Responding to Inquiries and Other Hot Topics

Presented by

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Member Scenario

- I had my preventive mammogram on 8/15/2024. When will I be able to get my preventive mammogram in 2025?
  - This varies slightly depending on age. The preventive mammogram benefit runs on a calendar year basis, so for women ages 40-64, they are eligible for one each calendar year, therefore they are eligible for a preventive mammogram on 8/16/2025. For women ages 65 and older, they are eligible for one every 2 calendar years, therefore they are eligible for a preventive mammogram on 8/16/2026.

Member Scenario

- I got this Plan because my coworker said all of their lab work is free. Why did I receive a bill for my lab work?
  - **High Option:** When you have your covered lab services performed at a Quest or LabCorp facility, those tests will be covered at 100%. If your lab services are performed in your physician's office, you must specify that you want those tests sent to Quest or LabCorp in order to have them covered at 100%. Otherwise you may be billed.
  - **Consumer Driven Option:** Preventive lab services performed at an in-network lab will be covered at 100%. For all other covered lab tests, services will be subject to PCA, deductible and coinsurance.

Covered Labs vs. Non-Covered Labs

- **Covered Labs:**
  - Standard/Routine blood tests (CBC, Chem-7)
  - Urinalysis
  - Diabetic screenings (Glucose, Hemoglobin A1C)
- **Non-Covered Labs:**
  - Professional fees for automated lab tests
  - Genetic screening
  - Qualitative (definitive) urine drug panel testing that is not medically necessary

Member Scenario

- How often can I get a colonoscopy?
  - **High Option:** We follow the USPSTF guidelines. USPSTF recommends routine colonoscopies for individuals from at 45-75 which would be covered at 100%. If you have to get a second colonoscopy within the same year, it's likely a medical procedure instead of routine. This would be subject to the deductible and coinsurance.
  - **Consumer Driven Option:** Routine colonoscopy covered at 100%. Medical procedure subject to PCA, deductible and coinsurance.

Member Scenario

- My partner and I have been having trouble conceiving for over a year. Our doctor advised us to pursue infertility treatment. What does the Plan cover?
  - **High Option:** Diagnosis and treatment of infertility, Artificial Insemination, Intravaginal Insemination, Intracervical Insemination, Infertility drugs and Iatrogenic fertility preservation procedures *(excluding IVF, GIFT and ZIFT procedures)* are covered, subject to Plan deductible and coinsurance. See the IVF related drugs coverage in the Prescription Benefit.

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Member Scenario

- **Consumer Driven Option:** Diagnosis and treatment of infertility, Artificial Insemination, Intravaginal Insemination, Intracervical Insemination, Intrauterine Insemination, Infertility drugs and Iatrogenic fertility preservation procedures (excluding IVF, GIFT and ZIFT procedures) are covered, subject to the PCA, deductible and coinsurance. See the IVF related drugs coverage in the Prescription Benefit.

Infertility Treatment

- **Non-Covered Services**
  - Infertility services after voluntary sterilization
  - Assisted Reproductive Technology (ART) procedures, such as:
    - In vitro fertilization (IVF) (excluding IVF drugs)
    - Embryo transfer and gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT)
  - Services and supplies related to ART procedures
  - Cost of donor sperm
  - Cost of donor egg

Member Scenario

- How are CPAP machines covered? Do I have to purchase one, or can I rent it?
  - **High Option:** Most CPAP machines are rent to purchase. They are covered under the DME benefit, subject to the deductible and coinsurance. Prior Authorization is not required.
  - **Consumer Driven Option:** DME benefit subject to PCA, deductible and coinsurance. Prior Authorization is not required.

Member Scenario

- I purchased my hearing aids on 8/15/2022. When can I purchase new hearing aids under the hearing aid benefit?
  - The hearing aid benefit runs on a 3-year calendar year basis, therefore you are eligible to purchase new hearing aids on 8/16/2025.

Hearing Aid Benefit

- **High Option and Consumer Driven Option**
  - Covered every 3 years, limited to $1,500
  - Covered both in and out-of-network
  - UnitedHealthcare Hearing – Hearing aids, care options and dedicated support

Member Scenario

- My partner and I are considering seeing a marriage therapist. Is this covered?
  - **High Option:** Marriage and family therapists are covered and the member responsibility is a $25 copay when a UnitedHealthcare provider is used. If seeing an out-of-network provider, deductible and coinsurance would apply.
  - **Consumer Driven Option:** Whether seeing and in or out-of-network provider, PCA, deductible and coinsurance would apply.

Member Scenario

- My dentist says I need to have a tooth removed/ pulled. How will APWU Health Plan cover this?
  - **High Option:** If the dentist has to cut the gum to remove teeth, it may be covered under the oral surgery benefit (deductible and coinsurance will apply). If it is a simple extraction (no cutting of the gum), it would be covered under the dental benefit. You would be responsible for 30% coinsurance, no deductible.
  - **Consumer Driven Option:** Oral surgery benefit (PCA, deductible, coinsurance). Simple extractions, up to $400/$800 of PCA can be used.

Anesthesia

- Services by an out-of-network anesthesiologist:
  - If related to emergency services, the anesthesiologist will be paid at the same rate as if they were in-network and can **NOT** balance bill. This is regardless of whether the services were performed at an in-network or out-of-network facility.
  - If related to non-emergency services, but related to services performed at an in-network facility, the anesthesiologist will be paid at the same rate as if they were in-network and can **NOT** balance bill.
  - If related to non-emergency services, but related to service performed at an out-of-network facility, the anesthesiologist will be paid at the out-of-network rate and **CAN** balance bill.

How Anesthesia Services are Paid

	In-Network Facility	Out-of-Network Facility	Paid In-Network	Balance Billing Allowed
Emergent	✓	✓	Yes	No
Non-Emergent	✓	⊘	Yes	No
Non-Emergent	⊘	✓	No	Yes

Emergency Service/Accidents

- 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

Accidental Injury

- **High Option**
  - Outpatient services rendered within **72** hours of an accident:
    - No out-of-pocket or cost-sharing (no deductible, coinsurance, copayment) in or out-of-network
- **Consumer Driven Option**
  - Outpatient services rendered within **24** hours of an accident:
    - In-network or out-of-network: PCA, Deductible, 15% of Plan allowance

Medical Emergency

- **High Option**

Urgent Care Center		Other Facility (Emergency Room)	
PPO	**Non-PPO**	**PPO**	**Non-PPO**
$30 copayment (No Deductible)	40% of the Plan allowance plus any difference between the Plan allowance and the billed amount	15% of the Plan allowance	15% of the Plan allowance

Medical Emergency

- **Consumer Driven Option - PCA, Deductible**

Urgent Care Center		Other Facility (Emergency Room)	
In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
15% of the Plan allowance	50% of the Plan allowance plus any difference between the Plan allowance and the billed amount	15% of the Plan allowance	15% of the Plan allowance

Ambulance

- Medically necessary professional ambulance transport of a patient within 24 hours of a medical emergency.

HIGH OPTION		CONSUMER DRIVEN OPTION	
PPO	**Non-PPO**	**In-Network**	**Out-of-Network**
15% of the Plan allowance (No Deductible)	40% of the Plan allowance plus any difference between the Plan allowance and the billed amount (No Deductible)	PCA, Deductible 15% of the Plan allowance	PCA, Deductible 50% of covered charges and any difference between allowed and billed amount

Note: Air Ambulance will be covered, at the in-network rate, to the nearest facility, where necessary treatment is available, if no emergency ground transportation is available or suitable, and the patient's condition warrants immediate evacuation.

Coordinating Benefits

- **High Option – Medicare Part A and B**
  - APWU Health Plan waives deductible, copays and coinsurance
  - Claims submitted electronically by Medicare (Traditional Coverage)
  - Paper claims required when a patient has a Medicare Advantage Plan
  - Minimal, if any, patient out-of-pocket costs
  - Preauthorization requirements waived when APWU Health Plan is secondary

Coordinating Benefits

- **High Option**
  - Other Primary Medical, Dental, of No Fault Insurance
    - See Primary Payor Chart on page 148 of the FEHB Brochure
    - Primary payor based on employment status, and relationship to insured
    - Deductibles, copays and coinsurance are not waived
    - Plan pays its normal benefit or the amount due after the primary carrier pays, whichever is lower
    - Paper claims to include the primary payor's EOB/Remittance Advice to receive reimbursement
    - Preauthorization requirements waived when APWU Health Plan is secondary

Coordinating Benefits

- **High Option**
  - Medicaid
    - See Primary Payor Chart on page 148 of the FEHB Brochure
  - Workers' Compensation
    - We do not cover services where OWCP (or similar agency) assumes liability
  - TRICARE/CHAMPVA
    - APWU Health Plan is the primary payor when a patient is also covered by TRICARE or CHAMPVA

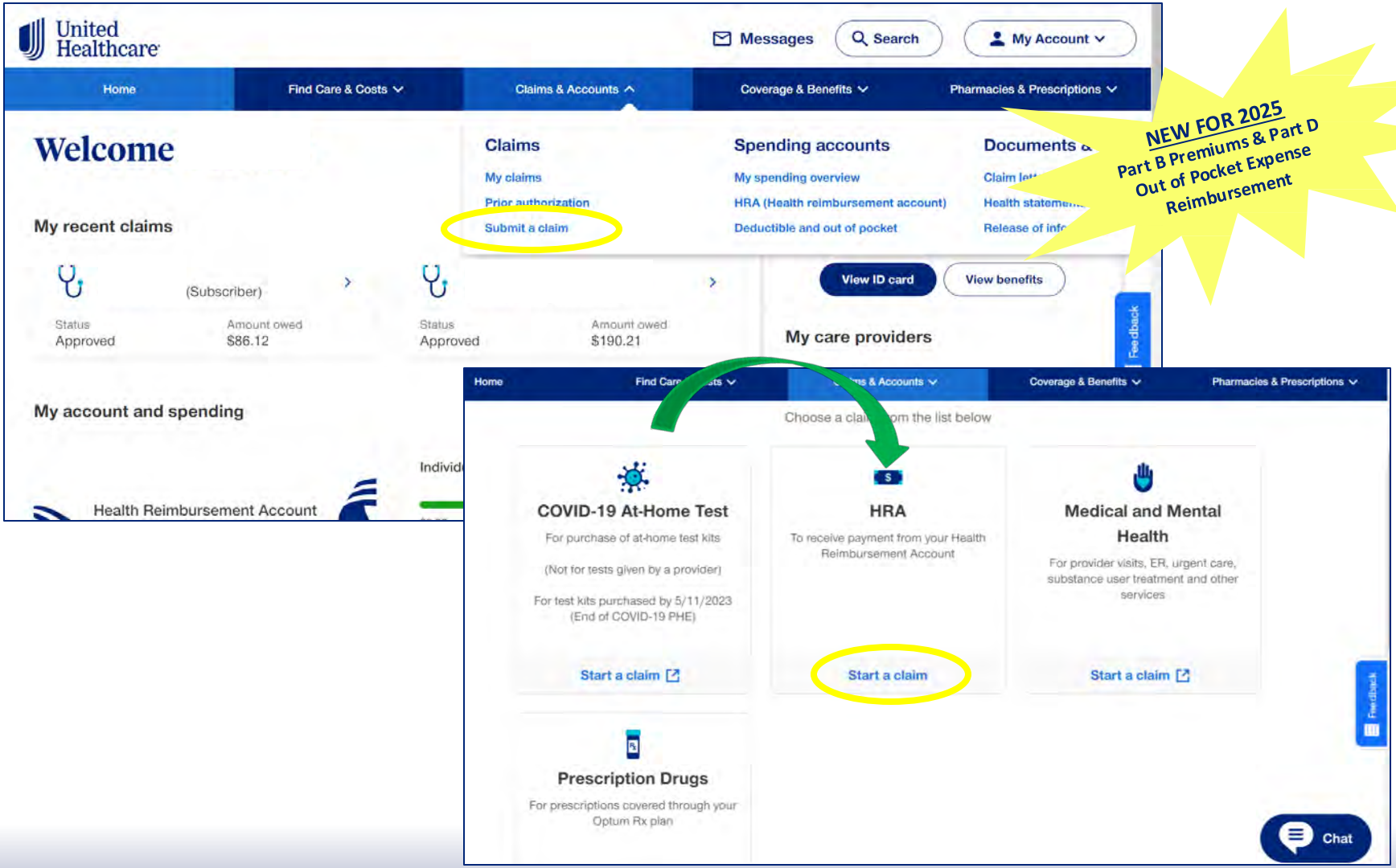
Coordinating Benefits

- **Consumer Driven Option**
  - Medicare Part A and B
    - APWU Health Plan does not waive deductibles and coinsurance
    - Medicare with pay as primary
    - If there are available funds in the PCA, the Medicare deductible and coinsurance will be paid.
  - Other Primary Insurance
    - Primary payor, based on employment status, and relationship to insured, pays first.
    - Deductibles and coinsurance are not waived.
    - If there are funds available in the PCA, Plan pays its normal benefit, or the amount due after the primary carrier pays, whichever is lower.

APWU Health Plan – Postal PCA Experience

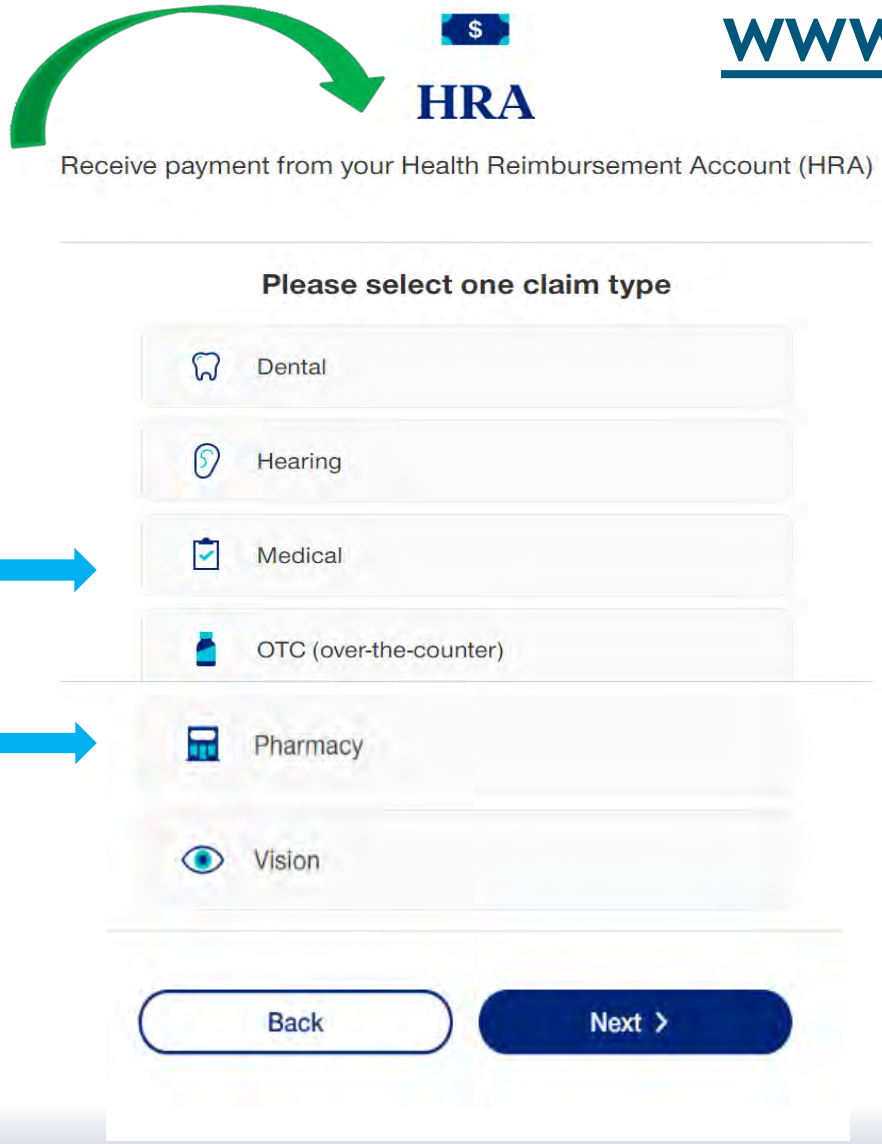
Date	2025 Postal Policy # 935443	Comments
1/1/25	**2025 PCA $1,200/$2,400**	***Only 1/1/2025*** *Dates of service will be processed on the new policy* *The PCA will apply toward* ***2025 claims*** *until exhaustion* ***New for 2025*** *Part B Premiums & Part D Out of Pocket cost will need to be submitted 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

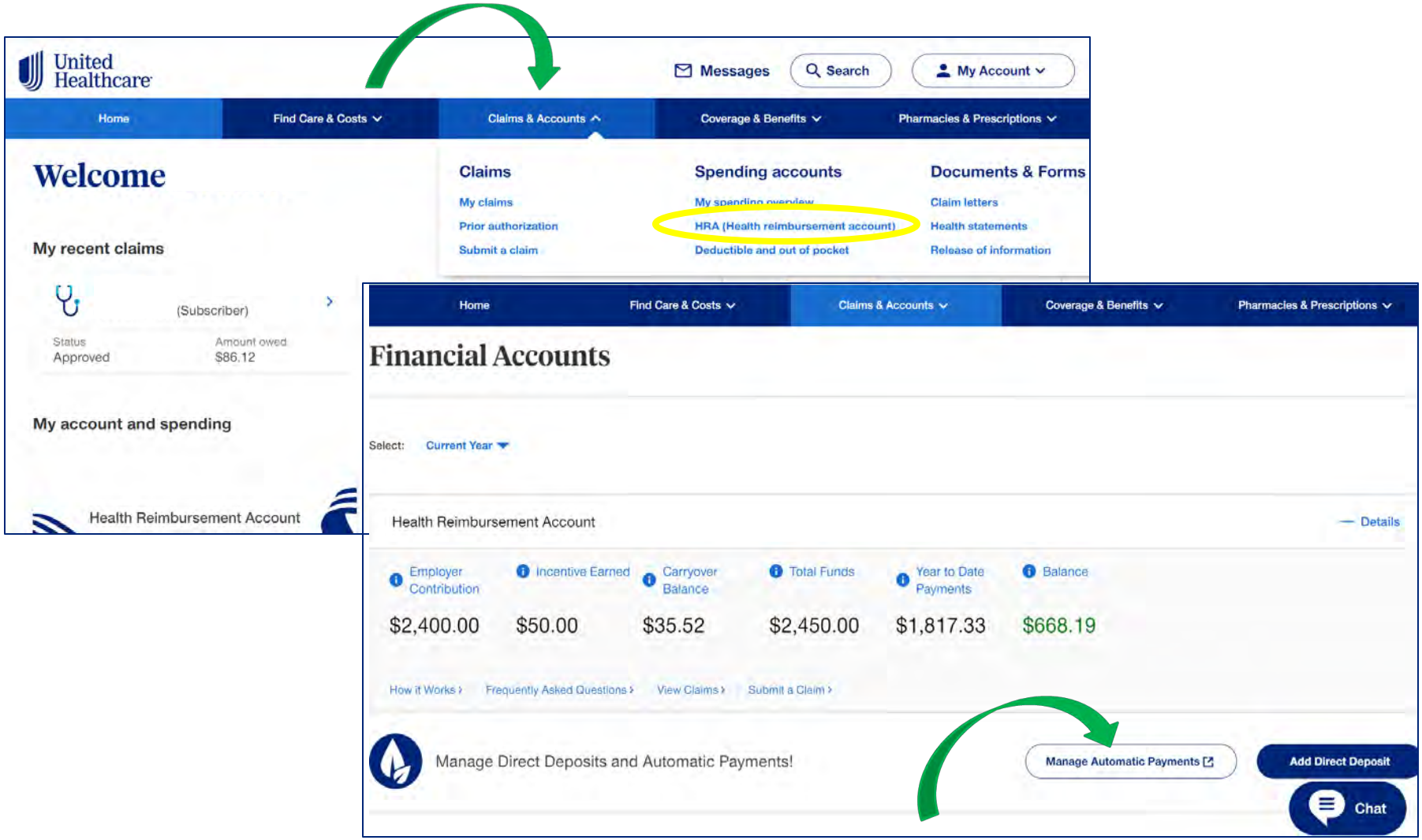
www.myuhc.com



Part B Premiums
Submit under Medical

Part D Cost Share
Submit under RX

PCA (HRA) - How to shut off automatic reimbursement



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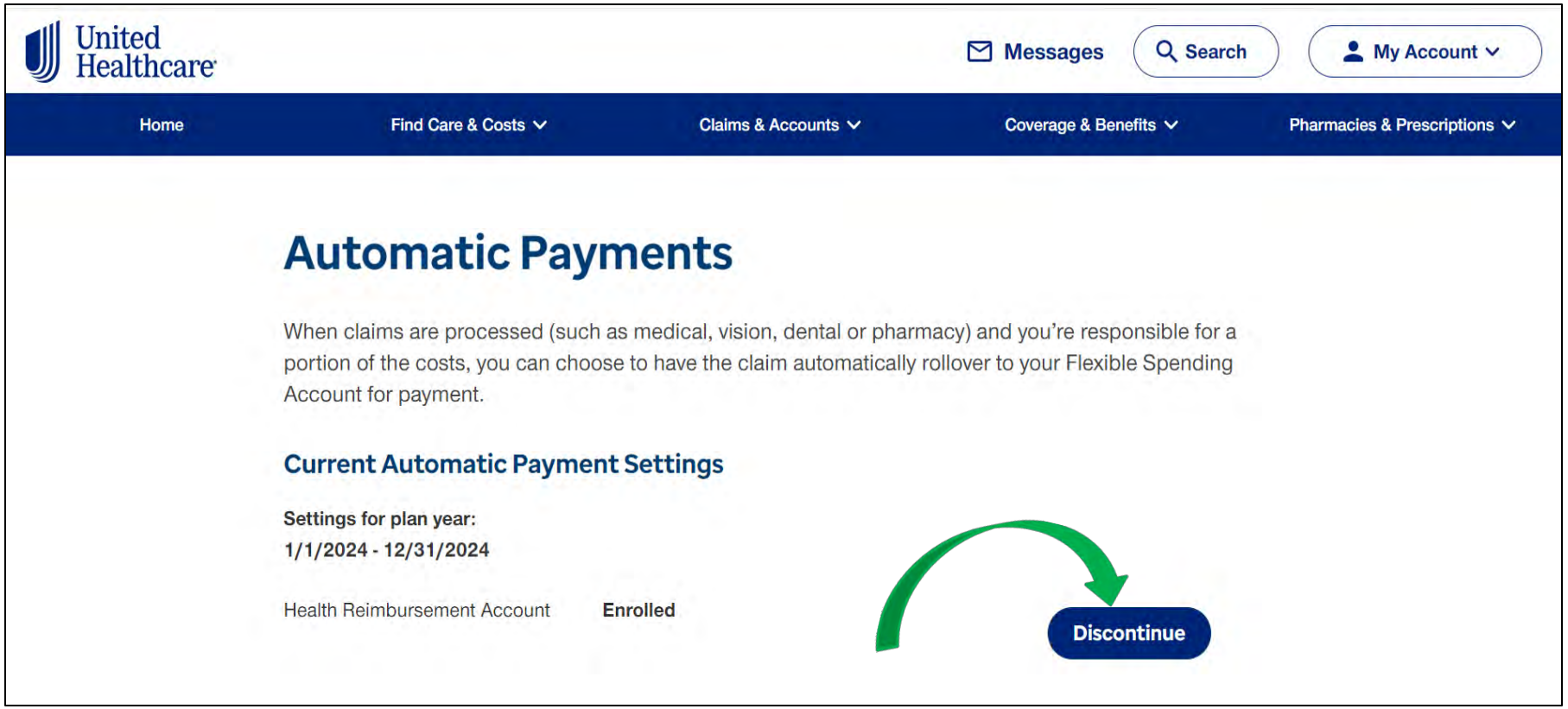

Claim Inquiries

- What information do you need?
  - HIPAA Personal Representative Form or Authorization to Release Private Health Information (PHI)!
    - Can be found on the website under HIPAA Privacy Forms
    - Individual may also be on the phone to give permission for that call
  - Patient Demographics
    - Member ID, Member Name, Date of Birth (DOB), Address

Claim Inquiries

(continued)

- Claim Information:
  - Date of Service (DOS)
  - Provider Name
  - Claim Outcome
  - Expected Outcome
  - Prior Correspondence

Contact Us

Open Season Hotline

(800) PIC-APWU

High Option

www.apwuhp.com

(800) 222-APWU (2798)

Pharmacy
(Express Scripts - ESI)

www.express-scripts.com

PSHB (866) 716-7354

FEHB (800) 841-2743

Consumer Driven Option

www.myuhc.com

(800) 718-1299

Health Plan Representative Phone Line

(800) 635-8476

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