APWU HEALTH PLAN
Together. Better Health.

REGIONAL MEETINGS



2015 Open Season Seminar

Presented by: Maurice Glover and Kenneth Williams

Open Season 2014 Health Fair Results

Regions	# of Invitations	To be attended	APWU	HPR	Cigna	UHC
Local	223	176	174	50	17	9
Eastern	249	132	0	120	20	19
Central	312	207	0	227	12	18
Western	533	255	0	249	25	25
Total	1317	770	174	646	74	71

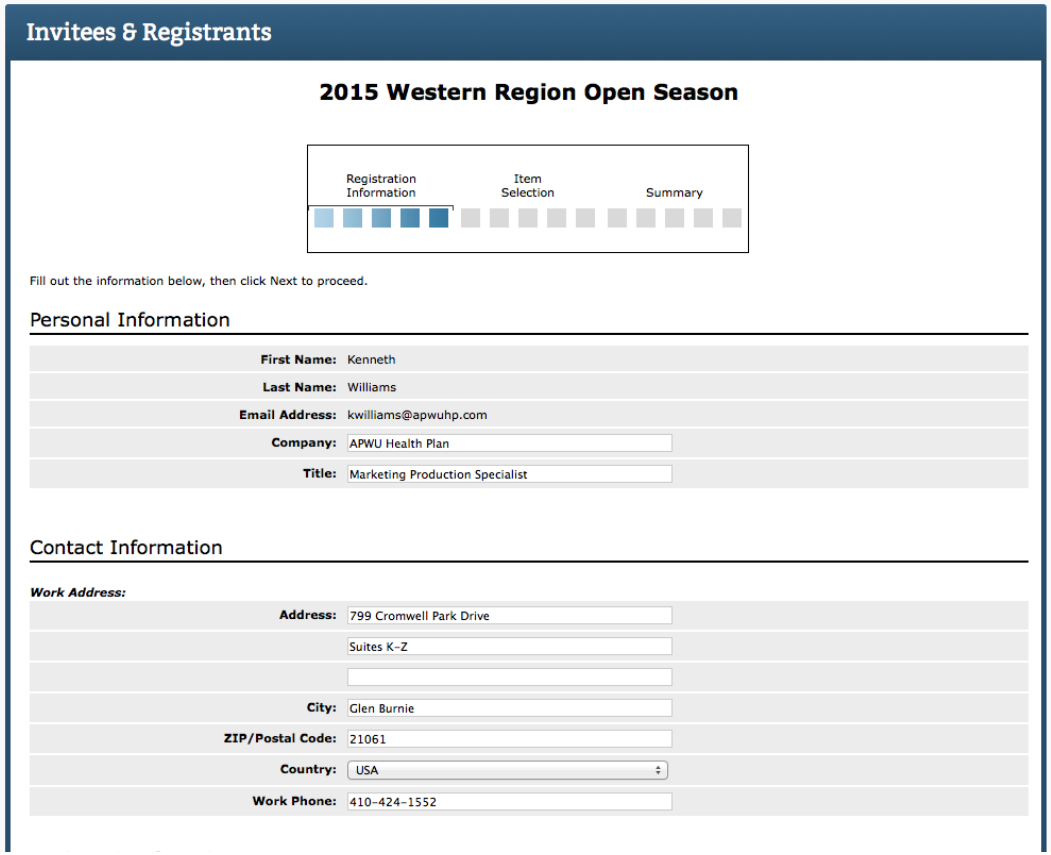
Open Season 2015
Current Health Fair Results

Regions	# of Invitations	To be attended	APWU	HPR	Cigna	UHC
Local	169	113	76	23	7	7
Eastern	96	53	0	47	0	9
Central	147	75	0	69	0	6
Western	439	97	0	88	2	7
Total	851	338	76	227	9	29

Registering for Health Fairs in Cvent

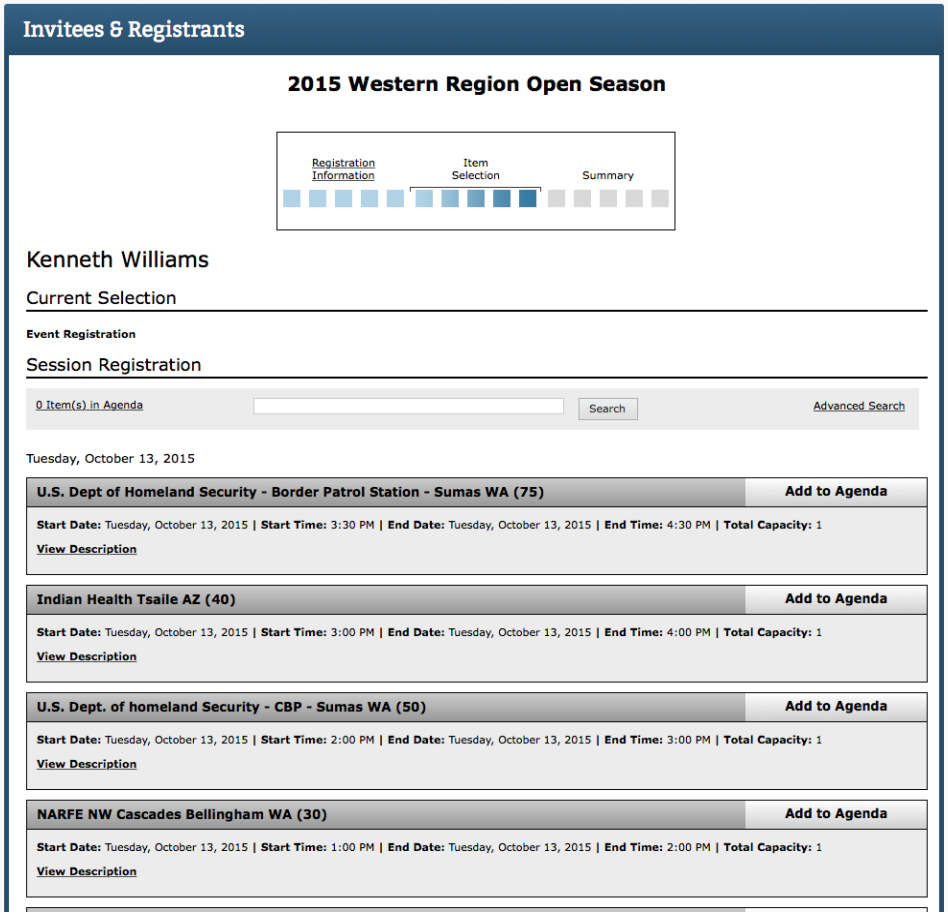


Registering



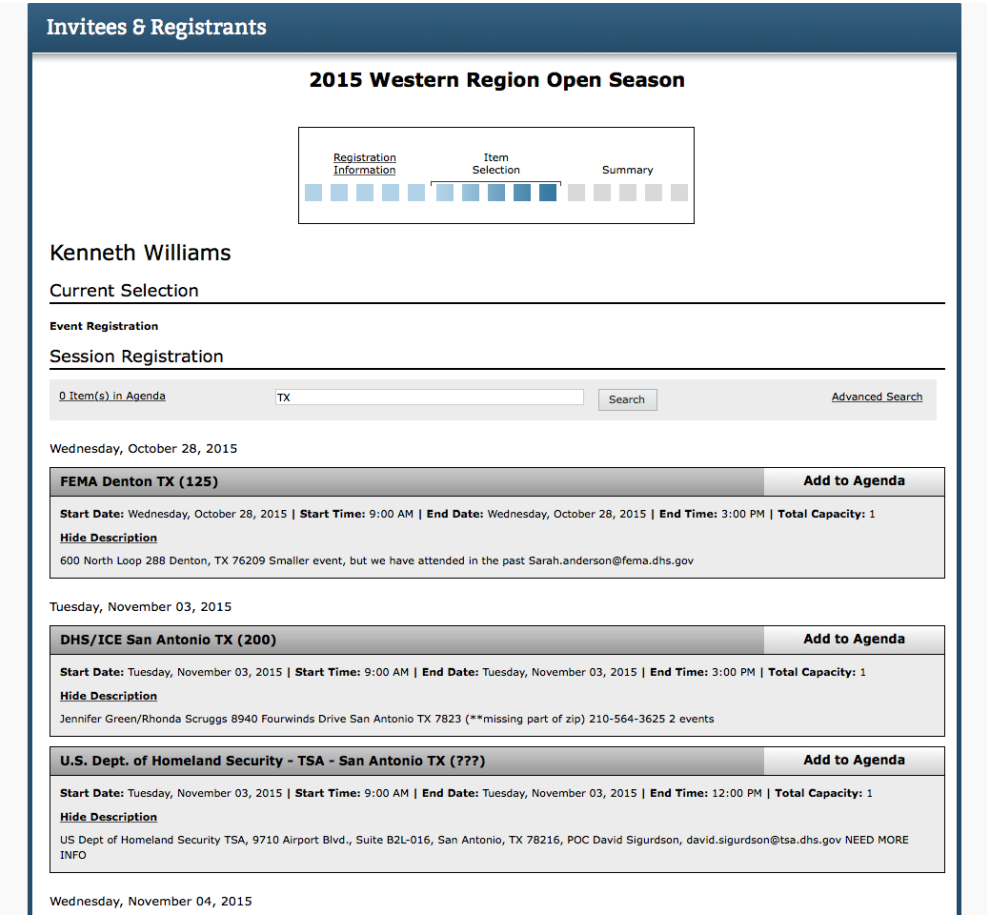
The system should populate your information that is on Cvent files. If it does not you must Input your information into the system manually.

Selecting Health Fairs Near You



Health fairs in Cvent are listed by date of the health fairs. It will list the agency name, city & state, number of attendees, HF#, HF times and information about the HF with the agency contact information.

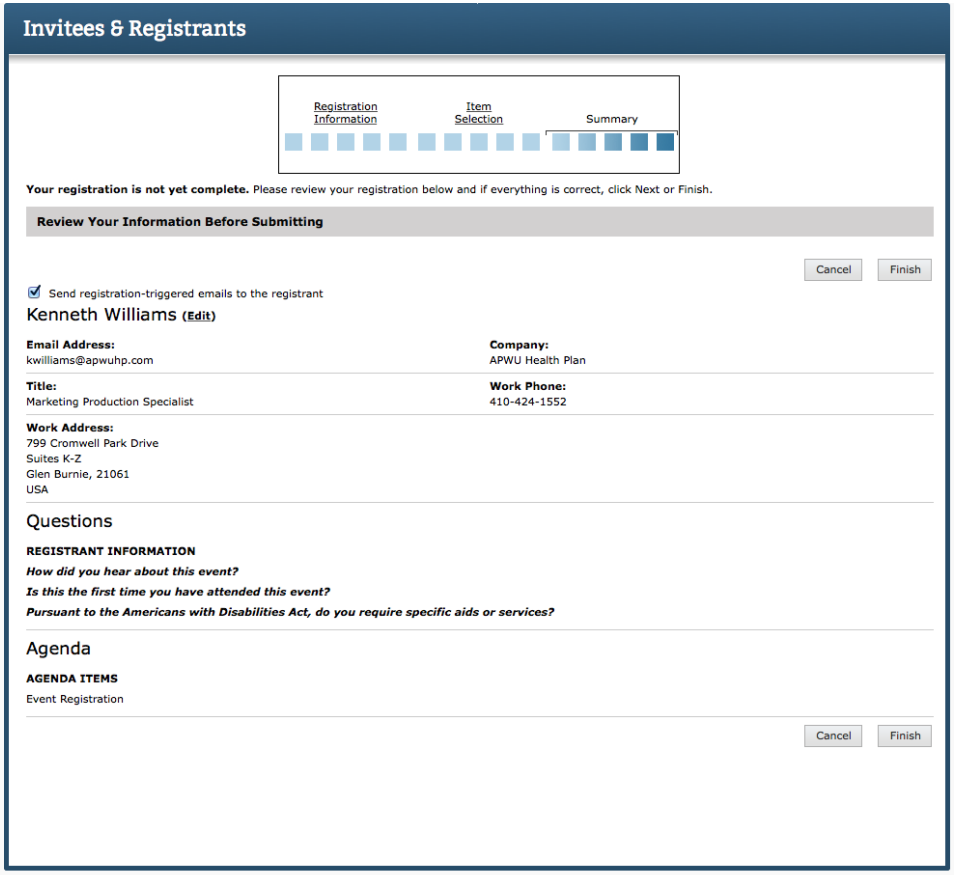
Selecting Health Fairs Near You



You can now search for health fairs by city or state. Instead of looking through HF of other state you can filter them.

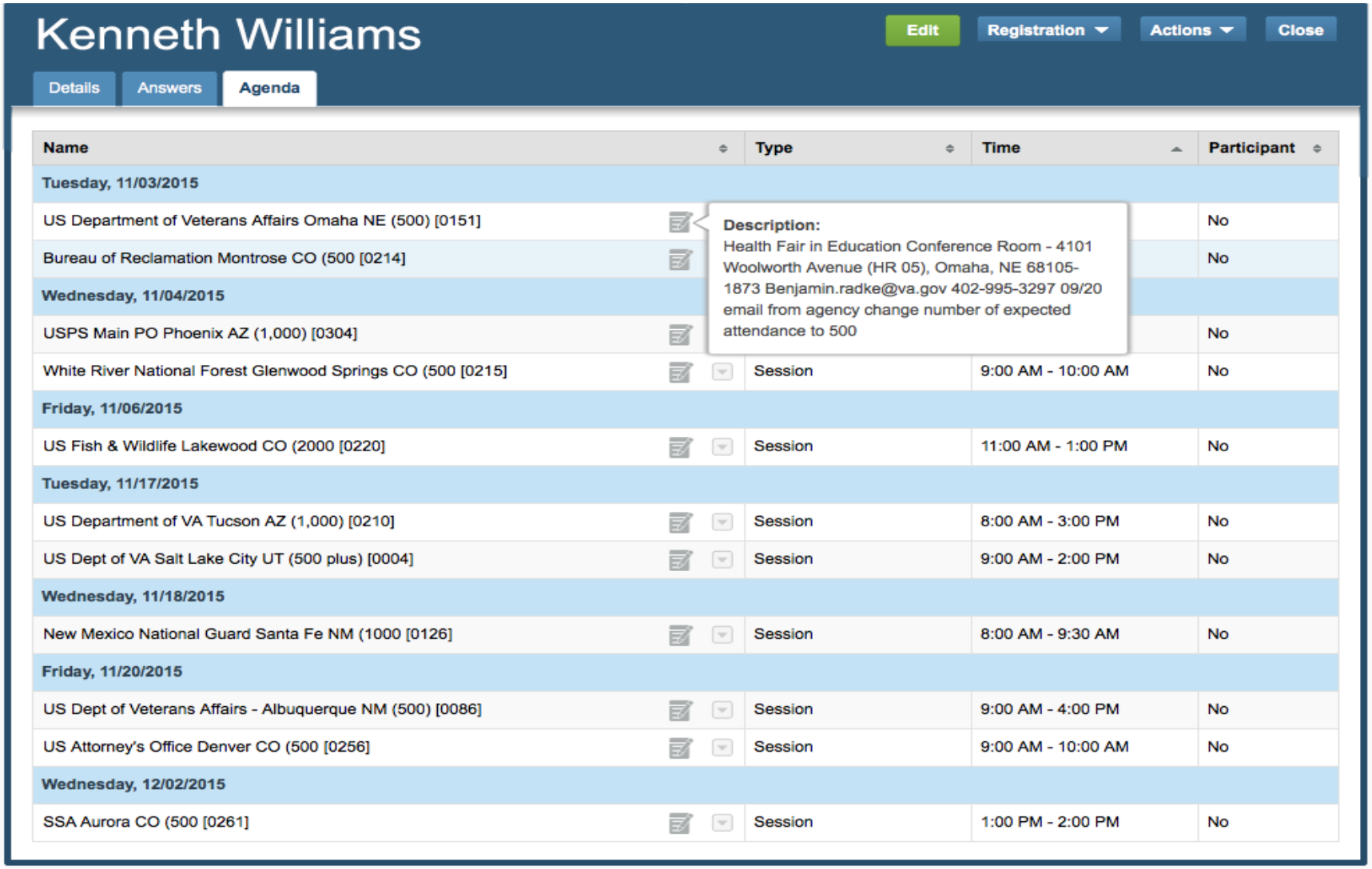
Also, as you look and select HF's, in the description area you can see all of the information pertaining to the agency and HF.

Registration Review



Before you are finish with registration you can review what HF you have selected. An agenda showing what you have selected with be emailed to you once you click on finish. If you do not want an email sent to you then simple click on the radio button above your name and you will not receive an email.

Your Agenda



Name	Type	Time	Participant
Tuesday, 11/03/2015			
US Department of Veterans Affairs Omaha NE (500) [0151]			No
Bureau of Reclamation Montrose CO (500 [0214]			No
Wednesday, 11/04/2015			
USPS Main PO Phoenix AZ (1,000) [0304]			No
White River National Forest Glenwood Springs CO (500 [0215]	Session	9:00 AM - 10:00 AM	No
Friday, 11/06/2015			
US Fish & Wildlife Lakewood CO (2000 [0220]	Session	11:00 AM - 1:00 PM	No
Tuesday, 11/17/2015			
US Department of VA Tucson AZ (1,000) [0210]	Session	8:00 AM - 3:00 PM	No
US Dept of VA Salt Lake City UT (500 plus) [0004]	Session	9:00 AM - 2:00 PM	No
Wednesday, 11/18/2015			
New Mexico National Guard Santa Fe NM (1000 [0126]	Session	8:00 AM - 9:30 AM	No
Friday, 11/20/2015			
US Dept of Veterans Affairs - Albuquerque NM (500) [0086]	Session	9:00 AM - 4:00 PM	No
US Attorney's Office Denver CO (500 [0256]	Session	9:00 AM - 10:00 AM	No
Wednesday, 12/02/2015			
SSA Aurora CO (500 [0261]	Session	1:00 PM - 2:00 PM	No

Modifying You Agenda
(Adding Health Fairs)



Once you are registered in Cvent. You will receive an email with a confirmation number. This number is very important to accessing Cvent. If you need to modify your agenda by adding HF's, make any other changes to your agenda, you will need the email address you used to register and that confirmation number.

Steps to Follow

These are the step you will need to follow once you have accepted a health fair assignment and the invitation has been sent to you by the regional specialist.

1. Contact the agency's contact person to introduce yourself as the person who will attend their health fair.
2. Complete all paperwork that may be required for security clearance (if required by the agency).
3. **You must contact the agency 3 days prior to your health to verify if your shipped materials have arrived**. If arrival can not be verified. Please contact you regional specialist to get the tracking information.
4. Once your health fair is over please fill out a **debriefing form** for each one and email to Maurice Glover at our office.

What to Look for on Your Boxes



Direct Health Fairs

If you receive health information directly from a Federal or Postal facility, please inform your region specialist or Lynn Wilson immediately, so that we can add them to the system and ship materials accordingly.

Your LWOP can be denied!

APWU HEALTH PLAN
Together. Better Health.

REGIONAL MEETINGS



2015 Open Season Seminar

The Role of the Health Plan Representative

- Health Plan Representatives make a very important difference for the APWU Health Plan, distinguishing us from the hundreds of other plans in the Federal Employees Health Benefits Program
- You are a source of promotional material and information about APWU Health Plan, making literature available and visible, promoting the Health Plan's Website, www.apwuhp.com

The Role of the Health Plan Representative *(continued)*

- Make sure your Union office has APWU Health Plan materials
- Coordinator of the Local's promotion of APWU Health Plan
  - Health Benefit Fairs
  - Local meetings with PSE's

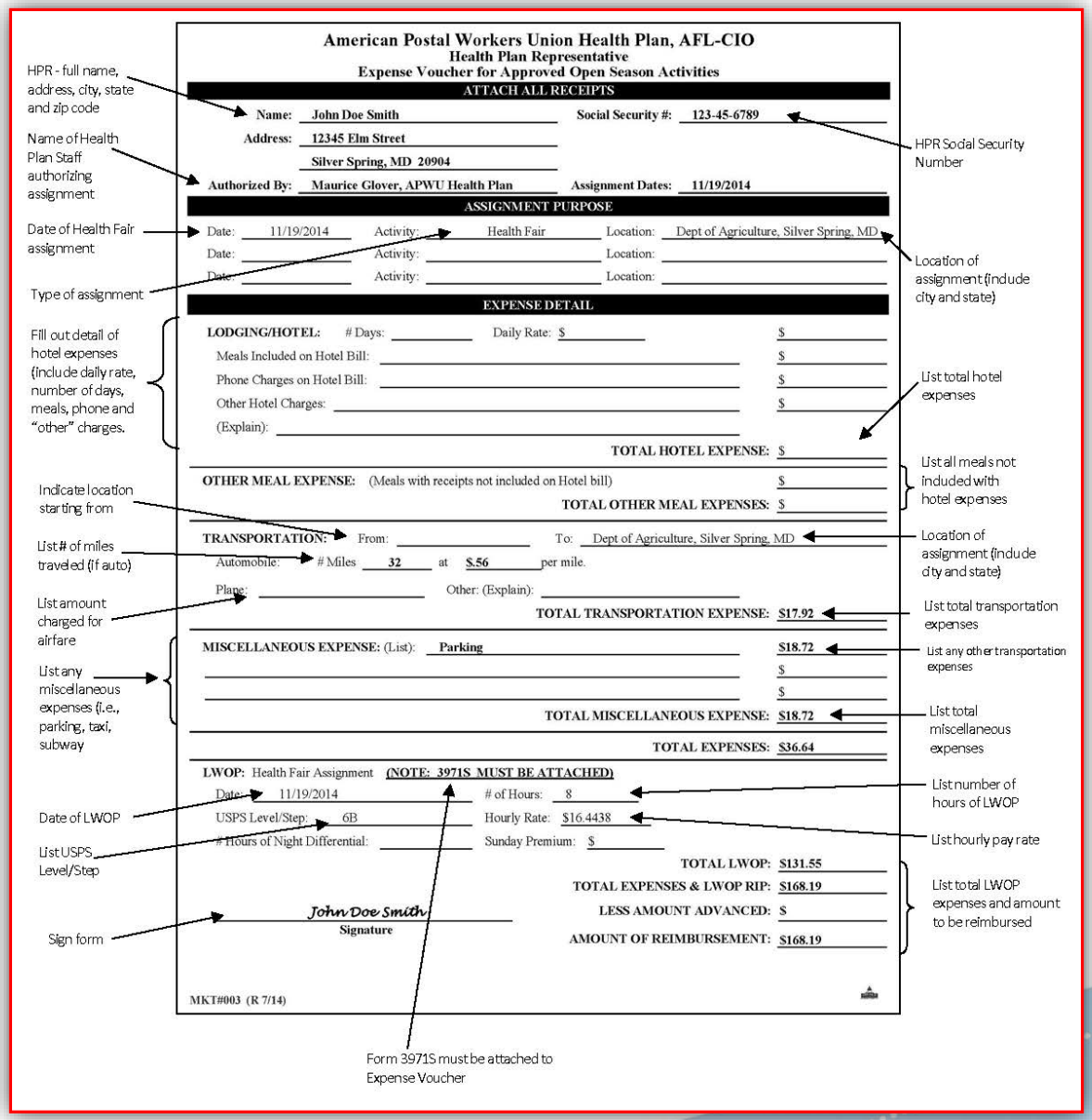
Leave Without Pay Program (LWOP)

- 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 and a signature by a supervisor
- Complete the HPR Voucher with ALL pertinent information included
    - Including a signature, social security number, etc.

Leave Without Pay Program (LWOP) *(continued)*

- IRS mileage rate is 57.5 cents per mile
- The HPR Expense Voucher is used to summarize your expenses for each assignment. An example of the correct way to fill out an Expense Voucher is shown on the following page.

HPR Voucher



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

ATTACH ALL RECEIPTS

Name: John Doe Smith — Social Security #: 123-45-6789
Address: 12345 Elm Street
Silver Spring, MD 20904
Authorized By: Maurice Glover, APWU Health Plan — Assignment Dates: 11/19/2014

ASSIGNMENT PURPOSE

Date: 11/19/2014 — Activity: Health Fair — Location: Dept of Agriculture, Silver Spring, MD
Date: — Activity: — Location:
Date: — Activity: — Location:

EXPENSE DETAIL

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

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

TRANSPORTATION: From: — To: Dept of Agriculture, Silver Spring, MD
Automobile: # Miles 32 at $.56 per mile.
Plane: — Other: (Explain):
TOTAL TRANSPORTATION EXPENSE: $17.92

MISCELLANEOUS EXPENSE: (List): Parking — $18.72
— $
— $
TOTAL MISCELLANEOUS EXPENSE: $18.72

TOTAL EXPENSES: $36.64

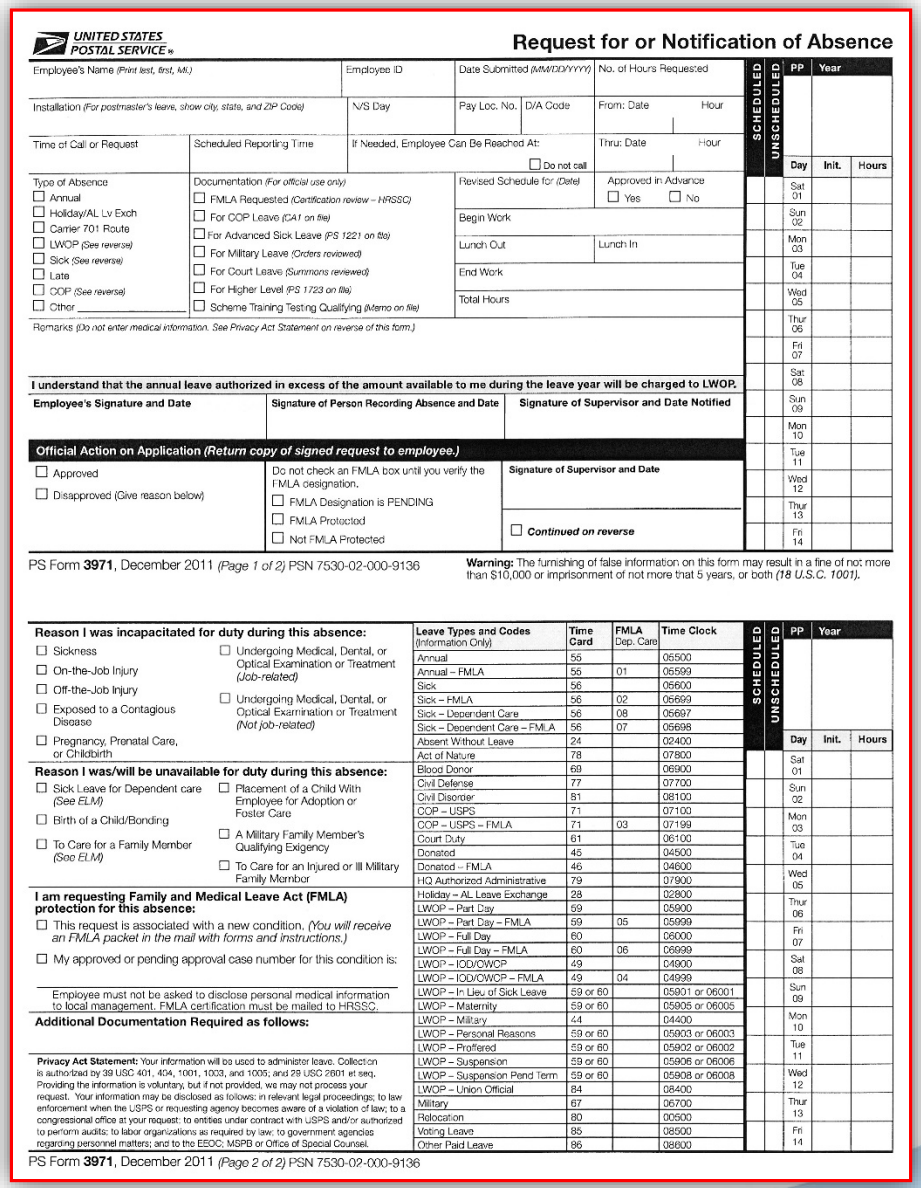
LWOP: Health Fair Assignment (NOTE: 3971S MUST BE ATTACHED)
Date: 11/19/2014 — # of Hours: 8
USPS Level/Step: 6B — Hourly Rate: $16.4438
Hours of Night Differential: — Sunday Premium: $

TOTAL LWOP: $131.55
TOTAL EXPENSES & LWOP RIP: $168.19
LESS AMOUNT ADVANCED: $
AMOUNT OF REIMBURSEMENT: $168.19

John Doe Smith
Signature

MKT#003 (R 7/14)

HPR - full name, address, city, state and zip code
Name of Health Plan Staff authorizing assignment
Date of Health Fair assignment
Type of assignment
Fill out detail of hotel expenses (include daily rate, number of days, meals, phone and "other" charges.
Indicate location starting from
List # of miles traveled (if auto)
List amount charged for airfare
List any miscellaneous expenses (i.e., parking, taxi, subway
Date of LWOP
List USPS Level/Step
Sign form
HPR Social Security Number
Location of assignment (include city and state)
List total hotel expenses
List all meals not included with hotel expenses
Location of assignment (include city and state)
List total transportation expenses
List any other transportation expenses
List total miscellaneous expenses
List number of hours of LWOP
List hourly pay rate
List total LWOP expenses and amount to be reimbursed
Form 3971S must be attached to Expense Voucher



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		

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

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

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.

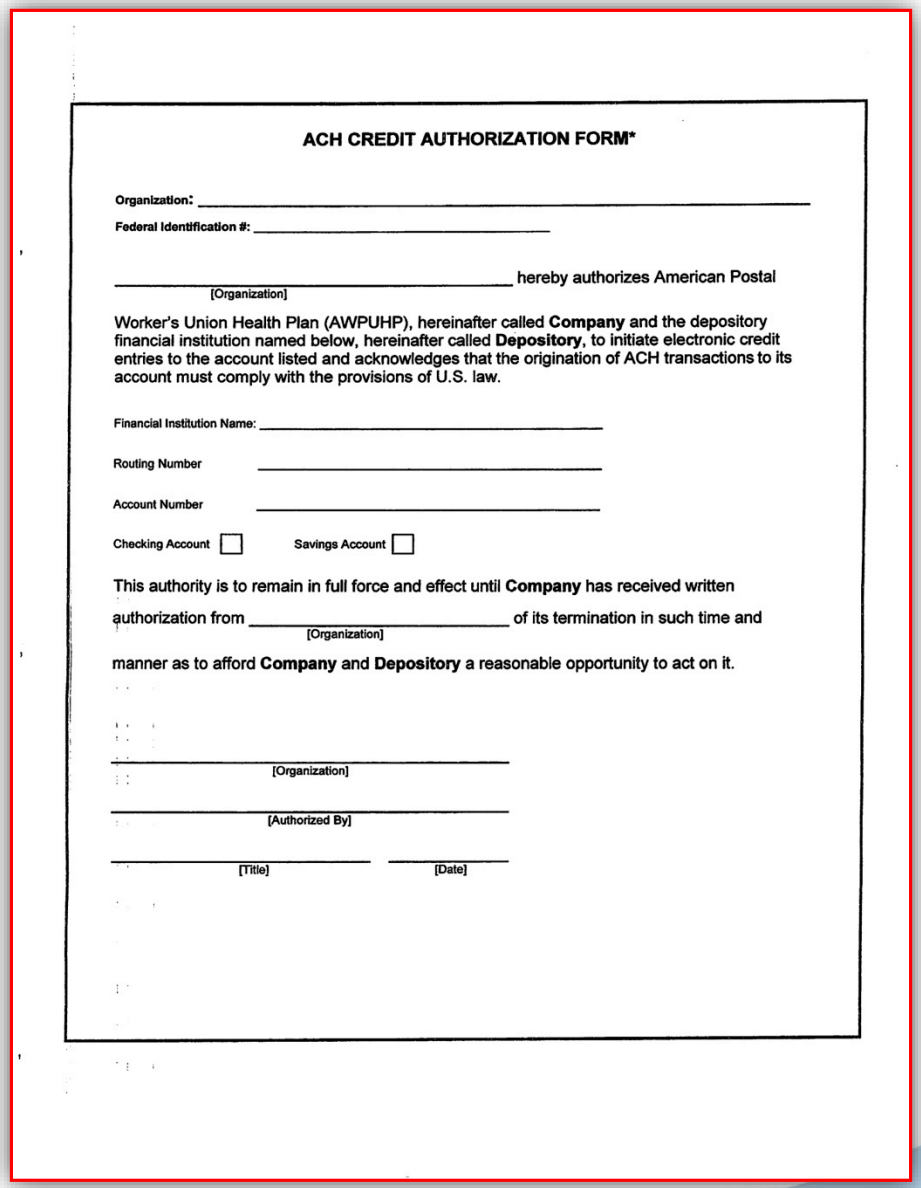
Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock
Annual	56		06500
Annual – FMLA	56	01	06599
Sick	56		06600
Sick – FMLA	56	02	06699
Sick – Dependent Care	56	08	06697
Sick – Dependent Care – FMLA	56	07	06698
Absent Without Leave	24		02400
Act of Nature	78		07800
Blood Donor	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/OWOP	49		04900
LWOP – IOD/OWOP – FMLA	49	04	04999
LWOP – In Lieu of Sick Leave	59 or 60		05901 or 06001
LWOP – Maternity	59 or 60		05905 or 06005
LWOP – Military	44		04400
LWOP – Personal Reasons	59 or 60		05903 or 06003
LWOP – Proffered	59 or 60		05902 or 06002
LWOP – Suspension	59 or 60		05906 or 06006
LWOP – Suspension Pend Term	59 or 60		05908 or 06008
LWOP – Union Official	84		08400
Military	67		06700
Relocation	80		00500
Voting Leave	85		08500
Other Paid Leave	86		08600

SCHEDULED ☐ UNSCHEDULED ☐

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

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

Form 3971



ACH CREDIT AUTHORIZATION FORM*

Organization: _____

Federal Identification #: _____

_____ hereby authorizes American Postal
[Organization]

Worker's Union Health Plan (AWPUHP), hereinafter called **Company** and the depository financial institution named below, hereinafter called **Depository**, to initiate electronic credit entries to the account listed and acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number _____

Account Number _____

Checking Account ☐ Savings Account ☐

This authority is to remain in full force and effect until **Company** has received written authorization from _____ of its termination in such time and
[Organization]

manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

_____
[Organization]

_____
[Authorized By]

_____ _____
[Title] [Date]

Direct Deposit Form

You don't have to wait for a check to be sent out. We can set up direct deposit and you can get your money faster.

General LWOP Expense Reimbursement

- The HPR Expense Voucher must be completed and submitted to the Health Plan as soon as possible after completion of the assignment.

- Electronic Funds Transfer (EF), you will need to complete the form found on our website on the HPR page

General LWOP Expense Reimbursement *(continued)*

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

Contact Information

Maurice Glover (410) 424-1567
Marketing Programs Coordinator
Fax: (410) 424-1572, mglover@apwuhp.com

Mail Expense Voucher to:

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

Local LWOP Expense Reimbursement

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

Meal Expense Reimbursement

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

Transportation Reimbursement

- Full reimbursement is allowed for all reasonable transportation expenses incurred as a result of your assignment.

- The Health Plan will reimburse the going IRS rate per mile for actual mileage driven. Currently the rate is 57.5 cents per mile. Reimbursement will not exceed the total airfare cost.

Other Miscellaneous Expenses

- Taxi or public transportation expenses are reimbursed in full and should be listed under Miscellaneous Expenses on the Expense Voucher (including tips, parking or other valid expenses).
- Always include a complete explanation of the miscellaneous charge attached to your Expense Voucher.

USPS LWOP (Salary) Expense Reimbursement

- LWOP is reimbursed for Federal Health Fairs HPRs attend.
- LWOP **WILL** be approved for attending health fairs in Postal facilities covered by your Local.
- Include LWOP hours for your regularly scheduled work day and submit a copy of your completed 3971 Form.
- List your correct pay level and step to ensure proper rate of payment.

Ordering Health Plan Supplies

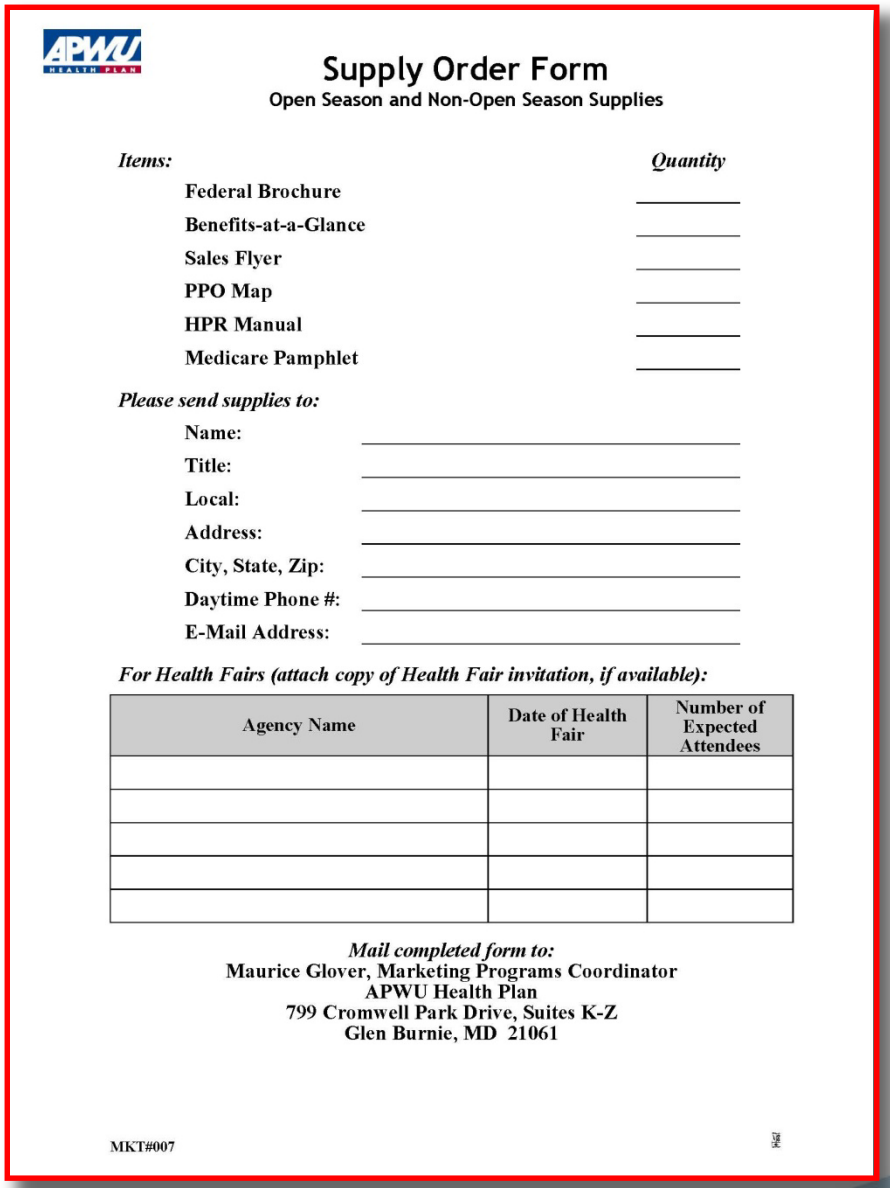
- The Health Plan automatically sends a shipment of materials to all Locals prior to the start of Open Season
- The materials are marked "APWU Health Plan Open Season Materials – Open Immediately"
  - Pre-emptive Shipment
  - Shipments on Demand

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 & send
- Call Maurice Glover 1-410-424-1567 **at least one week prior to the Health Fair/Meeting**



Supply Order Form

Open Season and Non-Open Season Supplies

Items:	*Quantity*
Federal Brochure	_____
Benefits-at-a-Glance	_____
Sales Flyer	_____
PPO Map	_____
HPR Manual	_____
Medicare Pamphlet	_____

Please send supplies to:

Name: _____

Title: _____

Local: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____

E-Mail Address: _____

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

Agency Name	Date of Health Fair	Number of Expected Attendees

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

MKT#007

Supply Order Form

- Open Season: Prospective enrollees may only join a health plan in FEHBP during one month each year unless they are new employees or have a life changing event. This month is called Open Season, and is usually the second week in November through the second week in December. **Open Season for 2015 is November 9th through December 14th.** This is the time when Health Plan Representatives play a key role in marketing the APWU Health Plan. The HPR role during Open Season is to heighten the visibility of the Health Plan by such activities as attending health fairs, both Postal and Federal.

Health Benefit Fairs

- Last year we attended less health fairs
  - Size of health fair
  - Resource availability
  - Established attendance benchmark
  - Government Shutdown
- Number of Health Fairs Attended- 3 year span
  - 2011 = 770
  - 2012 = 690
  - 2013 = 607
  - 2014 = 770

2014 Open Season Shipments

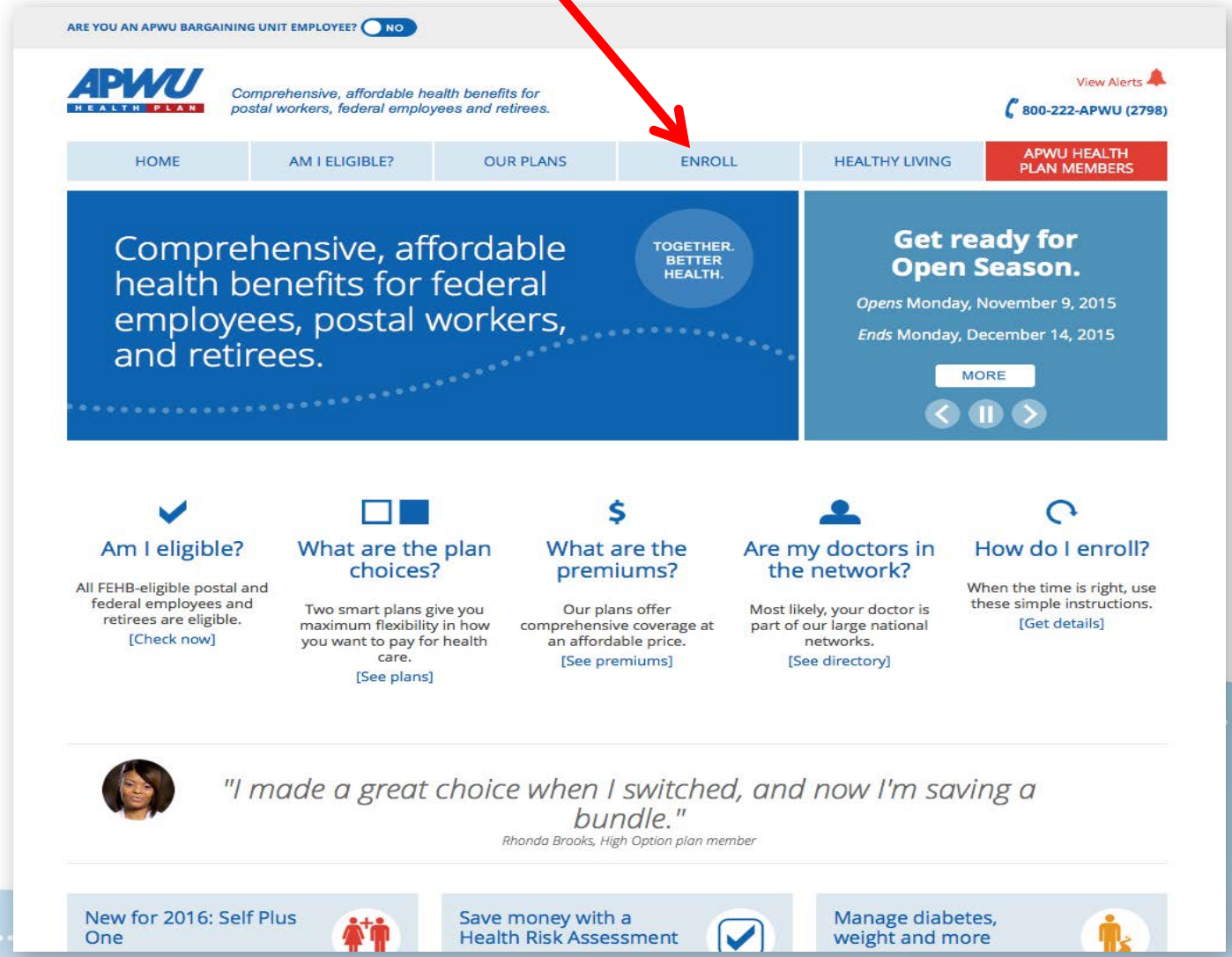
OPM Going Green Initiative Continues

Pre-Emptive Shipment (to Locals)	In 2014
Brochures	24,996
Open Season Flyers	33,328
Band Aid Dispensers	16,664
Table Signs	259

Open Season Shipments	In 2014
Brochures	42,116
Hotline Packages	2,500
Open Season Flyers	321,111
Giveaways	110,167
Pill Boxes	7,859

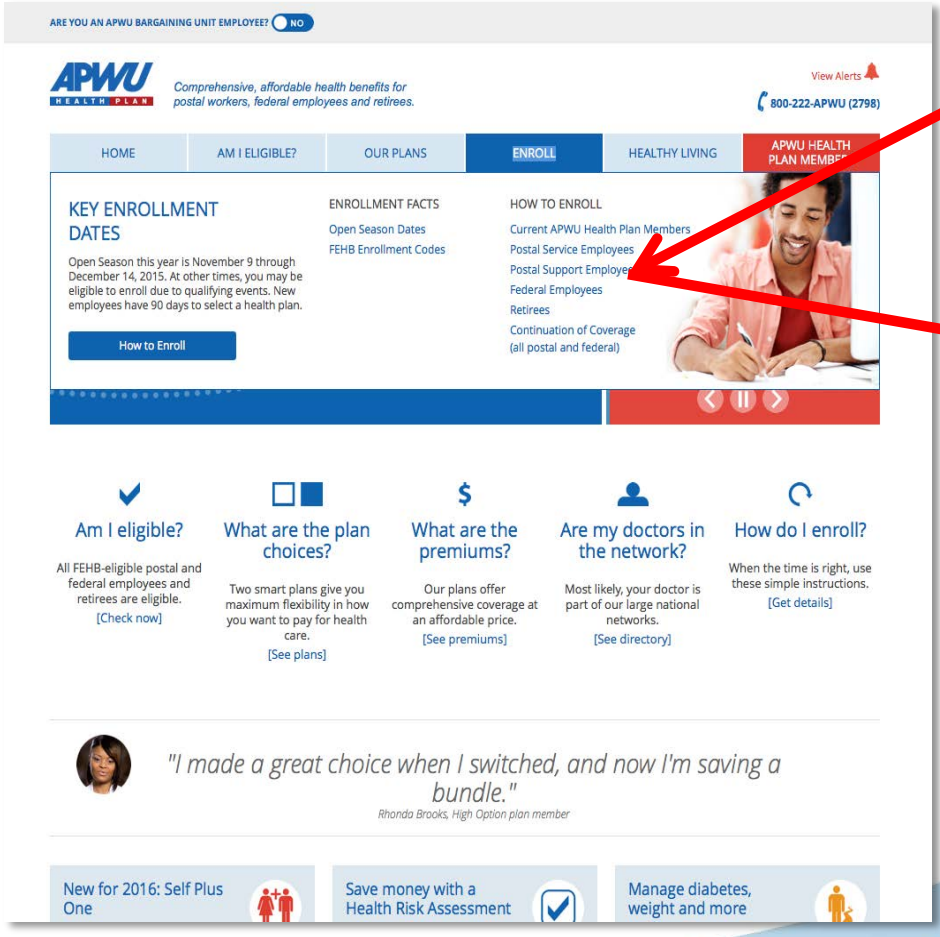
APWU Health Plan Website

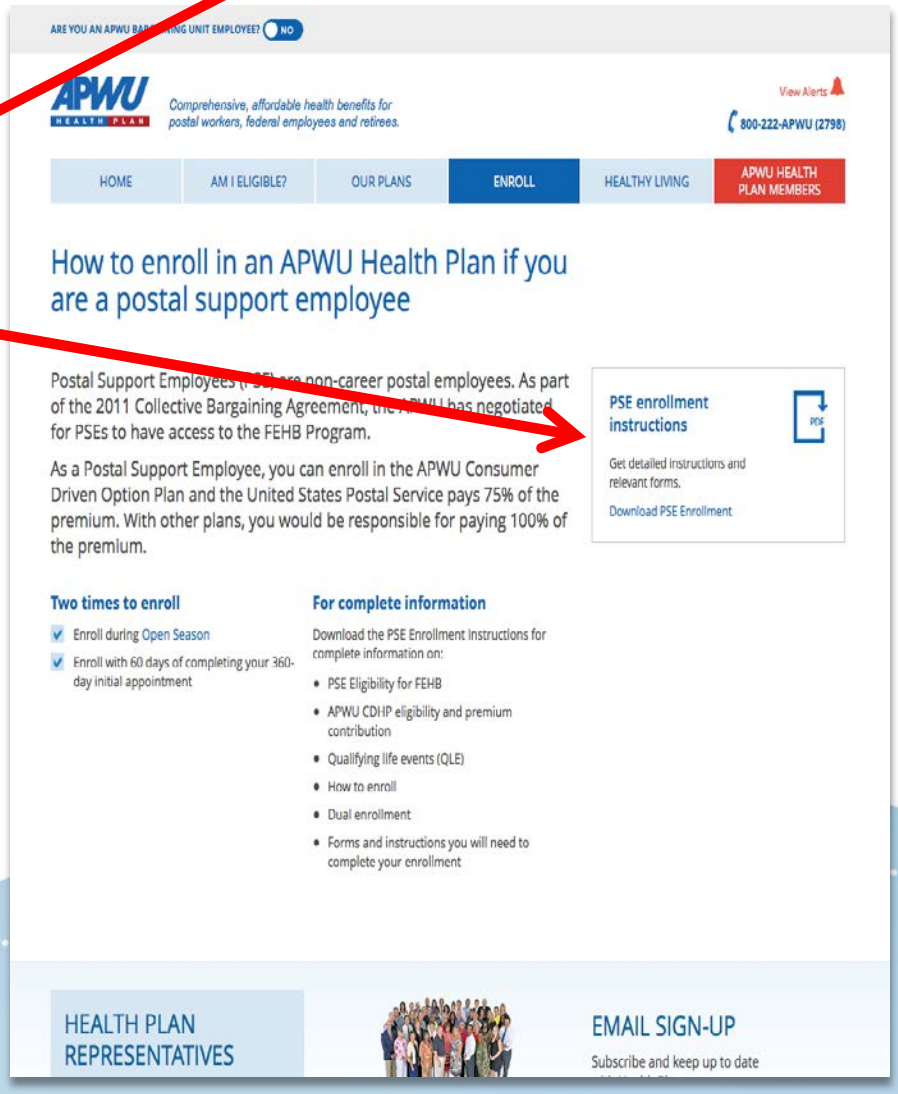
On the "How to Enroll" tab at the top of the page



APWU Health Plan Website

Scroll down and click to open the "PSE" pages





Select Health Fairs

Thank You!

Please fill out the class evaluation form provided and submit it to the Registration Desk.

Please note any questions for the **Roundtable** discussion on the card provided and place in the drop box at the Registration Desk.

The Roundtable discussion will be during Closing Session on:

Saturday October 17, 2015