

The NALC Health Benefit



Vol. 14-1



HBR Report



January 2014

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



Board of Trustees



Michael J. Gill



Lawrence D. Brown, Jr., Chairman



Randall L. Keller

Director's Report



HAPPY NEW YEAR!!

I hope each and everyone enjoyed the holidays and are looking forward to the new year. It is a great opportunity for us to set new goals for improved health. Listed in this newsletter are a few programs offered by the NALC HBP to help you obtain you goals in 2014.

I would like to take this opportunity to thank President Rolando, the Board of Trustees, the National Officers, and our Health Benefit Representatives for their assistance and support during Open Season.

I would also like to extend my thanks and gratitude to the Staff and Employees at the NALC Health Benefit Plan. They work hard each day to support all of you.

I wish you all good health, happiness and a successful 2014!

Quit for Life®

For those of you that have a plan of attack to fight that tobacco habit, look at our great benefits! Quitting tobacco may be the best thing you can do for your health. Make 2014 the year you stop using tobacco. Enroll today in our FREE Quit for Life® Program. Call 1-866-QUIT-4-LIFE (1-866-784-8454), or log on to www.quitnow.net/nalc for details to enroll.

Expert Quit Coaches will help you create and follow a tailored Quitting Plan. You'll have their support via unlimited one-on-one coaching by phone, 24 hours-a-day, 7 days-a-week.

By joining the Quit for Life® Program, you will also receive (at no cost):

- A printed Quit Guide to track your custom-developed Quitting Plan and help you through any difficult situations.
- Advice on which type, dose, and duration of nicotine substitute or medication is right for you. Free nicotine replacement therapy products, like the patches, gum, or lozenges.
- Membership to Web Coach, a private, online community where you can complete activities, watch videos, track your progress, and join discussions with other participants and coaches.

Healthier You in 2014

WeightTalk®

Year after year, the resolution is the same lose weight. But the results don't last, leaving you disappointed and feeling unsure about your chances next time. Don't let your resolution drive your goals this year. Instead, let Weight Talk® show you how to lose weight for life, not just for the New Year. Joining Weight Talk® provides access to:

- Unlimited calls with your own dedicated coach: you will receive a series of twelve phone calls from your coach and anytime you want to talk to a coach, you can just pick up the phone and call.
- An online support community and tools to help you succeed: Our exclusive online community allows you to connect with other Weight Talk® participants and ask questions of coaches. If you're looking for answers or ideas to help you with a specific concern, the articles and videos on the site can help you navigate any challenge.
- A welcome kit, including written guidebook and FitBit® Zip™ wireless activity monitor: The written guide walks you through the 10 Essential Practices of weight loss, and the food journal helps you keep track of your healthy diet. The FitBit® Zip™ counts every step you take toward your weight loss goal.

Weight Talk® can help you make your New Year's resolution last more than a month or two. We can show you how losing weight can be a part of your everyday life, not a one-time change that lacks long term results. Let 2014 be the year you find yourself again.

Enroll for FREE at www.weighttalk.net, or call 1-855-WGT-TALK (1-855-948-8255).



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 date is April 30, 2014.

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 2014).

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, 2014

Branch Number _____ Branch Secretary _____

Branch Address _____

City _____ State _____ Zip _____

Branch Phone# _____ Branch E-mail _____

I certify that for the calendar year 2013, 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 group plan on December 31, 2013, and does not include any enrollment terminated before December 31, 2013, 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 on December 31, 2013, 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 GROUP PLAN ON DECEMBER 31, 2013.

1. Number of members _____ @ \$0.75 = \$ _____
2. Amount of expenses incurred for the calendar year 2013 = \$ _____

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

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, 2014. Each request must be accompanied by a branch reimbursement certificate (*PRINTED ON THE REVERSE SIDE*) and a roster of branch members enrolled on December 31, 2013. **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, 2013, 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, 2013
- 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)**

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

Branch # _____ Date Form Completed: _____

Branch Address: _____

Branch City: _____ Branch State: _____ Branch 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 Article 4, Section 3 of the Constitution of the NALC Health Benefit Plan.)

Home Address: _____

Home City: _____ Home State: _____ Home Zip: _____

Home Phone #: _____ Cell Phone #: _____

Home E-mail: _____

Date you filled the position as HBR: _____

Are you replacing the current HBR? _____

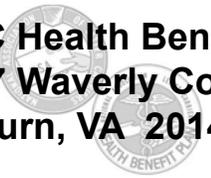
If yes, provide the name of the former HBR: _____

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? _____

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

The NALC Health Benefit Plan HBR Report

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Attention All Branch Officers

It's That Time of Year Again - Help us Keep our Records Current

It's important that our records reflect the current HBR for your branch. Please complete and return the enclosed ***NALC Health Benefit Plan - Who is Your HBR?*** Thanks for your help!

Branch Reimbursement Information

Enclosed are the Branch Reimbursement Certificate and Instructions for how to complete the Reimbursement.

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