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# Overview of the Plan

The United States Postal Service (USPS) provides group health insurance coverage to its eligible City Carrier Assistants (CCAs); Mail Handler Assistants (MHAs); Rural Carrier Associates (RCAs); non-bargaining, non-career employees; and their qualified family members through the USPS Health Benefits (HB) Plan. The plan is administered by United Healthcare through a contract with USPS. While this Guide provides information about important plan policies and procedures that eligible employees must consider when deciding whether to enroll in the USPS 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 Health Benefits Plan covers and your share of health care costs.
2. The *Summary Plan Description* provides an in-depth description of the plan.

If it is determined that you are eligible for the USPS HB Plan through a test for full-time status (defined in the Eligibility for the Plan section) then you will receive a letter informing you of your eligibility for the plan and your enrollment period. CCAs and MHAs automatically qualify as eligible and therefore will not receive a notification letter. You will not automatically receive a copy of the *Summary Plan Description*, the *Summary of Benefits and Coverage*, or this Guide. You can view and download all of these documents on LiteBlue at <https://liteblue.usps.gov/benefitsinfo>. Read the *Summary of Benefits and Coverage* and the *Summary Plan Description* carefully before making any final enrollment decisions. If you want to enroll in the USPS HB Plan, complete PS Form 3117, *PostalEASE USPS Health Benefits Plan Worksheet*, before making your election in *PostalEASE* so that you have all of the required information ready to enter.

## Puerto Rico and Out-of-Area Plans

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Nearly all enrollees will utilize United Healthcare's Choice Network of providers. With the exception of a true emergency, services will only be covered when you use a network provider.

Enrollees with a Puerto Rico mailing address 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 enrollees with a mailing address outside of the Choice and MAPFRE networks mentioned above will utilize the Out-of-Area (OOA). This 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.

## Changes to the Plan for 2016

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The Plan is adding a new Self Plus One enrollment option.

## Federal Employees Health Benefits Program

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As an 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 is provided on LiteBlue at <https://liteblue.usps.gov/benefitsinfo>. City Carrier Assistants may qualify for a Postal Service contribution to Self and Family coverage in the NALC Consumer Driven Health Plan or NALC Value Option. FEHB is administered by OPM. The USPS Health Benefits Plan is not a part of FEHB and is not administered by OPM. You cannot enroll in both FEHB and the USPS Health Benefits Plan.

## Eligibility for the Plan

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To be eligible for USPS HB Plan enrollment, employees must meet one of these requirements:

1. Be a City Carrier Assistant (CCA) or a Mail Handler Assistant (MHA), or
2. Be a Rural Carrier Associate (RCA) or non-bargaining, non-career employee and also meet the Patient Protection and Affordable Care Act (PPACA) definition of a full-time employee by averaging 30 paid hours per week over a measurement period.

The measurement periods used to determine full-time status under (2) above are as follows:

- The Standard Measurement Period test is used for ongoing employees to determine eligibility for coverage before Open Season each year. This measurement period is twelve (12) months, as follows:
  - Start: Day 1 of the Pay Period (PP) starting on or after October 10 in the calendar year before the Open Season.
  - End: Day 14, 26 PPs later, in the calendar year of the Open Season.
- The Test for a Reasonable Expectation to Average 30 Hours is a short initial test that will be used for newly hired employees to determine if they are expected to be full-time employees as defined by PPACA. This measurement period is 3 PPs, as follows:
  - Start: Day 1 of the PP on or after the entered on duty (EOD) date.
  - End: Day 14, 3 PPs later.
- The Variable Hours New Hire Measurement Period is a longer test for newly hired employees who do not meet the Test for a Reasonable Expectation to Average 30 Hours. This Variable Hours New Hire Measurement Period is 24 PPs, as follows:
  - Start: Day 1 of the PP on or after the EOD date.
  - End: Day 14, 24 PPs later.

Once enrolled, there is a Stability Period during which employees who qualify based on their full-time status will remain eligible for coverage even if their hours drop below 30 hours per week. For employees qualifying under the Standard Measurement Period test, the Stability Period will be the plan year that begins after the Open Season. For employees qualifying based on one of the two newly hired tests (those that first qualify for coverage in the middle of a plan year), the Stability Period will be the remainder of the plan year in which they qualified for coverage plus the following plan year.

When you first become eligible for the plan, you will be sent a letter in the mail informing you of your eligibility for the plan and enrollment deadline. CCAs and MHAs automatically qualify as eligible and therefore will not receive a notification letter.

**Note:** Employees who are eligible at the beginning of the Plan Year based on their full-time status will have their hours tested each year during the Standard Measurement Period to determine their eligibility for the following plan year.

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# You are Responsible for Being Informed About Your Health Benefits

You should thoroughly read the following:

- This Guide,
- The *Summary of Benefits and Coverage* — this provides a helpful overview of what the USPS 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 pre-tax 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 on page [28](#).

After referring to these sources, if you still have questions regarding eligibility, policy, enrollment criteria, or any other USPS HB Plan policies, or if you need assistance making your election in *PostalEASE*, contact the HRSSC by calling 877-477-3273, option 5; TTY 866-260-7507.

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

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# 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 Plus One coverage, health benefits coverage is provided to you as the enrollee along with one eligible family member.
- If you elect Self and Family coverage, health benefits coverage is provided to you as the enrollee along with all of your eligible family members as described in “Self Only, Self Plus One, and Self and Family Coverage.”

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# How Much Does It Cost?

If you choose to enroll in the USPS HB Plan, you will receive a Postal Service contribution of at least \$125 per pay period and have your Self Only premium capped at 9.5% of your gross pay each pay period. This brings your maximum contribution to \$35 per pay period. If you elect Self Plus One, your coverage will cost an additional \$160 per pay period above your Self Only contribution, which means your maximum contribution will be \$195 per pay period. If you elect Self and Family, your coverage will cost an additional \$320 per pay period above your Self Only contribution, which means your maximum contribution will be \$355 per pay period. Gross pay can be found on your earnings statement (pay stub)—it is your pay before taxes and deductions, not your net (take-home) pay.

Employees who enroll in the USPS Health Benefits Plan may elect to have premium costs withheld from pay on a pre-tax basis. See the Pre-Tax Payment of Premium Contributions section regarding this option.

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# Self Only, Self Plus One, and Self and Family Coverage

## Which Family Members Are Eligible?

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For consistency, since employees may be simultaneously eligible for the USPS Health Benefits Plan and FEHB, the USPS Health Benefits Plan will follow FEHB's definition for eligible family members. Your family members who are eligible to be covered under a Self Plus One or 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, 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.

## Ineligible Family Members

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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 Plus One or Self and Family enrollment:

- Parents and other relatives
- Former spouses

## Requirement to Keep Information about Your Dependents Current

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If you enroll in Self Plus One or 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 want to 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.

## National Medical Support Notices

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If you have a valid court order to provide health benefits to one of your children and you are not enrolled for Self Plus One or Self and Family coverage in either the USPS Health Benefits Plan or FEHB, you may be involuntarily enrolled in Self Plus One or Self and Family coverage according to FEHB's policy in an FEHB plan. If you are not eligible for FEHB, and you are eligible for the USPS Health Benefits Plan, you will be involuntarily enrolled in Self Plus One or Self and Family coverage in the USPS Health Benefits Plan.

# Enrollment, Change, and Cancellation Opportunities

## Opportunities to Enroll

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All eligible employees may enroll (begin coverage) in the USPS Health Benefits Plan as follows:

- During the Open Season that begins each November.
- 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 Health Benefits Plan coverage within 60 days of the date they were hired. Other new hires may elect coverage within 60 days of the date they become eligible for coverage.
- Reappointment — Eligible employees 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 an eligible employee is reappointed after a break in service of 6 days or more and less than 13 weeks, then the employee has an opportunity to elect coverage within 60 days of the reappointment date. If an employee is reappointed after a break of more than 13 weeks, then the employee will be treated as a new hire.

## Opportunities to Change or Cancel Your Enrollment

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Once you have enrolled, you have an opportunity to change your enrollment (from Self Only to Self Plus One or 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 Plus One or Self and Family when certain qualifying life events occur. You must make these elections within the time limits as specified in the Qualifying Life and Permitting Events Change Matrix found on page [28](#).
  - For non-career employees 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 reduce your coverage tier from Self and Family or Self Plus One 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 reduce your coverage tier from Self and Family or Self Plus One to Self Only or cancel your enrollment as specified in the Qualifying Life and Permitting Events Change Matrix found on page [28](#).

## How to Enroll, Change or Cancel Your Enrollment

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The United States Postal Service uses *PostalEASE* to enter USPS Health Benefits Plan Open Season enrollments, changes, and cancellations and to enter New Hire enrollments. All the information you need for using *PostalEASE* is found on PS Form 3117, *PostalEASE USPS 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*

Open Season dates will be posted each year on the Open Season LiteBlue website at <http://liteblue.usps.gov/openseason>. Do not wait until late in the Open Season to enter your choice via *PostalEASE*. If you are already enrolled and you do nothing during Open Season, then your enrollment will continue. 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 Plus One and 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 enroll is via the *PostalEASE* Employee Web, which is available through the LiteBlue page, Blue page, or on a kiosk.

## Enrollment, Change, and Cancellation Opportunities

*PostalEASE* provides the enrollment date, processing date, and effective date of your coverage when you complete your transaction. You may delete or change a pending transaction until it is processed. To prepare, first complete PS Form 3117, *PostalEASE USPS Health Benefits Plan Worksheet*, and follow the instructions carefully. All online, self-service transactions enable you to print a confirmation page for your records.

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# Effective Dates

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

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For consistency the USPS 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 2015 Open Season, coverage is effective January 9, 2016.)
- **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 or 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 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 day 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 Plus One or Self and Family enrollment or employee changes from Self Plus One to Self and Family enrollment**

- **Spouse** — if an employee wants to provide immediate coverage for a new spouse, the employee may submit PS Form 3117, *PostalEASE USPS 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 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 enrollment.
- **Child** — if an employee changes from Self Only or Self Plus One to Self and Family due to the birth or addition of a child, the effective date of the enrollment change and premium contribution change will be the first day of the pay period in which the child becomes a family member. The child's coverage will be effective on 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, 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 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 Plus One or Self and Family coverage.)

## When Will My Coverage End?

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If you are enrolled in the USPS Health Benefits Plan and you cancel your coverage as an Open Season transaction, the cancellation is effective at midnight on the day before the first day of the first pay period that begins in the next year. If you enrolled in the USPS Health Benefits Plan 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.

During Open Season you can also delete a pending transaction to enroll or make changes to your current enrollment. For example, if on November 10, 2015, you enter an election in *PostalEASE* to enroll in the USPS Health Benefits Plan or change from Self Only to Self Plus One for 2016, you may go back into *PostalEASE* and delete your pending enrollment or pending change transaction, as long as you do this before the end of Open Season and then you will not be enrolled (or your changes will be canceled) for 2016.

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 Form 3117, *PostalEASE USPS Health Benefits Plan Worksheet*.

If you have Self Plus One or 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.

If you are reassigned to a position excluded from coverage, your enrollment is terminated the last day of the month that is 28 days after you are reassigned, which is usually the last day of the following month.

If you are converted to a career position, your enrollment is terminated the last day of the month that is 28 days after you are converted to a career position. You have the option to enroll as a career employee under the Federal Employees Health Benefits program and your USPS HB Plan coverage will end when your FEHB coverage begins.

In the event of your death, your enrollment will terminate the last day of the pay period, unless you have a Self Plus One or Self and Family enrollment, in which case coverage will terminate on the last day of the month that is 28 days after the month of your death.

If you are separated without a rehire appointment, your enrollment will terminate the last day of the pay period that contains the 6th day since separation.

If you elect in writing to stop your coverage when you are separated, furloughed, or placed on a leave of absence to serve in the uniformed services for duty over 30 days, your enrollment will be terminated.

If you are separated, furloughed, or placed on a leave of absence to serve in the uniformed services for duty past 24 months, or the date of your entitlement to continued coverage ends, whichever is earlier, your enrollment will be terminated.

If you do not meet the recertification requirement (paid hours requirement) described in the “Eligibility for the Plan” section, during the Measurement Period, for the subsequent Stability Period (Plan Year), your enrollment will be terminated on the last day of the pay period of the current Stability Period (Plan Year).

Be sure to read the section about “Loss of Coverage and the Opportunity to Elect Temporary Continuation of Coverage”.

# 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 Health Benefits Plan enrollment. For example, you are not allowed to be covered under your spouse's USPS 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 an eligible employee 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, contact the HRSSC at 877-477-3273, option 5; TTY 866-260-7507.

As an employee with the Postal Service, you also may be eligible to enroll in FEHB if you meet OPM requirements. Note that you are not allowed to simultaneously have a USPS Health Benefits Plan enrollment and an FEHB enrollment. However, you are allowed to have a USPS 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 Health Benefits Plan Self and Family enrollment that covers a family member who has his or her own FEHB enrollment.

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# Loss of Coverage and the Opportunity to Elect Temporary Continuation of Coverage

When an event occurs that causes you or your family member to lose coverage, the USPS 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 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

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Once you have enrolled in the USPS 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.

Since your Self Only premium contribution is based on a percentage of your gross pay, you will not be invoiced for Self Only coverage. If you have Self Only coverage, then your coverage will continue throughout your stability period. If you have Self Plus One or Self and Family coverage, you will only be invoiced for the premium above the Self Only coverage.

When two adjustments for insufficient earnings for USPS 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 canceled, 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 cannot be paid in installments via a voluntary PS Form 3239, Payroll Deduction Authorization to Liquidate Postal Service Indebtedness.*

If you lose USPS Health Benefits Plan coverage because of insufficient earnings, you will not be eligible to renew your enrollment until one of the following occurs:

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

## Certificate of Group Health Plan Coverage

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If you lose coverage under the USPS 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 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

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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.”

If you want to pay your premiums with pre-tax money, you must request PS Form 3119, *Application to Elect or Waive Pretax USPS Health Benefits Plan Premium*, from the HRSSC by calling 877-477-3273, option 5; TTY 866-260-7507. During Open Season, complete the form and return it to the HRSSC by 5:00 p.m. Central Time on December 14, 2015. If this is your initial opportunity to enroll in the USPS Health Benefits Plan as a newly hired employee, and you wish to elect pre-tax payments, you have 60 days from the date of your eligibility 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 on page [28](#). 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 Form 3119, *Application to Elect or Waive Pretax USPS 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 on page [28](#).

## Reducing Coverage

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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 Health Benefits Plan enrollment, or to go from Self Plus One or 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 on page [28](#). 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 PS Form 3117, *PostalEASE USPS 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 on page [28](#). You must provide any supporting documentation requested by the HRSSC. The effective date of a change from Self and Family to Self Plus One or 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.

## Your Right to More Information

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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 employees may be simultaneously eligible for the USPS Health Benefits Plan and FEHB, the USPS 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 an employee's life or job that relates to benefits, or an event in the USPS Health Benefits Plan's administration in benefit terms. Benefit events may have an effect on an employee'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 an employee experiences a qualifying life event (QLE) as described in the Qualifying Life and Permitting Events Change Matrix, changes to the employee's USPS 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:** An employee who is enrolled in FEHB and has a Qualifying Life Event may then have an opportunity to elect coverage under the USPS Health Benefits Plan.

***For non-career employees 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, Self and Family to Self Plus One, Self Plus One 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 make a change in your enrollment in accordance with the Qualifying Life and Permitting Events Change Matrix.

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

**Qualifying Life and Permitting Events Change Matrix**

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	Increase Coverage Tier	Cancel or Reduce Coverage Tier <sup>1</sup>	Participate	Waive	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 60 days after becoming eligible <i>PostalEASE</i> 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 <i>PostalEASE</i> 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	May enroll or change beginning 31 days before the event and within 60 days after the change in family status
1C2	Death of spouse	Yes	Yes	Yes	Yes	Yes	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	May enroll or change within 60 days after the change in family status
1C4	Dependent child now ineligible, for example: <ul style="list-style-type: none"> <li>■ Child reaches age 26</li> <li>■ Disabled child becomes capable of self-support</li> </ul>	Yes	Yes	Yes	Yes	Yes	May enroll or change beginning 31 days before the event and within 60 days after the change in family status
1C5	Marriage	Yes	Yes	Yes	Yes	Yes	May enroll or change beginning 31 days before the event and within 60 days after the change in family status
1C6	Divorce or annulment	Yes	Yes	Yes	Yes	Yes	May enroll or change beginning 31 days before the event and within 60 days after the change in family status

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1C7	QMSCO Add	Yes	Yes	Yes	Yes	Yes	May enroll or change beginning 31 days before the event and within 60 days after the change in family status
1C8	QMSCO Revoked	Yes	Yes	Yes	Yes	Yes	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: <ul style="list-style-type: none"> <li>■ Reemployment after a break in service of more than 5 days</li> <li>■ 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)</li> </ul>	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: <ul style="list-style-type: none"> <li>■ Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution</li> <li>■ Change from full time to part time career or the reverse</li> </ul>	Yes	Yes	Yes	Yes	Yes	Within 60 days after employment status change

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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
1G	Employee, spouse or dependent: <ul style="list-style-type: none"> <li>■ Begins nonpay status or insufficient pay<sup>3</sup> or</li> <li>■ Ends nonpay status or insufficient pay if coverage continued</li> <li>■ (If employee's coverage terminated, see 1D)</li> <li>■ (If spouse's or dependent's coverage terminated, see 1M)</li> </ul>	No	No	Yes	Yes	Yes	Within 60 days after employment status change
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
1I	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. <sup>4</sup>	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. <i>Employees may enroll or change beginning 31 days before leaving the old post of duty.</i>

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1K	Separation from employment when the employee or employee's spouse is pregnant.	Yes	Yes	N/A	N/A	N/A	During the employee'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. <i>[Change may be made only once.]</i>
1M	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following: <ul style="list-style-type: none"> <li>■ Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment</li> <li>■ Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan<sup>6</sup></li> <li>■ Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service</li> <li>■ Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy</li> </ul>	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage. <i>Employees may enroll or change beginning 31 days before the event.</i>

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1M	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following (cont.): <ul style="list-style-type: none"> <li>■ Loss of coverage under a non-Federal health plan, including foreign, state or local government, private sector</li> <li>■ Loss of coverage due to change in worksite or residence (Employees in an FEHB HMO, also see 1I)</li> </ul>	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage. <i>Employees may enroll or change beginning 31 days before the event.</i>
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.
1O	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

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		From Not Enrolled to Enrolled	Increase Coverage Tier	Cancel or Reduce Coverage Tier <sup>1</sup>	Participate	Waive	When You Must File Health Benefits Election with HRSSC
1P	<p>Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following:</p> <ul style="list-style-type: none"> <li>■ Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L)</li> <li>■ TRICARE for Life, due to enrollment in Medicare</li> <li>■ 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</li> <li>■ Health insurance acquired due to change of worksite or residence that affects eligibility for coverage</li> <li>■ 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></li> </ul>	No	No	Yes <sup>9</sup>	Yes	Yes	Within 60 days after QLE

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	Increase Coverage Tier	Cancel or Reduce Coverage Tier <sup>1</sup>	Participate	Waive	When You Must File Health Benefits Election with HRSSC
1Q	<p>Change in spouse's or dependent's coverage options under health plan other than the USPS Health Plan, for example:</p> <ul style="list-style-type: none"> <li>■ Employer starts or stops offering a different type of coverage (If no other coverage is available, also see 1M)</li> <li>■ Change in cost of coverage</li> <li>■ HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO</li> <li>■ HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (If no other coverage is available, see 1M)</li> </ul>	No	No	Yes <sup>9</sup>	Yes	Yes	Within 60 days after QLE

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		From Not Enrolled to Enrolled	Increase Coverage Tier	Cancel or Reduce Coverage Tier <sup>1</sup>	Participate	Waive	When You Must File Health Benefits Election with HRSSC
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, 877-477-3273, option 5; TTY 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 USPS Employee:

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 Health Benefits Plan.**

If you are ineligible to enroll in the USPS Health Benefits Plan, or if you are eligible to enroll in the USPS Health Benefits Plan but you are not enrolled due to affordability issues or concerns, or if you are enrolled in the USPS 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 [www.healthcare.gov](http://www.healthcare.gov). 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 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 Health Benefits Plan meets the Affordable Care Act’s minimum value standard for the benefits that a plan must provide.**

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

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

# Notice Required By Patient Protection and Affordable Care Act

## Health Insurance Marketplace Coverage Options and Your Health Coverage

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### **General Information**

When key parts of the health care law took effect in 2014, there was 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 Health Insurance 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 the fall of each year with coverage starting as early as the following January.

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 the 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 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 the USPS Health Benefits Plan health insurance coverage offered by your employer, please visit <https://liteblue.usps.gov> 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](http://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.