Together.
Better Health.



60 years of dedicated service to America's workforce.

All postal employees can enroll.

APWU career:
Premiums **reduced** for both the High Option and Consumer Driven Option.

All other categories:
High Option premiums **reduced** and Consumer Driven Option premiums stay the same.

APWU HEALTH PLAN

apwuhp.com | 800-222-2798

#BetterTogether60Years

Join the benefit plan America's workforce has trusted for 60 years.

APWU Health Plan serves postal employees and retirees with diligence and compassion. We're here to help you get the most from your plan. As a member, you can rely on:

- APWU career: Premiums **reduced** for both the High Option and Consumer Driven Option
  All other categories: High Option premiums **reduced** and Consumer Driven Option premiums stay the same
- 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







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 outpatient services within 72 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to a registered dietician/nutritionist
- Health management programs: diabetes, weight management, pregnancy and tobacco cessation

Consumer Driven Option

100% covered services

- In January, the Health Plan funds a Personal Care Account (PCA) members can use for covered medical services. Members are covered at 100% until the PCA is exhausted. 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 2020 plan year.

APWU career:
Premiums **reduced** for both the High Option and Consumer Driven Option.

All other categories:
High Option premiums **reduced** and Consumer Driven Option premiums stay the same.

				Postal		
				Biweekly		
Enrollment type	Enrollment code	Non-Postal biweekly You pay	Non-Postal monthly You pay	Category 1 You pay	Category 2 You pay	APWU career greater than 1 year
High Option Self Only	471	$99.41	$215.38	$96.13	$86.31	$96.13
High Option Self Plus One	473	$199.74	$432.77	$192.74	$171.73	$192.74
High Option Self and Family	472	$257.95	$558.89	$250.36	$227.60	$250.36
Consumer Driven Option Self Only	474	$68.96	$149.42	$66.20	$57.24	$17.16
Consumer Driven Option Self Plus One	476	$149.88	$324.75	$143.89	$124.40	$46.41
Consumer Driven Option Self and Family	475	$163.51	$354.27	$156.97	$135.71	$54.45

Postal Category 1 rates apply to career bargaining unit employees represented by the APWU, IT/AS, NALC and NPMHU.
Postal Category 2 rates apply to career bargaining unit employees represented by PPOA.
Non-Postal rates apply to career non-bargaining unit Postal Service employees and career employees represented by NRLC.
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.

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

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

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

Already an APWU Health Plan member?
You'll remain a member automatically, so you don't need to do anything. Note: Moving to Self Plus One coverage will require you to change your enrollment.

Close to retirement?

Once you retire and enroll in both Medicare Part A and Part B, the APWU Health Plan High Option can help maximize your health care coverage and get your medical bills paid 100 percent. To learn more about how APWU Health Plans work with Medicare, visit **apwuhp.com.**

Two smart plans to consider.

✚ 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.

High Option 2020 benefits	In-network you pay	Out-of-network you pay
Calendar year deductible		
Self Only	$450*	$1,000*
Self Plus One	$800*	$2,000*
Self and Family	$800*	$2,000*
Annual out-of-pocket maximum	$6,500 Self Only	$12,000 Self Only
Both medical and prescription drugs	$13,000 Self Plus One and Self and Family	$24,000 Self Plus One and Self and Family
Medical visits		
Office and specialist visits	$25 copay**	40% of allowance***
Virtual visits with American Well	$15 copay**	n/a
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	40% of allowance***
Adult immunizations	$0	40% of allowance***
Preventive screenings	$0	40% of allowance***
Dental care		
Routine dental	30% of allowance**	30% of allowance**
Maternity		
Physician and hospital care	$0	40% of allowance**
Hospital/facility care		
Diagnostic tests or imaging	15% ($0 for covered blood work performed at LabCorp and Quest Diagnostics)	40% of allowance***
Outpatient surgery	15%	40% of allowance***
Inpatient	15%	40% of allowance*** ($300 per admission)
Surgical	15%	40% 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	$30 copay**	40% coinsurance
Emergency room	15%	15% of allowance***
Ambulance	15%**	40% of allowance***
Retail prescription drugs — 30-day supply		
Tier 1	$10**	50% of cost per prescription**
Tier 2	25% up to a maximum of $200 coinsurance per prescription**	
Tier 3	45% up to a maximum of $300 coinsurance per prescription**	
Mail order prescription drugs — 90-day supply		
Tier 1	$20**	50% of cost per prescription**
Tier 2	25% up to a maximum of $300 coinsurance per prescription**	
Tier 3	45% up to a maximum of $500 coinsurance per prescription**	
Hearing services		
Diagnostic hearing tests	15% every 2 years	40% 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)	40% of allowance***
Acupuncture	$25 copay** (26 visits annually)	40% of allowance***
Mental health/substance abuse		
Office visit	$25 copay**	40% of allowance***
Virtual visit with MDLIVE	$15 copay**	n/a
Outpatient treatment	15%	40% of allowance***
Diagnostics, inpatient and outpatient service	15%	40% 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

When used properly, this different model of health care can save money. With UnitedHealthcare's expansive national network, this option provides low premiums and a proactive alternative to traditional health plans.

UnitedHealthcare

UnitedHealthcare administers the Consumer Driven Option.

Overall Plan Features

Personal Care Account (PCA) In January, the Health Plan funds a PCA members can use for covered medical services. Members are covered 100% until the PCA is exhausted. 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 Self Only Self Plus One Self and Family	**In-network** $1,000* $2,000* $2,000*	**Out-of-network** $1,500* $3,000* $3,000*	**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 / Self and Family	**In-network** $6,500 $13,000	**Out-of-network** $12,000**** $24,000****	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		50% of allowance***
Maternity Complete maternity care, including prenatal, delivery, post-natal and initial exam of newborn covered under family enrollment	$0 — No PCA used		50% of allowance***
Hospital/facility care Diagnostic tests or imaging Outpatient surgery Inpatient Cancer Centers of Excellence	 15% 15% 15% 10%		 50% of allowance*** 50% of allowance*** 50% of allowance*** n/a
Emergency care Accidental injury (within 24 hours) Urgent care Emergency room Ambulance	 15% 15% 15% 15%		 15%*** 50%*** 15%*** 50%***
Retail prescription drugs — 30-day supply Tier 1 Tier 2 Tier 3	 25%, max. $200 per RX 25%, max. $200 per RX 40%, max. $300 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. $600 per RX for 60-day supply, max. $900 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)		 50% of allowance*** All charges in excess of $1,500** (every 3 years)
Mental health/substance abuse Office visit Virtual visit Outpatient treatment Diagnostics, inpatient and outpatient services	 15% 15% 15% 15%		 50% of allowance*** n/a 50% of allowance*** 50% of allowance***

Consider your dental coverage options.

High Option Plan members receive certain dental benefits as part of the medical plan. Consumer Driven Option Plan members may pay for eligible dental expenses from their Personal Care Account as long as funds are available, up to a combined maximum of $400 per Self Only enrollment or $800 per Self Plus One and Self and Family enrollment.

To maximize your coverage, active and retired postal and federal employees are also eligible to enroll in the APWU Health Plan Dental Insurance Plan. You'll pay a separate premium for this dental plan and can use any dentist you choose. There is no deductible for preventive services, including exams, X-rays and cleanings.

APWU Health Plan Dental Insurance Plan	
Calendar year deductible	Type I benefits: No deductible Type II and Type III benefits: $50 per person/Family $150 Type IV benefits: No deductible for orthodontic coverage (if selected)
Calendar year maximum	$20,000 per person for all covered services
Lifetime maximum	$2,500 per person per year Maximum of $5,000 for orthodontic services (if selected)

After the annual deductible is met, this plan pays:

Type I benefits	Type II benefits	Type III benefits	Type IV benefits
Preventive services: • Exams • X-rays • Cleanings	Basic services: • Fillings • Oral surgery • Extractions	Major services: • Crowns • Bridges • Dentures • Periodontics	Optional coverage: • Orthodontic services
100% of reasonable and customary charges	80% of reasonable and customary charges	50% of reasonable and customary charges (12-month waiting period)	50% of reasonable and customary charges

Visit **apwuhp.com** to learn more about the APWU Health Plan Dental Insurance Plan.

Save on eyeglasses and frames.

High Option

Savings are available through the Healthy Rewards program.

Consumer Driven Option

Pay for your vision 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 dollar limits apply to dental and vision care combined.

Take care of your hearing.

APWU Health Plans cover diagnostic hearing tests every two years and hearing aids every three years.

Get on the path to better health.

Depending on your plan, there is no added cost to you for these health management programs.

- **Diabetes:** Talk to a coach on the phone and order free generic drugs, blood glucose test strips and lancets through mail order.
- **Weight:** After an initial phone assessment, receive visits from a registered dietician/nutritionist. A workbook, toolkit and progress calls with a personal coach will help keep you on track.
- **Pregnancy:** A maternity specialist will provide an in-depth assessment, and you'll receive education about healthy weight, delivery options and birthing classes during your pregnancy, followed by support after your baby is born.
- **Tobacco cessation (including e-cigarettes):** Choose phone counseling, group therapy or educational sessions with a doctor. Purchase FDA-approved tobacco dependence drugs through mail order.

AVAILABLE IN

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

Extra benefits come standard with your plan.

Take advantage of everything that comes with your APWU Health Plan membership.

Virtual visits

Virtual visits let you see and talk to a doctor from your phone, tablet or computer—24 hours a day, 7 days a week. A doctor can speak to you about minor medical concerns, provide a diagnosis and, if appropriate, send a prescription to your local pharmacy.

Nurse advisory line

Professionals are here to help 24/7 to answer questions about your health or when to seek care.

Health Risk Assessment

High Option members receive an extra dental discount for completing an HRA.

Consumer Driven Option members can receive personalized recommendations to help you move more, eat better and feel great by completing an HRA through Rally®. You'll also earn $25 added to your Personal Care Account per member, spouse and each covered dependent age 18 or older.

Treatment Cost Estimator

Estimate the costs of care ahead of time.

Hospital quality ratings

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

Online claims

View your claims, year-to-date information, detailed medication history and more.

HIGH OPTION

Healthy Rewards

Save on gym memberships, tobacco cessation, weight loss programs, glasses and frames, alternative medicine, vitamins, dental care and more.

Your benefits go beyond the FEHB Program.

Enjoy these additional value-added benefits for APWU Health Plan 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 premiums), you may be eligible to convert to the APWU Health Plan Conversion Plan.
Call **800-222-2798**
Or visit **apwuhp.com/conversion**

American Hearing Benefits

Supplement your health plan benefits with no additional premium and get a free hearing consultation and a discount on hearing aids.
Call **888-863-7222**
Or visit **americanhearingbenefits.com**

Voluntary Benefits Dental Plan

Supplement your health plan dental benefits and receive a 7.5 percent premium reduction off the dental plan rates.
Call **800-422-4492**
Or visit **voluntarybenefitsplan.com**

American Postal Workers Accidental Benefits Association (APW-ABA)

The APW-ABA has joined with Unum, Sun Life and USI-Affinity to offer benefits. Take advantage of Value, Advantage or Plus programs, permanent whole life insurance and expanded accident insurance.
Call **800-526-2890**
Or visit **apw-aba.org**

Join the plan that works for you.

The APWU Health Plan has proudly served America's workforce for 60 years. We're here to help you get the most from your benefits.

Mark Dimondstein
APWU President

John L. Marcotte
APWU Health Plan Director

For more details on the APWU Health Plan and to download our brochure, visit **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.

Need help making a decision?

Contact us

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

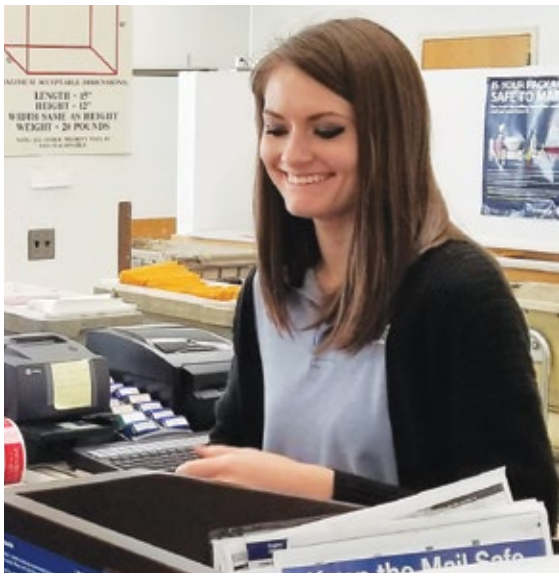
CONSUMER DRIVEN OPTION
800-718-1299
welcometouhc.com/apwu

Retirees
OPM Retirement Information Center
888-767-6738
retire@opm.gov
opm.gov/retirement-services

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







#BetterTogether60Years

APWU HEALTH PLAN

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