Closing Session
Q & A



Presented by

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Question:

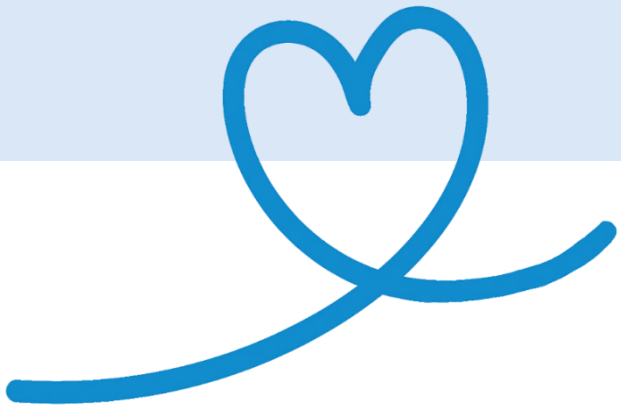
If a Full Time Regular employee signs up for Self Only under the Consumer Driven option then after a year adds a child to their plan would their rate be the reduced rate for Self Plus One or would it be the beginning rate of Self Plus One?

Answer:

Yes it will stay at the reduced rate, it does not reset if you add a child to the plan.

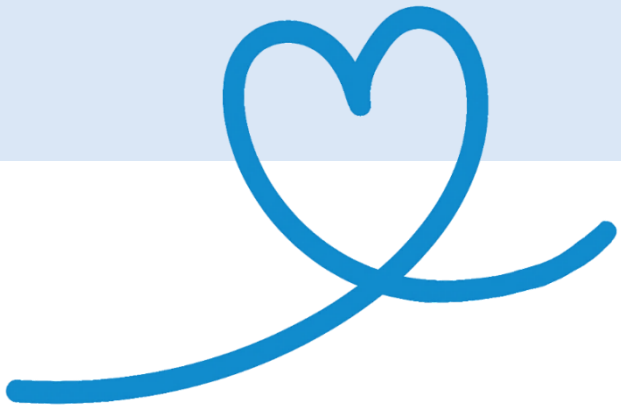
Question:

Could a newly converted employee get just dental or vision coverage in their first year to be covered under FEHB to then get the discounts for health insurance the following year?



Answer:

No, dental or vision coverage is considered supplemental coverage only. According to Article 21.1 in our current contract which is on page 330, you have to be enrolled in a FEHBP medical insurance plan for 1 year in order to get those premium discounts.

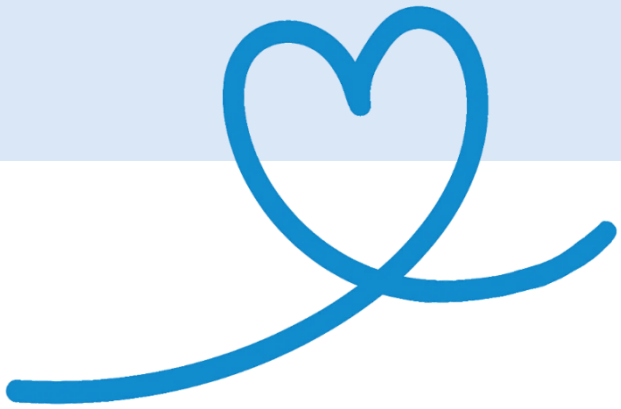


Question:

We are now on the Consumer Driven Plan. My husband is 70 and only has APWU Consumer Driven and Medicare A. Can we still switch to High Option and enroll in the Advantage Plan?

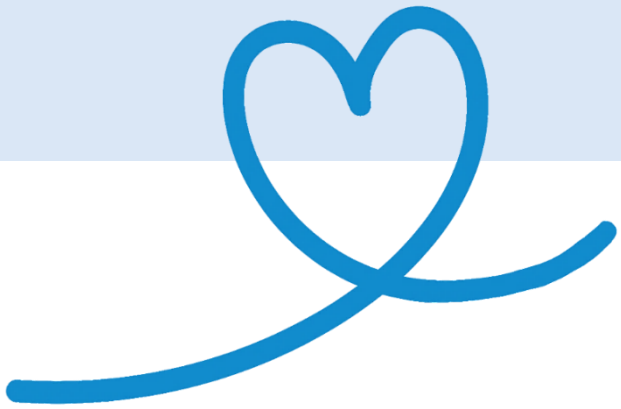
Answer:

Yes you can switch to High Option during Open Season but in order to be eligible for the Medicare Advantage Plan you must be enrolled in Medicare Parts B as well as A.



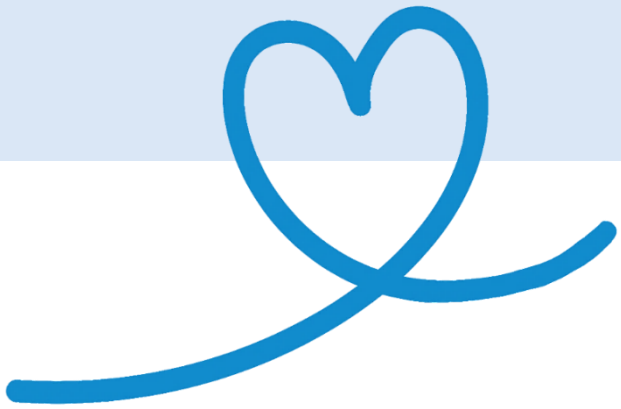
Question:

What if the doctor doesn't accept Medicare Advantage?



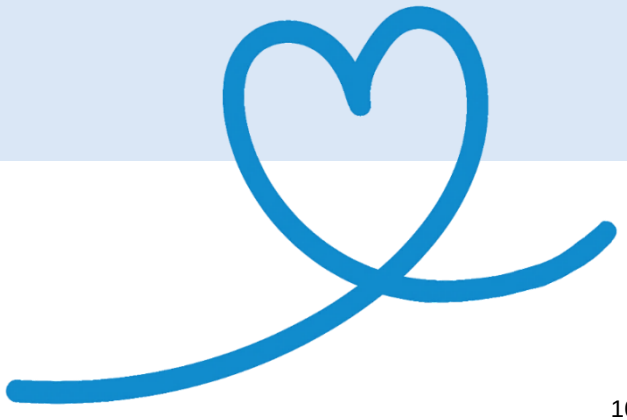
Answer:

UHC can work with the provider but if no agreement can be agreed upon then you would have to pay your bill upfront and then UHC would reimburse you. Fortunately there is only a 1% chance of that happening. Most doctors will accept Medicare Advantage.



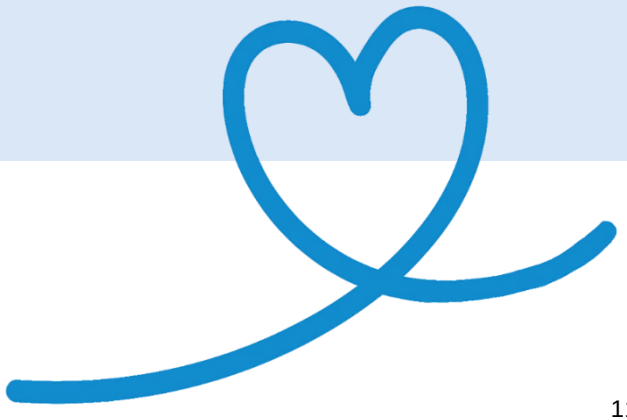
Question:

Can the member be on High Option and the spouse be on Consumer Driven? I retired from the USPS, but won't be 65 for 5 more years and I really want the Medicare Advantage Plan. My husband does not due to his Pradaxa not being covered on the High Option Plan.



Answer:

If both of you are Federal employees then you can enroll separately as Self Only and have separate plans. If not and you are enrolled as Self Plus One or Self and Family then you have to be enrolled in the same plan.



Question:

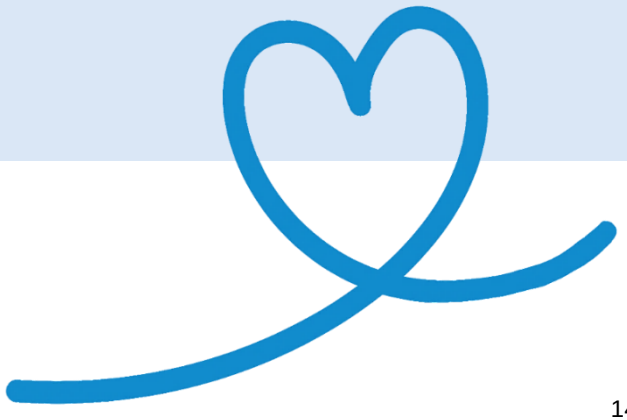
I want to retain retirees on the APWU Plan but I often hear that financially it seems to make more sense for them to be on BCBS Basic. The premiums are lower and they get $800 reimbursement for Medicare part B. This is more than what the APWU Medicare Advantage plan will currently reimburse. What benefits can we give our retirees on APWU Medicare Advantage that BCBS basic doesn't offer?

Answer:

The decision is ultimately up to you and what is best for your family but I can tell you all the benefits our Advantage Plan has to offer. We may not reimburse you $800 yearly for Medicare Part B but we do reimburse $50 monthly. We also give back $40 every quarter for over-the-counter medications through First Line Essentials. And don't forget the $1000 a year that we give you for Dental expenses. Not to mention a host of healthy extras such as: Silver Sneakers, House Calls, a 24h Nurse Line and Healthy Benefits. If you want to learn more about our Medicare Advantage Plan you can check out our upcoming Webinars by going to apwuhp.com/events to sign up for our Medicare Advantage Webinars.

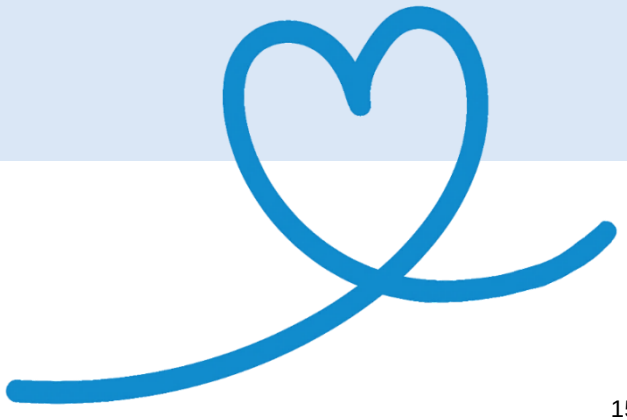
Question:

How does a PSE with one year in service enroll in our Health Plan? From my experience it doesn't allow them through LiteBlue.



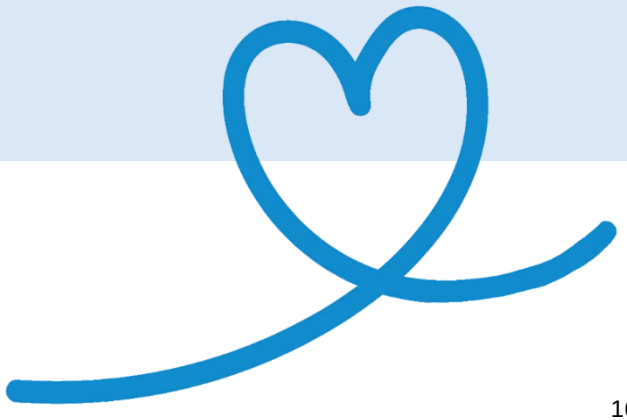
Answer:

You can enroll in our Health Plan by going to our website to download forms or by mailing in or faxing an enrollment form.



Question:

Does an associate member get the $35 bill to their home every year? How long do they typically have to pay the fee once they receive the bill? Is there a way to auto bill for the annual fee? Does everyone receive the $35 annual fee at the same time each year and if so, when? What happens if a member did not pay the $35 fee, would they lose insurance?



Answer:

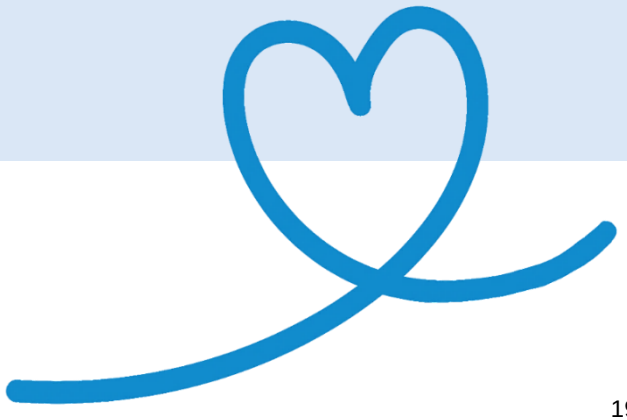
The $35 yearly union fee actually comes directly from Headquarters Secretary Treasurer's Office. They will send the bill to the address on file which is usually your home address. It is recommended to pay your bill ASAP. Unfortunately there is no option for auto pay.
Typically all members will receive their yearly bill for union dues between March and April. If a bill is missed then you will receive a follow-up letter with another chance to pay but don't worry you will get notified before we disenroll you. If you have any further questions please contact the Secretary Treasurer's Office at: associates@apwu.org.

Question:

This question pertains to the CDO plan: I had to have a hysterectomy for medical reasons and now I am on HRT. My question is this: Can the insurance consider covering the pellet cost or a portion of it due to the fact that I have to have this done about every 3 to 4 months to help regulate my hormones and to help prevent other medical issues from developing? The cost is expensive and looking to increase due to the COVID pandemic.

Answer:

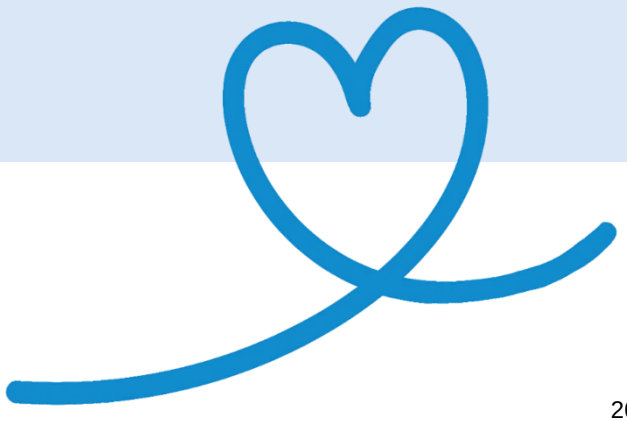
Hormone Replacement Therapy Pellets are not a covered benefit and there is no process to have them covered. It's an exclusion under the plan. There are other HRT type medications such as FEMHRT that would be covered, but those are tablets.



Question:

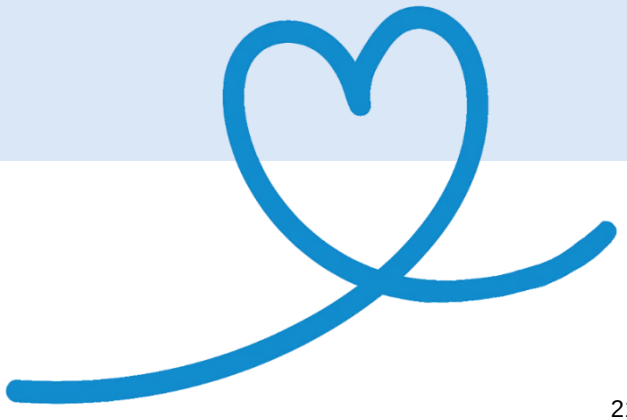
Why the restrictions on virtual visits for Consumer Driven Option, at least when compared to High Option? The High Option appears to offer the option to see their normal provider virtually, the Consumer Driven Option does not. Is that right?

Question from chat.



Answer:

The UHC Virtual Visits are for the UHC network providers of Doctor on Demand, AmWell, and Teledoc. There is currently no out of network coverage.



Question:

Are we going to receive new 2022 Brochures for our members? If so, when can we expect them?

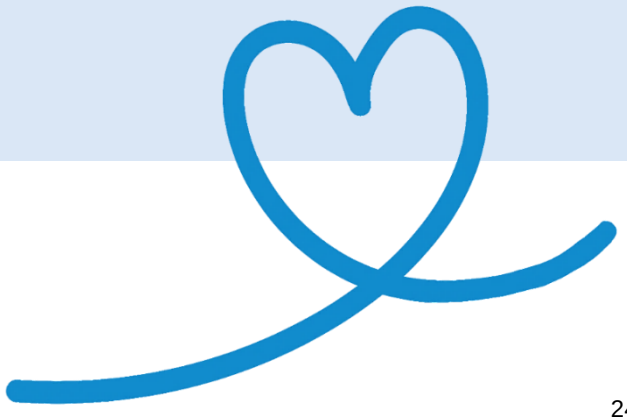
Answer:

All Open Season materials will start getting shipped out today from our Union printer. They started printing our materials during the 1st week of October and it's a lengthy process so don't worry you will receive them soon.
If you need more materials please contact Jasmine at jparker@apwuhp.com.

Question:

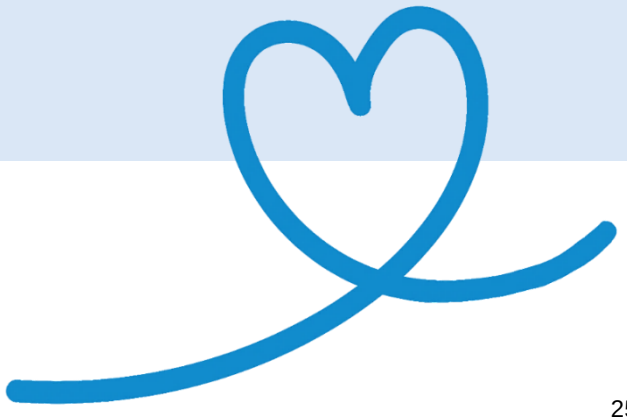
Can a PSE get any Health insurance even if it's not a FEHB plan?

Question from Marketing Plus Class.



Answer:

They can pay the full price of any Health Plan in FEHB but they have to sign a form acknowledging that they understand that there is no discount.



Question:

Husband and wife are both postal employees – covered right now on husband's health insurance. Husband is going to retire, wanted to change health insurance to wife since she is still working.

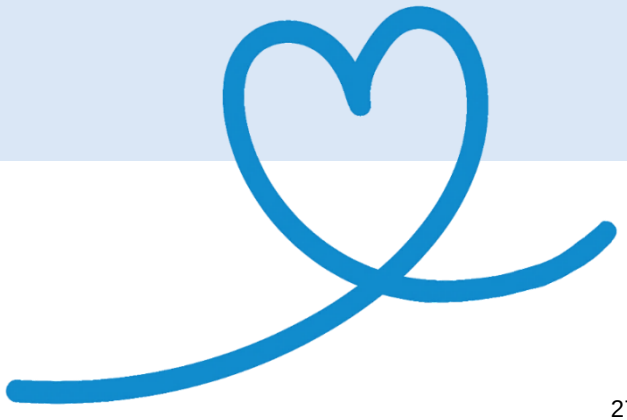
So then you have to pay full price since she had been covered under the husband's plan.

If that is the case you both need to be on your own separate plans for 5 years before you retire so you can both take insurance into retirement so if one dies the other still has insurance?

And even though wife has been on husband's plan for 15 years she still needs to pay full price for a year to get APWU rates and have insurance if he passes away?

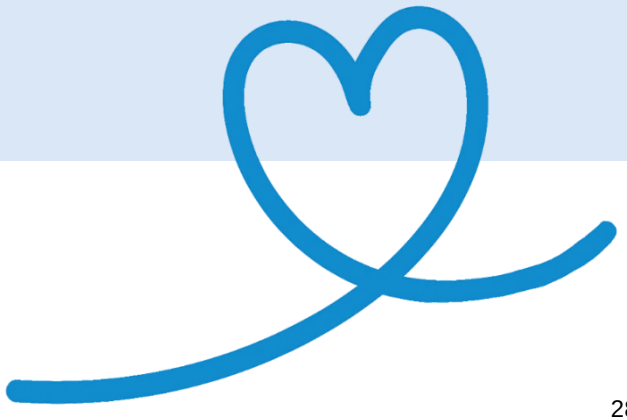
Answer:

The OPM 5 year rule says no you don't need separate plans. For information or clarification on the 5 year rule you can email: retire@opm.gov. The wife will need to spend 1 year as the subscriber to get the discounted rate. You can refer to Article 21.1 in the APWU contract for more information.



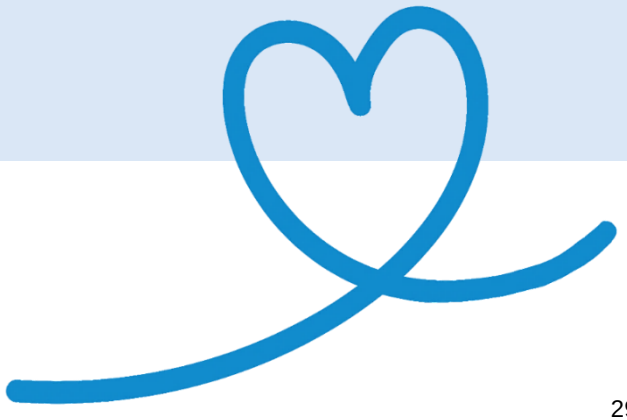
Question:

Does a Veteran have to drop FEHB when turning 65 if they want to take Medicare Part B and keep TRICARE?



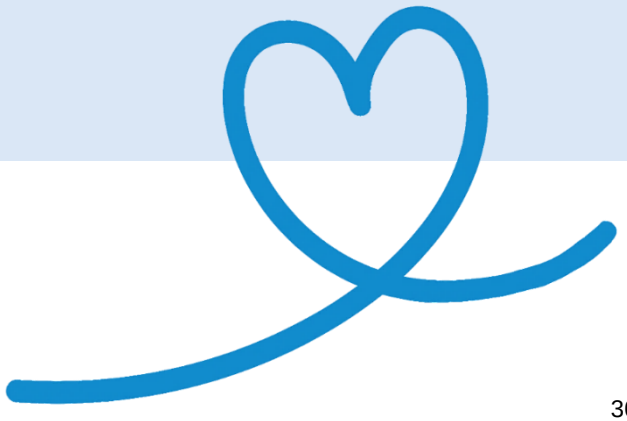
Answer:

No, they do not have to drop FEHB, but they can suspend their FEHB. That way they can come back to FEHB when they need to.
If they want to suspend their FEHB insurance coverage they should contact OPM at 1-800-767-6738 or retire@opm.gov.



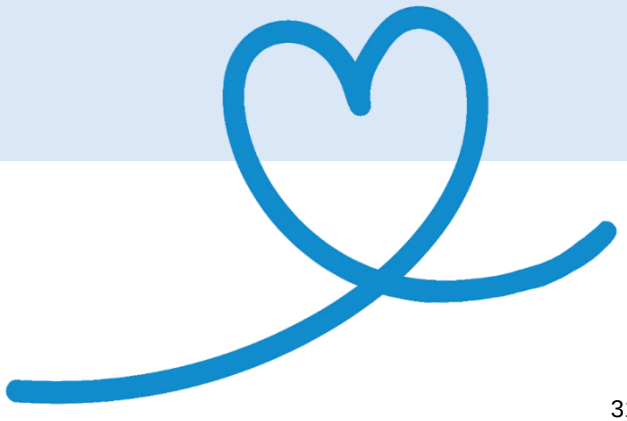
Question:

I have a retiree member who said they received a letter saying there is not currently a penalty for taking Medicare Part B after 65. Is there any truth to this? Also this member is 81 and retired at age 62. I know you may not be able to answer specifics but any general idea what the penalty amount might be should they choose to take Medicare Part B?



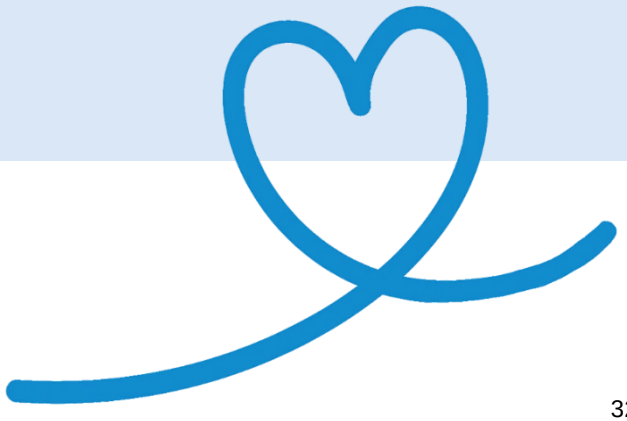
Answer:

They can verify the rate that they would pay by contacting Social Security at 1-800-772-1213. As far as we know the penalty rates still apply for delayed enrollment in Medicare B.



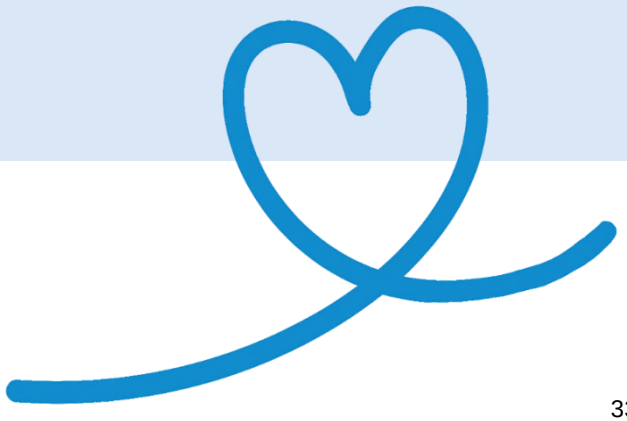
Question:

In 2022, I know there is an anticipation of a "live in-person" convention in San Diego, CA. However, is there going to be consideration for a those of us who may find VIRTUAL more convenient?



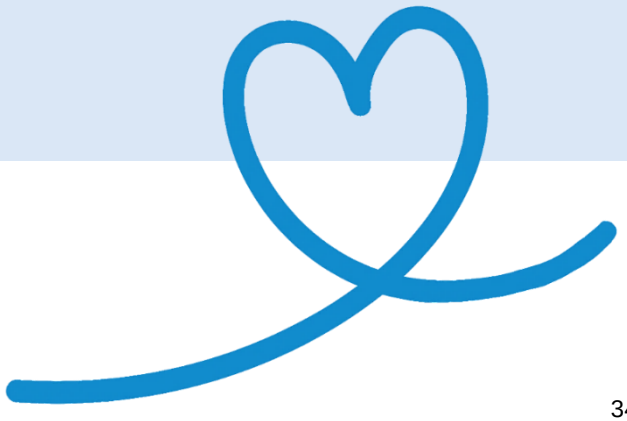
Answer:

Not as of yet. We have virtual resources on our HPR website. Just go to apwuhp.com for free online classes.
We will definitely take your suggestion into consideration!



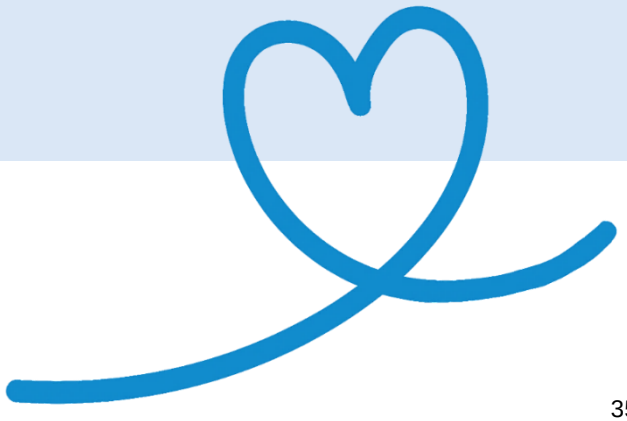
Question:

A member had a question about adding a non-family member to a Self Plus One such as a fiancé or significant other as an example. Is this allowed?



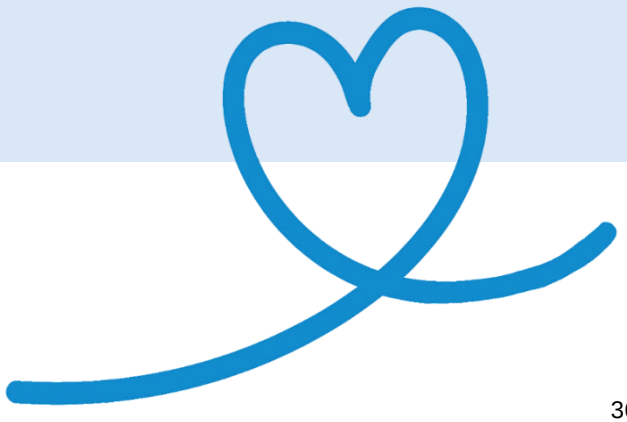
Answer:

You should check with Shared Services. There are instances where domestic partners are legal. It depends on your state. Only legal dependents are covered.



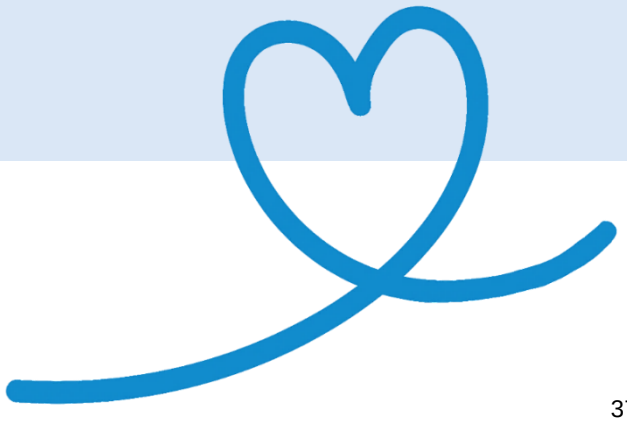
Question:

we have been advised in other trainings that you can get an FEHB plan on your own in retirement if you have had your own plan or if you were in FEHB covered under your spouse. Today it was stated you must have your own plan. I believe what was said today is incorrect.
Please provide all a better understanding of what was stated in the chat.



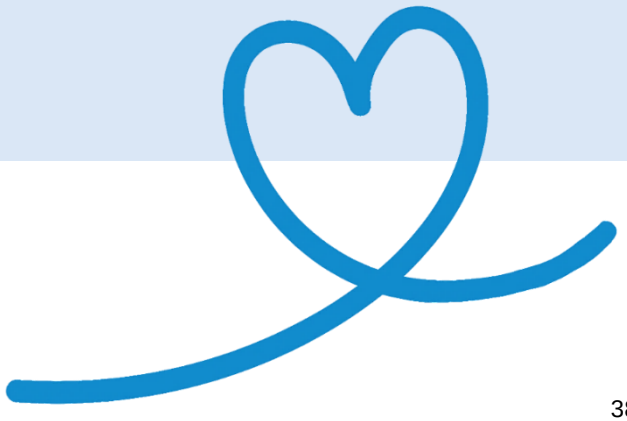
Answer:

Because there are so many scenarios you should contact OPM Retirement Services at www.opm.gov/retirement-services and look under Survivor Benefits as a start.



Question:

The spouses that are Health Plan members under their spouse but show as non-Health Plan members do not count as credit towards the scholarship program. If a local contacts the Health Plan can they receive credit for those spouses?



Answer:

You should contact HQ Treasury Department. They own and manage this program and can assist you with any questions.

And that concludes the Q & A Session.

Thank you to everybody who submitted a question!

APWU HEALTH PLAN
TOGETHER. BETTER HEALTH.