APWU HEALTH PLAN



BLUEPRINT TO MEDICARE.

UNDERSTANDING HOW YOUR APWU HEALTH PLAN WORKS WITH MEDICARE.

TOGETHER. BETTER HEALTH.

Comprehensive health benefits at an affordable price.

How APWU Health Plan covers you during retirement.

Important facts about Medicare
Once you reach retirement age, you probably expect Medicare to take care of your health care costs. But the fact is, you will still need to cover certain expenses and some of those can be large. Things like your deductibles and coinsurance, a long hospital stay, and other costs may need to come out of your pocket.

This is where an APWU Health Plan comes in. Enroll in either the High Option or the Consumer Driven Option, and we're here to cover you for many expenses.



A quick Medicare summary

Part A
Original Medicare

Part A covers inpatient care in a hospital or skilled nursing facility, some home health care, and some hospice care. When you sign up for Medicare, you are automatically enrolled in Part A. There is usually no premium because you or your spouse paid for Medicare while employed.

Part B

This is supplemental insurance for people who qualify for Medicare, and covers health care not covered by Part A, including:

- Lab tests and X-rays
- Physical therapy and rehabilitation services
- Ambulance
- Some home health care
- Various medical equipment and supplies when they are medically necessary

You must sign up for Medicare Part B and pay a monthly premium and yearly deductible. The premium is deducted from your Social Security check. For approved services and supplies, you are responsible for a 20 percent coinsurance after you pay an annual deductible. If you do not sign up for Medicare Part B when you are first eligible, you may have to permanently pay a higher monthly premium.

Part C

Also called Medicare Advantage Plans, these are private health plans that are Medicare-approved.

Part D

Part D is Medicare's prescription drug program. If you enroll in Part D, you will need to pay an additional premium.

Need to know more about Medicare?

To learn about Medicare visit **www.medicare.gov**

To apply for Medicare

Visit your local Social Security office. Locate your local office at **www.ssa.gov** or call 1-800-772-1213.

How APWU Health Plan works with your Medicare coverage.

- In general, if you or your spouse are working and are covered by APWU Health Plan, APWU Health Plan is your primary health plan and Medicare is secondary.
- If both you and your spouse are retired, Medicare is your primary coverage and APWU Health Plan is secondary.
- When you are part of Medicare and the APWU Health Plan and are retired, your provider will submit claims to Medicare. After Medicare pays, they will electronically submit the claim directly to the APWU Health Plan. **As a member, you don't need to complete any paperwork.**

APWU Health Plan and Part A

Hospital services

- In general, members with Medicare Part A as their primary insurance do not have to pre-certify hospital stays.
- A stay must be pre-certified prior to the 90th day of confinement in a Benefit Period.

Worldwide coverage

Medicare generally does not pay for hospital or medical services outside the United States (Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are part of the United States.)

However, both APWU Health Plan High Option and Consumer Driven Option cover you around the world. When you have services outside of the U.S., you will probably have to pay the bill at the time of service and submit a bill later for reimbursement.



IMPORTANT

A doctor who has "opted out" of the Medicare program cannot bill services to Medicare. Often, these doctors will ask patients to sign a private contract for services covered by Medicare. If this happens, you may be responsible for any or all costs not covered by APWU Health Plan.

APWU Health Plan and Part B

When an APWU Health Plan member is enrolled in Part B, Medicare pays first and the Plan is billed the remaining cost. Generally, with the High Option, most of your medical expenses are covered at 100% because your deductible and coinsurance are waived for covered services. With the Consumer Driven Option, the deductibles and coinsurance are not waived.

Medicare participating doctors and suppliers

Medicare usually pays for covered services directly at 80% after the Medicare Part B annual deductible has been satisfied. As long as services represent a covered benefit, the APWU Health Plan High Option pays the Part B deductible, the 20% coinsurance, which means you are covered at 100%.

With the Consumer Driven Option, if benefit dollars are available in your Personal Care Account (PCA), the Medicare deductible and coinsurance will be paid.

For both plan options, if your provider accepts Medicare, the provider will reduce his or her charge to no more than the Medicare allowance. You pay nothing for the covered charges up to our allowance.

Non-Medicare-participating doctors

If your doctor does not accept Medicare, you may need to pay at the time of service. Federal law limits the amount a doctor can charge you. Doctors cannot charge more than 115% of the Medicare allowance. If you think you have been charged more than 115%, ask your doctor for a refund. If you have trouble getting a refund, contact your Medicare Part B carrier. Providers who repeatedly charge more than this amount may be subject to severe sanctions.

APWU Health Plan and Part C

As a member of APWU Health Plan, there is no need for you to take part in Medicare Part C.

APWU Health Plan and Part D

The amount that APWU Health Plan covers and its share of the cost of prescription drugs is the same or more than standard Medicare Part D drug coverage. There is no need for you to take part in Part D if you are enrolled in an APWU Health Plan.

If you do enroll in Part D, use a network pharmacy and present both prescription drug ID cards when filling a prescription at a retail pharmacy. If you use a mail-order pharmacy through your Medicare prescription drug plan, submit a claim to APWU Health Plan with a copy of your Medicare Explanation of Benefits and your pharmacy receipt.

MEDICARE LIMITING CHARGE

All insurance carriers in the Federal Employees Health Benefits (FEHB) program are mandated by law to limit payments for retired members 65 and older who do not have Medicare. Providers absorb these payment reductions. Our members are responsible only for deductibles, coinsurance, amounts over reasonable and customary limits, and non-covered charges. For details on Medicare limiting charges, see the APWU Health Plan's Federal Brochure at **www.apwuhp.com**.

How prescription drug coverage works.

HIGH OPTION	PRESCRIPTION DRUG BENEFITS
Network retail 30-day supply	$10 generic
	25% preferred brand name with a $10 minimum coinsurance, up to a maximum of $200 coinsurance per prescription
	45% non-preferred brand name with a $20 minimum coinsurance, up to a maximum of $300 coinsurance per prescription
Out of network retail 30-day supply	50% of cost with a $10 minimum coinsurance, per prescription
Network mail order 90-day supply	$20 generic
	25% preferred brand name with a $20 minimum coinsurance, up to a maximum of $300 coinsurance per prescription
	45% non-preferred brand name with a $30 minimum coinsurance, up to a maximum of $500 coinsurance per prescription
Specialty network retail 30-day supply	25% generic with up to a maximum of $300 per prescription
	25% preferred brand name with a $40 minimum coinsurance, up to a maximum of $600 coinsurance per prescription
	45% non-preferred brand name with a $60 minimum coinsurance, up to a maximum of $1,000 coinsurance per prescription
Specialty non-network retail 30-day supply	50% of cost with a $10 minimum coinsurance
Specialty network mail order 90-day supply	25% generic with a maximum of $150 coinsurance per prescription
	25% preferred brand name with a $20 minimum coinsurance, up to a maximum of $300 coinsurance per prescription
	45% non-preferred brand name with a $30 minimum coinsurance, up to a maximum of $500 coinsurance per prescription

CONSUMER DRIVEN OPTION	PRESCRIPTION DRUG BENEFITS
	Prescription drugs are covered 100% through your Personal Care Account (PCA) as long as you use a network pharmacy. If your PCA is exhausted and you have met your deductible, Traditional Health Coverage begins. There is no prescription drug deductible. The amount covered by APWU Health Plan is the same or more than that of Medicare Part D, for which you will need to pay an added premium. There is no need for you to enroll in Part D.

Where to send claims

If you are still working for a postal or federal agency

High Option
CIGNA HealthCare
P.O. Box 188004
Chattanooga, TN 37422

Consumer Driven Option
UnitedHealthcare
P.O. Box 740810
Atlanta, GA 30374-0810

If you are retired

Your provider will bill Medicare directly if Medicare covers the services. They will send you a copy of their payment statement. They will send electronic payment data to APWU Health Plan so we can consider any balance due. You do not need to submit a separate claim to us.

Contact us

High Option

8:30 am – 7 pm EST
Monday through Friday

800-222-APWU (222-2798)
800-622-2511 TDD
custser@apwhuhp.com
www.apwuhp.com

Consumer Driven Option

UnitedHealthcare
800-718-1299
apwu.welcometouhc.com

This is a summary of features of the APWU Health Plan. Before making a final decision, please read the Health Plan's Federal Brochure (RI 71-004). Other benefits not shown above are shown in the Brochure. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Brochure.

The information in this brochure is based on the Health Plan's interpretation of the Medicare Handbook. If you have questions about how Medicare processes its claims, please contact the Medicare carrier that serves your geographic area.

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