

# The NALC Health Benefit Plan



Vol. 17-3



## HBR Report



April 2017

Fredric V. Rolando, President ■ Brian Hellman, Director  
20547 Waverly Court Ashburn, VA 20149 - 703.729.4677

## AUTISM AWARENESS MONTH



**\*\* Please note the change to the Seminar schedule on page 8. We will have speakers in our Training Classes throughout the week and will have Training on Wednesday morning. Please plan your travel accordingly.**

### Board of Trustees



Michael J. Gill



Lawrence D. Brown, Jr., Chairman



Randall L. Keller

# Director's Report



## Take a Walk

You probably know that walking is a good, low-impact way to get exercise. The benefits of moderate physical activity to general health and well-being are well known.

If you ask 10 people what “moderate” means, and you are likely to get 10 different answers. As it turns out from recent research into exercise behavior, half of those who think they are working out at a “moderate” level are not; they are not reaching the moderate-level of activity as measured by the amount of oxygen they take in.

There is a good rule of thumb to help guide you – **at least 100 steps in one minute on level ground** is what’s needed to reach “moderate” physical activity.

While 100-steps-a-minute is a good target for healthy people, talk to your doctor before starting a new exercise program. It might be too strenuous for those just starting an exercise program or for those with health conditions.

### Join Us for a Fun Walk

Come out and walk! We will be hosting a Fun Walk at the Seminar on Tuesday, October 17th and Wednesday, October 18th at 7:00am by the Casidas Courtyard. We can all walk together to improve our health and get some fresh air. Don’t forget comfortable walking shoes. Please complete the registration form below and mail back to the Plan.

Please check with your doctor before beginning an exercise routine to make sure it is safe for you. If you are not able to walk, we would love for you to join us in the courtyard to cheer on everyone.

You must complete the information below to participate in the walk. The deadline to register for the walk is **October 1, 2017**.

#### NALC Health Benefit Plan Seminar Fun Walk

Name: \_\_\_\_\_

Branch # \_\_\_\_\_

Waiver and Release:

*I wish to participate in the NALC Health Benefit Plan Fun Walk. I understand that submission of the registration form is acceptance of this Waiver and Release and is a prerequisite for participation in this Event.*

*I agree to assume all risks and to release and hold harmless the NALC, the NALC Health Benefit Plan and the Disney properties.*

*I acknowledge that I am physically capable of participating in and completing this Event.*

## Autism Awareness



### *April is Autism Awareness Month*

Nearly a quarter century ago, the Autism Society launched a nationwide effort to promote autism awareness, inclusion and self-determination for all, and assure that each person with ASD is provided the opportunity to achieve the highest possible quality of life. This year the Autism Society wants to go beyond simply promoting autism awareness to encouraging friends and collaborators to become partners in movement toward acceptance and appreciation.


Autism spectrum disorder (ASD) is a complex developmental disability; signs typically appear during early childhood and affect a person's ability to communicate, and interact with others. ASD is defined by a certain set of behaviors and is a "spectrum condition" that affects individuals differently and to varying degrees. There is no known single cause of autism, but increased awareness and early diagnosis/intervention and access to appropriate services/supports lead to significantly improved outcomes.

Let's embrace a new perspective. For over 50 years the Autism Society has worked in communities (both large and small) to ensure actions, through services and programming, supporting all individuals living with autism. The Autism Society expanding this work to focus on the rest of us – ensuring acceptance and inclusion in schools and communities that results in true appreciation of the unique aspects of all people. The Autism Society wants to get one step closer to a society where those with ASDs are truly valued for their unique talents and gifts.

Join in celebrating the 2017 National Autism Awareness Month! National Autism Awareness Month represents an excellent opportunity to promote autism awareness, autism acceptance and to draw attention to the tens of thousands facing an autism diagnosis each year.

# APRIL IS NATIONAL AUTISM AWARENESS MONTH

join us in  
CELEBRATION



awareness

action

acceptance

inclusion

appreciation

## Preventive Benefits & Plan Tools

### **Preventive Plan Benefits<sup>1</sup>**

Take advantage of the Plan's adult and childhood preventive healthcare benefits. Where listed, preventive care procedures and services are paid in full when rendered by a preferred provider (in-network). Some of the covered adult preventive services include an annual routine physical exam, certain adult routine immunizations endorsed by the CDC, and certain routine tests such as: colorectal screening, diabetes screening, annual ECG/EKG, high blood pressure screening, a screening mammogram, osteoporosis screening, pap test, PSA test, total blood cholesterol, annual urinalysis and an annual chest x-ray.

**In addition, the Plan has the following tools to help you track and assess your health:**

### **Personal Health Record (PHR)**

The NALC Health Benefit Plan understands the importance of having an organized accounting of your health related information. Our online Personal Health Record at [www.nalchbp.org](http://www.nalchbp.org) is a helpful tool our members can utilize to create and keep up-to-date records of medications, immunization, allergies, medical conditions, physicians, and emergency contacts. Your personal health information is stored in a single safe, password-protected place accessible by only you or your designated personal representative.

Simply go to our home page at [www.nalchbp.org](http://www.nalchbp.org) and refer to the top right corner where you can register and sign in to your account. The Personal Health Record is easy to navigate, so you can update information at your convenience. The **Blue Button** feature on the Personal Health Record home page allows you to access and download your Personal Health Record Information into a simple text file that can be read, printed or stored on any computer.

### **Electronic Health Record (EHR)**

Once registered on our secure website, you may view your claim history, get real-time deductible and out-of-pocket amounts, as well as print copies of your Explanation of Benefits safely and conveniently at your home or on the go.

### **Risk Assessment (HRA)<sup>1</sup> - High Option Plan**

When you fill out our free Health Assessment at [www.nalchbp.org](http://www.nalchbp.org), you are taking a positive step toward better physical and mental health. The Health Assessment is an online program that analyzes your health related responses and gives you a personalized plan to achieve specific health goals. Your Health Assessment profile may be used to spark discussion with your physician, or simply provide tips you may follow. You can find the link to the Health Assessment on the home page under Quick Links.

As a bonus for being proactive, we offer a choice of valuable incentives. When you complete the Health Assessment, you may either choose to be enrolled in the Self Only CignaPlus Savings<sup>®</sup> discount dental program and we will pay the premium for the remainder of the calendar year in which you completed the Health Assessment provided you remain enrolled in our Plan, you may choose the waiver of two \$20 PPO medical office visit copayments (when the Plan is the primary payor) incurred in the same year as the Health Assessment is completed or choose a wearable activity tracking device. If two or more covered family members (including the member) complete the Health Assessment, you may choose either the Family CignaPlus Savings<sup>®</sup> discount dental program, the waiver of four \$20 PPO medical office visits or a wearable activity tracking device (limit 2 devices per enrollment).

<sup>1</sup> This is a summary of some of the features of the NALC Health Benefit Plan. Detailed information on the benefits for the 2017 NALC Health Benefit Plan can be found in the official brochure. Before making a final decision, please read the Plan's official approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

## Preventive Benefits & Plan Tools

### **Risk Assessment (HRA)<sup>1</sup> - Consumer Driven Health Plan and Value Option Plan**

Complete your Health Risk Assessment (HRA) at [www.nalchbp.org](http://www.nalchbp.org), and take a positive step toward better physical and mental health. The HRA is an online program that analyzes your health related responses and gives you a personalized plan to achieve specific health goals. Your HRA profile may be used to spark discussion with your physician, or simply provide tips you may follow.

As a bonus for being proactive, we offer a valuable incentive. When you complete the HRA, you will be enrolled in the CignaPlus Savings<sup>sm</sup> discount dental program and we will pay the CignaPlus Savings<sup>sm</sup> discount dental premium for the remainder of the calendar year in which you completed the HRA provided you remain enrolled in this Plan. If you have a Self Plus One or a Self and Family enrollment, when at least two family members\* complete the HRA, we will enroll you and your covered family members in the CignaPlus Savings<sup>sm</sup> discount dental program and pay the family CignaPlus Savings<sup>sm</sup> discount dental premium for the remainder of the calendar year in which both HRAs were completed provided you remain enrolled in this Plan.

You can find the link to the HRA on our home page ([www.nalchbp.org](http://www.nalchbp.org)) under Quick Links and follow these steps:

1. Under the Consumer Driven Health Plan or the Value Option Plan tab, click on Member Resources.
2. Follow the links to the HRA.
3. Log in or register on [myCigna.com](http://myCigna.com).
4. Click on the Manage My Health tab.
5. Select My Health Assessment.
6. On the next page click Take My Health Assessment.
7. Please read and follow the instructions as prompted.

The process will take approximately 20 minutes to complete.

*\*You must be 18 years or older to be eligible to complete the HRA.*



<sup>1</sup> This is a summary of some of the features of the NALC Health Benefit Plan. Detailed information on the benefits for the 2017 NALC Health Benefit Plan can be found in the official brochure. Before making a final decision, please read the Plan's official approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

## Seminar Reservation Information

### **Seminar 2017 - Room Reservations**

The 33rd National Health Benefit Seminar will be held at the **Disney Coronado Springs Resort** in Orlando, FL. The dates for the seminar are October 15, 2017 through October 18, 2017. The NALC HBP room rate is \$135 plus tax, per room, per night for the Club Deluxe room. Reservations can be made through the Disney Group Reservations Phone Team by calling (407) 939-4686 and mentioning the NALC Health Benefit Plan Seminar 2017 or by using the group's online booking website: <https://aws.passkey.com/go/NALCHealth2017>.



Please be aware that the rate guarantee cutoff for room reservations is **September 16, 2017**.

### **My Disney Experience & Online Check-In Service**

I want to inform you about the My Disney Experience tab on the [Disneyworld.com](http://Disneyworld.com) website. Once you register online, there are a multitude of tools available that will really enhance your trip. You can also download the mobile app "My Disney Experience" to access your plans and park information on the go. You may also use the My Disney Experience site to participate in the Online Check-In Service. Your guests may shorten their check in process by logging into the following link: <https://disneyworld.disney.go.com/plan/> within 60 days of their arrival date. When they arrive at their hotel, they will simply need to show a photo ID at the designated online check-in area.

### **Disney's Magical Express - Deadline 10 Days Prior to Arrival**

Disney's Magical Express (DME) is a complimentary airport service between guests staying at a Walt Disney World Owned and Operated Resort Hotels and the Orlando International Airport.

DME also includes complimentary luggage delivery service to the guest room for flights that arrive between 5:00 AM and 10:00 PM. Guests arriving after 10:00 PM on either a scheduled or delayed flight will need to claim their luggage and bring it with them on the motorcoach.

**Advanced reservations are required to use Disney's Magical Express.**

**How do you book a DME reservation?** You may go online to <https://disneyworld.disney.go.com> or call (407) 939-4686 to reserve Disney's Magical Express. **NOTE:** room reservations need to be made before a DME reservation can be made.

### **Prior to arrival at Orlando International Airport**

Pre-tagged luggage (United States and Canada). For guests in the United States and Canada, approximately one week prior to departure for Orlando your Disney's Magical Express (DME) booklet with 1 luggage tag per person should arrive at the address provided. The DME luggage tag should be placed on the luggage bag that will be checked at the airport.

**NOTE:** reservations made less than 10 days prior to arrival will not receive a DME booklet. The guests should collect their own luggage and proceed to the Disney Welcome Center located on the B Side on Level 1.



**NALC Health Benefit Plan  
33<sup>rd</sup> National Health Benefit Seminar  
October 15-18, 2017  
Disney Coronado Springs Resort**

**REGISTRATION FEE: \$100.00**

**Please complete a SEPARATE form for each Registrant**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Branch #: \_\_\_\_\_ Branch City: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Number of Years HBR: \_\_\_\_\_ Number of Seminars Attended: \_\_\_\_\_

*(Please do not leave the above information blank. Please give an estimate but please do not write ALL.)*

**Mailing Address for Confirming Your Registration:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Guest Tickets**

*Guest tickets must be purchased and payment included with this form (please indicate the # of tickets needed below):*

\_\_\_\_\_ Meet & Greet (Sun.) \$45    \_\_\_\_\_ Cont. Breakfast \$30 (per day)    \_\_\_\_\_ Lunch (Mon.) \$45    \_\_\_\_\_ Reception (Tues.) \$75

**Registration Fee Includes:**

- All Seminar Materials
- Health Fair (During Registration)
- Continental Breakfast (Mon, Tues, Wed)
- Sunday Meet and Greet
- Monday Lunch
- Tuesday Closing Reception

Please make the Registration Fee (\$100.00) payable to the NALC Health Benefit Plan. The Registration Fee must accompany this form. *(We are sorry but the NALC HBP cannot accept Credit Card payments.)*

Mail registration form with your check to: **NALC Health Benefit Plan  
ATTN: 2017 Seminar  
20547 Waverly Court  
Ashburn, Virginia 20149**

**A buffet is provided for meals please call for Special Dietary Needs.**

QUESTIONS??? – Please Call (703) 729-8103

**For NALC Health Benefit Plan  
Use ONLY:**

**Branch Chk OR Personal Chk**

Check #: \_\_\_\_\_

Check amount: \_\_\_\_\_

## 33rd National Health Benefit Plan Seminar Disney Coronado Springs Resort October 15-18, 2017

See schedule change below:  
We will have speakers in our Training Classes throughout the week and will have Training on Wednesday morning. Please plan your travel accordingly.

### DRAFT SCHEDULE *(Subject to change)*

#### Sunday, October 15

Registration	Noon – 6:00 pm <i>North Regis. Ctr</i>
Office/Claims Inquiries	Noon – 4:30 pm <i>El Paso 1</i>
Health Fair	Noon – 4:30 pm <i>Coronado L</i>
Meet & Greet	4:30 – 6:00 pm <i>Coronado K</i>

#### Monday, October 16

Registration	8:00 – 9:00 am <i>North Regis. Ctr</i>
Continental Breakfast	8:00 – 9:00 am <i>Coronado K</i>
Claims Inquiries/ Vendors	7:30 – 8:45 am 12:00 – 1:00 pm 4:30 – 5:30 pm <i>El Paso 1 &amp; 2</i>
General Session	9:00 – 11:15 am <i>Coronado L</i>
Morning Break	10:30 – 10:45 am <i>Outside Coronado L</i>
Awards Presentation	11:15 am – Noon <i>Coronado L</i>
Luncheon*	Noon – 1:00 pm <i>Coronado K</i>
Training Classes	1:00 – 4:30 pm <i>(See Seminar Badges for Rooms)</i>
Afternoon Break	2:30 – 2:45 pm <i>(Outside Classrooms)</i>

#### Tuesday, October 17

Fun Walk	7:00 – 7:30 am <i>Casidas Courtyard</i>
Continental Breakfast	8:00 – 9:00 am <i>Coronado K</i>
Claims Inquiries/ Vendors	7:30 – 8:45 am 12:00 – 1:00 pm 4:30 – 5:15 pm <i>El Paso 1 &amp; 2</i>
Training Classes	9:00 am – Noon <i>(See Seminar Badges for Rooms)</i>
Morning Break	10:30 – 10:45 am <i>(Outside Classrooms)</i>
Lunch Break	Noon – 1:00 pm <i>(On your own)</i>
Training Classes	1:00 – 4:30 pm <i>(See Seminar Badges for Rooms)</i>
Afternoon Break	2:30 – 2:45 pm <i>(Outside Classrooms)</i>
CLOSING RECEPTION	6:30 – 9:30 pm <i>TBD</i>

#### Wednesday, October 18

Fun Walk	7:00 – 7:30 am <i>Casidas Courtyard</i>
Continental Breakfast	8:00 – 9:00 am <i>Coronado K</i>
Claims Inquiries	8:00 – 9:30 am <i>El Paso 1</i>
Training Classes**	9:00 – 12:00 am <i>(See Seminar Badges for Rooms)</i>
Morning Break	10:30 – 10:45 am <i>(Outside Classrooms)</i>

\*Awards will be presented during the General Session with pictures afterwards. If you have a guest that would like to see you receive an award they are invited to sit in the back of the room. We will still provide lunch on Monday for Seminar registrants.



# Who Is Your HBR?

## NALC Health Benefit Plan Who is Your HBR?

We would like to update our Health Benefit Representative (HBR) files. Please report any information that has changed for your branch to the:

NALC Health Benefit Plan  
20547 Waverly Ct  
Ashburn, VA 20149

and

NALC Headquarters  
100 Indiana Ave, NW  
Washington, DC 20001

Branch # \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Branch Phone: \_\_\_\_\_ Branch Fax: \_\_\_\_\_

Branch Email: \_\_\_\_\_

Branch website: \_\_\_\_\_

NALC Region: \_\_\_\_\_ Work Status (Active/Retired): \_\_\_\_\_

Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Title: \_\_\_\_\_

(\* The member ID # is required to verify coverage in the NALC Health Benefit Plan. See the Constitution of the NALC Health Benefit Plan Article 4, Section 3.)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Date you filled the position as HBR: \_\_\_\_\_

Are you replacing the current HBR? \_\_\_\_\_

If yes, provide the name of the former HBR: \_\_\_\_\_

Are there additional HBR's in your branch? \_\_\_\_\_

If yes, provide the name(s): \_\_\_\_\_

(A separate registration form needs to be completed for each HBR.)

Would you like information mailed to your branch or your home? \_\_\_\_\_

# Branch Reimbursement

## Branch Reimbursement Instructions

By approval of the Board of Trustees, the Plan will accept requests for branch reimbursement *BEARING A POST-MARK NO LATER THAN APRIL 30, 2017*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2016. **Copies of branch rosters must be ordered by completing the Branch Printout Request, or by calling the Health Benefit Plan 1-888-636-NALC (6252), ask to speak to someone in the Executive Office.**

Reimbursement will be either the amount of the expenses attested to on the certificate, or the amount computed at seventy-five (75) cents per eligible member, whichever total is lower. **All requests must include (a) the specific amount of expenses incurred; and (b) the number of members for whom reimbursement is requested.**

Reimbursement will be made only for the employees and annuitants enrolled on December 31, 2016, under Chapter 89, Title 5, United States Code-Health Insurance, effective July 9, 1960.

The request should NOT include:

- Enrollees terminated in our plan prior to December 31, 2016
- Any type of converted member or dependent nongroup plan, or
- Policyholders under our old program (those who retired before July 1, 1960).

**Reimbursement will be made payable only to the Branch Secretary of record, and only if the certificate for reimbursement is signed by either the Branch President or Branch Secretary. The signature of the Branch Health Benefit Representative or Treasurer will NOT be acceptable.**

Please send to:

NALC Health Benefit Plan, Attn: Executive Office, 20547 Waverly Court, Ashburn, VA 20149

## Branch Printout Request

Please follow the instructions carefully. In order for you to receive your reimbursement, you must complete the Branch Printout Request or call the Plan at 1-888-636-NALC (6252) and ask for the Executive Office to obtain a copy of your Branch membership list. The deadline is April 30, 2017. **NOTE:** Please remember to complete the Branch Printout Request below to receive a copy of your branch roster that needs to be included when submitting your Branch Reimbursement Certificate.

**NALC Health Benefit Plan - Branch Printout Request**

Branch # \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

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I request a Branch printout for the Branch Reimbursement Certificate (January 2017).

Fredric V. Rolando, President

Brian Hellman, Director

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

**Branch Reimbursement  
CERTIFICATE**

REIMBURSEMENT WILL NOT BE CONSIDERED UNLESS THIS CERTIFICATE IS COMPLETED IN FULL.  
EVERY BLANK MUST BE FILLED IN. PLEASE PRINT.

DEADLINE: April 30, 2017

Branch Number \_\_\_\_\_ Branch Secretary \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Branch E-mail \_\_\_\_\_

I certify that for the calendar year 2016, the above-referenced Branch incurred expenses for and on behalf of the NALC Health Benefit Plan. I further certify that expenses were incurred for the following reasons: (a) contacting hospital authorities and physicians to familiarize them with our Plan and to distribute claim forms and similar material relating to the Plan; and (b) assisting enrollees in filing claims properly, and distributing necessary forms to them for submission to the Plan.

I further certify that the number of members shown below includes only employees and annuitants enrolled under the Plans on December 31, 2016, and does not include any enrollment terminated before December 31, 2016, any type of converted members, or any annuitant who retired prior to July 1, 1960.

As reimbursement, the Branch is willing to accept (1) seventy-five cents (\$0.75) for each member enrolled in the NALC Health Benefit Plan High Option , CDHP Option or Value Option on December 31, 2016, OR (2) the amount of expenses incurred, whichever amount is less.

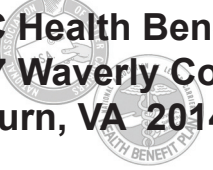
PLEASE OBTAIN YOUR BRANCH ROSTER BY CONTACTING THE PLAN AT 1-888-636-NALC (6252) (ASK TO SPEAK TO SOMEONE IN THE EXECUTIVE OFFICE) FOR YOUR BRANCH MEMBERSHIP ENROLLED UNDER THE PLANS ON DECEMBER 31, 2016.

1. Number of members \_\_\_\_\_ @ \$0.75 =\$ \_\_\_\_\_

2. Amount of expenses incurred for the calendar year 2016 = \$ \_\_\_\_\_

\_\_\_\_\_  
Date Submitted Name Title (must be Branch President or Secretary)

**NALC Health Benefit Plan, 20547 Waverly Court, Ashburn, VA 20149  
703-729-4677 or 1-888-636-NALC (6252)**

**NALC Health Benefit Plan  
20547 Waverly Court  
Ashburn, VA 20149**

***NALC HBP Seminar - HBR Award Certificate***

If you are planning to attend this year's seminar in Orlando and have been the Branch Health Benefit Representative for 10, 20, 30, 40, 50, or 60 years and have not received a recognition award at any of our previous HBP Seminars, please fill out the form below and mail it to the NALC Health Benefit Plan Attention: HBP Seminar, 20547 Waverly Ct., Ashburn, VA 20149 by **September 1, 2017** in order to receive an award at the Seminar.

***HBR Award Recognition Form***

I have been an HBR for 10, 20, 30, 40, 50, or 60 years and **I will be at the 33rd National Health Benefit Seminar in Orlando.** I have not received a recognition award from the NALC Health Benefit Plan for the years of service indicated below.

Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact number: \_\_\_\_\_

I have been the Branch HBR for \_\_\_\_\_ years.