

# NALC Health Benefit Plan High Option

## 2023 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 2023 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.*