AMERICAN POSTAL WORKERS UNION, AFL-CIO

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POSTAL SUPPORT EMPLOYEES
2019 APWU HEALTH BENEFITS ORIENTATION

CONGRATULATIONS!

You may now be eligible for health insurance in the Federal Employees Health Benefit Program (FEHB).

Upon your eligibility you will have various options available to you.

However, most of you will find that the APWU Health Insurance Plan is the best choice!

Ready For Some Good News?

The APWU Consumer Driven Health Plan offers PSEs important health care benefits.

In an effort to make the health insurance affordable through negotiations the APWU was able to persuade the USPS to pay 75% of the total premium when you select the Consumer Driven Plan. For all other FEHB plans, the PSEs will have to pay 100% of the premium.

ELIGIBILITY REQUIREMENTS

Office of Personnel Management (OPM) **requires that to be eligible for FEHB PSEs must:**

- **Complete one full year (365 calendar days) of continuous employment with no breaks in service of more than 5-days.**
- **Maintain sufficient earnings each pay period to cover the cost of premiums after all of mandatory deductions.**

ELIGIBILITY NOTIFICATION

- **After an initial appointment of a 360-day term and upon reappointment any eligible PSE may participate in the FEHB.**
- **When you are eligible to enroll in the FEHB, you should be sent a letter from the Postal Service containing important enrollment information.**

ENROLLING

- Once eligible, PSEs should immediately apply for health insurance.
- You MUST sign up within **60-days** from when you first become eligible at the conclusion of your initial 360-day appointment and upon reappointment to another 360-day term. . Failure to do so will result in your only being apply during Open Season or with a Qualifying-Life Event (QLE).
- You may enroll in various ways:
  - Fax
  - Phone
  - US Mail

CONTACTING SHARED SERVICES

Be sure you document the date/time, and get a confirmation number when you call Shared Services, or a fax confirmation when faxing, and/or utilize Return Receipt when contacting via US Mail.

HRSSC (Shared Services)
Compensation/Benefits
PO Box 970400
Greensboro, NC 27497-4000
(877) 477 – 3273 option 1
TTY (866) 260 – 7507

HOW TO USE POSTALEASE

How to Use *PostalEASE* to Manage Your FEHB Enrollment

The *PostalEASE* telephone system and web sites provide a convenient, confidential, and secure way for you to newly enroll, change your current enrollment, or cancel your enrollment in the Federal Employees Health Benefits (FEHB) Program. If you have access to *PostalEASE* on the Internet (https://liteblue.usps.gov), at an Employee Self-Service Kiosk (available in some facilities), or on the Postal Service Intranet (from the Blue page), using either of these may be easier than using the telephone.

NOTE: Use your USPS Employee ID number (EIN) and USPS Self-Service Password (SSP) to access *LiteBlue* and *PostalEASE* via the web. Use your USPS EIN and current 4-digit USPS PIN to conduct self-service transactions on the telephone using IVR. If you don't know your USPS Self-Service Password or USPS PIN, you can reset them using the Self-Service Profile Application at www.ssp.usps.gov or via links provided on Blue and on the LiteBlue logon page.

Through *PostalEASE* you may:

- Make a change to your current enrollment during FEHB Open Season.
- Make an election as a new employee within 60 days of your date of hire.
- Update your dependents' information for your Self and Family enrollment — **although if you are not making a change in your enrollment at the same time, you must also contact your health plan carrier directly** with this information. *PostalEASE* will not transmit dependent change information to the insurance carrier if an enrollment transaction has not occurred.

Qualifying Life Event (QLE):
You cannot use *PostalEASE* to newly enroll or change your enrollment due to the occurrence of a permitting event, nor to cancel or reduce your coverage due to a qualifying life event (QLE). You must contact the Human Resources Shared Service Center (HRSSC) to assist you with these actions.
If you are not making any changes to your current FEHB enrollment, then you do not need to do anything.

Preparing for PostalEASE FEHB Enrollment

1. **Read the Privacy Act Statement on page 5.**
2. **Read and understand** your health benefits information - available at https://liteblue.usps.gov/benefits.
3. **Have the following information** ready before using *PostalEASE*.
   a. Your **Employee ID Number (EIN)**, which is printed at the top of your earnings statement. Enter all 8 digits, even if the first number is a zero.
   b. Your **USPS Self-Service Password (SSP).** If you have forgotten your SSP, you can logon with your SSP Credentials and answer two security questions to get started in order to reset your password via the Internet (https://liteblue.usps.gov). Click the "Forgot Your Password?" option. If you have not set up your password in the Self Service Profile application you may set one up through https://ssp.usps.gov. You may also request your password reset at an Employee Self-Service Kiosk (available at some facilities), or on the Intranet (from the Blue page) via the Human Resources website.
   c. If accessing *PostalEASE* using the Employee Self-Service Line (1-877-477-3273, option 1) have the following information ready – your Employee ID Number (EIN), which is printed at the top of your earnings statement. Enter all 8 digits, even if the first number is a zero, and your USPS PIN. You can reset a forgotten PIN by logging onto the Self-Service Profile application using the URL https://ssp.usps.gov and following the prompts or by contacting the Human Resources Shared Service Center on 1-877-477-3273, option 6. Enter your EIN and when prompted for your PIN, press 2. Your USPS PIN will be mailed to your address of record.
   d. Your daytime **phone number.**
   e. The name of the **health benefits plan** in which you are enrolling.
   f. The **enrollment code** of the health benefits plan in which you are **enrolling.** For the name and enrollment code, refer to https://liteblue.usps.gov/humanresources/benefits/elections/about-open-season.shtml where you will find links to premiums and plan brochures.
   g. The names, Social Security Numbers, addresses, dates of birth, e-mail addresses and telephone numbers for all **eligible family members** that will be covered under your health benefits enrollment. You will also need telephone numbers, email and mailing addresses for eligible family members who don't live with you. For more information on family member eligibility, go to https://liteblue.usps.gov/benefits.
   h. The name and policy number of any **other group insurance** you or any of your eligible family members may have (including TRICARE, Medicare, etc.).
   i. If you are changing plans or canceling coverage, the **enrollment code** of the health benefits plan in which you are **currently enrolled** – that is, the plan that you will not have after your choice takes effect. The enrollment code for your current plan is found on your biweekly earnings statement. It is the three-character code that follows the letters "HP" or "HT." For example, the Blue Cross Self and Family Standard plan will be shown as HP105SLF or HT105FAM, and you will enter the code 105 in *PostalEASE*. You may also refer to health plan brochures on OPM's website www.opm.gov/healthcare-insurance/healthcare/plan-information.
4. **Complete the worksheet** on the following pages, using the information you prepared above.

How to Use *PostalEASE* to Manage Your FEHB Enrollment

Now You Are Ready To Enroll

- If you have access to the *PostalEASE* Employee Web on the Internet (https://liteblue.usps.gov), at an Employee Self-Service Kiosk (available in some facilities), or on the Postal Service Intranet (from the Blue page), using these may be simpler than using the telephone. Just follow the instructions.
- Otherwise, call the Employee Service Line to reach *PostalEASE* toll-free at 1-877-4PS-EASE (1-877-477-3273, option 1) or 1-866-260-7507 for TTY.
- When prompted, select Federal Employees Health Benefits.
- Follow the script and prompts to enter your Employee ID, your USPS Self-Service Password (SSP), and information from your completed *PostalEASE* FEHB Worksheet.

After Completing Your Entries You Should Note the Following Information

- Record the confirmation number you receive from *PostalEASE*: _____
- Your enrollment will be processed on this date: _____
- Your enrollment will be reflected in your paycheck that is dated: _____

It is recommended that you keep this information and your *PostalEASE* FEHB Worksheet.

You may contact the Human Resources Shared Service Center (HRSSC) for assistance if:

- you are deaf or hard of hearing, or
- you cannot use the telephone, Internet, Employee Self Service kiosk or Intranet for a medical reason, or
- you receive a message in *PostalEASE* directing you to contact the HRSSC when attempting to make a change.

Just call the Employee Service Line at 1-877-477-3273. When prompted, select 5 for the HRSSC. Then select Benefits to speak with a representative who will assist you.

To reach the HRSSC using TTY, call 1-866-260-7507. Leave your name and email address or phone number where you can be reached along with a message indicating your call is regarding a *PostalEASE* related issue.

If you currently have an FEHB enrollment and you do not want to make any changes . . . ***do nothing.***

Dual enrollment is when you or an eligible family member under your Self Plus One or Self and Family enrollment are covered under more than one FEHB enrollment. No enrollee or family member may receive benefits under more than one FEHB enrollment.

If you or a family member receives benefits under more than one plan, it is considered fraud and you are subject to disciplinary action.

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

POSTALEASE FEHB WORKSHEET

PostalEASE FEHB Worksheet

Changes due to a qualifying life event (QLE) cannot be made via PostalEASE

This worksheet will help you prepare to call *PostalEASE*, or use *PostalEASE* on the Internet (https://liteblue.usps.gov), on an Employee Self-Service Kiosk (now available in some facilities) or on the Postal Service Intranet (from the Blue page). You may contact the Human Resources Shared Service Center (HRSSC) by calling 1-877-477-3273, Option 5 or TTY, 1-866-260-7507 for assistance if:

- you are deaf or hard of hearing or
- you cannot use the telephone, Internet, Employee Self Service kiosk or Intranet for a medical reason or
- you receive a message in *PostalEASE* directing you to contact the HRSSC when attempting to make a change.

Please Note:

- You will need to **provide documentation** showing that your election is due to a QLE and that you are contacting the HRSSC within the required time frame.

For more information on QLEs, please refer to https://liteblue.usps.gov/qle4

Except for open season and the adding of new family members, most enrollments and changes of enrollment are effective on the first day of the pay period after receipt of this form at the HRSSC. The HRSSC can give you the specific date on which your enrollment or enrollment change will take effect.

Part 1 — Employee Information

Your Name *(Last, First, Middle Initial)*	Employee ID

Part 2 — Type of Action You Are Requesting

1) **Open Season:** ☐ New Enrollment ☐ Change Current Enrollment ☐ Cancel Enrollment

2) **New Hire:** ☐ New Enrollment ☐ Waive Enrollment

3) **QLE or Special Enrollment**

☐ New Enrollment ☐ Cancel Enrollment

☐ Change Current Enrollment ☐ Update Dependent List Only *If updating dependent list complete parts 4-7*

Type of QLE Actions

In most cases enrollment must be received at the HRSSC within 60 days after the QLE

Marriage: ______ (Date)
Divorce: ______ (Date)
Birth of Child: ______ (Date)
Dependent Death: ______ (Date)
Other: ______ (Date)

Part 3 — Enrollment Plan Name And Plan Code

1) **New Plan Name:** 2) **New Enrollment Code:**

3) **Old Plan Enrollment Code** *(If you are changing plans or canceling your current plan)*

Part 4 — Your Other Group Insurance *(Not used for waiving enrollment as a new employee).*

1) **Are you covered by insurance other than Medicare?**
☐ Yes ☐ No
If YES, indicate type of other insurance in item 2.

2) **Identify Type of Other Insurance Coverage**
☐ Medicare Part A ☐ Medicare Part B ☐ Medicare Part D
☐ TRICARE ☐ OTHER ______
Other Insurance Policy No. ______
☐ FEHB An FEHB Self & Family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment.

Part 5 — Personal Information

Your Gender: ☐ Male ☐ Female
Married: ☐ Yes ☐ No
Daytime Telephone Number (including area code)
Email address

PostalEASE FEHB Worksheet

Employee Name: ______ **EIN:** ______

Part 6 — Dependent Information *(for Self and Family coverage only)*

A complete mailing address (if different from the USPS employee's) and other insurance information, if any, must be provided for each covered dependent. If you are adding or updating information for a dependent who does not reside with you, you will need to use the PostalEASE Employee Web on the Internet (https://liteblue.usps.gov), an Employee Self-Service Kiosk (available in some facilities) or on the Postal Service Intranet (Blue page) or submit the completed FEHB worksheet to the HRSSC to process your FEHB enrollment or change.

1) ☐ **Please check here if all dependents reside with you.**

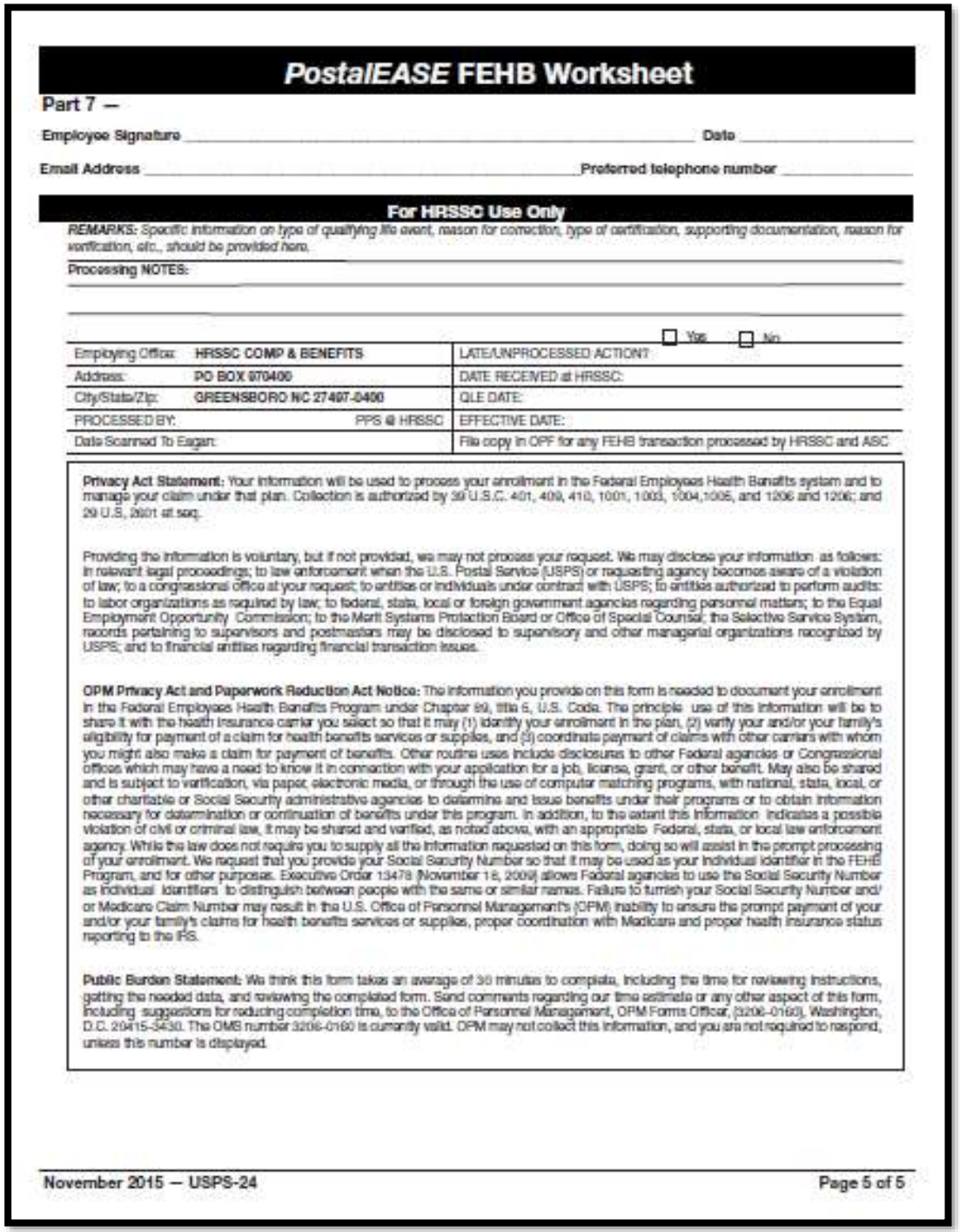
2) **Complete the following information for each dependent**

Name of family member *(last, first, middle initial)* | Social Security Number | Date of Birth *(mm/dd/yyyy)* | Sex ☐ M ☐ F | Relationship Code
Address *(if different from enrollee)* if you are covered by Medicare, | If you are covered by Medicare, check all that apply ☐ A ☐ B ☐ D | Medicare Claim Number
Is this family member covered by insurance other than Medicare? ☐ Yes, indicate below. ☐ No
Indicate the type(s) of other insurance:
☐ TRICARE ☐ Other Name of other insurance: ______ Policy Number: ______
☐ FEHB *An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered by more than one FEHB enrollment.*
Email address *(if home address is different from enrollee's)* | Preferred telephone number *(if home address is different from enrollee's)*

Name of family member *(last, first, middle initial)* | Social Security Number | Date of Birth *(mm/dd/yyyy)* | Sex ☐ M ☐ F | Relationship Code
Address *(if different from enrollee)* if you are covered by Medicare, | If you are covered by Medicare, check all that apply ☐ A ☐ B ☐ D | Medicare Claim Number
Is this family member covered by insurance other than Medicare? ☐ Yes, indicate below. ☐ No
Indicate the type(s) of other insurance:
☐ TRICARE ☐ Other Name of other insurance: ______ Policy Number: ______
☐ FEHB *An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered by more than one FEHB enrollment.*
Email address *(if home address is different from enrollee's)* | Preferred telephone number *(if home address is different from enrollee's)*

Name of family member *(last, first, middle initial)* | Social Security Number | Date of Birth *(mm/dd/yyyy)* | Sex ☐ M ☐ F | Relationship Code
Address *(if different from enrollee)* if you are covered by Medicare, | If you are covered by Medicare, check all that apply ☐ A ☐ B ☐ D | Medicare Claim Number
Is this family member covered by insurance other than Medicare? ☐ Yes, indicate below. ☐ No
Indicate the type(s) of other insurance:
☐ TRICARE ☐ Other Name of other insurance: ______ Policy Number: ______
☐ FEHB *An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered by more than one FEHB enrollment.*
Email address *(if home address is different from enrollee's)* | Preferred telephone number *(if home address is different from enrollee's)*

***Relationship Codes:** **01** = Spouse, **19** = Child Under Age 26, **09** = Adopted Child Under Age 26, **10** = Foster Child Under Age 26 (Requires Certification to be Filed With the HRSSC), **17** = Stepchild Under Age 26, **99** = Child Age 26 or Older Incapable of Self-Support (Requires Certification to be Filed With the HRSSC)



PostalEASE FEHB Worksheet

Part 7 —

Employee Signature _____ Date _____

Email Address _____ Preferred telephone number _____

For HRSSC Use Only

REMARKS: Specific information on type of qualifying life event, reason for correction, type of certification, supporting documentation, reason for verification, etc., should be provided here.

Processing NOTES:

☐ Yes ☐ No

Employing Office:	HRSSC COMP & BENEFITS	LATE/UNPROCESSED ACTION?	
Address:	PO BOX 970400	DATE RECEIVED at HRSSC:	
City/State/Zip:	GREENSBORO NC 27497-0400	QLE DATE:	
PROCESSED BY:	PPS @ HRSSC	EFFECTIVE DATE:	
Date Scanned To Eagan:		File copy in OPF for any FEHB transaction processed by HRSSC and ASC	

Privacy Act Statement: Your information will be used to process your enrollment in the Federal Employees Health Benefits system and to manage your claim under that plan. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1003, 1004,1005, and 1206 and 1206; and 29 U.S. 2601 et seq.

Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; the Selective Service System; records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by USPS; and to financial entities regarding financial transaction issues.

OPM Privacy Act and Paperwork Reduction Act Notice: The information you provide on this form is needed to document your enrollment in the Federal Employees Health Benefits Program under Chapter 89, title 5, U.S. Code. The principle use of this information will be to share it with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. Other routine uses include disclosures to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant, or other benefit. May also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or Social Security administrative agencies to determine and issue benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency. While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your enrollment. We request that you provide your Social Security Number so that it may be used as your individual identifier in the FEHB Program, and for other purposes. Executive Order 13478 (November 18, 2008) allows Federal agencies to use the Social Security Number as individual identifiers to distinguish between people with the same or similar names. Failure to furnish your Social Security Number and/or Medicare Claim Number may result in the U.S. Office of Personnel Management's (OPM) inability to ensure the prompt payment of your and/or your family's claims for health benefits services or supplies, proper coordination with Medicare and proper health insurance status reporting to the IRS.

Public Burden Statement: We think this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, OPM Forms Officer, (3206-0160), Washington, D.C. 20415-3430. The OMB number 3206-0160 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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To obtain forms to enroll:

- **PostalEase:** ***liteblue.usps.gov***
- **Employee Self Service Kiosk**
- **Intranet (From the Blue Page)**

ONCE ENROLLED

Once enrolled you may only use *PostalEase* to make changes.

- **You can only make changes during open season or for a QLE. (QLE may be a change in family or employment status, or when you or a family member lose FEHB or other coverage) Visit OPM.gov/healthcare for more info.**
- **Federal law prohibits dual enrollment. (When an induvial is covered under more than one FEHB Program enrollment)**

WHEN DOES COVERAGE BEGIN?

- Coverage is effective on the first day of the pay period that begins after Shared Services (HRSSC) receives and processes your completed forms for enrollment and follows a pay period in which you are in a pay status.
- Insurance cards will be sent once your enrollment is processed.

LOSS OF COVERAGE

When an event occurs that causes you or your family member to lose coverage, the FEHB Program offers a continuation of coverage feature, either temporarily or by permanent conversion to a private sector policy.

- Child reaching age 26
- Insufficient Pay
- Application for Spouse Equity
- Separation
- Divorce
- Death
- Relocation

NON-PAYMENT OF PREMIUM

- After 2 pay periods of being in a “no-pay” status, or when two adjustments for insufficient earnings has occurred. You will receive a statement for the total amount due.
- The total amount due must be paid **within 30-days** in order to maintain your coverage.
- If you lose coverage for nonpayment of premiums, you cannot renew your enrollment until the next open season.

PRE-TAX & AFTER TAX PAYMENTS

SAVE MONEY WITH PRE-TAX PREMIUMS

- If you wish to pay your FEHB premiums with after-tax money, PSE's must **complete PS Form 8202**. This form may be found on the liteblue.usps.gov website.
- This election must be done within the **60-day** enrollment period. Failure to do so will result in having to wait until Open Season or a QLE.

1. PERSONAL CARE ACCOUNT (PCA)

Personal Care Account (PCA) is an established benefit amount, which is funded by the APWU HP, which is available for you to use to pay for covered hospital, medical, prescriptions, dental and vision care expenses.

Members in this plan are given a PCA, which is an allowed amount used to pay for all medical costs at 100% until exhausted.

TWO TYPES OF ELIGIBLE EXPENSES

COVERED BY YOUR PCA:

1. **Basic PCA Expenses:** Are the same medical, surgical, hospital, emergency, mental health and substance abuse, and prescription drug services and supplies covered under the Traditional Health Coverage

2. **Extra PCA Expenses :** This includes dental and/or vision services and are reimbursable out of your PCA. Note that these expenses must be paid up front by you.

PCA COVERAGE

Provides 100% coverage for annual medical expenses up to:

- $1,200 (Self Only)
- $2,400 (Self Plus One & Self and Family)

There are <u>NO</u> copayments or upfront deductibles

WHAT IS AN "ALLOWED AMOUNT"?

ALLOWED AMOUNT IS THE AMOUNT OF COVERED SERVICES THAT THE PLAN PAYS FOR.

- If an out-of-network provider charges more than the allowed amount, you may have to pay the difference, if PCA is exhausted.
- For example: If an out-of-network hospital charges $1,500 for an overnight stay and the allowed amount is $1,000, you may have to pay the $500 difference. (This is called balance billing).

PCA ROLLOVER

As long as your remain in the APWU Consumer Driven Plan, any unused remaining balance in your PCA at the end of the calendar year may be rolled over to subsequent years.

Maximum amount allowed in your PCA in any given year are:

- $5,000 (Self Only)
- $10,000 (Self Plus One & Self and Family)

2. DEDUCTIBLE

A deductible is the amount you must pay if you have exhausted your Personal Care Account before Traditional Health Coverage begins.

There are no co-payments under the Consumer Driven Option. You pay for covered health care usually when you receive the service.

WHEN YOUR PCA IS EXHAUSTED

Members must meet a deductible:

- $800 (Self Only)
- $1,600 (Self Plus One & Self and Family)

You must pay all the costs up to the deductible amount prior to the plan paying covered services.

Once the deductible has been satisfied, the Health Plan will pay 85% of all in-network covered medical expenses. You will be responsible for the remaining 15%.

3. CO-INSURANCE

Co-insurance is your share of the costs of a covered service which is calculated as a percentage of the allowed amount for the service, after PCA is exhausted and deductible is met.

> *For example: If the plan's allowed amount for an overnight stay in the hospital stay is $1,000, your co-insurance payment of 15% would be $150.*

ONCE THE DEDUCTIBLE IS MET

Members Pay as follows:

Type of Coverage	In-Network Providers	Out-of-Network Providers
Medical Services	Members: 15% Health Plan: 85%	Members: 40% Health Plan: 60%
Prescription Drugs	Members: 25% Health Plan: 75%	Members pay all charges

4. CATASTROPHIC OUT-OF-POCKET

- Catastrophic out-of-pocket maximum is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services.
- This limit helps you plan for health care expenses.

OUT OF POCKET EXPENSES

Maximum out-of-pocket expense in a calendar year:

In Network:

- $5,000 Self Only
- $10,000 Self Plus One & Self and Family

Out of Network:

- $10,200 Self Only
- $13,700 Self Plus One & Self and Family

Once these limits are reached, your annual health care costs are to be paid at 100% by the APWU Health Plan

DENTAL AND VISION

As a member of the Consumer Driven Option Plan, you will receive a PCA to help you pay for covered services.

You can use this account to be reimbursed for covered dental and vision expenses. You pay for dental and vision services at the time of service.

Maximum reimbursable amount in a calendar year:

- $400 per Self Only
- $800 per Self and Family

Personal Care Account (PCA)

$1,200 Self

$2,400 Self Plus One & Self and Family

1

When PCA is exhausted members pay a deductible

$800 Self

$1,600 Self Plus One & Self and Family

2

Cost sharing / Co-Insurance

In-Network – 15% Out-of-Network – 40%

Prescription Drugs – 25%

3

Annual Out-of-Pocket Maximum

In-Network		**Out-of-Network**	
$5,000	Self	$10,200	Self
$10,000	Self Plus One	$13,700	Self Plus One
$10,000	Self & Family	$13,700	Self & Family

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2019 APWU CONSUMER DRIVEN OPTION

Plan Name	Enrollment Code	Employee Biweekly Premium
Self Only	474	$66.20
Self + One	476	$143.89
Self + Family	475	$156.97

CHANGING CRAFTS

If you are enrolled in the APWU Consumer Driven Plan, and change over to a craft represented by another union, you may keep your insurance but you must pay the full premium.

This regulation is set in place by OPM.

MORE DENTAL BENEFITS OPTIONS

Voluntary Benefits Plan

- You can sign up for this plan either during enrollment in your health plan, or at any time throughout the year.
- APWU Health Plan members receive a 7.5% premium reduction.
- VBP offers members-only discounts on dental insurance, cancer recovery, disability income insurance, group life insurance.

voluntarybenefitsplan.com

(877) 229-0451

FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

- Must be eligible for FEHB to enroll
- It is a supplemental benefit (you don’t have to have health insurance to enroll).
- You must apply within 60-days of eligibility (after 365-days).
- You can apply for pre-tax premiums.
- You can pay through payroll deductions or direct bill for payment.

FEDVIP – 3 TYPES OF ENROLLMENT

1. **Self Only:** You may choose a Self Only enrollment even though you have a family.
2. **Self Plus One:** Yourself plus one eligible family member whom you specify.
3. **Self and Family:** A Self and Family enrollment covers you and all of your eligible family members. You must list all eligible family members when enrolling.

FEDVIP – ELIGIBLE FAMILY MEMBERS

- A spouse
- Unmarried dependent children under age 22.
- Adopted & recognized natural children who meet certain dependency requirements.
- Step-child or foster child who live with you in a regular parent-child relationship.
- Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

FEDVIP - ENROLLMENT

- Vision and Dental (FEDVIP) are two individual plans.
- You must apply for them separately.
- Once you make your choice within the 60-days, you may not change your mind until Open Season or a QLE.
- You must apply though a link on the website below or by phone. (You may not use SF2809 form that is used for health benefits)

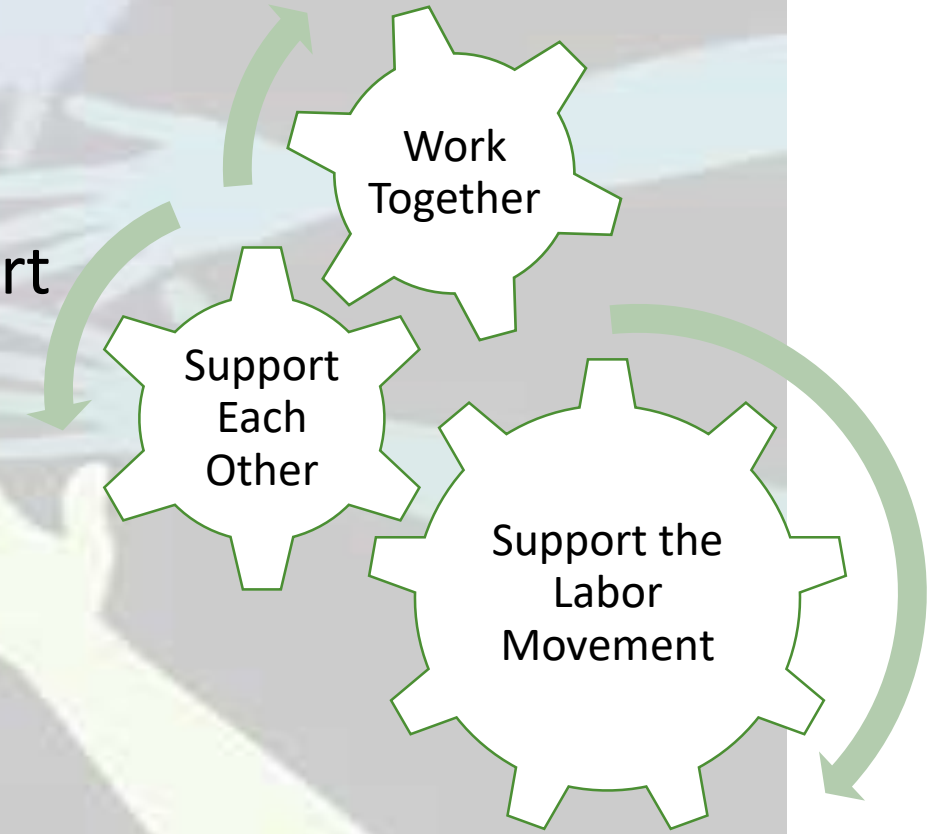
www.benefeds.com / 1-877-888-3337

YOU ARE THE UNION!

- Together we exist to represent workers and give them a voice at work.
- We remain dedicated to improving the lives of working families, to bring fairness and dignity to the workplace, and to secure equity across the nation.
- Our goal is to create a work environment where workers are valued, respected and rewarded.

STANDING TOGETHER

- We support the labor movement – Fight for the American way of life for all workers, not just union members.
- Remain strong because of our support for each other.
- Work together to continue to have a job and a decent income.



APWU HEALTH PLAN

A health insurance option dedicated to serving it's members.

Like you, your APWU Health Plan Director is a current Postal Employee and federal worker. This health plan belongs to you, and it will only be as strong as you make it.