

The High Option Plan: Keeping medical costs low and quality high



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The NALC Health Benefit Plan strives to keep our premiums low and, at the same time, give our members the best, most competitive benefit package in the Federal Employees Health Benefit (FEHB) program. The primary way to do this is to use as many cost-saving strategies as possible. One strategy we like to remind our members about is using Preferred Provider Organization (PPO) providers when receiving services.

Our fee-for-service plan offers services through a PPO. This means that certain hospitals and other health care providers are “preferred providers” that participate in the Open Access Plus (OAP) program

through Cigna HealthCare Shared Administration.

The OAP brings greater savings without compromising access to qualified in-network providers. The Cigna HealthCare Shared Administration OAP network for the NALC Health Benefit Plan has 22,506 participating facilities, 2,647,773 family doctors and specialists, 9,930 general acute care hospitals and 167 transplant facilities. This network is accredited by the National Committee of Quality Assurance (NCQA), assuring you a choice of quality health care providers that meet all of Cigna’s rigorous credentialing standards.

We recommend that you verify that your provider participates in the Cigna HealthCare OAP network by calling 1-877-220-NALC (6252) or by visiting our Cigna HealthCare OAP Online Provider Directory. The Online Provider Directory is found on our website, nalchbp.org.

Here are some tips you can use while using the OAP directory:

- When searching for a physician, the type of physician will always default to “Family Doctor/Primary Care Physician.”
- If you do not find your doctor listed under “Family Doctor/Primary Care Physician,” change the physician type to “Specialist” and search again.
- There are search tips to the right of the type of physician. Click there to help you in your search for a doctor.

PPO vs. non-PPO

When you use a PPO provider or facility, our plan allowance is the negotiated rate for the service. You are not responsible for charges above the negotiated amount.

Non-PPO facilities and providers do not have special agreements with us. Our payment is based on our allowance for covered services. You may be responsible for amounts over the allowance. We also obtain discounts from some non-PPO providers. When we obtain discounts through negotiation with non-PPO providers, we share the savings with you.

Some non-PPO providers or facilities may be contracted with our non-directed networks, Multiplan or Zelis (formerly Stratose). Non-PPO benefits will apply to charges received from these providers, but you may get a discount on their services. Please visit our website for more information.

Keep in mind, the non-PPO benefits are the standard benefits of this plan. PPO benefits apply only when you use a PPO provider. Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If no PPO provider is available, or you do not use a PPO provider, the standard non-PPO benefits apply. However, we will process charges for radiology, laboratory tests, electrocardiograms (ECG/EKG), electroencephalograms (EEG), the administration of anesthesia and emergency room visits billed by non-PPO providers at the PPO benefit level, based on plan allowance, if the services are rendered at a PPO hospital or PPO ambulatory surgical center.

2018 Convention HBP workshop information

Learn how to get more than the traditional benefits from your health insurance plan. Special guest speakers from Optum Health, Cigna and CVS Caremark and I will provide information to help you on your path to a healthier life. We hope you will join us as we discuss topics such as the Your Health First disease management program, the 24-hour nurse line, Virtual Visits (telemental health), navigating the Live and Work Well website, combating diabetes and the benefits and myths of immunizations. We look forward to seeing you in Detroit.

Note: The above information applies only to the High Option Plan. Please see the 2018 official brochure for information related to the Consumer-Driven Health Plan (CDHP) or Value Option Plan.

Note: The information located in this article is only a summary of some of the NALC Health Benefit Plan benefits. Detailed information can be found in the NALC Health Benefit Plan’s official 2018 brochure (RI 71-009). All benefits are subject to the definitions, limitations and exclusions set forth in the official brochure.