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	Self Plus One enrollment code 476	Self & Family enrollment code 475
	Biweekly	**Biweekly**	**Biweekly**
	$76.78	$166.88	$182.05

Consumer Driven Option

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

United Healthcare

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
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)
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

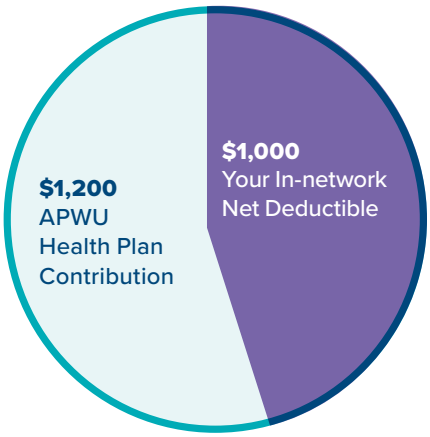
* As of July 2023

Lower your Health Plan premiums as a PSE.

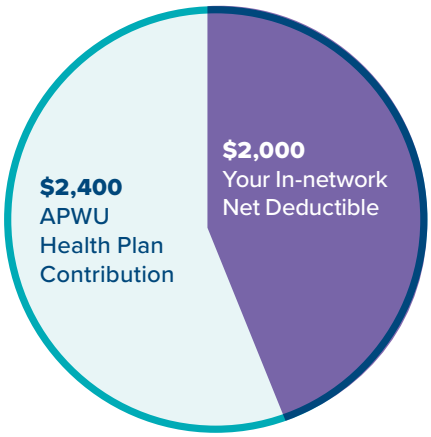
1. When you're hired as a PSE, you are eligible for the USPS health plan administered by CareFirst/BCBS—a plan for non-career employees.
2. After you complete one year of service, you become eligible for the APWU Health Plan Consumer Driven Option. (You're also eligible for other health plans in the 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.

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.

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

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.

Net deductible

	In-network	Out-of-network
Self Only	$1,000	$1,500
Self Plus One / Self & Family	$2,000	$3,000

Coinsurance
Once the deductible is met, you pay coinsurance for in-network or out-of-network services and prescription drugs.

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
Self Plus One / Self & Family	$13,000	$24,000

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.

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

Sarah J. Rodriguez
APWU Health Plan Director

APWU Health Plan
799 Cromwell Park Drive
Suites K-Z
Glen Burnie, MD 21061

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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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