APWU HEALTH PLAN
Together. Better Health.

Opening Session II



2015 Open Season Seminar

Presented by: Rocky Midgett

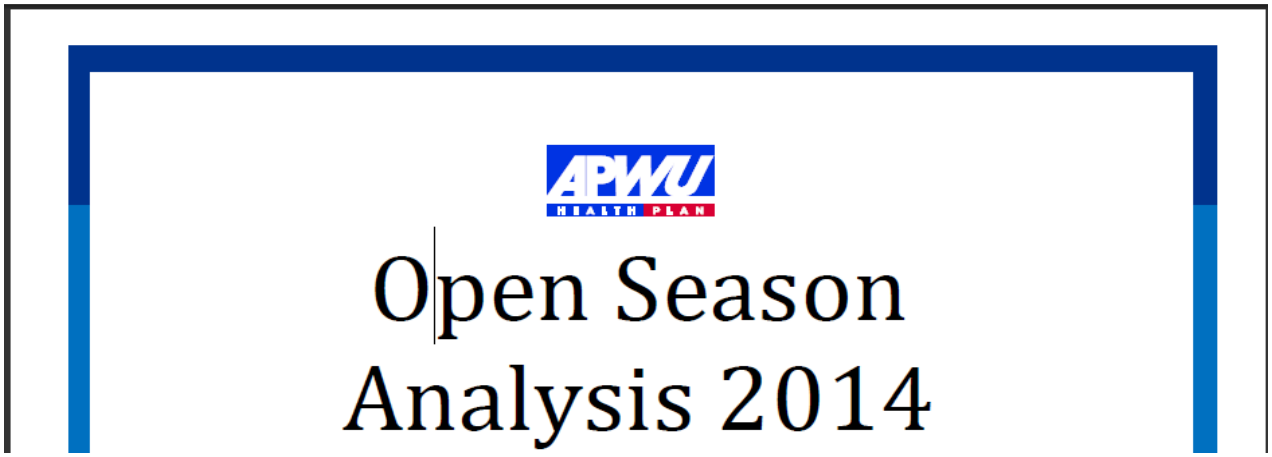
Opening Session II

- Health Plan Overview: Rocky Midgett
- High Blood Pressure: Dr. Christina Stasiuk
- Guest Speaker: Marilyn Sherman

Health Plan Overview

- Health Plan Growth
- Competition
- OPM Focus
- Coordination with Medicare

Health Plan Growth



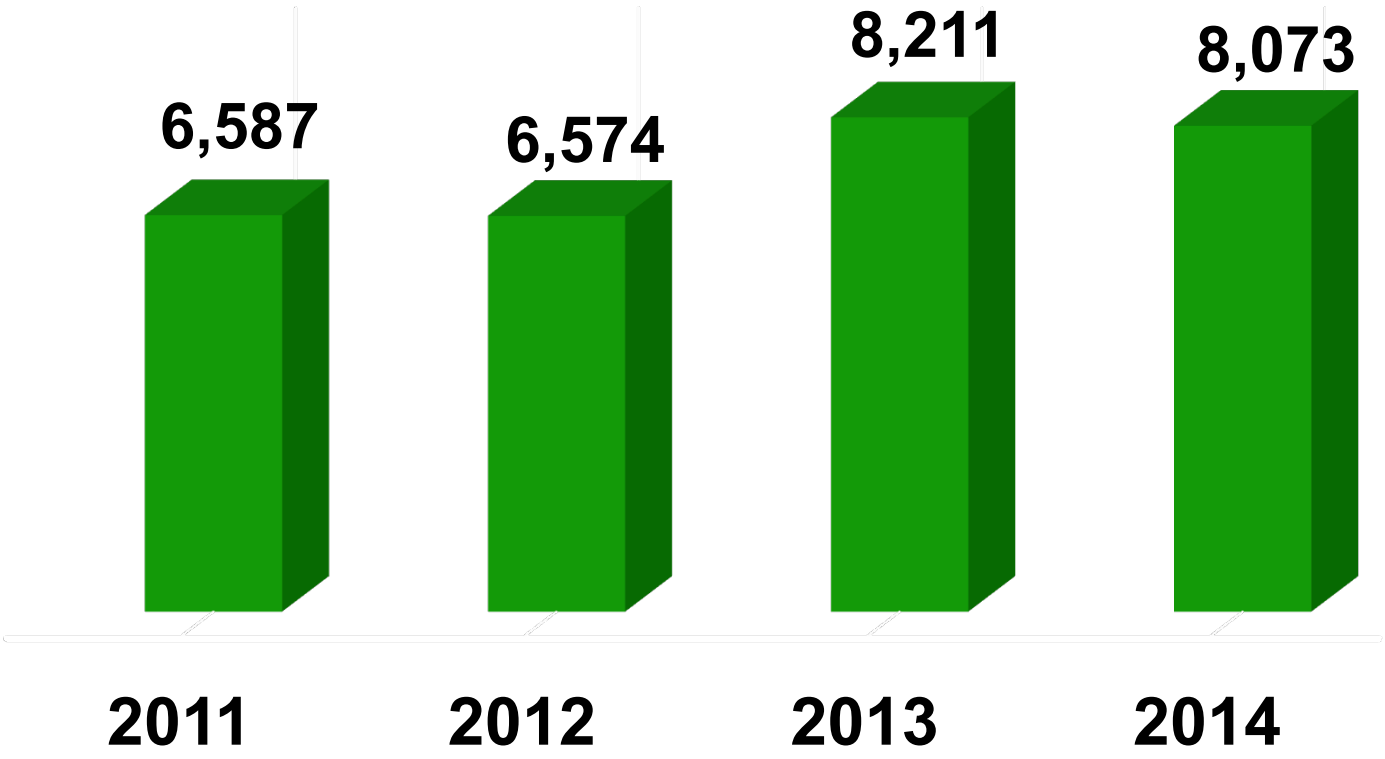
Executive Summary



- New Members: 8,073
- Disenrollment: 2,476
- Net Growth: 5,597
- 5% Net Growth
- 98% Retention Rate

Health Fairs Attended: 770
HPRs Attended: 646

Growth Trends

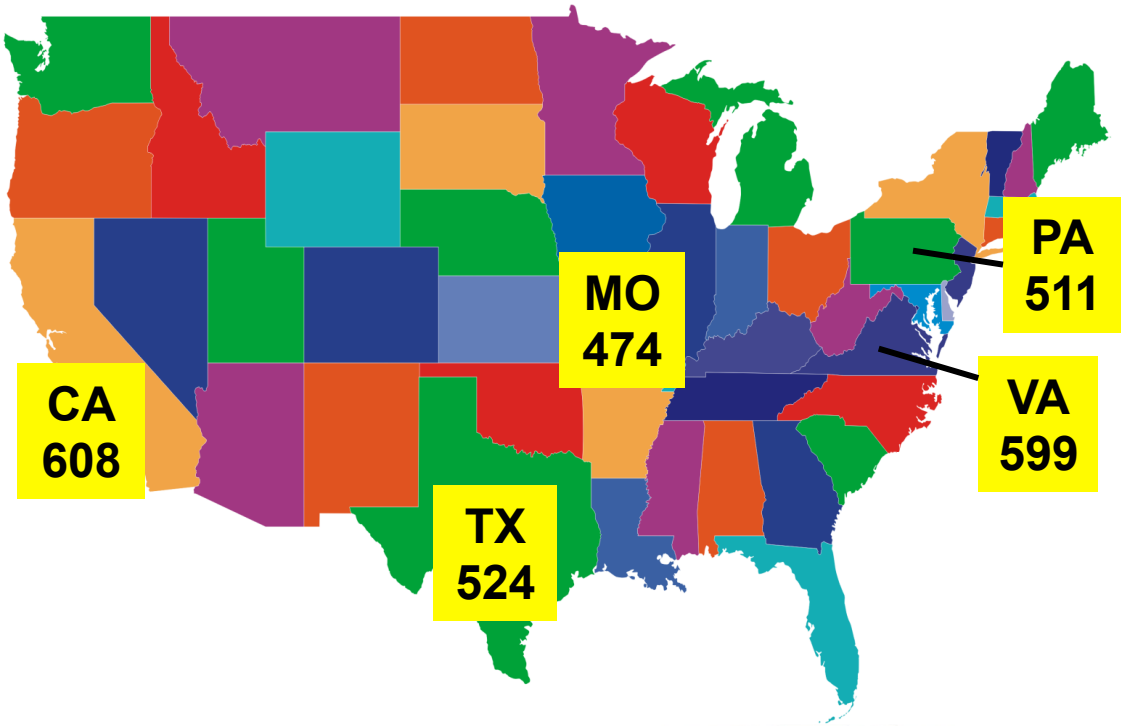


Net Growth by Plan

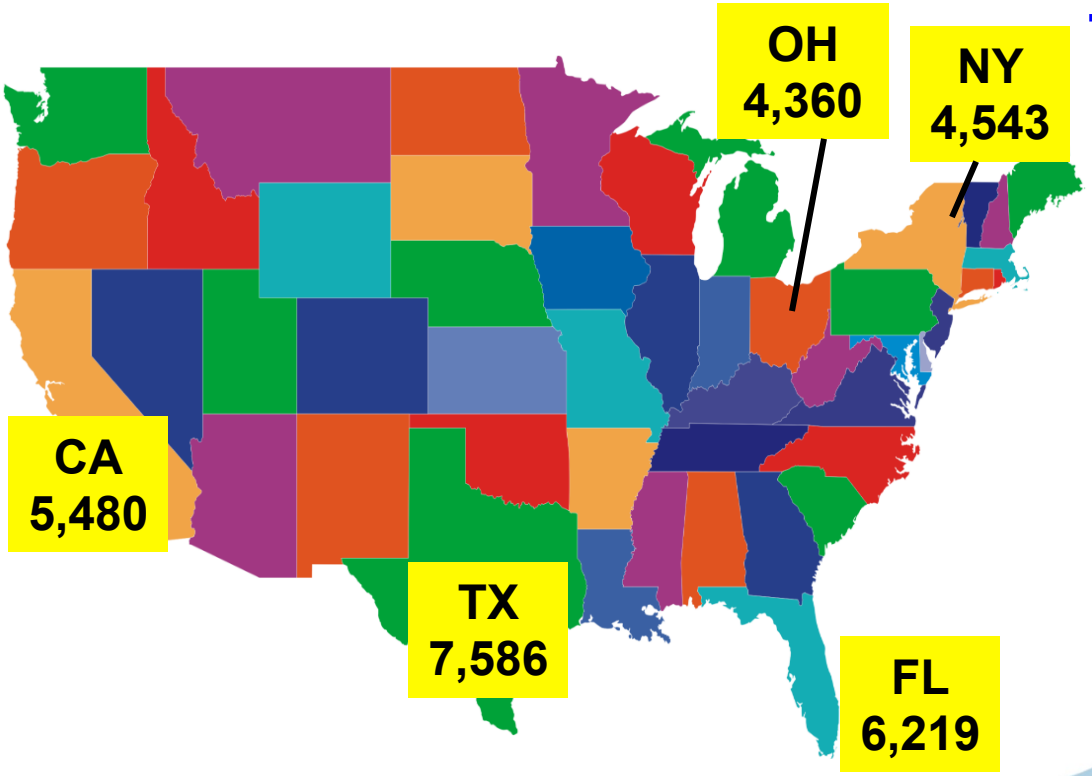
	High Option	Consumer Driven Option
Growth Rate New Members	4% 4,848	8% 3,225
Retention Rate Disenrollment	98% 1,627	97% 849
Net Growth Membership	3,221	2,376

Top Five States for New Enrollment

- Pennsylvania
  - 511
- Virginia
  - 599
- Missouri
  - 474
- California
  - 608
- Texas
  - 524



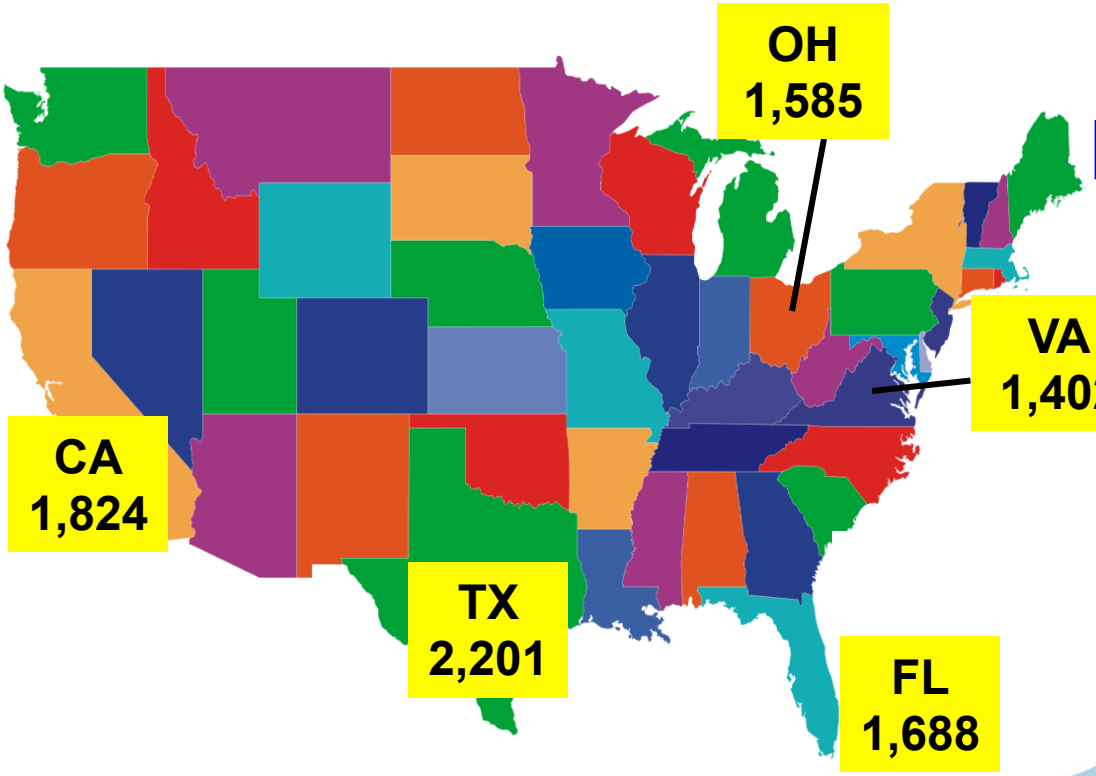
Top Health Plan Members: 220,000



Top Five States with Highest Enrollment – High Option

- California – 5,480
- Florida – 6,219
- Ohio – 4,360
- New York – 4,543
- Texas – 7,586

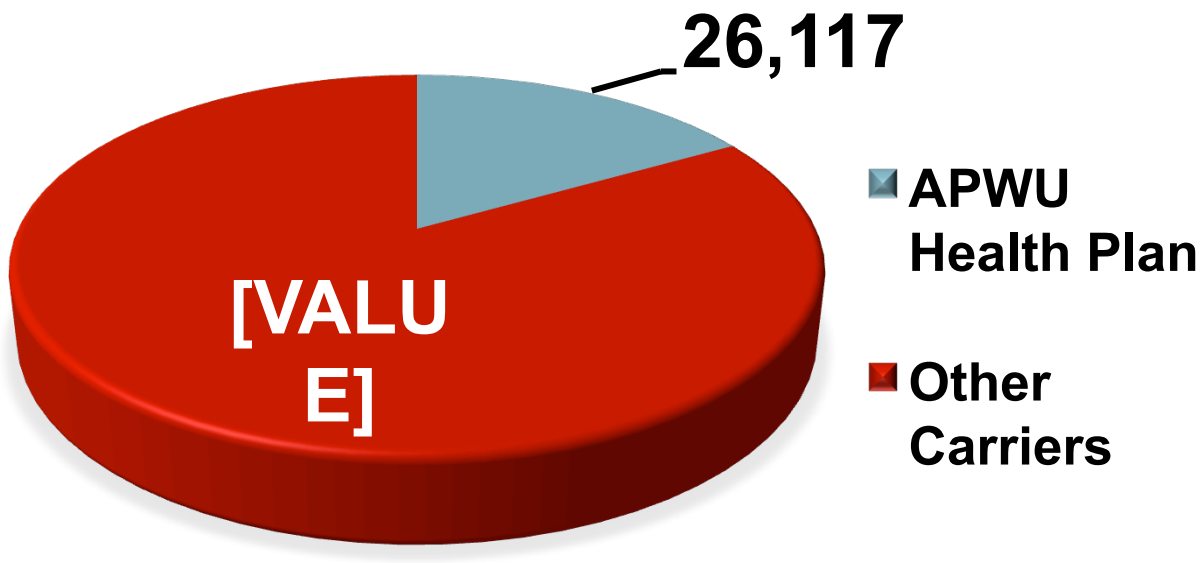
Top Health Plan Members: 220,000



Top Five States with Highest Enrollment – Consumer Driven Option

- California – 1,824
- Florida – 1,688
- Ohio – 1,585
- Texas – 2,201
- Virginia – 1,402

Union Members by Health Plan

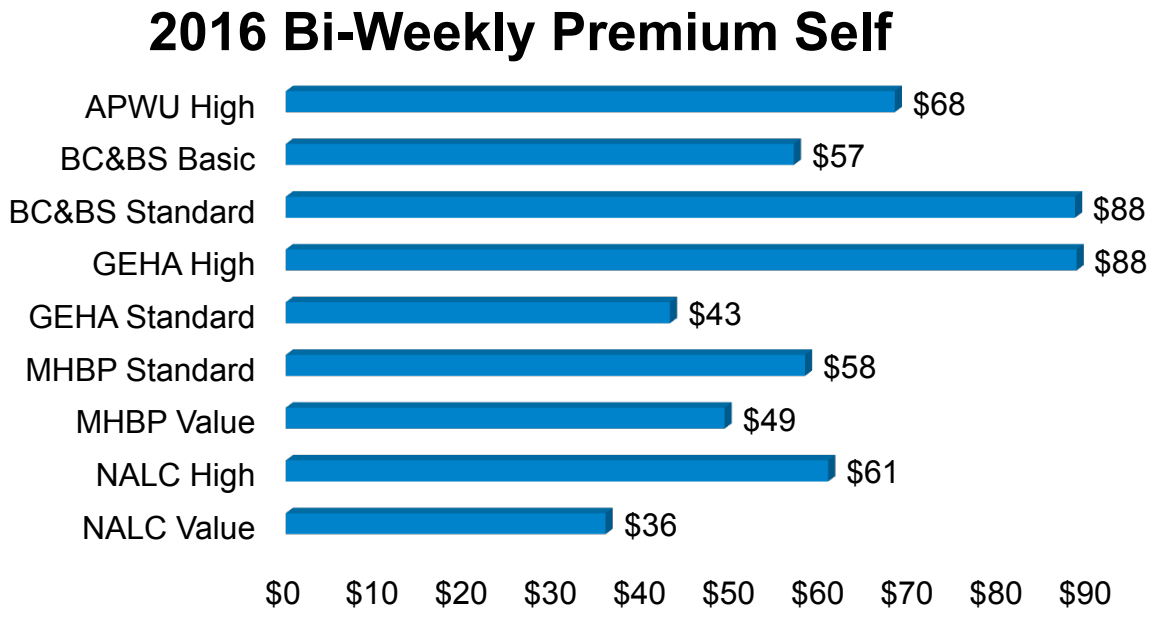


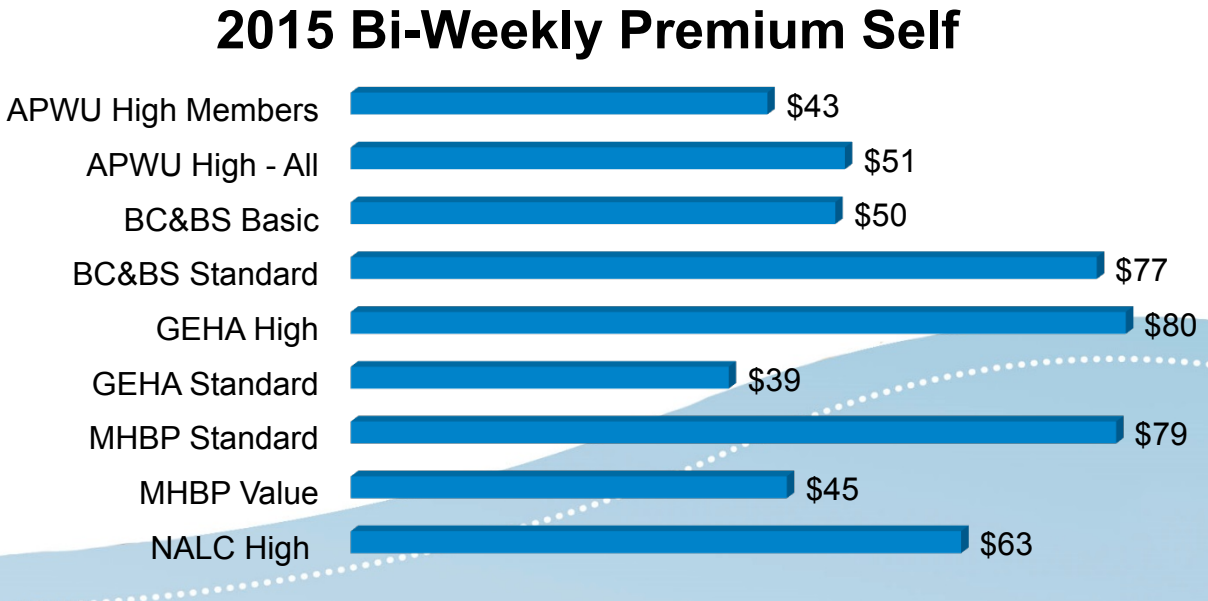
APWU members continue to select BCBS and HMO Plans

Top Competitors

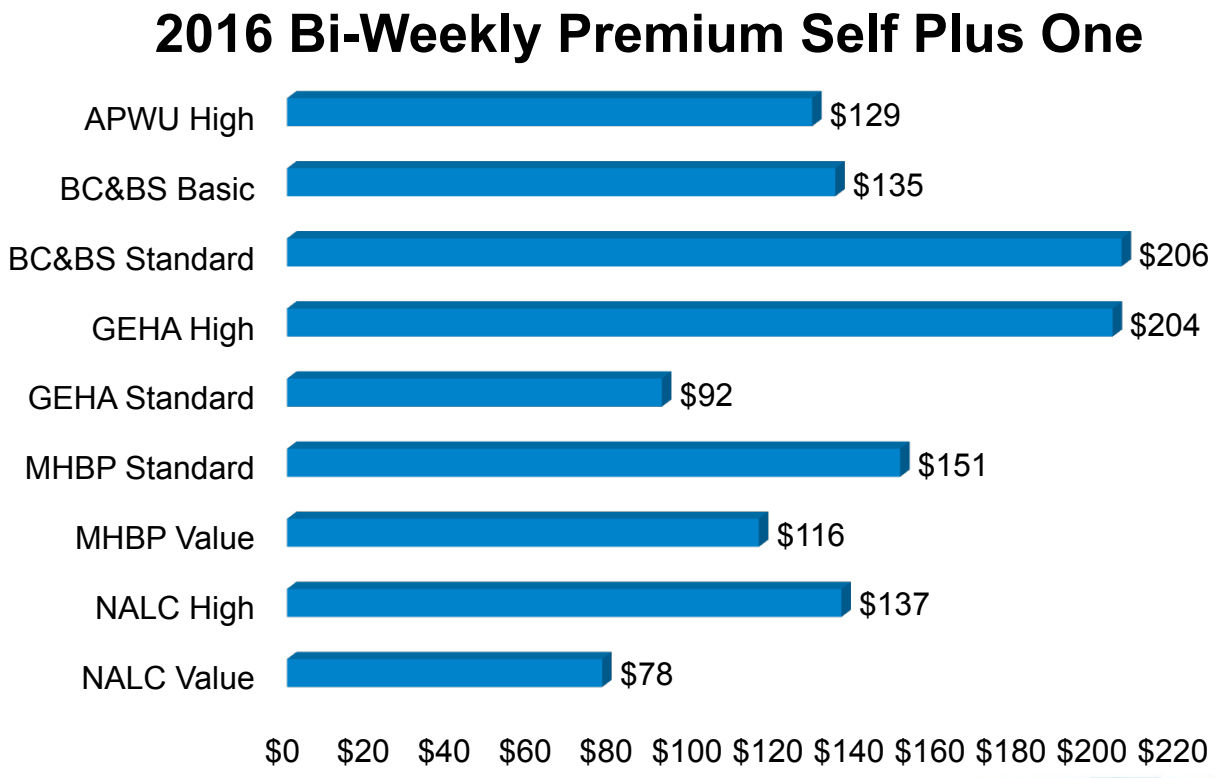
- Blue Cross/Blue Shield High
- Blue Cross/Blue Shield Standard
- GEHA High
- GEHA Standard

High Option Self- Postal



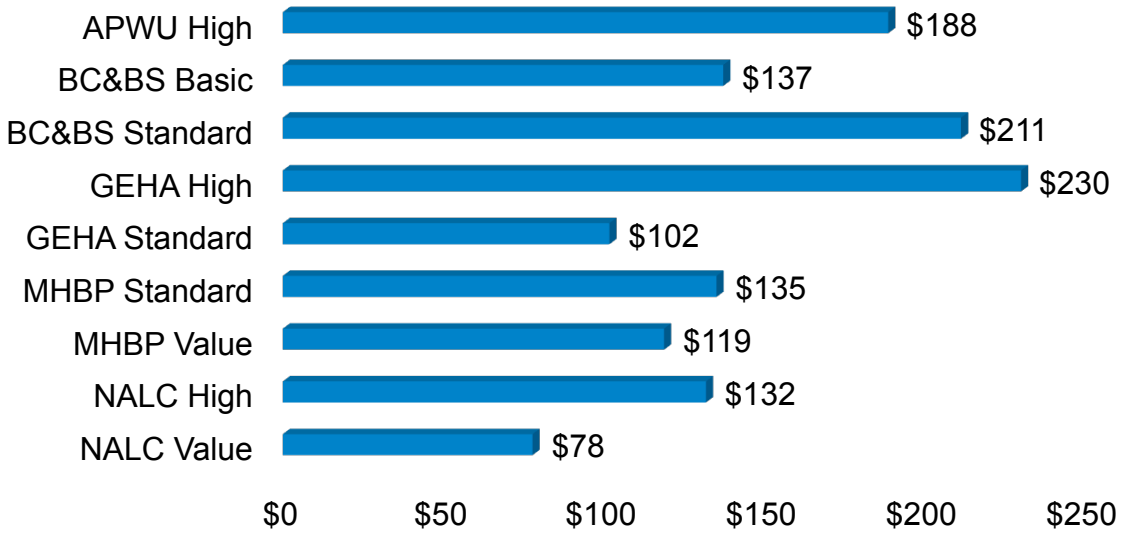


High Option Self Plus One - Postal

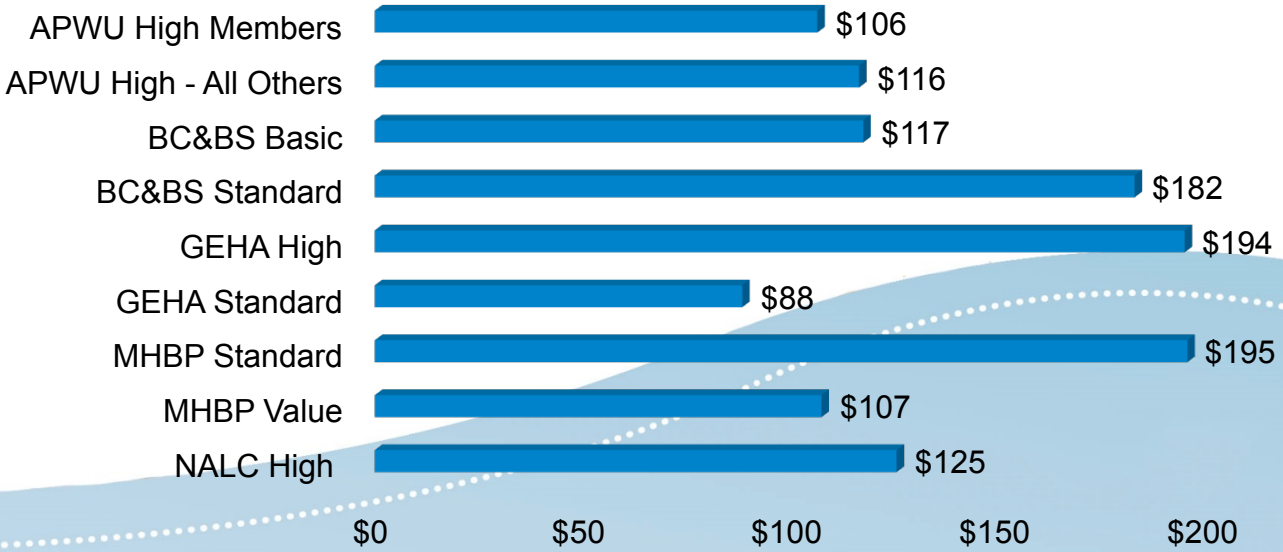


High Option Family - Postal

2016 Bi-Weekly Premium Family

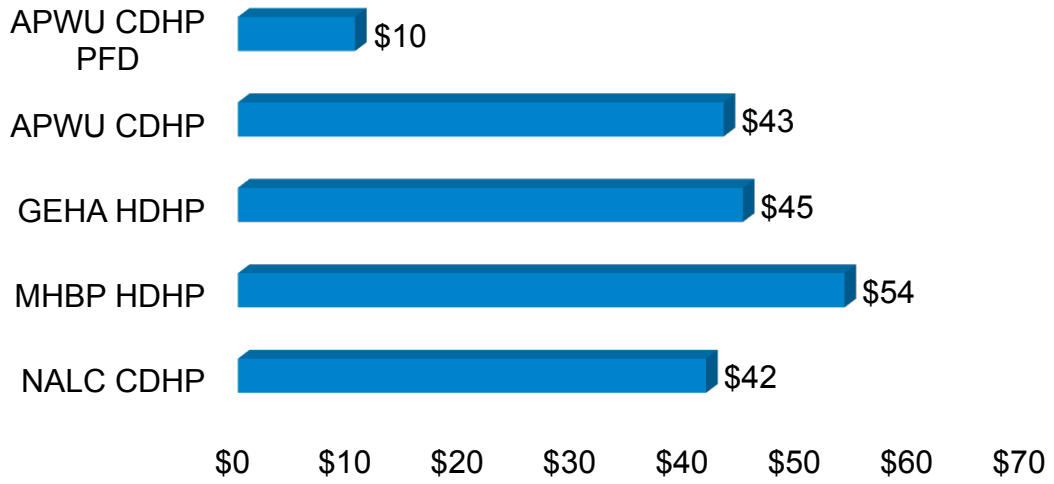


2015 Bi-Weekly Premium Family

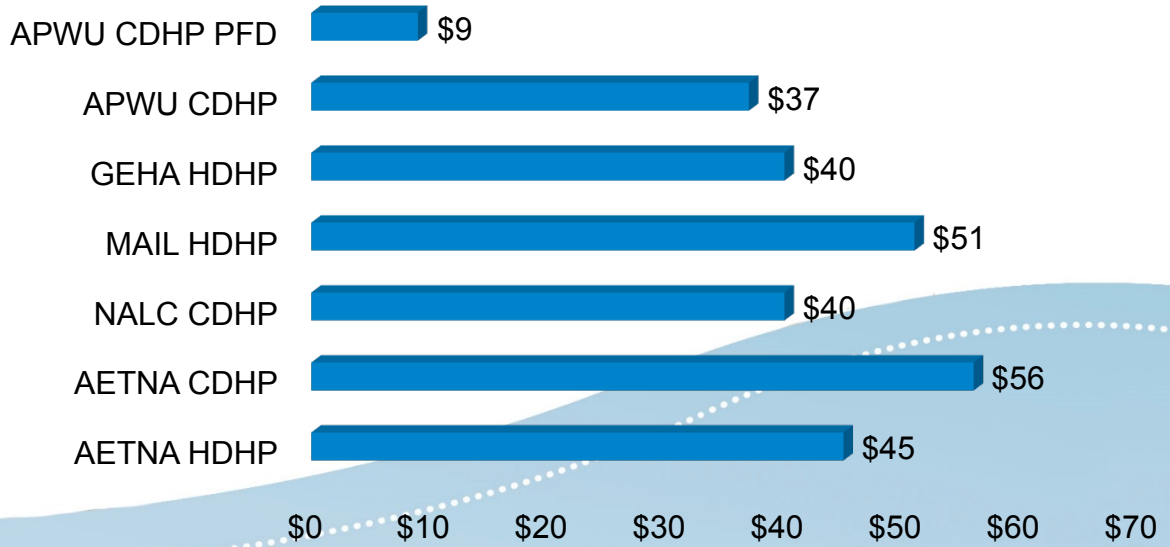


CDO Self - Postal

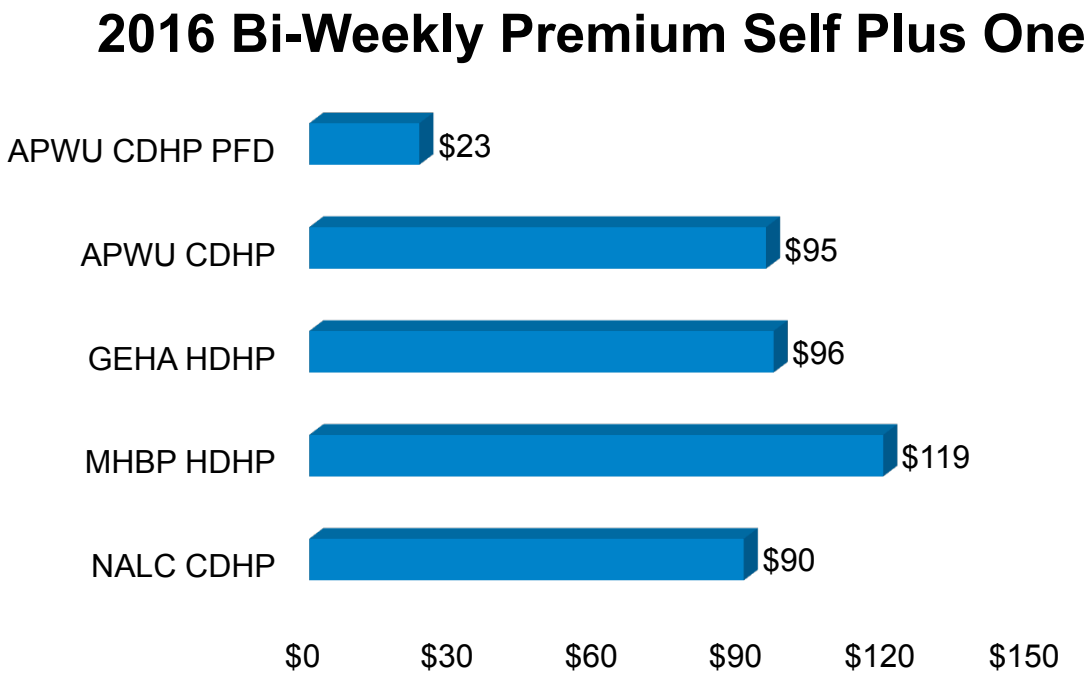
2016 Bi-Weekly Premium Self



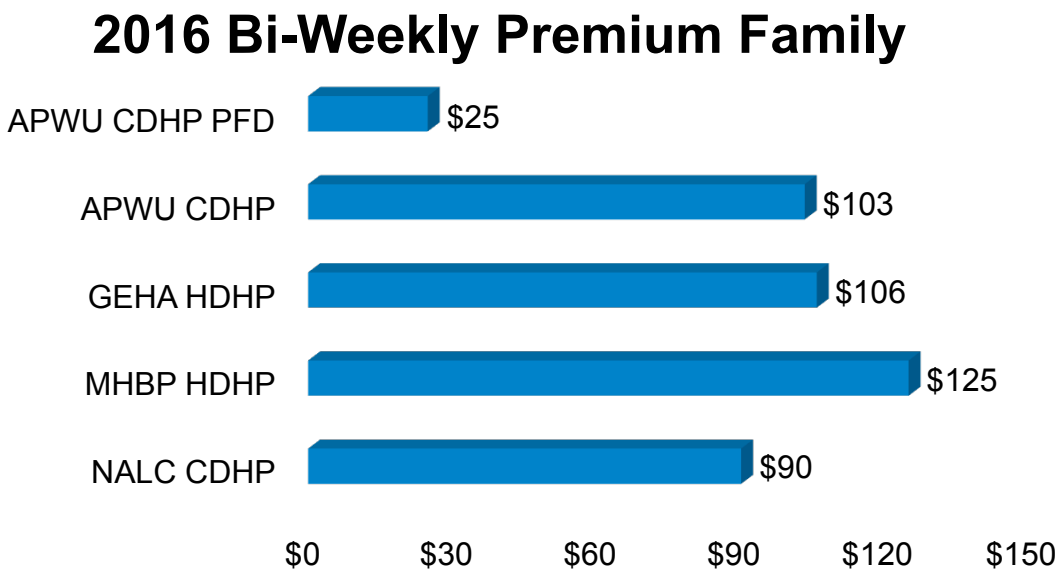
2015 Bi-Weekly Premium Self

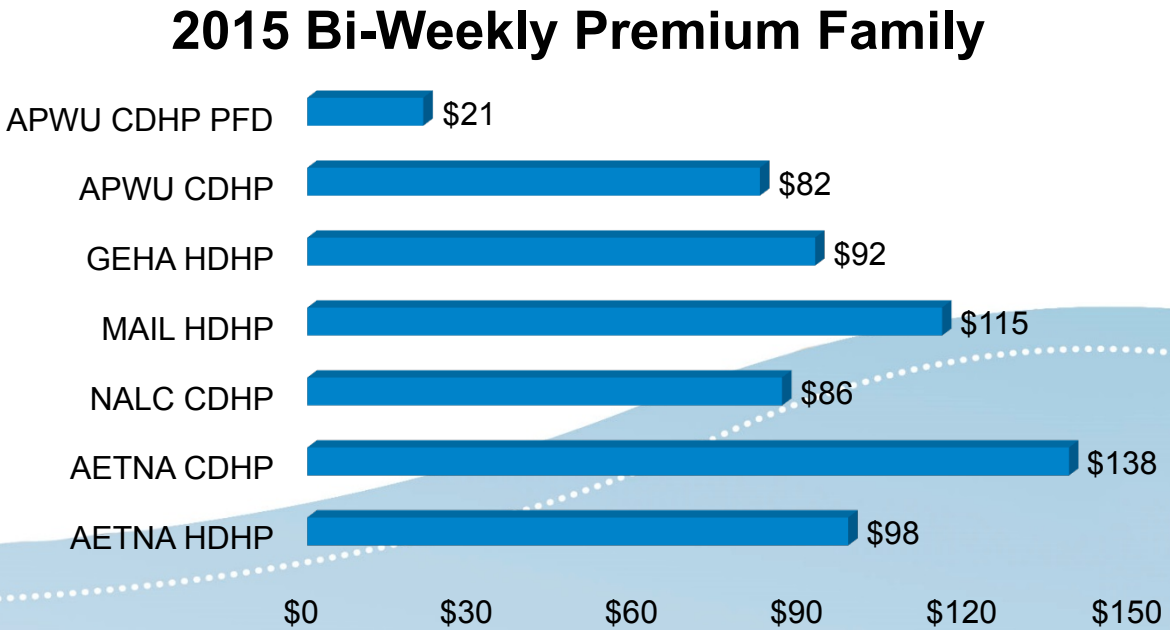


CDO
Self Plus One - Postal



CDO Family - Postal

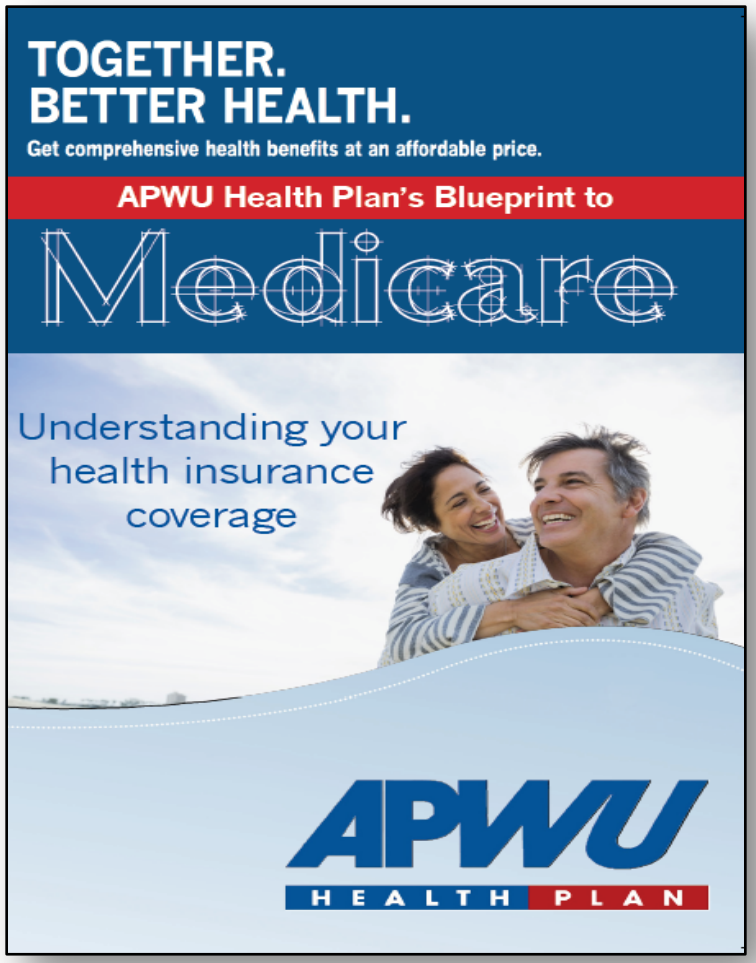




OPM Focus for 2016

- Self Plus One Implementation
- Gaps in Care
  - High Blood Pressure and Cardiac
  - Hospital Readmissions
  - Pregnancy
- Health Plan's Performance Graded On
  - HEDIS Measures
  - CAHPS

Coordination with Medicare



- Booklets
  - Website
  - Order a supply from the Health Plan

FEHB: Five Year Rule



Continuous Coverage

Entitled to same Benefits

What is Medicare?

- Federal Health Insurance Program
- Over 65 years of age
- With certain disabilities
- Who have end-stage renal failure (permanent kidney failure)
- Who have Lou Gehrig's disease

What is Not Covered by Medicare?

- ❑ Long-term care (also called custodial care)
- ☑ Routine dental care
- ❑ Dentures
- ❑ Cosmetic surgery
- ☑ Acupuncture
- ☑ Hearing Aids
- ☑ Exams for fitting hearing aids
- ☑ Hospital or medical services outside of the United States



✓**Covered by APWU Health Plan**

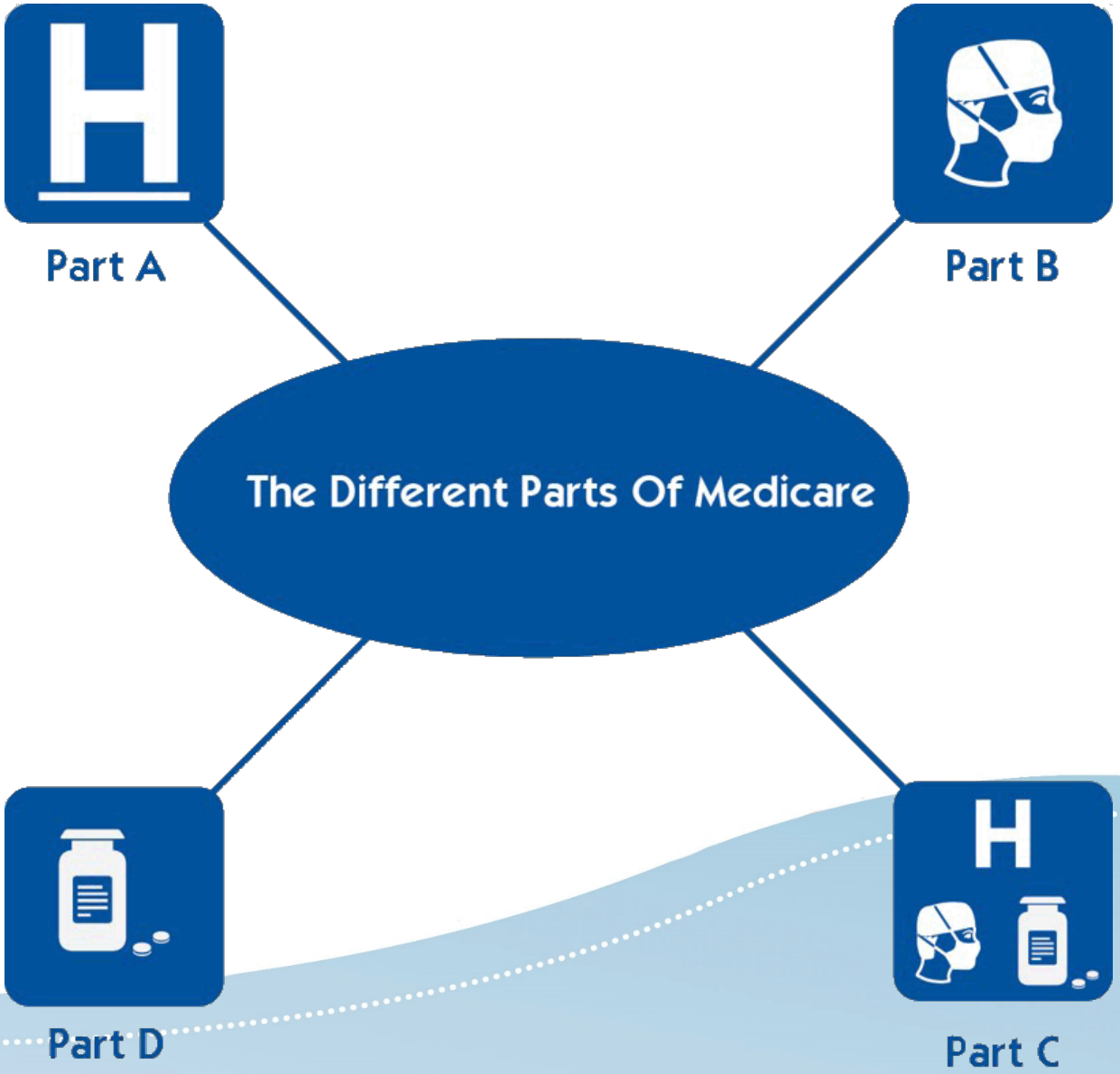
Health Plan Coordinates with Medicare
Primary Payer Chart

	Primary Payer is Medicare	Primary Payer is APWU Health Plan
Have APWU Health Plan and are working		X
Have APWU Health Plan and are retired	X	

Our Focus is to Push the High Option Plan

Waived Costs High Option with Part A and B	
Inpatient Hospital Services	Medical Services and Supplies Doctors and other Healthcare Providers
We Waive Deductible – PPO: $275 person/$550 family Non-PPO: $500 person/$1,000 family	***We Waive*** Deductible – PPO: $275 person/$550 family Non-PPO: $500 person/$1,000 family
Coinsurance - 10%/30%	Coinsurance - 10%/30% Copayment - $18

The Different Parts of Medicare



Medicare Part A



Medicare Part A (Hospital Insurance)

- Helps cover inpatient care in hospitals
- Helps cover skilled nursing facility, hospice, and home health care

- The original Medicare
- When you sign up for Medicare, you are automatically enrolled in Medicare Part A
- No premium
- May apply deductible, copayment or coinsurance

Health Plan Coordinates with Part A





- Hospital Services:
  - Members with Medicare Part A as primary insurance do no have to pre-certify hospital stays
  - Exception is stays must be precertified prior to the 60th day of confinement
- All stays at Veteran's Affairs or Department of Defense hospitals must be precertified

Medicare Part B



Medicare Part B (Medical Insurance)

- Helps cover doctors' and other health care providers' services, hospital outpatient care, durable medical equipment, and home health care
- Helps cover many preventive services to help maintain your health and to keep certain illnesses from getting worse

- You must sign up for Part B
- Monthly premium for Part B ($104.90) for most people
- The cost is deducted from your benefit payment (Social Security or Civil Service benefits), or you are billed for it
- 20% coinsurance after you pay an annual deductible
- If you don't sign up for Medicare Part B when you are first eligible, you may have to permanently pay a higher monthly premium

Health Plan Coordinates with Part B – High Option Members

- Medicare pays 80% for covered services after the Medicare deductible
- High Option pays the Part B deductible and the 20% coinsurance
- **Most expenses are paid at 100% with Part B and the High Option**

Health Plan Coordinates with Part B – Consumer Driven Option

- If benefit dollars are available in the Personal Care Account, Medicare deductible and coinsurance will be paid
- Health Plan premiums for the CDO are lower than the High Option
- Out-of-pocket costs will be higher

Coordination with Part B: Medicare Assignment

- Doctor Accepts Medicare's Assignment:
  - With both options, the provider will charge no more than the Medicare allowance
  - You do not need to worry about charges being over reasonable and customary allowances

Coordination with Part B: Medicare Assignment

- Doctor Does not Participate with Medicare:
  - If a doctor has “Opted Out” of Medicare, they cannot bill services to Medicare
  - Doctor may ask patients to sign a private contract for services covered by Medicare
  - You may be responsible for any or all costs not covered by APWU Health Plan

Coordination with Part B: Medicare Assignment



- Doctor Does not Participate with Medicare:
  - You may be required to pay for service
  - You can be charged more than the Medicare allowed amount
  - Federal law limits the amount a provider can charge

Coordination with Part B: Medicare Assignment *(continued)*



- Doctor Does not Participate with Medicare:
  - Doctors cannot charge more than 115% of Medicare allowance
    - Doctor charges $150
    - Medicare allowance $100
    - You cannot be charged more than $115 (115% of Medicare allowance)

Medicare Part C



Medicare Part C (also known as Medicare Advantage)

Offers health plan options run by Medicare-approved private insurance companies. Medicare Advantage Plans are a way to get the benefits and services covered under Part A and Part B. Most Medicare Advantage Plans cover Medicare prescription drug coverage (Part D). Some Medicare Advantage Plans may include extra benefits for an extra cost.

- Also known as Medicare Advantage Plan
- Private health plans that are Medicare approved
- Similar to HMOs and regional PPOs in some areas of the country
- **As a member of the APWU Health Plan there is no need to participate in Part C**

Medicare Part D



Medicare Part D (Medicare Prescription Drug Coverage)

- Helps cover the cost of prescription drugs
- May help lower your prescription drug costs and help protect against higher costs
- Run by Medicare-approved private insurance companies

- Medicare's prescription drug program
- Premium applies
- As a member of the APWU Health Plan there is no need to enroll in Part D
- **APWU Health Plan's prescription drug coverage is the same or more than Medicare D**
  - **Each October members are sent a letter explaining this**

Health Plan Coordinates with Medicare



- When you are covered by Medicare and APWU Health Plan, your claims are submitted directly to Medicare or APWU Health Plan and are then coordinated so you do not need to complete any paperwork
- If you are eligible for Medicare due to end-stage renal failure (kidney failure), APWU Health Plan is your primary health plan for 33 months, and then Medicare is primary

Medicare Limiting Charge

- Federal Employees Health Benefits (FEHB) health plans limit payments for retired members 65 and older who do not have Medicare:
  - Hospital Stays:
    - Hospital participates with Medicare: Payment is the same formula Medicare uses to price and pay hospital stays
    - The hospital cannot charge you more for covered services, deductibles, coinsurance or copayments
    - Any coinsurance is based on the Medicare equivalent amount, not actual charges

Medicare Limiting Charge

- Doctor's charges and other outpatient medical suppliers:
  - We base payment on Medicare Part B fee schedule or the doctor's actual charge, whichever is lower
  - The doctor has to accept the Plan's approved payment in full
  - Doctors may not charge for more than the deductible, coinsurance or copayments, and any non-covered charges

Financial Decisions

- Medicare Part A
  - If you can get Part A premium-free, we advise that you enroll
  - Can reduce your out-of-pocket expenses



Financial Decisions



- Medicare Part B
  - You are charged a premium for coverage
  - Social Security Administration provides premium cost information
  - When Medicare is primary APWU Health Plan High Option waives the deductible, coinsurance and copayment
  - Review and see if it makes sense for you to enroll

Financial Decisions

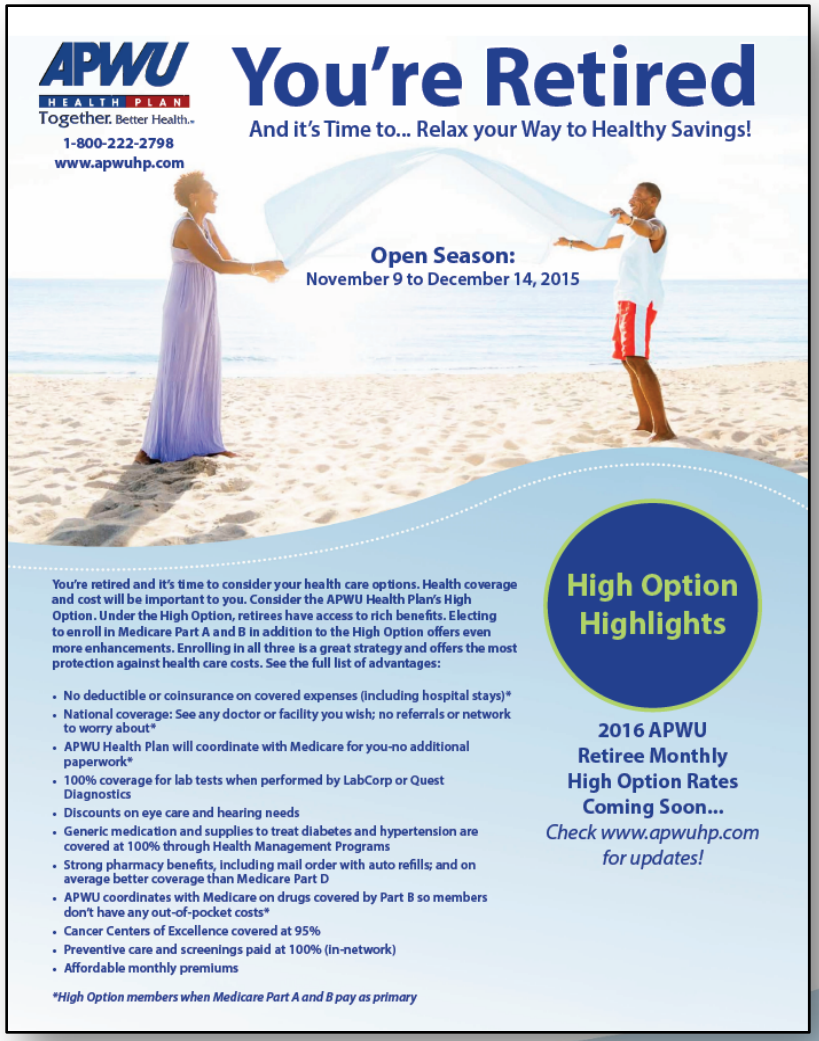
Part A	Part B
Premium - $0	Premium - $104.90*
APWU Health Plan High Option Waived Services	APWU Health Plan High Option Waived Services
Deductible – PPO: $275 person/$550 family Non-PPO: $500 person/$1,000 family	Deductible - PPO: $275 person/$550 family Non-PPO: $500 person/$1,000 family
Coinsurance – 10%/30%	Coinsurance - 10%/30%
	Copayment - $18
*Standard Part B Premium 2015	

Retiree Rates

YOU PAY	SELF ONLY 471	SELF PLUS ONE 473	SELF AND FAMILY 472
Non-Postal Monthly	$173.34	$335.98	$467.13

- Self Plus One enrollment is new this year
  - Many retirees will take advantage of this enrollment
  - Less than Self and Family enrollment
  - Action Required: You must change enrollment, you will *NOT* be auto-enrolled

Marketing APWU Health Plan

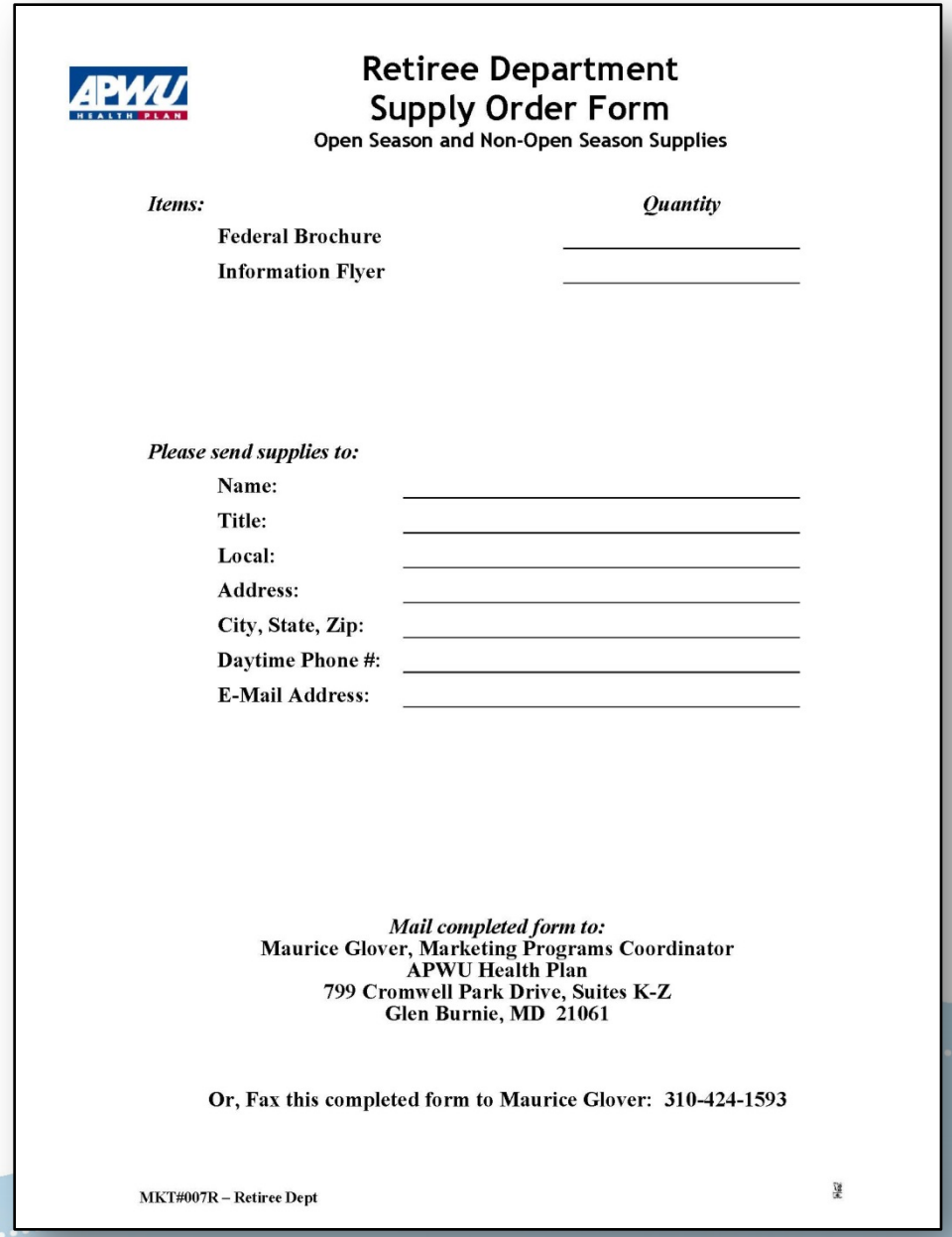


- NARFE Magazine Ads
- NARFE NewsWatch Ads

Proof points include:

- Push the High Option
- 2016 benefits
- Deductible and coinsurance is waived
- No out-of-network costs
- 100% coverage for Labs
- Cancer Centers of Excellence paid at 95%
- Health Management Programs

Requests for Marketing Materials



Retiree Department
Supply Order Form
Open Season and Non-Open Season Supplies

Items: *Quantity*

Federal Brochure _____

Information Flyer _____

Please send supplies to:

Name: _____

Title: _____

Local: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____

E-Mail Address: _____

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

Or, Fax this completed form to Maurice Glover: 310-424-1593

MKT#007R – Retiree Dept