



NALC Health Benefit Plan

High Option



2019



20547 Waverly Court
Ashburn, VA 20149
888-636-NALC (6252)
www.nalchbp.org

NALC Health Benefit Plan High Option

[Notice of Summary of Benefits and Coverage \(SBC\): Availability of Summary Health Information](#)

The Federal Employees Health Benefits (FEHB) Program offers numerous health benefit plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed choice, each FEHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online and in paper form. The SBC summarizes important information in a standard format to help you compare plans and options.

The NALC Health Benefit Plan's SBC is available on our website at www.nalchbp.org. A paper copy is also available, free of charge, by calling 888-636-NALC (6252).

To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit www.opm.gov/healthcare-insurance/healthcare/plan-information/.

[Notice of Patient Protection under the Affordable Care Act](#)

NALC Health Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. You may designate a pediatrician as the primary care provider for your children. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna at 877-220-NALC (6252), NALC Health Benefit Plan at 888-636-NALC (6252), or visit our website at www.nalchbp.org.

[Brochure Download](#)

The Office of Personnel Management's (OPM) Going Green mandate instructs all Federal Employees Health Benefit plans to reduce their use of paper by providing an electronic version of the Plan's yearly brochure.

You may download the brochure from the Plan's website at www.nalchbp.org. If you would like to receive a paper copy of the brochure, contact the Plan at 888-636-NALC (6252).

[2019 Rates](#)

	High Option Self Only	High Option Self Plus One	High Option Self & Family
Monthly Annuitants Pay	\$183.37	\$434.85	\$393.49
Biweekly Postal Employees Category 1 Pay	\$81.43	\$193.86	\$174.31
Biweekly Postal Employees Category 2 Pay	\$71.84	\$173.35	\$152.43
Biweekly Non-Postal Employees Pay	\$84.63	\$200.70	\$181.61

*Postal Category 1 rates apply to career bargaining unit employees who are represented by the APWU, IT/AS, NALC, NPMHU and NRLCA.
Postal Category 2 rates apply to career bargaining unit employees who are represented by the PPOA.*

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2019 NALC Health Benefit Plan High Option can be found in the official brochure. Before making a final decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

Welcome

The strength of a tree lies in its roots. When choosing healthcare coverage for yourself or your family, make sure the company providing it is deeply anchored as well. The NALC Health Benefit Plan High Option has been taking care of members and their families since 1960. Although we started out as a small operation, we have endured and prospered. Our benefits have also continued to grow and support our membership's healthcare needs.

The Plan understands the importance of seeing your health care provider regularly to check for potential health conditions that don't produce any symptoms in their initial stages, but a preventive exam may detect future problems. The Plan pays 100% preventive care benefits for an annual physical, well-woman exam, certain screenings and immunizations when rendered by a PPO provider.

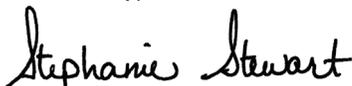
We acknowledge that, in the future, doctors and scientists hope to use our genetic information to diagnose, treat, prevent and cure many illnesses. Certain diagnostic genetic testing is now covered by the Plan when it is medically necessary to diagnose and/or manage a patient's medical condition, with prior authorization.

The NALC Health Benefit Plan is committed to helping you fight asthma, diabetes and hypertension by lowering the copayment and coinsurance amounts on medications used to treat these illnesses. We are also pleased to offer the new Transform Diabetes Care Program. This program helps deliver better overall care and lower costs for members with diabetes. It includes a glucometer, unlimited test strips and lancets, medication therapy counseling from a pharmacist, two annual diabetes screenings at a CVS MinuteClinic® and a suite of digital resources through the CVS mobile App, all at no cost to you.

A stronger you is a healthier you. By taking our Health Assessment, we will put you on the path toward solid habits by suggesting specific steps you can take to improve your health. The NALC Health Benefit Plan appreciates your participation and will, in turn, offer you 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.

Your careful review of the 2019 NALC Health Benefit Plan brochure (RI 71-009) is vital to your decision-making process. When you weigh our comprehensive benefits against our low premiums, we are confident the value will be evident. Any questions you may have will be answered personally and with pleasure by one of our knowledgeable representatives at 888-636-NALC (6252).

Sincerely,



Stephanie M. Stewart
Director



Changes for 2019

Do not rely only on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5 Benefits. Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

Changes to this Plan

- We now require prior authorization for genetic testing. See pages 24, 34-35, 37, 44, 45, 108, 115-119, 168.
- We now cover gender reassignment surgery for the diagnosis gender dysphoria. See pages 24, 57-59, 62, 130-133, 135, 167.
- We now offer lower copayments and coinsurance for medication used to treat hypertension, diabetes, and asthma. See pages 85, 158.
- We now cover one preventive medicine counseling visit associated with a low dose cat scan (LDCT). See pages 38 and 109.
- We now cover pre-eclampsia screening for pregnant women. See pages 43 and 117.
- We now cover obesity screening for adolescents and children 6 years of age and older. See pages 41 and 112.
- We now cover screening for postpartum diabetes mellitus after pregnancy. See pages 38 and 109.
- We now cover screening for urinary incontinence under Well woman care. See pages 38 and 109.
- We now cover the Shingrix vaccine for the prevention of herpes zoster (shingles). See pages 36 and 106.
- We have updated the medical requirements to qualify for statin prevention medication. See pages 87 and 160.
- We now cover skin cancer prevention counseling for children age 6 months through 21 years. See pages 42 and 113.
- We now offer the Transform Diabetes Care Program under Wellness and Other Special Features. See pages 90 and 163.
- We no longer apply manufacturer discounts on Specialty medications to the patient's deductible or out-of-pocket maximum. See pages 83, 86, 156 and 159.

Changes to our High Option only

- Your share of the non-Postal premium will increase for Self Only, increase for Self Plus One, or increase for Self and Family. See back cover.
- We no longer require prior authorization for the shingles vaccine. See page 36.
- We now cover speech generating devices, limited to \$1,250 per year. See page 52.
- You now pay \$20 for a spinal or extraspinal manipulation rendered by a PPO provider. Previously, you paid 15%. See page 54.

Changes to our Consumer Driven Health Plan only

- Your share of the non-Postal premium will increase for Self Only, increase for Self Plus One, or increase for Self and Family. See back cover.
- We now cover the initial office visit or consultation to assess a patient for acupuncture treatment. See page 128.

Changes to our Value Option only

- Your share of the non-Postal premium will increase for Self Only, increase for Self Plus One, or increase for Self and Family. See back cover.
- We now cover the initial office visit or consultation to assess a patient for acupuncture treatment. See page 128.

Changes for 2019

Clarifications to this Plan

- We clarified our coverage policy on medical foods.
- We added a link from our website to all covered immunizations for adults and children.
- We clarified that some local pharmacies have refill limitations that differ from those listed in our brochure.
- We clarified that our disease management program identifies patients with chronic health issues, not just medical issues.
- We clarified the difference between the USPSTF and the Bright Futures/AAP recommendations for vision screening for children.
- We clarified which accreditations a freestanding ambulatory facility must have to be covered by the Plan.
- We added a link from our website to a list of all SPS drugs that require prior authorization.

Clarifications to our High Option Only

- We clarified how we process non-PPO providers in Section 1 under How this plan works.
- We clarified how we process claims when the Plan is secondary under the Prescription drug benefit.
- We clarified the You pay for hearing aids under Hearing services.
- We clarified the You pay for non-PPO hospital confinements under Inpatient hospital.
- We clarified that the waiver of the \$20 PPO medical copayment is applied to claims submitted with dates of service after the Health Assessment is completed.
- We clarified that telemental health visits may also be referred to as virtual visits.
- We updated the hours of operation for the Weight Management Program.

Clarifications to our Consumer Driven Health Plan and Value Option Only

- We clarified the difference between the General Features of the CDHP/VO and the High option plan.
- We clarified how to precertify mental health and substance use disorder care under the CDHP/VO.
- We clarified the effective date of eligibility for the personal care account (PCA).
- We clarified that the name of Section 5(h). should be Wellness and Other Special Features.
- We clarified the mailing address for CDHP/VO claims.



How to Join the Plan

If you are eligible for FEHB benefits, you may enroll in one of the many participating health plans, change your current health plan, or cancel your enrollment in a FEHB plan during the annual Open Season. This includes active and retired postal and federal employees, annuitants, survivor annuitants, Indian Tribes, Tribal organizations, and urban Indian organizations. Certain Qualifying Life Events (QLE) also allow anyone eligible to make changes to their FEHB enrollment outside of Open Season.

Current Active Letter Carriers have 4 ways to enroll in the NALC Health Benefit Plan

- Use your home computer, tablet, or smartphone to go to <https://liteblue.usps.gov>. You must have your employee ID number (it's the 8-digit number printed on your earnings statement just above the words "employee ID.") You will also need your USPS PIN number (It's the same one you use to access **PostalEASE**.)
- The **Blue Page** (Intranet) at work
- Employee Self-Service Kiosks located at some USPS facilities
- **PostalEASE** by telephone – Call 877-4PS-EASE (877-477-3273) and enter Option 1

Instructions: (Keep this information for your records)

When enrolling by internet, intranet, or Employee Self-Service Kiosk, simply follow the instructions on the screen. If you prefer to enroll or make changes by phone, call **PostalEASE** toll-free at 877-4PS-EASE (877-477-3273) and choose option 1. TTY users can call 866-260-7507.

- Have your **PostalEASE** worksheet completed before you call.
- When prompted, select Federal Employees Health Benefits.
- Follow the prompts to enter your Employee ID, USPS Personal Identification Number (PIN), and the information you entered on your worksheet. This information will be required:
 - Daytime telephone number
 - The name of the health plan in which you want to enroll (**NALC Health Benefit Plan High Option**)
 - Health plan code number (**322** for Self and Family or **323** for Self Plus One or **321** for Self Only)
 - Names, addresses, dates of birth, and Social Security numbers for all eligible family members covered under your enrollment
 - Name, policy number, and effective date on any other group health insurance in which you or eligible family members are enrolled; including Medicare and Tricare.
 - If you are changing plans or canceling coverage, enter the code of your current health plan.
- After completing your entries, write down and save the confirmation number you receive for **PostalEASE**, the date your enrollment will be processed and the date your paycheck will reflect the enrollment. Keep this information for your records.

Annuitants and Retirees can enroll by calling Employee Express at 800-332-9798, by going to OPM's Open Season website at retirefehb.opm.gov or by submitting a Standard 2809 to your Retirement office. You can get additional information at <http://www.opm.gov/healthcare-insurance/healthcare/plan-information/enroll/#annuitants>.

If you submit your change by mail, the address is: OPM, Open Season Processing Center
P.O. Box 5000, Lawrence, KS 66046-0500

Annuitants or retirees eligible in the FEHB program should call the Retirement Information Center at 888-767-6738 (TTY: 800-878-5707) for instructions on enrolling.

Active Federal Employees of agencies that participate in Employee Express may enroll during the Open Season by going to the website www.employeeexpress.gov or by calling 478-757-3030. Employees of non-participating agencies should contact their employing office for enrollment instructions.

Helpful Programs for You

Telemental Health Medicine

The Plan offers outpatient Telemental Health services through Optum®. Telemental Health provides convenient access to virtual visits for mental health assessments and mental health treatment from the convenience of your home or office. Providers include psychiatrists, psychologists and social workers. When services are provided by an In-Network provider, members will pay a \$20.00 copayment. To locate an In-Network telemental health provider call Optum® at 877-468-1016 or visit liveandworkwell.com. Some providers even allow you to schedule appointments right from the website.

CignaPlus Savings® (Non-FEHB Benefit)

Good oral health impacts your general and overall health throughout your life. The CignaPlus Savings® Program is a dental discount program that provides NALC Health Benefit Plan members and their dependents discounted fees on dental services and gives you access to over 88,000 dental providers nationwide. Members receive an average savings of 34% off most commonly performed dental services such as cleanings, root canals, crowns, fillings, dentures and braces. It also offers ease of use – with no deductibles, age limit, waiting periods, frequency limitations or restrictions on pre-existing conditions. There are no claim forms to complete since you pay the participating provider at the time services are rendered. To find out more about the program, or to enroll, call 877-521-0244. This program is not part of the Plan's FEHB benefits and is not insurance.

Enrollment in the CignaPlus Savings® discount dental program is just one of the available incentives for filling out the Health Assessment in 2019. See Page 14 under Health Assessment for further details.

24 Hour Nurse Help Line

CareAllies Health Information Line uses nurses/clinicians to provide appropriate level of care information to members who call with symptom-based questions or concerns. The information provided by the caller directs the nurse/clinician, who reference guidelines to help determine the recommended level of care. They can help you determine when to call emergency services, help you locate a doctor or hospital, or assist you in dealing with minor health issues yourself. Based on the symptoms and responses, they can help members select a course of action and a timeline for seeking the recommended care. The nurses/clinicians also provide self-care techniques and suggest how to increase member comfort levels until additional medical help is received. Call 877-220-NALC (6252) to speak with these trained professionals 24 hours-a-day, 7 days-a-week.

Solutions for Caregivers

Individuals often find themselves in a caregiving role, with no previous experience or knowledge. For members or spouses caring for an elderly relative, disabled dependent, friend or neighbor, the NALC Health Benefit Plan has made Solutions for Caregivers available to you. The Solutions for Caregivers program provides six hours of Care management services at no additional cost per calendar year. Members have the option of purchasing continuing services beyond the six hours offered if needed.

Solutions for Caregivers can:

- Counsel you on your loved one's individual medical, financial, safety, emotional and social needs.
- Conduct an on-site assessment by registered nurses and develop a personalized care plan.
- Connect you with professionals, including home health aides, nurse, lawyers and financial advisors.
- Offer assistance in crises situations when you don't know where else to turn.

Solutions for Caregivers provides members with access to a Care Advocate, a registered nurse with geriatric, disability and community health experience, to help ensure that your loved one maintains a safe, healthy lifestyle. Specialists are available 24 hours-a-day, 7 days-a-week to answer questions and arrange services by a Care Advocate. For questions or to learn more about this program, you can call 877-468-1016.

Helpful Programs for You

CareAllies - Well Informed Program (Gaps in Care)

We offer a program through CareAllies which provides timely information and tips personalized for you to help you reach and/or maintain a healthy lifestyle. Gaps in Care is designed to improve the member's quality of care, therefore reducing medical expenses. It is a clinically based program that focuses on members who have chronic illnesses, such as high blood pressure, diabetes and more, to determine if the patient is receiving adequate medical care. Since the program is voluntary, our members can choose not to participate. Here's how the program works:

1. Your health care claims are reviewed and steps may be identified that you can take to improve your health.
2. If steps are identified, you and your health care professional (if we have their information) will receive information from CareAllies that may include:
 - A summary of health conditions which may be of interest to you
 - Educational information to help close potential gaps in your health care
 - Resources and helpful tips for better managing your care
3. You are encouraged to talk to your doctor about suggested topics and develop long-term health goals. It is not meant to take the place of your doctor's professional judgment.

This program is part of our ongoing commitment to help you improve your health and well-being. If you have any questions, please call CareAllies at 800-252-7441, Monday through Friday 8 a.m. to 6 p.m.

Need Help Quitting Tobacco use?

Quitting is about more than just not smoking. You want to get the support to make it last. Our cost-free Quit for Life® Program offers a variety of tools to help you succeed at quitting smoking, including a Quit Coach® staff member who will work with you to create an individualized plan to make it a successful quitting process. You can even receive free nicotine replacement therapy products (gum or patches) if it's part of your personalized Quitting Plan. To learn more about the Quit for Life® Program through Optum® call 866-784-8454 or visit www.quitnow.net/nalc.

If you choose not to participate in the Quit for Life® Program, over-the-counter medications for tobacco cessation (prescription required) will be paid at 100% when you purchase the medication at an NALC CareSelect retail pharmacy or mail order program.

Weight Talk® Program through Optum®

The Weight Talk® Program through Optum® is a free weight-loss program to help members achieve a healthier lifestyle. This specialized coaching program is designed to help members achieve measurable, sustainable weight loss. The Weight Talk® Program is delivered through regular phone-based coaching sessions with a dedicated coach, supported by specialized calls with registered dietitians. The experience is highly personalized, supportive, and proven effective. Participants set realistic weight loss goals and then learn through small, tailored changes how to achieve and maintain a healthy weight for the rest of their lives.

Weight Talk® incorporates the following components:

- Up to 11 planned phone-based coaching sessions
- Specialized protocols for severely obese, those diagnosed with type 2 diabetes and post-bariatric surgery
- Unlimited access to coaches for ongoing support for up to one year
- Welcome kit including a weight loss workbook, food journal and tape measure
- Unlimited access to Optum's Wellbeing interactive web and mobile support tools

Helpful Programs for You

- Fitbit® Zip wireless activity tracker that tracks and uploads steps, calories burned, distance, and activity duration to the Weight Talk® Program portal

Members can enroll in the Weight Talk® Program online at www.NALCwellbeing.com or call the toll-free number at 844-305-0758. A personal dedicated coach is available 7 days-a-week from 5:00 a.m. to 9:00 p.m. (Pacific Time).

Your Health First Disease Management Program

If you have a chronic health condition, there may be times you need extra help. The NALC Health Benefit Plan continues to offer you Your Health First, a program through Cigna, to help you get healthy and live well. Your Health First is a coaching telephonic or online program that is available at no extra cost to NALC Health Benefit Plan members. You can connect with a dedicated health advocate trained as a nurse, health educator, or behavioral health specialist or access the 24/7 online support that offers articles and podcasts on hundreds of health topics to help you better understand your condition and make more informed treatment decisions. Health advocates focus on your unique health needs, preferences, and goals. Your Health First coaching includes health and wellness coaching, treatment decision support, and lifestyle management coaching.

Connect with a health advocate and get a free, confidential resource to help you with:

- Asthma
- Coronary Artery Disease
- Peripheral Arterial Disease
- Type I & Type II Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Behavioral Concerns: Depression, Anxiety, Bipolar Disorder
- Heart Disease
- Congestive Heart Failure
- Osteoarthritis
- Low Back Pain
- Metabolic Syndrome

To talk to a health advocate, call 877-220-NALC (6252) or visit www.nalchbp.org for information and self-help resources.

Healthy Rewards®

Couldn't we all use a little help finding ways to make staying healthy more affordable? That's the idea behind the Healthy Rewards® Member Savings Program. You can save up to 40% on products and services to encourage and promote healthy behaviors and lifestyles, like:

- Vision and hearing care discounts such as laser vision correction procedure and discounts on eyeglasses, prescription sunglasses and vision exams.
- Low-cost fitness center memberships at over 9,000 locations around the country.
- Yoga accessories and fitness gear through online discounts.

There are no claim forms or referrals, so the program is easy for members to use. You have access to a nationwide network of more than 50,000 providers and over 9,000 fitness clubs. You can access the Healthy Rewards® Program by calling 800-558-9443 or by visiting the Plan's website www.nalchbp.org. You can also look under the Plans and Benefits tab and click on "Wellness and Other Special Features".

*Some Healthy Rewards® Programs are not available in all states. Healthy Rewards programs are separate from your medical coverage. A discount program is NOT insurance, and the member must pay the entire discounted charge.

Diabetes Care Management Program - Transform Diabetes Care

This program helps deliver better overall care and lower costs for members with diabetes. It includes a connected glucometer, unlimited test strips and lancets, medication therapy counseling from a pharmacist, two annual diabetes screenings at a CVS MinuteClinic® and a suite of digital resources through the CVS mobile App, all at no cost. Please call CVS Caremark® at 800-933-NALC (6252) for more information.

Open Access Plus (OAP)

By choosing In-Network providers you receive the best benefit and lower your out-of-pocket costs. The Cigna HealthCare Shared Administration OAP network for the NALC Health Benefit Plan has 21,079 participating facilities, 2,996,285 family doctors and specialists, 9,157 general acute care hospitals and 170 transplant facilities. This network is accredited by the National Committee of Quality Assurance (NCQA) assuring you a choice of quality health care providers who meet all of Cigna’s rigorous credentialing standards.

When using a family doctor your course of treatment is coordinated by one physician or a group of physicians who have access to all of your information including allergies, medications and results of all laboratory testing and x-rays. Your family doctor will act on your behalf to coordinate your ongoing care, educate you on safe health behaviors, treatment options and if necessary, refer you to specialists for further evaluation. Selection of a family doctor is not required, but does offer benefits to you and your family. If you’re looking for a Family Practice, General Practice, Internal Medicine, Obstetrics (No GYN), Obstetrics/Gynecology or Pediatrics, start your search with Family Doctor/Primary Care Physician selected. If you don’t see your provider for one of the above types of services on the results page or if you’re looking for a different type of doctor, then select Specialist and search by provider name.

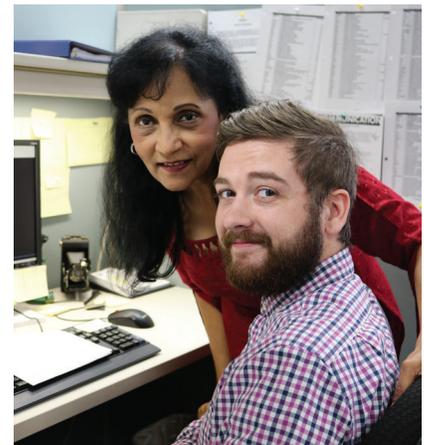
If you need a specialist, look in the OAP directory for the Cigna Care Designation symbol . This symbol distinguishes network doctors who practice in one of the specialties reviewed and who meet certain quality and cost-efficiency measures. Specialties represented in the OAP Cigna Care network include cardiology, obstetrics and gynecology, and general surgery. By using an OAP Cigna Care Designation specialist you are receiving the highest quality care for you and your family. Keep in mind, covered professional providers are medical practitioners who perform covered services when acting within the scope of their license or certification under applicable state law and who furnish, bill, or are paid for their health care services in the normal course of business. Covered services must be provided in the state in which the practitioner is licensed or certified.

	Hospital	Maternity	Surgical	Routine Physical Exam	Office Visit
PPO (You pay)	\$200 copay per Inpatient admission or outpatient observation	Nothing	15%	Nothing	\$20 copay per visit or consultation
Non-PPO (You pay)	30% (\$350 copay per Inpatient admission)*	Physicians - 30% after \$300 deductible Inpatient Hospital - 30% after \$350 per admission copay*	30% (After \$300 deductible)*	30% (After \$300 deductible)*	30% (After \$300 deductible)*

**In addition, you are responsible for the difference, if any, between our allowance and the billed amount.*

Lab Savings Program

The Lab Savings Program provides diagnostic services through LabCorp and Quest Diagnostics. LabCorp has over 1,823 facilities nationwide and Quest Diagnostics has over 2,340 facilities nationwide. Be sure to ask your doctor to use LabCorp or Quest Diagnostics for laboratory processing. Other laboratory facilities are subject to the Plan’s standard benefits. To locate a LabCorp or Quest Diagnostics laboratory, call the PPO locator service at 877-220-NALC (6252).



Your Mental Health

Help Meet Life's Challenges Head On!

Mental and emotional well-being is essential to overall health. Positive mental health allows you to realize your full potential, cope with stresses of life, work productively and make meaningful contributions to your community. Optum® is a recognized leader specializing in provider behavioral health care and substance use services and provides our mental health and substance use benefits. With Optum®, members have access to over 167,000 in-network clinicians and 3,000 in-network facilities in more than 5,300 locations nationwide. These In-Network providers are easy to locate 24 hours-a-day, 7 days-a-week by either using our online provider locator or by calling Optum's toll free number at 877-468-1016.

Taking advantage of these services can help you deal with life's challenges and assist you in managing a wide range of mental health and substance use conditions such as:

- Abuse and Domestic Violence
- Addictions
- Alzheimer's & Dementia
- Anxiety
- Autism
- Bipolar Disorder
- Depression
- Eating Disorders
- Obesity
- Obsessions & Compulsions
- Personality Disorders
- Phobias
- Postpartum Depression
- Schizophrenia
- Stress
- Traumatic Brain Injury

When you choose an In-Network provider to utilize these mental health and substance use services, you will receive the best benefit. However, you do have the option of choosing an out-of-network provider as well.

	Inpatient Hospital and Treatment Facility	Outpatient diagnostic tests Inpatient professional svcs	Outpatient professional services, individual or group therapy, Outpatient medication management
In-Network (You Pay)	\$200 copay per admission	15%	\$20 copay per office visit / individual or group therapy
Out-of-Network (You Pay)	30% (After \$350 copay per admission)*	30% After \$300 deductible*	30% After \$300 deductible*

*In addition, you are responsible for the difference, if any, between the Plan allowance and the billed amount.

NALC Health Benefit Plan also provides a direct link to the liveandworkwell website. By visiting our website at www.nalchbp.org and clicking the member resources link then clicking the OptumHealth link, you can access many of Optum's resources. There are informative articles, interactive self-help programs, and much more to help cope with life's challenges and promote a healthier well-being.

Substance Use Disorder (SUD) Program

The SUD program is offered by the Plan through Optum®. This program offers assistance in finding In-Network providers and treatment options in the area and provides education about the SUD condition. Optum® has implemented a Substance Use Treatment Helpline that is available 24/7 to our members. You have immediate access to a licensed clinician at all times. The clinician can arrange for an almost immediate face-to-face evaluation with an In-Network expert who can create a unique care strategy. Better treatment outcomes occur when you have a clear individualized treatment plan within your community. Call Optum® at 855-780-5955 to speak with a licensed clinician who can help guide you to an In-Network treatment provider or treatment center.

Substance Use Disorder Care Management Program

This clinical care management outreach program through Optum® provides ongoing support for those individuals impacted by substance use readmissions and relapse. Upon readmission or during discharge, qualifying participants are called to complete an introductory call to join the program and are assigned a master's level clinician to provide phone based support and advocacy. This program is designed to engage participants in successful recovery by developing the best treatment options and guiding the participants to the right care.

Prescription Information

The NALC Health Benefit Plan's Prescription Drug Program classifies prescription medications into four categories or "tiers" based on quality, safety, clinical effectiveness and cost. Your cost-share is based on the "tier" level of your prescription drug. Our "tiers" are defined as:

Tier 1 - generic prescription drugs

Tier 2 - formulary brand drugs - brand name drugs that appear on the Plan's formulary

Tier 3 - non-formulary brand drugs - brand name drugs that are not listed on the Plan's formulary

Tier 4 - specialty drugs - prior authorization is required for all specialty medications and may include step therapy. Our benefit includes the Advanced Control Specialty Formulary that includes a step therapy program that requires the use of a preferred drug(s) before non-preferred specialty drugs are covered. These are typically used to treat chronic, serious or life-threatening conditions. Contact CVS Specialty™ at 800-237-2767.

Compound drugs require prior authorization. A compound drug is a medication made by combining, mixing or altering ingredients in response to a prescription, to create a customized drug that is not otherwise commercially available. Certain compounding chemicals are not covered through the prescription benefits. Contact CVS Caremark® at 800-933-NALC (6252) to obtain prior authorization.

To help ensure safe and clinically appropriate controlled substance medication therapy for our members, we require prior authorization and quantity limits for ADD/ADHD, anti-narcolepsy and certain analgesic/opioid medications. Prior authorization requirements are based on clinical criteria such as diagnosis, safety and evaluation as well as daily dosing per labeling, initial dosing frequency recommendations or dose in opioid-tolerant patients. Contact CVS Caremark® at 800-933-NALC (6252) to obtain prior authorization.

When the NALC Health Benefit Plan is the primary payor, 90-day supplies of generic prescription drugs listed in our 2019 NALC Preferred Generics List are available through our Mail Order Program or through the CVS Caremark® Maintenance Choice Program for only \$7.99. If you are enrolled in Medicare Part B and are not enrolled in Medicare Part D (Medicare prescription drug program), these medications will only cost you \$4.00 for a 90-day supply.

Generic medications listed on our NALC Select Generics List will only cost you \$5.00 for a 90-day supply if you are an active enrollee or \$4.00 if you are enrolled in Medicare Part B and Medicare is paying first on your medical expenses.

The NALC Health Benefit Plan looks out for our senior population. If Medicare Part B is paying your medical expenses first, then there is no cost for up to a 30-day supply of a prescription drug listed on the NALC Senior Antibiotic Generic List when purchased at an NALC Network pharmacy. For generics not on our NALC Select Generic or NALC Preferred generic lists, you only pay \$4.00 for a 60-day supply or \$6.00 for a 90-day supply if you are enrolled in Medicare Part B and Medicare is paying first on your medical expenses. If Medicare Part D is your primary payor for prescription drugs, we now waive the prescription drug copayment and coinsurance when Medicare Part D covers your prescription.

When the NALC Health Benefit Plan is the primary payor for your medical expenses, the seasonal flu vaccine, pediatric pneumococcal, and shingles (Zostovax and Shingrix) vaccines will be paid in full when administered by a pharmacy that participates in the NALC Flu and Pneumococcal Vaccine Administration Network. A complete listing of participating pharmacies is available at www.nalchbp.org or by calling CVS Caremark® Customer Service at 800-933-NALC (6252).

Dispensing Limitations

There are dispensing limitations for prescriptions purchased locally at one of the more than 68,000 participating NALC Network pharmacies. You may obtain up to a 30-day fill plus one refill of your covered medication at a local participating pharmacy. Maintenance and long-term medications may be ordered through our Mail Order Prescription Drug Program for up to a 60-day or 90-day supply (21-day minimum). The 21-day minimum does not apply to specialty drugs ordered through CVS Specialty™. Patients confined to a nursing home, patients in the process of having their medications regulated, or when state law prohibits dispensing quantities of medications greater than 30-day, can continue to fill their prescriptions at a local participating pharmacy. Members should contact the Plan at 888-636-NALC (6252) for instructions and authorization.

Prescription Information

Formulary

We use an open and voluntary formulary which contains a partial listing of commonly prescribed generic and brand name medications. To find out if your brand name drug is part of our formulary, visit our website at www.nalchbp.org, or call 800-933-NALC (6252).

Your 2019 Drug Cost-Share When NALC is Primary

Generic Drug*:

Network Retail	up to 30 day supply	You Pay: 20% of cost (10% of cost for asthma, diabetes & hypertension)
Mail Order	up to 60 day supply	\$8
Mail Order	61-90 day supply	\$12 (\$8 generic for asthma, diabetes & hypertension)

Formulary Brand Drug:

Network Retail	up to 30 day supply	You Pay: 30% of cost
Mail Order	up to 60 day supply	\$43
Mail Order	61-90 day supply	\$65 (\$50 Formulary brand for asthma, diabetes & hypertension)

Non-Formulary Brand Drug:

Network Retail	up to 30 day supply	You Pay: 45% of cost
Mail Order	up to 60 day supply	\$58
Mail Order	61-90 day supply	\$80 (\$70 Non-formulary brand for asthma, diabetes & hypertension)

Specialty Drugs** (Available only through CVS Specialty™ Mail Order):

Mail Order	up to 30 day supply	You Pay: \$150
Mail Order	31-60 day supply	\$250
Mail Order	61-90 day supply	\$350

Your 2019 Drug Cost-Share When Medicare Part B is Primary

Generic Drug*:

Network Retail	up to 30 day supply	You Pay: 10% of cost (5% of cost for asthma, diabetes & hypertension)
Mail Order	up to 60 day supply	\$4
Mail Order	61-90 day supply	\$6 (\$4 generic for asthma, diabetes & hypertension)

Formulary Brand Drug:

Network Retail	up to 30 day supply	You Pay: 20% of cost
Mail Order	up to 60 day supply	\$37
Mail Order	61-90 day supply	\$55 (\$40 Formulary brand for asthma, diabetes & hypertension)

Non-Formulary Brand Drug:

Network Retail	up to 30 day supply	You Pay: 30% of cost
Mail Order	up to 60 day supply	\$52
Mail Order	61-90 day supply	\$70 (\$60 Non-formulary brand for asthma, diabetes & hypertension)

Specialty Drugs** (Available only through CVS Specialty™ Mail Order):

Mail Order	up to 30 day supply	You Pay: \$150
Mail Order	31-60 day supply	\$250
Mail Order	61-90 day supply	\$350

*Generic drug coverage shown above for those generic drugs not available at a reduced cost as listed on our NALCSelect, NALCPreferred, or NALCSenior Generic Drug Lists.

**All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Advanced Control Specialty Formulary utilizes step therapy for certain specialty medications. We require the use of preferred drugs before non-preferred specialty drugs are covered. Our Advanced Control Specialty Formulary focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Call CVS Specialty™ at 800-237-2767 to obtain prior approval.

Health Information Technology

[Personal Health Record](#)

The NALC Health Benefit Plan understands the importance of having an organized accounting of your health-related information. Our online Personal Health Record at www.nalchbp.org is a helpful tool our members can utilize to create and keep up-to-date records of medications, immunization, allergies, medical conditions, physicians, and emergency contacts. Your personal health information is stored in a single safe, password-protected place accessible by only you or your designated personal representative.

Simply go to our home page at www.nalchbp.org and refer to the top right corner where you can register and sign in to your account. The Personal Health Record is easy to navigate, so you can update information at your convenience. The [Blue Button](#) feature on the Personal Health Record home page allows you to access and download your Personal Health Record Information into a simple text file that can be read, printed or stored on any computer.

[Electronic Health Record](#)

Once registered on our secure website, you may view your claim history, get real-time deductible and out-of-pocket amounts, as well as print copies of your Explanation of Benefits safely and conveniently at your home or on the go.

[Cost Comparison Tool](#)

Compare costs for covered medical services through our easy-to-use web-based Hospital Comparison Tool. Being knowledgeable about health care costs makes you an informed health care consumer. You can compare our In-Network provider average allowances to the standard Plan allowances for hundreds of procedures.

[Health Assessment](#)

When you fill out our free Health Assessment at www.nalchbp.org, you are taking a positive step toward better physical and mental health. The Health Assessment is an online program that analyzes your health related responses and gives you a personalized plan to achieve specific health goals. Your Health Assessment profile may be used to spark discussion with your physician, or simply provide tips you may follow. You can find the link to the Health Assessment on the home page under Quick Links.

As a bonus for being proactive, we offer a choice of valuable incentives. When you complete the Health Assessment, you may either choose to be enrolled in the CignaPlus Savings® discount dental program and we will pay the premium for the remainder of the calendar year in which you completed the Health Assessment provided you remain enrolled in our Plan, you may choose the waiver of two \$20 PPO medical office visit copayments (when the Plan is the primary payor) incurred in the same year as the Health Assessment is completed and applied to claims submitted with dates of service after the completion of the Health Assessment, or choose a wearable activity tracking device. For example, if one covered member completes the Health Assessment, you may choose the Self only CignaPlus Savings® discount dental program, waiver of two \$20 PPO medical office visits, or a wearable activity tracking device. If two or more covered family members (including the member) complete the Health Assessment, you may choose either the Family CignaPlus Savings® discount dental program, waiver of four \$20 PPO medical office visit copayments (when the Plan is the primary payor) incurred in the same year as the Health Assessment is completed and applied to claims submitted with dates of service after the completion of the Health Assessment, or a wearable activity tracking device (limit 2 devices per enrollment).

Web Resources

Be Informed and Educated

The Plan is committed to the safety and welfare of our members. Knowledge is a key component in patient safety. The National Council on Patient Information and Education provides an excellent online resource to educate yourself on medicine safety. Visit bemedwise.org to find information on over-the-counter medicine as well as prescribed medications. This site provides resources to prevent prescription drug use. Bemedwise.org offers toolkits to help parents discuss topics like medicine misuse with their teens. This is just one of many patient safety websites listed in our brochure.

myCVS™ On the Go

Enjoy the convenience of accessing a CVS Pharmacy or locate a MinuteClinic® on your smartphone or mobile device. Go to the iTunes store on your Apple device or Google Play on your Android operating systems and download the app. You can also visit the CVS Caremark® mobile sites at www.cvs.com to “open” your CVS Pharmacy anytime, anywhere.

CVS Pharmacy (m.cvs.com)

- Find a store in a click using your phone’s GPS
- Refill and transfer prescriptions quickly
- Access your prescription history
- Check your CVS.com and ExtraCare accounts

MinuteClinic® (m.minuteclinic.com)

- Locate a nearby clinic in a click
- See services and view hours

Optum®

Optum® offers extensive member resources at liveandworkwell.com. Members have confidential access to information and tools developed by doctors, clinicians, and industry experts. The liveandworkwell.com portal focuses on mind-body integration for a practical approach to wellness and well-being. The portal provides member access to care and benefit self-management tools, prevention programs, educational materials, videos and more. This link empowers members to find answers to day-to-day challenges on their own terms and based on their own schedules. The website’s wealth of resources and information on health and wellness help members manage chronic diseases and find ways to alleviate stress and take charge of their overall health and wellbeing.

The following is a partial list of the many features available on liveandworkwell.com to provide personalized service when members need help:

- Provider Search tool – tool enables members to search for network clinicians, facilities and telemental health providers by demographic area, specialty, gender, language, ethnicity and performance rating.
- Wellness Recovery Action Plan (WRAP) App: helps members identify mental health triggers, create a wellness tool box, learn how to cope with symptoms and create a plan in case their symptoms escalate.
- Claims and Coverage: self-service Claims and Coverage area allows members to manage claims and benefits privately online 24/7.
- Treatment Cost Estimator: tool helps members compare specific services (by CPT code) from in-network providers based on cost as well as quality and efficiency measures, enabling them to make better-informed choices about the clinicians and facilities they choose for counseling and treatment.
- Vast Health and Wellness Multimedia Library: provides online wellness library which features thousands of articles, videos and texting programs relating to behavioral health, lifestyle and well-being issues from reliable resources. The library has topical centers within these three educational areas: Personal Life, Mind & Body, and Crisis Support.

Contact Information

OAP Network Providers / Cigna HealthCare

To confirm your provider's participation or to locate a hospital, doctor or other provider.

877-220-NALC (6252)

Precertify a Hospital Admission

Prior to your medical hospitalization, precertify to avoid a penalty.

877-220-NALC (6252)

Precertify High Tech Radiology Services

For precertification of outpatient CT/CAT, MRI, MRA, NC and PET scans.

877-220-NALC (6252)

Precertify Inpatient/Outpatient Spinal Surgeries

877-220-NALC (6252)

24-Hour Nurse Help Line

To speak with a registered nurse regarding medical needs.

877-220-NALC (6252)

Your Health First (Disease Management Program)

For information and guidance to assist with chronic health conditions such as; asthma, heart disease, and diabetes.

877-220-NALC (6252)

CignaPlus Savings®

To join or get additional information on Cigna's discount dental program.

877-521-0244

Healthy Rewards® Program

Find out about discounts on weight loss programs, fitness clubs, vision services and much more.

800-558-9443

Cigna LifeSOURCE Transplant Network®

To locate a provider or to speak to a transplant case manager and obtain prior approval.

800-668-9682

Weight Talk Program®

A voluntary program that helps you manage your weight and change your lifestyle.

844-305-0758

Quit for Life®

For information on the voluntary cessation program.

866-784-8454

Mental Health / Optum®

To locate mental health and substance use disorder providers or to preauthorize treatment or a hospital stay.

877-468-1016

24-Hour Mental Health & Substance Use Disorder Line

To speak with a Life Resource Counselor on a wide range of issues, 24 hours-a-day, 7 days-a-week.

877-468-1016

Substance Use Disorder Program (SUD)

To speak to a licensed clinician who can help guide you to an In-Network treatment provider or treatment center.

855-780-5955

Contact Information

Solutions For Caregivers

Provides expert assistance to members and spouses that care for an elderly relative or disabled dependent.

877-468-1016

Prescription Services / CVS Caremark®

To locate network retail pharmacies, request mail order refills or to check the status of an order.

800-933-NALC (6252)

Enhanced CaremarkDirect Retail Program

You may purchase some non-covered drugs through CVS Caremark® mail service pharmacy at competitive prices.

800-933-NALC (6252)

CVS Caremark® Prescription Mail Order Service

To switch from the mail service to a pharmacy.

800-933-NALC (6252)

CVS Specialty™ Pharmacy Services

For prior approval of specialty drugs including biotech medications.

800-237-2767

ExtraCare® Health Card

Order your CVS card today and start receiving a 20% discount on regular/non-sale priced CVS Store Brand health-related items.

888-543-5938

CVS Caremark® MinuteClinics

To locate a MinuteClinic® inside select stores.

866-389-2727

CVS Caremark® FastStart Program

If your prescriptions have no refills left and you would like CVS Caremark® to contact your physician and obtain a new 90-day mail order script.

800-875-0867

USPS Human Resources Shared Services Center (USPS HRSSC)

877-477-3273
Select option 5



NALC Health Benefit Plan High Option Customer Service

For eligibility, claim, and benefit information.

888-636-NALC (6252)

For additional information visit our website at:

www.nalchbp.org

Medicare Enrollees

When you are eligible and enroll in the federal Medicare Program, having the NALC Health Benefit Plan as a secondary insurance offering full benefits gives you an added layer of protection. In most cases, when you are enrolled in Medicare Parts A and B and the NALC Health Benefit Plan, you will have no out-of-pocket costs for medical services. You also continue to have the same excellent prescription drug coverage but with lower coinsurances and copayments. If you are approaching age 65 or are age 65 and retired, carefully consider the importance of having total medical and prescription drug coverage.

Medicare Part A (Hospital Insurance) is generally cost-free. For those who do not meet the work credit requirements, you may be able to buy Part A (and Part B) by paying a monthly premium. Part A benefits help to pay for inpatient hospital care, inpatient skilled nursing facility care, home health and hospice care. There are deductibles and coinsurance which apply to these expenses for which you are responsible, but when you are enrolled in the NALC Health Benefit Plan, we pick these up as the secondary carrier. To simplify the process for you, once the facility or provider files the claim to Medicare and Medicare considers the claim, that information is securely transmitted to us electronically. No paperwork to worry about.

Medicare Part B (Medical Insurance) Once you approach age 65, you will receive notice from the Centers for Medicare and Medicaid Services (CMS) that you are eligible to enroll in Medicare Part B. If you are receiving Social Security benefits, once you enroll, the premium is deducted from your monthly Social Security benefits. Medicare Part B benefits help you pay for doctor charges, diagnostic services, ambulance charges, surgeries, medical equipment and supplies, and covered services not covered or payable under Medicare Part A. When you are enrolled in the NALC Health Benefit Plan and Medicare Part B, and Medicare is your primary payor, your Medicare Part B plan will pay benefits as the primary payor (pays first). Your Medicare Part B claims are transmitted electronically to the NALC Health Benefit Plan where we will pay the Medicare Part B deductible and coinsurance on covered services. You will not have any out-of-pocket expense since we pay the balance after Medicare's payment up to 100% of the covered charge.

Medicare Part C (Medicare Advantage Plans) are Medicare health plan options that are part of the Medicare program. If you decide to join one of the many Medicare Advantage plans, you generally must receive all of your Medicare covered health care through that Plan. Medicare Advantage plans can also include prescription drug coverage. Included in the Medicare Advantage plans are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), private fee-for-service plans, and Medicare Special Needs plans. In some cases, there are extra benefits and lower copayments than in the original Medicare plan. However, you may be required to receive treatments or referrals only from providers that belong to that Medicare Advantage Plan in order to receive benefits. We will still provide benefits when your Medicare Advantage plan is primary, even when you receive services from providers who are not in the Medicare Advantage plan's network and/or service area. We waive coinsurance, deductibles, and most copayments when you use a participating provider with your Medicare Advantage plan. If you receive services from providers that do not participate in your Medicare Advantage plan, we do not waive any coinsurance, copayments or deductibles.

Medicare Part D (Prescription Drug Plan) If you are enrolled in Medicare, you are eligible to enroll in a Medicare Prescription Drug Plan. There are many plans from which to choose, and each has an additional premium. When you are enrolled in a Medicare Part D Plan and Medicare Part D pays first, the NALC Health Benefit Plan will waive your retail fill limit and retail day's supply limitations. We will coordinate benefits as the secondary payor and pay the balance after Medicare's drug payment, up to our regular benefit.

You can get more information about Medicare plan choices by calling 800-633-4227 or at www.medicare.gov

Medicare Benefits At-A-Glance

When Medicare Part A and Part B is the primary payor, all deductibles, coinsurances and copayments are waived, except for prescription drugs. Always rely on the Plan's official approved brochure (RI 71-009) for complete detailed information of the Plan's benefits when Medicare is not paying for the service or supply.

BENEFIT	YOU PAY
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Hospitalization (no precertification required)

Inpatient Medical/Surgical and Mental Health	Nothing
Outpatient	Nothing

Physician Care

Annual Routine Physical Exam	Nothing
Adult Routine Immunizations and Tests	Nothing
Inpatient and Outpatient Medical and Surgical Care	Nothing
Mental Health and Substance Use Disorder	Nothing

	Network	Non-Network
Prescription Drugs		
Retail Pharmacy 1st and 2nd fill	10% of generic cost (5% of cost for asthma, diabetes & hypertension) Nothing for NALCSenior Antibiotic generic 20% of Formulary brand cost 30% of Non-formulary brand cost	Full cost at time of purchase – 45%
Mail Order Program		
60-day supply	\$4 generic / \$37 Formulary brand / \$52 Non-formulary brand	
90-day supply	\$4 NALCSelect generic / \$4 NALCPreferred generic / \$6 generic / \$55 Formulary brand / \$70 Non-formulary brand (\$4 generic / \$40 Formulary brand / \$60 Non-formulary brand for asthma, diabetes & hypertension)	
Specialty Drugs		
Mail Order	\$150 30-day supply / \$250 60-day supply / \$350 90-day supply	

A generic equivalent will be dispensed if it is available, unless your physician specifically requires a brand name. There is a 30-day plus one refill limit at local retail.

Note: You may purchase up to a 90-day supply (84-day minimum) of covered drugs and supplies at a CVS Caremark® Pharmacy or Longs Drugs through our Maintenance Choice Program. You will pay the applicable mail order copayment for each prescription purchased.

Catastrophic Limits

After coinsurance amounts for prescription drugs purchased at a network retail pharmacy and mail order copayment amounts including specialty drugs total \$3,100 per person or \$4,000 per family, network retail coinsurance amounts and specialty drug mail order copayment amounts are waived for the remainder of the calendar year.

When you have Medicare Part D

We waive the following at retail when Medicare Part D is the primary payor and covers the drug:

- Refill limitations
- Day supply

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2019 NALC Health Benefit Plan can be found in the official brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

The NALC Health Benefit Plan High Option

2019 Benefits At-A-Glance - Certain deductibles, copayments and coinsurance amounts do not apply if Medicare is your primary coverage (pays first) for medical services.

BENEFIT	YOU PAY PPO	YOU PAY Non-PPO
Preventive Care		
Annual Routine Physical Exam, age 3 or older	Nothing	30% after \$300 deductible*
Adult Routine Immunizations & Tests	Nothing	30% after \$300 deductible*
Well Child Care (through age 2)	Nothing	30% after \$300 deductible*
Routine Immunizations (through age 21)	Nothing	30% after \$300 deductible*
Inpatient Hospital Care (precertification required)		
Maternity	Nothing	30% after \$350 per admission copay*
Medical/Surgery		
Room, Board & Other Services & Supplies	\$200 copayment per admission	30% after \$350 per admission copay*
Mental Health/Substance Use Disorder		
Room, Board & Other Services & Supplies	\$200 copayment per admission	30% after \$350 per admission copay*
Outpatient Hospital		
Medical/Surgical	15% after \$300 deductible	35% after \$300 deductible*
Emergency Medical	15% after \$300 deductible	15% after \$300 deductible*
Observation Room	\$200 copayment	35% after \$300 deductible*
Chiropractic Care		
Initial office visit and subsequent office visits when rendered same day as a manipulation	\$20 copayment	30% after \$300 deductible*
Manipulations (24 per calendar year)	\$20 copayment	30% after \$300 deductible*
One set of spinal x-rays annually	15% after \$300 deductible	30% after \$300 deductible*
Physician Care		
Office visits	\$20 copayment per visit	30% after \$300 deductible*
X-rays, other diagnostic services	15% after \$300 deductible	30% after \$300 deductible*
Laboratory Services		
LabCorp or Quest Diagnostics	Nothing	
Other lab facility	15% after \$300 deductible	30% after \$300 deductible*
Maternity Care (complete)	Nothing	30% after \$300 deductible*
Accidental Injury	Nothing within 72 hours	Any amount over the Plan allowance within 72 hours
Surgery	15%	30% after \$300 deductible*
Mental Health and Substance Use Disorder		
Office visit (Including Telemental)	\$20 copayment per visit	30% after \$300 deductible*
Other diagnostic services	15% after \$300 deductible	30% after \$300 deductible*
LabCorp or Quest Diagnostics	Nothing	
Other lab facility	15% after \$300 deductible	30% after \$300 deductible*
Dental		
Accidental dental injury (to a sound natural tooth)	15% within 72 hours	30% after \$300 deductible within 72 hours*
Prescription Drugs		
Retail Pharmacy	Network	Non-Network
1st and 2nd fill	20% of generic cost	Full cost at time of purchase - 45%*
<i>There is a 30-day plus one refill limit at local retail.</i>	(10% of cost for asthma, diabetes, & hypertension)	
Mail Order Program	30% of Formulary brand cost / 45% of Non-formulary brand cost	
60-day supply	\$8 generic / \$43 Formulary brand / \$58 Non-formulary brand	
90-day supply	\$5 NALCSelect generic / \$7.99 NALCPreferred generic / \$12 generic / \$65 Formulary brand / \$80 Non-formulary brand	
Specialty Drugs	(\$8 generic / \$50 Formulary brand / \$70 Non-formulary brand for asthma, diabetes & hypertension)	
Mail Order	\$150 30-day supply / \$250 60-day supply / \$350 90-day supply	
<i>A generic equivalent will be dispensed if it is available, unless your physician specifically requires a brand name.</i>		
<i>Note: You may purchase up to a 90-day supply (84-day minimum) of covered drugs and supplies at a CVS Caremark® Pharmacy or Longs Drugs through our Maintenance Choice Program. You will pay the applicable mail order copayment for each prescription purchased.</i>		
Catastrophic Limits		
Medical/Surgical/Mental Health & Substance Use Disorder	You pay nothing after coinsurance expenses total: \$3,500 per person or \$5,000 per family for services of PPO providers/facilities \$7,000 per person or family for services of PPO/Non-PPO providers/facilities combined	
Prescription	After coinsurance amounts for prescription drugs purchased at a network retail pharmacy and mail order copayment amounts including specialty drugs total \$3,100 per person or \$4,000 per family, network retail coinsurance amounts and specialty drug mail order copayment amounts are waived for the remainder of the calendar year.	

*In addition, you are responsible for the difference, if any, between the Plan allowance and the billed amount.

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2019 NALC Health Benefit Plan can be found in the official brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.