What to consider when choosing a healthcare plan.

NALC HEALTH BENEFIT PLAN
Choosing a health plan for your health insurance needs can be overwhelming.
Making the wrong choice could be a financial pitfall.
Where do you start?

• Research all Health Benefit Plan’s available to you.
• Compare health plan premiums.
• Review Provider Network Benefits.
• Compare out-of-pocket costs. For example: Deductibles, Coinsurance, Copayments, and Catastrophic Out-of-Pocket Maximums.
• Ask yourself, what benefits are essential to your family's health?
• Review if the insurance plan covers your prescription needs.
• Decide if extra programs are available.
Dare to Compare

www.opm.gov/insure

- Type in the website on the left side of screen.
- Under “Quick Links” select Compare Health Plans.
- Insert your zip code, employee type, and pay frequency.
- You can select up to four plans at a time and compare key benefits.
MAKE SURE YOU SELECT PLANS WITH THE SAME COVERAGE FOR AN ACCURATE COMPARISON

**PLAN A**
- ✓ IN-NETWORK BENEFIT
- ✓ OUT-OF-NETWORK BENEFIT
- ✓ PHYSICAL THERAPY BENEFIT
- ✓ CHIROPRACTOR CARE
- ✓ EMERGENCY CARE BENEFIT

**PLAN B**
- ✓ IN-NETWORK BENEFIT
- X OUT-OF-NETWORK BENEFIT
- ✓ PHYSICAL THERAPY BENEFIT
- ✓ CHIROPRACTOR CARE
- ✓ EMERGENCY CARE BENEFIT
Health Plan Cost

Consider how much health care you have used in the past, and what you may use in the future.

Compare yearly anticipated costs in addition to monthly premiums.

Although a monthly premium may look attractive, this should not be the determining factor.
Out-of-Pocket Costs

How often do you receive medical care?
# Out-of-Pocket Costs

## Member Responsibility

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Copayment</th>
<th>Coinsurance</th>
<th>Catastrophic Out-of-Pocket Maximums</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fixed amount that you must pay before a plan will start paying benefits.</td>
<td>A fixed amount of money you pay for certain services.</td>
<td>The percentage that you must pay for your care.</td>
<td>The most you will pay for applicable services in a calendar year.</td>
</tr>
</tbody>
</table>
Questions to ask yourself

- What if I need Surgery?
- Do I use certain benefits (ex: chiropractor care, physical therapy, etc.)?
- What are the Out-of-Network benefits?
- Are my current providers in the plan’s network?
- Will we be starting a family in the future and need maternity care?
- Does this insurer offer extra programs that I may need?
- What is the Prescription Coverage?
- What is the cost to see a provider or specialist?
Let me introduce you to Chrissy and Joan.

Chrissy chose Plan A

Joan chose Plan B
## Plan A or Plan B?

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium Bi-Weekly</strong></td>
<td>$100</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>30%</td>
</tr>
<tr>
<td><strong>Catastrophic</strong></td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Copayment</strong></td>
<td>Provider $30 Specialist $50</td>
</tr>
</tbody>
</table>
Chrissy and Joan used the same benefits.

- Office Visit
- Lab Work
- Chiropractic Care
- Specialist Visit
- Unexpected Surgery
- Unexpected Inpatient Stay

Let’s see who made the best financial decision.
Office Visit – Plan A

Premium Amount $100 Bi-Weekly

Office Visit
$30 Copay

Office Visit Copayment
$30
Deductible does not apply

No Coinsurance for this service.

Patient Responsibility
$30

Deductible $1,500
Coinsurance 30%

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Office Visit – Plan B

Premium Amount $200 Bi-Weekly

Office Visit
$20 Copay

Office Visit Copayment
$20
Deductible does not apply

No Coinsurance for this service

Patient Responsibility
$20

Deductible $500
Coinsurance 15%

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Lab Work – Plan A

Lab Work cost $150.00. Deductible applies to this benefit.

• Remember, you must pay all costs until you meet your deductible.

Coinsurance is applied to remaining amount after the deductible is met. Patient has not met deductible.

Patient Liability $150
Remaining deductible $1,350

Deductible $1,500
Coinsurance 30%

Premium Amount $100 Bi-weekly

Lab Work 30% Coinsurance

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Lab Work – Plan B

Lab Work
15% Coinsurance

Lab Work cost $150.00.
Deductible applies to this benefit.

Coinsurance is applied to remaining amount after the deductible is met.
Patient has not met deductible.

• Remember, you must pay all costs until you meet your deductible.

Patient liability $150
Remaining Deductible $350

Premium Amount $200
Bi-Weekly

Deductible $500
Coinsurance 15%

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Chiropractic Benefit – Plan A

Chiropractic Care
(Multiple visits)
30% Coinsurance

Chiropractor cost $650.00.
Deductible applies to this benefit.

• Remember, you must pay all costs until you meet your deductible.

Coinsurance is applied to remaining amount after the deductible has been met.
Patient has not met deductible.

Patient liability $650
Remaining Deductible $700

Premium Amount $100
Bi-Weekly

Deductible $1,500
Coinsurance 30%

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Chiropractic Benefit – Plan B

Chiropractic Care (multiple visits) 15% Coinsurance

Chiropractic cost $650. Deductible applies to this benefit.

Coinsurance is applied to remaining amount after deductible is met. Patient has met deductible; therefore will be responsible for 15% of the remaining $300 or $45.

Patient Liability $395 (Deductible plus coinsurance amount)
$350 + $45 = $395
Remaining deductible $0

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.

Premium Amount $200 Bi-Weekly

Deductible $500 Coinsurance 15%
Specialist Visit – Plan A

- **Specialist Visit**: $50 Copay
- **Premium Amount**: $100 Bi-Weekly
- **Specialist Copayment**: $50.00. Deductible does not apply
- **No Coinsurance for this service**
- **Patient liability**: $50

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Specialist Visit – Plan B

- **Premium Amount**: $200 Bi-Weekly
- **Specialist Visit**: $20 Copay
- **Specialist Copayment**: $20. Deductible does not apply.
- **No coinsurance for this service**
- **Patient liability**: $20

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.

- **Deductible**: $500
- **Coinsurance**: 15%
Then there was an unexpected surgery!
Surgery – Plan A

Surgery cost $5,000
Deductible Applies to this benefit

• The deductible will be met in this scenario.

Coinsurance is applied to the remaining amount after deductible is met.
Patient has met deductible; therefore, will be responsible for 30% of the remaining $4,300 = $1,290

Patient Liability $1,990
(Deductible plus Coinsurance amount)
$700 + $1,290 = $1,990

Remaining Deductible $0

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Surgery – Plan B

Surgery cost $5,000
Deductible has been met

Coinsurance amount
$5,000 x 15%
= $750

Patient Liability = $750

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Inpatient Stay – Plan A

- **Inpatient Stay after surgery**

- **Inpatient Stay cost**: $15,000
  - Deductible has been met

- **Coinsurance amount**: $15,000 x 30% = $4,500

- **Patient Liability**: $4,500

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Inpatient Stay – Plan B

Information does not reflect any FEHB plan. The amounts and examples on the screen are for comparison purposes only.
Chrissy chose the cheaper premium but paid more in benefits.

Joan chose the higher premium and paid less for the benefits.
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
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<td>Coinsurance</td>
<td>30%</td>
<td>15%</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>$10,000</td>
<td>$7,000</td>
</tr>
<tr>
<td>Copayment</td>
<td>Provider $30, Specialist $50</td>
<td>Provider $20, Specialist $20, Inpatient Stay $500</td>
</tr>
</tbody>
</table>
Summary:
Let’s compare the overall costs for each consumer.

Keep in mind, Chrissy and Joan received the same services; however, they paid different premiums.

<table>
<thead>
<tr>
<th>Plan A Benefit Design</th>
<th>Plan A Yearly Costs For Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biweekly Premium</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>$2,600</td>
</tr>
<tr>
<td>Deductible</td>
<td>$1,500</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30%</td>
</tr>
<tr>
<td>Office Visit</td>
<td>$30 Copayment</td>
</tr>
<tr>
<td></td>
<td>$30</td>
</tr>
<tr>
<td>Lab Work*</td>
<td>30% Coinsurance</td>
</tr>
<tr>
<td></td>
<td>$150</td>
</tr>
<tr>
<td>Chiropractic Care*</td>
<td>30% Coinsurance</td>
</tr>
<tr>
<td></td>
<td>$650</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$50 Copayment</td>
</tr>
<tr>
<td></td>
<td>$50</td>
</tr>
<tr>
<td>Surgery*</td>
<td>30% Coinsurance</td>
</tr>
<tr>
<td></td>
<td>$1,990</td>
</tr>
<tr>
<td>In-patient stay*</td>
<td>30% Coinsurance</td>
</tr>
<tr>
<td></td>
<td>$4500</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$9,970</td>
</tr>
</tbody>
</table>

*Deductible must be satisfied before Coinsurance will apply
**Joan’s Expenses**

Summary:
Let’s compare the overall costs for each consumer.

Keep in mind, Chrissy and Joan received the same services; however, they paid different premiums.

<table>
<thead>
<tr>
<th>Plan B Benefit Design</th>
<th>Plan B Yearly Costs For Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biweekly Premium</td>
<td>$200</td>
</tr>
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<tr>
<td>Surgery*</td>
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<tr>
<td>In-patient stay</td>
<td>$500 Copayment</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Deductible must be satisfied before Coinsurance will apply*
Which choice was better?
Should I pay more for my premiums and less for benefits when I need them?

Should I pay less for my premiums and more for my benefits when I need them?
Other things to consider.

What would my cost be?

- Emergency Room Care
- Urgent Care Facilities
- Inpatient or Outpatient hospital care
- Maternity Care
- Accident Coverage
- In-Network/Out-of-Network Coverage
What categories of prescriptions are covered?

Where can I purchase my prescriptions?

What category does my prescription fall under, and will I be able to afford my cost share?

Make sure to compare prescription coverage, like we have compared medical...
We hope you include our plan in your research and comparison efforts!
NALC Health Benefit Plan

✓ Started in 1950
✓ Open to all Eligible Federal employees
✓ Three competitive benefit options from which to choose
✓ The letter carriers deliver the mail, and we deliver healthcare insurance
NALC Health Benefit Plan

A Health Benefit Plan created by Letter Carriers for Letter Carriers.

✓ Union Owned
✓ Union Operated
✓ Not-for-Profit Plan

Three Plans from which to choose!!

- High Option Plan
- Consumer Driven Health Plan
- Value Option Health Plan
## Provider Networks

<table>
<thead>
<tr>
<th>Cigna Healthcare Shared OAP Network</th>
<th>CVS HEALTH</th>
<th>Optum</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,691,772 Family doctors and specialist</td>
<td>68,000+ Network Pharmacies</td>
<td>225,100 Network Clinicians</td>
</tr>
<tr>
<td>22,747 Participating Facilities</td>
<td></td>
<td>3,200 Network Facilities</td>
</tr>
<tr>
<td>9,732 General Acute Care Hospitals</td>
<td></td>
<td>In more than 6,500 locations nationwide</td>
</tr>
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- **Cigna Healthcare Shared OAP Network**
  - 3,691,772 Family doctors and specialist
  - 22,747 Participating Facilities
  - 9,732 General Acute Care Hospitals

- **CVS HEALTH**
  - 68,000+ Network Pharmacies

- **Optum**
  - 225,100 Network Clinicians
  - 3,200 Network Facilities
  - In more than 6,500 locations nationwide
High Option
PPO – You pay

- Preventive Services - *nothing*
- Professional Services by Physicians (including specialists) – $20 copay
- Labs, X-rays, and Other Diagnostic Tests* - $0
- Inpatient Room and Board - $350 Copay
- Maternity - *nothing*
- Surgery 15%

*The Lab Savings Program provides covered diagnostic services through LabCorp and Quest Diagnostics for free when services are medically necessary.

Limitations may apply – Please see the official NALC HBP Brochure for details.
Consumer Driven or Value Option
Health Plan
PPO – You Pay

- Preventive Services - *nothing*
- Professional Services by Physicians
  (including specialists)* – 20%
- Labs, X-rays, and Other Diagnostic Tests* – 20%
- Inpatient Room and Board* - 20%
- Maternity Care* – 20%
- Surgery* - 20%

*Note: All benefits are payable first through your PCA and then subject to the calendar year deductible.

Limitations may apply – Please see the official NALC HBP Brochure for details.
The NALC Health Benefit Plan wants to reward you for reaching your health and wellness goals! Earn valuable health savings to use toward eligible medical expenses.*

• Your Health First Disease Management Program - $50 for High Option or $30 for CDHP/Value Option

• Healthy Pregnancies, Healthy Babies - $50 for High Option or $30 for CDHP/Value Option

• Quit for Life Tobacco Cessation Program - $50 for High Option or $30 for CDHP/Value Option

• Annual biometric screening - $50 for High Option or $30 for CDHP/Value Option

• Health Assessment - $30 for High Option or $20 for CDHP/Value Option

• Annual influenza vaccine - $10 for High Option or $5 for CDHP/Value Option

• Annual pneumococcal vaccine - $10 for High Option or $5 for CDHP/Value Option

* 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.
NALC Health Benefit Plan

More Information can be found at:

www.nalchbp.org

888-636-NALC (6252)
Upgrade Your Health to a Union That Delivers
This is a summary of some of the features of the NALC Health Benefit Plan. Detailed information on the benefits for the NALC Health Benefit Plan can be found in the official 2021 (RI 71-009) brochure. All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.