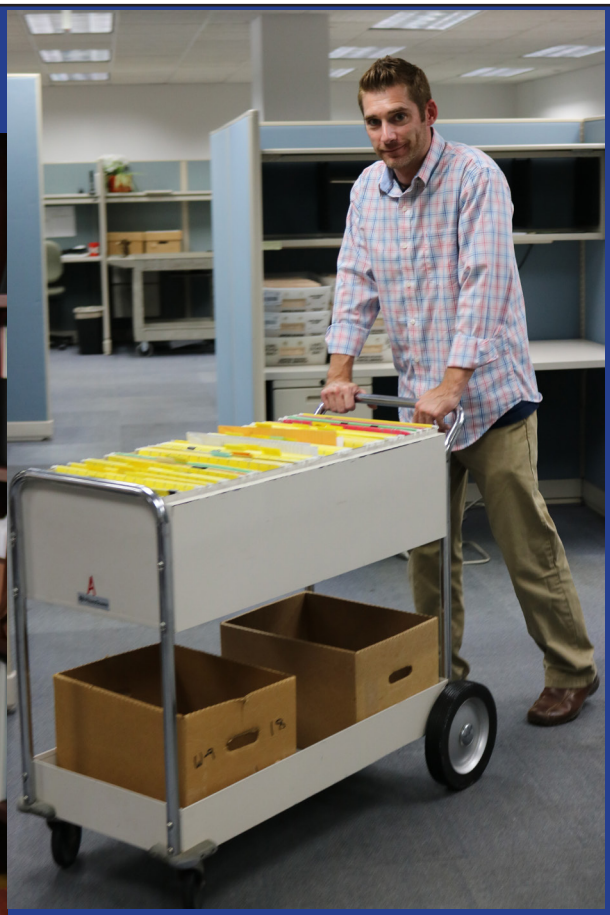
NALC Health Benefit Plan

Consumer Driven Health Plan (CDHP) & Value Option Plan



20547 Waverly Court
Ashburn, VA 20149
888-636-NALC (6252)
www.nalchbp.org

2018

NALC Health Benefit Plan
Consumer Driven Health Plan (CDHP) and Value Option Plan

Notice of Summary of Benefits and Coverage (SBC): Availability of Summary Health Information

The Federal Employees Health Benefits (FEHB) Program offers numerous health benefit plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed choice, each FEHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online and a printed copy. The SBC summarizes important information in a standard format to help you compare plans and options.

The Plans' SBC's are available on our website at www.nalchbp.org. A paper copy is also available, free of charge, by calling 888-636-NALC (6252).

To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit www.opm.gov/healthcare-insurance/healthcare/plan-information/.

Notice of Patient Protection under the Affordable Care Act

NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members as patients. For information on how to select a primary care provider, and a list of the participating care providers, contact Cigna at 855-511-1893 or visit our website at www.nalchbp.org.

For children, you may designate a pediatrician as the primary care provider.

Brochure Download

The Office of Personnel Management (OPM) issued a Going Green mandate to all Federal Employees Health Benefit plans instructing them to reduce their use of paper by providing an electronic version of the Plan's yearly brochure.

You may download the brochure from the Plan's website at www.nalchbp.org. For your convenience, the brochure is also available on a CD. If you would like to receive a paper copy of the brochure or a CD, contact the Plan at 888-636-NALC (6252).

2018 Rates

	CDHP Self Only	CDHP Self Plus One	CDHP Self & Family	Value Option Self Only	Value Option Self Plus One	Value Option Self & Family
Monthly Annuitants Pay	$116.06	$251.06	$256.65	$95.25	$206.03	$210.72
Biweekly Postal Employees Category 1 Pay	$48.74	$105.44	$107.79	$40.01	$86.53	$88.50
Biweekly Postal Employees Category 2 Pay	$44.46	$96.17	$98.32	$36.49	$78.93	$80.72
Biweekly Non-Postal Employees Pay	$53.56	$115.87	$118.45	$43.96	$95.09	$97.26

Postal Category 1 rates apply to career bargaining unit employees who are represented by the APWU IT/AS, NALC, NPMHU, NPPN and NRLCA.
Postal Category 2 rates apply to career bargaining unit employees who are represented by the PPOA.

This is a summary of some of the features of the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan. Detailed information on the benefits for the 2018 NALC Health Benefit Plan CDHP and Value Option can be found in the official brochure. Before making a final decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

Welcome

Today, more than ever, consumers want greater control over their health care budgets. Just as you make decisions about lifestyle choices—things like diet and exercise, you also want a say in how and when you spend your health care dollars.

The 2018 NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan offer affordable yet comprehensive coverage. These progressive health plans are paired with a Personal Care Account (PCA) fully funded by the NALC Health Benefit Plan.

Both plans have the same deductible amount of $2,000 per person and $4,000 family (In-Network) and $4,000 per person and $8,000 per family (Out-of-Network), both plans cover preventive care at 100% and both plans access the same broad network of doctors and facilities. Plus, both offer low generic prescription drug copayments through CVS Caremark® retail and mail order (after deductible is met) as well as no-cost tobacco cessation and contraceptive medications.

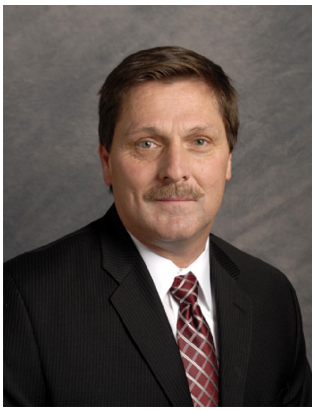
We add $1,200 into a PCA for anyone enrolling in the CDHP Self Only and $2,400 into a PCA for anyone enrolling in CDHP Self Plus One or CDHP Self and Family. The Value Option Plan adds $100 in your PCA for a Self Only enrollment and $200 for a Self Plus One or Self and Family enrollment. All eligible health care expenses are paid first from your PCA. Once funds in the PCA have been used, you are responsible for meeting the remainder of the deductible. We will prorate the amount of the PCA for enrollments outside of Open Season.

Since the Plan pays 100% of the cost of In-Network preventive care, no funds are deducted from your PCA. If you are fortunate enough to not need much medical care during the calendar year, your PCA funds can be rolled over to subsequent years, up to a maximum of $5,000 allowed in your PCA per Self Only and $10,000 allowed in your PCA per Self Plus One or Self and Family enrollment, as long as you remain enrolled in the CDHP and Value Option Plan.

The Plan provides you with the resources to manage your PCA. You can track your PCA with quarterly statements delivered directly to you at home, online, or by telephone.

Once the deductible has been met, we will generally pay 80% of the cost for In-Network care and 50% of the Plan allowance for Out-of-Network care.

The choice is yours. Enroll in the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan this Open Season and get flexibility in your health care decisions along with more control over costs. I invite you to take a look at our 2018 NALC Health Benefit Plan brochure (RI 71-009) which details the CDHP and Value Option Plan benefits available to you and to call Cigna HealthCare at 855-511-1893 if you have any questions.



Sincerely,

Brian Hellman
Director

What is a Consumer Driven Plan?

A Consumer Driven Plan helps protect members from catastrophic medical expenses by paying eligible medical, mental health and prescription out-of-pocket amounts from a Personal Care Account (PCA). The PCA is a fixed amount funded by the Plan. Each year the Plan will add a certain amount to your PCA.

The NALC Health Benefit Plan offers two options; Consumer Driven Health Plan (CDHP) and Value Option Plan. These Plan options are high deductible health plans. The deductible is a sharing of the PCA and your portion. The deductible must be met before the Plan starts sharing cost.

Option 1 – Consumer Driven Health Plan PCA

$1,200.00 per year for Self Only
$2,400.00 per year for Self Plus One
$2,400.00 per year for Self and Family

Option 2 – Value Option Plan PCA

$100.00 per year for Self Only
$200.00 per year for Self Plus One
$200.00 per year for Self and Family

Note 1: PCA Rollover Maximum - the money in the account rolls over each year if you do not spend it, up to a maximum of $5,000 Self, $10,000 Self Plus One and $10,000 Self and Family. You must use any available PCA benefits, including any amounts rolled over from previous years, and satisfy any remaining deductible before Traditional Health Coverage begins.
Note 2: We will prorate the amount of the PCA for enrollments outside of the Open Season.

	In-Network	Out-of-Network
CDHP Deductible	Self - $2,000 Self Plus One - $4,000 Self and Family - $4,000	Self - $4,000 Self Plus One - $8,000 Self and Family - $8,000
CDHP Out-of-Pocket	Self - $6,600 Self Plus One - $13,200 Self and Family - $13,200	Self - $12,000 Self Plus One - $24,000 Self and Family - $24,000
Value Option Deductible	Self - $2,000 Self Plus One - $4,000 Self and Family - $4,000	Self - $4,000 Self Plus One - $8,000 Self and Family - $8,000
Value Option Out-of-Pocket	Self - $6,600 Self Plus One - $13,200 Self and Family - $13,200	Self - $12,000 Self Plus One - $24,000 Self and Family - $24,000

Benefit Structure Highlights

Preventive Care rendered by an In-Network health care professional is covered at 100%. When the doctor bills your visit as preventive care, your PCA will not be used.

Professional Services by physicians (including specialists) or urgent care centers such as: office or outpatient visits, office or outpatient consultations or second surgical opinions.

	In-Network	Out-of-Network
You Pay	20% of Plan Allowance*	50% of Plan Allowance* And any difference, if any, between our allowance and the billed amount

**Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.*

What is a Consumer Driven Plan?

Lab, x-ray, and other diagnostic tests

	In-Network	Out-of-Network
You Pay	20% of Plan Allowance*	50% of Plan Allowance* And any difference, if any, between our allowance and the billed amount
**Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above. (Not covered - Routine tests except as listed in the official brochure under Preventive Care, Section 5.)*		

Maternity Care such as: routine prenatal visits, delivery, routine postnatal visits, amniocentesis, anesthesia related to delivery or amniocentesis, group B streptococcus infection screening, sonograms, fetal monitoring.

	In-Network	Out-of-Network
You Pay	20% of Plan Allowance*	50% of Plan Allowance* And any difference, if any, between our allowance and the billed amount
**Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.*		

Physical, Speech, and Occupational Therapies: A combined total of 50 rehabilitative and habilitative visits per calendar year for treatment provided by a licensed registered therapist or physician for the following: Physical Therapy, Occupational Therapy and Speech Therapy. *(The attending physician must - Order the care, Identify the specific skills the patient requires and the medical necessity for skilled services, and Indicate the length of time the services are needed.)*

	In-Network	Out-of-Network
You Pay	20% of Plan Allowance* *(All charges after 50 max visits have been met)*	50% of Plan Allowance* And any difference, if any, between our allowance and the billed amount *(All charges after 50 max visits have been met)*
**Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.*		

Hearing Aids and the Related Examination*
The NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan includes coverage for hearing aids and the related examination up to a maximum Plan payment of $500 per ear with replacements covered every 3 years.

Custom Functional Foot Orthotics*
We will also cover custom functional foot orthotics including the casting up to a Plan payment of $200 every 5 years.

Chiropractic Benefit*
Our chiropractic benefit includes coverage for 12 spinal or extraspinal manipulations per calendar year.

**Note: All of these benefits are payable first through your PCA and then subject to the calendar year deductible and applicable coinsurance.*

Open Access Plus (OAP)

By choosing In-Network providers you receive the best benefit, maximize your Personal Care Account (PCA) dollars and lower your out-of-pocket costs. The Cigna HealthCare Shared Administration OAP network has 22,506 participating facilities, 2,647,773 family doctors and specialists, 9,930 general acute care hospitals and 167 transplant facilities. This network is accredited by the National Committee of Quality Assurance (NCQA) assuring you a choice of quality health care providers who meet Cigna's rigorous credentialing standards.

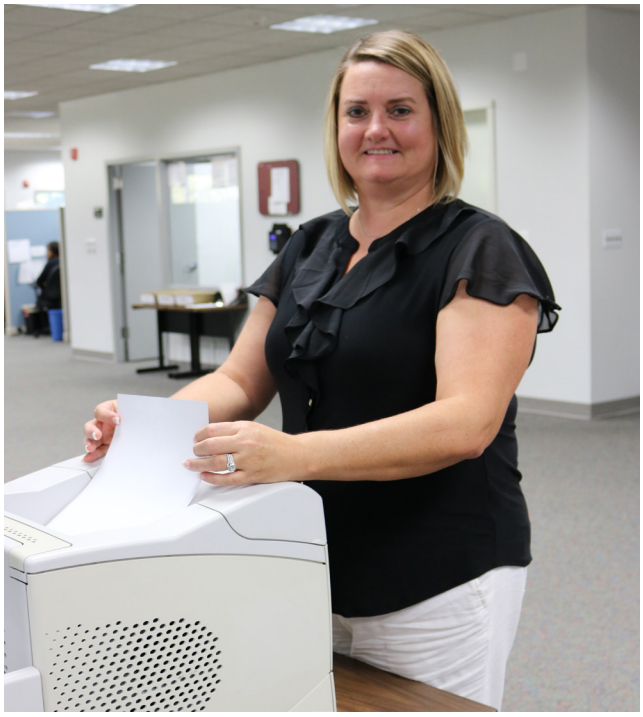
When using a family doctor your course of treatment is coordinated by one physician or a group of physicians who have access to all of your information including allergies, medications and results of all laboratory testing and x-rays. Your family doctor acts on your behalf to coordinate your ongoing care, educate you on safe health behaviors, treatment options and if necessary, refer you to specialists for further evaluation. Selection of a family doctor is not required, but does offer benefits to you and your family. If you're looking for a Family Practice, General Practice, Internal Medicine, Obstetrics (No GYN), Obstetrics/Gynecology or Pediatrics, start your search with Family Doctor/Primary Care Physician selected. Some of these types of physicians have chosen to have this designation. If you don't see your provider for one of the above types of services on the results page or if you're looking for a different type of doctor, then select Specialist and search by provider name.

If you need a specialist, look in the OAP directory for the Cigna Care Designation symbol . This symbol designates that these physicians have been recognized by Cigna for the quality of care and service they provide to patients and their families. Some Specialties represented in the OAP Cigna Care network include (but are not limited to) cardiology, obstetrics and gynecology, and general surgery. By using an OAP specialist you are receiving the highest quality care for you and your family.

Covered Preventive care, as outlined in the Plan's brochure, is paid at 100% when you use an In-Network provider. Other services such as office visits, outpatient laboratory and radiology and in-patient confinements are paid at 80% of the Plan allowance after your deductible is satisfied when rendered by In-Network providers*.

For more information please call 855-511-1893 or go to www.mycigna.com.

**Note: Your PCA must be used first and your deductible exhausted before traditional benefits will apply. Your deductible applies to all benefits listed above.*



Mental Health

Balancing Physical Health and Mental Health are an Important Part to Well Being

Mental health can greatly affect physical health. Stress, depression, and anxiety can contribute to many physical ailments including sleep disturbances and lack of energy. Sometimes treating emotional and mental health issues can be a challenge but with assistance available 24 hours-a-day, 7 days-a-week the Plan is there to help provide confidential support any time you need it from handling routine questions to crisis situations. Cigna HealthCare Shared Administration OAP network for the NALC CDHP and Value Option Plan has over 181,394 In-Network clinicians, 4,058 In-Network facilities and over 10,180 In-Network clinics that provide quality services.

Taking advantage of these services can help you deal with the stressful and challenging situations of everyday life and assist you in managing a wide range of mental health and substance misuse conditions such as:

- Abuse
- Alcohol and drug addiction
- Alzheimer's & Dementia
- Anxiety
- Bipolar Disorder
- Depression
- Eating Disorders
- Post-Traumatic Stress Disorder
- Schizophrenia
- Stress

By choosing an In-Network provider when utilizing these mental health and substance misuse services, you will receive the best benefit. However, there are also Out-of-Network benefits available.

	Treatment Facility	Inpatient Hospital	Outpatient Professional Services
In-Network *(You Pay deductible)*	20% of the Plan allowance*	20% of the Plan allowance*	20% of the Plan allowance*
Out-of-Network *(You Pay deductible)*	50% of the Plan allowance (and the difference between our allowance and the billed amount)*	50% of the Plan allowance (and the difference between our allowance and the billed amount)*	50% of the Plan allowance (and the difference between our allowance and the billed amount)*

Life is change. By accessing www.mycigna.com, there are online tools that make it easy for members who want to help themselves. Members can easily access treatment resources, interactive self-assessment tools, and educational materials. The www.mycigna.com website provides convenient, confidential, and open access to information you need when you need it. An online search tool is also available to help you find an In-Network clinician. By calling **855-511-1893**, a specialist will help you identify the nature of your problem and match you with an In-Network provider who has the appropriate experience to help with your specific needs.

**Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.*

Prescription Drug Information

All prescription drugs are classified into one of four categories, or tiers, based on quality, safety, clinical effectiveness and cost. You cost-share is determined based on the tier level of your drug.

Our prescription drug tiers are defined as:

Tier 1 – generic drugs

Tier 2 – formulary brand drugs – brand drugs that appear on the Plan's formulary

Tier 3 – non-formulary brand drugs – brand drugs that do not appear on the Plan's formulary

Tier 4 – specialty drugs – prior authorization is required for all specialty medications and may include step therapy. Our benefit includes the Advanced Control Specialty Formulary that includes a step therapy program that requires the use of a preferred drug(s) before non-preferred specialty drugs are covered. These are typically used to treat chronic, serious, or life-threatening conditions. Contact CVS Specialty™ at 800-237-2767.

Dispensing Limitations

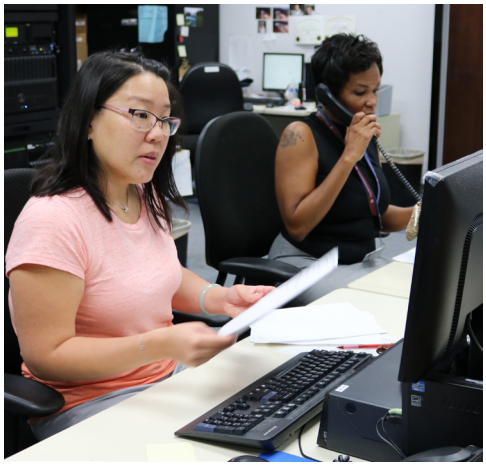
There are dispensing limitations for prescriptions purchased locally at one of more than 68,550 participating NALC CareSelect pharmacies. You may obtain up to a 30-day supply plus one refill of medication before having your maintenance medications filled through our mail order program or at a CVS Caremark® Pharmacy or Longs Drugs through our Maintenance Choice Program. We waive the one 30-day fill and one refill limitation at retail for patients confined to a nursing home, patients who are in the process of having their medication(s) regulated, or when state law prohibits the medication from being dispensed in a quantity greater than 30 days. Call the Plan at 888-636-NALC (6252) to have additional refills at a network authorized pharmacy.

Lower Cost Generics

Reduce your out-of-pocket costs and ask your medical professional to prescribe generic drugs. Although the cost difference can be dramatic, generic drugs are pharmacologically identical to their brand name versions. The FDA requires that generic drugs be as safe and effective as brand name drugs. Call CVS Caremark® Customer Care at 800-933-NALC (6252) to see if your brand name prescription is available as a generic.

Formulary

We use an open voluntary formulary which contains a partial listing of commonly prescribed generic and brand name medications. To find out if your brand name drug is listed, or to obtain a copy of the NALC Health Benefit Plan Formulary Drug List, call CVS Caremark® at 800-933-NALC (6252).



Prescription Drug Information

Your 2018 Drug Cost-Share for the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan

Generic Drug:		***You Pay:***
Network Retail	up to 30-day supply	$10*
Mail Order	90-day supply	$20*

Formulary Brand Drug:		***You Pay:***
Network Retail	up to 30-day supply	$40*
Mail Order	90-day supply	$80*

Non-Formulary Brand Drug:		***You Pay:***
Network Retail	up to 30-day supply	$60*
Mail Order	90-day supply	$120*

Specialty Drugs**:		***You Pay:***
Caremark Specialty™ Mail Order	30-day supply	$200*
Caremark Specialty™ Mail Order	90-day supply	$400*

Non-network retail:
You pay 50%* of the Plan allowance and the difference, if any, between our allowance and the billed amount.

**Prescription drugs are subject to the calendar year deductible. Your PCA must be used first and then you must meet the remainder of your deductible before your Traditional Health Coverage begins.*

***All specialty drugs require preauthorization and may include step therapy, call CVS Specialty™ at 800-237-2767. Specialty drugs generally include, but may not be limited to, drugs and biologics (medicines created from living cells cultured in a laboratory) that may be complex to manufacture, can have routes of administration more challenging to administer (injectable, infused, inhaled, topical, and oral), may have special handling requirements, may require special patient monitoring, and may have special programs mandated by the FDA to control and monitor their use. Our benefit includes the Advanced Control Specialty Formulary that includes a step therapy program and uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. The Advanced Control Specialty Formulary is designed as a specialty drug formulary that includes generics and clinically effective brands as determined through clinical evidence. The therapy classes chosen for Advanced Control Specialty Formulary have multiple specialty drugs available that are considered therapeutically equivalent (similar safety and efficacy), thus providing the opportunity to utilize the lowest cost drug(s). In addition, categories, therapies and tiering changes could be updated every quarter and added to the formulary. Please refer to the Advance Control Specialty formulary drug list for more information about the drugs and classes. All specialty drugs must be purchased through the CVS Specialty™.*

How to Join the Plan

Anyone eligible for FEHB benefits may enroll in one of many of the participating health plans, change their current health plan, or cancel their enrollment in a FEHB plan during the annual Open Season. This includes active and retired postal and federal employees, annuitants, survivor annuitants, Indian tribes, tribal organizations, and urban Indian organizations. Certain Qualifying Life Events (QLE) also allow anyone eligible to make changes to their FEHB enrollment outside of Open Season.

Current Active Letter Carriers have 4 ways to enroll in the NALC Health Benefit Plan CDHP and Value Option:

- Use your home computer, tablet, or smartphone to go to https://liteblue.usps.gov. You must have employee ID number (it's the 8-digit number printed on your earnings statement just above the words "employee ID.") You will also need your USPS PIN number (It's the same one you use to access **Postal*EASE***.)
- The **Blue Page** (Intranet) at work
- Employee Self-Service Kiosks located at some USPS facilities
- **Postal*EASE*** by telephone – Call 877-4PS-EASE (877-477-3273) and enter Option 1

Instructions:
When enrolling by internet, intranet, or Employee Self-Service Kiosk, simply follow the instructions on the screen. If you prefer to enroll or make changes by phone, call **Postal*EASE*** toll-free at 877-4PS-EASE (877-477-3273) and choose option 1. TTY users can call 866-260-7507.

- Have your **Postal*EASE*** worksheet completed before you call.
- When prompted, select Federal Employees Health Benefits.
- Follow the prompts to enter your Employee ID, USPS Personal Identification Number (PIN), and the information you entered on your worksheet. This information will be required:
    - Daytime telephone number
    - The name of the health plan in which you want to enroll:
      NALC Consumer Driven Health Plan
      NALC Value Option Plan
    - Health plan code number:
      324 – Self Only NALC Consumer Driven Health Plan
      325 – Self and Family NALC Consumer Driven Health Plan
      326 – Self Plus One NALC Consumer Driven Health Plan
      KM1 – Self Only NALC Value Option Plan
      KM2 – Self and Family NALC Value Option Plan
      KM3 – Self Plus One NALC Value Option Plan
    - Names, addresses, dates of birth, and Social Security numbers for all eligible family members covered under your enrollment

How to Join the Plan

- Name, policy number, and effective date on any other group health insurance in which you or eligible family members are enrolled; including Medicare and Tricare.
- If you are changing plans or canceling coverage, enter the code of your current health plan.

- After completing your entries, it is always a good idea to write down and save the confirmation number you receive for **Postal*EASE***, the date your enrollment will be processed, and the date your paycheck will reflect the enrollment.

Keep this information for your records

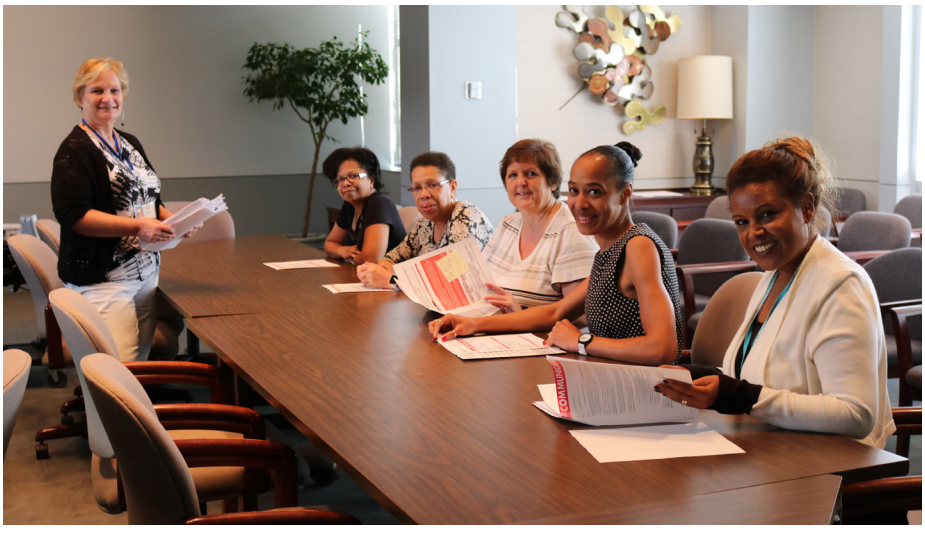
City Carrier Assistants (CCA) should contact their Human Resources Shared Service Center at 877-477-3273 for premium information.

Annuitants and Retirees can enroll by calling Employee Express at 800-332-9798, by going to OPM's Open Season website at retireefehb.opm.gov or by submitting a Standard 2809 to your Retirement office. You can get additional information at http://www.opm.gov/healthcare-insurance/healthcare/plan-information/enroll/#annuitants.

If you submit your change by mail, the address is: Office of Personnel Management
Open Season Processing Center
P.O. Box 5000
Lawrence, KS 66046-0500

Annuitants or retirees eligible in the FEHB program should call the Retirement Information Center at 888-767-6738 (TTY: 800-878-5707) for instructions on enrolling.

Active Federal Employees of agencies that participate in Employee Express may enroll during the Open Season by going to the website www.employeeexpress.gov or by calling 478-757-3030. Employees of non-participating agencies should contact their employing office for enrollment instructions.



Programs and Tools

Gaps in Care

This program integrates medical, pharmacy, and laboratory data to identify and address any potential gaps in a member's health care. These gaps occur when individuals don't receive or adhere to care that is consistent with medically proven guidelines for prevention or treatment of a specific disease. Here's how this voluntary program works:

1. Your health care claims are reviewed and steps are identified that you might take to improve your health.

2. A personal profile is developed for you. You will receive information that includes:
   - A summary of health conditions which may be of interest to you
   - Educational information that may help you improve your health
   - References to the medical guidelines we use in our reviews
   - Helpful tips for better managing your care
   - Suggested topics to talk about with your doctor

3. You are encouraged to share this information with your doctor so you can work together on an action plan and long-term health goals. It is not meant to take the place of your doctor's professional judgment.

Healthy Rewards®

The Healthy Rewards® program is available to all members. It offers discounts on services not usually covered by the Plan and promotes wellness, good health, and healthy lifestyle products. Some of the discounts offered are:

- Fitness club memberships
- Laser vision correction, eye examinations, eyewear and contacts
- Weight management and nutritional services

You can access the Healthy Rewards® program by calling 855-511-1893 or visit www.mycigna.com.

Lifestyle Management Program-Healthy Steps to Weight Loss

Our **free** Healthy Steps to Weight Loss program helps you meet your weight goals by providing a structured weight loss plan and motivational support. You can choose a telephone or online program, whichever works best for you. Both programs offer options and benefits to help you succeed. The program is a non-diet approach to weight loss with an emphasis on changing habits. The program is tailored to each individual's learning style and level of readiness to make a behavior change. To enroll, call 855-511-1893 or go online to www.mycigna.com. The features of the telephone and online programs are outlined below.

The telephone program features:
- Personal healthy living plan
- Dedicated wellness coach
- Convenient evening and weekend coaching hours
- Support line available 24 hours-a-day, 7 days-a-week
- Individual telephone coaching
- Workbook and tool kit
- Healthy Rewards® discounts*

The online program features:
- Personal health assessment & healthy living plan
- Interactive tools and resources
- Secure, convenient support
- A 12-week self-paced program
- Healthy Rewards® discounts*
- Weekly educational emails with key learning themes & tips

*Some Healthy Rewards® Programs are not available in all states. A discount program is NOT insurance, and the member must pay the entire discounted charge.

Programs and Tools

Your Health First

Through a clinical identification process, individuals are identified who have a chronic medical condition such as diabetes, COPD or asthma. Health advocates trained as nurses, coaches, nutritionists, and clinicians use a one-on-one approach to help individuals:

- Recognize worsening symptoms and know when to see a doctor
- Establish questions to discuss with their doctor
- Understand the importance of following doctors' orders
- Develop health habits related to nutrition, sleep, exercise, weight, tobacco and stress
- Prepare for a hospital admission or recover after a hospital stay
- Make educated decisions about treatment options

You may call 855-511-1893 to speak with a health advocate.

Healthy Pregnancies, Healthy Babies Program

This is a voluntary program for all expectant mothers that includes:

- Educational information and support throughout your entire pregnancy and after.
- Unlimited coaching calls by a pregnancy specialist to provide you with caring support to optimize your chances of having a healthy, full-term pregnancy.
- Ongoing assessments to help with early detection of a high risk pregnancy or other special needs you may have during your pregnancy.

Healthy Pregnancies, Healthy Babies will work together with you and your doctor to develop a plan of care. You may call 855-511-1893 to enroll in the Healthy Pregnancies, Healthy Babies program as soon as you know you are pregnant.

Care Support

This 24 hour nurse advisory service is a voluntary and confidential service. You can talk with registered nurses to discuss existing medical concerns and receive information about your particular medical condition. It also includes health coaching with a registered nurse if you want to discuss significant medical decisions. It also provides:

- Assistance to determine the appropriate level of healthcare services required to address an emergency situation.
- Location of the nearest In-Network provider or facility to treat your illness/injury.
- Tips for home health care of minor illnesses/injuries.
- Education and support regarding your health and healthcare services.

You may call 855-511-1893 to take advantage of this service designed to keep you on the road to a healthy lifestyle.

Health Assessment

The Health Assessment is a valuable tool for you. Go to www.mycigna.com. Here's where you find out if you are really as healthy as you think. The Health Assessment is an online tool that analyzes your responses to health-related questions and gives you a personalized plan to achieve your specific health goals. The online profile provides you with the information you need to help put you on a path to good physical and mental health.

Here's another reason to complete the Health Assessment. When you complete the Health Assessment, you are automatically enrolled in the Cigna*Plus* Savings® discount dental program. Cigna*Plus* Savings® is a discount dental program that provides members access to discounted fees with participating dental providers. If you have Self Only enrollment with our Plan, when you complete the Health Assessment, we will enroll you in the Cigna*Plus* Savings® discount dental program and pay the Self only Cigna*Plus* Savings® discount dental premium for the remainder of the calendar year in which you completed the Health Assessment provided you remain enrolled in our Plan. If you have Self Plus One or Self and Family enrollment with our Plan, when at least two family members complete the Health Assessment, we will enroll you and your covered family members in the Cigna*Plus* Savings® discount dental

Programs and Tools

program and pay the family Cigna*Plus* Savings® discount dental premium for the remainder of the calendar year in which both Health Assessments were completed provided you remain enrolled in our Plan.

The Cigna*Plus* Savings® Program is a dental discount program that provides NALC Health Benefit Plan CDHP and Value Option members and their dependents discounted fees on dental services and gives you access to over 92,000 dental providers nationwide and an average savings of 35% off dental services such as cleanings, root canals, crowns, fillings and braces. The Self Only enrollment monthly premium is $3.00 and $5.00 monthly for Self Plus One or a Self and Family enrollment. There are no deductibles, age limits or waiting periods, making access to the discounts hassle free. There are no claim forms to complete since you pay the participating provider at the time services are rendered. To find out more about the program, or to enroll, call 877-521-0244 or visit www.cignaplussavings.com. This program is not part of the Plan's FEHB benefits and is not insurance.

Cost Estimation Tool

Joining a consumer driven health plan means you have more control over your health care expenses. Being a smart health care "shopper" will help maximize the benefits of the plan. We make it easy by providing cost estimation tools at www.mycigna.com. After choosing a provider, you can view a list of procedures performed by that physician and the cost for each service. If you do not have a physician in mind, you can search by procedure. Once you choose the procedure, from major surgeries to lab tests, you will be given a list of doctors in your area who can perform the service and the estimated cost. The tool includes the estimated cost for hospital, urgent care, and emergency room care in addition to physicians cost.

myCigna.com

Now that you have made the decision to take charge of your health and wellness, you need the right tools to do it. Start with the www.mycigna.com website. When you login, right from the welcome page you have access to a number of helpful locations: 24-hour health information, wellness resources, forms, stay healthy tips, and much more; and it is easy to register and use. Once you have registered, you will have access to a secure site on which you can view your own personal health information such as your Personal Care Account (PCA) and your complete claims history. You can also find doctors and medical services, see cost estimates for medical procedures, compare quality of care ratings for doctors and hospitals, and complete a Health Assessment.

myCigna Mobile App

In the fast-paced technology driven world we live in today, it is more important than ever to have the information you need accessible when you need it. The myCigna Mobile App makes that possible. Download the mobile application to any web enabled device and you will have access to all the tools and resources from www.mycigna.com. You can instantly access and view your PCA balances and see how much of your deductible has been met. Or, access and review current and past claims. You can locate a doctor, then have a map and directions sent right to your smartphone or android.

The mobile app allows you to personalize, organize, and store your health information, including contact information for your doctors and hospital, in one place.

myCVS™ On the Go

Enjoy the convenience of accessing a CVS Pharmacy or locate a MinuteClinic on your smartphone or mobile device. Go to the iTunes store on your Apple device or Google Play on your Android operating systems and download the app. You can also visit the CVS Caremark® mobile sites at www.cvs.com to "open" your CVS Pharmacy anytime, anywhere.

CVS Pharmacy (m.cvs.com)
- Find a store in a click using your phone's GPS
- Refill and transfer prescriptions quickly
- Access your prescription history
- Check your www.CVS.com and ExtraCare accounts

MinuteClinic (m.minuteclinic.com)
- Locate a nearby clinic in a click
- See services and view hours

Medicare

Your NALC Health Benefit Plan CDHP and Value Option family continues to be with you even when you are eligible and enroll in the federal Medicare program. If you are approaching age 65 or are age 65 and retired, you need to understand the importance of having total medical and prescription drug coverage. You may be in good health today, but that could change unexpectedly.

Medicare Part A (Hospital Insurance) is generally cost-free. For those who do not meet the work credit requirements, you may be able to buy Part A (and Part B) by paying a monthly premium. Part A benefits help to pay for inpatient hospital care, inpatient skilled nursing facility care, home health and hospice care. There are deductibles and coinsurance which apply to these expenses that are your responsibility. Once Medicare Part A considers your claim, that information is securely transmitted to us. The NALC Health Benefit CDHP and Value Option Plans will then consider the Medicare approved amount limiting the benefits payable to the total maximum benefit we would pay if we paid first. In short, we will subtract the Medicare payment from what we would have paid as the primary payor. If our liability is less than Medicare's payment, we will pay nothing.

Medicare Part B (Medical Insurance) Once you approach age 65, you will receive notice from the Centers for Medicare and Medicaid Services (CMS) that you are eligible to enroll in Medicare Part B. If you are receiving Social Security benefits, once you enroll, the premium is deducted from your monthly Social Security benefits. Medicare Part B benefits help you pay for doctor charges, diagnostic services, ambulance charges, surgeries, medical equipment and supplies, and covered services not covered or payable under Medicare Part A. When you are enrolled in the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) or Value Option Plan and Medicare Part B, your Medicare Part B plan will pay benefits as the primary payor (pays first). Your Medicare Part B claims are transmitted electronically to the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan where we will then consider the Medicare approved amount limiting the benefits payable to the total maximum benefit we would pay if we paid first. In short, we will subtract the Medicare payment from what we would have paid as the primary payor. If our liability is less than Medicare's payment, we will pay nothing.

Medicare Part C (Medicare Advantage Plans) are Medicare health plan options that are part of the Medicare program. If you decide to join one of the many Medicare Advantage plans, you generally must receive all of your Medicare covered health care through that Plan. Medicare Advantage plans can also include prescription drug coverage. Included in the Medicare Advantage plans are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), private fee-for-service plans, and Medicare Special Needs plans. In some cases, there are extra benefits and lower copayments than in the original Medicare plan. However, you may be required to receive treatments or referrals only from providers that belong to that Medicare Advantage Plan in order to receive benefits.

Medicare Part D (Prescription Drug Plan) If you are enrolled in Medicare, you are eligible to enroll in a Medicare Prescription Drug Plan. There are many plans from which to choose, and each has an additional premium. When you are enrolled in a Medicare Part D Plan and Medicare Part D pays first, the NALC Health Benefit Plan CDHP and Value Option will waive your retail fill limit and retail day's supply limitations. We will coordinate benefits as the secondary payor where we will then consider the Medicare approved amount limiting the benefits payable to the total maximum benefit we would pay if we paid first. In short, we will subtract the Medicare payment from what we would have paid as the primary payor. If our liability is less than Medicare's payment, we will pay nothing.

You can get more information about Medicare plan choices by calling 800-633-4227.

Coordination of Benefits with Medicare

How we determine Plan payment when Medicare Part B and the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan deductibles are not met.

Total charge	**$1,350.00**
Medicare's allowable expense	**$800.00**
Medicare Part B Deductible*	**$183.00**
Medicare's total payment	**$493.60** (Medicare's allowable amount of $800.00 minus Medicare deductible of $183 payable at 80%)
Balance due after Medicare's payment	**$306.40** (Medicare allowable of $800.00 minus Medicare deductible minus Medicare payment of $493.60)
CDHP/Value Option Plan's Allowable expense	**$800.00** (determined by Medicare allowable amount)
CDHP/Value Option Plan's original liability (CDHP/Value Option Plans determine what would be paid in absence of a primary payor)	**$0.00** (CDHP/Value Option Plan's allowable charge of $800.00 minus the Plan deductible $800.00) *Note: PCA is exhausted.*
CDHP/Value Option Plan's total payment	**$0.00** (To determine CDHP/Value Option Plan's payment, we subtract Medicare's payment from CDHP/Value Option Plan's original liability. In this case, since CDHP/Value Option Plan's original liability is less than Medicare's payment, the CDHP/Value Option plan pays $0.00)
Patient Responsibility (out-of-pocket)	**$306.40** (Medicare's allowable amount of $800.00 minus the Medicare and CDHP/Value Option Plan's combined payment)

**2017 Medicare deductible*

How we determine Plan Payment when Medicare is the primary payor and the CDHP/Value Option Plan's deductible is met.

Total charge	**$1,350.00**
Medicare's allowable expense	**$1,000.00**
Medicare Part B Deductible	**Deductible is met ($0.00)**
Medicare's total payment	**$800.00** (Medicare's allowable amount of $1,000.00 times 80% Medicare payment)
Balance due after Medicare's payment	**$200.00** (Medicare allowable of $1,000.00 minus Medicare payment of $800.00)
CDHP/Value Option Plan's Allowable expense	**$1,000.00** (determined by Medicare allowable amount)
CDHP/Value Option Plan's original liability (CDHP/Value Option Plans determine what would be paid in absence of a primary payor)	**$800.00** (CDHP/Value Option Plan's allowable charge of $1,000.00 paid at 80%)
CDHP/Value Option Plan's total payment	**$0.00** (To determine CDHP/Value Option Plan's payment, we subtract Medicare's payment from CDHP/Value Option Plan's original liability. In this case, since CDHP/Value Option Plan's original liability is equal to Medicare's payment, CDHP/Value Option plan pays $0.00)
Patient Responsibility (out-of-pocket)	**$200.00** (Medicare's allowable amount of $1,000.00 minus the Medicare and CDHP/Value Option Plan's combined payment of $800.00)