

Career Employee Benefits and Rights



Career Carrier Overview

- Health Benefits
 - NALC Health Plan
- Route Bidding
- Annual Leave Earning and bidding process
- Sick Leave earning
- Life Insurance options and costs FEGLI
 - Union Life Insurance options Term & Whole Life
- Retirement
 - Pension
 - Social Security Supplement
 - Thrift Savings Plan

Health Benefits

- Several Options available
- Union plans available
 - (must be a member of that union)
- Don't just look at premiums
- Every plan has different benefits
- 60 Days from appointment to sign up
- Sign up through POSTAL EASE at liteblue.usps.gov
- You are locked in until Open Season
- Only QLE can change outside of open season
 - QLE (Qualifying Life Event)

Health Benefits options available Nationwide

Select Local plans also available

Aetna (5Plans)	MHBP - Std - Standard
APWU Health Plan - High	MHBP - Value Plan - Standard
APWU Health Plan - CDHP	MHBP - Consumer Option - HDHP
Blue Cross and Blue Shield Service Benefit Plan	NALC - High
FEP Blue Focus	NALC - CDHP
Blue Cross and Blue Shield Service Benefit Plan - Basic	NALC - Value
Blue Cross and Blue Shield Service Benefit Plan - Standard	Rural Carrier Benefit Plan - High
GEHA – (5 plans)	SAMBA – (2 plans)

Health Plan Comparison Tool

- OPM.GOV
 - Click Insurance link
 - Click healthcare link
 - Click Plan Information
- Then you have a comparison tool available
 - Pick up to 4 plans to compare
 - Compare not only premiums but benefits as well
- Look at co-pays, admission costs, prescription costs, etc.



FEATURED TOPICS

2014 FEGLI Handbook

Review the new 2014 Federal Employees' Group Term Life Insurance (FEGLI) Handbook

Frequently Asked Questions

Answering your questions about Healthcare and Insurance



- Open Season
- Life Events
- Changes in Health Coverage
- Healthcare
- Dental & Vision
- Life Insurance
- Flexible Spending Accounts
- Long Term Care
- Multi-State Plan Program
- Tribal Employers
- Special Initiatives
- Insurance Glossary
- Insurance FAQs
- Contact Healthcare & Insurance
- The Affordable Care Act

Learn more

OPM.gov Main > Insurance

IN THIS SECTION

- Open Season
- Life Events
- Changes in Health Coverage
- Healthcare
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INFORMATION FOR...



Open Season

This is the time of year to ensure that you have the right health, dental or vision insurance coverage for you and your family. It is also time to consider the money you can save on your out-of-pocket medical and dependent care expenses for 2016.

LEARN MORE



Flexible Spending Account

A tax-favored program offered by employers that allows their employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars.

LEARN MORE



Health Insurance

The FEHB Program can help you and your family meet your health care needs. Federal employees, retirees and their survivors enjoy the widest selection of health plans in the country.

LEARN MORE

QUICK LINKS

- Insurance Overview [110.45 KB]
- Health Insurance Overview [63.19 KB]
- FastFacts
- Compare Health Plans
- Compare Dental and/or Vision Plans
- Flexible Spending Calculator
- Agency Contact Information
- Prospective Health Plan Carriers



IN THIS SECTION

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Health Savings Accounts

Consumer Protections

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Life Insurance

Flexible Spending Accounts

Health & Insurance

COMPARE PLANS

The information contained in this comparison tool is not the official statement of benefits. Before making your final enrollment decision, always refer to the individual FEHB brochures. Each plan's FEHB brochure is the official statement of benefits.

Find plans by location

ZIP Code

Include Nationwide Plans

Search



Plan Name


Search

Find plans by plan code

Enter up to 4 plans in the format of JN 34 EA 2G

Plan Code(s)

Search

Plan Profile / Comparison	Blue Cross and Blue Shield (Standard) Nationwide	Blue Cross and Blue Shield (Basic) Nationwide	NALC (High) Nationwide
General Information 			
State	Nationwide	Nationwide	Nationwide
Enrollment Code - Self	104	111	321
Enrollment Code - Self & Family	105	112	322
Enrollment Code - Self Plus One	106	113	323
Plan Websites	Fepblue.org	Fepblue.org	Nalchbp.org
Quality			
Rates			
Self	\$127.47	\$80.18	\$98.28
Self & Family	\$314.11	\$212.29	\$202.02
Self Plus One	\$289.61	\$196.13	\$234.35

	Blue Cross and Blue Shield (Standard) Nationwide	Blue Cross and Blue Shield (Basic) Nationwide	NALC (High) Nationwide
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Benefits	<u>PPO</u>	<u>PPO</u>	<u>PPO</u>
Catastrophic Limit Per Person	\$5,000	\$5,500	\$3,500
Catastrophic Limit Per Person Plus One	\$10,000	\$11,000	\$5,000
Catastrophic Limit Per Family	\$10,000	\$11,000	\$5,000
Calendar Year Deductible Per Person	\$350	None	\$300
Calendar Year Deductible Per Person Plus One	\$700	None	\$600
Calendar Year Deductible Per Family	\$700	None	\$600
Emergency Room Accident	Nothing	\$175 Hospital \$35 Urgent Care	Nothing within 72 hours \$20 Urgent Care
Emergency Room Medical	15% Hospital \$30 Urgent Care	\$175 Hospital \$35 Urgent Care	15% \$20 Urgent Care

Blue Cross and Blue Shield (Standard) Nationwide	Blue Cross and Blue Shield (Basic) Nationwide	NALC (High) Nationwide
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<u>PPO</u>		<u>PPO</u>
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Hospital Inpatient Per Admission Deductible/Copay	\$350	\$175 Per day up to 5 days \$875 per admission	\$350
Hospital Outpatient Other More Info	15%	\$100 per day or \$150 per day	15%
Outpatient Tests	15%	\$40	15%
Doctor Care/Primary Office Visits	\$25	\$30	\$20
Doctor Care/Specialist Office Visits	\$35	\$40	\$20
Rx Limit Per Person	None	None	\$3,100
Out of pocket maximum			
Rx Deductible Per Person	None	None	None

NALC Care/Select Pharmacies

The following list shows the major chain pharmacies and affiliated groups of independent community pharmacies that accept your prescription benefit ID card.

In addition to these, most independent pharmacies nationwide also participate in our prescription program.

To find out if a pharmacy not listed here accepts your card, call the pharmacy directly.

A

A & P Pharmacy

Accredo Health Group, Inc.

ACME Pharmacy

Albertson's Pharmacy

Aurora Pharmacy

B

Baker's Pharmacy

Bartell Drugs

Bel Air Pharmacy

Bi-Lo Pharmacy

Bi-Mart Pharmacy

Brookshire Pharmacy

C

Careplus/CVS Pharmacy

Caremark Specialty
Pharmacy

Careplus/CVS Onsite
Pharmacy

Carrs-Gottstein Foods

Cashwise Pharmacy

City Market Pharmacy

Clinic Pharmacy

Coborn's Pharmacy

Community Health
Systems

Community A Walgreens

Copps Food Center

Coram Healthcare

Costco Pharmacy

Critical Care Systems

Cub Pharmacy

CVS/Longs Pharmacy

CVS/pharmacy

D

Dahl's Pharmacy

Dierbergs Pharmacy

Dillon Pharmacy

Discount Drug Mart

Doc's Drugs

Drug Town Pharmacy

Drug Warehouse

Duane Reade

Duluth Clinic

E

Eagle Pharmacy

Eaton Apothecary

Food 4 Less Pharmacy

Food City Pharmacy

Food Lion Pharmacy

Food World Pharmacy

Fred Meyer Pharmacy

Fred's Pharmacy

Fred's Xpress

Fresh Market Pharmacy

Fry's Food and Drug

G

Gerbes Pharmacy

Giant Eagle Pharmacy

Giant Pharmacy

H

Haggen Pharmacy

Hannaford Food & Drug

Harmons Pharmacy

Harps Pharmacy

Harris Teeter Pharmacy

Harveys Supermarket
Pharmacy

H-E-B Pharmacy

HealthPartners

Henry Ford Pharmacy

Homeland Pharmacy

Horton & Converse

Hy-Vee Pharmacy

I

IHC Health Center

Ingles Pharmacy

J

Jay C Plus Pharmacy

K

Kash N' Karry Pharmacy

Kerr Drug

Kessel Pharmacy

King Soopers Pharmacy

Kinney Drugs

Klein's Pharmacy

Klingensmith's Drug

Kmart Pharmacy

Knight Drugs

Kopp Drug

Kroger Drugstore

Kroger Food & Drug

Kroger Sav-On

L

Lincare Infusion Services

Longs Drug Store

M

Marianos

Martin's Pharmacy

Maxor Pharmacy

May's Drug Store

Mayo Pharmacy

Med-Fast Pharmacy

Med-X Drug

Medicap Pharmacy

Medicine Shoppe

Meijer Pharmacy

Molona Healthcare

N

Navarro Discount Pharmacy

NCS Healthcare

Neighborcare

Nob Hill Pharmacy

O

Omnicare Pharmacy

Oncology Pharmacy Services

Option Care

Osco Pharmacy

Owen's Pharmacy

P

P & C Food Market Pharmacy

Pacmed Clinic Pharmacy

Pamida Pharmacy

Pathmark Pharmacy

Patient First Pharmacy

Pavilions Pharmacy

Payless Pharmacy

Pick N Save

Postal Prescription Services

Price Chopper Pharmacy

Price Cutter Pharmacy

Progressive Pharmacy

Publix Pharmacy

Pyramid Pharmacy

Q

QFC Pharmacy

Quality Pharmacy

Quick Chek Pharmacy

R

Raley's Drug Center

Ralphs Pharmacy

Randalls Pharmacy

Recept Pharmacy

Rite Aid Pharmacy

S

Safeway Pharmacy

Sam's Club Pharmacy

Sav-Mor

SaveMart Pharmacy

Schnucks Pharmacy

Scolari's

Scotts Pharmacy

Shop 'n Save Pharmacy

Shopko Pharmacy

Shoppers Pharmacy

ShopRite Pharmacy

Smith's Pharmacy

St John Pharmacy

Stop & Shop Pharmacy

Super 1 Pharmacy

Super D Drugs

Super G Discount Drug

Super Fresh Pharmacy

Super Rx Pharmacy

T

Target Pharmacy

Texas Oncology Pharmacy
Srvs

The Medicine Shoppe

Thrifty White

Times Pharmacy

Tom Thumb Pharmacy

Top Food & Drug

Tops Pharmacy

U

United Drugs

United Marketstreet
Pharmacy

USA Drug

USA Drug Express

UW Health Pharmacy
Services

V

Vons Pharmacy

W

Wal-Mart Pharmacy

Waldbaum's Pharmacy

Walgreens

Weber & Judd

Wegman's Pharmacy

Weis Pharmacy

White Drug

Winn-Dixie Pharmacy

Preferred NALC Retail Pharmacies

Consider using a Preferred NALC Retail Pharmacy Network. From our broad network of participating pharmacies, the following pharmacies have stepped up to offer members of the NALC Health Benefit Plan an additional discount. When you fill your prescription at one of the following preferred pharmacies, out-of-pocket expense will be reduced:

Baker's Pharmacy

Giant Pharmacy

QFC Pharmacy

Bi-Lo Pharmacy

Jay C Plus Pharmacy

Ralphs Pharmacy

Care Plus CVS Pharmacy

Kessel Pharmacy

Randalls Pharmacy

Carrs-Gottstein Foods

King Soopers Pharmacy

Rite Aid

City Market Pharmacy

Safeway Pharmacy

CVS mail order prices

Kroger Drugstore

Scotts Pharmacy

Dillon Pharmacy

Target

Kroger Sav-on

Stop & Shop Pharmacy

Eagle Pharmacy

Food 4 Less Pharmacy

Martins Pharmacy

Fred Meyer Pharmacy

Owen's Pharmacy

Tom Thumb Pharmacy

Fry's Food & Drug Store

Pavilions Pharmacy

Dillon Pharmacy

Vons Pharmacy

Genuardis Pharmacy

Payless Pharmacy

Wellness Works Pharmacy

Gerbes Pharmacy

Postal Prescription Svcs

Dominicks Pharmacy

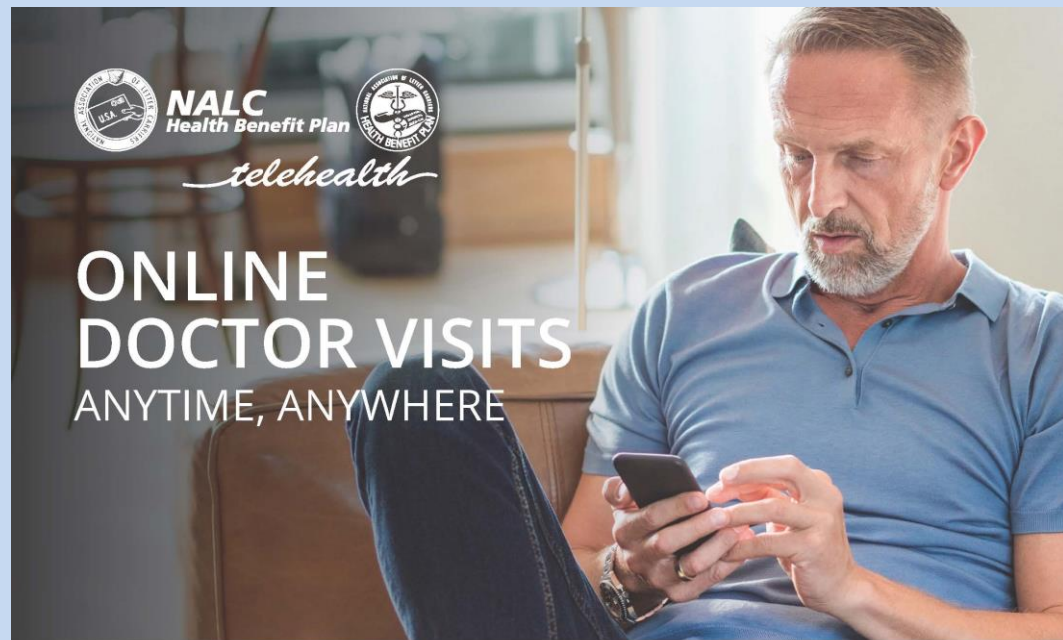
Smith's Pharmacy

Kroger Food & Drug

Virtual Visits are available

\$10 co-pay

Many doctors to choose from



ONLINE
DOCTOR VISITS
ANYTIME, ANYWHERE

NALCHBP Telehealth is a convenient way to see a doctor from the comfort of your home.

NALC Health Benefit Plan members now have insurance coverage for online doctor visits. Safe and secure, it's the quality care you need, made easier.

NALCHBP Telehealth is ideal for:

- Cough & Cold
- Rash
- Minor Wounds & Abrasions
- UTI
- Pink Eye
- General Questions & More!
- Sinus Infection
- Headaches

Get started now!

Download the iOS or Android mobile app
OR visit nalchbptelehealth.org

Talk to a provider 24/7 on your smartphone, tablet or computer.
nalchbptelehealth.org | 888-541-7706





NALC Health Benefit Plan

20547 Waverly Court, Ashburn, Virginia 20149-0001

1-888-636-NALC(6252)



Run by a Letter Carrier
Stephanie Stewart,
Director of Health Benefits



Part of the Cigna Health Care system
Means most Doctors participate



CIGNA HealthCare

Prescription Drugs and Discounts
through CVS Caremark
Means better rates and big savings



Life Insurance

- FEGLI Federal Employees Group Life Insurance
- Basic insurance
- Basic is FREE to the employee
- Automatic No sign up required
- 1x your pay
- Rounded up to next \$1,000 plus \$2,000
- Example Salary is \$41,351 rounded up to next 1,000 is 42,000 plus \$2000 equals \$44,000
- Age 35 or younger benefit doubles on death Extra benefit decreases 10% till age 45.

Optional Life Insurance

- Option A

- \$10,000
- NOT Automatic. You MUST submit SF2817 form

- WITHHOLDING FOR \$10,000 INSURANCE

* Your Age Group*	Biweekly
• Under 35	\$ 0.20
• 35 – 39	\$ 0.30
• 40 – 44	\$ 0.40
• 45 – 49	\$ 0.70
• 50 – 54	\$ 1.10
• 55 – 59	\$ 2.00
• 60 and over	\$ 6.00

Optional Life Insurance

- Option B
- 1x, 2x, 3x, 4x, 5x your basic salary
- Not Automatic. You MUST submit SF2817 form
- Cost per \$1,000 option B insurance

your age group	biweekly premium
Under 35	\$0.02
35-39	\$0.03
40-44	\$0.04
45-49	\$0.07
50-54	\$0.11
55-59	\$0.20
60-64	\$0.44
65-69	\$0.54
70-74	\$0.96

Option B Example

- Bob, a 38-year-old U.S. Postal Service employee, is married with three children. He wants to get the maximum amount of Option B he can. He chooses five times his annual pay of \$41,351, (rounded to \$42,000), which totals \$210,000. He is paid on a biweekly basis. Therefore, his cost is \$6.30 biweekly ($\0.03×210)

Optional Life Insurance

- Option C
 - Not automatic you MUST fill out SF 2817
- Family coverage.
- Insure Spouse and Children.
- Spouse includes same sex couples.
- Children include up to 22nd B-day unless handicapped
- \$5,000 spouse and \$2,500 per child
- Multiples of up to 5x available.

Optional Life Insurance

- Option C continued

- HOW MUCH DOES OPTION C COST?

• * Your Age Group*	Biweekly per multiple
• Under 35	\$ 0.22
• 35 – 39	\$ 0.27
• 40 – 44	\$ 0.41
• 45 – 49	\$ 0.59
• 50 – 54	\$ 0.92
• 55 – 59	\$ 1.48
• 60 – 64	\$ 2.70

Optional Life Insurance

- Option C example
- Bob is 38 years old
- Bob wants \$25,000 for his wife.
- \$12,500 for each of his 8 kids.
- Same price for 1 kid or 15.
- Multiple of 5x
- $(\$5,000 \times 5 = \$25,000) + (\$2,500 \times 5 = \$12,500)$
- .27 time multiple of 5 = \$1.35 per pay period

FEGLI

- 60 DAYS TO APPLY
- NO REGULAR OPEN SEASON

1 General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

This election supersedes all previous elections.

2

Fill in identifying information concerning the employee.

Name (last, first, middle) Peterson, John, T		Date of birth (mm/dd/yyyy) 01/25/1995	Social Security Number 123-45-6789
Employing department or agency U.S.P.S.	OWCP claim number, if applicable N/A	Location of department or agency where you work (city, state, ZIP code) CINCINNATI, OHIO	Daytime telephone number (including area code) (555) 555-5555

3

To elect or retain Basic, sign and date below. If you do not sign for Basic, you (or your assignee) may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.) SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) → John T. Peterson	Date (mm/dd/yyyy) 06/05/2016
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4

If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI Program Booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited.

You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.
<input type="checkbox"/> 1 times my pay <input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 3 times my pay <input type="checkbox"/> 4 times my pay <input checked="" type="checkbox"/> 5 times my pay	<input type="checkbox"/> 3 multiples <input type="checkbox"/> 4 multiples <input checked="" type="checkbox"/> 5 multiples
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) → John T. Peterson	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) → John T. Peterson	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) → John T. Peterson
Date (mm/dd/yyyy) 06/05/2016	Date (mm/dd/yyyy) 06/05/2016	Date (mm/dd/yyyy) 06/05/2016

5

If you want NO life insurance coverage, sign and date below.

I want NO life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.

Waiver of all life insurance coverage SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) →	Date (mm/dd/yyyy)
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6

Agency Remarks:
Use

Name and address of employing office	Date received in employing office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)	If new/newly eligible employee, enter "0" for event.
			Number of event permitting change (See back of Part 2)
I followed the instructions on the back of Part 1.			
Signature of authorized agency official			

The employee's copy of this form, when completed by the employing office, together with the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) constitute the employee's Certificate (proof) of Insurance.

PART 1 - File in Official Personnel Folder

PS 2817 Form

- ****NEW**** you can now sign up on Postal Ease
- Can be in writing by filling out the PS 2817
- No whiteouts
- No scribbling
- No crossouts
- Any mistakes....**FILL OUT A NEW FORM.**
- **MAIL ORIGINAL FORMS ONLY.....NO COPIES**

SF 2823

Life Insurance

Beneficiary Form

Beneficiary form MUST be in writing

Mail original

No Copies

No errors

No corrections

Witnesses cannot be beneficiaries



Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0136

Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle) PETERSON, JOHN, T.		Date of birth of Insured (mm/dd/yyyy) 01/25/1995	Social Security Number of Insured 123-45-6789
The Insured is: <i>Place an "X" in the appropriate box.</i>	<input checked="" type="checkbox"/> an employee	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number: N/A	
	<input type="checkbox"/> a retiree		
	<input type="checkbox"/> a compensator		
Department or agency where the Insured works (If retired, last department or agency where the Insured worked):			
Department or agency U.S.P.S.	Bureau or division N/A	Location (city, state, and ZIP code) CINCINNATI, OH.	

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
BETTY PETERSON / IF LIVING	000-00-0000	123 SMITH ST CINCINNATI, OH, 45209	MOTHER	100%
OTHERWISE TO: SAM PETERSON	000-00-0001	123 SMITH ST, CINCINNATI, OH, 45209	FATHER	100%
Total (Must equal 100% or 1.0) (Do not use dollar amounts) <i>(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)</i>				100%

C. Statement of Insured or Assignee (type or print)

Your name and address (Including ZIP code) JOHN T. PETERSON 123 SMITH STREET CINCINNATI, OHIO, 45209	Please check one: I am: <input checked="" type="checkbox"/> the Insured <input type="checkbox"/> an Assignee <i>See Back of Part 2 for definitions</i>	Please check all three: <input checked="" type="checkbox"/> I have not assigned the insurance. <input checked="" type="checkbox"/> Two people who witnessed my signature signed below. <input checked="" type="checkbox"/> I did not name either witness as a beneficiary.
I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.		I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.
I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When is A Designation Canceled?" on the Back of Part 2).		I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box. John T. Peterson	Date (mm/dd/yyyy) 06/05/2016
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D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness Sarah Johnson	Address (Including ZIP code) 67 Maple Avenue, Cincinnati, Ohio 45209
Signature of witness Samuel Lundy	Address (Including ZIP code) 1225 Elm Drive apt 42, Cincinnati, Oh, 45209

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency	Date of receipt (mm/dd/yyyy)	Signature of authorized official	Title
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Part 1 - Original

MAIL ORIGINAL FORMS TO

HRSSC – LIFE INSURANCE

PO BOX 970400

GREENSBORO, NORTH CAROLINA 27497

SEND CERTIFIED RETURN RECEIPT

SF 2817 WITHIN 60 DAYS (LIFE INSURANCE)

SF 2823 ANYTIME (BENEFICIARY FORM)

OPM Life Insurance Tool

- OPM.GOV
- Click on Life Insurance
- Scroll down to FEGLI calculator.

Mutual Benefits Association

Owned by you the NALC member

NALC Accidental Death Group Insurance Coverage

What is NALC Accidental Death Group Insurance?

This coverage is a group accidental death insurance provided by the NALC to its members through its branches as part of the benefit of membership in the NALC. It is administered by the Mutual Benefit Association (MBA), the life insurance division of the NALC.

Who is eligible?

All active members of the NALC in good standing who are Letter Carriers or other non-supervisory Postal Career Service employees are eligible for the Basic Accidental Death Benefit.

Both active and retired members are covered under this Group Insurance Certificate.

What's the cost to the members?

The Basic Group Coverage of \$5,000 is offered at no cost to the members. This is a benefit provided by the NALC to its membership.

How is the coverage administered?

The group insurance coverage is administered by the MBA. When a carrier becomes a member of the NALC, a welcome package is sent to the new member from the MBA. This welcome package includes the Basic Group Accidental Certificate.

The basic plan provides \$5,000 of accidental death coverage. Should a member become deceased due to accidental causes, the family or the NALC branch can contact the MBA to request a claimant form. This form should be completed by the next of kin of the deceased member, notarized and returned to the MBA with a copy of the death certificate.

Once the completed claim information is received by the MBA, in most cases it will be processed and paid within one week.

POINTERS FOR POLICYHOLDERS

- Buy life insurance only if you plan to continue it. It can be very costly to surrender the policy during the first few years that it has been in force.
- Review the policy language on your new policy carefully.
- Review your life insurance policies every few years to keep up with changes in your lifestyle and income.
- Keep your insurance company(ies) informed of your current address.
- Designate a beneficiary(ies). This will avoid complications when a death benefit is paid on your policy.
- Periodically, review your beneficiary designation. You may modify this at any time to reflect changes in your life (i.e., marriage, divorce, birth of a child, etc.).

MBA Insurance Programs

For more information contact your local branch office
or call MBA's nationwide WATS line

1 (800) 424-5184

Tuesday & Thursday • 8:00 AM-3:30 PM Eastern Time

or call the MBA at

(202) 638-4318

Monday-Friday • 8:00 AM-3:30 PM Eastern Time

National Association of Letter Carriers

U.S. Letter Carriers Mutual Benefit Association
Fredric V. Rolando Myra Warren
President Director

Board of Trustees
Lawrence D. Brown, Jr. Randall L. Keller
Chairman Michael J. Gill

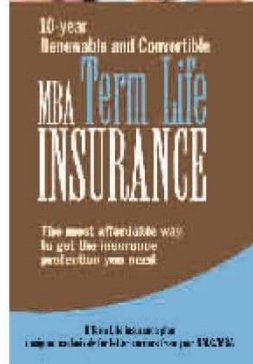


United States Letter Carriers
Mutual Benefit Association
100 Indiana Avenue, N.W., Suite 510
Washington, D.C. 20001-2144

*Insurance plans offered by
the MBA are designed to
give NALC members and
their families the best
possible protection
for the lowest cost.*

MBA 10-Year Renewable and Convertible Term

Term Life is a 10-year renewable and convertible term policy. In the event of your death, the policy will pay your beneficiaries the full amount of your policy for as long as it's in force. This plan lets you choose coverage of \$10,000, \$15,000, \$25,000, \$50,000, or \$100,000.



Your premium will remain the same until the 10-year term has ended. You can renew for another 10 years of coverage without a medical exam. At each renewal period, your premium increases according to your age. You may continue

Prime Protection coverage until age 80.

You can also convert your term life policy to a whole life policy, such as MBA Life Paid Up at Age 90, without taking a medical exam, if the insured is under the age of 65.* Term Life is available for your spouse at the same benefit amounts open to you. Premiums can be paid annually, 12 times a year, or biweekly through payroll deductions.** You may choose to have your dividends paid in cash or left on interest-bearing deposit.

Independence—Single Plan

Independence—Single Plan is one of the most convenient whole life plans available. For a single, once-in-a-lifetime premium



payment you, or any eligible member of your family, can have life insurance coverage of \$5,000, \$10,000, \$20,000, \$100,000, or any amount you choose (subject to MBA's maximum face value limitations).

With this plan you not only get immediate real-cash value, but also investment advantages like favorable tax-free interest earnings, easy low-interest loan availability, an

instant cash-value option, a no cancellation guarantee, and of course, full death benefits.

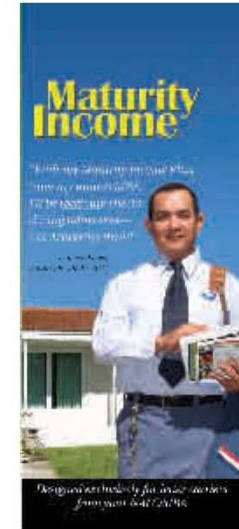
Single-Payment also lets you decide whether to leave your dividends on deposit to increase your cash value, or to use them to increase your death benefit or receive a dividend check.

It's the most convenient way to give your loved ones added financial security.

Retirement Plan

Maturity Income

Maturity Income is a retirement income plan designed to supplement your pension. You make small payments to the plan while



you're young, so you can receive a lifetime of monthly payments after you retire—even if you live to be 200!

Under the Maturity Income plan, you can also request a guaranteed number of monthly payments.

You choose the amount you want to contribute to your Maturity Income plan. It can be as little as \$15 per pay period (the minimum amount allowed). You may also

select your method of payment: MBA can deduct payments automatically from your paycheck, or bill you monthly or annually.*

As your Maturity Income plan grows, you can expect to earn competitive interest rates. The plan is tax-deferred, which means you do not pay taxes on any of your interest until you draw on it—further improving your yield.

When you're ready to retire, MBA offers a choice of four ways to collect monthly benefits:

Life Annuity With Period Certain. Receive a lifetime of monthly payments. You're guaranteed this income for as long as you live. If you die during a specified period

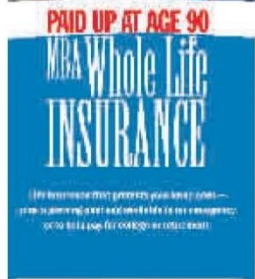
*This feature does not apply if you have been a victim of a permanent and total disability. If you convert to Whole Life, the premiums are specified according to your age on the date of conversion.

**Retirees may choose to pay premiums monthly or annually. Sorry, retirees are not eligible to use payroll deductions.

Life Insurance

MBA Life Paid-Up At Age 90 Whole Life

MBA Life Paid-Up At Age 90 is a whole life insurance plan that lets you choose from \$10,000, \$15,000, \$25,000, \$50,000, or \$100,000 worth of coverage. Premiums are based on the amount of the policy benefit and your age at the time of purchase. With this plan, premiums remain the same throughout the life of your policy. You may pay premiums once a year, 12 times a year or biweekly under the payroll deduction plan.*



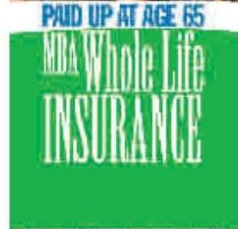
Policy is paid up the anniversary after the insured's 90th birthday. You can borrow against your cash buildup and still keep your plan in force, or you may trade in your policy for the cash value (which you can take as a lump sum, or a regular income).

Should you decide to borrow against your policy, the interest rate will be 8%, or the rate determined by the state in which your policy is issued (whichever is lower).

* Retirees may choose to pay premiums monthly or annually. Sorry, retirees are not eligible to use payroll deductions.

MBA Life Paid-Up at Age 65 Whole Life

MBA Life Paid-Up at Age 65 is a limited payment whole-life insurance policy. It is ideal for all letter carriers and their family members. MBA Life Paid-Up at Age 65 offers lifelong insurance protection without lifelong payments. This plan allows the insured to reduce their financial obligations upon retirement while maintaining their insurance coverage. You can purchase life insurance coverage worth \$10,000, \$15,000, \$25,000, \$50,000, or \$100,000.

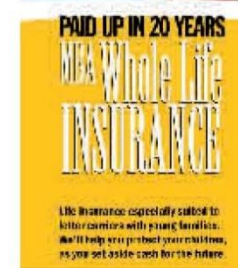


Premium payments are required up to the policy's anniversary date after the insured's 65th birthday. At that time the policy is fully paid up, yet coverage stays in force throughout the insured's lifetime. This coverage continues in full, unless you decide to surrender the policy for its cash value. You may borrow against or surrender your plan any time.

You may pay your premiums once a year, 12 times a year, or biweekly under MBA's automatic payroll deduction plan.

MBA 20 Pay Whole Life

MBA 20 Pay Whole Life is a limited-payment life insurance policy especially suited to letter carriers who want to insure their young children. It lets you build up cash for your children's future. Whether you choose \$10,000, \$15,000, \$25,000, \$50,000, or \$100,000 worth of coverage, you pay premiums for 20 years. In the event of the insured's death, MBA 20 Pay Whole Life will pay survivors the full amount of the policy.



After the 20 years, you may keep the coverage at no cost, or surrender your policy for its cash value. If you choose to keep the policy in force, your cash value will continue to build up at current dividend rates. You may borrow against or surrender your plan any time.

Premiums may be paid once a year, 12 times a year or biweekly under the payroll deduction agreement.*

* Retirees may choose to pay premiums monthly or annually. Sorry, retirees are not eligible to use payroll deductions.



NALC 10 YEAR TERM POLICY



**Look at this chart to learn
just how affordable MBA
Term Life insurance can be:**

**10-year
Renewable
and
Convertible** **MBA Term Life
INSURANCE**

Bi-weekly Payroll Premiums

Current Age of Insured	— FACE VALUE OF POLICY —			
	\$10,000	\$25,000	\$50,000	\$100,000
17	\$2.00	\$2.75	\$4.00	\$6.50
18	2.00	2.75	4.00	6.50
19	2.00	2.75	4.00	6.50
20	2.00	2.75	4.00	6.50
21	2.00	2.75	4.00	6.50
22	2.00	2.75	4.00	6.50
23	2.00	2.75	4.00	6.50
24	2.00	2.75	4.00	6.50
25	2.00	2.75	4.00	6.50
26	2.00	2.75	4.00	6.50
27	2.00	2.75	4.00	6.50
28	2.00	2.75	4.00	6.50
29	2.00	2.75	4.00	6.50
30	2.00	2.75	4.00	6.50
31	2.00	2.75	4.00	6.50
32	2.10	3.00	4.50	7.50
33	2.10	3.00	4.50	7.50
34	2.10	3.00	4.50	7.50
35	2.20	3.25	5.00	8.50
36	2.20	3.25	5.00	8.50
37	2.30	3.50	5.50	9.50
38	2.30	3.50	5.50	9.50
39	2.40	3.75	6.00	10.50
40	2.50	4.00	6.50	11.50
41	2.60	4.25	7.00	12.50
42	2.70	4.50	7.50	13.50
43	2.80	4.75	8.00	14.50
44	2.90	5.00	8.50	15.50

Current Age of Insured	— FACE VALUE OF POLICY —			
	\$10,000	\$25,000	\$50,000	\$100,000
45	\$3.00	\$5.25	\$9.00	\$16.50
46	3.10	5.50	9.50	17.50
47	3.30	6.00	10.50	19.50
48	3.50	6.50	11.50	21.50
49	3.70	7.00	12.50	23.50
50	3.90	7.50	13.50	25.50
51	4.20	8.25	15.00	28.50
52	4.50	9.00	16.50	31.50
53	4.80	9.75	18.00	34.50
54	5.10	10.50	19.50	37.50
55	5.50	11.50	21.50	41.50
56	5.90	12.50	23.50	45.50
57	6.30	13.50	25.50	49.50
58	6.70	14.50	27.50	53.50
59	7.10	15.50	29.50	57.50
60	7.50	16.50	31.50	61.50
61	8.00	17.75	34.00	66.50
62	8.70	19.50	37.50	73.50
63	9.50	21.50	41.50	81.50
64	10.40	23.75	46.00	90.50
65	11.30	26.00	50.50	99.50
66	13.00	30.25	59.00	116.50
67	14.70	34.50	67.50	133.50
68	16.40	38.75	76.00	150.50
69	18.20	43.25	85.00	168.50
70	20.10	48.00	94.50	187.50

PTF provisions

Pay raise every 46 weeks.

Cost of Living allowance apply twice a year.

Receive scheduling priority over CCA's in your office.

Any transfers into your office will come junior to you as a PTF

Residuals routes must go to unassigned regulars first...PTF's converted to full time 2nd

When converted to full-time you don't lose any steps on pay scale.

Route Bidding

- **Option available to find job bids**
- Union Bulletin Board at work
- Website: www.Liteblue.usps.gov (ejob bidding)
You need your Employee ID and PASSWORD

Route Bidding

- Options available for bidding on routes
- WWW.Liteblue.usps.gov Website
 - Click on route bidding
 - Need Employee ID # and PASSWORD
- Call 1-877-477-3273 HRSSC
 - Option on phone for route bidding
 - Need Employee ID # and PIN #

Annual Leave Earning

- **Full-time employees earn annual leave based on their number of creditable years of service. (Military time counts)**
(512.23 of the Labor Relations Manual) 440 hours maximum carryover
- **Less than 3 years service**
 - 4 hours for each full biweekly pay periods; i.e., 104 hours (13 days) per 26 pay-period leave year.
- **More than 3 years but less than 15 years**
 - 6 hours for each full biweekly pay period plus 4 hours in last pay period in leave year, i.e. 160 hours (20 days) per 26 pay-period leave year.
- **More than 15 years**
 - 8 hours for each full biweekly pay period; i.e., 208 hours (26 days) per 26 pay-period
- **Credit at Beginning of Leave Year.** Full-time employees are credited at the beginning of the year (First full pay-period of the calendar year) with the total number of annual leave hours that they will earn for that leave year.
- **PTF's Earn leave as you go.** 1 hour per 20 hours worked

Sick Leave

- Full-time employees 4 hours for each full biweekly pay period—i.e., 13 days (104 hours) per 26 pay-period leave year.
- **Part-time Flexible earn 1 hour for every 20 hours worked.**
- FMLA applies after 12 Months of service
- Must have worked 1,250 hours during the 12 months prior to the start of leave
- May use 80 hours of sick Leave to care for an Immediate family member. (dependent care).

Time Off



Request for or Notification of Absence

Employee's Name (Print last, first, MI)

Employee ID

Date Submitted (MM/DD/YYYY)

No. of Hours Requested

Installation (For postmaster's leave, show city, state, and ZIP Code)

N/S Day

Pay Loc. No.

D/A Code

From: Date

Hour

Time of Call or Request

Scheduled Reporting Time

If Needed, Employee Can Be Reached At:

Do not call

Thru: Date

Hour

Type of Absence

- Annual
- Holiday/AL Lv Exch
- Carrier 701 Route
- LWOP (See reverse)
- Sick (See reverse)
- Late
- COP (See reverse)
-

Documentation (For official use only)

- FMLA Requested (Certification review - HRSSC)
- For COP Leave (CA1 on file)
- For Advanced Sick Leave (PS 1221 on file)
- For Military Leave (Orders reviewed)
- For Court Leave (Summons reviewed)
- For Higher Level (PS 1723 on file)
- Scheme Training Testing Qualifying (Memo on file)

Revised Schedule for (Date)

Approved in Advance

- Yes
- No

Begin Work

Lunch Out

Lunch In

End Work

Total Hours

SCHEDULED	UNSCCHEDULED	PP	Year	
		Day	Init.	Hours
		Sat 01		
		Sun 02		
		Mon 03		
		Tue 04		
		Wed 05		
		Thur 06		
		Fri 07		
		Sat 08		
		Sun 09		
		Mon 10		
		Tue 11		
		Wed 12		
		Thur 13		
		Fri 14		

Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)

I understand that the annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.

Employee's Signature and Date

Signature of Person Recording Absence and Date

Signature of Supervisor and Date Notified

Official Action on Application (Return copy of signed request to employee.)

- Approved
- Disapproved (Give reason below)

Do not check an FMLA box until you verify the FMLA designation.

- FMLA Designation is PENDING
- FMLA Protected
- Not FMLA Protected

Signature of Supervisor and Date

Continued on reverse

Vacation bidding

- December of every year
- Choice by seniority
- In Prime time (Summer) you can bid only 2 weeks.
- Once you earn 20 or 26 days of annual leave then you can bid 3 weeks during Prime time. The 3 cannot be 3 separate weeks. Must be 3 together, 2 together and 1 separate.
- Don't need to bid 3 weeks in prime.

Probation

**MEMORANDUM OF UNDERSTANDING BETWEEN
THE UNITED STATES POSTAL SERVICE
AND
THE NATIONAL ASSOCIATION OF LETTER CARRIERS, AFL-CIO**

- Re: Article 12.1 - Probationary Period
- City carrier assistants (CCAs) who are converted to career status during an appointment as a CCA or directly after a five-day break in service **will not** serve a probationary period as a career employee, provided the employee has successfully **served a 360-day appointment as a CCA** and such career appointment directly follows a city carrier assistant appointment.

Retirement

- CSRS and FERS
- You are Covered under FERS
 Federal Employees Retirement System
- Defined Pension
 1% of your high three years salary per year of service
 Overtime does NOT count
- Thrift Savings Plan (TSP)
 Your own personal savings plus Postal Matching
- Social Security
- Retirement eligibility based on age and years of service

Retirement

- **Defined Pension**
- Cost 4.4% of salary
- 55-57 years old depending on birth year with 30 years. (MRA)
 - Can retire with less than 30 years but you pay a penalty. 5 % for every year under 62
- 60 Years old with 20 years service
- 62 Years old with 5 Years Service

Pension

Years of Service	CC Grade 1 High-3: \$64,520	CC Grade 2 High-3: \$65,867
• 20	\$1,075	\$1,098
• 21	\$1,129	\$1,153
• 22	\$1,183	\$1,208
• 23	\$1,237	\$1,262
• 24	\$1,290	\$1,317
• 25	\$1,344	\$1,372
• 26	\$1,398	\$1,427
• 27	\$1,452	\$1,482
• 28	\$1,505	\$1,537
• 29	\$1,559	\$1,592
• 30	\$1,613	\$1,647
• 31	\$1,667	\$1,702
• 32	\$1,721	\$1,756
• 33	\$1,774	\$1,811
• 34	\$1,828	\$1,866
• Each additional year	\$53.77	\$54.89

TSP (Thrift Savings Plan) (401k)

- All employees automatically put in 5%
- To put in more or less you MUST designate.
- TSP 1 form
- www.liteblue.gov website under Postal-ease
- If you do not give anything USPS gives you 1%
- USPS matching funds
 - 1% automatic
 - First 3% of your contribution is matched dollar-for-dollar
 - Next 2% matched 50 cents on the dollar
 - If you give 5% then Agency matches 5%

TSP (Thrift Savings Plan) (401k)

- **Contribution Options**
- **Traditional IRA Tax Deferred**
 - Contribute before you pay taxes on paycheck
 - Pay taxes upon withdrawal
- **Roth IRA**
 - Contribute after you pay taxes on paycheck
 - Not taxed when withdrawn
- **Contribution limits**
 - 2021 \$19,500
 - Over 50 Catch-up contributions Maximum \$6,500
 - Not Matched
 - Must be maxed out on regular contributions

TSP investment options

- G-Fund - Safe - Govt. Securities. Can't lose!
- F-Fund – Some risk - Bloomberg Barclays US bond index
- C-Fund – Risky – Common Stock – SP 500
- S-Fund – Risky – Small Cap – US stock not SP 500
- I- Fund – Risky – International Stocks MSCI EAFE index
- L-Funds – Some Risk- for those that don't know about stocks

TSP L-Fund

The L Funds' strategy is to invest in an appropriate mix of the G, F, C, S, and I Funds for a particular time horizon, or target retirement date.

As a new employee you will automatically be placed into 2050 fund unless you designate different.

Choose	If your target date is:
L 2050	2045 or later
L 2040	2035 through 2044
L 2030	2025 through 2034
L 2020	Now through 2024
L Income	If you are already withdrawing your account in monthly payments.

TSP (Thrift Savings Plan) (401k)

Best and worst years

Investment options:		2013	2008
– G-FUND	Safe	1.89%	3.75%
– F-Fund	Some risk	-1.68%	5.45%
– C-Fund	Risky	32.45%	-36.99%
– I-Fund	Risky	22.13%	-38.32%
– S-Fund	Risky	38.35%	-42.43%
– Life Funds available		They invest for you	
• 2020		16.03%	-22.77%
• 2030		20.16%	-27.50%
• 2040		23.23%	-31.53%
• 2050		26.20%	unavailable in 2008

TSP Investments YTD

- Investment options: **2020**
 - G-FUND Safe 0.97%
 - F-Fund Some risk 7.50%
 - C-Fund Risky 18.31%
 - I-Fund Risky 8.17%
 - S-Fund Risky 31.85%
 - Life Funds available They invest for you
 - L Income (for retirees) 5.15%
 - 2030 11.26%
 - 2040 13.16%
 - 2050 14.79%

Social Security

- Based on 40 Years of work.
 - Not just Postal Service work
 - Payable at 62 years old
- Age to receive FULL Social Security benefits

• Year of birth	Full retirement age
• 1943-1954	66
• 1955	66 and 2 months
• 1956	66 and 4 months
• 1957	66 and 6 months
• 1958	66 and 8 months
• 1959	66 and 10 months
• 1960 and later	67

Social Security Supplement (Bridge)

- If you are eligible for Full benefits you would qualify for the supplement.
- Full benefits meaning:
 - MRA + 30 years
 - 60 + 20 years
- Supplement is the amount of Social Security you would receive for your Federal Service.
- For Social Security and Supplement

OVERTIME DOES COUNT

Social Security Supplement (Bridge)

- Example: Social security is based on 40 years of work. You work at the Postal Service for 30 years.
- Divide 30 by 40 = .75
- Social Security says at 62 you would receive \$1600 per month.
- $\$1,600 \times .75 = \$1,200$ Supplement by USPS.
- Supplement is only payable until age 62

DENTAL AND VISION INSURANCE

- TO SIGN UP
 - Go to www.BENEFEDS.COM Create an account
- 60 DAYS FROM APPOINTMENT
- Several plans to choose from
- Employee pays full premium
 - No employer paid premiums
- Payroll deduction
- If in LWOP status you are still responsible for premiums

PLAN NAME	Blue Cross Blue Shield FEP Dental, PPO (855) 504-2583		EmblemHealth Dental, PPO (800) 624-2414		MetLife Federal Dental Plan, PPO (888) 865-6854	
Plan Type	High		High		High	
Official Statement of Benefits (Plan Brochure)	Blue Cross Blue Shield FEP Dental		EmblemHealth Dental		MetLife Federal Dental Plan	
2022 PREMIUM RATES (Bi-Weekly)						
Self Only	\$20.22		\$22.55		\$18.82	
Self Plus One	\$40.44		\$45.07		\$37.63	
Self and Family	\$60.66		\$67.62		\$56.45	
BENEFITS AND SERVICES	In Network (You Pay)	Out of Network (You Pay)	In Network (You Pay)	Out of Network (You Pay)	In Network (You Pay)	Out of Network (You Pay)
Preventive ❶	0% Coinsurance	10% + Amt. Over Plan Allowance	0% Coinsurance	0% Amt. Over Plan Allowance	0% Coinsurance	10% Amt. Over Plan Allowance
Intermediate ❶	30% Coinsurance	40% + Amt. Over Plan Allowance	0% Coinsurance	0% Amt. Over Plan Allowance	30%	40% Amt. Over Plan Allowance
Major ❶	50% Coinsurance	60% + Amt. Over Plan Allowance	0% Coinsurance	0% Amt. Over Plan Allowance	50%	60%
Orthodontic ❶	50% Coinsurance	50% + Amt. Over Plan Allowance	0% Coinsurance	0% Amt. Over Plan Allowance	30%	30% Amt. Over Plan Allowance
Annual Maximum Benefit Per Person	NO MAXIMUM	3000	NO MAXIMUM	NO MAXIMUM	NO MAXIMUM	NO MAXIMUM
Per Person Deductible	In Network - \$0; Out of Network - \$50		In Network - \$0; Out of Network - \$50		In Network - \$0; Out of Network - \$50	
Orthodontic Lifetime Maximum	\$3500 Per Person No Age Limit No Waiting Period		\$4000 Per Person No Age Limit No Waiting Period		\$5000 Per Child Up to Maximum Eligibility \$3000 Per Adult (Member and Spouse Only) No Waiting Period	

PLAN NAME	Blue Cross Blue Shield FEP Vision, PPO (888) 550-2583		UnitedHealthcare Vision, PPO (866) 249-1999		VSP Vision Care, PPO (800) 807-0764	
Plan Type	High		High		High	
Official Statement of Benefits (Plan Brochure)	Blue Cross Blue Shield FEP Vision		UnitedHealthcare Vision		VSP Vision Care	
2022 PREMIUM RATES (Bi-Weekly)						
Self Only	\$5.55		\$5.06		\$6.71	
Self Plus One	\$11.09		\$9.88		\$13.44	
Self and Family	\$16.64		\$14.70		\$20.17	
BENEFITS AND SERVICES	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Vision Exam	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Vision Lenses Only	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Frames	Every 12 Months Additional Features	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Copay (In-network)	\$0 Exam \$0 Lenses		\$0 Exam \$10 Materials		\$10	
Additional Features	In Network - Additional Lens Options Breakage Warranty Glasses or Contacts Laser Vision Correction Discount Low Vision Coverage 2nd Pair of Eyeglasses Retinal Imaging. Out of Network - Glasses or Contacts Low Vision Coverage.		In Network - Laser Vision Correction Discount Additional Lens Options Glasses or Contacts Low Vision Coverage Prosthetic Eye Vision Therapy Retinal Imaging. Out of Network - Laser Vision Correction Discount Glasses or Contacts Low Vision Coverage Prosthetic Eye Vision Therapy.		In Network - Laser Vision Correction Discount Additional Lens Options Glasses or Contacts Retinal Imaging Low Vision Coverage. Out of Network - Glasses or Contacts.	

Questions??

