40th Annual Open Season Seminar

Retirees

Moderated by

Shannon Vennard, Manager

Utilization Management Department, APWU Health Plan

Presented by

UnitedHealthcare and Express Scripts

Agenda - Retirees

- **Part I**
  - UnitedHealthcare – Medicare Part A thru D
  - UnitedHealthcare – High Option Medicare Advantage Plan
  - Q & A
- **Part II**
  - Express Scripts – Prescription Drug Plan (PDP)
  - Express Scripts – Medicare PDP
  - Q & A
- **Part III**
  - UnitedHealthcare – PDP
  - UnitedHealthcare – Consumer Driven Option Medicare Rx PDP
  - Q & A

Part I

- UnitedHealthcare – Medicare Part A thru D
- UnitedHealthcare – High Option Medicare Advantage Plan
- Q & A

Time to get what you've earned

+ more reasons to choose our plan

UnitedHealthcare Medicare Advantage plan
for APWU Health Plan

United Healthcare® Group Medicare Advantage | APWU HEALTH PLAN

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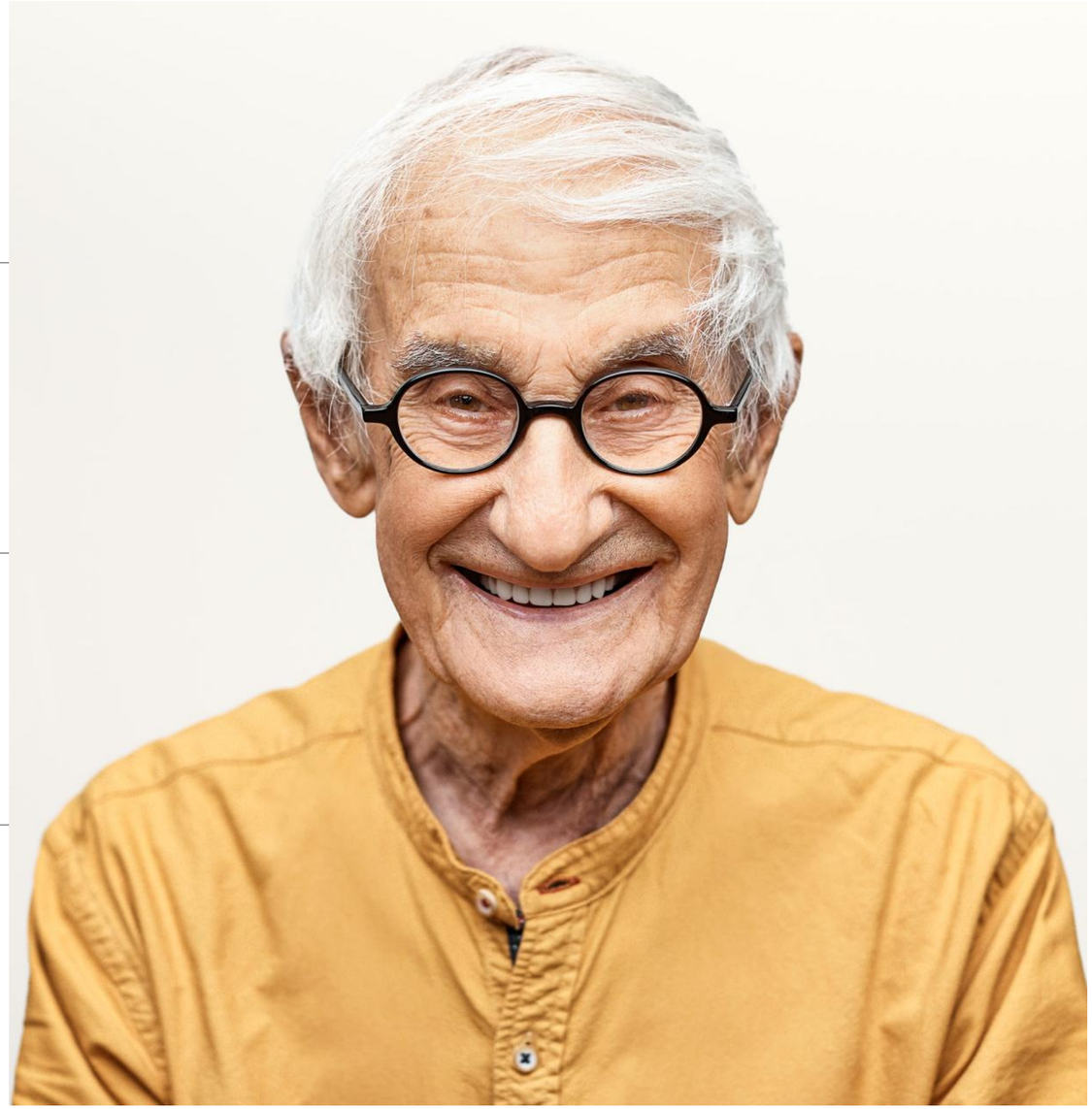
1 Medicare basics

2 Plan benefits, programs and features

3 How to enroll

4 What to expect next



Medicare basics

The ABC's of Medicare

Medicare **Part A** covers inpatient hospital care, skilled nursing facility, home health care, etc.

Medicare **Part B** covers doctor visits, outpatient care, labs, etc.

Medicare **Part C** is Medicare Advantage, offered by private health insurance companies. Part C plans are required to provide all the benefits offered by Medicare Parts A and B, and many of them also include Part D prescription drug coverage.

Medicare **Part D** is prescription drug coverage offered by private health insurance companies.

When are you eligible for Medicare?

You're 65 years old

OR

You qualify on the basis of disability or other special situation

AND

You're a U.S. citizen or a legal resident who has lived in the United States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status

Postal Reform

Postal Service Health Benefits (PSHB) is the benefits program for **postal employees and retirees**

In most cases, **postal retirees are required to take Medicare Part B** if retiring after 1/1/2025

Medicare eligible retirees **must be enrolled in Part D** for prescriptions

- Postal retirees must utilize Part D for Rx coverage or choose to opt out of pharmacy benefits through the PSHB program until the next open season
- There is no additional premium for Part D
- MAPD satisfies Part D requirement

PDPs must be as good or better than commercial Rx coverage on a drug-by-drug basis (down to the drug tier level)

No mixing of medical and part D plans
Example: APWU High Option medical → APWU High Option PDP

Medicare Advantage and Part D Prescription Plans

Eligibility Requirements

Medicare Advantage Plans

- Medicare Part A

  AND

- Medicare Part B

- Retired

- Enrolled in a qualifying PSHB plan

Part D Prescription Drug Plans

- Medicare Part A **only**

  OR

- Medicare Part A **and** Medicare Part B

- Retired

- Enrolled in a qualifying PSHB plan

Understanding your Medicare choices

Step **1**

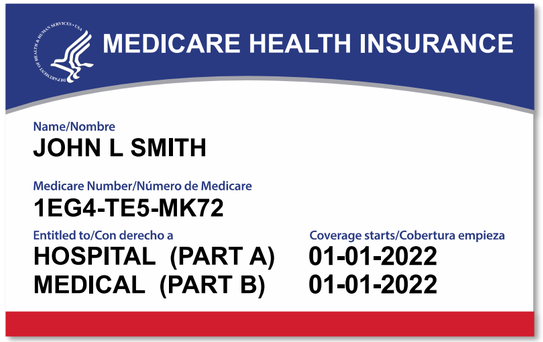
Enroll in Original Medicare – Parts A and B

In most cases you will be required to enroll into Medicare Part B when you retire or turn 65 (whichever comes later) to continue your health insurance through the Postal Service Health Benefits (PSHB) Program

Original Medicare
Provided by the federal government

Part A
Helps pay for hospital stays and inpatient care

Part B
Helps pay for doctor visits and outpatient care

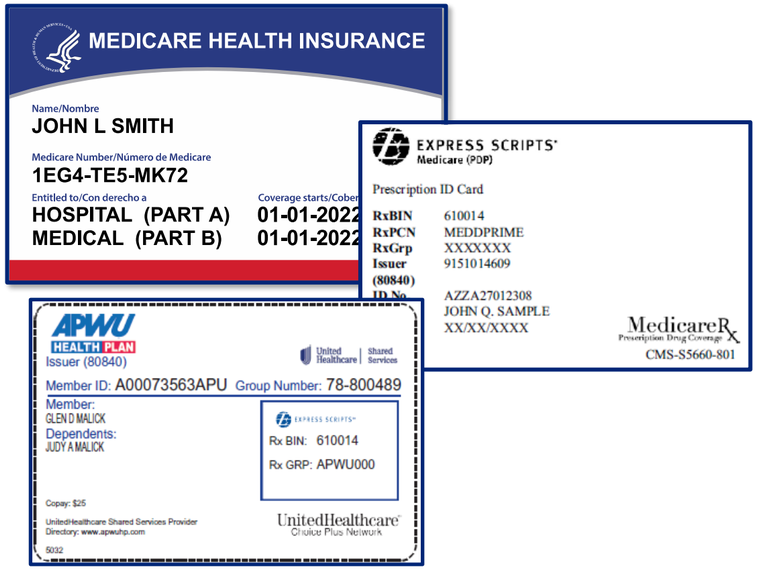


Understanding your Medicare choices

Option 1: Combine Original Medicare with your PSHB plan and a Part D prescription drug plan

Option 1

Carry three ID cards to possibly coordinate plans



PSHB Plan as Medicare Supplement

Medicare will be billed as primary

PSHB plan will be billed as secondary

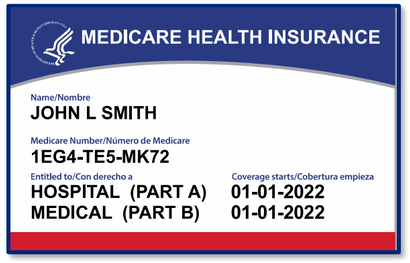
Prescription Drug coverage will be provided under the PSHB program through a stand-alone Part D prescription drug plan (PDP)

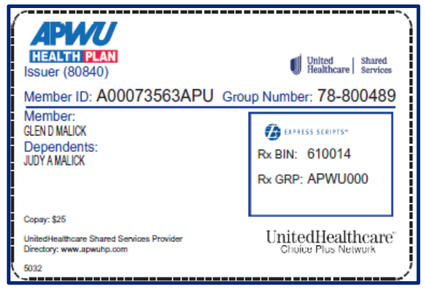
Understanding your Medicare choices

Option 2: Opt out of **PSHB** Part D prescription drug plan

Option 2

Carry two ID cards to coordinate plans





PSHB Plan as Medicare Supplement for Medical Only

Medicare will be billed as primary

PSHB plan will be billed as secondary

No prescription benefits through the PSHB program until next open season.

Understanding your Medicare choices

Option 3: Suspend your PSHB program & enroll in an Individual MAPD plan

Option 3

Individual Medicare Advantage plan

Offered by other private insurance companies

Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan

Part D

May include prescription drug coverage

May include benefits, services and programs not provided by Original Medicare

Not part of the PSHB program

May require you to suspend your PSHB program status

Not customized with OPM requirements

If you cancel your PSHB program, you will not be able to return if you need it in the future.

Understanding your Medicare choices

Option 4: Enhance your coverage with Medicare Advantage enhanced level of benefits for APWU Health Plan

Option 4

Carry one ID card for one plan

Select a PSHB Group Medicare Advantage (PPO) plan

Part C
Combines Part A (hospital insurance) and Part B (medical insurance) into a single plan with a single ID card

Part D
Include prescription drug coverage

Include benefits, services and programs not provided by Original Medicare, including a part B premium subsidy

Approved by OPM to be a part of the PSHB program

Retain your PSHB program status

Customized for PSHB program

Potential Costs related to Medicare

Item	You pay
Medicare Part A	$0 (for most individuals)
Medicare Part B – 2025 Premium	$185.00/month

Late Enrollment Penalty (LEP)	You pay
Part B LEP – if you did not enroll in Part B when you were originally eligible	10% for each 12-month period you could've had Part B, but didn't sign up
Part D LEP – if you had a gap in credible prescription drug coverage	1% of the "national base premium" times # of months you didn't have Part D

Income Related Monthly Adjustment Amount (IRMAA)	You pay
Part B IRMAA - 2025	$74.00+ monthly for individuals earning more than $106,000 upon Medicare's 2-year lookback
Part D IRMAA - 2025	$13.70+ monthly for individuals earning more than $106,000 upon Medicare's 2-year lookback

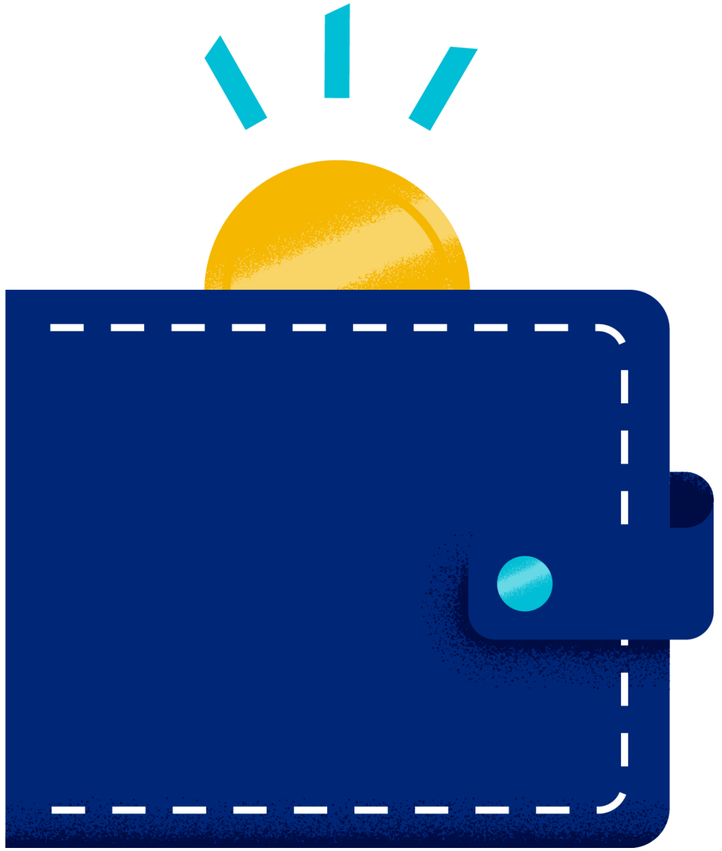
UnitedHealthcare Group Medicare Advantage (PPO)

Plan benefits, programs and features

Costs related to APWU Health Plan's Medicare Advantage Plan

Item	You pay
PSHB APWU Health Plan High Option Premium	Self: $XXX.XX Self +1: $XXX.XX
Medicare Advantage Enhanced Benefits	No additional premium
Medicare Part B Premium Subsidy	$100/month

You must continue to pay the Medicare part B premium and your APWU Health Plan High Option premium when you enroll in the Medicare Advantage enhanced level of benefits



$100 Monthly Part B Premium Subsidy

It’s automatic!

How you will receive your part B premium subsidy depends upon how you pay your Medicare Part B premium

If…	Then…
Deducted from Social Security benefit	Subsidy will be applied to social security benefit
Quarterly bill from Social Security/Medicare is received	Bill will be reduced by 3 times the subsidy amount (Ex – subsidy of $100 per month will equate to $300 quarterly premium reduction)
Deducted from Annuity Check	Subsidy will be applied to annuity check

The subsidy will be applied in the form of a reduced part B premium, there will not be a line-item credit on your statement

“ Federal retirees [including postal] have Medicare Advantage (MA) plans to consider joining. Our analysis shows that some of these offerings are an outstanding value.”
– Consumers Checkbook Guide

Medicare Advantage Costs

$0

Additional monthly plan premium for Medicare Advantage

$0

Annual deductible

$0

Annual out-of-pocket maximum*

$0

Copays on covered medical expenses

“FEHB [and PSHB] Medicare Advantage plans remain one of the lowest-cost options for annuitants, and all bundle a Part D plan for prescription drug coverage.”
-Consumers Checkbook Guide

Limitations, exclusions and/or network restrictions may apply. Out-of-pocket *maximum excludes premiums, prescription costs, and non-Medicare covered benefits.

National plan

Freedom to see any provider who accepts Medicare

A non-differential national PPO plan allows you to visit **any provider** across the United States and U.S. territories **for the same cost share**.

Seeing a provider out-of-network
You can see any out-of-network provider that participates in Medicare and accepts the plan.

If the provider DOES accept the plan
Just like with a network provider, you'll pay no copay and UnitedHealthcare will pay for your covered services including any excess charges up to the limit set by Medicare.

If the provider DOES NOT accept the plan
If your provider will not accept the plan, let us know and we will contact them on your behalf. Your doctor may also ask you to pay them directly, in which case UnitedHealthcare Reimburse you for the cost of covered services.

Out-of-network providers aren't allowed to bill consumers over the Medicare limit.

Coverage that travels with you anywhere

When you travel outside the U.S., get reimbursed for medical and prescription drug services at the same cost share you have when you're in the U.S.

Medical Benefits

Medical coverage	Medicare Advantage plan
Annual medical deductible	$0
Annual medical out-of-pocket maximum (OOPM)	No out-of-pocket maximum
Preventive services	$0 copay
Office visits (PCP)	$0 copay
Office visits (specialist)	$0 copay – no referrals needed
Physical, speech, and occupational therapy	$0 copay – unlimited visits per year
Emergency room or urgent care	$0 copay
Routine podiatry	$0 copay – 6 visits per year
Hospital inpatient stay or outpatient surgery	$0 copay

“The Medicare Advantage Plan has been very good to me. No out-of-pocket expenses, except for prescription drug copays.”
-APWU Health Plan Medicare Advantage plan member

Pharmacy Benefits

Prescription drug coverage	Medicare Advantage plan
Retail (30-day supply)	
Tier 1: Generic	$10
Tier 2: Preferred brand	$30
Tier 3: Non-preferred brand	$45
Tier 4: Specialty tier	$60
Mail Order (90-day supply)	
Tier 1: Generic	$20
Tier 2: Preferred brand	$60
Tier 3: Non-preferred brand	$90
Tier 4: Specialty tier	$120
Out-of-pocket (TrOOP)	$2,100
Home delivery provider	Optum Home Delivery Pharmacy

Dental coverage for your oral health needs

With UnitedHealthcare® Dental, you will have access to a large national network with more than 103,000 providers.*

100%

coverage for exams, X-rays, cleanings and periodontal maintenance when you see a network dental provider

80%

coverage for minor services, including fillings, pulp protection and nitrous oxide**

50%

coverage for major services, including crowns, root canals, dentures and more**

$1000 annual max on minor and major services

You can see any dentist who accepts the plan. You may get greater savings from a network dentist

*Please refer to your Summary of Benefits for details on your benefit coverage.
**Provider network may vary in local market.

Vision exam and eyewear

With the vision benefit, you will have access to a national network of providers with the freedom to see any participating vision provider.

- A routine eye exam once every 12 months with a $0 copay
- $130 allowance for glasses or $175 allowance for contacts every 24 months
- Out-of-network providers may require you to pay up front and submit a reimbursement claim to UnitedHealthcare
- The network is UnitedHealthcare Medical Network

Vision providers may not be able to bill the medical plan so you may pay up front and request reimbursement from the plan

Medicare Advantage Programs

- $1,500 hearing aid allowance
- $60 quarterly over-the-counter item allowance
- HouseCalls
- Podiatry coverage
- Free gym memberships
- Home delivered meals
- Transportation to appointments
- In home care

“This plan has exceeded all of my expectations. I was able to keep my doctors, I get [Part B Premium Subsidy money] every month, have free gym membership and I don't have unexpected out-of-pocket expenses.”
-APWU Health Plan Medicare Advantage member since 2022

Renew Active®3

Renew Active is the gold standard in Medicare fitness programs and available at no additional cost to you.

- ✔ Provides you the chance to stay physically fit with a free gym membership and access to our nationwide network of fitness centers
- ✔ Access to on-demand workout videos and livestreaming fitness classes if you want to access the benefit from your home
- ✔ Social activities at local health and wellness classes and events

“Being able to have the APWU Health Plan Medicare Advantage Plan has allowed me to obtain and maintain a good quality of life.”
-APWU Health Plan Medicare Advantage plan member

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.

Over-the-counter (OTC) credit

With this benefit, you'll get a $60 credit each quarter added to your UCard to buy covered OTC products from network retail locations.

Thousands of products available including:

- Cold and allergy medicines
- First aid supplies
- Vitamins and supplements
- Supplements
- Personal care products
- Home health care items
- And more!

Purchase items in-store at any of the 55,000+ network locations once your coverage begins.

All credits will expire quarterly

Facts to consider

Facts to Consider

Medicare Advantage and Part D Prescription Drug Plans

- Benefits must be as good or better than the non-Medicare Advantage benefits
- You may disenroll from the Medicare Advantage plan at any time throughout the year and return to the non-Medicare medical benefits, however you will not have prescription benefits through the PSHB program
- Most copay assistance programs or prescription coupons cannot be used
- If you have a Part B IRMAA, you will be assessed a Part D IRMAA

How to enroll

How to enroll

If you are already enrolled in the APWU Health Plan High Option:

Call UnitedHealthcare to enroll
1-855-383-8793, TTY 711
8 a.m. to 8 p.m., Monday–Friday

Retirees already enrolled the High Option do not need to wait until Open Season to enroll, call today!

Current Medicare Advantage members do not need to do anything to keep the Medicare Advantage plan in 2026, your enrollment will roll over.

Not yet an APWU Health Plan High Option member? Two steps to enroll.

Step 1

Enroll in the APWU Health Plan High Option

Enroll during Open Season with the Office of Personnel Management (OPM)

Step 2

Enroll in the APWU Health Plan Medicare Advantage PPO Plan

Once your plan code change has been processed and confirmed by OPM, you can call UnitedHealthcare to enroll toll-free at **1-855-383-8793** TTY **711,** 8 a.m.–8 p.m. local time, Monday–Friday.

Part II

- Express Scripts – Prescription Drug Plan (PDP)
- Express Scripts – Medicare PDP
- Q & A

Medicare Part D PDP

2025

Tavares Johnson, Senior Manager Medicare Part D

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Agenda

1 / What is Medicare: What is Part D/EGWP?

2/ 2026 Part D Highlights (EGWP)

3 / Benefits of APWU Health Plan PDP

4 / PDP Member Communications

5 / Part D - IRMMA

6 / Questions

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What is Medicare?
What is Part D/EGWP?

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What is Medicare?

Medicare Part A

“Original Medicare”

Is used for Inpatient Hospital Coverage

For most Part A has no premium

Medicare Part B

“Physician Insurance”

is used for Outpatient Care and Durable Medical Goods

Part B is Optional

Centers for Medicare and Medicaid Services (CMS)

Administrates ALL Medicare Programs

Medicare Part D

“Drug Coverage”

is used for Outpatient Prescription Drug Coverage

Part D is Optional

An EGWP is a Part D Benefit

Medicare Part C

“Combined”

is a combination of Medicare Part A & B and is called a Medicare Advantage or MA Plan.

If Part D is included it is called an MA-PD

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Medicare Part D Plan Key Points:

- All EGWP enrollment must be approved by CMS.
- All Medicare enrollment is Individual and each member will have their own ID; each member of a family must be approved by Medicare.
- The formulary (list of covered medications) in place for the APWUHP has preferred and non-preferred medications and no excluded drugs
- Members may qualify for Low Income Subsidy (LIS) or “Extra Help” from Federal government (assistance with premiums and copays)
- Manufacturer coupons are not allowed to be used in PDP (CMS regulation)
- High-income earners may need to pay an additional Part D Income Related Adjustment Amount (D-IRMAA) amount to the Federal government. The threshold amounts can change annually.
    - Part D-IRMAA are automatically deducted from a member’s Social Security or direct billed if the member is not yet taking Social Security.

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EXPRESS SCRIPTS MEDICARE® PRESCRIPTION DRUG PLAN (PDP) -MEMBER BENEFITS:

- No Additional Premium
- No Drug Exclusions
- Lower Member Cost Share
- Four Drug Tiers instead of Six
- High Option Out-of-Pocket Maximum:
  - $6,500/13,000 in-network; $2,100 PDP Part D Out-of-Pocket Maximum which contributes to the High Option Combined Out-of-Pocket Maximum
  - Combined medical and Rx
- Broader retail network

2025: Express Scripts awarded a 3.5 star rating

EXPRESS SCRIPTS® by Evernorth

2026 Part D Highlights (EGWP)

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2026 APWUHP Part D Highlights (EGWP)

- Standard Defined Benefit (SDB) and Redesign Changes
  - True Out-of-Pocket Limit for **Part D medications** to reach Catastrophic Stage is $2100
    - Medicare Prescription Payment Program (M3P) option for members most likely to benefit from the program.
- **One copay change** to current plan design for 2026
  - COVID Test Kits move from $0 copay to $2
- Plan sponsors are required to act within CMS guidance and related regulations

APWU Health Plan Comparison to New CMS Benchmarks

<table>
<tr><td></td><td colspan="2">2026</td><td colspan="4">2026 APWU HP Plan Design</td></tr>
<tr><td>Deductible Phase (N/A for APWUHP)</td><td colspan="2">Max Deductible $615</td><td colspan="4">$0</td></tr>
<tr><td rowspan="5">Initial Coverage Phase</td><td rowspan="5">Applicable Drugs
Cost sharing:
25%
Plan Pays: 65%
Manufacturer Discount: 10%</td><td rowspan="5">Non-Applicable Drugs
Cost sharing:
25%
Plan Pays: 75%</td><td></td><td>Retail 30</td><td>Retail 90</td><td>Home Delivery</td></tr>
<tr><td>Generic</td><td>$10</td><td>$20</td><td>$20</td></tr>
<tr><td>Brand</td><td>25% w/ $200 max</td><td>25% w/ $300 max</td><td>25% w/ $300 max</td></tr>
<tr><td>NP Brand</td><td>25% w/ $300 max</td><td>25% w/ $500 max</td><td>25% w/ $500 max</td></tr>
<tr><td>Specialty</td><td>25% w/ $300 max</td><td>25% w/$300 max</td><td>25% w/ $150 max</td></tr>
<tr><td>Rx/Medical Combined OOP</td><td colspan="2">$6500</td><td colspan="4">$6500</td></tr>
<tr><td></td><td colspan="2">Out-of-Pocket Threshold (TrOOP): $2,100*</td><td colspan="4">N/A</td></tr>
<tr><td>Catastrophic Phase</td><td>Applicable Drugs
Plan Pays: 60%
Manufacturer Discount: 20%
Reinsurance: 20%</td><td>Non-Applicable Drugs
Plan Pays: 60%
Reinsurance: 40%</td><td colspan="4">Members pay $0 once Catastrophic stage is reached on Part D medications</td></tr>
</table>

Express Scripts
By EVERNORTH

PDP Member Communications

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EGWP/PDP MEMBER MAILINGS

Express Scripts Medicare Member Education

Mailing	Pre-Enrollment	Post-Enrollment
Pre-notification/Opt-Out	✓	
Enrollment & Disenrollment Letters		✓
Welcome Kit Package with ID card		✓
Other Exhibit Letters (i.e. LIPS)		✓
Explanation of Benefits (EOB)		✓
Annual Notice of Changes (ANOC)		✓

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D-IRMMA

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Medicare Part D Income-Related Medicare Adjustment Amount (D-IRMAA) 2026 (Proposed)

- Part D uses the Part B income thresholds (so, if someone has a Part B-IRMAA they will also have a Part D-IRMAA)
- Social Security Administration determines individual's obligation, based on the beneficiary's tax return 2 years prior (2024 for 2026 for example)
- If member has had a reduction in income possibly due to retirement, s/he may file an appeal using SSA form SSA-44.

Individual Tax Return	Joint Tax Return	Married Filing Separately	2025 Part D Premium
$109,000 or below	Below $218,000	$109,000 or less	Standard Part D Premium (SPD)
$109,001 – $137,000	$218,001-$274,000	N/A	SPD + $14.50/month
$137,001 – $171,000	$274,001-$342,000	N/A	SPD + $37.50/month
$171,001 – $205,000	$342,001-$410,000	N/A	SPD + $60.40/month
$205,001 - $500,000	$410,001-$750,000	Under $390,999	SPD+ $83.30/month
Over $500,000	Over $750.000	Over $391,000	SPD + $91.00

Note: Following calendar year amounts typically released in October/November of prior year.

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Member Impact from D-IRMAA

Member Impact

- Incremental premium is collected from the beneficiary by the Social Security Administration (SSA) or Railroad Retirement Board (RRB), not the Part D plan
  - If the beneficiary's Social Security benefit is not enough, member will be billed directly by CMS
- Communicated to members in the **Evidence of Coverage**
- SSA also sends letters directly to members advising them of their D-IRMAA
- CMS may disenroll the member from the employer EGWP plan if the member fails to pay the D-IRMAA premium
- LEP may apply if member has gap in coverage

Questions?

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Part III

- UnitedHealthcare – PDP
- UnitedHealthcare – Consumer Driven Option Medicare Rx PDP
- Q & A

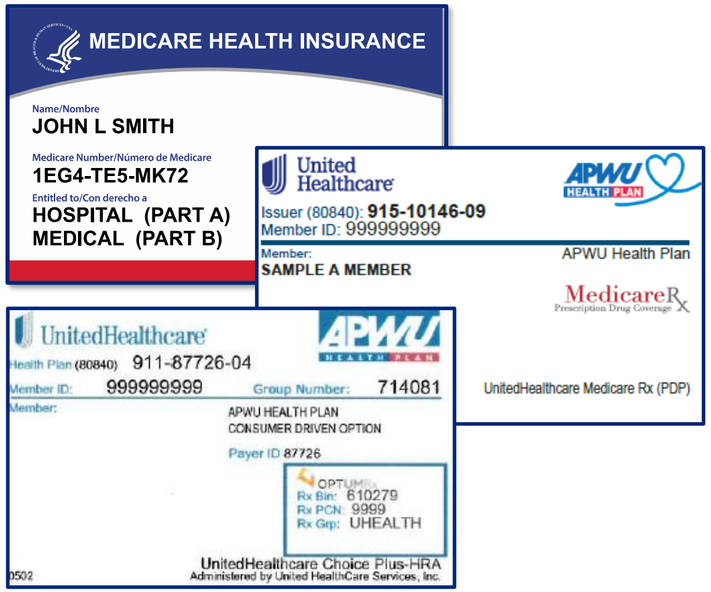
Consumer Driven Option

MedicareRx Part D Prescriptions (PDP)

Consumer Driven Option Experience

Combine Original Medicare with the Consumer Driven Option (CDO)

Carry three ID cards to coordinate plans



Consumer Driven Option (CDO) as Medicare Supplement

Medicare will be billed as primary

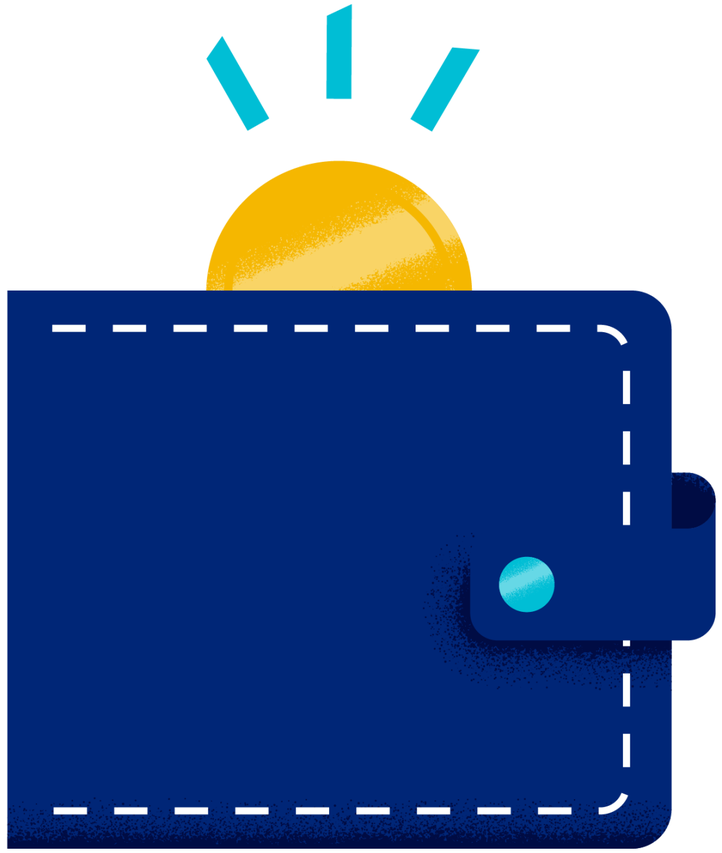
CDO plan will be billed as secondary

Prescription Drug coverage will be provided under the PSHB plan through a stand-alone MedicareRx Part D prescription drug plan (PDP)

Costs related to Medicare & Plan

Item	You pay
Medicare Part A	$0 (for most individuals)
Medicare Part B – 2025 Premium	$185.00/month
Consumer Driven Plan Premium	Self: XXX.XX Self +1: XXX.XX
MedicareRx Part D Prescription Drug Plan	No additional premium

You must continue to pay the Medicare Part B premium and your Consumer Driven premium when you are auto-enrolled into the MedicareRx Part D prescription drug coverage



UnitedHealthcare MedicareRx (PDP)

Plan benefits, programs and features

Part D prescription drug coverage

- UnitedHealthcare has thousands of national, regional, local chain and independent neighborhood pharmacies in the network
- Thousands of covered brand-name and generic prescription drugs
- Bonus drug coverage in addition to Medicare Part D drug coverage

Check your plan’s drug list at **retiree.uhc.com/apwuhppartd** or call Customer Service to see if your prescription drugs are covered

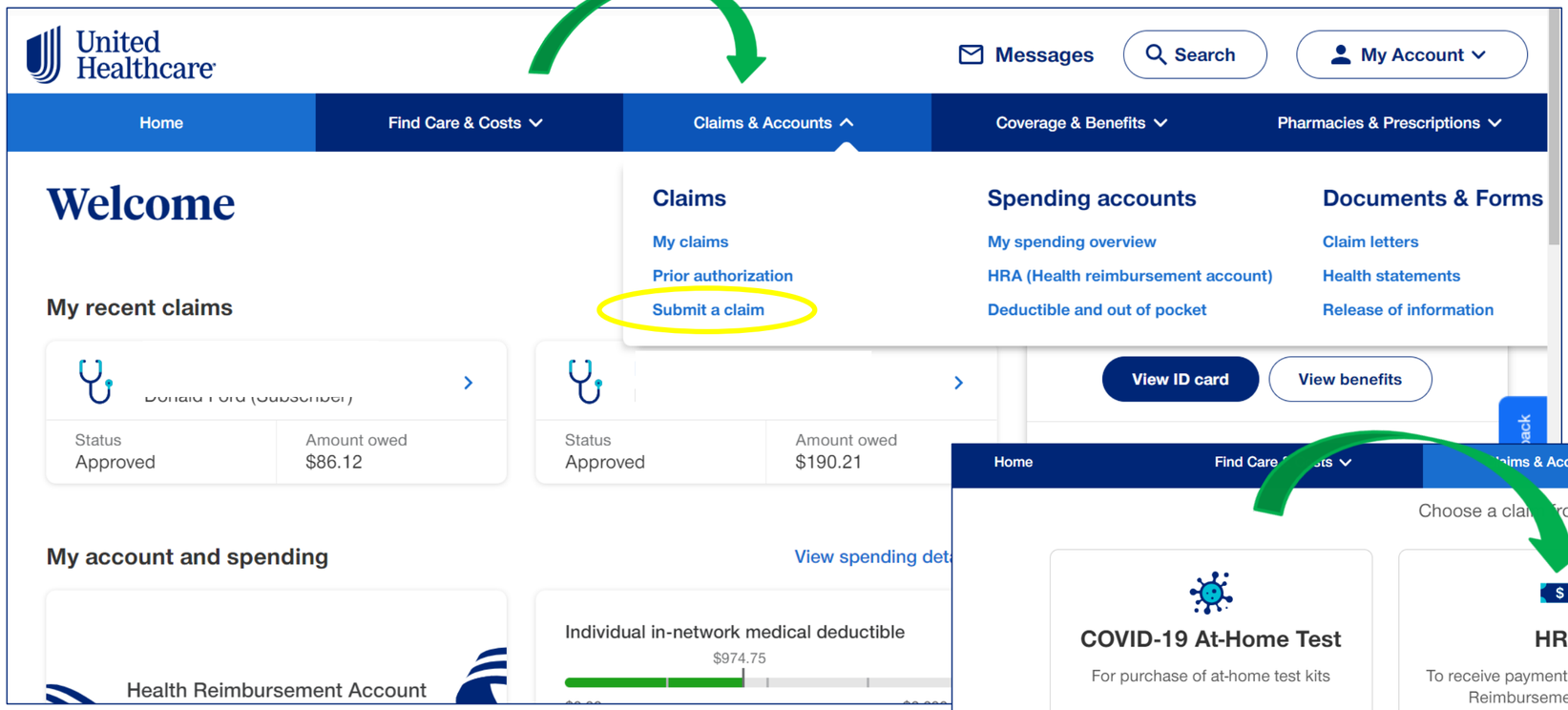
Side by Side Comparison – Pharmacy

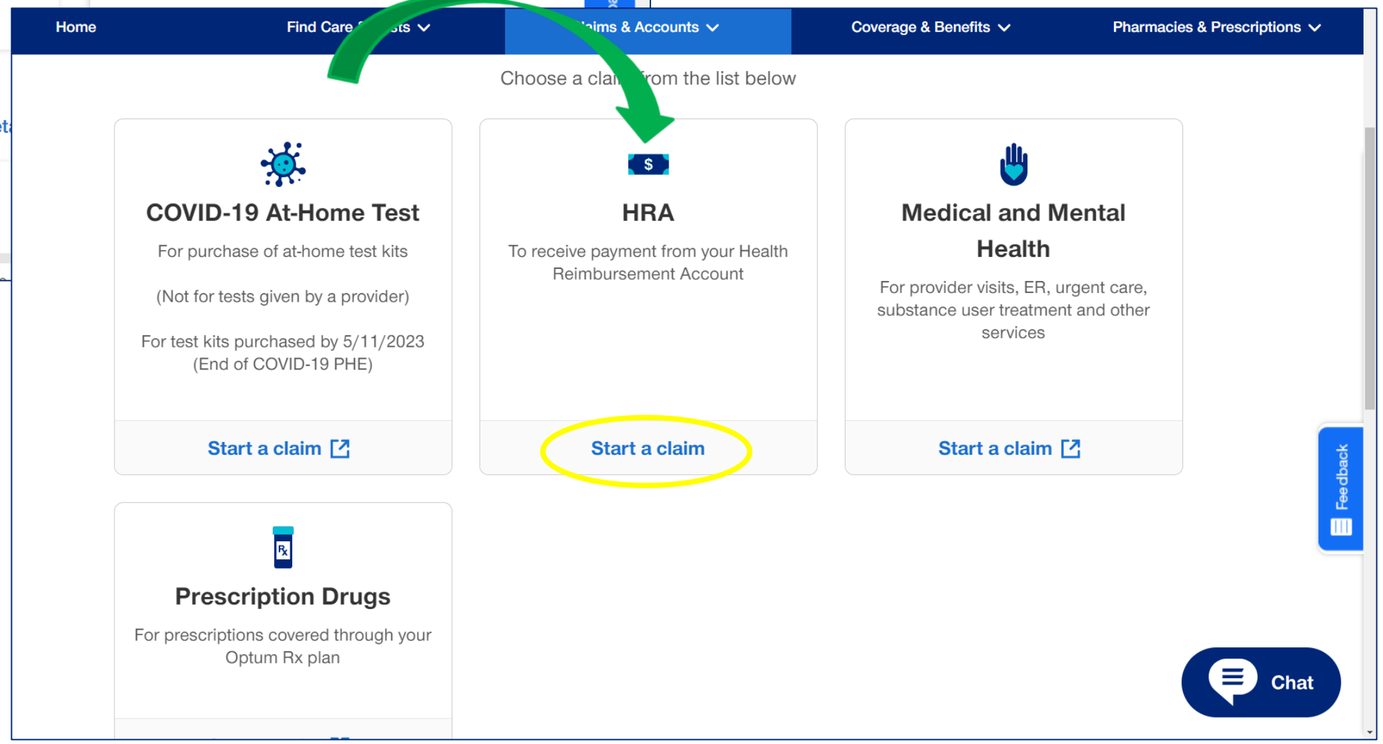
Prescription drug coverage	Consumer Driven Prescription Drug coverage	Consumer Driven MedicareRx Part D Prescriptions (PDP)
Retail (30-day supply) **Tier 1:** Generic **Tier 2:** Preferred brand **Tier 3:** Non-preferred brand **Tier 4:** Specialty tier	25%, $15 min, $200 max 25%, $15 min, $200 max 40%, $15 min, $300 max N/A	25%, $20 max 25%, $45 max 40%, $100 max 40%, $100 max
Mail Order (90-day supply) **Tier 1:** Generic **Tier 2:** Preferred brand **Tier 3:** Non-preferred brand **Tier 4:** Specialty tier	25%, $10 min, $200 max 25%, $10 min, $200 max 40%, $10 min, $300 max N/A	25%, $40 max 25%, $90 max 40%, $200 max 40%, $200 max
Deductible	$2,200* combined with medical	$0
Out-of-pocket	$6,500* combined with medical	$2,100* separate from medical
Home delivery provider	Optum Home Delivery	Optum Home Delivery Pharmacy

Retirees will have the choice to request manual reimbursement from their Personal Care Account (PCA) for their PDP member cost share, it will not happen automatically

PCA (HRA) Reimbursement - myuhc.com

Part B Premiums OR Part D Out of Pocket Expense Reimbursement





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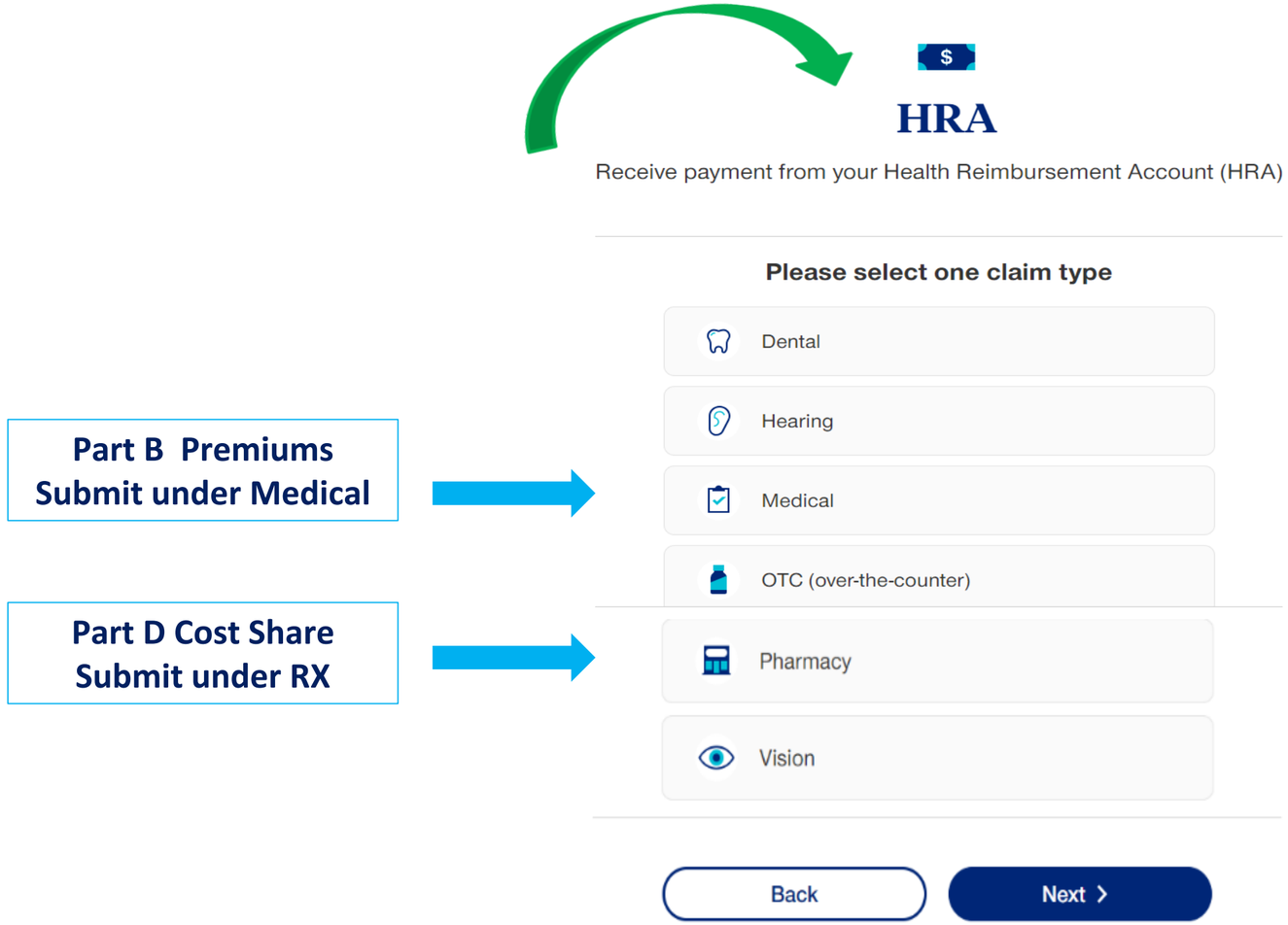


How to enroll

Enrolling for APWU Health Plan retires

You will be automatically enrolled

✓Consumer Driven members will be automatically enrolled in the plan and no action is needed.

✓If you wish to continue to receive prescription drug coverage through APWU Health Plan's Consumer Driven Option, you do not need to take any action. You will not receive a new ID card for 2026.

You can opt out

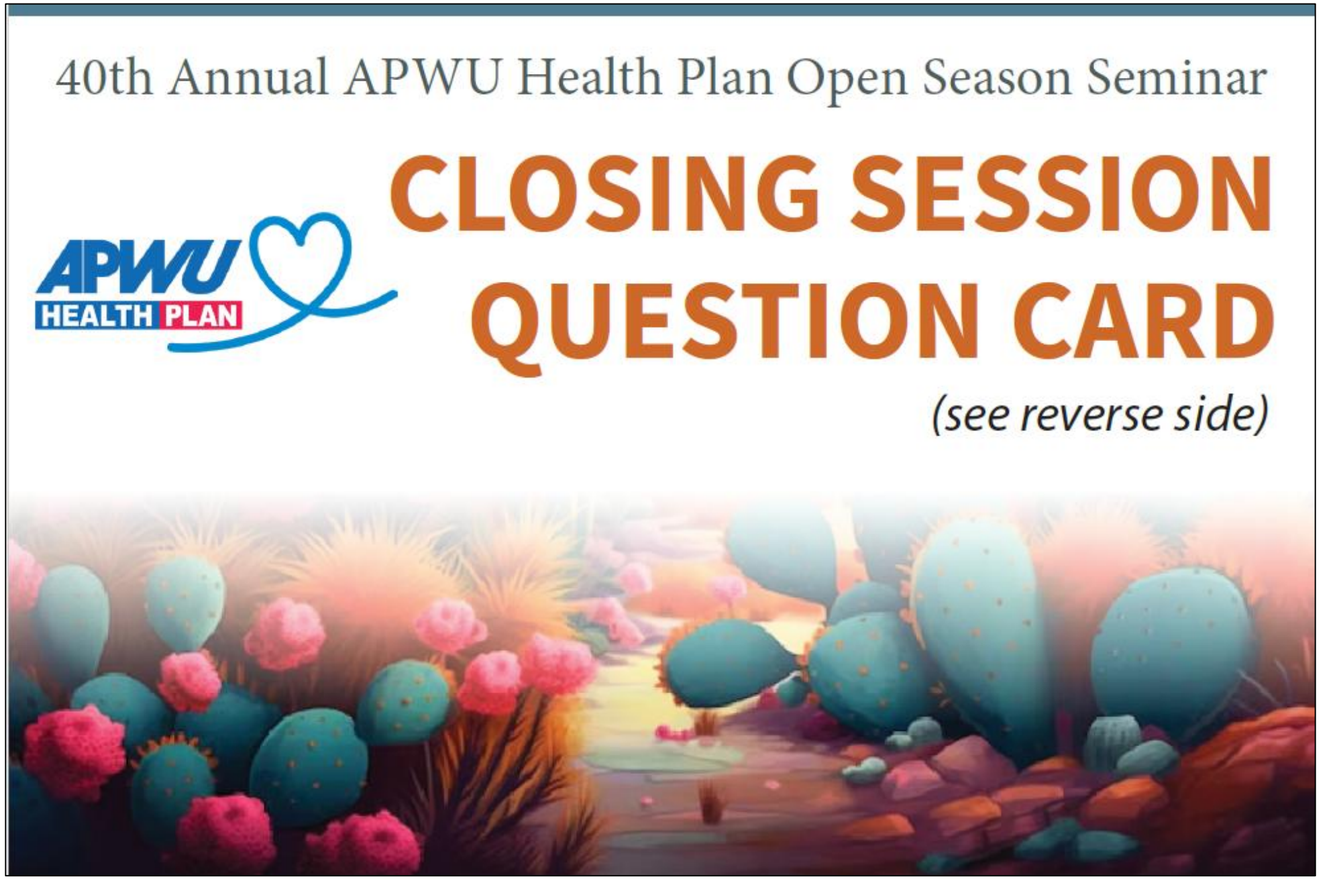
You can opt out by contacting UnitedHealthcare at **1-888-201-4265**, TTY **711**, Monday-Friday, 8am-8pm.

If you opt out of the MedicareRx Part D prescription drug plan you will no longer have prescription drug coverage through the PSHB program and your premium will not change

Questions and answers

“Oh my goodness, they say if it is too good to be true you usually watch out but I know from experience that the plan is everything it says that it is plus and more. Every time I turn around you all are offering more.”
-Gloria R, Retired Postal Clerk, APWU Health Plan MAPD member

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.