

The NALC Health Benefit Plan



Vol. 18-1



HBR Report



Jan 2018

Fredric V. Rolando, President ■ Brian Hellman, Director
20547 Waverly Court Ashburn, VA 20149 - 703.729.4677



Board of Trustees



Lawrence D. Brown, Jr., Chairman



Michael J. Gill

Director's Report



NALC HBP 2017 Seminar

I would like to thank everyone who attended the 2017 NALC Health Benefit Plan Seminar in Florida. The seminar was packed with information that was presented in a short amount of time. We saw a lot of new faces in addition to our veteran HBR's. We hope you enjoyed the new format of integrating our guest speakers throughout the classroom training. I appreciate you taking the time to come to the seminar and your dedication to helping the members at your individual branches.

A Special Thank You to the following:

- Fredric Rolando, NALC President, for attending and speaking at the Seminar.
- Larry Brown and Mike Gill, Trustees, for attending the Seminar. (Thanks for helping to stand guard during breaks!)
- Wayne White, Past Region 9 NBA, for the Opening Prayer.
- Deborah Ferencak - USPS - Customer Relations Coordinator, for all the help with the onsite Post Office.
- Our vendors Cigna, CVS/caremark and Optum for the incredible Health Fair, fabulous guest speakers and assistance in making the event a success.

We appreciate everyone's help and support with the Seminar.



Seminar Highlights



Left: President Rolando;
Right: Brian Hellman,
Director; Below: Mike Gill
and Larry Brown, Trustees



Apple Watch Winner: Joe DeStefano, Br. 137



Guest Speakers



Classroom Trainers



Attendees

Award Recipients



10 Year HBR's

Newsletter Winner Vicki Piotter, Br. 916



40 Year HBR



20 Year HBR's



30 Year HBR's

The following HBR's received awards but missed the deadline to be printed in the Seminar Info booklet:

Mary Houman – Br. 4268 - 10 Years
 Felipe Guzman – Br. 2130 - 10 Years
 Juan Vilches - Br. 233 - 10 Years
 Richard Shafer - Br. 489 - 20 Years
 Lyal Hanson - Br. 4319 - 40 Years
 Stephen Trucco - Br. 213 - 40 Years

Branch Printout Request

Below is the Branch Printout Request. Please follow the instructions carefully. In order for you to receive your reimbursement, you must complete the Branch Printout Request or call the Plan at 1-888-636-NALC (6252) and ask for the Executive Office to obtain a copy of your Branch membership list. The deadline is April 30, 2018.

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 2018).

NALC Health Benefit Plan
Recorded Benefit Information
Prescription Drug Program
CVS/caremark Specialty Pharmacy
PPO Network Providers
Precertification
Fraud Hot Line
Mental Health / Substance Abuse

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

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, 2018*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2017. **Copies of branch rosters must be ordered by completing the Branch Printout Request, or by calling the Health Benefit Plan 1-888-636-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, 2017, under Chapter 89, Title 5, United States Code-Health Insurance, effective July 9, 1960.

The request should NOT include:

- Enrollees terminated in our plan prior to December 31, 2017
- 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
1-888-636-NALC (6252)**

Fredric V. Rolando, President

Brian Hellman, Director

Board of Trustees
 Michael J. Gill Lawrence D. Brown, Jr., Chairman Randall L. Keller

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, 2018

Branch Number _____ Branch Secretary _____

Branch Address _____

City _____ State _____ Zip _____

Branch Phone # _____ Branch E-mail _____

I certify that for the calendar year 2017, 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, 2017, and does not include any enrollment terminated before December 31, 2017, 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, 2016, OR (2) the amount of expenses incurred, whichever amount is less.

PLEASE OBTAIN YOUR BRANCH ROSTER BY CONTACTING THE PLAN AT 1-888-636-NALC (6252) (ASK TO SPEAK TO SOMEONE IN THE EXECUTIVE OFFICE) FOR YOUR BRANCH MEMBERSHIP ENROLLED UNDER THE PLANS ON DECEMBER 31, 2017.

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

2. Amount of expenses incurred for the calendar year 2017 = \$ _____

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

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



Seminar Closing
Reception

