

# The NALC Health Benefit Plan



Vol. 17-1



## HBR Report



Jan 2017

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



## NALC HBP 2017 Seminar

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.

Preparations for the upcoming Health Benefit Plan Seminar in Orlando are underway. Our staff here at the Plan are working hard to make sure your experience will be packed with information that will help you when you return back to your branch.

We are working on the registration form and anticipate it will be included in the next HBR Report. Below is the information for the Hotel Room Reservations. You can begin making your hotel reservations, a one night's deposit is required at the time of your reservation.

### NALC Health Benefit Plan Seminar 2017 - Room Reservations

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.



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## Resolutions

### New Year, Healthier You

Each January, roughly one in three Americans resolve to better themselves in some way. A much smaller percentage of people actually make good on those resolutions. While about 75% of people stick to their goals for at least a week, less than half (46%) are still on target six months later, a 2002 study found.

It's hard to keep up the enthusiasm months after you've swept up the confetti, but it's not impossible. This year, pick one of the following worthy resolutions, and stick with it. Here's to your health!

New Year's Resolutions:

Get more sleep

Travel

Lose weight

Stay in touch

Cut back on alcohol

Quit smoking

Volunteer

Go back to school

Cut stress

Save money

For more information go to [www.health.com](http://www.health.com).

# Diabetes

## Living With Diabetes

You or someone close to you may have diabetes, or be at risk for developing diabetes. You can prevent or delay complications of type 2 diabetes by maintaining a healthy life style. If you have diabetes, there are actions you can take to control it. Work with your doctor to set up a treatment plan that’s right for you.

### Maintain a healthy lifestyle

- Maintain a healthy weight
- Exercise regularly
- Eat a healthy diet
- If you smoke, quit
- Get an annual flu shot
- Talk with your doctor about getting a pneumonia shot

### Control your diabetes

- Have a comprehensive exam every year, and periodic follow-up as directed
- Have your feet examined every year, and know how to care for them
- Obtain a diabetic retinal eye exam every year to check for diabetic retinopathy
- Get your blood pressure checked at each visit
- Obtain lab tests as directed by your doctor, such as blood glucose levels, hemoglobin A1c, lipid profile, and urine or blood protein levels

**DIABETES** .....

**29.1 Million**

**29.1 Million People Have Diabetes**

**That’s about 1 out of every 11 people.**

Without major changes, as many as 1 in 3 US adults could have diabetes by 2050. About 86 million US adults—more than a third—have prediabetes, and 90% of them don’t know it.

Resources:  
CDC, “Living with Diabetes: Complications,” [cdc.gov](http://cdc.gov). For additional information visit [www.cdc.gov](http://www.cdc.gov).

This information is for educational purposes only and is not intended as medical advice. Always consult with your doctor for appropriate examinations, treatment, testing, and care recommendations.

# Branch Printout Request

Below is 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, 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## Branch Reimbursement

### NALC HEALTH BENEFIT PLAN Branch Reimbursement Instructions

By approval of the Board of Trustees, the Plan will accept requests for branch reimbursement *BEARING A POSTMARK 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  
703-729-4677  
1-888-636-NALC (6252)**

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.

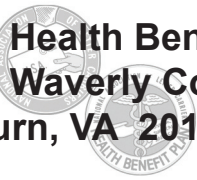
PLEASE OBTAIN YOUR BRANCH ROSTER BY CONTACTING THE PLAN AT 1-888-636-NALC (6252) (ASK TO SPEAK TO SOMEONE IN THE EXECUTIVE OFFICE) FOR YOUR BRANCH MEMBERSHIP ENROLLED UNDER THE PLANS ON DECEMBER 31, 2016.

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**



<b>NALC Health Benefit Plan</b>	<b>888-636-NALC</b>
<b>Recorded Benefit Information</b>	<b>888-636-NALC</b>
<b>Prescription Drug Program</b>	<b>800-933-NALC</b>
<b>CVS/caremark Specialty Pharmacy</b>	<b>800-237-2767</b>
<b>PPO Network Providers</b>	<b>877-220-NALC</b>
<b>Precertification</b>	<b>877-220-NALC</b>
<b>Fraud Hot Line</b>	<b>888-636-NALC</b>
<b>Mental Health / Substance Abuse</b>	<b>877-468-1016</b>