

All postal employees are welcome.

TOGETHER. BETTER HEALTH.

PROUD TO SERVE YOU.

Comprehensive health benefits at an affordable price.

APWU HEALTH PLAN

8 reasons why the APWU Health Plan is the smart choice.

1. The personal touch

You are never just a number to us. We advocate for you at every step.

2. Comprehensive coverage

We take great pride in working hard to create and manage the kind of health plan our members deserve.

3. Affordable premiums

Choose from two plans, based on your personal needs.

4. Solid networks

Select from more than one million providers with no need for referrals.

5. Health management programs

We'll help you manage your weight, hypertension, diabetes, pregnancy, and tobacco use.

6. Member satisfaction

98% of our plan members stay with us from year to year.

7. Union strength

Become a plan member, and keep your union strong — it benefits the APWU treasury.

8. Committed support for you from people who care

Your enrollment helps your union.

The APWU treasury receives funds from OPM for sponsoring the APWU Health Plan.

This is your Health Plan working for you.

Two smart plans to consider.

You are covered 100% for these services when you choose a network doctor.

High Option

- Preventive care and screenings
- Maternity care
- Accidental injury within 24 hours
- Diabetes Management Program
- Hypertension Management Program
- Weight Management Program
- Tobacco Cessation Program
- Lab tests (when you use LabCorp and Quest Diagnostics)

Cigna

The APWU Health Plan High Option features the Cigna Healthcare provider network.

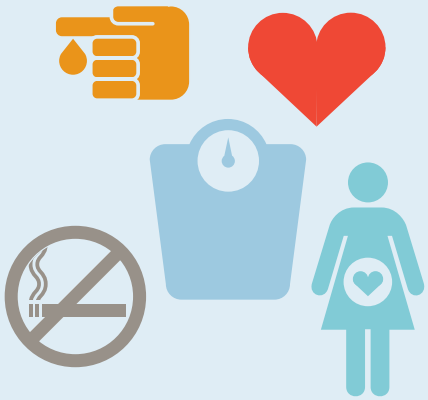
Consumer Driven Option

- Preventive care and screenings
- Maternity care
- Diabetes Management Program
- Tobacco Cessation Program
- Personal Care Account provides 100% coverage for the first $1,200 of your annual medical expenses for Self Only or $2,400 for Self Plus One and Self and Family

UnitedHealthcare®

The Consumer Driven Option is administered by UnitedHealthcare.

Health Management Programs at no extra cost.



Weight gain, high blood pressure, diabetes, and tobacco use are common problems. If any of these is a concern for you or a family member, we're here to help. Through our health management programs, our members enjoy life-altering benefits to get them on the path to better health. We also offer support through every stage of pregnancy.

The best news?
There's no added cost to you.

Our programs

Enroll and participate to receive the following at no out-of-pocket cost.

Diabetes ● ●

- In-network medical office visits for diabetes management
- In-network lab tests related to diabetes management
- Generic drugs*
- Insulin and blood glucose test strips*
- Lancets, syringes, pen needles, and an insulin pump*
- Insulin pump and supplies purchased in-network (pre-authorization required)

Hypertension ●

- In-network medical office visits for the specific purpose of lowering your blood pressure
- In-network lab tests related to hypertension management
- Generic drugs*

If you are being treated for both diabetes and hypertension, only participation in the diabetes program is necessary.

Weight ●

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

Pregnancy ● ●

- Intake with a maternity specialist who will do an in-depth health 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
- Financial incentives for High Option members — $150 when you enroll during the first trimester or $75 for enrollment during the second trimester

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

* Purchase through mail order. High Option limited to specific brands in the National Preferred Formulary.

Interested?

To be eligible for these programs, plan members must enroll and then comply with the requirements of the program.

High Option

Since 1960, the APWU Health Plan High Option has offered comprehensive benefits to America's workforce. With low copays, low deductibles, and a vast network of providers, this is a premier plan in the Federal Employee Health Benefits Program.

2016 PREMIUMS

YOU PAY	SELF ONLY 471	SELF PLUS ONE 473	SELF AND FAMILY 472
APWU Career biweekly	$68.14	$129.46	$188.46
Postal Category 1 biweekly	$68.14	$129.46	$188.46
Postal Category 2 biweekly	$80.00	$155.07	$215.60
Non-postal biweekly	$80.00	$155.07	$215.60
Non-postal monthly	$173.34	$335.98	$467.13

		IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Cost sharing	Calendar year deductible: Self	$275	$500
	Self Plus One	$550	$1,000
	Self and Family	$550	$1,000
	Annual out-of-pocket maximum (both medical and prescription drugs)	$5,000 per membership	$10,000 per membership
Medical	Office visits	$18 copay**	30% of the Plan allowance*
	Specialist office visits		
Maternity care	Complete maternity (obstetrical) care, such as prenatal care, delivery, postnatal care, and initial examination of a newborn child covered under family enrollment	$0	30% of the Plan allowance*
Preventive medical and dental care	Well-child care (through age 12)	$0	Difference between the Plan allowance and billed amount
	Childhood immunizations (through age 18)	$0	Difference between the Plan allowance and billed amount
	Annual adult routine exams	$0	30% of the Plan allowance*
	Adult immunizations (shingles vaccine covered at 100% in network at age 60)	$0	30% of the Plan allowance*
	Preventive screenings	$0	30% of the Plan allowance**
	Routine dental	N/A	30% of the Plan allowance**
Hospital/ facility care	Diagnostics tests or imaging	10% ($0 for covered blood work performed at Lab-Corp or Quest Diagnostics)	30% of the Plan allowance*
	Outpatient surgery, facility fee, lab visits, and surgeon fee	10%	30% of the Plan allowance*
	Inpatient facility fee	10%	30% of the Plan allowance* ($300 per admission)
	Cancer Centers of Excellence	5%	N/A
	Surgical and facility fee	10%	30% of the Plan allowance*
Hearing services	Diagnostic hearing tests (every 2 years)	10%	30% of the Plan allowance*
	Hearing aid (every 3 years)	All charges in excess of $1,500**	All charges in excess of $1,500**
Emergency care	Accidental injury (care within 24 hours of injury)	$0	Difference between the Plan allowance and billed amount
	Urgent care	$40 copay**	$40 copay**
	Emergency room	10%	10% of the Plan allowance*
	Ambulance	10%**	30% of the Plan allowance*
Alternative care	Chiropractic care (12 visits annually)	$18 copay**	30% of the Plan allowance*
	Acupuncture	$18 copay**	30% of the Plan allowance*
Prescription drugs **Express Scripts®**	Retail prescription drugs – non-specialty	$10 for generic drugs, 25% preferred brand name drugs, maximum $200 per RX, 40% non-preferred brand name drugs, maximum $300 per RX**	50% ($10 minimum coinsurance)**
	Mail order prescription drugs – non-specialty (90 day supply)	$20 generic drugs, 25% preferred brand name, maximum $300 per RX, 40% non-preferred brand name, maximum of $500 per RX**	N/A
	Retail prescription drugs – specialty	25% generic drugs, maximum of $300 per RX, 25% preferred brand name drugs, maximum $600 per RX, 40% non-preferred brand name drugs, maximum $1,000 per RX**	50% ($10 minimum coinsurance)**
	Mail order prescription drugs – specialty	25% generic, maximum $150 per RX, 25% preferred brand name, maximum $300 per RX, 40% non-preferred brand name, maximum $500 per RX**	N/A
Mental health/ substance abuse	Office visit	$18 copay**	30% of the Plan allowance*
	Outpatient treatment	10%	30% of the Plan allowance*
	Diagnostics, inpatient, and outpatient services	10%	30% of the Plan allowance*

* If there is a difference between the allowance and billed amount, the member is responsible for that difference.
** No deductible applied.

The APWU Health Plan High Option features the Cigna Healthcare provider network.

Cigna

Consumer Driven Option

Members in the Consumer Driven Option are the primary decision-makers in the care they receive and pay for. 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.

2016 PREMIUMS

YOU PAY	SELF ONLY 474	SELF PLUS ONE 476	SELF AND FAMILY 475
APWU Career biweekly	$10.39	$22.85	$24.93
APWU Career (less than a year in FEHB) biweekly	$43.11	$94.84	$103.46
APWU Non-career (PSE) biweekly	$51.94	$114.27	$124.65
Postal Category 1 biweekly	$43.11	$94.84	$103.46
Postal Category 2 biweekly	$51.94	$114.27	$124.65
Non-postal biweekly	$51.94	$114.27	$124.65
Non-postal monthly	$112.54	$247.58	$270.08

	OVERALL PLAN FEATURES		
Personal Care Account (PCA)	Members in this plan are given a PCA, which is an allowed amount used to pay for all medical costs at 100% until exhausted.		
	Self $1,200	**Self Plus One $2,400**	**Self and Family $2,400**
PCA rollover	As long as you remain in this plan, any unused remaining 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 enrollment and $10,000 Self Plus One and Self and Family enrollment.		
Deductible	When the PCA is exhausted, member must meet a deductible.		
	Self $600	**Self Plus One $1,200**	**Self and Family $1,200**
Coinsurance	Once the deductible is met, member pays coinsurance for in- or out-of-network medical services and prescription drugs.		
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY	
Medical services	15%	40%	
Prescription drugs (retail or mail order)	25%	N/A	
Out-of-pocket maximum	Because the unexpected happens, this plan has a built-in out-of-pocket maximum which, when reached, allows the rest of your annual healthcare costs to be paid at 100% (both medical and prescription drugs and PCA).		
	Self $4,200	Self $10,200	
	Self Plus One and Self and Family $6,900***	Self Plus One and Self and Family $11,400***	

		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)	All charges. May use PCA while funds are available.
Medical benefits	Office visits and specialist visits	15% of the Plan allowance	40% of the Plan allowance*
Maternity care	Complete maternity (obstetrical) care, such as prenatal care, delivery, postnatal care, initial examination of a newborn child covered under family enrollment	$0 (No PCA used)	40% of the Plan allowance
Hearing services	Diagnostic hearing test (every 2 years)	15%	40% of the Plan allowance*
	Hearing aids (every 3 years)	All charges in excess of $1,500	All charges in excess of $1,500
Hospital/ facility care	Diagnostic tests or imaging	15%	40% of the Plan allowance*
	Outpatient surgery, facility fee, lab visits, and surgeon fee	15%	40% of the Plan allowance*
	Inpatient	15%	40% of the Plan allowance*
	Cancer Centers of Excellence	10%	N/A
Emergency care	Accidental injury, urgent care, emergency room, ambulance	15%	15%*
Prescription drugs	Retail prescription (up to 30-day supply)	25% coinsurance, $200 maximum / Rx	All charges
	Mail order prescription (up to 90-day supply)	25% coinsurance, $200 maximum / Rx	N/A
	Out-of-pocket maximum	Self $4,200*** Self Plus One $6,900*** Self and Family $6,900***	Self $10,200*** Self Plus One $11,400*** Self and Family $11,400***
Mental health/ substance abuse	Office visit	15%	40% of the Plan allowance*
	Outpatient treatment	15%	40% of the Plan allowance*
	Diagnostics, inpatient, and outpatient services	15%	40% of the Plan allowance*

* 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.

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 Consumer Driven Option is administered by UnitedHealthcare.

UnitedHealthcare®



Benefit extras add up to even more for you.

Take advantage of all of the benefit extras that come with your membership in an APWU health plan.

Put more money in your pocket!

Get the Fed-friendly tax break on health and dependent care expenses. Enroll in FSAFEDS during Open Season at www.FSAFeds.com

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 healthcare professionals.

Online Claims and Records

View your claims, year-to-date information, detailed drug 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 Drive Option members earn $75 for Self Only or $150 for Self Plus One and Self and Family added to your Personal Care Account.

Hospital Quality Guide

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

Treatment Cost Estimate

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.

And, your benefits go even beyond the FEHB program.

In our quest to exceed your expectations and to go the extra mile, 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 Federal Employees Health Benefits 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

Ready to enroll?

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.

Retired Postal Service employees

Visit www.apwuhp.com/enroll

OR

www.opm.gov/forms/pdf_fill/sf2809.pdf

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

ENROLLMENT CODES			
	Self Only	Self Plus One	Self and Family
High Option	471	473	472
Consumer Driven Option	474	476	475

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

Or, call us at 800-222-2798.

We're happy to talk through your questions.

Enroll now.

All postal employees are welcome.

Together. Better health.

We have been proudly serving postal workers with comprehensive health coverage at a great price for more than 60 years. Come join the plan that works for you!

Mark Dimondstein
APWU President

William J. Kaczor, Jr.
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 — 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



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.

799 Cromwell Park Drive
Suite K-Z
Glen Burnie, MD 21061
800-222-2798
www.apwuhp.com

©2015 APWU Health Plan

APWU HEALTH PLAN