

APWU NEWService

WILLIAM BURRUS, President ROY BRAUNSTEIN, Editor

1300 L Street NW, Washington, DC 20005
Volume 32 No. 16 • Oct. 9, 2002

American Postal Workers Union, AFL-CIO

Consumer-Driven Option Highlights Health Plan

APWU Health Plan will offer two options in 2003 – a bold new **Consumer-Driven Option** and its highly regarded **High Option**. Because one size does not fit all and one option does not meet all health-care needs, APWU Health Plan has expanded your choices this Open Season, Nov. 11 through Dec. 9.

New this year from APWU Health Plan is the **Consumer-Driven Option**, an innovative plan that offers:

- More health-care choices
- More control over your decisions
- More support
- No co-payments
- No upfront deductibles
- No need for referrals

This is the first health plan of its kind in the Federal Employees Health Benefits Program (FEHBP). The foundation of the plan is a Personal Care Account (PCA), where members receive first dollar, 100% coverage for their health-care needs. Members can draw on this account to pay for a wide range of health-care services, such as office visits and prescription drugs.

The PCA can be used for many services not normally covered, such as dental care and vision care, up to specified limits. If a member does not spend all the dollars in the PCA in a year, the unspent benefits are rolled over to the next year to pay for future health-care needs. In-network preventive care is covered at 100%, independent of the

PCA, so it does not reduce the PCA balance. Preventive care covers an array of office visits and exams, immunizations and screenings.

For most people, the Personal Care Account is more than enough to cover annual health-care expenses. If the PCA is exhausted in a year, members pay a defined amount, and then traditional health coverage begins. Traditional health coverage provides protection and peace of mind – members will know that unforeseen future medical expenses will be covered. In addition, members are protected by an annual out-of-pocket maximum.

“With the addition of the Consumer-Driven Option, APWU Health Plan is offering two exceptional health-care choices this year,” said APWU President William Burrus. “I urge APWU members to evaluate their needs and enroll in an APWU plan this Open Season.”

The Consumer-Driven Option also provides tools and resources to help make good quality and cost decisions about health-care needs. Through the Internet or by telephone, members have access to information that helps them make sound health-care quality and cost decisions.

The Consumer-Driven Option is administered for APWU Health Plan by Definity Health of Minneapolis. Visit the Definity Health pre-enrollment Web site at www.definityhealth.com. For User ID, enter **APWUHP** (Password: **HPINFO**) or call 866-833-3463 for more information about this new option.

Consumer-Driven Option Benefits

Benefits	You Pay
In-Network Preventive Care: Well Adult and Well Child office visits and exams, immunizations and screenings	Nothing
Personal Care Account: Up to \$1,000 for Self Only or \$2,000 for Self & Family for medical, surgical, hospital, mental health and substance abuse services and prescription drugs plus certain dental and vision care. The PCA must be used first for eligible expenses, except that covered in-network preventive care does not count against the PCA	Nothing up to \$1,000 for Self Only Nothing up to \$2,000 for Self & Family
Member Responsibility: When the PCA is exhausted, you must pay your Member Responsibility before Traditional Health Coverage begins	In-network/out-of-network: \$600 for Self Only or \$1,200 for Self & Family
Traditional Health Coverage: For use after the Personal Care Account is exhausted	
<ul style="list-style-type: none"> ● Medical/surgical services and supplies provided by a physician and other health care professionals ● Services provided by a hospital or other facility, and ambulance service ● Emergency Care ● Mental Health and substance abuse ● Prescription Drugs-Retail or Mail Order 	<ul style="list-style-type: none"> ● In-network: 15% of the Plan allowance Out-of-network: 40% of the Plan allowance ● In-network: 15% of the Plan allowance Out-of-network: 40% of the Plan allowance ● In-network: 15% of the Plan allowance Out-of-network: 15% of the Plan allowance ● In-network: Regular cost sharing Out-of-network: Benefits are limited ● 25% of charge with minimum of \$8
Special features: Online tools and resources, consumer choice information, services for the deaf and hearing-impaired, 24-hour nurse advisory ... No calendar-year deductible ... Annual Out-of-pocket maximum: In-network – \$4,500 (Self Only/Self & Family) Out-of-network – \$9,000 (Self Only/Self & Family)	

2003 Consumer-Driven Option Premiums

Active Postal Members	Self Only (474)	Self & Family (475)
USPS Pays	\$129.03	\$294.70
You Pay Biweekly	\$16.57	\$41.22
Retirees	Self Only (474)	Self & Family (475)
Government Share	\$236.60	\$540.84
You Pay Monthly	\$ 78.87	\$186.99

A Tribute to Anthrax Terror Victims

It has been nearly a year since anthrax was first discovered in our nation's mail system, a terrorist event that stretched out over three weeks and took the lives of five Americans, including two APWU members.

Several other APWU members are still suffering the

lingering effects of anthrax exposure. “On this solemn anniversary, we pause to reflect and honor them, the victims and their families alike,” said APWU President William Burrus. “And we join the nation in saluting the postal workers who continue to work under the most trying circumstances.”

High Option Plan Offers Great Coverage, Excellent Value

The **High Option** has been providing the coverage and benefits that mean most to members and their families for over 42 years, and that mission is continued with an outstanding plan for 2003. Cost is an important factor for members, and that is why APWU Health Plan continues to offer the High Option at an excellent price. For 2003, APWU Health Plan's High Option cost is **again below the FEHB average increase**.

The High Option Preferred Provider Organization (PPO) continues to expand, offering members nationwide choices of 475,000 outpatient providers and 4,000 hospitals. The High Option PPO also has 48,000 outpatient providers and 3,700 inpatient facilities for mental health and substance-abuse care. A new network was added this year in the U.S. Virgin Islands and APWU Health Plan also contracted with a new national PPO network for transplants. PPOs provide great savings and assure quality, but the High Option offers the flexibility to select any provider in or out of network. An online Preferred Provider directory can be found on the Health Plan's Web site at www.apwuhp.com.

APWU Health Plan received **outstanding member ratings** on the 2002 Member Satisfaction Survey. The

Health Plan's survey results surpassed quality benchmarks set by the National Committee for Quality Assurance (NCQA), the survey sponsor, and by the Center for the Study of Services, the survey vendor. The APWU Health Plan also did well in the 2001 Member Satisfaction Survey. APWU Health Plan is also one of the **top-rated** health plans in the Office of Personnel Management (OPM) comparison of the quality of health plans in FEHB.

For 2003, High Option benefits include an excellent prescription drug program, with no deductible and low co-payments. Members pay \$7 for up to a 30-day supply of generic medication from a network pharmacy, and \$10 for up to 90 days of medication from the home-delivery pharmacy service. There is no deductible for either prescription program. APWU Health Plan's Well Child benefit covers recommended childhood immunizations at 100% if a Preferred Provider is used. The Health Plan's innovative Wellness Benefit reimburses members who use little or no benefits in a plan year. Members receive full coverage with the High Option's Accidental Injury benefit if PPO providers are used. The Health Plan's free 24-hours-a-day Nurse Advisory Line provides answers and advice at times during which other providers are hard to reach.

High Option Benefits

Benefit	Preferred Provider – You Pay	Non-Preferred Provider – You Pay
Hospital		
Inpatient Room and Board	10% if certified	\$200 copay and 30%
Inpatient—Other Charges	10%	30%
Outpatient	After deductible, 10%	After deductible, 30%
Physicians' Benefits		
Office Visits	\$15 copay, no deductible	After deductible, 30%
Other professional fees	After deductible, 10%	After deductible, 30%
Other Outpatient Services		
Lab, x-ray, therapy, other routine services	After deductible, 10%	After deductible, 30%
Accidental Injury		
Outpatient service (Within 24 hours of accident)	Nothing, no deductible	Only the difference between the Plan allowance and the billed amount
Well Child Care		
Recommended immunizations, examinations, lab tests	Nothing, no deductible	Only the difference between the Plan allowance and the billed amount
Mental Health, Substance Abuse		
Inpatient	Hospital treatment, 10% if pre-authorized. Professional fees, after deductible, 10% if preauthorized	After deductible, 50% up to 30 days if preauthorized. For Substance Abuse, limited to one program up to \$3,000
Outpatient	\$15 copay	50% up to 15 visits
Prescription Drugs		
Home Delivery	No deductible, \$10 copay for generic/ 20% brand name (\$5 minimum for brand)	None
Retail Network	No deductible, \$7 copay for generic/ 25% brand name (\$5 minimum for brand)	No deductible, 45%

ANNUAL DEDUCTIBLES: Medical/Surgical Deductible – (PPO) \$275 per person/\$550 family maximum; (non-PPO) \$350 per person/\$700 family; Mental Conditions/Substance Abuse Deductible (In-Network) – \$275 per person/Maximum \$550 family; (Out-of-Network) – \$750 per person; Prescription Drug Deductible – No deductible
ANNUAL-OUT-OF-POCKET MAXIMUM: PPO Providers – \$4,000 Self Only/Self & Family; Non-PPO Providers – \$8,000 Self Only/Self & Family

Note: All benefits are subject to the Plan allowance

2003 High Option Premiums

Active Postal Members	Self Only (471)	Self & Family (472)
USPS Pays	\$129.03	\$294.70
You Pay Biweekly	\$32.35	\$59.45
Retirees	Self Only (471)	Self & Family (472)
Government Share	\$236.60	\$540.84
You Pay Monthly	\$112.84	\$226.49

Double the Choices, Easy to Enroll

Enrolling in either the Consumer-driven Option or the High Option is easy. Obtain a FEHB Health Benefits Election Form (Standard Form 2809) from your personnel office and complete it. Or fill it out online at www.opm.gov/forms/pdf_fill/sf2809.pdf and print a copy.

Return the completed form to your personnel office before Dec. 9 and you're enrolled!

APWU Health Plan Open Season Hotline

Beginning Oct. 21, members may call the toll-free Open Season Hotline at 800-PIC-APWU. Hotline hours are weekdays from 9 a.m. to 5 p.m., Eastern Time.

This is a summary of features offered by the APWU Health Plan. Before making a final decision, please read the Health Plan's Federal Brochure (RI 71-004). All benefits are subject to the definitions, limitations, and exclusions set forth in the brochure.