

NALC Health Benefit Plan

High Option



20547 Waverly Court
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1-888-636-NALC (6252)
www.nalc.org/depart/hbp

2015

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 benefits 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.nalc.org/depart/hbp. A paper copy is also available, free of charge, by calling 1-888-636-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/insure.

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 1-877-220-NALC (6252), NALC Health Benefit Plan at 1-888-636-NALC (6252), or visit our website at www.nalc.org/depart/hbp.

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.nalc.org/depart/hbp. For your convenience the brochure is also included on the enclosed CD. If you would like to receive a paper copy of the brochure, contact the Plan at 1-888-636-NALC (6252).

2015 Rates

	High Option Self Only	High Option Self & Family
Monthly Annuitants Pay	\$166.70	\$337.35
Biweekly Postal Employees Category 1 Pay	\$62.91	\$124.55
Biweekly Postal Employees Category 2 Pay	\$76.94	\$155.70
Biweekly Non-Postal Employees Pay	\$76.94	\$155.70

**Postal Category 1 rates apply to career employees who are members of the APWU, NALC, NPMHU, or NRLCA bargaining units.*

**Postal Category 2 rates apply to career non-bargaining unit, non-executive, non-law enforcement employees, and non-law enforcement Inspection Service and Forensics employees.*

**Career NALC employees hired before January 12, 2013 will have the same rates as the NALC rates shown below. In the 2014 Guide to Benefits for NALC and NRLACA Career United States Postal Service Employees, this will be referred to as the "Current" rate; otherwise, "New" rates apply.*

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2015 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



Choosing the proper health insurance plan is a huge decision for most individuals and families. Finding the right combination of affordable cost and comprehensive coverage can be a daunting task. We invite you to consider the 2015 NALC Health Benefit Plan High Option.

Our 2015 benefit package includes the coverage that will protect your health, such as preventive services payable at 100% for adults and children when billed by a PPO provider, and treatment through doctor visits, outpatient care and hospitalization, prescription drugs and imaging tests with low copayments and coinsurance. And you will have no out-of-pocket expense if LabCorp or Quest Diagnostics performs your covered lab services.

In serious situations, you don't always have control over the providers accessed. The NALC Health Benefit Plan understands this and, in 2015, when non-PPO ambulance transportation is used to take the patient to the nearest PPO facility, we will pay up to the Plan allowance at the PPO benefit level. And, if you or a family member is held in an observation room rather than being admitted to the hospital, you will pay the same low \$200 copayment at a PPO facility. Non-PPO laboratory services provided in a PPO hospital will now be paid at the PPO benefit level as well.

In addition to the excellent preventive coverage available, we offer an extra incentive to reward your healthy choices. We will provide you with free enrollment in the CignaPlussm Savings discount dental program for 2015 when you complete the Plan's Health Risk Assessment (HRA). CignaPlussm Savings is a discount dental program that provides members access to discounted fees with participating dental providers.

We hope that you will review our 2015 NALC Health Benefit Plan brochure (RI 71-009) which provides a detailed description of our benefits. If you have questions or need more information, call the Plan at 1-888-636-NALC (6252). It is our sincere objective to provide you with the quality health care coverage you need at a cost you can afford.

Sincerely,

A handwritten signature in black ink that reads "Brian Hellman".

Brian Hellman
Director



Changes for 2015

Do not rely only on these change descriptions; this is not an official statement of benefits. For that, go to the NALC Health Benefit Plan official brochure (RI 71-009) see Section 5. *Benefits*. 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

- Plans must provide benefits for the services of covered professional providers, as required by Section 2706(a) of the Public Health Service Act (PHSA). 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.
- We now require prior authorization for spinal surgeries performed in an inpatient or outpatient setting. See page 22.
- We now cover three doses of Haemophilus influenzae type b (Hib) vaccine for adults age 19 and older with medical indications as recommended by the Center for Disease Control and Prevention (CDC). Previously, we covered one dose. See page 34.
- We now cover routine alcohol and drug abuse screening for adults age 22 and older. See page 35.
- We now cover routine Hepatitis C virus infection screening for adults born between 1945 and 1965 and adults at high risk for infection as recommended by the U.S. Preventive Services Task Force (USPSTF). See page 36.
- We now cover an annual routine lung cancer screening with low-dose Computerized Tomography (LDCT scan) for adults age 55 through age 80 who have smoking history as recommended by the U.S. Preventive Services Task Force (USPSTF). See page 36.
- We no longer cover routine double contrast barium enema (DCBE) for adults. Previously, we covered one every five years. See page 36.
- We now cover routine Human Immunodeficiency Virus (HIV) screening for adults age 65 and younger and for children age 15 and older as recommended by the U.S. Preventive Services Task Force (USPSTF). Previously, we covered one annually. See page 36, 39.
- We now cover routine pap tests for females age 21 through age 65, one every three years as recommended by the U.S. Preventive Services Task Force (USPSTF). Previously, we covered an annual routine pap test without an age limitation. See page 37.
- We now cover a routine Human papillomavirus test for women age 30 through age 65, one every three years as recommended by the U.S. Preventive Services Task Force (USPSTF). Previously, we covered one annually for women age 30 and older. See page 37.
- We no longer cover routine prostate specific antigen (PSA) test for adult men. Previously, we covered one annually. See page 37.
- We now cover one routine fasting lipoprotein profile screening for children age 9 through age 11. See page 39.
- We now cover alcohol abuse preventive medicine counseling for children age 18 through age 21. See page 40.
- We now cover routine Human Immunodeficiency Virus (HIV) screening for pregnant women. See page 41.
- We now cover autologous pancreas islet cell transplant (as an adjunct to total or near total pancreatectomy) only for patients with chronic pancreatitis. See page 58.
- We now cover isolated small intestine transplant. See page 58.
- We now pay the Plan allowance for non-PPO ambulance transportation to the nearest PPO facility at the PPO benefit level. See page 68.
- We now utilize a step therapy program for certain specialty medications. See page 78.
- We now cover Tamoxifen and Raloxifene for risk reduction of primary breast cancer for women who are at increased risk for breast cancer as recommended by the U.S. Preventive Services Task Force (USPSTF). See page 81.

Changes to our High Option only

- Your share of the non-Postal premium will increase for Self Only or increase for Self and Family. See back cover.
- All mail order copayments now count toward your prescription drug out-of-pocket maximum amount. Previously, only specialty drug copayments counted toward your prescription drug out-of-pocket maximum amount. See page 28.
- Your catastrophic protection out-of-pocket maximum for PPO providers/facilities is \$3,500 per person or \$5,000 per family. Your out-of-pocket maximum for prescriptions drugs dispensed by an NALC Preferred network pharmacy, NALC CareSelect network pharmacy and Caremark mail order pharmacy is \$3,100 per person or \$4,000 per family. Previously, your PPO out-of-pocket maximum amount was \$5,000 per person or family and the prescription drug out-of-pocket maximum was \$4,000 per person or family. See page 28.

Changes for 2015

- We now pay the Plan allowance for covered laboratory services billed by non-PPO providers at the PPO benefit level when the services are rendered at a PPO hospital or PPO ambulatory surgical center. Previously, you paid 30%. See page 32.
- You now pay \$200 copayment for outpatient observation room and related services in a PPO hospital. Previously, you paid 15%. See page 66.

Changes to our Value Option only

- Your share of the non-Postal premium will increase for Self Only or increase for Self and Family. See back cover.
- Your catastrophic protection out-of-pocket maximum for In-Network providers, preferred network retail pharmacies and our mail order pharmacy is \$6,600 for a Self Only enrollment or \$13,200 for a Self and Family enrollment. Previously, your In-Network out-of-pocket maximum amount was \$6,000 for a Self Only enrollment or \$12,000 for a Self and Family enrollment and you had a separate prescription drug out-of-pocket maximum of \$6,000 for a Self Only enrollment or \$12,000 for a Self and Family enrollment. See page 29.
- You now pay 30% for transplant services rendered by In-Network providers/facilities. Previously, you paid 20%. See page 121.

Changes to our Consumer Driven Health Plan

- Your share of the non-Postal premium will increase for Self Only or increase for Self and Family. See back cover.
- Your catastrophic protection out-of-pocket maximum for In-Network providers, preferred network retail pharmacies and our mail order pharmacy is \$6,600 for a Self Only enrollment or \$13,200 for a Self and Family enrollment. Previously, your In-Network out-of-pocket maximum amount was \$6,000 for a Self Only enrollment or \$12,000 for a Self and Family enrollment and you had a separate prescription drug out-of-pocket maximum of \$6,000 for a Self Only enrollment or \$12,000 for a Self and Family enrollment. See page 29.
- You now pay 30% for transplant services rendered by In-Network providers/facilities. Previously, you paid 20%. See page 121.

Clarifications to this Plan

- We updated the number of CVS/Caremark specialty pharmacies who have Joint Commission accreditation. See front cover.
- We clarified that a full list of pharmacies that participates in the NALC Flu and Pneumococcal Vaccine Administration Network is available at www.nalc.org/depart/hbp. See page 35.
- We clarified that other “non-routine” services require prior authorization and that you do not need to obtain an approved treatment plan for the mental health and substance abuse services. See page 73.
- We clarified that we cover some preventive medicines as recommended by the Affordable Care Act in the Prescription drug benefit section. See page 40.
- We clarified that claims for overseas services must include an English translation and the charges must be converted to U.S. dollars using the exchange rate at the time the expenses were incurred. See page 152.
- We clarified our subrogation/reimbursement guidelines. See page 158.

Clarifications to our High Option Only

- We clarified your cost share for professional services of PPO physicians for hospital care, skilled nursing facility care, inpatient medical consultations and home visits. See page 32.
- We clarified that we will exclude and request an itemized bill when a non-PPO hospital bills a flat rate. See page 63.
- We updated the phone number for our disease management program through Alere Health Management. See page 85.
- We updated the name of Solutions for Caregivers program. See page 87.
- We clarified the hours a dedicated coach is available for our Weight Talk Program. See page 87.

Clarifications to our Consumer Driven Health Plan and Value Option Only

- We clarified that you can track your Personal Care Account (PCA) on mycigna.com. See page 91.
- We clarified the name of the section to find more information about services provided by a hospital or other facility. See page 117.
- We clarified the Personal Care Amount for a Self and Family enrollment is \$2,400. See page 127.
- We clarified that you need to call Cigna Behavioral Health to receive prior authorization for certain mental health and substance abuse services. See page 139.
- We clarified our disease management program. See page 147.

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 1-877-4PS-EASE (1-877-477-3273) 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 1-877-4PS-EASE (1-877-477-3273) and choose option 1. TTY users can call 1-866-260-7507.

- 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 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 1-800-332-9798, 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 1-888-767-6738 (TTY: 1-800-878-5707) for instructions on enrolling. Annuitants in the Washington, D.C. local calling area should call 202-606-0500 (TTY: 202-606-0551).

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 1-478-757-3030. Employees of non-participating agencies should contact their employing office for enrollment instructions.

Helpful Programs for You

CignaPlussm Savings (Non-FEHB Benefit)

Good oral health impacts your general and overall health throughout your life. The CignaPlussm 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 99,459 dental providers with 197,133 access points and a national average savings of 35% off charges. There are no deductibles, age limits or waiting periods, making access to the discounts hassle free. 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 1-877-521-0244. This program is not part of the Plan's FEHB benefits and is not insurance.

If you have Self Only coverage with our Plan, when you complete the Health Risk Assessment, we will enroll you in the CignaPlussm Savings discount dental program and pay the Self Only CignaPlussm Savings discount dental premium for the remainder of the calendar year in which you completed the Health Risk Assessment provided you remain enrolled in our Plan.

If you have Self and Family coverage with our Plan, when at least two family members complete the Health Risk Assessment, we will enroll you and your covered family members in the CignaPlussm Savings discount dental program and pay the family CignaPlussm Savings discount dental premium for the remainder of the year in which both Health Risk Assessments were completed provided you remain enrolled in our Plan.

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. 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 might 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 that may help you improve your health
 - References to the medical guidelines we use in our reviews
 - Helpful tips for better managing your care
 - Suggested topics to talk about with your doctor
3. You are encouraged to share this information with your doctor so you can work together on a plan of action and 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 1-800-252-7441 Monday through Friday 8 a.m. to 6 p.m.



Helpful Programs for You

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 help members select a course of action and an associated timeline for seeking the recommended care. The nurses also provide self-care techniques and suggest how to increase member comfort levels. When callers elect home treatment, our nurses provide applicable information and suggest how to proceed if symptoms worsen or new symptoms appear. Call 1-877-220-NALC (6252) to speak with these trained professionals 24 hours-a-day, 7 days-a-week.

Solutions for Caregivers

Caring for someone is rewarding but can also be challenging. Did you know that Solution for Caregivers is a program that is available to our members that can help coordinate care for the sick or elderly living close by or far away? This program provides up to six free hours of Case Management services per calendar year.

Solutions for Caregivers provide:

- Support for you as a caregiver.
- Phone access to a Case Manager who can counsel you or your loved one on medical, financial, and emotional and social needs.
- Information to help you create a plan for care.
- Customized resources.
- A dedicated team of clinicians with expertise in helping family caregivers.



Solutions for Caregivers assist in coordinating community and in-home resources to help make it easier to care for a family member, friend or neighbor. 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 1-877-468-1016.

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 Discount Program. You can save up to 60 percent on health and wellness products and services, like:

- Complementary and alternative medicine providers including chiropractic, acupuncture, and massage therapy.
- Programs to help you better manage your weight and nutrition.
- Fitness memberships at clubs 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 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 1-800-558-9443 or by visiting the Plan's website www.nalc.org/depart/hbp.

*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.

Helpful Programs for You

Thinking about Quitting Tobacco use?



Quit at your own pace, on your own terms, but get the help you need, when you need it. Our Quit For Life® (QFL) program enrollment is **cost-free**. Direct shipment of nicotine substitutes or medication and access to expertly trained coaches will help you become tobacco free. For more information, call 1-866-784-8454 or visit www.quitnow.net/nalc.

If you choose not to participate in the QFL program, over-the-counter medications (prescription required) will be paid at 100% when you purchase the medication at a NALC CareSelect retail pharmacy or our mail order program.

Alere Weight Talk® Program

NALC brings you the Weight Talk® program through Alere. This program is a **free** weight loss program that can help you achieve a healthier lifestyle. Weight Talk® is a six-month comprehensive program that consists of twelve calls with a dedicated coach and registered dietician to help our members achieve lasting weight loss. This program is an evidence-based personal coaching program. Participants set realistic weight loss goals and learn how to achieve and maintain those goals through changing their behaviors. The experience is highly personalized and supportive and has been proven effective. Those that participate in this program can expect a reduction in weight by at least 5 percent and significant improvements in nutrition, activity, stress, blood pressure, cholesterol and overall health.

Enrollees receive a Fitbit® Zip™ which uploads steps, calories burned, distance, and activity durations wirelessly to the Weight Talk® website, a Getting Started Guide, tape measure, food journal, and a monthly e-newsletter. Also available to participants are useful online tools such as; e-lessons, articles, videos, trackers for weight, healthy eating, physical activity, stress, and biometrics.

This program is available at no cost to participants and unlike typical diet programs, Weight Talk® provides a tailored, sustainable weight loss plan and the support needed to succeed. Members can enroll in the Weight Talk® program online at www.weighttalk.net or call the toll-free number at 1-855-WGT-TALK (1-855-948-8255). A personal dedicated coach is available Sunday through Friday 8:00 a.m. through 3:00 a.m. and Saturday 9:00 a.m. through 12:00 a.m. (Eastern Time).




Childhood Obesity

Obesity in children and adolescents is a major concern today. By parents knowing their child's BMI, and helping children participate in physical activities and develop healthy eating habits, parents can play an important role in combating obesity for their family. My Healthy Family, an online tool, is one resource available to members that can help you take action in combating obesity. My Healthy Family is a web feature that provides on the go parenting information and resources for kids and teens. The website is specifically formatted for mobile devices, laptops and tablets. This resource offers helpful tips on weight management, nutrition utilizing games, movies, experiments, quizzes, and activities to help children explore their health and human body. Parents can also sign up for a monthly e-mail newsletter that is personalized for their family. My Healthy Family can be accessed by visiting our website at www.nalchbp.org/depart/hbp.

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 18,788 participating facilities, 2,381,639 family doctors and specialists, 7,817 general acute care hospitals and 155 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 Network symbol . This symbol designates that these physicians have been recognized by Cigna for the quality of care and service they provide to patients and their families. Specialties represented in the OAP Cigna Care network include cardiology, obstetrics and gynecology, and general surgery. By using an OAP Cigna Care Network 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.

	Inpatient Hospital	Maternity	Surgical	Routine Physical Exam	Office Visit
PPO (You pay)	\$200 copay per admission	Nothing	15%	Nothing	\$20 copay per visit or consultation
Non-PPO (You pay)	30% (\$350 copay per 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)

Lab Savings Program

The Lab Savings Program provides diagnostic services through LabCorp and Quest Diagnostics. LabCorp has over 1,738 facilities nationwide and Quest Diagnostics has over 2,754 nationwide locations. When members or physicians choose either of these providers for covered laboratory services, the Plan pays 100% of the negotiated rate. Be sure to use only LabCorp or Quest Diagnostics for the 100% benefit, as 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 1-877-220-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 1-888-636-NALC (6252) and ask for a Provider Nomination form for laboratory pickup, or download it from the Plan's website, www.nalc.org/depart/hbp. 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

[Help Take Control of Your Health!](#)

Learning to cope with mental health and substance abuse issues can contribute to maintaining a healthier physical well being. With OptumHealth*, members have access to over 130,000 In-Network clinicians and 5,600 In-Network facility 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 OptumHealth’s toll free number at 1-877-468-1016. In addition to easy access of finding an In-Network provider, Help Centers are available which provide access to subject matter experts who provide immediate telephonic assistance by using an issue and solution-focused approach to reach problem resolution for relationships, grief and loss, and family and workplace issues.

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
- Bipolar Disorder
- Depression
- Eating Disorders
- Obesity
- Obsessions & Compulsions
- Personality Disorders
- Phobias
- 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.

	Treatment Facility	Inpatient Hospital	Outpatient Professional Services
In-Network (You Pay)	\$200 copay per admission	\$200 copay per admission	\$20 copay per office visit / individual or group therapy
Out-of-Network (You Pay)	30% (After \$350 copay per admission)	30% (After \$350 copay per admission)	30% (After \$300 deductible)

NALC Health Benefit Plan also provides a direct link to the liveandworkwell website. By visiting our website at www.nalc.org/depart/hbp and clicking the “Providers” link then clicking the OptumHealth link, you can access many of OptumHealth’s resources. There are informative articles, interactive self-help programs, and much more to help promote a healthier well being. The online search tool is available to help you find an In-Network clinician or you may call 1-877-468-1016.

*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. These include biotech, biopharmaceutical, and oral chemotherapy drugs. NALC's Specialty Preferred Drug Program utilizes step therapy for certain specialty medications. We require preferred specialty drugs be used before non-preferred specialty drugs are covered. Contact Caremark Specialty Pharmacy Services at 1-800-237-2767.

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.nalc.org/depart/hbp, or call 1-800-933-NALC (6252).

When the NALC Health Benefit Plan is the primary payor, 90-day supplies of generic prescription drugs listed in our 2015 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.

When the NALC Health Benefit Plan is the primary payor for your medical expenses, the season 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.nalc.org/depart/hbp or by calling CVS/caremark Customer Service at 1-800-933-NALC (6252).

Dispensing Limitations

There are dispensing limitations for prescriptions purchased locally at one of the more than 67,000 participating NALC Network pharmacies. You may obtain up to a 30-day fill plus one refill of your medication at a local participating pharmacy. If the medication is continued (becomes maintenance) then you can continue to fill up to a 90-day supply for a low copayment or you can continue to refill the 90-day supply (minimum 84-day supply) through our Maintenance Choice Program at your local participating CVS Pharmacy, paying the Mail Order Program copayment. 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 1-888-636-NALC (6252) for instructions and authorization.

Prescription Information

Your 2015 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 Caremark Specialty Pharmacy 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 2015 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	\$7
Mail Order	61-90 day supply	\$10
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 Caremark Specialty Pharmacy 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.

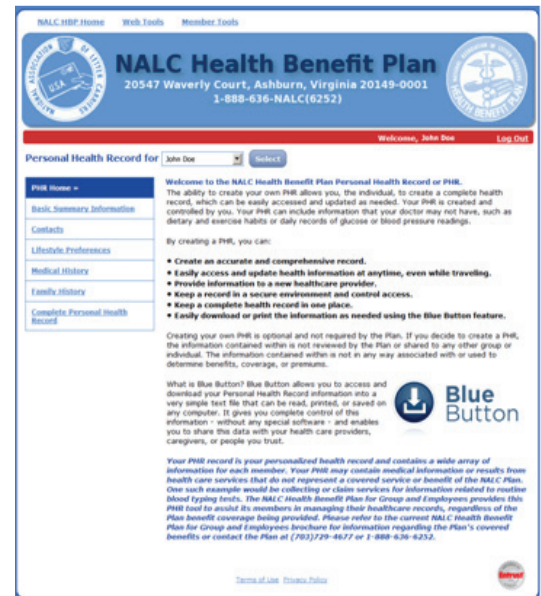
**All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Specialty Preferred Drug Program utilizes step therapy for certain specialty medications. We require specialty drugs be used before non-preferred specialty drugs are covered. Our Specialty Preferred Drug Program focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. The only classes included in the step therapy program are: human growth hormone, Crohn's disease, multiple sclerosis, rheumatoid arthritis, and psoriasis. Step therapy uses evidence-based protocols that require first line preferred specialty drugs to be used before non-preferred specialty drugs are covered. Call Caremark Specialty Pharmacy Services at 1-800-237-2767 to obtain prior approval.

Health Information Technology

[Personal Health Record](#)

The NALC Health Benefit Plan supports you in your efforts to get healthy and stay healthy. Our on-line Personal Health Record at www.nalc.org/depart/hbp is a valuable tool our members can use 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.nalc.org/depart/hbp and in the top right corner 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 saved on any computer.



[Electronic Health Record](#)

Need to view your claim history, get real-time deductible, out-of-pocket amounts, and print copies of your Explanation of Benefits? Once you register on our website, you can do all of this conveniently and safely from the comfort of your home via our secure website.

[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 bout 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 Risk Assessment](#)

The Health Risk Assessment is yet another opportunity to be proactive where your health is concerned. Go to www.nalc.org/depart/hbp under the Member Resources tab, click on "Health Risk Assessment." Find out just how healthy you are or what you can do to improve your current state of health. The Health Risk Assessment analyzes your responses to health-related questions and gives you a personalized plan to achieve your specific health goals. The online profile gives you the feedback you need to put you on the path to achieving your optimum physical and mental health.

To applaud your efforts in completing the Health Risk Assessment, you are automatically enrolled in the CignaPlusSM Savings discount dental program. The CignaPlusSM Savings is a discount dental program that provides members access to discounted fees with participating dental providers. If you have Self Only coverage with our Plan, when you complete the HRA, we will enroll you in the CignaPlusSM Savings discount dental program and pay the Self only CignaPlusSM Savings discount dental premium for the remainder of the calendar year in which you completed the HRA provided you remain enrolled in our Plan. If you have Self and Family coverage with our Plan, when at least two family members complete the HRA, we will enroll you and your covered family members in the CignaPlusSM Savings discount dental program and pay the family CignaPlusSM Savings discount dental premium for the remainder of the calendar year in which both HRAs were completed provided you remain enrolled in our Plan.

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 under the **Providers** tab on our website. Select the **Providers** tab, then select **Cigna Resources**, then select the **Healthy Challenge** option. The Cigna Mix Six for Healthy Balance toolkit is designed to help individuals and families to take small steps toward a healthy lifestyle. Here are the six selections offered:

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

You can review all of the information and continue with the healthy habits you have developed for you and your family. You and your family will enjoy reviewing the information and working together to formulate a plan that will help all be healthy and happy.

[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

[OptumHealthSM](#)

OptumHealthSM offers many resources available to our members at liveandworkwell.com. 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 well-being. 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 link provides resources to focus on family and friends, offering comprehensive information on relationships, parenting, caregiving, safety and crisis planning, military life and deployment, and insurance and assistance programs.

The BeWell link addresses topics such as; healthy living, healthy aging, addictions, and mental health conditions. Our members can find easy-to-read articles and self-help programs to help address behavioral and medical concerns.

The WorkWell link provides self-help programs on how to manage daily stress, webinars addressing difficult behaviors and improving communications skills, and specific resources that address controlling anger and emotional health. There are also numerous articles on workplace etiquette, and effective interaction.

Contact Information

OAP Network Providers / Cigna HealthCare

To confirm your provider's participation or to locate a hospital, doctor or other provider.

1-877-220-NALC (6252)

Precertify a Hospital Admission

Prior to your medical hospitalization, precertify to avoid a penalty.

1-877-220-NALC (6252)

Precertify High Tech Radiology Services

For precertification of outpatient CT/CAT, MRI, MRA, NC and PET scans.

1-877-220-NALC (6252)

Precertify Inpatient/Outpatient Spinal Surgeries

1-877-220-NALC (6252)

24-Hour Nurse Help Line

To speak with a registered nurse regarding medical needs.

1-877-220-NALC (6252)

CignaPlusSM Savings

To join or get additional information on Cigna's discount dental program.

1-877-521-0244

Healthy Rewards[®] Program

Find out about discounts on weight loss programs, fitness clubs, vision services and much more.

1-800-558-9443

Cigna LifeSOURCE Transplant Network[®]

To locate a provider or to speak to a transplant case manager and obtain prior approval.

1-800-668-9682

Weight Talk[®] Program

A voluntary program that helps you manage your weight and change your lifestyle.

1-855-948-8255

Quit for Life[®]

For information on the voluntary cessation program.

1-866-784-8454

Mental Health / OptumHealthSM Behavioral Solutions

To locate mental health and substance abuse providers or to preauthorize treatment or a hospital stay.

1-877-468-1016

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.

1-877-468-1016

Solutions For Caregivers

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

1-877-468-1016

USPS Human Resources Shared Services Center (USPS HRSSC)

**1-877-477-3273
Select option 5**

Contact Information

Prescription Services / CVS/caremark

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

1-800-933-NALC (6252)

CaremarkDirect Program

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

1-800-933-NALC (6252)

CVS/caremark Prescription Mail Order Service

To switch from the mail service to a pharmacy.

1-800-933-NALC (6252)

Disease Management Programs (Alere™)

For information and professional guidance to assist with health conditions such as asthma and diabetes.

1-866-956-NALC (6252)

Specialty Pharmacy Services

For prior approval of specialty drugs including biotech medications.

1-800-237-2767

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.

1-888-543-5938

CVS/caremark MinuteClinics

To locate a MinuteClinic inside select stores.

1-866-389-2727

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.

1-800-875-0867



NALC Health Benefit Plan High Option Customer Service

For eligibility, claim, and benefit information.

1-888-636-NALC (6252)

For additional information visit our website at:

www.nalc.org/depart/hbp

Medicare Enrollees

When you are eligible and enroll in the federal Medicare Program, the NALC Health Benefit Plan is here to give you the added security you need. 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 great prescription drug coverage but with lower coinsurances and copayments. If you are approaching age 65 or are age 65 and retired, it is imperative that you understand the importance of having total medical and prescription drug coverage. While you may be in good health today, that could change unexpectedly.

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 that are your responsibility, but when you are enrolled in the NALC Health Benefit Plan, we pay these for you! To make it even easier for you, once the facility or provider files the claim to Medicare and Medicare considers the claim, that information is securely transmitted to us. No paperwork on your part!

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, 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 supplement 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 or our prescription drug benefit; whichever is the lesser amount.

***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 is the primary payor, all deductibles, coinsurances and copayments are waived, except for prescription drugs. See the chart below for a brief overview. 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	\$7 generic / \$37 Formulary brand / \$52 Non-formulary brand	
90-day supply	\$4 NALCSelect generic / \$4 NALCPreferred generic / \$10 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

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2015 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

2015 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*
Manipulations (20 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	\$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.		
Network		
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%*
Non-Network		
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 2015 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