

New benefits and important reminders for 2020



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New in 2020, the Real Appeal® Program through Optum™ is an online weight loss program that offers group and one-on-one personalized coaching through an online and mobile platform. The program focuses on weight loss through proper nutrition, exercise, sleep and stress management. Members will have access to a transformation coach and a suite of online tools to help track food and activity. Members also will receive a Success Kit to support their weight loss journey, including a food and a weight scale, resistance band, workout DVDs and more!

Coaching sessions are scheduled online at the members' convenience, and educational content is provided throughout the year. Coaches will be able to see the participants' progress throughout the course of the program and will be able to offer personalized support. Real Appeal® encourages members to make small changes toward more significant long-term health results with sustained support throughout the duration of the program.

Members can enroll in the Real Appeal® Program online at nalchbp.org.

“Receive high quality, affordable care for minor acute conditions, wherever you are.”

Telehealth visits (new for 2020)

Also new for 2020, we have added the convenience of telehealth virtual visits. Receive high-quality, affordable care for minor acute conditions, wherever you are. A virtual visit with a physician or nurse practitioner for things such as sinus problems, allergies, abrasions and minor wounds can save you time and money. If appropriate, prescriptions for medications can be ordered. All these services, for a \$10 copayment per visit! Download the mobile app, visit nalchbptelehealth.org or call 888-541-7706 to access this service.

Other coverage reminder

As we start another year, I would like to take a few minutes to talk about keeping the Plan informed regarding Medicare and other coverage. If you have other coverage in addition to our Plan, have made changes to your other

coverage or will be gaining other coverage in the upcoming months, you will need to let us know.

You must tell us if you or a covered family member have Medicare coverage, and let us obtain information about services denied or paid under Medicare if we ask. You also must tell us if you or a covered family member have coverage under any other health plan (non-Medicare) or have automobile insurance that pays health care expenses without regard to fault. Another coverage could affect the primary/secondary status of this Plan and the other plan's payment.

Medicare

All physicians and other providers are required by law to file claims directly to Medicare for members with Medicare Part B when Medicare is primary. This is true regardless of whether or not these providers accept Medicare. When you are enrolled in Medicare along with this Plan, you still need to follow the rules in the official brochure for us to cover your care.

When we are the primary payor, we process the claim first. However, when Medicare is the primary payor, Medicare processes your claim first. In most cases, your claim will be coordinated automatically, and we then will provide secondary benefits for covered charges.

If we believe that Medicare has incorrectly denied a service or supply, we will ask the provider or facility to refile to Medicare.

Keep in mind, the decision to enroll in Medicare is yours; however, if you choose to enroll, you will need to apply for Medicare benefits three months before you turn age 65. It's easy—just call the Social Security Administration to apply. If you do not apply for one or more parts of Medicare, you still can be covered under the Federal Employees Health Benefits (FEHB) Program.

Other coverage (non-Medicare)

When you have other coverage, one plan normally pays its benefits in full as the primary payor and the other plan pays a reduced benefit as the secondary payor. Like other insurers, we determine which coverage is primary, according to the National Association of Insurance Commissioners' guidelines.

When we are primary, we will pay the benefits described in our official brochure.

Please keep in mind, if we do not have the correct coordination of benefits, an overpayment could occur. If we overpay you or a provider, we will make diligent efforts to recover benefit payments we made in error but in good faith. We may reduce subsequent benefit payments to offset overpayments.