

High Option

An apple a day keeps the doctor away, but in case you do need to see a doctor we've got you covered. APWU Health Plan's High Option is a fee-for-service plan designed with you in mind. As a Preferred Provider Organization (PPO), members receive considerable cost savings when services are obtained in-network. The High Option offers a unique Wellness benefit program, prescription drug program with no deductible, and low co-payments.



\$18 copay for in-network doctor visits



100 percent coverage for accidental injury.



Prescription program with low co-payments and no deductibles.



Exceptional coverage using the CIGNA PPO Network.



100 percent coverage for children's preventative physical exams, lab work and immunizations.

New for 2010

Diabetes Management Program

Hypertension Management Program

Free In-Network Screenings

Routine Dental Paid at 70% of Allowance

Emergency Room Physician at PPO Hospital Paid as In-Network

Enhanced Out-of-Network Mental Health Services

Pharmacogenomic Testing for Warfarin and Tamoxifen

Enhanced Smoking Cessation Program

2010 High Option Premiums

	Non-Postal Premium		Postal Premium
	Biweekly	Monthly	Biweekly
Self Only (471)	\$51.44	\$111.46	\$29.84
Self and Family (472)	\$116.32	\$252.04	\$67.47

Medical Benefits	PPO	Non-PPO
Provider Choice	Use any physician within the network	Use any physician
Calendar Year Deductible	\$275 per individual \$550 per family	\$500 per individual \$1,000 per family
Annual Out-of-Pocket Maximum	\$4,000 per person and family	\$10,000 per person and family
Care When You Are Well	You Pay	You Pay
Maternity Services	10%	30% of the Plan allowance
Well Child Care	Nothing (through age 12)	Difference between the Plan allowance and the billed amount
Childhood Immunizations	Nothing (Up to age 22)	Difference between the Plan allowance and the billed amount
Adult Routine Exams (every other year)	\$18 copay, no deductible	N/A
Preventive Screenings for Adults	Nothing	30% of the Plan allowance
Diagnostic Hearing Test (every 2 years)	10%	30% of the Plan allowance
Hearing Aids	All charges in excess of \$1,500	All charges in excess of \$1,500
Care When You Are Sick	You Pay	You Pay
Office and Specialist Visits	\$18 copay, no deductible	30% of the Plan allowance
Outpatient Surgery, Hospital Care, and Lab Visits	10%	30% of the Plan allowance
Accidental Injury	Nothing	Difference between the Plan allowance and the billed amount
Inpatient Hospital Care	10%	30% of the Plan allowance
Inpatient Surgery	10%	30% of the Plan allowance

Dental Benefits	You Pay
Office Visits, Restorative Care (fillings), Simple Extractions <small>(Office visits include examinations, prophylaxis (cleanings), X-rays of all types and fluoride treatment.)</small>	30% of the plan allowance and the difference between our allowance and the billed amount (no deductible)

Mental Health/Substance Abuse	In-Network	Out-of-Network
	You Pay	You Pay
Mental Health Substance Abuse <small>(Prior approval required)</small>	Inpatient- 10%, no deductible Outpatient- \$18 copay per visit, no deductible	Inpatient- 30% of charges and \$300 per admission Outpatient- \$500 self/\$1000 family calendar year deductible and 30% of our allowance

Prescription Drug Benefit	Network	Non-Network
	You Pay	You Pay
Retail Prescription Drugs <small>(for up to a 30 day supply)</small>	No deductible \$8 copay for generic drugs 25% for brand name \$200 maximum per Rx	No deductible 50% (\$8 minimum coinsurance)
Mail Order Prescription Drugs <small>(for up to a 90 day supply)</small>	No deductible \$15 copay for generic drugs 25% for brand name \$600 maximum per Rx	N/A

Consumer Driven Option

Not only are oranges tasty, eating them can have a positive effect on your health. Peeling away the skin reveals a pulpy fruit with a variety of benefits. APWU Health Plan's Consumer Driven Option is no different. Peel away the exterior to reveal a versatile health plan designed to meet the needs of any lifestyle.



100 percent preventive coverage with in-network doctors.



Protection with an out-of-pocket maximum.



No upfront deductibles or co-pays.



Freedom to choose in-network doctors from United Healthcare's extensive network, or choose any doctor from any network.



Use PCA dollars for most vision and dental services.

New for 2010 Diabetes Management Program

Emergency Room Physician at PPO Hospital Paid In-Network

Cancer Support Program (COE) Paid at 90%

Transplant Centers of Excellence (COE) Paid at 90%

Enhanced Out-of-Network Mental Health Services

Pharmacogenomic Testing For Warfarin and Tamoxifen

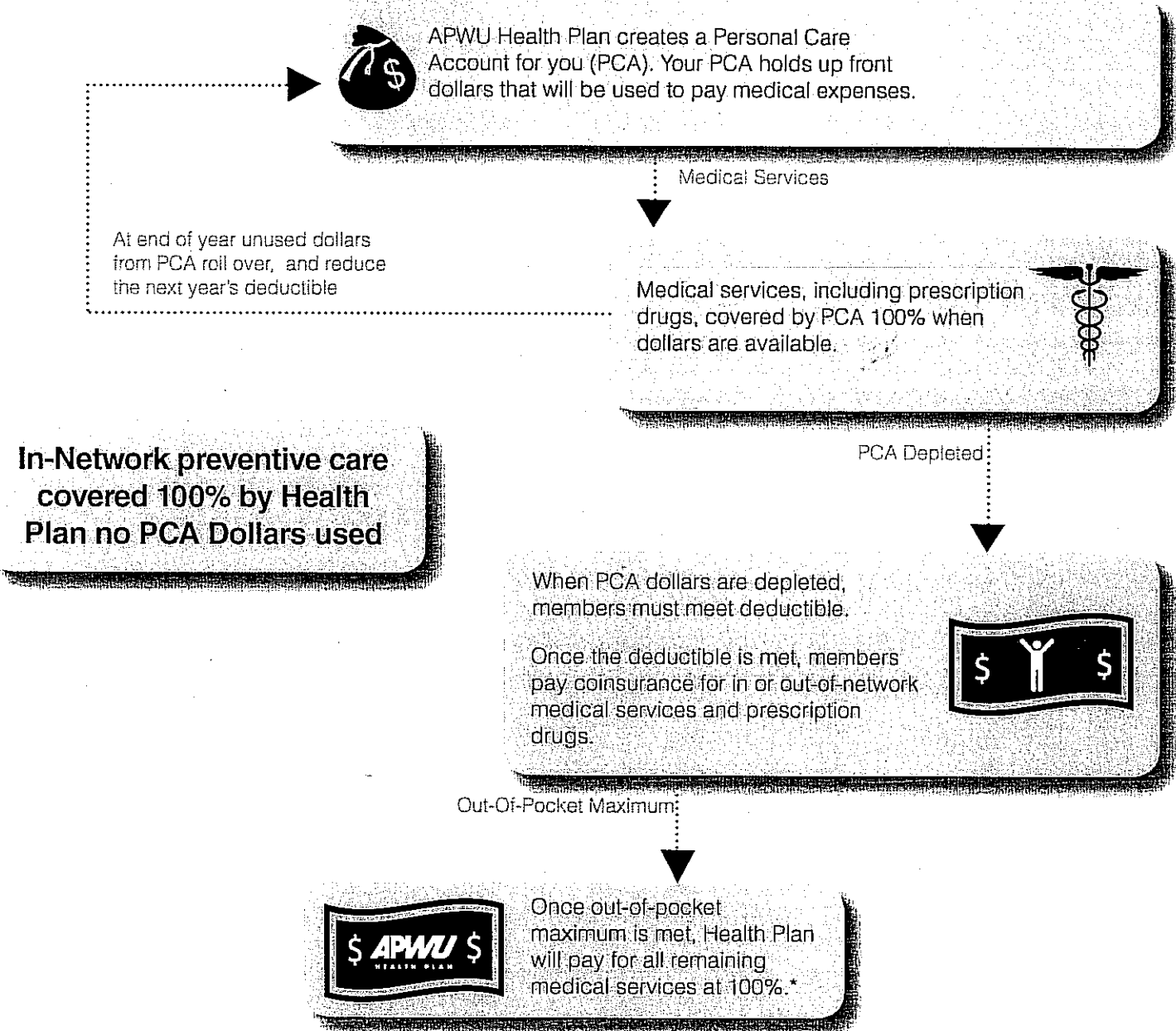
Enhanced Smoking Cessation Program

2010 Consumer Drive Option Premiums

	Non-Postal Premium		Postal Premium	
	Biweekly	Monthly	Biweekly	Biweekly CDHP Preferred Rate
Self Only (474)	\$38.85	\$84.17	\$22.53	\$7.77
Self and Family (475)	\$87.40	\$189.37	\$50.69	\$17.48

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). For internal use only.

How The Consumer Driven Option Works



Important Numbers for the Consumer Driven Option

Personal Care Account (PCA) Dollars		Coinsurance	
Self	\$1,200	In-Network	Out-Of-Network
Self and Family	\$2,400	Medical Services	15% / 40%
		Prescription Drugs (retail or mail order)	25% / Not Covered
Deductible		Out-Of-Pocket Maximum	
Self	\$600	Self	In-Network / Out-Of-Network
Self and Family	\$1,200	Self and Family	\$3,000 / \$9,000
			\$4,500 / \$9,000