APWU HEALTH PLAN
Together. Better Health.

MARKETING PLUS



2015 Open Season Seminar

Presented by: Tina Cromartie

Marketing Plus Class

- 1:00 - 3:00 pm and 3:00 - 5:00 pm
- Member Education Team
  - Pat Holton
  - Kenny Williams
  - Maurice Glover
  - Tina Cromartie

Today's Agenda
Marketing Materials-Book

- Rates
- Self Plus One
- Sales Flyer
- Compare Plans (www.opm.gov)
- Website Redesign
- Provider Directory

APWU Health Plan Rates

Postal Rates: Brochure

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

Postal rates apply to United States Postal Service employees.

Postal Category 1 rates apply to career bargaining unit employees.

Postal Category 2 rates apply to career non-bargaining unit employees.

For further assistance, Postal Service employees should call:

Human Resources Shared Service Center: 1-877-477-3273, Option 5, (TTY: 1-866-260-7507)

Postal rates do not apply to non-career postal employees, postal retirees, or associate members of any postal employee organization who are not career postal employees.

Premiums for Tribal employees are shown under the monthly non-postal column. The amount shown under employer contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Office for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium		
		Biweekly		Monthly		Biweekly		
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share	APWU Your Share
High Option Self Only	471	$213.37	$80.00	$462.30	$173.34	$68.14	$80.00	$68.14
High Option Self Plus One	473	$461.02	$155.07	$998.88	$335.98	$129.46	$155.07	$129.46
High Option Self and Family	472	$488.50	$215.60	$1,058.42	$467.13	$188.46	$215.60	$188.46
CDHP Option Self Only	474	$155.82	$51.94	$337.61	$112.54	$43.11	$51.94	$10.39
CDHP Option Self Plus One	476	$342.80	$114.27	$742.74	$247.58	$94.84	$114.27	$22.85
CDHP Option Self and Family	475	$373.97	$124.65	$810.26	$270.08	$103.46	$124.65	$24.93

Postal Rates: Flyer

YOU PAY	SELF ONLY 471	SELF PLUS ONE 473	SELF AND FAMILY 472
APWU Career Biweekly	$68.14	$129.46	$188.46
Postal Category 1 Biweekly	$68.14	$129.46	$188.46
Postal Category 2 Biweekly	$80.00	$155.07	$215.60
Non-Postal Biweekly	$80.00	$155.07	$215.60
Non-Postal Monthly	$173.34	$335.98	$467.13

Examples: What is My Category?

I am a new career employee. I have been in the APWU craft for 9 months. What is my category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I am a Mail Handler career employee. This will be my 10th Open Season. I want to join the APWU. What is my category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I am a Postal Employee. I am a manager. What is my Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I am a Postal Support Employee. I can only join the Consumer Driven Option. What is my Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I am a non-career (CCA) employee for NALC. What is my Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I have been a PSE for 6 years. I am still a PSE. What is my Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I have been a PSE for 6 years and have had the Consumer Driven Option since eligibility (after 360-day term and reappointment of another 360-day term). I just moved over to career this October. What is my new Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I have been a Clerk for 6 years. I have also been in FEHB for 6 years. What is my Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I have been a Clerk for 6 years and this will be my first time selecting a FEHB plan. What is my Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Examples: What is My Category?

I am Clerk and I am retiring in April. What is my Category?
APWU Career
APWU Career (less than a year in FEHB)
APWU Non-Career (PSE)
Postal Category 1
Postal Category 2
Monthly
Do I need to join the Union? Or become an Associate member for $35?

Self Plus One *(NEW)*

What is Self Plus One?

- New Enrollment type for 2016
- Covers employee and one eligible family member
- Enrollment types include:
  - Self Only
  - Self Plus One
  - Self and Family
- Selections begin 2015 Open Season

Who will be interested?

- Employee and one child
- Employee and spouse only
- Currently enrolled in two Self Only plans
- Retiree and spouse
- Retiree and one child

Rates: Self Plus One vs. Self and Family

YOU PAY	SELF ONLY 471	SELF PLUS ONE 473	SELF AND FAMILY 472
APWU Career Biweekly	$68.14	$129.46	$188.46
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Non-Postal Biweekly	$80.00	$155.07	$215.60
Non-Postal Monthly	$173.34	$335.98	$467.13

Must Enroll

- Everyone must enroll
- Shared Services and agencies will NOT auto enroll employees with one family member
- FAQs can be found on the following sites:
  - www.apwuhp.com
  - www.opm.gov/selfplusone

APWU Health Plan Open Season Sales Flyer

Postal Sales Flyer



Postal Sales Flyer

8 reasons why the APWU Health Plan is the smart choice.

1. **The personal touch**
   You are never just a number to us. We advocate for you at every step.
2. **Comprehensive coverage**
   We take great pride in working hard to create and manage the kind of health plan our members deserve.
3. **Affordable premiums**
   Choose from two plans, based on your personal needs.
4. **Solid networks**
   Select from more than one million providers with no need for referrals.
5. **Health management programs**
   We'll help you manage your weight, hypertension, diabetes, pregnancy, and tobacco use.
6. **Member satisfaction**
   98% of our plan members stay with us from year to year.
7. **Union strength**
   Become a plan member, and keep your union strong — it benefits the APWU treasury.
8. **Committed support for you from people who care**

Your enrollment helps your union.

The APWU treasury receives funds from OPM for sponsoring the APWU Health Plan.

This is your Health Plan working for you.

Two smart plans to consider.

You are covered 100% for these services when you choose a network doctor.

High Option

- Preventive care and screenings
- Maternity care
- Accidental injury within 24 hours
- Diabetes Management Program
- Hypertension Management Program
- Weight Management Program
- Tobacco Cessation Program
- Lab tests (when you use LabCorp and Quest Diagnostics)

Cigna. The APWU Health Plan High Option features the Cigna Healthcare provider network.

Consumer Driven Option

- Preventive care and screenings
- Maternity care
- Diabetes Management Program
- Tobacco Cessation Program
- Personal Care Account provides 100% coverage for the first $1,200 of your annual medical expenses for Self Only or $2,400 for Self Plus One and Self and Family

UnitedHealthcare. The Consumer Driven Option is administered by UnitedHealthcare.

Health Management Programs at no extra cost.

Weight gain, high blood pressure, diabetes, and tobacco use are common problems. If any of these is a concern for you or a family member, we're here to help. Through our health management programs, our members enjoy life-altering benefits to get them on the path to better health. We also offer support through every stage of pregnancy.

The best news?
There's no added cost to you.



Our programs

Enroll and participate to receive the following at no out-of-pocket cost.

Diabetes

- In-network medical office visits for diabetes management
- In-network lab tests related to diabetes management
- Generic drugs*
- Insulin and blood glucose test strips*
- Lancets, syringes, pen needles, and an insulin pump*
- Insulin pump and supplies purchased in-network (pre-authorization required)

Hypertension

- In-network medical office visits for the specific purpose of lowering your blood pressure
- In-network lab tests related to hypertension management
- Generic drugs*

If you are being treated for both diabetes and hypertension, only participation in the diabetes program is necessary.

Weight

- Initial assessment by phone with a health advocate
- Workbook and toolkit to keep you on track
- Progress calls with your personal wellness coach
- Visits with an in-network registered dietician/nutritionist
- Decreased risk of chronic diseases, such as heart disease, stroke, high blood pressure, and diabetes

Pregnancy

- Intake with a maternity specialist who will do an in-depth health assessment to identify your needs
- Education during your pregnancy about healthy weight, delivery options, birthing class, and maternity benefits
- Support in the weeks following your baby's birth
- Financial incentives for High Option members — $150 when you enroll during the first trimester or $75 for enrollment during the second trimester

Tobacco Cessation

- Counseling by telephone, group therapy sessions, or educational sessions with a doctor
- Prescription drugs by mail order approved by the FDA to treat tobacco dependence
- Over-the-counter drugs approved by the FDA to treat tobacco dependence

Available in ● High Option Plan 800-582-1314 ● Consumer Driver Option Plan 800-718-1299

* Purchase through mail order. High Option limited to specific brands in the National Preferred Formulary.

Interested?
To be eligible for these programs, plan members must enroll and then comply with the requirements of the program.

Postal Sales Flyer

High Option

Since 1960, the APWU Health Plan High Option has offered comprehensive benefits to America's workforce. With low copays, low deductibles, and a vast network of providers, this is a premier plan in the Federal Employee Health Benefits Program.

2016 PREMIUMS

YOU PAY	SELF ONLY 471	SELF PLUS ONE 473	SELF AND FAMILY 472
APWU Career biweekly	$68.14	$129.46	$188.46
Postal Category 1 biweekly	$68.14	$129.46	$188.46
Postal Category 2 biweekly	$80.00	$155.07	$215.60
Non-postal biweekly	$80.00	$155.07	$215.60
Non-postal monthly	$173.34	$335.98	$467.13

		IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Cost sharing	Calendar year deductible: Self	$375	$500
	Self Plus One	$750	$1,000
	Self and Family	$750	$1,000
	Annual out-of-pocket maximum (both medical and prescription drugs)	$5,000 per membership	$10,000 per membership
Medical	Office visits	$18 copay**	30% of the Plan allowance*
	Specialist office visits		
Maternity care	Complete maternity (obstetrical) care, such as prenatal care, delivery, postnatal care, and initial examination of a newborn child covered under family enrollment	$0	30% of the Plan allowance*
Preventive medical and dental care	Well-child care (through age 12)	$0	Difference between the Plan allowance and billed amount
	Childhood immunizations (through age 18)	$0	Difference between the Plan allowance and billed amount
	Annual adult routine exams	$0	30% of the Plan allowance*
	Adult immunizations (shingles vaccine covered at 100% in network at age 60)	$0	30% of the Plan allowance*
	Preventive screenings	$0	30% of the Plan allowance**
	Routine dental	N/A	30% of the Plan allowance**
Hospital/ facility care	Diagnostic tests or imaging	10% ($0 for covered blood work performed at LabCorp or Quest Diagnostics)	30% of the Plan allowance*
	Outpatient surgery, facility fee, lab visits, and surgeon fee	10%	30% of the Plan allowance*
	Inpatient facility fee	10%	30% of the Plan allowance* ($300 per admission)
	Cancer Centers of Excellence	5%	N/A
	Surgical and facility fee	10%	30% of the Plan allowance*
Hearing services	Diagnostic hearing tests (every 2 years)	10%	30% of the Plan allowance*
	Hearing aid (every 3 years)	All charges in excess of $1,500**	All charges in excess of $1,500**
Emergency care	Accidental injury (care within 24 hours of injury)	$0	Difference between the Plan allowance and billed amount
	Urgent care	$40 copay**	$40 copay**
	Emergency room	10%	10% of the Plan allowance*
	Ambulance	10%**	30% of the Plan allowance*
Alternative care	Chiropractic care (12 visits annually)	$18 copay**	30% of the Plan allowance*
	Acupuncture	$18 copay**	30% of the Plan allowance*
Prescription drugs Express Scripts®	Retail prescription drugs – non-specialty	$10 for generic drugs, 25% preferred brand name drugs, maximum $200 per RX, 40% non-preferred brand name drugs, maximum $300 per RX**	50% ($10 minimum coinsurance)**
	Mail order prescription drugs – non-specialty (90 day supply)	$20 generic drugs, 25% preferred brand name, maximum $300 per RX, 40% non-preferred brand name, maximum of $500 per 90 day**	N/A
	Retail prescription drugs – specialty	25% generic drugs, maximum of $300 per RX, 25% preferred brand name drugs, maximum $600 per RX, 40% non-preferred brand name drugs, maximum $1,000 per RX**	50% ($10 minimum coinsurance)**
	Mail order prescription drugs – specialty	25% generic, maximum $150 per RX, 25% preferred brand name, maximum $300 per RX, 40% non-preferred brand name, maximum $500 per RX**	N/A
Mental health/ substance abuse	Office visit	$18 copay**	30% of the Plan allowance*
	Outpatient treatment	10%	30% of the Plan allowance*
	Diagnostics, inpatient, and outpatient services	10%	30% of the Plan allowance*

* If there is a difference between the allowance and billed amount, the member is responsible for that difference.
** No deductible applied

The APWU Health Plan High Option features the Cigna healthcare provider network. Cigna.

Consumer Driven Option

Members in the Consumer Driven Option are the primary decision-makers in the care they receive and pay for. This is a different model of health care that, when used properly, can save money. With the broad national network of UnitedHealthcare, this option is an excellent alternative to traditional plans.

2016 PREMIUMS

YOU PAY	SELF ONLY 474	SELF PLUS ONE 476	SELF AND FAMILY 475
APWU Career biweekly	$10.39	$22.85	$34.93
APWU Career (less than a year in FEHB) biweekly	$48.11	$94.84	$108.46
APWU Non-career PSE) biweekly	$51.94	$114.27	$124.66
Postal Category 1 biweekly	$48.11	$94.84	$108.46
Postal Category 2 biweekly	$51.94	$114.27	$124.66
Non-postal biweekly	$51.94	$114.27	$124.66
Non-postal monthly	$112.54	$247.58	$270.08

	OVERALL PLAN FEATURES		
Personal Care Account (PCA)	Members in this plan are given a PCA, which is an allowed amount used to pay for all medical costs at 100% until exhausted.		
	Self $1,200	Self Plus One $2,400	Self and Family $2,400
PCA rollover	As long as you remain in this plan, any unused remaining balance in your PCA at the end of the calendar year may be rolled over to subsequent years. The maximum amount allowed in your PCA balance in any given year is $5,000 Self Only enrollment and $10,000 Self Plus One and Self and Family enrollment.		
Deductible	When the PCA is exhausted, member must meet a deductible		
	Self $600	Self Plus One $1,200	Self and Family $1,200
Coinsurance	Once the deductible is met, member pays coinsurance for in- or out-of-network medical services and prescription drugs		
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY	
Medical services	15%	40%	
Prescription drugs (retail or mail order)	25%	N/A	
Out-of-pocket maximum	Because the unexpected happens, this plan has a built in out of pocket maximum which, when reached, allows the rest of your annual healthcare costs to be paid at 100% (both medical and prescription drugs and PCA).		
	Self $4,200	Self $10,200	
	Self Plus One and Self and Family $6,900***	Self Plus One and Self and Family $11,400***	

		IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Preventive care	Well-child care, immunizations, well-woman care, adult routine exams, preventive screenings	$0% (No PCA used)	All charges. May use PCA while funds are available
Medical benefits	Office visits and specialist visits	15% of the Plan allowance	40% of the Plan allowance*
Maternity care	Complete maternity (obstetrical) care, such as prenatal care, delivery, postnatal care, initial examination of a newborn child covered under family enrollment	$0 (No PCA used)	40% of the Plan allowance
Hearing services	Diagnostic hearing test (every 2 years)	15%	40% of the Plan allowance*
	Hearing aids (every 3 years)	All charges in excess of $1,500	All charges in excess of $1,500
Hospital/ facility care	Diagnostic tests or imaging	15%	40% of the Plan allowance*
	Outpatient surgery, facility fee, lab visits, and surgeon fee	15%	40% of the Plan allowance*
	Inpatient	15%	40% of the Plan allowance*
	Cancer Centers of Excellence	10%	N/A
Emergency care	Accidental injury, urgent care, emergency room, ambulance	15%	15%*
Prescription drugs	Retail prescription (up to 30-day supply)	25% coinsurance, $200 maximum / Rx	All charges
	Mail order prescription (up to 90-day supply)	25% coinsurance, $200 maximum / Rx	N/A
	Out-of-pocket maximum	Self $4,200*** Self Plus One $6,900*** Self and Family $6,900***	Self $10,200*** Self Plus One $11,400*** Self and Family $11,400***
Mental health/ substance abuse	Office visit	15%	40% of the Plan allowance*
	Outpatient treatment	15%	40% of the Plan allowance*
	Diagnostics, inpatient, and outpatient services	15%	40% of the Plan allowance*

* If there is a difference between the allowance and billed amount, the member is responsible for that difference.
*** Personal Care Account (PCA) expenses are included in accumulation of out-of-pocket expenses.

This is a summary of benefits and features offered by the APWU Health Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Brochure (RI 71-004).

The Consumer Driven Option is administered by UnitedHealthcare. UnitedHealthcare

APWU HEALTH PLAN

Postal Sales Flyer



Benefit extras add up to even more for you.

Take advantage of all of the benefit extras that come with your membership in an APWU health plan.

Put more money in your pocket!

Get the Fed-friendly tax break on health and dependent care expenses. Enroll in FSAFEDS during Open Season at www.FSAFeds.com

Personal Health Record
This helpful online tool automatically transfers medical information from your claims and organizes it in a single secure location you can share with your healthcare professionals.

Online Claims and Records
View your claims, year-to-date information, detailed drug history, and more with easy online tools.

Nurse Advisory Line
Our professionals are here to help 24/7 with answers to your health questions and when to seek care.

Health Risk Assessment
Complete a Health Risk Assessment (HRA) for added savings. High Option members receive an extra dental discount for completing an HRA. Consumer Drive Option members earn $75 for Self Only or $150 for Self Plus One and Self and Family added to your Personal Care Account.

Hospital Quality Guide
Check hospital ratings online to find the hospital that's best for you, wherever you live.

Treatment Cost Estimate
Estimate the costs of treatment ahead of time for the most common medical conditions, tests, and procedures.

Online Health Library
Look up conditions, wellness, and lifestyle facts so you can empower yourself and make educated decisions in partnership with your doctor.

And, your benefits go even beyond the FEHB program.

In our quest to exceed your expectations and to go the extra mile, we have negotiated even more services you can take advantage of as an APWU Health Plan member. These are not part of the FEHB program, but are value-added benefits for our members.

Conversion Plan Health Insurance

When coverage as an employee or family member ends with any plan in the Federal Employees Health Benefits Program, or when Temporary Continuation of Coverage ends (except by cancellation or non-payment of premium), you may be eligible to convert to the APWU Health Plan Conversion Plan.

Call 800-222-2798
or visit www.apwuhp.com/conversion

American Hearing Benefits

Supplement the benefits of your APWU Health Plan coverage with no additional premium and get free hearing consultation and a discount on hearing aid devices.

Call 888-863-7222
or visit www.americanhearingbenefits.com

The Voluntary Benefits Dental Plan

Supplement your APWU Health Plan Dental Benefits for an added discounted premium. When you enroll in the Voluntary Benefits Dental Plan as an APWU Health Plan member, you will receive a 7.5% premium reduction off the plan's rates.

Call 800-422-4492
or visit www.VoluntaryBenefitsPlan.com

APW-ABA (American Postal Workers Accidental Benefits Association)

The APW-ABA has joined with Unum, Sun Life and USI Affinity to offer even more benefits to APWU members, associate members, retirees, and spouses. Take advantage of APW-ABA's Value, Advantage, or Plus Programs, as well as affordable permanent whole life insurance and expanded accident insurance.

Call 800-426-2890
or visit www.apw-aba.org

Ready to enroll?

If you are already a member of the APWU Health Plan, you do not need to do anything. You will remain a member automatically.*

Active Postal Service employees

Call PostalEASE at 877-477-3273, option 5

OR

Visit www.liteblue.usps.gov

Make sure you have your Employee Identification Number and USPS PIN number handy.

Retired Postal Service employees

Visit www.apwuhp.com/enroll

OR

www.opm.gov/forms/pdf_fill/sf2809.pdf

*Moving to Self Plus One will require you to change your enrollment.

ENROLLMENT CODES			
	Self Only	Self Plus One	Self and Family
High Option	471	473	472
Consumer Driven Option	474	476	475

If you are close to retirement

The APWU Health Plan is a great option for retirees. To learn more, get your copy of APWU Health Plan's Blueprint to Medicare at: www.apwuhp.com

Or, call us at 800-222-2798.

We're happy to talk through your questions.

Postal Sales Flyer

Enroll now.

All postal employees are welcome.

Together. Better health.

We have been proudly serving postal workers with comprehensive health coverage at a great price for more than 60 years. Come join the plan that works for you!

Mark Dimondstein
APWU President

William J. Kaczor, Jr.
APWU Health Plan Director

All Postal Service employees in non-APWU bargaining units will automatically become associate members of the APWU upon enrollment. You will be billed associate membership dues of $35 — the smartest $35 you'll ever spend!

Contact us

High Option

800-PIC-APWU (Open Season)
800-222-2798
800-622-2511 (TDD)
www.apwuhp.com

Consumer Driven Option

800-718-1299
www.welcometouhc.com/apwu



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The APWU Health Plan's Notice of Privacy Practices describes how medical information about you may be used by the Health Plan, your rights concerning your health information, and how to exercise them and APWU Health Plan's responsibilities in protecting your health information. The Notice is posted on the Health Plan's website. If you need to obtain a copy of the Health Plan's Notice of Privacy Practices, you may either contact the Health Plan via email or through the website at **www.apwuhp.com** or by calling 800-222-2798.

799 Cromwell Park Drive
Suite K-Z
Glen Burnie, MD 21061
800-222-2798
www.apwuhp.com

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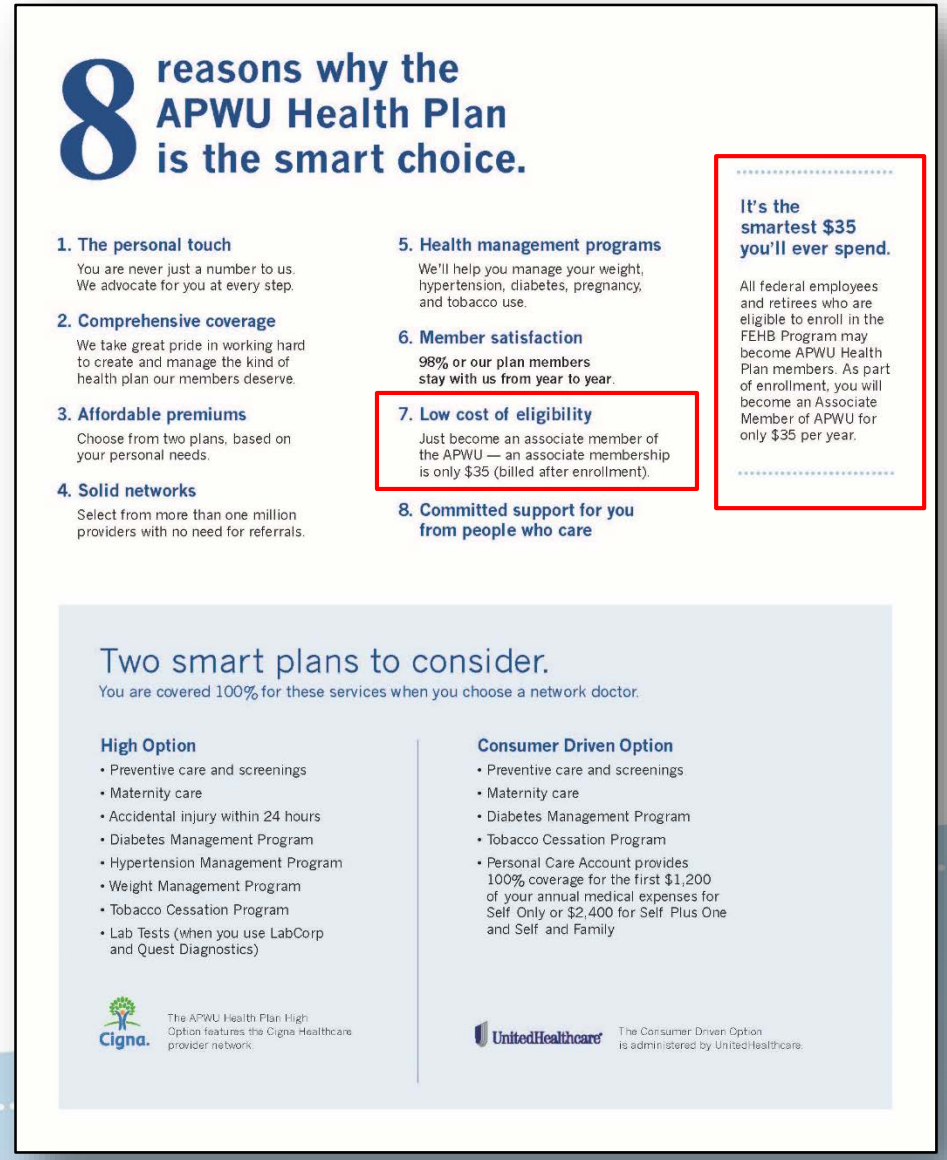
APWU HEALTH PLAN

Federal Sales Flyer



Federal Sales Flyer



8 reasons why the APWU Health Plan is the smart choice.

1. **The personal touch**
   You are never just a number to us. We advocate for you at every step.
2. **Comprehensive coverage**
   We take great pride in working hard to create and manage the kind of health plan our members deserve.
3. **Affordable premiums**
   Choose from two plans, based on your personal needs.
4. **Solid networks**
   Select from more than one million providers with no need for referrals.
5. **Health management programs**
   We'll help you manage your weight, hypertension, diabetes, pregnancy, and tobacco use.
6. **Member satisfaction**
   98% of our plan members stay with us from year to year.
7. **Low cost of eligibility**
   Just become an associate member of the APWU — an associate membership is only $35 (billed after enrollment).
8. **Committed support for you from people who care**

It's the smartest $35 you'll ever spend.

All federal employees and retirees who are eligible to enroll in the FEHB Program may become APWU Health Plan members. As part of enrollment, you will become an Associate Member of APWU for only $35 per year.

Two smart plans to consider.

You are covered 100% for these services when you choose a network doctor.

High Option

- Preventive care and screenings
- Maternity care
- Accidental injury within 24 hours
- Diabetes Management Program
- Hypertension Management Program
- Weight Management Program
- Tobacco Cessation Program
- Lab Tests (when you use LabCorp and Quest Diagnostics)

Cigna. The APWU Health Plan High Option features the Cigna Healthcare provider network.

Consumer Driven Option

- Preventive care and screenings
- Maternity care
- Diabetes Management Program
- Tobacco Cessation Program
- Personal Care Account provides 100% coverage for the first $1,200 of your annual medical expenses for Self Only or $2,400 for Self Plus One and Self and Family

UnitedHealthcare® The Consumer Driven Option is administered by UnitedHealthcare.

Federal Sales Flyer

High Option

Since 1960, the APWU Health Plan High Option has offered comprehensive benefits to America's workforce. With low copays, low deductibles, and a vast network of providers, this is a premier plan in the Federal Employee Health Benefits Program.

2016 PREMIUMS

YOU PAY	SELF ONLY 471	SELF PLUS ONE 473	SELF AND FAMILY 472
Federal biweekly	$90.00	$155.07	$215.60
Federal monthly	$173.94	$335.98	$467.13

		IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Cost sharing	Calendar year deductible: Self	$375	$500
	Self Plus One	$550	$1,000
	Self and Family	$550	$1,000
	Annual out-of-pocket maximum (both medical and prescription drugs)	$5,000 per membership	$10,000 per membership
Medical	Office visits	$18 copay**	30% of the Plan allowance*
	Specialist office visits		
Maternity care	Complete maternity (obstetrical) care, such as prenatal care, delivery, postnatal care, and initial examination of a newborn child covered under family enrollment	$0	30% of the Plan allowance*
Preventive medical and dental care	Well child care (through age 12)	$0	Difference between the Plan allowance and billed amount
	Childhood immunizations (through age 18)	$0	Difference between the Plan allowance and billed amount
	Annual adult routine exams	$0	30% of the Plan allowance*
	Adult immunizations (shingles vaccine covered at 100% in network at age 60)	$0	30% of the Plan allowance*
	Preventive screenings	$0	30% of the Plan allowance**
	Routine dental	N/A	30% of the Plan allowance**
Hospital/ facility care	Diagnostics tests or imaging	10% ($0 for covered blood work performed at LabCorp or Quest Diagnostics)	30% of the Plan allowance*
	Outpatient surgery, facility fee, lab visits, and surgeon fee	10%	30% of the Plan allowance*
	Inpatient facility fee	10%	30% of the Plan allowance* ($300 per admission)
	Cancer Centers of Excellence	5%	N/A
	Surgical and facility fee	10%	30% of the Plan allowance*
Hearing services	Diagnostic hearing tests (every 2 years)	10%	30% of the Plan allowance*
	Hearing aid (every 3 years)	All charges in excess of $1,500**	All charges in excess of $1,500**
Emergency care	Accidental injury (care within 24 hours of injury)	$0	Difference between the Plan allowance and billed amount
	Urgent care	$40 copay**	$40 copay**
	Emergency room	10%	10% of the Plan allowance*
	Ambulance	10%**	30% of the Plan allowance*
Alternative care	Chiropractic care (12 visits annually)	$18 copay**	30% of the Plan allowance*
	Acupuncture	$18 copay**	30% of the Plan allowance*
Prescription drugs Express Scripts®	Retail prescription drugs – non-specialty	$10 for generic drugs, 25% preferred brand name drugs, maximum $200 per RX, 40% non-preferred brand name drugs, maximum $300 per RX**	50% ($10 minimum coinsurance)**
	Mail order prescription drugs – non-specialty (90-day supply)	$20 generic drugs, 25% preferred brand name, maximum $300 per RX, 40% non-preferred brand name, maximum of $500 per RX**	N/A
	Retail prescription drugs – specialty	25% generic drugs, maximum of $300 per RX, 25% preferred brand name drugs, maximum $600 per RX, 40% non-preferred brand name drugs, maximum $1,000 per RX**	50% ($10 minimum coinsurance)**
	Mail order prescription drugs – specialty	25% generic, maximum $150 per RX, 25% preferred brand name, maximum $300 per RX, 40% non-preferred brand name, maximum $500 per RX**	N/A
Mental health/ substance abuse	Office visit	$18 copay**	30% of the Plan allowance*
	Outpatient treatment	10%	30% of the Plan allowance*
	Diagnostics, inpatient, and outpatient services	10%	30% of the Plan allowance*

* If there is a difference between the allowance and billed amount, the member is responsible for that difference.
** No deductible applied

The APWU Health Plan High Option features the Cigna Healthcare provider network. Cigna.

Consumer Driven Option

Members in the Consumer Driven Option are the primary decision-makers in the care they receive and pay for. This is a different model of healthcare that, when used properly, can save money. With the broad national network of UnitedHealthcare, this option is an excellent alternative to traditional plans.

2016 PREMIUMS

YOU PAY	SELF ONLY 474	SELF PLUS ONE 476	SELF AND FAMILY 475
Federal biweekly	$51.94	$114.27	$124.85
Federal monthly	$112.54	$247.58	$270.68

	OVERALL PLAN FEATURES		
Personal Care Account (PCA)	Members in this plan are given a PCA, which is an allowed amount used to pay for all medical costs at 100% until exhausted.		
	Self $1,200	**Self Plus One $2,400**	**Self and Family $2,400**
PCA rollover	As long as you remain in this plan, any unused remaining balance in your PCA at the end of the calendar year may be rolled over to subsequent years. The maximum amount allowed in your PCA balance in any given year is $5,000 Self Only enrollment and $10,000 Self Plus One and Self and Family enrollment.		
Deductible	When the PCA is exhausted, member must meet a deductible		
	Self $600	**Self Plus One $1,200**	**Self and Family $1,200**
Coinsurance	Once the deductible is met, member pays coinsurance for in- or out-of-network medical services and prescription drugs.		
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY	
Medical services	15%	40%	
Prescription drugs (retail or mail order)	25%	N/A	
Out of pocket maximum	Because the unexpected happens, this plan has a built-in out-of-pocket maximum which, when reached, allows the rest of your annual healthcare costs to be paid at 100% (both medical and prescription drugs and PCA)		
	Self $4,200	Self $10,200	
	Self Plus One and Self and Family $6,900***	Self Plus One and Self and Family $11,400***	

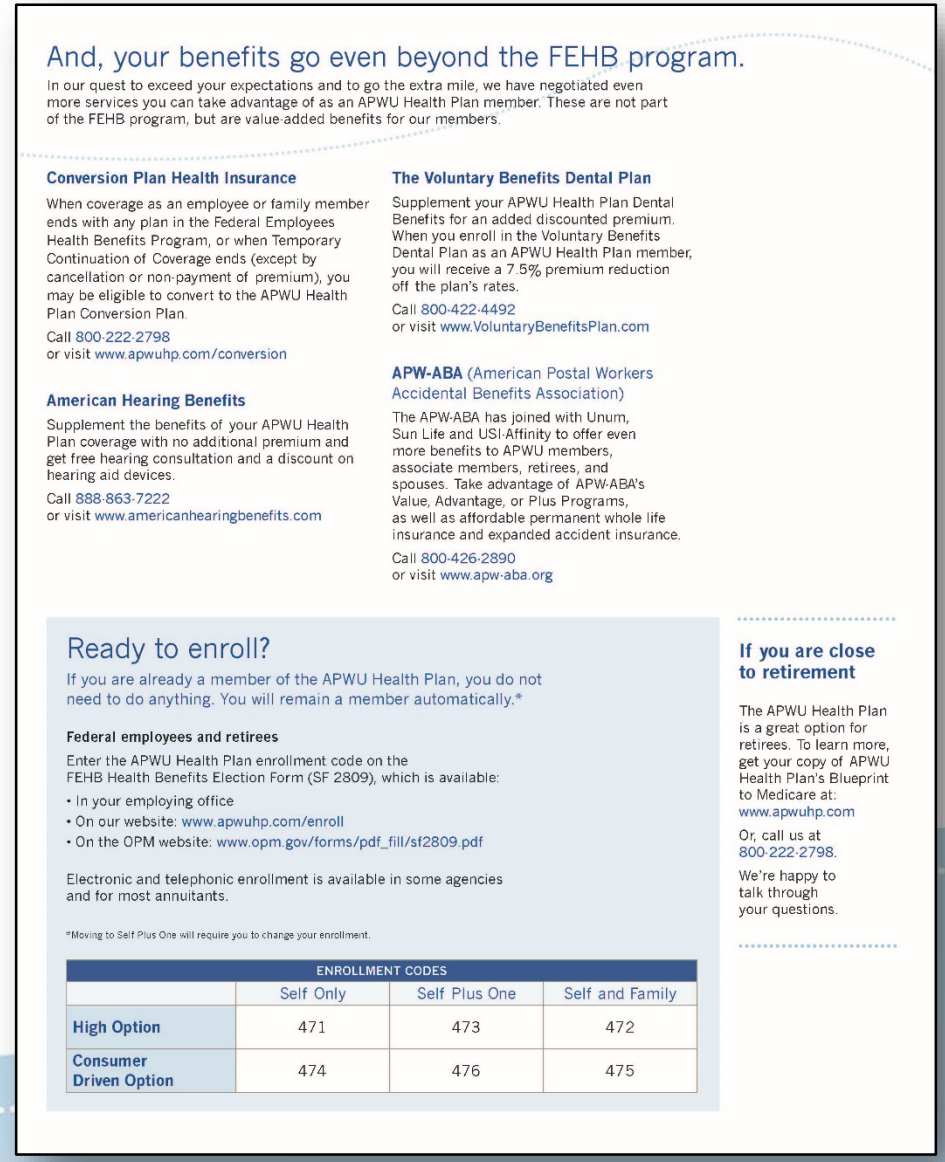
		IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Preventive care	Well-child care, immunizations, well-woman care, adult routine exams, preventive screenings	$0% (No PCA used)	All charges. May use PCA while funds are available.
Medical benefits	Office visits and specialist visits	15% of the Plan allowance	40% of the Plan allowance*
Maternity care	Complete maternity (obstetrical) care, such as prenatal care, delivery, postnatal care, initial examination of a newborn child covered under family enrollment	$0 (No PCA used)	40% of the Plan allowance
Hearing services	Diagnostic hearing test (every 2 years)	15%	40% of the Plan allowance*
	Hearing aids (every 3 years)	All charges in excess of $1,500	All charges in excess of $1,500
Hospital/ facility care	Diagnostic tests or imaging	15%	40% of the Plan allowance*
	Outpatient surgery, facility fee, lab visits, and surgeon fee	15%	40% of the Plan allowance*
	Inpatient	15%	40% of the Plan allowance*
	Cancer Centers of Excellence	10%	N/A
Emergency care	Accidental injury, urgent care, emergency room, ambulance	15%	15%*
Prescription drugs	Retail prescription (up to 30-day supply)	25% coinsurance, $200 maximum / Rx	All charges
	Mail order prescription (up to 90-day supply)	25% coinsurance, $200 maximum / Rx	N/A
	Out of pocket maximum	Self $4,200*** Self Plus One $6,900*** Self and Family $6,900***	Self $10,200*** Self Plus One $11,400*** Self and Family $11,400***
Mental health/ substance abuse	Office visit	15%	40% of the Plan allowance*
	Outpatient treatment	15%	40% of the Plan allowance*
	Diagnostics, inpatient, and outpatient services	15%	40% of the Plan allowance*

* If there is a difference between the allowance and billed amount, the member is responsible for that difference.
*** Personal Care Account (PCA) expenses are included in accumulation of out-of-pocket expenses.
This is a summary of benefits and features offered by the APWU Health Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Brochure (R-71-004).

The Consumer Driven Option is administered by UnitedHealthcare. UnitedHealthcare

APWU HEALTH PLAN

Federal Sales Flyer



And, your benefits go even beyond the FEHB program.

In our quest to exceed your expectations and to go the extra mile, we have negotiated even more services you can take advantage of as an APWU Health Plan member. These are not part of the FEHB program, but are value-added benefits for our members.

Conversion Plan Health Insurance

When coverage as an employee or family member ends with any plan in the Federal Employees Health Benefits Program, or when Temporary Continuation of Coverage ends (except by cancellation or non-payment of premium), you may be eligible to convert to the APWU Health Plan Conversion Plan.

Call 800-222-2798
or visit www.apwuhp.com/conversion

American Hearing Benefits

Supplement the benefits of your APWU Health Plan coverage with no additional premium and get free hearing consultation and a discount on hearing aid devices.

Call 888-863-7222
or visit www.americanhearingbenefits.com

The Voluntary Benefits Dental Plan

Supplement your APWU Health Plan Dental Benefits for an added discounted premium. When you enroll in the Voluntary Benefits Dental Plan as an APWU Health Plan member, you will receive a 7.5% premium reduction off the plan's rates.

Call 800-422-4492
or visit www.VoluntaryBenefitsPlan.com

APW-ABA (American Postal Workers Accidental Benefits Association)

The APW-ABA has joined with Unum, Sun Life and USI Affinity to offer even more benefits to APWU members, associate members, retirees, and spouses. Take advantage of APW-ABA's Value, Advantage, or Plus Programs, as well as affordable permanent whole life insurance and expanded accident insurance.

Call 800-426-2890
or visit www.apw-aba.org

Ready to enroll?

If you are already a member of the APWU Health Plan, you do not need to do anything. You will remain a member automatically.*

Federal employees and retirees

Enter the APWU Health Plan enrollment code on the FEHB Health Benefits Election Form (SF 2809), which is available:

- In your employing office
- On our website: www.apwuhp.com/enroll
- On the OPM website: www.opm.gov/forms/pdf_fill/sf2809.pdf

Electronic and telephonic enrollment is available in some agencies and for most annuitants.

*Moving to Self Plus One will require you to change your enrollment.

ENROLLMENT CODES			
	Self Only	Self Plus One	Self and Family
High Option	471	473	472
Consumer Driven Option	474	476	475

If you are close to retirement

The APWU Health Plan is a great option for retirees. To learn more, get your copy of APWU Health Plan's Blueprint to Medicare at: www.apwuhp.com

Or, call us at 800-222-2798.

We're happy to talk through your questions.

Federal Sales Flyer

Enroll now.

All federal employees are welcome.

Together. Better health.

We have been proudly serving America's workforce with comprehensive health coverage at a great price for more than 60 years. Come join us!

Mark Dimondstein
APWU President

William J. Kaczor, Jr.
APWU Health Plan Director

All federal employees and retirees are welcome.

Contact us

High Option

800-PIC-APWU (Open Season)
800-222-2798
800-622-2511 (TDD)
www.apwuhp.com

Consumer Driven Option

800-718-1299
www.welcometouhc.com/apwu



This is a summary of benefits and features offered by the APWU Health Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Brochure (RI 71-004).

The APWU Health Plan's Notice of Privacy Practices describes how medical information about you may be used by the Health Plan, your rights concerning your health information, and how to exercise them and APWU Health Plan's responsibilities in protecting your health information. The Notice is posted on the Health Plan's website. If you need to obtain a copy of the Health Plan's Notice of Privacy Practices, you may either contact the Health Plan via e-mail or through the website at **www.apwuhp.com** or by calling 800-222-2798.

799 Cromwell Park Drive
Suite K-Z
Glen Burnie, MD 21061
800-222-2798
www.apwuhp.com

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APWU HEALTH PLAN

Compare Health Plans

Compare Health Plans

- www.opm.gov/insure
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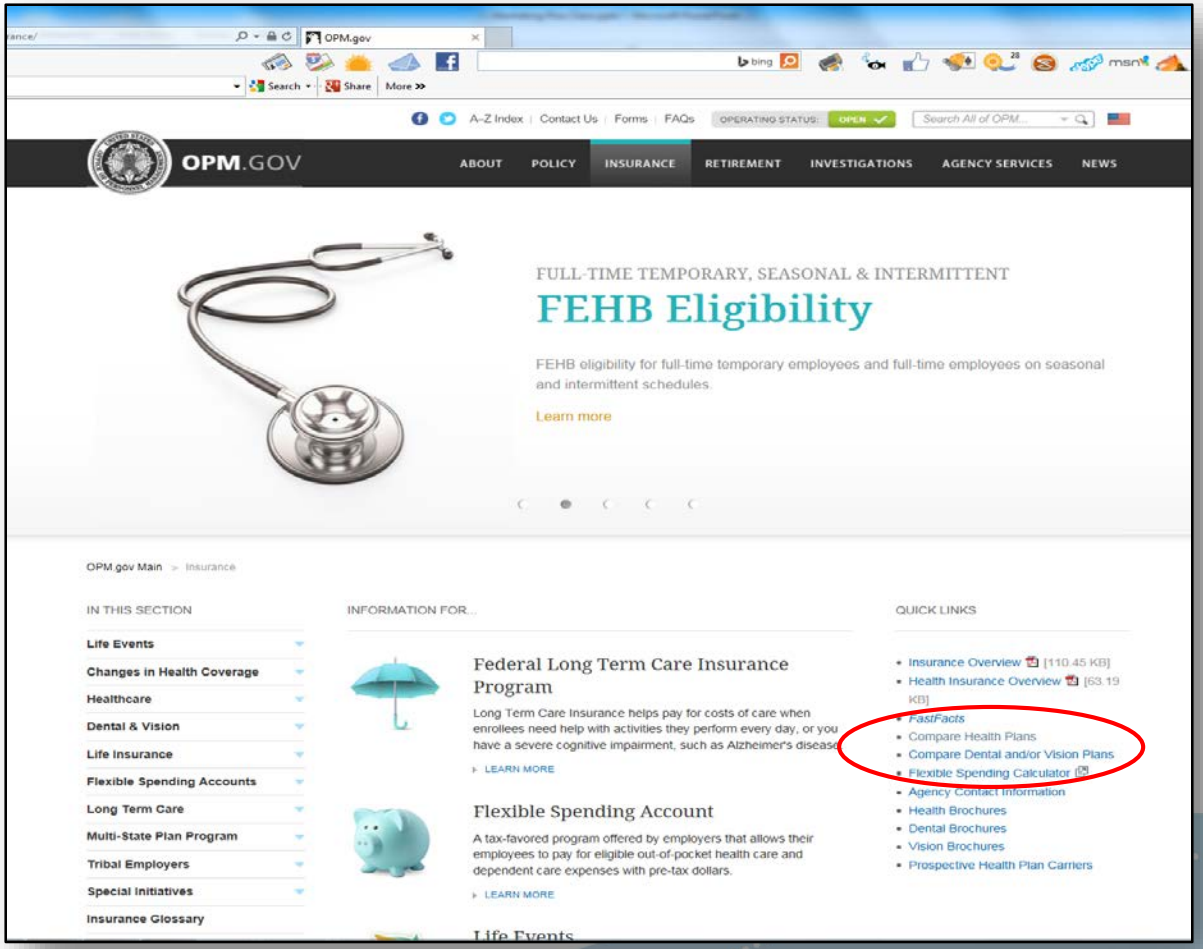
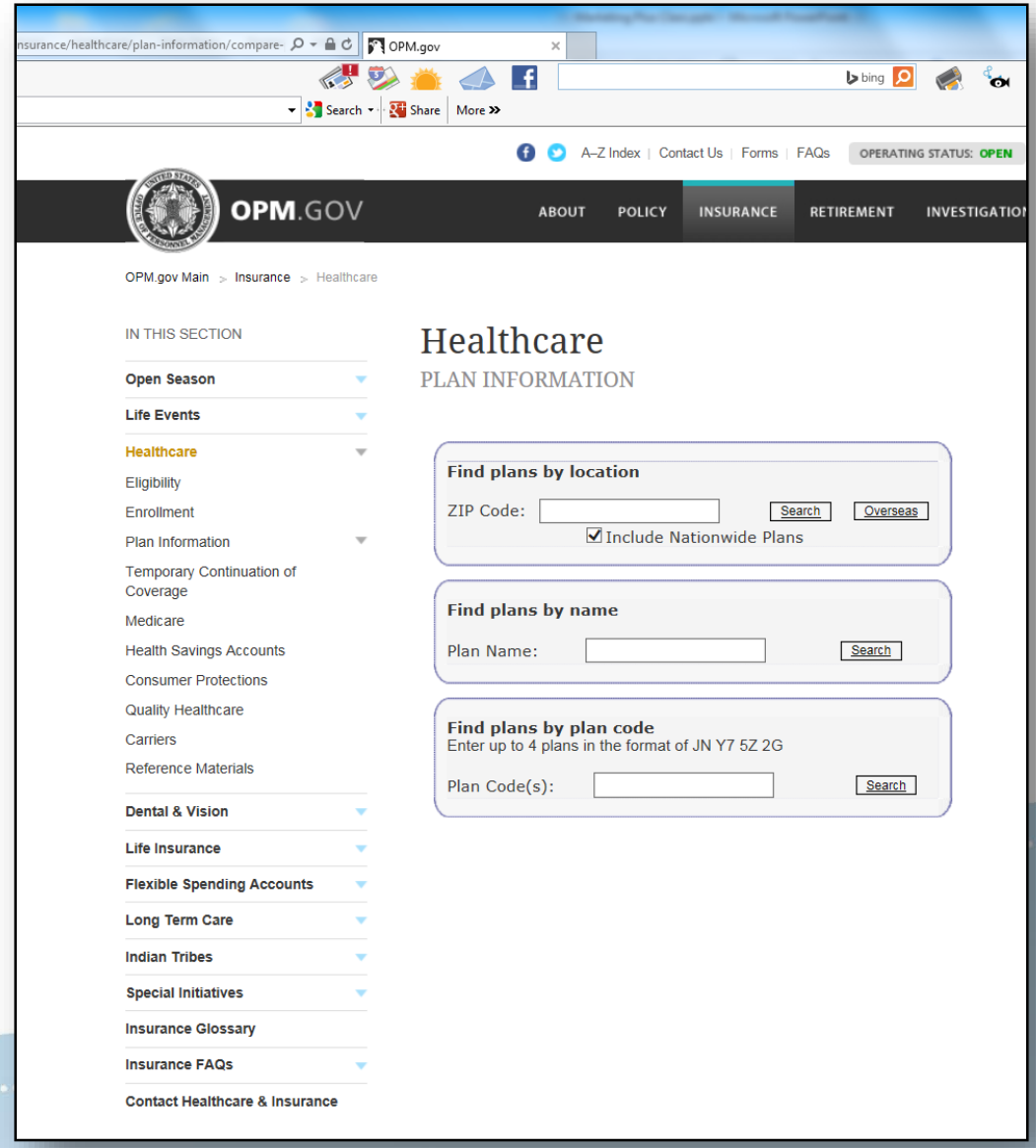
- Rates
- Benefits

Compare Health Plans



https://www.opm.gov/healthcare-insurance/

Zip Code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Search
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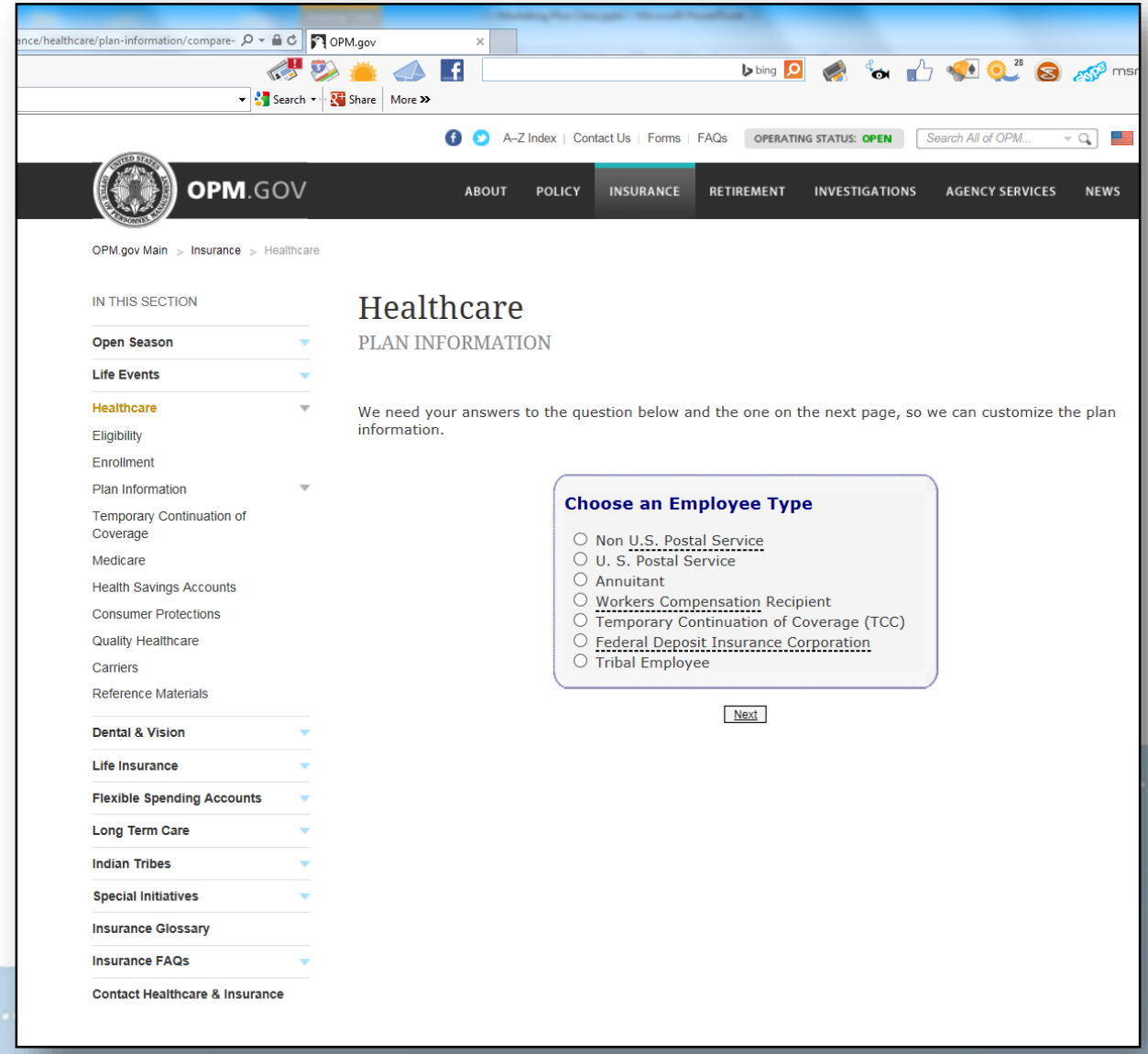
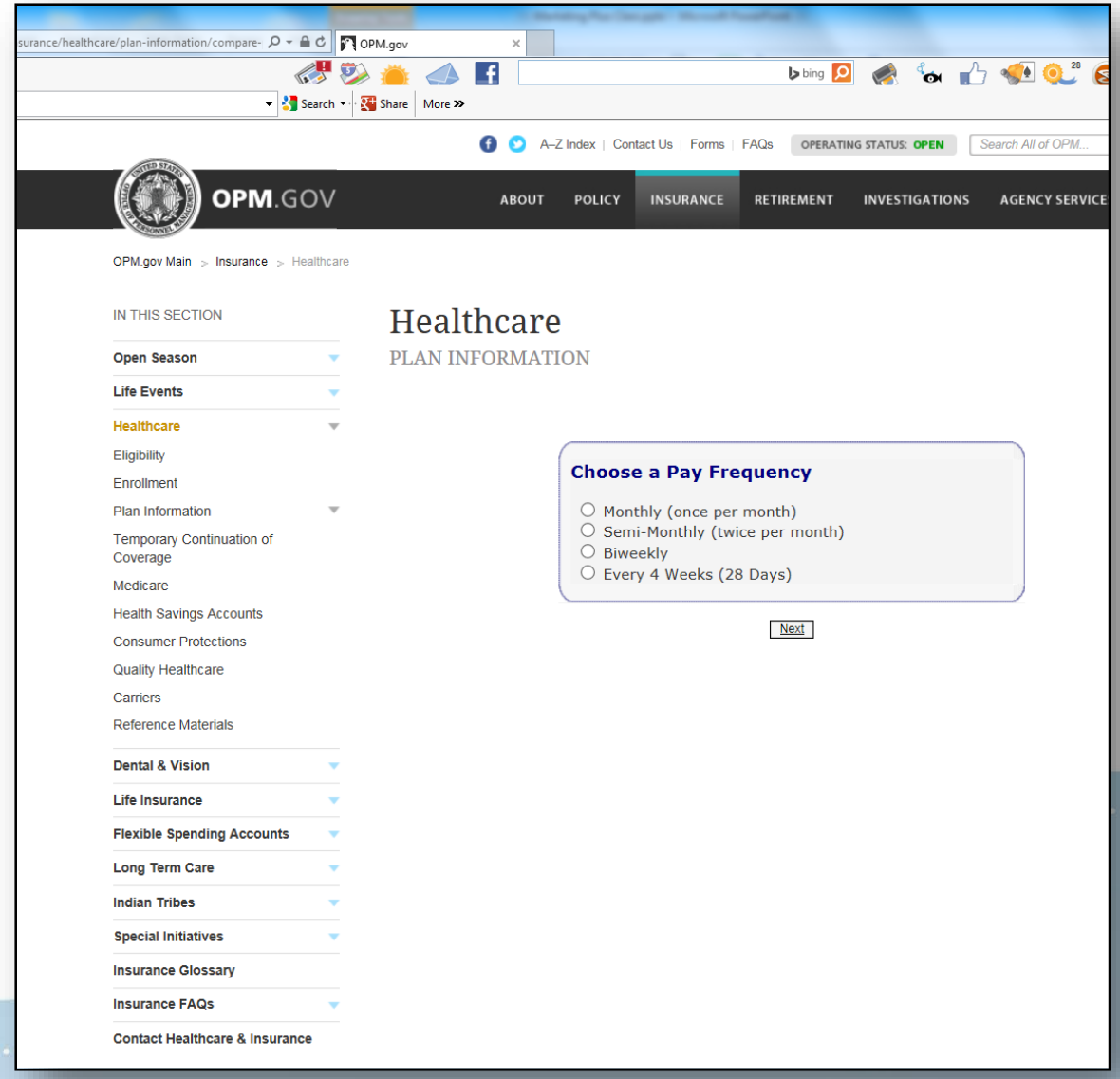
Include Nationwide Plans
Find plans by name
Plan Name:
Search
Find plans by plan code
Enter up to 4 plans in the format of JN Y7 5Z 2G
Plan Code(s):
Search

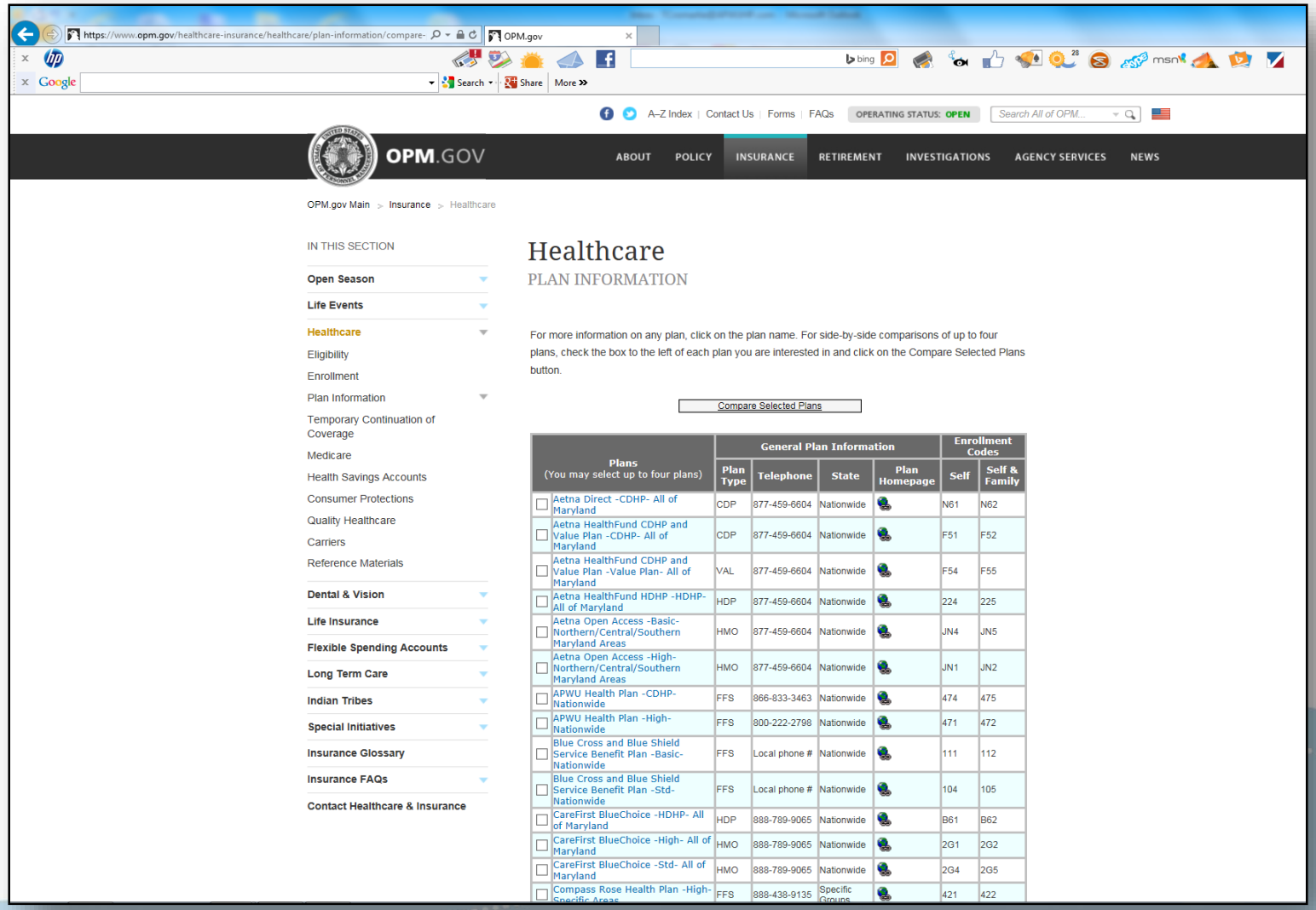
Select Employee Type



Select Pay Frequency



Select up to Four Plans



https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-

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- Long Term Care
- Indian Tribes
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- Contact Healthcare & Insurance

Healthcare

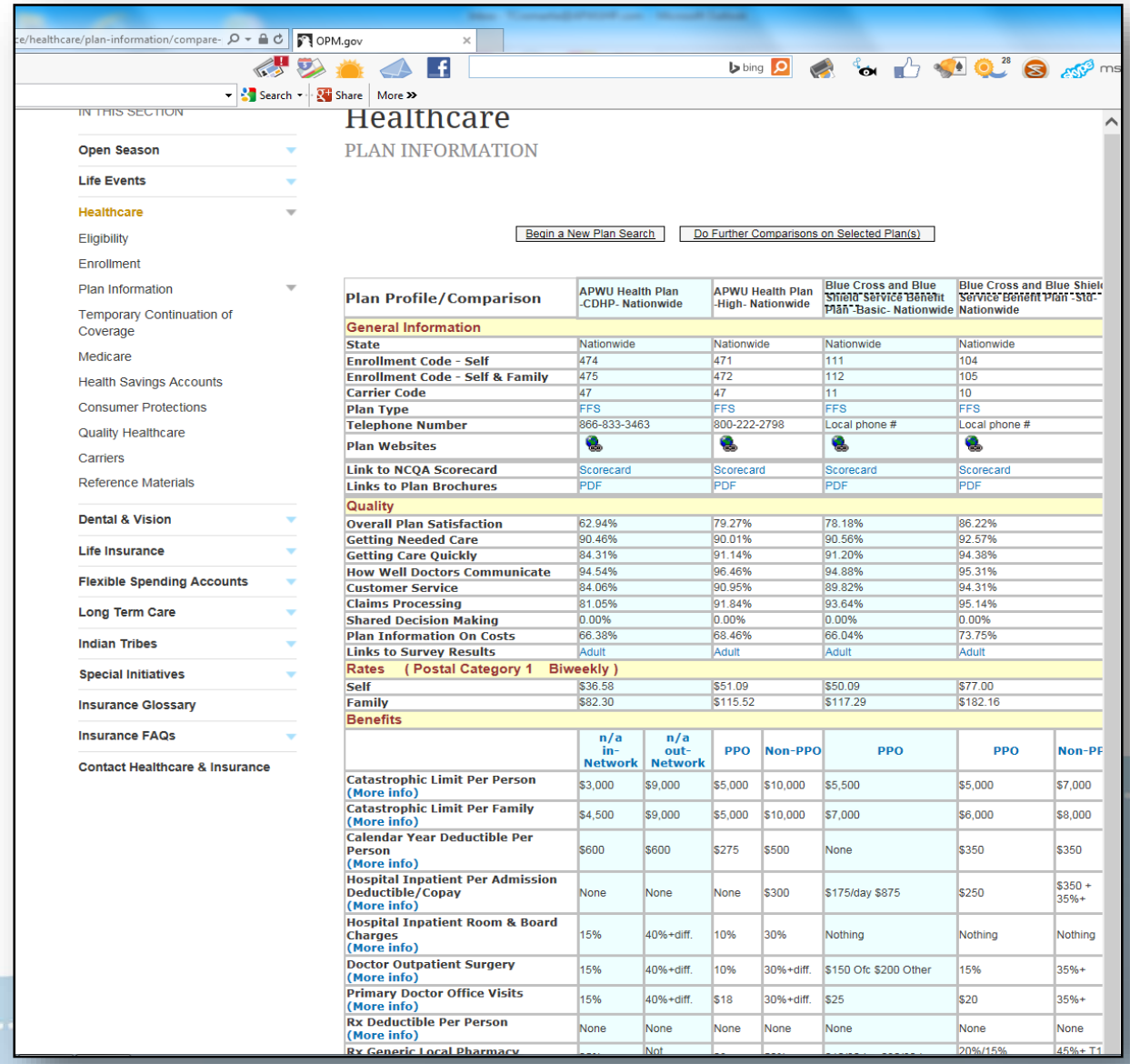
PLAN INFORMATION

For more information on any plan, click on the plan name. For side-by-side comparisons of up to four plans, check the box to the left of each plan you are interested in and click on the Compare Selected Plans button.

Compare Selected Plans

Plans (You may select up to four plans)	General Plan Information				Enrollment Codes	
	Plan Type	Telephone	State	Plan Homepage	Self	Self & Family
Aetna Direct -CDHP- All of Maryland	CDP	877-459-6604	Nationwide		N61	N62
Aetna HealthFund CDHP and Value Plan -CDHP- All of Maryland	CDP	877-459-6604	Nationwide		F51	F52
Aetna HealthFund CDHP and Value Plan -Value Plan- All of Maryland	VAL	877-459-6604	Nationwide		F54	F55
Aetna HealthFund HDHP -HDHP- All of Maryland	HDP	877-459-6604	Nationwide		224	225
Aetna Open Access -Basic- Northern/Central/Southern Maryland Areas	HMO	877-459-6604	Nationwide		JN4	JN5
Aetna Open Access -High- Northern/Central/Southern Maryland Areas	HMO	877-459-6604	Nationwide		JN1	JN2
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
CareFirst BlueChoice -HDHP- All of Maryland	HDP	888-789-9065	Nationwide		B61	B62
CareFirst BlueChoice -High- All of Maryland	HMO	888-789-9065	Nationwide		2G1	2G2
CareFirst BlueChoice -Std- All of Maryland	HMO	888-789-9065	Nationwide		2G4	2G5
Compass Rose Health Plan -High- Specific Areas	FFS	888-438-9135	Specific Groups		421	422

Four Plan Comparison



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- Insurance Glossary
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Healthcare

PLAN INFORMATION

Begin a New Plan Search | Do Further Comparisons on Selected Plan(s)

Plan Profile/Comparison	APWU Health Plan -CDHP- Nationwide	APWU Health Plan -High- Nationwide	Blue Cross and Blue Shield Service Benefit Plan -Basic- Nationwide	Blue Cross and Blue Shield Service Benefit Plan -Standard- Nationwide
General Information				
State	Nationwide	Nationwide	Nationwide	Nationwide
Enrollment Code - Self	474	471	111	104
Enrollment Code - Self & Family	475	472	112	105
Carrier Code	47	47	11	10
Plan Type	FFS	FFS	FFS	FFS
Telephone Number	866-833-3463	800-222-2798	Local phone #	Local phone #
Plan Websites				
Link to NCQA Scorecard	Scorecard	Scorecard	Scorecard	Scorecard
Links to Plan Brochures	PDF	PDF	PDF	PDF
Quality				
Overall Plan Satisfaction	62.94%	79.27%	78.18%	86.22%
Getting Needed Care	90.46%	90.01%	90.56%	92.57%
Getting Care Quickly	84.31%	91.14%	91.20%	94.38%
How Well Doctors Communicate	94.54%	96.46%	94.88%	95.31%
Customer Service	84.06%	90.95%	89.82%	94.31%
Claims Processing	81.05%	91.84%	93.64%	95.14%
Shared Decision Making	0.00%	0.00%	0.00%	0.00%
Plan Information On Costs	66.38%	68.46%	66.04%	73.75%
Links to Survey Results	Adult	Adult	Adult	Adult
Rates (Postal Category 1 Biweekly)				
Self	$36.58	$51.09	$50.09	$77.00
Family	$82.30	$115.52	$117.29	$182.16
Benefits				

	n/a in-Network	n/a out-Network	PPO	Non-PPO	PPO	PPO	Non-PP
Catastrophic Limit Per Person (More info)	$3,000	$9,000	$5,000	$10,000	$5,500	$5,000	$7,000
Catastrophic Limit Per Family (More info)	$4,500	$9,000	$5,000	$10,000	$7,000	$6,000	$8,000
Calendar Year Deductible Per Person (More info)	$600	$600	$275	$500	None	$350	$350
Hospital Inpatient Per Admission Deductible/Copay (More info)	None	None	None	$300	$175/day $875	$250	$350 + 35%+
Hospital Inpatient Room & Board Charges (More info)	15%	40%+diff.	10%	30%	Nothing	Nothing	Nothing
Doctor Outpatient Surgery (More info)	15%	40%+diff.	10%	30%+diff.	$150 Ofc $200 Other	15%	35%+
Primary Doctor Office Visits (More info)	15%	40%+diff.	$18	30%+diff.	$25	$20	35%+
Rx Deductible Per Person (More info)	None	None	None	None	None	None	None
Rx Generic Local Pharmacy		Not				20%/15%	45%+ T1

Enrollment Details

Plan Profile/Comparison	APWU Health Plan -CDHP- Nationwide	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
General Information				
State	Nationwide	Nationwide	Nationwide	Nationwide
Enrollment Code - Self	474	471	111	104
Enrollment Code - Self & Family	475	472	112	105
Carrier Code	47	47	11	10
Plan Type	FFS	FFS	FFS	FFS
Telephone Number	866-833-3463	800-222-2798	Local phone #	Local phone #
Plan Websites				
Link to NCQA Scorecard	Scorecard	Scorecard	Scorecard	Scorecard
Links to Plan Brochures	PDF	PDF	PDF	PDF

Quality Scores

Quality				
Overall Plan Satisfaction	62.94%	79.27%	78.18%	86.22%
Getting Needed Care	90.46%	90.01%	90.56%	92.57%
Getting Care Quickly	84.31%	91.14%	91.20%	94.38%
How Well Doctors Communicate	94.54%	96.46%	94.88%	95.31%
Customer Service	84.06%	90.95%	89.82%	94.31%
Claims Processing	81.05%	91.84%	93.64%	95.14%
Shared Decision Making	0.00%	0.00%	0.00%	0.00%
Plan Information On Costs	66.38%	68.46%	66.04%	73.75%
Links to Survey Results	Adult	Adult	Adult	Adult

Rates

RATES (Postal Category 1 Biweekly)				
SELF	$36.58	$51.09	$50.09	$77.00
FAMILY	$82.30	$115.52	$117.29	$182.16

Note: Tool will only show Postal Category 1

Benefits

Benefits	n/a in-Network	n/a out-Network	PPO	Non-PPO	PPO	PPO	Non-PP
Catastrophic Limit Per Person (More info)	$3,000	$9,000	$5,000	$10,000	$5,500	$5,000	$7,000
Catastrophic Limit Per Family (More info)	$4,500	$9,000	$5,000	$10,000	$7,000	$6,000	$8,000
Calendar Year Deductible Per Person (More info)	$600	$600	$275	$500	None	$350	$350
Hospital Inpatient Per Admission Deductible/Copay (More info)	None	None	None	$300	$175/day $875	$250	$350 + 35%+
Hospital Inpatient Room & Board Charges (More info)	15%	40%+diff.	10%	30%	Nothing	Nothing	Nothing
Doctor Outpatient Surgery (More info)	15%	40%+diff.	10%	30%+diff.	$150 Ofc $200 Other	15%	35%+
Primary Doctor Office Visits (More info)	15%	40%+diff.	$18	30%+diff.	$25	$20	35%+
Rx Deductible Per Person (More info)	None	None	None	None	None	None	None
Rx Generic Local Pharmacy (More info)	25%	Not Covered	$8	50%	$10/30day $30/90day	20%/15% Medicare B	45%+ T1 T5
Rx Generic Mail Order (More info)	25%	Not Covered	$15	N/A	N/A	$15	NA
Rx Brand Local Pharmacy (More info)	25%	N/A	25%	50%	T2$45/30T350%$55min	30%Tier2/30% Tier4	45%+
Rx Brand Mail Order (More info)	25%	N/A	25%	N/A	T4$50/$60T5$70/$80	T430%/ $95/T530%/$155	NA
Rx Mail Order --Supply Size Per Copay (More info)	90 days	90 days	90 days	90 days	N/A	Up to 90 days	N/A



MAKING STRIDES ONLINE FOR OPEN SEASON AND BEYOND

TOGETHER. BETTER HEALTH.

APWU HEALTH PLAN

Website Redesign

- Basic navigation
- HPR pages
- Open Season quick link
- APWU Health Plan Member page
- Provider directory

New website delivers key benefits

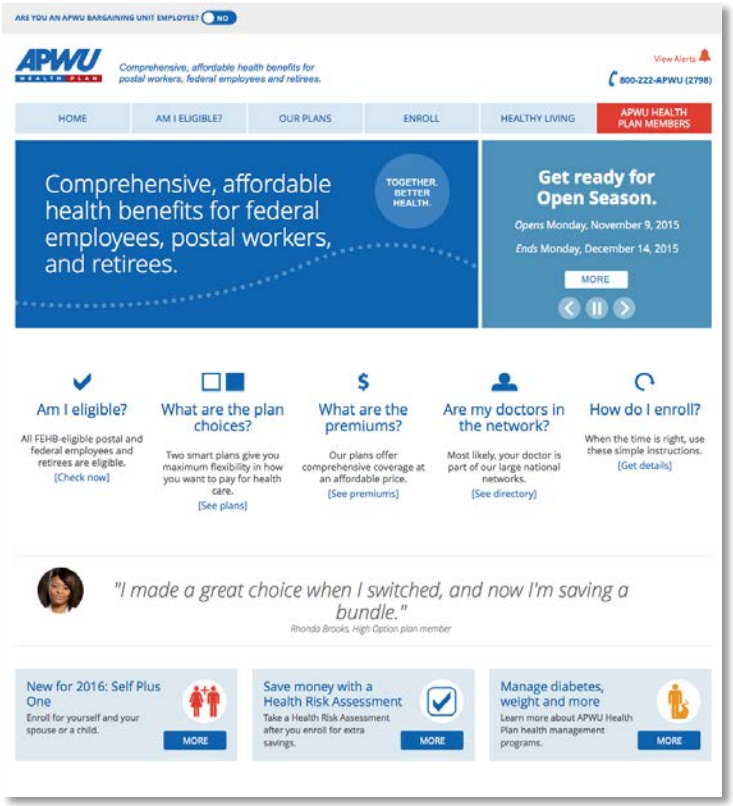
Responsive design is optimized for desktop, tablet, and mobile viewing

Clear messaging speaks directly to each of our audiences

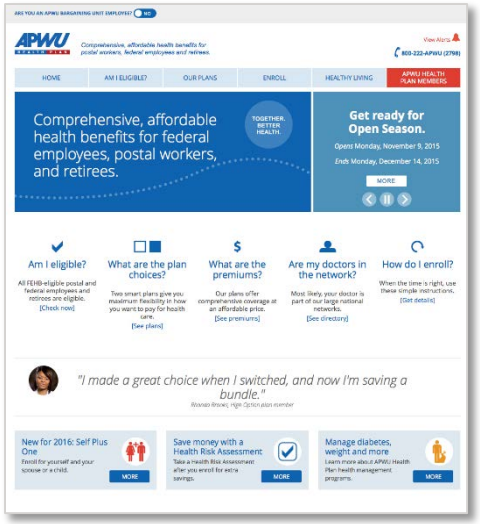
Drop-down mega menus make finding things easy

Eligibility Finder gets prospective members to the right info quickly

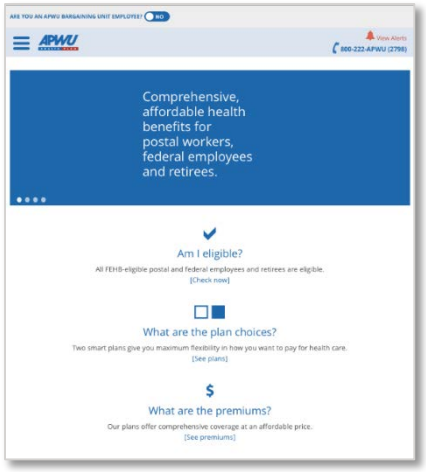
HPR Finder helps prospective members connect with you easily



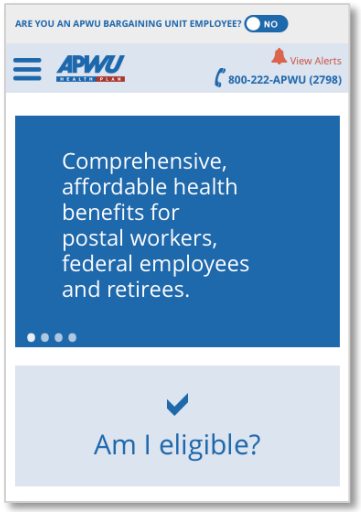
New design responds to each user's device



Desktop view



Tablet view



Mobile view

Technology improvements are a match
for how people research and compare health plans.

Home page answers directly the questions most people have

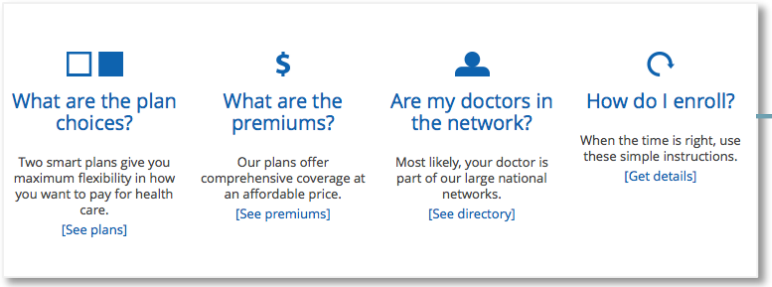
When shopping for a health plan, people want to know four things:

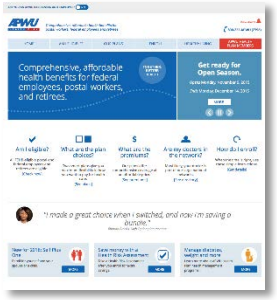
What's covered?

How much does it cost?

Are my doctors in the network?

How do I enroll?

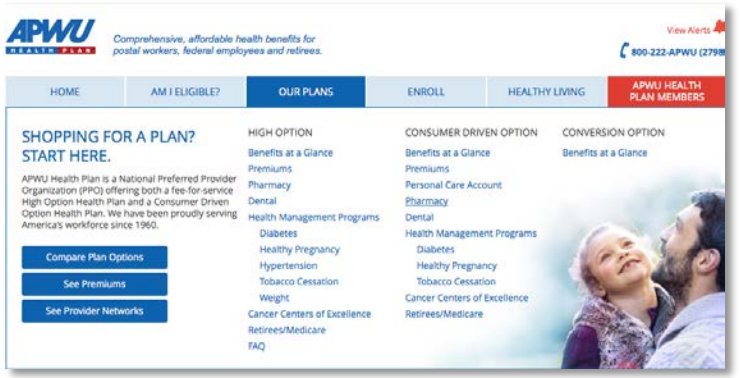


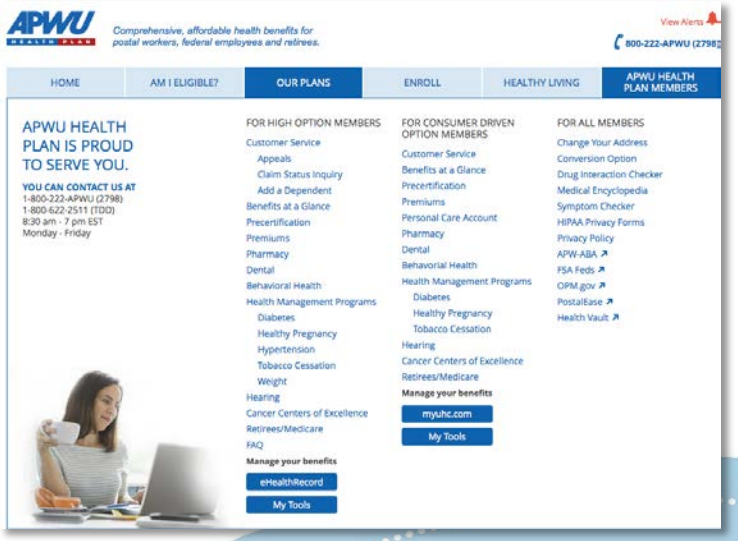


Targeted messages speak to each audience

Get the specific information, resources and downloads you need, whether you are a –

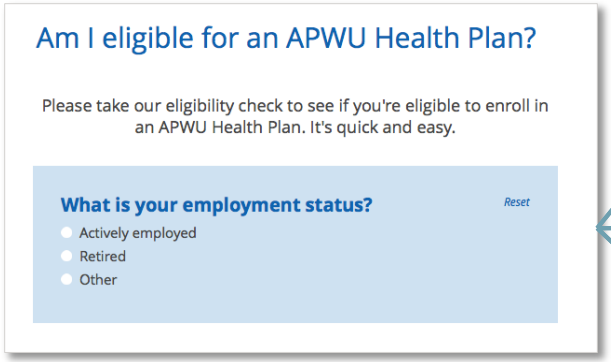
- Prospective Plan member
  - Postal bargaining unit
  - Postal non-bargaining unit
  - Postal support
  - Federal
  - Retiree
- Current Plan member
  - High Option
  - CDO
- Provider
- Benefit officer
- HPR

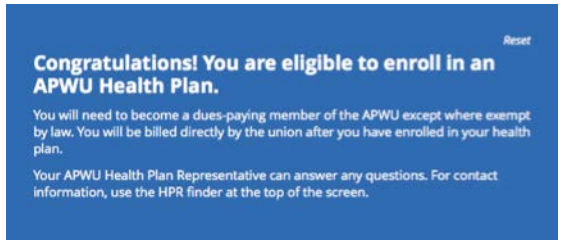




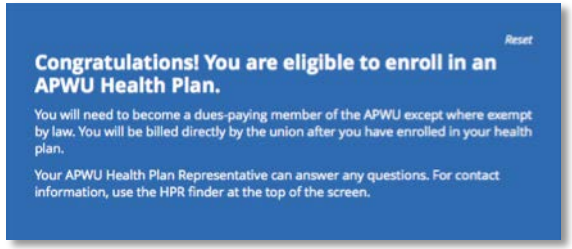
Friendly tool guides prospects to enroll

By answering a few simple questions, users get specifics about whether or not they are eligible, and how to enroll.

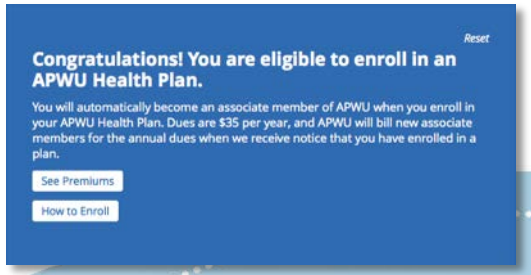




APWU member



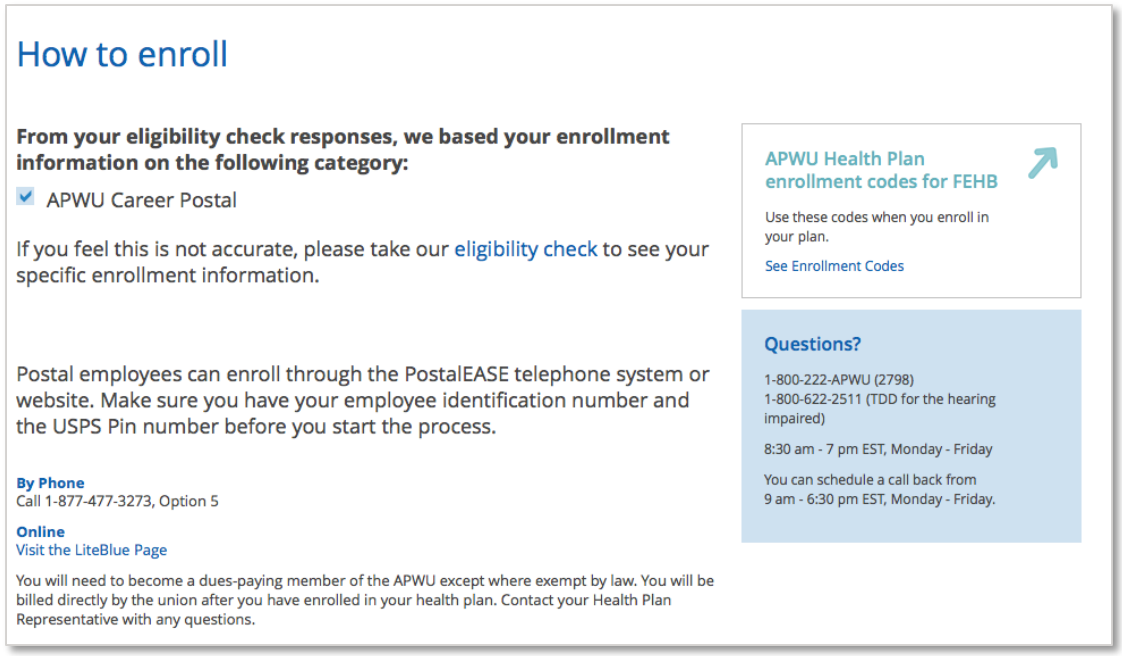
Bargaining unit non-member



Federal employee or retiree

Enrollment info matches the user's profile

After taking the Eligibility Check, a user gets clear enrollment instructions based on their profile.



How to enroll

From your eligibility check responses, we based your enrollment information on the following category:

APWU Career Postal

If you feel this is not accurate, please take our eligibility check to see your specific enrollment information.

Postal employees can enroll through the PostalEASE telephone system or website. Make sure you have your employee identification number and the USPS Pin number before you start the process.

By Phone
Call 1-877-477-3273, Option 5

Online
Visit the LiteBlue Page

You will need to become a dues-paying member of the APWU except where exempt by law. You will be billed directly by the union after you have enrolled in your health plan. Contact your Health Plan Representative with any questions.

APWU Health Plan enrollment codes for FEHB

Use these codes when you enroll in your plan.

See Enrollment Codes

Questions?

1-800-222-APWU (2798)
1-800-622-2511 (TDD for the hearing impaired)

8:30 am - 7 pm EST, Monday - Friday

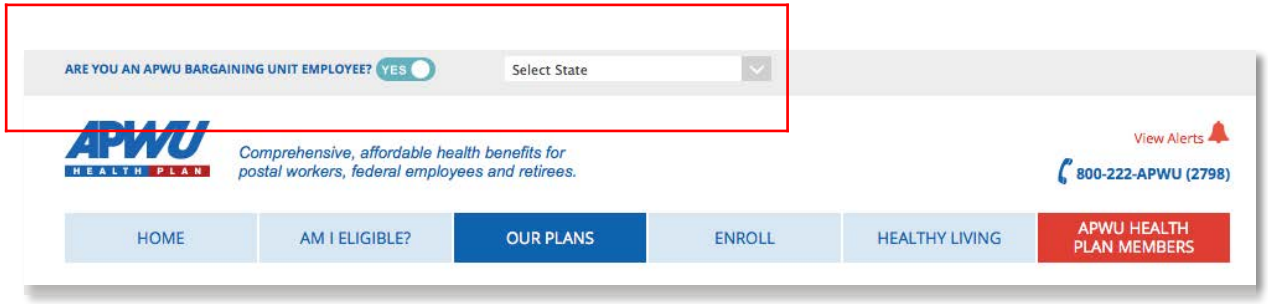
You can schedule a call back from 9 am - 6:30 pm EST, Monday - Friday.

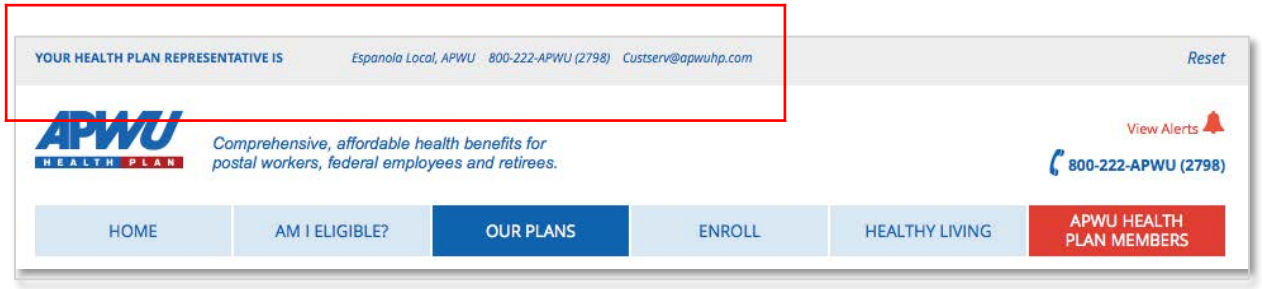
In this case, the user stated they are:

- Actively employed
- Postal Service employee
- Part of the bargaining unit
- More than one year
- Not an APWU member

New tools to support the HPR

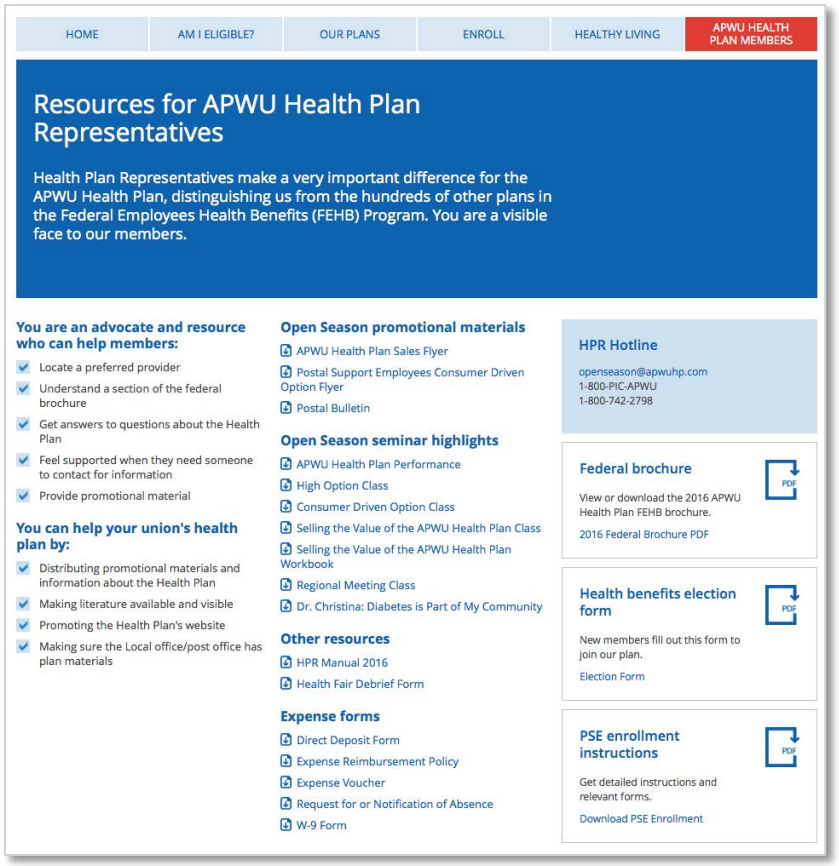
HPR Finder helps prospective members connect with you.





Bargaining unit employees choose their state and local to find contact info for their HPR

More tools to support the HPR



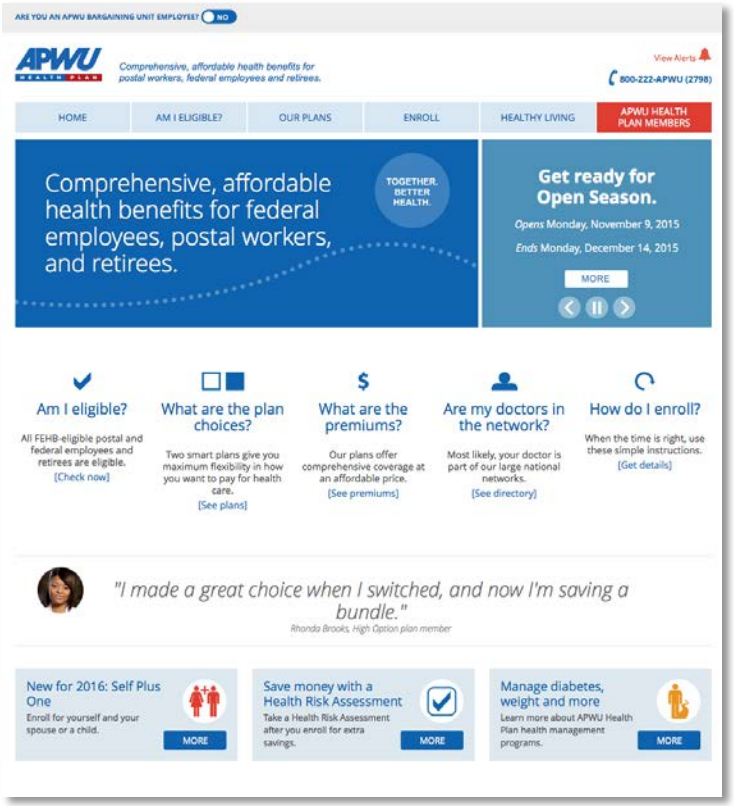
New login security

Log in for tools and resources to help you in communicating with prospective members:

- Talking points
- Downloads and materials
- Confidential communication

HPR tools section is built for future expansion.

Same URL, new strength



www.apwuhp.com

A new tool designed:

- To deliver complete information
- Organized by the user's needs and wants
- Using current best practices
- With you and our members in mind

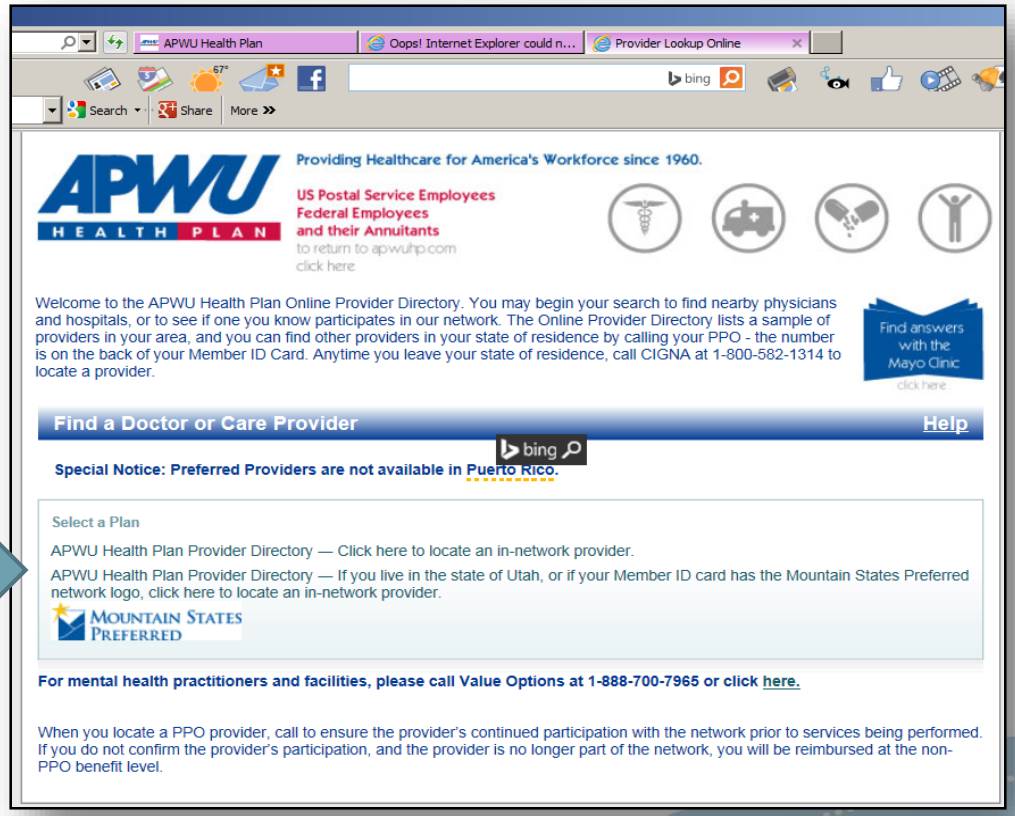
Tell us what you think!

APWU Health Plan Provider Directory

Provider Directory - High Option

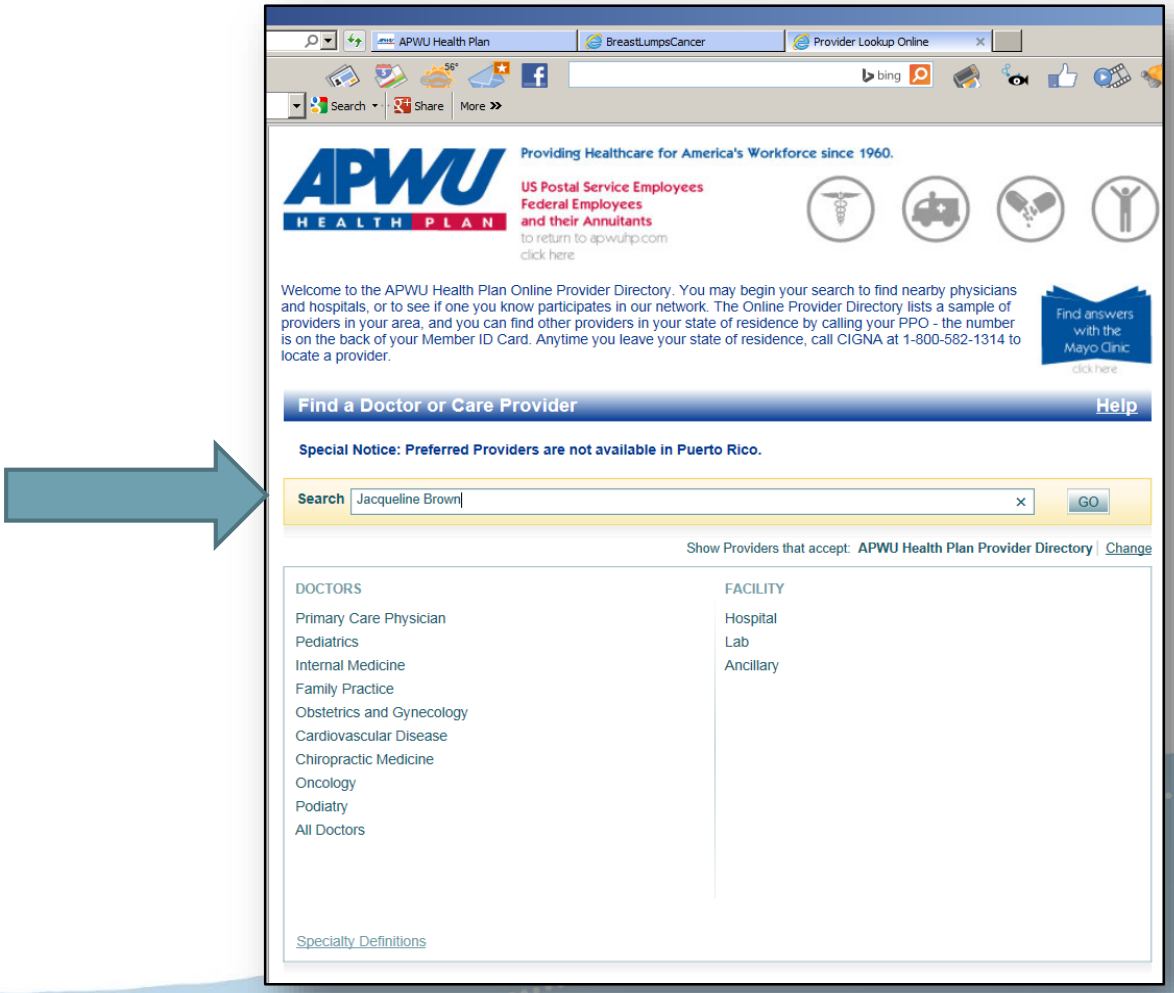


Provider Directory - Landing Page



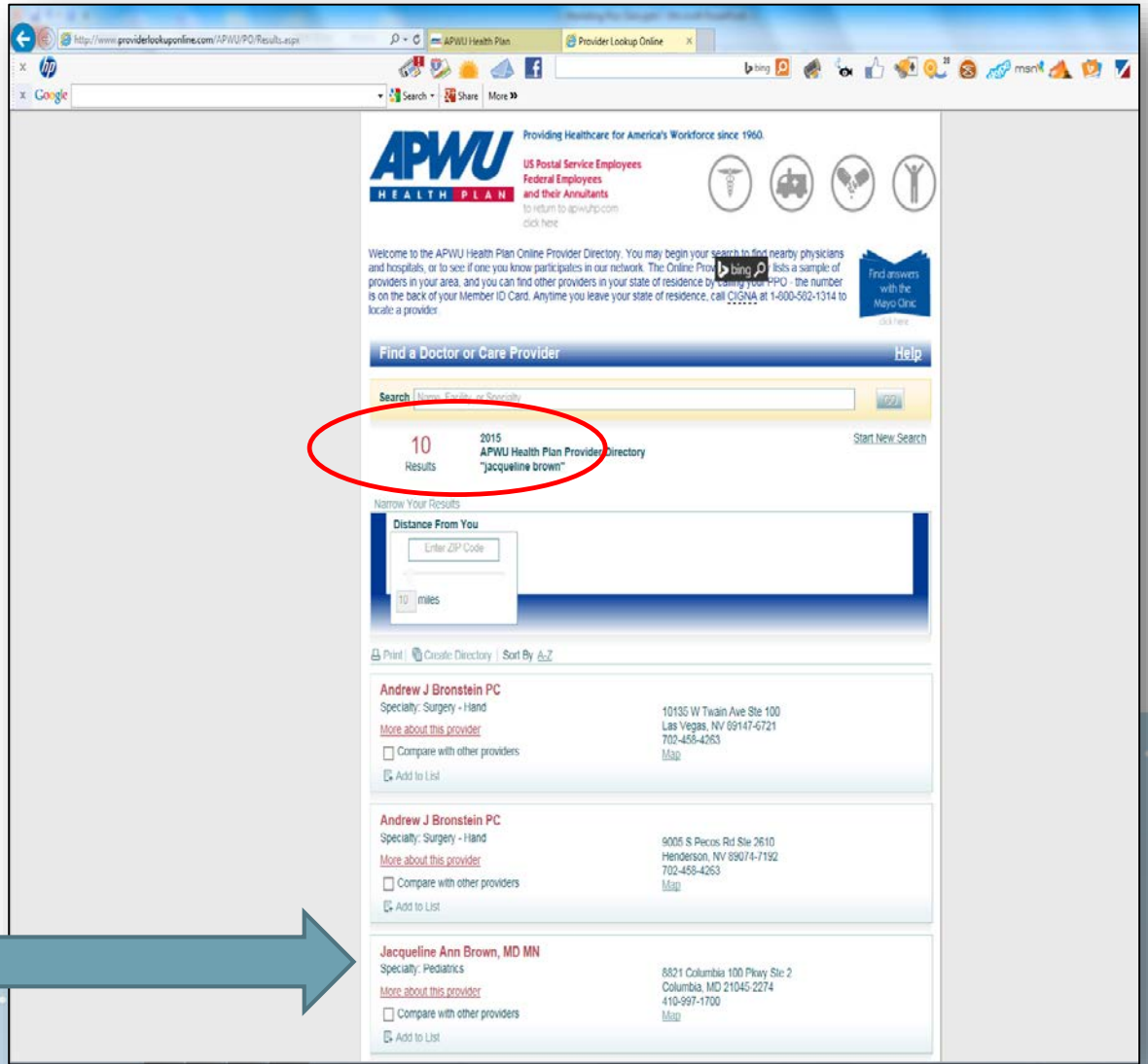
Select link based on State
Utah -second link
All other states first link

Provider Directory - Search by Doctor's Name

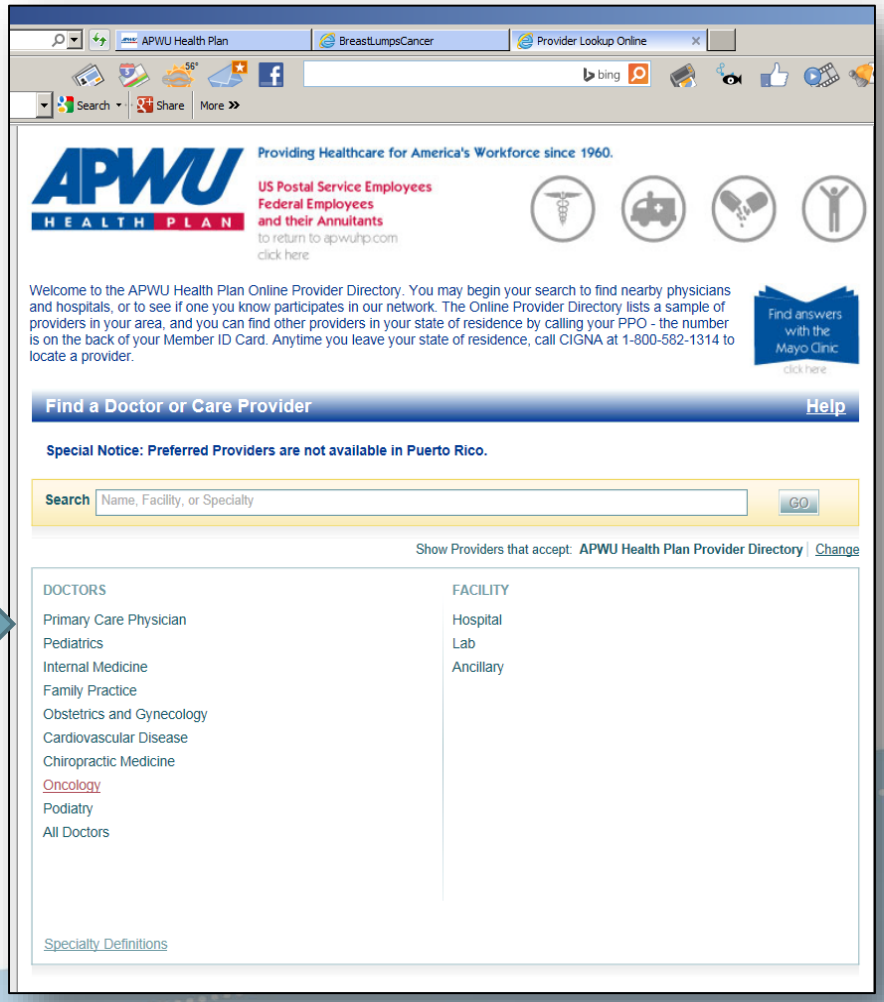


Enter Jacqueline Brown

Provider Directory - Search by Doctor's Name



Provider Directory - Primary Care Physician

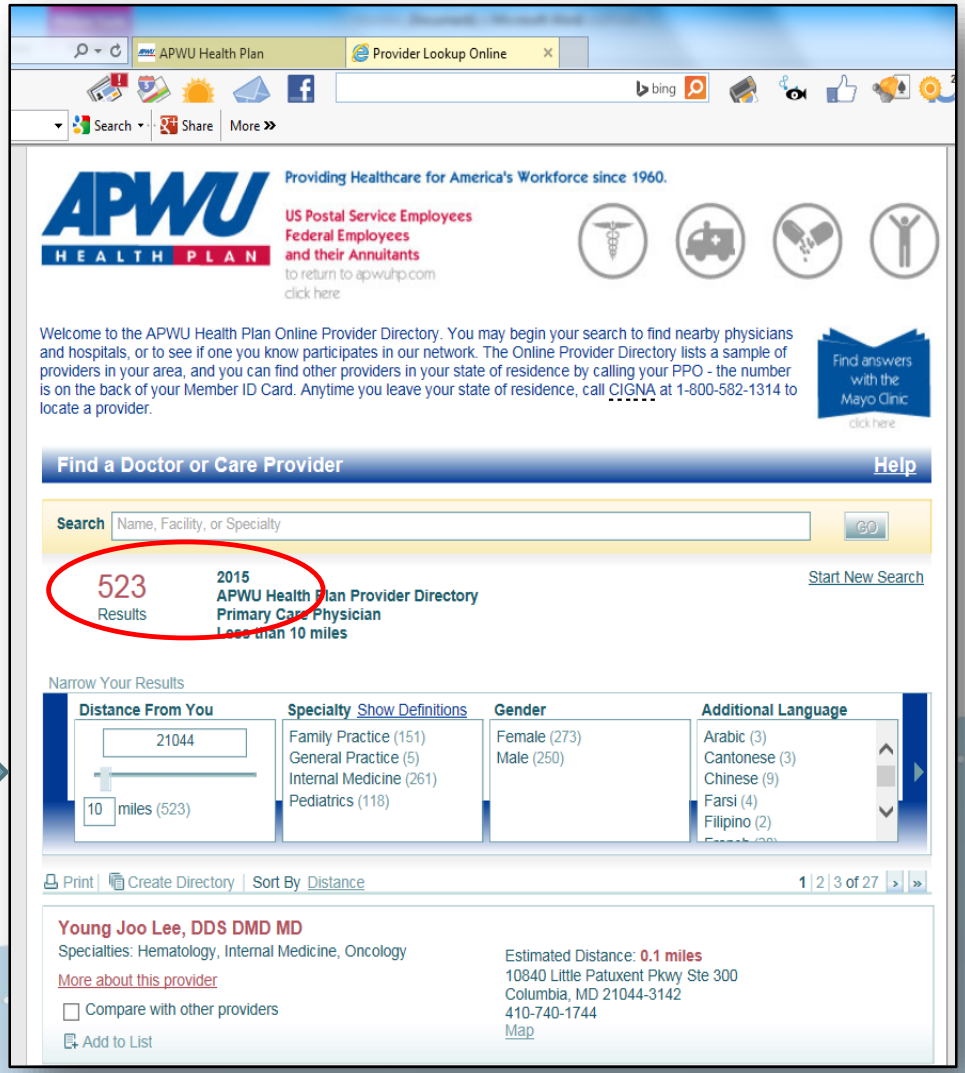


Click on Primary Care Providers

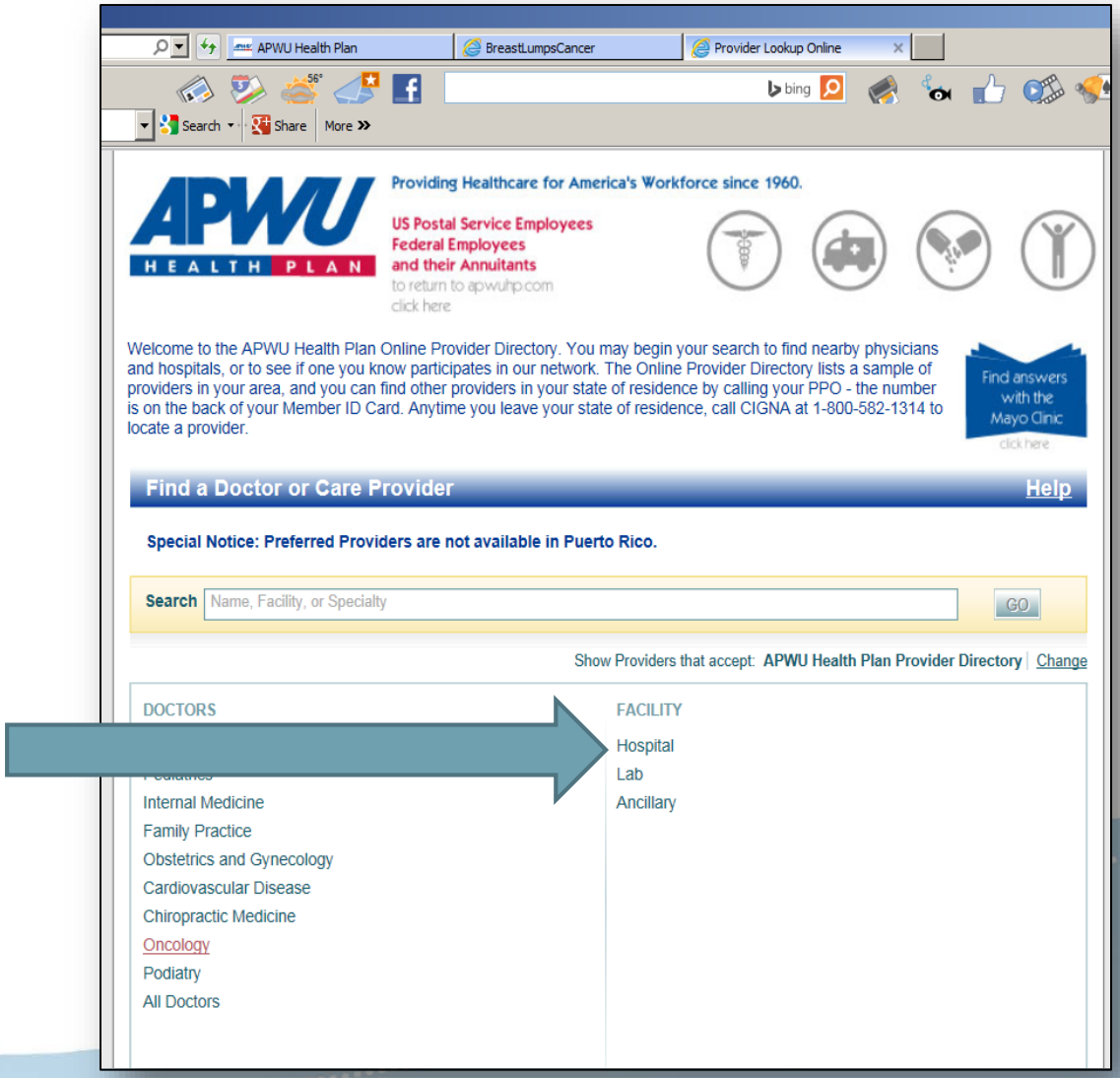
Provider Directory - Primary Care Physician



Provider Directory - Primary Care Physician - Zip Code

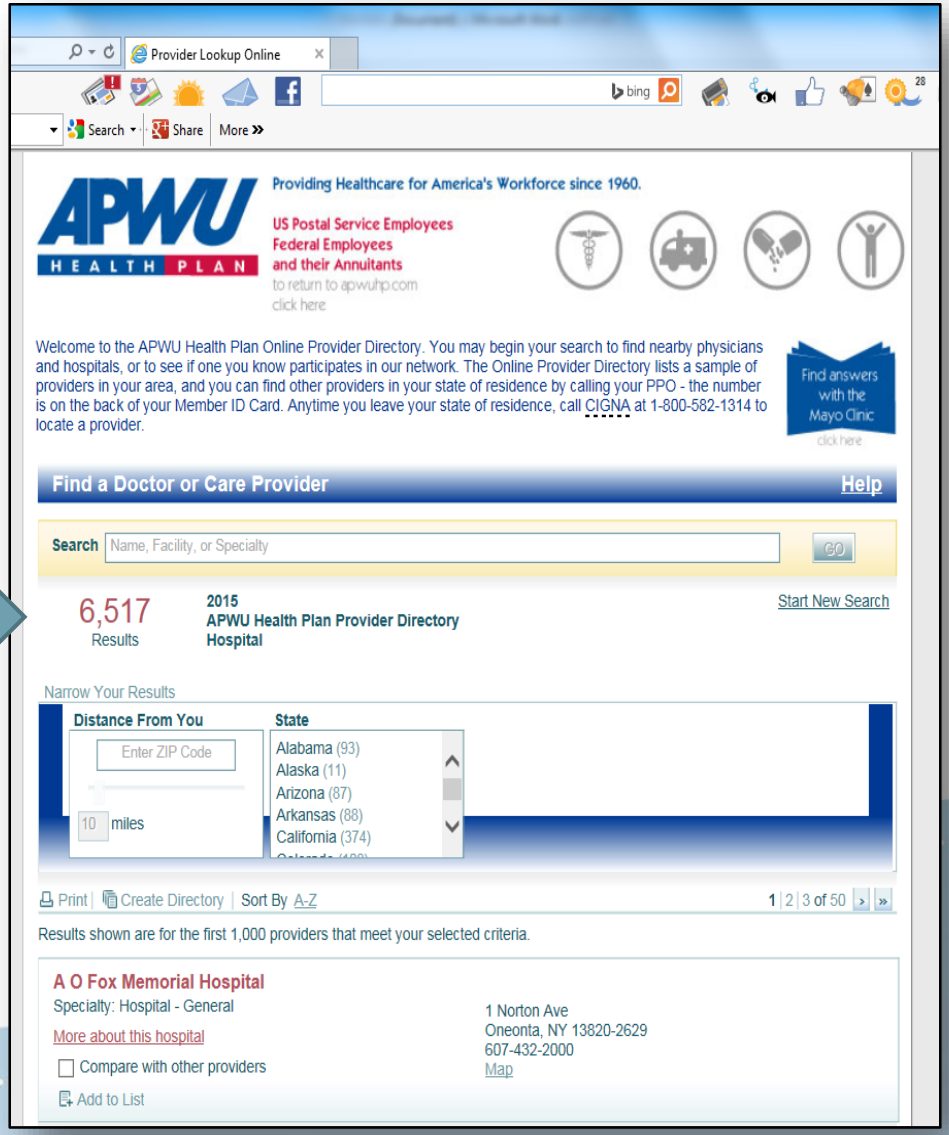


Provider Directory - Hospitals

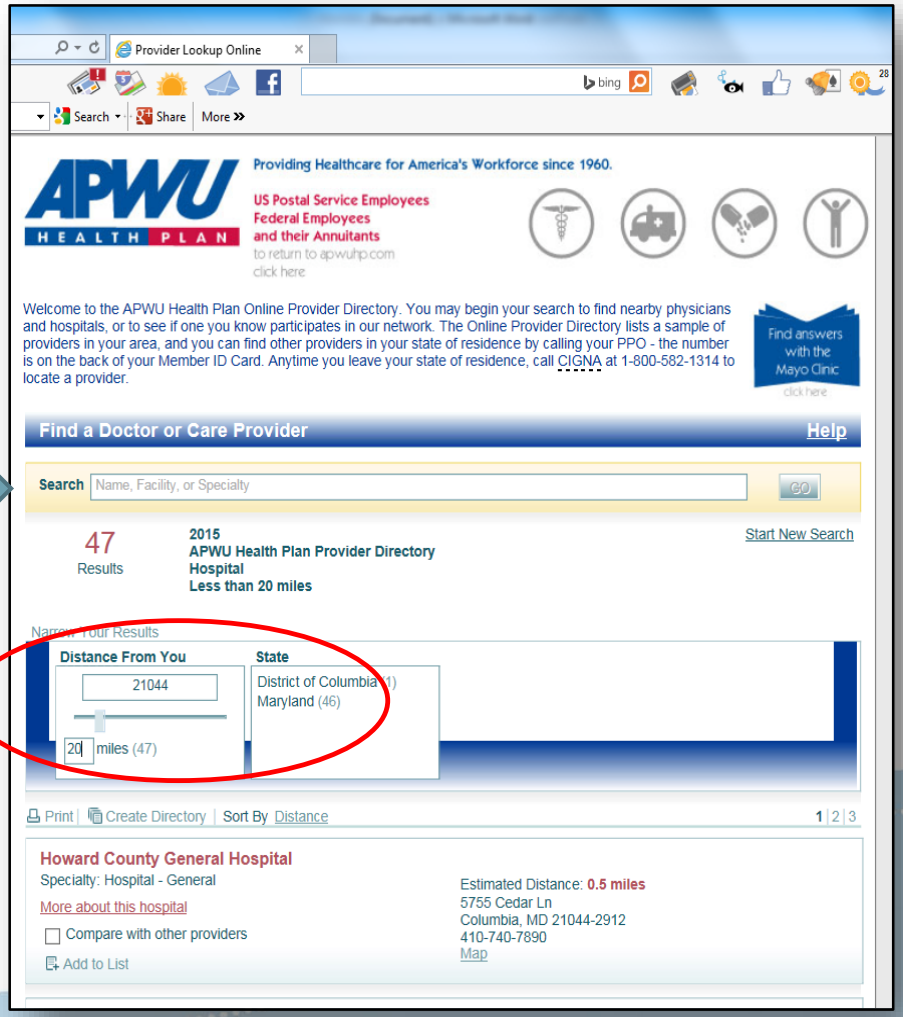


Click on Hospitals

Provider Directory - Hospitals

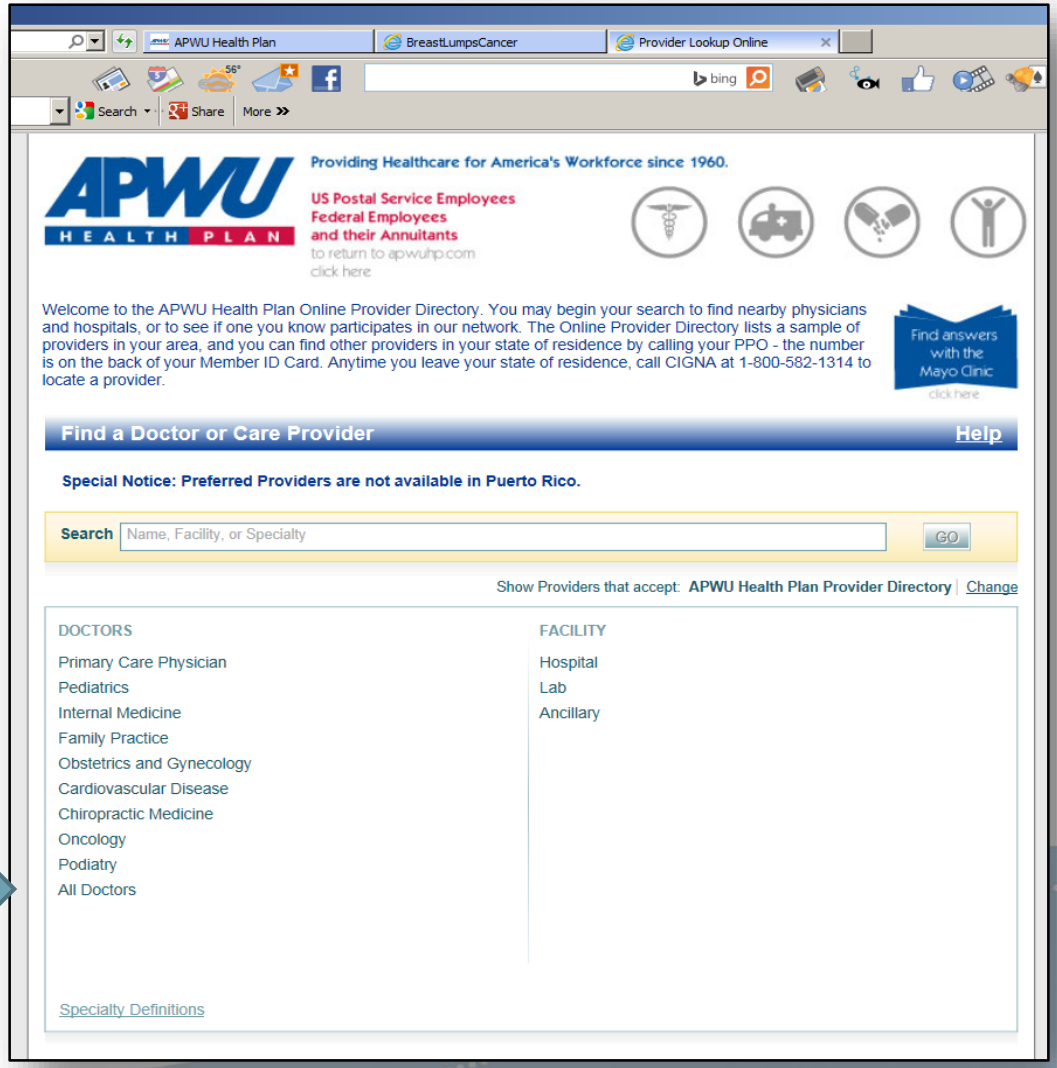


Provider Directory - Hospitals - Zip Code



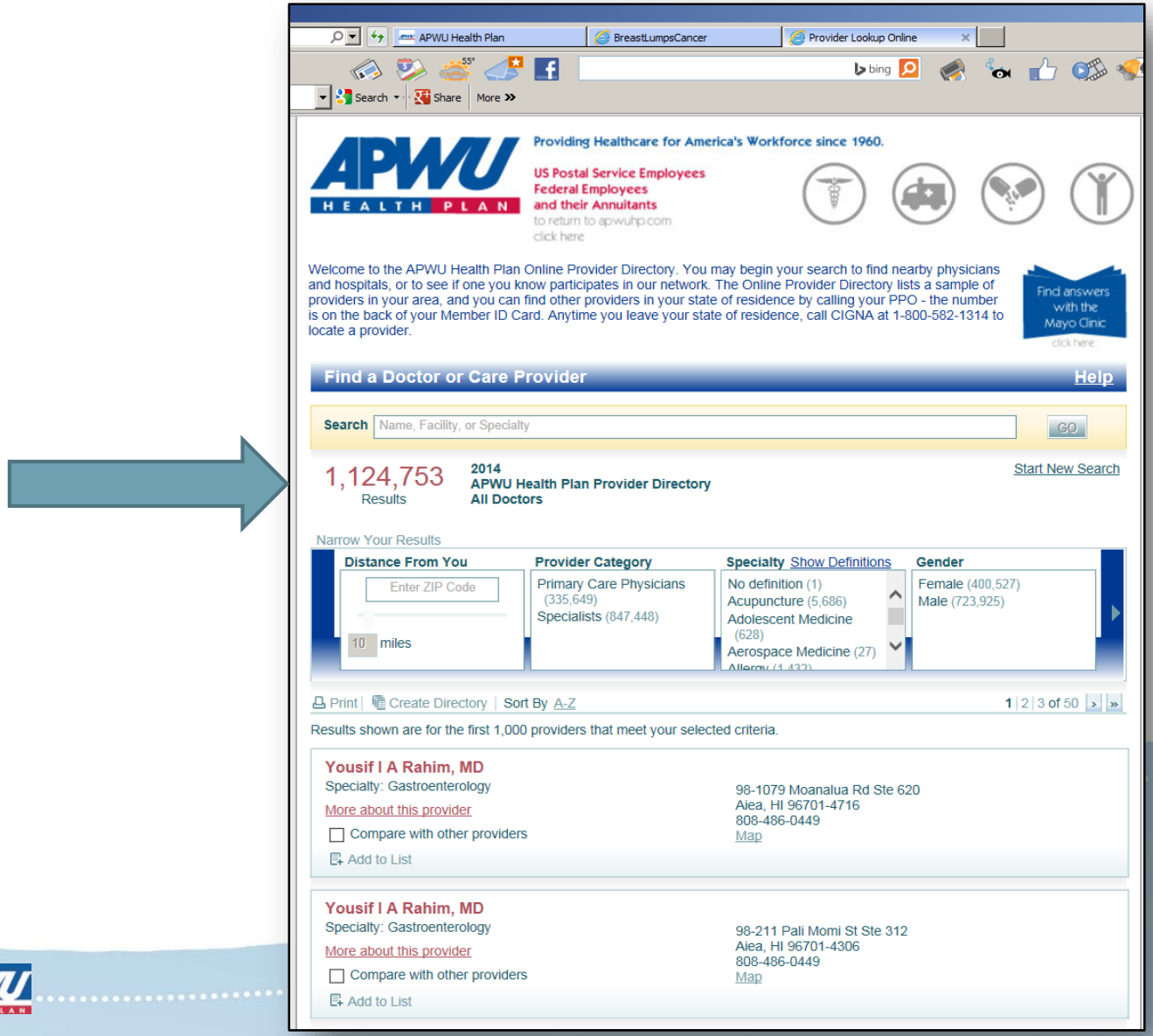
Enter zip code 21044

Provider Directory - All Doctors

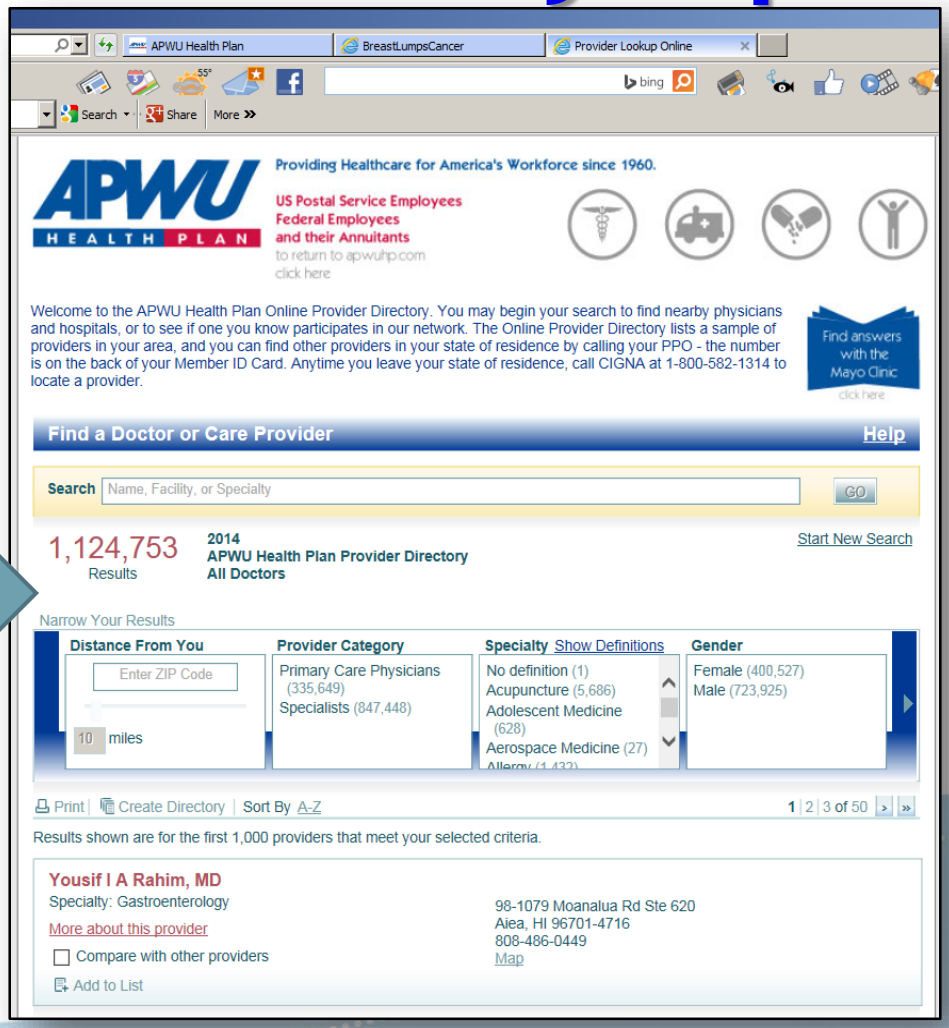


Click on All Doctors

Provider Directory - All Doctors



Provider Directory - All Doctors by Zip Code



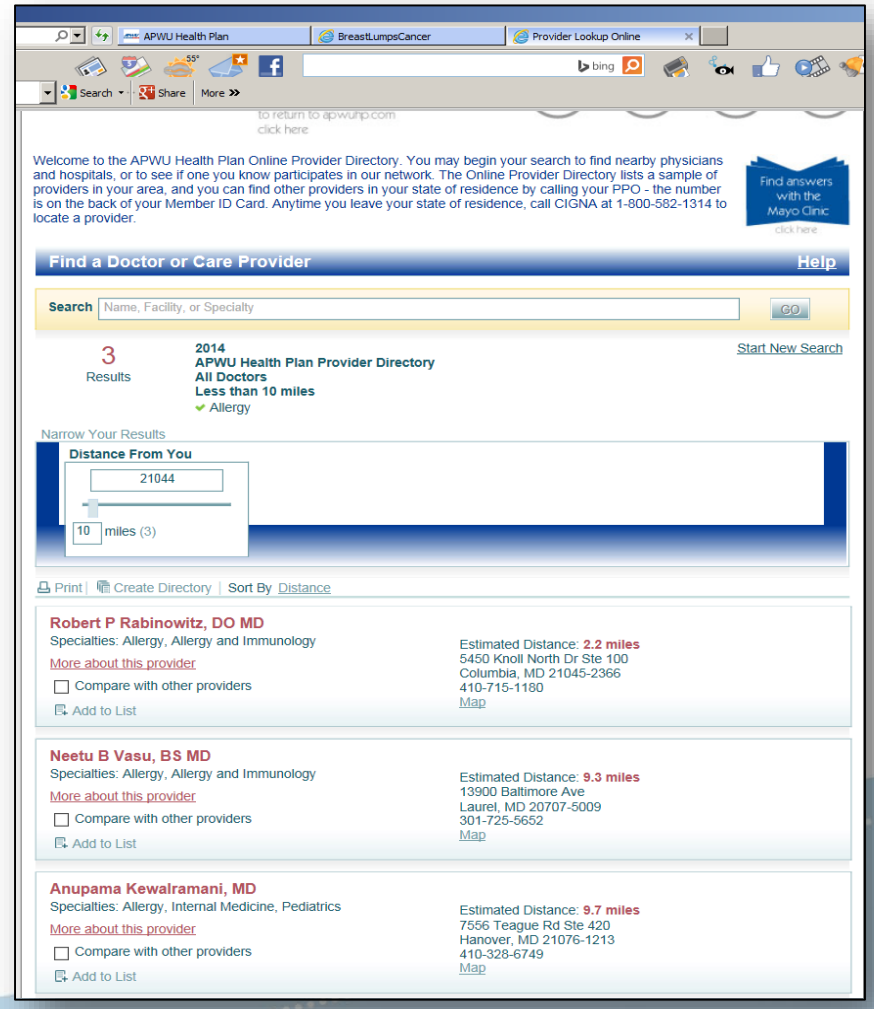
Enter zip code

Provider Directory - All Doctors by Zip Code



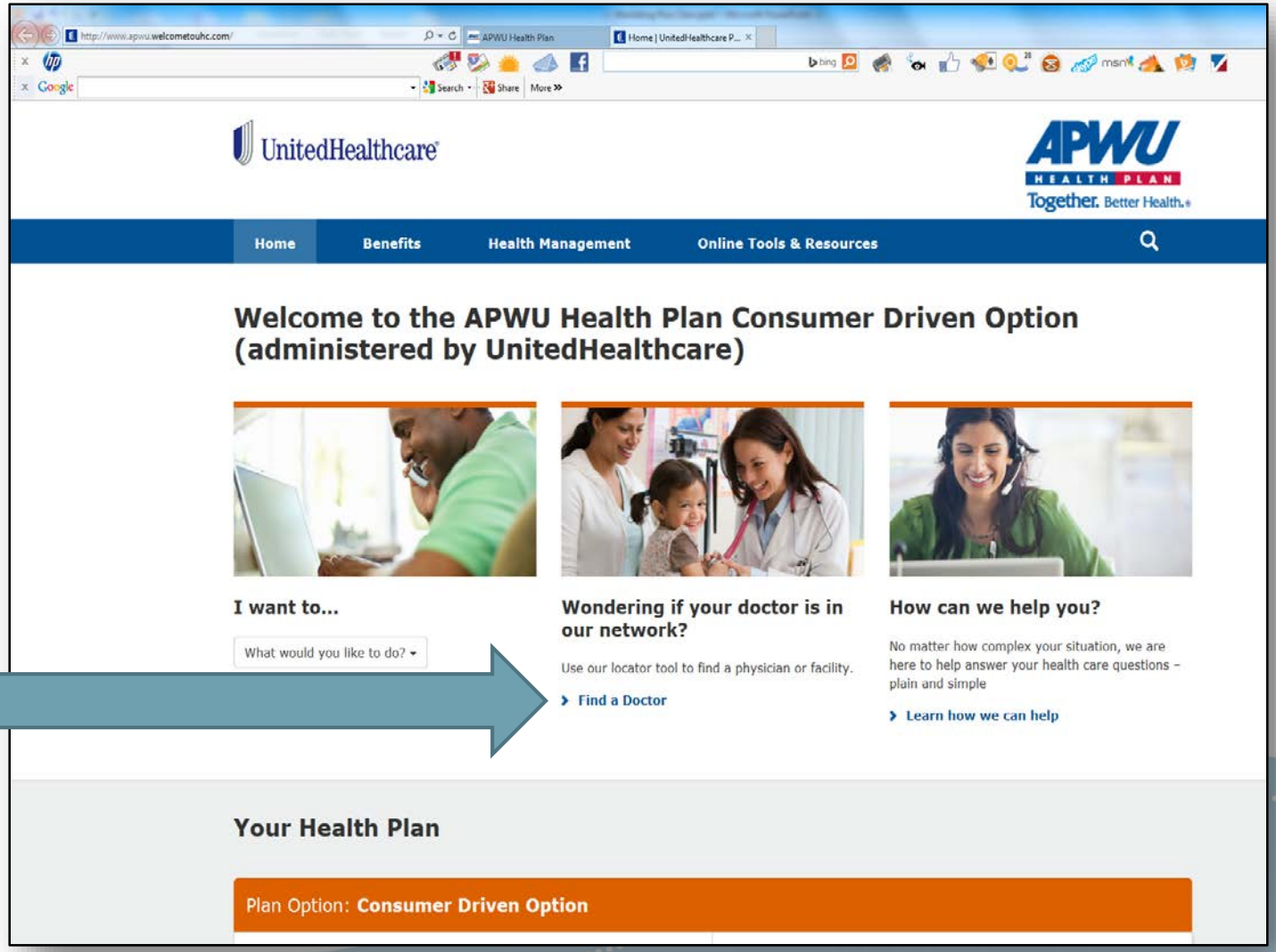
Select a Specialty

Provider Directory - All Doctors by Specialty



Allergy Selected

Provider Directory - CDO



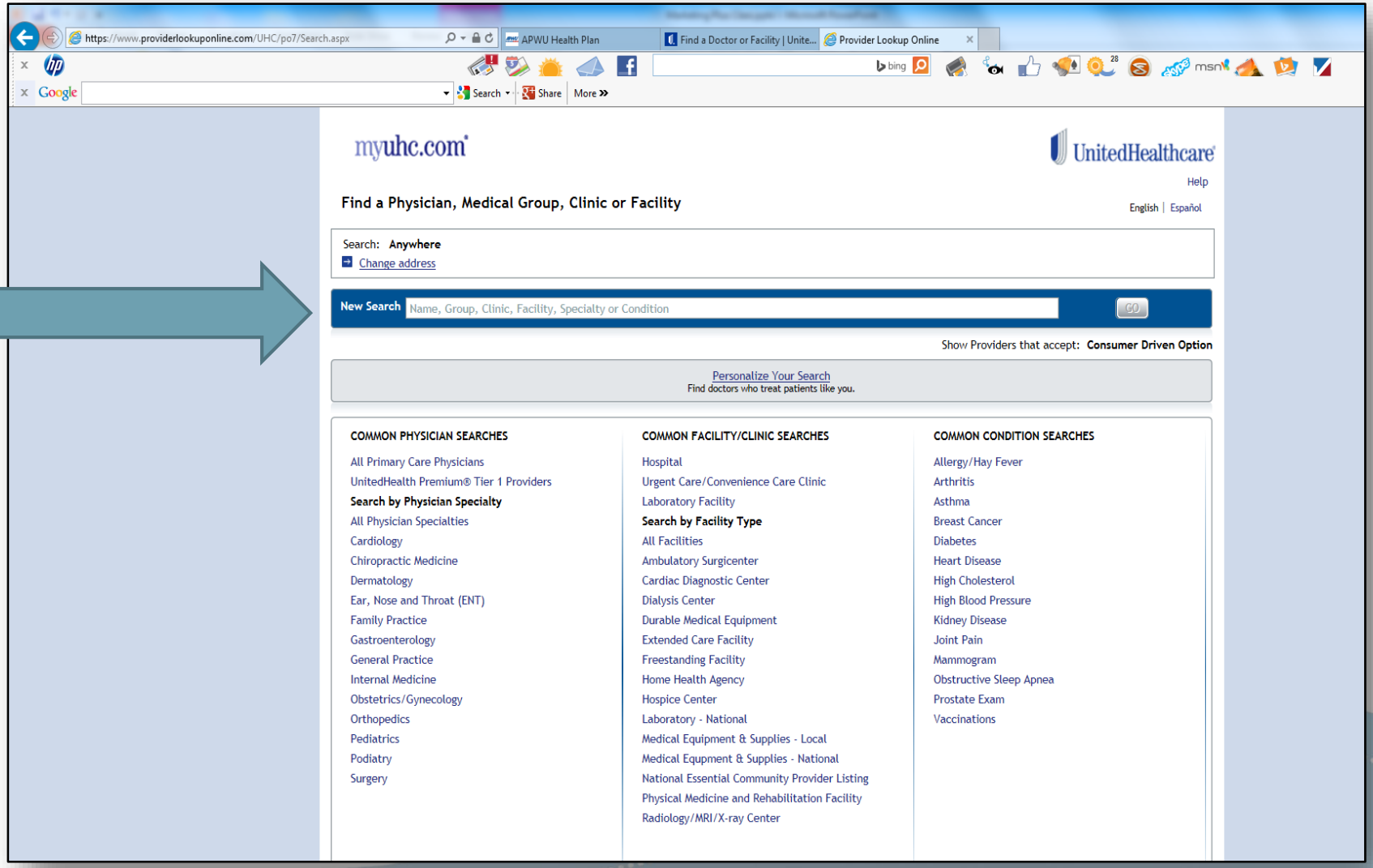
Find a Doctor

Provider Directory - CDO



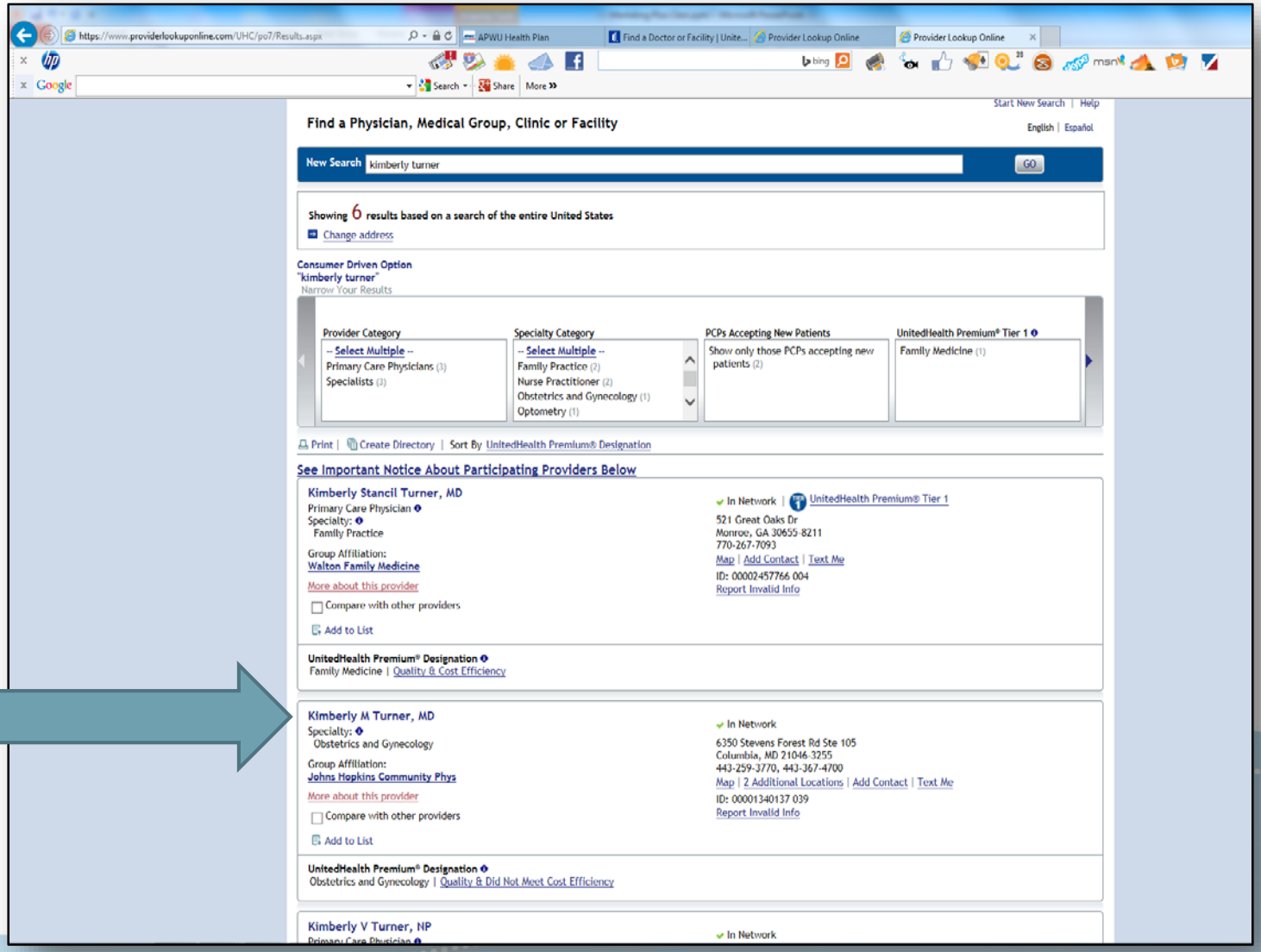
Select by state/location

Provider Directory - CDO

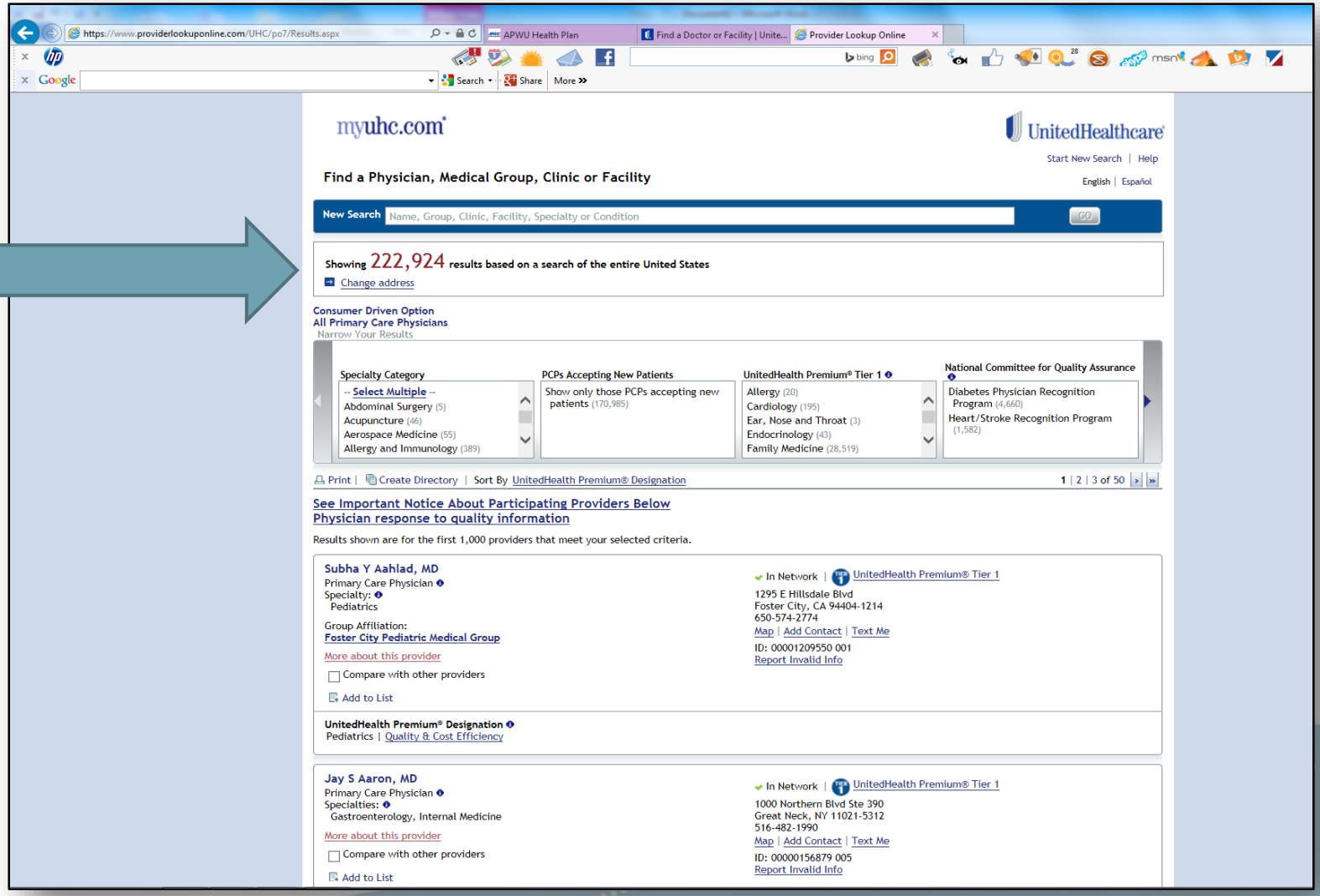


Enter Name-Kimberly Turner

Provider Directory - CDO

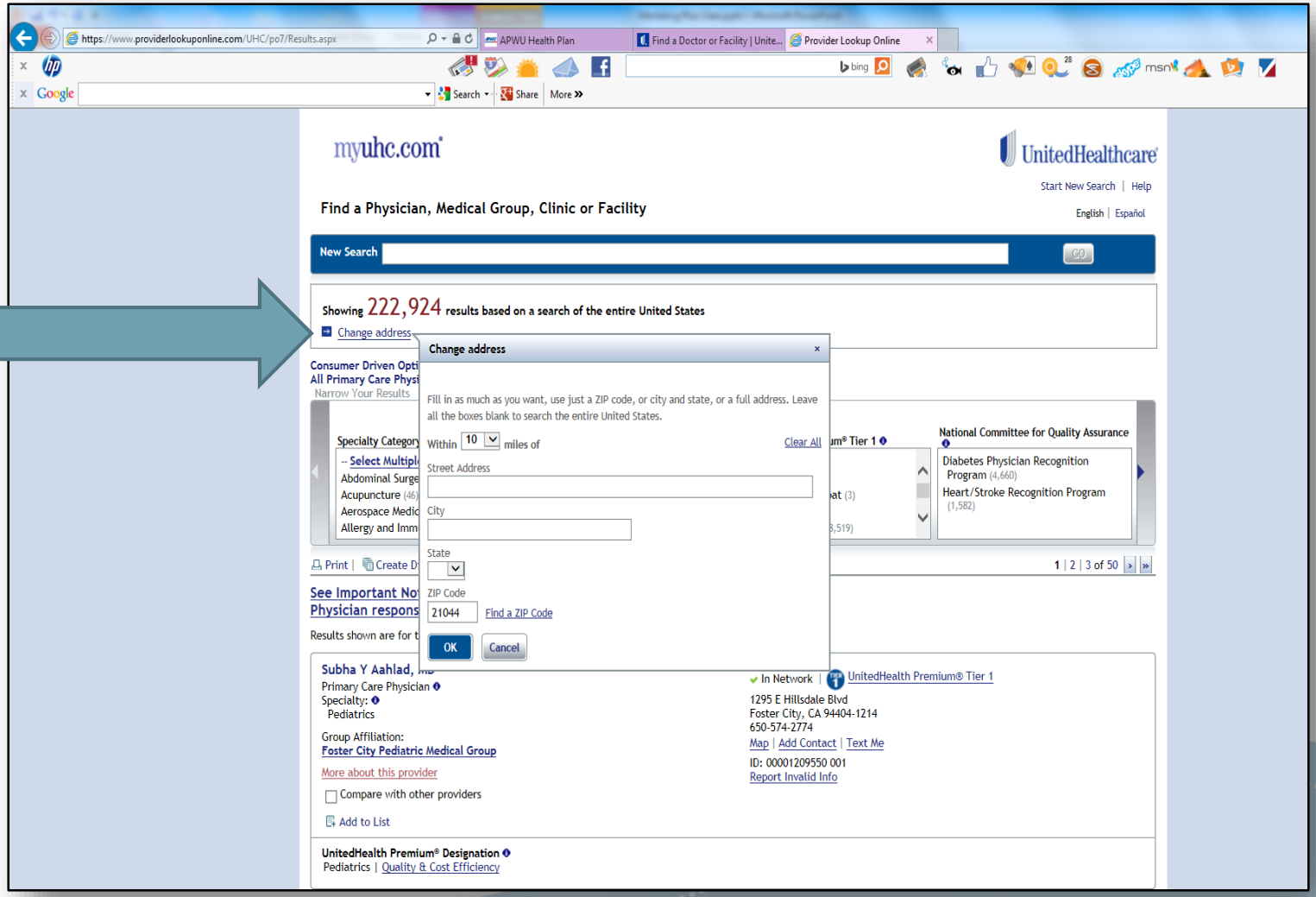


Provider Directory - CDO



By Specialty-Primary Care Providers

Provider Directory - CDO



By Address-21044

Open Discussion

Thank You!

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

Please note any questions for the **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:

Saturday, October 17, 2015