REGIONAL MEETINGS



Together.
Better Health.®



LWOP



Open Season





HPRs





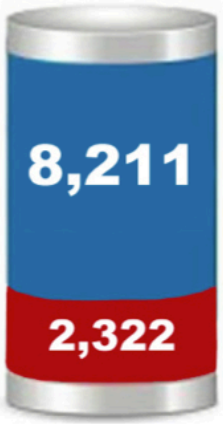
Ordering Supplies



Health Benefit Fairs

2013 Membership Growth

2013 Membership Growth



New Members

Disenrollment

5,889
Net Membership Growth

5.6% Net Growth
98% Retention Rate

vs. 2012

Membership is up by

2,322 Net members **and** **3.3%** Net Growth

	HIGH OPTION vs 2012	CONSUMER DRIVEN OPTION vs 2012
Net Growth Rate	4%	12%
New Members	4,697 By 732	3,514 By 892
Retention Rate	98%	97%
Disenrollment	1,664 By 610	658 By 51
Net Growth Membership	3,033 By 1342	2,856 By 841

1,022 members transferred between the HO and CDO options

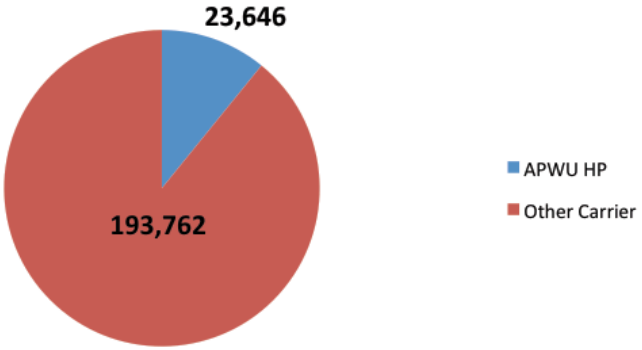
The Health Plan enrolled 8,211 new members, lost 2,322 members through disenrollment for a net gain of 5,889 net new members

2013 Competitor Profile Chart

The Competitor Profile Chart, documents competitor gains (from APWU HP) and losses (to APWU HP). BCBS continues to be the Health Plan's strongest competitor, showing the highest number of gains from APWU HP and losses to APWU HP.

2013 Gains from APWU HP	Competitor	2013 Losses to APWU HP
390	BCBS Standard	1366
499	BCBS Basic	1157
34	GEHA High	151
173	GEHA Standard	489
25	GEHA HDHP	72

APWU membership continues to favor other carriers, in particular BCBS and HMO's.



About 24,000 APWU members have selected the Health Plan.

Total by state: 111,613 members. States with highest enrollments.

Total By State	471/472 HO	474/475 CDO	All Total	Change +/-
CALIFORNIA	5,345	1,671	7,016	558
FLORIDA	6,140	1,472	7,612	329
NEW YORK	4,526	911	5,437	128
OHIO	4,303	1,412	5,715	203
TEXAS	7,437	1,919	9,356	340

Enrollment and Disenrollment by State

Net enrollment = 5,889, top states impacting 31% of net gains

Enrollments				Disenrollments			
471/472 HO	474//475 CDO	All Total	State	471/472 HO	474//475 CDO	All Total	Net Enrollments
437	291	728	CALIFORNIA	151	47	198	530
242	169	411	FLORIDA	101	37	138	273
309	130	439	MISSOURI	40	13	53	386
182	182	364	OHIO	61	23	84	280
338	233	571	TEXAS	144	53	197	374

REGIONAL MEETINGS



Together.
Better Health.®



LWOP



Open Season





HPRs





Ordering Supplies



Health Benefit Fairs

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 Web site, 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

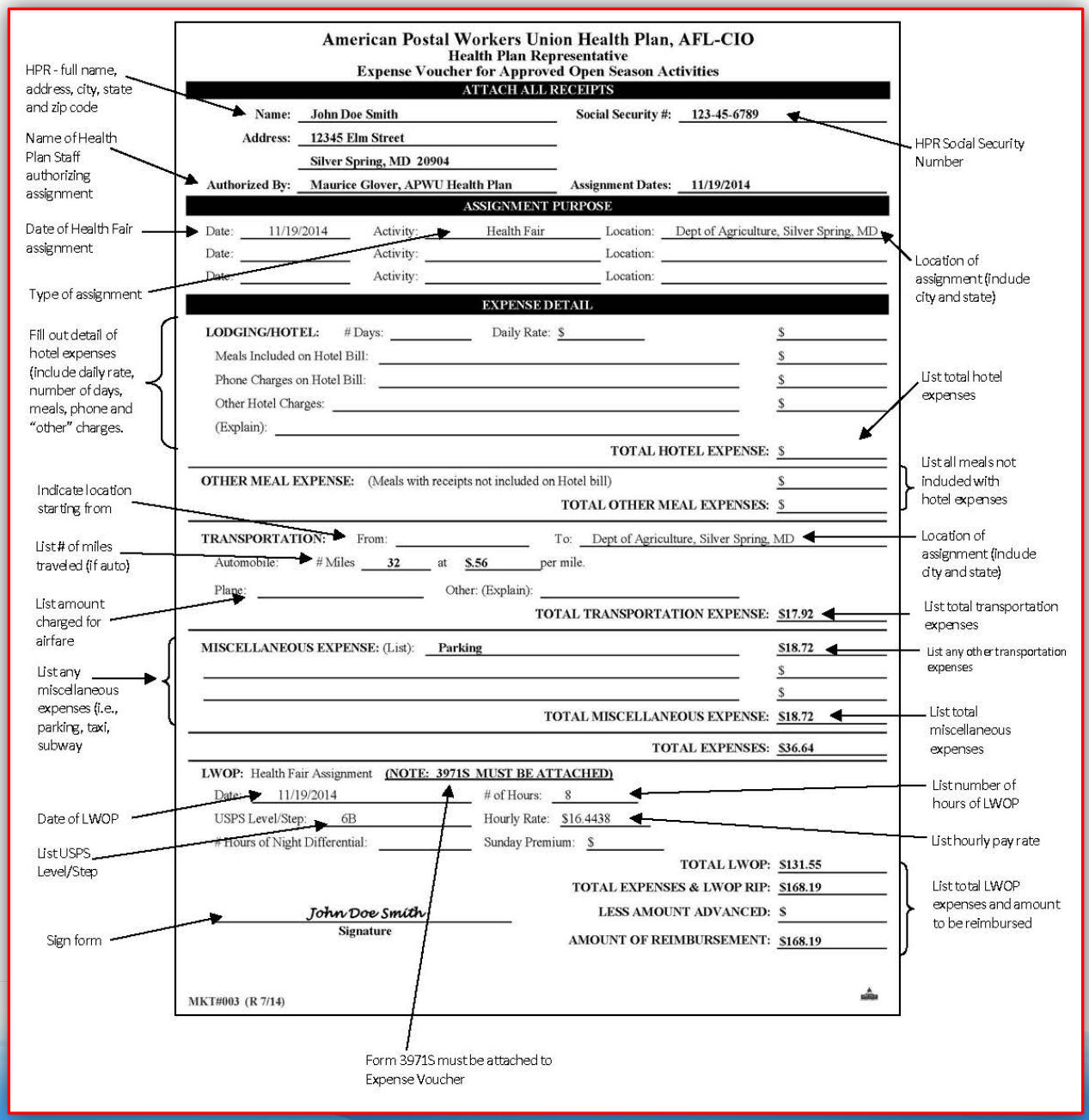
Leave Without Pay (LWOP) Program

- 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.

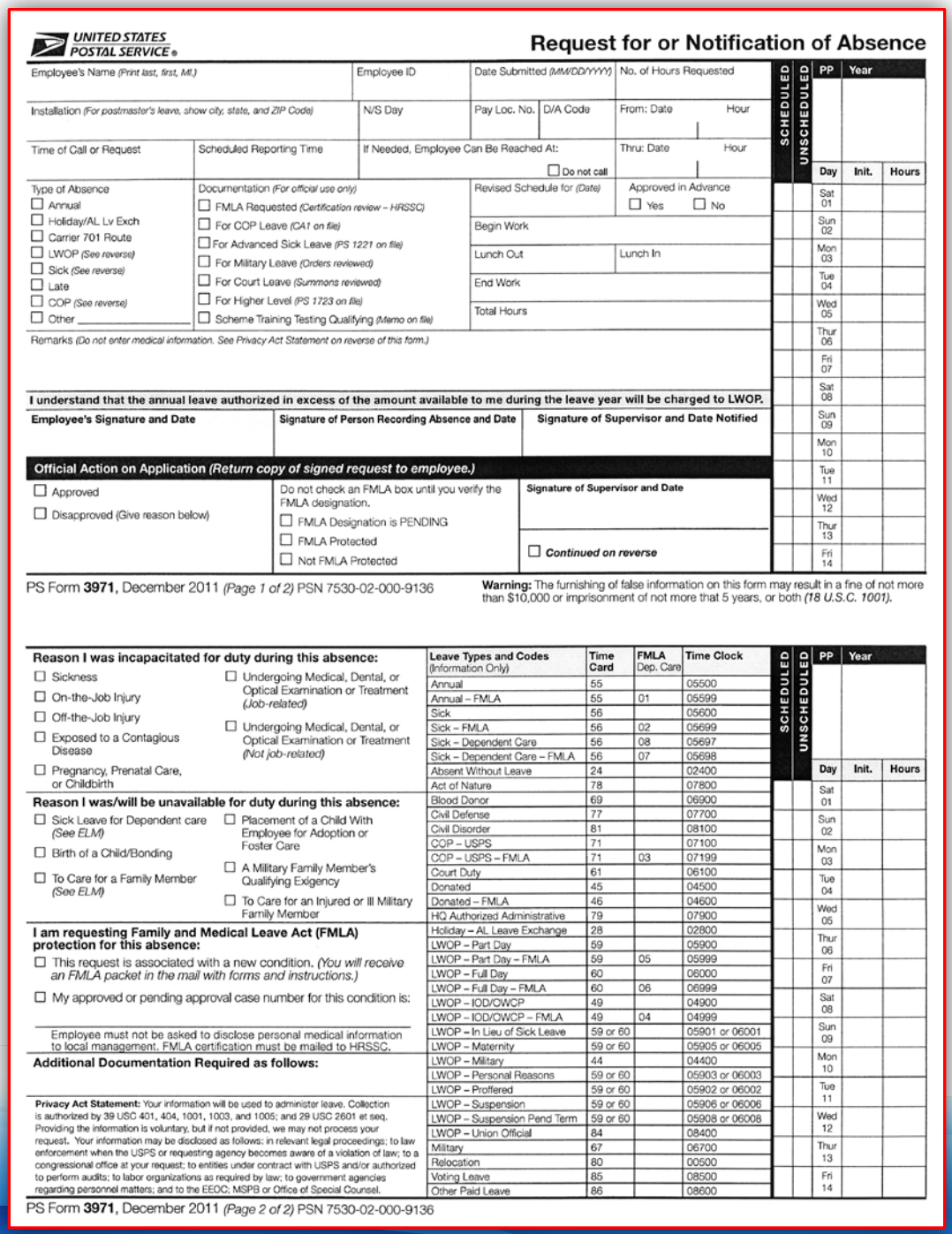
Leave Without Pay (LWOP) Program *(continued)*

- IRS mileage rate $0.56
- 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
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
Form 3971S must be attached to Expense Voucher
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 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

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		

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*

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

SCHEDULED ☐ UNSCHEDULED ☐ PP Year

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

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

APWU HEALTH PLAN

General LWOP Expense Reimbursement

- 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 1-410-424-1567

Marketing Programs Coordinator

Fax: 1-410-424-1572, 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 $0.56. 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

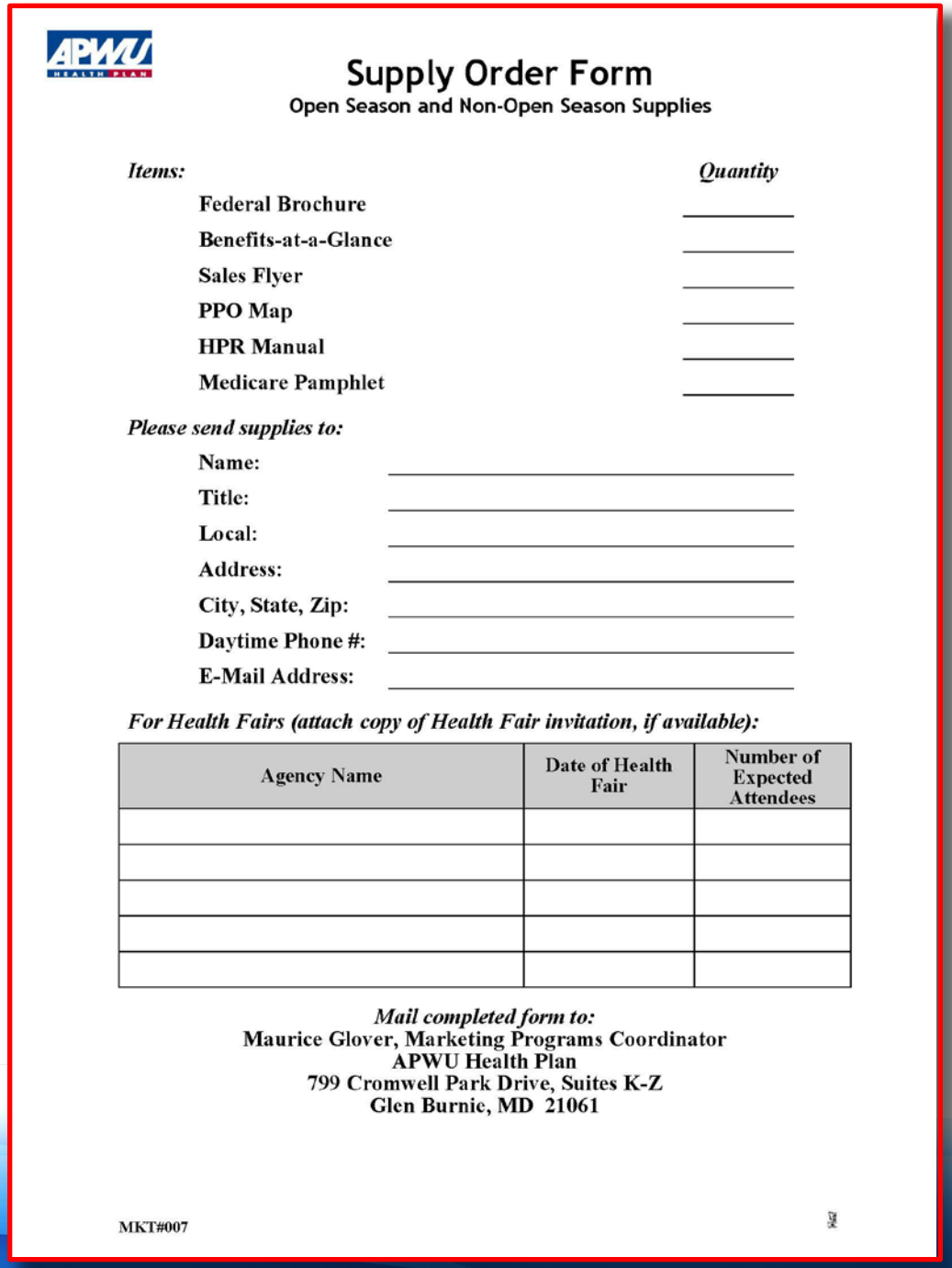
Ordering Health Plan Supplies

- 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



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

Health Benefit Fairs

- Open Season: Prospective enrollees may only join a health plan in FEHBP during one month each year unless they are new employees. This month is called Open Season, and is usually the second week in November through the second week in December. **Open Season for 2014 is November 10th through December 8th.** 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

2013 Open Season Shipments

OPM Going Green Initiative Continues

Pre-Emptive Shipment (to Locals)	In 2013
Brochures	32,743
Open Season Flyers	41,128
Magic Grips	24,358
Table Signs	265

Open Season Shipments	In 2013
Brochures	67,652
Hotline Packages	2,500
Open Season Flyers	29,520
Giveaways	89,895
Pill Boxes	7,950

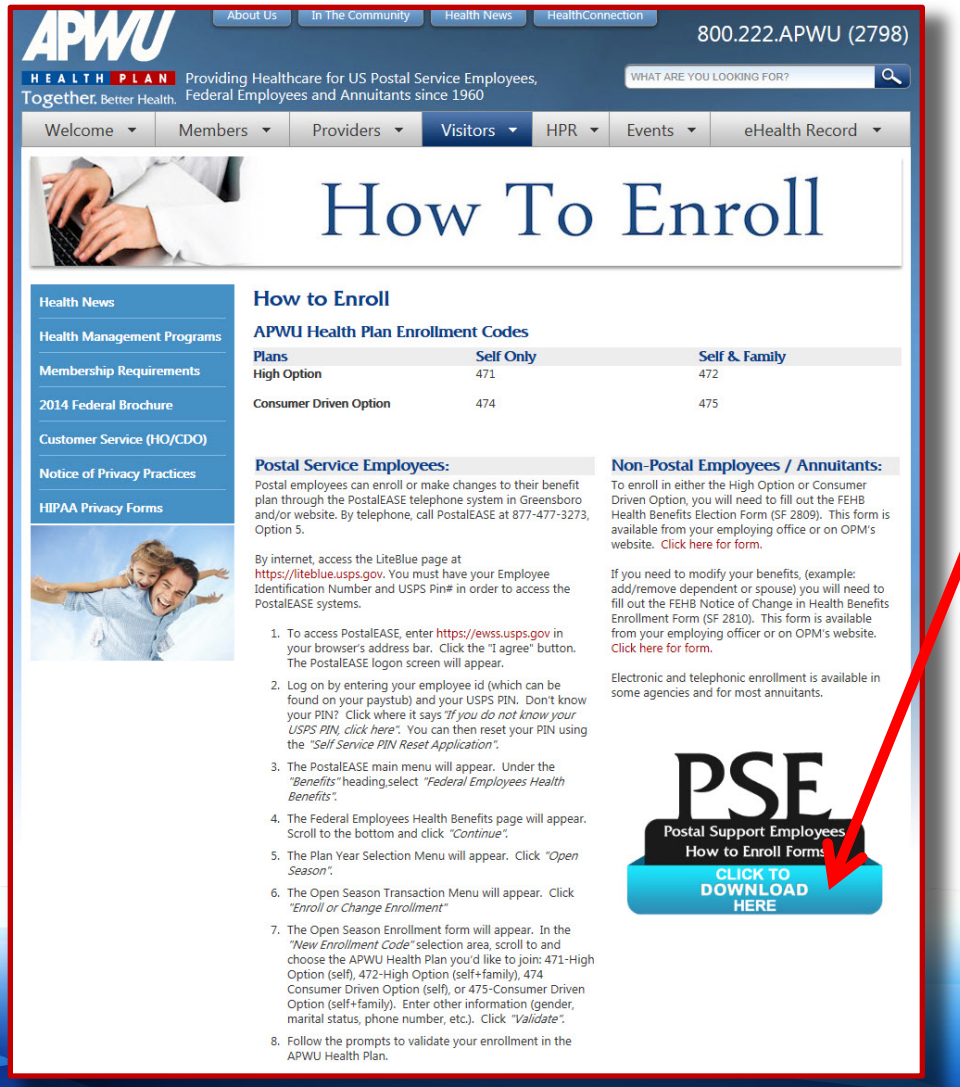
APWU Health Plan Website

On the “Visitors” tab at the top of the page, click to select “How to Enroll”



APWU Health Plan Website

Scroll down and click to open the “PSE” pages



APWU HEALTH PLAN Together. Better Health.

Postal Support Employees (PSE): How to Enroll

PSE Definition:
PSEs are non-career postal employees. As part of the 2011 Collective Bargaining Agreement the APWU has negotiated for PSEs to have access to the FEHB Program.

Once the PSE joins the APWU, they will be able to enroll in the APWU Health Plan's Consumer Driven Option with the USPS paying 75% of the premium. With other plans the PSE will be responsible for 100% of the premium.

Health Benefits Enrollment Opportunity–Deadline Applies:

- PSEs have sixty days to enroll upon completing their 360-day initial appointment
- PSEs can enroll during Open Season; the 2013 Open Season dates are November 11-December 9, 2013

Please see **Attachment A** from the USPS Shared Services Center that outlines the following:

- PSE Eligibility for FEHB
- APWU CDHP Eligibility and Premium Contribution
- Qualifying Life Event (QLE)
- How to Enroll
- Dual Enrollment
- Effective Date of Coverage
- Pre-Tax Versus After-Tax Premium Payments–How to Save Money on Your Premiums
- Insufficient Pay for Premium Deductions
- Effective Date of Coverage

PostalEASE FEHB Worksheet:
PSEs employees enrolling from the https://liteblue.usps.gov website may receive an "ineligible" message from LiteBlue. In this instance the PSE will need to submit the following forms to Shared Services:

Attachment B is the PostalEASE FEHB Worksheet that PSEs need to complete to enroll in the APWU Health Plan. This worksheet can be found in the FEHB Guide for Career Postal Employees 70-2, the FEHB Guide for Non-Career Postal Employees 70-8PS, or downloaded from the LiteBlue website.

- This is a 3-page form, all pages should be completed.
- If selecting Self Only, the employee must still submit the dependents page marked with either "N/A" or "X".

Attachment C is USPS Form 8202 (Pre-Tax or After-Tax Election Form).
Attachment D is USPS Form 8141 (Cost Acknowledgement Form). This form certifies that the employee will pay premiums if their salary is too low to cover the premium. Submission will ensure the enrollment is processed timely.

All three forms (Attachments, B, C and D) should be mailed to Shared Services at: Benefits and Compensation, P.O. Box 970400, Greensboro, NC 27497-0400 or faxed to 336-662-4073.

Attachment A
HR Shared Service Center

UNITED STATES POSTAL SERVICE

ATTENTION: HEALTH BENEFITS ENROLLMENT OPPORTUNITY—DEADLINE APPLIES

You are receiving this mailing as a Postal Support Employee (PSE) to advise you that our records show that you have an upcoming opportunity to enroll in the Federal Employees Health Benefits (FEHB) program and receive health insurance coverage. In addition, based on our records, you will qualify to receive a Postal Service contribution of 75% of the cost of health insurance if you enroll in the American Postal Workers Union (APWU) Consumer Driven Health Plan (CDHP) for either Self Only or Self and Family coverage. Please read this notice carefully so that you may make an informed decision regarding this important opportunity. There is a deadline to make this decision — under FEHB Qualifying Life Event rules, you have 60 days from the date you become eligible to enroll in the APWU CDHP and receive a Postal Service contribution to enroll or make a change to your current FEHB plan or option. If you do not enroll promptly, then you will have to wait to enroll until the FEHB Open Season that begins each November and any election you make will not take effect until the following January. Or, you would be able to enroll if you have a different qualifying life event (for example, you get married or have a baby).

PSE Eligibility for FEHB Coverage

To be eligible for FEHB enrollment, non-career employees including PSEs must meet three requirements:

(1) Complete one full year (365 calendar days) of continuous employment with no breaks in service of more than five days;
(2) Have a regular scheduled tour of duty, arranged in advance and expected to last for at least six months, and
(3) Maintain sufficient earnings each biweekly pay period to have the total cost of premiums withheld from pay after mandatory deductions for Social Security, Medicare and federal tax.

PSE Eligibility to Enroll in APWU CDHP and Receive USPS 75% Premium Contribution

In addition, APWU PSEs are eligible for a USPS premium contribution of 75% of the cost of the APWU CDHP upon reassignment to a 360-day appointment after an initial appointment of 360 days. Time served as an APWU Transitional Employee (TE) or APWU career employee prior to reassignment into a PSE position will count toward the 360 days required for eligibility for the 75% USPS premium contribution to the APWU CDHP, disregarding breaks in service of 5 days or less.

PSEs who are eligible for FEHB and also eligible for the 75% USPS premium contribution who enroll in the APWU CDHP will pay 25% of the total premium and the Postal Service will contribute 75% of the total premium for either the Self Only or Self and Family plan. PSEs who are eligible for FEHB also have the option to enroll in any other FEHB plan or option; however, for any plan other than the APWU CDHP a PSE will pay 100% of the premium cost and the Postal Service will not make any contribution.

If at any time you experience a break in service of more than 5 days, your eligibility for FEHB and for the 75% USPS premium contribution to the APWU CDHP will end and you will have to again satisfy the requirements for FEHB enrollment and the 75% USPS premium contribution before you can enroll again.

Qualifying Life Event

If you are currently enrolled in FEHB and you will now meet the requirements for 75% USPS premium contribution to the APWU CDHP as described above, this is a qualifying life event that allows you to change your FEHB plan or option, or change from Self Only to Self and Family enrollment.

If you are not currently enrolled in FEHB and you now meet the requirements for 75% USPS premium contribution to the APWU CDHP as described above, this is a qualifying life event that allows you to enroll in FEHB.

Benefits and Compensation
PO Box 970400
Greensboro NC 27497-0400

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 HPR 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:

Thursday, October 16, 2014