

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.