

NALC Health Benefit Plan

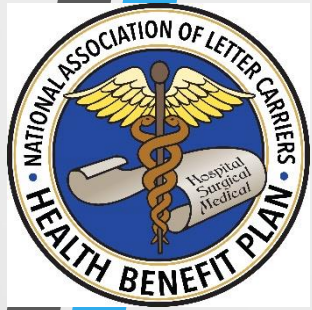


**TRAINING FOR NEW
HEALTH BENEFIT
REPRESENTATIVES**



This is YOUR Health Benefit Plan

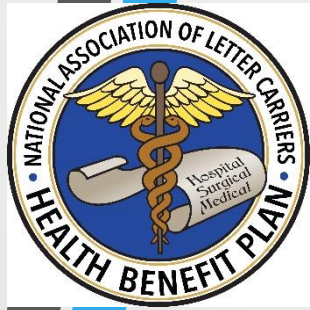
- ✓ ***Union Operated***
- ✓ ***Union Owned***
- ✓ ***Not-for-Profit Plan***



NALC HBP History

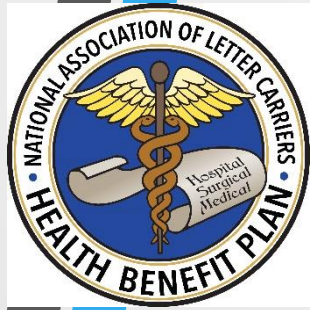
Where we started:

1950 – NALC started its own independent health benefits plan with 2 employees housed in a single room. At the close of the initial open enrollment membership totaled 4,116.



Where We Are Now

- Over (70) years later we are still going strong. The NALC Health Benefit Plan has endured and prospered. Currently, the Plan has 130,347 enrolled members.



NALC HBP Facts

In 2020,

- ✓ We issued **\$1.6 Billion** in benefits.
- ✓ Processed **4,954,905** claims
- ✓ Mailed **6,289,699** pieces of mail (includes checks, explanation of benefits , temporary Identification cards and letters).
- ✓ Answered **762,255** incoming calls from members, physicians and hospitals.



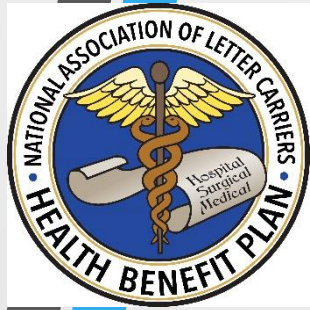
**We have 326 employees
with an average tenure of
15 Years**



NALC HBP Mission

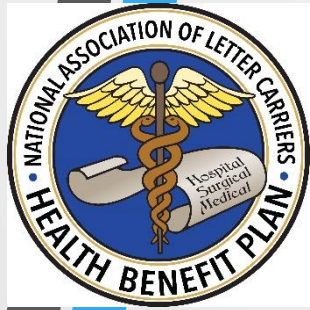
The Plan's mission is to provide our members accessibility to quality medical care while maintaining a comprehensive benefit package.

We pride ourselves in offering excellent benefits with affordable premiums and excellent customer service.



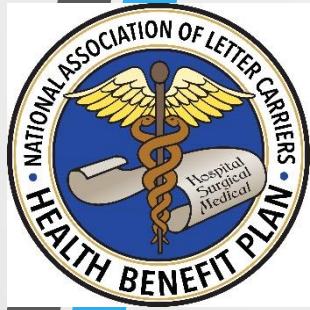
Plan Partnerships





Cigna

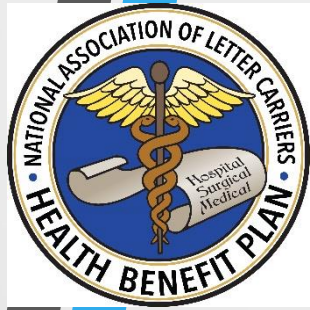
- The Cigna Health Care Shared Administration Open Access Plus Network is a nationwide network which offers:
 - 4,076,369** family doctors and specialists
 - 21,989** participating facilities
 - 9,577** general acute care hospitals
 - 170** transplant facilities.
- To locate a PPO provider, call 877-220-NALC (6252) or visit our website at www.nalchbp.org



CVS Caremark

CVS Caremark, our prescription benefit manager, provides access to more than **68,000** network pharmacies. These include Walgreens and CVS pharmacies within Target retail stores.

Call 800-933-NALC (6252) to locate the nearest network retail pharmacy.



Optum Health Behavioral Solutions

OptumHealth Behavioral Solutions, our mental health and substance use disorder partner, gives more than **3,300** in-network facilities and more than **246,000** in-network clinicians to choose from to receive maximum benefits.

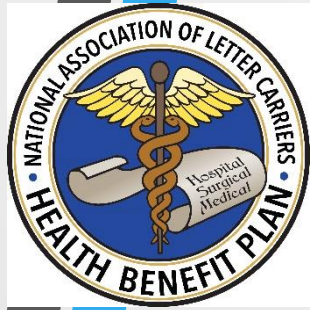
Call 877-468-1016 to locate an in-network provider.



NALC HBP Telehealth

Through our partnership with Amwell, the NALC HBP Telehealth benefit provides 24/7 access to over 71,000 US board licensed and credentialed physicians and nurse practitioners via virtual visits.

Visit www.nalchbptelehealth.org or call 888-541-7706.



Consumer Driven Health Plan and Value Option Plan

- Administered by Cigna Healthcare
- Offers a Personal Care Account (PCA)
- Has higher member cost share
- Covers preventive care at 100%
- Coordinates with Medicare differently



Your Role as a Health Benefit Representative



HBR Duties

Duties:

- 1.
- 2.
- 3.
- 4.



Member Privacy & HIPAA

- Keep a supply of HIPAA forms on hand
- Complete your information on the reverse side
- Make sure form is signed by the member and all pages are complete
- Mail or fax to the Plan's CSR Dept.

HIGH OPTION
NATIONAL ASSOCIATION OF LETTER CARRIERS
HEALTH BENEFIT PLAN

20547 Waverly Court, Ashburn, Virginia 20149 • 703-729-4677 or 888-636-NALC (6252)
Fredric V. Rolando, President • Stephanie M. Stewart, Director

**HIPAA Privacy Rule
Authorized Representative Form**

Member Name _____ Member # _____
(as it appears on the Member Identification Card)

Section A — Purpose

This form allows you (the "Individual") to give the NALC Health Benefit Plan permission (authorization) to disclose your protected health information (PHI) to a person that will act as your Authorized Representative. The information covered by this authorization is PHI, including identification of treating providers of care; diagnoses; procedures; and personal information, such as your date of birth and mailing address.

Each adult family member, including each adult child (age 18 or older, or as determined by state law), who wishes to have someone act as their Authorized Representative must complete an authorization form. For example, if you expect your spouse to call us on your behalf, you need to fill out this form. You are not required to name an Authorized Representative, but if you do not, we will not release your PHI to someone who may contact us on your behalf. Your Authorized Representative may be anyone of your choosing, such as a spouse, parent, child, friend, congressman, or Union representative. If you need additional forms, you may copy this form, call us, or go to www.nalchbp.org.

Please note: This authorization does not give your Authorized Representative authority, either implied or direct, over any treatment or direct care decisions. Also, we will not condition enrollment, eligibility for benefits, or benefits payments on your completion of this form. If this form is not filled out correctly and completely, it will not be honored.

Section B — Individual's Information (Individual appointing an Authorized Representative)

I authorize the NALC Health Benefit Plan to treat the person(s) named in Section C as my Authorized Representative(s) as set forth therein.

My Name _____ Date of Birth _____

Daytime Phone (____) _____ Relationship to Member _____

Section C — Authorized Use and/or Disclosure

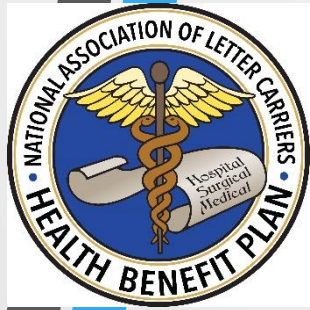
I understand that the Plan will not disclose my PHI, except for the purpose of treatment, payment, and health care operations, or as required by law, without my written authorization. For this reason, **I authorize you to disclose my PHI to the person(s) named in Section C** for the purpose(s) set forth herein. I understand that the information disclosed pursuant to this authorization may no longer be protected by federal or applicable state privacy laws, and my Authorized Representative may further disclose my PHI without my authorization. I acknowledge that my authorization is voluntary.

I understand that I have the right to limit the information you release under this authorization. For example, I may limit an Authorized Representative's access to information only about a particular provider or diagnosis/disease; or I may allow an Authorized Representative access to everything except information from a particular provider or about a particular diagnosis/disease. Any such limitations must be described below.

Board of Trustees
Michael J. Gill Lawrence D. Brown, Jr., Ch. Mack L. Julian

Form H101 01/19


Continued on Back



Know Your Brochure

- Quote benefits only from the brochure
- Don't ever guess about coverage
- Make sure your brochure is current
- Keep extra copies on hand

NALC Health Benefit Plan
www.nalchbp.org
888-636-6252

 **2021**

A Fee-for-Service Plan (High Option, Consumer Driven Health Plan, Value Option) with a Preferred Provider Organization

IMPORTANT

- Rates: Back Cover
- Changes for 2021: Page 16
- Summary of Benefits: Page 188

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 8 for details. This Plan is accredited. See page 13.

Sponsored and administered by the National Association of Letter Carriers (NALC), AFL-CIO
Who may enroll in this Plan:

- A federal or Postal employee or annuitant eligible to enroll in the Federal Employees Health Benefits Program;
 - A former spouse eligible for coverage under the Spouse Equity Law; or
- An employee, former spouse, or child eligible for Temporary Continuation of Coverage (TCC).



To enroll, you must be or become a member of the National Association of Letter Carriers.
To become a member: If you are a Postal Service employee, you must be a dues-paying member of an NALC local branch. See page 159 for more details. If you are a non-Postal employee, annuitant, survivor annuitant, or a Spouse Equity or TCC enrollee, you become an associate member of NALC when you enroll in the NALC Health Benefit Plan. See page 159 for more details.

Membership dues: NALC dues vary by local branch for Postal employees. Associate members will be billed by the NALC for the \$36 annual membership fee, except where exempt by law. Call Membership at 202-662-2856 for inquiries regarding membership, union dues, fees, or information on the NALC union. To enroll, you must be or become a member of the National Association of Letter Carriers.

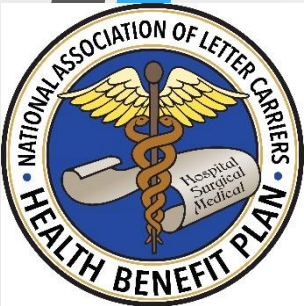
Enrollment codes for this Plan

High Option: 321-Self Only; 323-Self Plus One; 322-Self and Family
CDHP: 324-Self Only; 326-Self Plus One; 325-Self and Family
Value Option: KM1-Self Only; KM3-Self Plus One; KM2-Self and Family

Authorized for distribution by the:

  **United States Office of Personnel Management**
Healthcare and Insurance
<http://www.opm.gov/insure>

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Explanation of Benefits (EOB)



National Association of Letter Carriers Health Benefit Plan
 20547 Waverly Court, Ashburn, Virginia 20149-0001
 (703) 729-4677 or 1-888-636-NALC (6252)

Member: **1**
 Patient:
 Patient Account#:

Identification#: **2**
 Claim#: **2**
 Paid To:
 Fed Tax Id #:

00882
 Claim Date: 04/26/2021

EXPLANATION OF BENEFITS												
Provider/Description of Service	Dates	Billed Charges	Not Covered	Discount/Disallowed	Covered Charges	Copayment	Deductible	Payable	% Paid	Contract Allowance	Coinsurance	Remarks Code
MARK COUCH PPO OFFICE VISIT	04/13/21	164.00		27.40	136.60	20.00		116.60	100	116.60		1939
Patient Liability						20.00						
Total		164.00		27.40	136.60			116.60		116.60		

APPLIED: 20.00 TO PPO AND NON-PPO CATASTROPHIC PROVISION

Claim Summary	
Total Billed	164.00
Less Discount/Disallowed	27.40
NALC Paid Provider	116.60
Patient Liability	20.00

REMARKS CODE:
 1939 HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE: NON-FACILITY.
 934 UNDER THE PRIVACY RULE, WE CANNOT RELEASE INFORMATION ABOUT YOU TO ANYONE WITHOUT YOUR CONSENT. THIS CAN BE DONE BY COMPLETING A PERSONAL AUTHORIZATION FORM. THIS FORM IS AVAILABLE AT WWW.NALCHBP.ORG. VERBAL CONSENT IS FOR ONE TIME ONLY AND MUST BE VERIFIED THROUGH YOU. WITHOUT YOUR WRITTEN CONSENT, WE WILL ONLY ADVISE THE CALLER IF A CLAIM HAS BEEN RECEIVED OR PROCESSED.

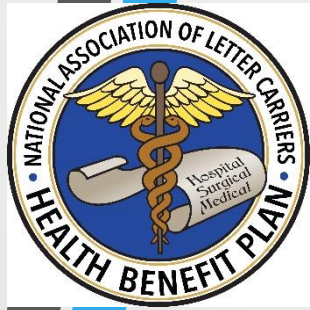
Applied year-to-date:	Patient:	Family:
PPO/Non-PPO Calendar Year Deductible	6.00	617.92
PPO/Non-PPO Catastrophic Provision	620.00	6127.14
PPO Catastrophic Provision	620.00	6127.14

The deductible and catastrophic out-of-pocket amounts listed are cumulative totals as of the end of the processing day. If the Plan corrects or voids a claim, these amounts may change. Please contact the Plan if you would like updated information or visit our website at www.nalchbp.org.



Member Appeals

- **STEP 1:** Member must ask in writing to reconsider our initial decision and write within 6 months from the date of our decision (or date claim was paid).
- **STEP 2:** The Plan has 30 days from the date we receive the request to pay the claim, write to the member and maintain our denial, or ask the member or their provider for more information.
- **Step 3:** If the member does not agree with our decision, they may ask OPM to review it.



KNOW BEFORE YOU OWE

Get real care costs with the new Cigna Care and Costs Directory, powered by Castlight.

With the cost comparison tool powered by Castlight, you can:

- › Find in-network doctors, facilities and services near you
- › Read real patient reviews about providers
- › Compare provider quality ratings from national sources
- › Create a Care Team of preferred doctors for easy access to scheduling appointments

Register today to start using the directory.

- › Log in or register at nalc.yourcareallies.com
- › Click the *Find Care & Costs* tab
- › In the pop-up window, click on "...access the Cigna Care and Costs Directory, powered by Castlight." under the *Search for a Medical Physician or Facility* header.
- › Follow the prompts to register with Castlight. Information is secure and completely confidential



Promote the Plan!

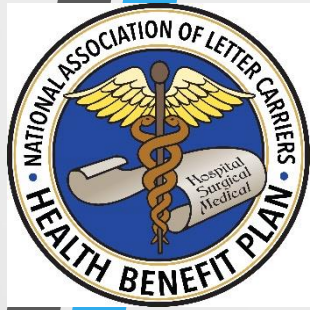
- Be familiar with ways to enroll in the Plan and Open Season dates
- Distribute and post Plan materials, when possible
- Be familiar with our website and upcoming mobile app
- Keep Plan supplies and materials on hand
- Publish Plan and healthcare related articles in your newsletters
- Host a health fair

2021

High Option

NALC HBP Premiums

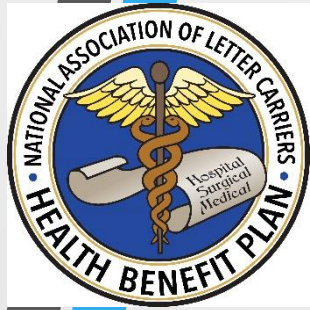
Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	321	\$241.58	\$94.83	\$523.42	\$205.47	\$91.47	\$81.41
High Option Self Plus One	323	\$517.46	\$226.64	\$1,121.16	\$491.06	\$219.45	\$197.89
High Option Self and Family	322	\$562.25	\$198.69	\$1,218.21	\$430.49	\$190.88	\$167.46
CDHP Option Self Only	324	\$163.91	\$54.64	\$355.15	\$118.38	\$52.45	\$45.35
CDHP Option Self Plus One	326	\$361.62	\$120.54	\$783.51	\$261.17	\$115.72	\$100.05
CDHP Option Self and Family	325	\$380.75	\$126.91	\$824.95	\$274.98	\$121.84	\$105.34
Value Option Self Only	KM1	\$134.53	\$44.84	\$291.48	\$97.16	\$43.05	\$37.22
Value Option Self Plus One	KM3	\$296.78	\$98.92	\$643.01	\$214.34	\$94.97	\$82.11
Value Option Self and Family	KM2	\$312.62	\$104.20	\$677.33	\$225.78	\$100.04	\$86.49



Dare to Compare

<http://www.opm.gov/insure>

- ✓ Click on FEHB Plan Comparison Tool on the left side
- ✓ Insert your Zip Code, employee type and pay frequency.
- ✓ Enter your current plan and hit “Search”
- ✓ Choose up to 3 more plans to compare



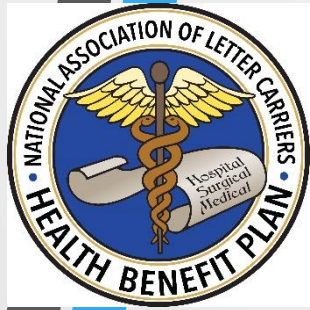
How USPS Employees Enroll in NALC HBP

Enroll through PostalEASE:

Visit - <http://liteblue.usps.gov>

or

By phone – 877-477-3273, Option 1



Know Important Numbers and Websites

- **NALC Customer Service High Option** 888-636-NALC (6252)
- **Cigna (CareAllies)** 877-220-NALC (6252)
- **CVS/Caremark** 800-933-NALC (6252)
- **Optum Health Behavioral Solutions** 877-468-1016
- **NALC Customer Service for CDHP/VO** 855-511-1893
- **Our website:** www.nalchbp.org



Open Season

November 8 – December 13, 2021

- Is the second Monday of November and runs through the second Monday of December each year.
- If you need more information, call the Plan at 888-636-NALC (6252).