

Upgrade Your Health To A Union That Delivers



2021 Benefits



NALC Health Benefit Plan *High Option Plan*

Welcome

Hello, and thank you for taking the time to review our Open Season booklet. Whether you are considering the NALC Health Benefit Plan (the Plan) as your health insurance provider, or you are an existing member, I appreciate the opportunity to show you what NALC has to offer.

The Plan's mission is to provide our members accessibility to quality medical care while maintaining a comprehensive benefit package. This year is no exception to that quest.

Established in 1950, we are a Union Owned, Union Operated, and Not-for-Profit health plan. In addition to our health benefits, these are important facts that speak to our longevity and devotion to the health of our Plan members.

In 2018, I began my journey with the NALC Health Benefit Plan. I have made it my goal to educate and promote wellness and healthy living and I strongly believe in the values, commitment, and benefits that the Plan offers. I know that like letter carriers, we will deliver.



Stephanie M. Stewart
Director

Our benefit package is designed to empower our members to take an active role in their health and wellness. Be sure to read more about our wellness programs and new health incentives starting in 2021. From receiving a flu or pneumococcal vaccine, quitting a nicotine habit, completing a Health Assessment, or asking your provider for an annual biometric screening, we want to reward your efforts with valuable health savings. I encourage you to review our entire benefit package and become familiar with the resources available. I think you will find the NALC Health Benefit Plan has much to offer.

We look forward to answering any questions you may have. For more information, you can contact a dedicated Customer Service Representative at 888-636-NALC (6252), or access a wealth of information on our website at www.nalchbp.org.

Disclosures & Rates

Notice of Summary of Benefits and Coverage (SBC)

The Federal Employees Health Benefits (FEHB) Program offers numerous health benefit plans and coverage options. 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

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).

Rates

	High Option Self Only	High Option Self Plus One	High Option Self & Family
Monthly Annuitants Pay	\$205.47	\$491.06	\$430.49
Biweekly Postal Employees Category 1 Pay	\$91.47	\$219.45	\$190.88
Biweekly Postal Employees Category 2 Pay	\$81.41	\$197.89	\$167.46
Biweekly Non-Postal Employees Pay	\$94.83	\$226.64	\$198.69

Postal Category 1 rates apply to career bargaining unit employees who are represented by the NALC.

Postal Category 2 rates apply to career bargaining unit employees who are represented by the PPOA.

Non-Postal rates apply to all career non-bargaining unit Postal Service employees and career employees and career bargaining unit employees who are represented by following agreements: APWU, IT/AS, NPMHU, NPPN and NRLCA. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.

This booklet is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2021 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.


Provider Network

By choosing In-Network providers you receive the best benefit and lower your out-of-pocket costs.

The **Cigna® HealthCare Shared Administration OAP network** has:

3,691,772	Family Doctors and Specialists
22,747	Participating Facilities
9,732	General Acute Care Hospitals
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.

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 Designation include (but is not limited to) cardiology, obstetrics and gynecology, and general surgery.

By using an In-Network Family Doctor/Primary Care Physician or OAP Cigna Care Designation specialist, you are receiving the highest quality care for you and your family.

Lab Savings Program

The Lab Savings Program provides covered diagnostic services through LabCorp and Quest Diagnostics for free.

LabCorp has 1,848 facilities nationwide
Quest Diagnostics has 2,318 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).

PPO (You pay)

Hospital	\$350 copay per Inpatient admission or Outpatient observation
Maternity	Nothing
Surgical	15%
Routine Physical Exam	Nothing
Office Visit	\$20 copay per visit or consultation

Non-PPO (You pay)

Hospital	35% (\$450 copay per Inpatient admission)*
Maternity	Physicians - 30% after \$300 deductible Inpatient Hospital - 35% after \$450 per admission copay*
Surgical	30% (After \$300 deductible)*
Routine Physical Exam	30% (After \$300 deductible)*
Office Visit	30% (After \$300 deductible)*

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

Information for You

To confirm your provider's participation or locate a hospital, doctor or other provider, to precertify your medical hospitalization (to avoid a penalty), to precertify Inpatient/Outpatient Spinal Surgeries or to precertify High Tech Radiology.	877-220-NALC (6252)
To precertify Genetic Testing	833-801-9264
To locate a provider or to speak to a transplant case manager and obtain prior approval at the Cigna <i>LifeSOURCE</i> Transplant Network®.	800-668-9682

Mental Health Network

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 disorder benefits.

With Optum®, members have access to over:

225,100 In-Network clinicians

3,200 In-Network facilities in more than 6,500 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. The same phone number is used to preauthorize treatment or a hospital stay, or to speak with a Life Resource Counselor on a wide range of issues.

Optum® is here to help you deal with life's challenges and assist you in managing a wide range of mental health and substance use disorder conditions such as:

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

When you choose an In-Network provider to utilize these mental health and substance use disorder services, you will receive the best benefit.

Telemental health/virtual visits are also offered for added convenience. To locate an In-Network telemental health provider, call Optum at 877-468-1016 or visit [liveandworkwell.com](https://www.liveandworkwell.com). Some providers even allow you to schedule appointments right from the website.



Optum® offers extensive member resources at [liveandworkwell.com](https://www.liveandworkwell.com). The portal provides access to self-management tools, prevention programs, educational materials, videos and more. The wealth of resources and information helps members to manage chronic diseases and find ways to alleviate stress and take charge of their overall health and well-being.

Substance Use Disorder (SUD) Program

Optum® has implemented a Substance Use Disorder 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 contacted 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.

Optum® is a subsidiary of United Behavioral Health, a UnitedHealth Group Company.

Prescription Drug Program

The NALC Health Benefit Plan's Prescription Drug Program, provided by CVS Caremark®, 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

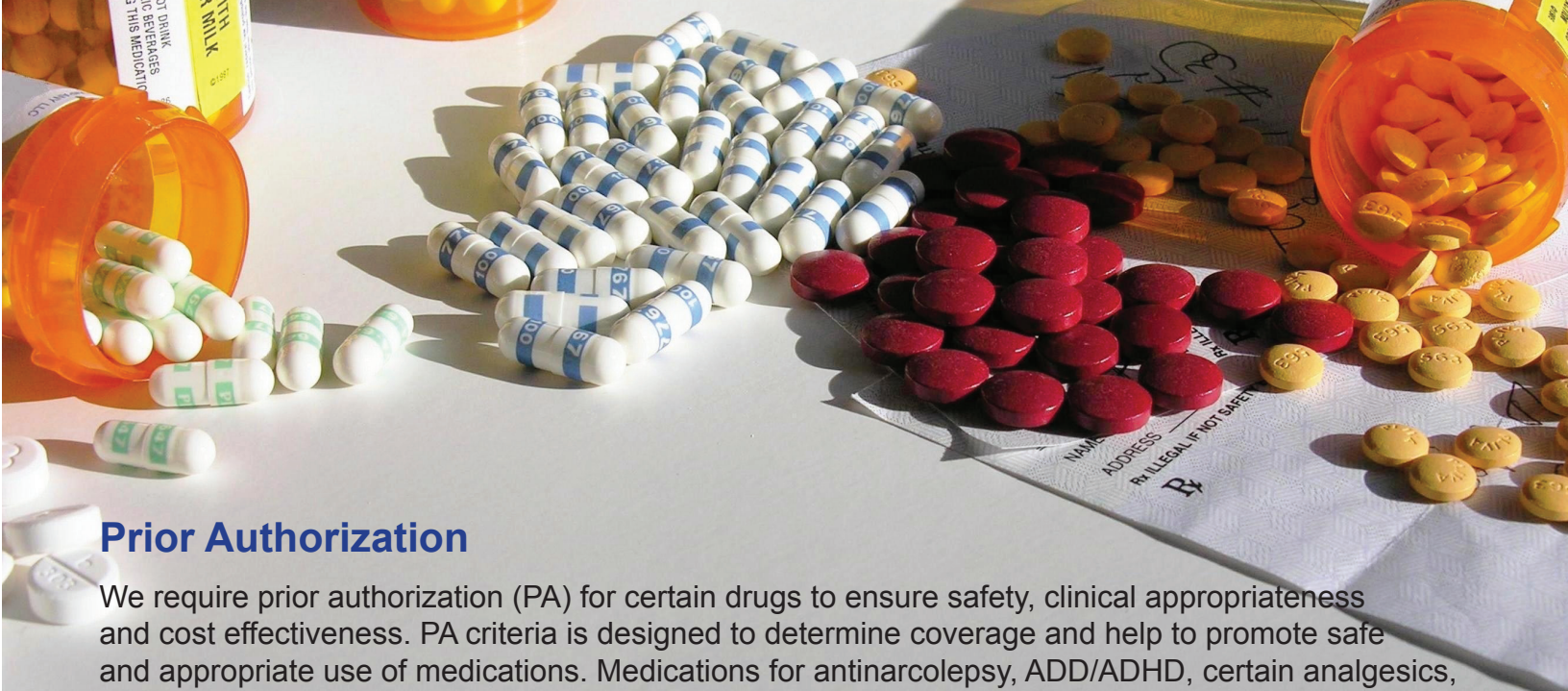
Prior authorization is required for all specialty medications and may include step therapy. Our benefit includes the Advanced Control Specialty Formulary® that includes a step therapy program that requires the use of a preferred drug(s) before non-preferred specialty drugs are covered. These are typically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

Flu Shot

When the NALC Health Benefit Plan is the primary payor for your medical expenses, the seasonal flu vaccine, pediatric/adult 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).



Earn \$10 in health savings rewards for having an annual flu vaccine and/or pneumococcal vaccine.



Prior Authorization

We require prior authorization (PA) for certain drugs to ensure safety, clinical appropriateness and cost effectiveness. PA criteria is designed to determine coverage and help to promote safe and appropriate use of medications. Medications for antinarcotics, ADD/ADHD, certain analgesics, certain opioids, 510K dermatological products, and artificial saliva will require PA. In certain circumstances, a PA may require the trial or step of a more appropriate first line agent before the drug being requested is approved. To obtain a list of drugs that require PA, please visit our website at www.nalchbp.org or call 888-636-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 medications at a local participating pharmacy. Maintenance and long-term medications may be ordered through our Mail Order Prescription Drug Program or through the CVS Caremark® Maintenance Choice 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.

Compound Drugs

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 benefit and will be determined through preauthorization. Refill limits may apply. Contact CVS Caremark® at 800-933-NALC (6252) to obtain prior authorization.

Lower Cost Generics

Reduce your out-of-pocket costs by asking your medical professional to prescribe generic drugs. Although the cost difference can be dramatic, generic drugs are pharmacologically identical to their brand name versions. The FDA requires that generic drugs be as safe and effective as brand name drugs. Call CVS Caremark® at 800-933-NALC (6252) to see if your brand name prescription is available as a generic.

Formulary

We use a formulary drug list. Certain non-formulary drugs may only be covered with prior authorization. You may order a copy of the Advanced Control Specialty Formulary® drug list by calling 800-933-NALC (6252) or by visiting our website at www.nalchbp.org. Our formulary is subject to review and modifications throughout the year.

CVS Maintenance Choice Program

If you prefer the convenience of purchasing maintenance medications locally, you can purchase a 90-day supply (84-day minimum) of covered drugs and supplies at a local CVS Caremark® Pharmacy, through our Maintenance Choice Program. You will pay the applicable mail order copayment for each prescription purchased.

Your 2021 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	\$10
Mail Order	61-90 day supply	\$15 (\$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	\$60
Mail Order	61-90 day supply	\$90 (\$50 Formulary brand for asthma, diabetes & hypertension)

Non-Formulary Brand Drug:

Network Retail	up to 30 day supply	You Pay: 50% of cost
Mail Order	up to 60 day supply	\$84
Mail Order	61-90 day supply	\$125 (\$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: \$200
Mail Order	31-60 day supply	\$300
Mail Order	61-90 day supply	\$400

MinuteClinic®



MinuteClinic® is more than just a regular walk-in clinic. MinuteClinic offers convenient high-quality care for minor illnesses, minor injuries, skin conditions, vaccinations, physicals and more. Clinics are located inside CVS Pharmacy® locations, select Target® stores and inside the new CVS® HealthHUB®. Minute Clinic offers flexibility and no appointment is necessary. Visit their website at www.cvs.com/minuteclinic for more information and a complete list of services.



Medicare Primary 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 NALCSenior Antibiotic Generic List when purchased at an NALC Network pharmacy.

For generics, not on our NALCSelect Generic or NALCPreferred generic lists, you only pay \$4.00 for a 60-day supply or \$10.00 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 waive the prescription drug copayment and coinsurance when Medicare Part D covers your prescription drug.

Your 2021 Drug Cost-Share When Medicare Part B is Primary

Generic Drug*:

Network Retail	up to 30 day supply	10% of cost (5% of cost for asthma, diabetes & hypertension)
Mail Order	up to 60 day supply	\$7
Mail Order	61-90 day supply	\$10 (\$4 generic for asthma, diabetes & hypertension)

Formulary Brand Drug:

Network Retail	up to 30 day supply	20% of cost
Mail Order	up to 60 day supply	\$50
Mail Order	61-90 day supply	\$75 (\$40 Formulary brand for asthma, diabetes & hypertension)

Non-Formulary Brand Drug:

Network Retail	up to 30 day supply	40% of cost
Mail Order	up to 60 day supply	\$75
Mail Order	61-90 day supply	\$110 (\$60 Non-formulary brand for asthma, diabetes & hypertension)

Specialty Drugs** :

<i>(Available only through CVS Specialty™ Mail Order)</i>		You Pay:
Mail Order	up to 30 day supply	\$200
Mail Order	31-60 day supply	\$300
Mail Order	61-90 day supply	\$400

*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.

Programs Available to You

Telehealth Virtual Visits

Receive high quality, affordable care for minor acute conditions wherever you are! Virtual visits can be used for adults or children with minor acute non-emergency medical conditions such as allergies, cold and flu symptoms, sinus problems, skin disturbances, and minor wounds and abrasions. If appropriate, prescriptions for medications can even be ordered. All for a low \$10 copayment per visit. Download the mobile app, visit www.nalchbptelehealth.org or call 888-541-7706 to access this service.

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 \$10.00 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.



NEW Wellness Incentive Programs

The NALC Health Benefit Plan wants to reward you for reaching your health and wellness goals! You can now earn valuable health savings to use toward eligible medical expenses.*

- Your Health First Disease Management Program - \$50
- Healthy Pregnancies, Healthy Babies® Program - \$50
- Quit for Life® Tobacco Cessation Program - \$50
- Annual biometric screening - \$50
- Health Assessment - \$30
- Annual influenza vaccine - \$10
- Annual pneumococcal vaccine - \$10

* You are only eligible to receive one reward amount per person, per program or wellness activity, per calendar year. See the Wellness Incentive Programs section in our brochure for guidelines and details.



24-Hour Health Information Line

The 24-Hour Health Information Line uses nurses/clinicians to provide appropriate level of care information to members who call with symptom-based questions or concerns. Based on the symptoms and responses, they can help members select a course of action and a timeline for seeking the recommended care. Call 877-220-NALC (6252) to speak with these trained professionals 24 hours-a-day, 7 days-a-week.

Quitting Tobacco Use



While quitting can be tough, having support and planning ahead can boost your chances for success. The 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-QUIT-4-LIFE or visit www.quitnow.net/nalc.

Earn \$50 in health savings rewards for participation in this program. See the Plan brochure for details.

The Real Appeal® (Weight Loss) Program



The Real Appeal® Program through Optum® is an online weight loss program that offers group and one on one personalized coaching through an online and mobile platform. The program focuses on weight loss through proper nutrition, exercise, sleep and stress management. Members will have access to a Transformation Coach and a suite of online tools to help track food and activity. Members will also receive a Success Kit to support their weight loss journey including a food and weight scale, resistance band, workout DVDs and more!

Real Appeal® encourages members to make small changes toward larger long-term health results with sustained support throughout the duration of the program. Members can enroll in the Real Appeal® Program online at www.nalchbp.org.

Programs Available to You

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 procedures and discounts on eyeglasses, prescription sunglasses and vision exams.**
- **Low-cost fitness center memberships at over 10,000 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 48,000 providers and over 10,000 fitness clubs. You can access the Healthy Rewards® Program by calling 800-870-3470 or by visiting the Plan's website at www.nalchbp.org. 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.*

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.

- **CignaPlus Savings® gives members access to over 87,000 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.**

The Self Only enrollment monthly premium is \$3.00 and \$5.00 monthly for Self Plus One or a Self and Family enrollment.

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 or visit www.cignaplussavings.com. 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 completing the Health Assessment in 2021.



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 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. For questions or to learn more about this program, you can call 877-468-1016.

CareAllies - Well Informed (Gaps in Care Program)

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 an outreach program designed to identify and address members' gaps in care. This helps improve the member's quality of care, therefore reducing medical expenses. This clinically based program 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.

Programs Available to You

Diabetes Care Management Program - Transform Care



This program helps deliver better overall care and lower costs for members with diabetes. Your enrollment in this program 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.

Your Health First Disease Management Program

If you have a chronic health condition, there may be times you need extra help. Your Health First is a coaching telephonic or online program that is available at no extra cost to you. 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. It is a free, confidential resource to help you with:

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



You can earn \$50 in health savings rewards once you achieve your fitness, diet, or health goals with the assistance of a trained health coach. To talk to a health advocate, call 877-220-NALC (6252) or visit www.nalchbp.org for information and self-help resources.

Complex and Chronic Disease Management

We offer programs for complex chronic medical conditions through Accordant Health Management. They can assist in managing chronic health conditions such as Cystic Fibrosis, Multiple Sclerosis and seizure disorders. See our brochure for a list of all covered medical conditions. Please call Accordant Health Management programs at 844-923-0805 for more information.

Healthy Pregnancies, Healthy Babies® Program

Enrolling in the Healthy Pregnancies, Health Babies® program is an important step toward a healthy future for you and your baby. This is a voluntary program for all expectant mothers that includes:

- Access to preconception planning tools and resources
- Educational information and support throughout your entire pregnancy and after.
- Unlimited coaching calls by a pregnancy specialist to provide you with caring support to optimize your chances of having a healthy, full-term pregnancy.
- Ongoing assessments to help with early detection of a high-risk pregnancy or other special needs you may have during your pregnancy.

Healthy Pregnancies, Healthy Babies® will work together with you and your doctor to develop a plan of care. You may call 877-220-6252 to enroll in the Healthy Pregnancies, Healthy Babies® program as soon as you are ready to plan your pregnancy, or you know you are pregnant.

Earn \$50 in health savings rewards for participation in this program. See the Plan brochure for details.



Electronic Tools

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
- immunizations
- allergies
- medical conditions
- physicians
- 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, you are taking a positive step toward better physical and mental health. The Health Assessment is an online tool that analyzes your response to health-related questions 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 our website at www.nalchbp.org. Go to 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 (HA), any eligible member or dependent age 18 or older can earn \$30 in health savings rewards by completing a HA, or you may be eligible to choose from **one** of the following:

- 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
- 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
- a wearable activity tracking device (limit 2 devices per enrollment)

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:

- 1 Access LiteBlue at <https://liteblue.usps.gov>.  **liteblue** United States Postal Service
You deliver for the country, we deliver for you.
- 2 Employee Self-Service Kiosks located at some USPS facilities.
- 3 Access PostalEASE at <https://ewss.usps.gov> or by telephone at 877-477-3273 (TTY: 866-260-7507). 
- 4 Access the Blue Page (Intranet) at work.

When enrolling, know your health plan enrollment code:

- 321 - Self Only High Option Plan
- 322 - Self and Family High Option Plan
- 323 - Self Plus One High Option Plan

Annuityants or retirees eligible in the FEHB program should call the Retirement Information Center at 800-332-9798 (TTY: 800-877-8339) for instructions on enrolling.

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

Active Federal Employees of agencies that participate in Employee Express may enroll during Open Season by going to the website at www.employeeexpress.gov or by calling 478-757-3030.

Employees of non-participating agencies should contact their employing office for enrollment instructions.

Medicare

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.***

NALC Health Benefit Plan

High Option - 2021 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	35% after \$450 per admission copay*
Medical/Surgery		
Room, Board & Other Services & Supplies	\$350 copay per admission	35% after \$450 per admission copay*
Mental Health/Substance Use Disorder		
Room, Board & Other Services & Supplies	\$350 copay per admission	35% after \$450 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	\$350 copay	35% after \$300 deductible*
Chiropractic Care		
Initial office visit and subsequent office visits when rendered same day as a manipulation	\$20 copay	30% after \$300 deductible*
Manipulations (24 per calendar year)	\$20 copay	30% after \$300 deductible*
One set of spinal x-rays annually	15% after \$300 deductible	30% after \$300 deductible*
Physician Care		
Office visits	\$20 copay per visit	30% after \$300 deductible*
Telehealth virtual visit	\$10 copay per visit	All charges
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	\$20 copay per visit	30% after \$300 deductible*
Telemental visit	\$10 copay 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

1st and 2nd fill

There is a 30-day plus one
refill limit at local retail.

Network

20% of generic cost

(10% of cost for asthma, diabetes, & hypertension)

30% of Formulary brand cost / 50% of Non-formulary brand cost

Non-Network

Full cost at time of purchase - 50%*

Mail Order Program

60-day supply

\$10 generic / \$60 Formulary brand / \$84 Non-formulary brand

90-day supply

\$5 NALCSelect generic / \$7.99 NALCPreferred generic / \$15 generic /

\$90 Formulary brand / \$125 Non-formulary brand

(\$8 generic / \$50 Formulary brand / \$70 Non-formulary brand for asthma,
diabetes & hypertension)

Specialty Drugs

Mail Order

\$200 30-day supply / \$300 60-day supply / \$400 90-day supply

A generic equivalent will be dispensed if it is available, unless your physician specifically requires a brand name.

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 copay for each prescription purchased.

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 2021 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.

NALC Health Benefit Plan

High Option - 2021 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

Hospitalization (no precertification required)

Inpatient Medical/Surgical and Mental Health
Outpatient

Nothing
Nothing

Physician Care

Annual Routine Physical Exam
Adult Routine Immunizations and Tests
Inpatient and Outpatient Medical and Surgical Care
Mental Health and Substance Use Disorder

Nothing
Nothing
Nothing
Nothing

Prescription Drugs

Retail Pharmacy
1st and 2nd fill

Network

10% of generic cost
(5% of cost for asthma, diabetes & hypertension)
Nothing for NALCSenior Antibiotic generic
20% of Formulary brand cost
40% of Non-formulary brand cost

Non-Network

Full cost at time of purchase – **50%**

Mail Order Program

60-day supply
90-day supply

\$7 generic / **\$50** Formulary brand / **\$75** Non-formulary brand
\$4 NALCSelect generic / **\$4** NALCPreferred generic / **\$10** generic /
\$75 Formulary brand / **\$110** Non-formulary brand
(**\$4** generic / **\$40** Formulary brand / **\$60** Non-formulary brand for asthma,
diabetes & hypertension)

Specialty Drugs

Mail Order

\$200 30-day supply / **\$300** 60-day supply / **\$400** 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 refill and retail day's supply limitations when Medicare Part D is the primary payor and covers the drug.

This is a summary of some of the features of the NALC Health Benefit Plan High Option. Detailed information on the benefits for the 2021 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.