AMERICAN POSTAL WORKERS UNION, AFL-CIO
MARK DIMONDSTEIN, PRESIDENT

Anna Smith, Organization Director
Office Phone: (202) 842-4227

Sarah Rodriguez, Health Plan Director
Office Phone: (410) 424-1503

POSTAL SUPPORT EMPLOYEES
2021 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!
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.

❖ At this time, PSEs cannot enroll online.

❖ 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
FAX (202) 268-0359
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 intranet (https://fedinfo.usps.gov), or an Employee Self-Service Kiosk (available in some facilities), or on the Postal Service Internet (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 BlueEire 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.usps.gov or via a link provided on Blue and on the BlueEire login page.

Through PostalEASE you may:
• Make a change to your current enrollment during FEHB Open Season.
• Make an enrollment as a new employee with in 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 or an enrollment transaction has not occurred.

Qualifying Life Event (QLE):
You cannot use PostalEASE to newly enroll, to change your enrollment, or 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.

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://webfe.usps.gov/fehb.
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 login with your EIN OASDHD and answer two security questions to get started in order to reset your SSP via the intranet (https://fedinfo.usps.gov). Click the “Forgot Your Password?” option. If you have not set up your password via the Self-Service Profile application, you will need to do so. You may also set up your password at https://webfe.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 eTools).
   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 may reset or change your SSP by logging onto the Self-Service Profile application using the URL https://webfe.usps.gov and following the prompts or by contacting the Human Resources Shared Service Center at 1-877-477-3273, option 5. Enter your EIN and when prompted for your PIN, press 3. 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://webfe.usps.gov/opensearch2.html 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, e-mail and mailing addresses for eligible family members who don’t live with you. For more information on family member eligibility go to https://webfe.usps.gov/hrss where you will find the FEHB Program Guide.
   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 cancelling 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 closed takes effect. The enrollment code for your current plan is located 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 “HPBSSL” or “HTXAFAM” and you will enter the code “50” in PostalEASE. You may also refer to health plan brochures on OPMS’s website for the name and enrollment code.
4. Complete the worksheet on the following pages, using the information you prepared above.

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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 intranet (https://webfe.usps.gov), at an Employee Self-Service Kiosk (available in some facilities), or on the Postal Service Internet (from the Blue page), using these may be easier than using the telephone. Just follow the instructions.

Otherwise, call the Employee Service Line to reach PostalEASE toll-free at 1-877-477-3273, option 1 or 1-866-260-7597 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
1. Record the confirmation number you receive from PostalEASE.
2. Your enrollment will be processed on this date:
3. Your enrollment will be reflected in your paycheck by this date:

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 Internet 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.

To reach the HRSSC using TTY, call 1-866-260-7597. 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. If an 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 not more than 5 years, or both (18 U.S.C. 1503).

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**PostalEASE FEHB Worksheet**

**Part 1 — Employee Information**

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

**Part 2 — Type of Action You Are Requesting**

- **Open Season**
  - New Enrollment
  - Change Current Enrollment
  - Cancel Enrollment
- **New Hire**
  - New Enrollment
  - Waive Enrollment

**Part 3 — Enrollment Plan Name And Plan Code**

- **New Plan Name**
- **New Enrollment Code**
- **Old Plan Enrollment Code**

**Part 4 — Your Other Group Insurance**

- **Are you covered by insurance other than Medicare?**
  - Yes
  - No
- **If yes, indicate type of insurance in Item 3.**
- **Type of Other Insurance Coverage**

**Part 5 — Personal Information**

- **Gender**
  - Male
  - Female
- **Married**
  - Yes
  - No
- **Daytime Telephone Number (Including area code)**
- **Email Address**
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

❖ 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 PSEs 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 you 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.
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
<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>$12,000 Self</td>
</tr>
<tr>
<td>Self Plus One</td>
<td>$24,000 Self Plus One</td>
</tr>
<tr>
<td>Self &amp; Family</td>
<td>$24,000 Self &amp; Family</td>
</tr>
</tbody>
</table>
### 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>$69.65</td>
</tr>
<tr>
<td>Self + One</td>
<td>476</td>
<td>$151.38</td>
</tr>
<tr>
<td>Self + Family</td>
<td>475</td>
<td>$165.14</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.
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.