# Marketing Plus

## Basic and Refresher Track



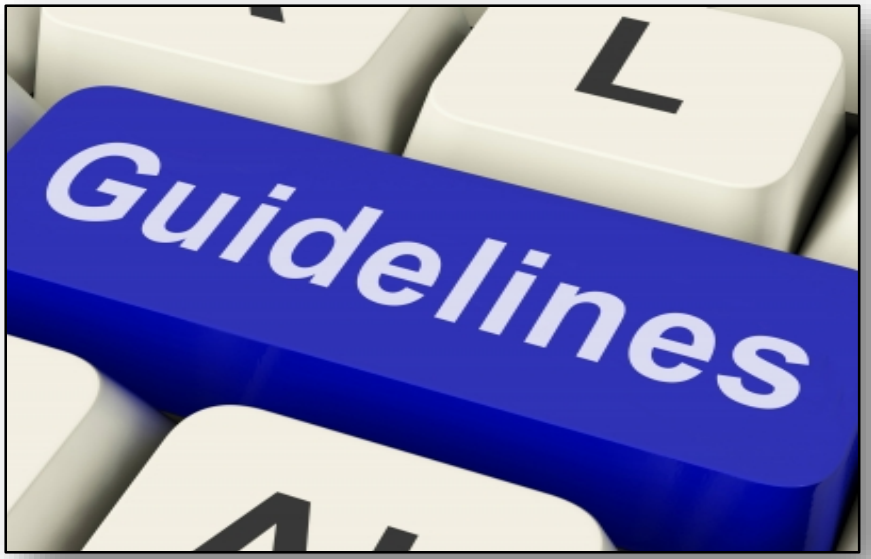
APWU HEALTH PLAN

TOGETHER. BETTER HEALTH.®

***31st Annual Open Season Seminar***

# Enrollment Guidelines

- Federal Employees
- Postal Employees
- PSEs
- Annuitants



# Enrollment Guidelines

- Comprehensive health insurance for:
  - Employee
  - Spouse
  - Children under age 26
  - Dependents with disabilities
- No waiting periods
- No restrictions on pre-existing conditions
  - Great selling feature!

# Enrollment Guidelines

- Who can enroll?
- When?
- How to enroll?
- How much?



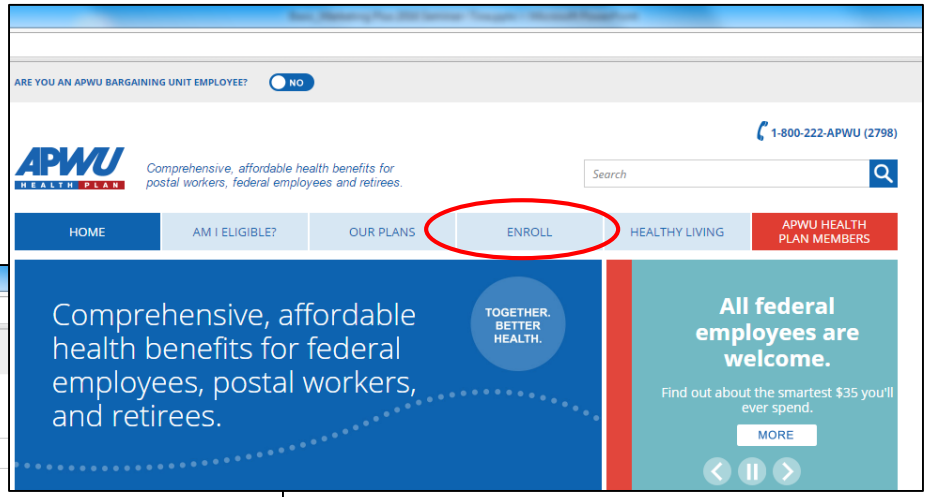
# Who can enroll?

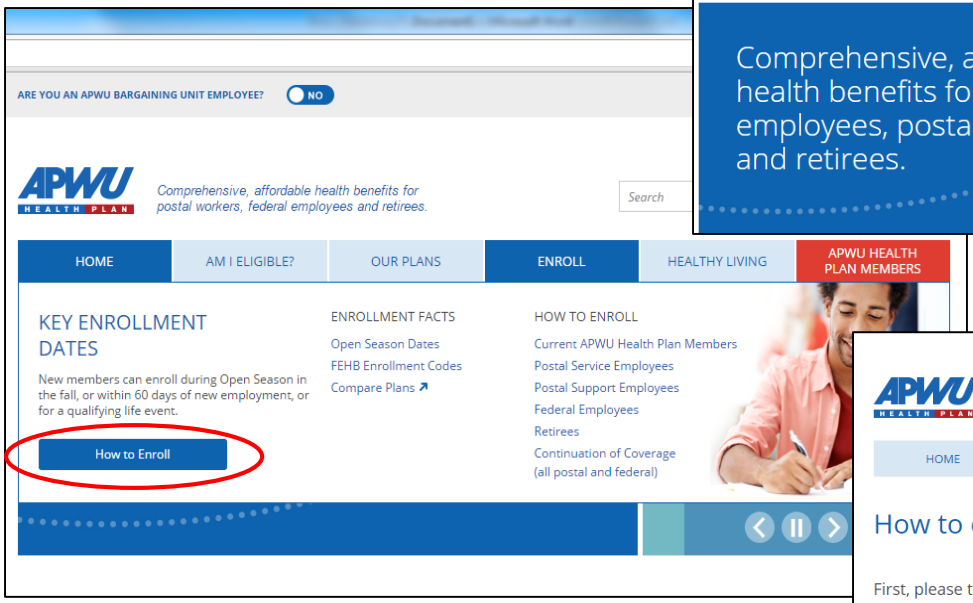
- Federal: Agency/Human Resources
  - Most employees are eligible
  - Check with your human resources office if unsure
- Postal: Shared Services/USPS
  - Career employees
  - Postal Support Employees (PSE)/non-career
- Annuitants may be eligible to continue their FEHB coverage into retirement if they meet certain requirements

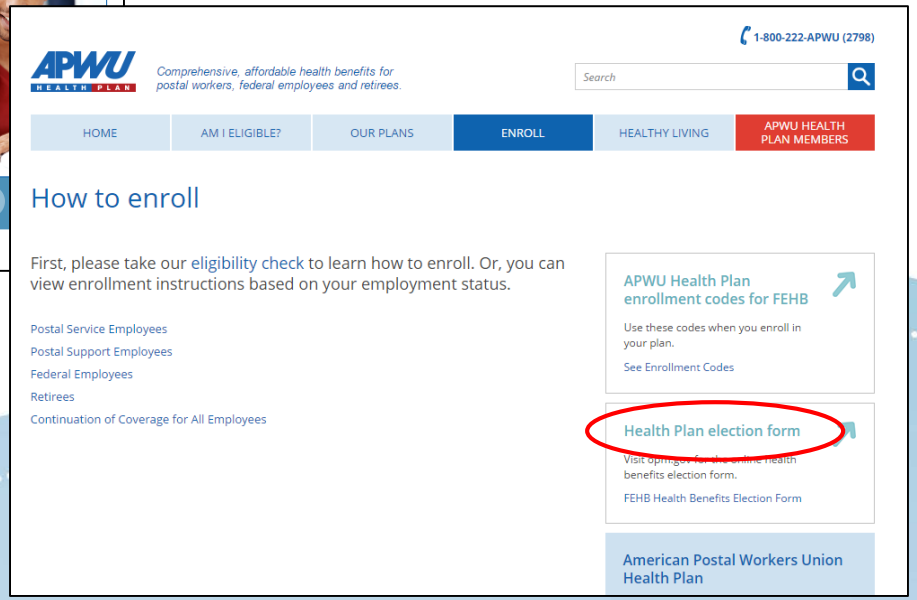
# When can employees enroll?

- During your first 60 days as a newly eligible employee
- During the Federal Benefits Open Season
  - (November 14 -December 12)
- When you have a qualifying life event (QLE) such as:
  - Marriage
  - Divorce
  - Birth
  - Adoption
  - Current coverage (other than FEHB) ends
  - Visit www.apwuhp.com/enroll for full list
    - (Health Plan Election Form)

# www.apwuhp.com



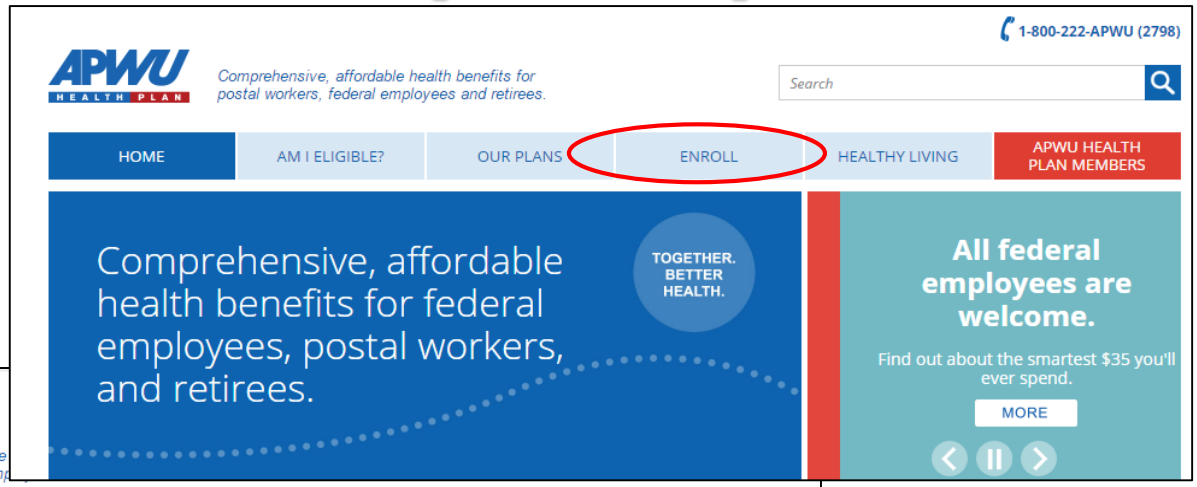
# How do employees enroll?

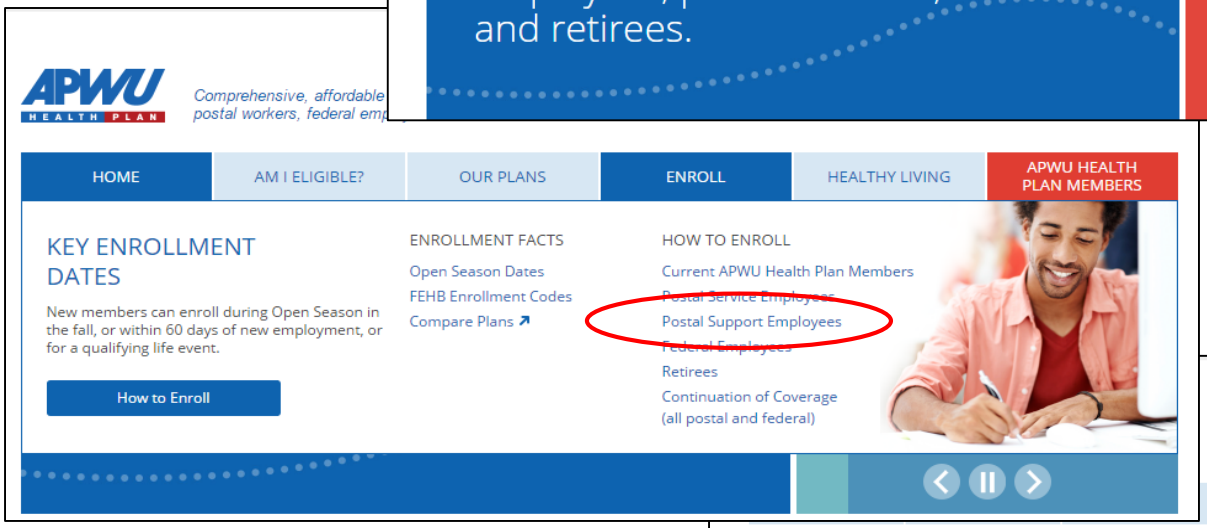
- Federal Employees:
  - Use your Agency electronic enrollment system
  - Submit form SF 2809 to your Human Resources office
  - Visit www.apuwhp.com/enroll or www.opm.gov/forms
- Postal Employees:
  - LiteBlue
  - Fax (336-662-4073) form SF 2809 to your Shared Services
  - Visit www.apuwhp.com/enroll or www.opm.gov/forms
  - Mail: PO Box 970400, Greensboro, NC 27497-0400

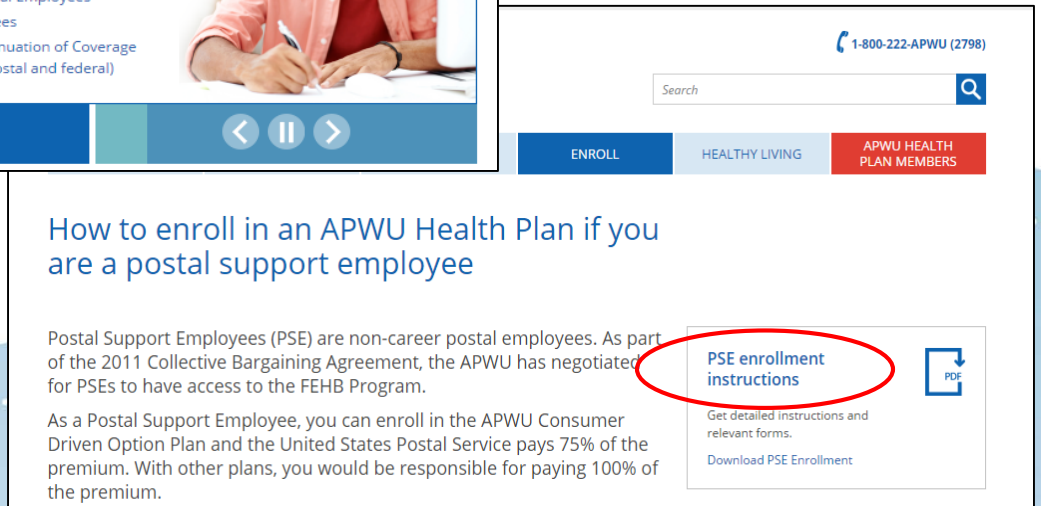
# PSEs

- Non-career employees
- Eligible for USPS Health Plan once employed
- 2010 Collective Bargaining Agreement
  - Gives PSEs access to FEHB
  - APWU Health Plan Consumer Driven Option - USPS pays 75% of premium
  - All other FEHB Plans-PSE pays 100% of premium
  - Complete 360 days initial appointment
    - Enroll within 60 days
    - Enroll during Open Season
- Union encourages PSEs to move from USPS Plan after one year
- Open Season: Must fax paperwork to Shared Services

# www.apwuhp.com



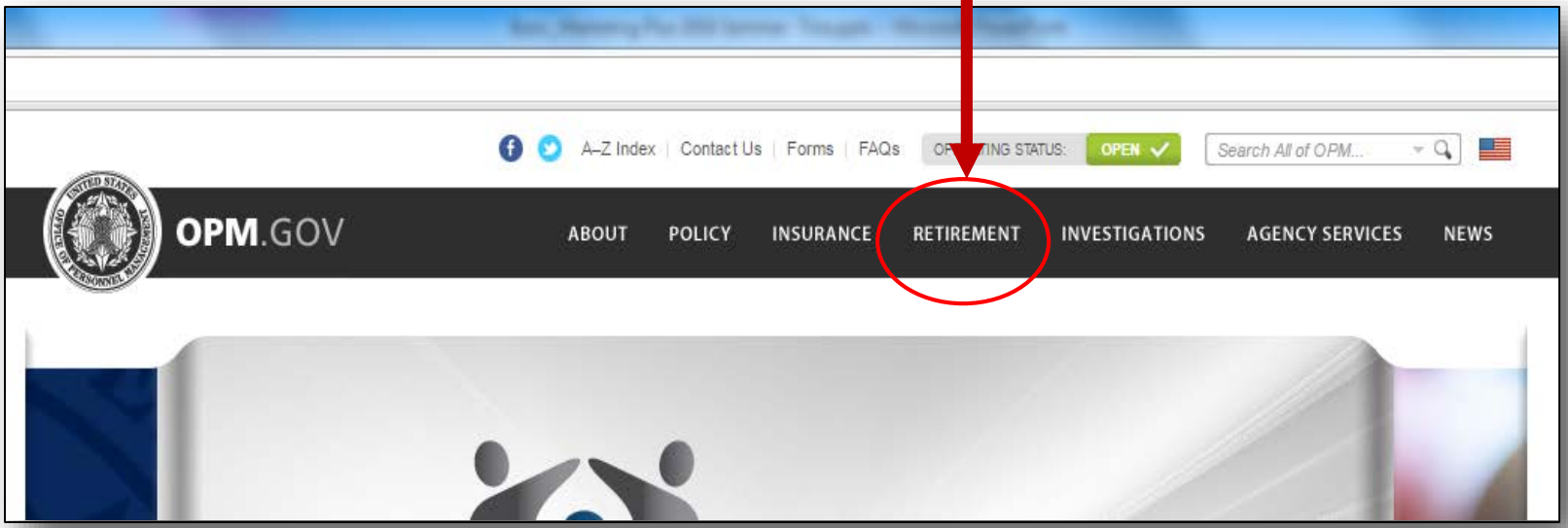
# PSE: Moves to Career Employee

- If PSE already has the Consumer Driven Option:
  - Do nothing: PSE will automatically stay enrolled
  - Opportunity to look at the High Option and other FEHB plans
  - To change, PSE needs to complete paper work/LightBlue
  - With APWU Health Plan they have to be full dues paying APWU members
  - Most assistance plans will disenroll you (i.e. Medicaid)

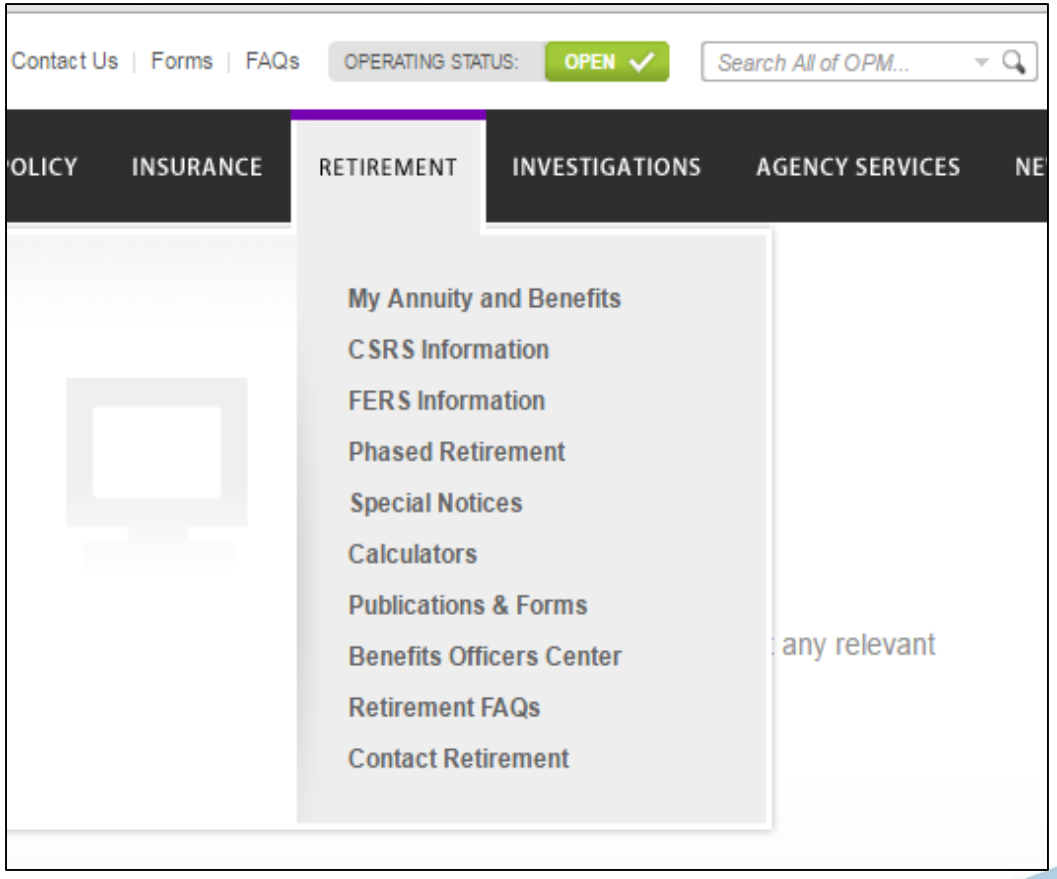
# Annuitants

- Retiree
- 5 Year Rule
  - Must have a FEHB Plan for at least five years to carry benefits into retirement
- Coverage automatically rolls over once you retiree unless you submit change paperwork
- Reduce coverage type at anytime
  - Move from self and family to self plus one
  - Move from self plus one to self only
- OPM Retirement Information Center

# www.opm.gov
# Retirement



# www.opm.gov




- Contact Page
  - Retire@opm.gov
    888-767-6738
    Walk-in Center

APWU HEALTH PLAN

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# Premiums

*31st Annual Open Season Seminar*

# Postal Rates: Brochure

## 2017 Rate Information for the APWU Health Plan

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

**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 who are represented by the APWU (including IT/ASC, MDC, OS and NPPN employees) and NRLCA.

**Postal Category 2 rates** apply to career bargaining unit employees who are represented by the NALC, NPMHU and PPO.

**Non-Postal rates apply to all career non-bargaining unit Postal Service employees.**

For further assistance, Postal Service employees should call:

Human Resources Shared Service Center: 877-477-3273, Option 5, (TTY: 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 | $221.67 | $94.29 | $480.29 | $204.29 | $85.06 | $81.98 | $85.06 |
| High Option Self Plus One | 473 | $475.79 | $187.73 | $1,030.88 | $406.75 | $167.90 | $161.30 | $167.90 |
| High Option Self and Family | 472 | $505.22 | $253.10 | $1,094.64 | $548.39 | $232.04 | $225.03 | $232.04 |
| CDHP Option Self Only | 474 | $185.43 | $61.81 | $401.77 | $133.92 | $53.77 | $51.30 | $12.36 |
| CDHP Option Self Plus One | 476 | $407.93 | $135.98 | $883.85 | $294.62 | $118.30 | $112.86 | $27.20 |
| CDHP Option Self and Family | 475 | $445.01 | $148.34 | $964.19 | $321.40 | $129.05 | $123.12 | $39.01 |

# GEHA Brochure

## 2017 Rate Information for Government Employees Health Association, Inc. (GEHA) Benefit Plan

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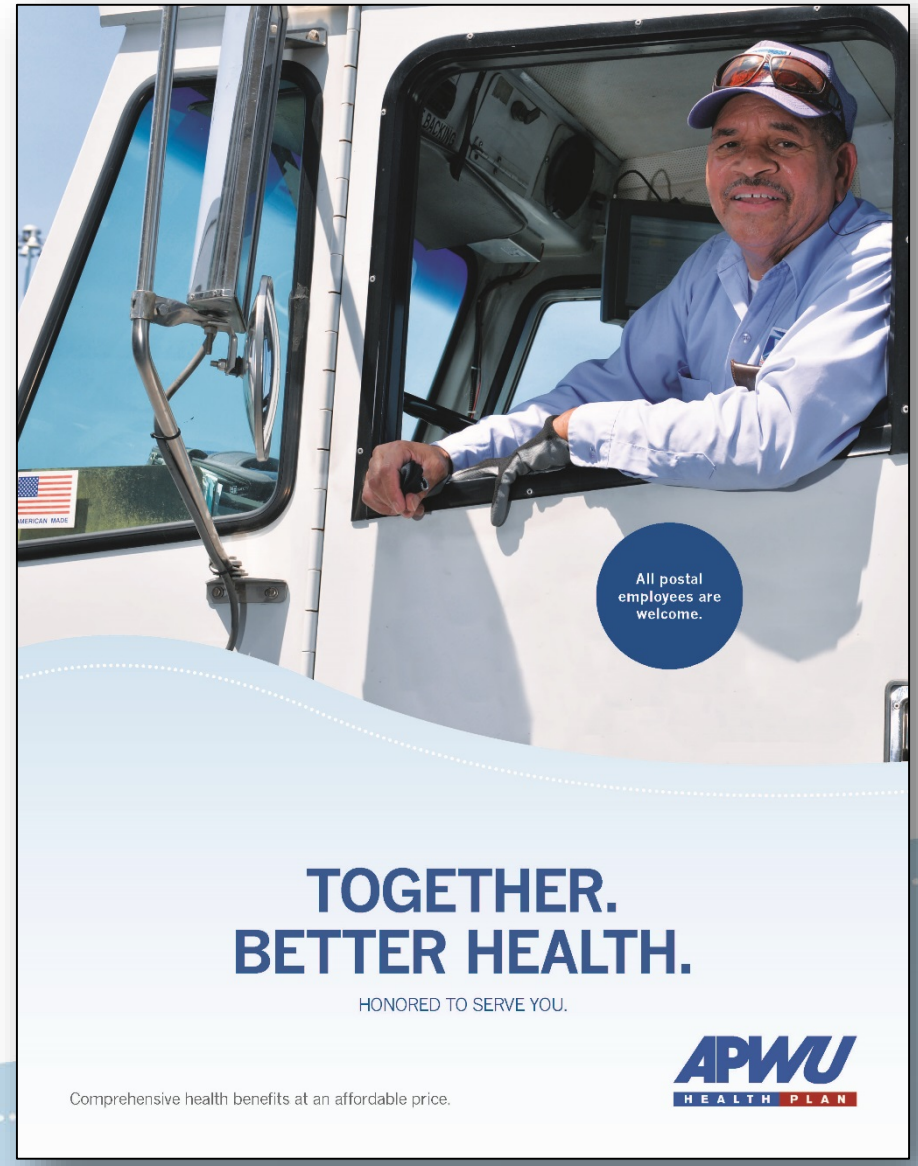
# Flyers

# *Postal and Federal*

*31st Annual Open Season Seminar*

# Postal Flyer



# Postal Flyer *(pg. 2-3)*

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

1. **Extensive networks with no referrals needed**
   Select from more than one million providers with no need for a referral.
2. **Affordable premiums**
   Our choice of two plans gives you excellent coverage and flexibility based on your personal needs and individual finances.
3. **Member satisfaction**
   95% of our plan members stay with us from year to year.
4. **Health management programs**
   We'll help you manage your hypertension, diabetes, pregnancy, weight, and tobacco use.
5. **Comprehensive coverage**
   We take great pride in creating and managing a superior health plan our members need and deserve.
6. **The personal touch**
   You are never just a number to us. The APWU Health Plan advocates for you and your family's health care needs.
7. **Union strength and solidarity**
   Choosing APWU Health Plan supports solidarity and the union movement. We are proud to have a 100% union labor force — OPIU Local 2 and Local 32BJ.
8. **Committed support for you from people who care**
   The APWU Health Plan Director is an elected officer dedicated to serving you.

**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 by strengthening working Americans.

## Two smart plans to consider.

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

### High Option plan

**100% covered services**

- 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 plan

**100% covered services**

- 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.



High blood pressure, diabetes, weight gain, 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?**
Depending on your plan choice, there is no cost to you for these benefits as an APWU Health Plan member.

## Our programs

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

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

### 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

### 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

*Purchase through mail order.

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

# Postal Flyer *(pg. 4-5)*

## High Option

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

2017 PREMIUMS

| YOU PAY | SELF ONLY 471 | SELF PLUS ONE 473 | SELF AND FAMILY 472 |
|---|---|---|---|
| APWU Career biweekly | $85.06 | $167.90 | $232.04 |
| Postal Category 1 biweekly † | $85.06 | $167.90 | $232.04 |
| Postal Category 2 biweekly † | $81.98 | $161.30 | $225.03 |
| Non-postal biweekly † | $94.29 | $187.73 | $253.10 |
| Non-postal monthly | $204.29 | $406.75 | $548.39 |

| | | IN-NETWORK YOU PAY | OUT-OF-NETWORK YOU PAY |
|---|---|---|---|
| Cost sharing | Calendar year deductible: Self Only | $350 | $500 |
| | Self Plus One | $700 | $1,000 |
| | Self and Family | $700 | $1,000 |
| | Annual out-of-pocket maximum (both medical and prescription drugs) | $5,500 Self Only<br>$6,500 Self Plus One and Self and Family | $10,000 per membership |
| Medical visits | Office, specialist and virtual visits | $20 copay** | 30% of the Plan allowance* |
| 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) | $20 copay** | 30% of the Plan allowance* |
| | Acupuncture | $20 copay** | 30% of the Plan allowance* |
| Prescription drugs<br>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 | $20 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* |

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

## 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 road national network of UnitedHealthcare, this option is an excellent alternative to traditional plans.

2017 PREMIUMS

| YOU PAY | SELF ONLY 474 | SELF PLUS ONE 476 | SELF AND FAMILY 475 |
|---|---|---|---|
| APWU Career biweekly | $12.36 | $27.20 | $39.01 |
| APWU Career (less than a year in FEHB) biweekly | $53.77 | $118.30 | $129.05 |
| APWU Non-career (PSE) biweekly | $61.81 | $135.98 | $148.34 |
| Postal Category 1 biweekly † | $53.77 | $118.30 | $129.05 |
| Postal Category 2 biweekly † | $51.30 | $112.86 | $123.12 |
| Non-postal biweekly † | $61.81 | $135.98 | $148.34 |
| Non-postal monthly | $133.92 | $294.62 | $321.40 |

| | 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 $800 | Self Plus One $1,600 | Self and Family $1,600 |
| 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 (both medical and prescription drugs) | 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 $5,000 | Self $10,200 | |
| | Self Plus One and Self and Family $10,000*** | Self Plus One and Self and Family $13,700*** | |

| | | 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 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 |
| 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* |

UnitedHealthcare® The Consumer Driven Option is administered by UnitedHealthcare.

*If there is a difference between the allowance and billed amount, the member is responsible for that difference.

**No deductible applied.

***Personal Care Account (PCA) expenses are included in accumulation of out-of-pocket expenses.

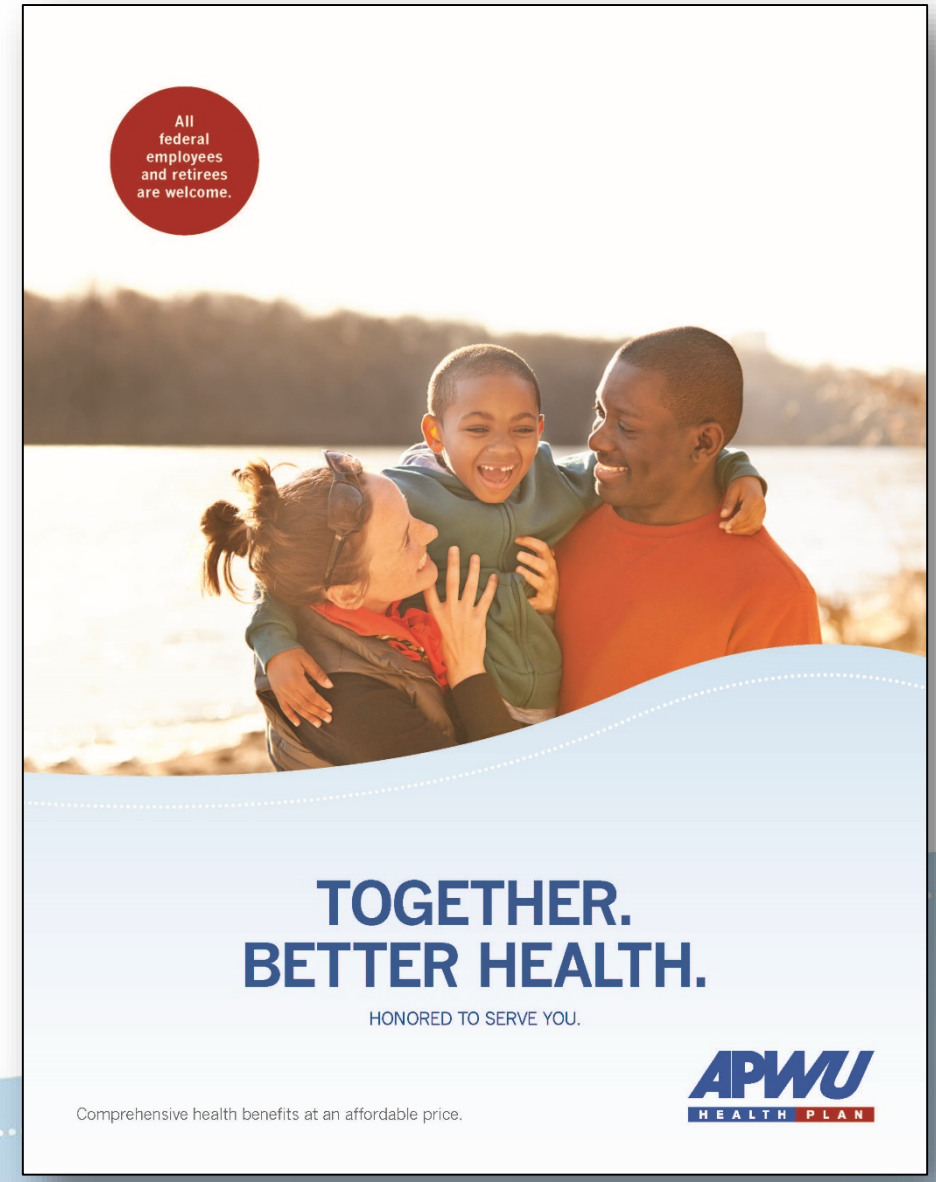
† **Postal category 1** rates apply to career bargaining unit employees who are represented by NRLCA.

† **Postal category 2** rates apply to all career bargaining unit employees who are represented by the NALC, NPMHU and PPO.

† **Non-Postal** rates apply to all career non-bargaining unit Postal Service employees.

APWU HEALTH PLAN

# Federal Flyer



# Federal Flyer *(pg. 2-3)*

## 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**
   **95% 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 pay nothing for these services when you choose a network doctor.

### High Option plan

**100% covered services**

- Preventive care and screenings
- Maternity care
- Accidental injury within 24 hours
- Diabetes Management Program
- Hypertension Management Program
- Weight Management Program
- Tobacco Cessation Program
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We also offer support through every stage of pregnancy.

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Depending on your plan choice, there is no cost to you for these benefits as an APWU Health Plan member.

## Our programs

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

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

### 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

### 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

*Purchase through mail order.

### Interested?

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

# Federal Flyer *(pg. 4-5)*

## High Option plan

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.

2017 PREMIUMS

| YOU PAY | SELF ONLY 471 | SELF PLUS ONE 473 | SELF AND FAMILY 472 |
|---|---|---|---|
| Federal biweekly | $94.29 | $187.73 | $253.10 |
| Federal monthly | $204.29 | $406.75 | $548.39 |

| | | IN-NETWORK YOU PAY | OUT-OF-NETWORK YOU PAY |
|---|---|---|---|
| Cost sharing | Calendar year deductible: Self Only | $350 | $500 |
| | Self Plus One | $700 | $1,000 |
| | Self and Family | $700 | $1,000 |
| | Annual out-of-pocket maximum (both medical and prescription drugs) | $5,500 Self Only<br>$6,500 Self Plus One and Self and Family | $10,000 per membership |
| Medical visits | Office, specialist, and virtual visits | $20 copay** | 30% of the Plan allowance* |
| 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) | $20 copay** | 30% of the Plan allowance* |
| | Acupuncture | $20 copay** | 30% of the Plan allowance* |
| Prescription drugs<br><br>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 $400 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 | $20 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 plan

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.

2017 PREMIUMS

| YOU PAY | SELF ONLY 474 | SELF PLUS ONE 476 | SELF AND FAMILY 475 |
|---|---|---|---|
| Federal biweekly | $61.61 | $135.98 | $148.34 |
| Federal monthly | $133.92 | $294.62 | $321.40 |

| | 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 $800 | Self Plus One $1,600 | Self and Family $1,600 |
| 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 (both medical and prescripton drugs) | 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 PCA and medical and prescription drugs). | | |
| | Self $5,000 | Self $10,200 | |
| | Self Plus One and Self and Family $10,000*** | Self Plus One and Self and Family $13,700*** | |

| | | 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 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 |
| 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 Rates: Flyer High Option

| YOU PAY | SELF ONLY 471 | SELF PLUS ONE 473 | SELF AND FAMILY 472 |
|---|---|---|---|
| APWU Career Biweekly | $ 85.06 | $ 167.90 | $ 232.04 |
| Postal Category 1 Biweekly | $ 85.06 | $ 167.90 | $ 232.04 |
| Postal Category 2 Biweekly | $ 81.98 | $ 161.30 | $ 225.03 |
| Non-Postal Biweekly | $ 94.29 | $ 187.73 | $ 253.10 |
| Non-Postal Monthly | $ 204.29 | $ 406.75 | $ 548.39 |

# Postal Rates: Flyer Consumer Driven Option

| YOU PAY | SELF ONLY 474 | SELF PLUS ONE 476 | SELF AND FAMILY 475 |
|---|---|---|---|
| APWU Career Biweekly | $ 12.36 | $ 27.20 | $ 39.01 |
| Postal Category 1 Biweekly | $ 53.77 | $ 118.30 | $ 129.05 |
| Postal Category 2 Biweekly | $ 51.30 | $ 112.86 | $ 123.12 |
| Non-Postal Biweekly | $ 61.81 | $ 135.98 | $ 148.34 |
| Non-Postal Monthly | $ 133.92 | $ 294.62 | $ 321.40 |

# 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 Health 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 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 am an APWU career employee and have been in FEHB for 2 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 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 a 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?** |

# Examples: What is My Category?

| I am an APWU member. I am considering the GEHA Standard 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 a Mail Handler. I am considering BCBS Basic. 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?** |

APWU HEALTH PLAN

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# Self Plus One
# (*NEW for 2015*)

***31st Annual Open Season Seminar***

# 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 began 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 | $ 85.06 | $ 167.90 | $ 232.04 |
| Postal Category 1 Biweekly | $ 85.06 | $ 167.90 | $ 232.04 |
| Postal Category 2 Biweekly | $ 81.98 | $ 161.30 | $ 225.03 |
| Non-Postal Biweekly | $ 94.29 | $ 187.73 | $ 253.10 |
| Non-Postal Monthly | $ 204.29 | $ 406.75 | $ 548.39 |

# 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
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American Well®

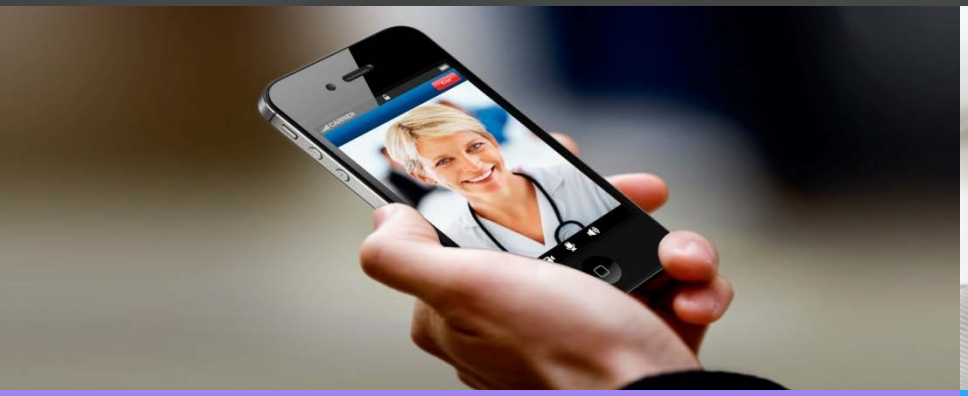
# Virtual Visits
# The Member Experience

**www.AmWell.com**

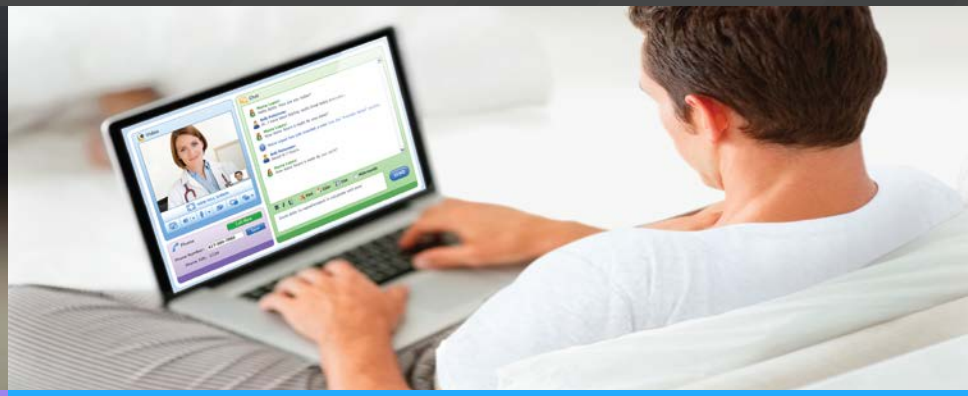
**1-855-818-DOCS**

*31st Annual Open Season Seminar*

# Four easy ways to connect



Mobile



Web




Kiosk



Phone

American Well®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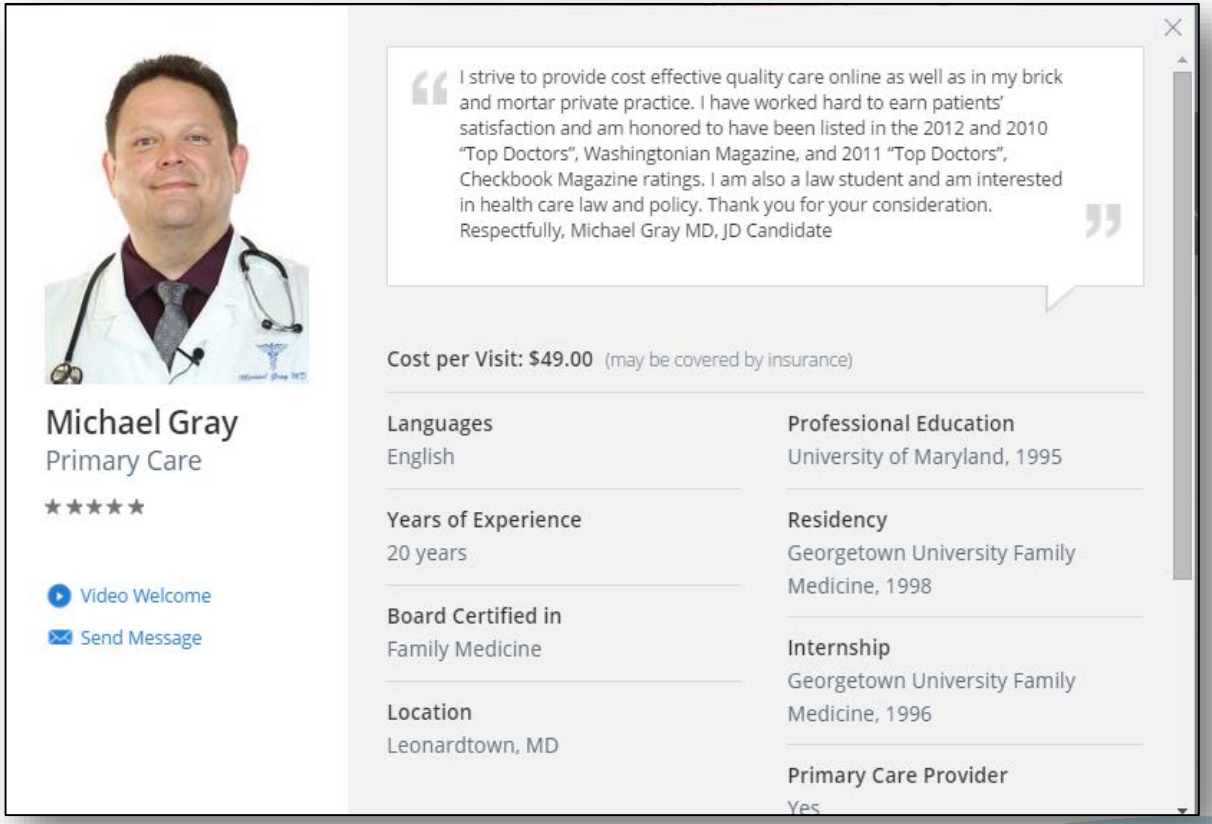
# Patients choose the provider they speak with…



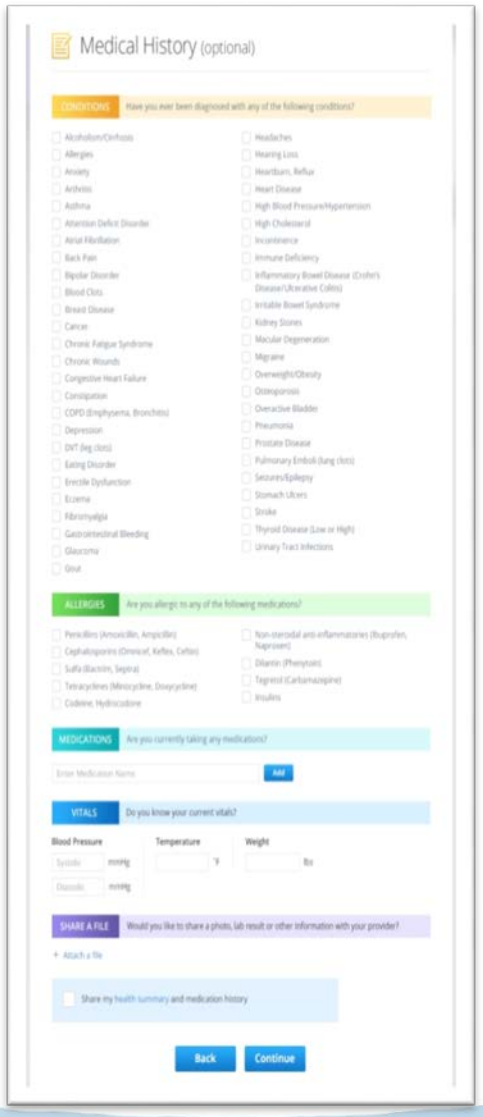

## Who Is This Provider ?

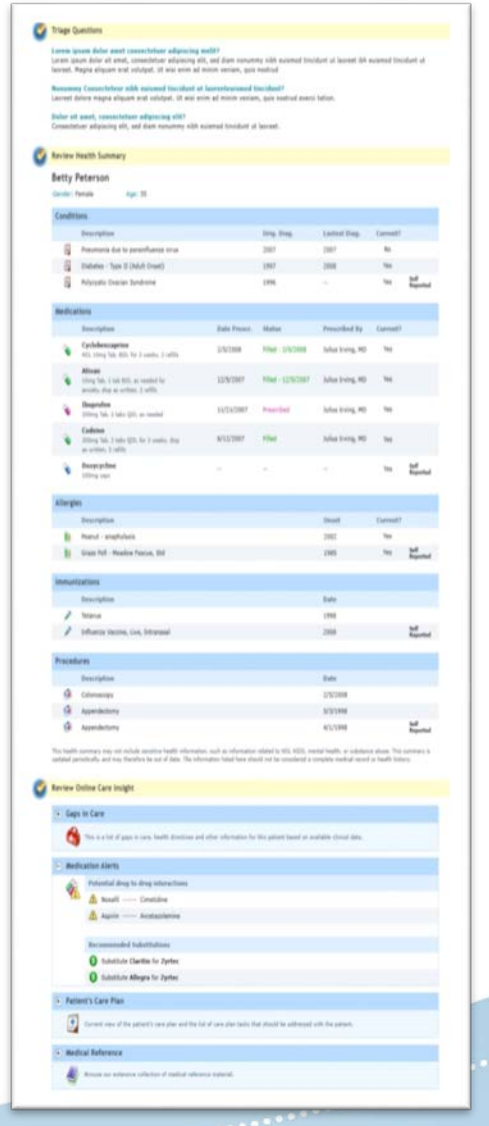
## (Picture, Video, Specialty, Credentials, Training)

APWU HEALTH PLAN

American Well®

# An informed encounter




## On American Well, physicians see:

- Patient-supplied medical history
- Prescription data via SureScripts
- Biometrics and vitals from:
  - Apple Health app
  - Kiosk diagnostic devices
- Gaps in care data via Insights
- Past telehealth visit records and provider notes
- Custom formularies

**Who Is This Patient ?**

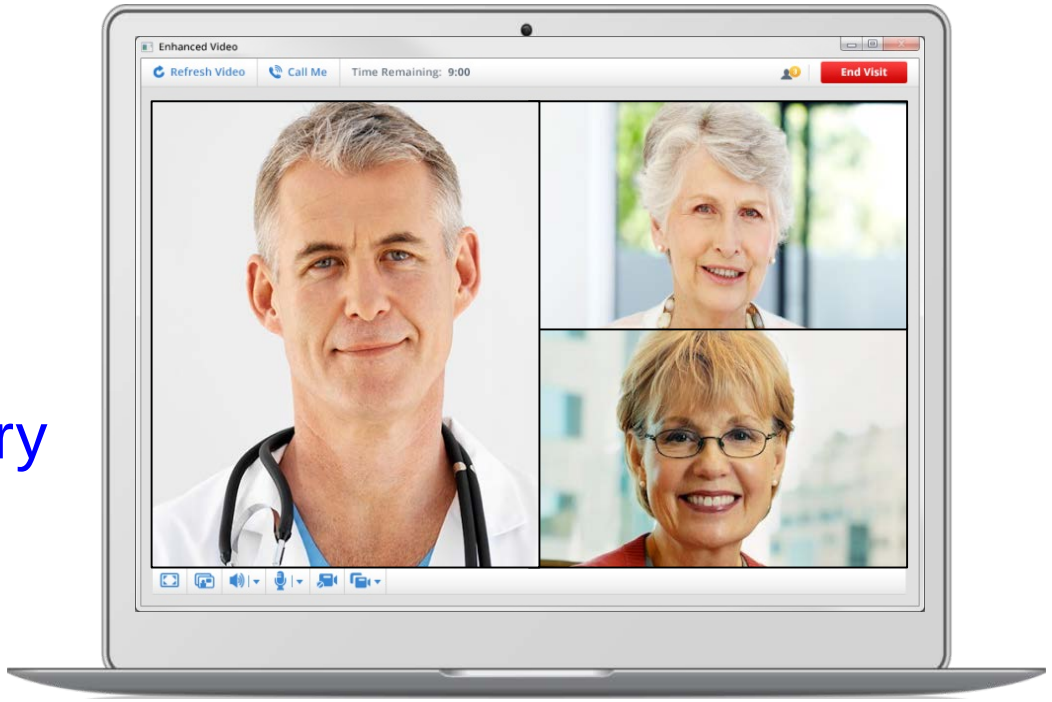
**(Demographics, Medical History, Rx Data, Biometrics)**

APWU HEALTH PLAN

American Well®

# Multiway Video

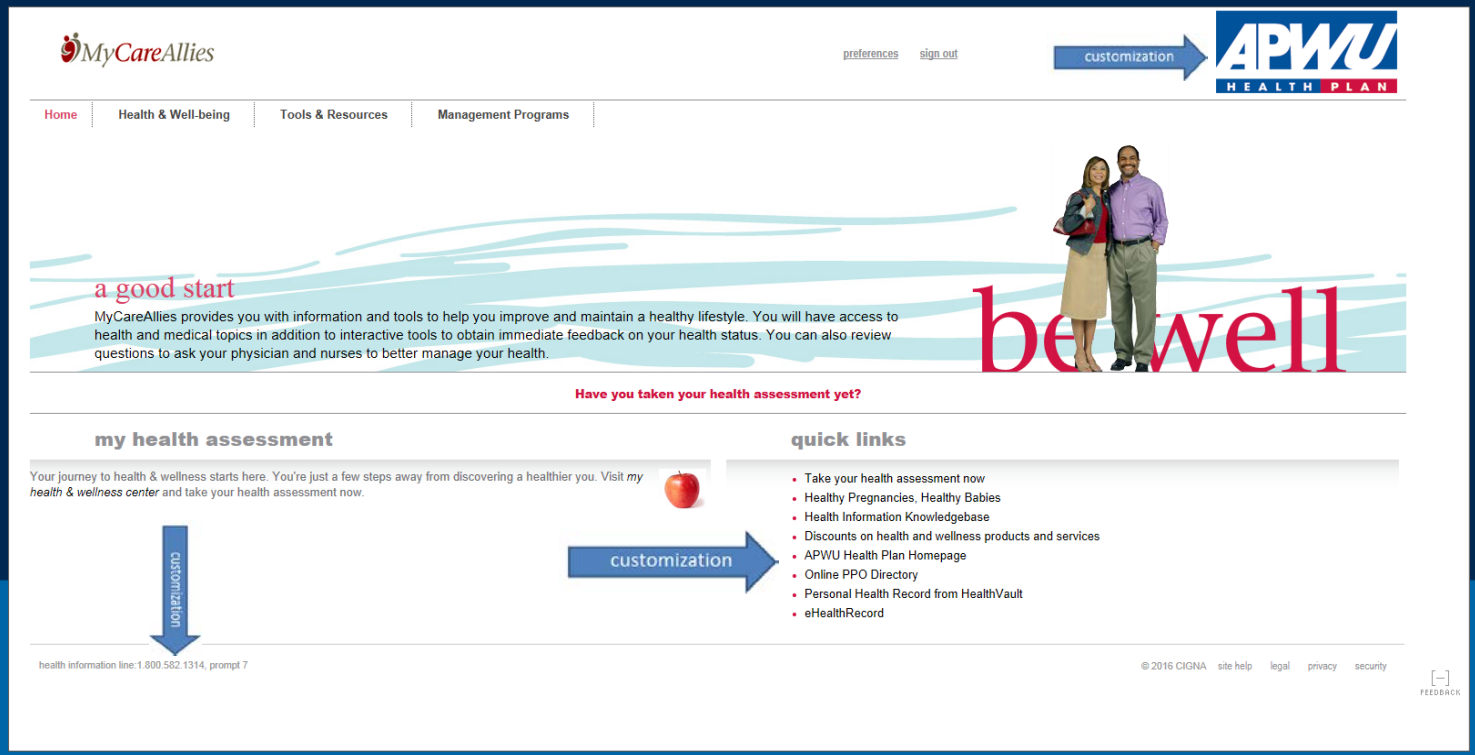
- Add additional participants to clinical visit
- No scheduling needed
- Invite is to any person; no enrollment necessary
- Applications
  - Clinical Collaboration
  - Language Translation
  - Family/Custodians



**Today** your members access their Health and Wellness resources by navigating to **myCareAllies.com**

## With Cigna's Health Matters Plus they will now go to myCigna.com

There have been a few customizations added to myCareAllies.com experience for APWU in order to enhance the experience



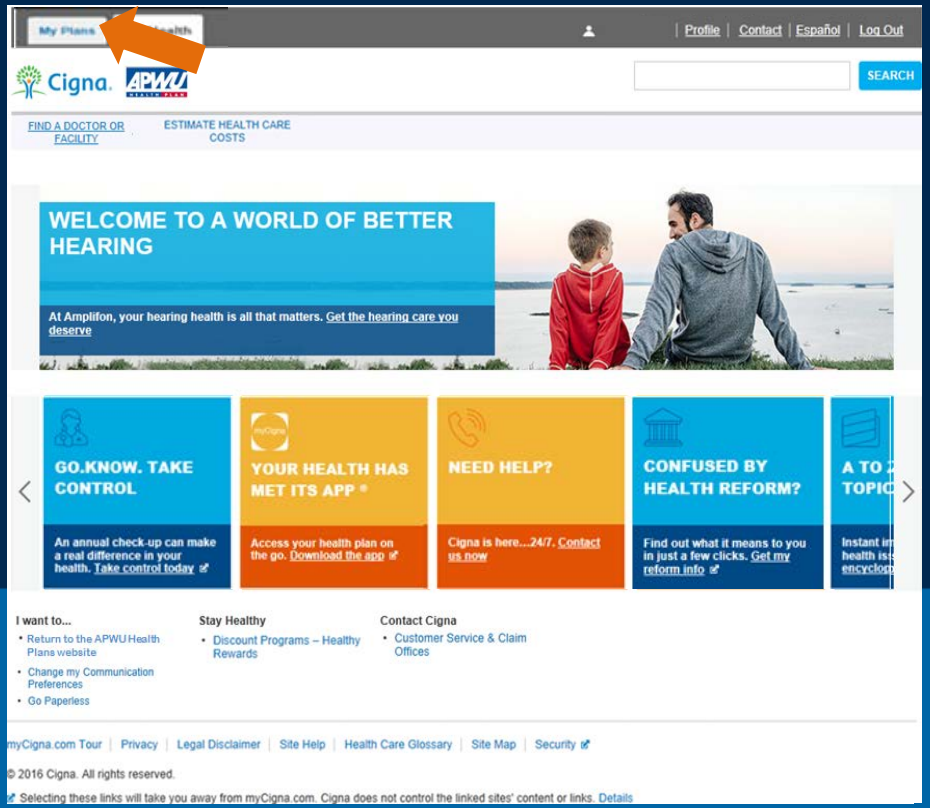

## All current customizations have been considered and will be migrated to myCigna.com as appropriate

Cigna

# All of your Health and Wellness resources will be found in one convenient location - myCigna.com

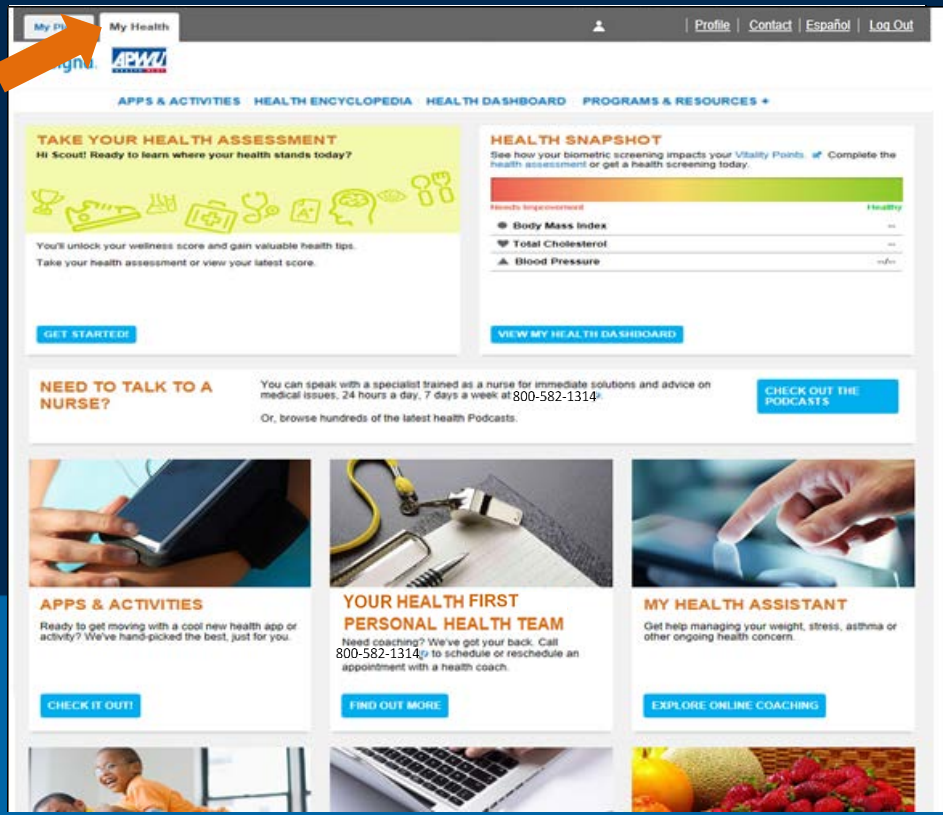
## The "My Plans" Tab

The "My Plans" is tab provides access to plan related resources such our cost and quality tools, provider information and promotional materials.




## The "My Health" Tab

The "My Health" is tab provides access to Health and Wellness resources such as our health assessment , lifestyle management resources, coaching programs and so much more...



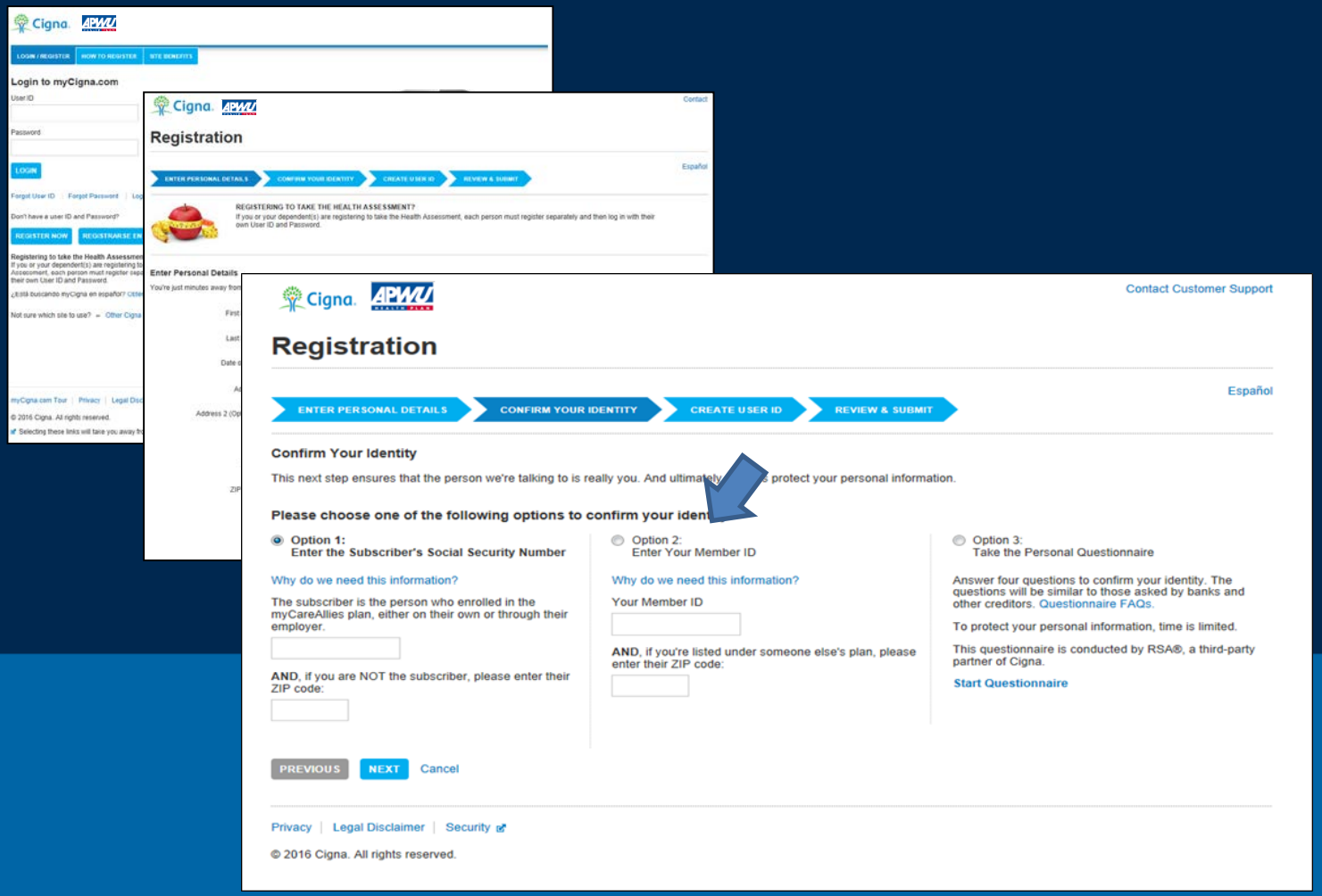

**Please note:** The "My Health" tab is the landing page users will land on directly after login

Cigna.

# Registration Experience

The Registration process for myCareAllies.com had been customized for APWU

And we will carry over that custom registration to the myCigna.com experience




The URL will be: https://APWUHP.YourCareAllies.com

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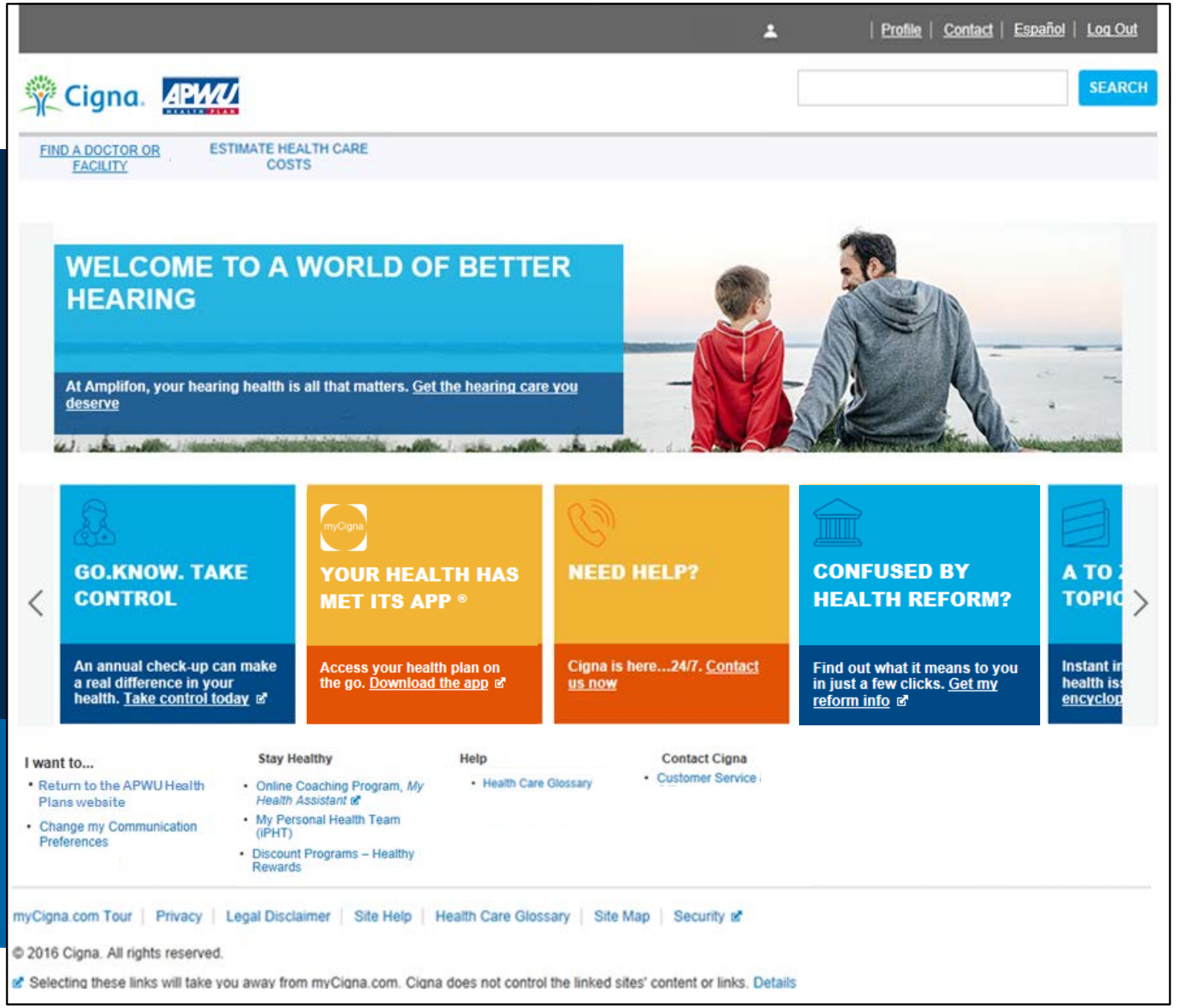
# The "My Plans" landing page

## This page features:

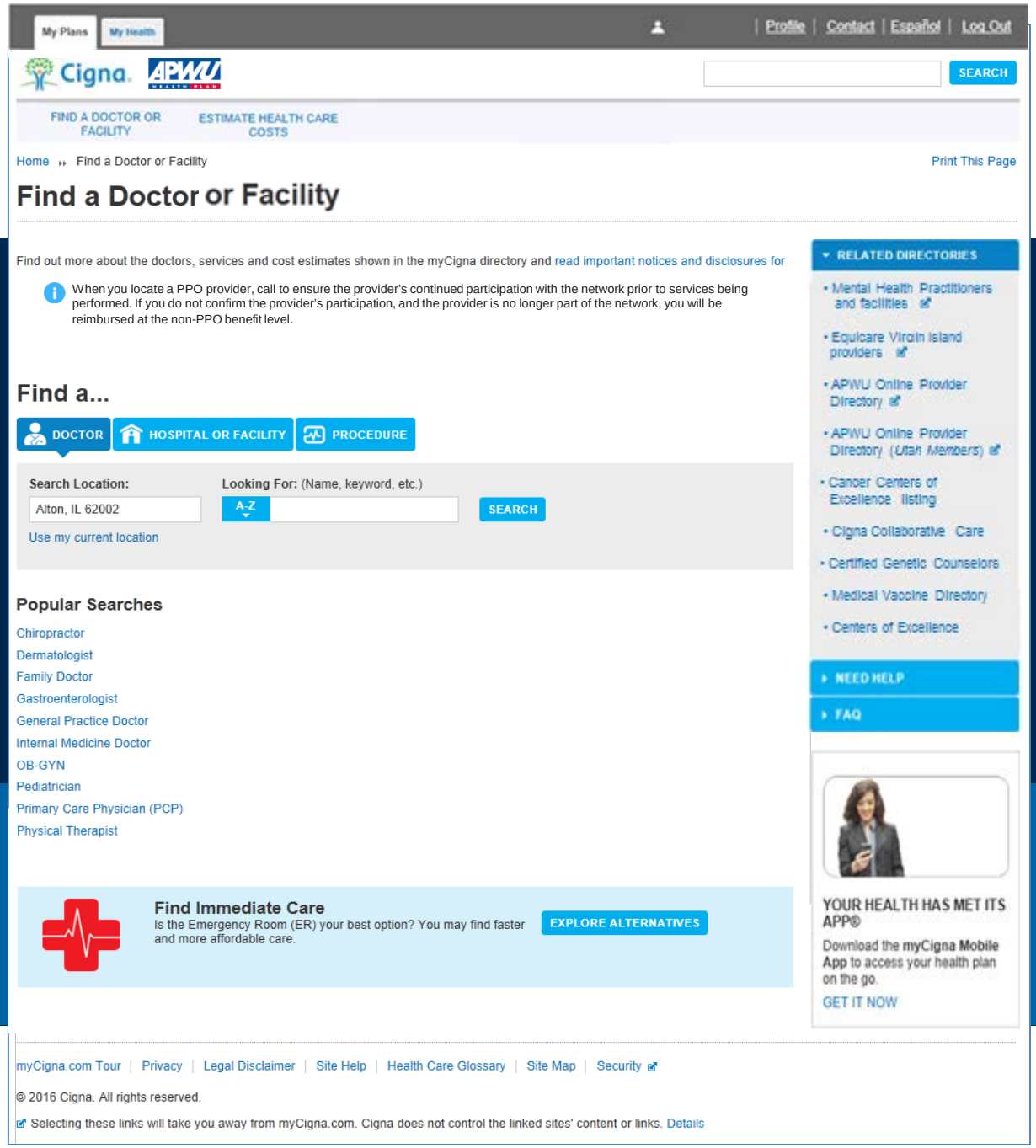
- Promotional material
- Link to APWU Health Plans website
- Link to Healthy Rewards discounts
- Link to Provider Directory
- Link to Cost & Quality tools
- My Health Assistant
- And more....




Cigna.

# Provider Directory

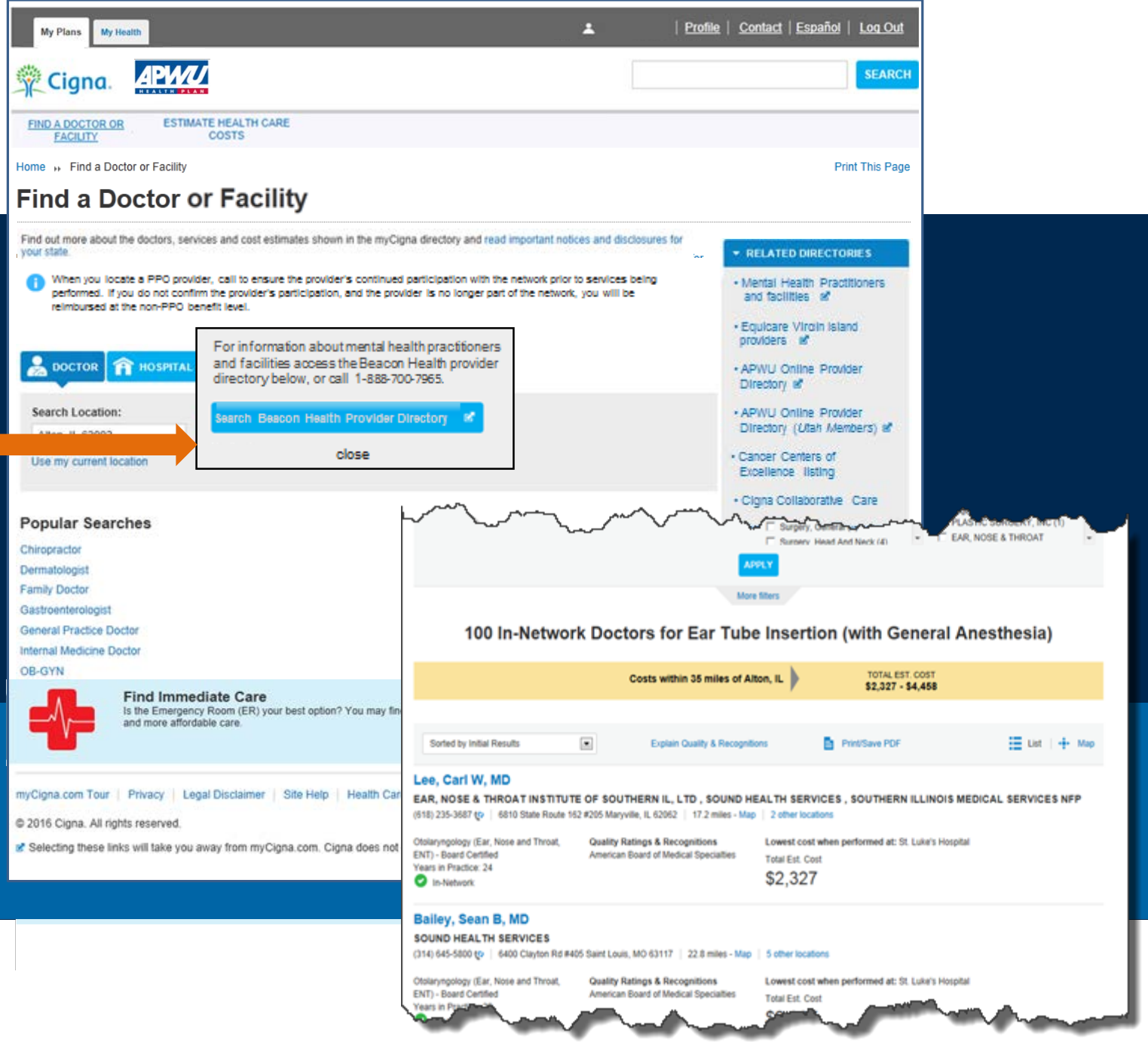
The ability to search for a provider and the ability to access cost & quality information are built into this same display for ease of access and use.




Cigna.

# Provider Directory

If someone is to search for a mental health providers, they will receive a light-box with a message and link to the **Beacon Health Mental Health provider directory.**




**Please Note:**

*The provider directory found on myCigna.com is available to registered members only.*

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# The "My Health" landing page

## This page features:

- Link to **Health Assessment**

- **Health Snapshot**
  *A dashboard of wellness*

- Information about how to contact the **24-Hour Health Information Line**

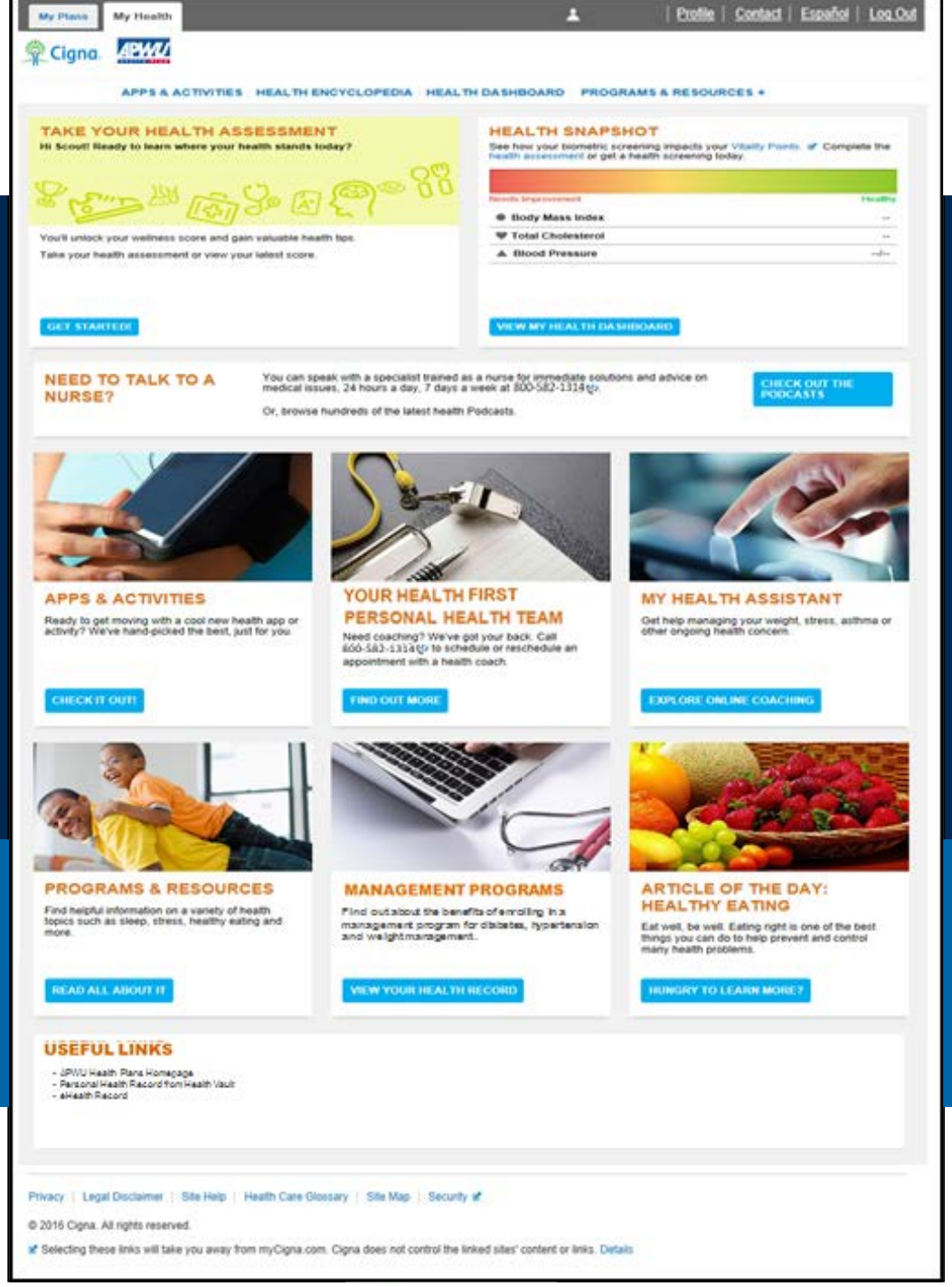
- **Apps & Activities**
  *A hub for health engagement*

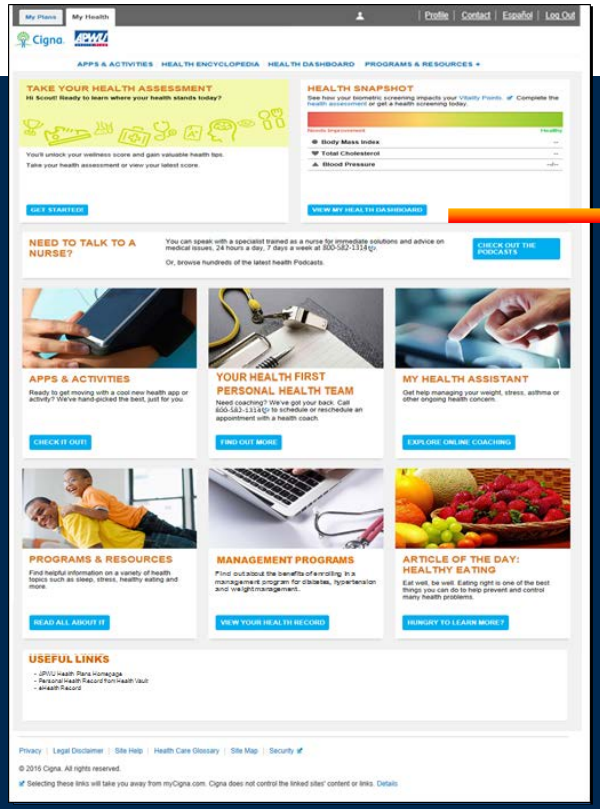
- **Health Encyclopedia**

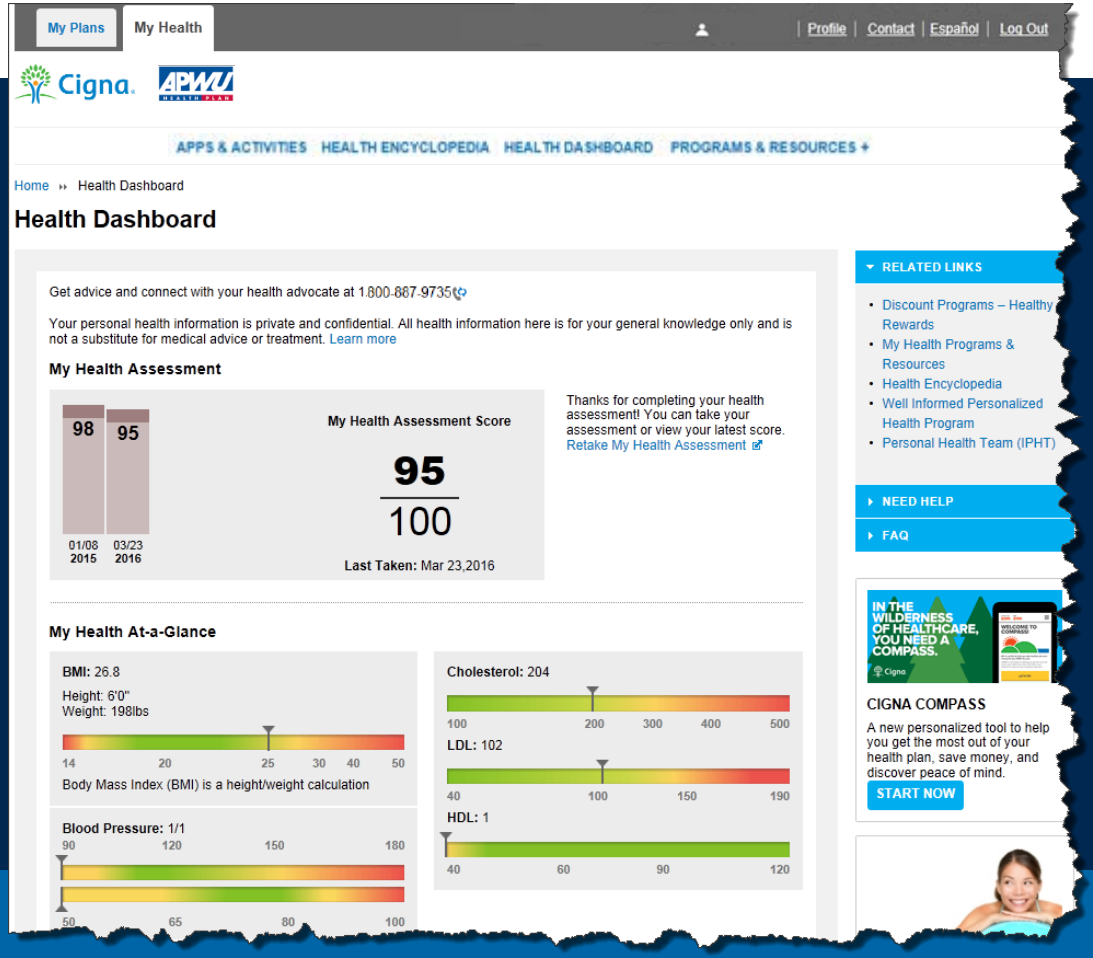
- **Programs & Resources**

- **My Health Assistant**
  *Online Coaching Programs*

- **And much more....**






# Health Dashboard

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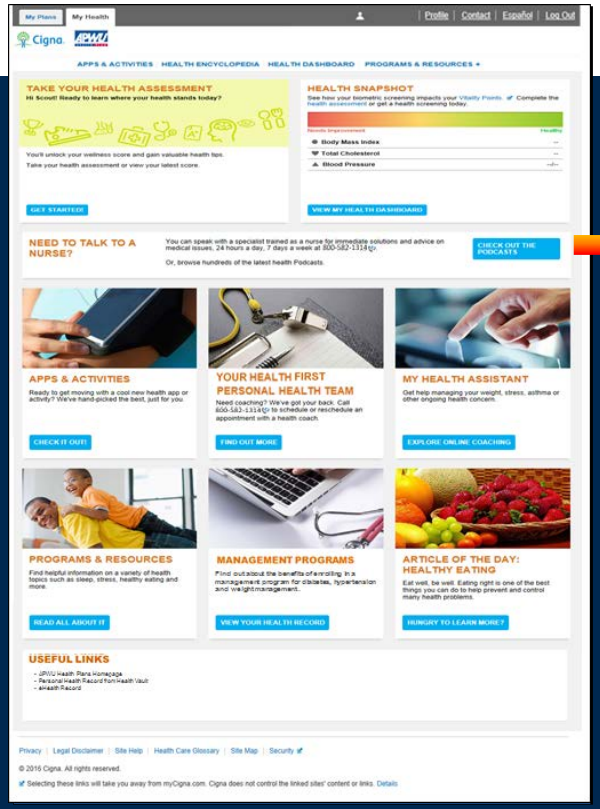
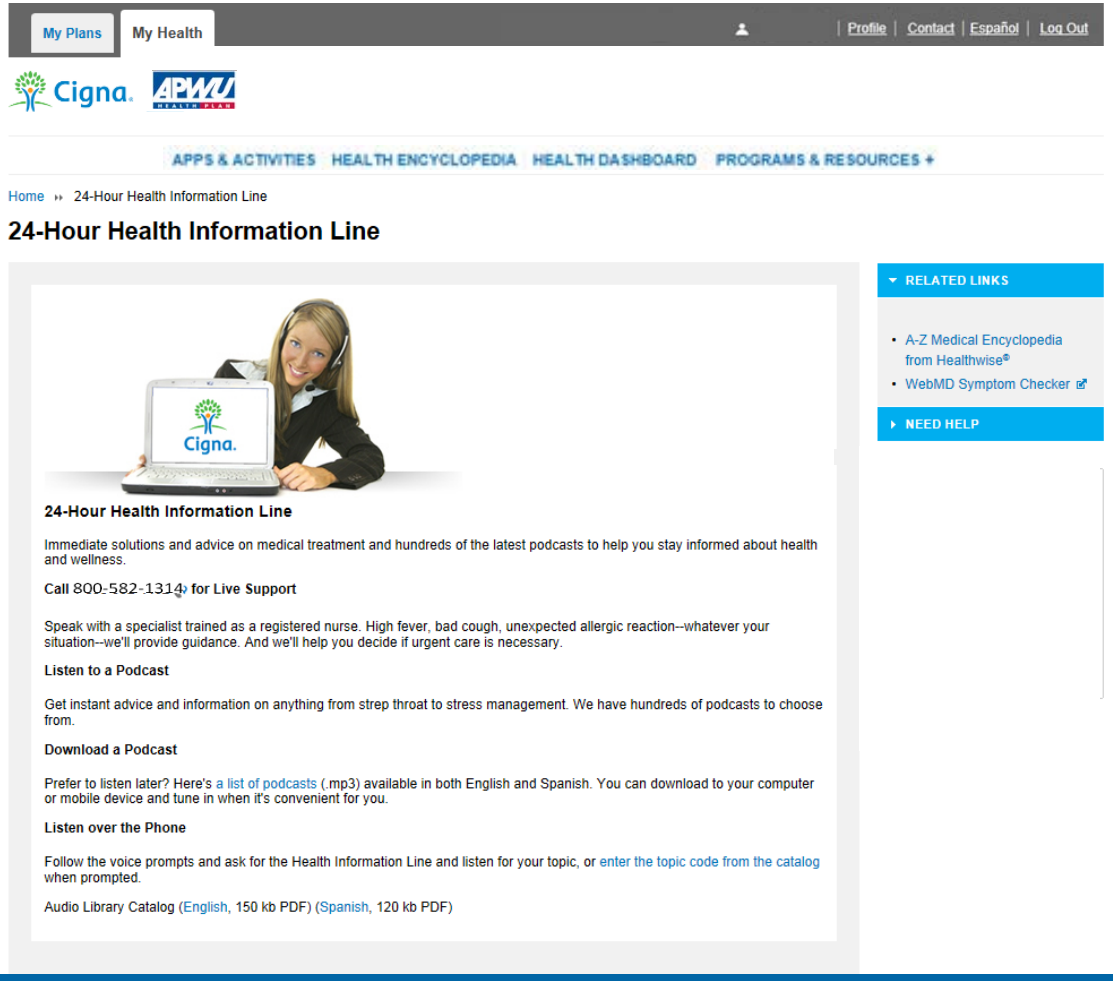
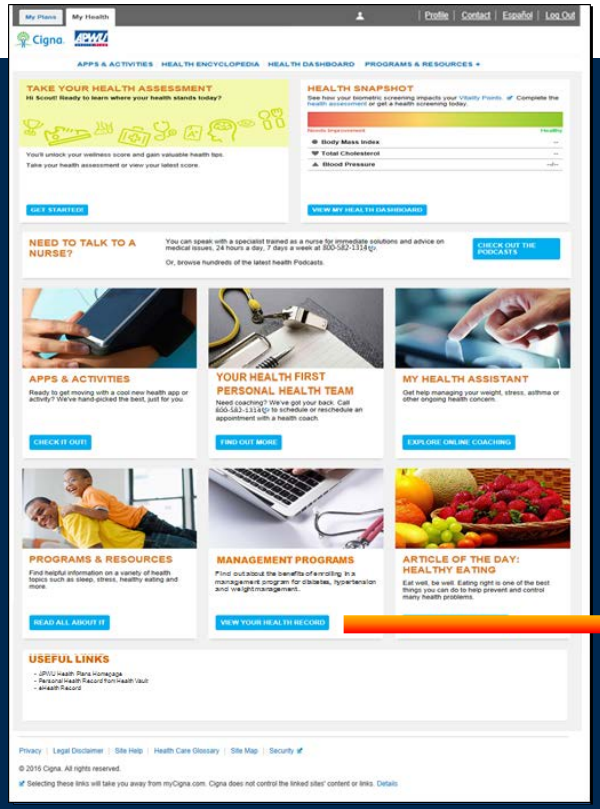
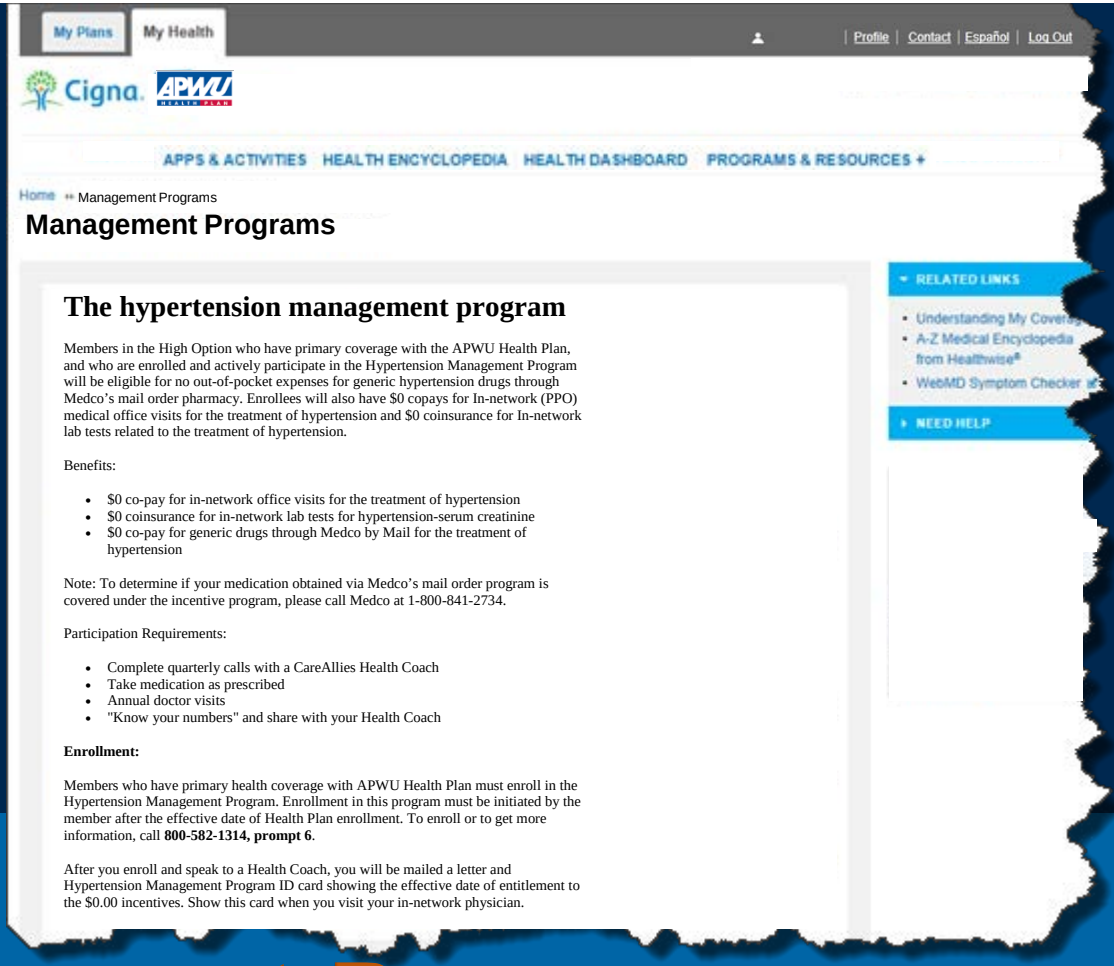



# 24-Hour Health Information Line




# Management Programs

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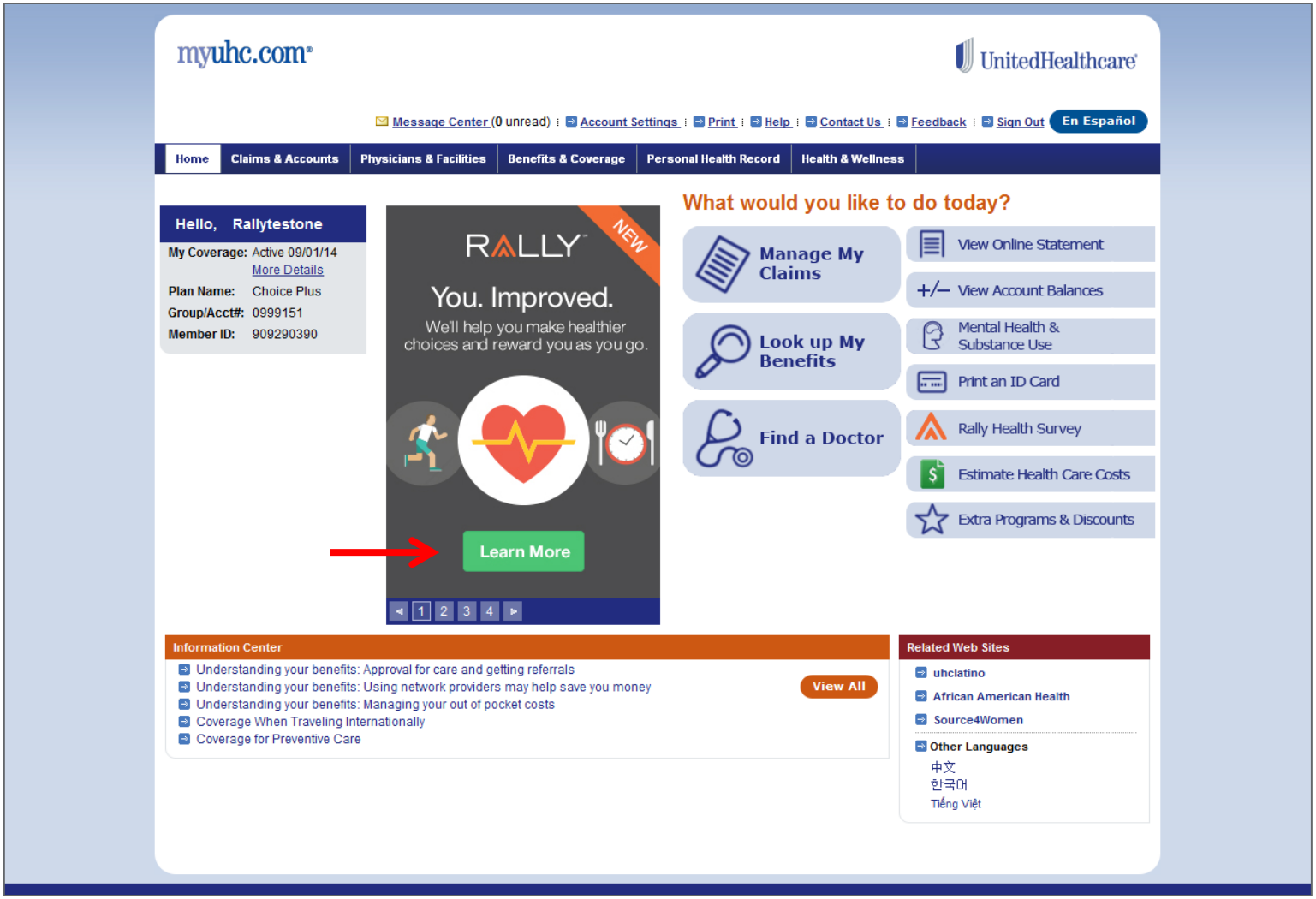
# The Rally Experience

## www.myUHC.com

*31st Annual Open Season Seminar*

# Access myUHC.com

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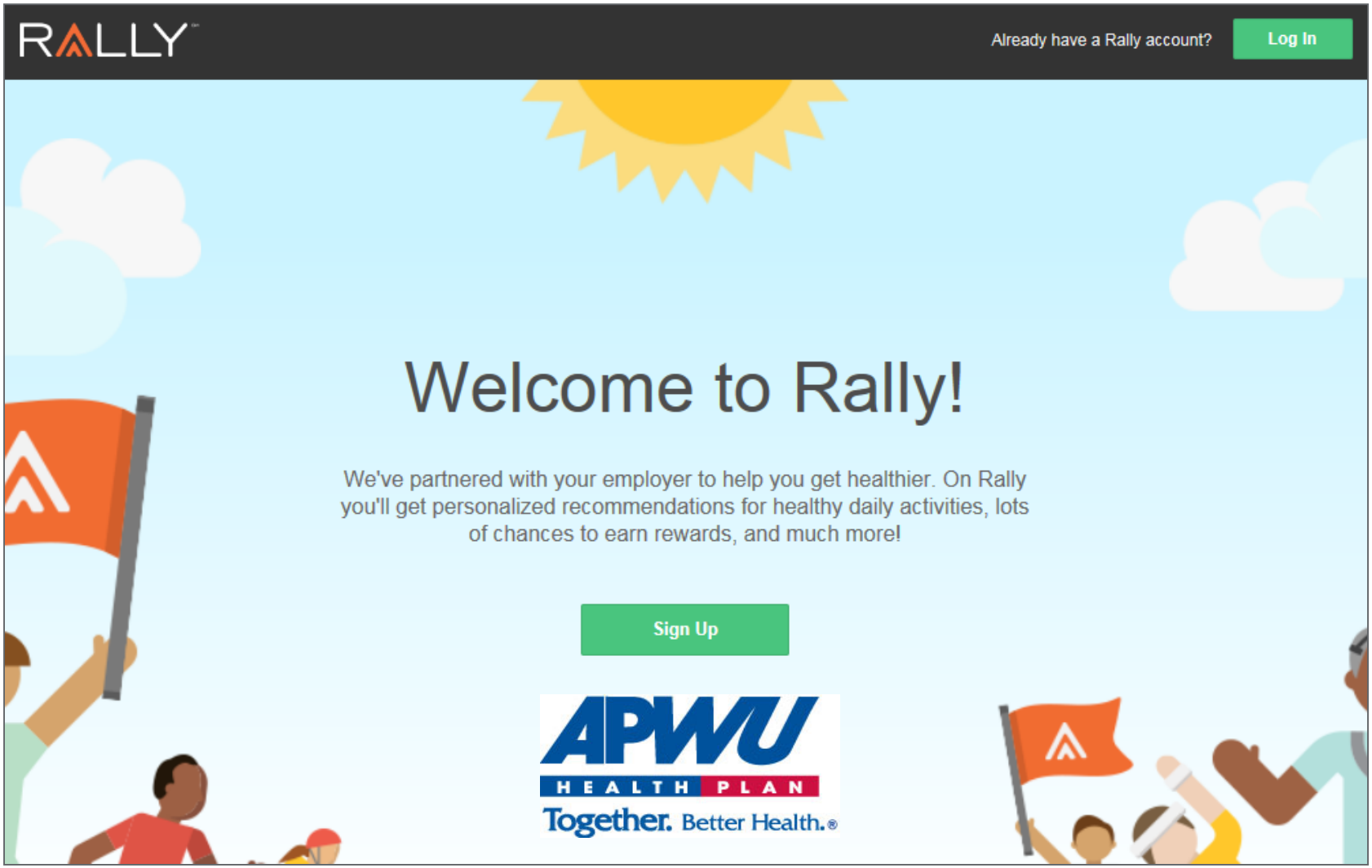
# Rally Landing Page





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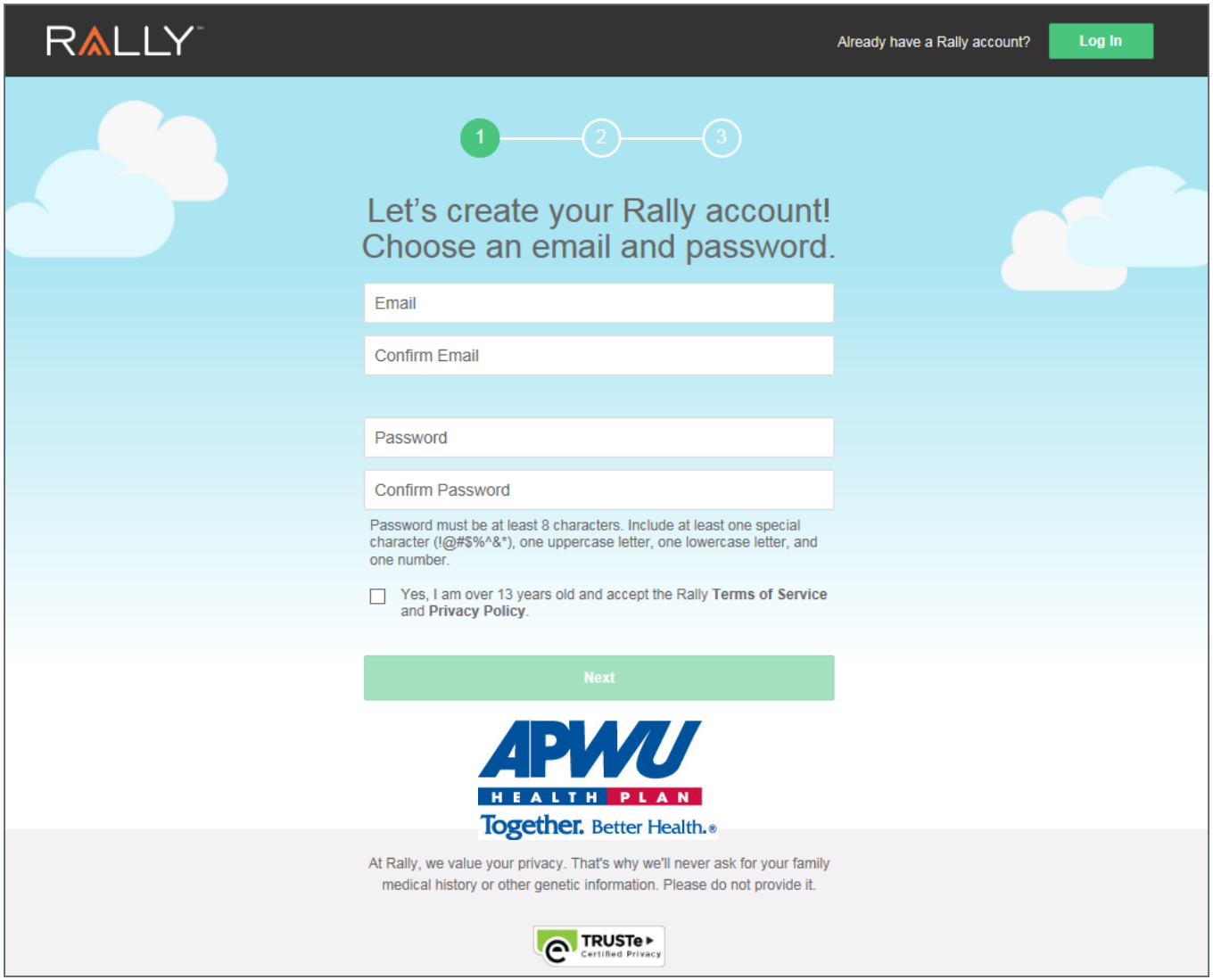
# Rally Registration: Step 1

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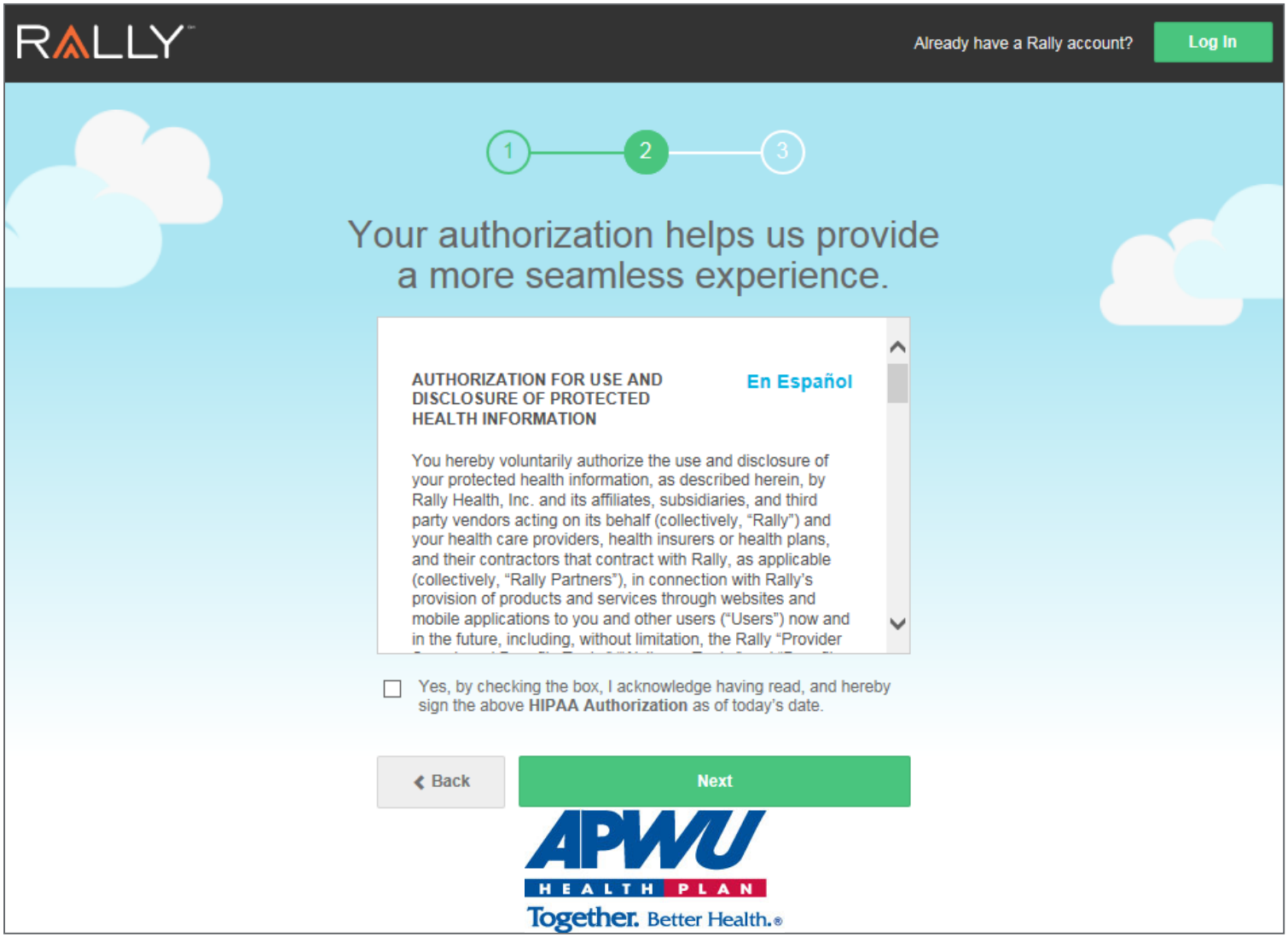
# Rally Registration: Step 2





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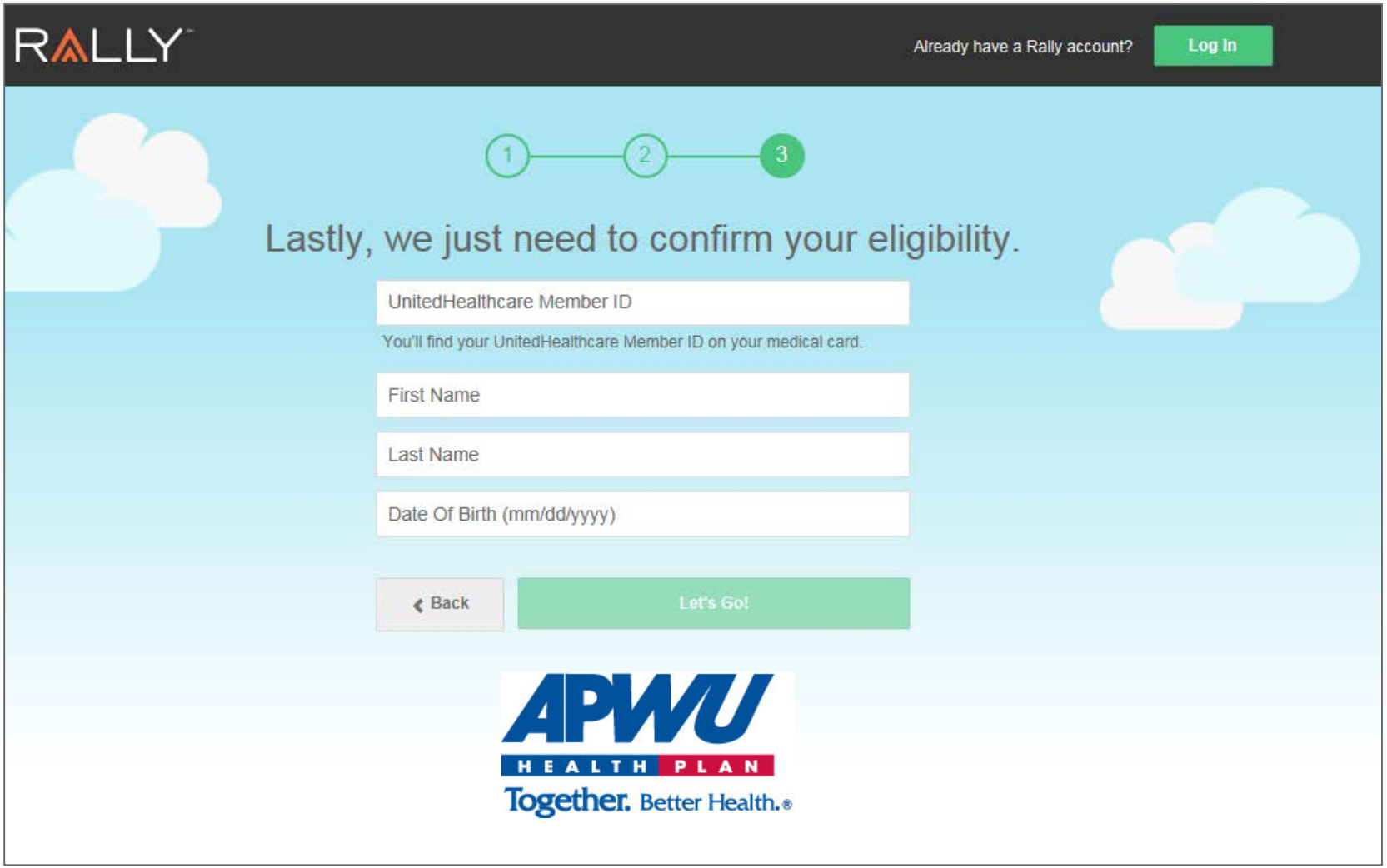
# Rally Registration: Step 3





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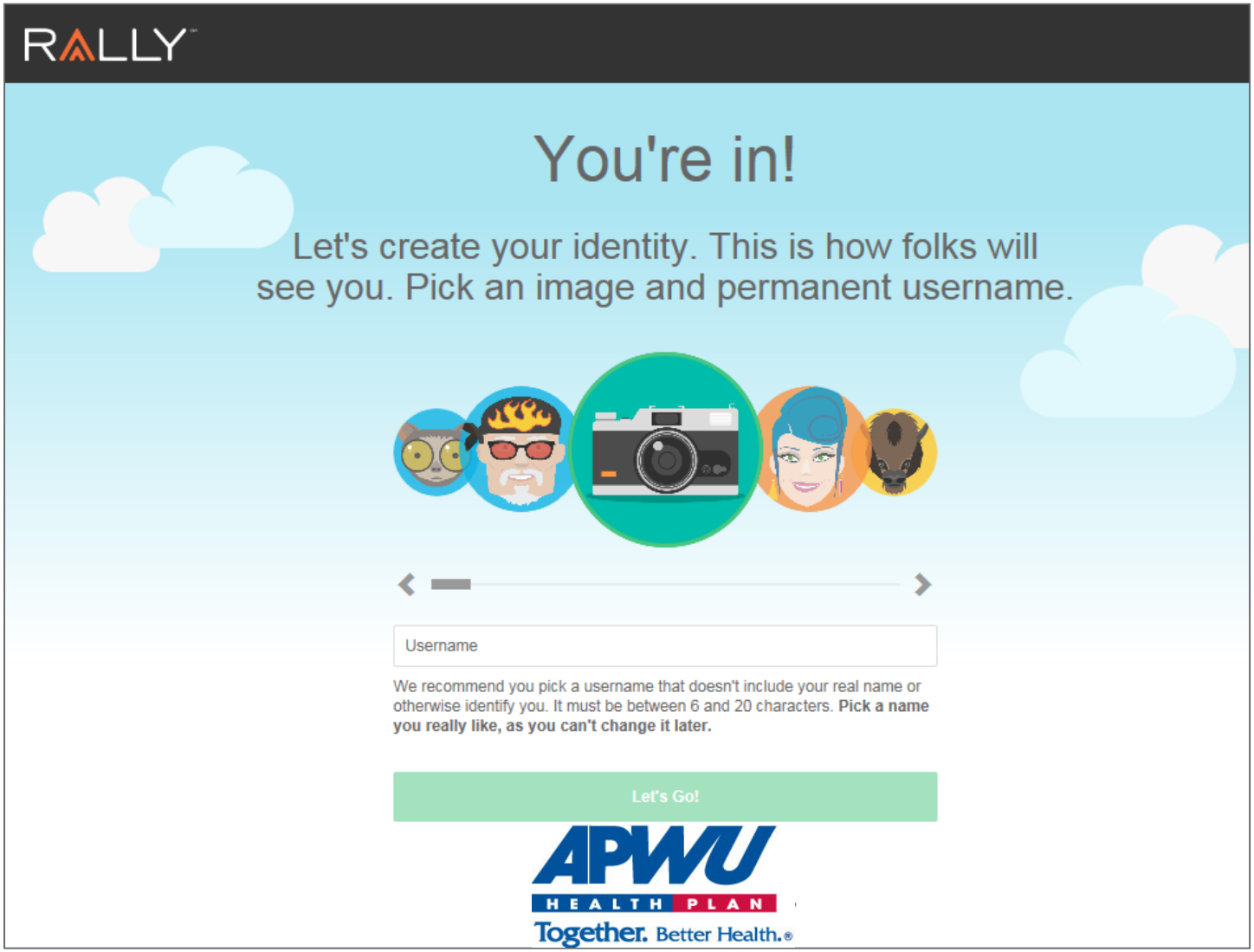
# Rally Registration: Step 4





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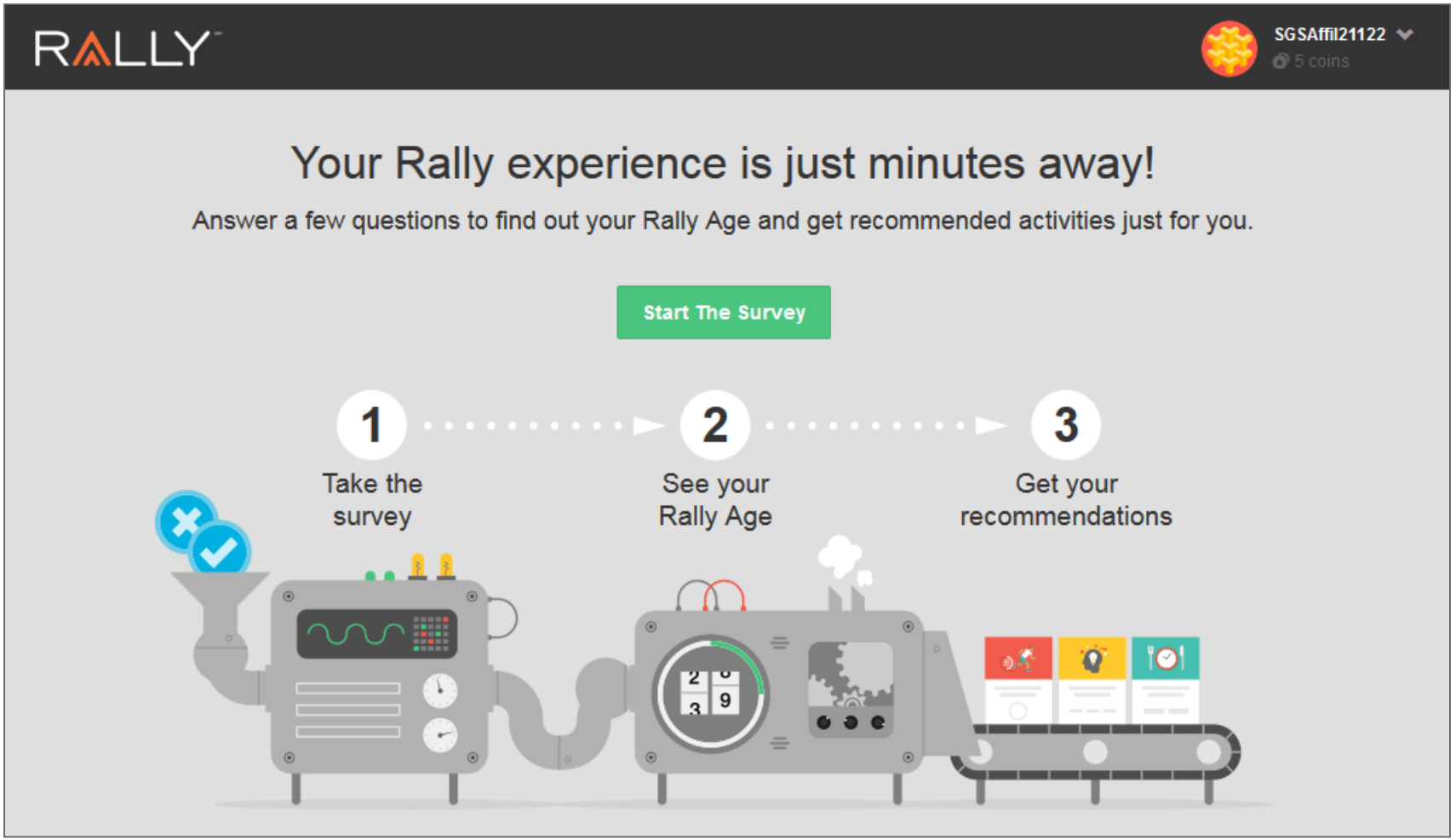
# Rally Landing Page (First Time Users)





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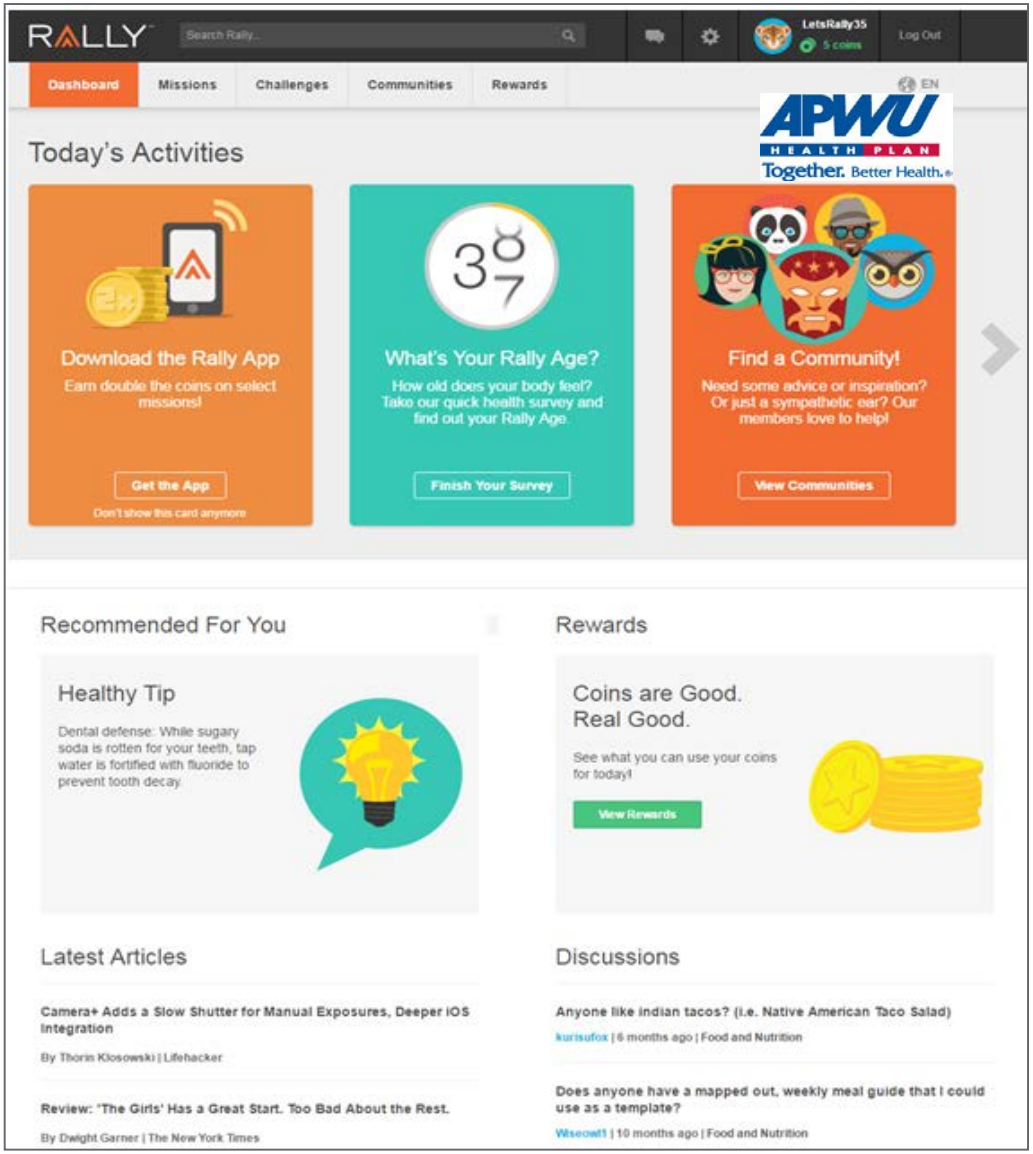
# Dashboard

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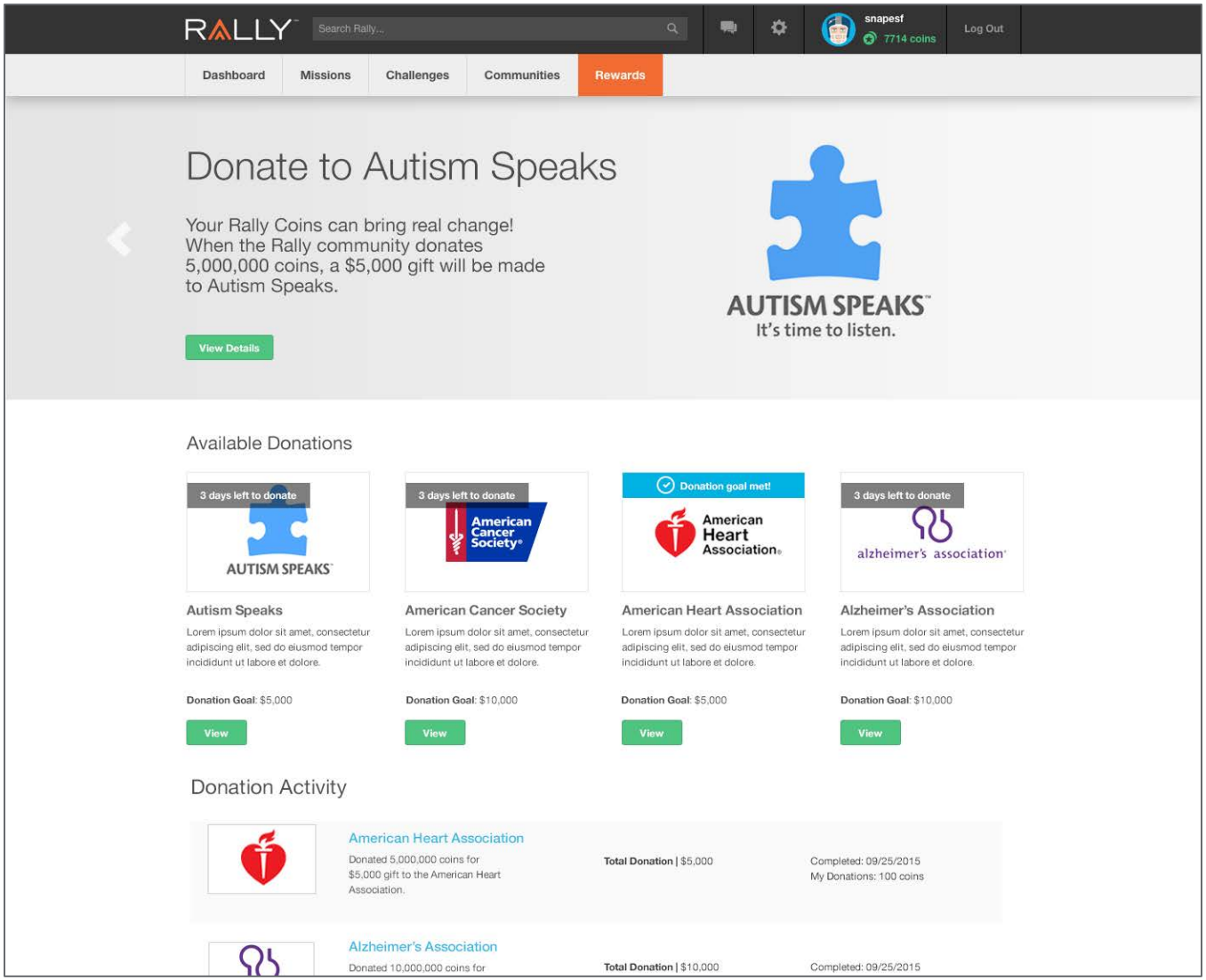
# Donations

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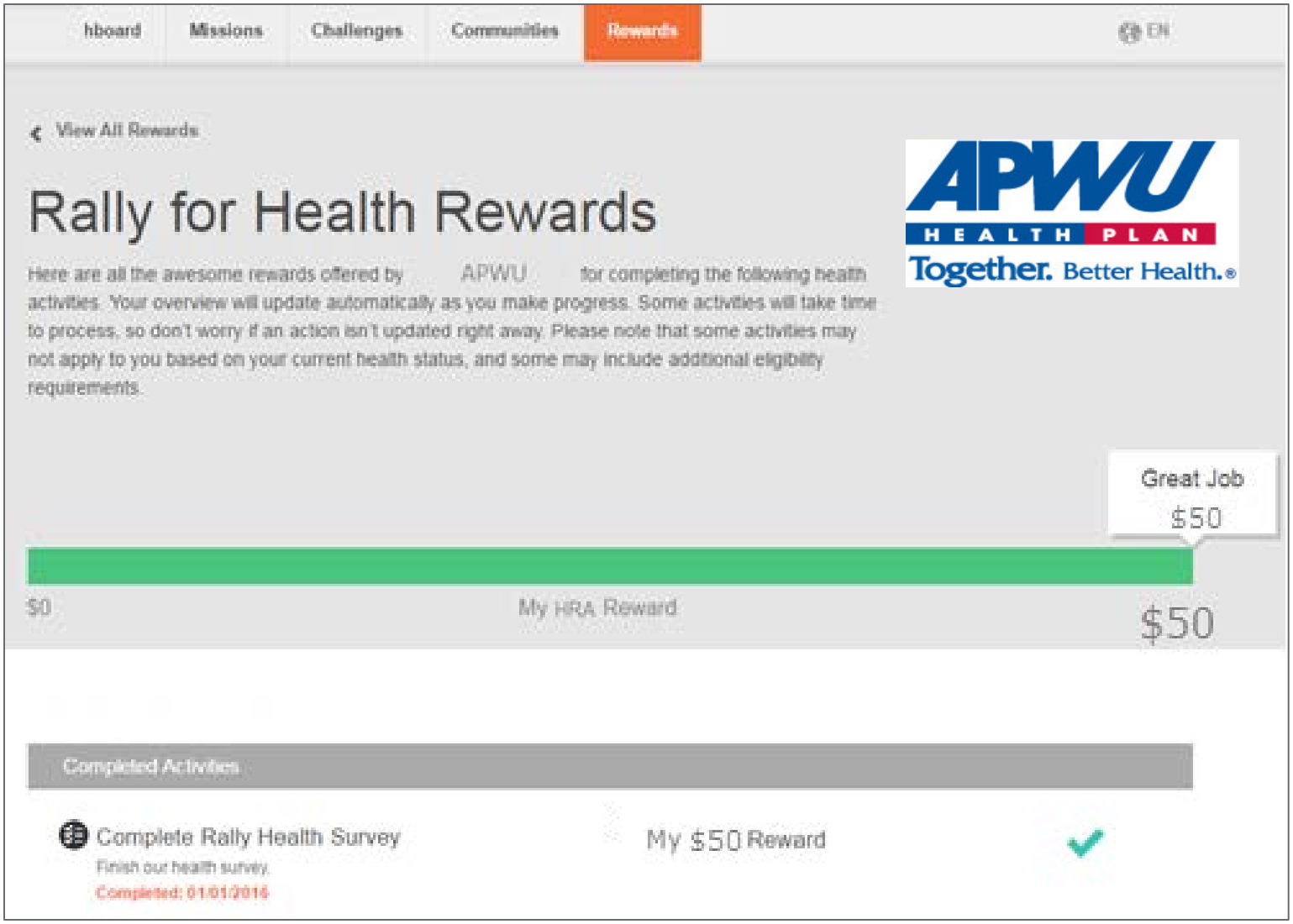
# Incentives

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# 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:

**Thursday, October 20, 2016**