The 34th National Health Benefit Seminar will be held at the Tropicana in Las Vegas, NV. The dates for the seminar are October 20, 2019 through October 23, 2019.

Preparations for the upcoming Health Benefit Plan Seminar in Las Vegas are underway. Our staff is working hard to make sure your experience will be packed with information that will help you when you return back to your branch. The Seminar registration form will be included in the next HBR Report.

NALC Health Benefit Plan Seminar 2019 - Room Reservations
The NALC Health Benefit Plan room rate at the Tropicana is $129 plus tax, per room, per night for the Club Deluxe room. Reservations for the Tropicana can be made by calling 800-634-4000 and mention the NALC Health Benefit Plan Seminar 2019.

Please be aware that the rate guarantee cutoff for room reservations is **September 24, 2019**.

Branch Reimbursement Certificate
Enclosed you will find the Branch Reimbursement Certificate. You may obtain your Branch Roster by contacting the Plan at 888-636-NALC (6252), ask to speak to someone in the Executive Office. Remember the deadline is April 30, 2019. The branch printout shows members, employees and annuitants enrolled under the Plans on December 31, 2018. The branch printout needs to be included with the completed Branch Reimbursement certificate when you return it to the Plan.
New Physical Activity Guidelines Offer Simple Advice: Move More, Sit Less

Americans should sit less and move more, even if that activity comes in tiny chunks, according to the U.S. Department of Health and Human Services’ (HHS) latest physical activity guidelines.

The core recommendations in the 2018 Physical Activity Guidelines for Americans, which were published in the Journal of the American Medical Association, aren’t all that different from the previous iteration, which was released in 2008. The tone, however, has shifted to include more manageable forms of activity and to promote benefits of exercise that go beyond physical health, such as improved cognitive function, mental health and sleep quality — changes that may encourage more Americans to adhere to the standards.

Just as they did in 2008, the guidelines urge American adults to shoot each week for at least 75 minutes of vigorous aerobic exercise (such as running), at least 150 minutes of moderate aerobic activity (such as brisk walking) or some combination of the two. In addition, the guidelines say adults should aim to complete muscle-strengthening activities, such as resistance training or weight-lifting, at least two days per week.

But the new guidelines take a more approachable tack than in years past, urging adults to simply “move more and sit less throughout the day,” and reminding them that “some physical activity is better than none.” (The latter message was also included in the previous version.) The updated recommendations also specify that physical activity can be accumulated throughout the day, even through short activities like taking the stairs or picking a far-away parking spot. Previously, only activities lasting 10 minutes or longer met HHS’ criteria.

The same general standards apply to older adults, though the guidelines say that elderly individuals should prioritize activities that combine muscle-strengthening, balance and aerobic exercise, which can help make up for bone and muscle loss that comes with aging. Older adults should also tailor their activity levels to their health capabilities, the guidelines say.

Time and intensity recommendations are less stringent for children, but the guidelines still encourage kids to keep moving to avoid excess weight and heightened risks of chronic disease. New this year, the guidelines include a recommendation for preschool-aged children, who they say should generally aim to “be physically active throughout the day.” School-aged children and adolescents should aim for at least an hour of moderate-to-vigorous physical activity per day, including muscle- and bone-strengthening exercises on some days, according to the guidelines.

The standards also include specific recommendations for pregnant women, for whom physical activity may reduce the risk of complications such as gestational diabetes and excessive weight gain. All pregnant and postpartum women should do at least 150 minutes of moderate aerobic activity per week, the paper says, while those who were very active before pregnancy can likely continue with their regular routines.

The guidelines do note that health benefits tend to accumulate as physical activity level increases — so adults who can get 300 or more minutes of exercise per week should do so. Nonetheless, research has shown that even modest amounts of light physical activity, such as walking, cleaning and running errands, can come with benefits including better mental health and longevity.

So while everyone should aim to hit or exceed the guidelines, the most important thing is to fit in more activity, however and whenever it works for you.

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

NALC Headquarters
100 Indiana Ave, NW
Washington, DC 20001

Branch # __________ Date Form Completed: __________________

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 #: __________________________ Title: __________________________________________
(* 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: ________________________________________________

Are there additional HBR's in your branch? __________________________________________________

If yes, provide the name(s): ________________________________________________________________

(A separate registration form needs to be completed for each HBR.)

Would you like information mailed to your branch or your home?___________________________
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, 2019.

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 2019).

Who is Reading the HBR Report?
In an effort to update our Plan records, we are providing an incentive for those that complete and return the Who is Your HBR? form. Return the ticket below with your form and you will be entered into a drawing to win an NALC Health Benefit Plan shirt. Thank you for helping us to update our records.

Raffle Ticket for Who is Your HBR?
Name: __________________________________________________________________________
Branch #: __________
Address: ________________________________________________________________________
_______________________________________________________________________________
Phone #: _________________________

Must be submitted with the Who is Your HBR? form.
By approval of the Board of Trustees, the Plan will accept requests for branch reimbursement *BEARING A POSTMARK NO LATER THAN APRIL 30, 2019*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2018. 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, 2018, 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, 2018
- 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)
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, 2019

Branch Number__________    Branch Secretary_____________________________________

Branch Address _____________________________________________________________

City______________________________________________________ State______    Zip____________

Branch Phone #___________________  Branch E-mail_________________________________

I certify that for the calendar year 2018, 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, 2018, and does not include any enrollment terminated before December 31, 2018, 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, 2018, 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, 2018.

1. Number of members_______ @ $0.75  =$_________

2. Amount of expenses incurred for the calendar year 2018 = $_________

Date Submitted ________________  Name ____________________  Title (must be Branch President or Secretary)

NALC Health Benefit Plan, 20547 Waverly Court, Ashburn, VA 20149
The NALC Health Benefit Plan HBR Report

February 2019

In This HBR Report

• Seminar Hotel Information

• Who is Your HBR?

• Branch Reimbursement Instructions and Forms

NALC Health Benefit Plan 888-636-NALC
Recorded Benefit Information 888-636-NALC
Prescription Drug Program 800-933-NALC
CVS/caremark Specialty Pharmacy 800-237-2767
PPO Network Providers 877-220-NALC
Precertification 877-220-NALC
Fraud Hot Line 888-636-NALC
Mental Health / Substance Abuse 877-468-1016