

APWU

HEALTH PLAN

Together. Better health.
apwuhp.com

United
Healthcare

PSE Consumer
Driven Option 2024



You deserve
a health plan
that gives
you more.

All postal support employees
with one year of service can enroll.

**PSE Consumer Driven
Option premiums for
the 2024 plan year**

Self Only
enrollment code 474

Biweekly
\$76.78

Self Plus One
enrollment code 476

Biweekly
\$166.88

Self & Family
enrollment code 475

Biweekly
\$182.05

Consumer Driven Option

Access care from a nationwide network of 1.7+ million providers.*



2024 benefits

In-network you pay

Preventive care

Well-child care, immunizations, well-woman 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
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Medical visits

Office, specialist & 24/7 Virtual Visits	15% of Plan allowance (Plan allowance: The maximum amount a plan will pay for a covered healthcare service)
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Maternity

Complete maternity care, including prenatal, delivery, postnatal and initial exam of newborn covered under family enrollment	\$0 — No PCA used
Medical food formulas are covered to treat phenylketonuria (PKU) and other inborn errors of metabolism	15% of Plan allowance

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

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, no deductible applied)

Mental health/substance use

Office visits	15% of Plan allowance
Virtual Behavioral Health Care	15% of Plan allowance
Outpatient treatment	15% of Plan allowance
Diagnostics, inpatient and outpatient services	15% of Plan allowance



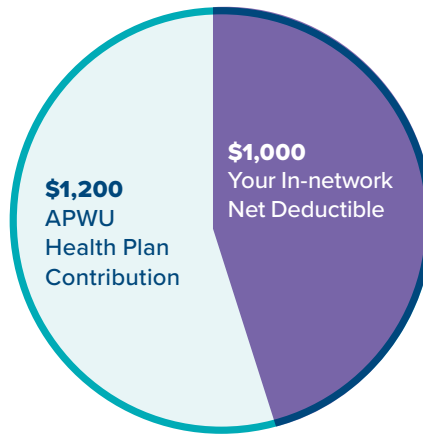
Lower your Health Plan premiums as a PSE.

1. When you're hired as a PSE, you are eligible for the USPS health plan administered by CareFirst/BCBS—a plan for non-career employees.
2. After you complete one year of service, you become eligible for the APWU Health Plan Consumer Driven Option. (You're also eligible for other health plans in the FEHB Program but must pay the total amount of the premium for those plans.) **With the Consumer Driven Option, the United States Postal Service (USPS) pays 75% of your premium.**
3. Once you convert to career and have been in FEHB for one year, the premium drops to the APWU special rate, where the USPS pays 95%. Time enrolled as a PSE in the Consumer Driven Option counts toward the one-year requirement when you convert to career.

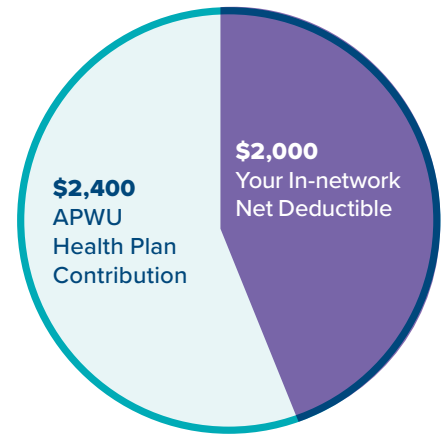
* As of July 2023

Your Personal Care Account helps cover your healthcare expenses and lowers any deductible you may have to pay.

**Self Only
\$2,200 Plan Deductible**



**Self Plus One or Family
\$4,400 Plan Deductible**



Overall plan features

Personal Care Account (PCA)

In January each year, the Health Plan funds a PCA members can use for covered medical services. Members are covered 100% until the PCA is exhausted.

Roll over unused funds in your PCA

As long as you stay enrolled in this plan, any unused balance in your PCA at the end of the calendar year may be rolled over to subsequent years. The maximum amount allowed in your PCA balance in any given year is \$5,000 for Self Only and \$10,000 for Self Plus One and Self & Family.

Self Only	\$1,200
Self Plus One / Self & Family	\$2,400

Net deductible

	In-network	Out-of-network	Coinsurance
Self Only	\$1,000	\$1,500	Once the deductible is met, you pay coinsurance for in-network or out-of-network services and prescription drugs.
Self Plus One / Self & Family	\$2,000	\$3,000	A deductible is the amount the member pays before carrier begins to pay.

Out-of-pocket maximum

Both medical and prescription drugs	In-network	Out-of-network	
Self Only	\$6,500	\$12,000	The Plan has a built-in out-of-pocket maximum that, when reached, allows the rest of your annual healthcare costs to be paid at 100% (medical, prescription drugs, and PCA). PCA and net deductible expenses are included in accumulation of out-of-pocket expenses.
Self Plus One / Self & Family	\$13,000	\$24,000	

How your PCA works

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.

Enroll today.

The USPS pays 75% of the 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.

To access enrollment details and download forms:

- Visit apwuhp.com
- Select **Enroll**
- Under **How to Enroll**, select **PSEs**

To request a copy of the forms, call HR Shared Services Center (HRSSC):

877-477-3273

866-260-7507 (TTY)

Fax your completed forms to 202-268-0359

Or mail your completed forms to:

Shared Services Benefits and Compensation
P.O. Box 970400
Greensboro, NC 27497-0400

Stay connected to your plan.



Enroll through LiteBlue.

Visit liteblue.usps.gov

In some areas of the country, PSEs can enroll in the plan through **LiteBlue**. Have your Employee Identification Number and USPS PIN ready.

Contact us for help.

Consumer Driven Option

UnitedHealthcare

800-718-1299

whyuhc.com/apwuhp

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Together. Better health.

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).

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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