29th Annual Open Season Seminar – High Option

Sales & Marketing/PPO Directory



APWU HEALTH PLAN

Together. Better Health.®

Home Page


APWU Health Plan - Windows Internet Explorer provided by APWU Health Plan
http://www.apwuhp.com/
APWU Health Plan
About Us
In The Community
Health News
HealthConnection
800.222.APWU (2798)
APWU
HEALTH PLAN
Together. Better Health.
Providing Healthcare for US Postal Service Employees, Federal Employees and Annuitants since 1960
WHAT ARE YOU LOOKING FOR?
Welcome
Members
Providers
Visitors
HPR
Events
eHealth Record
Health Management Programs Designed to help you live well
Sign Up Now!
Online Brochure Request
Click to flip the image
Health Plan Overview
How To Enroll
Schedule Your Mammogram Today
The Health Connection
ALERTS
› Affordable Care Act (ACA)
READ NOW »
› The Consumer Driven Option is a PlanSmartChoice winner
READ NOW »
HELPFUL LINKS
I WANT TO...
PLAN OPTIONS
FOLLOW US
Start
98%
1:51 PM
9/15/2014

Basic Navigation Features



High Option

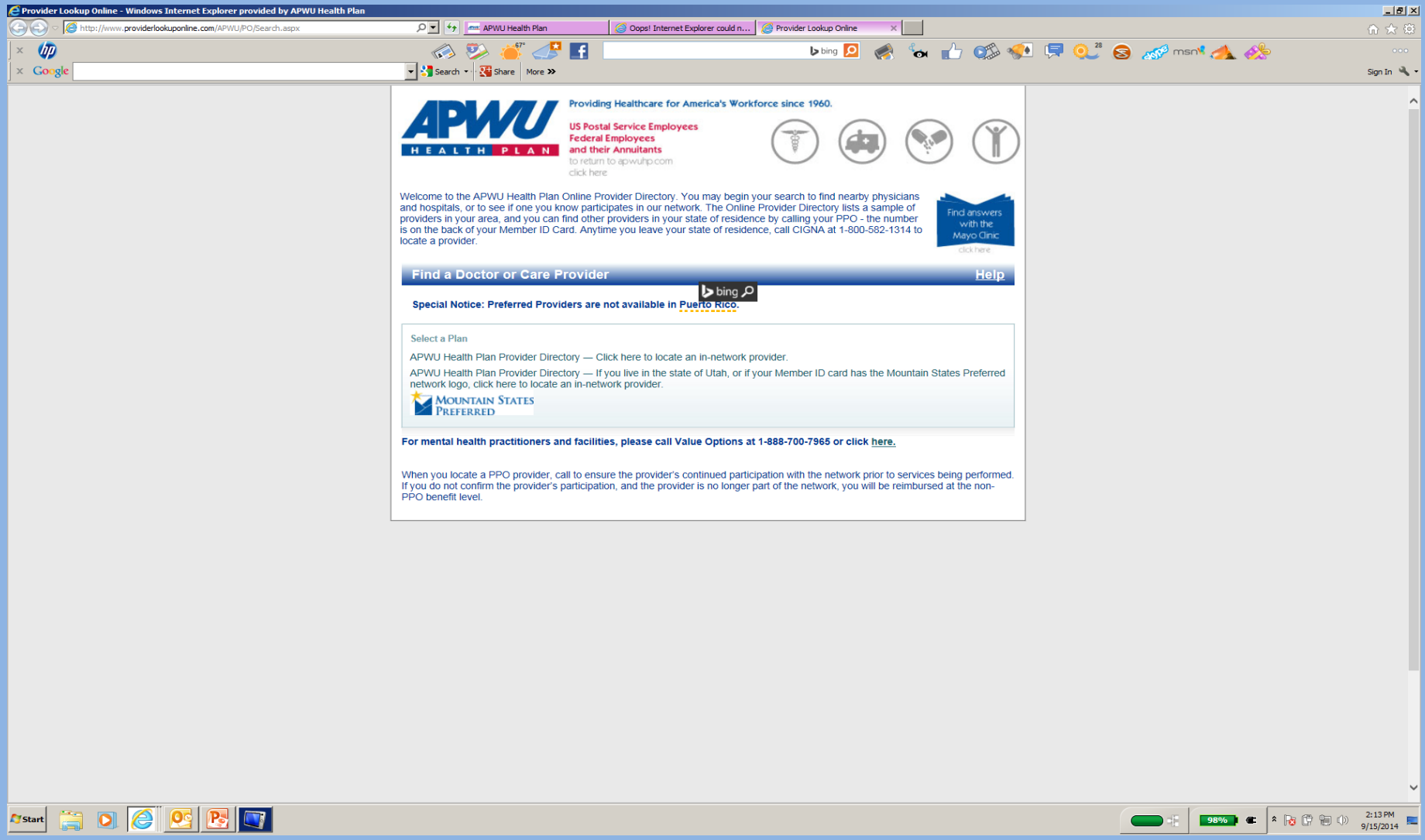


Click on High Option

High Option Page



Provider Directory

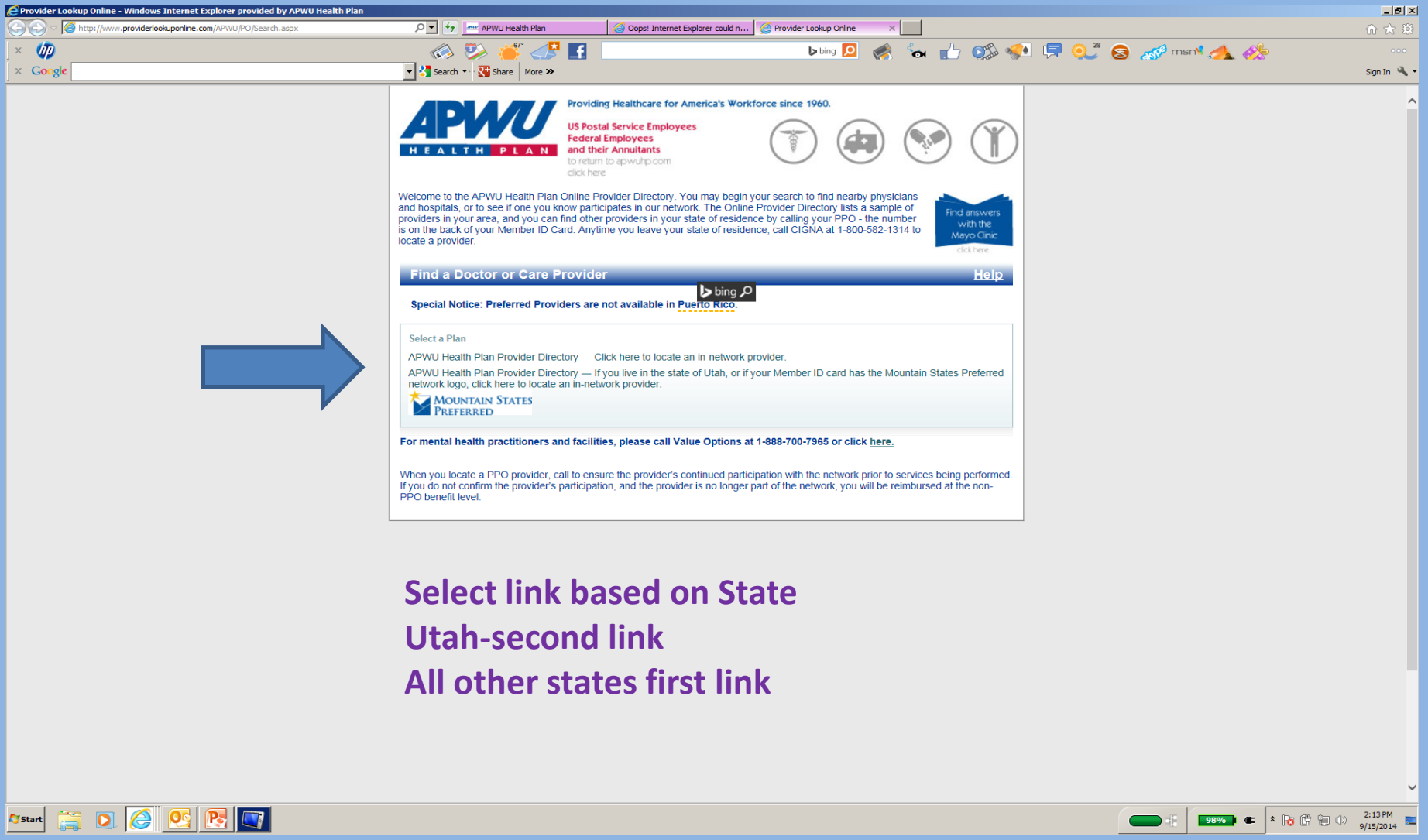


Provider Directory



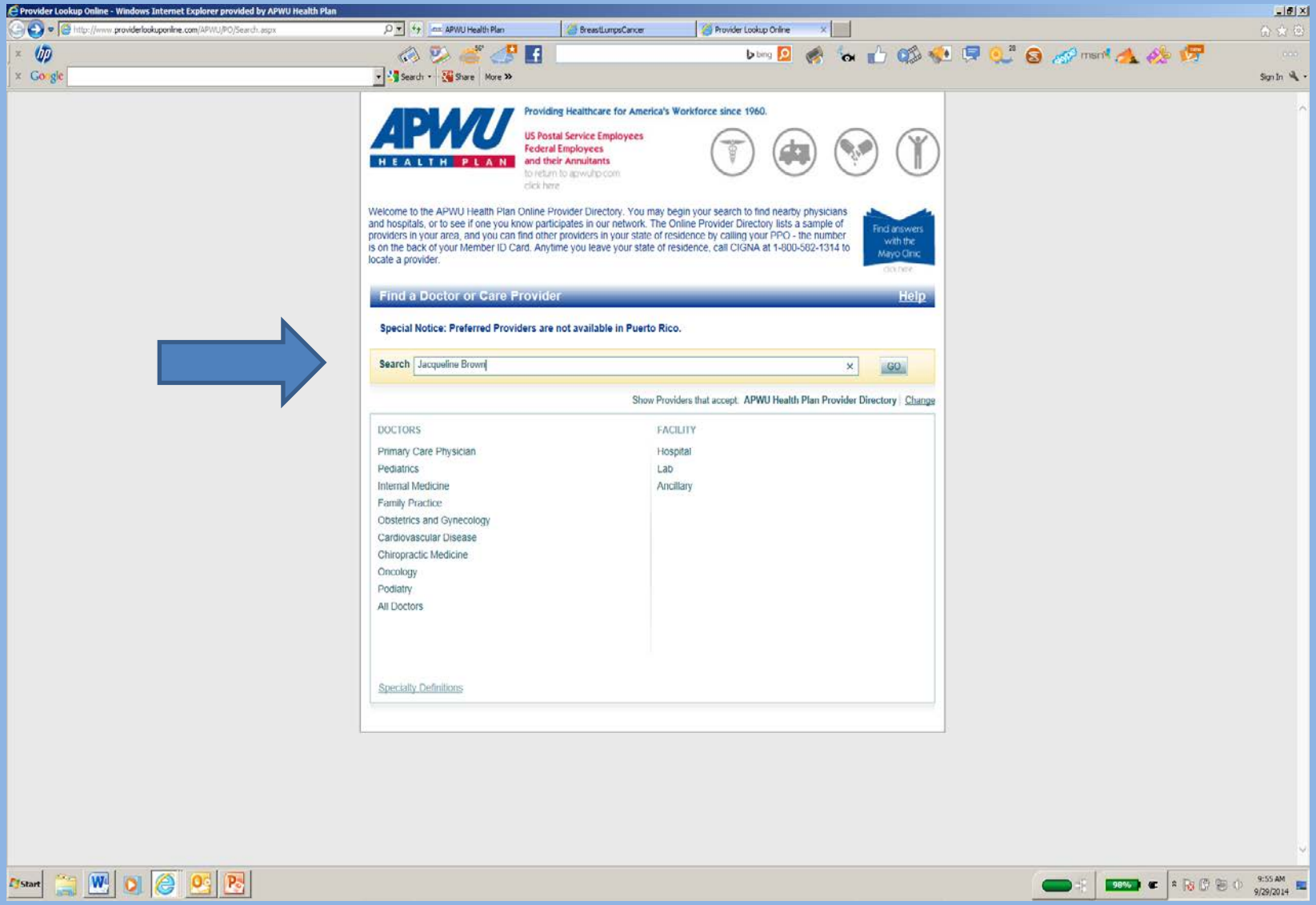
Click on the HO Links

Provider Directory-Landing Page



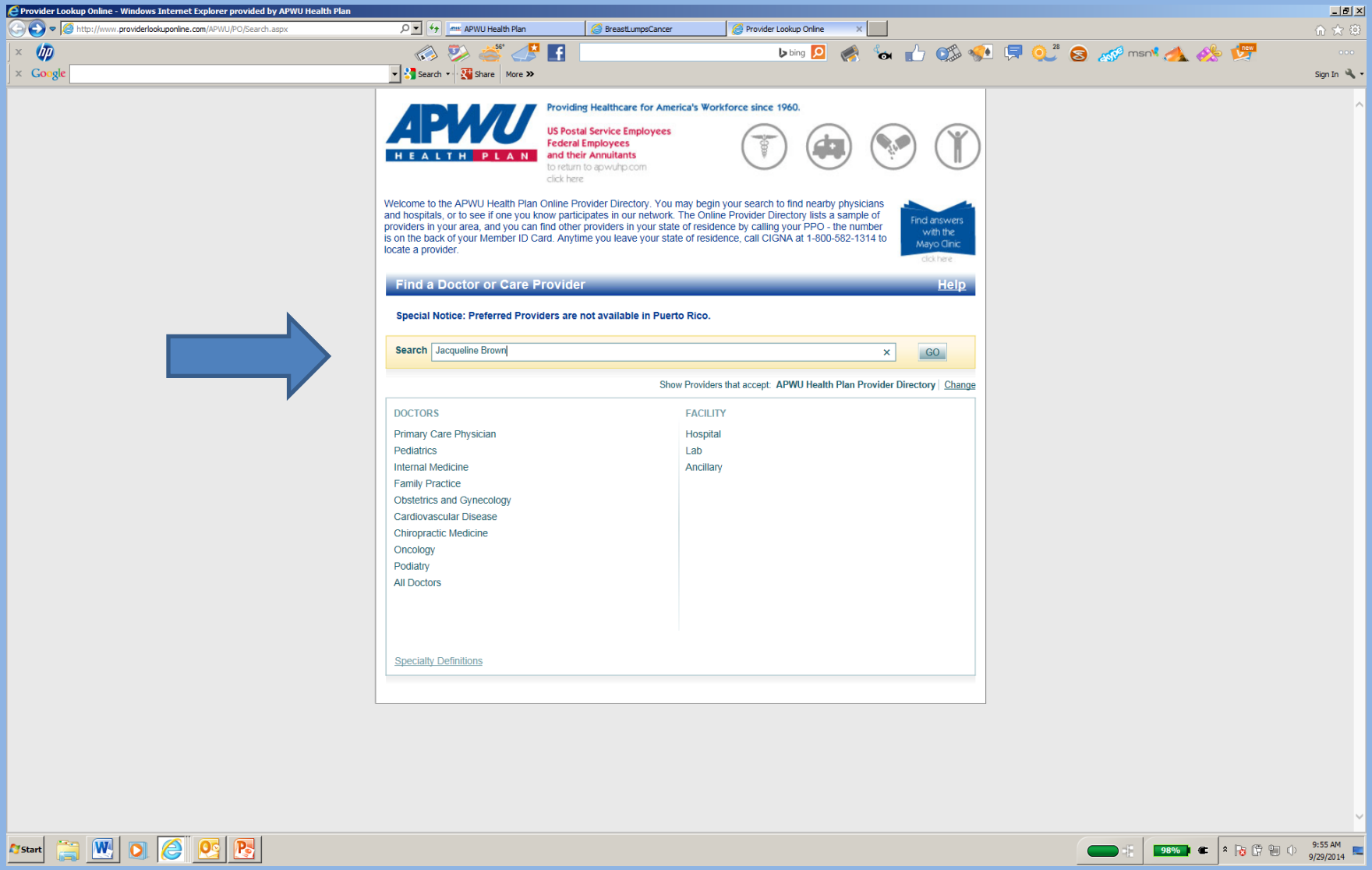
Select link based on State
Utah-second link
All other states first link

Provider Directory-Search by Doctor's Name

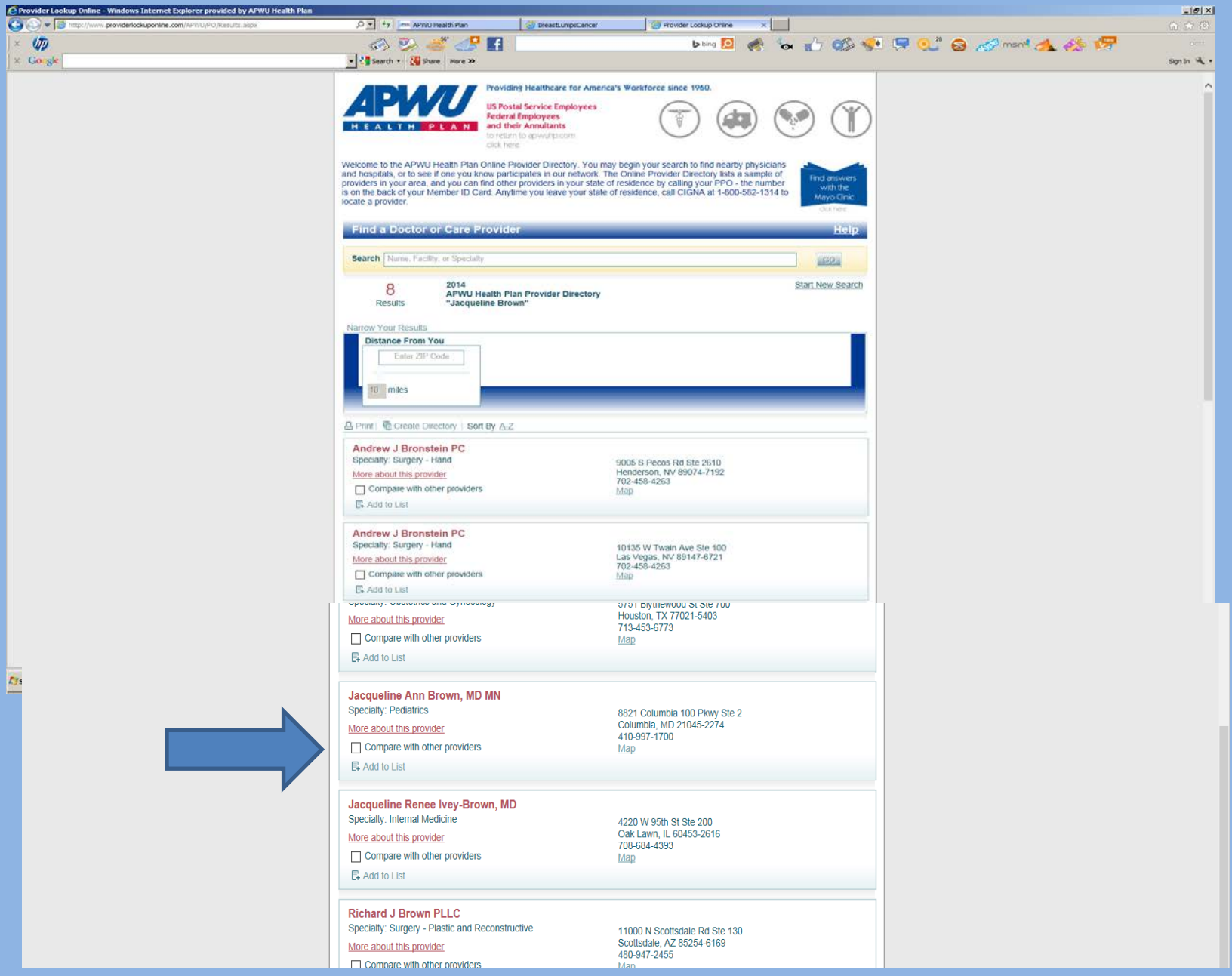


Enter Jacqueline Brown

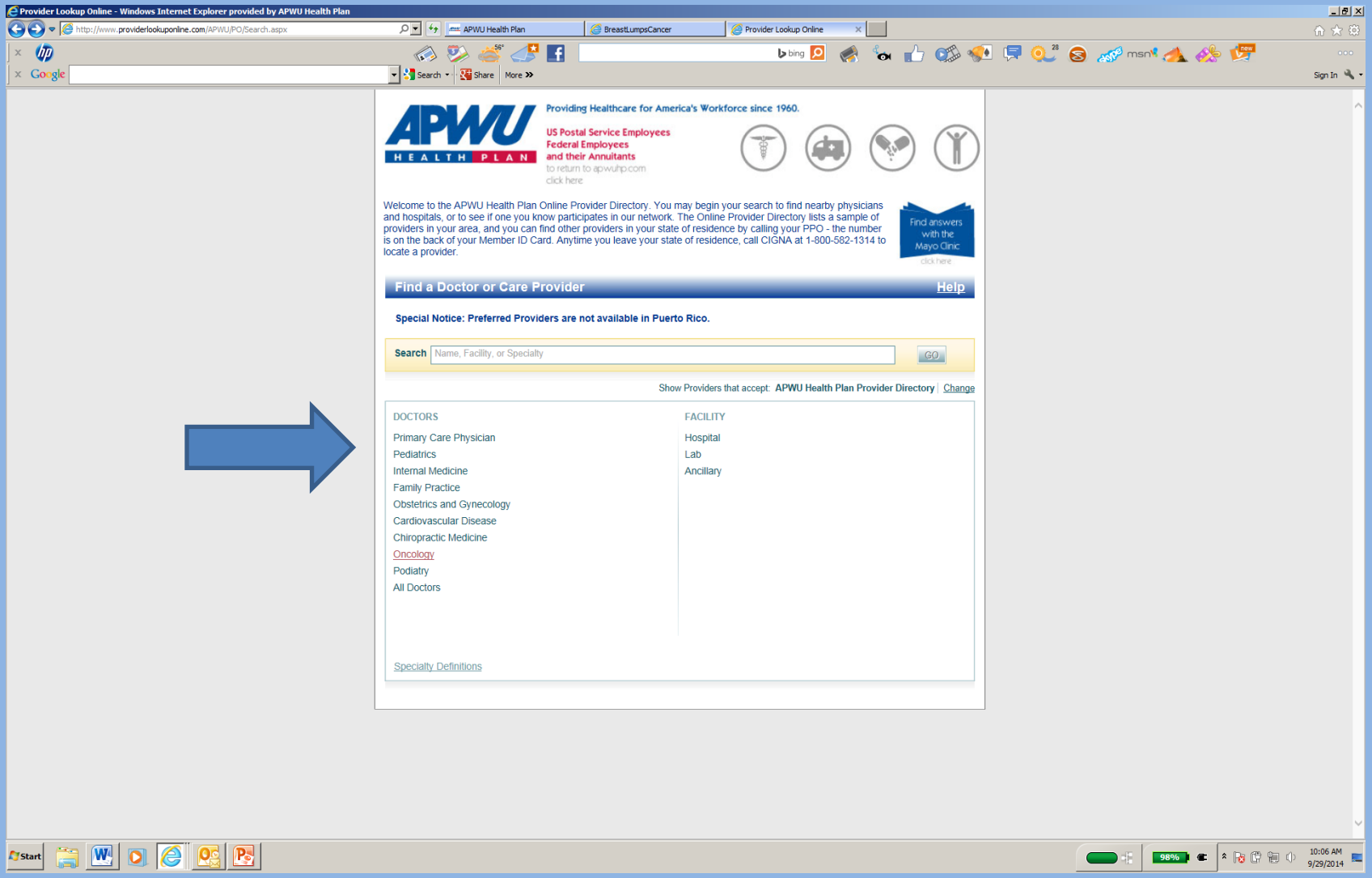
Provider Directory-Search by Doctor's Name



Provider Directory-Search by Doctor's Name

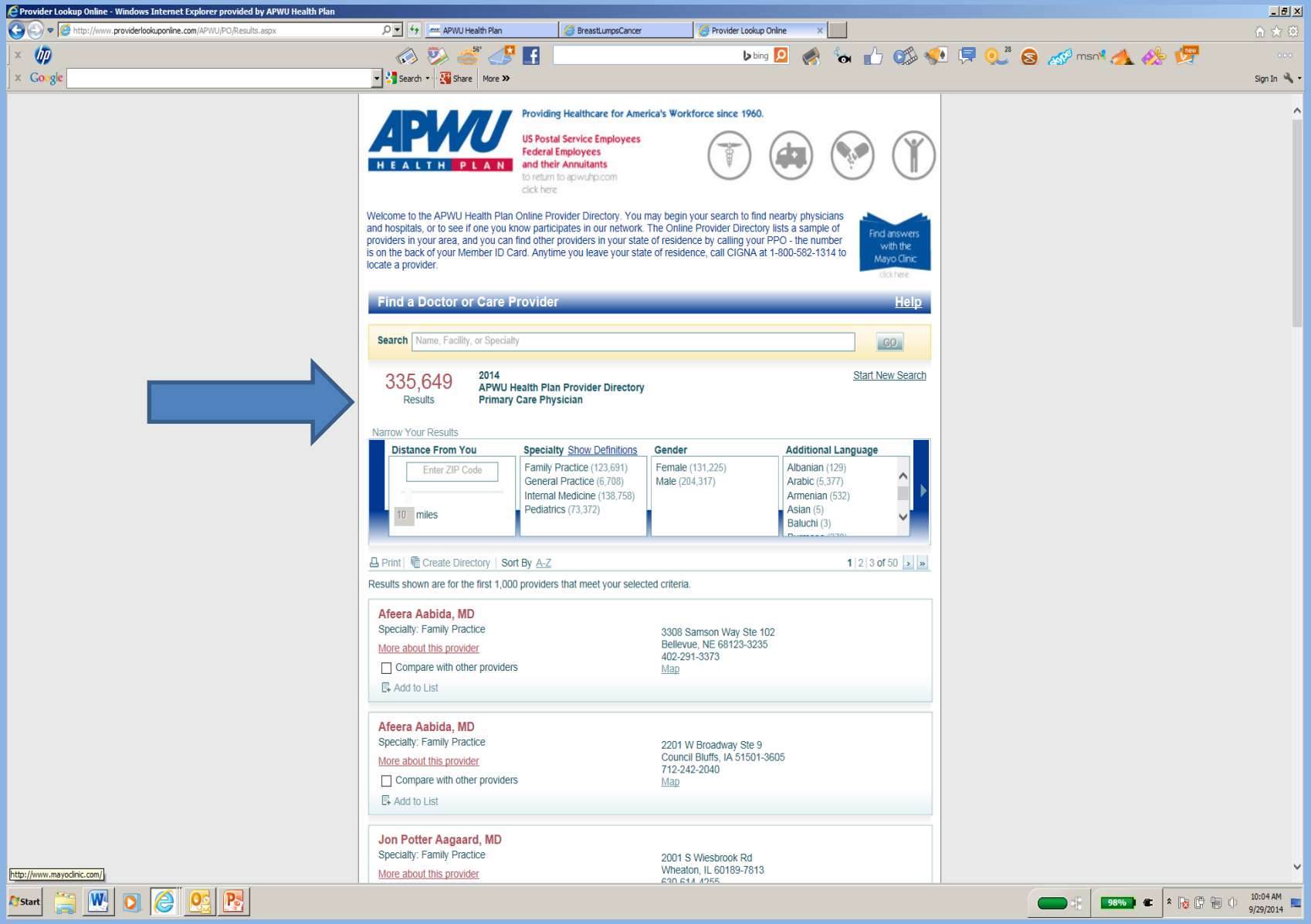


Provider Directory-Primary Care Physician

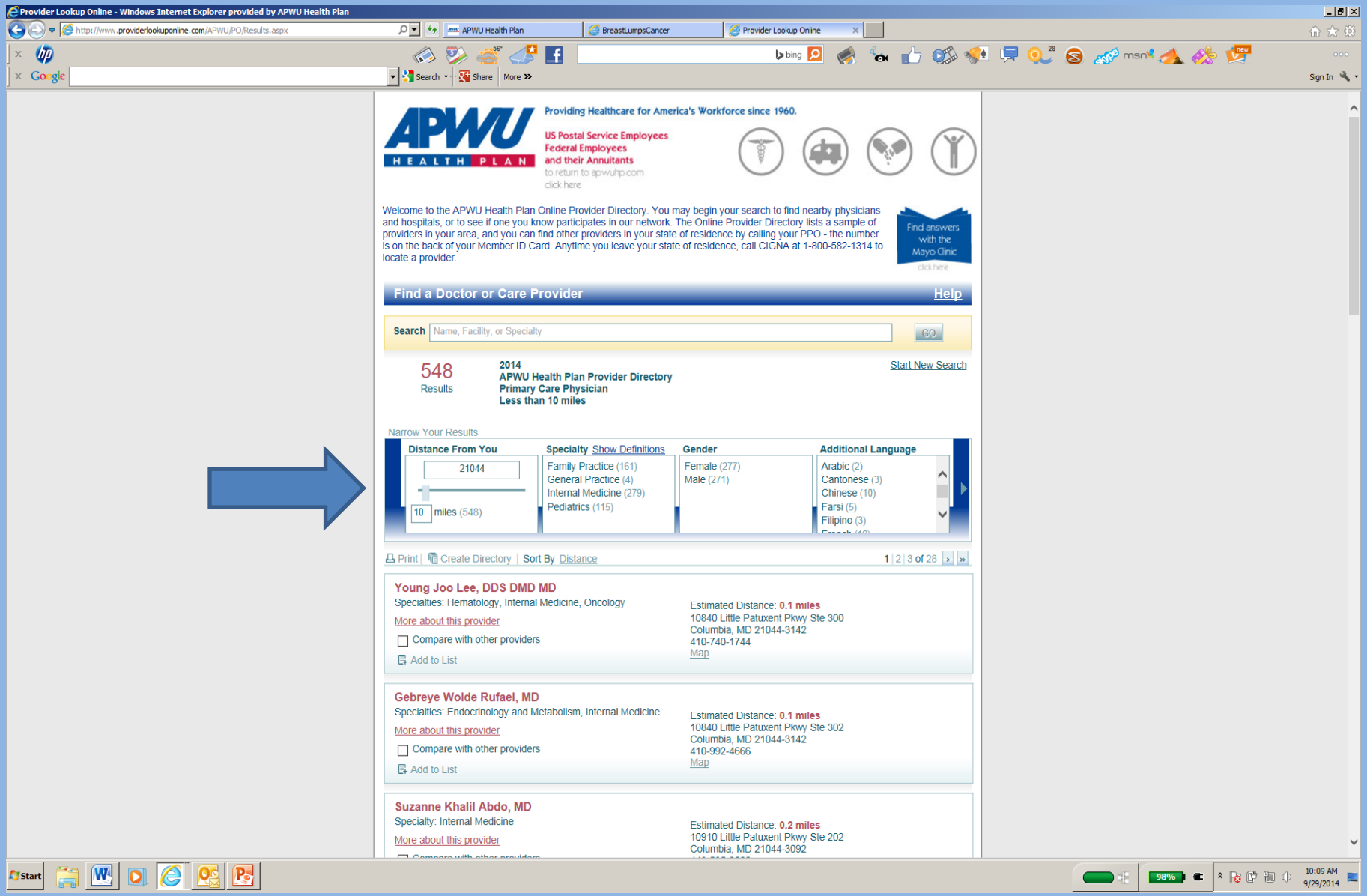


Click on Primary Care Providers

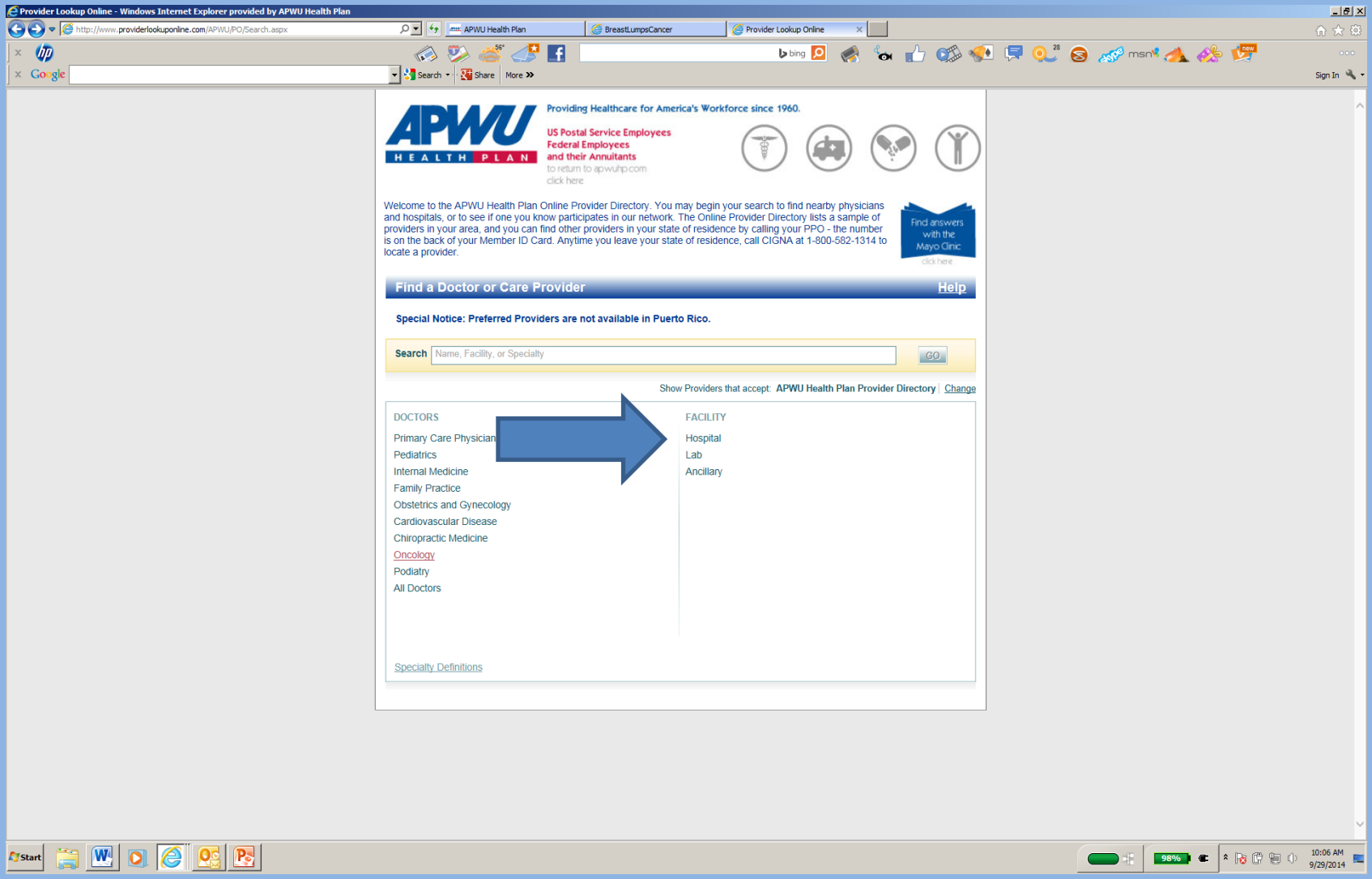
Provider Directory-Primary Care Physician



Provider Directory-Primary Care Physician-Zip Code

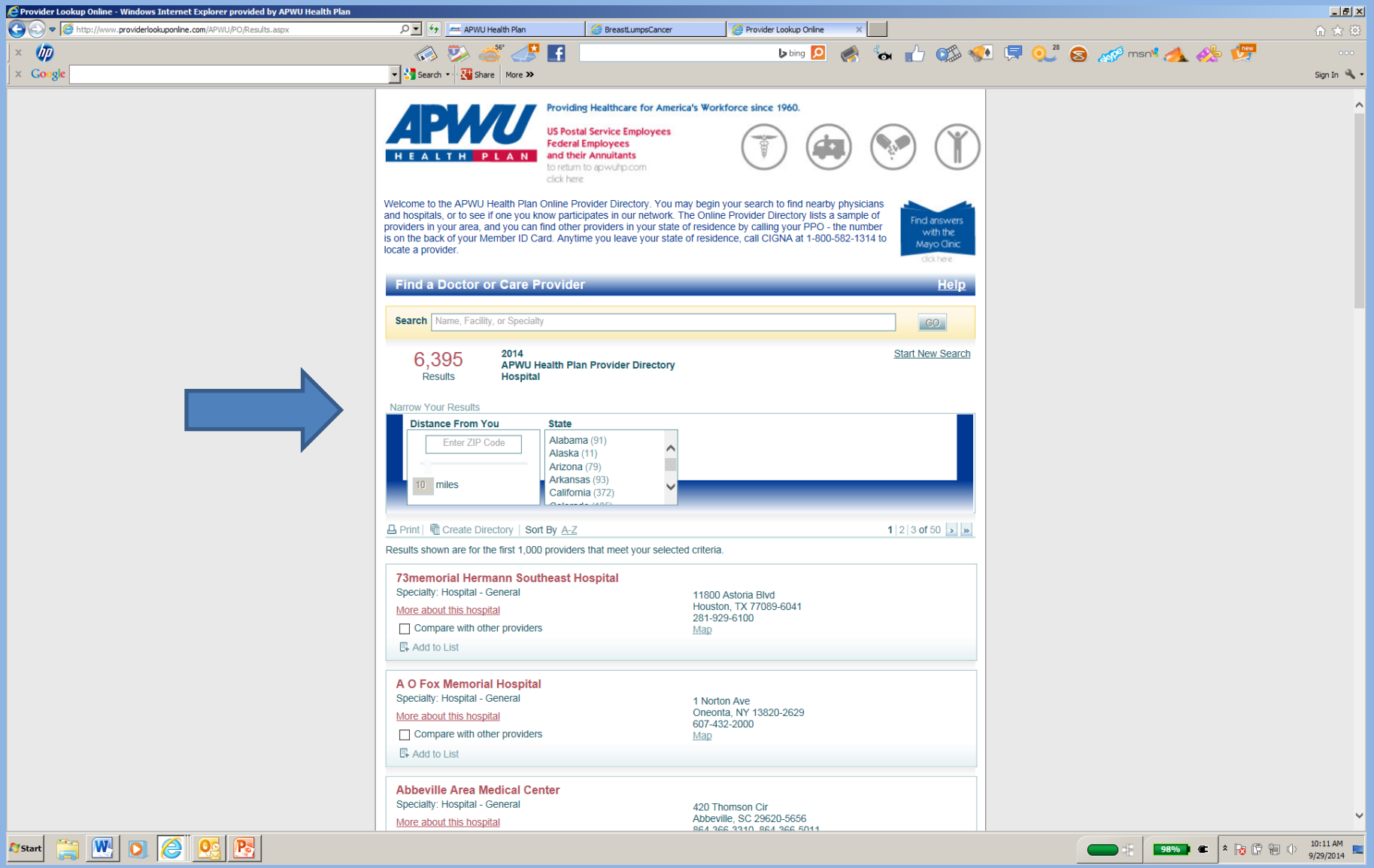


Provider Directory-Hospitals

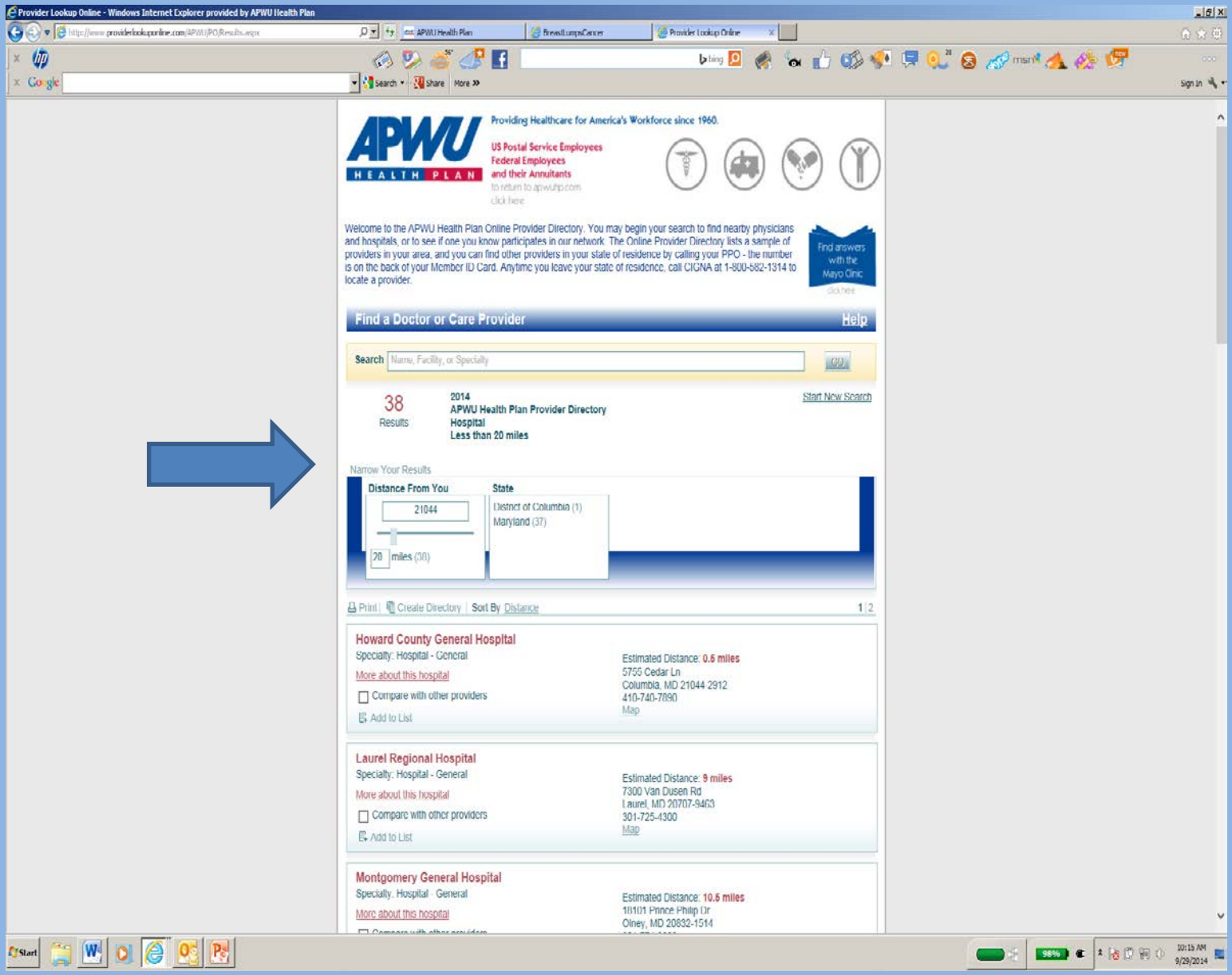


Click on Hospitals

Provider Directory-Hospitals

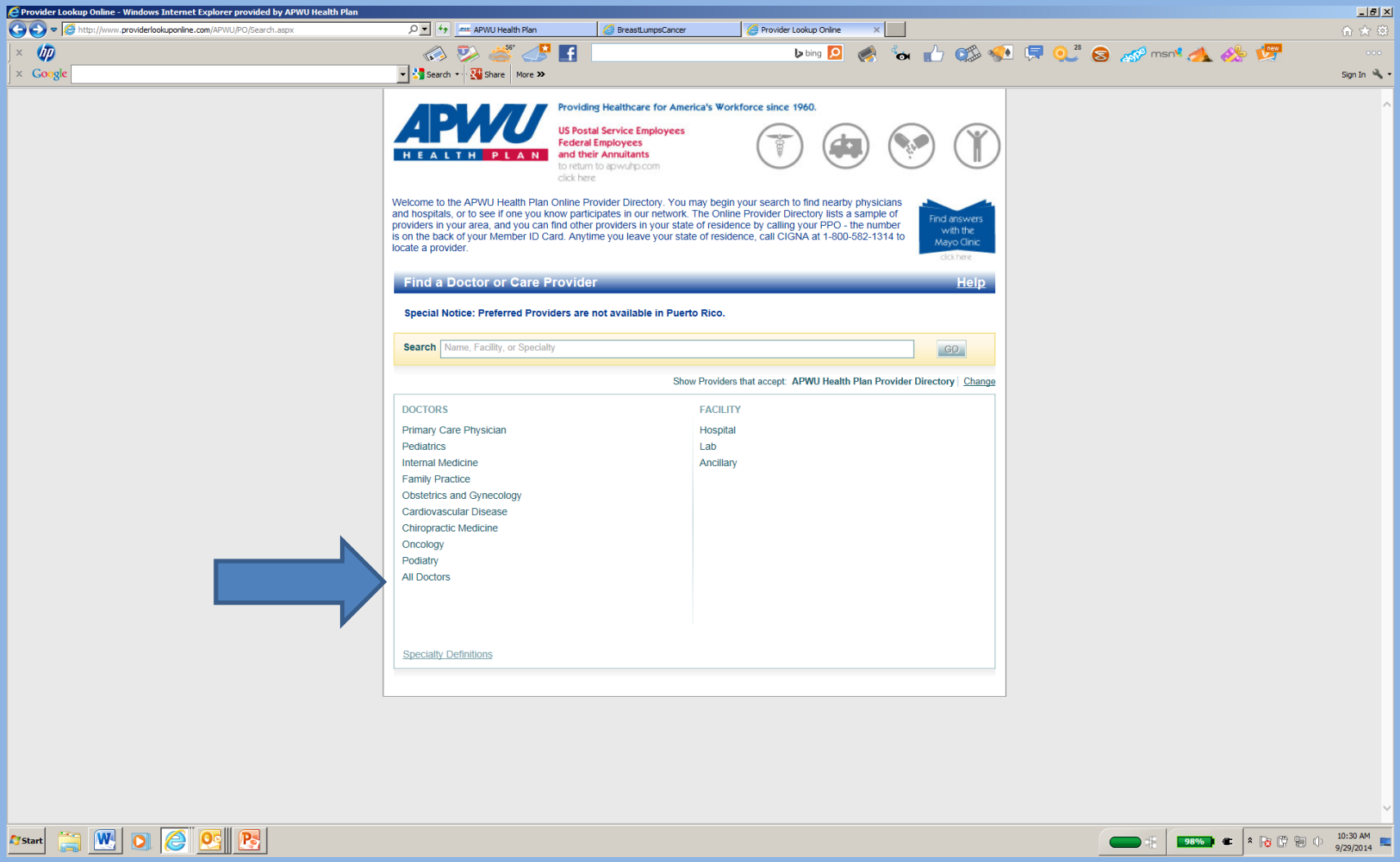


Provider Directory-Hospitals-Zip



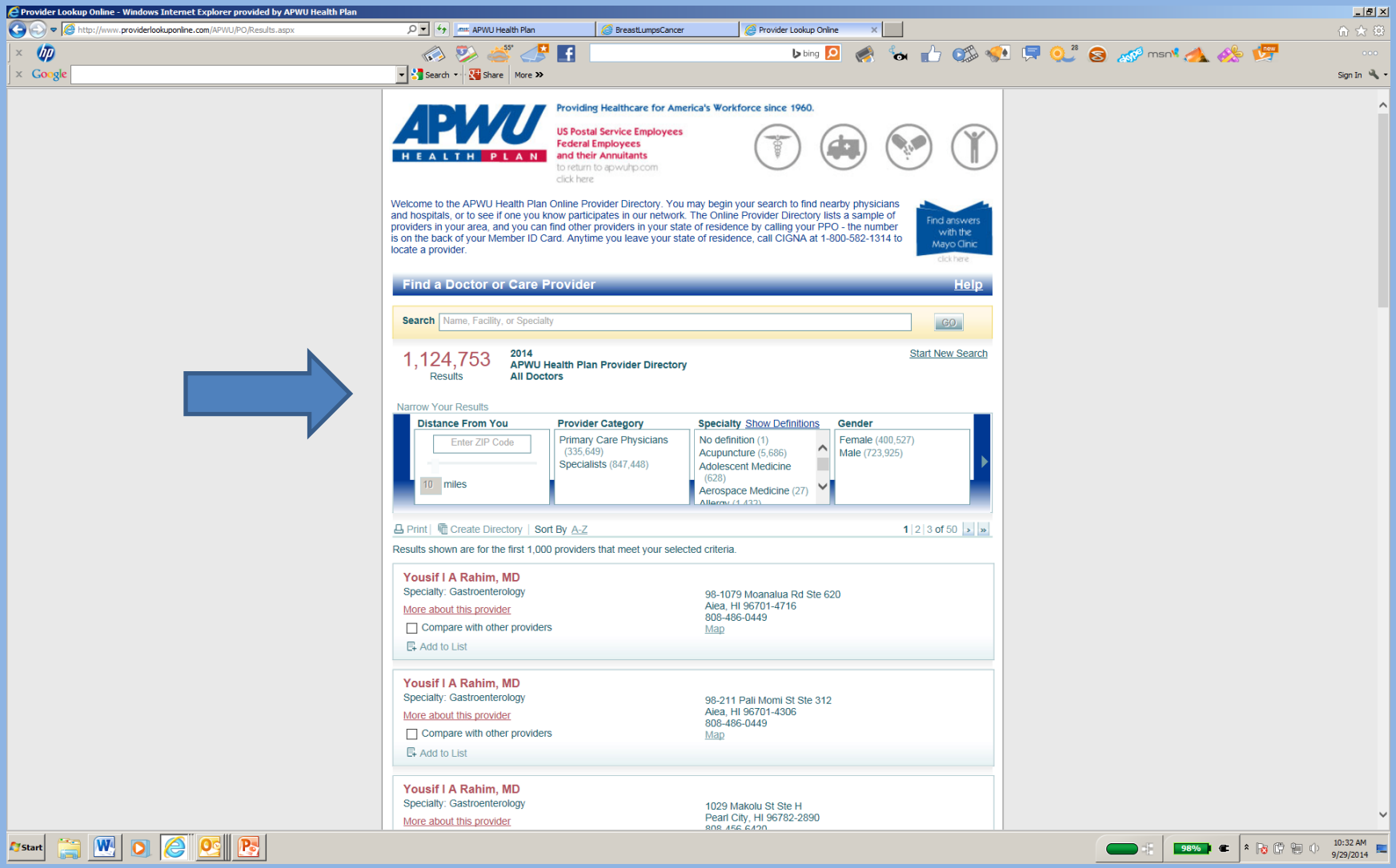
Enter zip code 21044

Provider Directory-All Doctors

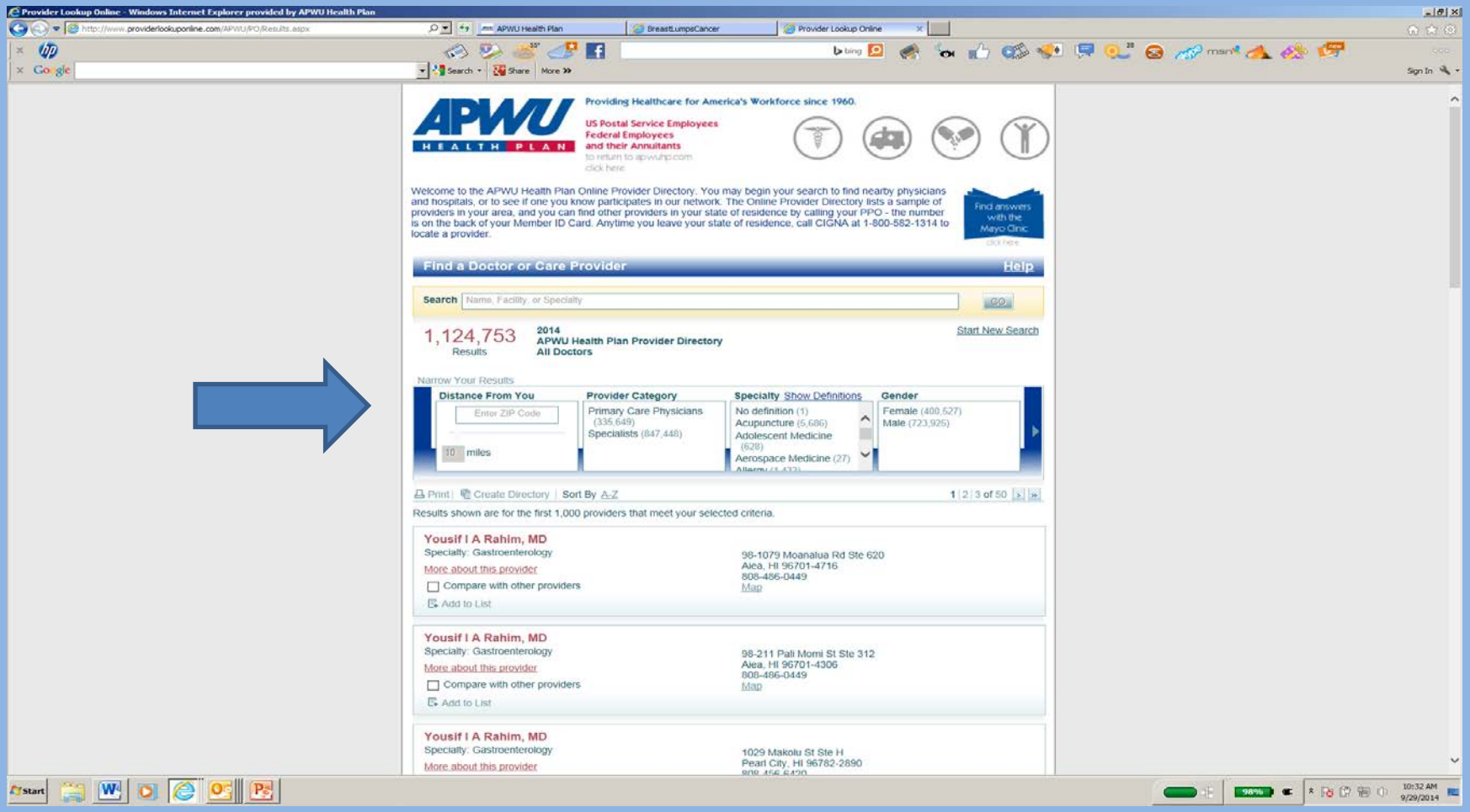


Click on All Doctors

Provider Directory-All Doctors

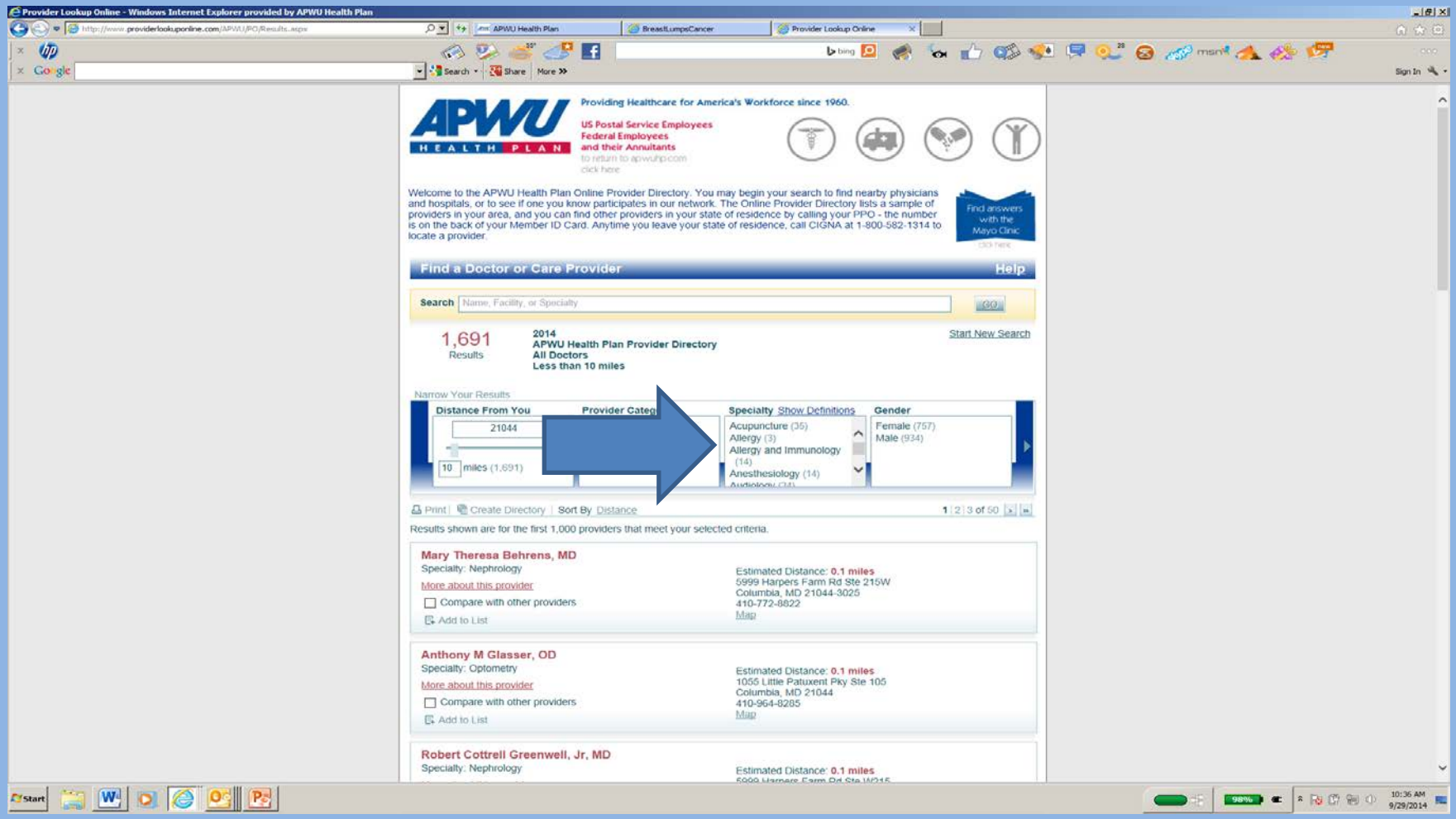


Provider Directory-All Doctors by Zip



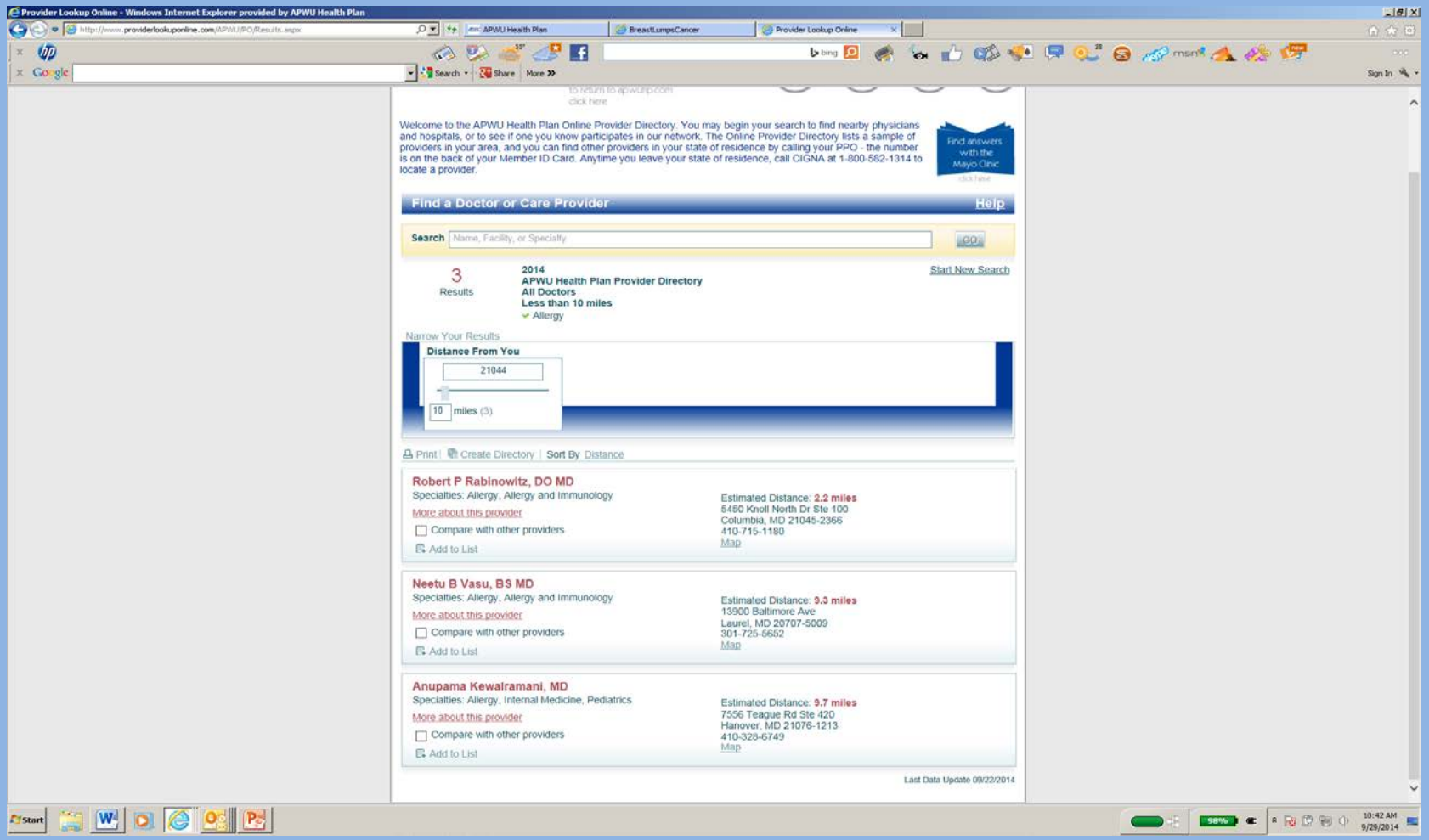
Enter Zip Code

Provider Directory-All Doctors by Zip



Select a Specialty

Provider Directory-All Doctors by Specialty



Allergy Selected

Provider Directory-Activity

1. Research doctors below. Are they in-network?
- Dr. Melissa Friedland 2415 Musgrove Rd, Silver Spring, MD 20904
- Dr. Joel Engelstein 8630 Fenton St., Silver Spring, MD 20910
- Dr. Warren Silver, Silver Wellness Center, MD, 21244
- Dr. Raul I Tano, 885 SW 19th Ave., Miami FL 33199
- Dr. Sam Alexander Oryol, 3838 California St., San Francisco, CA 94118

2. Research one of your doctors. Are they in-network?

3. Research zip code 21044
- How many hospitals are in-network?
- How many doctors?
- How many dermatologists?

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WHAT ARE YOU LOOKING FOR?
Welcome
Members
Providers
Visitors
HPR
Events
eHealth Record
Health Management Programs Designed to help you live well
Sign Up Now!
Online Brochure Request
Click to flip the image
Health Plan Overview
How To Enroll
Schedule Your Mammogram Today
The Health Connection
ALERTS
› Affordable Care Act (ACA)
READ NOW »
› The Consumer Driven Option is a PlanSmartChoice winner
READ NOW »
HELPFUL LINKS
I WANT TO...
PLAN OPTIONS
FOLLOW US
Start
98%
1:51 PM
9/15/2014

29th Annual Open Season Seminar – High Option

Competitor / OPM.gov / Dental Discount



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Let's Compare!



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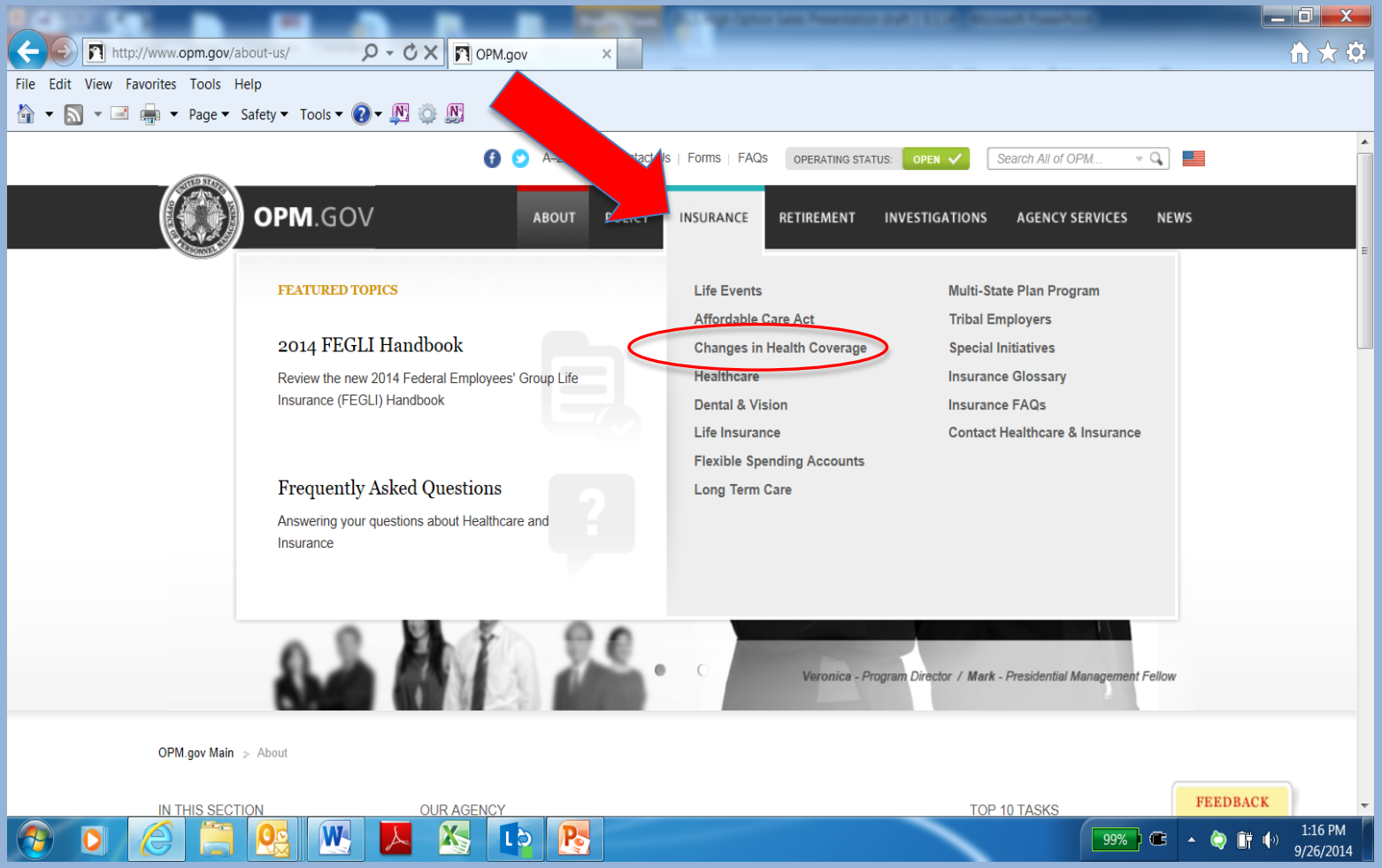
Features of ***Insurance Tab***



Cigna.

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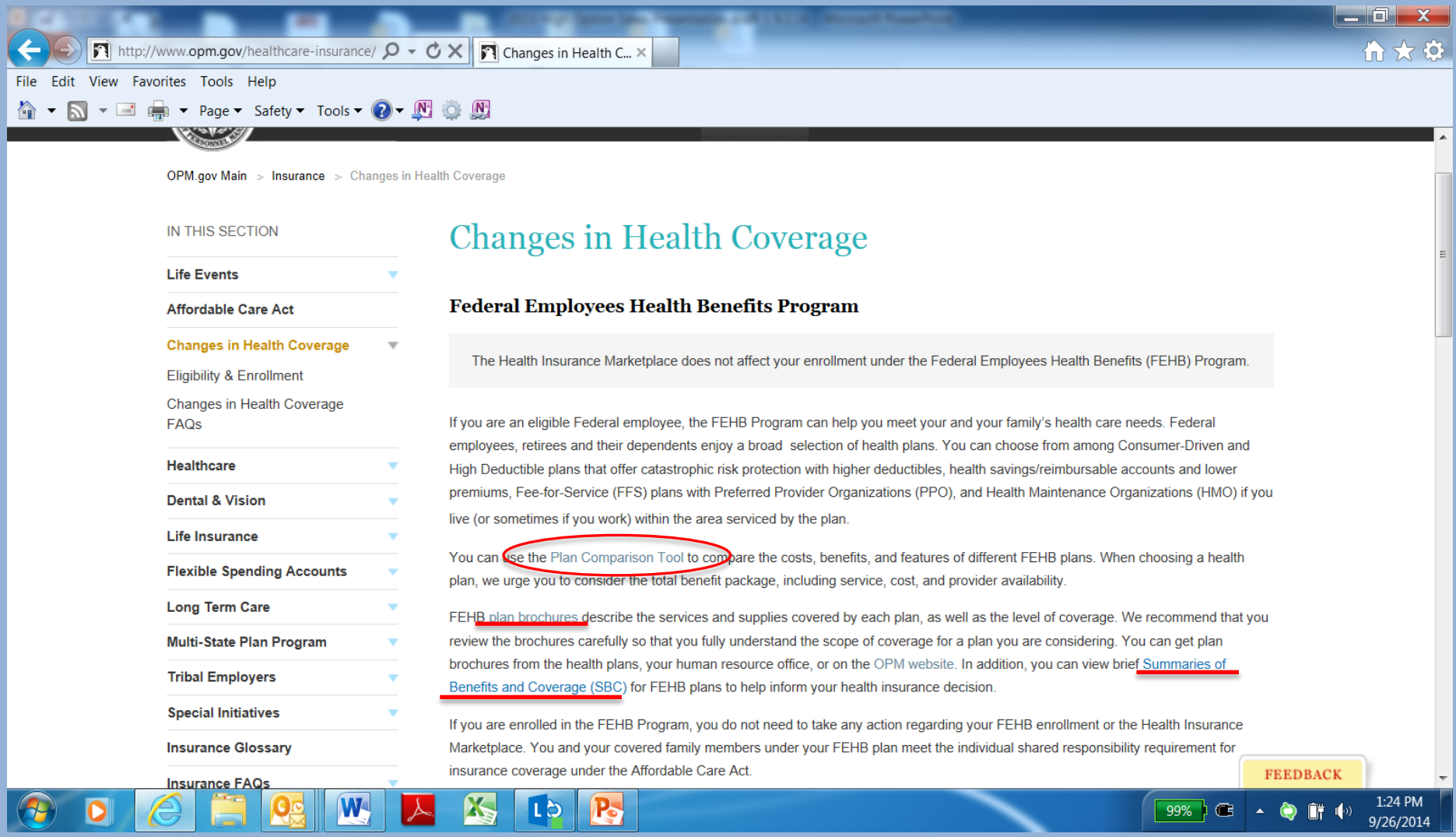
Changes in Health Coverage



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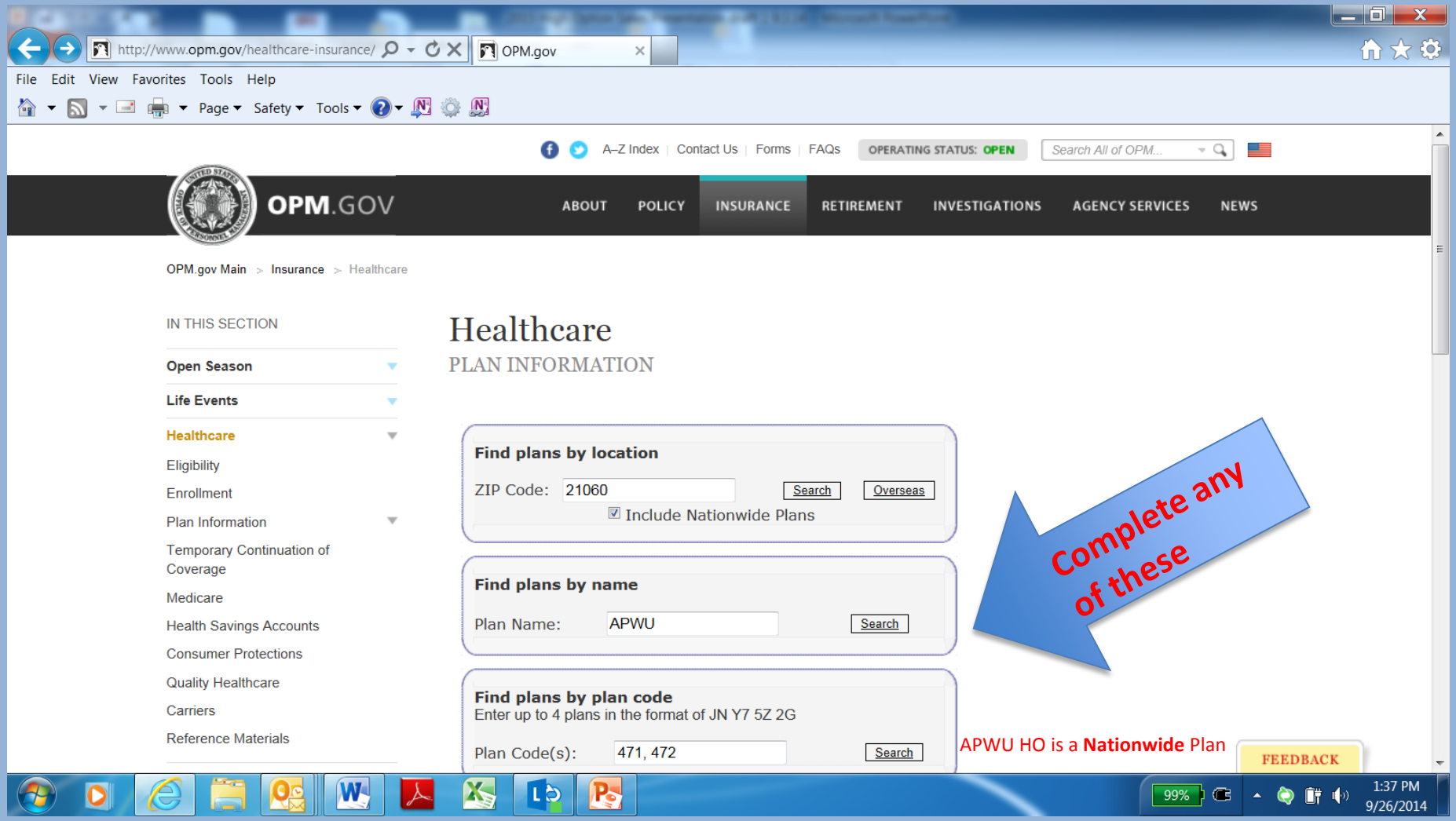
Plan Comparison Tool



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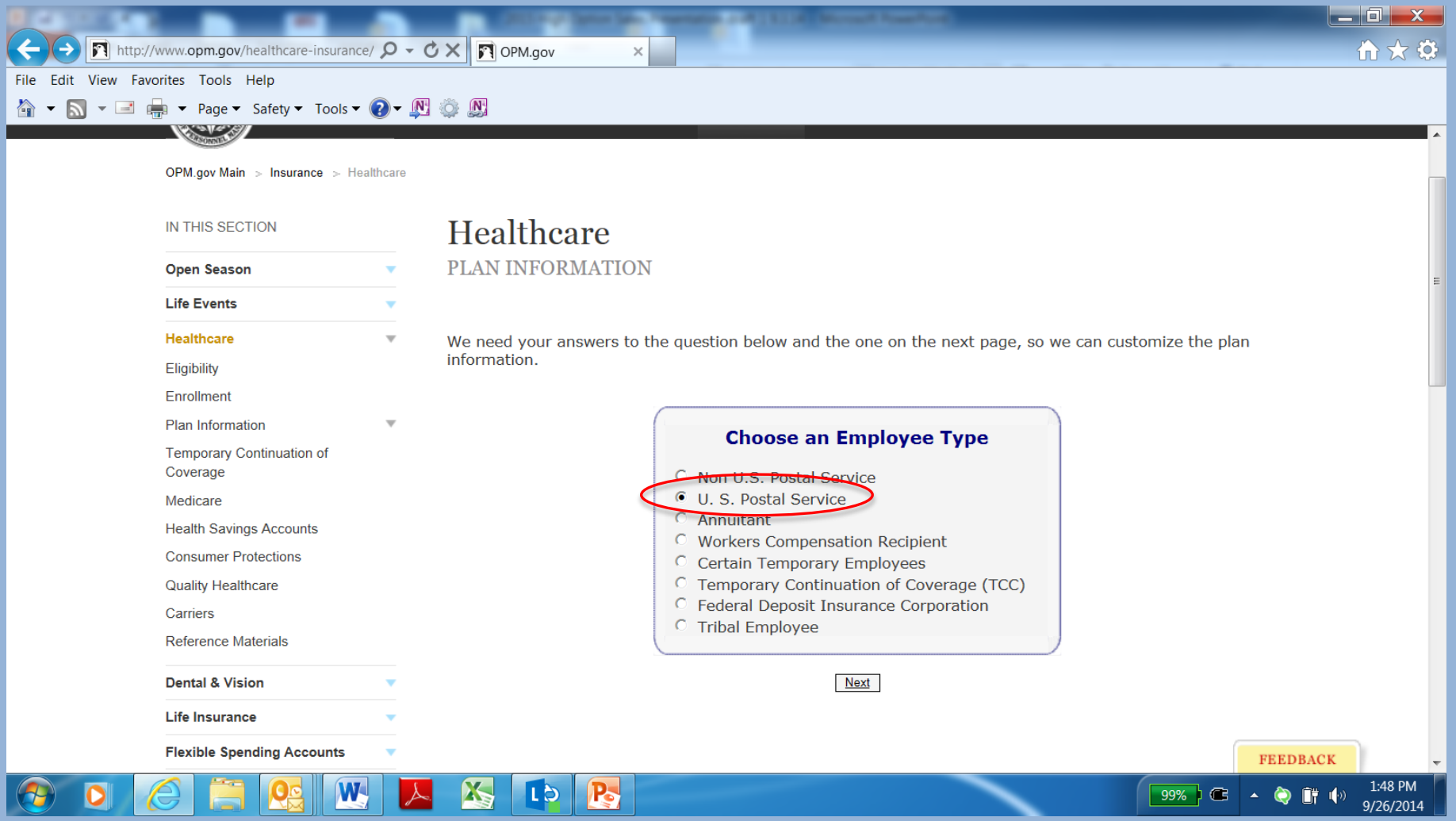
Plan Comparison Tool



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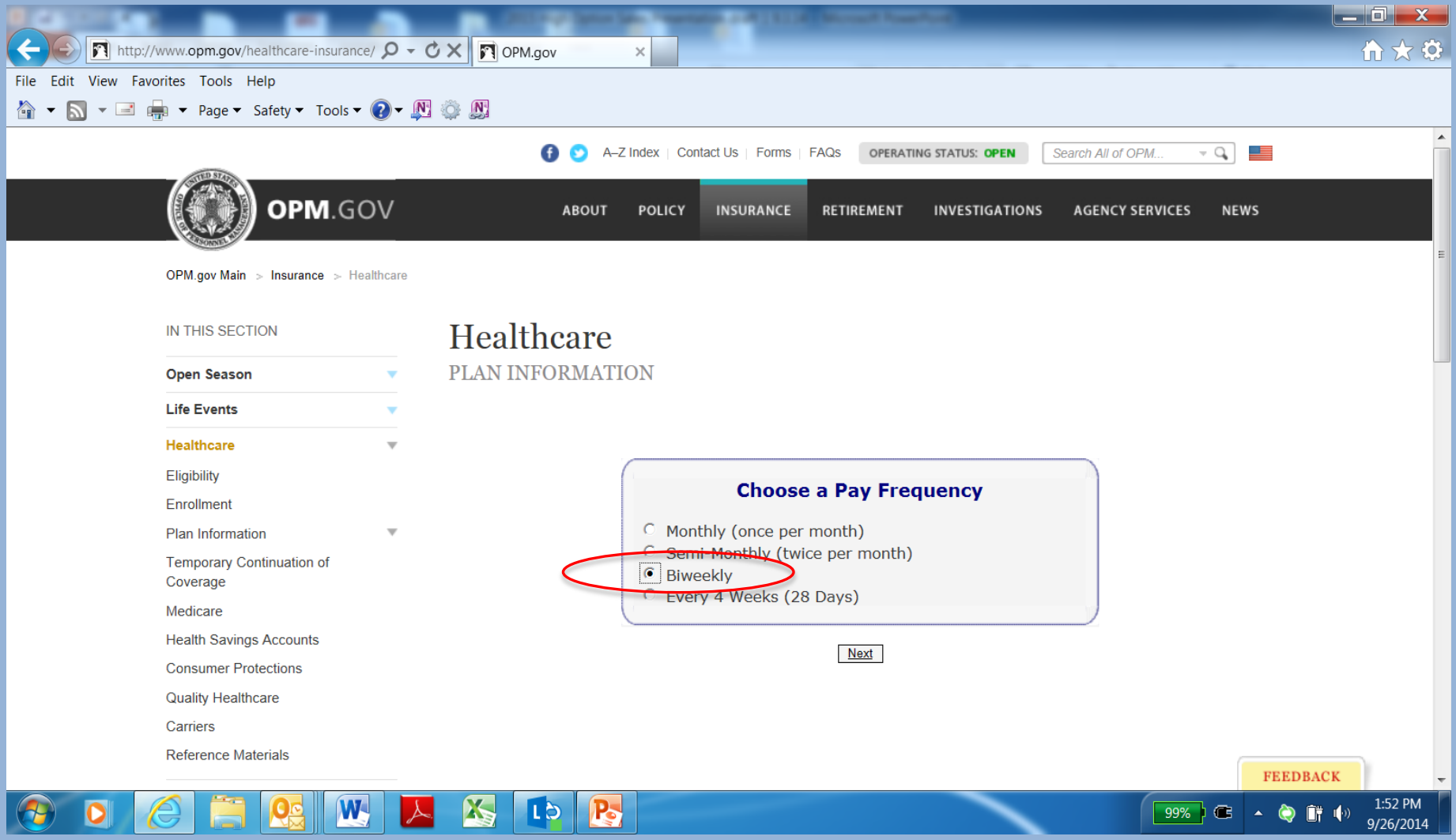
Plan Comparison Tool



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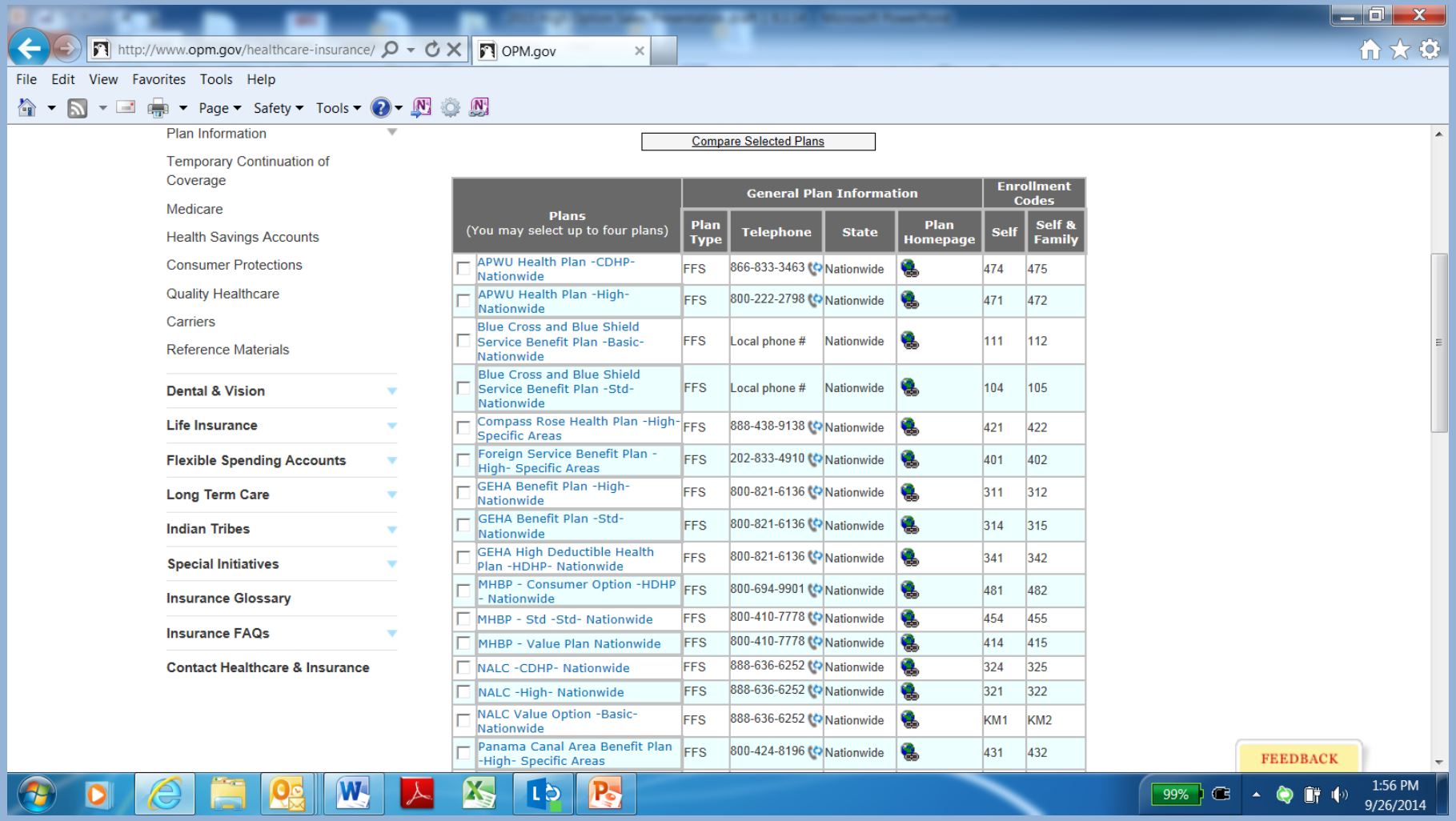
Plan Comparison Tool



Plans (You may select up to four plans)	General Plan Information				Enrollment Codes	
	Plan Type	Telephone	State	Plan Homepage	Self	Self & Family
APWU Health Plan -CDHP- Nationwide	FFS	866-833-3463	Nationwide		474	475
APWU Health Plan -High- Nationwide	FFS	800-222-2798	Nationwide		471	472
Blue Cross and Blue Shield Service Benefit Plan -Basic- Nationwide	FFS	Local phone #	Nationwide		111	112
Blue Cross and Blue Shield Service Benefit Plan -Std- Nationwide	FFS	Local phone #	Nationwide		104	105
Compass Rose Health Plan -High- Specific Areas	FFS	888-438-9138	Nationwide		421	422
Foreign Service Benefit Plan - High- Specific Areas	FFS	202-833-4910	Nationwide		401	402
GEHA Benefit Plan -High- Nationwide	FFS	800-821-6136	Nationwide		311	312
GEHA Benefit Plan -Std- Nationwide	FFS	800-821-6136	Nationwide		314	315
GEHA High Deductible Health Plan -HDHP- Nationwide	FFS	800-821-6136	Nationwide		341	342
MHBP - Consumer Option -HDHP - Nationwide	FFS	800-694-9901	Nationwide		481	482
MHBP - Std -Std- Nationwide	FFS	800-410-7778	Nationwide		454	455
MHBP - Value Plan Nationwide	FFS	800-410-7778	Nationwide		414	415
NALC -CDHP- Nationwide	FFS	888-636-6252	Nationwide		324	325
NALC -High- Nationwide	FFS	888-636-6252	Nationwide		321	322
NALC Value Option -Basic- Nationwide	FFS	888-636-6252	Nationwide		KM1	KM2
Panama Canal Area Benefit Plan -High- Specific Areas	FFS	800-424-8196	Nationwide		431	432

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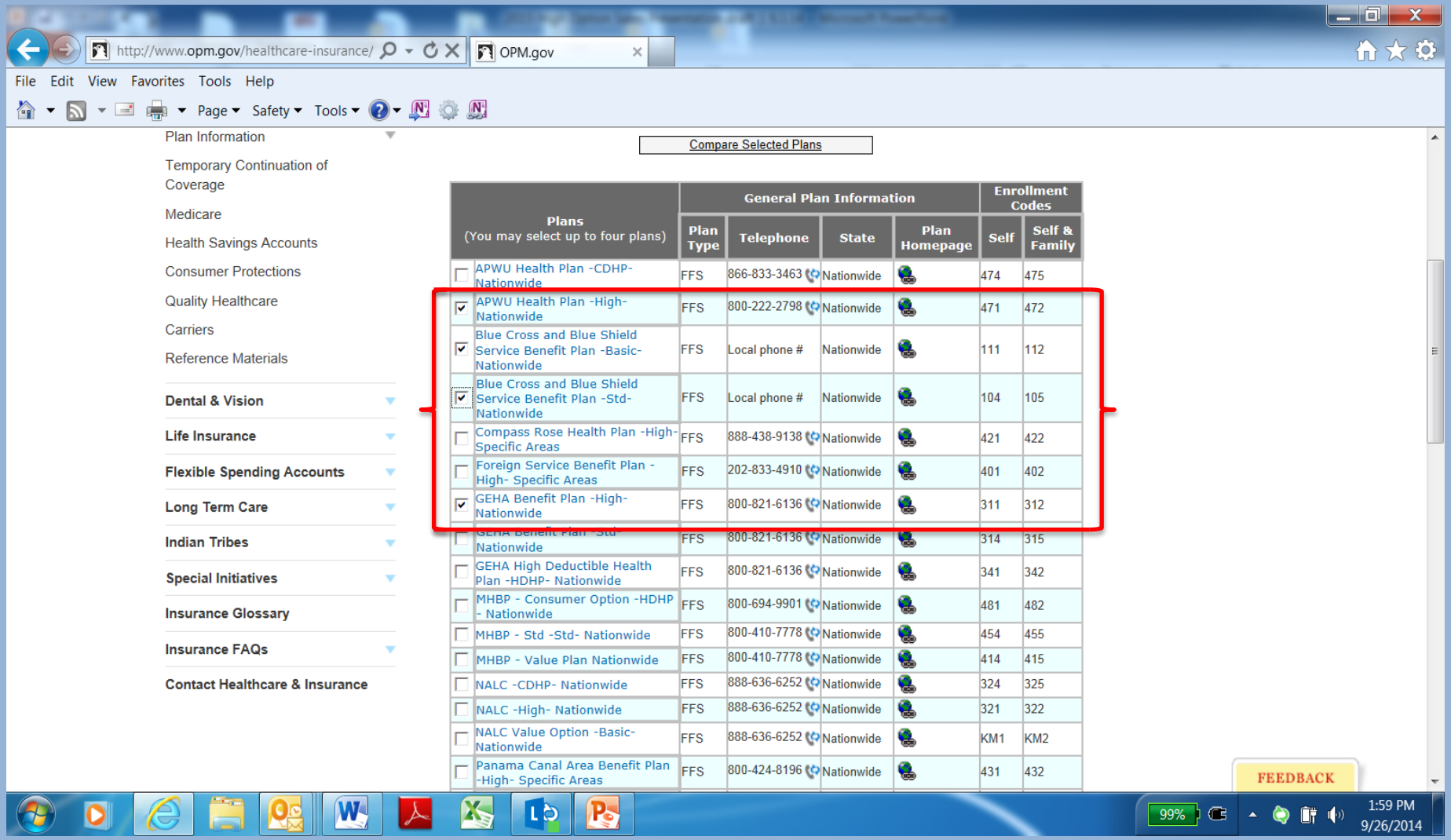
Plan Comparison Tool



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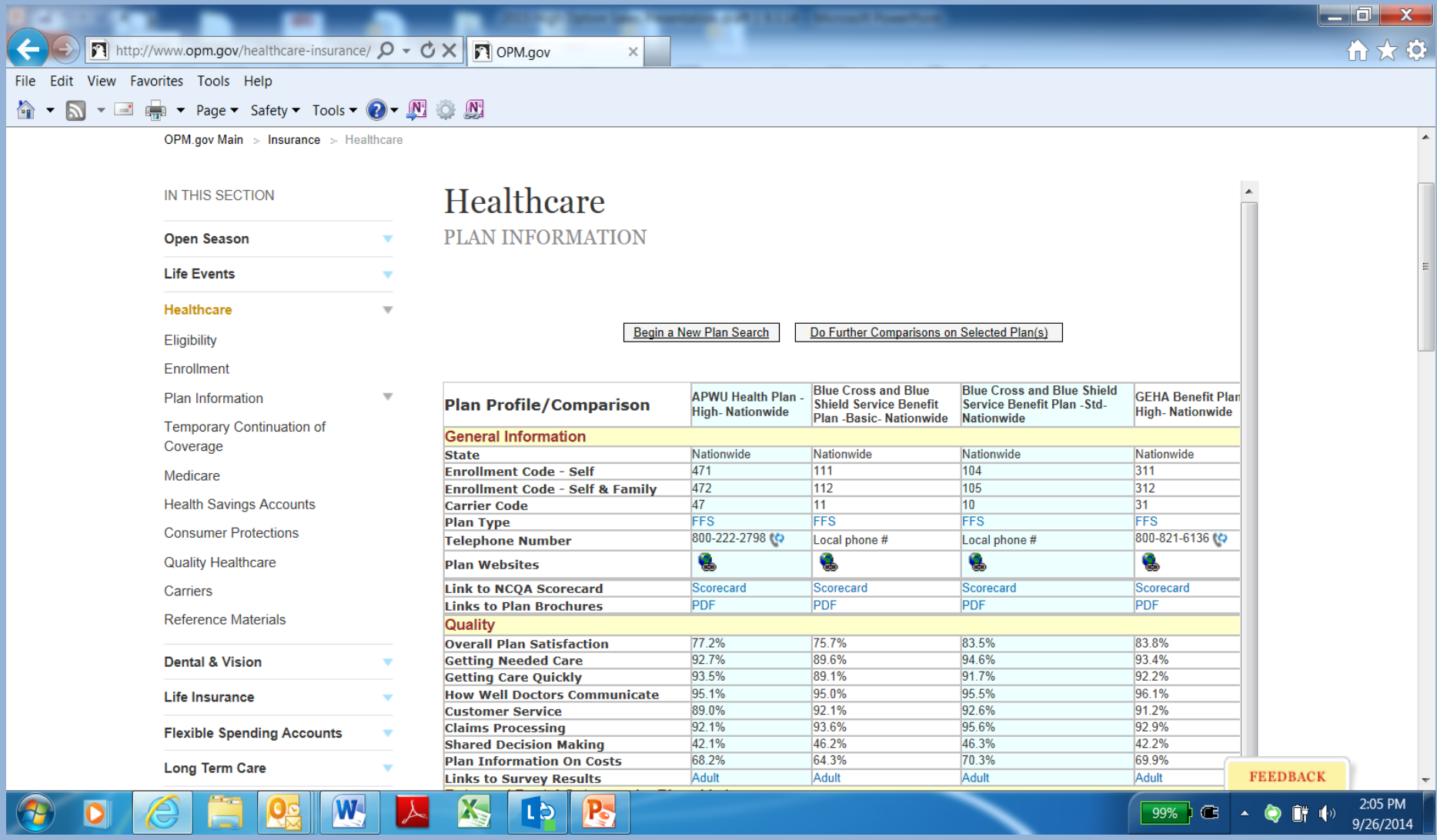
Plan Comparison Tool



Plan Profile/Comparison	APWU Health Plan - High- Nationwide	Blue Cross and Blue Shield Service Benefit Plan -Basic- Nationwide	Blue Cross and Blue Shield Service Benefit Plan -Std- Nationwide	GEHA Benefit Plan High- Nationwide
General Information				
State	Nationwide	Nationwide	Nationwide	Nationwide
Enrollment Code - Self	471	111	104	311
Enrollment Code - Self & Family	472	112	105	312
Carrier Code	47	11	10	31
Plan Type	FFS	FFS	FFS	FFS
Telephone Number	800-222-2798	Local phone #	Local phone #	800-821-6136
Plan Websites				
Link to NCQA Scorecard	Scorecard	Scorecard	Scorecard	Scorecard
Links to Plan Brochures	PDF	PDF	PDF	PDF
Quality				
Overall Plan Satisfaction	77.2%	75.7%	83.5%	83.8%
Getting Needed Care	92.7%	89.6%	94.6%	93.4%
Getting Care Quickly	93.5%	89.1%	91.7%	92.2%
How Well Doctors Communicate	95.1%	95.0%	95.5%	96.1%
Customer Service	89.0%	92.1%	92.6%	91.2%
Claims Processing	92.1%	93.6%	95.6%	92.9%
Shared Decision Making	42.1%	46.2%	46.3%	42.2%
Plan Information On Costs	68.2%	64.3%	70.3%	69.9%
Links to Survey Results	Adult	Adult	Adult	Adult

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Plan Comparison Tool



Rates (Postal Category 1 Biweekly)							
Self	$41.64		$40.24	$65.96		$71.91	
Family	$94.16		$94.22	$156.36		$174.35	
Benefits							
	PPO	Non-PPO	PPO	PPO	Non-PPO	PPO	Non-PI
Catastrophic Limit Per Person (More info)	$4,000	$10,000	$5,500	$5,000	$7,000	$4000	$6000
Catastrophic Limit Per Family (More info)	$4,000	$10,000	$7,000	$6,000	$8,000	$4000	$6000
Calendar Year Deductible Per Person (More info)	$275	$500	None	$350	$350	$350	$350
Hospital Inpatient Per Admission Deductible/Copay (More info)	None	$300	$175/day $875 Max	$250	$350 + 35% +	$100	$300
Hospital Inpatient Room & Board Charges (More info)	10%	30%	Nothing	Nothing	Nothing	Nothing	Nothing
Doctor Outpatient Surgery (More info)	10%	30%+diff.	$150 Ofc $200 Other	15%	35%+	10%	25%
Primary Doctor Office Visits (More info)	$18	30%+diff.	$25	$20	35%+	$20	25%
Rx Deductible Per Person (More info)	None	None	None	None	None	None	None
Rx Generic Local Pharmacy (More info)	$8	50%	$10/30day $30/90day	20%/15% Medicare B	45%+ T1-T5	$10	$10
Rx Generic Mail Order (More info)	$15	N/A	N/A	$15	NA	$20	$20
Rx Brand Local Pharmacy (More info)	25%	50%	T2$45/30T350%$55min	30%Tier2/30% Tier4	45%+	25% Max $150	25% Ma: $150 +
Rx Brand Mail Order (More info)	25%	N/A	T4$50/$60T5$70/$80	T430%/ $95/T530%/$155	NA	25%/$15 + diff	25%+/$1 + diff
Rx Mail Order --Supply Size Per Copay (More info)	90 days	90 days	N/A	Up to 90 days	N/A	90 days	90 days

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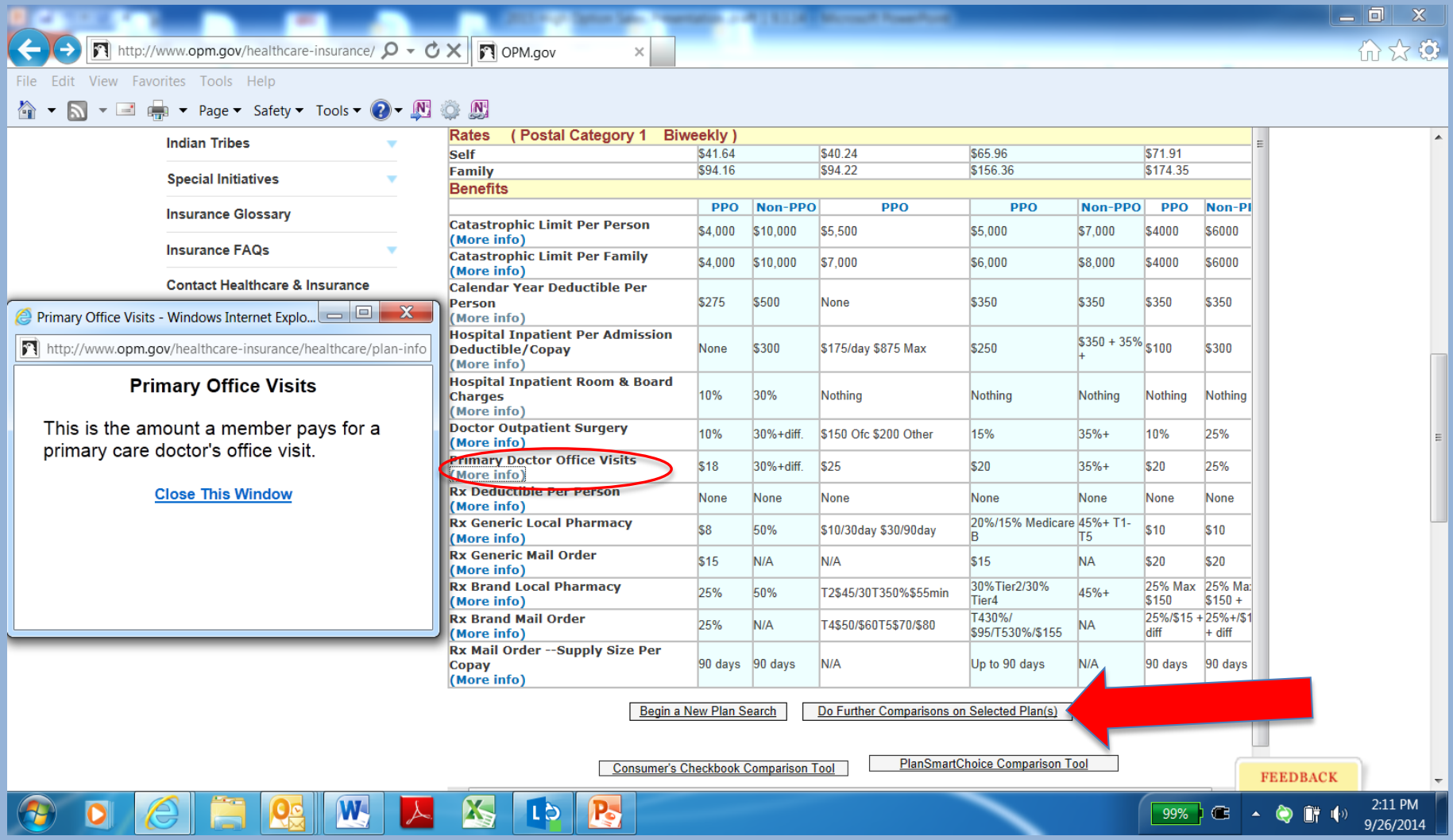
Plan Comparison Tool



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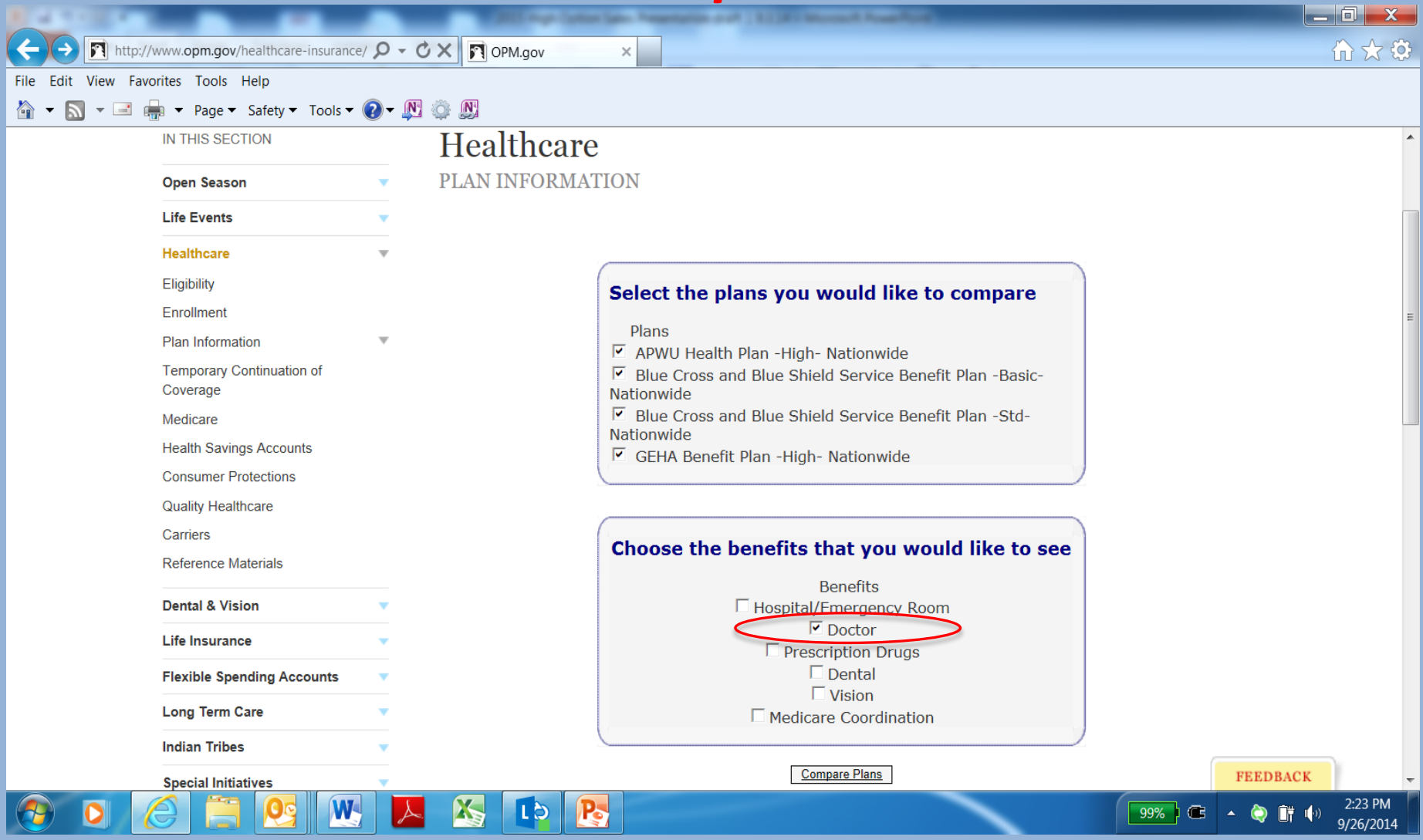

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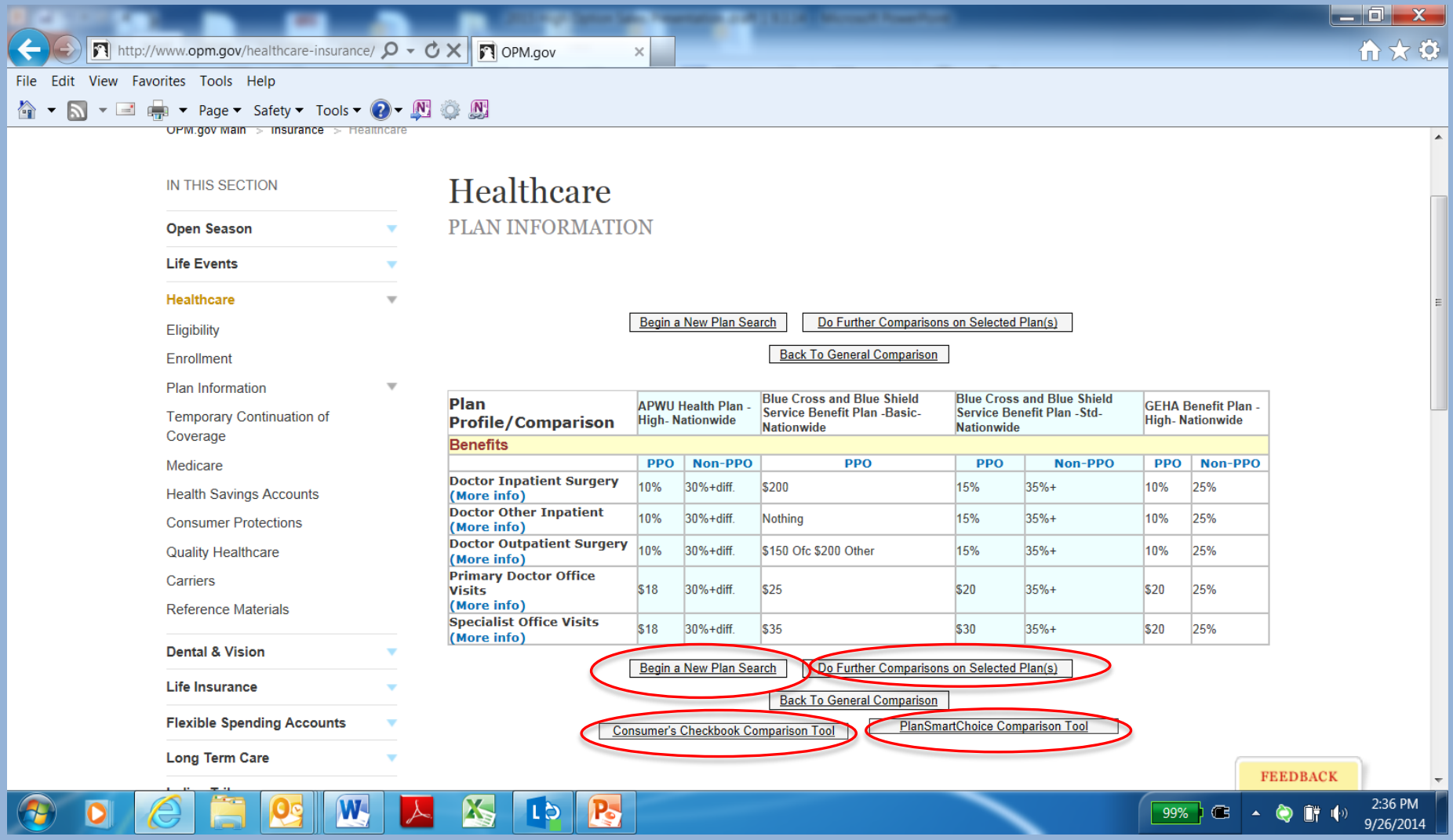

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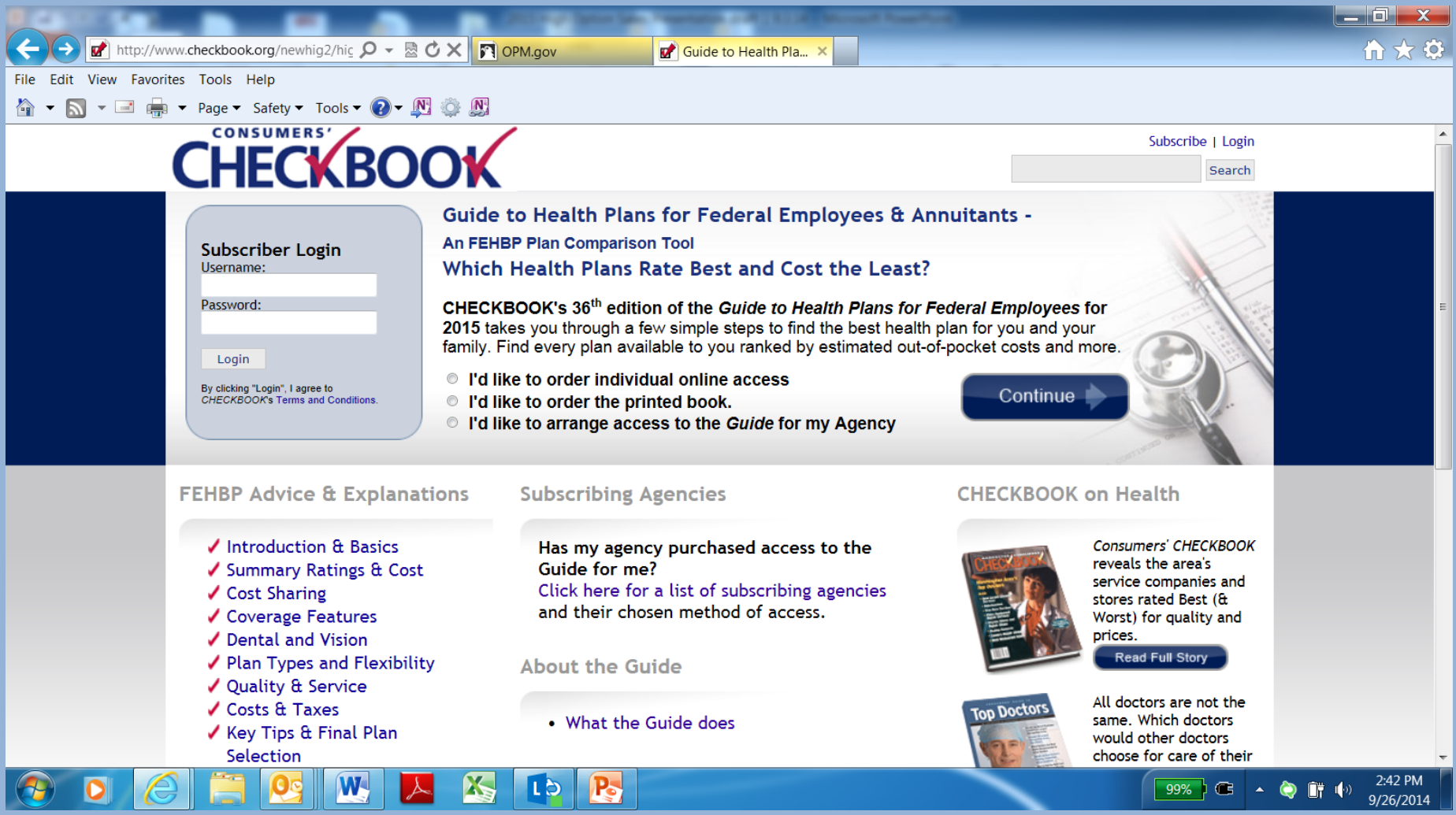
Plan Comparison Tool



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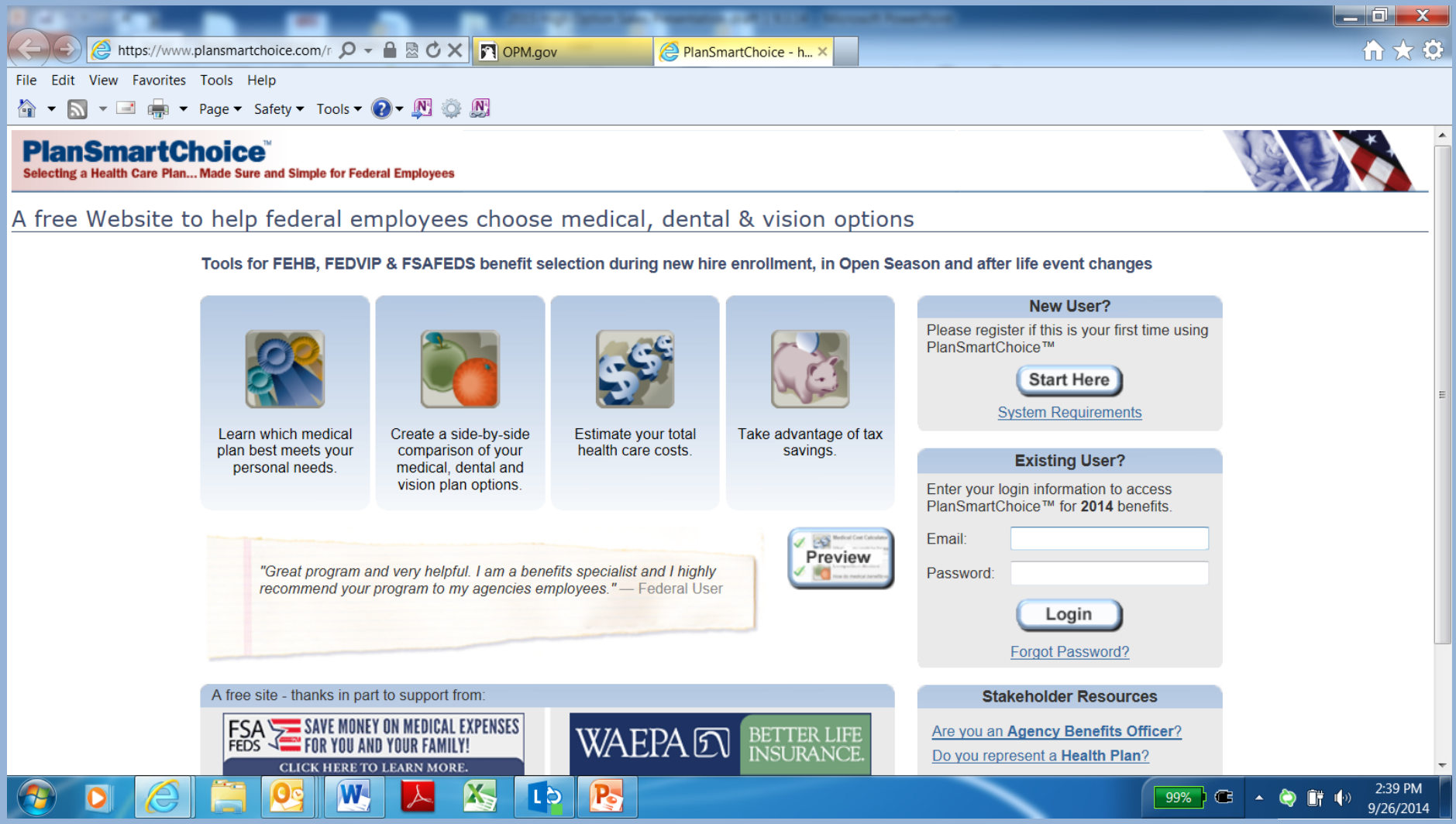

Selling the High Option!

APWU HEALTH PLAN
Together. Better Health.®

POSTAL PREMIUM

Bi-Weekly Postal Premium Rates	Category 1 Your share	Category 2 Your Share	APWU Your share
471 Self Only	$41.64	$54.89	$39.31
472 Self and Family	$94.16	$124.12	$96.57

NON- POSTAL PREMIUM

Bi-Weekly Premium Rates	Gov't share	Your Share
471 Self Only	$189.29	$63.09
472 Self and Family	$427.99	$142.66

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Selling the High Option!

GEHA The Benefits of Better Health

Standard Option

POSTAL PREMIUM

Bi-Weekly Postal Premium Rates	Category 1 Your share	Category 2 Your Share
314 Self Only	$31.73	$41.83
315 Self and Family	$72.17	$95.13

NON- POSTAL PREMIUM

Bi-Weekly Premium Rates	Gov't share	Your Share
314 Self Only	$144.25	$48.08
315 Self and Family	$328.03	$109.34

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Selling the High Option!

BlueCross® BlueShield®
Federal Employee Program

Basic Option

POSTAL PREMIUM

Bi-Weekly Postal Premium Rates	Category 1 Your share	Category 2 Your Share
111 Self Only	$40.24	$53.04
112 Self and Family	$94.22	$124.20

NON- POSTAL PREMIUM

Bi-Weekly Premium Rates	Gov't share	Your Share
111 Self Only	$144.25	$48.08
112 Self and Family	$328.03	$109.34

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Selling the High Option!

"Together. Better Health!"

FREE Diabetes Management Program

FREE Hypertension Management Program

FREE Weight Management Program

FREE Chronic Care Management Program

FREE 24-Hour Nurse Line

FREE Healthy Rewards Program

FREE Lifestyle Management Programs

- Weight, Tobacco, Hypertension

NEW!

FREE Health Assessment = **FREE Discount Dental Benefit**

What is Cigna*Plus* Savings?

Cigna*Plus* Savings® is a dental discount program in which participating dentists have agreed to pass on their Cigna negotiated DPPO discount directly to our customers.

- Access to **national network** of more than **85,000** fully credentialed participating dentists*
- Discounts could range from 15% to 50%, with an **average national savings of 35%**** off average area charges

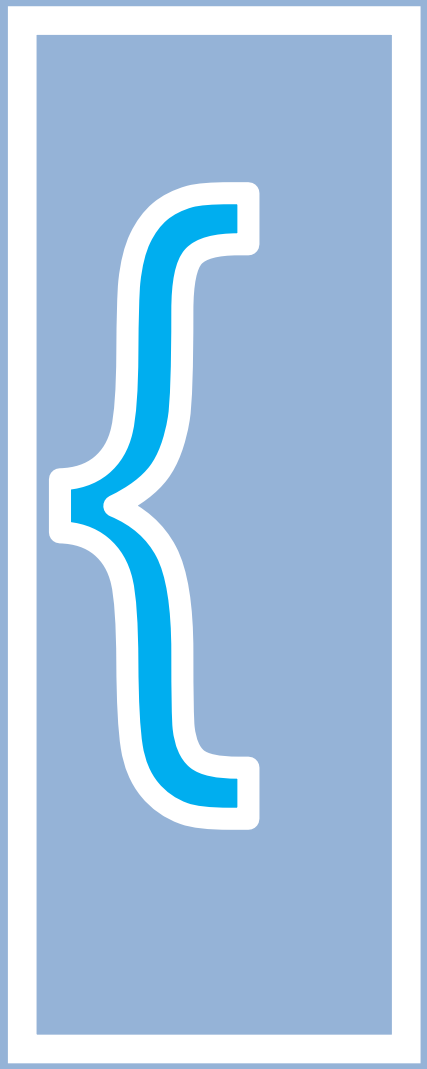
* Internal Cigna Data. 2014. Network size may vary and is not available in all areas.

** *2015 industry projection based on actual 2012 Ruark Discount Study national industry results projected to 2015. Cigna projects to have higher net effective discounts than the industry average based on Industry projections for 2015 assuming an average 2% effective discount industry growth, based on historical industry trends, and an average 4% effective discount growth from 2012-2015.* **Please note that Cigna*Plus* Savings is NOT insurance.**

Cigna*Plus* Savings member benefit

Since Cigna*Plus* Savings is not insurance, there are:

NO



- Claim forms
- Deductibles
- Age limits
- Waiting periods
- Maximums
- Frequency limitations
- Preexisting condition limitations
- Specialty referrals needed for specialty care

How the Cigna*Plus* Savings Program works for APWU members

We make it *simple* for APWU members to access care

Members can:

- Receive two ID cards after they enroll in the program
- Locate a participating dentist by visiting **CignaPlusSavings.com** or by calling one of our representatives toll-free at **877.521.0244**
- Visit any participating network dentist and have the flexibility to change network dentists at any time
- Schedule an appointment by calling the dental office and verify that the dentist is participating in the program
- Present ID card to the dental office prior to receiving dental care
- Pay the discounted rate directly to the dental office with NO pre-approval or paperwork necessary
- Call the toll-free number on ID for all program-related questions

Cigna*Plus* Savings website



29th Annual Open Season Seminar – High Option

HRA



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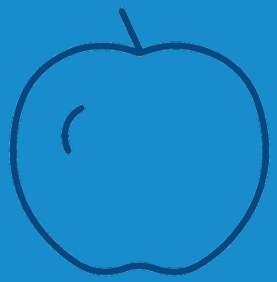

High Option Health Assessment Training

October 14, 2014
Teresa Reitz & Christi Rhoten

Cigna®

STEP BY STEP HEALTH ASSESSMENT SIGNUP

WELCOME TO THE HIGH OPTION HEALTH ASSESSMENT BREAKOUT CLASS

Please type the following link into your browser:
http://cignaproducer.com/mycareallies/default.htm

NOTE: This is a demo login ONLY. You do not have to enter your personal information. This is for educational purposes

We're here to help you improve your health

MyCareAllies is your connection to information and tools that you can trust.

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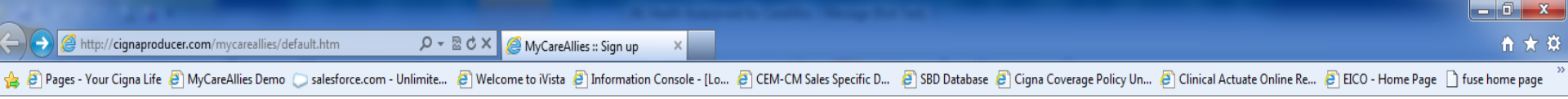

MyCareAllies

Demo Selection

Choose Your Demo:

- **Group sign-in** – This version shows how the site can be access with a group ID. The demo contains the standard layout and content.
- **Individual sign-in** – This version shows how an individual can register and log into the site. The demo contains the standard layout and content.

You will be redirected to the sign-in page by clicking on the corresponding button.

Questions about registering or your ID? Call member support at 1.866.555.1212.

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http://cignaproducer.com/mycareallies/mcapublic/login-group.htr
MyCareAllies :: Sign up
Pages - Your Cigna Life | MyCareAllies Demo | salesforce.com - Unlimite... | Welcome to iVista | Information Console - [Lo... | CEM-CM Sales Specific D... | SBD Database | Cigna Coverage Policy Un... | Clinical Actuate Online Re... | EICO - Home Page | fuse home page

MyCareAllies

we're here to help you improve your health

MyCareAllies is your connection to information and tools that you can trust.

Start now: take a health assessment, get your health questions answered 24-hours per day, and work with your personal health team. Learn about your health and wellness issues and concerns – topics from asthma to stress and more.

group sign in

Group ID group1234 I don't know my group ID

group sign in

Questions about registering or your ID? Call member support at 1.866.555.1212.

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MyCareAllies

Hi, Milton preferences [+] feedback logout

go

Home | My Health Assessment | Health & Well-Being | Tools and Resources | My Messages | Custom

a good start

MyCareAllies provides you with information and tools to help you improve and maintain a healthy lifestyle. You will have access to health and medical topics in addition to interactive tools to obtain immediate feedback on your health status. You can also review questions to ask your physician and nurses to better manage your health.



be well

Take your health assessment to gain your incentive.

health assessment

- Take your health assessment
- Learn more about your health assessment
- Access an online coaching program

quick links

- My health assessment
- Access to myCIGNA.com
- Look up Work & Life assistance
- Health information knowledgebase
- Weight management online program

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English | Español

CareAllies

Welcome to *my health & wellness center*!

Before you continue, we need a little more information.

Is the account listed below correct for you?

Account Name: **CareAllies Demo Site**

YES NO

my health & wellness center **supports Internet Explorer 7, 8 and 9 and Firefox 2 and 3. Other browsers can be used, however, full functionality can't be guaranteed.**

https://myhealth.careallies.com/myhealth/Web/Registration/ConfirmUserDetails.aspx?ID=1a168c62-280a-4582-b15a-aa331a8...
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English | Español

CareAllies

Sign up for *my health & wellness center*

Have you previously taken a health assessment or signed up for a *my health & wellness center* account?

If you need to create a new User ID and password, please choose "No / Not Sure".

YES NO / NOT SURE

my health & wellness center **supports Internet Explorer 7, 8 and 9 and Firefox 2 and 3. Other browsers can be used, however, full functionality can't be guaranteed.**

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CareAllies

Registration

ENTER PERSONAL DETAILS | CONFIRM YOUR IDENTITY | CREATE USER ID | REVIEW & SUBMIT

Enter Personal Details

You're just minutes away from accessing your *my health & wellness center* online account. Please enter your information to get started.

If you've already registered on myCigna.com or myCareAllies.com, you do not need to re-register on *my health & wellness center*.
Please use the same user ID and password to **log in.**

First Name

Last Name

Date of Birth Month Day Year

Gender Male Female

Address

Address 2 (Optional)

City

State Select

ZIP Code

NEXT CANCEL

CareAllies

Registration

ENTER PERSONAL DETAILS | CONFIRM YOUR IDENTITY | CREATE USER ID | REVIEW & SUBMIT

Enter Personal Details

You're just minutes away from accessing your *my health & wellness center* online account. Please enter your information to get started.

If you've already registered on myCigna.com or myCareAllies.com, you do not need to re-register on *my health & wellness center*.
Please use the same user ID and password to **log in.**

First Name	John
Last Name	Smith
Date of Birth	January 1 1989
Gender	Male Female
Address	1010 Park Avenue
Address 2 (Optional)	
City	Baltimore
State	Maryland
ZIP Code	21227

NEXT CANCEL

CareAllies

Registration

ENTER PERSONAL DETAILS > CONFIRM YOUR IDENTITY > CREATE USER ID > REVIEW & SUBMIT

Confirm Your Identity

This next step ensures that the person we're talking to is really you. And ultimately, it helps protect your personal information.

Please choose one of the following options to confirm your identity:

Option 1:
Enter your Unique ID

Please enter the Unique Identification Number provided by the subscriber's employer.

Your Unique ID

(e.g. U1234567801 or 123456789)

AND, If you are a spouse, domestic partner, or dependent, please enter the employee's zip code:

Option 2:
Enter the Subscriber's Social Security Number

The subscriber is the person who enrolled in the benefit plan, either on their own or through their employer.

– –

AND, If you are a spouse, domestic partner, or dependent, please enter the employee's zip code:

BACK NEXT CANCEL

CareAllies

Registration

ENTER PERSONAL DETAILS > CONFIRM YOUR IDENTITY > CREATE USER ID > REVIEW & SUBMIT

Confirm Your Identity

This next step ensures that the person we're talking to is really you. And ultimately, it helps protect your personal information.

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Your Unique ID

(e.g. U1234567801 or 123456789)

AND, If you are a spouse, domestic partner, or dependent, please enter the employee's zip code:

Option 2:
Enter the Subscriber's Social Security Number

The subscriber is the person who enrolled in the benefit plan, either on their own or through their employer.

123 – 45 – 6789

AND, If you are a spouse, domestic partner, or dependent, please enter the employee's zip code:

BACK NEXT CANCEL

CareAllies

Registration

ENTER PERSONAL DETAILS | CONFIRM YOUR IDENTITY | CREATE USER ID | REVIEW & SUBMIT

Create User ID and Password

User ID

Must be 4 - 32 characters long and contain at least 1 letter.

Password

Must be 6 - 12 characters long and contain at least 1 number.

Re-enter Password

Email (Optional)

(e.g. email@emailaddress.com)

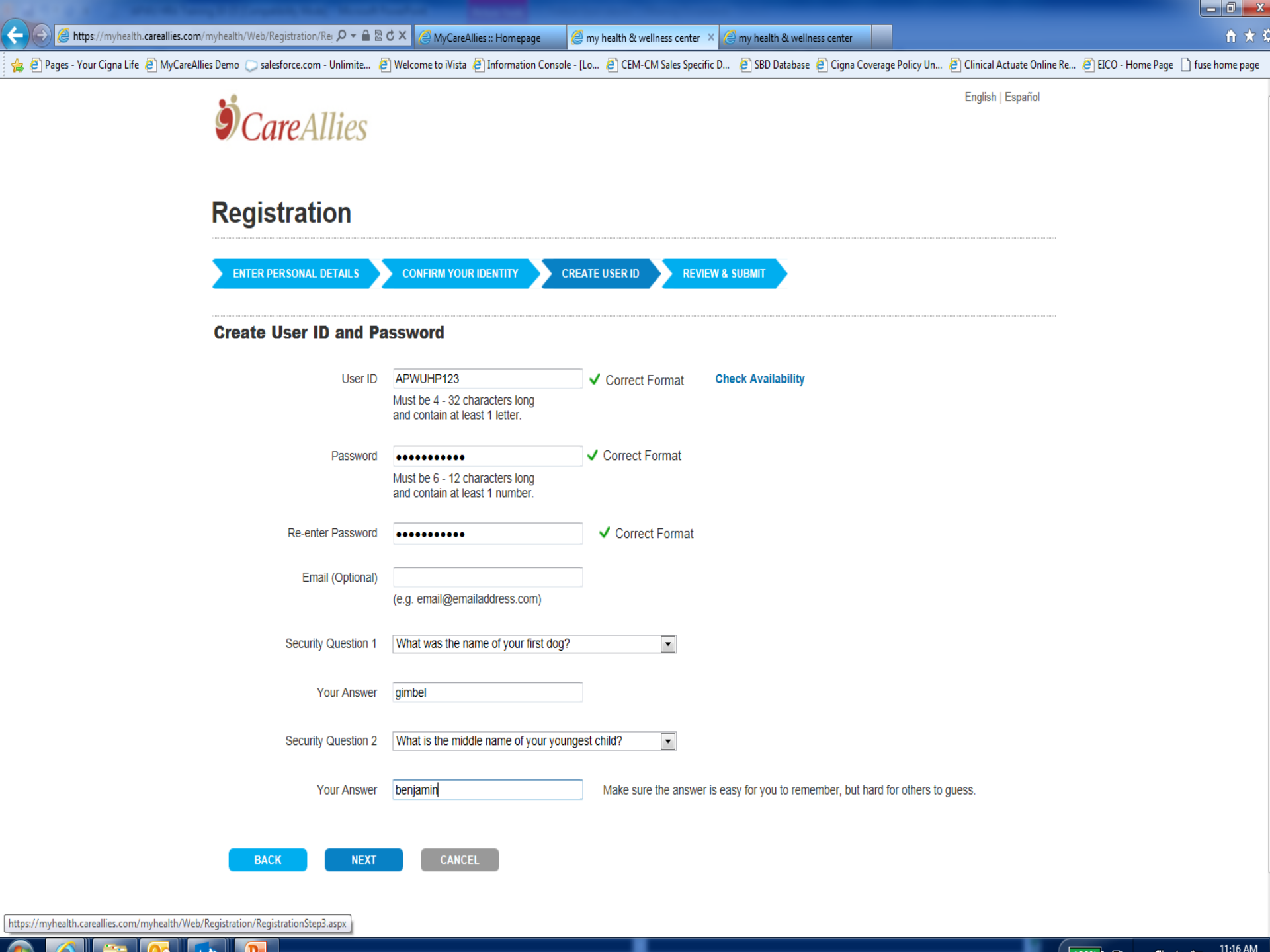
Security Question 1 — Select

Your Answer

Security Question 2 — Select

Your Answer

BACK | NEXT | CANCEL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ENTER PERSONAL DETAILS
CONFIRM YOUR IDENTITY
CREATE USER ID
REVIEW & SUBMIT
Create User ID and Password
User ID
APWUHP123
Correct Format
Check Availability
Must be 4 - 32 characters long
and contain at least 1 letter.
Password
Correct Format
Must be 6 - 12 characters long
and contain at least 1 number.
Re-enter Password
Correct Format
Email (Optional)
(e.g. email@emailaddress.com)
Security Question 1
What was the name of your first dog?
Your Answer
gimbel
Security Question 2
What is the middle name of your youngest child?
Your Answer
benjamin
Make sure the answer is easy for you to remember, but hard for others to guess.
BACK
NEXT
CANCEL
https://myhealth.careallies.com/myhealth/Web/Registration/RegistrationStep3.aspx

CareAllies

Registration

ENTER PERSONAL DETAILS > CONFIRM YOUR IDENTITY > CREATE USER ID > REVIEW & SUBMIT

Review & Submit

Please review the information below, before you submit.

Personal Details

First Name	John
Last Name	Smith
Date of Birth	01/01/1989
Gender	male
Address	1010 Park Avenue
City	Baltimore
State	MD
ZIP Code	21227

Login Information

User ID	APWUHP124
Password	**********
Security Question 1	What was the name of your first dog?
Your Answer	gimbel
Security Question 2	What is the middle name of your youngest child?
Your Answer	benjamin

Edit Log In Information

BACK | SUBMIT | CANCEL

CareAllies

Secured Site User Agreement

Use of the *my health & wellness center* site ("Secured Site") requires that you agree to the following terms and conditions by clicking on "I agree" and then 'Continue' below.

Secured Site Provided by Cigna Corporation Subsidiaries

"Cigna" is a registered service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its subsidiaries. Cigna Corporation is a holding company and is not an insurance or an operating company. Therefore, the My Health & Wellness Center web site ("Secured Site") is provided exclusively by Cigna Corporation subsidiaries and not by Cigna Corporation.

Links to Other Sites

While visiting the Secured Site, you may leave the Secured Site and access certain non-Cigna websites. Cigna does not review, control or endorse the content of non-Cigna websites, and therefore will not be responsible for their content or accuracy. Your access to non-Cigna websites is at your sole risk.

Health Information

Health information available through the Secured Site is provided by Cigna solely for informational purposes as a public service to promote consumer health. The Secured Site allows you to complete various surveys or tests online to measure different areas of your lifestyle. The results of these tests or surveys are produced on an automated basis using aggregated statistical information giving generalized results for typical or average cases, and are not in any way to be taken as a definitive diagnosis, advice or recommendation in any particular case. These results and the health information provided on the Secured Site do not constitute medical advice and are not intended to be a substitute for

User Agreement Acceptance

☑ By checking this box and selecting 'Continue' below, you are agreeing to the terms and conditions above. If you do not agree to the terms and conditions, please select 'Cancel'.

CONTINUE CANCEL

CareAllies

Welcome to *my health & wellness center*!



How do you measure up? Start tracking your health & wellness now. Click below to take the assessment.

TAKE *MY HEALTH ASSESSMENT*

javascript:__doPostBack('ctl00$cphMyHealth$btnStartAssessment','')

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Cigna Coverage Policy Un...
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Welcome, John Smith!

To complete *your* health assessment, you will need:

Time: 30 Minutes



Allow for up to 30 minutes, although the health assessment typically takes about 15 minutes to complete.

Body Measurements



To gain the best picture of your health, you will be asked to enter your **blood pressure**, **total cholesterol** and **HDL cholesterol**. If at all possible, please have this information available when you begin your assessment.

Navigation



Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").

3 Days to Resume



If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Information for

Dependents

if they need to complete a health assessment:

Dependents must complete their own health assessment, which is available on **their own** *my health & wellness center* account.

Do not use your account to complete a health assessment on behalf of anyone else.

Do not allow anyone else to complete their health assessment using your account.

Confirm Your Information

Before you begin the health assessment, please confirm that **your** information listed below is correct.

Name	**John Smith**
Date of Birth	**January 01, 1989**
Gender	**Male**

YES, MY INFORMATION IS CORRECT | NO, MY INFORMATION ISN'T FULLY CORRECT | NO, THIS IS NOT MY INFORMATION

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https://myhealth.careallies.com/myhealth/Web/Pages/Assessment/ConfirmUserDetailsHRA.aspx

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Start — Finish

0% Complete

Page 1 - Personal Information

What is your primary phone number?

What is your relationship to the policyholder?

- Policyholder
- Spouse
- Dependent

NEXT RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

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Page 2 - Height & Weight

What is your height (without shoes)?

Select feet Select inches

What is your weight (without shoes)?

pounds

What is your waist circumference?

How to Measure your waist circumference

inches

BACK NEXT RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").

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Page 3 - Blood Pressure & Cholesterol

Don't miss out!
To get the best picture of your current health, enter actual numbers for these questions.

Note: Even though you **can** select "I'm not sure" or use the drop-down option, your employer may require actual numbers. Please refer to the instructions provided by your employer for more information.

What is your blood pressure now?

_____ systolic (high number)
☐ I'm not sure

_____ diastolic (low number)
☐ I'm not sure

What is your total cholesterol level? (based on a blood test)

_____ mg/dl
☐ I'm not sure

What is your HDL cholesterol level? (based on a blood test) If you are unsure of the numeric value, please select a response from the drop-down list below.

_____ mg/dl
or
Select

BACK NEXT RESUME LATER

3 Days to Resume

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Navigation

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Page 4 - Smoking

How would you describe your cigarette smoking habits?

- Still smoke
- Used to smoke
- Never smoked

Some people have an occasional cigarette, however if you smoke ten or more cigarettes per year, you should answer 'Still smoke' to this question.

BACK NEXT RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

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Page 5 - Smoking (continued)

How many cigarettes do you smoke per day?

_____ cigarettes

Do you smoke pipes?

- Yes
- No

Do you smoke cigars?

- Yes
- No

Some people smoke cigars on special occasions such as celebrating a wedding or a child birth; however, if you smoke cigars on a weekly basis, you should answer 'Yes' to this question.

Do you use smokeless tobacco?

- Yes
- No

Examples: chew, dip, snuff.

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

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BACK NEXT RESUME LATER

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Page 6 - Drugs and Alcohol

How often do you use drugs or medication (including prescription drugs) which affect your mood or help you to relax?

- Almost every day
- Sometimes
- Rarely or never

How many drinks of alcoholic beverages do you have in a typical week?
What is one drink?

_____ drinks

How many times in the last month did you drive or ride when a driver had perhaps too much to drink?

_____ times

BACK NEXT RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").

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Page 7 - Driving

In the next 12 months how many thousands of miles will you probably drive or ride in a car, truck, van or SUV?

Select

In the next 12 months how many thousands of miles will you probably drive or ride a motorcycle?

Select

What percent of the time do you usually buckle your safety belt when driving or riding?

- 100%
- 90-99%
- 80-89%
- less than 80%

On the average, how close to the speed limit do you usually drive?

- within 5 mph of the speed limit
- 6-10 mph over the limit
- More than 10 mph over the limit

On a typical day how do you usually travel?

- Sub-compact or compact car
- Mid-size or full-size car, or minivan
- Truck, van, full-size van or SUV
- Motorcycle

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").

Page 8 - Nutrition

How many servings of food do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruit or vegetables?

What is a serving of fiber?

- 5-6 servings a day
- 3-4 servings a day
- 1-2 servings a day
- Rarely / never

How many servings of food do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs? (serving size: 3 1 / 2 oz meat, 1 oz / slice cheese)

High & Low-fat food examples

- 5-6 servings a day
- 3-4 servings a day
- 1-2 servings a day
- Rarely / never

BACK NEXT RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").

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Page 9 - Dental & Skin Health

How often do you floss your teeth?

- Every day
- Almost every day
- Sometimes
- Rarely or never
- Does not apply

When in the sun, do you protect your skin by using a sunscreen at SPF 15 or above or by wearing adequate clothing?
Sun protection

- All of the time
- Most of the time
- Some of the time
- Rarely or never

BACK | NEXT | RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").

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Page 10 - Physical Activity

In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe heavily and make your heart beat faster) and is done for at least 20 minutes?

- Less than 1 time per week
- 1 or 2 times per week
- 3 times a week
- 4 or more times per week

Examples include running, brisk walking or heavy labor, e.g. chopping, lifting, digging etc.

How many days per week do you get 30 minutes or more (for at least 10 minutes at a time) of light to moderate physical activity?

- None
- 1 day
- 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

Examples include walking, mowing (push mower), slow cycling.

BACK | NEXT | RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").

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Page 11 - Life Satisfaction

Your privacy is important to us!
Your individual answers are confidential and will not be shared with your employer.

In general, how satisfied are you with your life?

Include personal and professional aspects.

- Completely satisfied
- Mostly satisfied
- Partly satisfied
- Not satisfied

Would you agree you are satisfied with your job?

- Agree strongly
- Agree
- Disagree
- Disagree strongly

In general, how strong are your social ties with your family and/or friends?

- Very strong
- About average
- Weaker than average
- Not sure

Considering your age, how would you describe your overall physical health?

- Excellent

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

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Page 12 - Sleep

How many hours of sleep do you usually get at night?

- 5 hours or less
- 6 hours
- 7 hours
- 8 hours
- 9 hours or more

Try to determine out how much sleep you get, rather than how much time you spend in bed.

In general, how do you feel about the quality of sleep that you get?

- I sleep well
- I usually sleep well, but occasionally I have difficulties
- I sometimes have sleep difficulties
- I regularly have sleep difficulties and usually sleep very poorly

How refreshed do you feel half an hour after getting up in the morning?

- Completely refreshed
- A little tired but generally refreshed
- Rather unrefreshed, but able to function
- Completely exhausted and unrefreshed

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

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BACK NEXT RESUME LATER

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Page 13 - Mental Wellness

Have you suffered a personal loss or misfortune in the past year?

- Yes, two or more serious losses
- Yes, one serious loss
- No

For example: a job loss, disability, divorce, separation, jail term, or death of someone close to you.

How often do you feel tense, anxious, or depressed?

- Often
- Sometimes
- Rarely
- Never

During the past year, how much effect has stress had on your health?

- A lot
- Sometimes
- Hardly any
- None

BACK NEXT RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

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Page 14 - Illness

Your privacy is important to us!
Your individual answers are confidential and will not be shared with your employer.

In the past year, how many days of work have you missed due to personal illness?
Pain Information
Select

During the past 4 weeks how much did your health problems affect your productivity while you were working?

- No health problems
- None of the time
- Some of the time
- Most of the time
- All of the time
- Does not apply

BACK NEXT RESUME LATER

3 Days to Resume

If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.

Navigation

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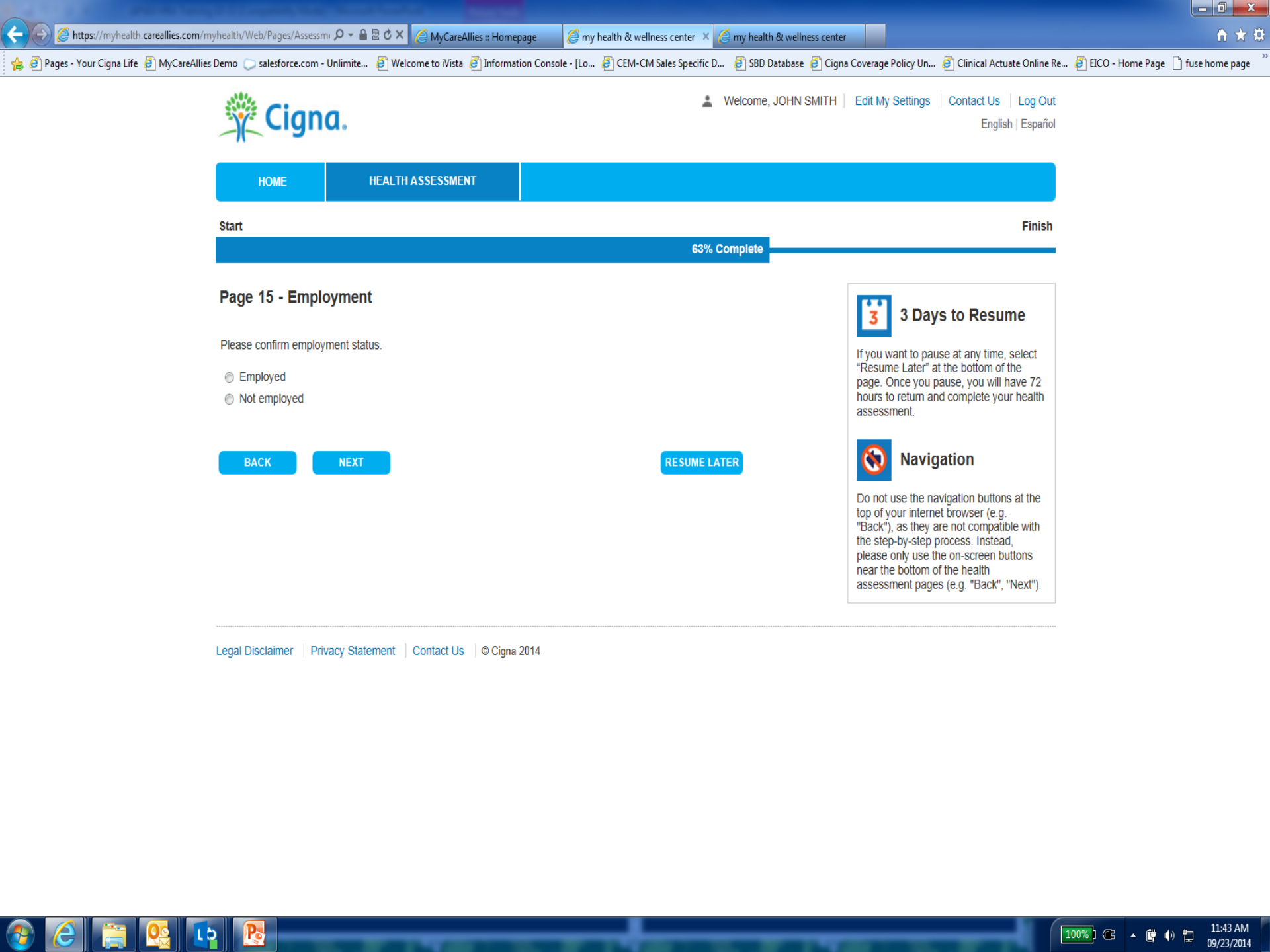
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Pages - Your Cigna Life
MyCareAllies Demo
salesforce.com - Unlimite...
Welcome to iVista
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EICO - Home Page
fuse home page
Cigna.
Welcome, JOHN SMITH
Edit My Settings
Contact Us
Log Out
English | Español
HOME
HEALTH ASSESSMENT
Start
Finish
63% Complete
Page 15 - Employment
Please confirm employment status.
Employed
Not employed
BACK
NEXT
RESUME LATER
3 Days to Resume
If you want to pause at any time, select "Resume Later" at the bottom of the page. Once you pause, you will have 72 hours to return and complete your health assessment.
Navigation
Do not use the navigation buttons at the top of your internet browser (e.g. "Back"), as they are not compatible with the step-by-step process. Instead, please only use the on-screen buttons near the bottom of the health assessment pages (e.g. "Back", "Next").
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100%
11:43 AM
09/23/2014

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Page 18 - Health Conditions

Do you have:

	Never	In the past	Have currently
Allergies	○	○	○
Arthritis	○	○	○
Asthma	○	○	○
Back pain	○	○	○
Cancer	○	○	○
Chronic bronchitis / emphysema	○	○	○
Chronic pain	○	○	○
Depression	○	○	○
Diabetes	○	○	○
Heart problems	○	○	○
Heartburn or acid reflux	○	○	○
High blood pressure	○	○	○
High cholesterol	○	○	○
Migraine headaches	○	○	○
Osteoporosis	○	○	○
Sleep disorder	○	○	○
Stroke	○	○	○
Thyroid disease	○	○	○
Other condition	○	○	○

BACK NEXT RESUME LATER

3 Days to Resume

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https://myhealth.careallies.com/myhealth/Web/Pages/Assessm
MyCareAllies :: Homepage
my health & wellness center
my health & wellness center
Pages - Your Cigna Life
MyCareAllies Demo
salesforce.com - Unlimite...
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Welcome, JOHN SMITH | Edit My Settings | Contact Us | Log Out

English | Español

HOME | HEALTH ASSESSMENT

Start — Finish

81% Complete

Page 19 - Health Screenings

When was the last time you had these preventive services or health screenings?

Colon Cancer screen	Select
Rectal exam	Select
Flu shot	Select
Tetanus shot	Select
Blood pressure	Select
Cholesterol	Select
Dental exam	Select
Prostate exam	Select

In the past 12 months, how many times have you:

Visited a doctor's office or clinic?	Select
Gone to the emergency room?	Select
Stayed overnight in a hospital?	Select

3 Days to Resume

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Navigation

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BACK | NEXT | RESUME LATER

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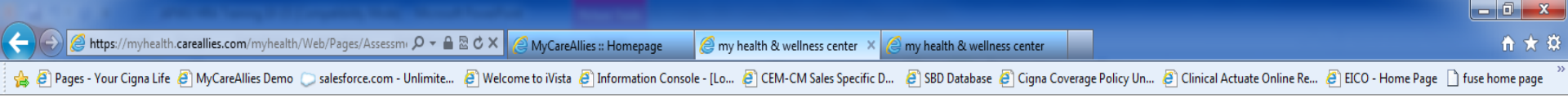

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Welcome, JOHN SMITH | Edit My Settings | Contact Us | Log Out

English | Español

HOME | HEALTH ASSESSMENT

Start Finish

86% Complete

Page 20 - Men's Health

How often do you examine your testicles for lumps?

- Monthly
- Once every few months
- Rarely or never

BACK NEXT RESUME LATER

3 Days to Resume

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Navigation

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Page 21 - Survey Information

About this page

These survey questions help us learn about health trends within different groups of people. Your survey answers are confidential and will not be used when calculating your wellness score.

What is your current marital status?

- Single (never married)
- Separated
- Divorced
- Married
- Widowed
- Other

What is your Race / Origin?

- White (non-Hispanic origin)
- Black (non-Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian / Alaskan native
- Other
- Prefer not to disclose

What is the highest level of education you have achieved?

- Some high school or less
- High school graduate

3 Days to Resume

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Page 22 - Health Goals

In the next 6 months, are you planning to make any changes to keep yourself healthy or improve your health?

Increase physical activity	Select
Lose weight	Select
Reduce alcohol use	Select
Quit or cut down smoking	Select
Reduce fat / cholesterol intake	Select
Lower blood pressure	Select
Lower cholesterol level	Select
Cope better with stress	Select
Improve my sleep habits	Select

3 Days to Resume

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In the next 6 months, do you plan to take any actions that would help you to enhance your overall health?

- Yes
- No
- I'm not sure

Did you find this health assessment easy to use?

- Yes
- No

BACK | SAVE AND VIEW REPORT | RESUME LATER

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my health assessment

powered by
The University of Michigan
Health Management Research Center

Confirmation

Thank you for completing *my health assessment*

Name	**JOHN SMITH**
Date	**09/23/2014 11:45 a.m. EST**
Confirmation ID	**092314114552692-D5ADD9B0**

First, please print or email a copy of this confirmation for your records.

PRINT EMAIL

Next, please select the 'Continue' button to view your results.

CONTINUE

100% 11:46 AM 09/23/2014

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my health assessment profile

The health assessment is not a substitute for a medical exam. If you have any health concerns or if the report raises questions, please consult your doctor or health professional to review the results with you.

My Wellness Score

Age: 25 **Sex:** male

Your Wellness Score comes from the information you provided on your health assessment. Improving health and updating your routine preventive services will improve your score in the future.

Current Wellness Score

50

09/23/2014



PRINT THIS REPORT

VIEW MY PROFILE FOR MY DOCTOR

Top 3 areas to improve my health right now...

Cigarette Smoking



Physical Activity



Weight



What I'm doing well...

- You drink little or no alcohol.
- You eat a low fat/low cholesterol diet.
- You have good overall physical health.

What I can do better...

- Quit cigarette smoking.
- Lower your blood pressure to under 120/80.
- Stay within your healthy weight range.
- Always buckle your safety belt.
- Drive within the speed limit.
- Increase your physical activity level.
- Eat high fiber foods daily.
- Learn your HDL cholesterol level.
- Try to improve your

MY HEALTH ANALYSIS | HEART HEALTH

Conditions	Now	Goal
Traffic accident		
Drunk drive/ride	5 time(s)	No drunk driver/ride
Miles driven per year	10-14,999 car 3,000-3,999 motorcycle	Drive defensively Drive defensively
Safety belt usage	80-89%	100%
Speed limit	More than 10 mph	Within 5 mph of limit
Heart problems		
Blood pressure	120/90	Less than 120/80
Diabetes	Do not have diabetes	Maintain healthy lifestyle

Questions

Thank you for your participation

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29th Annual Open Season Seminar – High Option

Express Scripts / National Preferred Formulary



APWU HEALTH PLAN

Together. Better Health.®



National Preferred Formulary

Advantages of Smarter Formulary Management

September 2014

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Smart Formulary Management

At the direction of the U.S. Office Of Personnel Management, FEHB Plans were encouraged to implement a managed formulary for the 1/1/15 Plan year

What is a Managed Formulary?

- A Formulary is a list of medications selected based on clinical and cost effectiveness

- Managed formularies are the best way to provide access to high-quality medications at an affordable price to Plan Sponsors like the APWU Health Plan.

- To ensure patients get the most clinically effective care possible, an independent panel of physicians and pharmacists regularly reviews and compares prescription drugs to ensure the Express Scripts drug list includes proven medications to treat every condition.

- A Managed Formulary has medications that are excluded, or not covered.

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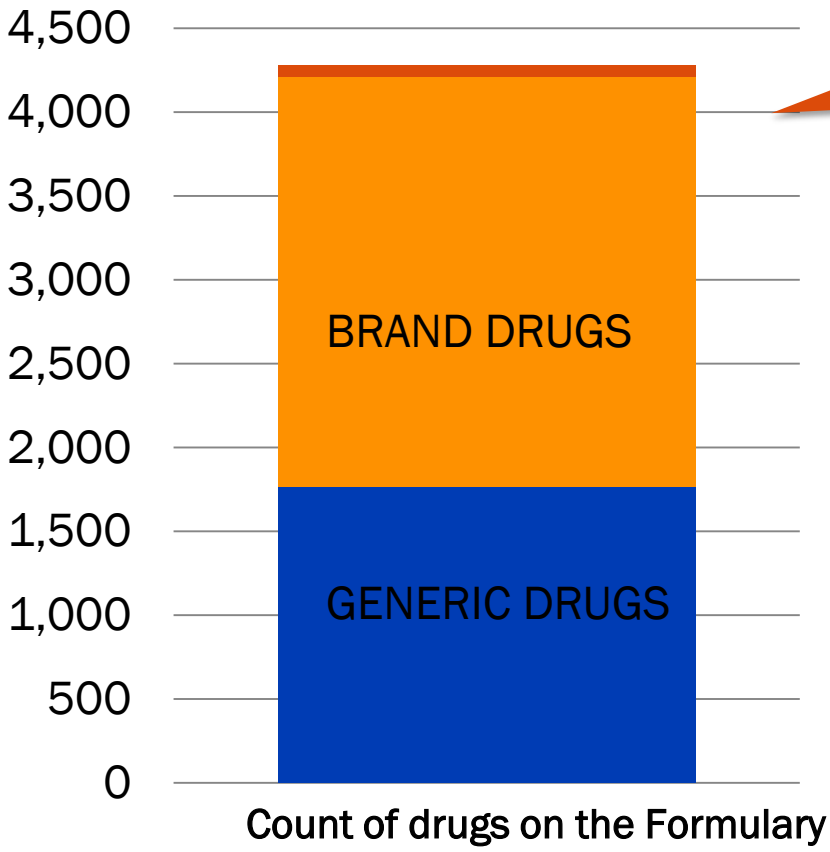
Jan 1, 2015 National Preferred Formulary for APWU HP

Reduces Costs and Preserves Clinically Appropriate Options



66 drugs will be NOT covered Effective 1/1/15

Copays will remain the same as 2014

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Proactive Member Communications



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Key Points about the Plan change for 1/1/15

1. Effective 1/1/15 certain medications will not be covered by the prescriptions benefit

2. Affected members of an Excluded medication will receive two mailings and an email (if available) prior to 1/1/15. Physicians and Pharmacists will also be notified.

3. If a member goes to a retail pharmacy to obtain an excluded drug- the pharmacist will instruct the patient that the drug is not covered.

4. Members will need a new prescription for a covered drug.

5. If a member cannot take one of the covered alternatives, their physician can call Express Scripts and initiate a formulary coverage exception process



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Talking points when you head back to your Locals

- Managed formularies are not new, most private industry Plans Sponsors moved to a managed formulary in 2012 and 2013
- Express Scripts has over 23 Million members already in a Managed Formulary
  - 4.5 Million are Union Members
- Any union member taking a drug that will be excluded starting 1/1/15 will receive a letter in November and a second letter in December advising them of the change
- The letter will tell the patient to reach out to their doctor to get a new prescription for the covered alternative
- The patient's doctor will also be contacted about the change
- Retail pharmacies have been informed of this change
- Why is the Plan making this change?
  - Express Scripts is committed to providing APWUHP with access to high-quality medications at an affordable price. To ensure members get the most clinically effective care possible, an independent panel of physicians and pharmacists regularly reviews and compares prescription drugs to ensure the drug list includes proven medications to treat every condition. Some drugs may no longer be included when other safe and effective alternatives are available

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29th Annual Open Season Seminar – High Option

Thank You!

Please fill out the class evaluation form provided and submit it to the Registration Desk.

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:

Thursday, October 16, 2014

APWU HEALTH PLAN Together. Better Health.®