

## Take Control – Make the Move to APWU Health Plan

Take control and make the move to one of APWU Health Plan's healthcare options this Open Season. You have two great choices for 2004 with the new Consumer-driven Option and the top-rated High Option, and at prices that are among the best values in the Federal Employees Health Benefits Program.

The **Consumer-driven Option** gives enrollees more flexibility and control over healthcare expenses. "APWU Health Plan's Consumer-driven Option gives APWU members an excellent choice for their healthcare needs," said APWU President William Burrus. "APWU Health Plan's highly rated High Option and the new Consumer-driven Option represent two of the best and most affordable healthcare options available today. I recommend joining one of these excellent options this Open Season – whichever one best meets your needs."

The foundation of the Consumer-driven Option is a Personal Care Account (PCA) that provides a benefit of \$1,000 for Self Only or \$2,000 for Self and Family into an account that enrollees use first for their healthcare expenses. You use the PCA to cover healthcare expenses and your expenses are covered at 100 percent. There are no co-payments or upfront deductibles.

Many expenses that are not normally covered, such as dental and vision-care expenses, are covered in the PCA. PCA benefit dollars that are not used in a calendar year are rolled over and added to the PCA for the next year. In-

network preventive care is covered at 100 percent and does not reduce the PCA balance.

For most people, the PCA is all that is needed to cover healthcare expenses during a year. If the PCA is exhausted, enrollees meet a Member Responsibility (\$600 for Self Only or \$1,200 for Family) and then have the protection of Traditional Health Coverage with traditional cost sharing and catastrophic maximum.

Among the benefits of the Consumer-driven Option:

- You can use the PCA to cover healthcare expenses and your expenses are covered at 100 percent. There are no co-payments or upfront deductibles.
- Preventive care is covered at 100 percent with network providers and not deducted from the PCA.
- If you do not use all the benefit dollars in the PCA in a calendar year, the unused amount is added to the next year's PCA.
- You can use the PCA for services that are frequently not covered, such as dental or vision care.
- The plan is hassle-free. You don't need referrals; you choose the specialists you wish; you don't need a primary care physician.

The Consumer-driven Option is administered for APWU by Definity Health. For a tour of the option, visit [www.definityhealth.com](http://www.definityhealth.com) (User ID: APWUHP; Password: HPINFO). Information is also available at 866-833-3463.

### 2004 Consumer-Driven Option Benefits

Benefits	You Pay
<b>In-Network Preventive Care:</b> Well Adult and Well Child office visits and exams, immunizations and screenings	<b>Nothing</b>
<b>Personal Care Account:</b> Up to \$1,000 for Self Only or \$2,000 for Self and Family for medical, surgical, hospital, mental health and substance-abuse services and prescription drugs, plus certain dental and vision care up to specified limits. The PCA must be used first for eligible expenses, except that covered in-network preventive care does not count against the PCA	<b>Nothing up to \$1,000 for Self Only Nothing up to \$2,000 for Self and Family</b>
<b>Member Responsibility:</b> When the PCA is exhausted, you must pay your Member Responsibility before Traditional Health Coverage begins	<b>In-network/out-of-network: \$600 for Self Only or \$1,200 for Self &amp; Family</b>
<b>Traditional Health Coverage:</b> For use after the Personal Care Account is exhausted	
<ul style="list-style-type: none"> <li>● Medical/surgical services and supplies provided by a physician and other healthcare professionals</li> <li>● Services provided by a hospital or other facility, and ambulance service</li> <li>● Emergency Care</li> <li>● Mental Health and Substance Abuse</li> <li>● Prescription Drugs – Retail or Mail Order</li> </ul>	<ul style="list-style-type: none"> <li>● In-network: 15% Out-of-network: 40% of the Plan allowance</li> <li>● In-network: 15% Out-of-network: 40% of the Plan allowance</li> <li>● In-network: 15% Out-of-network: 15% of the Plan allowance</li> <li>● In-network: Regular cost sharing Out-of-network: Benefits are limited</li> <li>● 25% of charge with minimum of \$8</li> </ul>
<b>Special features:</b> Online tools and resources, consumer choice information, services for the deaf and hearing-impaired, 24-hour nurse advisory ... <b>No calendar-year deductible ... Annual Out-of-pocket maximum:</b> In-network – \$4,500 (Self Only/Self & Family) Out-of-network – \$9,000 Self Only/Self & Family	

#### 2004 Consumer-driven Option Premiums

Active Postal Members	Self Only (474)	Self & Family (475)
USPS Pays	\$138.26	\$321.98
<b>You Pay Biweekly</b>	<b>\$17.53</b>	<b>\$40.81</b>
Retirees	Self Only (474)	Self & Family (475)
Government Share	\$253.16	\$589.54
<b>You Pay Monthly</b>	<b>\$ 84.39</b>	<b>\$196.51</b>

## High Option Plan Continues To Offer Great Coverage, Value

With a long history of providing quality healthcare and top quality service, APWU Health Plan's High Option is a standout in 2004. APWU Health Plan's High Option has been an offering in the Federal Employees Health Benefits (FEHB) program for more than 40 years, and has earned top ratings in member-satisfaction surveys in 2001, 2002, and again this year.

The High Option in 2004 gives members an outstanding prescription drug program with no deductible and low co-payments. For short-term prescriptions, members can use the retail pharmacy program, where they pay \$8 for up to a 30-day supply of generic medication, with no deductible. For long-term prescriptions, members pay \$12 for up to 90-days of generic medication and no deductible through mail order.

The High Option also covers recommended childhood immunizations, physical examinations, and laboratory tests for children at 100 percent if PPO providers are used. When PPOs are used, accidental injuries are 100 percent covered for physicians and outpatient hospital services.

APWU Health Plan is still the only health plan in the FEHB program that offers an innovative Wellness Benefit that reimburses members who use little or no benefits in a plan year. The Health Plan will offer a new voluntary disease management program to help members better manage their care when they have chronic conditions such as diabetes, coronary artery disease, and heart failure. And APWU Health Plan's 24-hour Nurse Advisory Line is toll-free and accessible at times when other providers are hard to reach. The Nurse Advisory Line provides answers and advice to help you make informed decisions about your family's health.

Unlike many national health plans that have only one Preferred Provider Organization network, APWU Health Plan carefully examines each state and selects the PPO network with the most extensive network. The High Option has expanded its PPO network, and next year will have nine PPOs nationwide to provide the best access and quality available, at the lowest cost possible.

For 2004, the High Option PPO network includes 678,000 outpatient providers and more than 4,200 hospitals across the country.

### 2004 High Option Benefits

Benefits	Preferred Provider – You Pay	Non-Preferred Provider – You Pay
<b>Hospital</b>		
<b>Inpatient Room and Board</b>	10%	\$300 co-pay and 30%
<b>Inpatient – Other Charges</b>	10%	30%
<b>Outpatient</b>	After deductible, 10%	After deductible, 30%
<b>Physicians' Benefits</b>		
<b>Office Visits</b>	\$18 co-pay, no deductible	After deductible, 30%
<b>Other professional fees</b>	After deductible, 10%	After deductible, 30%
<b>Other Outpatient Services</b>		
<b>Lab, x-ray, therapy, other routine services</b>	After deductible, 10%	After deductible, 30%
<b>Accidental Injury</b>		
<b>Outpatient service (Within 24 hours of accident)</b>	Nothing, no deductible	Only the difference between the Plan allowance and the billed amount
<b>Well Child Care</b>		
<b>Recommended immunizations, examinations, lab tests</b>	Nothing, no deductible	Only the difference between the Plan allowance and the billed amount; no deductible
<b>Mental Health, Substance Abuse</b>		
<b>Inpatient</b>	Hospital treatment, 10% if pre-authorized. Professional fees, after deductible, 10% if preauthorized	After deductible, 50% up to 30 days if preauthorized. For Substance Abuse, limited to one program up to \$3,000
<b>Outpatient</b>	\$18 co-pay	50% up to 15 visits
<b>Prescription Drugs</b>		
<b>Home Delivery</b>	No deductible, \$12 co-pay for generic/25% brand name (\$12 minimum for brand)	None
<b>Retail Network</b>	No deductible, \$8 co-pay for generic/25% brand name (\$8 minimum for brand)	No deductible, 50% (\$8 minimum)

**ANNUAL DEDUCTIBLES:** Medical/Surgical Deductible – (PPO) \$275 per person/\$550 family maximum; (non-PPO) \$500 per person/\$1,000 family; Mental Conditions/Substance Abuse Deductible (In-Network) – \$275 per person/Maximum \$550 family; (Out-of-Network) – \$750 per person; Prescription Drug Deductible – No deductible  
**ANNUAL-OUT-OF-POCKET MAXIMUM:** PPO Providers – \$4,000 Self Only/Self and Family; Non-PPO Providers – \$10,000 Self Only/Self and Family

Note: All benefits are subject to the Plan allowance

#### 2003 High Option Premiums

Active Postal Members	Self Only (471)	Self & Family (472)
USPS Pays	\$143.32	\$327.12
<b>You Pay Biweekly</b>	<b>\$35.00</b>	<b>\$64.22</b>
Retirees	Self Only (471)	Self & Family (472)
Government Share	\$263.03	\$600.36
<b>You Pay Monthly</b>	<b>\$123.33</b>	<b>\$247.54</b>

### How to Enroll

It's easy to enroll in either the Consumer-driven Option or the High Option.

Obtain a Health Benefits Registration Form (Standard Form 2809) from your personnel office or postmaster, and complete it. Or fill it out online at [www.opm.gov/forms/pdf\\_fill/sf2809.pdf](http://www.opm.gov/forms/pdf_fill/sf2809.pdf). Be sure to make yourself a copy.

Return the completed form to your personnel office by Dec. 8 and you are enrolled in APWU Health Plan!

### APWU Health Plan Open Season Hotline

From Oct. 23 through Dec. 8, you can get answers to questions, copies of the Federal Brochure, Preferred Provider directories, and other Open Season material, by calling the toll-free Open Season Hotline at 800-PIC-APWU (800-742-2798).

The hotline hours are weekdays from 9 a.m. to 5 p.m., Eastern Time.

### Earn \$25 for Every APWU Member You Enlist

Complete a "Prospect Card" and return it to APWU Health Plan. The Plan will award you \$25 for every prospect who actually enrolls – there are no limits on the number of new members you help to enroll in the Plan.

For Prospect Cards, New Member Incentive Program pamphlet, and more information, call 800-PIC-APWU or 800-622-2511 (TDD).

This is a summary of features offered by the APWU Health Plan. Before making a final decision, please read the Health Plan's Federal Brochure (RI 71-004). All benefits are subject to the definitions, limitations, and exclusions set forth in the Brochure.