

The NALC Health Benefit Plan



Vol. 16-2



HBR Report



February 2016

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American Heart Health Month



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Director's Report



Q&A's - IRS Form 1095-B

Questions and Answers about Health Care Information Forms for Individuals – IRS Form 1095-B

Because of the health care law, our members will receive a new form – 1095-B - this January from the NALC HBP providing them with information about the health coverage they had or were offered in 2015.

The IRS Form 1095-B (form attached) is a health insurance tax form which reports 1) the type of coverage a person has, 2) it lists all the dependents covered by the insurance policy, and 3) the period of coverage for the prior year. This form is used to verify on a tax return that a person and his/her dependents have at least minimum qualifying health insurance coverage. If there was a break in health care coverage for the tax year, a penalty may apply.

The FAQs below will help you answer members questions about this new form, including who should expect to receive it and what to do with it.

The Basics (modified from the FAQs on the IRS website):

1. Will I receive any new health care tax forms in 2016 to help me complete my tax return?

By January 31, 2016, the NALC HBP will mail you a 1095-B form providing information about the health care coverage that you had or were offered during the previous year. Much like Form W-2 and Form 1099, which include information about the income you received, these new health care forms provide information that you may need when you file your individual income tax return. Also like Forms W-2 and 1099, this new form will be provided to the IRS by the NALC HBP.

- [Form 1095-B](#), Health Coverage. Health insurance companies (for example, NALC HBP) will send this form to individuals they cover, with information about who was covered and when.

2. When will I receive these health care tax forms?

NALC HBP will mail these forms by January 31, 2016.

The deadline for insurers, other coverage providers and certain employers to provide Form 1095-B has been extended to March 31, 2016.

3. Must I wait to file until I receive these forms?

Some taxpayers may not receive a Form 1095-B by the time they are ready to file their 2015 tax return. While the information on these forms may assist in preparing a return, they are not required. Individual taxpayers will generally not be affected by this extension and should file their returns as they normally would.

Like last year, taxpayers can prepare and file their returns using other information about their health insurance. You should not attach any of these forms to your tax return.

Heart Health Month



Centers for Disease Control and Prevention
CDC 24/7. Saving Lives. Protecting People™

Make Blood Pressure Control Your Goal

This American Heart Month, the Centers for Disease Control and Prevention (CDC) and Million Hearts®—a national effort to prevent 1 million heart attacks and strokes in the United States by 2017—are encouraging Americans to know their blood pressure, and if it's high, to make control their goal.

Uncontrolled high blood pressure is a leading cause of heart disease and stroke. In fact, more than 67 million Americans have high blood pressure.¹ People with high blood pressure are 4 times more likely to die from a stroke and 3 times more likely to die from heart disease, compared to those with normal blood pressure.²

High blood pressure often shows no signs or symptoms, which is why having your blood pressure checked regularly is important. It's easy to get your blood pressure checked. You can get screened at your doctor's office and drugstores or even check it yourself at home, using a home blood pressure monitor.

Make Control Your Goal

If you know you have high blood pressure, take these steps to help get it under control:

- **Ask your doctor what your blood pressure should be.** Set a goal to lower your pressure with your doctor and talk about how you can reach your goal. Work with your health care team to make sure you meet that goal. Track your blood pressure over time.
- **Take your blood pressure medicine as directed.** Set a timer on your cell phone to remember to take your medicine at the same time each day. If you are having trouble taking your medicines on time or paying for your medicines, or if you are having side effects, ask your doctor for help.
- **Quit smoking—and if you don't smoke, don't start.** You can find tips and resources at CDC's Smoking and Tobacco website. The NALC Health Benefit Plan also offers a free smoking cessation program as part of your benefit package. See page 4 for details.
- **Reduce sodium intake.** Most Americans consume too much sodium, which can raise blood pressure. Read about ways to reduce your sodium and visit the Million Hearts® Healthy Eating & Lifestyle Resource Center for heart-healthy, lower-sodium recipes, meal plans, and helpful articles.

African American Men: Take Note

While heart disease doesn't discriminate, your gender, race, ethnicity, and where you live can increase your risk. African American men are at the highest risk for heart disease. About 2 in 5 African Americans have high blood pressure, but only half have it under control.³ A recent article in the American Journal of Preventive Medicine also showed that Americans aged 30 to 74 who live the Southeast—specifically, Indiana, Kentucky, West Virginia, Oklahoma, Arkansas, Tennessee, Louisiana, Mississippi, and Georgia—are at higher risk of developing heart disease over the next 10 years than people who live in other parts of the country.⁴ Many of these states have a large African American population.

References

- 1 Centers for Disease Control and Prevention. *Vital signs: awareness and treatment of uncontrolled hypertension among adults—United States, 2003–2010.* MMWR. 2012;61(35):703-9.
- 2 Stamler J, Stamler R, Neaton JD. *Blood pressure, systolic and diastolic, and cardiovascular risks. US population data.* Arch Intern Med. 1993;153:598-615. Centers for Disease Control and Prevention. *Vital signs: awareness and treatment of uncontrolled hypertension among adults—United States, 2003–2010.* MMWR. 2012;61(35):703-9.
- 3 CDC. *Prevalence of hypertension and controlled hypertension — United States, 2007-2010.* MMWR. 2013;62(03):144-148.
- 4 Yang Q, Zhong Y, Ritchey M, et al. *Predicted 10-year risk of developing cardiovascular disease at the state level in the U.S.* Am J Prev Med. 2014;48(1):58-69. PubMed abstract.



The **free** Quit For Life® Program offers a fresh approach to quitting tobacco. When you enroll, our Quit Coach® team will help you create a quit plan that's right for you. Plus, they'll provide quit tips and replacement strategies to help you break free from nicotine. You may even be eligible for **free** quitting aids like gum or patches to help ease your cravings.

Even if you've tried to quit before, the Quit For Life® Program gives you the fresh start you need to be successful in the New Year.

Don't wait! Call today to get started!

1.866.QUIT.4.LIFE | (1.866.784.8454)

www.quitnow.net/nalc



The Quit For Life® Program is brought to you by the American Cancer Society and Alere Health, LLC. The two organizations have 40 years of combined experience in tobacco cessation coaching and have helped more than 2 million tobacco users. Together we will help millions more make a plan to quit, realizing the Society's mission to save lives and create a world with more birthdays.

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Branch Reimbursement Certificate & Branch Printout Request

Enclosed in this issue of the HBR Report you will find the Branch Reimbursement Certificate and the 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, 2016.

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: _____



I request a Branch printout for the Branch Reimbursement Certificate (January 2016).

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, 2016

Branch Number _____ Branch Secretary _____

Branch Address _____

City _____ State _____ Zip _____

Branch Phone# _____ Branch E-mail _____

I certify that for the calendar year 2015, 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, 2015, and does not include any enrollment terminated before December 31, 2015, 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, 2015, 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, 2015.

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

2. Amount of expenses incurred for the calendar year 2015 = \$ _____

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

Branch Reimbursement

NALC HEALTH BENEFIT PLAN BRANCH REIMBURSEMENT

By approval of the Board of Trustees, the Plan will accept requests for branch reimbursement *BEARING A POSTMARK NO LATER THAN APRIL 30, 2016*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2015. **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.**

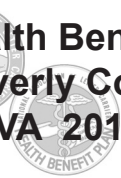
Reimbursement will be made only for the employees and annuitants enrolled on December 31, 2015, under Chapter 89, Title 5, United States Code-Health Insurance, effective July 9, 1960.

The request should NOT include:

- Enrollees terminated in our plan prior to December 31, 2015
- Any type of converted member or dependent nongroup plan, or
- Policyholders under our old program (those who retired before July 1, 1960).

Reimbursement will 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.

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



Pharmacy News

Great News!

Our Maintenance Choice Program now includes Target Pharmacies along with CVS pharmacies. What does this mean? The NALC Health Benefit Plan members now have the option to fill their 90-day (84-day minimum) supply of their maintenance prescriptions at Target Pharmacies and pay the applicable mail order copay. This gives members an additional 1,672 retail pharmacies across the U.S. where they can fill 90-day supplies of long-term medicines.

Our Members can simply stop by the pharmacy counter at any Target, and speak to the pharmacist about picking up their 90-day supplies at that location. If members want to find the closest Target pharmacy, or CVS/pharmacy locations, they can simply log in at www.caremark.com and use the Pharmacy Locator tool or call 1-800-933-NALC(6252). In the next few months, members will start to see the CVS/pharmacy name at all Target pharmacy locations.

NALC Health Benefit Plan	1-888-636-NALC
Recorded Benefit Information	1-888-636-NALC
Prescription Drug Program	1-800-933-NALC
Caremark SPS	1-800-237-2767
OAP Network Providers	1-877-220-NALC
Precertification	1-877-220-NALC
Fraud Hot Line	1-888-636-NALC
Mental Health / Substance Abuse	1-877-468-1016