



NALC Health Benefit Plan

High Option

2017



20547 Waverly Court
Ashburn, VA 20149
888-636-NALC (6252)
www.nalchbp.org

NALC Health Benefit Plan High Option

[Notice of Summary of Benefits and Coverage \(SBC\): Availability of Summary Health Information](#)

The Federal Employees Health Benefits (FEHB) Program offers numerous health benefit plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed choice, each FEHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online and in paper. The SBC summarizes important information in a standard format to help you compare plans and options.

The NALC Health Benefit Plan's SBC is available on our website at www.nalchbp.org. A paper copy is also available, free of charge, by calling 888-636-NALC (6252).

To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit www.opm.gov/healthcare-insurance/healthcare/plan-information/.

[Notice of Patient Protection under the Affordable Care Act](#)

NALC Health Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. You may designate a pediatrician as the primary care provider for your children. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna at 877-220-NALC (6252), NALC Health Benefit Plan at 888-636-NALC (6252), or visit our website at www.nalchbp.org.

[Brochure Download](#)

The Office of Personnel Management's (OPM) Going Green mandate instructs all Federal Employees Health Benefit plans to reduce their use of paper by providing an electronic version of the Plan's yearly brochure.

You may download the brochure from the Plan's website at www.nalchbp.org. For your convenience the brochure is also available on a CD. If you would like to receive a paper copy of the brochure or a CD, contact the Plan at 888-636-NALC (6252).

[2017 Rates](#)

| | High Option Self Only | High Option Self Plus One | High Option Self & Family |
|--|----------------------------------|--------------------------------------|--|
| Monthly Annuitants Pay | \$167.70 | \$381.74 | \$363.76 |
| Biweekly Postal Employees Category 1 Pay | \$68.17 | \$156.36 | \$146.06 |
| Biweekly Postal Employees Category 2 Pay | \$65.09 | \$149.76 | \$139.35 |
| Biweekly Non-Postal Employees Pay | \$77.40 | \$176.19 | \$167.89 |

Postal Category 1 rates apply to career bargaining unit employees who are represented by the APWU (including IT/ASC, MDC, OS and NPPN employees) and NRLCA.

Postal Category 2 rates apply to career bargaining unit employees who are represented by the NALC, NPMHU and PPO.

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2017 NALC Health Benefit Plan High Option can be found in the official brochure. Before making a final decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

Welcome

The right mix of coverage and value in a health care plan is the golden ticket that everyone seeks. The NALC Health Benefit Plan High Option offers a winning combination of comprehensive, world-wide coverage at affordable rates and has been dedicated to its members for more than 50 years.

For 2017, we offer a more progressive benefit package than ever before. Preventive care for adults and children has been expanded to cover screenings for conditions such as depression, diabetes and high blood pressure. We have increased the number of chiropractic manipulations and the corresponding office visits to 24. An acupuncture visit with a PPO provider will only cost you a \$20 copayment. And our hospice benefit has evolved to now cover up to 30 days of inpatient or outpatient hospice services per calendar year.

We are also pleased to offer brand new benefits and programs to our members. For those times when you or a family member need to speak with someone regarding your mental health, imagine accessing an In-Network Telemental Health virtual visit in the comfort of your home for a \$20 copayment. Check out our Healthy Pregnancies, Healthy Babies program to complement our 100% PPO coverage maternity benefit. When you have Medicare Part D, and we are the secondary payor, we now pay the balance after Medicare Part D pays, up to our regular benefit.

Most of us love taking quizzes that reveal something about ourselves. What if you could take one that would shed light on steps you can take to improve your physical and mental health? When you complete our Health Assessment, you'll be given a personalized path to follow in your quest to meet your specific goals. As if that wasn't valuable enough, you will receive a choice of free enrollment in the CignaPlus Savings discount dental program when you complete the Health Assessment, waiver of two \$20 PPO medical office visit copayments, or a wearable activity tracking device. Family dental enrollment, waiver of four \$20 PPO office visit copayments or up to a limit of 2 devices are available when two or more covered family members take advantage of this great incentive.

Our 2017 NALC Health Benefit Plan brochure (RI 71-009) details all of the benefits we've touched on here plus so many others. We hope you will take time out of your busy day to read it and consider making us your health plan. Assistance is at your fingertips by calling us at 888-636-NALC (6252) to discuss any questions you may have. Make this an Open Season to remember by choosing the NALC Health Benefit Plan High Option.

Sincerely,



Brian Hellman
Director



Changes for 2017

Do not rely only on these change descriptions; this page is not an official statement of benefits. For that, go to Section 5. *Benefits* in the official brochure. Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

Changes to this Plan

- We now require prior authorization for certain anti-narcolepsy and analgesic/opioid medications which will include quantity and duration limits. See pages 22, 80 and 148.
- We now cover applied behavioral analysis (ABA) therapy and prior authorization is required for this service. ABA is limited to 15 hours per week for children age 3 through 11 and 9 hours for children age 12 through 18. See pages 22, 46, and 115.
- We now cover depression screening as recommended by the U.S. Preventive Services Task Force (USPSTF) for adults age 18 and older. See pages 37 and 104.
- We now cover diabetes screening for adults as recommended by the U.S. Preventive Services Task Force (USPSTF). See pages 37 and 104.
- We now cover high blood pressure screening for adults as recommended by the U.S. Preventive Services Task Force (USPSTF). See pages 37 and 104.
- We now cover depression screening as recommended by the U.S. Preventive Services Task Force (USPSTF) for children age 12 through 17. See pages 40 and 107.
- We now cover one routine hemoglobin/hematocrit screening test for children age 15 months and 30 months. See pages 40 and 107.
- We now cover vision screening as recommended by Bright Futures/AAP. Previously the age limit was children age 6 through 18. See pages 41 and 108.
- We now cover tobacco use counseling for pregnant women as recommended by the U.S. Preventive Services Task Force (USPSTF). See pages 43 and 112.
- We now cover the initial office visit or consultation for each new chiropractor you see. Previously, we covered one in a life time. See pages 52 and 122.
- We now cover kidney/pancreas transplants. See pages 60 and 129.
- We now offer the Healthy Pregnancies, Healthy Babies program. See pages 89 and 156.
- We now include the Specialty Connect feature in our brochure. This feature allows you to submit your specialty medication prescription to your local CVS pharmacy. See pages 90 and 156.

Changes to our High Option only

- Your share of the non-Postal premium will increase for Self Only, increase for Self Plus One, or increase for Self and Family. See back cover.
- We now cover a routine pap test for females over age 65, one every 2 years. See page 38.
- We now cover 24 chiropractic spinal or extraspinal manipulations and office visits in a calendar year. Previously, we covered 20 in a calendar year. See Page 52.
- You now pay a \$20 copayment for an acupuncture visit rendered by a PPO provider. Previously, you paid 15%. See page 52.
- We now cover up to 30 days of inpatient/outpatient hospice services per calendar year. Previously, hospice was limited to \$3,000 maximum Plan payment per lifetime. See page 70.
- We now cover outpatient telemental health professional services rendered by providers such as psychiatrists, psychologists, or clinical social workers. See page 75.
- We no longer cover over-the-counter iron supplements for children age 6 to 12 months. Previously, we covered these with a prescription.
- We now waive two \$20 PPO medical office visit copayments when you complete a health assessment for Self Only enrollments and four \$20 PPO medical office visit copayments for Self Plus One or Self and Family. Previously, you received a \$40 CVS gift card for Self Only and up to two CVS gift cards for Self Plus One and Self and Family. See page 88.
- We now include our Substance Use Disorder (SUD) Program in the brochure. See page 90.
- We now waive the prescription drug copayments and coinsurances when Medicare Part D is the primary payer and covers the prescription drug. Previously, we paid the lesser of the balance after Medicare pays or our drug benefit. See page 172.

Changes for 2017

Changes to our Value Option only

- Your share of the non-Postal premium will increase for Self Only, increase Self Plus One, or increase for Self and Family. See back cover.
- You now pay nothing for outpatient services and supplies for a voluntary female sterilization when rendered by In-Network hospital or ambulatory surgical center. Previously, you paid 20%. See page 138.
- We no longer require prior authorization for partial hospitalization for mental health and substance abuse, and Transcranial Magnetic Stimulation (TMS), Ambulatory Drug and Alcohol Detoxification Services, and Psychological/ Neuropsychological Testing. See page 144.

Changes to our Consumer Driven Health Plan

- Your share of the non-Postal premium will increase for Self Only, increase for Self Plus One, or increase for Self and Family. See back cover.
- You now pay nothing for outpatient services and supplies for a voluntary female sterilization when rendered by In-Network hospital or ambulatory surgical center. Previously, you paid 20%. See page 138.
- We no longer require prior authorization for partial hospitalization for mental health and substance abuse, and Transcranial Magnetic Stimulation (TMS), Ambulatory Drug and Alcohol Detoxification Services, and Psychological/ Neuropsychological Testing. See page 144.

Clarifications to this Plan

- We clarified that a routine mammogram is part of well woman care. See page 38.
- We clarified that shower chairs are not covered. See page 51.

Clarifications to our High Option Only

- We updated for members in the Commonwealth of Puerto Rico, all non-PPO physicians, hospitals, and facilities contracted through Stratose will be paid at the PPO benefit level. See page 13.
- We updated our Enhanced CaremarkDirect Retail Program. See page 88.

Clarifications to our Consumer Driven Health Plan and Value Option Only

- We clarified the Personal Care Account amounts when a member changes their enrollment option from Self and Family/ Self Plus One to a Self Only and vice versa. See page 93.



How to Join the Plan

If you are eligible for FEHB benefits, you may enroll in one of the many participating health plans, change your current health plan, or cancel your enrollment in a FEHB plan during the annual Open Season. This includes active and retired postal and federal employees, annuitants, survivor annuitants, Indian Tribes, Tribal organizations, and urban Indian organizations. Certain Qualifying Life Events (QLE) also allow anyone eligible to make changes to their FEHB enrollment outside of Open Season.

Current Active Letter Carriers have 4 ways to enroll in the NALC Health Benefit Plan

- Use your home computer, tablet, or smartphone to go to <https://liteblue.usps.gov>. You must have your employee ID number (it's the 8-digit number printed on your earnings statement just above the words "employee ID.") You will also need your USPS PIN number (It's the same one you use to access **PostalEASE**.)
- The **Blue Page** (Intranet) at work
- Employee Self-Service Kiosks located at some USPS facilities
- **PostalEASE** by telephone – Call 877-4PS-EASE (877-477-3273) and enter Option 1

Instructions: (Keep this information for your records)

When enrolling by internet, intranet, or Employee Self-Service Kiosk, simply follow the instructions on the screen. If you prefer to enroll or make changes by phone, call **PostalEASE** toll-free at 877-4PS-EASE (877-477-3273) and choose option 1. TTY users can call 866-260-7507.

- Have your **PostalEASE** worksheet completed before you call.
- When prompted, select Federal Employees Health Benefits.
- Follow the prompts to enter your Employee ID, USPS Personal Identification Number (PIN), and the information you entered on your worksheet. This information will be required:
 - Daytime telephone number
 - The name of the health plan in which you want to enroll (NALC Health Benefit Plan High Option)
 - Health plan code number (322 for Self and Family or 323 for Self Plus One or 321 for Self Only)
 - Names, addresses, dates of birth, and Social Security numbers for all eligible family members covered under your enrollment
 - Name, policy number, and effective date on any other group health insurance in which you or eligible family members are enrolled; including Medicare and Tricare.
 - If you are changing plans or canceling coverage, enter the code of your current health plan.
- After completing your entries, write down and save the confirmation number you receive for **PostalEASE**, the date your enrollment will be processed

Annuitants and Retirees can enroll by calling Employee Express at 800-332-9798, by going to OPM's Open Season website at retireefehb.opm.gov if you are a retiree or by submitting a Standard 2809 to your Retirement office. You can get additional information at <http://www.opm.gov/healthcare-insurance/healthcare/plan-information/enroll/#annuitants>.

If you submit your change by mail, the address is: OPM, Open Season Processing Center
P.O. Box 5000, Lawrence, KS 66046-0500

Annuitants or retirees eligible in the FEHB program should call the Retirement Information Center at 888-767-6738 (TTY: 800-878-5707) for instructions on enrolling.

Active Federal Employees of agencies that participate in Employee Express may enroll during the Open Season by going to the website www.employeeexpress.gov or by calling 478-757-3030. Employees of non-participating agencies should contact their employing office for enrollment instructions.

Helpful Programs for You

Telemental Health Medicine

Beginning January 1, 2017, the Plan offers outpatient Telemental Health services through Optum™. Telemental Health is a convenient access to virtual visits for mental health assessments and mental health treatment at a distance. Telemental Health appointments also offer the advantage of reducing the time you may need to be away from work and eliminate travel time. Providers include psychiatrists, psychologists and social workers. For services provided by In-Network providers, members will pay a \$20.00 copayment. To find an In-Network telemental health provider call Optum™ at 877-468-1016.

CignaPlus Savings® (Non-FEHB Benefit)

Good oral health impacts your general and overall health throughout your life. The CignaPlus Savings® Program is a dental discount program that provides NALC Health Benefit Plan members and their dependents discounted fees on dental services and gives you access to over 92,000 dental providers nationwide. Members receive an average savings of 31.3% off dental services such as cleanings, root canals, crowns, fillings and braces. It also offers ease of use – with no deductibles, age limit, waiting periods, frequency limitations or restrictions on pre-existing conditions. There are no claim forms to complete since you pay the participating provider at the time services are rendered. To find out more about the program, or to enroll, call 877-521-0244. This program is not part of the Plan's FEHB benefits and is not insurance.

Enrollment in the CignaPlus Savings® discount dental program is just one of the available incentives for filling out the Health Assessment in 2017. See Page 14 under Health Assessment for further details.

24 Hour Nurse Help Line

CareAllies Health Information Line nurses/clinicians provide appropriate level of care information to members who call with symptom-based questions or concerns. The information provided by the caller directs the nurses, who reference guidelines to help determine the recommended level of care. They can help you determine when to call emergency services, help you locate a doctor or hospital, or assist you in dealing with minor health issues yourself. Based on the symptoms and responses, they can help members select a course of action and a timeline for seeking the recommended care. The nurses also provide self-care techniques and suggest how to increase member comfort levels until additional medical help is received. Call 877-220-NALC (6252) to speak with these trained professionals 24 hours-a-day, 7 days-a-week.

Solutions for Caregivers

For members or spouses caring for an elderly relative, disabled dependent, friend or neighbor, the NALC Health Benefit Plan has made Solutions for Caregivers available to you. Many times families with elder care needs do not know all of the issues their elder may be facing. Solutions for Caregivers is a program providing six hours of Care management services at no additional cost per calendar year. Members can use these services in a variety of ways.

Solutions for Caregivers provides one or more of the following services:

- Advice and decision-making support from a professional care manager
- An on-site assessment package by a registered nurse
- Personalized care plans that address your needs and the needs of your family member
- Coordination of services including planning and arranging community-based programs and services for your specific needs
- Online resources to access educational services and discounted products

Solutions for Caregivers provides members with access to a professional, local geriatric care manager who can assist their loved ones' challenging needs. Specialists are available 24 hours-a-day, 7 days-a-week to answer questions and arrange services by a Care Advocate. For questions or to learn more about this program, you can call 877-468-1016.

Helpful Programs for You

CareAllies - Well Informed Program (Gaps in Care)

We offer a program through CareAllies which provides timely information and tips personalized for you to help you reach and/or maintain a healthy lifestyle. Gaps in Care is designed to improve the member's quality of care, therefore reducing medical expenses. It is a clinically based program that focuses on members who have chronic illnesses, such as high blood pressure, diabetes and more, to determine if the patient is receiving adequate medical care. Since the program is voluntary, our members can choose not to participate. Here's how the program works:

1. Your health care claims are reviewed and steps are identified that you can take to improve your health.
2. A personal profile is developed for you. You will receive information from CareAllies that includes:
 - A summary of health conditions which may be of interest to you
 - Educational information to help close potential gaps in your health care
 - References to the medical guidelines we use in our reviews
 - Provides resources and helpful tips for better managing your care
3. You are encouraged to talk to your doctor about suggested topics and develop long-term health goals. It is not meant to take the place of your doctor's professional judgment.

This program is part of our ongoing commitment to help you improve your health and well-being. If you have any questions, please call CareAllies at 800-252-7441 Monday through Friday 8 a.m. to 6 p.m.

Weight Talk® Program through Optum™

The Weight Talk® Program through Optum™ is a free weight-loss program to help members achieve a healthier lifestyle. This specialized coaching program is designed to help members achieve measurable, sustainable weight loss. The Weight Talk® Program is delivered through regular phone-based coaching sessions with a dedicated coach, supported by specialized calls with registered dietitians. The experience is highly personalized, supportive, and proven effective. Participants set realistic weight loss goals and then learn through small, tailored changes how to achieve and maintain a healthy weight for the rest of their lives.

Weight Talk® incorporates the following components:

- Up to 11 planned phone-based coaching sessions
- Specialized protocols for severely obese, those diagnosed with type 2 diabetes and post - bariatric surgery
- Unlimited access to coaches for ongoing support for up to one year
- Welcome kit including a weight loss work book, food journal and tape measure
- Unlimited access to Optum's Wellbeing interactive web and mobile support tools
- Fitbit® Zip™ wireless activity tracker that tracks and uploads steps, calories burned, distance, and activity duration to the Weight Talk® Program portal

Members can enroll in the Weight Talk® Program online at www.weighttalk.net/nalc or call the toll-free number at 844-305-0758. A personal dedicated coach is available 7 days-a-week 7:00 a.m. through 3:00 a.m. and Saturday 9:00 a.m. through 12:00 a.m. (Eastern Time).

Helpful Programs for You

[Thinking about Quitting Tobacco use?](#)

If you feel like you have tried everything else, try the Quit for Life® Program. This cost-free program could help you quit for good. When you enroll, a registration specialist will help you get set up. A Quit Coach® staff member will work with you to create an individualized plan to make it a successful quitting process. This program includes over-the-counter nicotine replacement therapy, toll-free access to Tobacco Coaches for one year and online tools. You can learn more about the Quit for Life® program through Optum™ by calling 866-784-8454 or visiting www.quitnow.net/nalc.

If you choose not to participate in the Quit for Life® Program, over-the-counter medications for tobacco cessation (prescription required) will be paid at 100% when you purchase the medication at an NALC CareSelect retail pharmacy or mail order program.

[Your Health First Disease Management Program](#)

If you have a chronic health condition, there may be times you need extra help. The NALC Health Benefit Plan continues to offer you Your Health First, a program through Cigna, to help you get healthy and live well. Your Health First is a free coaching telephonic or online program. You can connect with a dedicated health advocate trained as a nurse, health educator, or behavioral health specialist or access the 24/7 online support that offers articles and podcasts on hundreds of health topics to help you better understand your condition and make more informed treatment decisions.

Connect with a health advocate and get a free, confidential resource to help you with:

- Asthma
- Coronary Artery Disease
- Peripheral Arterial Disease
- Type I & Type II Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Behavioral Concerns: Depression, Anxiety, Bipolar Disorder
- Heart Disease
- Congestive Heart Failure
- Osteoarthritis
- Low Back Pain
- Metabolic Syndrome

To talk to a health advocate, call 877-220-NALC (6252) or visit www.nalchbp.org for information and self-help resources.

[Healthy Rewards®](#)

Couldn't we all use a little help finding ways to make staying healthy more affordable? That's the idea behind the Healthy Rewards® Member Savings Program. You can save up to 60% products and services to encourage and promote healthy behaviors and lifestyles, like:

- Vision and hearing care discounts such as Lasik Vision Correction.
- Fitness Club Discounts at locations around the country.
- A wide variety of other healthy life and wellness products.
- Jenny Craig® discounts which range from a free 30 day trial membership or up to 30% off All Access membership.

There are no claim forms or referrals, so the program is easy for members to use. You have access to a nationwide network of more than 50,000 providers and fitness clubs. You can access the Healthy Rewards® Program by calling 800-558-9443 or by visiting the Plan's website www.nalchbp.org under Quicklinks. You can also look under the Plans and Benefits tab and click on "Special Features".

*Some Healthy Rewards® Programs are not available in all states. A discount program is NOT insurance, and the member must pay the entire discounted charge.

Open Access Plus (OAP)

By choosing In-Network providers you receive the best benefit and lower your out-of-pocket costs. The Cigna HealthCare Shared Administration OAP network for the NALC Health Benefit Plan has 21,607 participating facilities, 2,488,401 family doctors and specialists, 9,516 general acute care hospitals and 166 transplant facilities. This network is accredited by the National Committee of Quality Assurance (NCQA) assuring you a choice of quality health care providers who meet all of Cigna's rigorous credentialing standards.

When using a family doctor your course of treatment is coordinated by one physician or a group of physicians who have access to all of your information including allergies, medications and results of all laboratory testing and x-rays. Your family doctor will act on your behalf to coordinate your ongoing care, educate you on safe health behaviors, treatment options and if necessary, refer you to specialists for further evaluation. Selection of a family doctor is not required, but does offer benefits to you and your family. If you're looking for a Family Practice, General Practice, Internal Medicine, Obstetrics (No GYN), Obstetrics/Gynecology or Pediatrics, start your search with Family Doctor/Primary Care Physician selected. If you don't see your provider for one of the above types of services on the results page or if you're looking for a different type of doctor, then select Specialist and search by provider name.

If you need a specialist, look in the OAP directory for the Cigna Care Designation symbol . This symbol distinguishes network doctors who practice in one of the specialties reviewed and who meet certain quality and cost-efficiency measures. Specialties represented in the OAP Cigna Care network include cardiology, obstetrics and gynecology, and general surgery. By using an OAP Cigna Care Designation specialist you are receiving the highest quality care for you and your family. Keep in mind, covered professional providers are medical practitioners who perform covered services when acting within the scope of their license or certification under applicable state law and who furnish, bill, or are paid for their health care services in the normal course of business. Covered services must be provided in the state in which the practitioner is licensed or certified.

| | Hospital | Maternity | Surgical | Routine Physical Exam | Office Visit |
|----------------------|---|---|-------------------------------------|-------------------------------------|---|
| PPO (You pay) | \$200 copay per Inpatient admission or outpatient observation | Nothing | 15% | Nothing | \$20 copay per visit or consultation |
| Non-PPO (You pay) | 30% (\$350 copay per Inpatient admission)* | Physicians - 30% after \$300 deductible Inpatient Hospital - 30% after \$350 per admission copay* | 30% (After \$300 deductible)* | 30% (After \$300 deductible)* | 30% (After \$300 deductible)* |

**In addition, you are responsible for the difference, if any, between our allowance and the billed amount.*

Lab Savings Program

The Lab Savings Program provides diagnostic services through LabCorp and Quest Diagnostics. LabCorp has over 1,700 facilities nationwide and Quest Diagnostics has over 2,300 facilities nationwide. Be sure to ask your doctor to use LabCorp or Quest Diagnostics for laboratory processing. Other laboratory facilities are subject to the Plan's standard benefits. To locate a LabCorp or Quest Diagnostics laboratory, call the PPO locator service at 877-220-NALC (6252).

If you live in an area where a LabCorp or Quest Diagnostics facility is not available, we may be able to arrange a specimen pick up at your physician's office by one of the preferred laboratories. Please contact the Plan at 888-636-NALC (6252) and ask for a Provider Nomination form for laboratory pickup, or download it from the Plan's website, www.nalchbp.org. Return completed forms to the Plan. Upon receipt of the nomination form we will pass it on to Cigna to begin the nomination process. This process may take three to six months for completion. You will be notified by the Plan if arrangements can be made for the pickup at your provider's office.

Your Mental Health

Make the most of your life with Healthy Living!

Mental health includes psychological, emotional, and social well-being. It can affect how we feel, think and act as you cope with life. Your life experiences, such as stress and anxiety also play a part in your mental well-being. Optum™ is a recognized leader specializing in provider behavioral health care and substance abuse services and provides our mental health and substance abuse benefits. With Optum™, members have access to over 140,000 in-network clinicians and 2,700 in-network facilities in more than 4,800 locations nationwide. These In-Network providers are easy to locate 24 hours-a-day, 7 days-a-week by either using our online provider locator or by calling Optum's toll free number at 877-468-1016.

Taking advantage of these services can help you deal with life's challenges and assist you in managing a wide range of mental health and substance abuse conditions such as:

- Abuse and Domestic Violence
- Addictions
- Alzheimer's & Dementia
- Anxiety
- Autism
- Bipolar Disorder
- Depression
- Eating Disorders
- Obesity
- Obsessions & Compulsions
- Personality Disorders
- Phobias
- Postpartum Depression
- Schizophrenia
- Stress
- Traumatic Brain Injury

When you choose an In-Network provider to utilize these mental health and substance abuse services, you will receive the best benefit. However, you do have the option of choosing an out-of-network provider as well.

| | Inpatient Hospital and Treatment Facility | Outpatient diagnostic tests Inpatient professional svcs | Outpatient professional services, individual or group therapy, Outpatient medication management |
|---------------------------------|--|--|--|
| In-Network (You Pay) | \$200 copay per admission | 15% | \$20 copay per office visit / individual or group therapy |
| Out-of-Network (You Pay) | 30% (After \$350 copay per admission)* | 30% After \$300 deductible* | 30% After \$300 deductible* |

*In addition, you are responsible for the difference, if any, between the Plan allowance and the billed amount.

NALC Health Benefit Plan also provides a direct link to the liveandworkwell website. By visiting our website at www.nalchbp.org and clicking the member resources link then clicking the OptumHealth link, you can access many of Optum's resources. There are informative articles, interactive self-help programs, and much more to help cope with life's challenges and promote a healthier well-being.

Substance Use Disorder (SUD) Program-New for 2017

The SUD program is offered by the Plan through Optum™. This program offers assistance in finding In-Network providers and treatment options in the area and provides education about the SUD condition. Optum™ has implemented a Substance Use Treatment Helpline that is available 24/7 to our members. You have immediate access to a licensed clinician at all times. The clinician can arrange for an almost immediate face-to-face evaluation with an In-Network expert who can create a unique care strategy. Better treatment outcomes occur when you have a clear individualized treatment plan within your community. Call Optum™ at 855-780-5955 to speak with a licensed clinician who can help guide you to an In-Network treatment provider or treatment center.

*OptumHealthSM is a subsidiary of United Behavioral Health, a UnitedHealth Group Company.

Prescription Information

The NALC Health Benefit Plan's Prescription Drug Program classifies prescription medications into four categories or "tiers" based on quality, safety, clinical effectiveness and cost. Your cost-share is based on the "tier" level of your prescription drug. Our "tiers" are defined as:

Tier 1 - generic prescription drugs

Tier 2 - formulary brand drugs - brand name drugs that appear on the Plan's formulary

Tier 3 - non-formulary brand drugs - brand name drugs that are not listed on the Plan's formulary

Tier 4 - specialty drugs - prior authorization is required for all specialty medications and may include step therapy. Our benefit includes the Advanced Control Specialty Formulary that includes a step therapy program that requires the use of a preferred drug(s) before non-preferred specialty drugs are covered. These are typically used to treat chronic, serious or life-threatening conditions. Contact CVS/specialty™ at 800-237-2767.

Compound drugs require prior authorization. A compound drug is a medication made by combining, mixing or altering ingredients in response to a prescription, to create a customized drug that is not otherwise commercially available. Certain compounding chemicals are not covered through the prescription benefits. Contact CVS/caremark at 800-933-NALC (6252) to obtain prior authorization.

To help ensure safe and clinically appropriate controlled substance medication therapy for our members, we require prior authorization and quantity limits for anti-narcolepsy and certain analgesic/opioid medications. Prior authorization requirements are based on clinical criteria such as diagnosis, safety and evaluation as well as daily dosing per labeling, initial dosing frequency recommendations or dose in opioid-tolerant patients. Contact CVS/caremark at 800-933-NALC (6252) to obtain prior authorization.

When the NALC Health Benefit Plan is the primary payor, 90-day supplies of generic prescription drugs listed in our 2017 NALC Preferred Generics List are available through our Mail Order Program or through the CVS/caremark Maintenance Choice Program for only \$7.99. If you are enrolled in Medicare Part B and are not enrolled in Medicare Part D (Medicare prescription drug program), these medications will only cost you \$4.00 for a 90-day supply.

Generic medications listed on our NALC Select Generics List will only cost you \$5.00 for a 90-day supply if you are an active enrollee or \$4.00 if you are enrolled in Medicare Part B and Medicare is paying first on your medical expenses.

The NALC Health Benefit Plan looks out for our senior population. If Medicare Part B is paying your medical expenses first, then there is no cost for up to a 30-day supply of a prescription drug listed on the NALC Senior Antibiotic Generic List when purchased at an NALC Network pharmacy. For generics not on our NALC Select Generic or NALC Preferred generic lists, you only pay \$4.00 for a 60-day supply or \$6.00 for a 90-day supply if you are enrolled in Medicare Part B and Medicare is paying first on your medical expenses. If Medicare Part D is your primary payor for prescription drugs, we now waive the prescription drug copayment and coinsurance when Medicare Part D covers your prescription.

When the NALC Health Benefit Plan is the primary payor for your medical expenses, the seasonal flu vaccine, pediatric pneumococcal, and shingles (Zostovax) vaccines will be paid in full when administered by a pharmacy that participates in the NALC Flu and Pneumococcal Vaccine Administration Network. A complete listing of participating pharmacies is available at www.nalchbp.org or by calling CVS/caremark Customer Service at 800-933-NALC (6252).

Dispensing Limitations

There are dispensing limitations for prescriptions purchased locally at one of the more than 68,500 participating NALC Network pharmacies. You may obtain up to a 30-day fill plus one refill of your covered medication at a local participating pharmacy. Maintenance and long-term medications may be ordered through our Mail Order Prescription Drug Program for up to a 60-day or 90-day supply (21-day minimum). The 21-day minimum does not apply to specialty drugs ordered through CVS/specialty™. Patients confined to a nursing home, patients in the process of having their medications regulated, or when state law prohibits dispensing quantities of medications greater than 30-day, can continue to fill their prescriptions at a local participating pharmacy. Members should contact the Plan at 888-636-NALC (6252) for instructions and authorization.

Prescription Information

Formulary

We use an open and voluntary formulary which contains a partial listing of commonly prescribed generic and brand name medications. To find out if your brand name drug is part of our formulary, visit our website at www.nalchbp.org, or call 800-933-NALC (6252).

Your 2017 Drug Cost-Share When NALC is Primary

| | | |
|--|---------------------|-----------------|
| Generic Drug*: | | You Pay: |
| Network Retail | up to 30 day supply | 20% of cost |
| Mail Order | up to 60 day supply | \$8 |
| Mail Order | 61-90 day supply | \$12 |
| Formulary Brand Drug: | | You Pay: |
| Network Retail | up to 30 day supply | 30% of cost |
| Mail Order | up to 60 day supply | \$43 |
| Mail Order | 61-90 day supply | \$65 |
| Non-Formulary Brand Drug: | | You Pay: |
| Network Retail | up to 30 day supply | 45% of cost |
| Mail Order | up to 60 day supply | \$58 |
| Mail Order | 61-90 day supply | \$80 |
| Specialty Drugs** (Available only through CVS/specialty™ Mail Order): | | You Pay: |
| Mail Order | up to 30 day supply | \$150 |
| Mail Order | 31-60 day supply | \$250 |
| Mail Order | 61-90 day supply | \$350 |

Your 2017 Drug Cost-Share When Medicare Part B is Primary

| | | |
|--|---------------------|-----------------|
| Generic Drug*: | | You Pay: |
| Network Retail | up to 30 day supply | 10% of cost |
| Mail Order | up to 60 day supply | \$4 |
| Mail Order | 61-90 day supply | \$6 |
| Formulary Brand Drug: | | You Pay: |
| Network Retail | up to 30 day supply | 20% of cost |
| Mail Order | up to 60 day supply | \$37 |
| Mail Order | 61-90 day supply | \$55 |
| Non-Formulary Brand Drug: | | You Pay: |
| Network Retail | up to 30 day supply | 30% of cost |
| Mail Order | up to 60 day supply | \$52 |
| Mail Order | 61-90 day supply | \$70 |
| Specialty Drugs** (Available only through CVS/specialty™ Mail Order): | | You Pay: |
| Mail Order | up to 30 day supply | \$150 |
| Mail Order | 31-60 day supply | \$250 |
| Mail Order | 61-90 day supply | \$350 |

*Generic drug coverage shown above for those generic drugs not available at a reduced cost as listed on our NALCSelect, NALCPreferred, or NALCSenior Generic Drug Lists.

**All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Advanced Control Specialty Formulary utilizes step therapy for certain specialty medications. We require the use of preferred drugs before non-preferred specialty drugs are covered. Our Advanced Control Specialty Formulary focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Call CVS/specialty™ at 800-237-2767 to obtain prior approval.

Health Information Technology

[Personal Health Record](#)

The NALC Health Benefit Plan understands the importance of having an organized accounting of your health related information. Our on-line Personal Health Record at www.nalchbp.org is a helpful tool our members can utilize to create and keep up-to-date records of medications, immunization, allergies, medical conditions, physicians, and emergency contacts. Your personal health information is stored in a single safe, password-protected place accessible by only you or your designated personal representative.

Simply go to our home page at www.nalchbp.org and refer to the top right corner where you can register and sign in to your account. The Personal Health Record is easy to navigate, so you can update information at your convenience. The **Blue Button** feature on the Personal Health Record home page allows you to access and download your Personal Health Record Information into a simple text file that can be read, printed or stored on any computer.



[Electronic Health Record](#)

Once registered on our secure website, you may view your claim history, get real-time deductible and out-of-pocket amounts, as well as print copies of your Explanation of Benefits safely and conveniently at your home or on the go.

[Cost Comparison Tool](#)

Compare costs for covered medical services through our easy-to-use web tools. Being knowledgeable about health care costs makes you an informed health care consumer. You can compare our In-Network provider average allowances to the standard Plan allowances for hundreds of procedures.

In addition, our members have access to our Cost of Common Conditions/Illness tool. This web-based application provides the costs for a term of illness based on the average cost in your specific local area. You can search for the costs of over 30 illnesses with this tool.

[Health Assessment](#)

When you fill out our free Health Assessment at www.nalchbp.org, you are taking a positive step toward better physical and mental health. The Health Assessment is an online program that analyzes your health related responses and gives you a personalized plan to achieve specific health goals. Your Health Assessment profile may be used to spark discussion with your physician, or simply provide tips you may follow. You can find the link to the Health Assessment on the home page under Quick Links.

As a bonus for being proactive, we offer a choice of valuable incentives. When you complete the Health Assessment, you may either choose to be enrolled in the Self Only CignaPlus Savings® discount dental program and we will pay the premium for the remainder of the calendar year in which you completed the Health Assessment provided you remain enrolled in our Plan, you may choose the waiver of two \$20 PPO medical office visit copayments (when the Plan is the primary payor) incurred in the same year as the Health Assessment is completed or choose a wearable activity tracking device. If two or more covered family members (including the member) complete the Health Assessment, you may choose either the Family CignaPlus Savings® discount dental program, the waiver of four \$20 PPO medical office visits or a wearable activity tracking device (limit 2 devices per enrollment).

Web Resources

Healthy tips and valuable health information are just a mouse click away. Visit our website under the “**Providers**” tab to get started.

Cigna

The Cigna Mix Six for Healthy Balance Toolkit is available to members on our website under **Cigna Resources** take the **Healthy Challenge**. The Cigna Mix Six for Healthy Balance Toolkit is designed to help individuals and families to takes small steps toward a healthy lifestyle. There are six key health behaviors. Simply start at one behavior and work your way through all six in any order you choose:

- Colorful Plates
- Minutes in Motion
- Smart Servings
- Power Breakfast
- Snack Attacks
- Drink Think

Start by completing a Personal Healthy Habit Inventory or Family Healthy Habit Inventory Assessment. See if you or your family might like some healthy changes. The Toolkit will help guide you down a healthy path with tips for healthy habits.

myCVS™ On the Go

Enjoy the convenience of accessing a CVS Pharmacy or locate a MinuteClinic on your smartphone or mobile device. Go to the iTunes store on your Apple device or Google Play on your Android operating systems and download the app. You can also visit the CVS/caremark mobile sites at www.cvs.com to “open” your CVS Pharmacy anytime, anywhere.

CVS Pharmacy (m.cvs.com)

- Find a store in a click using your phone's GPS
- Refill and transfer prescriptions quickly
- Access your prescription history
- Check your CVS.com and ExtraCare accounts

MinuteClinic (m.minuteclinic.com)

- Locate a nearby clinic in a click
- See services and view hours

Optum™

Optum™ offers extensive member resources at liveandworkwell.com. Members have confidential access to information and tools developed by doctors, clinicians, and industry experts. The liveandworkwell.com portal focuses on mind-body integration for a practical approach to wellness and well-being. The portal provides member access to care and benefit self-management tools, prevention programs, educational materials, videos and more. This link empowers members to find answers to day-to-day challenges on their own terms and based on their own schedules. The website's wealth of resources and information on health and wellness help members manage chronic diseases and find ways to alleviate stress and take charge of their overall health and wellbeing.

Liveandworkwell.com provides members with exceptional information and tools including:

- Mental Health Condition Centers
- Life Stage Resource Centers
- Interactive Self-Assessments
- Self-Help Programs
- Clinician Search Tools
- Useful calculators to manage care and credit card payments, lose weight and more
- Information on family and relationships, education, career skills, and financial matters

There are three centers that offer valuable information on numerous topics.

The *LiveWell* area provides guidance and support for challenges in relationships, parenting, caregiving, safety and crisis planning, and military life and deployment.

The *BeWell* area addresses healthy living including healthy eating, exercise and fitness, coping with anger and grief and loss, addictions, and coping with chronic conditions such as; arthritis, cancer, depression, infertility and traumatic brain injury.

The *WorkWell* area has articles, resources, and videos that provide support for workplace violence and harassment, managing a stressful job, and communicating effectively at work.

Contact Information

| | |
|--|----------------------------|
| OAP Network Providers / Cigna HealthCare To confirm your provider's participation or to locate a hospital, doctor or other provider. | 877-220-NALC (6252) |
| Precertify a Hospital Admission Prior to your medical hospitalization, precertify to avoid a penalty. | 877-220-NALC (6252) |
| Precertify High Tech Radiology Services For precertification of outpatient CT/CAT, MRI, MRA, NC and PET scans. | 877-220-NALC (6252) |
| Precertify Inpatient/Outpatient Spinal Surgeries | 877-220-NALC (6252) |
| 24-Hour Nurse Help Line To speak with a registered nurse regarding medical needs. | 877-220-NALC (6252) |
| Your Health First (Disease Management Program) For information and guidance to assist with chronic health conditions such as; asthma, heart disease, and diabetes. | 877-220-NALC (6252) |
| CignaPlus Savings® To join or get additional information on Cigna's discount dental program. | 877-521-0244 |
| Healthy Rewards® Program Find out about discounts on weight loss programs, fitness clubs, vision services and much more. | 800-558-9443 |
| Cigna LifeSOURCE Transplant Network® To locate a provider or to speak to a transplant case manager and obtain prior approval. | 800-668-9682 |
| Weight Talk® Program A voluntary program that helps you manage your weight and change your lifestyle. | 844-305-0758 |
| Quit for Life® For information on the voluntary cessation program. | 866-784-8454 |
| Mental Health / Optum™ To locate mental health and substance abuse providers or to preauthorize treatment or a hospital stay. | 877-468-1016 |
| 24-Hour Mental Health & Substance Abuse Line To speak with a Life Resource Counselor on a wide range of issues, 24 hours-a-day, 7 days-a-week. | 877-468-1016 |
| Substance Use Disorder Program (SUD) To speak to a licensed clinician who can help guide you to an In-Network treatment provider or treatment center. | 855-780-5955 |

Contact Information

Solutions For Caregivers

Provides expert assistance to members and spouses that care for an elderly relative or disabled dependent.

877-468-1016

Prescription Services / CVS/caremark

To locate network retail pharmacies, request mail order refills or to check the status of an order.

800-933-NALC (6252)

Enhanced CaremarkDirect Retail Program

You may purchase some non-covered drugs through Caremark mail service pharmacy at competitive prices.

800-933-NALC (6252)

CVS/caremark Prescription Mail Order Service

To switch from the mail service to a pharmacy.

800-933-NALC (6252)

CVS/specialty™ Pharmacy Services

For prior approval of specialty drugs including biotech medications.

800-237-2767

ExtraCare® Health Card

Order your CVS card today and start receiving a 20% discount on regular/non-sale priced CVS Store Brand health-related items.

888-543-5938

CVS/caremark MinuteClinics

To locate a MinuteClinic inside select stores.

866-389-2727

CVS/caremark FastStart Program

If your prescriptions have no refills left and you would like CVS/caremark to contact your physician and obtain a new 90-day mail order script.

800-875-0867

USPS Human Resources Shared Services Center (USPS HRSSC)

877-477-3273
Select option 5



NALC Health Benefit Plan High Option Customer Service

For eligibility, claim, and benefit information.

888-636-NALC (6252)

For additional information visit our website at:

www.nalchbp.org

Medicare Enrollees

When you are eligible and enroll in the federal Medicare Program, having the NALC Health Benefit Plan as a secondary insurance offering full benefits gives you an added layer of protection. In most cases, when you are enrolled in Medicare Parts A and B and the NALC Health Benefit Plan, you will have no out-of-pocket costs for medical services. You also continue to have the same excellent prescription drug coverage but with lower coinsurances and copayments. If you are approaching age 65 or are age 65 and retired, carefully consider the importance of having total medical and prescription drug coverage.

Medicare Part A (Hospital Insurance) is generally cost-free. For those who do not meet the work credit requirements, you may be able to buy Part A (and Part B) by paying a monthly premium. Part A benefits help to pay for inpatient hospital care, inpatient skilled nursing facility care, home health and hospice care. There are deductibles and coinsurance which apply to these expenses for which you are responsible, but when you are enrolled in the NALC Health Benefit Plan, we pick these up as the secondary carrier. To simplify the process for you, once the facility or provider files the claim to Medicare and Medicare considers the claim, that information is securely transmitted to us electronically. No paperwork to worry about.

Medicare Part B (Medical Insurance) Once you approach age 65, you will receive notice from the Centers for Medicare and Medicaid Services (CMS) that you are eligible to enroll in Medicare Part B. If you are receiving Social Security benefits, once you enroll, the premium is deducted from your monthly Social Security benefits. Medicare Part B benefits help you pay for doctor charges, diagnostic services, ambulance charges, surgeries, medical equipment and supplies, and covered services not covered or payable under Medicare Part A. When you are enrolled in the NALC Health Benefit Plan and Medicare Part B, and Medicare is your primary payor, your Medicare Part B plan will pay benefits as the primary payor (pays first). Your Medicare Part B claims are transmitted electronically to the NALC Health Benefit Plan where we will pay the Medicare Part B deductible and coinsurance on covered services. You will not have any out-of-pocket expense since we pay the balance after Medicare's payment up to 100% of the covered charge.

Medicare Part C (Medicare Advantage Plans) are Medicare health plan options that are part of the Medicare program. If you decide to join one of the many Medicare Advantage plans, you generally must receive all of your Medicare covered health care through that Plan. Medicare Advantage plans can also include prescription drug coverage. Included in the Medicare Advantage plans are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), private fee-for-service plans, and Medicare Special Needs plans. In some cases, there are extra benefits and lower copayments than in the original Medicare plan. However, you may be required to receive treatments or referrals only from providers that belong to that Medicare Advantage Plan in order to receive benefits. We will still provide benefits when your Medicare Advantage plan is primary, even when you receive services from providers who are not in the Medicare Advantage plan's network and/or service area. We waive coinsurance, deductibles, and most copayments when you use a participating provider with your Medicare Advantage plan. If you receive services from providers that do not participate in your Medicare Advantage plan, we do not waive any coinsurance, copayments or deductibles.

Medicare Part D (Prescription Drug Plan) If you are enrolled in Medicare, you are eligible to enroll in a Medicare Prescription Drug Plan. There are many plans from which to choose, and each has an additional premium. When you are enrolled in a Medicare Part D Plan and Medicare Part D pays first, the NALC Health Benefit Plan will waive your retail fill limit and retail day's supply limitations. We will coordinate benefits as the secondary payor and pay the balance after Medicare's drug payment.

You can get more information about Medicare plan choices by calling 1-800-633-4227 or at www.medicare.gov

Medicare Benefits At-A-Glance

When Medicare Part A and Part B is the primary payor, all deductibles, coinsurances and copayments are waived, except for prescription drugs. Always rely on the Plan's official approved brochure (RI 71-009) for complete detailed information of the Plan's benefits when Medicare is not paying for the service or supply.

| BENEFIT | YOU PAY |
|---|---------|
| Hospitalization (no precertification required) | |
| Inpatient Medical/Surgical and Mental Health | Nothing |
| Outpatient | Nothing |

| Physician Care | |
|--|---------|
| Annual Routine Physical Exam | Nothing |
| Adult Routine Immunizations and Tests | Nothing |
| Inpatient and Outpatient Medical and Surgical Care | Nothing |
| Mental Health and Substance Abuse | Nothing |

| | Network | Non-Network |
|---|--|--|
| Prescription Drugs | | |
| A generic equivalent will be dispensed if it is available, unless your physician specifically requires a brand name. There is a 30-day plus one refill limit at local retail. | | |
| Retail Pharmacy 1st and 2nd fill | 10% of generic cost Nothing for NALCSenior Antibiotic generic 20% of Formulary brand cost 30% of Non-formulary brand cost | Full cost at time of purchase – 45% |
| Mail Order Program | | |
| 60-day supply | \$4 generic / \$37 Formulary brand / \$52 Non-formulary brand | |
| 90-day supply | \$4 NALCSelect generic / \$4 NALCPreferred generic / \$6 generic / \$55 Formulary brand / \$70 Non-formulary brand | |
| Specialty Drugs | | |
| Mail Order | \$150 30-day supply / \$250 60-day supply / \$350 90-day supply | |

Note: You may purchase up to a 90-day supply (84-day minimum) of covered drugs and supplies at a CVS/caremark Pharmacy or Longs Drugs through our Maintenance Choice Program. You will pay the applicable mail order copayment for each prescription purchased.

Catastrophic Limits

After coinsurance amounts for prescription drugs purchased at a network retail pharmacy and mail order copayment amounts including specialty drugs total \$3,100 per person or \$4,000 per family, network retail coinsurance amounts and specialty drug mail order copayment amounts are waived for the remainder of the calendar year.

When you have Medicare Part D

We waive the following at retail when Medicare Part D is the primary payor and covers the drug:

- Refill limitations
- Day supply

The Plan will pay the balance after Medicare Part D pays, up to our regular benefit.

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2017 NALC Health Benefit Plan can be found in the official brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

The NALC Health Benefit Plan High Option

2017 Benefits At-A-Glance - Certain deductibles, copayments and coinsurance amounts do not apply if Medicare is your primary coverage (pays first) for medical services.

| BENEFIT | YOU PAY PPO | YOU PAY Non-PPO |
|---|--|--|
| Preventive Care | | |
| Annual Routine Physical Exam, age 3 or older | Nothing | 30% after \$300 deductible* |
| Adult Routine Immunizations & Tests | Nothing | 30% after \$300 deductible* |
| Well Child Care (through age 2) | Nothing | 30% after \$300 deductible* |
| Routine Immunizations (through age 21) | Nothing | 30% after \$300 deductible* |
| Inpatient Hospital Care (precertification required) | | |
| Maternity | Nothing | 30% after \$350 per admission copay* |
| Medical/Surgery | | |
| Room, Board & Other Services & Supplies | \$200 copayment per admission | 30% after \$350 per admission copay* |
| Mental Health/Substance Abuse | | |
| Room, Board & Other Services & Supplies | \$200 copayment per admission | 30% after \$350 per admission copay* |
| Outpatient Hospital | | |
| Medical/Surgical | 15% after \$300 deductible | 35% after \$300 deductible* |
| Emergency Medical | 15% after \$300 deductible | 15% after \$300 deductible* |
| Observation Room | \$200 copayment | 35% after \$300 deductible* |
| Chiropractic Care | | |
| Initial office visit | \$20 copayment | 30% after \$300 deductible* |
| One set of spinal x-rays annually | 15% after \$300 deductible | 30% after \$300 deductible* |
| Manipulations (24 per calendar year) | 15% after \$300 deductible | 30% after \$300 deductible* |
| Physician Care | | |
| Office visits | \$20 copayment per visit | 30% after \$300 deductible* |
| X-rays, other diagnostic services | 15% after \$300 deductible | 30% after \$300 deductible* |
| Laboratory Services | | |
| LabCorp or Quest Diagnostics | Nothing | |
| Other lab facility | 15% after \$300 deductible | 30% after \$300 deductible* |
| Maternity Care (complete) | Nothing | 30% after \$300 deductible* |
| Accidental Injury | Nothing within 72 hours | Any amount over the Plan allowance within 72 hours |
| Surgery | 15% | 30% after \$300 deductible* |
| Mental Health and Substance Abuse | | |
| Office visit (Including Telemental) | \$20 copayment per visit | 30% after \$300 deductible* |
| Other diagnostic services | 15% after \$300 deductible | 30% after \$300 deductible* |
| LabCorp or Quest Diagnostics | Nothing | |
| Other lab facility | 15% after \$300 deductible | 30% after \$300 deductible* |
| Dental | | |
| Accidental dental injury (to a sound natural tooth) | 15% within 72 hours | 30% after \$300 deductible within 72 hours* |
| Prescription Drugs | | |
| A generic equivalent will be dispensed if it is available, unless your physician specifically requires a brand name. There is a 30-day plus one refill limit at local retail. | | |
| Retail Pharmacy 1st and 2nd fill | 20% of generic cost / 30% of Formulary brand cost / 45% of Non-formulary brand cost | Full cost at time of purchase - 45%* |
| Mail Order Program | | |
| 60-day supply | \$8 generic / \$43 Formulary brand / \$58 Non-formulary brand | |
| 90-day supply | \$5 NALCSelect generic / \$7.99 NALCPreferred generic / \$12 generic / \$65 Formulary brand / \$80 Non-formulary brand | |
| Specialty Drugs | | |
| Mail Order | \$150 30-day supply / \$250 60-day supply / \$350 90-day supply | |
| Note: You may purchase up to a 90-day supply (84-day minimum) of covered drugs and supplies at a CVS/caremark Pharmacy or Longs Drugs through our Maintenance Choice Program. You will pay the applicable mail order copayment for each prescription purchased. | | |
| Catastrophic Limits | | |
| Medical/Surgical/Mental Health & Substance Abuse | You pay nothing after coinsurance expenses total: \$3,500 per person or \$5,000 per family for services of PPO providers/facilities \$7,000 per person or family for services of PPO/Non-PPO providers/facilities combined | |
| Prescription | After coinsurance amounts for prescription drugs purchased at a network retail pharmacy and mail order copayment amounts including specialty drugs total \$3,100 per person or \$4,000 per family, network retail coinsurance amounts and specialty drug mail order copayment amounts are waived for the remainder of the calendar year. | |

*In addition, you are responsible for the difference, if any, between the Plan allowance and the billed amount.

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2017 NALC Health Benefit Plan can be found in the official brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

NALC Health Benefit Plan High Option