

The NALC Health Benefit Plan



Vol. 17-2



HBR Report



Mar 2017

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

Get Ready for the 33rd National Health Benefit Plan Seminar in Florida



© Disney

Board of Trustees



Michael J. Gill



Lawrence D. Brown, Jr., Chairman



Randall L. Keller

Director's Report



Seminar 2017

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 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
33rd 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

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>Cabanas Beach</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 & 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

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 & 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

Continental Breakfast	8:00 – 9:00 am <i>Coronado K</i>
Claims Inquiries	8:00 – 10:45 am <i>El Paso 1</i>
Speakers	9:00 – 11:00 am <i>Coronado L</i>
Morning Break	10:10 – 10:25 am <i>Outside Coronado L</i>
Training Classes	11:05 am – Noon <i>(See Seminar Badges for Rooms)</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: _____

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)**

In This HBR Report

- Seminar Information
- Seminar Registration
- Who is Your HBR?
- Branch Printout Request
- Branch Reimbursement Certificate



© Disney

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