Guide to

### USPS Non-Career Employee Health Benefits Plan

(For City Carrier Assistants and Mail Handler Assistants Only)

2014 Plan Year NCEHP BK1, November 2013





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USPS Non-Career Employee Health Benefits Plan

#### **OVERVIEW OF THE PLAN**

The United States Postal Service (USPS) provides group health insurance coverage to its City Carrier Assistants (CCAs) and Mail Handler Assistants (MHAs) and their eligible family members through the USPS Non-Career Employee Health Benefits Plan. The plan is administered by UnitedHealthcare through a contract with USPS. While this Guide provides information about important plan policies and procedures that CCAs and MHAs must consider when deciding whether to enroll in the USPS Non-Career Employee Health Benefits Plan, there are other documents you should also refer to when making an enrollment decision:

- 1. The Summary of Benefits and Coverage provides a helpful overview of what the USPS Non-Career Employee Health Benefits Plan covers and your share of health care costs.
- 2. The Summary Plan Description provides an in-depth description of the plan.
- 3. Along with this Guide you will find the PS 3117 PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet. Complete this worksheet prior to making your USPS Non-Career Employee Health Benefits Plan election in PostalEASE so that you have all of the required information ready to enter.

During Open Season, or shortly after you are hired or reappointed (after a break greater than 5 days) as a CCA or MHA, you receive an information packet that includes a cover letter, the *Summary of Benefits and Coverage*, and this Guide. You do not automatically receive a copy of the *Summary Plan Description*. You can view all of these documents on LiteBlue at <a href="https://liteblue.usps.gov">https://liteblue.usps.gov</a>. After you log in, click on the *My HR* tab, click on *Benefits*, then click on *Non-Career Health Plan* under the Insurance heading, and then follow the links for the *Summary Plan Description* and the other documents listed here. Read the *Summary Plan Description* carefully before making any final enrollment decisions.

#### **Puerto Rico and Out-of-Area Plans**

All CCAs and MHAs will receive a *Summary of Benefits and Coverage* (SBC) that summarizes the USPS Non-Career Employee Health Benefits Plan. Nearly all CCAs and MHAs (except as noted below) will receive an SBC titled "USPS Non-Career Health Plan" and will utilize UnitedHealthcare's Choice Network of providers. With the exception of a true emergency, services will only be covered when you use a network provider.

CCAs and MHAs with a Puerto Rico mailing address will receive an SBC titled "USPS Non-Career Plan Puerto Rico" and will access services using the MAPFRE network of providers. The MAPFRE logo will appear on the back of your ID card. With the exception of a true emergency, services will only be covered when you use a network provider.

The very few CCAs and MHAs with a mailing address outside of the Choice and MAPFRE networks mentioned above will receive an SBC titled "USPS Non-Career Plan Out of Area." This out of area (OOA) plan allows services when you do not have access to network providers. The MultiPlan logo will appear on the back of your ID card.

#### **Federal Employees Health Benefits Program**

As a non-career employee with the Postal Service, you also may be eligible to enroll in the Federal Employees Health Benefits Program (FEHB) if you meet Office of Personnel Management (OPM) requirements. Information about FEHB for non-career employees, including CCAs and MHAs, is provided in the RI 70-8PS, *Guide to Benefits for Certain Temporary (Non-Career) United States Postal Service Employees*, which is mailed to you during the health benefits Open Season that begins each November. FEHB is administered by OPM. The USPS Non-Career Employee Health Benefits Plan is not a part of FEHB and is not administered by OPM. You cannot enroll in both FEHB and the USPS Non-Career Employee Health Benefits Plan.

# YOU AS A CCA OR MHA ARE RESPONSIBLE FOR BEING INFORMED ABOUT YOUR HEALTH BENEFITS

You should thoroughly read this Guide, the *Summary of Benefits and Coverage* (this provides a helpful overview of what the USPS Non-Career Employee Health Benefits Plan covers and your share of health care costs), and the *Summary Plan Description* (this provides an in-depth description of the plan). If you choose to have your premium contribution deducted on a pretax basis, be sure to read the section in this Guide on the pre-tax payment of health insurance premium contributions, which specifies Internal Revenue Service (IRS) restrictions for reducing or canceling coverage. Also be sure to refer to the Qualifying Life and Permitting Events Change Matrix in this Guide.

After referring to these sources, if you still have questions regarding eligibility, policy, enrollment criteria, continued coverage after certain life events, or any other USPS Non-Career Employee Health Benefits Plan policies, or if you need assistance making your election in *PostalEASE*, contact the HRSSC on 1-877-477-3273, option 5; TTY 1-866-260-7507.

If you have questions about the health insurance coverage that is being offered, you must contact UnitedHealthcare for assistance at 1-888-496-6959. Employees who are deaf or hard of hearing may call this number via 711, the Telecommunications Relay Service (TRS).

#### WHAT ENROLLMENT TYPES ARE AVAILABLE?

- If you elect Self Only coverage, health benefits coverage is provided only to you as the enrollee.
- If you elect Self and Family coverage, health benefits coverage is provided to you as the enrollee along with your eligible family members as described below.

#### **HOW MUCH DOES IT COST?**

CCAs and MHAs qualify to receive a Postal Service premium contribution of \$125 per pay period toward the cost of the USPS Non-Career Employee Health Benefits Plan for either Self Only or Self and Family coverage. For 2014 this will bring your premium contribution down to \$50 for Self Only coverage and \$260 for Self and Family coverage per pay period. Your eligibility for the USPS Non-Career Employee Health Benefits Plan and the USPS premium contribution are offered per the terms of the collective bargaining agreements with the National Association of Letter Carriers (NALC) for CCAs and the National Postal Mail Handlers Union (NPMHU) for MHAs.

CCAs and MHAs who enroll in the USPS Non-Career Employee Health Benefits Plan may elect to have premium costs withheld from pay on a pre-tax basis. See the section found later in this Guide regarding this option.

#### **SELF AND FAMILY COVERAGE**

#### Which Family Members Are Eligible?

For consistency, since CCAs and MHAs may be simultaneously eligible for the USPS Non-Career Employee Health Benefits Plan and FEHB, the USPS Non-Career Employee Health Benefits Plan will follow FEHB's definition for eligible family members. Your family members who are eligible and covered under a Self and Family enrollment are:

- Your spouse (including a valid common law marriage).
- Your children under age 26, including recognized natural children, legally adopted children, and stepchildren.
- Foster children are included if they meet certain requirements.

■ A child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

Contact the Human Resources Shared Service Center (HRSSC) for additional information in determining whether a child is a covered family member; the HRSSC will look at the child's relationship to you as an enrollee.

**Note:** The definition of spouse includes a same-sex spouse whom you have legally married in a jurisdiction that permitted same-sex marriages, regardless of where you currently live or work.

#### **Ineligible Family Members**

Even though the following family members may live with and/or be dependent upon an enrollee, they are NOT ELIGIBLE for coverage under a Self and Family enrollment:

- Parents and other relatives
- Former spouses

#### **Requirement to Keep Information about Your Dependents Current**

If you enroll in Self and Family coverage, you will need to enter complete information in *PostalEASE* during the enrollment process. In addition, **it is your responsibility and your obligation** to contact the HRSSC and advise them of any changes in the status of your covered dependents during your coverage period that may affect their eligibility for insurance coverage. If you are not certain about any dependent changes, it is best to contact the HRSSC. Also, if you add a dependent to your Self and Family coverage, you must contact the HRSSC promptly and provide the appropriate documentation so that coverage is available to your new dependent.

#### **ENROLLMENT, CHANGE, AND CANCELLATION OPPORTUNITIES**

#### **Opportunities to Enroll**

All CCAs and MHAs are eligible to enroll (begin coverage) in the USPS Non-Career Employee Health Benefits Plan as follows:

- During the Open Season for the 2014 plan year, held from November 11 December 10, 2013, 5:00 P.M. Central Time.
- When certain qualifying life events occur. An election must be made within the time limits as specified in the Qualifying Life and Permitting Events Change Matrix found in this Guide.
- New Hires CCAs and MHAs may elect USPS Non-Career Employee Health Benefits Plan coverage within 90 days of the date they were hired.
- Reappointment CCAs and MHAs do not have an opportunity to elect coverage if they are reappointed after the standard 5-day break in service between appointments, since plan enrollment continues during a 5-day break. In the unlikely event that a CCA or MHA is reappointed after a break in service of 6 days or more, then the CCA or MHA does have an opportunity to elect coverage within 90 days of the reappointment date.

#### **Opportunities to Change or Cancel Your Enrollment**

Once you have enrolled, you have an opportunity to change your enrollment (from Self Only to Self and Family or vice versa) or cancel your enrollment as follows:

- During a subsequent Open Season (Open Seasons begin each November and last approximately 4 weeks).
- Other than Open Season, you may only change your enrollment from Self Only to Self and Family when certain qualifying life events occur. These elections must be made within the time limits as specified in the Qualifying Life and Permitting Events Change Matrix found in this Guide.

- For non-career employees, including CCAs and MHAs, premiums are defaulted to being paid on an after-tax basis. Therefore, unless you elect the pre-tax payment of premiums, your premiums will be paid on an after-tax basis, and you can change your enrollment from Self and Family to Self Only or cancel your enrollment at any time—you do not have to have a qualifying life event.
- If you elect the pre-tax payment of premiums, you may only change from Self and Family to Self Only or cancel your enrollment as specified in the Qualifying Life and Permitting Events Change Matrix on found in this Guide.

#### How to Enroll, Change or Cancel Your Enrollment

The United States Postal Service uses *PostalEASE* to enter USPS Non-Career Employee Health Benefits Plan Open Season enrollments and changes and New Hire enrollments. All the information you need for using *PostalEASE* is found on the enclosed PS 3117 *PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet*, which you use to prepare to:

- Enroll
- Change Enrollment
- Cancel Enrollment
- Review or change your pending Open Season transaction
- Review or update your dependent information
- Review your current enrollment information
- Receive a copy of a health benefits election that was processed using PostalEASE

If you want to enroll for the 2014 plan year, you may do so during the annual USPS Non-Career Employee Health Benefits Plan Open Season, which is from November 11 through December 10, 2013, at 5:00 PM Central Time. Please do not wait until late in the Open Season to enter your choice via *PostalEASE*.

All Open Season Self Only enrollments, changes to Self Only coverage, and cancellations, should be entered as employee self-service transactions using *PostalEASE*. Since dependent information is not required for Self Only coverage, such transactions are simple. Most Self and Family enrollments can also be completed as employee self-service transactions, although they require additional information about your eligible family members. The easiest way to do this is via the *PostalEASE* Employee Web, which is available through the LiteBlue page, Blue page, or on a kiosk. *PostalEASE* provides the enrollment date, processing date, and effective date when you complete your transaction. You may delete or change a pending transaction until it is processed. To prepare, first complete PS 3117 *PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet* and follow the instructions carefully.

#### **EFFECTIVE DATES**

## When Will My Coverage Begin and When Will an Enrollment Change Take Effect?

For consistency the USPS Non-Career Employee Health Benefits Plan will follow FEHB's coverage effective dates. FEHB's coverage effective dates are as follows:

- Open Season An enrollment or change in enrollment is effective on the first day of the first full pay period that begins in January. (Note: For elections made during the 2013 Open Season, coverage is effective January 11, 2014.)
- New Hire or Qualifying Life Event An enrollment or a change in enrollment is effective on the first day of the first pay period that begins after the HRSSC receives your valid enrollment.

#### ■ When you add an eligible dependent the coverage effective date is as follows:

#### 1. Employee adds a dependent to a Self and Family enrollment

If you have a Self and Family enrollment, a newly eligible family member such as a spouse or a newborn will be automatically covered from the date he/she becomes a family member. When you do not list an eligible family member (either by providing dependent information in *PostalEASE* during Open Season or as a newly hired employee, or otherwise by notifying the HRSSC) that person will not be eligible for coverage until any appropriate documentation has been provided and the eligible family member is enrolled. Coverage will be effective as of the date the dependent became eligible (for example, if a newborn child is enrolled a week after childbirth, coverage is effective as of the date of the child's birth).

- Foster Child the effective date of a foster child's coverage as a family member is the first day of the pay period in which the HRSSC receives all of the properly completed documents that establish the eligibility of the child as a foster child. When the foster child's mother is an eligible family member under the employee's enrollment, the employee may request that the effective date be the first day of the pay period in which the child was born.
- Child Incapable of Self-Support if an employee submits medical certification for a child after a previous certification has expired, or after a child has reached age 26, the HRSSC must determine whether the disability existed before age 26. If the HRSSC determines that it did, and the employee continuously had Self and Family coverage, the child is considered to have been continuously covered as a child incapable of self support since age 26.

#### 2. Employee changes from a Self Only to a Self and Family enrollment

- **Spouse** if an employee wants to provide immediate coverage for a new spouse, the employee may submit a PS 3117 *PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet* to the HRSSC up to 31 days before the anticipated date of marriage. If the effective date of the enrollment change to Self and Family coverage is before the marriage, the new spouse does not become eligible for coverage until the actual day of marriage. If the effective date of the enrollment change is after the marriage, the new spouse does not become eligible for coverage until the effective date of the Self and Family enrollment.
- **Child** if an employee changes from Self Only to Self and Family due to the birth or addition of a child, the effective date of the enrollment change will be the first day of the pay period in which the child becomes a family member.
- Foster Child the effective date of a foster child's coverage as a family member is the first day of the pay period in which the HRSSC receives all of the properly completed documents that establish the eligibility of the child as a foster child. When the foster child's mother is an eligible family member under the employee's enrollment, the employee may request that the effective date be the first day of the pay period in which the child was born.
- Child Incapable of Self-Support if an employee submits medical certification for a child after a previous certification has expired, or after a child has reached age 26, the HRSSC must determine whether the disability existed before age 26. If the HRSSC determines that it did, the child is considered to have been continuously covered as a child incapable of self support since age 26, or since the effective date of Self and Family coverage, whichever is later. (However, note that the child could have been covered without a certification until age 26 as early as the effective date of Self and Family coverage.)

#### When Will My Coverage End?

If you cancel your coverage as an Open Season transaction, the cancellation is effective at midnight of the day before the first day of the first pay period that begins in the next year. Since this is the first year the USPS Non-Career Employee Health Benefits Plan is being offered, it is impossible for you to be covered under this plan during the November 2013 Open Season and therefore you would not have any coverage to cancel this year. What you can do during the November-December 2013 Open Season is delete a pending transaction to enroll. For example, if on November 11, 2013, you enter an election in PostalEASE to enroll in the USPS Non-Career Employee Health Benefits Plan for 2014, you may go back into PostalEASE and delete your pending enrollment transaction, as long as you do this before the end of Open Season (5:00 PM Central Time December 10, 2013) and then you will not be enrolled for 2014. Cancellations will be available for next year's Open Season. If you enroll in the USPS Non-Career Employee Health Benefits Plan for 2014, you will be able to cancel coverage as a November-December 2014 Open Season transaction, and in that case, your coverage would end at midnight on January 9, 2015. If you enroll in the USPS Non-Career Employee Health Benefits Plan for 2014, and you are paying your premiums with after-tax money and cancel your coverage as a Current Year transaction, the cancellation will be effective on the last day of the pay period in which your transaction is processed—you will not wait until January 9, 2015 for your coverage to end.

If you cancel your coverage outside of Open Season, your cancellation is effective on the last day of the pay period in which the HRSSC receives your PS 3117 *PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet.* 

If you have Self and Family coverage, and you cancel your enrollment, either during Open Season or outside of Open Season, your family members' coverage terminates at midnight of the day that your cancellation is effective, with no 31-day extension of coverage.

Be sure to read the section below about "Loss of Coverage and the Opportunity to Elect Temporary Continuation of Coverage (TCC)".

#### **DUAL ENROLLMENT**

Dual enrollment is not permitted and if you have dual enrollment you must take action to end it. Dual enrollment occurs when you are covered under more than one USPS Non-Career Employee Health Benefits Plan enrollment. For example, you are not allowed to be covered under your spouse's USPS Non-Career Employee Health Benefits Plan Self and Family enrollment and also have your own Self Only enrollment. Dual enrollment is allowed in unusual circumstances when you or an eligible family member would otherwise not be able to have coverage. For example, if you are under age 26 and your parent is a CCA or MHA with a Self and Family enrollment, that enrollment covers you and your other parent as eligible dependents. If you have your own children, you would also need your own Self and Family enrollment to cover your own children. If you have questions regarding dual enrollment please contact the HRSSC.

As a non-career employee with the Postal Service, you also may be eligible to enroll in FEHB if you meet OPM requirements, as explained in RI 70-8PS, *Guide to Benefits for Certain Temporary (Non-Career) United States Postal Service Employees.* Note that you are not allowed to simultaneously have a USPS Non-Career Employee Health Benefits Plan enrollment and an FEHB enrollment. However, you are allowed to have a USPS Non-Career Employee Health Benefits Plan enrollment and also be covered as a family member under someone else's FEHB enrollment. And you are allowed to have a USPS Non-Career Employee Health Benefits Plan Self and Family enrollment that covers a family member who has his or her own FEHB enrollment.

# LOSS OF COVERAGE AND THE OPPORTUNITY TO ELECT TEMPORARY CONTINUATION OF COVERAGE (TCC)

When an event occurs that causes you or your family member to lose coverage, the USPS Non-Career Employee Health Benefits Plan offers a Temporary Continuation of Coverage (TCC) feature, which is administered by UnitedHealthcare. If you or a dependent lose coverage, for information about TCC you must promptly contact UnitedHealthcare for assistance at 1-888-496-6959. Employees who are deaf or hard of hearing may call this number via 711, the Telecommunications Relay Service (TRS). Events where you or a family member lose coverage include but are not limited to:

- Separation from employment
- Child reaching age 26
- Divorce
- Death
- Insufficient Pay (refer to the next section)

# Possible Loss of Coverage because of Insufficient Pay and Failure to Pay Premiums

Once you have enrolled in the USPS Non-Career Employee Health Benefits Plan, if you fail to earn sufficient pay to allow for withholding of your health benefits premium in one pay period, the Eagan Accounting Service Center (ASC) will withhold the unpaid premium in the following pay period, provided you have sufficient earnings to cover the unpaid premium.

When two adjustments for insufficient earnings for USPS Non-Career Employee Health Benefits Plan purposes have occurred because you did not have sufficient pay available, the Eagan ASC will send you an invoice for the total amount due. You must pay the total amount billed within 30 days of the date of the invoice.

If the Eagan ASC does not receive payment within 30 days, your health benefits enrollment will be cancelled, retroactive to the date the initial unpaid premium was due. You may be required to reimburse the health plan and/or the provider for any benefits that were provided, but are no longer available to you and/or your dependents because your family coverage was terminated retroactively. **NOTE:** This debt <u>cannot</u> be paid on installments via a voluntary PS 3239.

If you lose USPS Non-Career Employee Health Benefits Plan coverage because of insufficient earnings, you will not be eligible to renew your enrollment until:

- 1. The next health benefits Open Season; or
- 2. You experience a qualifying life event that gives you an opportunity to enroll in USPS Non-Career Employee Health Benefits Plan Coverage.

#### **Certificate of Group Health Plan Coverage**

If you lose coverage under the USPS Non-Career Employee Health Benefits, you should automatically receive a Certificate of Group Health Plan Coverage from UnitedHealthcare. If not, they must give you one on request. This certificate may be important to qualify for benefits if you join another insurance plan.

#### PRE-TAX PAYMENT OF PREMIUM CONTRIBUTIONS

Premium payment for non-career employees, including CCAs and MHAs, is automatically withheld on an after-tax basis. However, the Postal Service has established the pre-tax payment of health insurance premium contributions as a tax-saving benefit feature for its employees and you may elect it during Open Season, when you are hired, or if you have a qualifying life event.

#### **Pre-Tax Withholding**

There are two possible disadvantages of paying your premiums with pre-tax money that you should balance against the tax savings you receive. First, when you retire, if you begin to collect Social Security (normally this occurs at age 62 at the earliest), you may receive a slightly lower Social Security benefit. Paying your premiums with pre-tax money reduces the earnings reported to the Social Security Administration. (Medicare is not affected.) Second, there are restrictions on reducing or canceling your coverage outside Open Season that apply if you pay your premium contributions with pre-tax money. These are explained in the section "Reducing Coverage" below.

If you want to pay your premiums with pre-tax money, you must request PS 3119 Application to Elect or Waive Pretax USPS Non-Career Employee Health Benefits Plan Premium from the HRSSC by calling 1-877-477-3273, option 5; TTY 1-866-260-7507. During Open Season, complete the form and return it to the HRSSC by close of business December 10, 2013. If this is your initial opportunity to enroll in the USPS Non-Career Employee Health Benefits Plan as a newly hired CCA or MHA, and you wish to elect pre-tax payments, you have 90 days from the date of your hire to submit your election to the HRSSC. You may also make such an election when you have a qualifying life event as shown in the Qualifying Life and Permitting Events Change Matrix found in this Guide. Refer to the column labeled "Permitted Election of Pre-Tax vs. After-Tax Payment of Premiums." You must also satisfy the time limits shown in the column labeled "Time Limits in Which Change May Be Permitted." If you previously submitted an election to participate in pre-tax payments and you want to begin paying your premiums with after-tax money again, you may submit a new PS 3119 Application to Elect or Waive Pretax USPS Non-Career Employee Health Benefits Plan Premium to restore after-tax payment of your premium contributions. You may change the method of payment from pre-tax to after-tax, or the reverse only during the annual Open Season or following a qualifying life event and within the time limits shown in the Qualifying Life and Permitting Events Change Matrix found in this Guide.

#### **Reducing Coverage**

When you elect to have your premium contributions withheld on a pre-tax basis, certain Internal Revenue Service (IRS) guidelines affect your ability to change coverage. You may elect to reduce your coverage, that is, to cancel your USPS Non-Career Employee Health Benefits Plan enrollment, or to go from Self and Family to Self Only coverage, only during Open Season, unless you have a qualifying life event. These are shown in the Qualifying Life and Permitting Events Change Matrix in this Guide. Refer to the column labeled "Permitted Enrollment Change" and the header "Cancel or Change to Self Only." You also must satisfy the time limits shown in the column labeled "Time Limits in Which Change May Be Permitted."

If you elected to have your premium contributions withheld on a pre-tax basis, then reducing your coverage outside of Open Season must be in keeping with, or on account of, your qualifying life event. For example, if you have a new baby, you usually would not change from Self and Family to a Self Only enrollment, or cancel coverage. To reduce your coverage outside of Open Season, submit a PS 3117 PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet to the HRSSC within the time limits shown in the column labeled "Time Limits in Which Change May be Permitted" in the Qualifying Life and Permitting Events Change Matrix in this Guide. You must provide any supporting documentation requested by the HRSSC. The effective date of a change from Self and Family to Self Only will be the first day of the first full pay period after your Worksheet is received by the HRSSC. The effective date of a cancellation will be the last day of

the pay period in which your Worksheet is received by the HRSSC. If you are the only person left in your Self and Family enrollment as a result of a qualifying life event in marital or family status, make sure you follow these instructions to reduce your coverage to Self Only. Otherwise, your Self and Family enrollment will continue until another event (that is, a qualifying life event or Open Season) occurs that allows you to elect to reduce coverage, which means you are paying extra for coverage that you cannot use.

#### **Your Right To More Information**

There is also a legal plan document containing the full legal plan provisions regarding the pre-tax payment of health insurance premium contributions, which you may arrange to view by writing to:

PRETAX PAYMENT OF HEALTH INSURANCE PREMIUMS PLAN ADMINISTRATOR 475 L'ENFANT PLAZA SW ROOM 9670 WASHINGTON, DC 20260-4101

#### QUALIFYING LIFE AND PERMITTING EVENTS CHANGE MATRIX

For consistency, since CCAs and MHAs may be simultaneously eligible for the USPS Non-Career Employee Health Benefits Plan and FEHB, the USPS Non-Career Employee Health Benefits Plan Qualifying Life and Permitting Events Change Matrix is similar to the Table of Permissible Changes for FEHB. Benefit events are used to define and record an occurrence in a CCA or MHA's life or job that relates to benefits, or an event in the USPS Non-Career Employee Health Benefits Plan's administration in benefit terms. Benefit events may have an effect on a CCA or MHA's eligibility and/or his or her dependent's eligibility, coverage, or contribution deduction amount. Benefit events can be classified as employee driven changes, employer driven changes, or system generated changes. When a CCA/MHA experiences a qualifying life event (QLE) as described in the Qualifying Life and Permitting Events Change Matrix, changes to the CCA or MHA's USPS Non-Career Employee Health Benefits Plan coverage (including a change to Self Only and cancellation) and pre-tax payment of premium contribution elections may be permitted so long as they are because of and consistent with the QLEs. Be aware that time limits apply for requesting changes.

**Note:** A CCA or MHA who is enrolled in FEHB and has a Qualifying Life Event may then have an opportunity to elect coverage under the USPS Non-Career Employee Health Benefits Plan.

For non-career employees including CCAs and MHAs, premiums are defaulted to be paid on an after-tax basis. Therefore, unless you elect the pre-tax payment of premiums, your premiums will be paid on an after-tax basis, and you can change your enrollment from Self and Family to Self Only or cancel your enrollment at any time — you do not have to have a qualifying life event.

If you elect the pre-tax payment of premiums, you may only change from Self and Family to Self Only or cancel your enrollment in accordance with the following chart.

If you have questions, contact the HRSSC on 1-877-477-3273, option 5; TTY 1-866-260-7507.

		Permitted Enrollment Change			Permitted Election of Pre-Tax vs. After-Tax Payment of Premiums		Time Limits in Which Change May Be
Event Code		From Not Enrolled to Enrolled	From Self Only to Self and Family	Cancel or Change to Self Only	Payment of Participate	Waive	Permitted  When You Must File Health Benefits Election with HRSSC
1A	Initial Opportunity to Enroll - New employee	Yes	N/A	N/A	Yes	Automatic unless you elect pre-tax payment of premiums	Within 90 days after becoming eligible PostalEASE Employee Self-Service is preferred way for you to make your election, not HRSSC
1B	Open Season	Yes	Yes	Yes	Yes	Yes	As announced by USPS  PostalEASE Employee Self-Service is preferred way for you to make your election, not HRSSC
1C1	Birth, adoption, acquiring foster child or stepchild	Yes	Yes	Yes	Yes	Yes	CCA/MHA may enroll or change beginning 31 days before the event and within 60 days after the change in family status
102	Death of spouse	Yes	Yes	Yes	Yes	Yes	CCA/MHA may enroll or change within 60 days after the change in family status
1C3	Death of an eligible dependent child	Yes	Yes	Yes	Yes	Yes	CCA/MHA may enroll or change within 60 days after the change in family status
1C4	Dependent child now ineligible, for example:  Child reaches age 26 Disabled child becomes capable of self-support	Yes	Yes	Yes	Yes	Yes	CCA/MHA may enroll or change beginning 31 days before the event and within 60 days after the change in family status
1C5 1C6	Marriage  Divorce or annulment	Yes	Yes	Yes	Yes	Yes	CCA/MHA may enroll or change beginning 31 days before the event and within 60 days after the change in family status CCA/MHA may enroll or change beginning
							31 days before the event and within 60 days after the change in family status
107	QMSCO Add	Yes	Yes	Yes	Yes	Yes	CCA/MHA may enroll or change beginning 31 days before the event and within 60 days after the change in family status
1C8	QMSC0 Revoked	Yes	Yes	Yes	Yes	Yes	CCA/MHA may enroll or change beginning 31 days before the event and within 60 days after the change in family status
1D	Any change in employee's employment status that could result to entitlement to coverage, for example:  Reemployment after a break in service of more than 5 days  Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (If coverage did not terminate, see 1G)	Yes	N/A	N/A	Yes	Automatic unless waived	Within 60 days after employment status change
1E	Any change in employee's employment status that could affect the cost of insurance, including:  Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution  Change from full time to part time career or the reverse	Yes	Yes	Yes	Yes	Yes	Within 60 days after employment status change
1F	Employee restored to civilian position after serving in uniformed services <sup>2</sup>	Yes	Yes	Yes	Yes	Yes	Within 60 days after return to civilian position

	Qualifying Life Events (QLEs) That May Permit Change in Enrollment or Election of Pre-Tax vs. After-Tax Payment of Premiums	Permitted Enrollment Change			Permitted Election of Pre-Tax vs. After-Tax Payment of Premiums		Time Limits in Which Change May Be Permitted
Event Code		From Not Enrolled to Enrolled	From Self Only to Self and Family	Cancel or Change to Self Only	Participate	Waive	When You Must File Health Benefits Election with HRSSC
1G	Employee, spouse or dependent:	No	No	Yes	Yes	Yes	Within 60 days after employment status
	<ul> <li>Begins nonpay status or insufficient pay<sup>3</sup> or</li> <li>Ends nonpay status or insufficient pay</li> </ul>						change
	if coverage continued  (If employee's coverage terminated, see 1D)						
	<ul> <li>(If spouse's or dependent's coverage terminated, see 1M)</li> </ul>						
1H	Salary of temporary employee insufficient to make withholdings for plan	N/A	No	Yes	Yes	Yes	Within 60 days after receiving notice from employing office
11	Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. 4	N/A	Yes	N/A (see 1M)	No (see 1M)	No (see 1M)	Upon notifying HRSSC of move
1J	Transfer from post of duty within a state of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse.	Yes	Yes	Yes	Yes	Yes	Within 60 days after arriving at new post.  Employees may enroll or change beginning 31 days before leaving the old post of duty.
1K	Separation from employment when the employee or employee's spouse is pregnant.	Yes	Yes	N/A	N/A	N/A	During CCA/MHA's final pay period
1L	Employee becomes entitled to Medicare and wants to change to another plan or option. <sup>5</sup>	No	No	N/A (see 1P)	N/A (see 1P)	N/A (see 1P)	Any time beginning on the 30th day before becoming eligible for Medicare.  [Change may be made only once.]
1M	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following:  Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage.  Employees may enroll or change beginning 31 days before the event.
	the covering enrollment  Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan <sup>6</sup>						
	Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service						
	Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy						
	Loss of coverage under a non-Federal health plan, including foreign, state or local government, private sector						
	<ul> <li>Loss of coverage due to change in worksite or residence (Employees in an FEHB HMO, also see 1I)</li> </ul>						

Event Code	Qualifying Life Events (QLEs) That May Permit Change in Enrollment or Election of Pre-Tax vs. After-Tax Payment of Premiums	Permitted Enrollment Change			Permitted Election of Pre-Tax vs. After-Tax Payment of Premiums		Time Limits in Which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	Cancel or Change to Self Only <sup>1</sup>	Participate	Waive	When You Must File Health Benefits Election with HRSSC
1N	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-Federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area.
10	Employee or eligible family member loses coverage due to discontinuation in whole or part of FEHB plan <sup>7</sup>	Yes	Yes	Yes	Yes	Yes	During Open Season, unless OPM sets a different time
1P	Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following:  Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L)  TRICARE for Life, due to enrollment in Medicare  TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under chapter 67, title 10  Health insurance acquired due to change of worksite or residence that affects eligibility for coverage  Health insurance acquired due to spouse's or dependent's change in employment status (includes state, local or foreign government or private sector employment) <sup>8</sup>	No	No	Yes <sup>9</sup>	Yes	Yes	Within 60 days after QLE
1Q	Change in spouse's or dependent's coverage options under health plan other than the USPS Non-Career Employee Health Plan, for example:  Employer starts or stops offering a different type of coverage (If no other coverage is available, also see 1M)  Change in cost of coverage  HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO  HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available, see 1M)	No	No	Yes <sup>9</sup>	Yes	Yes	Within 60 days after QLE
1R	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes <sup>9</sup>	Yes	Yes	Within 60 days after the date employee or family member becomes eligible for assistance.

- <sup>1</sup> Employees may change to Self Only outside of Open Season only if **the QLE caused** the enrollee to be the last eligible family member under the enrollment. Employees may cancel enrollment outside of Open Season only if **the QLE caused** the enrollee and all the eligible family members to acquire other health insurance coverage. Employees paying premiums post-tax may cancel enrollment or change from Self and Family to Self Only at any time.
- <sup>2</sup> Employees who enter active military service are given the opportunity to terminate coverage. Additional information on the coverage of employees who return from active military service is available from the H.R. Shared Service Center, 1-877-477-3273, option 5; TTY 1-866-260-7507.
- <sup>3</sup> Employees who begin nonpay status or insufficient pay **must** be given an opportunity to elect to continue or terminate coverage.
- <sup>4</sup> This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who **change from Self Only to Self and Family or from one plan or option to another** a different time frame than that allowed under 1M. For change to Self Only, cancellation, or change in premium conversion status see 1M.
- <sup>5</sup> This code reflects the FEHB regulation that gives employees enrolled in FEHB a one-time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to Self Only, cancellation, or change in premium conversion status, see 1P.
- <sup>6</sup> If employee's membership terminates, (e.g., for failure to pay membership dues), the employee organization will notify the agency to **terminate** the enrollment.
- <sup>7</sup> Employee's failure to select another FEHB plan is deemed a cancellation.
- <sup>8</sup> Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.
- <sup>9</sup> If pre-tax payment of premiums is elected, employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.

#### THE HEALTH INSURANCE MARKETPLACE AND THIS PLAN

#### Dear CCA or MHA:

The Patient Protection and Affordable Care Act, Public Law 111-148 and the Health Care and Education Reconciliation Act of 2010, Public Law 111-152 (collectively, the Affordable Care Act) establishes the Health Insurance Marketplace under Section 1311(b).

Section 1512 of the Patient Protection Affordable Care Act created a new Fair Labor Standards Act (FLSA) section 18B requiring a notice from employers to their employees about coverage options available through the Health Insurance Marketplace. You are receiving this notice from the Postal Service because it is required by the aforementioned law.

### The Health Insurance Marketplace does not affect the USPS Non-Career Employee Health Benefits Plan.

If you are ineligible to enroll in the USPS Non-Career Employee Health Benefits Plan, or if you are eligible to enroll in the USPS Non-Career Employee Health Benefits Plan but you are not enrolled due to affordability issues or concerns, or if you are enrolled in the USPS Non-Career Employee Health Benefits Plan and have affordability issues or concerns, then you may wish to visit the health insurance marketplace to review marketplace coverage options at <a href="https://www.healthcare.gov.">www.healthcare.gov.</a> Please be aware that there is no government or employer contribution to the premiums for Health Insurance Marketplace plans. Also, premiums are paid on an after-tax basis for Health Insurance Marketplace plans.

The attached notice entitled "New Health Insurance Marketplace Coverage Options and Your Health Coverage" provides general information about the new Health Insurance Marketplace.

The Affordable Care Act establishes a minimum value standard of benefits for employer-sponsored health plans. The USPS Non-Career Employee Health Benefits Plan is an eligible employer-sponsored health plan. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. Therefore, the minimum value standard is 60% (actuarial value). The health coverage of the USPS Non-Career Employee Health Benefits Plan meets the

As a comparison point, the actuarial value of the USPS Non-Career Employee Health Benefits Plan meets or exceeds the actuarial value of the bronze plan in the health insurance marketplace.

Affordable Care Act's minimum value standard for the benefits that a plan must provide.

For more information about your USPS Non-Career Employee Health Benefits Plan insurance coverage, look on *liteblue.usps.gov* under MyHR — Benefits.

#### NOTICE REQUIRED BY PATIENT PROTECTION AND AFFORDABLE CARE ACT New Health Insurance Marketplace Coverage Options and Your Health Coverage

#### **General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

## Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### **How Can I Get More Information?**

For more information about your USPS Non-Career Employee Health Benefits Plan health insurance coverage offered by your employer, please visit <a href="https://liteblue.usps.gov">https://liteblue.usps.gov</a> under MyHR — Benefits.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit *www.healthcare.gov* for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

