

Basic and Refresher

Presented by

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Introduction

- Health Plan Terminology
- 2024 Brochure
  - Layout
  - Sections
- Review APWU Health Plan Benefits
  - Changes for 2024

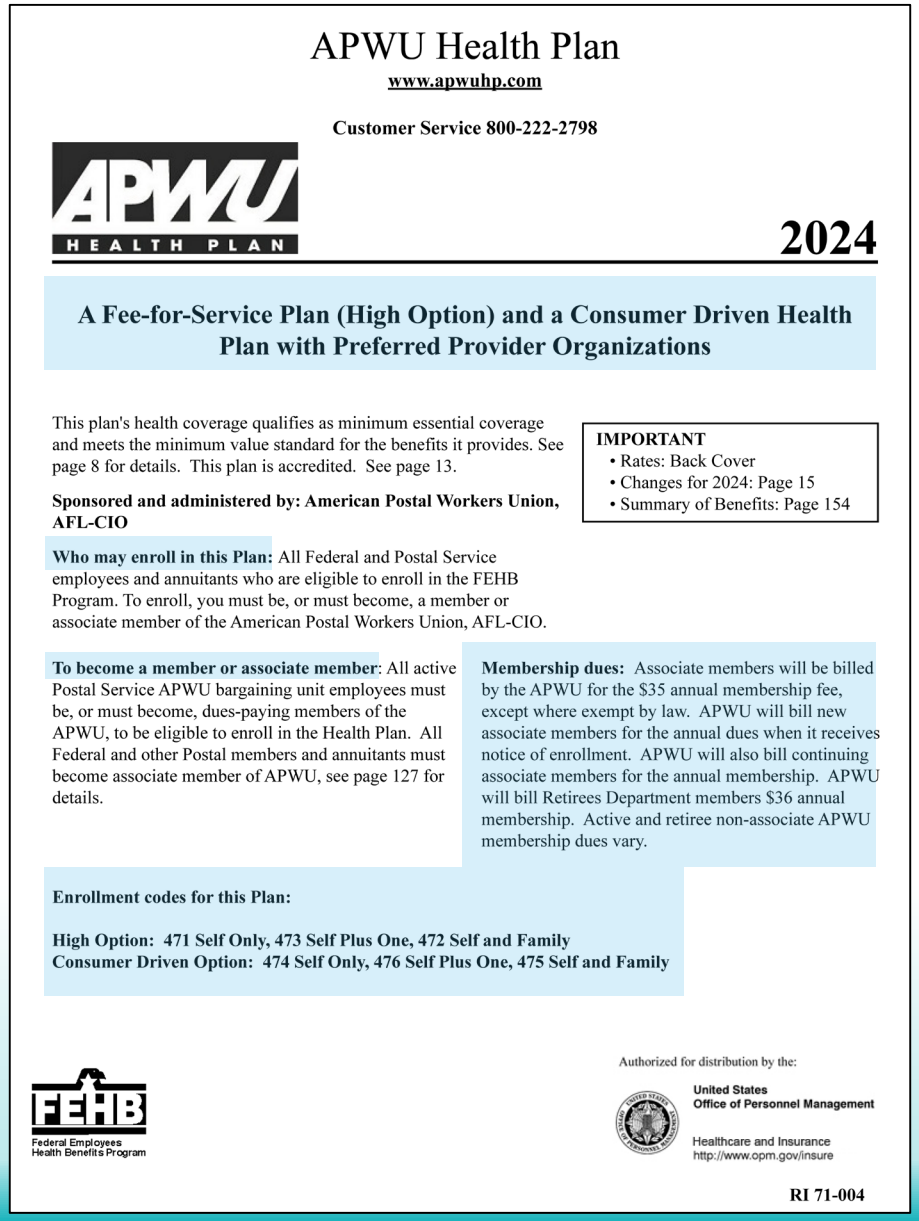
Brochure: Tour

Type of Plan

Who can join

How to join

Enrollment Codes



APWU Health Plan

www.apwuhp.com

Customer Service 800-222-2798

2024

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

IMPORTANT
- Rates: Back Cover
- Changes for 2024: Page 15
- Summary of Benefits: Page 154

Who may enroll in this Plan: All Federal and Postal 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.

To become a member or associate member: All active Postal Service APWU bargaining unit employees must be, or must become, dues-paying members of the APWU, to be eligible to enroll in the Health Plan. All Federal and other Postal members and annuitants must become associate member of APWU, see page 127 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. APWU will bill Retirees Department members $36 annual membership. Active and retiree non-associate APWU membership dues vary.

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

Who is an Associate member…

Brochure Layout

- **Introduction/FEHB Facts** (pgs.4-12)
- **Section 1:** How This Plan Works (pgs.13-14)
- **Section 2:** Changes for 2024 (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.32-77)
  - Consumer Driven Option (pgs.78-126)
  - Non-FEHB Benefits (pg.127)

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Brochure Layout

- **Section 6:** General Exclusions (pgs.128-129)
- **Section 7:** Filing a Claim for Covered Services (pgs.130-132)
- **Section 8:** The Disputed Claims Process (pgs.133-135)
- **Section 9:** Coordinating Benefits with Medicare and Other Coverage (pgs.136-147)
- **Section 10**: Definitions (pgs.148-153)
- **Summary of High Option** (pgs.154-155)

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Brochure Layout

- **Summary of Consumer Driven Option** (pgs.156-157)
- **Index** (pgs.158-159)
- **2024 Rate Information** (pg.162)

Introduction

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



Section 1:
How This Plan Works

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How This Plan Works (pgs.13-14)

We are a FFS Plan

We offer PPO

Non-PPO is standard

High Option

Consumer Driven Option

Section 1. How This Plan Works

This Plan is a fee-for-service (FFS) plan. OPM requires that FEHB plans be accredited to validate that plan operations and/or care management meet or exceed nationally recognized standards. APWU Health Plan holds the following accreditations: Accreditation Association for Ambulatory Health Care (www.aaahc.org); National Committee for Quality Assurance (www.ncqa.org); URAC (www.urac.org). To learn more about this plan's accreditation(s), please visit the following website: www.apwuhp.com.

You can choose your own physicians, hospitals, and other healthcare providers. We give you a choice of enrollment in a High Option or a Consumer Driven Health Plan (CDHP).

We reimburse you or your provider for your covered services, usually based on a percentage of the amount we allow. The type and extent of covered services, and the amount we allow, may be different from other plans. Read brochures carefully.

We have Preferred Provider Organizations (PPOs)

General features of our High Option (HO)

Our fee-for-service plans offer services through PPO networks. This means that certain hospitals and other healthcare providers are "preferred providers." When you use our network providers, you will receive covered services at a reduced cost. APWU Health Plan is solely responsible for the selection of PPO providers in your area.

The non-PPO benefits are the standard benefits of this Plan. PPO benefits apply only when you use a PPO provider. Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If no PPO provider is available, or you do not use a PPO provider, the standard non-PPO benefits apply.

High Option PPO Network: You can go to our website, www.apwuhp.com to access an online High Option PPO directory. If you need assistance in identifying a participating provider, call the APWU Health Plan at 800-222-2798. The Plan uses UnitedHealthcare as its PPO network in all states and the U.S. Virgin Islands, as well as its mental health/substance use disorder treatment provider network (all states).

When out of your state of residence, if you do not use a UnitedHealthcare PPO provider or a UnitedHealthcare PPO provider is not available, standard non-PPO benefits apply. For assistance in identifying a provider in the network, call the APWU Health Plan at 800-222-2798.

General features of our Consumer Driven Health Plan (CDHP)

Consumer Driven Option PPO Network: If you need assistance identifying a participating provider or to verify their continued participation, call the Plan's Consumer Driven Option administrator, UnitedHealthcare, at 800-718-1299 or you can go to their website, whyuhc.com/apwu, for a full nationwide online provider directory. UnitedHealthcare is the PPO network for all states and Puerto Rico, and the U.S. Virgin Islands. Printed provider directories are not available.

- **Preventive benefits:** Preventive care services are generally covered with no cost-sharing and are not subject to copayments, deductibles or annual limits when received from a network provider.
- For mental health/substance use disorder treatment providers (all states), call UnitedHealthcare Behavioral Health Solutions toll-free 800-718-1299.
- **Personal Care Account (PCA) benefits:** This component is used first to provide first dollar coverage for covered medical, dental and vision care services until the account balance is exhausted.
- Traditional benefits: After you have used up your Personal Care Account and satisfied a Deductible, the Plan starts paying benefits under the Traditional Health Coverage as described in Section 5 CDHP.

You can choose your own physicians, hospitals and other health care providers

High Option PPO Vendors: UnitedHealthcare United Behavioral Health

Consumer Driven Option PPO Vendors: UnitedHealthcare United Behavioral Health

How This Plan Works (pgs.13-14)

Provider payments

Member rights

How we pay providers

PPO Providers: Allowable benefits are based upon charges and discounts which we or our PPO administrators have negotiated with participating providers. PPO provider charges are always within our Plan allowance.

For non-PPO providers, we base the Plan allowance on the lesser of the provider's actual charges or the allowed amount for the service you received. We determine the allowed amount by using healthcare charge guides which compare charges of other providers for similar services in the same geographical area. We update these charge guides at least once a year. For surgery, doctor's services, X-ray, lab and therapies (physical, speech and occupational), we use the following:

- For the High Option Plan we use guides specifically prepared by Context4Healthcare at the 60th percentile.
- For the Consumer Driven Option we use guides specifically prepared by Fair Health at the 80th percentile.
- If this information is not available, we will use other credible sources including our own data.

Your rights and responsibilities

OPM requires that all FEHB plans provide certain information to their FEHB members. You may get information about us, our networks, and our providers. OPM's FEHB website, www.opm.gov/insure lists the specific types of information that we must make available to you. Some of the required information is listed below.

- The American Postal Workers Union Health Plan is a not-for-profit Voluntary Employee's Beneficiary Association (VEBA) formed in 1972.
- We meet applicable State and Federal licensing and accreditation requirements for fiscal solvency, confidentiality and transfer of medical records.

You are also entitled to a wide range of consumer protections and have specific responsibilities as a member of this Plan. You can view the complete list of these rights and responsibilities by visiting our website APWU Health Plan, www.apwuhp.com. You can also contact us to request that we mail a copy to you by calling 800-222-2798, or write to APWU Health Plan, P.O. Box 1358, Glen Burnie, MD 21060-1358. You may also contact us by fax at 410-424-1564.

By law, you have the right to access your protected health information (PHI). For more information regarding access to PHI, visit our website APWU Health Plan at www.apwuhp.com to obtain our Notice of Privacy Practices. You can also contact us to request that we mail you a copy of that Notice.

Your medical and claims records are confidential

We will keep your medical and claims records confidential. Please note that we may disclose your medical and claims information (including your prescription drug utilization) to any of your treating physicians or dispensing pharmacies.

Section 2:
Changes for 2024

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Changes for 2024 - High Option
Section 2, (pg.15)

- The Preferred Provider Network (PPO) will change to the UnitedHealthcare (UHC) network of over 1.7 million providers (pg.13)
- Preauthorization requirements for some services have changed (pg.18)
- Telehealth services will now be covered under Teladoc (pg.36)
- Members can now access breastfeeding supplies from any in-network provider (pg.39)

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Changes for 2024 - High Option

- Artificial Insemination (AI) is now covered as well as coverage for infertility medications, including IVF related drugs (pg.40)
- Skilled nursing visits have increased from 25 visits per calendar year to **50** visits per calendar year (pg.45)
- Reduced requirements for gender affirming care (pg.50)

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Changes for 2024 - High Option

- Special Programs have changed under Section 5(h) to include a pregnancy support program; and new mother program (MAVEN), cancer support program, kidney resources program, a One Pass Select gym discount program, and UnitedHealthcare Hearing program (pg.77)
- The APWU Health Plan will participate in a Medicare Part D Plan administered by Express Scripts called Express Scripts Medicare (PDP) (pg.143)

Changes for 2024 - Consumer Driven Option

- Artificial Insemination (AI) is now covered as well as coverage for infertility medications, including IVF related drugs (pg.93)
- Skilled nursing visits have increased from 25 visits per calendar year to **50** visits per calendar year (pg.98)
- Reduced requirements for gender affirming care (pg.102)
- One Pass Select gym discount program has been added to our Special Programs in Section 5(h) (pg.125)

Section 3:
How You Get Care

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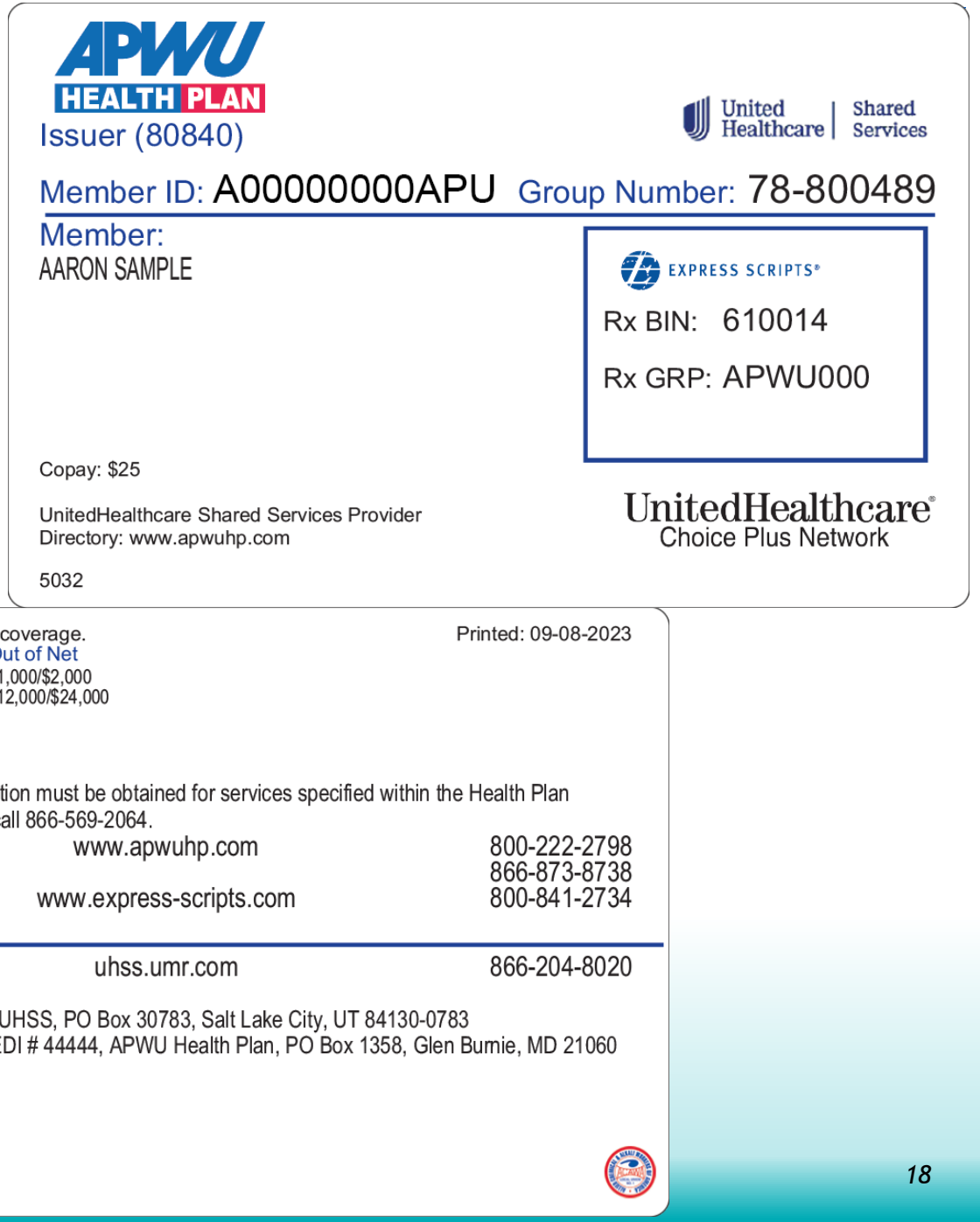
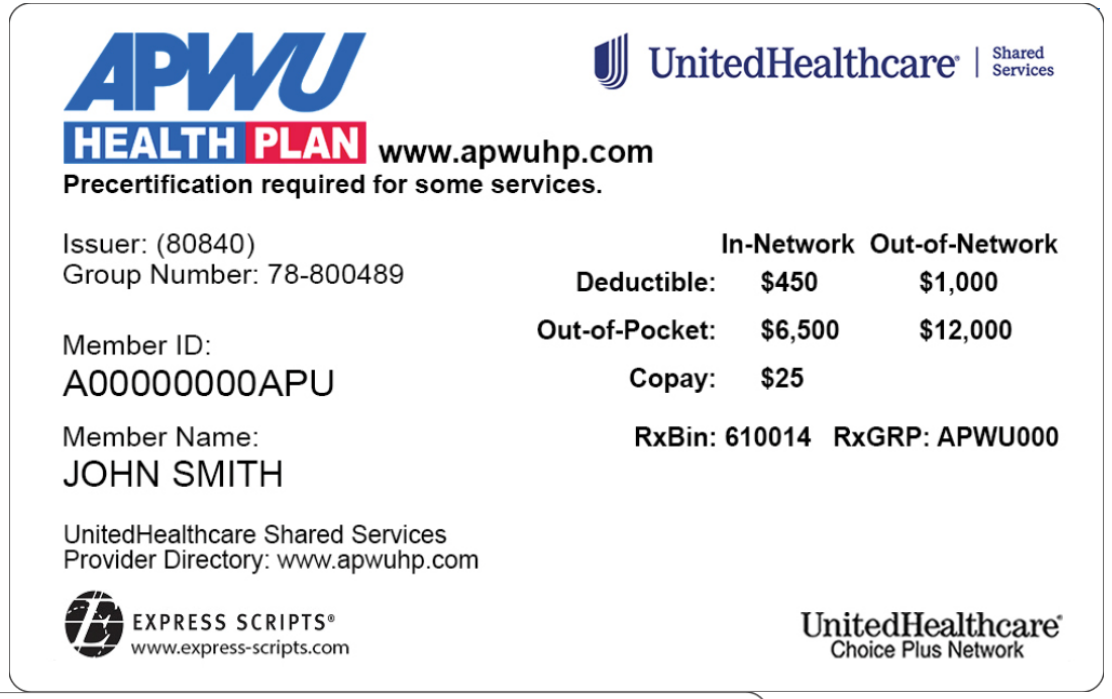
How You Get Care (pgs.16-24)

- ID Cards (pg.16)
- Precertification Process (pgs.18-21)
  - Inpatient Hospital Admission
  - $500 Penalty
  - High Option: Call UnitedHealthcare at 866-569-2064
  - Consumer Driven Option: Call UnitedHealthcare at 800-718-1299
- Other Services (pgs.18-19)

HO ID Card – UHC Mass Re-issue



High Option New Member ID Card



This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

Precertification/Prior Authorization must be obtained for services specified within the Health Plan brochure. For precertification call 866-569-2064.

For Members:	**www.apwuhp.com**	**800-222-2798**
24/7 Nurseline:		**866-873-8738**
RX:	**www.express-scripts.com**	**800-841-2734**
For Providers:	**uhss.umr.com**	**866-204-8020**

APWU HP Primary Medical Claims:
EDI # 39026, UHSS, PO Box 30783, Salt Lake City, UT 84130-0783

APWU HP Secondary Medical Claims and Dental Claims:
EDI # 44444, APWU Health Plan, PO Box 1358, Glen Burnie, MD 21060

We encourage you to use a family physician as a valuable resource and personal health advocate.

Do I need a precertification?
(High Option pgs.18-19)

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YES

- ✓ Applied Behavioral Analysis (ABA)
- ✓ Bariatric Surgery
- ✓ Durable Medical Equipment (DME)
- ✓ Gender Reassignment Surgery
- ✓ Gene Therapy
- ✓ Genetic Testing (i.e. BRCA)
- ✓ Hysterectomy
- ✓ Functional endoscopic sinus surgery
- ✓ In-patient Admission–Medical and/or Mental Health
- ✓ IOP Treatment
- ✓ Orthognathic (Oral maxillofacial surgery)
- ✓ Outpatient Radiology Services (CT/MRI/MRA/PET)
- ✓ Potential Cosmetic Surgery
- ✓ Residential Treatment Center (RTC)
- ✓ Radiation Therapy – IMRT, PPBRT and SRT
- ✓ Skilled Nursing Facility (SNF)
- ✓ Transcranial Magnetic Stimulation (TMS)
- ✓ Treatment Back/Neck Pain

NO

- ✓ Acupuncture Treatment
- ✓ Chiropractic Care
- ✓ Maternity Care/ Admissions
- ✓ Outpatient Services at VA
- ✓ Physical, Occupational, and Speech Therapy
- ✓ ECT/Psych and Neuropsych testing

See pages 18-19 of the Brochure for a detailed list.

If you have questions, call the precertification number on the back of your ID card.

Do I need prior approval? (CDHP) (pg.19)

YES

- ✓ Air Ambulance - Non-emergent
- ✓ Applied Behavioral Analysis (ABA)
- ✓ Bariatric Surgery
- ✓ Chemotherapy-outpatient
- ✓ Clinical Trials
- ✓ Congenital Heart Disease
- ✓ Durable Medical Equipment (DME)
- ✓ Gender Reassignment Surgery
- ✓ Genetic Testing (i.e. BRCA)
- ✓ Home health care – nursing visits and infusion therapy
- ✓ Hospice – Inpatient
- ✓ Inpatient Admission – Medical and/or Mental Health
- ✓ Organ Transplantation
- ✓ Orthognathic Surgery
- ✓ Outpatient Radiology Services (CT/MRI/MRA/PET)
- ✓ Potential Cosmetic Surgery
- ✓ Residential Treatment Center (RTC)
- ✓ Skilled Nursing Facility (SNF)
- ✓ Sleep apnea procedures and surgery
- ✓ Therapeutics – outpatient dialysis, IV infusion, radiology oncology, MR focused ultrasound
- ✓ Transcranial Magnetic Stimulation (TMS)
- ✓ Hysterectomy, Sinuplasty, Functional Endoscopic

NO

- ✓ Acupuncture Treatment
- ✓ Chiropractic Care
- ✓ Maternity Care/ Admissions
- ✓ Outpatient Services at VA
- ✓ Physical, Occupational and Speech Therapy

Reconsiderations/Appeals (pg.24)

- Steps to request reconsideration of a pre-service decision
- Steps to appeal a plan decision (Section 8)
  - Must appeal within 6 months of initial Health Plan decision

Section 4:
Your Costs for Covered Services

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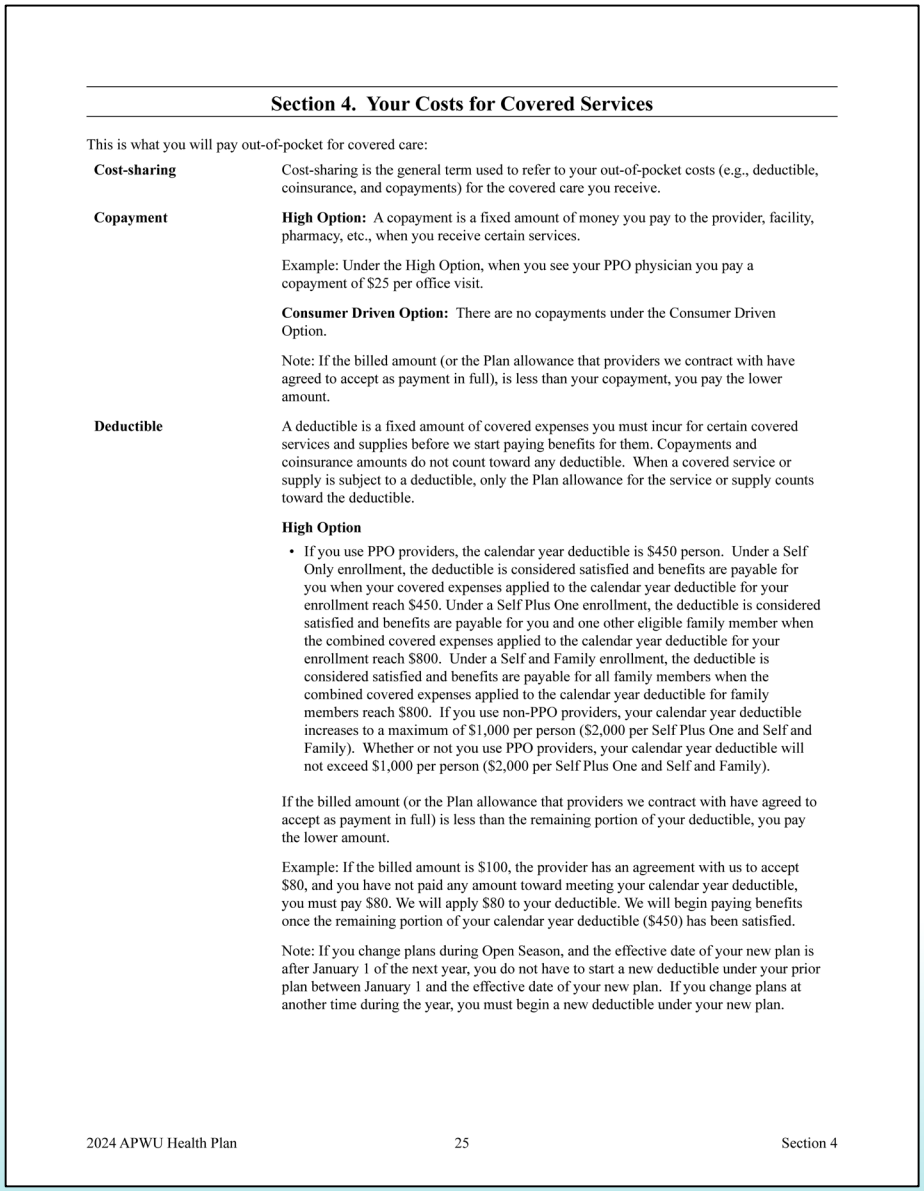
Your Costs for Covered Services (pgs.25-31)

- Out-of-pocket cost
  - Copay
    - CDHP: $0 Copay
  - Deductible
  - Coinsurance
- PPO vs. Non PPO
  - Balance billing
- Catastrophic costs
  - Out-of-pocket max
  - Inclusions/Exclusions
- Surprise Billing – Know Your Rights



Section 4. Your Costs for Covered Services

This is what you will pay out-of-pocket for covered care:

Cost-sharing

Cost-sharing is the general term used to refer to your out-of-pocket costs (e.g., deductible, coinsurance, and copayments) for the covered care you receive.

Copayment

High Option: A copayment is a fixed amount of money you pay to the provider, facility, pharmacy, etc., when you receive certain services.

Example: Under the High Option, when you see your PPO physician you pay a copayment of $25 per office visit.

Consumer Driven Option: There are no copayments under the Consumer Driven Option.

Note: If the billed amount (or the Plan allowance that providers we contract with have agreed to accept as payment in full), is less than your copayment, you pay the lower amount.

Deductible

A deductible is a fixed amount of covered expenses you must incur for certain covered services and supplies before we start paying benefits for them. Copayments and coinsurance amounts do not count toward any deductible. When a covered service or supply is subject to a deductible, only the Plan allowance for the service or supply counts toward the deductible.

High Option

- If you use PPO providers, the calendar year deductible is $450 person. Under a Self Only enrollment, the deductible is considered satisfied and benefits are payable for you when your covered expenses applied to the calendar year deductible for your enrollment reach $450. Under a Self Plus One enrollment, the deductible is considered satisfied and benefits are payable for you and one other eligible family member when the combined covered expenses applied to the calendar year deductible for your enrollment reach $800. Under a Self and Family enrollment, the deductible is considered satisfied and benefits are payable for all family members when the combined covered expenses applied to the calendar year deductible for family members reach $800. If you use non-PPO providers, your calendar year deductible increases to a maximum of $1,000 per person ($2,000 per Self Plus One and Self and Family). Whether or not you use PPO providers, your calendar year deductible will not exceed $1,000 per person ($2,000 per Self Plus One and Self and Family).

If the billed amount (or the Plan allowance that providers we contract with have agreed to accept as payment in full) is less than the remaining portion of your deductible, you pay the lower amount.

Example: If the billed amount is $100, the provider has an agreement with us to accept $80, and you have not paid any amount toward meeting your calendar year deductible, you must pay $80. We will apply $80 to your deductible. We will begin paying benefits once the remaining portion of your calendar year deductible ($450) has been satisfied.

Note: If you change plans during Open Season, and the effective date of your new plan is after January 1 of the next year, you do not have to start a new deductible under your prior plan between January 1 and the effective date of your new plan. If you change plans at another time during the year, you must begin a new deductible under your new plan.

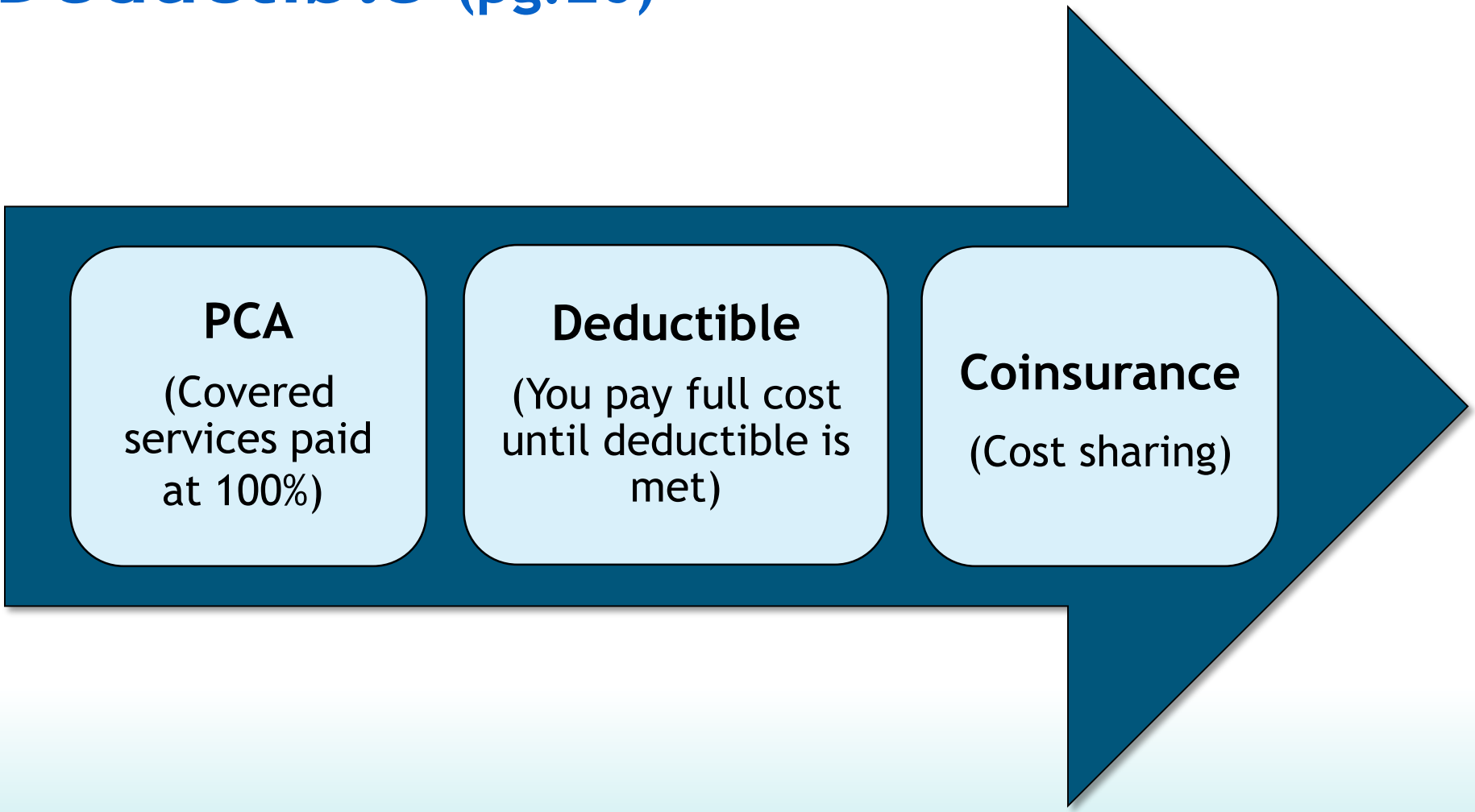
2024 APWU Health Plan 25 Section 4

High Option Deductible (pg.25)

Deductible: A fixed dollar amount of covered expenses a member must incur before benefits can be paid.

- In-network
  - $450 Self Only
  - $800 Self Plus One, Self and Family
- Out-of-network
  - $1,000 Self Only
  - $2,000 Self Plus One, Self and Family
- Copays and coinsurance do not count toward deductible amounts

Consumer Driven Option Deductible (pg.26)



Consumer Driven Option Deductible (pg.26)

Deductible must be met before Traditional Health Coverage Begins.

- **Self Only:** $2,200, but the Health Plan prefunds your Personal Care Account (PCA) with $1,200, so **you pay $1,000**
- **Self Plus One; Self and Family:** $4,400, but the Health Plan prefunds your Personal Account (PCA) with $2,400, so **you pay $2,000**

High Option Coinsurance (pg.26)

Definition: The percentage of covered allowances for which the patient is responsible. Coinsurance does not begin until the deductible has been met.

- The percentage that you must pay for your care - **High Option:**
  - 15% (in-network)
  - 40% (out-of-network)

Consumer Driven Option Coinsurance (pg.26)

Definition: The percentage of covered allowances for which the patient is responsible. Coinsurance does not begin until the PCA is used and the deductible is met.

- The percentage that you must pay for your care - **Consumer Driven Option**:
  - 15% (in-network)
  - 50% (out-of-network)

PPO vs. Non-PPO (pg.27)

- **In-network = PPO**
  - Facilities, providers, and suppliers who contract with a network to provide health services to our members at a discounted rate
  - Member cost share will consist of deductible, coinsurance, or copayment, based on allowable amount
- **Out-of-network = Non-PPO**
  - Facilities, providers, and suppliers who do not contract with a network
  - Member cost share will consist of deductible and coinsurance, PLUS any difference between our allowance and billed charges; this difference is considered 'balanced billing' (services not otherwise addressed by the No Surprises Act (NSA))

High Option: PPO vs. Non-PPO

EXAMPLE	PPO PHYSICIAN	NON-PPO PHYSICIAN
Physician's Charge	$1,500	$1,500
The PPO contracted rate with Provider ***or*** Our Allowance (Non-PPO)	$1,000	$1,000
We Pay	85% of allowance: $850	60% of allowance: $600
You owe: Coinsurance*	15% of allowance: $150	40% of allowance: $400
+ Difference up to billed charge?	No: $0	Yes: $500
Total You Pay	$150	($500 + $400) $900

****Example assumes deductible has been met***

****Example is not an office visit***

Consumer Driven Option:
In-network vs. Out-of-network

EXAMPLE	IN-NETWORK PHYSICIAN	OUT-OF-NETWORK PHYSICIAN
Physician's Charge	$1,500	$1,500
The network contracted rate with Provider ***or*** Our Allowance (out-of-network)	$1,000	$1,000
We Pay	85% of contracted rate: $850	50% of allowance: $500
You owe: Coinsurance*	15% of contracted rate: $150	50% of allowance: $500
+ Difference up to billed charge?	No: $0	Yes: $500
Total You Pay	$150	($500 + $500) $1,000

****Example assumes PCA has been used and deductible has been met***

Catastrophic Out-of-Pocket Max (pg.28)

- When you reach the Catastrophic maximum, you pay no coinsurance for covered services for the remainder of the calendar year
- In-network expenses apply toward out-of-network maximums

HIGH OPTION			CONSUMER DRIVEN OPTION		
	PPO	Non-PPO		In-network	Out-of-network
Self Only	$6,500	$12,000	Self Only	$6,500	$12,000
Self Plus One	$13,000	$24,000	Self Plus One	$13,000	$24,000
Self and Family	$13,000	$24,000	Self and Family	$13,000	$24,000

High Option
Catastrophic Costs (pgs.28-29)

- Expenses that count toward the out-of-pocket max:
  - 15% coinsurance (or 5% for Cancer Centers of Excellence) for covered PPO services
  - 40% coinsurance for covered Non-PPO services
  - 30% coinsurance for covered dental services
  - Copayments (i.e. $25 for outpatient PPO office visits, or $10 virtual visits through Teledoc, or $30 for outpatient facility charges in an Urgent Care Center)
  - Prescription drug costs (i.e. the 25%/45%/$10 or $20 you pay for in-network prescription drugs)

Not included in out-of-pocket max: High Option (pgs.29-30)

The following cannot be included in the accumulation of out-of-pocket expenses:

- Expenses in excess of our allowance or maximum benefit limitations
- Any amounts you pay because benefits have been reduced for non-compliance with this Plan's cost containment requirements, (see Section 3)
- The $300 per admission for non-PPO inpatient hospital charges or skilled nursing facility
- Expenses in excess of visit maximums for physical, occupational and speech therapy, and acupuncture
- Expenses in excess of Hospice care and preventive care maximums
- The difference in cost when brand name drugs are purchased and a generic is available
- Drugs reimbursed at the non-network pharmacy level
- 50% coinsurance for retail drugs after the first two fills if mail order is not used
- 100% of the cost for targeted drugs if the Plan's step therapy is not followed
- Any associated costs when you purchase medications in excess of the Plan's dispensing limitations
- Cost associated with non-covered drugs and supplies

Consumer Driven Option
Catastrophic Costs (pgs.29-30)

- Expenses that count toward the out-of-pocket max:
  - 15% coinsurance (or 10% for Cancer Centers of Excellence) for covered in-network services; and the deductible.
  - 50% coinsurance for covered out-of-network services; and the deductible.
  - 25% or 40% for in-network prescription drug costs.
  - PCA of $1,200 for Self-Only or $2,400 for Self Plus One and Self and Family.

Not included in out-of-pocket max: Consumer Driven Option (pg.30)

The following cannot be included in the accumulation of out-of-pocket expenses:

- Any expenses paid by the Plan under your in-network Preventive Care benefit
- Expenses in excess of our allowance or maximum benefit limitations or expenses not covered under the Traditional Health Coverage
- Dental care or Vision care expenses above the limitations provided under your Personal Care Account
- Any amounts you pay because benefits have been reduced for non-compliance with this Plan's cost containment requirements (see Section 3)
- Expenses in excess of Hospice care maximums
- Drugs purchased at a non-network pharmacy
- The difference in cost when brand name drugs are purchased and a generic is available
- Any associated costs when you purchase medications in excess of the Plan's dispensing limitations
- Cost associated with non-covered drugs and supplies

Section 5:
2024 High Option Benefits

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High Option Benefits
Section 5(a)-(h), (pgs.32-76)

- Medical Services and Supplies
- Surgical and Anesthesia Services
- Services Provided by Hospital or Other Facility
- Emergency Services/Accidents
- Mental Health and Substance Use Disorder Benefits
- Prescription Drug Benefits
- Dental Benefits
- Wellness and Other Special Features

High Option Overview (pg.34)

We have an extensive network of PPO providers but you may choose any provider in-network or out-of-network

Special features

High Option Overview

The Plan offers a High Option, described in this section. Make sure that you review the benefits that are available under the benefit program in which you are enrolled.

The High Option Section 5 is divided into subsections. Please read *Important things you should keep in mind* at the beginning of each subsection. Also read the general exclusions in Section 6; they apply to the benefits in the following subsections. To obtain claim forms, claims filing advice, or more information about the High Option benefits, contact us at 800-222-2798 or on our website at www.apwuhp.com.

The APWU Health Plan's High Option provides a wide range of comprehensive benefits for preventive services, doctors' visits and services, care in a hospital, laboratory tests and procedures, accidental and emergency services, mental health and substance use disorder treatment and prescription drugs. We have extensive networks of preferred providers for both medical and mental health services to help lower your costs, but you may use any provider you wish, in or out of our networks.

The High Option includes:

Preventive care

The Plan emphasizes prevention by providing an extensive range of preventive benefits to help members stay well. We include 100% coverage for an array of in-network preventive tests and screenings, routine physical exams, and a Tobacco Cessation program to stop smoking. To keep children well, we have 100% coverage for recommended immunizations, physical exams and laboratory tests for children. We emphasize women's wellness with our Preventive Care benefit that provides 100% coverage for a full range of in-network preventive services, preventive tests and screenings, counseling services and generic and single source brand FDA approved prescription contraceptives.

Medical and Surgical services

The Plan provides coverage for doctors' visits and surgical services and supplies. You pay only a flat copayment for office visits to a network physician, including visits for chiropractic and acupuncture treatment. In-network maternity care is covered 100%, including breastfeeding support. Mental health and substance use disorder treatment has the same comprehensive coverage as is provided for medical care.

Hospitalization and Emergency care

We offer extensive benefits for hospital and other inpatient healthcare services. There is no deductible or per admission charge for in-network hospital care. You also receive 100% coverage for unexpected outpatient care when you need it most with the Plan's Accidental Injury benefit.

Prescription drugs

Our prescription drug program offers prescription savings with no deductible and low copayments for (Tier 1) generic drugs. The prescription drug program is easy to use, with a huge network of pharmacies and a mail order service where medications are delivered right to your door. The Plan's prescription drug program provides savings and convenience for generic and brand name drugs, and you never have to file a claim.

UnitedHealthcare Medicare Advantage (PPO)

We also offer the UnitedHealthcare Medicare Advantage (PPO) for APWU Health Plan for High Option retiree/annuitants with primary Medicare Part A and B. Membership is voluntary and members may opt-in or out of this plan at any time. Members have access to a nationwide PPO network and may seek care within the network or out-of-network. Members that join will have access to certain benefit enhancements that are noted in Section 9.

Special features

Obtaining help from a medical professional is quick, confidential, and free with the Plan's voluntary 24-hour NurseLine, available anywhere in the country. Online access to claims information is available through the APWU Health Plan Member Portal. We help members navigate the healthcare system with an online Preferred Provider Organization (PPO) directory, Hospital Quality Ratings Guide, Treatment Cost Estimator, and prescription drug information. We also offer online tools and resources.

Choosing a PPO provider helps to lower your costs

100% coverage on an array of preventive care

Medical Services and Supplies
Section 5(a), (pgs.35-47)

Section Title

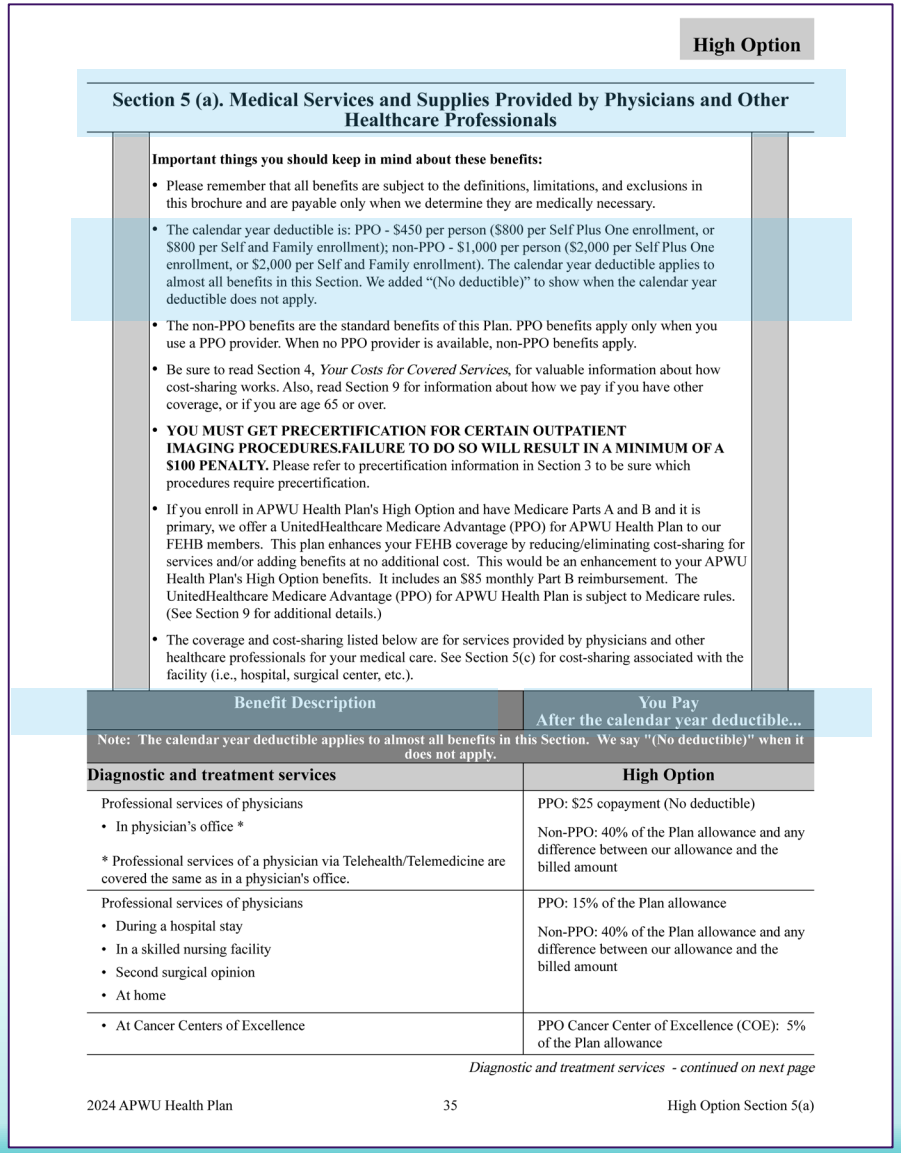
Section specific information

Left column provides Benefit Description

Deductible

Does the deductible apply

Right column explains $ amount the member is responsible for (You Pay)



High Option

Section 5 (a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals

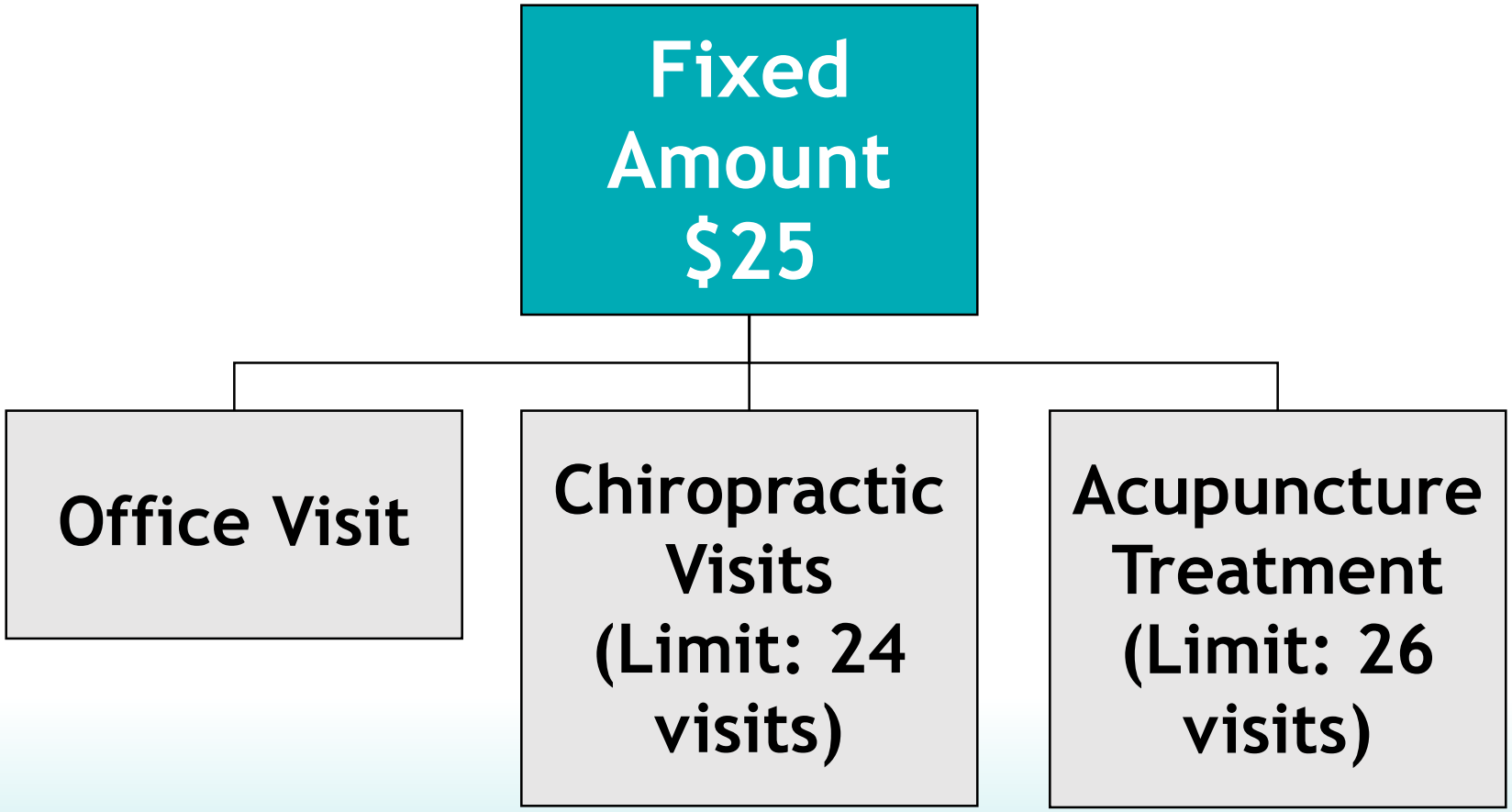
Important things you should keep in mind about these benefits:

- 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.
- The calendar year deductible is: PPO - $450 per person ($800 per Self Plus One enrollment, or $800 per Self and Family enrollment); non-PPO - $1,000 per person ($2,000 per Self Plus One enrollment, or $2,000 per Self and Family enrollment). The calendar year deductible applies to almost all benefits in this Section. We added "(No deductible)" to show when the calendar year deductible does not apply.
- The non-PPO benefits are the standard benefits of this Plan. PPO benefits apply only when you use a PPO provider. When no PPO provider is available, non-PPO benefits apply.
- 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 CERTAIN OUTPATIENT IMAGING PROCEDURES.FAILURE TO DO SO WILL RESULT IN A MINIMUM OF A $100 PENALTY.** Please refer to precertification information in Section 3 to be sure which procedures require precertification.
- If you enroll in APWU Health Plan's High Option and have Medicare Parts A and B and it is primary, we offer a UnitedHealthcare Medicare Advantage (PPO) for APWU Health Plan to our FEHB members. This plan enhances your FEHB coverage by reducing/eliminating cost-sharing for services and/or adding benefits at no additional cost. This would be an enhancement to your APWU Health Plan's High Option benefits. It includes an $85 monthly Part B reimbursement. The UnitedHealthcare Medicare Advantage (PPO) for APWU Health Plan is subject to Medicare rules. (See Section 9 for additional details.)
- The coverage and cost-sharing listed below are for services provided by physicians and other healthcare professionals for your medical care. See Section 5(c) for cost-sharing associated with the facility (i.e., hospital, surgical center, etc.).

Benefit Description	You Pay After the calendar year deductible...
Note: The calendar year deductible applies to almost all benefits in this Section. We say "(No deductible)" when it does not apply.	
Diagnostic and treatment services	**High Option**
Professional services of physicians • In physician's office * * Professional services of a physician via Telehealth/Telemedicine are covered the same as in a physician's office.	PPO: $25 copayment (No deductible) Non-PPO: 40% of the Plan allowance and any difference between our allowance and the billed amount
Professional services of physicians • During a hospital stay • In a skilled nursing facility • Second surgical opinion • At home	PPO: 15% of the Plan allowance Non-PPO: 40% of the Plan allowance and any difference between our allowance and the billed amount
• At Cancer Centers of Excellence	PPO Cancer Center of Excellence (COE): 5% of the Plan allowance

Diagnostic and treatment services - continued on next page

High Option Plan
In-network Office Visit Copay: $25



High Option Coinsurance

- 15% of allowance for in-network care
- 40% of allowance for out-of-network care
- 5% of allowance for treatment of cancer at Cancer Centers of Excellence
- 30% of plan allowance for covered routine dental services

TeleHealth Services (pg.35-36)

- 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
  - Professional services of a physician via Telehealth/ Telemedicine are covered the same as in a physician's office

TeleHealth Services (pg.35-36)

- In-network (PPO): $25 copay
- Out-of-Network (Non-PPO): After deductible, you pay 40% coinsurance and can be billed the difference between allowance and charges
- Teledoc: $10 copay
  - No out-of-network benefits for virtual visits

Labs, X-rays and Diagnostic Tests (pg.36)

- Diagnostic tests are performed to confirm a medical condition, based on symptoms or suspicions; this is not routine or screening
- Benefit:
  - **PPO:** 15% coinsurance
  - **Non-PPO:** 40% coinsurance and can be billed the difference between allowance and charges
  - Covered lab services performed at Quest or LabCorp: no out-of-pocket expense
- CT/MRI/PET – Require precertification
- **Genetic screening not covered**

Preventive Care (pgs.37-38)

- Routine screenings are procedures performed to help keep a member healthy and identify any conditions that may go unnoticed.
- Examples: Immunizations, Colonoscopy, Mammogram, PSA Test and PAP Test





Preventive Care (pgs.37-38)

- Annual gynecological visit
- Well-child care
- Immunizations recommended by CDC for adults and American Academy of Pediatrics for children routine screenings
- See pages 37-38 for comprehensive list of covered services
- Benefit:
  - **PPO:** Covered at 100%
  - **Non-PPO:** 40% coinsurance and can be billed the difference between allowance and charges

Scenario – Preventive Care
High Option

- Member goes for routine colonoscopy
- Member uses in-network providers
- Diagnosis on claim is routine
- Claims include surgery; labs; anesthesiologist

- **All three claims are paid at 100%**

Scenario – Preventive Care
High Option

- Member goes for routine colonoscopy
- Member uses in-network providers
- Diagnosis on surgery and anesthesiologist claim is routine
- Diagnosis on in-network lab claim is non-routine (i.e. bleeding)

- Surgery and anesthesia claims are paid at 100%
- Lab claim will pay at 85%; member will be billed for 15% of the Plan allowance

Maternity (pg.39)

- Complete maternity care covered at 100% for in-network covered services:
  - Prenatal care, delivery, postpartum care
  - Lab services related to covered, in-network maternity care
  - Breastfeeding support, supplies, equipment rental, and counseling for each birth
  - Screening and counseling for prenatal and postpartum depression
- **Genetic screening not covered**

Family Planning (pg.40)

Benefit Description	You Pay After the calendar year deductible...
Family Planning	**High Option**
Contraceptive counseling on an annual basis Note: If you have concerns about the Health Plan's compliance with the ACA/HRSA requirements contact contraception@opm.gov. See OPM's web page about contraception.	PPO: Nothing (No deductible) Non-PPO: 40% of the Plan allowance and any difference between our allowance and the billed amount
A range of voluntary family planning services, limited to: • Tubal ligation and tubal implant procedures • Surgically implanted contraceptives • Injectable contraceptive drugs (such as Depo Provera) • Intrauterine devices (IUDs) • Diaphragms Note: We cover oral contraceptives under Section 5(f), *Prescription drug benefits*	PPO: Nothing (No deductible) Non-PPO: 40% of the Plan allowance and any difference between our allowance and the billed amount
• Voluntary vasectomy (see *Surgical procedures*, Section 5(b))	PPO: 15% of the Plan allowance Non-PPO: 40% of the Plan allowance and any difference between our allowance and the billed amount
Not covered: • *Reversal of voluntary surgical sterilization* • *Genetic testing and counseling*	*All charges*

Infertility Services (pgs.40-41)

NEW

Infertility services	High Option
Diagnosis and treatment of infertility specific to, except as shown in *Not covered,* see Section 10, *Definitions* • Artificial insemination (AI): - Intravaginal insemination (IVI), - Intracervical insemination (ICI) - Intrauterine insemination (IUI) • Infertility medications, including IVF related drugs. See Section 5(f), *Prescription drug benefits.*	PPO: 15% of the Plan allowance Non-PPO: 40% of the Plan allowance
• Iatrogenic fertility preservation procedures (retrieval of and freezing of eggs or sperm) caused by chemotherapy, pelvic radiotherapy, ovary or testicle removal and other gonadotoxic therapies for the treatment of disease and gender reassignment. Note: Fertility preservation procedures require prior approval (see Section 3, *Other services*). Limited benefits: $12,000 lifetime maximum.	PPO: 15% of the Plan allowance Non-PPO: 40% of the Plan allowance

Infertility services - continued on next page

Infertility Services (pgs.40-41)

Benefit Description	You Pay After the calendar year deductible...
Infertility services (cont.)	**High Option**
Not covered: • *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*	*All charges*

Physical/Occupational/ Speech Therapies (pg.42)

- Benefits are limited to a combined outpatient visit limit of 60 for physical, occupational and speech therapy
  - **PPO:** Deductible, then 15% coinsurance
  - **Non-PPO:** Deductible, then 40% coinsurance and can be billed the difference between allowance and charges
- Services must be ordered by a physician
- **New for 2024 - Speech Therapy no longer requires Precertification**

Applied Behavioral Analysis (ABA) (pg.42)

- Outpatient Applied Behavioral Analysis (ABA) services for the treatment of Autism Spectrum Disorder:
  - In-network benefit only; deductible, then 15% coinsurance
  - Preauthorization required by UHC Behavioral Health for High Option
  - Must be provided under the supervision of a Board Certified Behavior Analyst
    - Must be contracted with UHC Behavioral Health
    - Review of ABA services is based on an intensive care management model that monitors treatment plans, objectives and progress milestones

Hearing and Vision Services (pg.43)

- One exam and testing every 2 years for hearing aids
- Internal ocular lenses and/or 1st contact lenses to correct impairment caused by an accident or illness





Routine Foot Care (pg.43)

- Routine foot care services are covered only when patient is receiving active treatment for a metabolic or peripheral vascular disease such as Diabetes or Peripheral Neuropathy
  - Trimming of lesions
  - Trimming of nails



Orthopedic and Prosthetic Devices (pg.44)

- Not covered:
  - Orthopedic and corrective shoes
  - Arch supports
  - Foot/shoe orthotics
  - Heel pads and heel cups

Durable Medical Equipment
(pgs.44-45)

- Preauthorization is required
- See page 45 for list of excluded items
- We limit the Plan allowance to an amount no greater than the purchase price



Home Health Services (pgs.45-46)

- Skilled Nursing Care (RN, LPN, LVN)
  - **50** visits per calendar year
  - Maximum 2 hours per day, paid at PPO allowable at:
    - 15% coinsurance PPO
    - 40% coinsurance non-PPO

Chiropractic and Acupuncture (pg.46)

- Chiro treatment is limited to 24 visits and/or manipulations per year
  - Massage therapy and Maintenance therapy is not covered
- Acupuncture limited to 26 visits per year, covered when performed by a doctor of medicine or osteopathy or licensed acupuncturist
- Benefit:
  - **PPO:** $25 copay
  - **Non-PPO:** Deductible, then 40% coinsurance and can be billed the difference between allowance and charges

Educational Classes and Programs (pgs.46-47)

- We encourage you to enroll in a Tobacco Cessation Program Quit for Life at www.quitnow.net
  - Counseling sessions – individual or group
  - Over-the-counter Nicotine patches or gum (supplied by the program)
  - Educational sessions with a physician
- Diabetes self-management training services

Surgical and Anesthesia Services
Section 5(b), (pgs.48-55)

- PPO vs. Non-PPO
- Surgical procedures
- Oral Surgery
- Organ and Tissue Transplants
- Anesthesia

Surgical Procedures (pgs.48-55)

- Precertification required for some surgical procedures *(see Section 3)*
- Not covered:
  - Cosmetic surgery and other related expenses if not preauthorized
  - Reversal of voluntary sterilization
  - Services of a standby surgeon, except during angioplasty or other high risk procedures when we determine standbys are medically necessary
  - Radial keratotomy and other refractive surgery
  - Routine treatment of conditions of the foot *(see Foot care, Section 5(a)*

Oral Surgery (pg.51)

- We suggest calling us at 800-222-2798 to determine whether a procedure is covered



Organ and Tissue Transplants (pgs.52-55)

- Complete list of transplants begins on page 52
- All transplants are subject to prior authorization; subject to medical necessity and experimental/investigational review
- Out-of-network services have benefit limitations
- Transplant Network
  - Plan-specific organ/tissue transplant facilities
    - If a Plan-designated transplant facility chosen, travel and lodging costs may be pre-approved
  - Prior to an initial evaluation, physician or patient must contact UHC to speak with a Transplant Case Manager

Anesthesia (pg.55)

- 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

Services at Hospital/Facility and Ambulance Services

Section 5(c), (pgs.56-59)

- Inpatient hospital
- Cancer Centers of Excellence
- Outpatient hospital or ambulatory surgical center
- Extended care benefits/Skilled nursing care facility benefits
- Hospice care
- End of life care
- Ambulance

Inpatient Hospital (pgs.56-58)

- Subject to pre-authorization *(see Section 3)*
  - Call UnitedHealthcare
- $500 late pre-authorization penalty
  - **Emergency admissions:** 2 business days from admission date
  - **Scheduled admissions:** 2 business days prior to scheduled admission
- Not subject to deductible
- 15% of the covered charges for PPO facility
- $300 per admission fee and 40% of the covered charges if confined in a Non-PPO facility

Outpatient Hospital or Ambulatory Surgical Center (pg.58)

- Subject to deductible
- Coinsurance applies based on provider network affiliation



Hospital Observation

- Is limited to 48 hours
- Outpatient benefits apply
- If you are admitted to the hospital, then inpatient benefits apply

Skilled Nursing Facility (SNF) Benefits (pgs.58-59)

- Up to 30 days after approved inpatient confinement
- Medical necessity/prior authorization required



Hospice Care (pg.59)

- Up to $15,000 lifetime maximum including:
  - Inpatient hospice
  - Outpatient hospice
  - Advanced care planning
- $200 annual bereavement benefit per family unit



Emergency Services/Accidents

Section 5(d), (pgs.60-62)

- Accidental injury
- Medical emergency
- Ambulance



Accidental Injury (pg.60)

- "Accident" is defined as resulting from a violent, external force
- Outpatient services rendered within **72** hours of an accident
  - No out-of-pocket expense or cost-sharing (no deductible, coinsurance, copayment) in or out-of-network

Medical Emergency (pg.60)

- Sudden onset of symptoms that you believe endangers your life or could result in serious disability if not treated promptly
- Treatment at an Urgent Care Center
  - Cost share = $30 copayment* in-network
  - Cost share = 40% coinsurance out-of-network
    - Out-of-network care could result in additional patient liability if there is a difference in the fee for the service and the Plan allowance for it
- Treatment at other than an Urgent Care Center - in or out-of-network
  - Cost share = Deductible, 15% coinsurance

***High tech imaging (CT, MRI, PET, MRA) at an Urgent Care Center is subject to deductible and coinsurance and requires precertification.**

Ambulance (pgs.61-62)

- Professional ambulance service within 24 hours of a medical emergency
- Air ambulance* transport to nearest facility where necessary treatment is available
- Ambulance services used for routine transport are not covered
- Out-of-network care could result in additional patient liability if there is a difference in the fee for the service and the Plan allowance for the service

***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.

Mental Health and Substance Use Disorder Section 5(e), (pgs.63-65)

- UnitedHealthcare Behavioral Health
  - 1-866-569-2065
- Professional services
  - Outpatient in a physician's office
  - Inpatient
- Diagnostics
- Inpatient hospital or other covered facility – not subject to deductible
- Outpatient hospital or other covered facility

UnitedHealthcare Behavioral Health (pgs.63-65)

- Must obtain preauthorization for:
  - Inpatient Mental Health or Substance Misuse Disorder Hospital admissions
  - Intensive Outpatient Treatment, Partial Hospital Treatment, and Transcranial Magnetic Stimulation (TMS)
- To obtain preauthorization, call UnitedHealthcare, Behavioral Health
- $500 penalty for failure to obtain precertification
  - 2 business days prior to elective hospital admission
  - 2 business days after an emergency admission

Prescription Drugs
Section 5(f), (pgs.67-72)

- Express Scripts
- Definitions
  - Preferred Formulary
  - Generic Drugs
- Dispensing Limitations
- Coverage Tiers
- Specialty Drugs
  - Definition
  - Coverage
- Contraceptives
- Step Therapy



Prescription Drug Definitions (pgs.67-72)

- Express Scripts is our Network Pharmacy
  - For participating pharmacies, call Express Scripts or go to www.express-scripts.com
- National Preferred Formulary
  - List of medications selected based on clinical effectiveness and lower cost
- Brand Name Drugs – Preferred and Non-preferred
  - Protected by a patent and manufactured and sold only by the company holding the patent

(continued on next slide)

Prescription Drug Definitions (pg.68)

- Generic Drugs
  - Chemical equivalent of a corresponding name brand drug, typically available at a lower cost
- To view list of drugs based on payment level, visit: www.apwuhp.com/high_option_pharmacy_program.php

Dispensing Limitations (pgs.68-69)

- Express Scripts Retail Pharmacy
  - Up to a 30-day supply plus one 30-day refill
    - After one 30-day refill, you must submit a new prescription to the mail order program, or submit a 90-day prescription to a retail Smart90 Pharmacy (CVS or Walgreens)
    - If not, we will pay the non-network pharmacy benefit (50%)
- Mail Order
  - Up to a 90-day supply of maintenance drugs, diabetic supplies and Insulin, syringes and needles for covered injectable medications, and oral contraceptives

Prescription Drug Tiers (pg.69)

	Type of Drug	Network Pharmacy (Retail)	Non-Network Pharmacy (Retail)	Network Mail Order/Retail Smart90
Tier 1	Generic Drugs	$10 copay for 30-day supply	50% coinsurance for 30-day supply	$20 copay for 90-day supply
Tier 2	Preferred Brand Drugs	25% coinsurance; $200 max for 30-day supply	50% coinsurance for 30-day supply	25% coinsurance; $300 max for 90-day supply
Tier 3	Non-Preferred Brand Drugs	45% coinsurance; $300 max for 30-day supply	50% coinsurance for 30-day supply	45% coinsurance; $500 max for 90-day supply

Patient Assurance Program (PAP) (pg.70)

- Provides fixed copays for certain insulins and non-insulin diabetes drugs to treat Diabetes
  - $25 for 30 days
  - $75 for 90 days

Participating Drugs on the National Preferred Formulary:

- FARXIGA®
- GLYXAMBI®
- HUMALOG®
- HUMALOG MIX®
- HUMULIN®
- JARDIANCE®
- LYUMJEV™
- OZEMPIC®
- RYBELSUS®
- SEMGLEE®
- SYNJARDY®
- SYNJARDY® XR
- TRIJARDY® XR
- TRULICITY®
- XIGDUO® XR

Diabetes Medications and Supplies (pg.70)

- $0 copay for generic drugs from Express Scripts by mail for the specific purpose of lowering blood sugar
- $0 copay for preferred formulary test strips and lancets from Express Scripts by mail



Specialty Drugs (pg.70)

- Specialty drugs administered at home, physicians office, or any other outpatient setting must be obtained through Accredo Specialty pharmacy
- Injectable, infused, oral or inhaled drugs that:
  - Require frequent dosing adjustments
  - Intensive patient training
  - Limited product availability
  - Specialized product handling

(continued on next slide)

Specialty Drugs (pgs.73-74)

- Targeted conditions include:
  - Cystic Fibrosis
  - Growth hormone deficiency
  - Hepatitis C
  - Rheumatoid Arthritis

Specialty Drug Tiers (pg.70)

	Type of Drug	Network Pharmacy (Retail)	Non-Network Pharmacy (Retail)	Network Mail Order/Retail Smart90
Tier 4	Generic Drugs	25% coinsurance; $300 max for 30-day supply	50% coinsurance for 30-day supply	25% coinsurance; $150 max for 90-day supply
Tier 5	Preferred Brand Drugs	25% coinsurance; $600 max for 30-day supply	50% coinsurance for 30-day supply	25% coinsurance; $300 max for 90-day supply
Tier 6	Non-Preferred Brand Drugs	45% coinsurance; $1,000 max for 30-day supply	50% coinsurance for 30-day supply	45% coinsurance; $500 max for 90-day supply

Prescription Drugs (pgs.70-72)

- $0 out-of-pocket costs
  - Contraceptive Drugs – on the ESI Patient Protection and Affordable Care Act List
  - Prescription drugs to treat tobacco dependence (Mail Order)
  - OTC to treat tobacco dependence
  - Naloxone and Narcan for prevention of opioid overdose related deaths

- Preventive Care Medications with a USPSTF recommendation of A or B when prescribed by a health care professional and filled at a network pharmacy. For current recommendations go to:

  www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations

Prescription Drugs (pg.71)

- Prescription drugs with an over-the-counter (OTC) equivalent are not covered



Step Therapy (pg.73)

- Ensures generic/brand alternative within a therapeutic category is the first-line treatment, before the use of a similar but more expensive drug
- See page 73 of brochure for more information on specific therapeutic categories

Dental Benefits (pg.75)

- Preventive care includes
  - 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
  - Simple extractions
- Cost sharing: 30% of Plan allowance plus difference in provider's fee and the Plan allowance

Wellness and Other Special Features Section 5(f), (pgs.76-77)

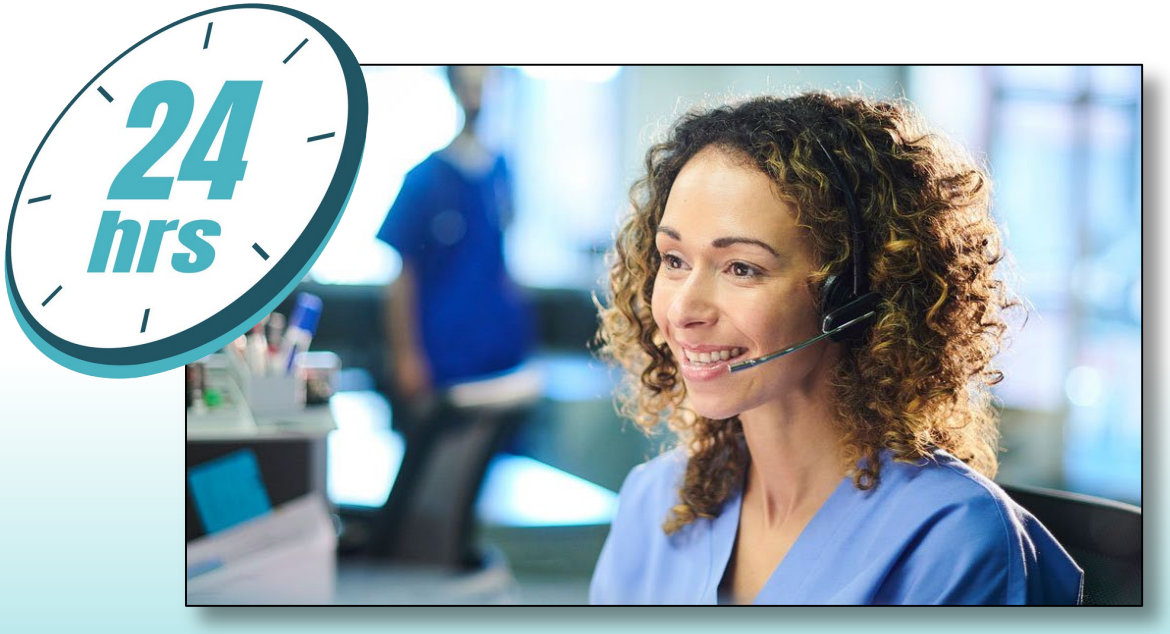
- 24-hour Nurse Line
- Disease Management Program
- Weight Management
- Special Programs
  - Pregnancy Support Program
  - Maven
  - Cancer Support Program
  - Kidney Resources Program
  - One Pass Select Gym Discount Program
  - UnitedHealthcare Hearing

Section 5 (h). Wellness and Other Special Features

Special feature	Description
Flexible benefits option	Under the flexible benefits option, we determine the most effective way to provide services. • We may identify medically appropriate alternatives to regular contract benefits as a less costly alternative. If we identify a less costly alternative, we will ask you to sign an alternative benefits agreement that will include all of the following terms in addition to other terms as necessary. Until you sign and return the agreement, regular contract benefits will continue. • Alternative benefits will be made available for a limited time period and are subject to our ongoing review. You must cooperate with the review process. • By approving an alternative benefit, we do not guarantee you will get it in the future. • The decision to offer an alternative benefit is solely ours, and except as expressly provided in the agreement, we may withdraw it at any time and resume regular contract benefits. • If you sign the agreement, we will provide the agreed-upon alternative benefits for the stated time period (unless circumstances change). You may request an extension of the time period, but regular contract benefits will resume if we do not approve your request. • Our decision to offer or withdraw alternative benefits is not subject to OPM review under the disputed claims process. However, if at the time we make a decision regarding alternative benefits, we also decide that regular contract benefits are not payable, then you may dispute our regular contract benefits under the OPM disputed claims process (see Section 8, *The Disputed Claims Process*).
24-hour NurseLine	We offer a 24-hour nurse advisory service for your use. This program is strictly voluntary and confidential. You may call toll-free at 866-569-2064 and reach registered nurses to discuss an existing medical concern or to receive information about numerous healthcare issues.
Services for deaf and hearing impaired	We offer a toll-free TDD line for customer service. The number is 800-622-2511. TDD equipment is required.
Disease Management Program	A voluntary program that provides a variety of services to help you manage a chronic condition with outpatient treatment and avoid unnecessary emergency care or inpatient admissions. As an example, members with cardiac conditions can participate in this program. We use medical and/or pharmacy claims data as well as interactions with you and your physician(s). If you have a chronic condition and would like additional information, call UnitedHealthcare at 866-569-2064.
Review and Reward Program	If you send us a corrected hospital billing, we will credit 20% of any hospital charge over $20 for covered services and supplies that were not actually provided to a covered person. The maximum amount payable under this program is $100 per person per calendar year.
Weight Management	$0 copay for in-network office visits to a registered Dietician/Nutritionist

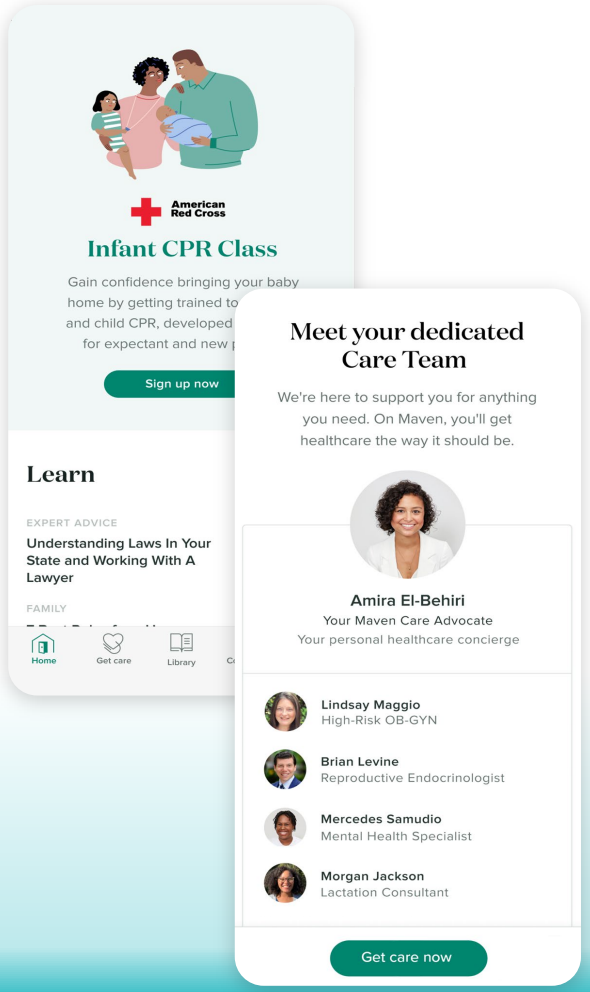
24-hour Nurse Line (pg.76)

- Speak to a registered nurse by calling UnitedHealthcare at 866-569-2064 to discuss medical concerns or to receive information about health issues
  - Voluntary and confidential



Maven

- Maven offers complete support for every unique family journey.



Care & Benefits Navigation: 24/7 access to personalized and continuous support from our Care Advocates when and where members need it

- *Dedicated Care Advocates provide **holistic support and continuity of care** to each member throughout their journey*
- ***Around-the-clock availability** - supplemental support day or night*

Specialized Support: Diverse providers who deliver inclusive, compassionate support and education

- *Available providers from **30+ specialties and 350+ subspecialities** – OBGYNs, Doulas, Career Coaches, Pediatric Sleep Coaches, and more*
- ***Referrals** to in-person, in-network providers*
- *Committed to **culturally competent support***

Content & Community: Clinician-designed programs that improve health and well-being

- ***On-demand and live member classes** like infant CPR and breastfeeding 101*
- ***Provider-approved**, personalized action plans and community forums*

Maven

- Who's eligible for Maven?

Both APWUHP Consumer Driven Plan and High Option Plan enrollees and/or their dependents who may be in the following life stages:*

- A person who is currently pregnant
- The new parent of a newborn under one year of age
- The spouse or partner of someone who is pregnant / has a child under one year of age
- Someone who recently experienced the loss of a pregnancy or infant

APWU HEALTH PLAN | MAVEN | Optum | UnitedHealthcare

Maternity & Newborn Support

Pregnancy

Postpartum & Newborn Support

Miscarriage & loss

Return-to-work and career coaching

Partner track

**Available to High Option Plan enrollees beginning January 1, 2024.*
Download the Maven Clinic app from the iOS App Store or Google Play Store to get started or go to mavenclinic.com/join/apwuhp to learn more.

Questions:
2023 High Option Benefits

APWU HEALTH PLAN

38th Annual Open Season Seminar



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Join at slido.com
#6998757

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

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How much is the in-network office visit copay?

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

How much is the in-network office visit copay?

A. $30
✓ B. $25
C. $20
D. No copay

(Answer can be found on pg.35)

slido



How much is the in-network deductible, if applicable?

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

How much is the in-network deductible, if applicable?

- ✓A. Self Only: $450; Self Plus One and Self and Family: $800
- B. Self Only: $250; Self Plus One and Self and Family: $500
- C. $0 Deductible
- D. Self Only: $500; Self Plus One and Self and Family: $1,000

(Answer can be found on pg.25)

slido



What is the limit for infertility drugs?

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

What is the limit for infertility drugs?

A. $5,000
B. $2,500
✓C. No limit
D. No coverage for infertility drugs

(Answer can be found on pg.40)

slido



What will not accumulate toward your catastrophic out-of-pocket expenses?

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

What will not accumulate toward your catastrophic out-of-pocket expenses?

A. $500 pre-cert penalty
B. $300 non-PPO hospital admission fee
C. Expenses in excess of benefit limitations
✓D. All of the above

(Answer can be found on pg.29)

slido



What is the catastrophic out-of-pocket maximum?

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

What is the catastrophic out-of-pocket maximum?

A. In-network: Self Only: $6,500; Self Plus One and Self and Family: $13,000; Out-of-network: Self Only: $12,000; Self Plus One and Self and Family: $24,000

B. In-network: Self Only: $5,500; Self Plus One and Self and Family: $6,500; Out-of-network: Self Only, Self Plus One and Self and Family: $10,000

C. In-network: Self Only: $5,500; Self Plus One and Self and Family: $5,500; Out-of-network: Self Only, Self Plus One and Self and Family: $5,500

D. $10,000 per membership

(Answer can be found on pg.28)

slido



What is the benefit for virtual visits via Telehealth?

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

What is the benefit for virtual visits via Telehealth?

A. No benefit; in-network only
B. 30% coinsurance
✔ C. $10 copay for Teledoc
D. $20 copay

(Answer can be found on pg.36)

slido



Intensive Outpatient (IOP) requires pre-certification.

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

Intensive Outpatient (IOP) requires pre-certification.

✔A. True

B. False

(Answer can be found on pg.15)

slido



What is the limit on Home Health Skilled Nursing visits?

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

What is the limit on Home Health Skilled Nursing visits?

A. 90%
B. 15%
✓C. 2 hours per day, 50 visits
D. No limit

(Answer can be found on pg.45)

slido



Is genetic screening a covered benefit?

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

Is genetic screening a covered benefit?

A. Yes
✓B. No

(Answer can be found on pg.40)

slido



What is covered under Family Planning?

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

What is covered under Family Planning?

- ✓ A. Contraceptives, voluntary sterilization
- B. Reversal of sterilization
- C. Diapers and strollers
- D. Gift card to Babies ‘R’ Us

(Answer can be found on pg.40)

slido



What is the copay for a PPO Urgent Care visit?

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

What is the copay for a PPO Urgent Care visit?

✔A. $30
B. $40
C. $0
D. 40%

(Answer can be found on pg.61)

slido



Does Speech Therapy (ST) require pre-authorization?

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

Does Speech Therapy (ST) require pre-authorization?

A. Yes

✔ B. No

(Answer can be found on pg.42)

slido



What is the benefit maximum for PT/OT and ST combined?

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

What is the benefit maximum for PT/OT and ST combined?

A. 30 visits
✓ B. 60 visits
C. 40 visits
D. 90 visits

(Answer can be found on pg.42)

slido



What is the maximum limit for acupuncture visits?

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

What is the maximum limit for acupuncture visits?

A. 12 visits
B. 60 visits
✓ C. 26 visits
D. 90 visits

(Answer can be found on pg.46)

slido



What statement is true regarding the benefit for Residential Treatment Facility?

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

What statement is true regarding the benefit for Residential Treatment Facility?

A. No authorization needed

✓B. Pre-auth required through UnitedHealthcare Behavioral Health; covered both in-network and out-of-network

C. Pre-auth required through UnitedHealthcare Behavioral Health; in-network only; deductible then 10% coinsurance

D. Only payable for the enrollee

(Answer can be found on pg.65)

slido



Orthotics are covered under routine foot care for Postal Employees only.

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

Orthotics are covered under routine foot care for Postal Employees only.

A. True

✓B. False

(Answer can be found on pg.44)

slido



What is the annual visit limit for chiropractic visits and/or manipulations?

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

What is the annual visit limit for chiropractic visits and/or manipulations?

A. 12
✓B. 24
C. 60
D. There is no visit/manipulation limit

(Answer can be found on pg.46)

slido



Pre-authorization is required for medical inpatient confinement, but not if treatment is for behavioral health.

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

Pre-authorization is required for medical inpatient confinement, but not if treatment is for behavioral health.

A. True

✓ B. False

(Answer can be found on pg.18)

slido



After one refill at the in-network retail pharmacy, what are your options?

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

After one refill at the in-network retail pharmacy, what are your options?

A. Move your prescription to CVS or Walgreens and get a 90-day supply at retail

B. Move your prescription to Mail Order and get a 90-day supply

C. Continue at your current retail pharmacy (not CVS or Walgreens) where benefits will revert to out-of-network; you will be responsible for 50% of the cost of the drug

✓ D. All of the above

(Answer can be found on pg.68)

slido



Skilled Nursing Facility is covered for a maximum of 30 days following transfer from an acute care hospital. Prior authorization is required.

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

Skilled Nursing Facility is covered for a maximum of 30 days following transfer from an acute care hospital. Prior authorization is required.

✔ A. True
B. False

(Answer can be found on pg.19 and 58)

slido



What are the fixed copays for the defined insulin and non-insulin blood sugar reducing drugs covered under the Patient Assurance Program (PAP)?

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

What are the fixed copays for the defined insulin and non-insulin blood sugar reducing drugs covered under the Patient Assurance Program (PAP)?

✔A. $25 for 30 days; $75 for 90 days

B. $25 for 30 days; $50 for 90 days

C. $25 for 30 days; $25 for 90 days

D. None

(Answer can be found on pg.70)

slido



If you go to an Urgent Care Center and have a high-tech radiology imaging procedure (CT, MRI, MRA or PET scan), do you need prior authorization?

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

If you go to an Urgent Care Center and have a high-tech radiology imaging procedure (CT, MRI, MRA or PET scan), do you need prior authorization?

✔A. Yes

B. No

(Answer can be found on pg.61)

slido



Are the high-tech radiology imaging procedures (CT, MRI, MRA or PET scan) covered under the $30 copayment for Urgent Care Centers?

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

Are the high-tech radiology imaging procedures (CT, MRI, MRA or PET scan) covered under the $30 copayment for Urgent Care Centers?

A. Yes

✓B. No

(Answer can be found on pg.61)

slido



The following phone numbers are on the back of the card:

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

The following phone numbers are on the back of the card:

A. Precertification for medical services
B. Pharmacy
C. How to locate a PPO provider
✓D. All of the above

Section 5:
2024 Consumer Driven Option Benefits

APWU HEALTH PLAN

38th Annual Open Season Seminar



Consumer Driven Option Benefits (pg.78)

- In-Network Preventive Care
- Personal Care Account (PCA)
- Traditional Health Coverage Overview
- 5(a) Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals
- 5(b) Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals
- 5(c) Services Provided by a Hospital or Other Facility, and Ambulance Services
- 5(d) Emergency Services/Accidents

Consumer Driven Option Benefits (pg.79)

- 5(e) Mental Health and Substance Use Disorder Benefits
- 5(f) Prescription Drug Benefits
- 5(g) Dental Benefits
- 5(h) Wellness and Other Special Features
- 5(i) Health Education Resources and Account Management Tools
- Summary of Benefits for the CDHP 2023

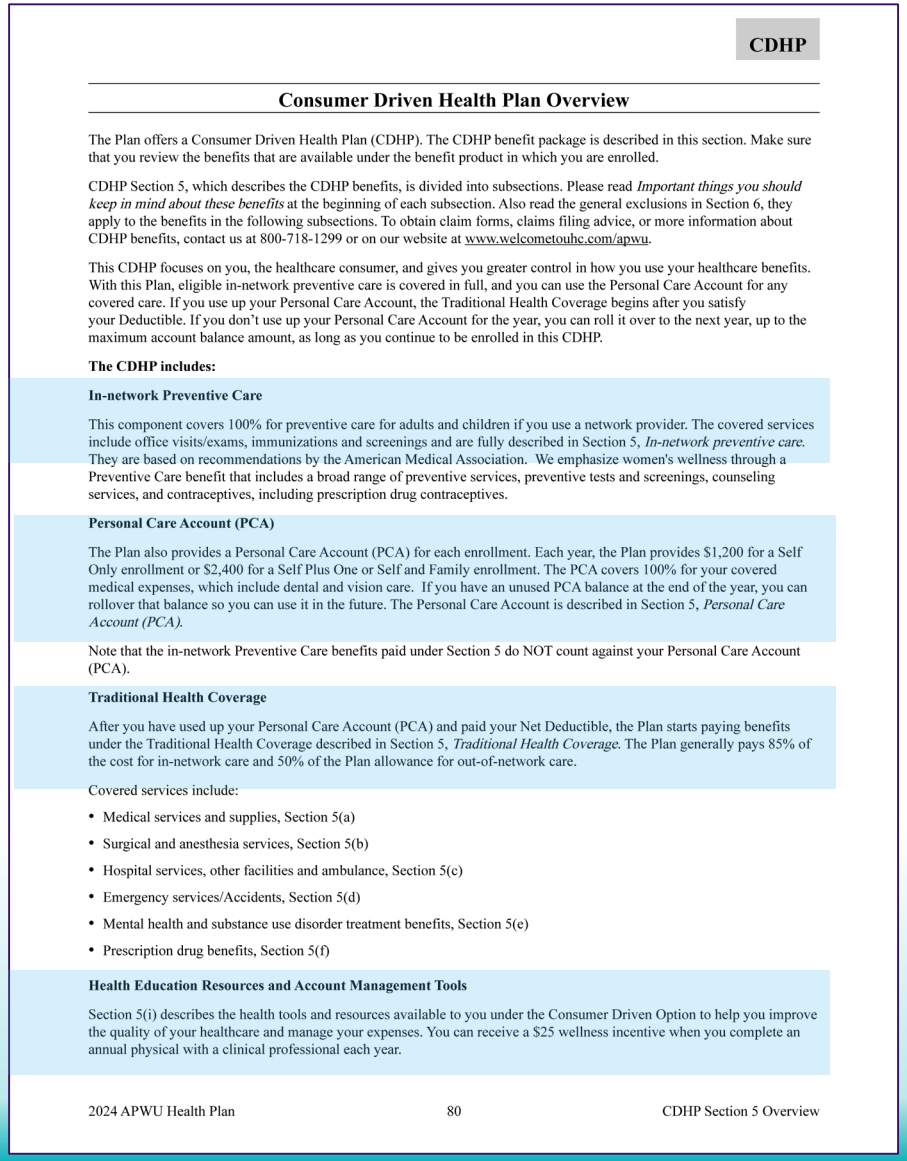
Consumer Driven Health Plan Overview (pg.80)

In-network Preventive Care

Personal Care Account

Traditional Health Coverage

Health Education Resources



CDHP

Consumer Driven Health Plan Overview

The Plan offers a Consumer Driven Health Plan (CDHP). The CDHP benefit package is described in this section. Make sure that you review the benefits that are available under the benefit product in which you are enrolled.

CDHP Section 5, which describes the CDHP benefits, is divided into subsections. Please read *Important things you should keep in mind about these benefits* at the beginning of each subsection. Also read the general exclusions in Section 6, they apply to the benefits in the following subsections. To obtain claim forms, claims filing advice, or more information about CDHP benefits, contact us at 800-718-1299 or on our website at www.welcometouhc.com/apwu.

This CDHP focuses on you, the healthcare consumer, and gives you greater control in how you use your healthcare benefits. With this Plan, eligible in-network preventive care is covered in full, and you can use the Personal Care Account for any covered care. If you use up your Personal Care Account, the Traditional Health Coverage begins after you satisfy your Deductible. If you don't use up your Personal Care Account for the year, you can roll it over to the next year, up to the maximum account balance amount, as long as you continue to be enrolled in this CDHP.

The CDHP includes:

In-network Preventive Care

This component covers 100% for preventive care for adults and children if you use a network provider. The covered services include office visits/exams, immunizations and screenings and are fully described in Section 5, *In-network preventive care.* They are based on recommendations by the American Medical Association. We emphasize women's wellness through a Preventive Care benefit that includes a broad range of preventive services, preventive tests and screenings, counseling services, and contraceptives, including prescription drug contraceptives.

Personal Care Account (PCA)

The Plan also provides a Personal Care Account (PCA) for each enrollment. Each year, the Plan provides $1,200 for a Self Only enrollment or $2,400 for a Self Plus One or Self and Family enrollment. The PCA covers 100% for your covered medical expenses, which include dental and vision care. If you have an unused PCA balance at the end of the year, you can rollover that balance so you can use it in the future. The Personal Care Account is described in Section 5, *Personal Care Account (PCA).*

Note that the in-network Preventive Care benefits paid under Section 5 do NOT count against your Personal Care Account (PCA).

Traditional Health Coverage

After you have used up your Personal Care Account (PCA) and paid your Net Deductible, the Plan starts paying benefits under the Traditional Health Coverage described in Section 5, *Traditional Health Coverage.* The Plan generally pays 85% of the cost for in-network care and 50% of the Plan allowance for out-of-network care.

Covered services include:

- Medical services and supplies, Section 5(a)
- Surgical and anesthesia services, Section 5(b)
- Hospital services, other facilities and ambulance, Section 5(c)
- Emergency services/Accidents, Section 5(d)
- Mental health and substance use disorder treatment benefits, Section 5(e)
- Prescription drug benefits, Section 5(f)

Health Education Resources and Account Management Tools

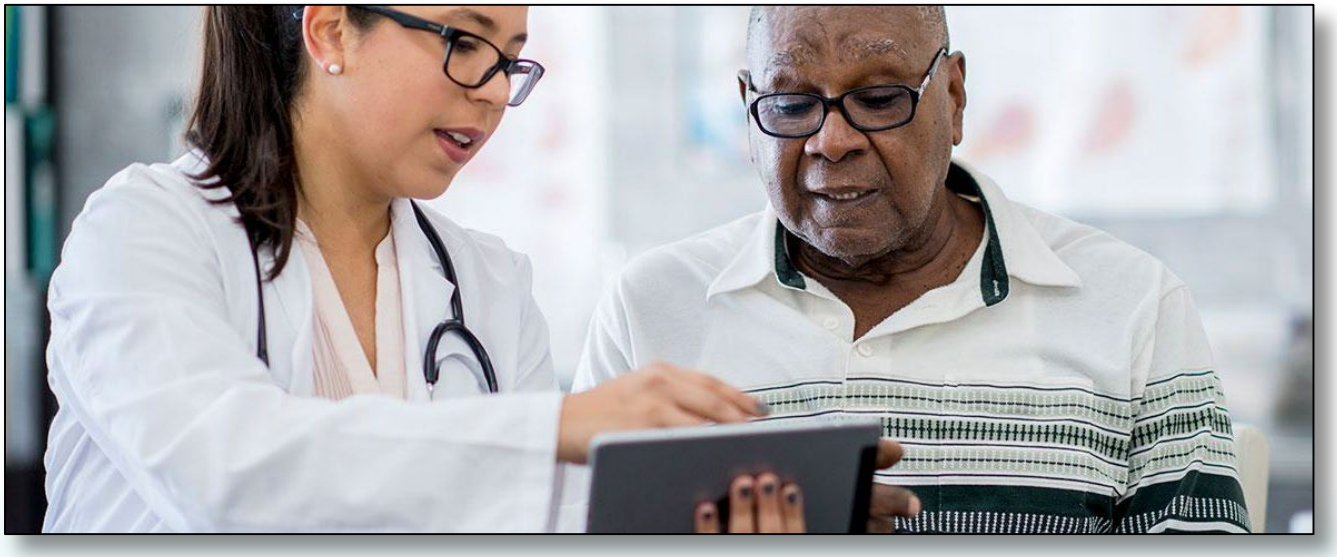
Section 5(i) describes the health tools and resources available to you under the Consumer Driven Option to help you improve the quality of your healthcare and manage your expenses. You can receive a $25 wellness incentive when you complete an annual physical with a clinical professional each year.

In-network Preventive Care (pgs.81-83)

- APWU Health Plan is in compliance with the Affordable Care Act's preventive care guidelines
- When using in-network, participating providers:
  - Covered routine preventive care for adults and children is paid at 100%
  - Periodic routine exams, lab, testing, immunizations
    - No reduction to your PCA
    - No deductible
    - No coinsurance

Preventive Care

- Routine screenings are procedures performed to help keep a member healthy and identify any conditions that may go unnoticed.



In-network Preventive Care: Adult (pgs.81-82)

Adult Care

$25 PCA incentive for annual routine physical

- One routine physical
- Adult immunizations recommended by the CDC
- Routine screenings recommended by USPSTF (A or B)
- PSA, Urinalysis, EKG, CXR, Hemoglobin, A1C, Colorectal screening, mammograms
- Well Woman Care, i.e. Pap

In-network Preventive Care: Children (pgs.82-83)

Care for Children

- Well-Child visits, exams and other preventive services (Bright Futures and USPSTF)
- Childhood immunizations recommended by the CDC

***Note**: Any procedure, injection, diagnostic service, laboratory, or X-ray service done in conjunction with a routine examination and is not included in the preventive recommended listing of services will be subject to the applicable member coinsurance, and deductible.*

Scenario – CDO Preventive Care

- Member goes for routine colonoscopy
- Member uses in-network providers
- Diagnosis on claim is routine
- Claims include surgery; labs; anesthesiologist

- All three claims are paid at 100%

Scenario – CDO Preventive Care

- Member goes for routine colonoscopy
- Member uses in-network providers
- Diagnosis on surgery and anesthesiologist claim is routine
- Diagnosis on in-network lab claim is non-routine (i.e. bleeding)

- Surgery and anesthesia claims are paid at 100%
- Lab claim will pay at 85%; member will be billed for 15% of the Plan allowance, unless there are funds available in the PCA to cover the coinsurance costs

Personal Care Account (PCA) (pgs.84-86)

- APWU Health Plan funds your PCA each year
  - Self Only: $1,200
  - Self Plus One: $2,400
  - Self and Family: $2,400
- PCA is used to reimburse first dollars incurred
  - Coverage for in-network ***and*** out-of-network providers
- A portion of PCA dollars can be used for services not otherwise covered by the CDHP ("Extra PCA Expenses") Examples: Dental and/or Vision
  - Single Enrollment: $400
  - Family Enrollment: $800

Controlling PCA (pg.84)

- If a member has an FSA and doesn't want to use PCA funds, they can turn off PCA; must update annually
- Member can now use FSA for healthcare expenses
  - Member should instruct provider to not submit claim to UHC
  - Member may have to pay claim up front
- Except for Rx



PCA Expense Example (pg.85)

- If you are ill and you go to an in-network doctor, the doctor will submit your claim and the cost of the visit will be deducted automatically from your PCA. You pay nothing for eligible expenses while you still have funds in your PCA!
  - Balance in PCA: $1,200
  - Less provider contracted rate for visit: $60
  - Remaining balance in PCA: $1,140

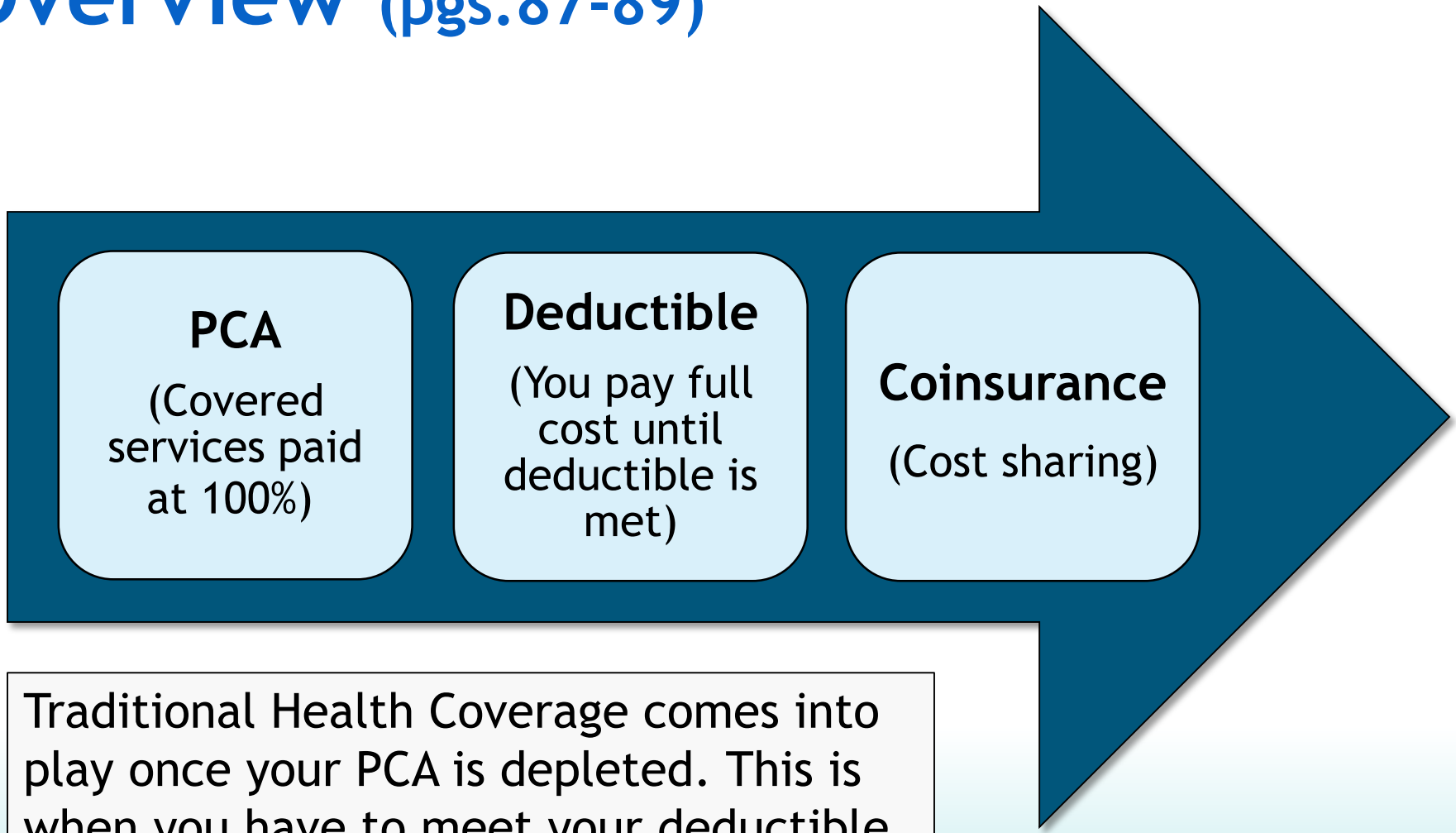
PCA Rollover (pg.86)

- PCA dollars not used during the current calendar year are rolled over and added to the following year's PCA to a maximum PCA balance of:
  - Self Only: $5,000
  - Self Plus One: $10,000
  - Self and Family: $10,000
  - Maximum PCA account balance can never exceed these dollar limits



- Reduce the following year's deductible by an equal amount

Traditional Health Coverage Overview (pgs.87-89)



Traditional Health Coverage comes into play once your PCA is depleted. This is when you have to meet your deductible. Then you begin paying coinsurance.

Consumer Driven Option Deductible (pg.87)

Deductible must be met before Traditional Health Coverage begins.

- **Self Only:** $2,200, but the Health Plan prefunds your Personal Care Account (PCA) with $1,200, so **you pay $1,000 (Net Deductible)**
- **Self Plus One; Self and Family:** $4,400, but the Health Plan prefunds your Personal Account (PCA) with $2,400, so **you pay $2,000 (Net Deductible)**

Coinsurance

Definition: The percentage of covered allowances for which the patient is responsible. Coinsurance does not begin until the deductible has been met.

- 10% of allowance for treatment of cancer at Cancer Centers of Excellence
- 15% of allowance for in-network care
- 50% of allowance for out-of-network care
- 25% Tier 1 and Tier 2; 40% Tier 3 of prescription formulary allowance

Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals Section 5(a),(pgs.90-99)

- Diagnostic and Treatment Services
- TeleHealth Services
- Lab X-ray and Other Diagnostic Tests
- Maternity Care
- Family Planning
- Infertility Services
- Allergy Care
- Treatment Therapies
- Physical and Occupational Therapy
- Applied Behavioral Analysis (ABA)
- Speech Therapy (ST)
- Hearing Services
- Vision Services
- Foot Care
- Durable Medical Equipment (DME)
- Home Health Services
- Chiropractic
- Alternative Treatments – Acupuncture
- Educational Classes

Diagnostic and Treatment Services Lab, X-ray and Other Diagnostic Tests

- Professional services of physicians
- TeleHealth virtual visits (AmWell, Doctor on Demand, Teladoc and Optumcare 24)
- Lab, X-ray and other non-preventive diagnostic tests
  - Blood tests, urinalysis, X-rays, non-routine mammogram or 3D mammogram, CT, MRI, PET, EKG, EEG

Maternity Care (pgs.91-92)

- Pre and postpartum care, delivery
  - No need to precertify normal deliveries
  - Covered at 100% in-network
  - Out-of-Network (OON) inpatient hospital – 50% of Plan Allowance
- Nursery charges covered while mother confined
  - When a newborn requires definitive treatment during or after the mother's confinement, the newborn is considered a patient in his or her own right. If the newborn is eligible for coverage, regular medical or surgical benefits apply rather than maternity benefits.
- Not covered: genetic screening

Family Planning (pg.92)

- Covered Family Planning Services
  - Contraceptives
  - Oral Contraceptives covered as Pharmacy
  - Voluntary sterilization
- Not covered
  - Reversal of sterilization or genetic counseling

Infertility (pg.92)

- The Plan covers services related to the diagnosis and treatment of infertility.

  This covers:

  - Medical Tests
  - Medical interventions
  - Infertility medications including IVF related drugs
  - Artificial insemination

- Coverage for iatrogenic infertility - $12,000 lifetime benefit per person

Treatment Therapies (pg.94)

- Chemotherapy and Radiation Therapy
- Dialysis
- IV Infusion Therapy – Home IV and Antibiotic Therapy*
- Growth Hormone Therapy*
- Respiratory and Inhalation Therapy

*Therapies require Pre-notification; Drugs used for GHT covered under Prescription Drug Benefit

Physical, Occupational, Speech Therapies (pgs.94-95)

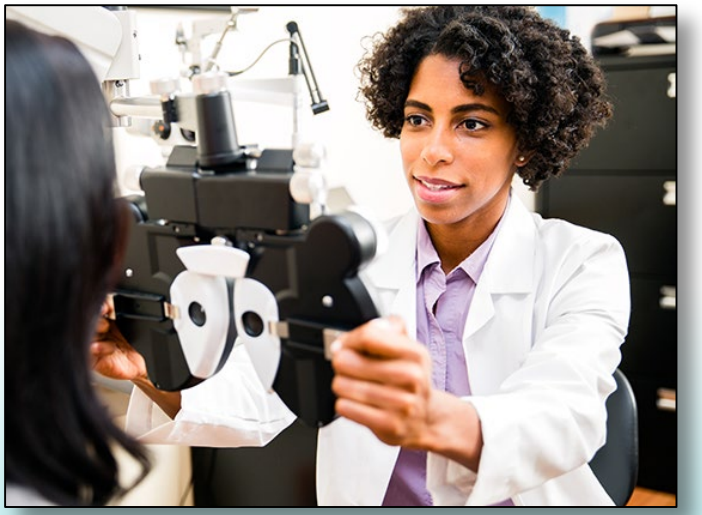
- Rehabilitative therapy to restore function
- Habilitative therapy – to learn or establish function
- Licensed, registered therapist
- 60 visit combined annual maximum
- Not covered:
  - Maintenance therapy
  - Exercise programs

Applied Behavioral Analysis (ABA) (pg.95)

- Outpatient ABA for the treatment of Autism Spectrum Disorder
  - In-network benefit only
  - Services must be preauthorized by UHC Behavioral Health Solutions
  - Services must be provided under the supervision of a Board Certified Behavior Analyst

Hearing and Vision Services (pgs.95-96)

- One exam and testing every 2 years for hearing aids
- Internal ocular lenses and/or 1st contact lenses to correct impairment caused by an accident or illness



Routine Foot Care (pg.96)

- Routine foot care services are covered only when patient is receiving active treatment for a metabolic or peripheral vascular disease such as Diabetes or Peripheral Neuropathy
  - Trimming of lesions
  - Trimming of nails
- Not covered:
  - Orthopedic and corrective shoes
  - Arch supports
  - Foot/shoe orthotics
  - Heel pads and heel cups



Orthopedic and Prosthetic Devices (pg.96)

- Covered devices include:
  - Artificial limbs* and eyes
  - External and internal breast prostheses; surgical bras following a mastectomy
  - Leg, arm, neck, joint and back braces
  - Internal prosthetics: artificial joints, pacemakers, cochlear implants*
  - Hearing aids every 3 years; maximum payout of $1,500

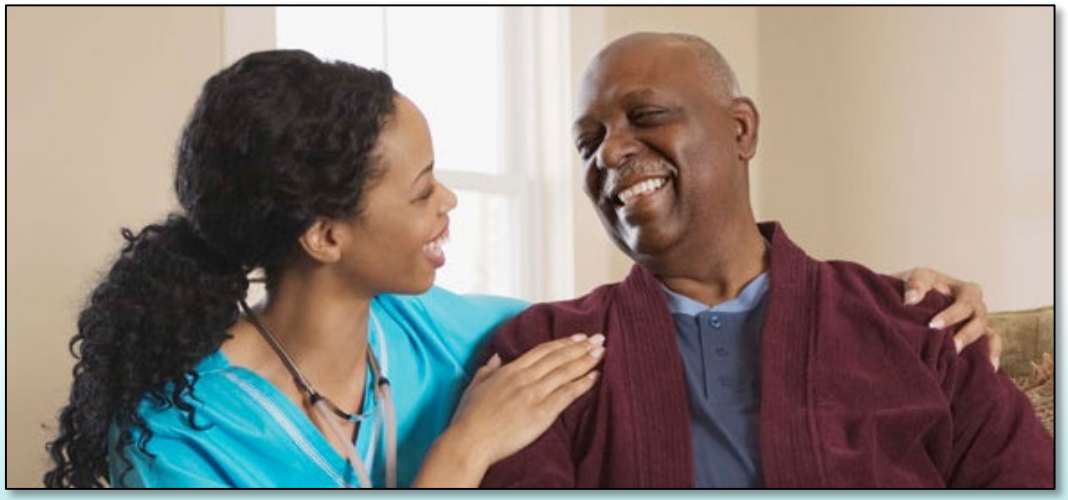
*Pre-notification recommended

Durable Medical Equipment (pg.97)

- Pre-notification is required
- See page 97 of brochure for list of excluded items
- We limit the Plan allowance to an amount no greater than the purchase price

Home Health Services (pg.98)

- Skilled Nursing Care (RN, LPN, LVN)
  - **50** visits per calendar year (up to 2 hour maximum visit)
  - Uses PPO allowance
  - Preauthorization required



Chiropractic and Alternative Treatments (pg.98)

- Chiropractic
  - Treatment limited to 24 visits and/or manipulations per calendar year
    - Massage therapy and maintenance therapy are not covered
    - X-rays covered under diagnostics
- Acupuncture
  - Covered if performed by an MD, DO or a licensed acupuncturist

Educational Classes and Programs (pg.99)

- We encourage you to enroll in the Quit for Life Tobacco Cessation Program by contacting UnitedHealthcare
  - E-cigarette users are eligible for enrollment in smoking cessation programs
  - Telephonic counseling sessions
  - Group therapy
  - Educational sessions with a physician
- Diabetes self-management training services
- Maven (pg.125)

Surgical and Anesthesia Services
Section 5(b), (pgs.100-107)

- Surgical Procedures
  - Operative procedures including pre and post-operative care
  - Surgical treatment of morbid obesity* as well as any surgery that could potentially be considered cosmetic
  - Reconstructive surgery
  - Treatment of gender affirming care*

*Requires pre-notification

Oral Surgery
(pg.103)

- We suggest calling UHC to determine if a procedure is covered



Organ and Tissue Transplants (pgs.104-107)

- Complete list of transplants begins on page 104
- All transplants are subject to prior authorization; subject to medical necessity and experimental/ investigational review
- Out-of-network services have benefit limitations
- Transplant Network
  - Plan-specific organ/tissue transplant facilities
    - If a Plan-designated transplant facility chosen, travel and lodging costs may be pre-approved
  - Prior to an initial evaluation, physician or patient must contact UHC to speak with a Transplant Case Manager

Anesthesia (pg.107)

- Professional services for administration of 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

Services Provided by a Hospital or Other Facility, and Ambulance Services Section 5(c), (pgs.108-110)



Precertification (pg.108)

- Call UnitedHealthcare for precertification
- You may be subject to a **$500 precert penalty** if inpatient precertification is not done:
  - 2 business days prior to an elective admission, or
  - within 2 business days after an emergency admission



Inpatient Hospital (pgs.108-109)

- Room and Board
- Ancillary/Other Hospital Charges
- Cancer Centers of Excellence
  - Contact UHC to enroll prior to initial treatment for referral
  - Patient pays 10% of Plan allowance
  - May receive pre-approval for travel and lodging expenses
  - Includes in and outpatient services at designated facilities

Outpatient Hospital or Ambulatory Care Facility (pg.110)

- Operating, recovery, treatment rooms
- Pharmacy items and medical supplies
- Diagnostic testing
- Blood and its administration
- Pre-surgical testing
- Anesthetics

Skilled Nursing Facility Benefit (pg.110)

- When APWU Health Plan is Primary
  - And you have had a covered inpatient hospital stay;
  - The Health Plan will approve up to a maximum of 30 days in a skilled Nursing Facility (SNF) based on medical necessity
  - Prior approval required. Call UnitedHealthcare at 1-800-718-1299
- Not covered: Custodial Care/Long Term Care

Hospice Care (pg.111)

- Maximum lifetime payout of $15,000 includes outpatient/inpatient and advance care planning (end of life care)
- Inpatient hospice – contact UHC for prior approval
- $200 bereavement benefit per family unit - no deductible or coinsurance applies

Ambulance (pg.111)

- Local, professional ambulance service
  - Medically appropriate
  - Before or after an inpatient admission
- Ambulance services used for routine transport are not covered
- Prior approval is required for non-emergent air ambulance transport

Emergency Services/Accident
Section 5(d), (pgs.112-113)

- "Accident" is defined as resulting from a violent, external force
- Outpatient physician, supplies and related outpatient hospital services rendered within 24 hours of accident
  - 15% coinsurance for both in-network and out-of-network care*
- Ground Ambulance15% in-network; 50% out-of-network**
- Air Ambulance to the closest available facility to treat the patient
  - 15% coinsurance for both in-network and out-of-network care*

*Provider cannot balance bill the member.
**Provider can balance bill the member.

Medical Emergency (pg.113)

- Sudden onset of symptoms that you believe endangers your life or could result in serious disability if not treated promptly
- Treatment at an Urgent Care Center
  - Cost share = 15% coinsurance in-network
  - Cost share = 50% coinsurance out-of-network*
- Treatment at other than an Urgent Care Center**
  - Cost share = 15% coinsurance in and out-of-network

*For out-of-network care at an urgent care center, members may be billed the difference between the Plan allowance and the billed amount

**Provider cannot balance bill the member.

Mental Health and Substance Use Disorder Section 5(e), (pgs.114-116)

- Must obtain preauthorization for:
  - Inpatient Mental Health or Substance Use Disorder Hospital admissions
  - Inpatient treatment, psychological testing, Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), ABA, Residential Treatment
- To obtain preauthorization, call UHC Behavioral Health Solutions
- $500 penalty for failure to obtain precertification
  - 2 days prior to elective hospital admission
  - 2 days after an emergency admission

Mental Health and Substance Use Disorder (pgs.114-116)

- Virtual Visits/TeleHealth Services, call UHC Behavioral Health Solutions, 800-718-1299
  - 15% in-network
  - No out-of-network benefit
- Professional services via Telemedicine with your in or out-of-network provider is covered the same as in a physicians office
  - In-network: 15%
  - Out-of-network: 50%, plus the difference between our allowance and the billed amount

Prescription Drug Benefits
Section 5(f) (pgs.117-122)

Administered by OptumRx

- Covered Medication Supplies
  - Rx drugs, diabetic supplies, Insulin





Prescription Drugs

- **Advantage Prescription Drug List:** A list of selected covered drugs based on clinical effectiveness and lower cost, (there are certain drugs excluded)
- **Brand Name Drugs:** Protected by a patent and manufactured and sold only by the company holding the patent
- **Generic Drugs:** When the patent for the brand name drug expires, generic versions of the drug can be offered for sale if the FDA agrees; generic drugs are typically less expensive than brand name drugs

Prescription Drug Tiers

Consumer Driven Option – OptumRx, Section 5(f)

Tier 1	Medications that provide the highest overall value. Mostly generic drugs. Some brand name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	Medications that provide the lowest overall value. Mostly brand name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Covered Medication/Supplies (pgs.117-118)

- Patient Responsibility
  - **Network Retail:** Tier 1 and Tier 2 - 25% coinsurance; minimum $15, maximum out-of-pocket $200 for each 30-day supply; Tier 3 - 40% coinsurance; minimum $15, maximum out-of-pocket $300 for each 30-day supply
  - **Network Mail Order:** Tier 1 and Tier 2 - 25% coinsurance; minimum $10, maximum out-of-pocket $200 for each 30-day supply; Tier 3 - 40% coinsurance; minimum $10, maximum out-of-pocket $300 for each 30-day supply
- No coverage for prescriptions purchased out-of-network

Prescription Drugs (pgs.118-119)

- Zero out-of-pocket costs
  - Contraceptive drugs on the UHC PPACA list at Network Retail or Mail Order
  - Select over-the-counter (OTC) and prescription tobacco cessation medications approved by the FDA to treat tobacco dependence (in-network retail/Mail Order) Preventive Care Medications with a USPSTF recommendation of A or B when prescribed by a health care professional and filled at a network pharmacy; for current recommendations go to:

    www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations
  - Naloxone and Narcan – opioid reversal agents

Prescription Drugs (pg.119)

- Prescription drugs with an over-the-counter (OTC) equivalent are not covered.



Coverage Authorization (pg.121)

- Prior approval/medical necessity review needed for some medications
  - **Examples:** Growth Hormone, Botox, Rheumatoid Arthritis agents, Weight loss drugs and certain Diabetes drugs
- Step Therapy review
- Supply limits
- Compound Medication restrictions
- OptumRx will work w/physician to obtain information needed to give approval *(based on FDA guidelines)*
- If not approved, patient may opt to fill prescription and will assume responsibility for its full cost

Specialty Drugs (pg.122)

First Fill of Specialty Drugs must be obtained through OptumRx Specialty Pharmacy.

- Cost ranges from $500 per dose or $6000 or more per year
- Complex treatment, care
- Safety monitoring
- Special requirements for shipping, handling
- Disease categories include:
  - Cancer, cystic fibrosis, growth hormone deficiency, hemophilia, immune deficiency, Hepatitis C
- Visit www.myuhc.com or call UnitedHealthcare

Dental
Section 5(g), (pg.123)

APWU HEALTH PLAN

No Benefit Except Under "Extra PCA"

To save on dental today, you can use Careington Dental Network: Save on Dental Today! | Careington & APWU (solutionssimplified.com)

Health Education Resources and Account Management Tools - Section 5(i), (pgs.125-126)

Online tools

Special Programs

Maven

One Pass Select Gym Discount Program

Section 5 (i). Health Education Resources and Account Management Tools

Special features	Description
Online tools and resources	• Your Personal Care Account balance and activity (also mailed quarterly) • Your complete claims payment history • A consumer health encyclopedia and interactive services • Online health risk assessment to help determine your risk for certain conditions and steps to manage them • Personal Health Record • You can also download UnitedHealthcare's mobile app for the same great features
Consumer choice information	Each member is provided access by Internet (www.myuhc.com) or telephone 800-718-1299 to information which you may use to support your important health and wellness decisions, including: • Online provider directory with complete national network and provider information (i.e., address, telephone, specialty, practice hours, languages spoken) • Network provider discounted pricing for comparative shopping • Pricing information for prescription drugs • General cost information for surgical and diagnostic procedures and for comparison of different treatment options • Provider quality information • Health calculators on medical and wellness topics
Special Programs	Online programs and services provide extra support and savings, at www.myuhc.com or call 800-718-1299. • **Maternity Support Program (Maven)** - Mothers-to-be receive support through every stage of pregnancy and delivery. • **Kidney Resources Program** - For those diagnosed with end-stage renal disease or those who are currently receiving dialysis treatment, this program will help you manage your care for the best outcome. • **Orthopedic Health Support** - Orthopedic health support provides support for back, hip, knee, shoulder and neck conditions. • **Cancer Support Program** - Enroll in the program, and receive enhanced benefits at Cancer Centers of Excellence. • **AbleTo** - Customized Behavioral Health 6-8 week digital treatment program. Includes evidence-based treatment, care plan, digital reinforcement, and clinician/coaching. 24/7 access. Members are provided access to this program based on medical history and treatment plan. • **UnitedHealthcare Hearing** - Call 855-523-9355 or visit www.UHCHearing.com for hearing aids, care options and dedicated support. • **Careington Dental** - A dental discount plan that gives members access to discounts ranging from 20-50% on procedures using a network provider. For more information on the discounts and providers visit www.welcometouhc.com/apwu. • **One Pass Gym Discount** – visit www.WeRally.com to sign up for One Pass, a gym membership discount program offering access to national gym memberships, online fitness classes and Grocery Delivery service.

Health Education Resources and Account Management Tools (pg.126)

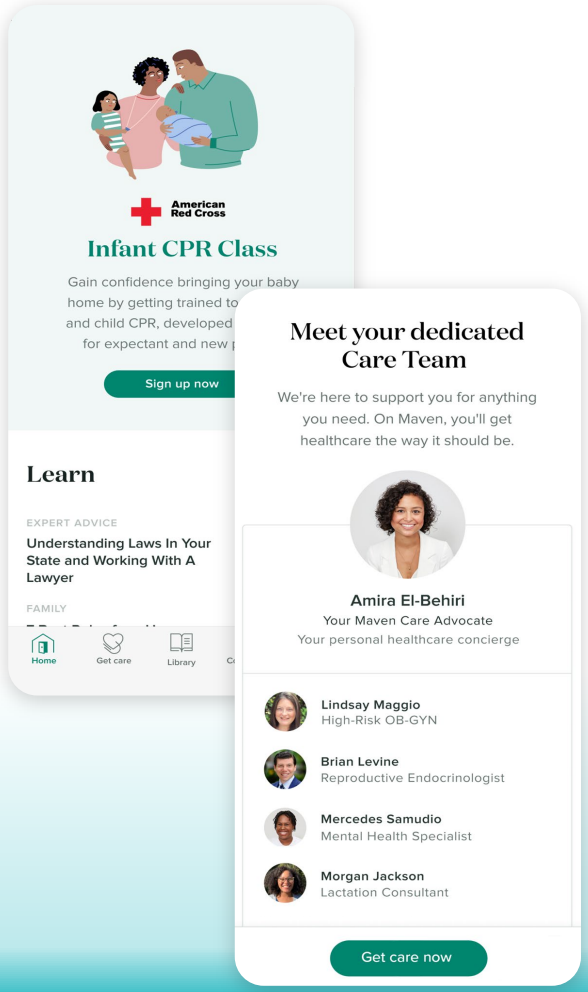
Wellness Incentive

Health Risk Assessment

Special features	Description
Wellness Incentive	Receive $25 when you complete an annual physical with a clinical professional each year. When you complete an annual physical, if you have Self Only coverage, we will add $25 to your Personal Care Account (PCA). If you have Self Plus One or Self and Family coverage we will add $25 to the Personal Care Account (PCA) for the member, spouse, and each covered dependent who completes the Wellness Exam. We will add these amounts in the calendar year in which the physical was completed.
Health Risk Assessment	A Health Risk Assessment (HRA) is available at www.myuhc.com or call 800-718-1299. The HRA is an online program that analyzes your health related responses and gives you a personalized plan to achieve specific health goals. Your HRA profile provides information to put you on a path to good physical and mental health.

Maven

- Maven offers complete support for every unique family journey.



Care & Benefits Navigation: 24/7 access to personalized and continuous support from our Care Advocates when and where members need it

- *Dedicated Care Advocates provide **holistic support and continuity of care** to each member throughout their journey*
- ***Around-the-clock availability** - supplemental support day or night*

Specialized Support: Diverse providers who deliver inclusive, compassionate support and education

- *Available providers from **30+ specialties and 350+ subspecialities** – OBGYNs, Doulas, Career Coaches, Pediatric Sleep Coaches, and more*
- ***Referrals** to in-person, in-network providers*
- *Committed to **culturally competent support***

Content & Community: Clinician-designed programs that improve health and well-being

- ***On-demand and live member classes** like infant CPR and breastfeeding 101*
- ***Provider-approved**, personalized action plans and community forums*

Maven

- Who's eligible for Maven?

Both APWUHP Consumer Driven Plan and High Option Plan enrollees and/or their dependents who may be in the following life stages:*

- A person who is currently pregnant
- The new parent of a newborn under one year of age
- The spouse or partner of someone who is pregnant / has a child under one year of age
- Someone who recently experienced the loss of a pregnancy or infant

APWU HEALTH PLAN | MAVEN | Optum | UnitedHealthcare

Maternity & Newborn Support

Pregnancy

Postpartum & Newborn Support

Miscarriage & loss

Return-to-work and career coaching

Partner track

**Available to High Option Plan enrollees beginning January 1, 2024.*
Download the Maven Clinic app from the iOS App Store or Google Play Store to get started or go to mavenclinic.com/join/apwuhp to learn more.

Brochure Tour - Non FEHB Benefits

Our members have access to other benefits that are not part of the FEHB program (pg.127)

Non-FEHB Benefits Available to Plan Members

The benefits on this page are not part of the FEHB contract or premium, **and you cannot file a FEHB disputed claim about them**. Fees you pay for these services do not count toward FEHB deductibles or catastrophic protection out-of-pocket maximums. These programs and materials are the responsibility of the Plan, and all appeals must follow the Plan's guidelines. For additional information contact the Plan at 800-222-2798 or visit their website at www.apwuhp.com.

Start Hearing

The Start Hearing program is an optional program with no additional premium that supplements the benefits in your APWU Health Plan coverage. All participants of the APWU Health Plan, either High Option or Consumer Driven Option, who enroll in the Start Hearing Plan through this offer will receive a discount on hearing aid devices and free hearing consultations annually offered through Starkey Hearing Technologies. To enroll in the plan you must call Start Hearing toll free at 888-863-7222 or visit www.starthearing.com/partners/APWU. Please specify that you are an APWU Health Plan participant.

Enroll in our Dental Plans

Anyone who is eligible to sign up for an APWU Health Plan can enroll in the following Dental Plans. These are optional programs with an additional premium that supplements the dental benefits in your medical coverage. FEHB members have two options, **APWU Health Plan Dental Insurance Plan or Voluntary Benefits Plan Dental Plan**. Insured members may use any dentist they choose. The cost of these benefits are not included in the FEHB premium and any charges for these services do not count toward any FEHB deductibles, out-of-pocket maximum, copay, charges, etc. These benefits are not subject to the FEHB disputed claims review procedure. For the **APWU Health Plan Dental Insurance Plan** visit www.apwuhp.com for a brochure and enrollment forms. All participants of the APWU Health Plan, either High Option or Consumer Driven Option, who enroll in the **Voluntary Benefits Plan Dental Plan** automatically receive a 7.5% premium reduction off this dental plan's rates. The Plan is available to all APWU Active, Retired, Associate, PSE and Private Sector due-paying members. To enroll in this additional coverage, complete and sign the Voluntary Benefits Plan Dental Plan enrollment form, which you can obtain from your APWU Health Plan representative or by calling the Voluntary Benefits Plan office at 800-422-4492; or visit www.voluntarybenefitsplan.com; or email VBPlan@alliant.com. Please specify that you are an APWU Health Plan participant. This optional dental plan is an indemnity insurance plan underwritten by the Metropolitan Life Insurance Company, New York, New York.

The Supplemental Discount Drug Program

The Supplemental Discount Drug Program will provide discounts to High Option members on all FDA-approved prescription drugs that are dispensed through Express Scripts Mail Order and Retail pharmacies, yet are not covered on the prescription drug plan administered by Express Scripts; www.express-scripts.com, 800-818-6717.

APWU Membership Information

Any annuitant who was in the bargaining unit represented by the APWU prior to retirement must be, or must become, members of the APWU Retirees Department. All Federal employees, other Postal Service employees in non-APWU bargaining Units, and annuitants will automatically become associate members of the APWU upon enrollment in the APWU Health Plan. Associate members will be billed by the APWU for annual membership dues, except where exempt by law (survivor annuitant or someone who is eligible for coverage under Spouse Equity Law or TCC).

Brochure Tour

APWU HEALTH PLAN

Things we don't cover pg.128-129

Section 6. General Exclusions - Services, Drugs and Supplies We Do Not Cover

The exclusions in this section apply to all benefits. There may be other exclusions and limitations listed in Section 5 of this brochure. Although we may list a specific service as a benefit, we will not cover it unless we determine it is medically necessary to prevent, diagnose, or treat your illness, disease, injury, or condition. For information on obtaining prior approval for specific services, such as transplants, (see Section 3, *You need prior Plan approval for certain services*).

How and when to file a paper claim pgs.130-132

Section 7. Filing a Claim For Covered Services

This Section primarily deals with post-service claims (claims for services, drugs or supplies you have already received).

How to appeal pgs.133-135

Section 8. The Disputed Claims Process

You may appeal directly to the Office of Personnel Management (OPM) if we do not follow required claims processes. For more information or to make an inquiry about situations in which you are entitled to immediately appeal to OPM, including additional requirements not listed in Sections 3, 7 and 8 of this brochure, please call your plan's customer service representative at the phone number found on your enrollment card, plan brochure, or plan website.

What if you have Medicare, Other Insurance, TRICARE, CHAMPA pgs.136-147

Section 9. Coordinating Benefits with Medicare and Other Coverage

When you have other health coverage

You must tell us if you or a covered family member has coverage under any other health plan or has automobile insurance that pays healthcare expenses without regard to fault. This is called "double coverage."

Term definitions pgs.148-153

Section 10. Definitions of Terms We Use in This Brochure

Questions:
2024 Consumer Driven Option Benefits

APWU HEALTH PLAN

38th Annual Open Season Seminar



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Join at slido.com
#6998757

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

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How much is the in-network office visit copay?

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

How much is the in-network office visit copay?

A. $18

B. $25

C. $20

✓ D. No copay

(Answer can be found on pg.25)

slido



How much is the in-network deductible?

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

How much is the in-network deductible?

- ✓ A. Self Only: $2,200; Self Plus One and Self and Family: $4,400
- B. Self Only: $1,800; Self Plus One and Self and Family: $3,600
- C. $0 Deductible
- D. Self Only: $800; Self Plus One and Self and Family: $1,600

(Answer can be found on pg.87)

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Do covered in-network preventive care costs deduct anything from your PCA?

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

Do covered in-network preventive care costs deduct anything from your PCA?

A. Yes

✓ B. No

(Answer can be found on pg.80)

slido



The maximum account balance (including rollover) in your PCA can never exceed $5,000 for Self Only or $10,000 for Self Plus One and Self and Family.

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

The maximum account balance (including rollover) in your PCA can never exceed $5,000 for Self Only or $10,000 for Self Plus One and Self and Family.

✔ A. True

B. False

(Answer can be found on pg.86)

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How much of your PCA account is funded by the Health Plan?

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

How much of your PCA account is funded by the Health Plan?

A. Self Only: $1,800; Self Plus One and Self and Family: $3,600

B. $10,000 per membership

✓ C. Self Only: $1,200; Self Plus One and Self and Family: $2,400

D. Nothing

(Answer can be found on pg.85)

slido



How much of your PCA dollars can be used toward dental/vision services?

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

How much of your PCA dollars can be used toward dental/vision services?

A. Dental and vision services are not covered
B. No restriction
C. Self Only: $600; Self Plus One and Self and Family: $1,200
✓ D. Self Only: $400; Self Plus One and Self and Family: $800

(Answer can be found on pg.85)

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If you do not want certain expenses paid from your PCA account, can it be turned off?

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

If you do not want certain expenses paid from your PCA account, can it be turned off?

✔ A. Yes

B. No

(Answer can be found on pg.84)

slido



If you are able to “turn off” your PCA for certain expenses, can you turn it off for prescription drugs?

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

If you are able to “turn off” your PCA for certain expenses, can you turn it off for prescription drugs?

A. Yes
✓ B. No

(Answer can be found on pg.84)

slido



For in-network diagnostic services, how much is your coinsurance after your PCA is exhausted and your deductible has been met?

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

For in-network diagnostic services, how much is your coinsurance after your PCA is exhausted and your deductible has been met?

- ✓ A. 15%
- B. 40%
- C. 25%
- D. No coinsurance

(Answer can be found on pg.90)

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What will not accumulate toward your catastrophic out-of-pocket expenses?

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

What will not accumulate toward your catastrophic out-of-pocket expenses?

A. In-network preventive care
B. Drugs purchased at non-network pharmacy
C. Dental and vision care above limitations of PCA
✓ D. All of the above

(Answer can be found on pg.30)

slido



What is the catastrophic out-of-pocket maximum?

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

What is the catastrophic out-of-pocket maximum?

A. In-network: Self Only; $6,500; Self Plus One and Self and Family: $13,000; Out-of-network: Self Only $12,000; Self Plus One and Self and Family: $24,000

B. In-network: Self Only; $5,500; Self Plus One and Self and Family: $6,500; Out-of-network: Self Only, Self Plus One and Self and Family: $10,000

C. $15,000 per membership

D. In-network: Self Only; $10,000; Self Plus One and Self and Family: $10,000; Out-of-network: Self Only, Self Plus One and Self and Family: $10,000

(Answer can be found on pg.29)

slido



How much is the coinsurance for Tier 3 Drugs at Retail and at Mail Order?

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

How much is the coinsurance for Tier 3 Drugs at Retail and at Mail Order?

A. No coinsurance

✓ B. Retail: 40% of the cost with a $15 minimum up to a max of $300 for a 30-day supply, $600 for a 60-day supply, $900 for a 90-day supply; Mail: 40% of the cost with a $10 minimum up to a max of $300 for a 30-day supply, $600 for a 60-day supply, $900 for a 90-day supply

C. Retail: 25% of the cost with a $15 minimum up to a max of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply; Mail: 25% of the cost with a $10 minimum up to a max of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply

D. $100 copay per prescription

(Answer can be found on pg.118)

slido



What is covered under Family Planning?

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

What is covered under Family Planning?

A. Contraceptives, voluntary sterilization
B. Reversal of sterilization
C. Diapers and strollers
D. Iatrogenic Infertility
✓ E. A & D

(Answer can be found on pg.92)

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What TeleHealth (virtual visits) are available to you in-network?

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

What TeleHealth (virtual visits) are available to you in-network?

A. Mental health visits
B. Medical visits
✓ C. Both

(Answer can be found on pg.91 and 115)

slido



Are out-of-network virtual visits through providers other than AmWell, Doctor on Demand, or Teladoc covered?

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

Are out-of-network virtual visits through providers other than AmWell, Doctor on Demand, or Teladoc covered?

A. Yes

✓ B. No

(Answer can be found on pg.91 and 115)

slido



Up to two hours of Home Health Skilled Nursing Care (50 visit limit) is covered in-network at 15% coinsurance and out-of-network at 50% coinsurance.

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

Up to two hours of Home Health Skilled Nursing Care (50 visit limit) is covered in-network at 15% coinsurance and out-of-network at 50% coinsurance.

✓ A. True
B. False

(Answer can be found on pg.98)

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Is genetic screening a covered benefit?

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

Is genetic screening a covered benefit?

A. Yes

✓ B. No

(Answer can be found on pg.92)

slido



Are infertility drugs covered?

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

Are infertility drugs covered?

A. Yes, $10,000 limit per lifetime
B. Yes, $2,500 maximum per year
✓ C. Yes, no maximum amount
D. No coverage

(Answer can be found on pg.93)

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Do PT/OT/ST require preauthorization? And what is the benefit maximum?

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

Do PT/OT/ST require preauthorization? And what is the benefit maximum?

✔ A. No; 60 visits combined

B. Yes; 60 visits combined

C. Yes; 20 visits each

D. No; 20 visits each

(Answer can be found on pg.94-95)

slido



What statement is true regarding care in a Residential Treatment Facility?

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

What statement is true regarding care in a Residential Treatment Facility?

A. No authorization needed

✓ B. Preauthorization required through UHC Behavioral Solutions; covered both in-network and out-of-network

C. Preauthorization required through Beacon Health Options; in-network only

D. Payable only for the enrollee

(Answer can be found on pg.116)

slido



Is admission to a Skilled Nursing Facility, after an approved hospital confinement, a covered benefit?

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

Is admission to a Skilled Nursing Facility, after an approved hospital confinement, a covered benefit?

- ✓ A. Yes, it has to be precertified and is covered for non-custodial care
- B. No, it is not a covered benefit
- C. Yes, it is covered for long term custodial care and doesn't need to be precertified
- D. Yes, but you don't have to be in the hospital prior to admission

(Answer can be found on pg.110)

slido



What is the annual visit limit for chiropractic visits and/or manipulations?

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

What is the annual visit limit for chiropractic visits and/or manipulations?

A. No limit restriction
B. 12
C. 6
✓ D. 24

(Answer can be found on pg.98)

slido



Preauthorization is required for medical inpatient confinement, but not if treatment is for behavioral health.

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

Preauthorization is required for medical inpatient confinement, but not if treatment is for behavioral health.

A. True

✓ B. False

(Answer can be found on pg.18)

slido



Can specialty drugs be obtained at the retail pharmacy?

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

Can specialty drugs be obtained at the retail pharmacy?

A. Yes

✓ B. No

(Answer can be found on pg.122)

slido



Is there a wellness incentive if you complete an annual physical each year?

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

Is there a wellness incentive if you complete an annual physical each year?

A. Yes
B. No
✓ C. Yes, $25 added to the PCA for each family member that has an annual physical
D. Yes, $50 added to the PCA for anyone over age 18

(Answer can be found on pg.126)

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
TOGETHER.
BETTER HEALTH.