

The NALC Health Benefit Plan



HBR Report
Mar/Apr 2024
Vol. 24-2

Brian L. Renfroe, President
Stephanie M. Stewart, Director

Board of Trustees:
Lawrence D. Brown, Jr., Chairman
Sandra D. Laemmel
Charles P. Heege

Director's Report



Postal Service Health Benefits

Over the last few months, the 2025 Postal Service Health Benefits (PSHB) Program has been a hot topic with many asking who will offer coverage and what will the benefits entail.

While many of the questions are still undetermined, on March 12, 2024, the U.S. Office of Personnel Management (OPM) released the list of conditionally approved Postal Service Health Benefits Program Carrier Applicants.

According to this press release, the PSHB Program will cover approximately 20 percent of the total Federal Employees Health Benefit population, or coverage for 1.9 million employees, annuitants, and their eligible family members beginning January 1, 2025.

The list includes 32 carrier names to include a choice of fee-for-service plans and health maintenance organizations.

Keep in mind, the premiums and health benefits for all program options have not been determined; however, we are continually working on our 2025 benefit package and will keep our members up to date as approved by OPM.

At this time what we can share is that the NALC Health Benefit Plan will be offering both of our plan options within the PSHB, which are the High Option Plan and Consumer Driven Health Plan.

For more information concerning the official press release visit:

<https://www.opm.gov/news/releases/2024/03/opm-releases-approved-pshb-program-carrier-applicants-for-new-system/>

Network Access Updates

In our September-October 2023 HBR Report, we notified you that Cigna Healthcare and **Trinity Health** were unable to reach an agreement, and their contract terminated on August 15, 2023. However, we are pleased to share with you that Cigna Healthcare has reached a new agreement with Trinity Health effective **March 1, 2024!** This means that all impacted providers will be returning to Cigna Healthcare's network. As this process rolls out, we wanted to make sure you were aware of a few things:

- There may be a delay in seeing your provider's name appearing in Cigna's OAP directory. However, Cigna is working hard to make sure all Trinity Health providers are placed back into their OAP Directory.
- Any claims incurred by a Trinity Health provider between August 15, 2023, and March 1, 2024, will be processed at the in-network benefit level.
- NALC Health Benefit members who previously visited a Trinity Health provider will receive a letter that explains that their provider is returning to the Cigna Healthcare network.

We are also pleased to announce that **Tower Health PA** and Cigna Healthcare have come to an agreement in principle and expect final agreements to be signed and for Tower Health PA to be participating again in Cigna's networks by **May 1, 2024**. We will share more details on this exciting update as we receive them.

Lastly, we are excited to share with you that **Cleveland Clinic of Ohio and Florida** and Cigna Healthcare have reached an agreement, and they will be remaining in Cigna's OAP network.

We understand contract negotiations can be stressful for our members. Thank you for your patience and steadfast support of the NALC Health Benefit Plan and Cigna. We are pleased to report these positive outcomes and are committed to all efforts to ensure our members experience the best value for their health care dollars and have a world class network of hospitals and providers.

Enhanced Cost Comparison Tool

The Plan worked with Cigna Healthcare to create a "Transparency in Coverage (TiC)" compliant Enhanced Cost Comparison Tool that launched January 1, 2024. This price transparency tool allows NALC Health Benefit Plan members to research their potential cost estimation for in-network or out-of-network services. The Plan's members can locate the price transparency tool by either creating an account at MyCigna.com, or by calling the Plan and asking for assistance. Upon request, Cigna will be able to mail a copy of the cost estimation directly to our members. For more information, please call the Plan.

Prescription Needs When You Are on the Move

Being Deployed, or have children studying abroad? The Plan offers a courtesy Vacation Prescription Request. The form is located on our website www.nalchbp.org to allow additional fills of medications for short-term when travel leaves you without access to a CVS pharmacy or Mail Order. If you are being deployed or have children studying abroad, you will need to provide corresponding documentation to confirm the request for approval. Although the Plan may place the override allowing the medications to process, it is the pharmacist's discretion whether to fill the medication. You can fax your request to 703-729-0076 or upload it through the member portal. Please allow adequate time to receive, review and approve the request.

Controlled medication requests may require additional information



SilverScript and Health Equity Wage Works Medicare Part B Reimbursement Account

Through this program, the NALC Health Benefit Plan has put tax-free money into your MRA to reimburse you up to \$600 for your Medicare Part B premiums when Medicare Parts A and B are your primary carrier and you remain enrolled in Medicare Parts A, B and the SilverScript Employer Prescription Drug Plan (PDP) sponsored by NALC Health Benefit Plan. You must submit proof of premium payments through the online portal, HealthEquity's EZ Receipts app, or by fax or mail.

If you haven't registered online yet, please do so today. To register, just visit www.healthequity.com/wageworks, select "LOG IN/REGISTER" and then "Employee Registration." You'll need your 4-digit ID code, which is the last 4 digits of your NALC Health Benefit Plan member ID and can be found on your NALC Health Benefit Plan member ID card.

If you have any questions or concerns, you can talk to a trained expert to learn more about the program. Just call 844-768-5644 weekdays from 8 a.m. to 8 p.m. Eastern time.



Who is Your HBR?

Only complete this form if the information has changed in the last year.

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 #: N32 ____ ____ ____ ____ ____ (This begins with N32+6 numbers)
(* 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 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, 2024*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2023. **Copies of branch rosters must be ordered by completing the Branch Printout Request, or by calling the Health Benefit Plan 888-636-NALC (6252). If calling, 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, 2023, 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, 2023
- 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**

Branch Printout Request

In order to receive your reimbursement, you must first 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 Branch Reimbursement Certificate with the Branch Roster must be postmarked by April 30, 2024.

NALC HBP Branch Printout Request

Branch # _____

Name: _____

Title: _____

Address: _____

I request a Branch printout for the Branch Reimbursement Certificate (January 2024).

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

Brian L. Renfroe, President

Stephanie M. Stewart, Director

Board of Trustees

Sandra D. Laemmel

Lawrence D. Brown, Jr., Chairman

Charles P. Heege

Branch Reimbursement Certificate

REIMBURSEMENT WILL NOT BE CONSIDERED UNLESS THIS CERTIFICATE IS COMPLETED IN FULL. EVERY BLANK MUST BE FILLED IN. PLEASE PRINT. MAIL THE COMPLETED FORM TO THE ADDRESS ABOVE.

DEADLINE: April 30, 2024

Branch Number _____ Branch Secretary _____

Branch Address _____

City _____ State _____ Zip _____

Branch Phone # _____ Branch E-mail _____

I certify that for the calendar year 2023, 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, 2023, and does not include any enrollment terminated before December 31, 2023, 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, 2023, 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, 2023.

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

2. Amount of expenses incurred for the calendar year 2023 = \$ _____

Date Submitted

Name

Title (must be Branch President or Secretary)

Important Medicare Information

All eligible annuitants and their family members who are eligible for Medicare Part A and did not enroll in Medicare Part B when they were first eligible, will be able to participate in the six-month SEP for Medicare Part B. Those who enroll during the SEP will not pay the Late Enrollment Penalty (LEP). Any applicable LEP will be paid by USPS. Although members in this category are not required to participate, keep in mind this is a one-time opportunity to enroll without paying the LEP. For many members, this opportunity could be significant to your health and finances.

NALC Health Benefit Plan
888-636-NALC

PPO Network Providers
877-220-NALC

Mental Health / Substance Use Disorder
877-468-1016

Prescription Drug Program
800-933-NALC

CVS Specialty™ Pharmacy
800-237-2767

Precertification
877-220-NALC

Fraud Hot Line
888-636-NALC