Available to all Postal Support Employees with one year of service



CONSUMER DRIVEN OPTION 2020



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

2020 Rates

474
Self Only
Biweekly $68.96

476
Self Plus One
Biweekly $149.88

475
Self and Family
Biweekly $163.51

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 & e-cigarettes cessation programs

APWU HEALTH PLAN

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

ENROLL NOW

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.

How to Enroll:
Fax your forms to 336-662-4073 or mail to:
Shared Services
Benefits and Compensation
P.O. Box 970400
Greensboro, NC 27497-0400

Visit apwuhp.com and click on the "Enroll" tab. Under the "How to Enroll" section, select the Postal Support Employee link for details and downloadable forms.

You can also call PostalEASE at (877) 477-3273 (Option 5) and request a copy of the forms.

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**

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

Enrollment codes

Self Only 474
Self Plus One 476
Self and Family 475

Consider your dental coverage options.

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.

During Open Season: You can 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
Orthodontic maximum	$2,500 per person per year $5,000 Lifetime Maximum 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.

Health Risk Assessment

Complete a Health Risk Assessment (HRA) for added savings. Consumer Driven Option members earn $25 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.

✚ 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



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.

MYUHC.COM
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)