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!
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.
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.

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 5
TTY (866) 260 – 7507
How to Use PostalEASE to Manage Your FEHB Enrollment

The PostalEASE telephone system and web site provide a convenient, confidential, and secure way for you to newly enroll, change your current enrollment, or cancel your enrollment in the Federal Employee Health Benefits (FEHB) Program. If you have access to PostalEASE on the Internet (https://mypostalEase.com) or at Employee Self-Service Workstation in your facility, or of the Postal Service Intranet (from the blue pages), using either of these may be easier than using the telephone.

NOTICE: Your USPS Employee Self-Service Workstation may accept LUSON and PostalEASE website logins. Use your USPS EID and seven-digit USPS PIN to conduct self-service transactions on the telephone using XNL if you don't have access to PostalEASE. If you have access to PostalEASE, you can visit them using the Self-Service Profile Application or web site provided on the blue pages of the Employee Self-Service Workstation.

Through PostalEASE you may:
- Make a change to your current enrollment during the Open Season.
- Make a change as a new employee within 30 days of your date of hire.
- Update your dependents' information for your last and current family member — although you are not making a change in your enrollment at the same time, you must still contact your health plan carrier or your HRA administrator to advise them of any insurance changes that do not involve a change to your enrollment.

Preparing for PostalEASE FEHB Enrollment

1. Read the Privacy Act Statement on page 9.
3. Have the following information ready before using PostalEASE:
   a. Your Employee ID Number (EID), which is printed on the top of your earnings statement. Write it down if it is not already on your ID badge.
   b. Your USPS Self-Service Access (SSA) password. If you have not forgotten your SSA, you can log in with your SSA and answer the two security questions to gain access to the SSA Profile application (https://mypostalEase.com). Click the 'Forgot Password' option. If you forget your SSA or your profile application is not available, contact your HR office.
   c. The name of your health benefits plan in which you are enrolled.
   d. The enrolment code of the health benefits plan in which you are enrolled. For the enrolment code, refer to https://www.hrsa.gov/healthplanenrollment/beneficiaries/fehbbenefitsection.html.
   e. Your Social Security number, address, date of birth, e-mail address, and telephone number for all eligible family members who will be enrolled under your health benefits enrollment. You will also need telephone numbers, account/plan numbers, and account numbers for your eligible family members.

4. Complete the workbook on the following pages, using the information you prepared above.

November 2015 — USPS-24
PostalEASE FEHB Worksheet

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

This worksheet will help you complete your call PostalEASE or use PostalEASE on the internet (www.postalease.com) or on the Employee Self-Service Kiosk (if available in some facilities) or on the Postal Service Internet (www.usps.com). The Postal Service will provide you with information on how to make changes to your coverage.

If you are a federal employee or a dependent of an active or retired federal employee, you may be able to get additional information by calling 1-800-236-5239 (TTY 1-800-726-7858) for assistance.

Purpose of the QLE:
- If you are a federal employee or a dependent of an active or retired federal employee, you may be able to get additional information by calling 1-800-236-5239 (TTY 1-800-726-7858) for assistance.

Please Note:
- You must provide documentation showing that your eligibility is due to a QLE and that you are continuing the FEHB within the required time frame.
- For more information on QLEs, please refer to https://www.postalease.com.

To protect your personal information and maintain the confidentiality of your records, keep this worksheet in a safe place.

PART 1 – Employee Information

1. Name (First Name, Last Name, Middle Initial)

2. Social Security Number (SSN)

3. Date of Birth

4. Address

5. Home Telephone Number

6. Work Telephone Number

7. Email Address

8. Employee Number (if applicable)

9. Federal Employee Number (if applicable)

10. Other Information: [ ] Other

PART 2 – Type of Action You Are Requesting

1. Type of Action:
   - [ ] New Enrollment
   - [ ] Change Current Enrollment
   - [ ] Change Coverage

2. Date of Eligibility:
   - [ ] Eligibility Date
   - [ ] Eligibility Expires

3. Code of Eligibility Action:
   - [ ] Eligibility Date
   - [ ] Eligibility Expires

PART 3 – Enrollment Plan Name and Plan Code

1. Name of Enrollment Plan:

2. Enrollment Plan Code:

PART 4 – Your Other Group Insurance

1. Are you covered by insurance other than FEHB?
   - [ ] Yes
   - [ ] No

2. Are you covered by insurance other than FEHB?
   - [ ] Yes
   - [ ] No

3. Other Information:
   - [ ] Other

PART 5 – Personal Information

1. Gender:
   - [ ] Male
   - [ ] Female

2. Marital Status:
   - [ ] Single
   - [ ] Married
   - [ ] Widowed
   - [ ] Divorced

3. Daytime Telephone Number (including area code):

4. Email Address:

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PostalEASE FEHB Worksheet

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

A complete family address and other insurance information is required by the plan. The FEHB plan will provide you with information on how to make changes to your coverage.

1. Relationship Code:
   - [ ] Child
   - [ ] Spouse
   - [ ] Parent

2. Date of Eligibility:
   - [ ] Eligibility Date
   - [ ] Eligibility Expires

3. Social Security Number:

4. Other Information:
   - [ ] Other

Page 4 of 5
To obtain forms to enroll:

- PostalEase: liteblue.usps.gov
- Employee Self Service Kiosk
- Intranet (From the Blue Page)
- To receive forms by mail Contact HRSCC: 1-877-477-3273, option 5
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 individual 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, all 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 **NO** 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 an in-network deductible:

❖ $1000  (Self Only)
❖ $2000  (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:

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>In-Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Services</td>
<td>Members: 15%</td>
<td>Members: 50%</td>
</tr>
<tr>
<td></td>
<td>Health Plan: 85%</td>
<td>Health Plan: 50%</td>
</tr>
<tr>
<td>Prescription Drugs (Tier 1 &amp; Tier 2)</td>
<td>Members: 25%</td>
<td>Members pay all charges</td>
</tr>
<tr>
<td></td>
<td>Health Plan: 75%</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs (Tier 3)</td>
<td>Members: 40%</td>
<td>Members pay all charges</td>
</tr>
<tr>
<td></td>
<td>Health Plan: 60%</td>
<td></td>
</tr>
</tbody>
</table>
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:
- $6,500  Self Only
- $13,000  Self Plus One & Self and Family

Out of Network:
- $12,000  Self Only
- $24,000  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
- $800 per Self Plus One or Self and Family
Personal Care Account (PCA)
$1,200  Self
$2,400  Self Plus One & Self and Family

When PCA is exhausted members pay a deductible
$1,000  Self
$2,000  Self Plus One & Self and Family

Cost sharing / Co-Insurance
In-Network – 15%  Out-of-Network – 50%
Prescription Drugs – 25% (Tier 1 & Tier 2) 40% (Tier 3)

Annual Out-of-Pocket Maximum
In-Network                   Out-of-Network
$6,500  Self                  $12,000  Self
$13,000  Self Plus One       $24,000  Self Plus One
$13,000  Self & Family       $24,000  Self & Family
## 2020 APWU Consumer Driven Option

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Enrollment Code</th>
<th>Employee Biweekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>474</td>
<td>$68.96</td>
</tr>
<tr>
<td>Self + One</td>
<td>476</td>
<td>$149.88</td>
</tr>
<tr>
<td>Self + Family</td>
<td>475</td>
<td>$163.51</td>
</tr>
</tbody>
</table>
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

❖ 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.