

The NALC Health Benefit Plan



Vol. 18-2



HBR Report



Mar 2018

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

Spring is Coming



Board of Trustees



Lawrence D. Brown, Jr., Chairman



Michael J. Gill

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 receive a form – 1095-B - this year from the NALC HBP providing them with information about the health coverage they had or were offered in 2017.

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 2018 to help me complete my tax return?

By January 31, 2018, 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, 2018.

The deadline for insurers, other coverage providers and certain employers to provide Form 1095-B has been extended to March 2, 2018.

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 2017 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.

Quit For Life



Quit For Life® Program



Show your heart some love.



You only get one heart. Protect it by not smoking. The Quit For Life® Program can help. We understand why you smoke. More importantly, we know how much you really want to quit — for yourself and the people you love.

A Quit Coach® will teach you how to fend off cravings and deal with triggers that make you want to smoke. Along with personal coaching, you'll have access to other powerful tools, including:

Quit Guide: an easy-to-use workbook that offers practical strategies and tips to help you throughout your quit.

Web Coach®: a members-only site where you can track your progress and connect with others trying to quit.

Text2QuitSM: a service that sends personalized quit tips, reminders, and encouragement to your mobile device.

Patches or Gum: up to eight weeks of nicotine patches or gum to help cope with cravings at no additional cost to you.*

Do you have the heart to quit? National Heart Month is a good time to get started.

1-866-QUIT-4-LIFE — QUITNOW.NET

* Provided at no additional cost as part of your benefits plan.

The Quit For Life Program is brought to you by the American Cancer Society and Optum, a leading health services company. The two organizations have 40 years of combined experience in tobacco-cessation coaching and have helped millions of 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.

The Quit For Life Program provides information regarding tobacco-cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

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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 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, 2018.

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 2018).

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

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, 2018*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2017. **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, 2017, 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, 2017
- 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

**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, 2018

Branch Number _____ Branch Secretary _____

Branch Address _____

City _____ State _____ Zip _____

Branch Phone # _____ Branch E-mail _____

I certify that for the calendar year 2017, 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, 2017, and does not include any enrollment terminated before December 31, 2017, 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, 2017, 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, 2017.

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

2. Amount of expenses incurred for the calendar year 2017 = \$ _____

Date Submitted

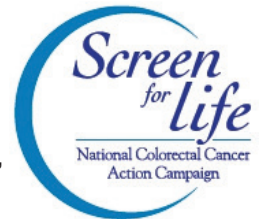
Name

Title (must be Branch President or Secretary)

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

Colorectal Cancer Awareness Month

Among cancers that affect both men and women, colorectal cancer is the second leading cause of cancer deaths in the United States. Every year, about 140,000 Americans get colorectal cancer, and more than 50,000 people die from it. Risk increases with age. More than 90% of colorectal cancers occur in people aged 50 and older.



Screening Saves Lives

If you're 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed before they turn into cancer.
- Screening tests also can find colorectal cancer early. When it is found early, the chance of being cured is good.

In 2018, the Plan covers the following colorectal screenings at 100% when performed by a PPO provider. Colorectal cancer screenings for adults age 50 through 75:

- Fecal occult blood test - one annually
- Sigmoidoscopy screening - one every 5 years
- Colonoscopy screening (with or without polyp removal) - one every 10 years
- Fecal immunochemical test (FIT) – one annually
- Double contrast barium enema (DCBE) – one every 5 years
- Computed Tomographic (CT) Colonography – one every 5 years
- Stool based DNA test such as ColoGuard – one every 3 years
- Initial office visit associated with a covered routine sigmoidoscopy or colonoscopy screening test.