

Welcome to your 2026 Postal Service Health Benefits (PSHB) Program.



High Option
Consumer Driven Option



YEARS STRONG

Trusted for generations.
Here for you today. Ready for tomorrow.

Proudly serving the postal workforce for 65 years.

Together. Better Health. Since 1960.

apwuhp.com

Welcome to a health plan that 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.

Our nationwide network is here to care for you.

As a member, you have access to a comprehensive network of doctors, hospitals, and healthcare providers in the UnitedHealthcare network — with no referrals needed:



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

CELEBRATING
65
YEARS
STRONG

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Safeguard your future with affordable benefits that put you first.



100% coverage for many in-network services



No primary care provider (PCP) requirement



Freedom to use in-network and out-of-network providers

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
- ✓ Maven maternity program
- ✓ Accidental injury outpatient services within 72 hours
- ✓ Generic oral diabetes medications
- ✓ Visits to a registered dietician/nutritionist

What's new for 2026

- ★ Up to \$200 for custom orthotics from any podiatrist
- ★ 100% in-network 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

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

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

Compare your premiums for the 2026 plan year.

HIGH OPTION

Self

PSHB enrollment code 23A

Biweekly

Monthly/
Retiree

\$107.15

Self Plus One

PSHB enrollment code 23C

Biweekly

Monthly/
Retiree

\$216.18

Self & Family

PSHB enrollment code 23B

Biweekly

Monthly/
Retiree

\$275.94

\$597.87

CONSUMER DRIVEN OPTION

Monthly rates

Self

PSHB enrollment code 23D

\$197.39

Self Plus One

PSHB enrollment code 23F

\$429.01

Self & Family

PSHB enrollment code 23E

\$468.02

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

Self

PSHB enrollment code 23D

Less than
1 year & PSE

\$91.10

★★★★★
More than
1 year
\$30.16

Self Plus One

PSHB enrollment code 23F

Less than
1 year & PSE

\$198.00

★★★★★
More than
1 year
\$70.60

Self & Family

PSHB enrollment code 23E

Less than
1 year & PSE

\$216.01

★★★★★
More than
1 year
\$82.48



Elevate your benefits as a postal support employee (PSE)

1. When you're hired as a PSE, you are eligible for the USPS health plan for non-career employees.
2. After you complete one year of service, you become eligible for our Consumer Driven Option. (If you choose to enroll in any other PSHB health plan, you must pay the full premiums for that plan, both the employee and government premiums.) **With the Consumer Driven Option, the USPS pays up to 75% of your premium.**
3. Once you convert to career and have been in PSHB for one year, **the premium drops to the APWU special rate, where the USPS pays up to 95%.** Time enrolled as a PSE in the Consumer Driven Option counts toward the one-year requirement when you convert to career.

Explore benefits for PSEs

Consumer Driven Option coverage

See pages 10 – 11

Personal Care Account

See pages 12 – 13

Pharmacy benefits

See page 15

Enroll in your 2026 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 Monday, November 10, through Monday, December 8, 2025.

The USPS pays up to 75% of the Consumer Driven Option 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:



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.

Questions?

Visit apwuhp.com for answers.

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.

High Option

A premier plan in the PSHB Program



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 \$13,000 Self Plus One and Self & Family	\$12,000 Self \$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%.

2026 benefits	High Option In-network you pay	Medicare Advantage In-network you pay (See pages 8 – 9)
Medical visits		
Office and specialist visits	\$25 copay (no deductible applied)	\$0
Virtual visits with Teladoc	\$0 copay for first 2 visits \$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

— High Option Coverage —

2026 benefits

High Option In-network you pay

Medicare Advantage In-network you pay (See pages 8 – 9)

Maternity

Complete maternity care, including prenatal, delivery, postnatal, and initial exam of newborn covered under family enrollment

\$0

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

Infertility treatment

Diagnostic and treatment services	15%	\$0
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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)

Orthotics

Custom orthotics from any podiatrist	All charges in excess of \$200 (annually, no deductible applied)	All charges in excess of \$200 (annually, no deductible applied)
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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 services	15%	\$0

Enhance your High Option coverage in retirement with Medicare Advantage.

When you retire, APWU Health Plan offers a Medicare Advantage plan for High Option members covered by Medicare Part A and Part B.

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 maximum¹
- ✓ 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

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

“I am happy with the provider network. I have been able to see the same doctors. It has really been a blessing. I don’t take a lot of medication, but I have not had any problems with the cost of the ones that I do take. I use the mail order program and that has been really good.”

— Joseph, member since 2022
President of Local #3434
Vice-President of Georgia Postal Workers Union

¹Out-of-pocket maximum excludes premiums, prescription drug costs, and non-Medicare covered benefits.



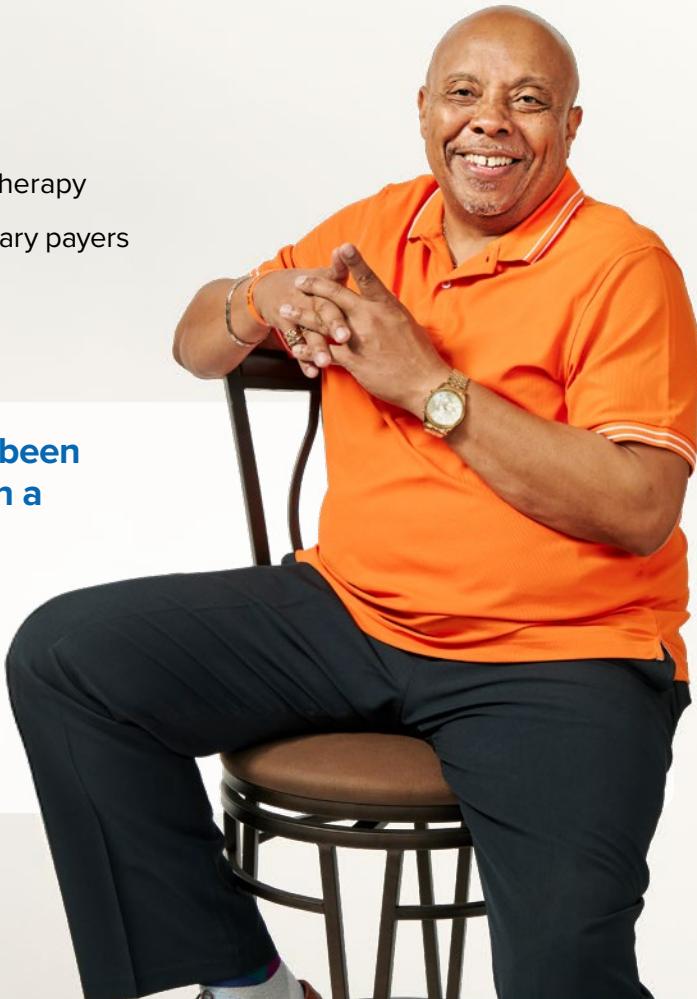
How much does it cost?

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.



Save on medications with Medicare Advantage.

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	25% 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	25% 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

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 HouseCalls²

Get an annual in-home preventive care visit.

UnitedHealthcare Hearing³

Receive a hearing exam and access custom-programmed hearing aids — available at 7,000 providers nationwide⁴ or through home delivery.

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 HouseCalls may not be available in all areas.

³ 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.

⁴ 2025 UnitedHealthcare Internal Data.

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.

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 50% of the Plan allowance, while the member pays 50%.

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 or 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.

2026 benefits

In-network you pay (after deductible is met)

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, mammogram, cervical cancer screening, or colonoscopy/Cologuard

Medical visits

Office, specialist, & 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

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

Infertility treatment

Diagnostic and treatment services

15% 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)

Orthotics

Custom orthotics from any podiatrist

All charges in excess of \$200 (annually)

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 visits

15% of Plan allowance

Outpatient treatment

15% of Plan allowance

Diagnostics, inpatient, and outpatient services

15% of Plan allowance

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 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

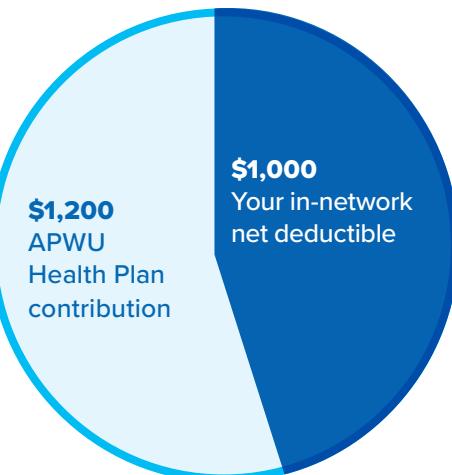
After you satisfy the annual Plan deductible, you pay coinsurance — a percentage of the cost of covered healthcare — and the Plan pays the rest.

4

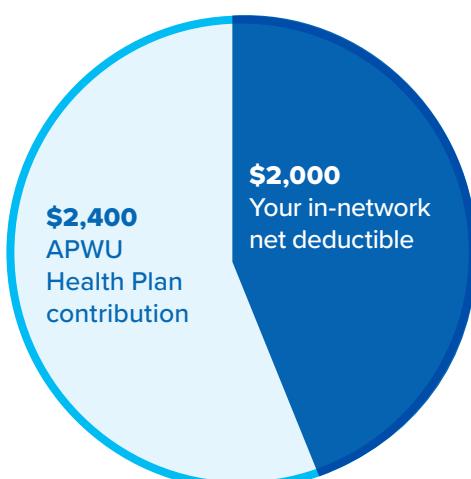
If you reach the out-of-pocket maximum, the Plan pays 100% of your covered healthcare costs for the rest of the year.

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

Self
\$2,200 Plan deductible



Self Plus One or Self & Family
\$4,400 Plan deductible



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



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.



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.



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

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

2026 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

The calendar year deductible does not apply to pharmacy benefits. However, money spent on pharmacy coinsurance counts toward the out-of-pocket maximum.

Switch from a 30-day supply to a 90-day supply of daily medications with Smart90® and take advantage of mail-order home delivery with free shipping.

High Option Medicare PDP coverage

As a retired High Option member not enrolled in Medicare Advantage (Part C), you will be enrolled in Express Scripts Medicare® (PDP) for APWU Health Plan. See Sections 5(f)(a) and 9 of the postal brochure for details. Questions? Contact Express Scripts Medicare at **866-716-7349**, 24 hours a day, 7 days a week.

Scan to visit Express Scripts Medicare:



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:



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).

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

OptumRx provides pharmacy benefits for the Consumer Driven Option. The network features more than 67,000 pharmacies, including large national chains, local community pharmacies, home delivery, and 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.

2026 coverage	In-network you pay
Network retail Tier 1/Tier 2 Lower cost/Mid-range cost	Per Rx: 25%, with a min of \$15 and a max of \$200 for a 30-day supply; \$400 for a 60-day supply; \$600 for a 90-day supply
Tier 3 Highest cost	Per Rx: 40%, with a min \$15 and a max of \$300 for a 30-day supply; \$600 for a 60-day supply; \$900 for a 90-day supply
Network home delivery Tier 1/Tier 2 Lower cost/Mid-range cost	Per Rx: 25%, with a min \$10 and a max of \$200 for a 30-day supply; \$400 for a 60-day supply; \$600 for a 90-day supply
Tier 3 Highest cost	Per Rx: 40%, with a min \$10 and a max of \$300 for a 30-day supply; \$600 for a 60-day supply; \$900 for a 90-day supply



Receive a discount
when you use OptumRx
Home Delivery.

Price medications
and explore lower
cost options.

Scan to compare
prescription costs:



Consumer Driven Option Medicare PDP coverage

As a retired Consumer Driven Option member, you'll automatically receive Medicare PDP coverage through UnitedHealthcare MedicareRx Part D. While you can't use your PCA at the pharmacy for these prescriptions, you can pay out of pocket and request reimbursement, allowing you to keep using your PCA benefits.

See Sections 5(f)(a) and 9 of the postal brochure for details.

Questions? Contact UnitedHealthcare MedicareRx Part D at **888-201-4265**, 8 am – 8 pm local time, Monday – Friday.

Scan to visit **UnitedHealthcare MedicareRx PDP**:



High Option and Consumer Driven Option

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

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. [See eligibility requirements on page 17.](#)



Explore the benefits of our Dental Insurance Plan.

You'll pay a separate premium when you enroll.



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

Preventive services:
• Exams
• X-rays
• Cleanings
Sealants

Type II benefits

Basic services:
• Fillings
• Surgical extractions

Type III benefits

Coverage begins after a 12-month waiting period

Major services:
• Crowns
• Bridges
• Implants
• Oral surgery
• Dentures
• Periodontics

Type IV benefits

New for 2026: No waiting period for orthodontia

Optional coverage:
• Orthodontic services

In-network:
100% of negotiated fees

Out-of-network:
100% of reasonable and customary fees

In-network:
80% of negotiated fees

Out-of-network:
80% of reasonable and customary fees

In-network:
50% of negotiated fees

Out-of-network:
50% of reasonable and customary fees

In-network:
50% of negotiated fees

Out-of-network:
50% of reasonable and customary fees

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

Effective January 1, 2026, the plan will include access to the PDP Plus network.

Use any dentist you choose.

Under this program, insured members will receive benefits for dentists both in- and out-of-network. Visit metlife.com to find out if your dentist is in-network.

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.

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

To learn more about the APWU Health Plan Dental Insurance Plan, call **800-307-8615**.

Scan the QR code to download the dental flyer:



Take care of your mental well-being.

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.



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**



With virtual behavioral health care, you can talk to a professional without leaving home. Help is completely confidential.

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 E&I and non-E&I UBH General Networks Q1 2025 (January 1, 2025 data); Deanna DuBois, January 31, 2025.

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 of your hearing health journey.

Visit UHCearing.com.



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	✓ Cancer Support Program
✓ Weight Management	✓ Kidney Resources
✓ Maternity Support Program	✓ Transplant Network

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

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 Maternity Support is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. If you believe you may have an emergency medical condition you should seek immediate care at an emergency department or call 9-1-1. 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 percent 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.

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.

Health and wellness programs are available to all members.

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.

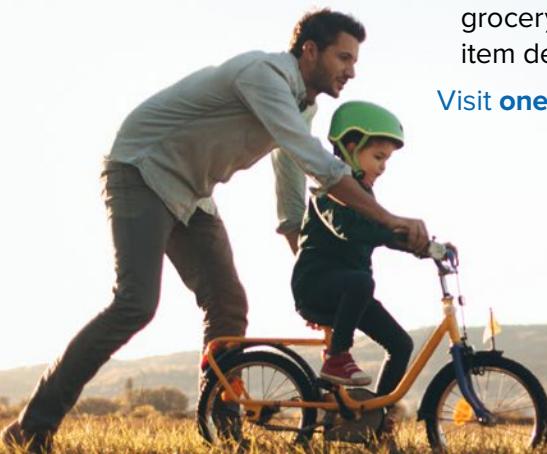
Visit optumengage.com.

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.

Optum Engage is a voluntary program. 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. Talk to your doctor before significantly increasing your level of activity, particularly if you have a medical condition or have been inactive. Participation in the health survey is voluntary. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

One Pass Select is a voluntary program that features a subscription-based nationwide gym network, digital fitness and grocery delivery service. For self-funded participants, there are no state restrictions. For fully insured participants, program availability varies by state: (i) the program is NOT available to members of accounts situated in HI, KS, VT and Puerto Rico; (ii) the grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA for select groups and lines of business – discuss with your UnitedHealthcare representative for details. 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 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. One Pass Select is a program offered by One Pass Solutions, Inc. Subscription costs are payable to One Pass Solutions, Inc.

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 health 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.

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.

See a doctor without leaving home.

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

Virtual visits are good for:

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



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.



Try virtual primary care.

Connect with a virtual primary care provider (PCP) and a team of healthcare professionals without leaving home or work.³ You can see the same virtual PCP for:

- Annual checkups, prescriptions, and non-urgent care³
- Check-ups for ongoing conditions like asthma and diabetes
- Follow-up visits

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



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

¹ Data rates may apply.

² Certain prescriptions may not be available, and other restrictions may apply.

³ Virtual primary care is applied to primary care benefits — it is not applied to the virtual visits benefit.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. 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.

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.¹

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.² Recommended screenings include:

- Cervical cancer screening starting at age 21³
- Colorectal cancer screening starting at age 45⁴
- Routine mammograms, including 3D mammograms, covered for members age 35 and older⁵

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

¹Healthychildren.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 September 22, 2025.

² American Cancer Society. Find Cancer Early.

<https://www.cancer.org/cancer/screening.html>. Accessed September 22, 2025.

³ U.S. Preventive Services Task Force (USPSTF). Cervical Cancer: Screening.

<https://uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>. Accessed September 22, 2025.

⁴ Centers for Disease Control and Prevention. Screening for Colorectal Cancer.

<https://www.cdc.gov/colorectal-cancer/screening/>. Accessed September 22, 2025.

⁵ American Cancer Society. American Cancer Society Recommendations for the Early Detection of Cancer.

<https://www.cancer.org/cancer/screening/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>. Accessed September 24, 2025.

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.

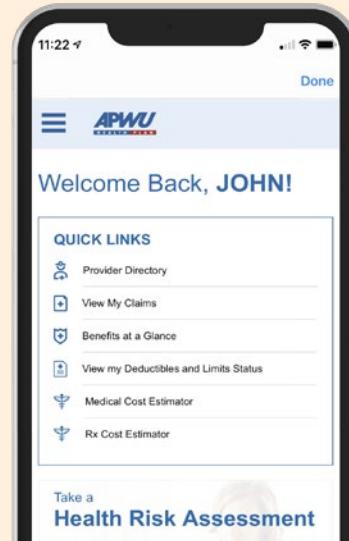
Manage your benefits with digital tools.

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.

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

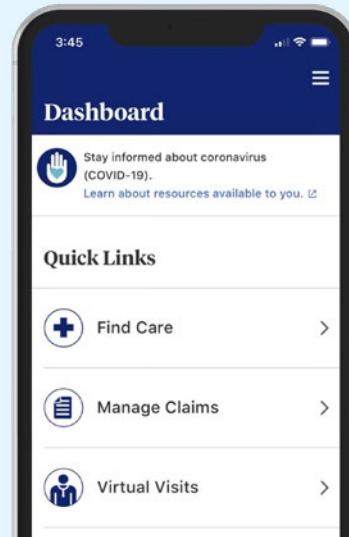


Register for a free member account at apwuhp.com.

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



Download your member app at the [App Store®](#) or [Google Play™](#).

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.

Contact us for help.

High Option

800-PIC-APWU (Open Season)

800-222-2798

800-622-2511 (TTY)

apwuhp.com

Headquarters

6514 Meadowridge Road

Suite 195

Elkridge, MD 21075

Mailing address

PO Box 8660

Elkridge, MD 21075

Consumer Driven Option

855-808-3003

whyuhc.com/apwuhp

Retirees

OPM Postal Enrollment

Retirement Call Center

844-451-1261

health-benefits.opm.gov/pshb

Enrollment support

If you have questions or need help, contact the Human Resources Shared Service Center (HRSSC):

Call 877-477-3273

Select option 5 for benefits

Contact HRSSC by email:

F3PMJ0@usps.gov

Getting ready to retire?

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

[See pages 8 – 9 inside.](#)

Stay connected to your plan.



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 71-019).

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).

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apwuhp.com