Member Services

As a member of the APWU Health Plan you will have a variety of exclusive resources at your disposal. The following services can be accessed from our website at www.apwuhp.com.

Personal Health Record

An online health tool that automatically transfers medical information from claims and organizes it in a single secure online location that you can share with your healthcare professionals.

Online Access to Claims and Records

Consumer Driven Option members have access to UHC's online tools at www.welcometouhc.com/apwu.

Nurse Advisory Line

Our professionals provide advice and information 24/7 to help you make informed decisions about your health.

Hospital Quality Guide

Check online hospital ratings to find the best hospitals anywhere in the country.

Treatment Cost Estimator

Find cost estimates of the most common medical conditions, tests and procedures.

Online Health Library

Research information for conditions, diseases and other lifestyle issues. Empower yourself and make educated healthcare decisions in partnership with your doctor.

FSA FEDS

Put more money in your pocket! Get the Fed-friendly tax break on your healthcare and dependent care expenses. Enroll in FSAFEDS during Open Season at www.FSAFEDS.com.

APW-ABA (American Postal Workers Accidental Benefits Association)

The APW-ABA has joined with Unum, Sun Life and USI–Affinity to provide additional benefits for APWU members, associate members, retirees and spouses. These benefits are now available to Postal Support Employees (PSE). In addition to the APW-ABA's Value, Advantage and Plus Programs that members are currently eligible for, you will now have access to affordable permanent whole life insurance and additional expanded accident insurance. Call APW-ABA at (800) 526-2890 or visit them online at www.apw-aba.org.

How To Enroll

Postal Support Employees

Postal Support Employees can enroll through the PostalEASE telephone system and/or website. By telephone, call PostalEASE at (877) 477-3273, Option 5. By internet, access the LiteBlue page at https://liteblue.usps.gov. You must have your Employee Identification Number and USPS Pin# in order to access the PostalEASE systems.

Self-Only 474 | Self and Family 475

UnitedHealthcare®

The Consumer Driven Option is administered by UnitedHealthcare.

Contact us about the
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)

Together. Better Health.®

Available to ALL Postal Support Employees

CDO Consumer Driven Option

2015 Highlights

- Personal Care Account (PCA) provides 100% coverage for the first $1,200 of your annual medical expenses for self only coverage or $2,400 for self and family coverage
- No upfront deductible, coinsurance or copay until PCA is exhausted
- Completing Health Risk Assessment adds $75 self/$150 self and family to PCA
- 100% coverage (in-network):
  - Preventive care and screenings
  - Maternity
  - Diabetes Management Program
  - Tobacco Cessation Program
- Healthy Back and Pregnancy Programs
- Cancer Centers of Excellence paid at 90%
- Dental and vision coverage available under PCA
- Plan SmartChoice Winner three years running

Rates

Self Only
Biweekly $46.31

Self and Family
Biweekly $104.18



APWU HEALTH PLAN
Together. Better Health.®

APWU Health Plan
799 Cromwell Park Drive
Suites K-Z
Glen Burnie, MD 21061
(800) 222-2798 (APWU)
www.apwuhp.com

The Consumer Driven Option

Personal Care Account (PCA)	Members of the Consumer Driven Option are given a PCA, which is an allowed amount used to pay for all medical costs at 100% until exhausted. Self $1,200 Self and Family $2,400
Deductible	When the PCA is exhausted, member must meet a deductible. Self $600 Self and Family $1,200
Coinsurance	Once the deductible is met, members pay 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, the Consumer Driven Option 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).

	In-network	Out-of-network
Self	$3,000	$9,000
Self and Family	$4,500	$9,000

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 in any given year may not exceed $5,000 per self only enrollment and $10,000 per self and family enrollment
Adults/Children	In-network preventive care and screenings, such as mammograms, yearly check ups and child and adult immunizations are covered at 100% by the Health Plan. No PCA dollars used.

No out-of-pocket costs for in-network preventive care and screenings

Preventive Care	In-network You Pay (UnitedHealthcare)	Out-of-network You Pay
Well-Child Care Immunizations Well-Woman Care Adult Routine Exams Preventive Screenings	Nothing	All charges: May use PCA while funds are available

www.apwuhp.com

Medical Benefits	In-network/You pay	Out-of-network/You pay
Office Visits		
Office 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 and initial examination of a newborn child covered under family enrollment	Nothing	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 Drug Benefit	In-network You Pay (OptumRx)	Out-of-network You Pay
Retail Prescription (for up to a 30-day supply)	25% coinsurance $200 maximum per RX	All charges
Mail-Order Prescription (for up to a 90-day supply)	25% coinsurance $600 maximum per RX	N/A

Mental Health/ Substance Abuse	In-network You Pay (ValueOptions®)	Out-of-network You Pay
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 allowance and billed amount member is responsible for that difference

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)