

# The NALC Health Benefit Plan



Vol. 20-2



## HBR Report



February 2020

Fredric V. Rolando, President ■ Stephanie M. Stewart, Director  
20547 Waverly Court Ashburn, VA 20149 - 703.729.4677



### Board of Trustees



Michael J. Gill



Lawrence D. Brown, Jr., Chairman



Mack I. Julion

## Director's Report



## Telehealth, Health Assessments and Heart Health

New for you in 2020 are Telehealth virtual visits. You 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 even be ordered. All for a low \$10 copayment per visit. Download the mobile app, visit [www.nalchbptelehealth.org](http://www.nalchbptelehealth.org) or call 888-541-7706 to access this service.

In addition, our Health Assessment is an interactive journey to discover ways to improve your health. The NALC Health Benefit Plan offers healthy incentives for completing the Health Assessment, including a choice of free enrollment in the CignaPlus Savings® discount dental program, waiver of two \$20 PPO medical office visit copayments, or a wearable activity tracking device. Family dental enrollment, waiver of four \$20 PPO copayments or up to a limit of 2 devices are available when two or more covered family members complete the Health Assessment.

February is Heart Health Month. Heart disease is the No. 1 killer of women, killing more women than all forms of cancer combined. While Heart disease can be genetic, it is largely preventable when we take the steps toward a healthier lifestyle.

- 1) Be physically active
- 2) Eat healthier
- 3) Track your heart (log your blood pressure)
- 4) Manage stress, sleep better, and quit smoking



American  
Heart  
Association®

As always consult with a physician before starting a new exercise routine. Take small steps and build on your success. Taking the steps to a healthier you is a journey, not a race.

## Telehealth



20547 Waverly Court  
Ashburn, VA 20149

## Sick happens. Be ready.

Use NALCBHP Telehealth for 24/7 access to a board-certified doctor.



Talk to a doctor in minutes with no appointment or long wait times. It's a great option for care when your doctor isn't available and more convenient than a trip to urgent care. And video visits through NALCHBP Telehealth are a covered benefit under your plan.

### Use NALCHBP Telehealth and you can:

1. Visit with a board-certified doctor 24/7 on your smartphone, tablet or computer.
2. Get care for common health problems like the flu, a cold, cough, fever, sinus infections, pink eye, skin rash and more.
3. Feel better faster. Doctors can assess your condition, provide a treatment plan and send a prescription to the pharmacy of your choice.\*

You'll pay just a \$10 copay through your NALC Health Benefit Plan.

### ► Sign up for free today.

Go to [nalchbptelehealth.org](http://nalchbptelehealth.org) or download the app and sign up on your mobile device.

\* Prescription availability is defined by physician judgment.

\*\* According to typical post visit survey data from American Well clients.

### People who use telehealth love it!

Almost 90% of people who've used telehealth were satisfied with their visit and would use it again.\*\*





## Health Assessment

### Start your Health Journey in 2020 by Completing your Health Assessment

This online program analyzes your health-related responses and gives you a personalized plan to achieve specific health goals. Your Health Assessment profile provides information to put you on a path to good physical health. Once you complete your Health Assessment, you can retake it at any time to track your progress\*. Your health dashboard will monitor your personal health information, set up health goals, reminders and more.

While both High Option members and CDHP/Value Option members receive the same Health Assessment experience, there is a difference in the free incentives.

#### **HIGH OPTION MEMBERS**

Who wouldn't want the chance to be eligible for a free copay waiver, wearable activity device or enrollment in the Cigna Discount Dental program just by taking a few minutes to complete the Health Assessment?

When one covered member completes the Health Assessment, you may choose one of the following:

- Self Only CignaPlus Savings® discount dental program
- Waiver of two \$20 PPO medical office visit copayments
- A wearable activity tracking device

When two or more covered family members (including the member) complete the Health Assessment, you may choose one of the following:

- Family CignaPlus Savings® discount dental program
- Waiver of four \$20 PPO medical office visit copayments
- A wearable activity tracking device (limit 2 devices per enrollment)

All members and dependents 18 years of age and older can complete the Health Assessment. Log onto our website, [www.nalchbp.org](http://www.nalchbp.org), today to access the Health Assessment under QuickLinks, and for complete details, eligibility and restrictions.

#### **CDHP/VALUE OPTION MEMBERS**

Don't miss the chance to complete your Health Assessment to receive an enrollment in the CignaPlus Savings® discount dental program!

If you have Self Only coverage with our Plan, we will enroll you in a Self Only CignaPlus Savings® discount dental program for the remainder of the year when you complete the Health Assessment.

If you have Self Plus One or Self and Family coverage with our Plan, we will enroll you and your covered family members in the CignaPlus Savings® discount dental program for the remainder of the year when at least two family members complete the Health Assessment.

All members and dependents 18 years of age and older can complete the Health Assessment. Log onto our website, [www.nalchbp.org](http://www.nalchbp.org) (CDHP or Value Option/ Member Resources) or [www.mycigna.com](http://www.mycigna.com) today to access the Health Assessment and for complete details, eligibility and restrictions.

*\*You may complete the health assessment as many times as you like; however, you are only eligible for the incentives once per calendar year.*

## American Heart Month

### Heart Disease is the Leading Cause of Death for Both Men and Women

You can make healthy changes to lower your risk of developing heart disease. Controlling and preventing risk factors is also important for people who already have heart disease. To lower your risk:

- Watch your weight.
- Quit smoking and stay away from secondhand smoke.
- Control your cholesterol and blood pressure.
- If you drink alcohol, drink only in moderation.
- Get active and eat healthy.

### Heart Attack and Stroke Symptoms: Warning Signs of Heart Attack & Stroke

#### Heart Attack Symptoms

##### CHEST DISCOMFORT

Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

##### DISCOMFORT IN OTHER AREAS OF THE UPPER BODY

Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

##### SHORTNESS OF BREATH

with or without chest discomfort.

##### OTHER SIGNS

may include breaking out in a cold sweat, nausea or lightheadedness.

#### Stroke Symptoms

Spot a stroke **F.A.S.T.**

##### FACE DROOPING

Does one side of the face droop or is it numb? Ask the person to smile.

##### ARM WEAKNESS

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

##### SPEECH DIFFICULTY

Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?

##### TIME TO CALL 9-1-1

If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

You can find additional information at: <https://healthfinder.gov/> and <https://www.heart.org/>.

## CAHPS Survey

### Annual CAHPS Member Satisfaction Survey

As a member of the NALC Health Benefit Plan, **YOU** may be one of 2,475 enrollees that will be randomly selected in February 2020 to receive the CAHPS Member Satisfaction Survey. **YOU** can help us maintain and improve the value, quality and service you deserve and have come to expect by completing a CAHPS Member Satisfaction Survey that may find its way to **Your** mailbox this year.

#### What is it?

CAHPS stands for **Consumer Assessment of Healthcare Providers and Systems**. The CAHPS surveys ask our enrollees to report on their experiences with health care services in different settings.

#### Will I get a CAHPS survey?

Possibly. The NALC Health Benefit Plan contracts with the Center for the Study of Services (CSS) to administer our version of the CAHPS survey. Each year, enrollees will be randomly selected from our High Option, CDHP and Value Option Plans to receive a survey.

#### What should you do if you get one?

Promptly fill it out and return it – the postage is on us! We ask that you do NOT call us to let us know you received a survey. The enrollees chosen to receive them are **randomly selected** by CSS and in order to maintain unbiased results, we ask that we are NOT told which members have been mailed surveys.

It's important to know that your survey responses are anonymous. Just as we do not know who receives a survey, we also do not know what an enrollee says in response to the survey. Rest assured that no matter how a question is answered, the identity of the enrollee responding is not shared with the NALC Health Benefit Plan at any point prior, during or after the surveys are mailed out.

The NALC Health Benefit Plan values your opinion of your health Plan - the responses we receive from our enrollees are tabulated, analyzed and reported to our Trustees. These results help us maintain our high-quality benefits and also identify opportunities for improvement.

***Thank you in advance for your help in completing the survey!***

Form approved: CHS No. 3206-0236, 2019  
NALC

#### Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → If Yes, Go to Question 1  
☐ No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-874-5561.

#### Your Health Care in the Last 12 Months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

- Our records show that you are now in the NALC Health Benefit Plan. Is that right?  
☐ Yes → If Yes, Go to Question 3  
☐ No
- What is the name of your health plan? (Please print)  
\_\_\_\_\_
- In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?  
☐ Yes  
☐ No → If No, Go to Question 5
- In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?  
☐ None → If None, Go to Question 15  
☐ 1 time  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more times
- In the last 12 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?  
☐ Yes  
☐ No
- In the last 12 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?  
☐ Yes  
☐ No → If No, Go to Question 13



Call for help. Call for hope.  
The Optum Substance Use Disorder Helpline is here for you.

Dealing with substance use disorder can be frightening and overwhelming. Whether you have a loved one who is facing the challenges or you're worried about your own substance use, you may feel worried and helpless.

You're not alone. You and millions of others, from all walks of life across the country, are coping with this issue. Some are addicted to alcohol. Some are battling drugs. Either way, substance use disorder is not a sign of weakness. It's not about being a bad person. It's a treatable disease. And we're here to help.

**Call the Substance Use Disorder Helpline at**  
**1-855-780-5955,**  
24 hours a day. Or visit  
[liveandworkwell.com/recovery](https://liveandworkwell.com/recovery).  
It's an important step toward  
hope, recovery and health.

### Recognizing unhealthy drug use in family members<sup>1</sup>

Sometimes it's difficult to distinguish normal teenage moodiness or angst from signs of drug use. Possible signs that your teenager or other family member is using drugs include:

- **Problems at school or work** — Frequently missing school or work. A sudden disinterest in school activities or work. Or a drop in grades or work performance.
- **Physical health issues** — Lack of energy and motivation, weight loss or gain, or red eyes.
- **Neglected appearance** — Lack of interest in clothing, grooming or looks.
- **Changes in behavior** — Exaggerated efforts to bar family members from entering his or her room. Being secretive about where he or she goes with friends. Drastic changes in behavior and in relationships with family and friends.
- **Money issues** — Sudden requests for money without a reasonable explanation. Discovering that money is missing or has been stolen. Or that items have disappeared from your home that might be being sold to support drug use.

### Call us. We care.

The Substance Use Disorder Helpline is staffed with highly trained and licensed recovery advocates. The recovery advocate will talk with you about your concerns and your unique needs. They will educate and guide you or your loved one. The recovery advocate can refer to a substance use disorder treatment professional who will develop a personalized treatment plan. They can also help you with family support. The Substance Use Disorder Helpline is available at no added cost to you. It is part of your health benefit. You can remain anonymous when you call. Your information will be kept confidential in accordance with state and federal laws.

<sup>1</sup> Mayo Clinic. Drug addiction: Risk factors. <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>

Updated: Oct 26th, 2017. Accessed: Oct 11th, 2019.

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Only a treating health care clinician or physician can endorse any treatment or medication, specific or otherwise. This service provides referrals to such a professional, as well as information to help you maintain and enhance your personal health management. This service and information is not meant to replace professional medical advice. Certain treatments may not be included in your insurance benefits. Check your health plan regarding your coverage of services.

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## Who Is Your HBR?

### NALC Health Benefit Plan Who is Your HBR?

We would like to update our Health Benefit Representative (HBR) files. Please report any information that has changed for your branch to the:

NALC Health Benefit Plan  
20547 Waverly Ct  
Ashburn, VA 20149

and

NALC Headquarters  
100 Indiana Ave, NW  
Washington, DC 20001

Branch # \_\_\_\_\_

Branch President's Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Branch Phone: \_\_\_\_\_ Branch Fax: \_\_\_\_\_

Branch Email: \_\_\_\_\_

Branch website: \_\_\_\_\_

NALC Region: \_\_\_\_\_ Work Status (Active/Retired): \_\_\_\_\_

HBR's Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

(\* The member ID # is required to verify coverage in the NALC Health Benefit Plan. See the Constitution of the NALC Health Benefit Plan Article 4, Section 3.)

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Date you filled the position of HBR: \_\_\_\_\_

Are you replacing the current HBR? \_\_\_\_\_

If yes, provide the name of the former HBR: \_\_\_\_\_

Would you like information mailed to your branch or your home? \_\_\_\_\_

Per the NALC Constitution (page 69) Article 4. Sec. 1. The officers of the branch shall include a Health Benefits Representative. Sec. 2. All officers shall be elected for a term of one, two or three years. Sec. 3. With the exception of the office of President, Branches may consolidate the offices of the Branch. However, if there are less than ten (10) active members, the office of the President may be combined with other offices.

Printed Name of the Branch President

Signature of the Branch President

Date



## Branch Printout Request

Below is the Branch Printout Request. Please follow the instructions carefully. In order to receive your reimbursement, you must complete the Branch Printout Request or call the Plan at 888-636-NALC (6252) and ask for the Executive Office to obtain a copy of your Branch membership list. The deadline is April 30, 2020.

NOTE: Please remember to complete the Branch Printout Request below to receive a copy of your branch roster that needs to be included when submitting your Branch Reimbursement Certificate.

### NALC Health Benefit Plan Branch Printout Request

Branch # \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I request a Branch printout for the Branch Reimbursement Certificate (January 2020).

## Branch Reimbursement

### NALC HEALTH BENEFIT PLAN Branch Reimbursement Instructions

By approval of the Board of Trustees, the Plan will accept requests for branch reimbursement *BEARING A POSTMARK NO LATER THAN APRIL 30, 2020*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2019. **Copies of branch rosters must be ordered by completing the Branch Printout Request, or by calling the Health Benefit Plan 888-636-NALC (6252), ask to speak to someone in the Executive Office.**

Reimbursement will be either the amount of the expenses attested to on the certificate, or the amount computed at seventy-five (75) cents per eligible member, whichever total is lower. **All requests must include (a) the specific amount of expenses incurred; and (b) the number of members for whom reimbursement is requested.**

Reimbursement will be made only for the employees and annuitants enrolled on December 31, 2019, under Chapter 89, Title 5, United States Code-Health Insurance, effective July 9, 1960.

The request should NOT include:

- Enrollees terminated from the Plan prior to December 31, 2019
- Any type of converted member or dependent nongroup plan, or
- Policyholders under our old program (those who retired before July 1, 1960).

**Reimbursement will be made payable only to the Branch Secretary of record, and only if the certificate for reimbursement is signed by either the Branch President or Branch Secretary. The signature of the Branch Health Benefit Representative or Treasurer will NOT be acceptable.**

**Please send to:**

**NALC Health Benefit Plan  
Attn: Executive Office  
20547 Waverly Court  
Ashburn, VA 20149  
703-729-4677  
888-636-NALC (6252)**

Fredric V. Rolando, President

Stephanie M. Stewart, Director

Michael J. Gill

Board of Trustees  
Lawrence D. Brown, Jr., Chairman

Mack I. Julion

**Branch Reimbursement  
CERTIFICATE**

REIMBURSEMENT WILL NOT BE CONSIDERED UNLESS THIS CERTIFICATE IS COMPLETED IN FULL.  
EVERY BLANK MUST BE FILLED IN. PLEASE PRINT.

DEADLINE: April 30, 2020

Branch Number \_\_\_\_\_ Branch Secretary \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Branch Phone # \_\_\_\_\_ Branch E-mail \_\_\_\_\_

I certify that for the calendar year 2019, the above-referenced Branch incurred expenses for and on behalf of the NALC Health Benefit Plan. I further certify that expenses were incurred for the following reasons: (a) contacting hospital authorities and physicians to familiarize them with our Plan and to distribute claim forms and similar material relating to the Plan; and (b) assisting enrollees in filing claims properly, and distributing necessary forms to them for submission to the Plan.

I further certify that the number of members shown below includes only employees and annuitants enrolled under the Plans on December 31, 2019, and does not include any enrollment terminated before December 31, 2019, any type of converted members, or any annuitant who retired prior to July 1, 1960.

As reimbursement, the Branch is willing to accept (1) seventy-five cents (\$0.75) for each member enrolled in the NALC Health Benefit Plan High Option, CDHP Option or Value Option on December 31, 2019, OR (2) the amount of expenses incurred, whichever amount is less.

PLEASE OBTAIN YOUR BRANCH ROSTER BY CONTACTING THE PLAN AT 888-636-NALC (6252)  
(ASK TO SPEAK TO SOMEONE IN THE EXECUTIVE OFFICE) FOR YOUR BRANCH MEMBERSHIP  
ENROLLED UNDER THE PLANS ON DECEMBER 31, 2019.

1. Number of members \_\_\_\_\_ @ \$0.75 = \$ \_\_\_\_\_

2. Amount of expenses incurred for the calendar year 2019 = \$ \_\_\_\_\_

Date Submitted \_\_\_\_\_

Name \_\_\_\_\_

Title (must be Branch President or Secretary) \_\_\_\_\_

**NALC Health Benefit Plan, 20547 Waverly Court, Ashburn, VA 20149**

## GO RED

### **G: GET YOUR NUMBERS**

Ask your doctor to check your blood pressure and cholesterol.

### **O: OWN YOUR LIFESTYLE**

Stop smoking, lose weight, exercise, and eat healthy. It's up to you. No one can do it for you.

### **R: REALIZE YOUR RISK**

We think it won't happen to us, but heart disease kills one of three women.

### **E: EDUCATE YOUR FAMILY**

Make healthy food choices for you and your family. Teach your kids the importance of staying active.

### **D: DON'T BE SILENT**

Tell every woman you know that heart disease is our No. 1 killer.

**NALC Health Benefit Plan**  
**Recorded Benefit Information**  
**Prescription Drug Program**  
**CVS Specialty™ Pharmacy**  
**PPO Network Providers**  
**Precertification**  
**Fraud Hot Line**  
**Mental Health / Substance Use Disorder**

**888-636-NALC**  
**888-636-NALC**  
**800-933-NALC**  
**800-237-2767**  
**877-220-NALC**  
**877-220-NALC**  
**888-636-NALC**  
**877-468-1016**