

All postal employees are welcome.

TOGETHER. BETTER HEALTH.

HONORED TO SERVE YOU.

apwuhp.com

Comprehensive benefits at an affordable price.

- Nationwide network – more than 1 million providers
- No referrals needed
- Value and quality of care

APWU HEALTH PLAN

www.apwuhp.com
800-222-2798

A benefit plan focused on you and your family.

For almost 60 years, APWU Health Plan has served federal employees and retirees with diligence and compassion. As an APWU Health Plan member, you can rely on:

Comprehensive coverage

A nationwide network of more than 1 million providers, with no need for referrals



Two solid plans to choose between

Affordable premiums

The personal touch from people who care

New Plan benefits for 2019

Lower copay for virtual visits ●
Only $15 through American Well

Chiropractic visits ● ●
Increased to 24 per year

Home colorectal cancer screening Cologuard kit ● ●

Skilled nursing facility coverage ● ●

Residential treatment center coverage ● ●
For mental health and substance use disorders

Obtain maintenance drugs at retail pharmacies ●
In-network; includes CVS & Walgreens

AVAILABLE IN

- ● High Option Plan.
- ● Consumer Driven Option Plan

You pay nothing for these services when you choose a network doctor.

HIGH OPTION ●

100% covered services

- Preventive care and screenings
- Maternity care
- Accidental injury within 72 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to registered dietician/nutritionist
- Diabetes management: Generic medication, glucose test strips, lancets and coaching calls
- Weight management, pregnancy and tobacco cessation programs

CONSUMER DRIVEN OPTION ●

100% covered services

- A Personal Care Account (PCA), which is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. The Plan funds the PCA at $1,200 for Self Only and $2,400 for Self Plus One and Self and Family
- Preventive care and screenings
- Maternity care
- Pregnancy and tobacco cessation programs

Premiums for the 2019 plan year.

COMPREHENSIVE BENEFITS AT AN AFFORDABLE PRICE.

				Postal		
				Biweekly		
	Enrollment code	Non-Postal biweekly You pay	Non-Postal monthly You pay	Category 1 You pay	Category 2 You pay	APWU career You pay
HIGH OPTION Self Only	471	$105.00	$227.50	$101.80	$92.21	$101.80
Self Plus One	473	$211.59	$458.44	$204.75	$184.24	$204.75
Self and Family	472	$279.10	$604.72	$271.80	$249.92	$271.80
CONSUMER DRIVEN OPTION Self Only	474	$68.96	$149.42	$66.20	$57.24	$23.29
Self Plus One	476	$149.88	$324.75	$143.89	$124.40	$59.41
Self and Family	475	$163.51	$354.27	$156.97	$135.71	$77.65

Postal Category 1 rates apply to career bargaining unit employees who are represented by NALC, NPMHU and NRLCA.
Postal Category 2 rates apply to career bargaining unit employees who are represented by PPOA.
APWU non-career (PSE) employees: Please see the APWU Health Plan PSE flyer.
APWU career rates apply to employees with more than one year in FEHB; otherwise, see Postal Category 1.

Enroll now!

If you are already a member of the APWU Health Plan, you do not need to do anything. You will remain a member automatically.*

Active Postal Service employees
Call PostalEASE at **877-477-3273**, option 5
OR
Visit **www.liteblue.usps.gov**

Make sure you have your Employee Identification Number and USPS PIN number handy.

*Moving to Self Plus One will require you to change your enrollment.

Retired Postal Service employees
Visit **www.apwuhp.com/enroll**
OR
www.opm.gov/forms/pdf_fill/sf2809.pdf

Retiree contact information
OPM Retirement Information Center
www.opm.gov/retirement-services
Phone: **888-767-6738**
Email: **retire@opm.gov**

If you are close to retirement

The APWU Health Plan is a great option for retirees. To learn more, get your copy of APWU Health Plan's Blueprint to Medicare at **www.apwuhp.com**

Two smart plans to consider.

Choose the plan with the coverage and premiums that meet your needs.

HIGH OPTION

With low copays, low deductibles and a vast network of providers, this is a premier plan in the Federal Employees Health Benefits (FEHB) Program.

Cigna

The High Option features the Cigna Healthcare provider network.

	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Calendar year deductible		
Self Only	$350*	$500*
Self Plus One	$700*	$1,000*
Self and Family	$700*	$1,000*
Annual out-of-pocket maximum		
Both medical and prescription drugs	$5,500 Self Only $9,000 Self Plus One and Self and Family	$10,000 Self Only $15,000 Self Plus One and Self and Family
Medical visits		
Office and specialist visits	$25 copay**	30% of allowance***
Virtual visits with American Well	$15 copay**	
Preventive care		
Well-child care	$0	Difference between allowance and billed amount
Childhood immunizations	$0	Difference between allowance and billed amount
Annual adult routine exams	$0	30% of allowance***
Adult immunizations	$0	30% of allowance***
Preventive screenings	$0	30% of allowance***
Dental care		
Routine dental	30% of allowance**	30% of allowance**
Maternity		
Physician and hospital care	$0	30% of allowance***
Hospital/facility care		
Diagnostic tests or imaging	10% ($0 for covered blood work performed at LabCorp and Quest Diagnostics)	30% of allowance***
Outpatient surgery	10%	30% of allowance***
Inpatient	10%	30% of allowance*** ($300 per admission)
Surgical	10%	30% of allowance***
Cancer Centers of Excellence	5%	N/A
Emergency care		
Accidental injury (within 72 hours)	$0	Difference between allowance and billed amount
Urgent care	$40 copay**	$40 copay**
Emergency room	10%	10% of allowance***
Ambulance	10%**	30% of allowance***
Retail prescription drugs – 30-day supply (non-specialty)		
Tier 1	$10**	50%
Tier 2	25%, max. $200 per RX**	
Tier 3	45%, max. $300 per RX**	
Mail order prescription drugs – 90-day supply (non-specialty)		
Tier 1	$20**	N/A
Tier 2	25%, max. $300 per RX**	
Tier 3	45%, max. $500 per RX**	
Hearing services		
Diagnostic hearing tests	10% every 2 years	30% of allowance**
Hearing aids	All charges in excess of $1,500*** (every 3 years)	All charges in excess of $1,500** (every 3 years)
Alternative care		
Chiropractic care	$25 copay** (24 visits annually)	30% of allowance***
Acupuncture	$25 copay** (26 visits annually)	30% of allowance***
Mental health/substance abuse		
Office visit	$25 copay**	30% of allowance***
Outpatient treatment	10%	30% of allowance***
Diagnostics, inpatient and outpatient service	10%	30% of allowance***

*A deductible is the amount the member pays before carrier begins to pay.
**No deductible applied.
***If there is a difference between the allowance and billed amount, the member is responsible for that difference.
****Personal Care Account (PCA) expenses are included in accumulation of out-of-pocket expenses.

CONSUMER DRIVEN OPTION

This is a different model of health care that, when used properly, can save money. With the broad national network of UnitedHealthcare, this option is an excellent alternative to traditional plans.

UnitedHealthcare®

The Consumer Driven Option is administered by UnitedHealthcare.

OVERALL PLAN FEATURES		
Personal Care Account (PCA) The PCA is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. Self Only Self Plus One Self and Family	 $1,200 $2,400 $2,400	**PCA Rollover** As long as you remain 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 Self Only and $10,000 Self Plus One and Self and Family.
Deductible When the PCA is exhausted, you must meet a deductible. Self Only Self Plus One Self and Family	 $800* $1,600* $1,600*	**Coinsurance** Once the deductible is met, you pay coinsurance for in- or out-of-network services and prescription drugs.
Out-of-pocket maximum Both medical and prescription drugs. Self Only Self Plus One and Self and Family	 $5,000 in-network, $10,200 out-of-network**** $10,000 in-network, $13,700 out-of-network****	Because the unexpected happens, the plan has a built-in out-of-pocket maximum which, when reached, allows the rest of your annual health care costs to be paid at 100% (both medical and prescription drugs and PCA).
	IN-NETWORK YOU PAY	**OUT-OF-NETWORK YOU PAY**
Preventive care Well-child care, immunizations, well-woman care, adult routine exams, preventive screenings	$0 – No PCA used	May use PCA while funds are available
Medical visits Office, virtual and specialist visits	15% of allowance	40% of allowance***
Maternity Complete maternity care, including prenatal, delivery, post-natal and initial exam of newborn covered under family enrollment	$0 – No PCA used	40% of allowance***
Hospital/facility care Diagnostic tests or imaging Outpatient surgery Inpatient Cancer Centers of Excellence	 15% 15% 15% 10%	 40% of allowance*** 40% of allowance*** 40% of allowance*** N/A
Emergency care Accidental injury (within 24 hours) Urgent care Emergency room Ambulance	 15% 15% 15% 15%	 15%*** 15%*** 15%*** 15%***
Retail prescription drugs – 30-day supply Tier 1 Tier 2 Tier 3	 25%, max. $200 per RX 25%, max. $200 per RX 40%, max. $200 per RX	 All charges
Mail order prescription drugs – up to 90-day supply Tier 1 Tier 2 Tier 3	 25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply 25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply 40%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply	 N/A
Hearing services Diagnostic hearing tests Hearing aid	 15% every 2 years All charges in excess of $1,500 (every 3 years)	 40% of allowance*** All charges in excess of $1,500 (every 3 years)
Mental health/substance abuse Office visit Outpatient treatment Diagnostics, inpatient and outpatient services	 15% 15% 15%	 40% of allowance*** 40% of allowance*** 40% of allowance***

Dental, vision and hearing benefits add up to even more.

Smile, routine dental care is covered.

Office visits, exams, cleanings, X-rays, fluoride treatment, fillings and simple extractions

HIGH OPTION YOU PAY
30% of the plan allowance

CONSUMER DRIVEN OPTION
Pay for your dental care at the time of service and use your Personal Care Account* to cover the charges up to $400 per Self Only or $800 per Self Plus One and Self and Family.

*The $400/$800 limits apply to dental and vision combined.

Get ready for savings on glasses.

Eyeglasses and frames

HIGH OPTION
You have access to the Healthy Rewards program, which offers savings on glasses and frames.

CONSUMER DRIVEN OPTION
Pay for your vision needs at the time of service and use your Personal Care Account* to cover the charges up to $400 per Self Only or $800 per Self Plus One and Self and Family.

And there's good news for your ears.

Diagnostic hearing tests every 2 years

HIGH OPTION YOU PAY
10% of the plan allowance;
30% of the plan allowance out-of-network

CONSUMER DRIVEN OPTION
15% of the plan allowance in-network;
40% of the plan allowance out-of-network

Hearing aid every 3 years

HIGH OPTION YOU PAY
All charges in excess of $1,500, no deductible applied

CONSUMER DRIVEN OPTION
All charges in excess of $1,500

Benefit extras come standard with your plan.

Take advantage of all of the benefit extras that come with your membership in the APWU Health Plan.

Personal Health Record
This helpful online tool automatically transfers medical information from your claims and organizes it in a single secure location you can share with your health care professionals.

Online Claims and Records
View your claims, year-to-date information, detailed medication history and more, with easy online tools.

Nurse Advisory Line
Our professionals are here to help 24/7 with answers to your health questions and when to seek care.

Health Risk Assessment
Complete a Health Risk Assessment (HRA) for added savings. High Option members receive an extra dental discount for completing an HRA. Consumer Driven Option members earn $50 added to your Personal Care Account per member, spouse and each covered dependent age 18 or older.

Hospital Quality Guide
Check hospital ratings online to find the hospital that is best for you, wherever you live.

Treatment Cost Estimator
Estimate the costs of treatment ahead of time for the most common medical conditions, tests and procedures.

Online Health Library
Look up conditions, wellness and lifestyle facts so you can empower yourself and make educated decisions in partnership with your doctor.

HIGH OPTION

Healthy Rewards
Get savings on gym memberships, tobacco cessation, weight reduction programs, glasses and frames, alternative medicine, vitamins, dental care and more.

CONSUMER DRIVEN OPTION

Health with Rally®
Complete a Health Risk Assessment, and receive personalized recommendations to help you move more, eat better and feel great.



And, Health Management Programs at no extra cost.

Through our health management programs, our members enjoy life-altering benefits to get them on the path to better health. The best news? Depending on your plan choice, there is no added cost to you for these benefits as an APWU Health Plan member.

You pay nothing for the following services:

Diabetes ●

- Generic drugs*
- Blood glucose test strips*
- Lancets*
- Coaching calls

*Purchase through mail order

Pregnancy ●●

- Intake with a maternity specialist who will do an in-depth assessment to identify your needs
- Education during your pregnancy about healthy weight, delivery options, birthing class and maternity benefits
- Support in the weeks following your baby's birth

Weight ●

- Visits with an in-network registered dietician/nutritionist
- Initial assessment by phone with a health advocate
- Workbook and toolkit to keep you on track
- Progress calls with your personal wellness coach
- Decreased risk of chronic diseases, such as heart disease, stroke, high blood pressure and diabetes

Tobacco Cessation ●●

- Counseling by telephone, group therapy sessions or educational sessions with a doctor
- Prescription drugs by mail order approved by the FDA to treat tobacco dependence
- Over-the-counter drugs approved by the FDA to treat tobacco dependence

AVAILABLE IN

- ● **High Option Plan** 800-582-1314
- ● **Consumer Driven Option Plan** 800-718-1299

Interested?

To be eligible for these programs and pay nothing, plan members must enroll and then comply with the requirements of the program.

Your benefits go even beyond the FEHB Program.

We have negotiated even more services you can take advantage of as an APWU Health Plan member. These are not part of the FEHB Program, but are value-added benefits for our members.

Conversion Plan Health Insurance

When coverage as an employee or family member ends with any plan in the FEHB Program, or when Temporary Continuation of Coverage ends (except by cancellation or non-payment of premium), you may be eligible to convert to the APWU Health Plan Conversion Plan.
Call **800-222-2798**
Or visit **www.apwuhp.com/conversion**

American Hearing Benefits

Supplement the benefits of your APWU Health Plan coverage with no additional premium and get free hearing consultation and a discount on hearing aid devices.
Call **888-863-7222**
Or visit **www.americanhearingbenefits.com**

The Voluntary Benefits Dental Plan

Supplement your APWU Health Plan Dental Benefits for an added discounted premium. When you enroll in the Voluntary Benefits Dental Plan as an APWU Health Plan member, you will receive a 7.5% premium reduction off the plan's rates.
Call **800-422-4492**
Or visit **www.voluntarybenefitsplan.com**

APW-ABA (American Postal Workers Accidental Benefits Association)

The APW-ABA has joined with Unum, Sun Life and USI-Affinity to offer even more benefits to APWU members, associate members, retirees and spouses. Take advantage of APW-ABA's Value, Advantage or Plus programs, as well as affordable permanent whole life insurance and expanded accident insurance.
Call **800-426-2890**
Or visit **www.apw-aba.org**

Enroll now!

If you work for the USPS, these plan options are tailored to you and your family's needs.

TOGETHER. BETTER HEALTH.

We have proudly served postal workers with comprehensive coverage at a great price for almost 60 years. Come join the plan that works for you!

Mark Dimondstein
APWU President

John L. Marcotte
APWU Health Plan Director

All Postal Service employees in non-APWU bargaining units will automatically become associate members of the APWU upon enrollment. You will be billed associate membership dues of $35 per year – the smartest $35 you'll ever spend!

Contact us

HIGH OPTION

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

CONSUMER DRIVEN OPTION

800-718-1299
www.welcometouhc.com/apwu

Mailing address
799 Cromwell Park Drive
Suite K-Z
Glen Burnie, MD 21061

Questions?

For help in making your decisions, call **800-222-2798**.
For more details on APWU Health Plan and to download our Plan Brochure, visit **www.apwuhp.com**.

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 **www.apwuhp.com** or by calling **800-222-2798**.



APWU HEALTH PLAN