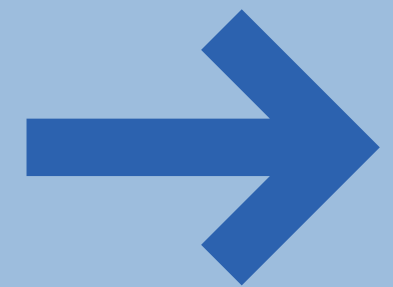


APWU Health Plan Dental Plan

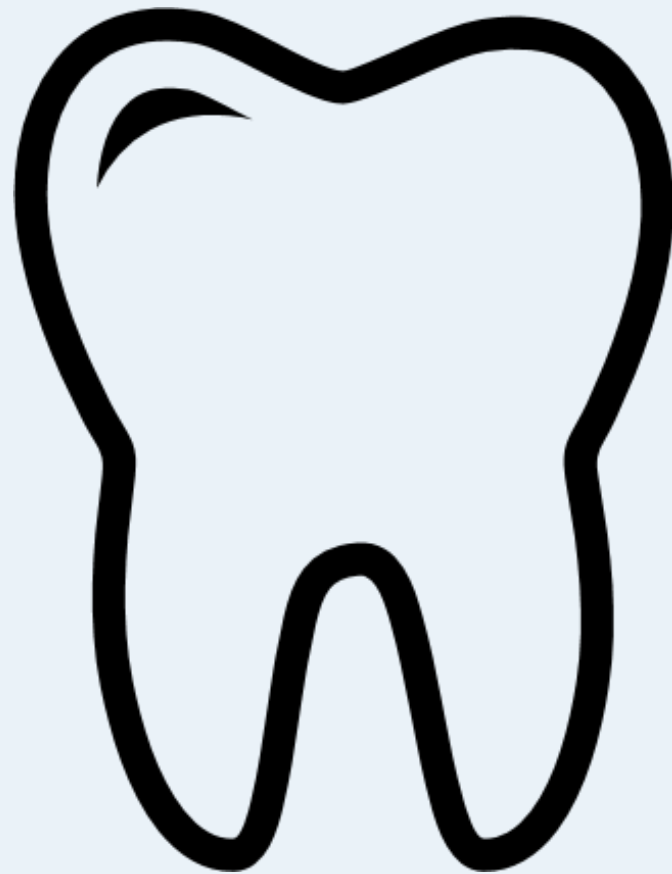
Administered by the Voluntary
Benefits Plan



Explore the key features and benefits of the APWU Health Plan Dental Plan, designed to enhance your dental health and wellness.



Agenda



1

What's New?

2

Eligibility/Plan Features

3

Covered Services/Waiting Periods

4

Premiums

5

How to Enroll

What's New

Key updates and changes to the Dental Plan



2025

- Sealants covered up to age 19
- Implants covered as Type III Service
- Composite fillings & porcelain crowns covered for molar teeth

2026

- Access to MetLife's PDP Plus Network
- Full mouth x-rays covered once per 60 months
- Bitewing x-rays covered 1 per year for adults and 1 per 6 months for children
- Bridges, dentures, and crowns replaced once every 10 years

Eligibility

Discover who can enroll in the APWU Health Plan Dental Plan

APWU Members

Active, PSE, Retiree, and Associate members are all eligible.

Federal Workers

Federal workers must be enrolled in the APWU Health Plan to be eligible - both the consumer driven option and high option qualify

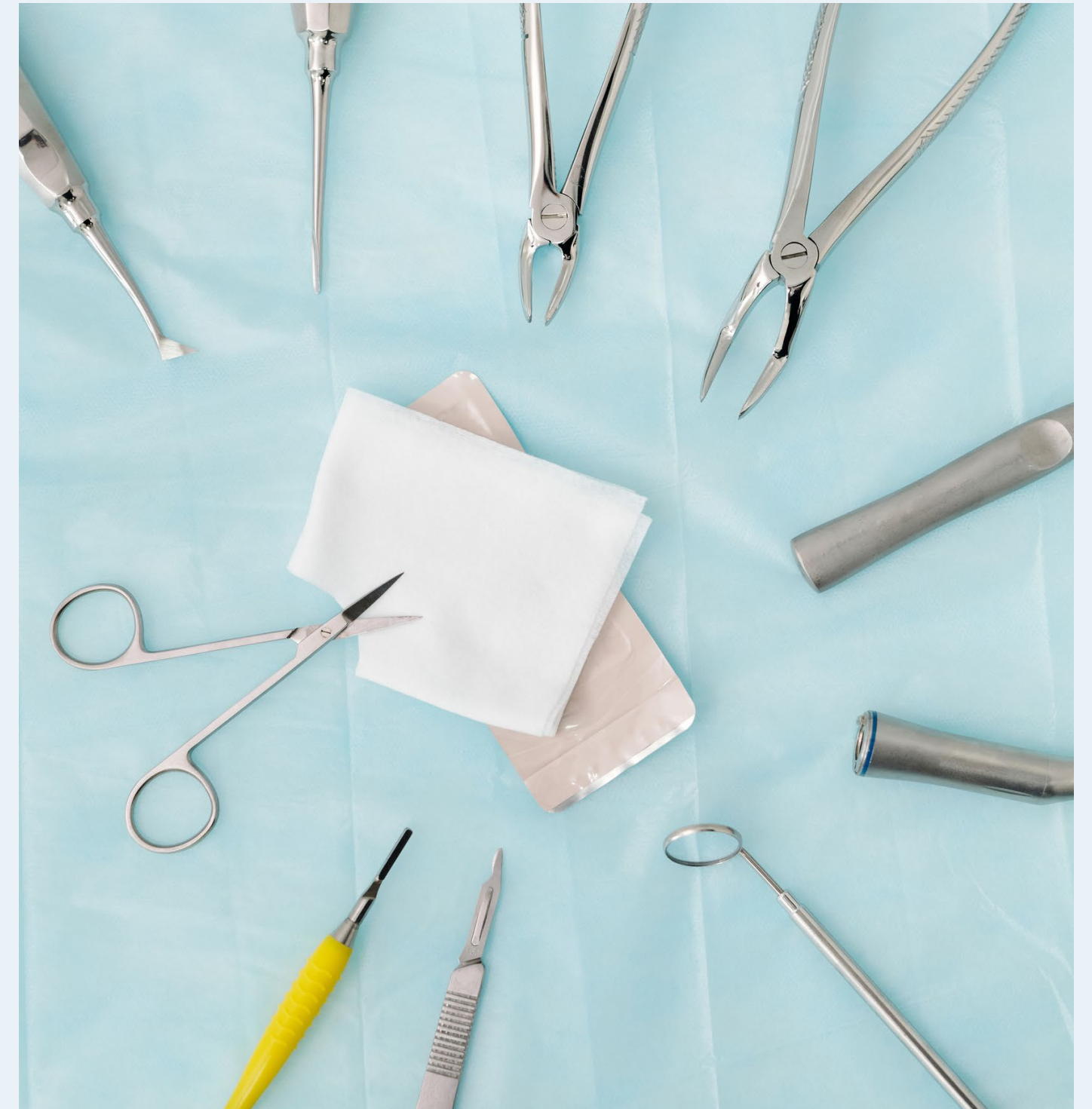
Eligible Dependents

Eligible dependents include spouses, domestic partners, and unmarried children up to age 26

Plan Features

Key coverage and benefits

- Choose from any dentist in our extensive network
- Economical and convenient payroll deduction for Active & PSE Members
- \$20,000 calendar - year max per person
- Optional \$5,000 orthodontia benefit (\$2,500/person) - lifetime max
- No orthodontia deductible



Covered Services

Comprehensive Overview of Dental Care Included in the Plan

Type I Benefits	Type II Benefits	Type III Benefits	Type IV Benefits
Preventive Services Exams X-rays Cleanings Sealants	Basic Services Fillings Surgical Extractions	Major Services Crowns Bridges Implants Oral Surgery Dentures Periodontics	Orthodontic Services (Optional)
100% in and out of network	80% in and out of network	50% in and out of network	50% in and out of network

Coverage Schedule

Calendar Year Deductible	• Type I Benefits- none • Type II & Type III Benefits- \$50/person , \$150/family • Type IV Benefits- no deductible
Calendar Year Maximum	\$20,000 per person for all covered services
Lifetime Maximum for Type IV Benefits	• \$2,500/person per year • Max of \$5,000 for orthodontic services (if selected)

Waiting Periods

- **Type I Services** - No waiting period
- **Type II Services** - No waiting period
- **Type III Services** - 12 month waiting period
- **Type IV Services** - No waiting period

It's essential to know the enrollment timing and coverage start dates to prevent gaps in dental care.



Premium Rates

Active & PSE Members

Locate the state where you live*	Bi-weekly premium without orthodontic coverage				Bi-weekly premium with orthodontic coverage			
	Member Only	Member & Spouse/Domestic Partner	Member & Child	Member & Family	Member Only	Member & Spouse/Domestic Partner	Member & Child	Member & Family
ND, SC	\$15.39	\$29.41	\$24.62	\$43.76	\$16.74	\$31.98	\$26.78	\$47.58
AL, AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY	\$17.29	\$33.04	\$27.64	\$49.16	\$18.80	\$35.92	\$30.06	\$53.46
HI, IN, KS, LA, ME, MN, MO, NM, OH, OK, TN, UT, VT	\$18.99	\$36.30	\$30.38	\$54.02	\$20.66	\$39.47	\$33.04	\$58.74
AZ, CO, DE, IL, MD, NV, PA, RI	\$20.71	\$39.56	\$33.13	\$58.88	\$22.52	\$43.02	\$36.03	\$64.03
DC, FL, MA, MI, NJ, TX, VA	\$22.60	\$43.19	\$36.15	\$64.29	\$24.57	\$46.97	\$39.31	\$69.91
AK, CA, CT, WA	\$24.31	\$46.47	\$38.89	\$69.15	\$26.44	\$50.53	\$42.29	\$75.19
NY	\$26.58	\$50.81	\$42.54	\$75.64	\$28.91	\$55.25	\$46.26	\$82.25

Premium Rates

Retiree & Associate Members

Locate the state where you live*	Monthly premium without orthodontic coverage				Monthly premium with orthodontic coverage			
	Member Only	Member & Spouse/Domestic Partner	Member & Child	Member & Family	Member Only	Member & Spouse/Domestic Partner	Member & Child	Member & Family
ND, SC	\$33.36	\$63.72	\$53.33	\$94.81	\$36.27	\$69.29	\$57.99	\$103.10
AL, AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY	\$37.45	\$71.59	\$59.92	\$106.51	\$40.73	\$77.85	\$65.16	\$115.82
HI, IN, KS, LA, ME, MN, MO, NM, OH, OK, TN, UT, VT	\$41.15	\$78.64	\$65.84	\$117.04	\$44.75	\$85.52	\$71.59	\$127.28
AZ, CO, DE, IL, MD, NV, PA, RI	\$44.87	\$85.73	\$71.76	\$127.59	\$48.80	\$93.23	\$78.03	\$138.74
DC, FL, MA, MI, NJ, TX, VA	\$48.99	\$93.60	\$78.34	\$139.29	\$53.27	\$101.79	\$85.19	\$151.47
AK, CA, CT, WA	\$52.67	\$100.67	\$84.27	\$149.83	\$57.27	\$109.47	\$91.64	\$162.92
NY	\$57.62	\$110.10	\$92.18	\$163.88	\$62.66	\$119.73	\$100.24	\$178.20

How to Enroll

A clear guide to help new applicants
enroll easily.

01

Start by visiting the APWU Health
Plan website for enrollment form and
details

02

Complete the enrollment form and
return to Voluntary Benefits Plan P.O Box
12009 Cheshire, CT 06410

03

Members can also enroll over the phone
by calling **800 - 307 - 8615**

Enrollment & Effective Dates

- Enroll anytime – year-round enrollment
- Coverage begins after approval & first premium deduction (may take up to 2 pay periods)
- Dependent coverage starts only if dependents are not hospitalized at the effective date
- Minimum participation: 1 year



Final Tips

Key reminders and contact details for the plan administrators

01

Ensure you review all coverage details before enrolling in the dental plan.

02

Remember to check waiting periods to avoid any potential issues with payment for upcoming procedures.

03

For any questions, contact our **customer service team** for assistance at 800-307-8615

Thank you from the Voluntary Benefits Plan!



Please feel free to ask us any questions you may have!

