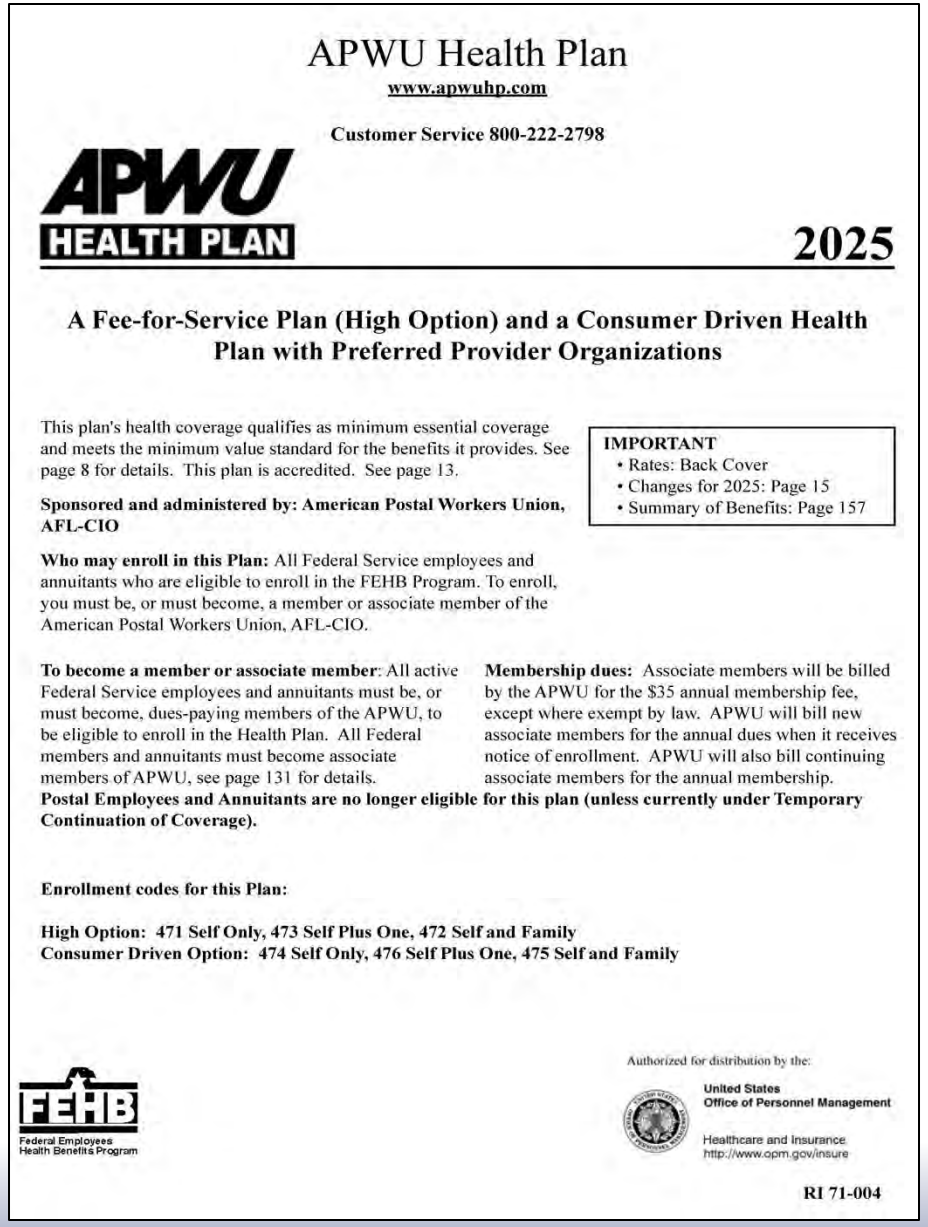
Brochure Review

Presented by

Sharon Morehead and Kevin Davis

Introduction

- Brochure
  - Layout
  - Sections
  - Changes
- Review Benefits
  - Changes for 2025



APWU Health Plan

www.apwuhp.com

Customer Service 800-222-2798

APWU HEALTH PLAN

2025

A Fee-for-Service Plan (High Option) and a Consumer Driven Health Plan with Preferred Provider Organizations

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 8 for details. This plan is accredited. See page 13.

Sponsored and administered by: American Postal Workers Union, AFL-CIO

Who may enroll in this Plan: All Federal Service employees and annuitants who are eligible to enroll in the FEHB Program. To enroll, you must be, or must become, a member or associate member of the American Postal Workers Union, AFL-CIO.

IMPORTANT
- Rates: Back Cover
- Changes for 2025: Page 15
- Summary of Benefits: Page 157

To become a member or associate member: All active Federal Service employees and annuitants must be, or must become, dues-paying members of the APWU, to be eligible to enroll in the Health Plan. All Federal members and annuitants must become associate members of APWU, see page 131 for details.

Membership dues: Associate members will be billed by the APWU for the $35 annual membership fee, except where exempt by law. APWU will bill new associate members for the annual dues when it receives notice of enrollment. APWU will also bill continuing associate members for the annual membership.

Postal Employees and Annuitants are no longer eligible for this plan (unless currently under Temporary Continuation of Coverage).

Enrollment codes for this Plan:

High Option: 471 Self Only, 473 Self Plus One, 472 Self and Family
Consumer Driven Option: 474 Self Only, 476 Self Plus One, 475 Self and Family

FEHB Federal Employees Health Benefits Program

Authorized for distribution by the:

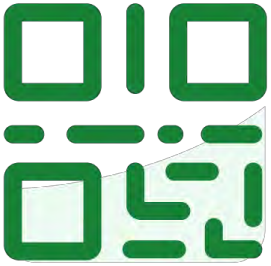
United States Office of Personnel Management

Healthcare and Insurance
http://www.opm.gov/insure

RI 71-004

Pop Quiz
Brochure Review

slido



Join at slido.com
#6998757

ⓘ Start presenting to display the joining instructions on this slide.

slido

What is the in-network copay for a standard office visit under the High Option Plan?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

What is the in-network copay for a standard office visit under the High Option Plan?

- $10
- $20
- ✓ $25
- $30

slido

What is the in-network copay for a standard office visit under the Consumer Driven Plan?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

What is the in-network copay for a standard office visit under the Consumer Driven Plan?

- $10
- $20
- $25
- ✓ N/A

slido

Do inpatient hospital services under the High Option Plan require prior authorization?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

Do inpatient hospital services under the High Option Plan require prior authorization?

- ✓ Yes
- No

slido

Do inpatient hospital services under the Consumer Driven Plan require prior authorization?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

Do inpatient hospital services under the Consumer Driven Plan require prior authorization?

- ✓ Yes
- No

slido

What is the member coinsurance for in-network services when using a UHC provider under the High Option Plan?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

What is the member coinsurance for in-network services when using a UHC provider under the High Option Plan?

- 10%
- ✓ 15%
- 20%
- 25%

slido

What is the member coinsurance for out-of-network services under the Consumer Driven Plan?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

What is the member coinsurance for out-of-network services under the Consumer Driven Plan?

- 30%
- 40%
- 45%
- ✓ 50%

slido

Does the High Option Plan include dental services?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

Does the High Option Plan include dental services?

- ✓ Yes
- No

slido

Does the Consumer Driven Plan include dental services?

ⓘ Start presenting to display the poll results on this slide.

POP QUIZ

Does the Consumer Driven Plan include dental services?

- Yes
- ✓ No

FEHB Brochure Layout

- **Introduction/FEHB Facts** (pgs.4-12)
- **Section 1:** How This Plan Works (pgs.13-14)
- **Section 2:** Changes for 2025 (pg.15)
- **Section 3:** How You Get Care (pgs.16-24)
- **Section 4:** Your Costs for Covered Services (pgs.25-31)
- **Section 5:** Benefits
  - High Option (pgs.32-78)
  - Consumer Driven Option (pgs.79-129)
  - Non-FEHB Benefits (pg.130)

(continued on next slide)

FEHB Brochure Layout

- **Section 6:** General Exclusions (pgs.131-132)
- **Section 7:** Filing a Claim for Covered Services (pgs.133-135)
- **Section 8:** The Disputed Claims Process (pgs.136-138)
- **Section 9:** Coordinating Benefits with Medicare and Other Coverage (pgs.139-150)
- **Section 10:** Definitions (pgs.151-156)
- **Summary of High Option** (pgs.157-158)

(continued on next slide)

FEHB Brochure Layout

- **Summary of Consumer Driven Option** (pgs.159-160)
- **Index** (pgs.161-162)
- **2024 Rate Information** (pg.166)

Introduction

- Health Plan Address
- Healthcare Fraud
- Never Event
- Patient Safety
- FEHB Facts
- Who's Covered and When?

Section 1
How This Plan Works

How This Plan Works – High Option

- PPO Network (UnitedHealthcare PPO)
  - PPO Directory online at: www.apwuhp.com
- Prompts to filter your search results
  - Provider Type
  - Specialty
  - Facility Type
  - Distance from home/work
- Call APWU Health Plan at: 800-222-2798

How This Plan Works – Consumer Driven Option

- PPO Network (UnitedHealthcare PPO)
  - PPO Directory online at: www.whyuhc.com/apwu
- Prompts to filter your search results
  - Provider Type
  - Specialty
  - Facility Type
  - Distance from home/work
- Call UnitedHealthcare at: 800-718-1299

Section 2
Changes for 2025

Changes for 2025 - High Option

- TeleHealth Visits: The Plan will now cover your first two virtual visits with Teladoc with no member cost share (pg. 36)
- Preventive Care: The Plan will move RSV prophylaxis coverage from Section 5(f), Prescription Drug Benefits to Section 5(a), Medical Services and Supplies, with no member cost share (pg. 35)

(continued on next slide)

Changes for 2025 – High Option

- Omada Program for Weight Loss: New virtual health program that will help members lose weight and create healthier behaviors. Members will be required to participate in the program to continue authorization of weight loss medications. (pg. 78) *(FEHB Only)*
- Medicare Advantage: The Plan will increase Part B reimbursement from $85 to $100. The Plan will also provide a new eyewear allowance every 24 months ($130 glasses; $175 contacts) (pg. 144)

Changes for 2025 - Consumer Driven Option

- Wellness Incentive: The Plan will add a $25 health reward for completion of a mammogram and cervical screening as an incentive. Members will receive $25 to their PCA for each visit (pg. 129)
- Personal Care Account (PCA): Medicare Part B enrollees may request Part B premium reimbursement, if PCA funds are available (pg. 87)

Section 3
How You Get Care

How You Get Care

- ID Cards
- Precertification
  - Services that need precertification
  - How to request precertification
  - Penalties for non-compliance/late requests
- Steps to request reconsideration of a pre-service decision
- Steps to appeal a decision

ID Cards

- FEHB Cards: Due to the Health Plan's office move, all FEHB members will receive a new ID card with the new Health Plan P.O. Box.
- PSHB Cards: Members enrolled in the PSHB will receive a new ID card:
  - New Medical Group Number: 78-800681
  - New RxGRP Number: APW95B4
  - New Rx Phone Number: 866-716-7354

Do I need Precertification? (pgs.18-22)

- Applied Behavioral Analysis (ABA)
- **CDO Only: Cardiology services (outpatient diagnostic catheterizations, echocardiograms, stress echocardiograms and outpatient electrophysiology implant procedures)**
- Durable Medical Equipment (DME) and prosthetic devices
- Genetic testing, including BRCA testing
- High Tech Radiology (CT/CAT Scans, MRI, MRA, PET)
- Skilled Nursing Facilities (SNF)

Section 4
Your Costs for Covered Services

Your Costs for Covered Services - High Option

- Out-of-Pocket Costs
  - Copay
  - Deductible
  - Coinsurance
- PPO vs. Non-PPO
  - Balance Billing (services not otherwise addressed by the No Surprises Act (NSA)
- Catastrophic Costs/Maximum Out-of-Pocket

Accumulations to Max Out-of-Pocket - High Option

Applied	Not Applied
5%, 15%, 30%,40% coinsurance	Amounts exceeding Plan allowance
$10, $25, $30 copay	Amounts over max limits, accumulations
Medical deductible(s)	Precertification penalties
25%, 45% Rx coinsurance	$300 copay for admission to out-of-network facility
$10, $20 Rx copay	50% Rx coinsurance
	Non-Covered Charges

High Option Deductible

Eligible deductible amounts for all family members are applied toward the maximum.

Deductibles	
PPO	**Non-PPO**
Self Only: $450	Self Only: $1,000
Self Plus One: $800	Self Plus One: $2,000
Self and Family: $800	Self and Family: $2,000
Catastrophic Limit	
Self Only: $6,500	Self Only: $12,000
Self Plus One: $13,000	Self Plus One: $24,000
Self and Family: $13,000	Self and Family: $24,000
Coinsurance	
15%	40%

High Option Copayments

A fixed amount of money you pay when you receive covered services.

Service	Copay
Office Visit Chiropractic Visit (24 visit limit) Acupuncture Treatment (26 visit limit)	$25
Virtual Office Visit through Teladoc **(no cost share for first 2 visits)**	$10
Virtual Office Visit through UHC	$25
Urgent Care	$30
Admission to non-participating hospital	$300
Prescription drugs	$10 Generic – Retail $20 Generic Mail Order

High Option Coinsurance

- The percentage of covered allowances for which the patient is responsible. Coinsurance does not begin until the deductible has been met.
  - 15% of allowance for PPO care
  - 40% of allowance for non-PPO care
  - 30% of allowance for routine dental services
  - 5% of allowance for treatment of cancer at Cancer Centers of Excellence
  - 25%; 45% Brand named Rx

Your Costs for Covered Services - Consumer Driven Option

- Out-of-pocket Cost
  - Copay (none)
  - Deductible
  - Coinsurance

- In-Network vs. Out-of-Network
  - Balance billing - Services not otherwise addressed by the No Surprises Act (NSA)

Deductible - Bridge Between PCA and Traditional Insurance

PCA

(Covered services paid at 100%)

Deductible

(You pay full cost until deductible is met)

Coinsurance

(Cost sharing)

Personal Care Account (PCA)

An established benefit amount which is available to use first to pay for covered hospital, medical, dental and vision expenses.

Self Only	Self Plus One	Self and Family
$1,200	$2,400	$2,400

(continued on next slide)

Personal Care Account (PCA)

- Members are given an account on day one of coverage
- PCA is fully funded and provided annually by the Health Plan
- Pays covered medical expenses at 100% as long as funds are available
- Any unused funds will rollover to the next year

PCA Rollover Maximum		
Self Only	**Self Plus One**	**Self and Family**
$5,000	$10,000	$10,000

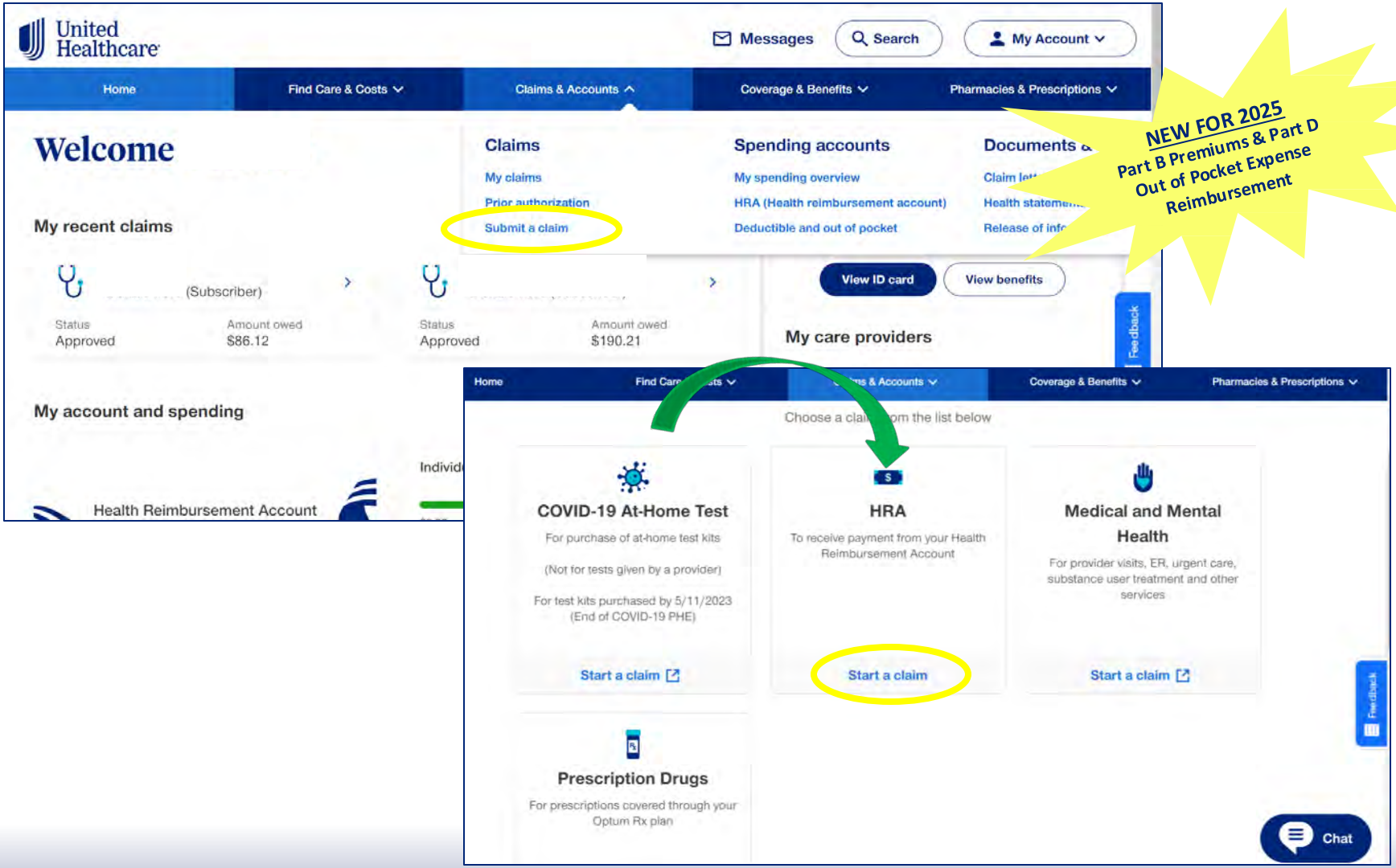
Controlling Your PCA

- PCA rolls over
- FSA does not roll over
- Member can turn off PCA for a selected period of time
- Member can now use FSA for healthcare expenses
- Except for Rx

APWU Health Plan – Postal PCA Experience

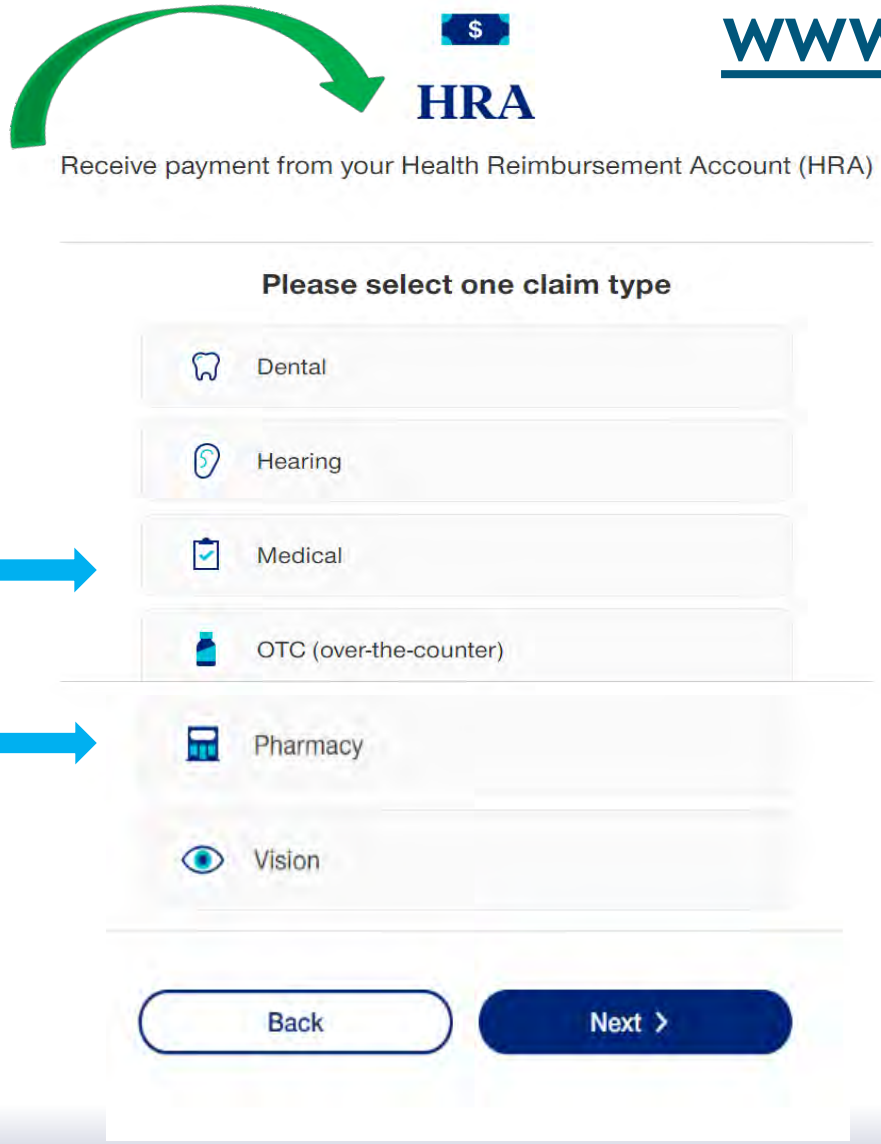
Date	2025 Postal Policy # 935443	Comments
1/1/25	2025 PCA $1,200/$2,400	***Only 1/1/2025*** *Dates of service will be processed on the new policy* *The PCA will apply toward* ***2025 claims*** *until exhaustion* ***New for 2025*** *Part B Premiums & Part D Out of Pocket cost will need to be submitted manually* ***If members want to shut off the PCA, they would need to update the new policy* ****Prior 2024 PCA balance will remain under the 714081 policy to apply to 2024 claims until 3/1/25*
3/1 - 3/17/25	UHC team is pulling over remaining balances & applying to new policy	
3/18/25	Updated PCA balance available (2024 remaining + 2025 new)	***2025*** *PCA will include any rollover $$ to apply to* ***2025*** *claims* *Max balance exchange will be applied $5,000/$10,000*
Ongoing		*****If members need balance adjustments or claim adjustments outside of this timeline, please call UHC Member Services 1-855-808-3003*

PCA (HRA) Reimbursement - www.myuhc.com



PCA (HRA) Reimbursement

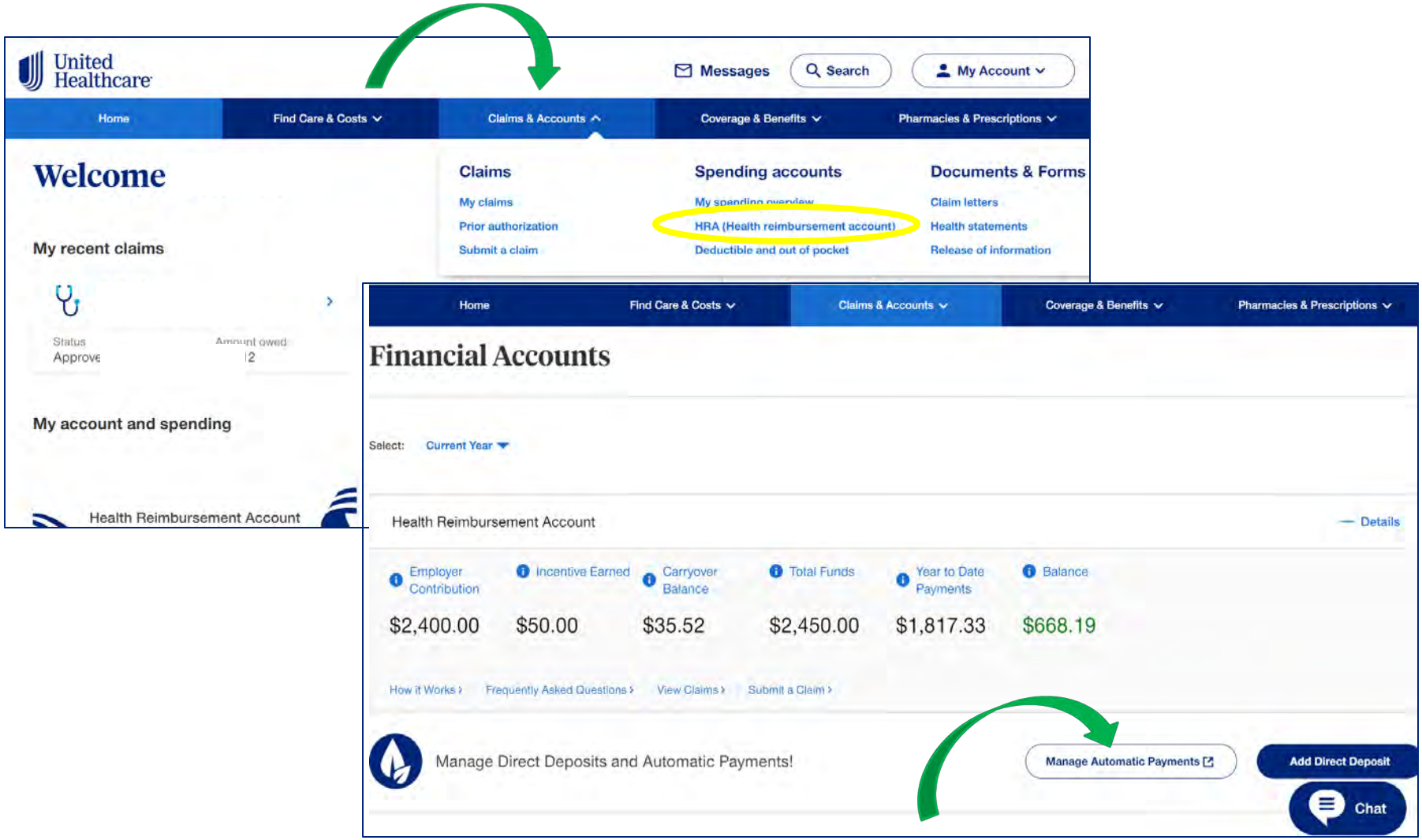
www.myuhc.com



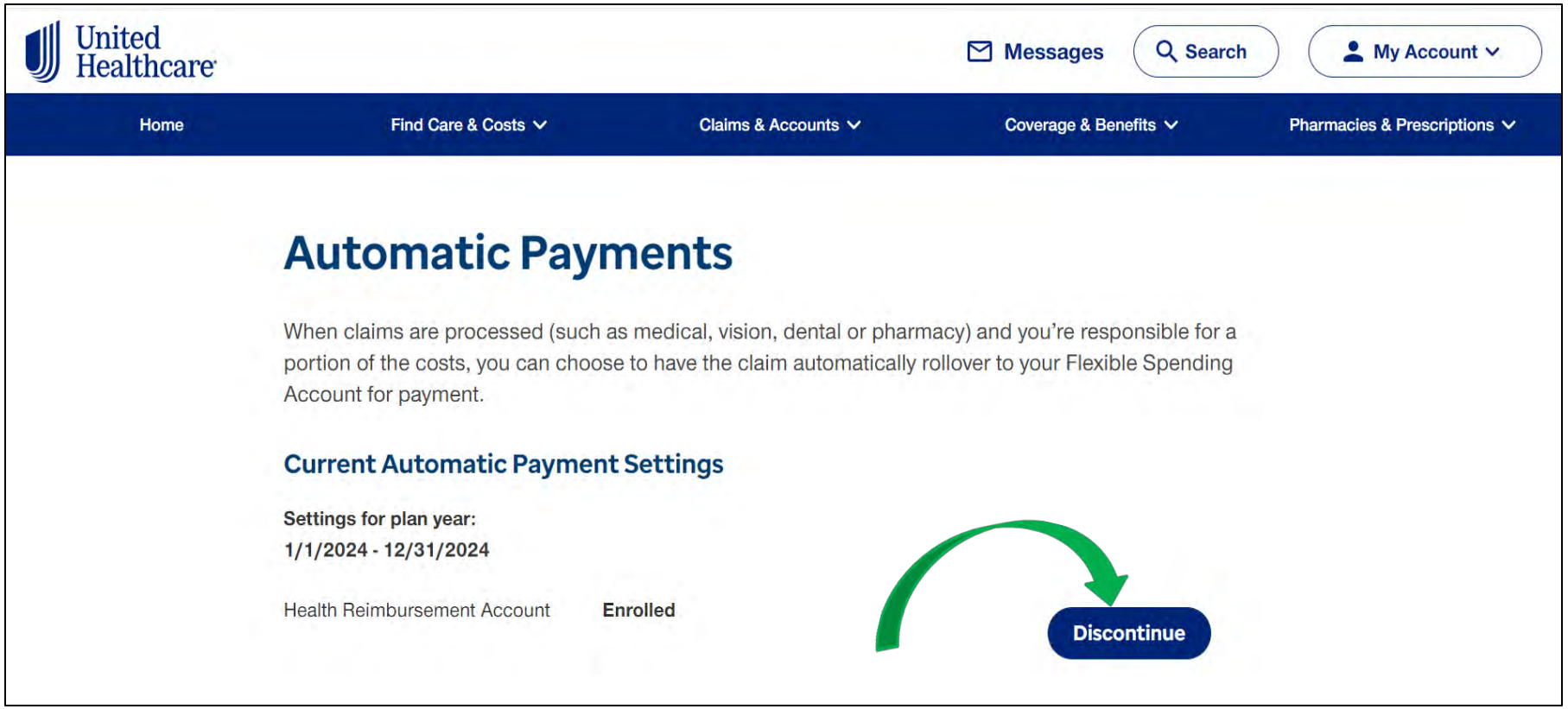
Part B Premiums
Submit under Medical

Part D Cost Share
Submit under RX

PCA (HRA) - How to shut off automatic reimbursement



PCA (HRA)-How to shut off automatic reimbursement



Consumer Driven Option Deductible

Deductibles	
In-Network	**Out-of-Network**
Self Only: $1,000	Self Only: $1,500
Self Plus One: $2,000	Self Plus One: $3,000
Self and Family: $2,000	Self and Family: $3,000
Catastrophic Limit	
Self Only: $6,500	Self Only: $12,000
Self Plus One: $13,000	Self Plus One: $24,000
Self and Family: $13,000	Self and Family: $24,000
Coinsurance	
15%	50%

PCA/Family Deductible
Consumer Driven Option

- Self Plus One or Self and Family:

$2,400 PCA plus $2,000 deductible = $4,400 "Total Deductible"

- Once member one meets an additional out-of-pocket of $2,100 for a total of $6,500 *(the out-of-pocket maximum for Self Only)* their claims for covered services will be paid at 100%
- Once member two meets the additional Self Plus One out-of-pocket $6,500 *(for a total of $13,000 for the family)*, that person's claims will be paid at 100%

Coinsurance
Consumer Driven Option

- The percentage of covered allowances for which the patient is responsible:
  - 15% of allowance for in-network care
  - 50% of allowance for out-of-network care
  - 10% of allowance for treatment of cancer at a Cancer Center of Excellence
  - 10% of allowance for transplants performed at a Transplant Center of Excellence
  - 25% of prescription formulary allowance
  - 40% of non-preferred brand name drugs

Personal Care Account (PCA)

- Dental
- Vision

} $400/$800

- Rollover
- Medicare B Reimbursement

(Pg.86 - 87)

Section 5. Personal Care Account (PCA)

Important things you should keep in mind about your Personal Care Account:

- All eligible healthcare expenses (except in-network preventive care) are paid first from your Personal Care Account (PCA). Traditional Health Coverage (under CDHP Section 5) will only start once your Personal Care Account is exhausted.
- Note that in-network preventive care covered under CDHP Section 5, does NOT count against your PCA.
- The Personal Care Account provides full coverage for both in-network and out-of-network providers. However your Personal Care Account will generally go much further when you use network providers because network providers agree to discount their fees.
- You have flexibility about how to spend your PCA, and the Plan provides you with the resources to manage your PCA. You can track your PCA on your personal private website, by telephone at 1-800-718-1299 (toll-free), or with quarterly statements mailed directly to you at home.
- If you join this Plan during Open Season, you receive the full PCA ($1,200 per Self Only, $2,400 per Self Plus One or $2,400 per Self and Family enrollment) as of your effective date of coverage. If you join at any other time during the year, your PCA for your first year will be prorated at a rate of $100 per month for Self Only or $200 per month for Self Plus One or Self and Family for each full month of coverage remaining in that calendar year.
- Unused PCA benefits are forfeited when leaving this Plan.
- If PCA benefits are available in your account at the time a claim is processed, out-of-pocket expenses will be paid from your PCA regardless of the date the expense was incurred.
- If the member has funds available in the PCA account, claims will always be paid out of the PCA first. If the member would like to use their FSA to pay a bill prior to using the PCA, please instruct the provider not to submit the claim to UnitedHealthcare. The member should get a copy of the bill from the provider and submit to the FSA carrier for reimbursement. This means that in some cases, the member may have to pay the cost of the services up front.
- Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are medically necessary.
- Be sure to read Section 4, *Your Costs for Covered Services*, for valuable information about how cost-sharing works. Also read Section 9 for information about how we pay if you have other coverage, or if you are age 65 or over.
- **YOU MUST GET PRECERTIFICATION FOR HOSPITAL STAYS; FAILURE TO DO SO WILL RESULT IN A MINIMUM $500 PENALTY.** Please refer to the precertification information shown in Section 3 to confirm which services require precertification.
- Members can turn off the PCA for medical claims only via www.myuhc.com. Medical claims must then be submitted manually to UnitedHealthcare. Pharmacy claims will continue to pay from the PCA.

Section 5
Benefits
High Option, Consumer Driven Option, Non-FEHB Benefits

Benefits - Section 5(a) - 5(i)

a) Medical Services and Supplies
b) Surgical and Anesthesia Services
c) Services Provided by a Hospital or Other Facility
d) Emergency Services
e) Mental Health and Substance Use Disorder
f) Prescription Drug Benefits
g) Dental Benefits
h) Wellness and Other Special Features
i) Health and Education Resources and Account Management Tools

Medical Service and Supplies
Section 5(a)

- Office, hospital visits
- X-ray and diagnostic tests
- Preventive Care
- Maternity
- Infertility
- Therapies
- Hearing
- Foot Care
- DME
- Home Health Services
- Chiropractic
- Acupuncture

Preventive Care
In-Network Consumer Driven Option

- Covered services paid at 100%
- PCA is not used
- Annual exam
- Bloodwork
- Immunizations
- Screenings

Preventive Care
In-Network High Option

- $0.00 Patient responsibility
  - Immunizations recommend by CDC for both children and adults
  - Annual routine exam, adults
  - Well baby/child visits
  - See brochure for comprehensive list of covered services

Note: A service or treatment performed when symptoms of illness are present may not be considered preventive for the purpose of this coverage.

Example: A colonoscopy performed when a patient has been experiencing bleeding.

Virtual Office Visits

- Allows a patient to see and talk to a physician from a computer, tablet, or compatible mobile device.
- A doctor can:
  - Speak to you about minor medical concerns
  - Provide a diagnosis
  - Transmit a prescription to your local network pharmacy
- In-network benefit only

Virtual Office Visits
High Option

- Call 800-835-2362 or visit www.teladoc.com for information on virtual visits
  - **New! The Plan will now cover the first 2 virtual visits with Teladoc with *NO* member cost share**
  - Subject to a $10 copay through Teladoc
- TeleHealth Services through a UHC provider
  - Subject to a $25 copay

Virtual Office Visits
Consumer Driven Option

- Login to www.myuhc.com for information on virtual office visits:
  - Virtual Visits providers through www.myuhc.com: Teladoc, AmWell, Doctor on Demand, Optumcare 24 and Telehealth at 15% coinsurance
  - Virtual visits are subject to 15% of the Plan allowance
- Mental health and Substance Use Disorder call 1-800-718-1299 or login to www.myuhc.com for information on virtual visits.
  - Virtual visits are subject to 15% of the Plan allowance

Surgical and Anesthesia Services Section 5(b)

- Surgical procedures
- Anesthesia
- Organ Transplants
- Oral Surgery
- In-network vs. out-of-network facility

Hospital/Facility and Ambulance Section 5(c)

- Inpatient Room and Board
- Cancer Centers of Excellence
- Outpatient Hospital or Ambulatory Surgical Center
- Hospice
- Extended Care/Skilled Nursing
- Ambulance

Skilled Nursing Facility

Services rendered at a Skilled Nursing Facility (SNF) are covered for up to 30 days per person per calendar year when admitted directly from a covered inpatient hospital stay.

- Prior authorization required

HIGH OPTION		CONSUMER DRIVEN OPTION	
PPO	Non-PPO	In-Network	Out-of-Network
15% of covered charges	$300 per admission and 40% of covered charges and any difference between our allowance and the billed amount	15% of covered charges	50% of covered charges and any difference between allowed and billed amount

Emergency Services/Accidents

Section 5(d)

- Accident: An injury resulting from violent external force
- Medical Emergency: Sudden onset of symptoms that you believe endangers your life or could result in serious disability if not treated promptly
- Urgent Care Center
- Ambulance

Mental Health and Substance Use Disorder Section 5(e)

- Office Visits
  - Virtual Office Visits
- Treatment
- Inpatient
- Outpatient
- Preauthorization

Mental Health and Substance Use Disorder Preauthorization

- Requirements:
  - Inpatient Services
  - Intensive Outpatient Services
  - Transcranial Magnetic Stimulation (TMS)
  - Applied Behavioral Analysis (ABA)
  - Services at a Residential Treatment Facility
- Contacts:
  - High Option: UnitedHealthcare 866-569-2064
  - Consumer Driven Option: UHC Behavioral Health Solutions 1-800-718-1299

Prescription Drugs
Section 5(f)

- Express Scripts/OptumRx
- Formulary
- FDA approved
- Brand vs. Generic
- Network
  - Retail
  - Mail Order
  - Specialty
- Coverage review
- Step Therapy
- **Section 5(f)(a) – PSHB PDP**

Prescription Drug Features

- Vendors
  - High Option: Express Scripts
  - Consumer Driven Option: OptumRx
- National Preferred Formulary
  - List of medications selected based on clinical effectiveness and lower cost
- Generic Drugs
  - Chemical equivalent of a corresponding name brand drug
  - Available at a lower cost

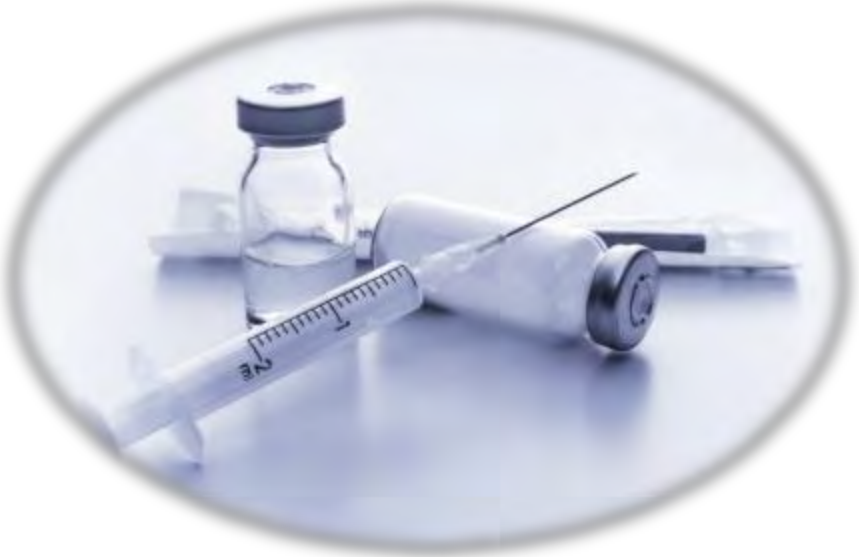
Specialty Drugs

- Must be obtained through:
  - High Option: Accredo Specialty Pharmacy
  - Consumer Driven Option: OptumRx Specialty Pharmacy
- Injectable, infused, oral or inhaled drugs:
  - Require frequent dosing adjustments
  - Intensive patient training
  - Limited product availability
  - Specialized product handling

(continued on next slide)

Specialty Drugs

- Targeted conditions include:
  - Cystic Fibrosis
  - Gaucher Disease
  - Growth Hormone Deficiency
  - Hepatitis C
  - Rheumatoid Arthritis



Prescription Coverage Definitions

- Drugs covered only with a prior authorization include:
  - Growth Hormones
  - Botox
  - Retin-A
  - Drugs for gender transition
- Step Therapy/Coverage Review
  - Ensures Generic/Brand alternatives within a therapeutic category is the first-line treatment
  - Full list of affected drug categories:
    - High Option (pg. 74)
    - Consumer Driven Option (pg. 124)

Dental Benefits
High Option, Section 5(g)

- Preventive care only
  - 2 visits, including fluoride treatments per year
  - 2 cleanings per year
  - 2 X-rays per year
- Other covered dental services
  - Restorative fillings
    - Does not include crowns or in-lay, on-lay restoration
- Cost sharing: 30% of Plan allowance plus any difference in provider's fee and Plan allowance

Dental Benefits

Consumer Driven Option, Section 5(g)

- Dental services are not covered
- Can use up to $400 from PCA for Self Only enrollment or $800 for Self Plus One or Self and Family enrollment

To save on dental today, you can use Careington Dental Network: [Save on Dental Today! | Careington & APWU (www.welcometouhc.com/apwu)]

Wellness and Other Special Features High Option, Section 5(h)

- 24-hour Nurse Line
- Health Management Programs
  - Pregnancy Support Program
    - Maven Maternity
  - Cancer Support Program
  - Kidney Resources Program
  - One Pass Select Gym Discount
  - UnitedHealthcare Hearing
  - **Omada Program for Weight Loss**

Health Education Resources and Account Management Tools

Consumer Driven Option, Section 5(i)

- Online tools and resources
- Consumer choice information
- Special Programs
  - MAVEN - Maternity Support Program
  - Kidney Resources Program
  - Orthopedic Health Support
  - Cancer Support
  - One Pass Select Gym Discount Program
  - AbleTo (Behavioral Health Support)
  - UnitedHealthcare Hearing
  - Careington Dental

Section 6
General Exclusions

General Exclusions

- Experimental or investigational procedures, drugs, services
- Biofeedback; non-medical self-help training services
- Services, drugs, supplies that are not medically necessary

(See full list on pg.131-132)

Section 7
Filing a Claim

Filing a Claim

- Claims
  - Where to file
  - Addresses, electronic payor numbers, phone numbers
- Deadlines
  - Timeframe for filing claims based on when services were rendered
- Overseas
  - Documentation needed for reimbursement
  - Address to submit claims

Section 8
Disputed Claims

Disputed Claims

- Written request for reconsideration
  - Timeframes to appeal
  - Supporting documents needed
- APWU Health Plan response within 30 days
- Member appeals to OPM
- OPM response

Section 9
Coordinating Benefits *(FEHB PDP)*

Section 10
Definitions

Last Pages

- Summary of Benefits High Option (pgs.157-158)
- Summary of Benefits Consumer Driven Option (pgs.159-160)
- Index (pgs.161-162)
- Notes (pgs.163-165)
- Rate Information (pg.166)

Questions for Closing Session

Email any questions to:
closingsessionquestions@apwuhp.com

You will receive an email following our Seminar with a link to fill out your class evaluations online.

Thank You!

APWU HEALTH PLAN