APWU HEALTH PLAN

34th Annual Open Season Seminar

TOGETHER. BETTER HEALTH.®

MARKETING PLUS

BASIC

PRESENTED BY

TINA CROMARTIE AND KENNETH WILLIAMS



Today's Agenda
Marketing Materials - Book

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

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

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)

APWU HEALTH PLAN

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BETTER HEALTH.®

PREMIUMS



Postal Rates: 2020 Brochure

2020 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 and NPMHU.
- 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 and career employee represented by the NRLCA agreement. 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. 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	$235.77	$99.41	$510.84	$215.38	$96.13	$86.31	$96.13
High Option Self Plus One	473	$504.12	$199.74	$1,092.26	$432.77	$192.74	$171.73	$192.74
High Option Self and Family	472	$546.47	$257.95	$1,184.02	$558.89	$250.36	$227.60	$250.36
CDHP Option Self Only	474	$206.89	$68.96	$448.26	$149.42	$66.20	$57.24	$17.16
CDHP Option Self Plus One	476	$449.66	$149.88	$974.25	$324.75	$143.89	$124.40	$46.41
CDHP Option Self and Family	475	$490.53	$163.51	$1,062.82	$354.27	$156.97	$135.71	$54.45

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

Effective 09/28/19	All Other	CCA/PSE/RCA1	CCA/PSE/RCA2
Self Only	$60	$60	$60
Self Plus One	$295	$147	$105
Self and Family	$470	$208.25	$148.75

1 First CCA/PSE appointment or first year as a RCA
2 Subsequent CCA/PSE appointments or RCA appointment greater than one year per the terms of your respective bargaining unit agreement

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

Postal Support Employee (PSE)

Benefit	APWU HEALTH PLAN CDO (in-network)	USPS Plan
Deductible	None initially. Use PCA first; the $800/$1,600	$2,000/$4,000
Coinsurance	15%	30%
Catastrophic Limit	$5,300/$10,600 (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

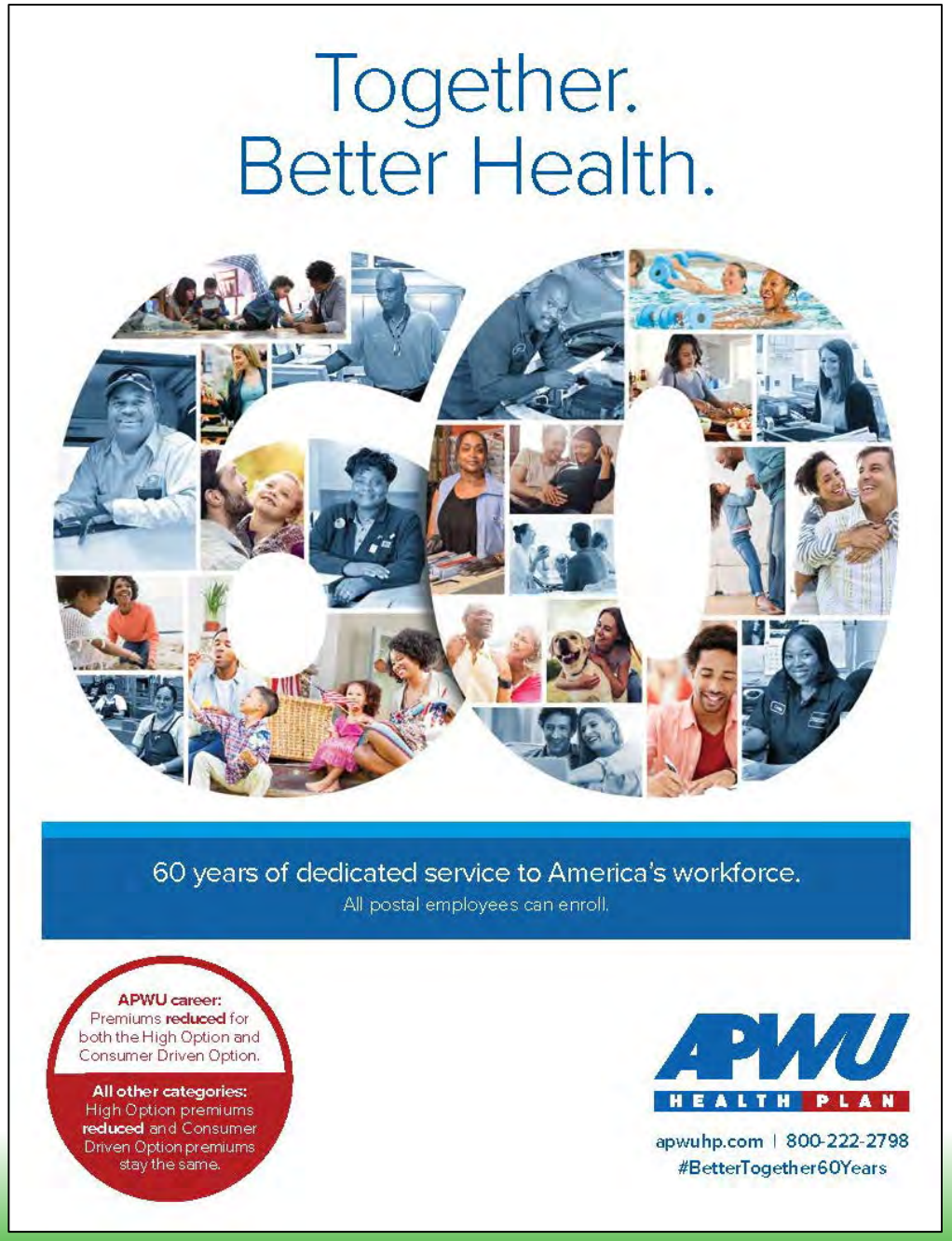
APWU HEALTH PLAN

TOGETHER.
BETTER HEALTH.®

MARKETING MATERIALS



Postal Flyer



Postal Flyer *(Pages 2-3)*

Join the benefit plan America's workforce has trusted for 60 years.

APWU Health Plan serves postal employees and retirees with diligence and compassion. We're here to help you get the most from your plan. As a member, you can rely on:

- 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
- 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







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 outpatient services within 72 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to a registered dietician/nutritionist
- Health management programs: diabetes, weight management, pregnancy and tobacco cessation

+ Consumer Driven Option

100% covered services

- In January, the Health Plan funds a Personal Care Account (PCA) members can use for covered medical services. Members are covered at 100% until the PCA is exhausted. 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 2020 plan year.

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.

				Postal Biweekly		
Enrollment type	Enrollment code	Non-Postal biweekly You pay	Non-Postal monthly You pay	Category 1 You pay	Category 2 You pay	APWU career greater than 1 year
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
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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.

Enroll now.

Active Postal Service Employees
Call PostalEASE at **877-477-3273**, option 5
OR
Visit **liteblue.usps.gov**
Make sure you have your Employee Identification Number and USPS PIN.

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

Already an APWU Health Plan member?
You'll remain a member automatically, so you don't need to do anything. Note: Moving to Self Plus One coverage will require you to change your enrollment.

Close to retirement?

Once you retire and enroll in both Medicare Part A and Part B, the APWU Health Plan High Option can help maximize your health care coverage and get your medical bills paid 100 percent. To learn more about how APWU Health Plans work with Medicare, visit **apwuhp.com.**

Postal Flyer *(Pages 4-5)*

Two smart plans to consider.

✚ 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.

High Option 2020 benefits	In-network you pay	Out-of-network you pay
Calendar year deductible		
Self Only	$450*	$1,000*
Self Plus One	$800*	$2,000*
Self and Family	$800*	$2,000*
Annual out-of-pocket maximum		
Both medical and prescription drugs	$6,500 Self Only $13,000 Self Plus One and Self and Family	$12,000 Self Only $24,000 Self Plus One and Self and Family
Medical visits		
Office and specialist visits	$25 copay**	40% of allowance***
Virtual visits with American Well	$15 copay**	n/a
Preventive care		
Well-child care	$0	Difference between allowance and billed amount
Childhood immunizations	$0	Difference between allowance and billed amount
Annual adult routine exams	$0	40% of allowance***
Adult immunizations	$0	40% of allowance***
Preventive screenings	$0	40% of allowance***
Dental care		
Routine dental	30% of allowance**	30% of allowance**
Maternity		
Physician and hospital care	$0	40% of allowance**
Hospital/facility care		
Diagnostic tests or imaging	15% ($0 for covered blood work performed at LabCorp and Quest Diagnostics)	40% of allowance***
Outpatient surgery	15%	40% of allowance***
Inpatient	15%	40% of allowance*** ($300 per admission)
Surgical	15%	40% of allowance***
Cancer Centers of Excellence	5%	n/a
Emergency care		
Accidental injury (within 72 hours)	$0	Difference between allowance and billed amount
Urgent care	$30 copay**	40% coinsurance
Emergency room	15%	15% of allowance***
Ambulance	15%**	40% of allowance***
Retail prescription drugs — 30-day supply		
Tier 1	$10**	50% of cost per prescription**
Tier 2	25% up to a maximum of $200 coinsurance per prescription**	
Tier 3	45% up to a maximum of $300 coinsurance per prescription**	
Mail order prescription drugs — 90-day supply		
Tier 1	$20**	50% of cost per prescription**
Tier 2	25% up to a maximum of $300 coinsurance per prescription**	
Tier 3	45% up to a maximum of $500 coinsurance per prescription**	
Hearing services		
Diagnostic hearing tests	15% every 2 years	40% of allowance***
Hearing aids	All charges in excess of $1,500** (every 3 years)	All charges in excess of $1,500** (every 3 years)
Alternative care		
Chiropractic care	$25 copay** (24 visits annually)	40% of allowance***
Acupuncture	$25 copay** (26 visits annually)	40% of allowance***
Mental health/substance abuse		
Office visit	$25 copay**	40% of allowance***
Virtual visit with MDLIVE	$15 copay**	n/a
Outpatient treatment	15%	40% of allowance***
Diagnostics, inpatient and outpatient service	15%	40% 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

When used properly, this different model of health care can save money. With UnitedHealthcare's expansive national network, this option provides low premiums and a proactive alternative to traditional health plans.

UnitedHealthcare
UnitedHealthcare administers the Consumer Driven Option.

Overall Plan Features

Personal Care Account (PCA) In January, the Health Plan funds a PCA members can use for covered medical services. Members are covered 100% until the PCA is exhausted. 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 Self Only Self Plus One Self and Family	**In-network** $1,000* $2,000* $2,000*	**Out-of-network** $1,500* $3,000* $3,000*	**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 / Self and Family	**In-network** $6,500 $13,000	**Out-of-network** $12,000*** $24,000****	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	50% of allowance***
Maternity Complete maternity care, including prenatal, delivery, post-natal and initial exam of newborn covered under family enrollment	$0 — No PCA used	50% of allowance***
Hospital/facility care		
Diagnostic tests or imaging	15%	50% of allowance***
Outpatient surgery	15%	50% of allowance***
Inpatient	15%	50% of allowance***
Cancer Centers of Excellence	10%	n/a
Emergency care		
Accidental injury (within 24 hours)	15%	15%***
Urgent care	15%	50%***
Emergency room	15%	15%***
Ambulance	15%	50%***
Retail prescription drugs — 30-day supply		
Tier 1	25%, max. $200 per RX	All charges
Tier 2	25%, max. $200 per RX	
Tier 3	40%, max. $300 per RX	
Mail order prescription drugs — up to 90-day supply		
Tier 1	25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply	n/a
Tier 2	25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply	
Tier 3	40%, max. $600 per RX for 60-day supply, max. $900 for 90-day supply	
Hearing services		
Diagnostic hearing tests	15% every 2 years	50% of allowance***
Hearing aid	All charges in excess of $1,500** (every 3 years)	All charges in excess of $1,500** (every 3 years)
Mental health/substance abuse		
Office visit	15%	50% of allowance***
Virtual visit	15%	n/a
Outpatient treatment	15%	50% of allowance***
Diagnostics, inpatient and outpatient services	15%	50% of allowance***

Postal Flyer *(Pages 6-7)*

Consider your dental coverage options.

High Option Plan members receive certain dental benefits as part of the medical plan. Consumer Driven Option Plan members may pay for eligible dental expenses from their Personal Care Account as long as funds are available, up to a combined maximum of $400 per Self Only enrollment or $800 per Self Plus One and Self and Family enrollment.

To maximize your coverage, active and retired postal and federal employees are also eligible to enroll in the APWU Health Plan Dental Insurance Plan. You'll pay a separate premium for this dental plan and can use any dentist you choose. There is no deductible for preventive services, including exams, X-rays and cleanings.

APWU Health Plan Dental Insurance Plan	
Calendar year deductible	Type I benefits: No deductible Type II and Type III benefits: $50 per person/Family $150 Type IV benefits: No deductible for orthodontic coverage (if selected)
Calendar year maximum	$20,000 per person for all covered services
Lifetime maximum	$2,500 per person per year Maximum of $5,000 for orthodontic services (if selected)

After the annual deductible is met, this plan pays:

Type I benefits	Type II benefits	Type III benefits	Type IV benefits
Preventive services: • Exams • X-rays • Cleanings	Basic services: • Fillings • Oral surgery • Extractions	Major services: • Crowns • Bridges • Dentures • Periodontics	Optional coverage: • Orthodontic services
100% of reasonable and customary charges	80% of reasonable and customary charges	50% of reasonable and customary charges (12-month waiting period)	50% of reasonable and customary charges

Visit **apwuhp.com** to learn more about the APWU Health Plan Dental Insurance Plan.

Save on eyeglasses and frames.

High Option
Savings are available through the Healthy Rewards program.

Consumer Driven Option
Pay for your vision 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 dollar limits apply to dental and vision care combined.

Take care of your hearing.

APWU Health Plans cover diagnostic hearing tests every two years and hearing aids every three years.

Get on the path to better health.

Depending on your plan, there is no added cost to you for these health management programs.

- **Diabetes:** Talk to a coach on the phone and order free generic drugs, blood glucose test strips and lancets through mail order.
- **Weight:** After an initial phone assessment, receive visits from a registered dietician/nutritionist. A workbook, toolkit and progress calls with a personal coach will help keep you on track.
- **Pregnancy:** A maternity specialist will provide an in-depth assessment, and you'll receive education about healthy weight, delivery options and birthing classes during your pregnancy, followed by support after your baby is born.
- **Tobacco cessation (including e-cigarettes):** Choose phone counseling, group therapy or educational sessions with a doctor. Purchase FDA-approved tobacco dependence drugs through mail order.

AVAILABLE IN

- High Option Plan 800-582-1314
- Consumer Driven Option Plan 800-718-1299

Extra benefits come standard with your plan.

Take advantage of everything that comes with your APWU Health Plan membership.

Virtual visits

Virtual visits let you see and talk to a doctor from your phone, tablet or computer—24 hours a day, 7 days a week. A doctor can speak to you about minor medical concerns, provide a diagnosis and, if appropriate, send a prescription to your local pharmacy.

Nurse advisory line

Professionals are here to help 24/7 to answer questions about your health or when to seek care.

Health Risk Assessment

High Option members receive an extra dental discount for completing an HRA.

Consumer Driven Option members can receive personalized recommendations to help you move more, eat better and feel great by completing an HRA through Rally®. You'll also earn $25 added to your Personal Care Account per member, spouse and each covered dependent age 18 or older.

Treatment Cost Estimator

Estimate the costs of care ahead of time.

Hospital quality ratings

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

Online claims

View your claims, year-to-date information, detailed medication history and more.

HIGH OPTION

Healthy Rewards

Save on gym memberships, tobacco cessation, weight loss programs, glasses and frames, alternative medicine, vitamins, dental care and more.

Your benefits go beyond the FEHB Program.

Enjoy these additional value-added benefits for APWU Health Plan 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 premiums), you may be eligible to convert to the APWU Health Plan Conversion Plan.
Call **800-222-2798**
Or visit **apwuhp.com/conversion**

American Hearing Benefits

Supplement your health plan benefits with no additional premium and get a free hearing consultation and a discount on hearing aids.
Call **888-863-7222**
Or visit **americanhearingbenefits.com**

Voluntary Benefits Dental Plan

Supplement your health plan dental benefits and receive a 7.5 percent premium reduction off the dental plan rates.
Call **800-422-4492**
Or visit **voluntarybenefitsplan.com**

American Postal Workers Accidental Benefits Association (APW-ABA)

The APW-ABA has joined with Unum, Sun Life and USI-Affinity to offer benefits. Take advantage of Value, Advantage or Plus programs, permanent whole life insurance and expanded accident insurance.
Call **800-526-2890**
Or visit **apw-aba.org**

Postal Flyer
(Page 8 - Back)

Join the plan that works for you.

The APWU Health Plan has proudly served America's workforce for 60 years. We're here to help you get the most from your benefits.

Mark Dimondstein
APWU President

John L. Marcotte
APWU Health Plan Director

For more details on the APWU Health Plan and to download our brochure, visit **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.

Need help making a decision?

Contact us

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

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

Retirees
OPM Retirement
Information Center
888-767-6738
retire@opm.gov
opm.gov/retirement-services

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







#BetterTogether60Years

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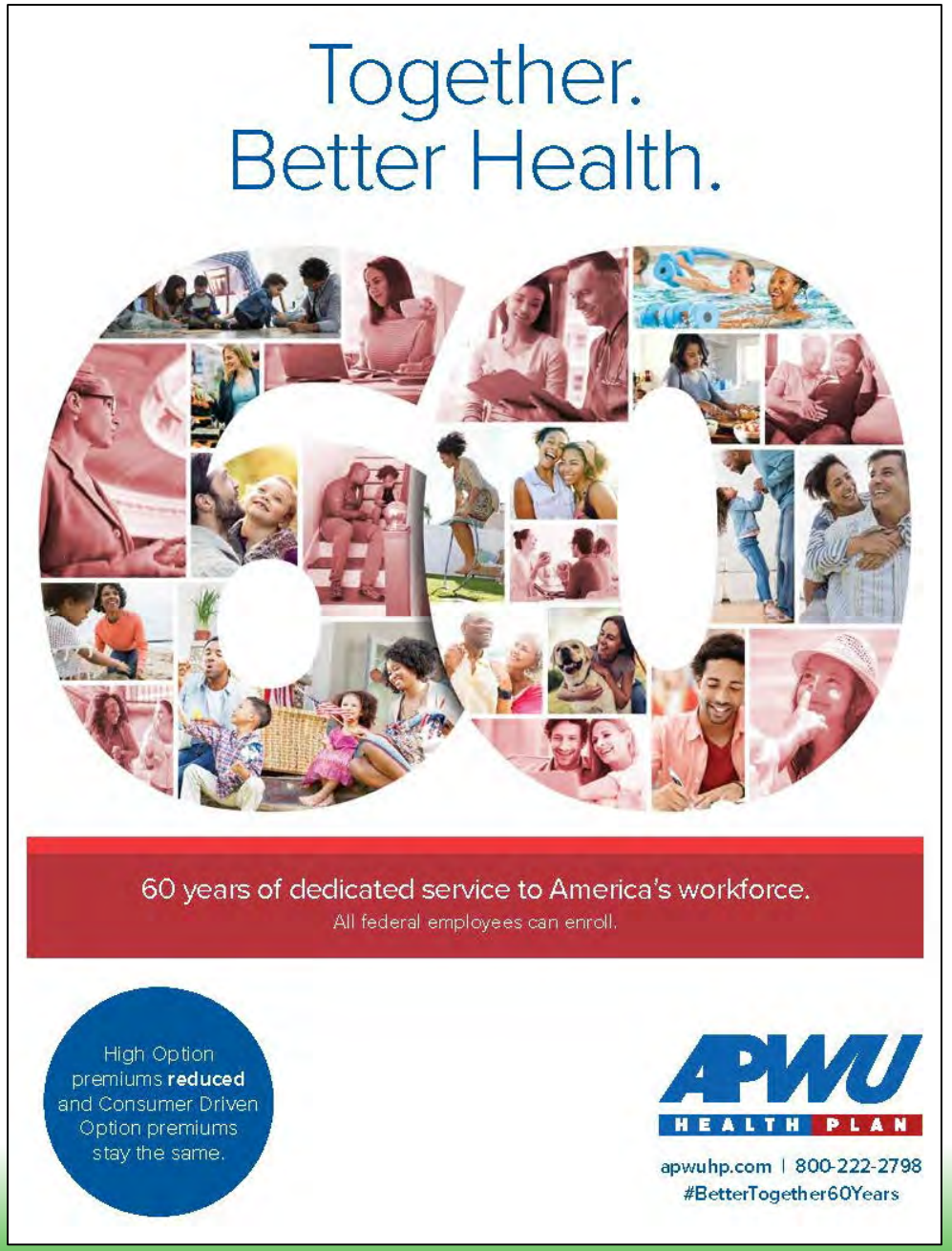
APWU HEALTH PLAN

Federal Flyer



Federal Flyer *(Pages 2-3)*

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- High Option premiums **reduced** and Consumer Driven Option premiums stay the same
- 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







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 outpatient services within 72 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to a registered dietician/nutritionist
- Health management programs: diabetes, weight management, pregnancy and tobacco cessation

+ Consumer Driven Option

100% covered services

- In January, the Health Plan funds a Personal Care Account (PCA) members can use for covered medical services. Members are covered at 100% until the PCA is exhausted. 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 2020 plan year.

High Option premiums **reduced** and Consumer Driven Option premiums stay the same.

Enrollment type	Enrollment code	Biweekly You pay	Monthly (retiree) You pay
High Option Self Only	471	$99.41	$215.38
High Option Self Plus One	473	$199.74	$432.77
High Option Self and Family	472	$257.95	$558.89
Consumer Driven Option Self Only	474	$68.96	$149.42
Consumer Driven Option Self Plus One	476	$149.88	$324.75
Consumer Driven Option Self and Family	475	$163.51	$354.27

Enroll now.

To sign up for the APWU Health Plan, enter the enrollment code on the FEHB Health Benefits Election Form (SF2809), which is available:

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

Ask your agency if you can enroll online or by phone.

Already an APWU Health Plan member?

You'll remain a member automatically, so you don't need to do anything. Note: Moving to Self Plus One coverage will require you to change your enrollment.

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.

Federal Flyer
(Back Page)

Join the plan that works for you.

The APWU Health Plan has proudly served America's workforce for 60 years. We're here to help you get the most from your benefits.

Mark Dimondstein
APWU President

John L. Marcotte
APWU Health Plan Director

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Contact us

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

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

Retirees
OPM Retirement
Information Center
888-767-6738
retire@opm.gov
opm.gov/retirement-services

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







#BetterTogether60Years

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APWU HEALTH PLAN

Dental Benefits Flyer

Dental Insurance Plan

for APWU Members Only

The benefits in this brochure are not part of the FEHB contract or premium, and you cannot file a FEHB disputed claim about them. Fees you pay for these services do not count toward FEHB deductibles or catastrophic protection out-of-pocket maximums. These programs and materials are the responsibility of the Plan, and all appeals must follow the Plan's guidelines. For additional information contact the Plan at 800-222-2798 or visit their website at www.apwuhp.com.



This plan is only open for enrollment during the APWU Health Plan Open Seasons.
November 11, 2019 – December 9, 2019

The Dental Plan is an indemnity plan. Under this program, after the deductible has been satisfied, covered services are reimbursed as a percentage of the "Reasonable and Customary" charges for that service in the same geographical area where the charge is incurred.

Obtain services from any dentist

Under this program, insured members may use any dentist they choose. If you were previously a member of a dental plan requiring the use of a specific dentist, you may continue to use that dentist if you so choose, but it is not a requirement of the Group Dental Plan.

Eligibility

All members in good standing, including Active / PSE (working at least 20 hours a week) and Retiree / Associate dues-paying APWU members are eligible to enroll. An eligible dependent is your lawful spouse or domestic partner and any unmarried dependent children whom you support up to age 26. (Subject to state variations).

Deductible amount

The Deductible is the expense that each insured person must incur each calendar year before any benefits are paid. There is no deductible for Type I benefits. A $50 deductible per person applies to the Type II and Type III Benefits combined.

If during a calendar year, insured persons of a family incur Covered Charges which are used to reduce the cash deductible and equal at least 3 times the individual deductible, no individual deductible will be required for any other insured person of that family during that calendar year. The charges that each family member may use to reduce the family deductible may not exceed that individual deductible for each person.

Calendar year maximum

The maximum amount payable for all Eligible Dental Expenses in any calendar year is $20,000 per person for all covered services. "Calendar year" is generally understood to mean January 1 through December 31. If someone's effective date of coverage is not January 1, the 12 month period beginning on their effective date of coverage would not be a "Calendar year".

Reasonable & customary

R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Waiting period

The period of time the insured person must be continuously covered under the group policy before the insured is entitled to be reimbursed for covered dental charges. There is no waiting period for Type 1 or Type 2 benefits.

Eligible expenses

Expenses must be incurred while the group policy is in force and the person is covered by the Policy. To be an Eligible Expense, the dental service must be performed by: (1) a licensed Dentist acting within the scope of his/her license; (2) a licensed dental hygienist acting under the supervision and direction of a Dentist. Any amount of eligible expense incurred which exceeds the "Reasonable and Customary" amount will not be covered.

Coverage will become effective on the first day of the period your first premium is received following the date of approval. Active / PSE members: You must be actively at work on the date the insurance is to take effect. If you are not, the insurance will take effect on the day you return to work. Dependent spouses/domestic partners and children, if enrolling, must not be hospitalized on the date the insurance is to take effect. If they are, the insurance will take effect on the day after they have been discharged.

Date insurance ends

This coverage will end on the earliest following date: when the group policy ends or when the premium is not paid when due. Coverage for dependents will end at the earliest of: the date the member's insurance ends, the date the insurance ends under the group policy; the date the person ceases to be a dependent; or if premium is not paid for the dependent when due.

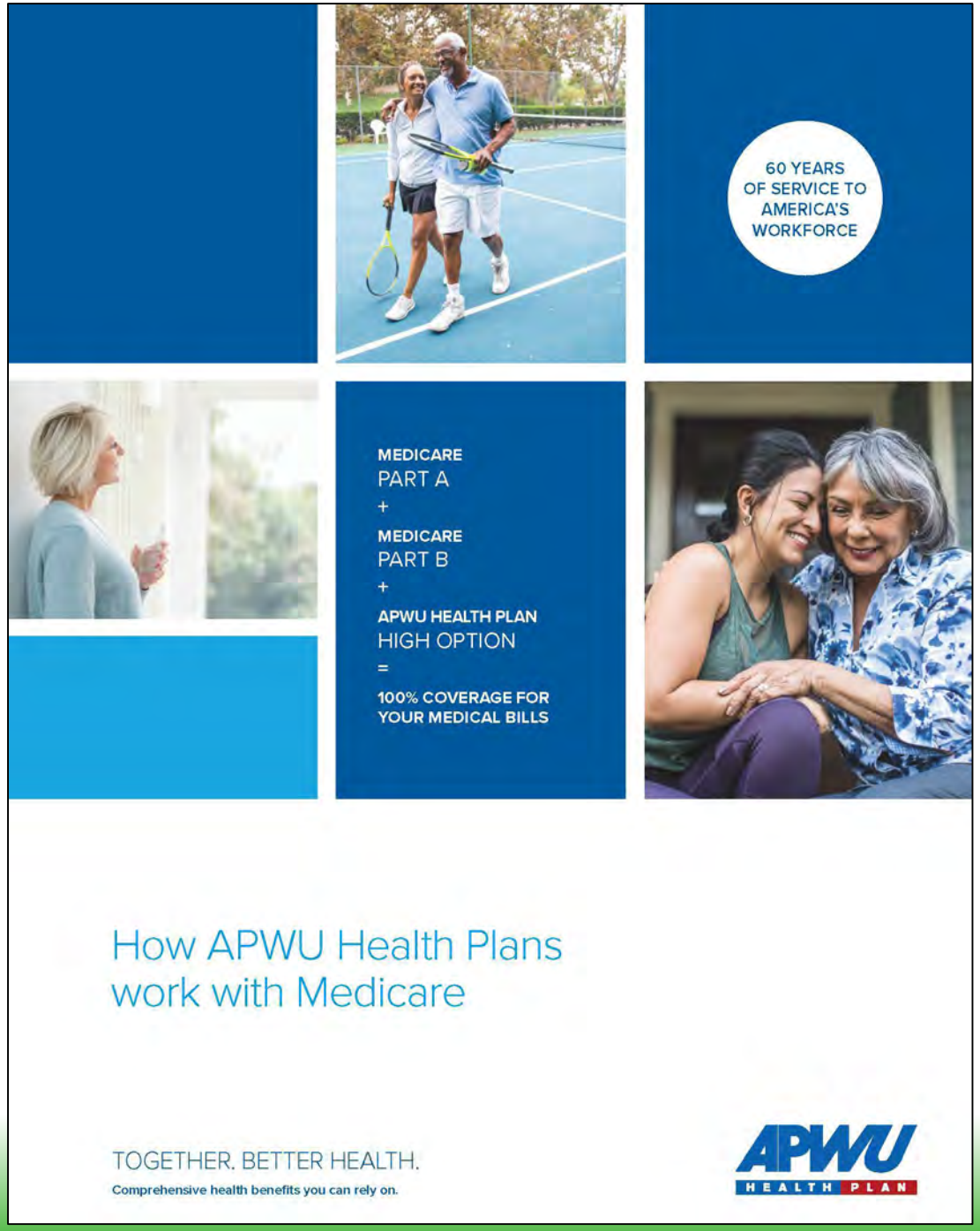
Questions, call 1-800-307-8615.

APWU HEALTH PLAN

VOLUNTARY BENEFITS PLAN · BENEFITS FOR MEMBERS ONLY

MetLife

Retiree Benefits Flyer



Being a Health Plan Representative (HPR)



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

Items: *Quantity*

- Federal Brochure _____
- Federal Flyer _____
- Postal Flyer _____
- Dental Flyer _____
- Medical Flyer _____
- Hearing Benefit Flyer _____

Please send supplies to:

- Name: _____
- Title: _____
- Local: _____
- Address: _____
- City, State, Zip: _____
- Daytime Phone #: _____
- Email 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 Jasmine Parker: 410-424-1572

MKT #007 (R 10/19)

Health Benefit Fairs

- Last year we attended more 1,000 health fairs
  - Size of health fair
  - Resource availability
  - Established attendance benchmark

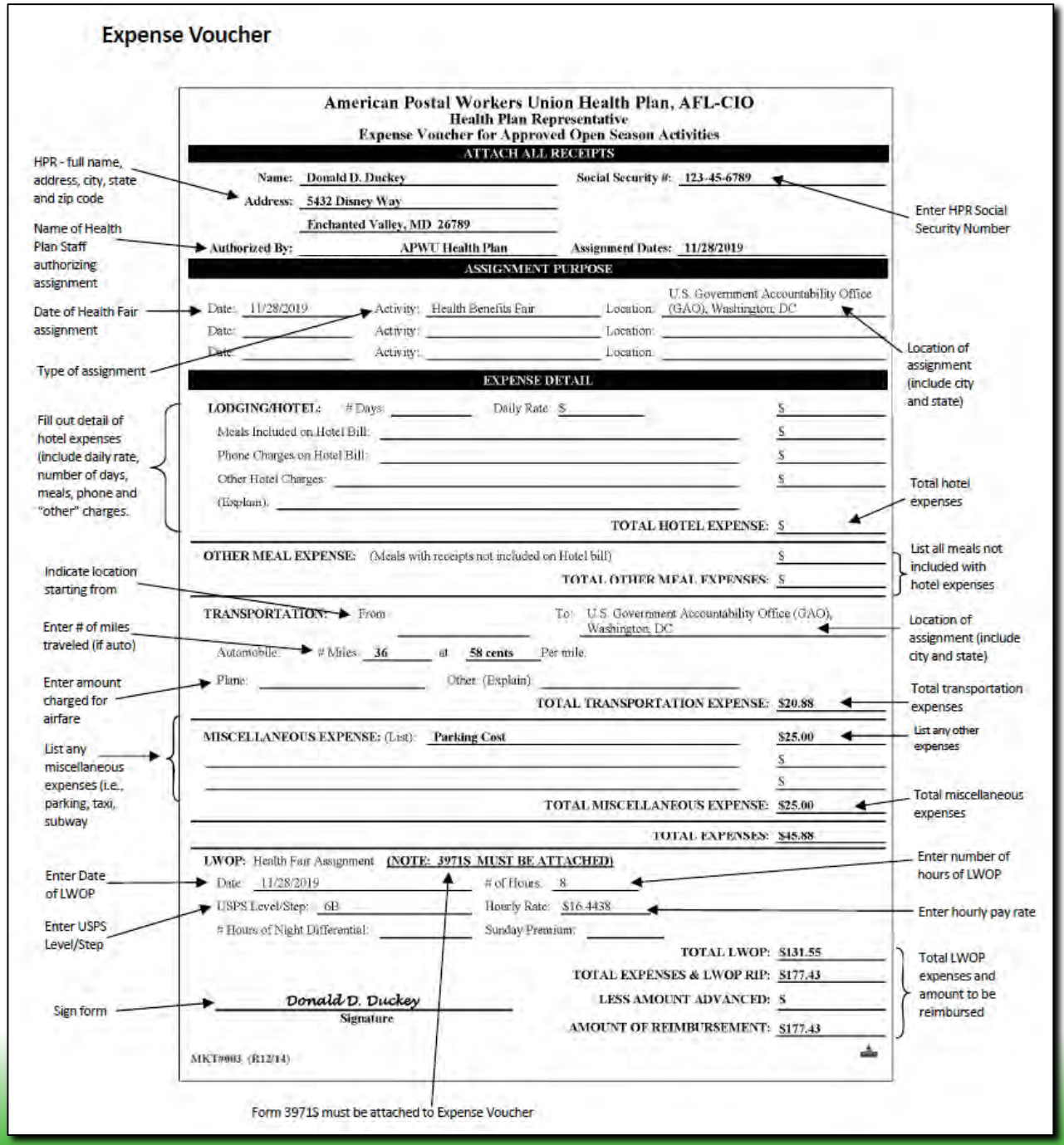
Leave Without Pay Program (LWOP)

- 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.)*

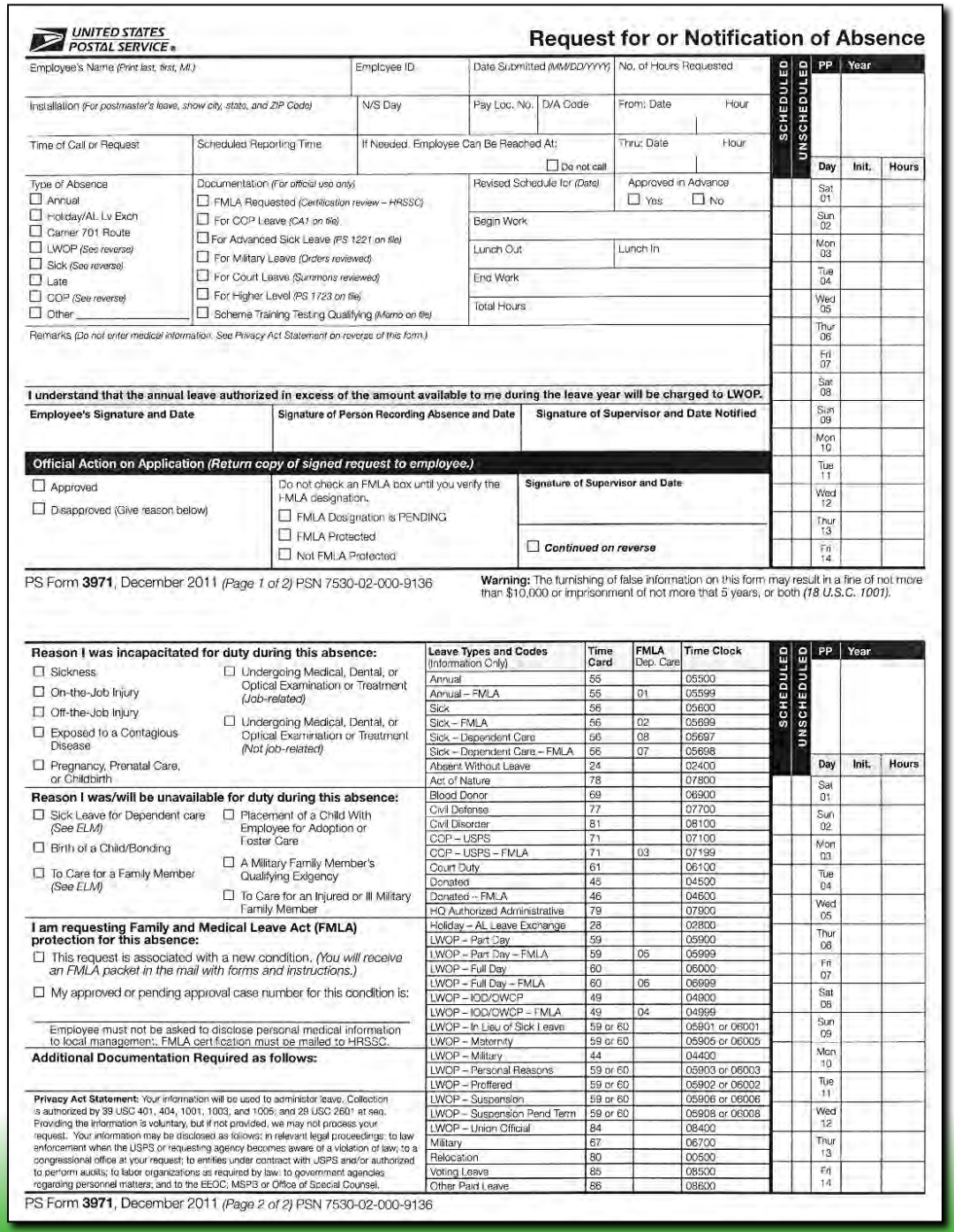
Local LWOP Expense Reimbursement

- Submit all receipts
- Prior approval by the Health Plan needed
- Reimbursement for meal expenses is allowed for out-of-town health fairs requiring an overnight stay ***ONLY***
- GSA current mileage rate = 58 cents per mile
- The HPR Expense Voucher is used to summarize your expenses for each assignment

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 D. Duckey
Social Security #: 123-45-6789
Address: 5432 Disney Way
Enchanted Valley, MD 26789
Authorized By: APWU Health Plan
Assignment Dates: 11/28/2019
ASSIGNMENT PURPOSE
Date: 11/28/2019
Activity: Health Benefits Fair
Location: U.S. Government Accountability Office (GAO), Washington, DC
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: 36 at 58 cents Per mile
Plane:
Other: (Explain)
TOTAL TRANSPORTATION EXPENSE: $20.88
MISCELLANEOUS EXPENSE: (List): Parking Cost $25.00
TOTAL MISCELLANEOUS EXPENSE: $25.00
TOTAL EXPENSES: $45.88
LWOP: Health Fair Assignment (NOTE: 3971S MUST BE ATTACHED)
Date: 11/28/2019
# 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: $177.43
LESS AMOUNT ADVANCED: $
AMOUNT OF REIMBURSEMENT: $177.43
Donald D. Duckey
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
Enter HPR Social Security Number
Location of assignment (include city and state)
Fill out detail of hotel expenses (include daily rate, number of days, meals, phone and "other" charges.
Total hotel expenses
List all meals not included with hotel expenses
Indicate location starting from
Enter # of miles traveled (if auto)
Location of assignment (include city and state)
Enter amount charged for airfare
Total transportation expenses
List any miscellaneous expenses (i.e., parking, taxi, subway
List any other expenses
Total miscellaneous expenses
Enter Date of LWOP
Enter number of hours of LWOP
Enter USPS Level/Step
Enter hourly pay rate
Total LWOP expenses and amount to be reimbursed
Sign form
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
- ☐ Annual
- ☐ Holiday/AL Lv Exch
- ☐ Carrier 701 Route
- ☐ LWOP (See reverse)
- ☐ Sick (See reverse)
- ☐ Late
- ☐ COP (See reverse)
- ☐ Other _____

Documentation (For official use only)
- ☐ FMLA Requested (Certification review – HRSSC)
- ☐ For COP Leave (CA1 on file)
- ☐ For Advanced Sick Leave (PS 1221 on file)
- ☐ For Military Leave (Orders reviewed)
- ☐ For Court Leave (Summons reviewed)
- ☐ For Higher Level (PS 1723 on file)
- ☐ Scheme Training Testing Qualifying (Memo on file)

Revised Schedule for (Date) | Approved in Advance ☐ Yes ☐ No

Begin Work

Lunch Out | Lunch In

End Work

Total Hours

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
- ☐ Disapproved (Give reason below)

Do not check an FMLA box until you verify the FMLA designation.
- ☐ FMLA Designation is PENDING
- ☐ FMLA Protected
- ☐ Not FMLA Protected

Signature of Supervisor and Date

☐ *Continued on reverse*

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		

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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)*.

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		

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APWU HEALTH PLAN

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

