APWU HEALTH PLAN

34th Annual Open Season Seminar

TOGETHER. BETTER HEALTH.®

MARKETING PLUS

ADVANCED

PRESENTED BY

TINA CROMARTIE AND KENNETH WILLIAMS



APWU Health Plan

- Health Plan Overview
- What's New
- Competitors



Health Plan Membership

2018	HIGH OPTION	CONSUMER DRIVEN OPTION	TOTALS	%
ANNUITANT	42,160	6,974	49,134	47%
ASSOCIATES	10,220	9,718	19,938	19%
POSTAL	14,829	21,655	36,484	35%
OPTION TOTALS	67,209	38,347	105,556	100%

Open Season 2018: 95% Retention Rate

What's New



Serving America's workforce for 60 years.

Enroll during Open Season: November 11 – December 9, 2019.

APWU Career:
Premiums reduced for both the High Option and Consumer Driven Option

All other categories:
High Option premiums reduced and Consumer Driven Option premiums stay the same.

APWU HEALTH PLAN

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Premiums for the 2020 plan year.

Enrollment type	Enrollment code	Non-Postal biweekly You pay	Non-Postal monthly You pay	Postal Biweekly Category 1 You pay	Postal Biweekly Category 2 You pay	Postal Biweekly APWU career You pay
High Option Self Only	471	$99.41	$215.38	$96.13	$86.31	$96.13
High Option Self Plus One	473	$199.74	$432.77	$192.74	$171.73	$192.74
High Option Self and Family	472	$257.95	$558.89	$250.36	$227.60	$250.36
Consumer Driven Option Self Only	474	$68.96	$149.42	$66.20	$57.24	$17.16
Consumer Driven Option Self Plus One	476	$149.88	$324.75	$143.89	$124.40	$46.41
Consumer Driven Option Self and Family	475	$163.51	$354.27	$156.97	$135.71	$54.45

Postal Category 1 rates apply to career bargaining unit employees represented by the APWU, IT/AS, NALC and NPMHU.
Postal Category 2 rates apply to career bargaining unit employees represented by PPOA.
Non-Postal rates apply to career non-bargaining unit Postal Service employees and career employees represented by NRLC.
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.

Member Calendar - High Option

Preventive service covered at 100% (in-network)

Copay $25 primary or specialist

Annual Deductible (in-network)
$450 Self Only
$800 Self Plus One and Self and Family

Cost Sharing: Coinsurance
In-network - 15%

Annual Out-of-pocket Maximum (in-network)
$6,500 Self Only
$13,000 Self Plus One and Self and Family

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

$1,000 Self Only

$2,000 Family

Cost Sharing: Coinsurance

In-network - 15%

Prescription Drugs - 25%

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

$6,500 Self Only ($5,300 with PCA)

$13,000 Self Plus One and Self and Family ($10,600 with PCA)

Push to Provide Access Alternatives

- Virtual Visits: $15 copay
- Urgent Care: $30 in-network
- 24-Hour Nurse Line
- Broad Network



Virtual Visits



From your mobile device, tablet or computer

Video chat face-to-face with a doctor in 20 minutes or less

Get prescriptions, if needed

Save up to $1,800 in comparison to the ER

Emergency

$176

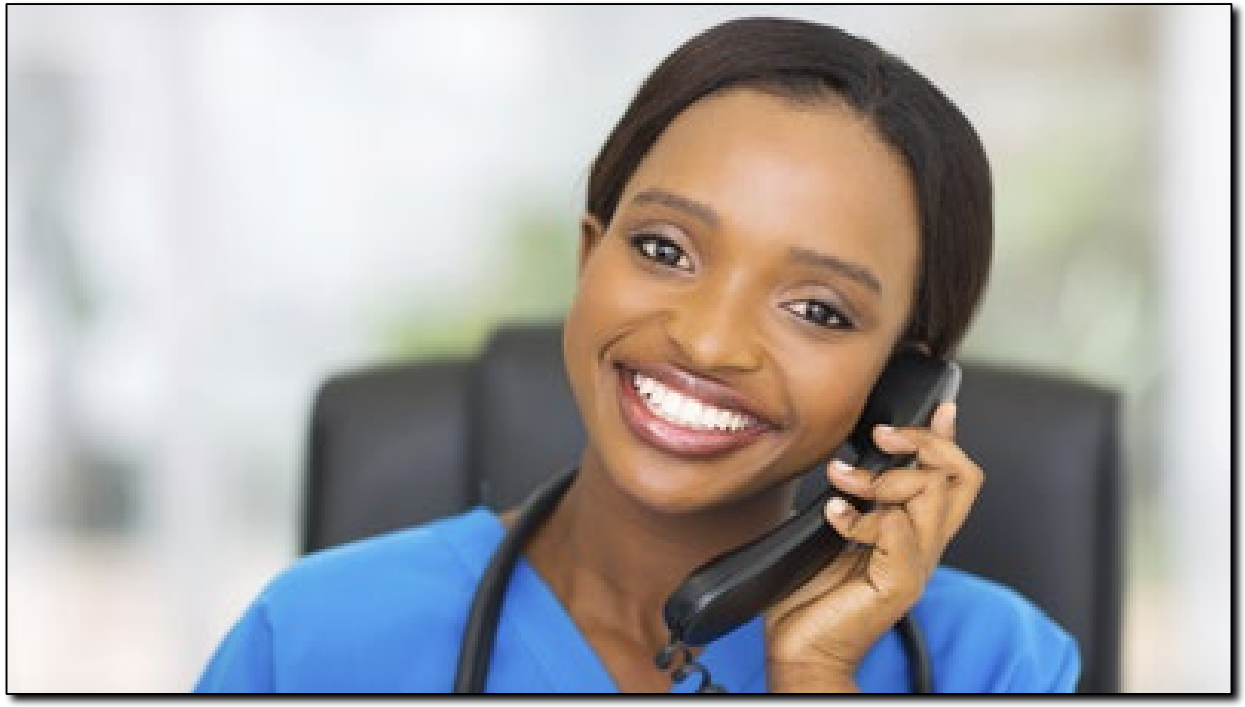
Average urgent care center cost*

$2,259

Average hospital ER cost*



24-Hour Nurse Line



Broad Network



Competitor Premiums: BCBS

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 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											
CDHP Self	474	275.85	275.85	206.89	68.96	0.00	597.68	597.68	448.26	149.42	0.00
CDHP Self & Family	475	654.04	654.04	490.53	163.51	0.00	1417.09	1417.09	1062.82	354.27	0.00
CDHP Self Plus One	476	599.54	599.54	449.66	149.88	0.00	1299.00	1299.00	974.25	324.75	0.00
High Self	471	335.18	335.18	235.77	99.41	-5.59	726.22	726.22	510.84	215.38	-12.12
High Self & Family	472	804.42	804.42	546.47	257.95	-21.15	1742.91	1742.91	1184.02	558.89	-45.83
High Self Plus One	473	703.86	703.86	504.12	199.74	-11.85	1525.03	1525.03	1092.26	432.77	-25.67
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option											
Basic Self	111	294.90	303.78	227.84	75.94	2.22	638.95	658.19	493.64	164.55	4.81
Basic Self & Family	112	702.56	737.69	546.47	191.22	13.98	1522.21	1598.33	1184.02	414.31	30.29
Basic Self Plus One	113	662.84	682.73	504.12	178.61	8.04	1436.15	1479.25	1092.26	386.99	17.43
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus											
FEP Blue Focus Self	131	212.58	212.58	159.44	53.14	0.00	460.59	460.59	345.44	115.15	0.00
FEP Blue Focus Self & Family	132	502.70	502.70	377.03	125.67	0.00	1089.18	1089.18	816.89	272.29	0.00
FEP Blue Focus Self Plus One	133	457.02	457.02	342.77	114.25	0.00	990.21	990.21	742.66	247.55	0.00
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option											
Standard Self	104	342.41	352.68	235.77	116.91	4.68	741.89	764.14	510.84	253.30	10.13
Standard Self & Family	105	793.53	833.21	546.47	286.74	18.53	1719.32	1805.29	1184.02	621.27	40.14
Standard Self Plus One	106	748.81	771.27	504.12	267.15	10.61	1622.42	1671.09	1092.26	578.83	23.00

Competitor Premiums: GEHA

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 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 GEHA HDHP											
HDHP Self	341	234.82	237.16	177.87	59.29	0.59	508.78	513.85	385.39	128.46	1.27
HDHP Self & Family	342	582.69	600.16	450.12	150.04	4.37	1262.50	1300.35	975.26	325.09	9.47
HDHP Self Plus One	343	504.86	509.91	382.43	127.48	1.27	1093.86	1104.81	828.61	276.20	2.74
Nationwide GEHA Indemnity Benefit Plan											
Elevate Plus Self	251	New Plan	290.69	218.02	72.67	New Plan	New Plan	629.83	472.37	157.46	New Plan
Elevate Plus Self & Family	252	New Plan	720.91	540.68	180.23	New Plan	New Plan	1561.97	1171.48	390.49	New Plan
Elevate Plus Self Plus One	253	New Plan	674.39	504.12	170.27	New Plan	New Plan	1461.18	1092.26	368.92	New Plan
Elevate Self	254	New Plan	189.29	141.97	47.32	New Plan	New Plan	410.13	307.60	102.53	New Plan
Elevate Self & Family	255	New Plan	530.03	397.52	132.51	New Plan	New Plan	1148.40	861.30	287.10	New Plan
Elevate Self Plus One	256	New Plan	435.38	326.54	108.84	New Plan	New Plan	943.32	707.49	235.83	New Plan
Nationwide GEHA Benefit Plan											
High Self	311	336.15	341.19	235.77	105.42	-0.55	728.33	739.25	510.84	228.41	-1.20
High Self & Family	312	838.27	850.86	546.47	304.39	-8.56	1816.25	1843.53	1184.02	659.51	-18.55
High Self Plus One	313	739.53	750.63	504.12	246.51	-0.75	1602.32	1626.37	1092.26	534.11	-1.62
Standard Self	314	235.13	242.18	181.64	60.54	1.76	509.45	524.72	393.54	131.18	3.82
Standard Self & Family	315	592.46	622.08	466.56	155.52	7.41	1283.66	1347.84	1010.88	336.96	16.05
Standard Self Plus One	316	505.54	520.71	390.53	130.18	3.80	1095.34	1128.21	846.16	282.05	8.22

Competitor Premiums: BCBS

Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide APWU Health Plan											
CDHP Self	474	275.85	275.85	209.65	66.20	0.00	275.85	275.85	218.61	57.24	0.00
CDHP Self & Family	475	654.04	654.04	497.07	156.97	0.00	654.04	654.04	518.33	135.71	0.00
CDHP Self Plus One	476	599.54	599.54	455.65	143.89	0.00	599.54	599.54	475.14	124.40	0.00
High Self	471	335.18	335.18	239.05	96.13	-5.67	335.18	335.18	248.87	86.31	-5.90
High Self & Family	472	804.42	804.42	554.06	250.36	-21.44	804.42	804.42	576.82	227.60	-22.32
High Self Plus One	473	703.86	703.86	511.12	192.74	-12.01	703.86	703.86	532.13	171.73	-12.51
Nationwide Blue Cross and Blue Shield Service Benefit Plan Basic Option											
Basic Self	111	294.90	303.78	230.87	72.91	2.13	294.90	303.78	240.75	63.03	1.84
Basic Self & Family	112	702.56	737.69	554.06	183.63	13.69	702.56	737.69	576.82	160.87	12.81
Basic Self Plus One	113	662.84	682.73	511.12	171.61	7.88	662.84	682.73	532.13	150.60	7.38
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus											
FEP Blue Focus Self	131	212.58	212.58	161.56	51.02	0.00	212.58	212.58	168.47	44.11	0.00
FEP Blue Focus Self & Family	132	502.70	502.70	382.05	120.65	0.00	502.70	502.70	398.39	104.31	0.00
FEP Blue Focus Self Plus One	133	457.02	457.02	347.34	109.68	0.00	457.02	457.02	362.19	94.83	0.00
Nationwide Blue Cross and Blue Shield Service Benefit Plan Standard Option											
Standard Self	104	342.41	352.68	239.05	113.63	4.60	342.41	352.68	248.87	103.81	4.37
Standard Self & Family	105	793.53	833.21	554.06	279.15	18.24	793.53	833.21	576.82	256.39	17.36
Standard Self Plus One	106	748.81	771.27	511.12	260.15	10.45	748.81	771.27	532.13	239.14	9.95

Competitor Premiums: GEHA

Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 1				2019 Total Biweekly Premium	2020 Biweekly Postal Premium Rates Category 2			
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Nationwide GEHA HDHP											
HDHP Self	341	234.82	237.16	180.24	56.92	0.56	234.82	237.16	187.95	49.21	0.48
HDHP Self & Family	342	582.69	600.16	456.12	144.04	4.19	582.69	600.16	475.63	124.53	3.62
HDHP Self Plus One	343	504.86	509.91	387.53	122.38	1.21	504.86	509.91	404.10	105.81	1.05
Nationwide GEHA Indemnity Benefit Plan											
Elevate Plus Self	251	New Plan	290.69	220.92	69.77	New Plan	New Plan	290.69	230.37	60.32	New Plan
Elevate Plus Self & Family	252	New Plan	720.91	547.89	173.02	New Plan	New Plan	720.91	571.32	149.59	New Plan
Elevate Plus Self Plus One	253	New Plan	674.39	511.12	163.27	New Plan	New Plan	674.39	532.13	142.26	New Plan
Elevate Self	254	New Plan	189.29	143.86	45.43	New Plan	New Plan	189.29	150.01	39.28	New Plan
Elevate Self & Family	255	New Plan	530.03	402.82	127.21	New Plan	New Plan	530.03	420.05	109.98	New Plan
Elevate Self Plus One	256	New Plan	435.38	330.89	104.49	New Plan	New Plan	435.38	345.04	90.34	New Plan
Nationwide GEHA Benefit Plan											
High Self	311	336.15	341.19	239.05	102.14	-0.63	336.15	341.19	248.87	92.32	-0.86
High Self & Family	312	838.27	850.86	554.06	296.80	-8.85	838.27	850.86	576.82	274.04	-9.73
High Self Plus One	313	739.53	750.63	511.12	239.51	-0.91	739.53	750.63	532.13	218.50	-1.41
Standard Self	314	235.13	242.18	184.06	58.12	1.69	235.13	242.18	191.93	50.25	1.46
Standard Self & Family	315	592.46	622.08	472.78	149.30	7.11	592.46	622.08	493.00	129.08	6.14
Standard Self Plus One	316	505.54	520.71	395.74	124.97	3.64	505.54	520.71	412.66	108.05	3.15

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:

Monday, October 28, 2019

