will be requested for shipping upon confirmation. **(Please RSVP with agency as soon as possible - for shipping purposes).**
- Once confirmed with the agency's POC, security forms will be sent via email, if requested by the agency.
  - Complete and submit to agency ASAP, cc Jasmine Parker.
  - **The earlier you submit the forms the better. (Please read event details in full).**

# Selecting Health Fairs:
## Policies and Procedures

- Verifying material shipment
  - Contact agency 7 days prior of your health fair to confirm if materials have arrived.
  - If arrival of the materials cannot be confirmed, please contact your Regional Coordinator to verify tracking information.
- Setting up at the health fair
- Once the Health Fair is over, please fill out LWOP and APWU Health Plan Debriefing Form.
  - Email it to Regional Coordinator for processing.

# How to Set Up a Health Fair Table

# Potential Scenarios – Example #1

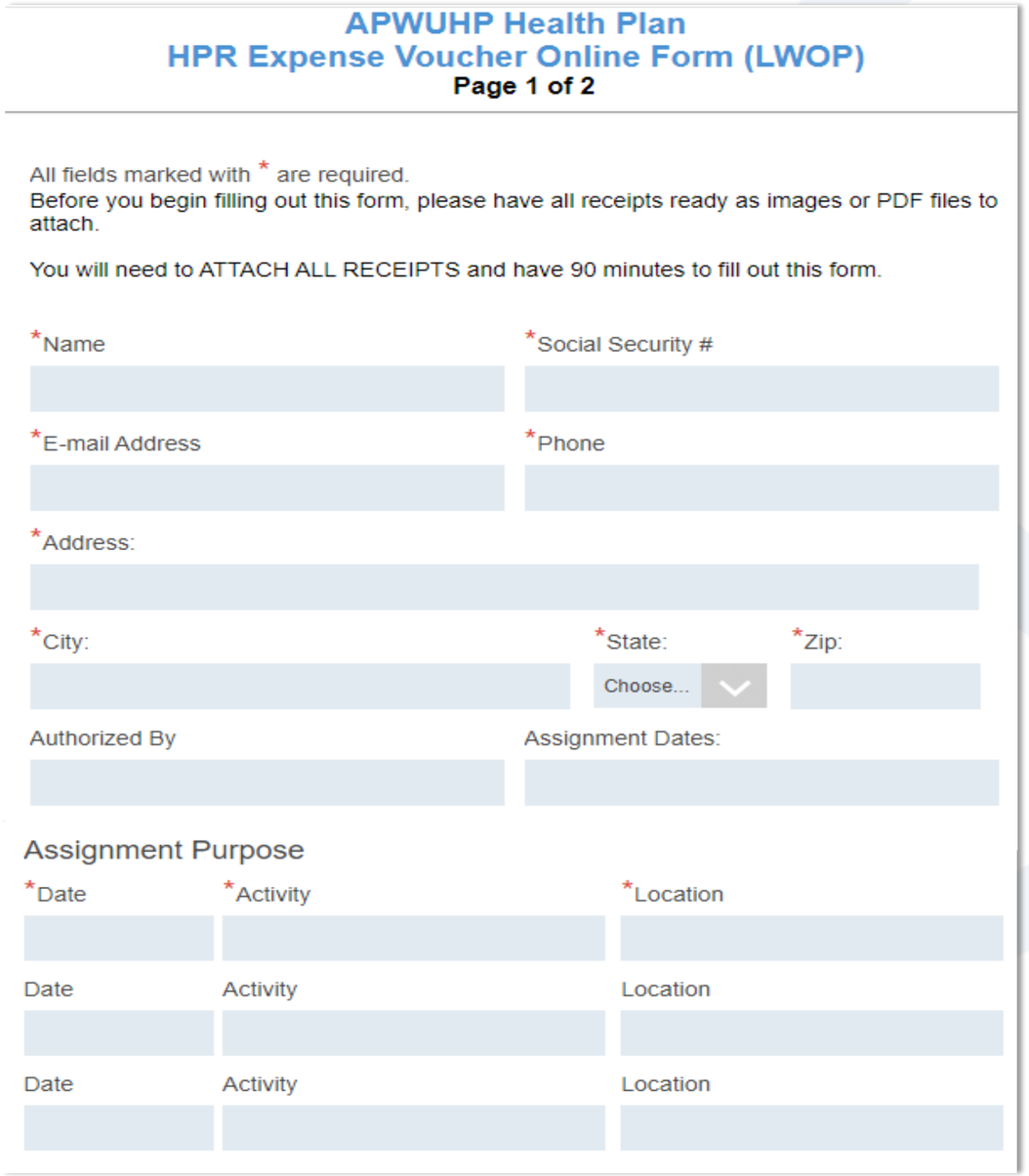
# Potential Scenarios – Example #2

# Potential Scenarios – Example #3

# Leave Without Pay (LWOP) Program

- Reimbursement
  - After the completion of an assignment for Open Season, complete an Expense Voucher LWOP form.
- Local Reimbursement
  - Submit itemized invoice to HP
  - Will reimburse the local in full for lost time and wages.

# HPR Expense Voucher (LWOP) Online Form



APWUHP Health Plan
HPR Expense Voucher Online Form (LWOP)
Page 1 of 2

All fields marked with * are required.
Before you begin filling out this form, please have all receipts ready as images or PDF files to attach.

You will need to ATTACH ALL RECEIPTS and have 90 minutes to fill out this form.

*Name
*Social Security #
*E-mail Address
*Phone
*Address:
*City:
*State:
Choose...
*Zip:
Authorized By
Assignment Dates:

Assignment Purpose

*Date
*Activity
*Location
Date
Activity
Location
Date
Activity
Location

- How to submit:
  - Electronic: MedForward *(can be found on HPR webpage)*
  - Email: jparker@apwuhp.com
  - USPS Carrier
- Sections:
  - Personal Info
  - Assignment Purpose
  - Expense Detail
  - Transportation
  - Miscellaneous Expenses
  - Health Fair Assignment
- **HPR Retiree Hourly Rate: $22.00**

# Meal Expense Reimbursement

- Staffers will be reimbursed **75% of the meal and incidental rate for the state/county in which the event takes place**.
- To qualify for this reimbursement, the event(s) scheduled must have a time span of 6 hours or more.
  - Example: You must have a scheduled health fair equaling up to 6+ hours, and/or multiple health fairs equaling up to 6 hours, or more, for that day. *(See www.GSA.gov for the meal and incidental total breakdown)*

**NOTE:** This is subject to change based on your city and state.

The M&IE total and breakdown table lists the full daily amount federal employees receive for a single calendar day of travel when that day is neither the first nor last day of travel.

# Transportation and Miscellaneous Reimbursement

- 2025-2026 IRS mileage rate: **$.70** per mile
  - APWU Health Plan will reimburse the going IRS rate per mile for actual mileage driven *(reimbursement will not exceed the total airfare cost).*
- Full reimbursement is allowed for all reasonable transportation expenses incurred as a result of your assignment.
- Make sure the starting location and assignment destination on the “From/To” lines are complete.

# 3971, W9 and 1099 Forms

## 3971

- Completed form will need to be approved and signed by a Supervisor
- Must be submitted with Expense Voucher

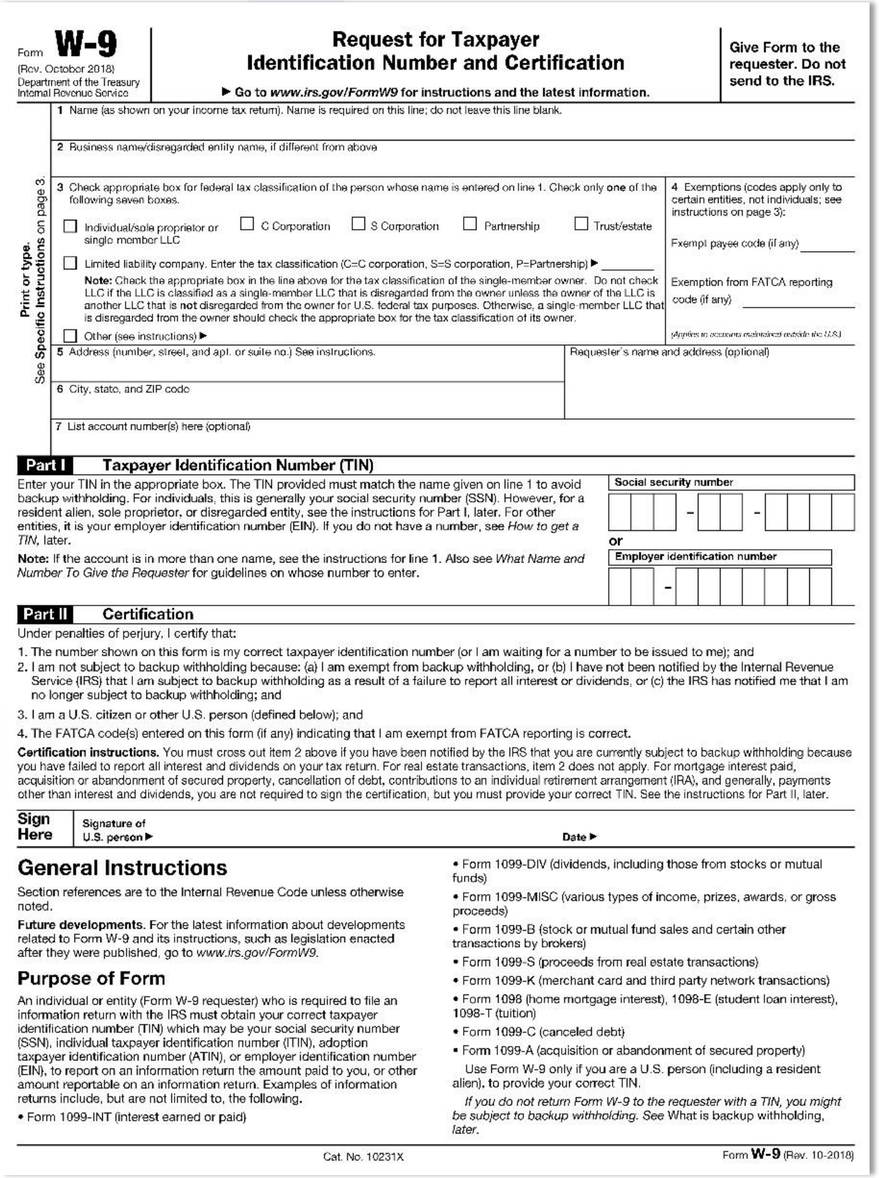
**NOTE:** Please email Jasmine Parker if you are not scheduled to work on the day of the health fair. You will not need to submit a 3971(for auditing purposes).

## 1099

- If total expenses exceed $600 or more, in a calendar year, HPRs will be mailed a 1099 Form.

## W9

- If you are participating in Open Season Health Fairs, you will need to submit a w9 to Finance, dtalbot@apwuhp.com before compensation.



Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

**Give Form to the requester. Do not send to the IRS.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number** ___ - ___ - ____

**or**

**Employer identification number** __ - _____

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶ **Date** ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

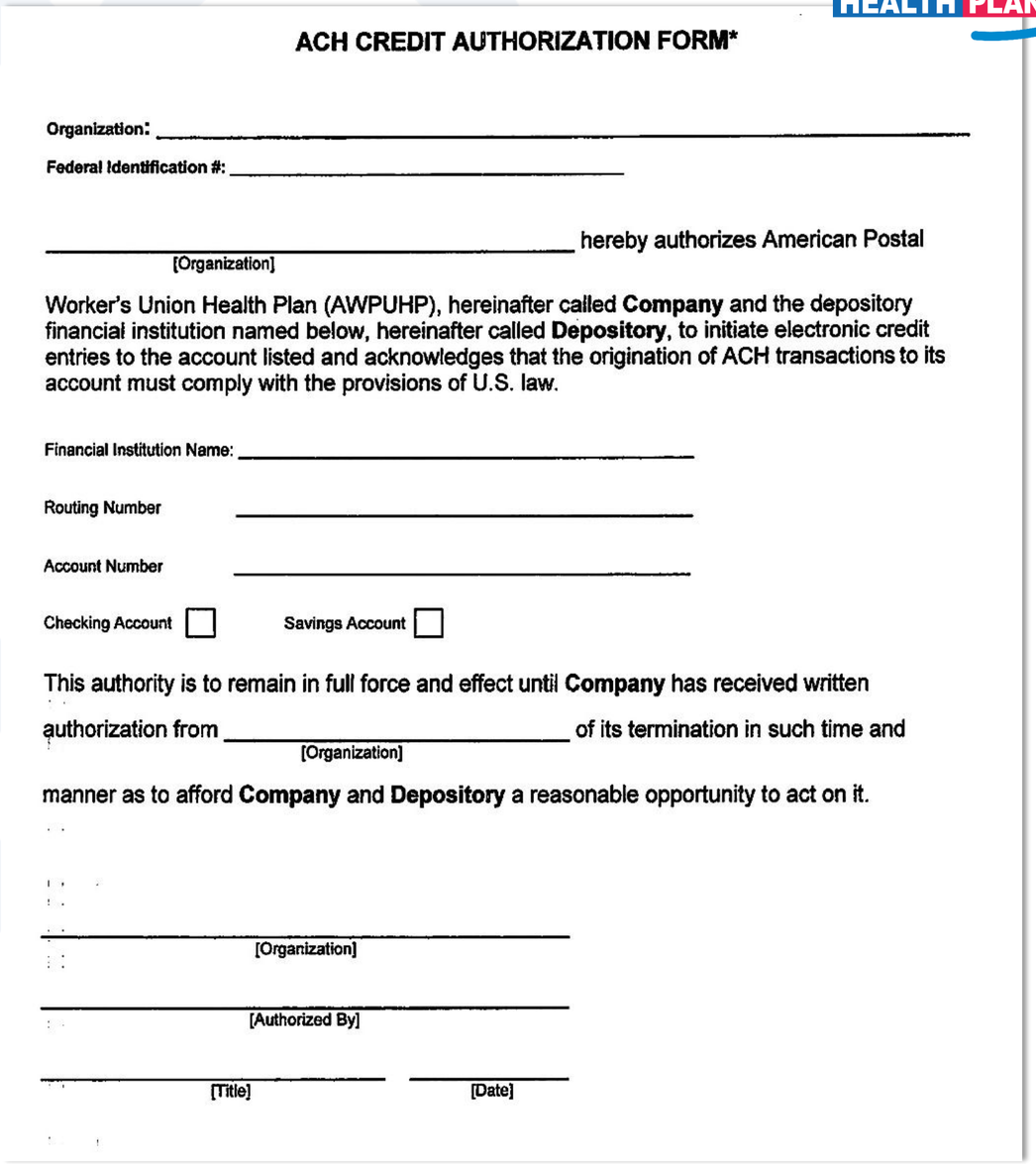
# Direct Deposit

- If you would like payment made to you through Electronic Funds Transfer (EFT):
  - Complete the ACH Form found on our HPR page at www.apwuhp.com

**NOTE:** If you are already set-up with Direct Deposit and your banking info has changed, please re-submit the ACH form to Finance, dtalbot@apwuhp.com and cc Regional Coordinator.

# Direct Deposit

- ACH Credit Authorization Form for Direct Deposit
- www.apwuhp.com
  - HPR page
  - Username: togetherbetterhealth
  - Password: APWU60HP
  - Email to: dtalbot@apwuhp.com



**ACH CREDIT AUTHORIZATION FORM***

**Organization:** _____

**Federal Identification #:** _____

_____ hereby authorizes American Postal
[Organization]

Worker's Union Health Plan (AWPUHP), hereinafter called **Company** and the depository financial institution named below, hereinafter called **Depository**, to initiate electronic credit entries to the account listed and acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

**Financial Institution Name:** _____

**Routing Number** _____

**Account Number** _____

**Checking Account** ☐ **Savings Account** ☐

This authority is to remain in full force and effect until **Company** has received written authorization from _____ of its termination in such time and
[Organization]

manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

_____
[Organization]

_____
[Authorized By]

_____ _____
[Title] [Date]

# APWU Health Plan's Virtual Open Season Webinars

## TUESDAYS:

**November 4**
12pm – 2pm EST
Register at:
https://register.gotowebinar.com/register/3002822779811655518

**November 18**
12pm – 2pm EST
Register at:
https://register.gotowebinar.com/register/3931605540561635413

**December 2**
12pm – 2pm EST
Register at:
https://register.gotowebinar.com/register/5545238909881031253

# APWU Health Plan Support:
## Contact Information

- **Regional Coordinator**

  **Jasmine Parker**

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**Customer Service:** 1-800-222-APWU (2798)
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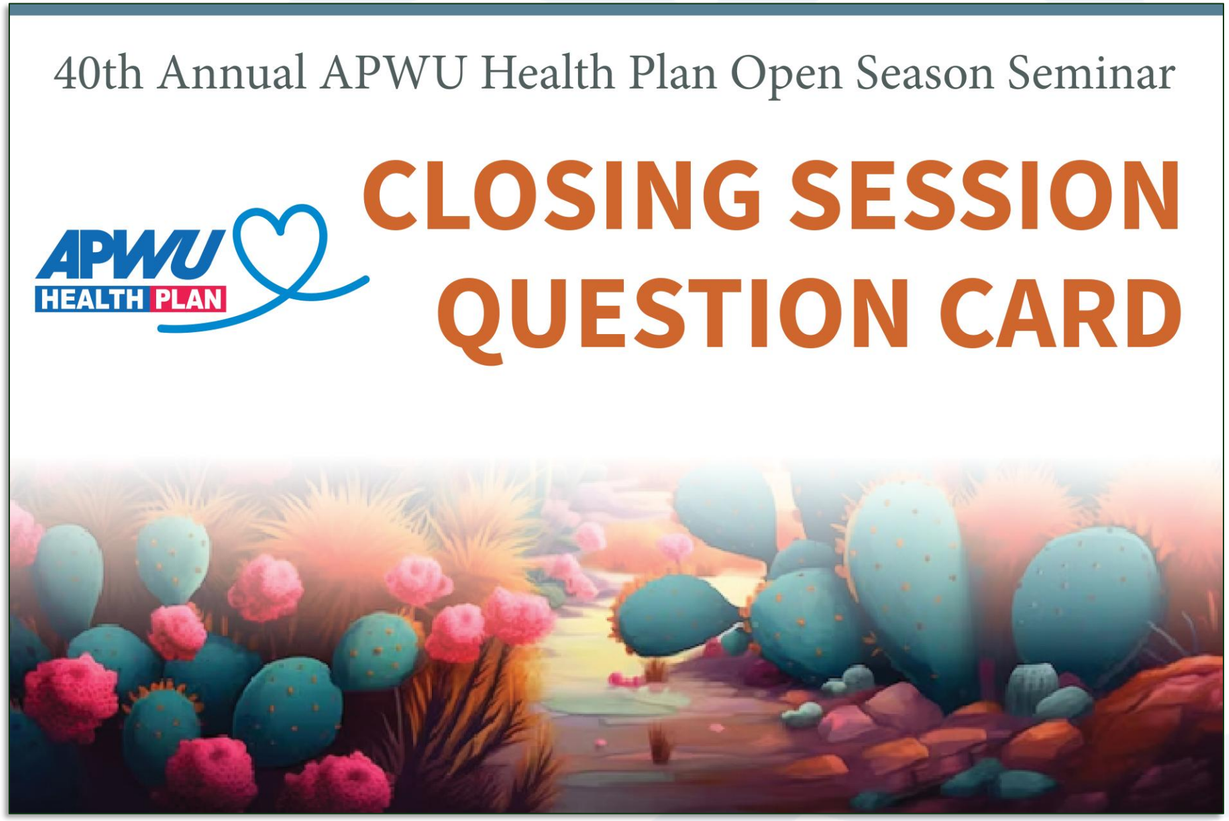
# Q&A

## Topics we discussed:

- Member Referral Incentive Program (MRIP)
- Cvent Registration
- Health Fairs
- Booth Set Up Demo & Scenarios
- LWOP
- Direct Deposit
- Virtual Open Season Sessions

Questions?




Please write any questions on a Closing Question Card and place in our collection box, located at the Ask the Health Plan booth.

You will receive an email following our Seminar with a link to fill out your class evaluations online.