

The Organization Department Presents: PSEs and APWU Health Benefits



Cliff Guffey
President



Martha Shunn-King
Director



William Kaczor
Health Plan Director

Congratulations!

**YOU MAY NOW BE ELIGIBLE
FOR HEALTH
INSURANCE!!**



A Message from APWU President Cliff Guffey:

“One of the union’s top priorities during contract negotiations in 2010 and 2011 was to win health insurance for non-career employees. We are thrilled that we were able to achieve this vital goal.

“The Postal Service has employed non-career workers for more than 40 years, but this is the first time non-career employees have had the opportunity to obtain healthcare coverage.

“The APWU Consumer Driven Health Plan offers PSEs important benefits. Because it is a non-profit plan, we are able to keep costs low. For that reason, we were able to persuade the USPS to pay 75% of the premiums – making it affordable for you.

“PSEs are our newest members. We have already won a major benefit for you and we vow to fight to expand your rights at work.

“Welcome to the APWU!”
–Cliff Guffey, APWU President

Who Is Eligible?

- ▶ After an initial appointment of a 360-day term and upon reappointment of another 360-day term, any eligible PSE may participate in the Federal Employees Health Benefit Program (FEHB) on a pre-tax basis.
- ▶ The Postal Service will contribute 75% of the total premium for eligible PSEs if they select the APWU Consumer Driven Plan.
- ▶ For all other FEHB plans, the PSEs will have to pay 100% of the premium.

How You Will Be Notified

Your office will inform you of:

- ▶ The date of your break in service and when you will return to work.
- ▶ The job/hours/location you will be going back to.
- ▶ A Form 50 will be sent to you.

Office of Personnel Management (OPM) & Eligibility requirements

- ▶ When you are eligible, you will be sent a detailed letter and this booklet:
- ▶ “Guide to Benefits For Certain Temporary (Non– Career) USPS Employees”



The **2012**

Guide To Benefits

For Certain Temporary
(Non-Career) United States
Postal Service Employees

- Key Information – Please Read Inside Front Cover
- Table of Contents p. 1
- Federal Employees Health Benefits (FEHB) Program p. 8
- Federal Employees Dental and Vision Insurance Program (FEDVIP) p. 20
- Federal Long Term Care Insurance Program (FLTCIP) p. 24

Visit us at: www.opm.gov/n5316

Healthcare and Insurance

RI 70-3PS
Revised November 2011

OPM and Eligibility Requirements (cont'd)

- ▶ PSE must meet 3 requirements:
 1. Complete one full year (365 calendar days) of continuous employment with no breaks in service of more than five days
 2. Have a regular schedule of tour of duty, arranged in advance and expected to last for at least six months
 3. Maintain sufficient earnings a pay period to cover the cost of premiums after all of mandatory deductions
 - Ex: Social Security, Medicare and Federal Taxes.

What is a Break in Service?

- ▶ A break in service is when an employee is off the rolls for 5 continuous days .
 - ▶ If a PSE has a break of more than 5 days he/she must start a new period of 365 days.
- ▶ A Form 50 is cut and a reappointment is issued.

(Annual Leave is not considered a break in service.)

- ▶ Union membership carries over to the new appointment, you do not sign up again.

How to Enroll

- ▶ To enroll:
 1. You must sign up within 60 days from when you become eligible.
 2. You must fill out the work sheet on page 35 completely.
 3. Call Shared Services or mail the form in.

Contact Information

▶ **HRSSC (Shared Services)**

Compensation/Benefits

PO Box 970400

Greensboro NC 27497-4000

- (877) 477-3273 option 5
- TTY (866) 260-7507

- **Make sure you document the date/time, name of the person, and get a confirmation number when you talk to shared services.**

▶ ***PostalEASE***

- <https://liteblue.usps.gov>

▶ **Office of Personnel Management (OPM)**

- www.opm.gov/insure/health

Enrolled

- ▶ Once enrolled then you may use *PostalEASE* to make changes.
(this may change soon and allow you to use PostalEase to apply for the APWUCD plan only)
- ▶ You can only make changes during open season or a Qualifying–Life Event (QLE).
- ▶ You cannot dual enroll, federal law prohibits two family members from having different FEHB insurances.

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://lincblue.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, Op 5 or TTY, 1-866-268-7507 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:

- If you wish to make any change that is not listed under "Type of Action You Are Requesting" below, you must submit your paperwork to the HRSSC. 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 the appropriate Guide to Benefits mailed to you for FEHB Open Season:

- RI 70-2 for Non-APWU career USPS employees, RI 70-2A for APWU career employees, RI 70-2EX for PCES employees,
- RI 70-2IN for career U.S. Postal Inspectors and Office of the Inspector General employees,
- RI 70-SPS for certain temporary (noncareer) USPS employees.

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
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Part 2 – Type Of Action You Are Requesting

1) Open Season: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Current Enrollment <input type="checkbox"/> Cancel Enrollment	
2) New Hire: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Waive Enrollment	
3) Special Enrollment <input type="checkbox"/> Change Current Enrollment <i>(If you are notified that your current plan is being discontinued or your service area is reduced)</i>	Part 3 – QLE Actions <i>(Supporting Documentation Needed)</i> Marriage: _____ (Date) Divorce: _____ (Date) Birth of Child: _____ (Date) Dependent Death: _____ (Date) Other: _____ (Date) <input type="checkbox"/> Cancel Enrollment <i>(If you are notified that your current plan is being discontinued or your service area is reduced)</i>

Part 4 – Enrollment Name And Code

Update Dependent List Yes No

1) New Plan Name:	2) New Enrollment Code:
3) Old Plan Enrollment Code <i>(if you are changing plans or canceling your current plan)</i>	

Part 5 – Your Other Group Insurance *(Not used for waiting enrollment as a new employee.)*

1) Do you have any group health insurance coverage other than under the FEHB plan in which you are now enrolling or already enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Identify Type of Other Insurance Coverage <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B <input type="checkbox"/> TRICARE or CHAMPUS Policy No. (if known) _____ Other Group Insurance Name _____ Policy No. (if known) _____
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Part 6 – Personal Information

Your Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime Telephone Number (including area code)
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PostalEASE FEHB Worksheet

Employee Name: _____ EIN: _____

Part 7 – 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://lincblue.usps.gov>), an Employee Self-Service Kiosk (available in some facilities) or on the Postal Service Intranet (Blue page) or contact the HRSSC to process your FEHB enrollment or change.

1) <input type="checkbox"/> Please check here if all dependents reside with you.						
2) Complete the following information for each dependent						
Family Member Names <small>(Last, First, Middle Initial)</small>	Address (Street, City, State, ZIP) <small>(If different from yours)</small>	Gender	Date of Birth	Relationship Code*	SSN	Other Group Insurance Co. <small>Name & Policy No.</small>
* Relationship Codes: 01 = Spouse 02 = Spouse From a Common Law Marriage (Requires Certification to be Filed With the HRSSC) 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 = Unmarried Child Over Age 26 Incapable of Self-Support (Requires Certification to be Filed With the HRSSC)						

Part 8

Employee Signature _____ Date _____

For HRSSC Use Only		
REMARKS: <i>Specific information on type of qualifying life event, reason for correction, type of certification, supporting documentation, reason for verification, etc., should be provided here.</i>		
Processing NOTES: _____		

Employing Office:	HRSSC COMP & BENEFITS	LATE / UNPROCESSED ACTION? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

Coverage and Payments

- ▶ 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.

Coverage and Payments (contd.)

- ▶ Processing may take place several weeks from the effective date when coverage begins.
- ▶ If you pay medical expenses during this time, contact your provider to determine if you are entitled to reimbursement.
- ▶ You may use Standard Form 2809, Health Benefit Election Form, for proof of your insurance choice.



Health Benefits Election Form

Part A - Enrollee and Family Member Information *(For additional family members use a separate sheet and attach.)*

1. Enrollee name (last, first, middle initial) _____ 2. Social Security number _____ 3. Date of birth (mm/dd/yyyy) _____ 4. Sex M F Yes No 5. Are you married?

6. Home mailing address (including ZIP Code) _____ 7. If you are covered by Medicare, check all that apply. A B D 8. Medicare Claim Number _____ 9. Are you covered by insurance other than Medicare? Yes, indicate in item 10 below. No

10. Indicate the type(s) of other insurance:
 TRICARE Other: Name of other insurance: _____ Policy number: _____
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

11. Name of family member (last, first, middle initial) _____ 12. Social Security number _____ 13. Date of birth (mm/dd/yyyy) _____ 14. Sex M F Yes No 15. Relationship code

16. Address (if different from enrollee's) _____ 17. If you are covered by Medicare, check all that apply. A B D 18. Medicare Claim Number _____ 19. Are you covered by insurance other than Medicare? Yes, indicate in item 20 below. No

20. Indicate the type(s) of other insurance:
 TRICARE Other: Name of other insurance: _____ Policy number: _____
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

21. Email address (if home address is different from enrollee's) _____ 22. Preferred telephone number (if home address is different from enrollee's) _____

23. Name of family member (last, first, middle initial) _____ 24. Social Security number _____ 25. Date of birth (mm/dd/yyyy) _____ 26. Sex M F Yes No 27. Relationship code

28. Address (if different from enrollee's) _____ 29. If you are covered by Medicare, check all that apply. A B D 30. Medicare Claim Number _____ 31. Are you covered by insurance other than Medicare? Yes, indicate in item 32 below. No

32. Indicate the type(s) of other insurance:
 TRICARE Other: Name of other insurance: _____ Policy number: _____
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

33. Email address (if home address is different from enrollee's) _____ 34. Preferred telephone number (if home address is different from enrollee's) _____

35. Name of family member (last, first, middle initial) _____ 36. Social Security number _____ 37. Date of birth (mm/dd/yyyy) _____ 38. Sex M F Yes No 39. Relationship code

40. Address (if different from enrollee's) _____ 41. If you are covered by Medicare, check all that apply. A B D 42. Medicare Claim Number _____ 43. Are you covered by insurance other than Medicare? Yes, indicate in item 44 below. No

44. Indicate the type(s) of other insurance:
 TRICARE Other: Name of other insurance: _____ Policy number: _____
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

45. Email address (if home address is different from enrollee's) _____ 46. Preferred telephone number (if home address is different from enrollee's) _____

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment code	1. Plan name	2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 2)		Part E - Election NOT to Enroll (Employees Only)	
1. Event code	2. Date of event	<input type="checkbox"/> I do NOT want to enroll in the FEHB Program. My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.	

Part F - Cancellation of FEHB		Part G - Suspension of FEHB (Annuitants/Former Spouses Only)	
<input type="checkbox"/> I CANCEL my enrollment. My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.		<input type="checkbox"/> I SUSPEND my enrollment. My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.	

Part H - Signature
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.)

1. Your signature (do not print) _____ 2. Date (mm/dd/yyyy) _____

3. Email address _____ 4. Preferred telephone number _____

Part I - To be completed by agency or retirement system
REMARKS

1. Date received (mm/dd/yyyy)	2. Effective date of action (mm/dd/yyyy)	3. Personnel telephone number
4. Name and address of agency or retirement system	5. Authorizing official (please print)	6. Signature of authorized agency official
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number

Pre-Tax versus After-Tax Premium Payments

- ▶ Save money with pre-tax premiums
- ▶ To use pre-tax premiums, fill out Form 8202, Waiver for Non-Career Employees.
- ▶ Must be in the 60 day-enrollment period
 - Otherwise you will have to wait until Open Season or QLE.
- ▶ See Guide for more detail.



See Instructions and Privacy Act Statement on Reverse

Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees

Purpose of Form 8202

PS Form 8202 is used by noncareer employees who are eligible under United States Postal Service® policy and/or collective bargaining agreements when they become eligible for Federal Employees Health Benefits (FEHB) coverage during the FEHB Open Season, or following certain qualifying life events to begin pre-tax treatment of employee FEHB premium payments or to waive pre-tax treatment if it was previously elected.

- See the reverse side of this form for definitions of pre-tax and after-tax treatment and for an important note about Internal Revenue Service (IRS) restrictions on reduction of coverage when pre-tax treatment is in effect.
See the applicable Guide to Employees Health Benefits Plan (FEHB Guide), provided to you by your personnel office, for information about qualifying life events.

To begin pre-tax treatment, complete Parts A, B, and D below.

To waive pre-tax treatment (only if you waived it previously) complete Parts A, C, and D below.

Part A - Participant Information (Must be completed by all applicants. See the top line of your biweekly earnings statement for items 1-4.)

Form with fields for: 1. Name (Last, first, middle initial), 2. Employee ID, 3. Finance No., 4. Pay Location, 5. Employing Office (City, State, and ZIP + 4), 6. Participant Daytime Telephone No., 7. Participant Mailing Address (Street, City, State, and ZIP + 4)

Part B - Begin Pre-Tax Treatment

I elect to begin pre-tax treatment of my FEHB health insurance premium contributions and to adhere to the more restrictive IRS guidelines summarized on the reverse side of this form. My election will become effective on the first full pay period in the following calendar year (FEHB Open Season) unless I am making this election as a newly eligible noncareer employee or have a qualifying life event, in which case it will become effective the pay period after I submit this form. Pre-tax treatment will continue into future plan years unless I later complete a new PS Form 8202 during FEHB open season or following a qualifying life event to waive pre-tax treatment.

I understand that because paying my FEHB premiums with pre-tax money reduces the earnings reported to the Social Security Administration, if I begin to collect Social Security when I retire (which normally occurs at age 62 at the earliest), I may receive a lower Social Security benefit. My Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits will not be affected.

Part C - Waive Pre-Tax Treatment (Complete only if pre-tax treatment was previously elected.)

I elect to waive pre-tax treatment of my FEHB health insurance premium contributions. My election will become effective on the first full pay period in the following calendar year (FEHB Open Season) or, if I have a qualifying life event, on the pay period after I submit this form. This waiver will continue into future plan years unless I later complete a new PS Form 8202 during FEHB Open Season or following a qualifying life event to begin pre-tax treatment.

Part D - Authorization (After reading the Privacy Act Statement on the reverse side of this form, sign and date below.)

By signing this form I acknowledge that I have read and understand all the materials explaining the pre-tax treatment of employee contributions towards FEHB health insurance premiums.

I authorize payroll deductions for health insurance premiums in the manner indicated in Part B or Part C above.

Warning: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of law and could lead to termination of employment.

Fields for: 1. Your Signature (Do not print), 2. Date

Part E - Processing (To be completed by Human Resources personnel.)

Fields for: 1. Effective Date, 2. Authorized Official Signature, 3. DDE/DR Office Telephone No. (Include area code)

REMARKS (For use by Human Resources personnel only.)

Answers to Frequently Asked PSE Questions

- ▶ Management cannot assign a break in service of more or less than 5 days just to avoid granting eligibility for health insurance.
- ▶ PSEs are not eligible for Flexible Spending Accounts (FSA).

Answers to PSE Questions

- ▶ When you will receive your leave payment is determined when the Form 50 is cut/processed. If it is done in the pay period in which you take your break, your AL payment will come on that check. Otherwise, it will be on a separate check the PP they process the Form 50.
- ▶ Clerk PSEs who held an opted residual duty assignment before their break do not go back to it. According to the CBA Article 37.3 and the Q&A's it will be reposted/reverted

**Let's get down
to the nitty gritty of the
APWU Health Plan**

Health Plan Eligibility – Family

- ▶ A spouse
- ▶ Children under age 26 living with the employee in a regular parent–child relationship:
 - Adopted, recognized natural child, step–child or foster child
- ▶ Children age 26 or older incapable of self–support, if disabling condition began before age 26

APWU Consumer Driven Option – 25% premium payment

Plan Name	Enrollment Code	Employee Biweekly Premium	USPS Contribution
Self Only	474	\$41.18	\$123.54
Self and Family	475	\$92.64	\$277.92

Bi-weekly costs of plans – 100% payment of premium

Plan Name	Self	Self & Family	USPS Contribution
APWU High Option	\$235.62	\$532.72	\$0.00
Blue-Cross	\$271.33	\$612.83	\$0.00
GEHA-High	\$271.15	\$616.68	\$0.00
NALC	\$260.42	\$535.55	\$0.00

► For more options see booklet

Understanding the Consumer Driven Option Benefits

- ▶ The Health Plan will pay 100% of the cost for “in-network” preventive care
 - Examples of: Screenings such as mammograms, colonoscopies, child and adult immunizations.
- ▶ Visit any doctor or specialist you wish without the hassles of getting referrals or pre-authorizations.
- ▶ 100% of covered services will be paid from your Personal Care Account:
 - \$1,200 (*Self Only* enrollment)
 - \$2,400 (*Self and Family* enrollment)
 - There are NO co-payments and upfront deductibles.

Understanding the Consumer Driven Option Benefits

- ▶ If you exhaust your Personal Care Account in a coverage period (usually one year), you must satisfy the deductible:
 - \$600 (*Self Only*) of covered medical expenses
 - \$1,200 (*Self and Family*) of covered medical expenses.
- ▶ 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%.

Understanding the Consumer Driven Option Benefits

- ▶ Once the deductible has been satisfied, if you choose to use a non-network provider, the Health Plan will pay:
 - 60% of all in-network covered medical expenses. You will be responsible for the remaining 40%.
 - Prescriptions drugs, both brand & generic, are covered at 75%. You will be responsible for the remaining 25%.

Understanding the Consumer Driven Option Benefits

- ▶ The out-of-pocket limit:
 - \$3,000 (*Self Only*)
 - \$4,500 (*Self and Family*)
- ▶ This is the maximum out-of-pocket expenses you will have for in-network covered services in a calendar year.

Eligibility for Federal Employees Dental and Vision Insurance (FEDVIP)

- ▶ Must be eligible for FEBH to enroll
- ▶ It is a supplemental benefit but 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

Enrollment in FEDVIP

- ▶ 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 through link or phone number below, not with form SF2809 that is used for Health Benefits
 - www.benefits.com
 - 1-877-888-3337

Who is covered under FEDVIP?

- ▶ A spouse
- ▶ Unmarried dependent children under age 22 living with the employee in a regular parent-child relationship:
 - Adopted, recognized natural child, step-child or foster child
- ▶ Children age 22 or older incapable of self-support, if disabling condition began before age 22

Dental Plans and Rates

- ▶ National Plans

- Aetna
- GEHA
- MetLife
- United Concordia

- ▶ Regional Plans

- Humana
- GHI
- Triple S Salud

- ▶ Dental Plans are determined by where you live, the plan and options you choose.

Self Only ranges from \$12–\$25 bi-weekly.

Self & Family ranges from \$25–\$70 bi-weekly.

Vision Plans and Rates

Plan Name	Plan Option	Biweekly Premium		Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family
FEP Blue Vision	Standard	\$3.77	\$11.29	\$8.17	\$24.46
	High	\$4.75	\$14.25	\$10.29	\$30.88
United Healthcare Vision Plan	Standard	\$3.00	\$8.71	\$6.50	\$18.87
	High	\$4.23	\$12.28	\$9.16	\$26.60
VSP (Vision Service Plan)	Standard	\$4.13	\$12.38	\$8.95	\$26.82
	High	\$6.17	\$18.50	\$13.37	\$40.08

UNIONS

- ▶ Exist to represent workers and give them a voice at work.
- ▶ Are dedicated to improving the lives of working families, to bring fairness and dignity to the workplace, and to secure equity in the Nation.
- ▶ Our goal is to create a work environment where workers are valued, respected and rewarded.

Unions (cont'd)

- ▶ We work to better ourselves, to build dreams and to support families.
- ▶ Work cures, creates, builds, innovates and shapes the future. Work connects us all.
- ▶ The labor movement works for social and economic justice in America and the world.

But It's Much More

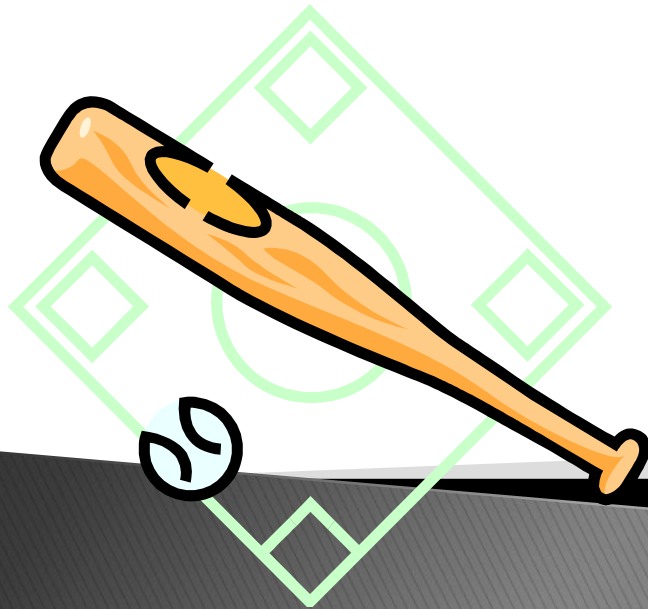
- ▶ The Labor Movement fights for the American way of life for all workers, not just union members.
- ▶ We need your support to keep **US** strong.
- ▶ Because of the Union, we continue to have a job and a decent income.

We Bring Benefits to Our Community

- ▶ Stronger economy.
- ▶ Union workers make 28% more.
- ▶ Health care and disability benefits.
- ▶ Guaranteed pensions—77% vs. 23%.
- ▶ Raise the standard of living.
- ▶ Jobs.
- ▶ Stability.

IF YOU HAVEN'T ALREADY

COME JOIN OUR TEAM



APWU

Contractual Rights to Organizing

Orientations

- ▶ Article 17.6 states: The union “shall be provided *ample* opportunity to address new employees” at orientation, and
- ▶ When a current employee is reassigned to the APWU bargaining unit
- ▶ **When a PSE employee become eligible for health insurance**

Article 17.6 cont'd

- ▶ Article 13.4.M mandates written notification to be provided to the local president when an injured employee is reassigned into an APWU Craft, thus allowing the union to meet with the employee under the CBA
- ▶ No health benefit enrollment information or forms will be provided at orientation until the union has given their presentation.

REGULAR ARBITRATION PANEL

In the Matter of the Arbitration)
between)
UNITED STATES POSTAL SERVICE)
and)
AMERICAN POSTAL WORKERS)
UNION, AFL-CIO)
)

Grievant: CLASS ACTION
Post Office: WICHITA, KS
USPS Case #: I94C-II-C 98055456
APWU Case #: 97-114

BEFORE: James P. Martin, Arbitrator

APPEARANCES:

For the USPS: CHARLES STEVENS

For the APWU: CHRIS PRUITT

Place of Hearing: WICHITA, KS

Date of Hearing: SEPTEMBER 28, 2000

Date of Award: NOVEMBER 10, 2000

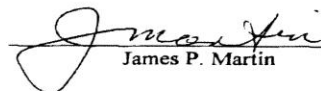
Relevant Contract Provisions: ARTICLE 17.6

Contract Year: 1994

Type of Grievance: Contract

Award Summary

Management violated the Agreement, and more particularly Article 17.6, when it reduced the Union orientation time from 1 hour to 30 minutes, without discussion as to whether that reduced time was ample, as required by the Agreement. The Union is to be given 1 hour for orientation. The Union is to be given 30 additional minutes for orientation of all employees who received orientation within the last 6 months.


James P. Martin



M-00644

17.6

EMPLOYEE AND LABOR RELATIONS GROUP
Washington, DC 20260

MAY 20 1977

ARTICLE	17
SECTION	
SUBJECT	
ORIENTATION	
AMPLE TIME	

Mr. Thomas D. Riley
Assistant Secretary-Treasurer
National Association of Letter Carriers
100 Indiana Avenue, NW
Washington, DC 20001

Re: NALC Branch
San Jose, CA
NC-W-5872 W2364-86N

Dear Mr. Riley:

On May 12, 1977, we met with you to discuss the above-captioned grievance at the fourth step of our contractual grievance procedure.

The matters presented as well as the applicable contractual provisions have been reviewed and given careful consideration.

Based on the evidence presented in this grievance, we find that local management will in future instances allow "ample" time for the local union to participate in new employee orientation in conformance with Article XVII, Section 7 of the National Agreement. Therefore, the issues raised are resolved and this grievance is closed.

Sincerely,

Michael J. Harrison
Michael J. Harrison
Labor Relations Department

NOTE!

Management informed the local union that time to speak to new employees dur orientation would be only 15 minutes.

COMMENT: Webster's Dictionary defines "Ample as generous or more than adequate, enough to satisfy; more than enough.



UNITED STATES POSTAL SERVICE
4751 Eastland Plaza, SW
Washington, DC 20260

August 26, 1981

ARTICLE	17
SECTION	
SUBJECT	ORIENTATION

Mr. Gerald Anderson
Executive Aide, Clerk Craft
American Postal Workers Union, AFL-CIO
817 - 14th Street, NW
Washington, DC 20005

Re: APWU - Local
Santa Monica, CA 90406
HSC-5B-C-17845

Dear Mr. Anderson:

On August 6, 1981, we met with you to discuss the above-captioned grievance at the fourth step of our contractual grievance procedure.

The matters presented by you as well as the applicable contractual provisions have been reviewed and given careful consideration.

The question in this grievance is whether or not management violated Article XVII of the National Agreement with regard to the Union's participation in new employee orientation.

In this MSC, new employee orientation for the entire sectional center is conducted at the main office. The Union representative in that office participates in the orientation program.

By this grievance, a Union representative in one of the associate offices where some of the employees will be assigned feels that he should participate in the program.

Contractually, it is our position that the obligations under section 6 are met when a representative of the Union participates in the program regardless of where he is from. However, we have learned that in the interests of good labor relations, many associate offices do allow the local officer a brief period at that office for introduction and familiarization with local Union activities.

The Local Union Officer under the circumstances of this case, is not allowed to travel or participate in the formal orientation on-the-clock.

Accordingly, as we find no violation of the National Agreement, this grievance is denied.

Sincerely,


Robert L. Eugene
Labor Relations Department

Article 31 Section 1 Membership Solicitation

- ▶ The Union may solicit employees for membership and collect dues at work
- ▶ Must be in non-work areas
- ▶ Cannot interfere with the operations of the post office

Definitions of Healthcare Terms

Understanding Health Insurance Terms

- ▶ **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.
 - ex: 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).

Understanding Health Insurance Terms

- ▶ **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
 - This may change if you have not met your member responsibility.
 - ex: If the plan's allowed amount for an overnight stay in the hospital stay is \$1,000, your co-insurance payment of 20% would be \$200.
- ▶ **Co-payments** are fixed dollar amounts
 - You pay for covered health care, usually, when you receive the service.
 - ex: \$15 co-pay when you visit the doctor.

Understanding Health Insurance Terms

- ▶ **Deductible** is the amount you must pay if you have exhausted your **Personal Care Account**
 - **In-network providers** may be encouraged by the plan by charging lower deductibles, copayments and co-insurance amounts.

Understanding Health Insurance Terms

- ▶ **Out-of-pocket limit** 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.
- ▶ **Personal Care Account (PCA)** is an established benefit amount which is available for you to use to first pay for covered hospital, medical, prescriptions, dental and vision care expenses.