MARKETING PLUS

BASIC



APWU HEALTH PLAN

TOGETHER.
BETTER HEALTH.®

33rd Annual Open Season Seminar

Today's Agenda
Marketing Materials - Book

- Health Plan Overviews
- Premiums
- Competitors
- Marketing Materials
- LWOP

Member Calendar - High Option

Preventive service covered at 100% (in-network)

Copay $25 primary or specialist

Annual Deductible (In-network)
$350 Self Only
$700 Self Plus One and Self and Family

Cost Sharing: Coinsurance
In-network - 10%

Annual Out-of-pocket Maximum (In-network)
$5,500 Self Only
$9,000 Self Only and Self Plus One and Self

Member Calendar - Consumer Driven Option

Preventive service covered at 100% (in-network)

Personal Care Account (PCA)

$1,200 Self Only; $2,400 Family

When PCA is exhausted, members pay deductible

$800 Self Only

$1,600 Family

Cost Sharing: Coinsurance

In-network - 15%

Prescription Drugs - 25%

Annual Out-of-pocket Maximum (In-network)

$5,000 Self Only ($3,800 with PCA)

$10,000 Self Plus One ($7,600 with PCA)

and Self and Family

APWU HEALTH PLAN
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Premiums



Postal Rates: 2019 Brochure

2019 Rate Information for the APWU Health Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or www.opm.gov/Tribalpremium.

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 certain United States Postal Service employees as follows:

- **Postal Category 1 rates** apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on https://liteblue.usps.gov/fehb.
- **Postal Category 2 rates** apply to career bargaining unit employees who are represented by the following agreement: PPOA.

APWU rates apply to career Postal employees represented by APWU.

Non-Postal rates apply to all career non-bargaining unit Postal Service employees. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.

If you are a Postal Service employee and have questions or require assistance, please contact:
USPS Human Resources Shared Service Center: 877-477-3273, option 5, Federal Relay Service 800-877-8339

Premiums for Tribal employees are shown under the monthly non-Postal column. If you are a Tribal employee, the amount shown under "Your Share" is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer 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	$230.18	$105.00	$498.72	$227.50	$101.80	$92.21	$101.80
High Option Self Plus One	473	$492.27	$211.59	$1,066.59	$458.44	$204.75	$184.24	$204.75
High Option Self and Family	472	$525.32	$279.10	$1,138.19	$604.72	$271.80	$249.92	$271.80
CDHP Option Self Only	474	$206.89	$68.96	$448.26	$149.42	$66.20	$57.24	$23.29
CDHP Option Self Plus One	476	$449.66	$149.88	$974.25	$324.75	$143.89	$124.40	$59.41
CDHP Option Self and Family	475	$490.53	$163.51	$1,062.82	$354.27	$156.97	$135.71	$77.65

PPO Competitors Nation-wide Network

- Blue Cross Blue Shield Standard
- GEHA High

Premiums: OPM.gov

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Nationwide APWU Health Plan											
High Self	471	322.29	335.18	230.18	105.00	11.96	698.30	726.22	498.72	227.50	25.91
High Self & Family	472	773.48	804.42	525.32	279.10	27.20	1675.87	1742.91	1138.19	604.72	58.94
High Self Plus One	473	676.79	703.86	492.27	211.59	25.80	1466.38	1525.03	1066.59	458.44	55.89
CDHP Self	474	255.89	275.85	206.89	68.96	4.99	554.43	597.68	448.26	149.42	10.81
CDHP Self & Family	475	614.12	654.04	490.53	163.51	9.98	1330.59	1417.09	1062.82	354.27	21.62
CDHP Self Plus One	476	562.95	599.54	449.66	149.88	9.14	1219.73	1299.00	974.25	324.75	19.82
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	342.41	342.41	230.18	112.23	-0.93	741.89	741.89	498.72	243.17	-2.01
Standard Self & Family	105	793.53	793.53	525.32	268.21	-3.74	1719.32	1719.32	1138.19	581.13	-8.10
Standard Self Plus One	106	748.81	748.81	492.27	256.54	-1.27	1622.42	1622.42	1066.59	555.83	-2.76
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Basic Self	111	294.90	294.90	221.18	73.72	0.00	638.95	638.95	479.21	159.74	0.00
Basic Self & Family	112	702.56	702.56	525.32	177.24	-3.74	1522.21	1522.21	1138.19	384.02	-8.10
Basic Self Plus One	113	662.84	662.84	492.27	170.57	-1.27	1436.15	1436.15	1066.59	369.56	-2.76
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus											
Blue Focus Self	131	New Plan	212.58	159.44	53.14	New Plan	New Plan	460.59	345.44	115.15	New Plan
Blue Focus Self & Family	132	New Plan	502.70	377.03	125.67	New Plan	New Plan	1089.18	816.89	272.29	New Plan
Blue Focus Self Plus One	133	New Plan	457.02	342.77	114.25	New Plan	New Plan	990.21	742.66	247.55	New Plan
Nationwide Compass Rose Health Plan											

Premiums: OPM.gov

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl payment
Nationwide APWU Health Plan											
High Self	471	322.29	335.18	230.18	105.00	11.96	698.30	726.22	498.72	227.50	25.91
High Self & Family	472	773.48	804.42	525.32	279.10	27.20	1675.87	1742.91	1138.19	604.72	58.94
High Self Plus One	473	676.79	703.86	492.27	211.59	25.80	1466.38	1525.03	1066.59	458.44	55.89
CDHP Self	474	255.89	275.85	206.89	68.96	4.99	554.43	597.68	448.26	149.42	10.81
CDHP Self & Family	475	614.12	654.04	490.53	163.51	9.98	1330.59	1417.09	1062.82	354.27	21.62
CDHP Self Plus One	476	562.95	599.54	449.66	149.88	9.14	1219.73	1299.00	974.25	324.75	19.82
Nationwide GEHA											
High Self	311	332.82	336.15	230.18	105.97	2.40	721.11	728.33	498.72	229.61	5.21
High Self & Family	312	790.83	838.27	525.32	312.95	43.70	1713.47	1816.25	1138.19	678.06	94.68
High Self Plus One	313	732.21	739.53	492.27	247.26	6.05	1586.46	1602.32	1066.59	535.73	13.10
Standard Self	314	219.75	235.13	176.35	58.78	3.84	476.13	509.45	382.09	127.36	8.33
Standard Self & Family	315	519.70	592.46	444.35	148.11	18.19	1126.02	1283.66	962.75	320.91	39.41
Standard Self Plus One	316	472.47	505.54	379.16	126.38	8.26	1023.69	1095.34	821.51	273.83	17.91
Nationwide GEHA											
HDHP Self	341	231.35	234.82	176.12	58.70	0.86	501.26	508.78	381.59	127.19	1.88
HDHP Self & Family	342	547.12	582.69	437.02	145.67	8.89	1185.43	1262.50	946.88	315.62	19.26
HDHP Self Plus One	343	497.40	504.86	378.65	126.21	1.86	1077.70	1093.86	820.40	273.46	4.04

Premiums: OPM.gov

Postal Premium Rates for the Federal Employees Health Benefits							
Fee-for-Service Plans (FFS)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Nationwide APWU Health Plan							
High Self	471	322.29	335.18	233.38	101.80	15.13	322.29
High Self & Family	472	773.48	804.42	532.62	271.80	34.39	773.48
High Self Plus One	473	676.79	703.86	499.11	204.75	32.60	676.79
CDHP Self	474	255.89	275.85	209.65	66.20	7.99	255.89
CDHP Self & Family	475	614.12	654.04	497.07	156.97	17.26	614.12
CDHP Self Plus One	476	562.95	599.54	455.65	143.89	15.82	562.95
Nationwide Blue Cross and Blue Shield Service Benefit Plan							
Standard Self	104	342.41	342.41	233.38	109.03	2.24	342.41
Standard Self & Family	105	793.53	793.53	532.62	260.91	3.45	793.53
Standard Self Plus One	106	748.81	748.81	499.11	249.70	5.53	748.81
Nationwide Blue Cross and Blue Shield Service Benefit Plan							
Basic Self	111	294.90	294.90	224.12	70.78	3.69	294.90
Basic Self & Family	112	702.56	702.56	532.62	169.94	3.45	702.56
Basic Self Plus One	113	662.84	662.84	499.11	163.73	5.53	662.84
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus							
Blue Focus Self	131	New Plan	212.58	161.56	51.02	New Plan	New Plan
Blue Focus Self & Family	132	New Plan	502.70	382.05	120.65	New Plan	New Plan
Blue Focus Self Plus One	133	New Plan	457.02	347.34	109.68	New Plan	New Plan

Premiums: OPM.gov

Fee-for-Service Plans (FFS)		2018 Total Biweekly Premium	2019 Biweekly Postal Premium Rates Category 1				2018 Total Biweekly Premium
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
Nationwide GEHA							
High Self	311	332.82	336.15	233.38	102.77	5.57	332.82
High Self & Family	312	790.83	838.27	532.62	305.65	50.89	790.83
High Self Plus One	313	732.21	739.53	499.11	240.42	12.85	732.21
Standard Self	314	219.75	235.13	178.70	56.43	6.44	219.75
Standard Self & Family	315	519.70	592.46	450.27	142.19	23.96	519.70
Standard Self Plus One	316	472.47	505.54	384.21	121.33	13.84	472.47
Nationwide GEHA							
HDHP Self	341	231.35	234.82	178.46	56.36	3.73	231.35
HDHP Self & Family	342	547.12	582.69	442.84	139.85	15.38	547.12
HDHP Self Plus One	343	497.40	504.86	383.69	121.17	8.01	497.40

Blue Focus: Overview



INTRODUCING FEP BLUE FOCUS

We're excited to offer a third plan option with our existing Standard and Basic Option plans.

FEP Blue Focus offers low premiums and copays for everyday healthcare needs and covers your preventive essentials (in-network only). These include:

- Two free virtual doctor's visits through Teladoc®
- Your first ten doctor and specialists visits for just $10 each
- Generic prescription drug coverage
- Rewards for getting your annual checkup

Blue Focus: Medical Care

2019 Professional Provider's Care	
Services	**FEP Blue Focus PPO Benefit* - You Pay:**
Office visits and outpatient consultations	$10 per visit for your first 10 professional services visits
Routine exams and other preventive care services	Nothing for covered services
Surgical care	30% of the our allowance[1]

Blue Focus: Pharmacy

2019 Pharmacy

Tier	Characteristics	FEP Blue Focus PPO Benefit - You Pay:
Tier 1 – Preferred generics	• Most affordable drug type • Equal to brand name counterparts in quality, performance and intended use	$5 copay for up to 30-day supply; $15 copay for a 31 to 90-day supply˅
Tier 2 – Preferred brand name, Preferred generic specialty and Preferred brand name specialty	• Preferred brand: Brand name drugs that are safe and effective • Specialty: Drugs used to treat complex health conditions (e.g., cancer treatment drugs)	40% of our allowance ($350 maximum for up to a 30-day supply; $1,050 maximum for 31 to 90-day supply)˅

Blue Focus: Maternity

2019 Maternity	
Services	FEP Blue Focus PPO Benefit* – You Pay:
Obstetrical care performed by a physician or nurse midwife, such as prenatal care (including ultrasound, lab, diagnostic tests), delivery, postpartum care	$0 pre-/postnatal care $1,500 for facility care

Postal Support Employee (PSE)

APWU HP CDO

Consumer Driven Option		
Self Only	474	$68.96
Self Plus One	476	$149.88
Self and Family	475	$163.51

USPS Plan

As of 10/13/18	Other	CCA/PSE[1]	CCA/PSE[2]
Self Only	$50	$50	$50
Self Plus One	$275	$140	$100
Self and Family	$440	$197.75	$141.25

[1] First appointment
[2] After initial appointment of a 360-day term and upon reappointment to another 360-day term

CDO offer PCA ($1,200/$2,400) and in and out-of-network coverage

Postal Support Employee (PSE)

Benefit	APWU HP CDO (in-network)	USPS Plan
Deductible	None initially. Use PCA first; the $800/$1,600	$2,000/$4,000
Coinsurance	15%	30%
Catastrophic Limit	$3,800/$7,600 (after PCA)	$2,000/$4,000
Office Visit	$0 until PCA is used; then 15%	$30
Specialist Visit	$0 until PCA is used; then 15%	$60
Pharmacy	$0 until PCA is used; then 25% Tier 1 and Tier 2; 40% Tier 3	$10 Tier 1 Generic 30% Tier 2 Preferred 40% Tier 3 Non-Preferred

APWU HEALTH PLAN
TOGETHER.
BETTER HEALTH.®

Marketing Materials



Postal Flyer



Postal Flyer *(Pages 2-3)*

A benefit plan focused on you and your family.

For almost 60 years, APWU Health Plan has served federal employees and retirees with diligence and compassion. As an APWU Health Plan member, you can rely on:

- **Comprehensive coverage**
- **A nationwide network of more than 1 million providers, with no need for referrals**
- **Two solid plans to choose between**
- **Affordable premiums**
- **The personal touch from people who care**

New Plan benefits for 2019

- **Lower copay for virtual visits** ● — Only $15 through American Well
- **Chiropractic visits** ●● — Increased to 24 per year
- **Home colorectal cancer screening Cologuard kit** ●●
- **Skilled nursing facility coverage** ●●
- **Residential treatment center coverage** ●● — For mental health and substance use disorders
- **Obtain maintenance drugs at retail pharmacies** ● — In-network; includes CVS & Walgreens

AVAILABLE IN
- ● High Option Plan.
- ● Consumer Driven Option Plan

You pay nothing for these services when you choose a network doctor.

HIGH OPTION ●

100% covered services
- Preventive care and screenings
- Maternity care
- Accidental injury within 72 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to registered dietician/nutritionist
- Diabetes management: Generic medication, glucose test strips, lancets and coaching calls
- Weight management, pregnancy and tobacco cessation programs

CONSUMER DRIVEN OPTION ●

100% covered services
- A Personal Care Account (PCA), which is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. The Plan funds the PCA at $1,200 for Self Only and $2,400 for Self Plus One and Self and Family
- Preventive care and screenings
- Maternity care
- Pregnancy and tobacco cessation programs

Premiums for the 2019 plan year.

COMPREHENSIVE BENEFITS AT AN AFFORDABLE PRICE.

2019 Health Plan Premiums

				Postal		
				Biweekly		
	Enrollment code	Non-Postal biweekly You pay	Non-Postal monthly You pay	Category 1 You pay	Category 2 You pay	APWU career You pay
HIGH OPTION Self Only	471	$105.00	$227.50	$101.80	$92.21	$101.80
Self Plus One	473	$211.59	$458.44	$204.75	$184.24	$204.75
Self and Family	472	$279.10	$604.72	$271.80	$249.92	$271.80
CONSUMER DRIVEN OPTION Self Only	474	$68.96	$149.42	$66.20	$57.24	$23.29
Self Plus One	476	$149.88	$324.75	$143.89	$124.40	$59.41
Self and Family	475	$163.51	$354.27	$156.97	$135.71	$77.65

Postal Category 1 rates apply to career bargaining unit employees who are represented by NALC, NPMHU and NRLCA.
Postal Category 2 rates apply to career bargaining unit employees who are represented by PPOA.
APWU non-career (PSE) employees: Please see the APWU Health Plan PSE flyer.
APWU career rates apply to employees with more than one year in FEHB; otherwise, see Postal Category 1.

Enroll now!

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.

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

Retired Postal Service employees
Visit www.apwuhp.com/enroll
OR
www.opm.gov/forms/pdf_fill/sf2809.pdf

Retiree contact information
OPM Retirement Information Center
www.opm.gov/retirement-services
Phone: 888-767-6738
Email: retire@opm.gov

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

Postal Flyer *(Pages 4-5)*

Two smart plans to consider.

Choose the plan with the coverage and premiums that meet your needs.

HIGH OPTION

With low copays, low deductibles and a vast network of providers, this is a premier plan in the Federal Employees Health Benefits (FEHB) Program.

Cigna

The High Option features the Cigna Healthcare provider network.

	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Calendar year deductible Self Only Self Plus One Self and Family	 $350* $700* $700*	 $500* $1,000* $1,000*
Annual out-of-pocket maximum Both medical and prescription drugs	 $5,500 Self Only $9,000 Self Plus One and Self and Family	 $10,000 Self Only $15,000 Self Plus One and Self and Family
Medical visits Office and specialist visits Virtual visits with American Well	 $25 copay** $15 copay**	 30% of allowance***
Preventive care Well-child care Childhood immunizations Annual adult routine exams Adult immunizations Preventive screenings	 $0 $0 $0 $0 $0	 Difference between allowance and billed amount Difference between allowance and billed amount 30% of allowance*** 30% of allowance*** 30% of allowance***
Dental care Routine dental	 30% of allowance**	 30% of allowance**
Maternity Physician and hospital care	 $0	 30% of allowance***
Hospital/facility care Diagnostic tests or imaging Outpatient surgery Inpatient Surgical Cancer Centers of Excellence	 10% ($0 for covered blood work performed at LabCorp and Quest Diagnostics) 10% 10% 10% 5%	 30% of allowance*** 30% of allowance*** 30% of allowance*** ($300 per admission) 30% of allowance*** N/A
Emergency care Accidental injury (within 72 hours) Urgent care Emergency room Ambulance	 $0 $40 copay** 10% 10%**	 Difference between allowance and billed amount $40 copay** 10% of allowance*** 30% of allowance***
Retail prescription drugs – 30-day supply (non-specialty) Tier 1 Tier 2 Tier 3	 $10** 25%, max. $200 per RX** 45%, max. $300 per RX**	 50%
Mail order prescription drugs – 90-day supply (non-specialty) Tier 1 Tier 2 Tier 3	 $20** 25%, max. $300 per RX** 45%, max. $500 per RX**	 N/A
Hearing services Diagnostic hearing tests Hearing aids	 10% every 2 years All charges in excess of $1,500*** (every 3 years)	 30% of allowance** All charges in excess of $1,500** (every 3 years)
Alternative care Chiropractic care Acupuncture	 $25 copay** (24 visits annually) $25 copay** (26 visits annually)	 30% of allowance*** 30% of allowance***
Mental health/substance abuse Office visit Outpatient treatment Diagnostics, inpatient and outpatient service	 $25 copay** 10% 10%	 30% of allowance*** 30% of allowance*** 30% of allowance***

*A deductible is the amount the member pays before carrier begins to pay.
**No deductible applied.
***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.

CONSUMER DRIVEN OPTION

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.

UnitedHealthcare

The Consumer Driven Option is administered by UnitedHealthcare.

OVERALL PLAN FEATURES		
Personal Care Account (PCA) The PCA is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. Self Only Self Plus One Self and Family	 $1,200 $2,400 $2,400	**PCA Rollover** As long as you remain in this plan, any unused 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 and $10,000 Self Plus One and Self and Family.
Deductible When the PCA is exhausted, you must meet a deductible. Self Only Self Plus One Self and Family	 $800* $1,600* $1,600*	**Coinsurance** Once the deductible is met, you pay coinsurance for in- or out-of-network services and prescription drugs.
Out-of-pocket maximum Both medical and prescription drugs. Self Only Self Plus One and Self and Family	 $5,000 in-network, $10,200 out-of-network**** $10,000 in-network, $13,700 out-of-network****	Because the unexpected happens, the plan has a built-in out-of-pocket maximum which, when reached, allows the rest of your annual health care costs to be paid at 100% (both medical and prescription drugs and PCA).
	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	May use PCA while funds are available
Medical visits Office, virtual and specialist visits	15% of allowance	40% of allowance***
Maternity Complete maternity care, including prenatal, delivery, post-natal and initial exam of newborn covered under family enrollment	$0 – No PCA used	40% of allowance***
Hospital/facility care Diagnostic tests or imaging Outpatient surgery Inpatient Cancer Centers of Excellence	 15% 15% 15% 10%	 40% of allowance*** 40% of allowance*** 40% of allowance*** N/A
Emergency care Accidental injury (within 24 hours) Urgent care Emergency room Ambulance	 15% 15% 15% 15%	 15%*** 15%*** 15%*** 15%***
Retail prescription drugs – 30-day supply Tier 1 Tier 2 Tier 3	 25%, max. $200 per RX 25%, max. $200 per RX 40%, max. $200 per RX	 All charges
Mail order prescription drugs – up to 90-day supply Tier 1 Tier 2 Tier 3	 25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply 25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply 40%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply	 N/A
Hearing services Diagnostic hearing tests Hearing aid	 15% every 2 years All charges in excess of $1,500 (every 3 years)	 40% of allowance*** All charges in excess of $1,500 (every 3 years)
Mental health/substance abuse Office visit Outpatient treatment Diagnostics, inpatient and outpatient services	 15% 15% 15%	 40% of allowance*** 40% of allowance*** 40% of allowance***

APWU HEALTH PLAN

Postal Flyer *(Pages 6-7)*

Dental, vision and hearing benefits add up to even more.

Smile, routine dental care is covered.

Office visits, exams, cleanings, X-rays, fluoride treatment, fillings and simple extractions

HIGH OPTION YOU PAY
30% of the plan allowance

CONSUMER DRIVEN OPTION
Pay for your dental care at the time of service and use your Personal Care Account* to cover the charges up to $400 per Self Only or $800 per Self Plus One and Self and Family.

*The $400/$800 limits apply to dental and vision combined.

Get ready for savings on glasses.

Eyeglasses and frames

HIGH OPTION
You have access to the Healthy Rewards program, which offers savings on glasses and frames.

CONSUMER DRIVEN OPTION
Pay for your vision needs at the time of service and use your Personal Care Account* to cover the charges up to $400 per Self Only or $800 per Self Plus One and Self and Family.

And there's good news for your ears.

Diagnostic hearing tests every 2 years

HIGH OPTION YOU PAY
10% of the plan allowance;
30% of the plan allowance out-of-network

CONSUMER DRIVEN OPTION
15% of the plan allowance in-network;
40% of the plan allowance out-of-network

Hearing aid every 3 years

HIGH OPTION YOU PAY
All charges in excess of $1,500, no deductible applied

CONSUMER DRIVEN OPTION
All charges in excess of $1,500

Benefit extras come standard with your plan.

Take advantage of all of the benefit extras that come with your membership in the APWU Health Plan.

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 health care professionals.

Online Claims and Records
View your claims, year-to-date information, detailed medication 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 Driven Option members earn $50 added to your Personal Care Account per member, spouse and each covered dependent age 18 or older.

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

Treatment Cost Estimator
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.

HIGH OPTION

Healthy Rewards
Get savings on gym memberships, tobacco cessation, weight reduction programs, glasses and frames, alternative medicine, vitamins, dental care and more.

CONSUMER DRIVEN OPTION

Health with Rally*
Complete a Health Risk Assessment, and receive personalized recommendations to help you move more, eat better and feel great.



And, Health Management Programs at no extra cost.

Through our health management programs, our members enjoy life-altering benefits to get them on the path to better health. The best news? Depending on your plan choice, there is no added cost to you for these benefits as an APWU Health Plan member.

You pay nothing for the following services:

Diabetes ●
- Generic drugs*
- Blood glucose test strips*
- Lancets*
- Coaching calls

*Purchase through mail order

Pregnancy ●●
- Intake with a maternity specialist who will do an in-depth 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

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

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 Driven Option Plan**
800-718-1299

★ **Interested?**

To be eligible for these programs and pay nothing, plan members must enroll and then comply with the requirements of the program.

Your benefits go even beyond the FEHB Program.

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 FEHB 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**

Postal Flyer *(Page 8)*

Enroll now!

If you work for the USPS, these plan options are tailored to you and your family's needs.

TOGETHER. BETTER HEALTH.
We have proudly served postal workers with comprehensive coverage at a great price for almost 60 years. Come join the plan that works for you!

Mark Dimondstein
APWU President

John L. Marcotte
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 per year – 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

Mailing address
799 Cromwell Park Drive
Suite K-Z
Glen Burnie, MD 21061

Questions?

For help in making your decisions, call **800-222-2798**.
For more details on APWU Health Plan and to download our Plan Brochure, visit **www.apwuhp.com**.

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 email or through the website at www.apwuhp.com or by calling 800-222-2798.



APWU HEALTH PLAN

Federal Flyer



Federal Flyer *(Pages 2-3)*

A benefit plan focused on you and your family.

For almost 60 years, APWU Health Plan has served federal employees and retirees with diligence and compassion. As an APWU Health Plan member, you can rely on:

Comprehensive coverage

A nationwide network of more than 1 million providers, with no need for referrals



Two solid plans to choose between

Affordable premiums

The personal touch from people who care

New Plan benefits for 2019

- Lower copay for virtual visits ● Only $15 through American Well
- Chiropractic visits ●● Increased to 24 per year
- Home colorectal cancer screening Cologuard kit ●●
- Skilled nursing facility coverage ●●
- Residential treatment center coverage ●● For mental health and substance use disorders
- Obtain maintenance drugs at retail pharmacies ● In-network; includes CVS & Walgreens

AVAILABLE IN
- ● High Option Plan.
- ● Consumer Driven Option Plan

You pay nothing for these services when you choose a network doctor.

HIGH OPTION ●

100% covered services

- Preventive care and screenings
- Maternity care
- Accidental injury within 72 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to registered dietician/nutritionist
- Diabetes management: Generic medication, glucose test strips, lancets and coaching calls
- Weight management, pregnancy and tobacco cessation programs

CONSUMER DRIVEN OPTION ●

100% covered services

- A Personal Care Account (PCA), which is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. The Plan funds the PCA at $1,200 for Self Only and $2,400 for Self Plus One and Self and Family.
- Preventive care and screenings
- Maternity care
- Pregnancy and tobacco cessation programs

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.

Premiums for the 2019 plan year.

COMPREHENSIVE BENEFITS AT AN AFFORDABLE PRICE.

	Federal		
	Enrollment code	Biweekly You pay	Monthly (retiree) You pay
High Option Self Only	471	$105.00	$227.50
High Option Self Plus One	473	$211.59	$458.44
High Option Self and Family	472	$279.10	$604.72
CDHP Option Self Only	474	$68.96	$149.42
CDHP Option Self Plus One	476	$149.88	$324.75
CDHP Option Self and Family	475	$163.51	$354.27

2019 Health Plan Premiums

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.*

Enter the APWU Health Plan enrollment code on the FEHB Health Benefits Election Form (SF2809), 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.

Retiree contact information

OPM Retirement Information Center

www.opm.gov/retirement-services

Phone: 888-767-6738
Email: retire@opm.gov

Federal Flyer *(Back Page)*

Enroll today!

These plan options are tailored to you and your family's needs.

TOGETHER. BETTER HEALTH.
We have been proudly serving America's workforce with comprehensive coverage at a great price for almost 60 years. Come join the plan that works for you!

Mark Dimondstein
APWU President

John L. Marcotte
APWU Health Plan Director

All federal employees and retirees are welcome and will automatically become associate members of the APWU upon enrollment. You will be billed associate membership dues of $35 per year – the smartest $35 you'll ever spend!

Contact us

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www.apwuhp.com

CONSUMER DRIVEN OPTION
800-718-1299
www.welcometouhc.com/apwu

Mailing address
799 Cromwell Park Drive
Suite K-Z
Glen Burnie, MD 21061

Questions?

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For more details on APWU Health Plan and to download our Plan Brochure, visit **www.apwuhp.com**.

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APWU HEALTH PLAN

Health Benefit Fairs

- Last year we attended more health fairs
  - Size of health fair
  - Resource availability
  - Established attendance benchmark

Leave Without Pay Program (LWOP)

- Reimburse health plan reps for attending approved health fairs and special meetings
- For maximum reimbursement, keep accurate records and receipts
- Complete form #3971 with regular work hours with a signature by a supervisor
- Complete the HPR Voucher with ALL pertinent information included *(signature, social security number, etc.)*

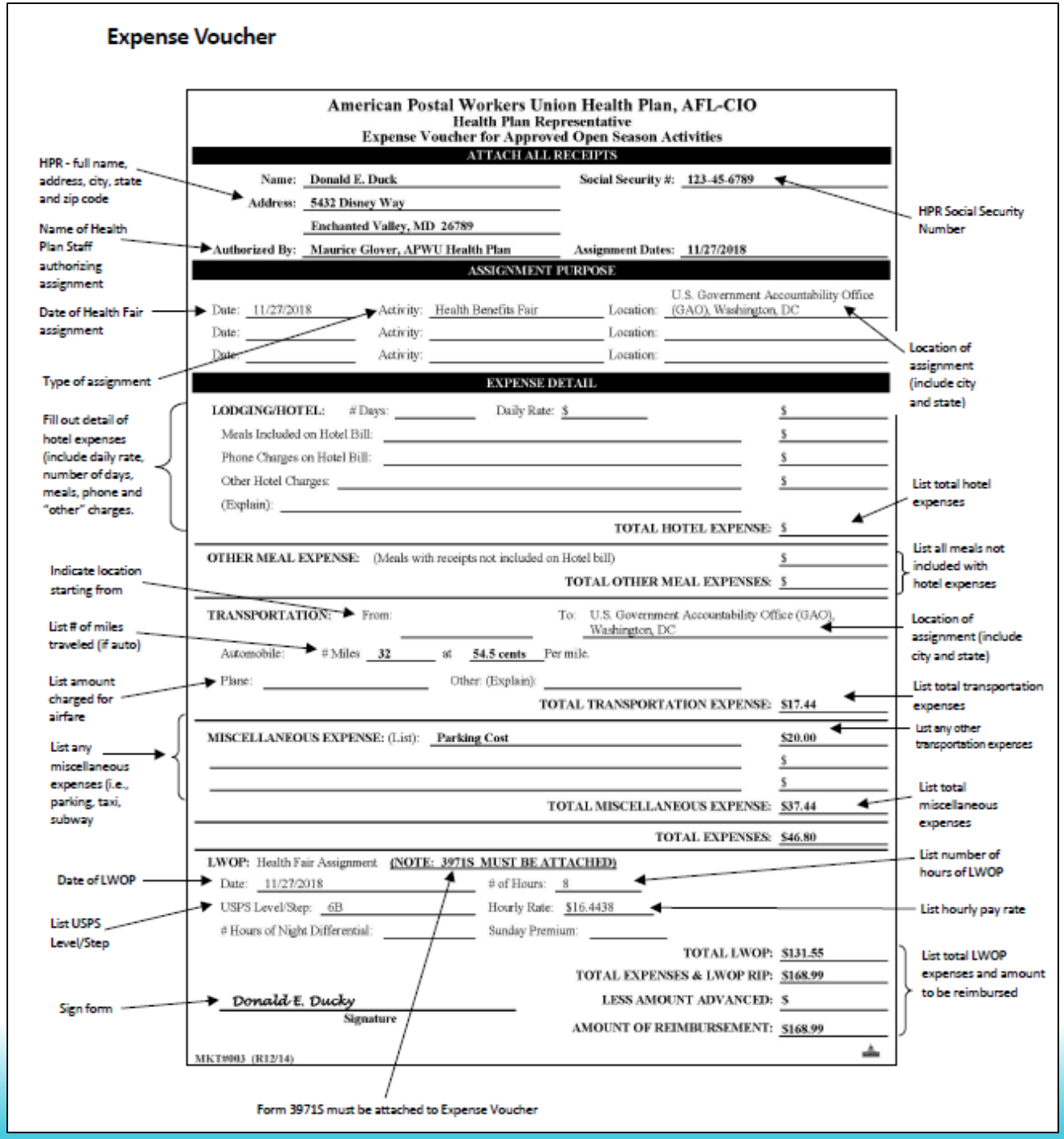
Leave Without Pay Program (LWOP)

- IRS current mileage rate = 54.5 cents per mile
- The HPR Expense Voucher is used to summarize your expenses for each assignment

(An example of the correct way to fill out an Expense Voucher is shown on the following page)

HPR Voucher

Expense Voucher



American Postal Workers Union Health Plan, AFL-CIO
Health Plan Representative
Expense Voucher for Approved Open Season Activities

ATTACH ALL RECEIPTS

Name: Donald E. Duck — Social Security #: 123-45-6789
Address: 5432 Disney Way
Enchanted Valley, MD 26789
Authorized By: Maurice Glover, APWU Health Plan — Assignment Dates: 11/27/2018

ASSIGNMENT PURPOSE

Date: 11/27/2018 — Activity: Health Benefits Fair — Location: U.S. Government Accountability Office (GAO), Washington, DC
Date: — Activity: — Location:
Date: — Activity: — Location:

EXPENSE DETAIL

LODGING/HOTEL: # Days: — Daily Rate: $ — $
Meals Included on Hotel Bill: — $
Phone Charges on Hotel Bill: — $
Other Hotel Charges: — $
(Explain):
TOTAL HOTEL EXPENSE: $

OTHER MEAL EXPENSE: (Meals with receipts not included on Hotel bill) $
TOTAL OTHER MEAL EXPENSES: $

TRANSPORTATION: From: — To: U.S. Government Accountability Office (GAO), Washington, DC
Automobile: # Miles 32 at 54.5 cents Per mile.
Plane: — Other: (Explain):
TOTAL TRANSPORTATION EXPENSE: $17.44

MISCELLANEOUS EXPENSE: (List): Parking Cost — $20.00
— $
— $
TOTAL MISCELLANEOUS EXPENSE: $37.44

TOTAL EXPENSES: $46.80

LWOP: Health Fair Assignment (NOTE: 3971S MUST BE ATTACHED)
Date: 11/27/2018 — # of Hours: 8
USPS Level/Step: 6B — Hourly Rate: $16.4438
Hours of Night Differential: — Sunday Premium:

TOTAL LWOP: $131.55
TOTAL EXPENSES & LWOP RIP: $168.99
LESS AMOUNT ADVANCED: $
AMOUNT OF REIMBURSEMENT: $168.99

Donald E. Ducky
Signature

MKT#003 (R12/14)

HPR - full name, address, city, state and zip code

Name of Health Plan Staff authorizing assignment

Date of Health Fair assignment

Type of assignment

Fill out detail of hotel expenses (include daily rate, number of days, meals, phone and "other" charges.

Indicate location starting from

List # of miles traveled (if auto)

List amount charged for airfare

List any miscellaneous expenses (i.e., parking, taxi, subway

Date of LWOP

List USPS Level/Step

Sign form

HPR Social Security Number

Location of assignment (include city and state)

List total hotel expenses

List all meals not included with hotel expenses

Location of assignment (include city and state)

List total transportation expenses

List any other transportation expenses

List total miscellaneous expenses

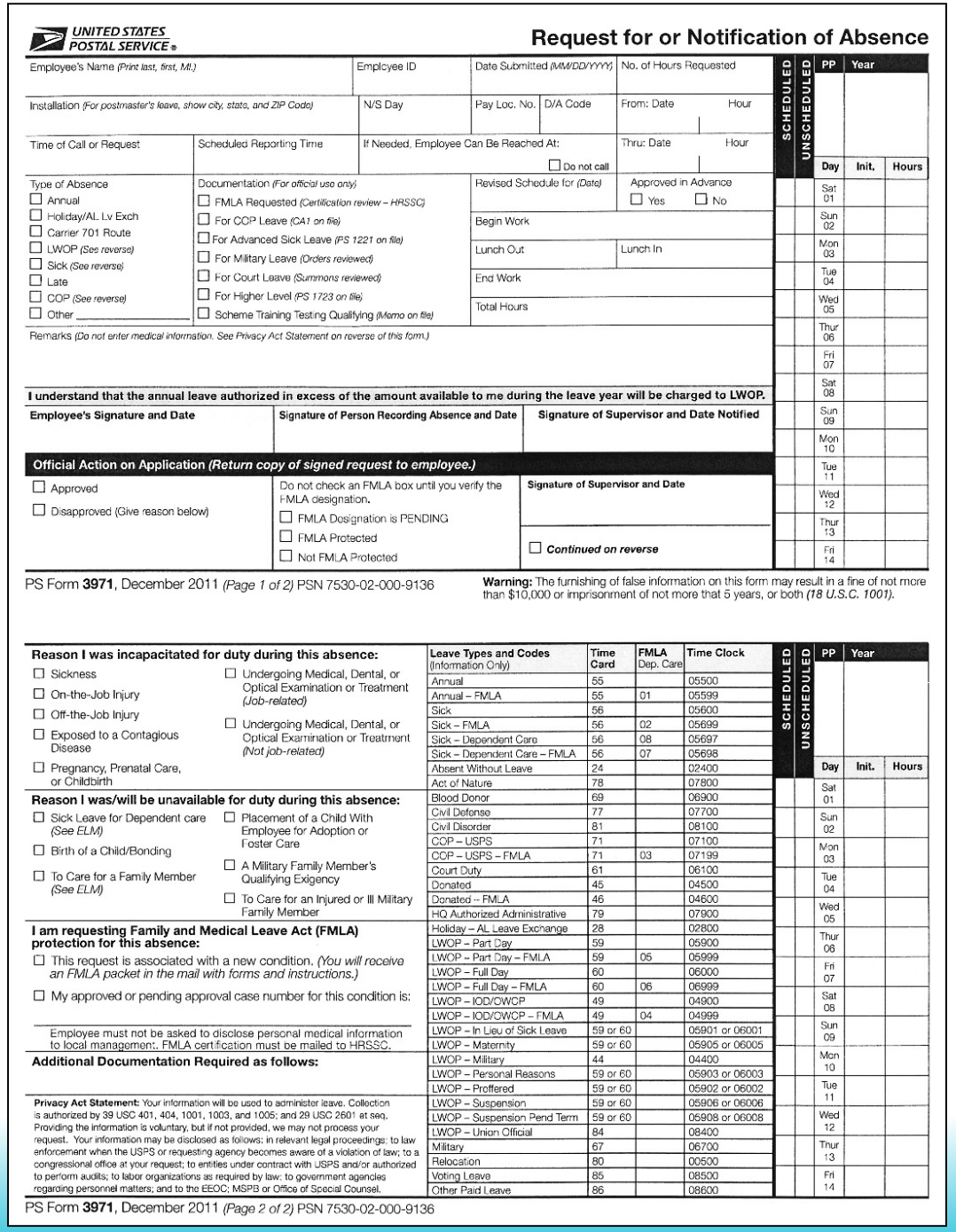
List number of hours of LWOP

List hourly pay rate

List total LWOP expenses and amount to be reimbursed

Form 3971S must be attached to Expense Voucher

Form 3971



UNITED STATES POSTAL SERVICE

Request for or Notification of Absence

Employee's Name (Print last, first, MI.)	Employee ID	Date Submitted (MM/DD/YYYY)	No. of Hours Requested
Installation (For postmaster's leave, show city, state, and ZIP Code)	N/S Day	Pay Loc. No. / D/A Code	From: Date / Hour
Time of Call or Request	Scheduled Reporting Time	If Needed, Employee Can Be Reached At: ☐ Do not call	Thru: Date / Hour

Type of Absence	Documentation (For official use only)	Revised Schedule for (Date)	Approved in Advance
☐ Annual	☐ FMLA Requested (Certification review – HRSSC)		☐ Yes ☐ No
☐ Holiday/AL Lv Exch	☐ For COP Leave (CA1 on file)	Begin Work	
☐ Carrier 701 Route	☐ For Advanced Sick Leave (PS 1221 on file)		
☐ LWOP (See reverse)	☐ For Military Leave (Orders reviewed)	Lunch Out	Lunch In
☐ Sick (See reverse)	☐ For Court Leave (Summons reviewed)	End Work	
☐ Late	☐ For Higher Level (PS 1723 on file)		
☐ COP (See reverse)	☐ Scheme Training Testing Qualifying (Memo on file)	Total Hours	
☐ Other _____			

Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)

I understand that the annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.

Employee's Signature and Date	Signature of Person Recording Absence and Date	Signature of Supervisor and Date Notified

Official Action on Application *(Return copy of signed request to employee.)*

☐ Approved	Do not check an FMLA box until you verify the FMLA designation.	**Signature of Supervisor and Date**
☐ Disapproved (Give reason below)	☐ FMLA Designation is PENDING	
	☐ FMLA Protected	☐ ***Continued on reverse***
	☐ Not FMLA Protected	

PS Form **3971**, December 2011 *(Page 1 of 2)* PSN 7530-02-000-9136

Warning: The furnishing of false information on this form may result in a fine of not more than $10,000 or imprisonment of not more that 5 years, or both *(18 U.S.C. 1001).*

SCHEDULED	UNSCHEDULED	PP	Year		
				Day	Init.	Hours
				Sat 01		
				Sun 02		
				Mon 03		
				Tue 04		
				Wed 05		
				Thur 06		
				Fri 07		
				Sat 08		
				Sun 09		
				Mon 10		
				Tue 11		
				Wed 12		
				Thur 13		
				Fri 14		

Reason I was incapacitated for duty during this absence:

- ☐ Sickness
- ☐ On-the-Job Injury
- ☐ Off-the-Job Injury
- ☐ Exposed to a Contagious Disease
- ☐ Pregnancy, Prenatal Care, or Childbirth
- ☐ Undergoing Medical, Dental, or Optical Examination or Treatment *(Job-related)*
- ☐ Undergoing Medical, Dental, or Optical Examination or Treatment *(Not job-related)*

Reason I was/will be unavailable for duty during this absence:

- ☐ Sick Leave for Dependent care *(See ELM)*
- ☐ Birth of a Child/Bonding
- ☐ To Care for a Family Member *(See ELM)*
- ☐ Placement of a Child With Employee for Adoption or Foster Care
- ☐ A Military Family Member's Qualifying Exigency
- ☐ To Care for an Injured or Ill Military Family Member

I am requesting Family and Medical Leave Act (FMLA) protection for this absence:

- ☐ This request is associated with a new condition. *(You will receive an FMLA packet in the mail with forms and instructions.)*
- ☐ My approved or pending approval case number for this condition is:

Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.

Additional Documentation Required as follows:

Privacy Act Statement: Your information will be used to administer leave. Collection is authorized by 39 USC 401, 404, 1001, 1003, and 1005; and 29 USC 2601 et seq. Providing the information is voluntary, but if not provided, we may not process your request. Your information may be disclosed as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities under contract with USPS and/or authorized to perform audits; to labor organizations as required by law; to government agencies regarding personnel matters; and to the EEOC; MSPB or Office of Special Counsel.

Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock
Annual	55		05500
Annual – FMLA	55	01	05599
Sick	56		05600
Sick – FMLA	56	02	05699
Sick – Dependent Care	56	08	05697
Sick – Dependent Care – FMLA	56	07	05698
Absent Without Leave	24		02400
Act of Nature	78		07800
Blood Donor	69		06900
Civil Defense	77		07700
Civil Disorder	81		08100
COP – USPS	71		07100
COP – USPS – FMLA	71	03	07199
Court Duty	61		06100
Donated	45		04500
Donated – FMLA	46		04600
HQ Authorized Administrative	79		07900
Holiday – AL Leave Exchange	28		02800
LWOP – Part Day	59		05900
LWOP – Part Day – FMLA	59	05	05999
LWOP – Full Day	60		06000
LWOP – Full Day – FMLA	60	06	06999
LWOP – IOD/OWCP	49		04900
LWOP – IOD/OWCP – FMLA	49	04	04999
LWOP – In Lieu of Sick Leave	59 or 60		05901 or 06001
LWOP – Maternity	59 or 60		05905 or 06005
LWOP – Military	44		04400
LWOP – Personal Reasons	59 or 60		05903 or 06003
LWOP – Proffered	59 or 60		05902 or 06002
LWOP – Suspension	59 or 60		05906 or 06006
LWOP – Suspension Pend Term	59 or 60		05908 or 06008
LWOP – Union Official	84		08400
Military	67		06700
Relocation	80		00500
Voting Leave	85		08500
Other Paid Leave	86		08600

SCHEDULED	UNSCHEDULED	PP	Year		
				Day	Init.	Hours
				Sat 01		
				Sun 02		
				Mon 03		
				Tue 04		
				Wed 05		
				Thur 06		
				Fri 07		
				Sat 08		
				Sun 09		
				Mon 10		
				Tue 11		
				Wed 12		
				Thur 13		
				Fri 14		

PS Form **3971**, December 2011 *(Page 2 of 2)* PSN 7530-02-000-9136

APWU HEALTH PLAN

General LWOP Expense Reimbursement

- Reimbursements of expenses are only made when original receipts are provided
  - Credit card receipts/statements, travel agency invoices, etc. are not considered sufficient documentation for hotel and transportation expenses
  - Photocopies of receipts are not acceptable

Local LWOP Expense Reimbursement

- Upon prior approval by the Health Plan, a Local will be reimbursed for the lost time of an APWU Local officer for Health Plan activities *(complete documentation must be received for payment)*

Meal Expense Reimbursement

- Reimbursement for meal expenses is allowed for out-of-town health fairs requiring an overnight stay ***ONLY***

Transportation Reimbursement

- Full reimbursement is allowed for all reasonable transportation expenses incurred as a result of your assignment
- The Health Plan will reimburse the going IRS rate per mile for actual mileage driven *(reimbursement will not exceed the total airfare cost)*

Ordering Health Plan Supplies

- The Health Plan automatically sends a shipment of materials to all Locals prior to the start of Open Season
- The materials are marked “APWU Health Plan Open Season Materials – Open Immediately”
  - Pre-emptive Shipment
  - Shipments on Demand

Ordering Health Plan Supplies

- APWU Locals planning a health fair can fill out a previously sent Supply Order Form
- You can request our Supply Order Form online at **www.apwuhp.com/hpr.php**

  (Click on health fair supply request button)

Ordering Health Plan Supplies

- To order supplies from our website:
  - Go to **www.apwuhp.com**
  - Scroll down to the bottom to “I Want To”
    - Request for Open Season materials
    - Fill out appropriate information in e-mail and send
    - Call Maurice Glover (410) 424-1567 **at least one week prior to the Health Fair/Meeting**

Supply Order Form

Supply Order Form

Open Season and Non-Open Season Supplies

Items: *Quantity*

- Federal Brochure _____
- Benefits-at-a-Glance:
  - High Option _____
  - Consumer Driven Option _____
  - Both _____
- Information Flyer _____

Please send supplies to:

- Name: _____
- Title: _____
- Local: _____
- Address: _____
- City, State, Zip: _____
- Daytime Phone #: _____
- E-Mail Address: _____

For Health Fairs (Please attach copy of Health Fair invitation, if available):

Agency Name	Date of Health Fair	Number of Expected Attendees

Mail completed form to:
Marketing Programs Coordinator
APWU Health Plan
799 Cromwell Park Drive, Suites K-Z
Glen Burnie, MD 21061

Or, Fax this completed form to Maurice Glover : 410-424-1593

Contact Information

Maurice Glover (410) 424-1567
Marketing Programs Coordinator
Fax: (410) 762-7320, mglover@apwuhp.com

Mail Expense Voucher to:
APWU Health Plan
Attn: Maurice Glover
799 Cromwell Park Drive – Suites K-Z
Glen Burnie, MD 21061

THANK YOU!

You will receive an email following our Seminar with a link to fill out your class evaluations online.

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:

Sunday, October 28, 2018

