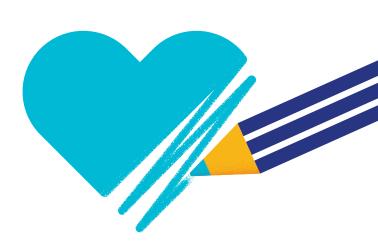
# **Compare plans**

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



| (1   |  |  |
|--|--|--|
| Medical benefits   | APWU Health Plan High<br>Option with Medicare<br>Parts A and B | APWU Health Plan<br>Medicare Advantage<br>Plan |
| Annual medical deductible  | \$0  | \$0  |
| Annual medical out-of-pocket maximum <sup>1</sup>                                    | \$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) <sup>2</sup> | \$0  | \$0  |

| Pharmacy benefits           | APWU Health Plan High<br>Option with Medicare<br>Parts A and B | APWU Health Plan<br>Medicare Advantage<br>Plan |
|-----------------------------|--|--|
| Retail pharmacy             |  |  |
| 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   |
| Mail order pharmacy         |  |  |
| 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 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.

## Plus, these APWU Health Plan Medicare Advantage Plan extras

**\$100** 

Part B premium reduction



Vision eyewear allowance



Free gym membership



Dental coverage

\$60

Quarterly credit for over-the-counter items



Home delivered meals

### **Important information**

#### **Enrollment information:**

If you elect to enroll in the Medicare Advantage plan it will take over as the primary and only payer so you will not need to coordinate benefits, however, you must remain enrolled in the APWU Health Plan High Option if you elect the Medicare Advantage plan. Do not suspend or cancel your coverage with OPM or you will also be terminated from the Medicare Advantage plan.

#### **Disenrollment Information**

Enrollment is voluntary and retirees may opt in or out of the Medicare Advantage enhanced benefits at any time throughout the year. Under the new PSHB guidelines, if you choose to disenroll from your Medicare Advantage plan outside of Open Season, you will no longer have prescription drug coverage through APWU Health Plan. However, if you are facing extenuating circumstances, an exception process may be available. Please contact APWU Health Plan at 800-222-APWU to discuss your options and ensure continuity of your Part D coverage.

#### **Medicare Part B enrollment**

In most cases, postal retirees who retire after January 1, 2025 will be required to enroll in Medicare Part B to continue retiree coverage in the PSHB Program. Having Medicare Part B makes you eligible for the Medicare Advantage plan for APWU Health Plan. You must continue to pay your Medicare Part B premiums if you elect to enroll in the Medicare Advantage plan.

#### **Medicare Part B Late Enrollment Penalty (LEP)**

If you didn't get Medicare Part B when you were first eligible, your monthly premium may go up. In most cases, you'll have to pay this penalty each time you pay your premiums, for as long as you have Medicare Part B. You must continue paying your Medicare Part B premium to be eligible for coverage under this APWU Health Plan-sponsored Medicare Advantage plan. If you stop paying your Medicare Part B premium, you may be disenrolled from this plan.

#### **Medicare Part D (LEP)**

Once you become a UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan member, you will receive a letter to confirm you have had continuous prescription drug coverage. If you had coverage through the APWU High Option Plan or another FEHB or PSHB plan since you became Medicare eligible, you had what is known as "creditable coverage" and a penalty will not apply. You simply need to respond to the letter as quickly as possible to avoid an unnecessary penalty.

#### **Income-Related Monthly Adjustment Amount (IRMAA)**

IRMAA is an amount Social Security determines you may need to pay in addition to your monthly Part B and D premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. The UnitedHealthcare® Medicare Advantage (PPO) plan for APWU Health Plan's included prescription drug coverage is considered a Part D plan therefore if you currently have a Part B IRMAA then you may incur a Part D IRMAA when enrolling in this plan.

#### Copay cards

In most cases, coupons and prescription drug copay cards can't be used with a Part D plan. Copay cards include disclaimer language that state that they can't be used with Federal health care programs. Part D prescription drug plans are a Federal program.

| Benefits features and/or devices may vary by plan/area I   | imitations, exclusions and/or network restrictions may apply.  |
|--|--|
| Out-of-pocket maximum excludes premiums, prescriptio   |  |
| <sup>2</sup> Other hearing exam providers are available in the United  | Healthcare network. The plan only covers hearing aids from nation is not a complete description of benefits. Contact the |
| Plans are insured through UnitedHealthcare Insurance Co<br>Advantage organization with a Medicare contract, and a I<br>depends on the plan's contract renewal with Medicare. | ompany or one of its affiliated companies, a Medicare<br>Medicare-approved Part D sponsor. Enrollment in the plan        |
| H2001_P2513100_082525_M  | UHEX26NP0360855_000 P2513100   |