Answering your questions

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At the NALC Health Benefit Plan (the Plan), we strive to keep our membership informed about key issues that might affect their health care, and to listen to member feedback to improve our communication. From written correspondence mailed to the Plan, to comments submitted through the member portal, and to live conversations with our customer service representatives, we want to understand each member's questions and concerns so we can continue to grow as your health insurer.

Over the next few articles, I have chosen to use a Q&A format to help address some of the most prevalent issues or concerns. While health insurance may seem complex or confusing, we are here to help.

Q: Why was my provider told that I do not have active health care coverage?

A: It is important to make sure that your provider is calling the NALC Health Benefit Plan at 888-636-6252 to verify coverage, as we are your health insurance provider and administer all benefits. Of note, we have found that some providers have incorrectly attempted to verify eligibility through Cigna HealthCare, leading to a coverage discrepancy.

Q: Why is the Cigna HealthCare logo on my HBP identification card?

A: The Plan partners with Cigna HealthCare Open Access Plus (OAP) Network to provide our members with a national presence for network coverage. Through the OAP network, our members have access to high-quality providers and network savings.

Q: Why am I receiving a notification from my provider stating that they might no longer be in the Cigna OAP network?

A: Each provider and group within the Cigna network has agreed to contracted rates for their services. When a contract is approaching its expiration date, a new contract must be negotiated. Typically, providers send notification to members before the negotiations begin to "announce" their intent to seek new rates. On our behalf, Cigna diligently works to make sure that a fair agreement is reached, which ensures that our members receive the services they need at a competitive rate. Many times, negotiations between a provider and Cigna take a significant amount of time, even up to the final hours before an agreement is reached. If an agreement cannot be reached, Cigna will continue negotiations behind the scenes to bring the providers back into the network and resolve the situation.

Q: Are my Aetna providers in the network?

A: If you are a member of the NALC High Option Plan—Aetna Medicare Advantage—or are exploring its benefits, this plan gives you the freedom to see any licensed provider or hospital you'd like to, as long as they are eligible to receive Medicare payment and will bill Aetna. We recommend that members speak to their providers to confirm the billing to Aetna, or you can also call the Aetna Retiree Solutions service center at 866-241-0262. Like Cigna, Aetna has network contracts with providers that must be negotiated on a regular basis, and the providers could notify our members about their contract expiration. Because we have an open network, the effect of these negotiations will affect our members only if the provider decides they will no longer bill Aetna.

Q: Why do I have to use CVS Caremark® for my long-term or maintenance medications?

A: The NALC Health Benefit Plan's benefit structure is set up with CVS Caremark to provide deep discounts to our members needing limited quantities of medications (30-day fill, plus one refill). If you purchase more than two fills of the same medication, it would then be considered a maintenance medication.

Medications needed on an ongoing basis (maintenance drugs) are discounted significantly as well; however, they are priced differently than the limited quantity medications, as we cannot apply on an ongoing basis the same savings long-term or as defined above. To receive the most competitive member savings, maintenance and long-term medications must be ordered through our Mail Order Prescription Drug program for up to a 60-day or 90-day supply (21-day minimum). You also can purchase up to a 90-day supply (84-day minimum) of covered drugs at a CVS Caremark Pharmacy.

Q: Whom should I call with my eligibility updates (i.e., address changes, spelling errors, dependent additions or removal, etc.)?

A: You *must* act through the employing office or use the Postal Service Health Benefits (PSHB) enrollment portal. The Plan is no longer able to update eligibility records for PSHB enrollees. The Postal Service Reform Act designated the Office of Personnel Management as the gatekeeper for all eligibility updates.