APWU HEALTH PLAN

2027 Federal Employees Health Benefits



Your health, handled with care.

apwuhp.com

All federal employees and retirees are eligible to enroll in APWU Health Plan.

You don't need to work for the U.S. Postal Service to enroll in APWU Health Plan. As part of enrollment, you will become an associate member of the American Postal Workers Union and be billed a $35 fee each year.

Contents

Explore benefits, coverage details, member resources, and tools.

Compare health plans 3
2027 premiums 4
Preventive care benefits 5
High Option coverage 6
Personal Care Accounts 8
Consumer Driven Option coverage 10
Pharmacy benefits & Medicare PDP 12
Medicare Advantage 14
Dental coverage 16
Behavioral health 18
Hearing & member benefits 19
Health & wellness programs 20
Virtual visits 21
Member portals & apps 22
How to enroll 23

United Healthcare

Wherever you go, you're covered.

Members have access to doctors, hospitals, and healthcare providers in the UnitedHealthcare network, with no referrals needed. As of August 2026, the network includes:

1.8 million+
providers

5,600+
hospitals and care facilities

13,000+
urgent/convenience care clinics

6,200+
freestanding ambulatory surgery centers

Choose the health plan that's right for you.

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

100% coverage for many in-network services

- Preventive care, immunizations, and screenings
- Lab tests at LabCorp and Quest Diagnostics
- Generic oral diabetes medications
- Visits to a registered dietician or nutritionist
- Accidental injury care received within 72 hours
- Maternity care and support
- Quit For Life® tobacco cessation program

Your cost (in-network)

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

Medicare Advantage

Additional benefits are available when you enroll in the plan.

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

For details, see pages 14 – 15.

CONSUMER DRIVEN OPTION

100% coverage for many in-network preventive services

- Preventive care and screenings without using your Personal Care Account (PCA)
- Adult and childhood immunizations
- Well-child visits and preventive care
- Preventive nutrition and weight-management counseling
- Maternity care and support
- Family planning and contraceptive services
- Quit For Life tobacco cessation program

Your cost (in-network)

- **$0 for covered preventive care** with no deductible or PCA use
- **Your PCA pays eligible expenses first**
- After you use your PCA, you pay toward your **net deductible**
- After the deductible, you generally pay **15% coinsurance** for in-network care

Health Plan-funded PCA

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

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

For details, see pages 8 – 9.

Compare your premiums for the 2027 plan year.

2027 HIGH OPTION PREMIUMS

Your employment status	Self FEHB enrollment code 471	Self Plus One FEHB enrollment code 473	Self & Family FEHB enrollment code 472
Employee	**Biweekly premium** $191.92	**Biweekly premium** $374.71	**Biweekly premium** $461.61
Retiree	**Monthly premium** $415.83	**Monthly premium** $811.87	**Monthly premium** $1,000.15

2027 CONSUMER DRIVEN OPTION PREMIUMS

Your employment status	Self FEHB enrollment code 474	Self Plus One FEHB enrollment code 476	Self & Family FEHB enrollment code 475
Employee	**Biweekly premium** $102.63	**Biweekly premium** $223.06	**Biweekly premium** $243.34
Retiree	**Monthly premium** $222.36	**Monthly premium** $483.29	**Monthly premium** $527.23



“I like the APWU Health Plan because it provides reliable and comprehensive coverage at an affordable cost for my family. The plan offers strong benefits, quality healthcare options, and peace of mind knowing that my family’s medical needs are supported. It also reflects the union’s commitment to protecting the well-being of its members.”

Joseph Martir
APWU Health Plan member since 2013

Preventive care benefits offer 100% coverage for many in-network services.

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

Get the care you need for a healthy pregnancy. 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 21[3]
- Colorectal cancer screening starting at age 45[4]
- Routine mammograms, including 3D mammograms, covered for members age 35 and older[5]

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

Scan to explore **preventive care services with 100% coverage:**

[1] Healthychildren.org. AAP Schedule of Well-Child Care Visits. https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx. Accessed September 1, 2026.

[2] American Cancer Society. Find Cancer Early. https://www.cancer.org/cancer/screening.html. Accessed September 1, 2026.

[3] U.S. Preventive Services Task Force (USPSTF). Cervical Cancer: Screening. https://uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening. Accessed September 1, 2026.

[4] Centers for Disease Control and Prevention. Screening for Colorectal Cancer. https://www.cdc.gov/colorectal-cancer/screening/. Accessed September 1, 2026.

[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 1, 2026.

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.

High Option

A premier FEHB plan

United Healthcare

HIGH OPTION 2027

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**	**$15,000 Self $30,000 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%.**

2027 benefits	High Option In-network you pay	Medicare Advantage In-network you pay (See pages 14 – 15)
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

2027 benefits	High Option In-network you pay	Medicare Advantage In-network you pay (See pages 14 –15)
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 lab tests 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
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 every 3 years when using the UnitedHealthcare network
Alternative care		
Physical therapy	15% (60 visits per year, no deductible applied)	$0
Chiropractic care	$25 copay (24 visits per year, no deductible applied)	$0
Acupuncture	$25 copay (26 visits per year, no deductible applied)	$0
Mental health/substance use		
Office visits	$25 copay (no deductible applied)	$0
Outpatient treatment	15%	$0
Diagnostics, inpatient, and outpatient services	15%	$0

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

The Consumer Driven Option features a PCA that covers your healthcare expenses and lowers any deductible you may have to pay. In January each year, the Plan funds your PCA at $1,200 per year for Self 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.**

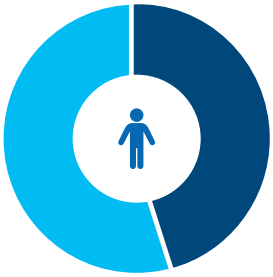
3 **After you satisfy the annual Plan deductible, you pay coinsurance — a percentage of the cost of covered healthcare — and the Plan pays the rest.**

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



$1,200
APWU Health Plan PCA contribution

$1,000
Your in-network **net deductible**

Self Plus One or Self & Family

$4,400 Plan deductible



$2,400
APWU Health Plan PCA contribution

$2,000
Your in-network **net 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

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.

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.**

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 PCA is one of the best things ever! My daughter and I use it to pay for our glasses. At one point, I had over $5,000 in my account. Chi-ching!”

Vontresa Brown
APWU Health Plan member since 2010

Consumer Driven Option

A proactive alternative to conventional health plans

United Healthcare

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 members pay 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**	**$15,000**

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**	**$30,000**

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.

2027 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, or cervical cancer screening
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)
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

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

Optum Rx provides pharmacy benefits for High Option members. The network features more than 67,000 pharmacies, including large national chains, local community pharmacies, home delivery, and specialty.

NEW for 2027: Receive up to a 90-day supply of all prescriptions except specialty medications at any in-network pharmacy.

Optum Rx®

2027 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.

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

Price medications and explore lower cost options.

Scan to **compare prescription costs:**

Receive Medicare Part D coverage at no extra cost.

As a retired High Option member not enrolled in Medicare Advantage (Part C), you will be enrolled in APWU Health Plan Medicare Prescription Drug Plan (PDP).

FEHB-covered annuitants and family members who are eligible for Medicare PDP receive:

- Low copays/coinsurance
- $2,400 annual prescription out-of-pocket maximum
- Home delivery service

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

Questions? Call **855-597-7596**, 24/7, starting January 1, 2027.

Scan to visit **APWU Health Plan Medicare Prescription Drug Plan (PDP)**:

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

Optum Rx 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.

2027 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 of $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 of $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 of $10 and a max of $300 for a 30-day supply; $600 for a 60-day supply; $900 for a 90-day supply

Optum Rx®

Receive a discount when you use Optum Rx Home Delivery.

Price medications and explore lower cost options.

Scan to **compare prescription costs:**





Get more from your 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
- A $100 monthly Part B premium subsidy
- Part D prescription drug coverage
- 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 every 3 years when using the UnitedHealthcare network
- $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.

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.

Scan to visit **UnitedHealthcare Medicare Advantage**:



"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 McCrary, Jr.
APWU Health Plan & Medicare Advantage member since 2010

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 coverage

2027 coverage	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 prescription drug coverage and the Medicare Advantage plan, which includes Part D prescription drug coverage.

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.

Optum 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.

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] Optum 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.

Preventive dental benefits have no deductible.

HIGH OPTION

The High Option pays 70% of the Health Plan allowance, while members are responsible for 30% and any difference between our allowance and the billed amount. Benefits include:

- Office visits for routine dental care, exams, and fluoride treatment (limited to 2 visits per year)
- Cleanings (limited to 2 per year)
- X-rays of all types (limited to 2 per year)
- Fillings (not including crowns or in-lay/on-lay restoration)
- Simple extractions

General anesthetics are not covered unless due to an underlying medical condition.

You're free to use any dentist you choose.

As a High Option member, you're not required to choose dentists in a specific network. There is no network, so you can keep seeing your current dentist or choose a new dentist in your community.

Some providers may require you to pay at the time of service and file a claim with APWU Health Plan.



"Grateful. I'm grateful I don't have to worry about networks when traveling; keep my own doctors and I'm grateful for the wonderful help when calling the APWU Health Plan with questions."

Joe Threet
APWU Health Plan member since 2024

Access care through the Careington Dental Plan.

CONSUMER DRIVEN OPTION

Take advantage of savings offered by a national leader in dental care. Transparent pricing with fee schedules let you know what each dental treatment costs before your appointment.

- Save 20% to 50% on routine oral exams, unlimited cleanings, and major work, such as dentures, root canals, and crowns
- 20% savings on orthodontics, including braces and retainers
- Cosmetic dentistry, such as bonding and veneers, are also included

As a Consumer Driven Option member, you can maximize your PCA dollars by using dentists in the Careington Dental Plan.

Scan to visit
Careington Dental Plan:

Visit any participating dentist and change providers at any time.

Careington features one of the largest dental networks in the nation. All dentists must meet highly selective credentialing standards based on education, background, license standing, and other requirements.



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.

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.

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.

Scan to visit **UHC Hearing:**

Access special programs for members.

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 federal 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.

Maven is an independent company contracted to provide maternity and newborn care 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. 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.

Find more ways to stay healthy and save.

Health and wellness programs are available to all members.

Eat well.

Learn how to make healthier choices.

- Meet with a registered dietician.
- $0 for High Option members.
- Low cost share for Consumer Driven Option members.

Move more.

Find ways to stay active.

- Get fitness discounts through **One Pass Select**.
- Change gym locations at any time.
- Live-stream exercise classes through an app.

Support your family.

Get help when you're becoming a parent.

- Find a trusted doula through **Maven**.
- Chat with lactation specialists.
- Meet with a return-to-work coach.

Quit smoking.

Make a plan to be tobacco-free.

- Available with $0 out-of-pocket costs.
- Access nicotine replacement therapy.
- Text a coach through the **Quit For Life** app.

Get specialized care.

Receive the right care at the best value.

- Access care through a **Cancer Center of Excellence**.
- 5% copay for High Option members.
- 10% coinsurance for Consumer Driven Option members.

Explore High Option added benefits:

Explore Consumer Driven Option added benefits:

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 sitused 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.

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 all this and more:

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

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 care[3]
- 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.

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.



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.

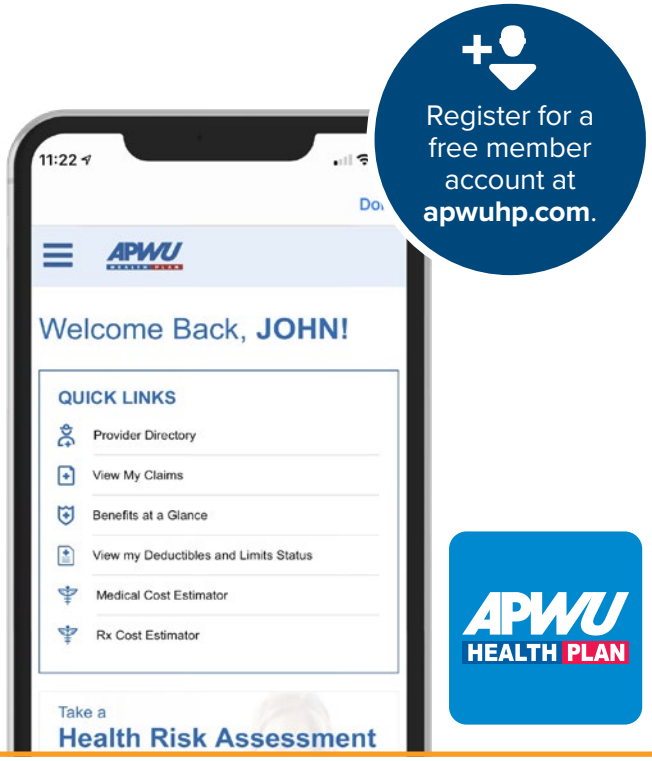
Manage your benefits with digital tools.

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:

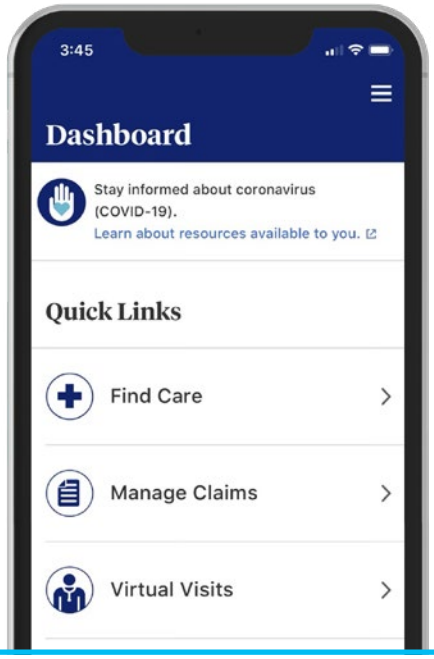
- Access deductibles, copays, and maximums
- Check the provider network to find a doctor
- Print or request an ID card
- View claims and authorizations
- See benefit and eligibility information



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.

Enroll today, and take a step toward better health.

As a federal employee or retiree, you can enroll in your FEHB health plan during Open Season, starting Monday, November 9, through Monday, December 14, 2026.

Download and complete the FEHB Health Benefits Election Form (SF2809) or ask your agency if you can enroll online or by phone.

Visit **apwuhp.com** to access the form

Visit **opm.gov** to download the form

Pick up the form in your employment office

Scan to access the enrollment form.

Scan to enroll.

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

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

Already an APWU Health Plan member?

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

HIGH OPTION
2027 FEHB enrollment codes

Self	Self Plus One	Self & Family
471	473	472

CONSUMER DRIVEN OPTION
2027 FEHB enrollment codes

Self	Self Plus One	Self & Family
474	476	475

Contact us for help.

High Option

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

Consumer Driven Option

800-718-1299
whyuhc.com/apwuhp

Headquarters

6514 Meadowridge Road
Suite 195
Elkridge, MD 21075

Mailing address

PO Box 8660
Elkridge, MD 21075

Retirees

OPM Retirement Information Center
844-451-1261
retire@opm.gov
opm.gov/retirement-center

APWU HEALTH PLAN

Together. Better Health.

apwuhp.com



Getting ready to retire?

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

See pages 14 – 15 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 71-004).

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

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

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

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