CONSUMER DRIVEN OPTION



Together.
Better Health.®



Preventive Care



What's New for 2015





UHC





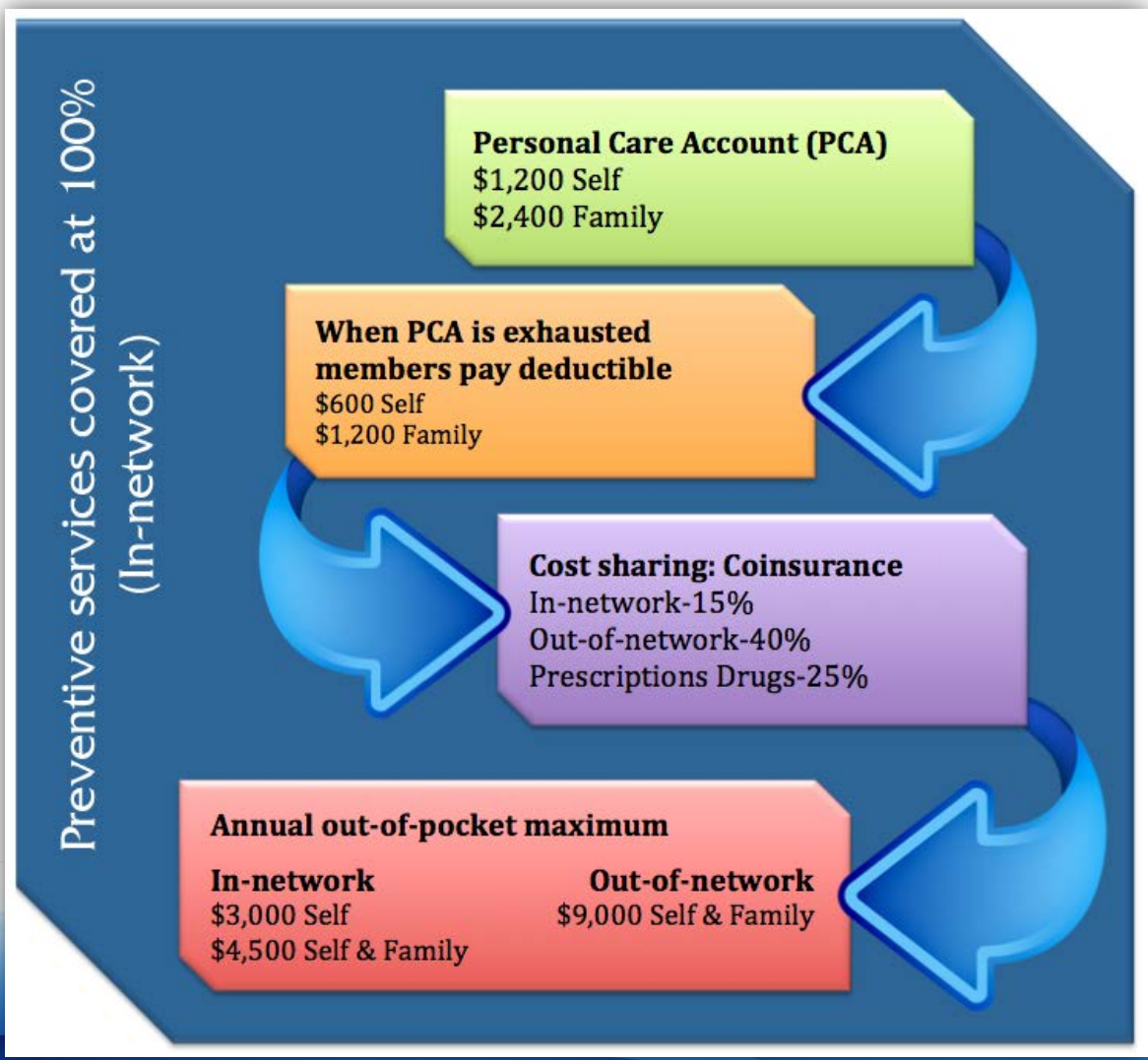
PCA



Special Programs

Facts About the APWU Health Plan
How this Plan works
Section 1, Page 13

Consumer Driven Option Overview



How We Change in 2015
Section 2, Page 15

- Combine the catastrophic protection Out-of-Pocket Maximums for medical and prescription drugs. Deductible now applies to Out-of-Pocket Maximum.
- Health Assessment incentive - $75 (self only); $125 (self and family)
- Out-of-network surgical assistants at a network hospital, with a network surgeon will be paid at the in-network benefit level.
- 100% coverage for in-network annual low-dose CT scans for adults age 55-80 with history of smoking.

How We Change in 2015
(continued)

- Cover FDA approved prescription drugs for weight management.
- Eliminate outpatient preauthorization for mental health services.
- Eliminate prior counseling limits for tobacco cessation.
- Out-of-network tobacco cessation benefit

How You Get Care - Precertification

Section 3, Page 18

Call UnitedHealthcare at 1-800-718-1299

To precertify:

- Inpatient hospital admissions
- Organ transplants
- Potential cosmetic procedures
- Surgery for morbid obesity
- Durable Medical Equipment (DME)
- Home Health Care: nursing visits, infusion therapy, growth hormone therapy

How You Get Care - Precertification

- **Call UHC at 1-800-718-1299**
  - Certain classes of medications requiring dosage and quantity controls per the FDA
  - Medications deemed primarily cosmetic in nature if needed for a legitimate medical condition
- **Call ValueOptions 1-888-700-7965**
  - Inpatient treatment of mental health and substance abuse

Your Cost for Covered Services

Section 4, Pages 24-28

- Deductible – Bridge between PCA and Traditional benefits ($600/$1200)
- Coinsurance – Cost sharing percentage payable by the patient
- Difference between our allowable and the bill
- Amounts over benefit maximums

Your Cost for Covered Services

Catastrophic Protection

- In-network out-of-pocket maximum
  - Self Only = $3,000
  - Family = $4,500
  - Deductible, 10/15% Coinsurance/25% for in-network pharmacy coinsurance accumulates to maximum out-of-pocket

Your Cost for Covered Services

Catastrophic Protection *(continued)*

- Out-of-network out-of-pocket maximum
  - Single or Family = $9,000
  - Deductible, 40% non-PPO Coinsurance accumulates to maximum
  - 10/15% PPO Coinsurance/25% in-network pharmacy coinsurance accumulates to maximum out-of-pocket

In-Network Preventive Care

Section 5, Pages 72-74

- 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 co-insurance

In-Network Preventive Care

Adult Care

- One annual visit and exam plus specific labs
- Adult immunizations recommended by the CDC
- Routine screenings
- ***New – Low-dose CT scan for adults 55-80 with history of smoking***

Care for Children

- Well child visits
- Childhood immunizations recommended by the American Academy of Pediatrics
- Routine Screenings

Personal Care Account (PCA)
Section 5, Pages 75-77

- APWU Health Plan funds your PCA each year
  - Single Enrollment: $1,200
  - Family Enrollment: $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")
  - Single Enrollment: $400
  - Family Enrollment: $800

Personal Care Account (PCA)

- 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:
    - Single Enrollment: $5,000
    - Family Enrollment: $10,000
    - Maximum PCA Account balance can never exceed these $ limits
  - reduce the following year's deductible by an equal amount

Traditional Health Coverage
Section 5, Pages 78-79

- Comes into play once the PCA is depleted
- Members then become responsible for:
  - Deductible:
    - Single Enrollment: $600
    - Family Enrollment: $1,200
  - Coinsurance:
    - 10% In-network Centers of Excellence
    - 15% In-network providers
    - 40% Out-of-network providers
    - 25% Network Pharmacy

Diagnostic and Treatment Services
Lab, X-ray and Other Diagnostic Tests
Section 5(a), Pages 80-81

- Professional services of physicians
- Blood tests, urinalysis
- X-rays
- Non-routine mammogram, pap test
- CT, MRI, PET
- EKG, EEG

Maternity Care
Section 5(a), Pages 81-82

- Pre and post-natal care, delivery
  - No need to pre-certify normal deliveries
  - Covered at 100% in-network
- Nursery charges covered while mother confined
  - Other charges, including circumcision will be expenses of the child and considered only if child covered under a family enrollment

Family Planning
Section 5(a), Page 82

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

Infertility Services
Section 5(a), Page 82

- Diagnosis and treatment of infertility
  - Testing to diagnose cause of infertility
  - Treatment to remedy cause
  - $2500 limit

Treatment Therapies
Section 5(a), Page 83

- 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

Section 5(a), Pages 83-84

- 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

Hearing and Vision Services

Section 5(a), Page 84

- 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

Foot Care
Section 5(a), Page 84

- Routine foot care
  - Must be under active treatment of a metabolic or peripheral vascular disease

Orthopedic and Prosthetic Devices

Section 5(a), Page 85

- 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

Section 5(a), Pages 85-86

- Must be prescribed by a physician
- Deemed medically necessary
- Serve a specific therapeutic purpose
- Standard equipment
- Requires pre-notification:

1-800-718-1299

Home Health Services

Section 5(a), Page 86

- Skilled Nursing Care (RN, LPN, LVN)
  - 25 visits per calendar year
  - Maximum of $90 per day
  - Pre-authorization required:

1-800-718-1299

Chiropractic and Alternative Treatments

Section 5(a), Page 87

- Chiropractic
  - Treatments/manipulations limited to 12 per calendar year
  - X-rays covered under diagnostics
- Acupuncture
  - Covered if performed by an MD, DO or, a licensed acupuncturist

Educational Classes/Programs

Section 5(a), Page 87

UHC Smoking Cessation Program

- Contact UnitedHealthcare at:

  1-800-718-1299

- $0 Out-of-pocket expense using PPO providers. Visit limits lifted.
- ***New for 2015*** – Out-of-network benefits now available!!!

Educational Classes/Programs

UHC Smoking Cessation Program
(continued)

- $0 Mail Order Rx drugs approved by the FDA for the treatment of tobacco dependence
- $0 for OTC items such as nicotine gum or patch obtained through the UHC program

Surgical Procedures

Section 5(b), Page 89

- 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

***Requires pre-notification**

Oral Surgery
Section 5(b), Page 91

- Coverage includes
  - Reduction of fractures and other traumatic wounds
  - Extraction of impacted, unerupted teeth
  - Excision of cysts, tumors, lesions
  - Surgical treatment of TMJ

*** Call UHC ahead of time to inquire if a particular procedure is covered**

Organ/Tissue Transplants

Section 5(b), Pages 92-95

- All procedures subject to medical necessity and experimental/ investigational review
- Contact UHC before initial evaluation and speak to a Transplant Case Manager
- If a Plan-designated transplant facility chosen, travel and lodging costs may be pre-approved

Anesthesia

Section 5(b), Page 95

Professional services for administration of anesthesia

Inpatient Hospital
Section 5(c), Pages 96-98

- 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

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

Hospice Care

- Outpatient Care
  - Maximum payout $3,000
- Inpatient Care
  - Maximum payout $2,000
- Bereavement Benefit
  - $200 annual payout per family unit

Ambulance

- Local, professional ambulance service
  - Medically appropriate
  - Before or after an inpatient admission
  - Used within 24 hours of accident or medical emergency
- Ambulance services used for routine transport is not covered

Accidental Injury or Medical Emergency

Section 5(d), Pages 99-100

In-network ***and*** Out-of-network providers:

- Member pays 15% of allowable
  - Physician and related outpatient hospital services within 24 hours
  - Physician services rendered *after* 24 hours *(accidental injury only)*
  - Outpatient services, Urgent Care or other facility for treatment of a medical emergency
  - Related ambulance charge(s)

Mental Health and Substance Abuse

Section 5(e), Pages 101-102

- Inpatient treatment requires preauthorization by:

  ValueOptions 1-888-700-7965

- Treatment Plan will be reviewed for clinically appropriate services

Covered Medication/Supplies

Section 5(f), Pages 103-106

Administered by OptumRx

- Covered Items
  - Rx drugs, diabetes supplies, Insulin





Covered Medication/Supplies

- Patient Responsibility
  - Network Retail: 25% co-insurance; minimum $15, maximum out-of-pocket $200 for each 30-day supply
  - Network Mail Order: 25% co-insurance; minimum $10, maximum out-of-pocket $200 for each 30-day supply
- No coverage for prescriptions purchased out-of-network

Coverage Authorization

- Prior approval needed for some medications **(Examples: Growth Hormone, Botox, Rheumatoid Arthritis agents)**
- 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

Coverage Authorization

- Specialty Drugs
  - 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 **1-800-718-1299**

Dental Benefits

Section 5(g), Page 107

No benefit except under “Extra PCA”

Health Resources and Tools

Section 5(i), Pages 109-110

- Online tools and resources available at **www.myuhc.com**
- Consumer choice information available at **www.myuhc.com or 1-800-718-1299**
- Care Support- 24-hour nurse advisory service

Health Resources and Tools

- Diabetes Management Program
  - Purpose: To engage the patient and encourage them to become an active participant in the management of their condition.
    - Team consists of patient, Health Coach at UHC, physician and APWU Health Plan
    - Active participation in Program allows APWU Health Plan to waive some out-of-pocket expenses

Health Resources and Tools

- Diabetes Management Program
  - Patient Responsibilities
    - APWU Health Plan Primary members enroll in Program by calling UHC at **1-800-718-1299**
    - Participate as required by Program
    - Receive in-network care

*** Members whose APWU Health Plan is secondary do not have to enroll or participate to receive incentives**

Health Resources and Tools

- Diabetes Management Program Participation
  - Regular contact with your Health Coach
  - Take medication as prescribed
  - Visit physician as necessary for your condition
  - Monitor your blood sugar
  - Lab work appropriate to monitor diabetes
  - Obtain care as directed by your Health Coach or physician

Health Resources and Tools

- Diabetes Management Program Incentives
  - Waive PCA reduction, deductible and/or co-insurance on visits and lab related to Diabetes Management
  - Waive 25% co-insurance on generic drugs, Insulin, testing strips, lancets, pen needles, syringes and Insulin Pump supplies, obtained from OptumRx by Mail for control of blood sugar
  - Insulin Pump – Pre-authorized and subsequently obtained in-network

Health Resources and Tools

- Online Health Management Programs
  - Healthy Pregnancy Program
  - Healthy Back Program
  - Cancer Support Program
  - Source4Women

Receive extra care and support:

www.myuhc.com

Thank You!

Please fill out the class evaluation form provided and place it in the collection box.

Please note any questions for the **HPR Roundtable** discussion on the card provided and place in the drop box at the Registration Desk.

The Roundtable discussion will be during Closing Session on:

October 16, 2014