

Compare plans









Review this side by side plan comparison to help you determine if the Medicare Advantage plan will meet your needs.

Plan comparison	APWU Health Plan High Option with Medicare Parts A and B	APWU Health Plan Medicare Advantage Plan
Medical benefits	You pay	You pay
Annual medical deductible	\$0	\$0
Annual medical out-of-pocket maximum ¹	\$6,500/\$13,000	\$0
Preventive services	\$0	\$0
Physician office visits (primary, specialist and virtual)	\$0	\$0
Hospital visits (inpatient and outpatient)	\$0	\$0
Emergency room or urgent care	\$0	\$0
Ambulance services	\$0	\$0
Acupuncture	\$25/26 visits	\$0/unlimited visits
Chiropractic care	\$25/24 visits	\$0/unlimited visits
Physical, speech and occupational therapy	\$0/60 visits per year combined	\$0/unlimited visits
Durable medical equipment	\$0	\$0
Diabetic supplies	\$0	\$0
Routine podiatry	Not covered	\$0/6 visits per year
Hearing aid allowance of \$1,500 every 3 years (combined for both ears) ²	\$0	\$0

Plan comparison	APWU Health Plan High Option with Medicare Parts A and B	APWU Health Plan Medicare Advantage Plan
Pharmacy – 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 tier	25% up to max of \$300	\$60
Pharmacy – Mail Order		
Tier 1: Generic	\$20	\$20
Tier 2: Preferred brand	25% up to max of \$300	\$60
Tier 3: Non-preferred brand	45% up to max of \$500	\$90
Tier 4: Specialty tier	25% up to max of \$150	\$120

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

You also get these extra benefits with the APWU Health Plan Medicare Advantage Plan

-  \$100 Part B premium reduction
-  National provider network³
-  Dental coverage
-  Vision eyewear allowance
-  Free gym membership
-  Remain in the FEHB/PSHB program
-  Remain an APWU Health Plan member
-  \$60 quarterly over-the-counter item credit

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. Call your plan or review your Evidence of Coverage (EOC) for more information.

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

²Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. This information is not a complete description of benefits. Contact the plan for more information.

³You have access to our national coverage. Unlike most PPO plans, with this plan, you pay the same share of cost in and out of network as long as providers are eligible to participate in the Medicare Program and accept the plan. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract, and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.