TOGETHER. BETTER HEALTH.®

HONORED TO SERVE YOU.

Comprehensive benefits at an affordable price.

- Nationwide network of more than 1 million providers
- No referrals needed
- $$ Affordable premiums Minimal rate increase

Consumer Driven Option 2019

Available to all Postal Support Employees with one year of service

About Your Personal Care Account (PCA):

Your 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%. The Plan funds the PCA at $1,200 for Self Only and $2,400 for Self Plus One and Self and Family.



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

- Preventive care and screenings
- Maternity care
- Pregnancy and tobacco cessation programs

2019 Rates

474	476	475
Self Only	Self Plus One	Self and Family
Biweekly $68.96	Biweekly $149.88	Biweekly $163.51

APWU HEALTH PLAN

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

ENROLL NOW

Postal Support Employees (PSE) are non-career postal employees. For the first time, as part of the 2010 Collective Bargaining Agreement, the APWU has negotiated for non-career employees to have access to the Federal Employees Health Benefits (FEHB) Program.

As a Postal Support Employee, you can enroll in the APWU Consumer Driven Option Plan and the United States Postal Service pays 75% of the premium. With other plans, you would be responsible for paying 100% of the premium.

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. Visit www.apwuhp.com and click on "Enroll" for more enrollment details on Postal Support Employees.

Two times to enroll

- **Enroll within 60 days of completing your 360-day initial appointment**
- **Enroll during Open Season after completing your 360-day initial appointment**

Enrollment codes

Self Only 474
Self Plus One 476
Self and Family 475

www.apwuhp.com/enroll/how-to-enroll/postal-support-employees/



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

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.

Get ready for savings on glasses and frames.

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

15% of the plan allowance in network; 40% of the plan allowance out of network

Hearing aid every 3 years

All charges in excess of $1,500

**The amount $400/$800 is for both dental and vision combined*

Health Risk Assessment

Complete a Health Risk Assessment (HRA) for added savings. Consumer Driven Option members earn $50 added to your Personal Care Account per member, spouse and each covered dependent age 18 or older. You can receive personalized recommendations through Rally® to help you move more, eat better and feel great.

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***

* 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.



UnitedHealthcare®

The Consumer Driven Option is administered by UnitedHealthcare.

Contact us about the Consumer Driven Option
(800) 718-1299
www.welcometouhc.com/apwu

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
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 Access to Claims and Records
View your claims, year-to-date information, detailed medication history and more, with easy online tools at **www.welcometouhc.com/apwu.**

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

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.

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

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.**

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.**

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)