MARKETING PLUS
BASIC AND REFRESHER

Presented by: Tina Cromartie



APWU HEALTH PLAN

TOGETHER.
BETTER HEALTH.®

32nd Annual Open Season Seminar

Today's Agenda
Marketing Materials - Book

- Premiums
- Health Plan Overviews
- Health Management Programs
- Marketing Materials

APWU HEALTH PLAN

TOGETHER.
BETTER HEALTH.®

2018 Premiums

Postal Rates: 2018 Brochure

2018 Rate Information for the APWU Health Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

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 United States Postal Service employees.

Postal Category 1 rates apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, NPMHU, NPPN and NRLCA.

Postal Category 2 rates apply to career bargaining unit employees who are represented by the following agreements: PPOA.

Non-Postal rates apply to all career non-bargaining unit Postal Service employees.

For further assistance, Postal Service employees should call:

Human Resources Shared Service Center: 877-477-3273, Option 5, TTY: 866-260-7507

Postal rates do not apply to non-career Postal employees, Postal retirees, or associate members of any Postal employee organization who are not career Postal employees.

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution 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	$229.25	$93.04	$496.71	$201.59	$86.67	$80.31	$86.67
High Option Self Plus One	473	$491.00	$185.79	$1,063.83	$402.55	$172.15	$158.51	$172.15
High Option Self and Family	472	$521.58	$251.90	$1,130.09	$545.78	$237.41	$222.92	$237.41
CDHP Option Self Only	474	$191.92	$63.97	$415.82	$138.61	$58.21	$53.10	$12.79
CDHP Option Self Plus One	476	$422.21	$140.74	$914.80	$304.93	$128.07	$116.81	$28.15
CDHP Option Self and Family	475	$460.59	$153.53	$997.94	$332.65	$139.71	$127.43	$41.83

Premiums: Opm.gov

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Nationwide APWU Health Plan											
High Self	471	315.96	322.29	229.25	93.04	-1.25	684.58	698.30	496.71	201.59	-2.70
High Self & Family	472	758.32	773.48	521.58	251.90	-1.20	1,643.03	1,675.87	1,130.09	545.78	-2.61
High Self Plus One	473	663.52	676.79	491.00	185.79	-1.94	1,437.63	1,466.38	1,063.83	402.55	-4.20
CDHP Self	474	247.24	255.89	191.92	63.97	2.16	535.69	554.43	415.82	138.61	4.69
CDHP Self & Family	475	593.35	614.12	460.59	153.53	5.19	1,285.59	1,330.59	997.94	332.65	11.25
CDHP Self Plus One	476	543.91	562.95	422.21	140.74	4.76	1,178.47	1,219.73	914.80	304.93	10.31
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	327.66	342.41	229.25	113.16	7.17	709.93	741.89	496.71	245.18	15.54
Standard Self & Family	105	759.45	793.53	521.58	271.95	17.72	1,645.48	1,719.32	1,130.09	589.23	38.39
Standard Self Plus One	106	716.56	748.81	491.00	257.81	17.04	1,552.55	1,622.42	1,063.83	558.59	36.92
Nationwide Blue Cross and Blue Shield Service Benefit Plan											
Basic Self	111	284.90	294.90	221.18	73.72	2.50	617.28	638.95	479.21	159.74	5.42
Basic Self & Family	112	678.81	702.56	521.58	180.98	7.39	1,470.76	1,522.21	1,130.09	392.12	16.00
Basic Self Plus One	113	640.43	662.84	491.00	171.84	7.20	1,387.60	1,436.15	1,063.83	372.32	15.60

Premiums: Opm.gov

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Fee-for-Service Plans (FFS)		2017 Total Biweekly Premium	2018 Biweekly premium rates				2017 Total Monthly Premium	2018 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Nationwide GEHA												
High Self	311	323.13	332.82	229.25	103.57	2.11	700.12	721.11	496.71	224.40	4.57	
High Self & Family	312	767.79	790.83	521.58	269.25	6.68	1,663.55	1,713.47	1,130.09	583.38	14.47	
High Self Plus One	313	710.88	732.21	491.00	241.21	6.12	1,540.24	1,586.46	1,063.83	522.63	13.27	
Standard Self	314	215.45	219.75	164.81	54.94	1.08	466.81	476.13	357.10	119.03	2.33	
Standard Self & Family	315	509.51	519.70	389.78	129.92	2.54	1,103.94	1,126.02	844.52	281.50	5.52	
Standard Self Plus One	316	463.21	472.47	354.35	118.12	2.32	1,003.62	1,023.69	767.77	255.92	5.02	
Nationwide GEHA												
HDHP Self	341	226.81	231.35	173.51	57.84	1.14	491.42	501.26	375.95	125.31	2.46	
HDHP Self & Family	342	536.39	547.12	410.34	136.78	2.68	1,162.18	1,185.43	889.07	296.36	5.82	
HDHP Self Plus One	343	487.65	497.40	373.05	124.35	2.44	1,056.58	1,077.70	808.28	269.42	5.28	

Premiums: Opm.gov

Postal Premium Rates for the Federal Employees Healt							
Fee-for-Service Plans (FFS)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide APWU Health Plan						
High Self	471	315.96	322.29	235.62	86.67	1.61
High Self & Family	472	758.32	773.48	536.07	237.41	5.37
High Self Plus One	473	663.52	676.79	504.64	172.15	4.25
CDHP Self	474	247.24	255.89	197.68	58.21	4.44
CDHP Self & Family	475	593.35	614.12	474.41	139.71	10.66
CDHP Self Plus One	476	543.91	562.95	434.88	128.07	9.77
Nationwide Blue Cross and Blue Shield Service Benefit Plan						
Standard Self	104	327.66	342.41	235.62	106.79	10.03
Standard Self & Family	105	759.45	793.53	536.07	257.46	24.29
Standard Self Plus One	106	716.56	748.81	504.64	244.17	23.23
Nationwide Blue Cross and Blue Shield Service Benefit Plan						
Basic Self	111	284.90	294.90	227.81	67.09	5.12
Basic Self & Family	112	678.81	702.56	536.07	166.49	13.96
Basic Self Plus One	113	640.43	662.84	504.64	158.20	13.39

Premiums: Opm.gov

Postal Premium Rates for the Federal Employees Healt						
Fee-for-Service Plans (FFS)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide GEHA						
High Self	311	323.13	332.82	235.62	97.20	4.97
High Self & Family	312	767.79	790.83	536.07	254.76	13.25
High Self Plus One	313	710.88	732.21	504.64	227.57	12.31
Standard Self	314	215.45	219.75	169.76	49.99	3.13
Standard Self & Family	315	509.51	519.70	401.47	118.23	7.41
Standard Self Plus One	316	463.21	472.47	364.98	107.49	6.74
Nationwide GEHA						
HDHP Self	341	226.81	231.35	178.72	52.63	3.30
HDHP Self & Family	342	536.39	547.12	422.65	124.47	7.81
HDHP Self Plus One	343	487.65	497.40	384.24	113.16	7.10

Member Calendar - HO

Preventive service covered at 100% (in-network)

Copay $25 primary or specialist

Annual Deductible (In-network)
$350 Self Only
$700 Self Plus One and Self and Family

Cost Sharing: Coinsurance
In-network - 10%

Annual Out-of-pocket Maximum (In-network)
$5,500 Self Only
$9,000 Self Plus One and Self and Family

3D Mammo's are now covered

Member Calendar - CDO

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

$800 Self Only

$1,600 Family

Cost Sharing: Coinsurance

In-network – 15%

Prescription Drugs – 25%

3D Mammo's are now covered

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

$5,000 Self Only

$10,000 Self Plus One and Self and Family

APWU HEALTH PLAN

TOGETHER.
BETTER HEALTH.®

HEALTH MANAGEMENT PROGRAMS

Diabetes Management Program Benefit Reductions: HO

Continue to cover at 100% ($0 copay):

- Generic drugs
- Blood glucose test strips
- Lancets
- Coaching calls

No longer included in 100% incentive:

- Medical visits
- Labs (other than Lab Corp and Quest)
- Insulin, pump and supplies
- Syringes
- Pen needles

Diabetes Management Program Eliminated

- High Option: Hypertension Management Program
- Consumer Driven Option: Diabetes Management Program
  - Coaching is still available under the Disease Management Programs

How to Mediate New Expenses

- Use generic and preferred drugs when possible
- Continue coaching calls
- Increase your FSA (pre-tax benefit)
- CDO: Take advantage of PCA
- HO: Continue to use Lab Corp and Quest
- HO: Weight Management Program

APWU HEALTH PLAN

TOGETHER.
BETTER HEALTH.®

MARKETING MATERIALS

Postal Flyer



Postal Flyer *(Pgs. 2-3)*

A benefit plan focused on you and your famly.

For more than 50 years, APWU Health Plan has served postal employees and retirees with diligence and compassion. As an APWU Health Plan member, you can rely on:

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 within 24 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to registered dietician/nutritionist
- Diabetes management: Generic medication, glucose test strips, lancets and coaching calls
- Weight management, pregnancy and tobacco cessation programs

CONSUMER DRIVEN OPTION

100% covered services

- A Personal Care Account (PCA), which is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. 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 Program

Premiums for the 2018 plan year.

COMPREHENSIVE BENEFITS AT AN AFFORDABLE PRICE.

2018 Health Plan Premiums

				Postal Biweekly			
	Enrollment code	Non-Postal biweekly You pay	Non-Postal monthly You pay	Category 1 You pay	Category 2 You pay	APWU career You pay	APWU career rate change*
HIGH OPTION Self Only	471	$93.04	$201.59	$86.67	$80.31	$86.67	+ $1.61
Self Plus One	473	$185.79	$402.55	$172.15	$158.51	$172.15	+ $4.25
Self and Family	472	$251.90	$545.78	$237.41	$222.92	$237.41	+ $5.37
CONSUMER DRIVEN OPTION Self Only	474	$63.97	$138.61	$58.21	$53.10	$12.79	+ $0.43
Self Plus One	476	$140.74	$304.93	$128.07	$116.81	$28.15	+ $0.95
Self and Family	475	$153.53	$332.65	$139.71	$127.43	$41.83	+ $2.82

Postal Category 1 rates apply to career bargaining unit employees who are represented by IT/AS, NALC, NPMHU, NPPN, NRLCA and to APWU career employees with less than one year in FEHB.
Postal Category 2 rates apply to career bargaining unit employees who are represented by PPOA.
Non-Postal rates apply to all career non-bargaining unit Postal Service employees and to APWU non-career (PSE) employees.
*Rate change is the premium increase members will pay in 2018 over 2017.

Enroll now!

If you are already a member of the APWU Health Plan, you do not need to do anything. You will remain a member automatically.**

Active Postal Service employees
Call PostalEASE at 877-477-3273, option 5
OR
Visit www.liteblue.usps.gov

Make sure you have your Employee Identification Number and USPS PIN number handy.

**Moving to Self Plus One will require you to change your enrollment.

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

Retiree contact information
OPM Retirement Information Center
www.opm.gov/retirement-services
Phone: 888-767-6738
Email: retire@opm.gov

If you are close to retirement

The APWU Health Plan is a great option for retirees. To learn more, get your copy of APWU Health Plan's Blueprint to Medicare at: www.apwuhp.com

Postal Flyer *(Pgs. 4-5)*

Two smart plans to consider.

Choose the plan with the coverage and premiums that meet your needs.

HIGH OPTION

With low copays, low deductibles and a vast network of providers, this is a premier plan in the Federal Employee Health Benefits Program.

Cigna

The High Option features the Cigna Healthcare provider network.

	IN-NETWORK YOU PAY	OUT OF NETWORK YOU PAY
Calendar year deductible Self Only Self Plus One Self and Family	$350* $700* $700*	$500* $1,000* $1,000*
Annual out-of-pocket maximum Both medical and prescription drugs	$5,500 Self Only $9,000 Self Plus One and Self Plus Family	$10,000 Self Only $15,000 Self Plus One and Self Plus Family
Medical visits Office, specialist and virtual visits	$25 copay**	30% of allowance***
Preventive care Well-child care Childhood immunizations Annual adult routine exams Adult immunizations Preventive screenings	$0 $0 $0 $0 $0	Difference between allowance and billed amount Difference between allowance and billed amount 30% of allowance*** 30% of allowance*** 30% of allowance***
Dental care Routine dental	30% of allowance**	30% of allowance**
Maternity Physician and hospital care	$0	30% of allowance***
Hospital/facility care Diagnostic tests or imaging Outpatient surgery Inpatient Surgical Cancer Centers of Excellence	10% ($0 for covered blood work performed at LabCorp and Quest Diagnostics) 10% 10% 10% 5%	30% of allowance*** 30% of allowance*** 30% of allowance** ($300 per admission) 30% of allowance*** N/A
Emergency care Accidental injury (within 24 hours) Urgent care Emergency room Ambulance	$0 $40 copay** 10% 10%**	Difference between allowance and billed amount $40 copay** 10% of allowance*** 30% of allowance***
Retail prescription drugs – 30-day supply (non-specialty) Generic Preferred brand name Non-preferred brand name	$10** 25%, max. $200 per RX** 45%, max. $300 per RX**	50%, $10 minimum coinsurance**
Mail order prescription drugs – 90-day supply (non-specialty) Generic Preferred brand name Non-preferred brand name	$20** 25%, max. $300 per RX** 45%, max. $500 per RX**	N/A
Hearing services Diagnostic hearing tests Hearing aids	10% every 2 years All charges in excess of $1,500** (every 3 years)	30% of allowance** All charges in excess of $1,500** (every 3 years)
Alternative care Chiropractic care Acupuncture	$25 copay** (12 visits annually) $25 copay** (26 visits annually)	30% of allowance*** 30% of allowance***
Mental health/substance abuse Office visit Outpatient treatment Diagnostics, inpatient and outpatient service	$25 copay** 10% 10%	30% of allowance*** 30% of allowance*** 30% 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

This is a different model of health care that, when used properly, can save money. With the broad national network of UnitedHealthcare, this option is an excellent alternative to traditional plans.

UnitedHealthcare

The Consumer Driven Option is administered by UnitedHealthcare.

OVERALL PLAN FEATURES		
Personal Care Account (PCA) The PCA is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. Self Only Self Plus One Self Plus 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 When the PCA is exhausted, you must meet a deductible. Self Only Self Plus One Self Plus Family	 $800* $1,600* $1,600*	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 and Self and Family	 $5,000 In-network; $10,200 out of network**** $10,000 In-network; $13,700 out of network****	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	40% of allowance**
Maternity Complete maternity care, including prenatal, delivery, post-natal and initial exam of newborn covered under family enrollment.	$0 – No PCA used	40% of allowance***
Hospital/facility care Diagnostic tests or imaging Outpatient surgery Inpatient Cancer Centers of Excellence	15% 15% 15% 10%	40% of allowance*** 40% of allowance*** 40% of allowance*** N/A
Emergency care Accidental injury Urgent care Emergency room Ambulance	15% 15% 15% 15%	15%** 15%** 15%** 15%**
Retail prescription drugs – 30-day supply Generic Preferred brand name Non-preferred brand name	25%, max. $200 per RX 25%, max. $200 per RX 40%, max. $200 per RX	All charges
Mail order prescription drugs – up to 90-day supply Generic Preferred brand name Non-preferred brand name	25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply 25%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply 40%, max. $400 per RX for 60-day supply, max. $600 for 90-day supply	N/A
Hearing services Diagnostic hearing tests Hearing aid	15% every 2 years All charges in excess of $1,500 (every 3 years)	40% of allowance** All charges in excess of $1,500 (every 3 years)
Mental health/substance abuse Office visit Outpatient treatment Diagnostics, inpatient and outpatient services	15% 15% 15%	40% of allowance*** 40% of allowance*** 40% of allowance***

APWU HEALTH PLAN

Postal Flyer *(Pgs. 6-7)*

Dental, vision and hearing benefits add up to even more.

Smile, routine dental care is covered.

Office visits, exams, cleanings, X-rays, fluoride treatment, fillings and simple extractions

HIGH OPTION YOU PAY
30% of the plan allowance

CONSUMER DRIVEN OPTION
Pay for your dental 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 $400/$800 limits apply to dental and vision combined.

Get ready for savings on glasses.

Eyeglasses and frames

HIGH OPTION
Access to the Healthy Rewards program, which offers savings on glasses and frames.

CONSUMER DRIVEN OPTION
Pay for your vision needs 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.

And there's good news for your ears.

Diagnostic hearing tests every 2 years

HIGH OPTION YOU PAY
10% of the plan allowance;
30% of the plan allowance out of network

CONSUMER DRIVEN OPTION
15% of the plan allowance in network;
40% of the plan allowance out of network

Hearing aid every 3 years

HIGH OPTION YOU PAY
All charges in excess of $1,500, no deductible applied

CONSUMER DRIVEN OPTION
All charges in excess of $1,500

Benefit extras come standard with your plan.

Take advantage of all of the benefit extras that come with your membership in the APWU health plan.

Personal Health Record
This helpful online tool automatically transfers medical information from your claims and organizes it in a single secure location you can share with your healthcare professionals.

Online Claims and Records
View your claims, year-to-date information, detailed medication history and more, with easy online tools.

Nurse Advisory Line
Our professionals are here to help 24/7 with answers to your health questions and when to seek care.

Health Risk Assessment
Complete a Health Risk Assessment (HRA) for added savings. High Option members receive an extra dental discount for completing an HRA. Consumer Driven Option members earn $50 added to your Personal Care Account per member, spouse and each covered dependent age 18 or older.

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

Treatment Cost Estimator
Estimate the costs of treatment ahead of time for the most common medical conditions, test and procedures.

Online Health Library
Look up conditions, wellness and lifestyle facts so you can empower yourself and make educated decisions in partnership with your doctor.

HIGH OPTION

Healthy Rewards
Get savings on gym memberships, tobacco cessation, weight reduction programs, glasses and frames, alternative medicine, vitamins, dental care and more.

CONSUMER DRIVEN OPTION

Health with Rally®
Complete a Health Risk Assessment, and receive personalized recommendations to help you move more, eat better and feel great.



And, Health Management Programs at no extra cost.

Through our health management programs, our members enjoy life-altering benefits to get them on the path to better health. The best news? Depending on your plan choice, there is no added cost to you for these benefits as an APWU Health Plan member.

You pay nothing for the following services:

Diabetes ●
- Generic drugs*
- Blood glucose test strips*
- Lancets*
- Coaching calls

*Purchase through mail order

Pregnancy ●●
- Intake with a maternity specialist who will do an in-depth assessment to identify your needs
- Education during your pregnancy about healthy weight, delivery options, birthing class and maternity benefits
- Support in the weeks following your baby's birth

Weight ●
- Visits with an in-network registered dietician/nutritionist
- Initial assessment by phone with a health advocate
- Workbook and toolkit to keep you on track
- Progress calls with your personal wellness coach
- Decreased risk of chronic diseases, such as heart disease, stroke, high blood pressure and diabetes

Tobacco Cessation ●●
- Counseling by telephone, group therapy sessions or educational sessions with a doctor
- Prescription drugs by mail order approved by the FDA to treat tobacco dependence
- Over-the-counter drugs approved by the FDA to treat tobacco dependence

AVAILABLE IN
● High Option Plan
800-582-1314
● Consumer Driven Option Plan
800-718-1299

★ Interested?

To be eligible for these programs and pay nothing, plan members must enroll and then comply with the requirements of the program.

Your benefits go even beyond the FEHB program.

We have negotiated even more services you can take advantage of as an APWU Health Plan member. These are not part of the FEHB program, but are value-added benefits for our members.

Conversion Plan Health Insurance
When coverage as an employee or family member ends with any plan in the Federal Employee Health Benefits Program, or when Temporary Continuation of Coverage ends (except by cancellation or non-payment of premium), you may be eligible to convert to the APWU Health Plan Conversion Plan.
Call 800-222-2798
Or visit www.apwuhp.com/conversion

American Hearing Benefits
Supplement the benefits of your APWU Health Plan coverage with no additional premium and get free hearing consultation and a discount on hearing aid devices.
Call 888-863-7222
Or visit www.americanhearingbenefits.com

The Voluntary Benefits Dental Plan
Supplement your APWU Health Plan Dental Benefits for an added discounted premium. When you enroll in the Voluntary Benefits Dental Plan as an APWU Health Plan member, you will receive a 7.5% premium reduction off the plan's rates.
Call 800-422-4492
Or visit www.VoluntaryBenefitsPlan.com

APW-ABA (American Postal Workers Accidental Benefits Association)
The APW-ABA has joined with Unum, Sun Life and USI-Affinity to offer even more benefits to APWU members, associate members, retirees and spouses. Take advantage of APW-ABA's Value, Advantage or Plus programs, as well as affordable permanent whole life insurance and expanded accident insurance.
Call 800-426-2890
Or visit www.apw-aba.org

Postal Flyer

(Back Pg. 8)

Enroll now!

If you work for the USPS, these plan options are tailored to you and your family's needs.

TOGETHER. BETTER HEALTH.
We have proudly served postal workers with comprehensive coverage at a great price for more than 50 years. Come join the plan that works for you!

Mark Dimondstein
APWU President

John L. Marcotte
APWU Health Plan Director

All Postal Service employees in non-APWU bargaining units will automatically become associate members of the APWU upon enrollment. You will be billed associate membership dues of $35 per year – the smartest $35 you'll ever spend!

Contact us

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

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

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

Questions?

For help in making your decisions, call 800-222-2798.
For more details on APWU Health Plan and to download our Plan 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 apwuhp.com or by calling 800-222-2798.



APWU HEALTH PLAN

Federal Flyer



Federal Flyer *(Pgs. 2-3)*

A benefit plan focused on you and your famly.

For more than 50 years, APWU Health Plan has served federal employees and retirees with diligence and compassion. As an APWU Health Plan member, you can rely on:

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 within 24 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to registered dietician/nutritionist
- Diabetes management: Generic medication, glucose test strips, lancets and coaching calls
- Weight management, pregnancy and tobacco cessation programs

CONSUMER DRIVEN OPTION

100% covered services

- A Personal Care Account (PCA), which is funded by the Health Plan each January and is used by the member for covered medical services. Until the PCA is exhausted, the member is covered at 100%. 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

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.

Premiums for the 2018 plan year.

COMPREHENSIVE BENEFITS AT AN AFFORDABLE PRICE.

	Federal		
	Enrollment code	Biweekly You pay	Monthly (retiree) You pay
High Option Self Only	471	$93.04	$201.59
High Option Self Plus One	473	$185.79	$402.55
High Option Self and Family	472	$251.90	$545.78
CDHP Option Self Only	474	$63.97	$138.61
CDHP Option Self Plus One	476	$140.74	$304.93
CDHP Option Self and Family	475	$153.53	$332.65

2018 Health Plan Premiums

Ready to enroll?

If you are already a member of the APWU Health Plan, you do not need to do anything. You will remain a member automatically.*

Enter the APWU Health Plan enrollment code on the FEHB Health Benefits Election Form (SF2809), which is available:

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

Electronic and telephonic enrollment is available in some agencies and for most annuitants.

*Moving to Self Plus One will require you to change your enrollment.

Retiree contact information

OPM Retirement Information Center

www.opm.gov/retirement-services

Phone: 888-767-6738
Email: retire@opm.gov

Federal Flyer

(Back Page)

Enroll today!

These plan options are tailored to you and your family's needs.

TOGETHER. BETTER HEALTH.
We have been proudly serving America's workforce with comprehensive coverage at a great price for more than 50 years. Come join the plan that works for you!

Mark Dimondstein
APWU President

John L. Marcotte
APWU Health Plan Director

All federal employees and retirees are welcome and will automatically become associate members of the APWU upon enrollment. You will be billed associate membership dues of $35 per year – the smartest $35 you'll ever spend!

Contact us

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

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

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

Questions?

For help in making your decisions, call 800-222-2798.
For more details on APWU Health Plan and to download our Plan Brochure, visit apwuhp.com.

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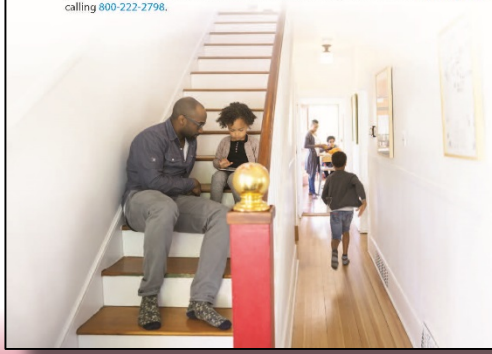


APWU HEALTH PLAN

HPR Open Season Information

Ordering Supplies

HPRs

LWOP

Health Benefit Fairs



APWU HEALTH PLAN

TOGETHER.
BETTER HEALTH.®

32nd Annual Open Season Seminar

Open Season Dates

- 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 2017 is Nov. 13 to Dec. 11.** 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.

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

- Make sure your Union office has APWU Health Plan materials
- Coordinator of the Local's promotion of APWU Health Plan
  - Health Benefits Fairs
  - Local Meetings with PSEs

Health Benefit Fairs

- Last year we attended more health fairs
  - Size of health fair
  - Resource availability
  - Established attendance benchmark
  - Government shutdown

Leave Without Pay Program (LWOP)

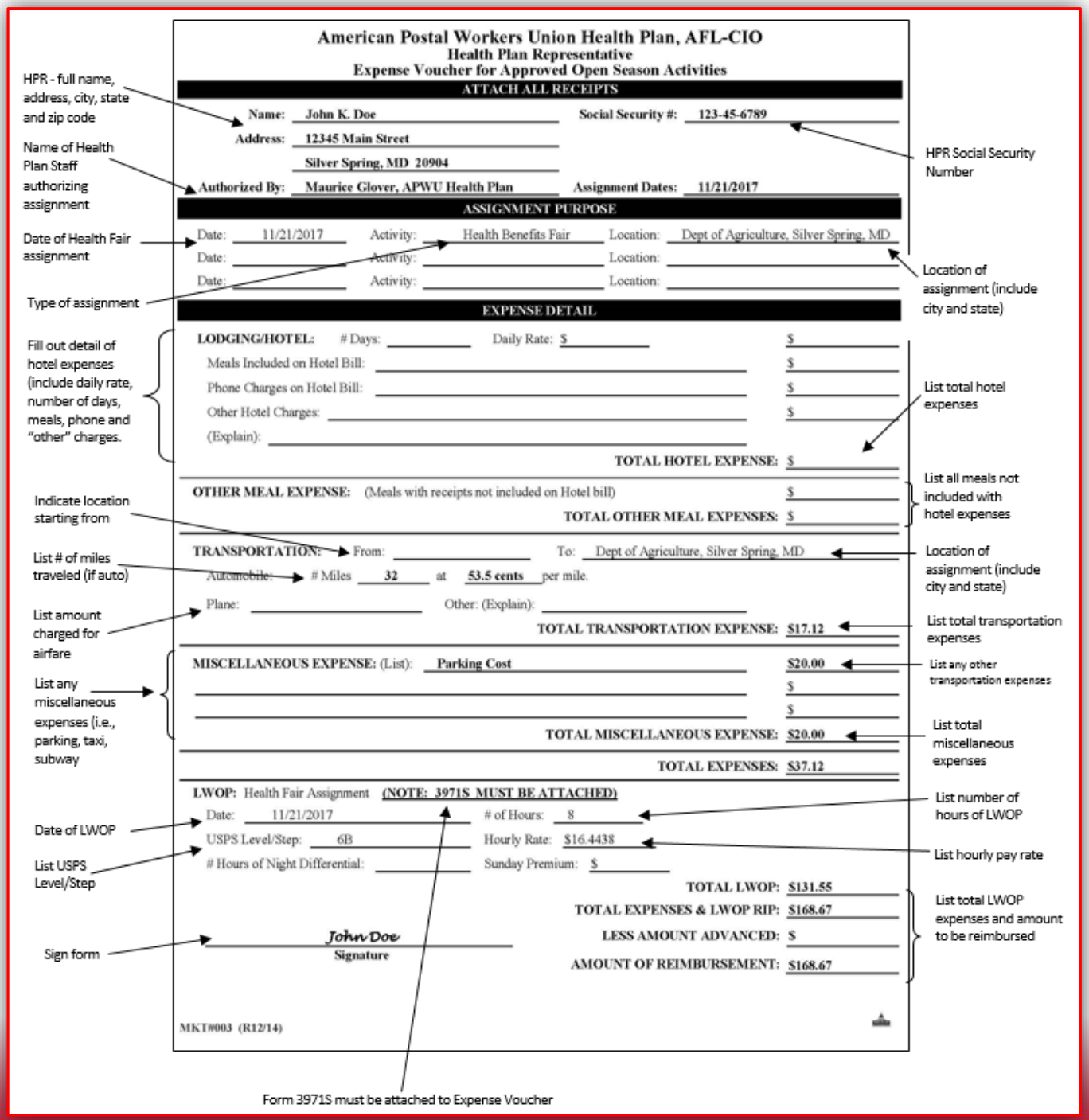
- Reimburse health plan reps for attending approved health fairs and special meetings
- For maximum reimbursement, keep accurate records and receipts
- Complete form #3971 with regular work hours with a signature by a supervisor
- Complete the HPR Voucher with ALL pertinent information included (signature, social security number, etc.)

Leave Without Pay Program (LWOP)

- IRS 2017 mileage rate = 53.5 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)

2017 HPR Voucher



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

ATTACH ALL RECEIPTS

HPR - full name, address, city, state and zip code

Name: John K. Doe — Social Security #: 123-45-6789

HPR Social Security Number

Address: 12345 Main Street
Silver Spring, MD 20904

Name of Health Plan Staff authorizing assignment

Authorized By: Maurice Glover, APWU Health Plan — Assignment Dates: 11/21/2017

ASSIGNMENT PURPOSE

Date of Health Fair assignment

Date: 11/21/2017 — Activity: Health Benefits Fair — Location: Dept of Agriculture, Silver Spring, MD

Type of assignment

Date: — Activity: — Location:

Date: — Activity: — Location:

Location of assignment (include city and state)

EXPENSE DETAIL

Fill out detail of hotel expenses (include daily rate, number of days, meals, phone and "other" charges.

LODGING/HOTEL: # Days: — Daily Rate: $ — $

Meals Included on Hotel Bill: — $

Phone Charges on Hotel Bill: — $

Other Hotel Charges: — $

(Explain):

List total hotel expenses

TOTAL HOTEL EXPENSE: $

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

List all meals not included with hotel expenses

TOTAL OTHER MEAL EXPENSES: $

Indicate location starting from

TRANSPORTATION: From: — To: Dept of Agriculture, Silver Spring, MD

Location of assignment (include city and state)

List # of miles traveled (if auto)

~~Automobile:~~ # Miles 32 at 53.5 cents per mile.

List amount charged for airfare

Plane: — Other: (Explain):

TOTAL TRANSPORTATION EXPENSE: $17.12

List total transportation expenses

List any miscellaneous expenses (i.e., parking, taxi, subway

MISCELLANEOUS EXPENSE: (List): Parking Cost — $20.00

List any other transportation expenses

$

$

TOTAL MISCELLANEOUS EXPENSE: $20.00

List total miscellaneous expenses

TOTAL EXPENSES: $37.12

LWOP: Health Fair Assignment (NOTE: 3971S MUST BE ATTACHED)

Date of LWOP

Date: 11/21/2017 — # of Hours: 8

List number of hours of LWOP

List USPS Level/Step

USPS Level/Step: 6B — Hourly Rate: $16.4438

List hourly pay rate

Hours of Night Differential: — Sunday Premium: $

TOTAL LWOP: $131.55

TOTAL EXPENSES & LWOP RIP: $168.67

LESS AMOUNT ADVANCED: $

AMOUNT OF REIMBURSEMENT: $168.67

List total LWOP expenses and amount to be reimbursed

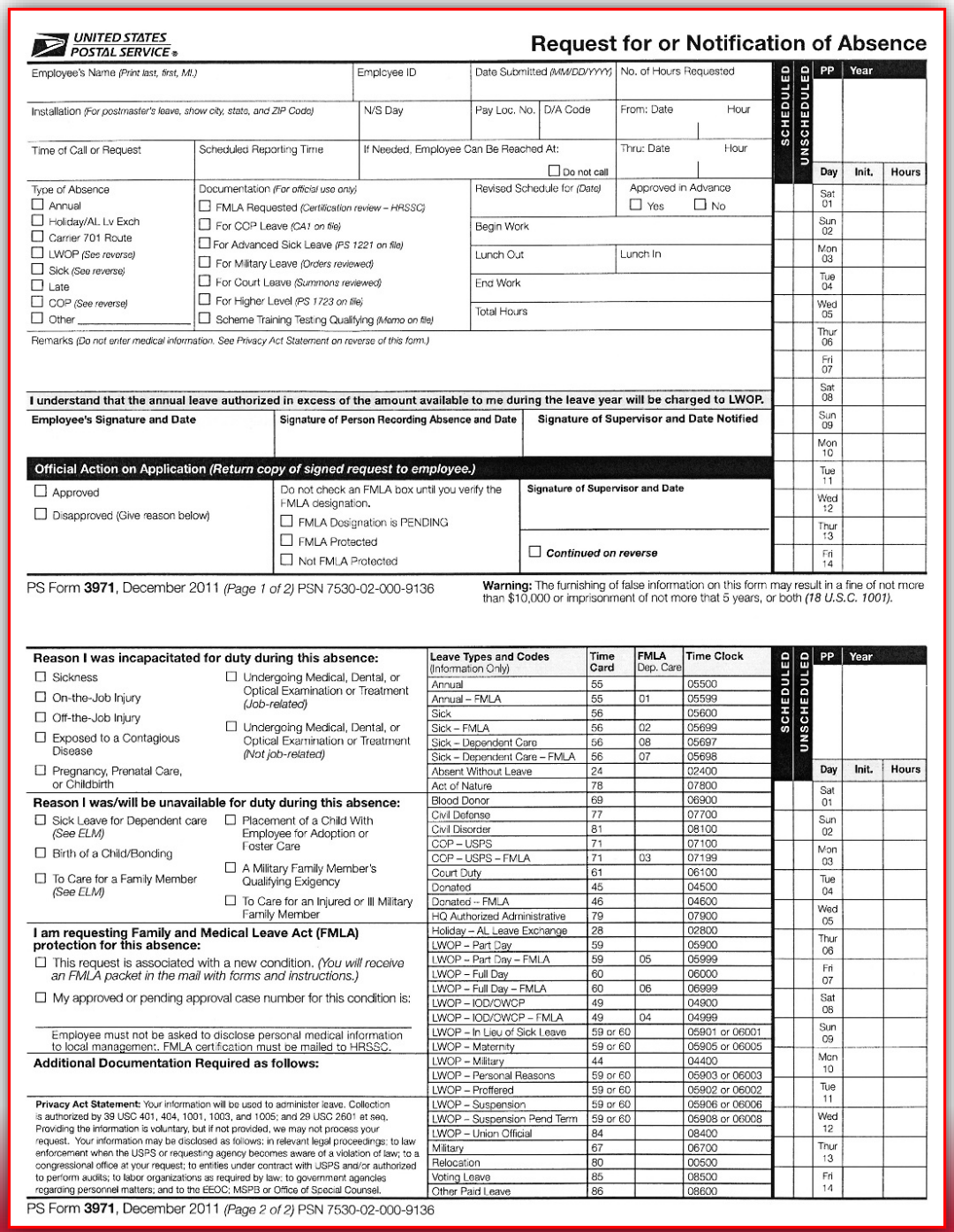
Sign form

John Doe
Signature

MKT#003 (R12/14)

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

SCHEDULED ☐ UNSCHEDULED ☐ — PP — Year

Type of Absence	Documentation *(For official use only)*	Revised Schedule for *(Date)*	Approved in Advance
☐ Annual	☐ FMLA Requested *(Certification review – HRSSC)*		☐ Yes ☐ No
☐ Holiday/AL Lv Exch	☐ For COP Leave *(CA1 on file)*	Begin Work	
☐ Carrier 701 Route	☐ For Advanced Sick Leave *(PS 1221 on file)*	Lunch Out / Lunch In	
☐ LWOP *(See reverse)*	☐ For Military Leave *(Orders reviewed)*		
☐ Sick *(See reverse)*	☐ For Court Leave *(Summons reviewed)*	End Work	
☐ Late	☐ For Higher Level *(PS 1723 on file)*		
☐ COP *(See reverse)*	☐ Scheme Training Testing Qualifying *(Memo on file)*	Total Hours	
☐ Other _____			

Remarks *(Do not enter medical information. See Privacy Act Statement on reverse of this form.)*

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		

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

General LWOP Expense Reimbursement

- 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

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 *(reimbursement will not exceed the total airfare cost)*

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

Open Season and Non-Open Season Supplies

Items:	*Quantity*
Federal Brochure	_____
Benefits-at-a-Glance:	
High Option	_____
Consumer Driven Option	_____
Both	_____
Information Flyer	_____

Please send supplies to:

Name: _____

Title: _____

Local: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____

E-Mail 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 Maurice Glover : 410-424-1593

Contact Information

Maurice Glover (410) 424-1567
Marketing Programs Coordinator
Fax: (410) 762-7320, mglover@apwuhp.com

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

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:

Thursday, October 19, 2017