

What to consider when choosing a healthcare plan.

NALC HEALTH BENEFIT PLAN



***Choosing a health plan for your health insurance needs
can be overwhelming.***

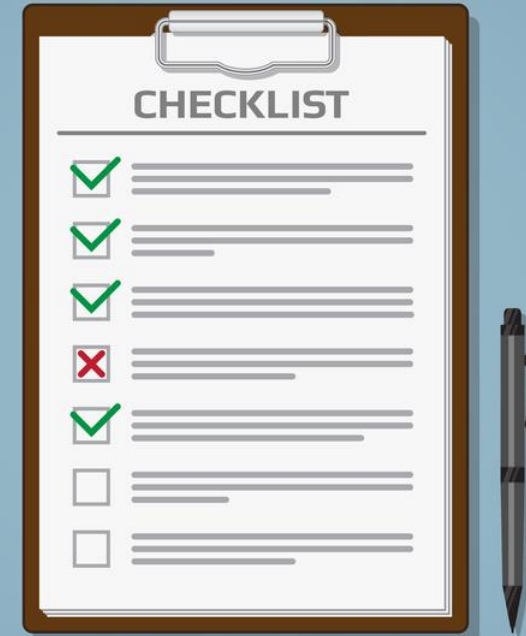




***Making the
wrong
choice
could be a
financial
pitfall.***

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.



Compare Health Plans

Dare to Compare

www.opm.gov/insure



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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



CALCULATION
OF 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.



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Out-of-Pocket Costs

*How often do you
receive medical
care?*

Out-of-Pocket Costs

Member Responsibility

Deductible

A fixed amount that you must pay before a plan will start paying benefits.

Copayment

A fixed amount of money you pay for certain services.

Coinsurance

The percentage that you must pay for your care.

Catastrophic Out-of-Pocket Maximums

The most you will pay for applicable services in a calendar year.

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**

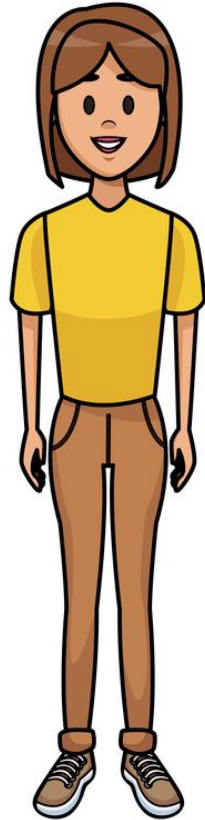


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Illustration 117689382 © Alena Chernisheva |
Dreamstime.com

**Joan
chose Plan B**

Plan A or Plan B?

Plan A

Premium Bi-Weekly	\$100
Deductible	\$1,500
Coinsurance	30%
Catastrophic	\$10,000
Copayment	Provider \$30 Specialist \$50

Plan B

Premium Bi-Weekly	\$200
Deductible	\$500
Coinsurance	15%
Catastrophic	\$7,000
Copayment	Provider \$20 Specialist \$20 Inpatient Stay \$500

Chrissy and Joan used the same benefits.



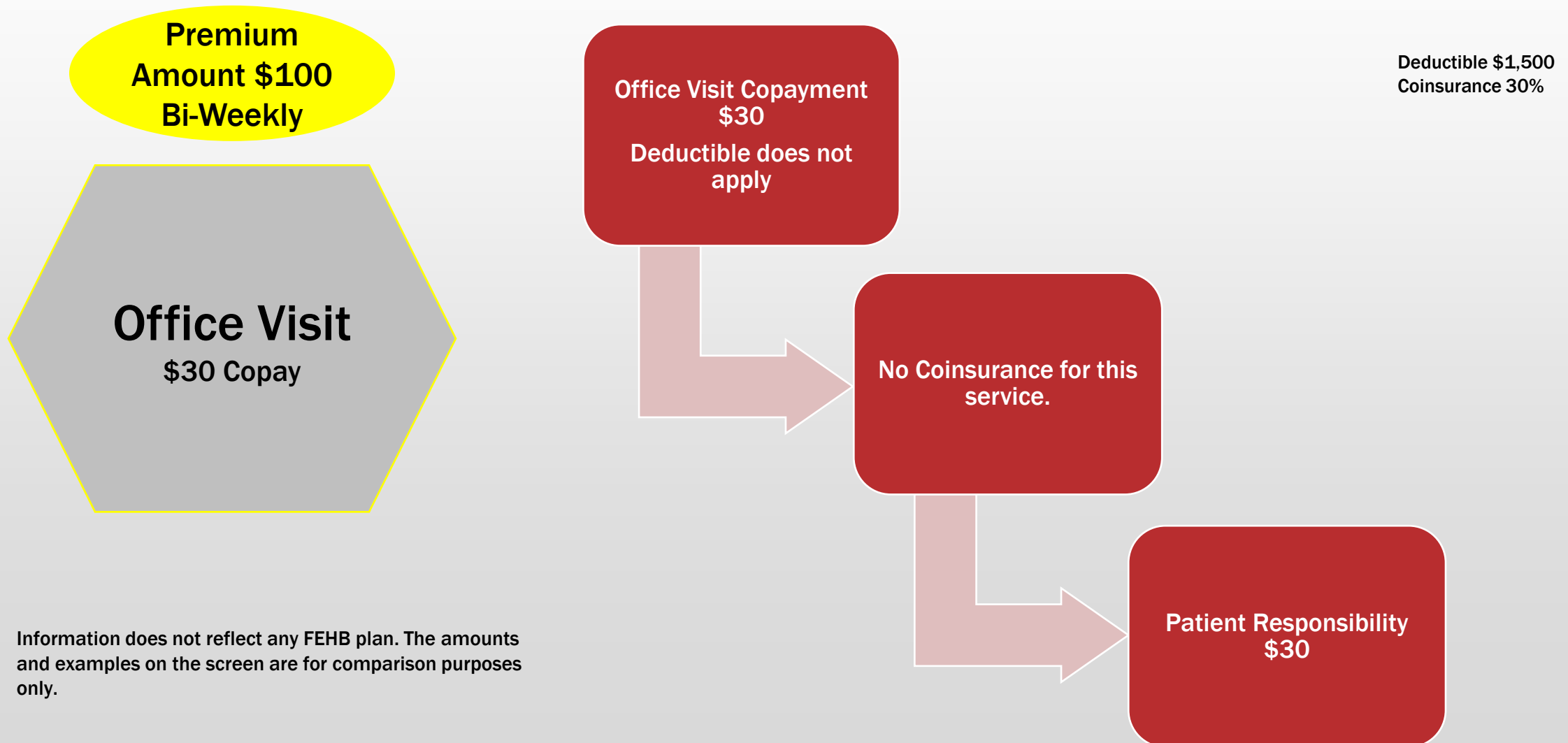
Illustration 89301298© Artem Kolomiets | Dreamstime.com

- ✓ Office Visit
- ✓ Lab Work
- ✓ Chiropractic Care
- ✓ Specialist Visit

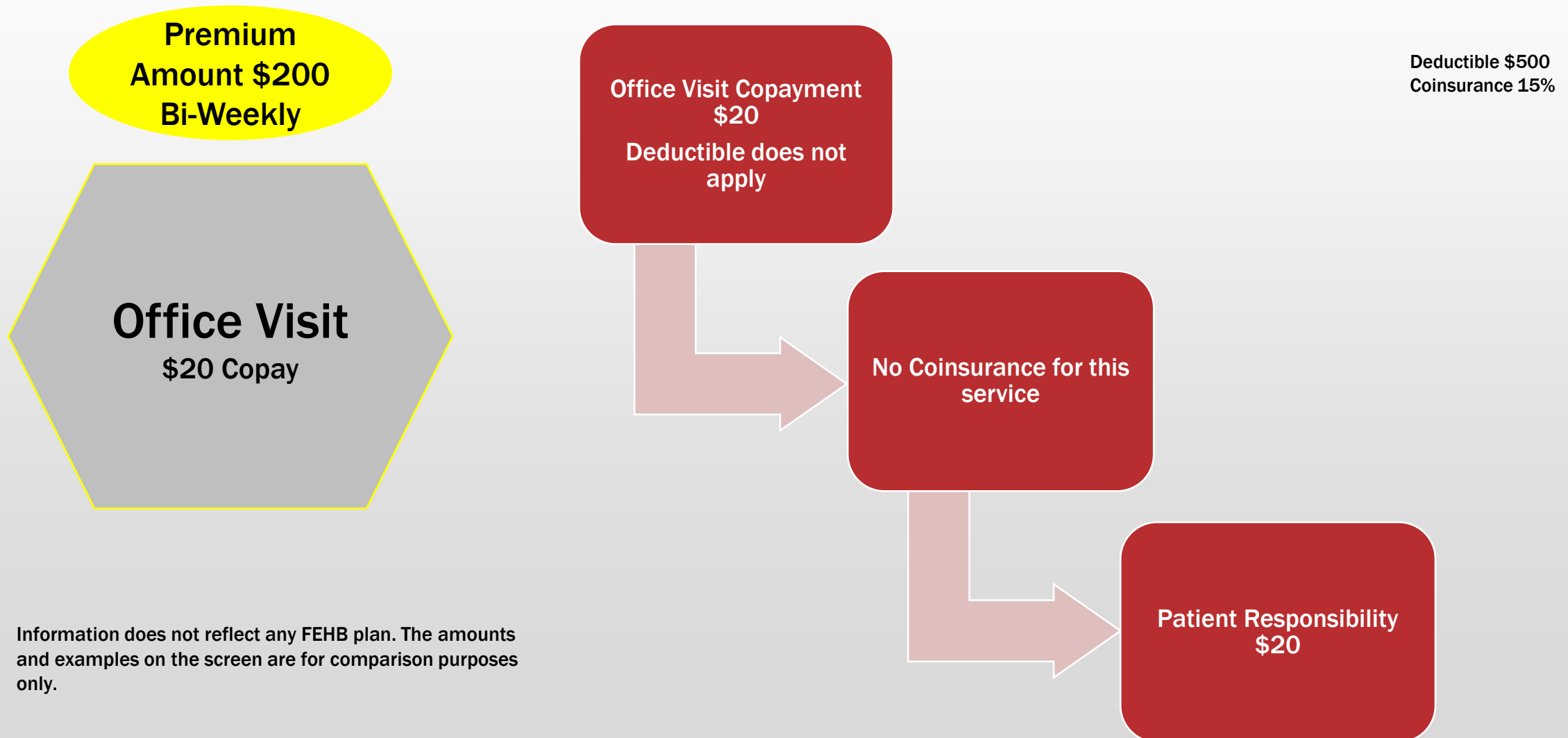
- ✓ Unexpected Surgery
- ✓ Unexpected Inpatient Stay

Let's see who made the best financial decision.

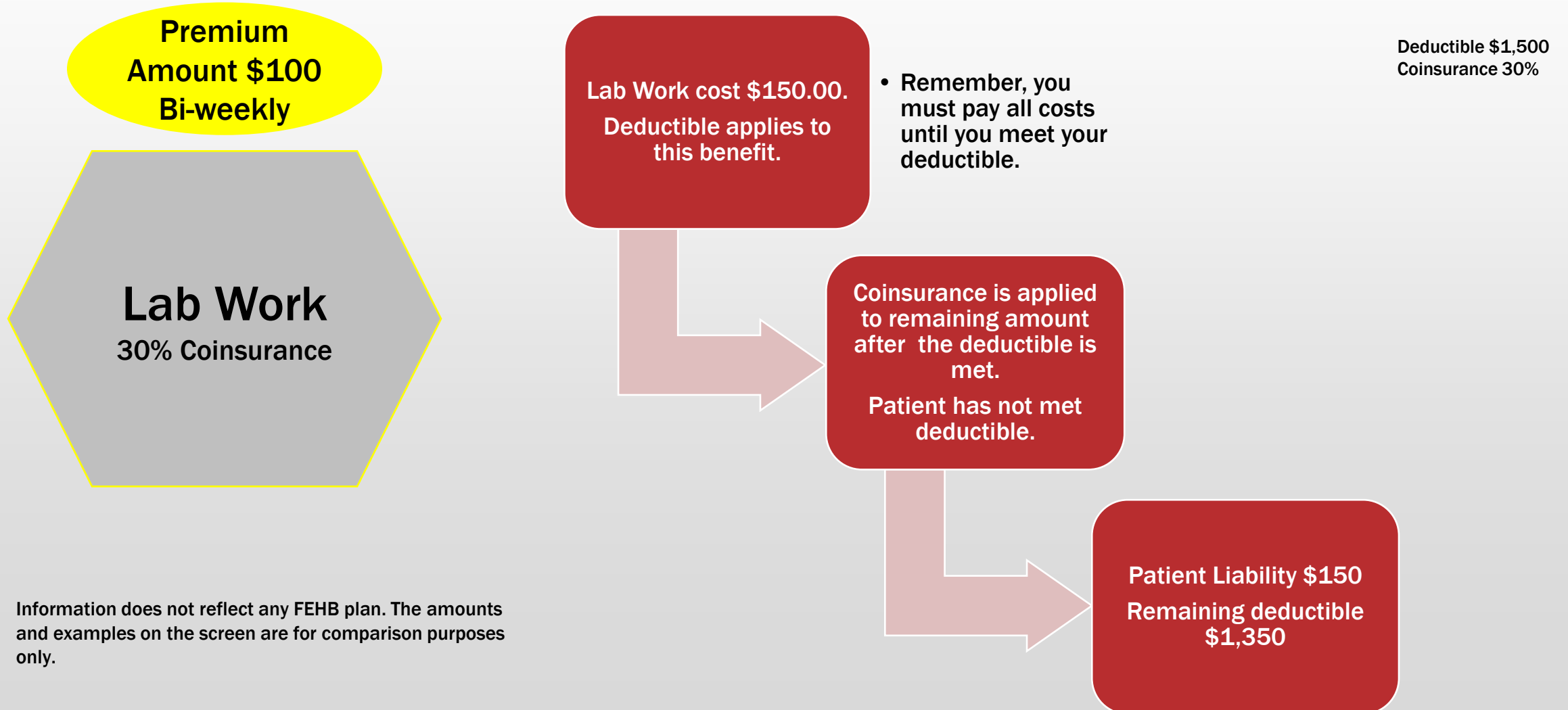
Office Visit – Plan A



Office Visit – Plan B



Lab Work – Plan A



Lab Work – Plan B

**Premium
Amount \$200
Bi-Weekly**

**Lab Work
15% Coinsurance**

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

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

Deductible \$500
Coinsurance 15%

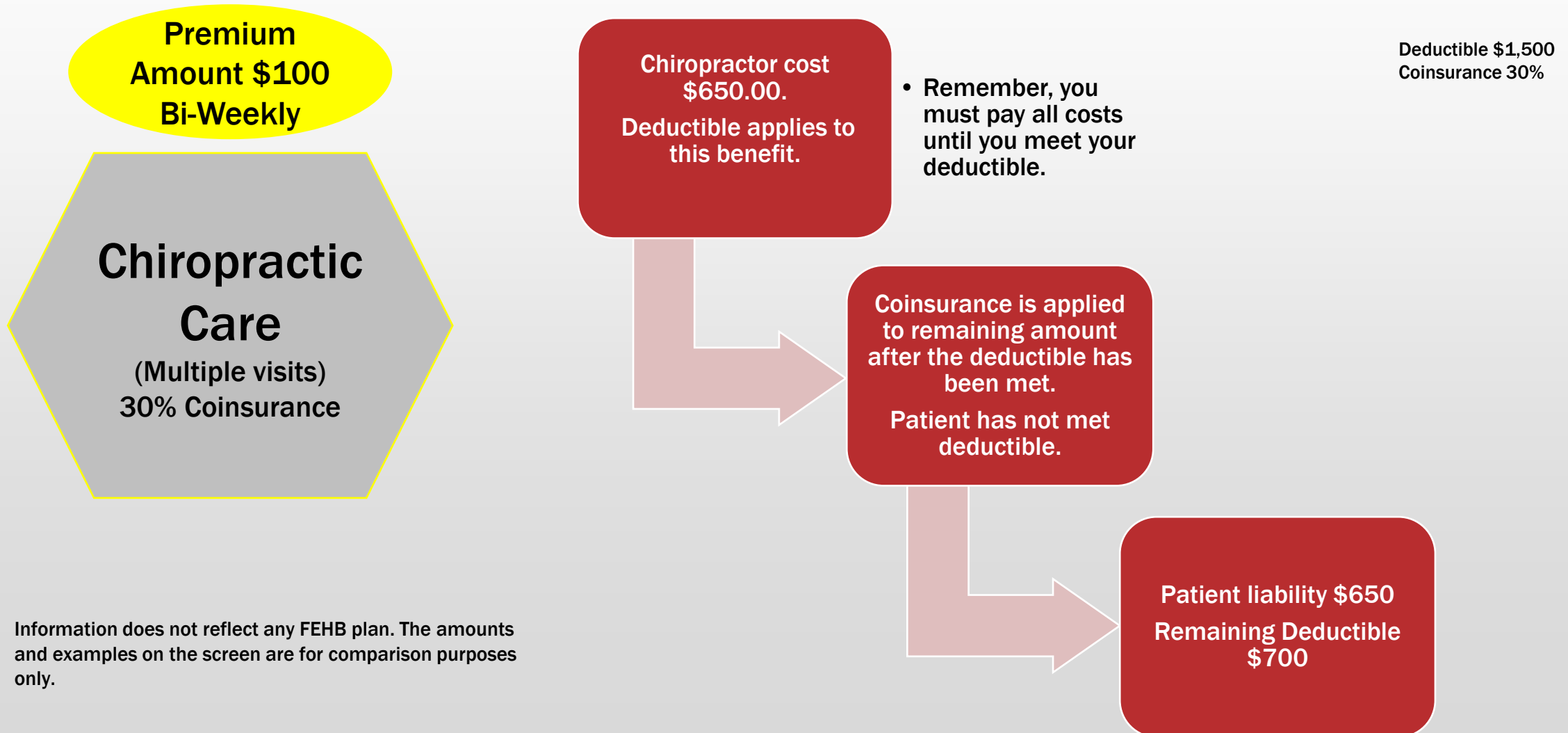
Coinsurance is applied
to remaining amount
after the deductible is
met.

Patient has not met
deductible.

Patient liability \$150
Remaining Deductible
\$350

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

Chiropractic Benefit – Plan A



Chiropractic Benefit – Plan B

**Premium
Amount \$200
Bi-Weekly**

**Chiropractic
Care**
(multiple visits)
15% Coinsurance

Chiropractic cost \$650.
Deductible applies to
this benefit.

- The deductible will be met in this scenario.

Deductible \$500
Coinsurance 15%

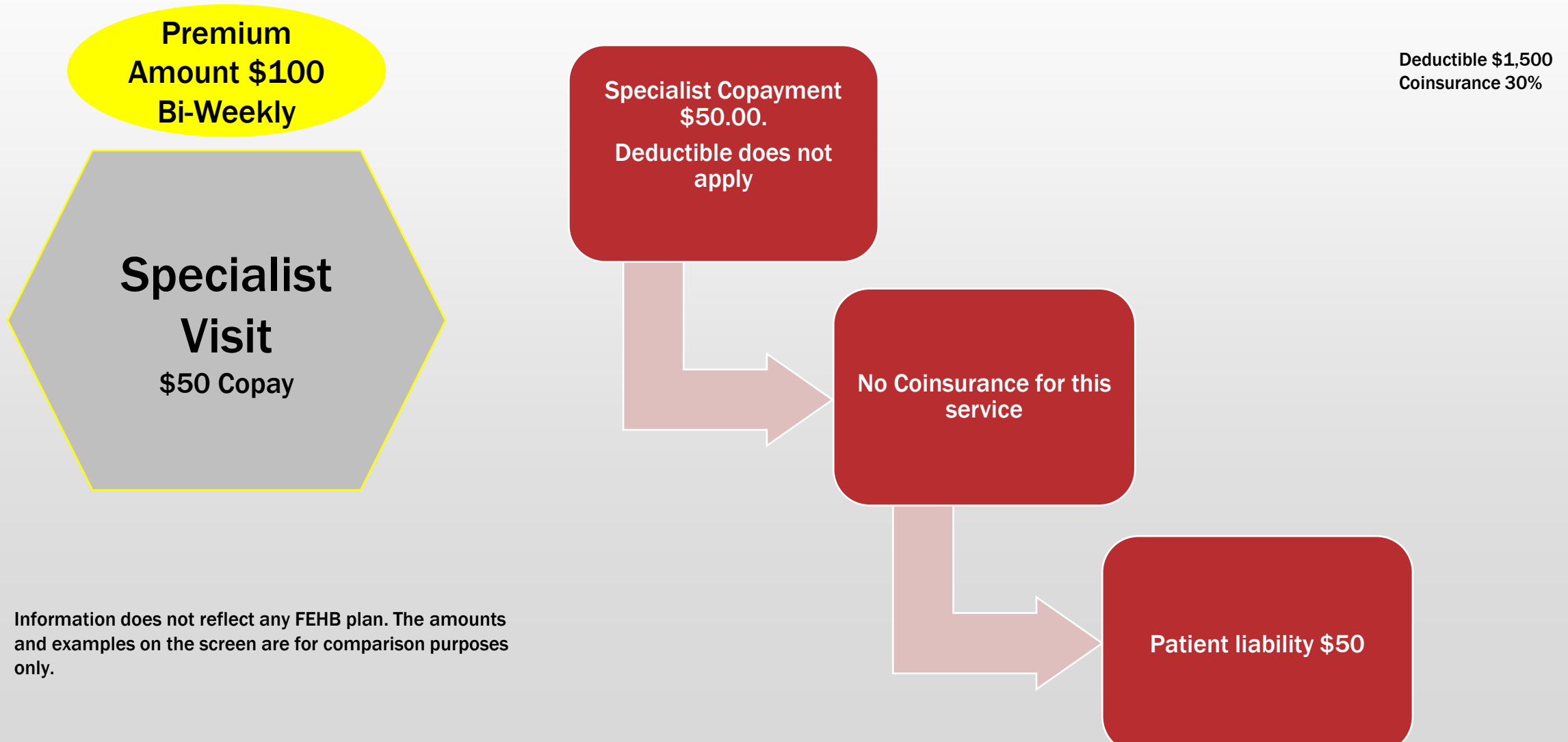
Coinsurance is applied to
remaining amount after
deductible is met.

Patient has met
deductible; therefore will
be responsible for 15%
of the remaining \$300 or
\$45.

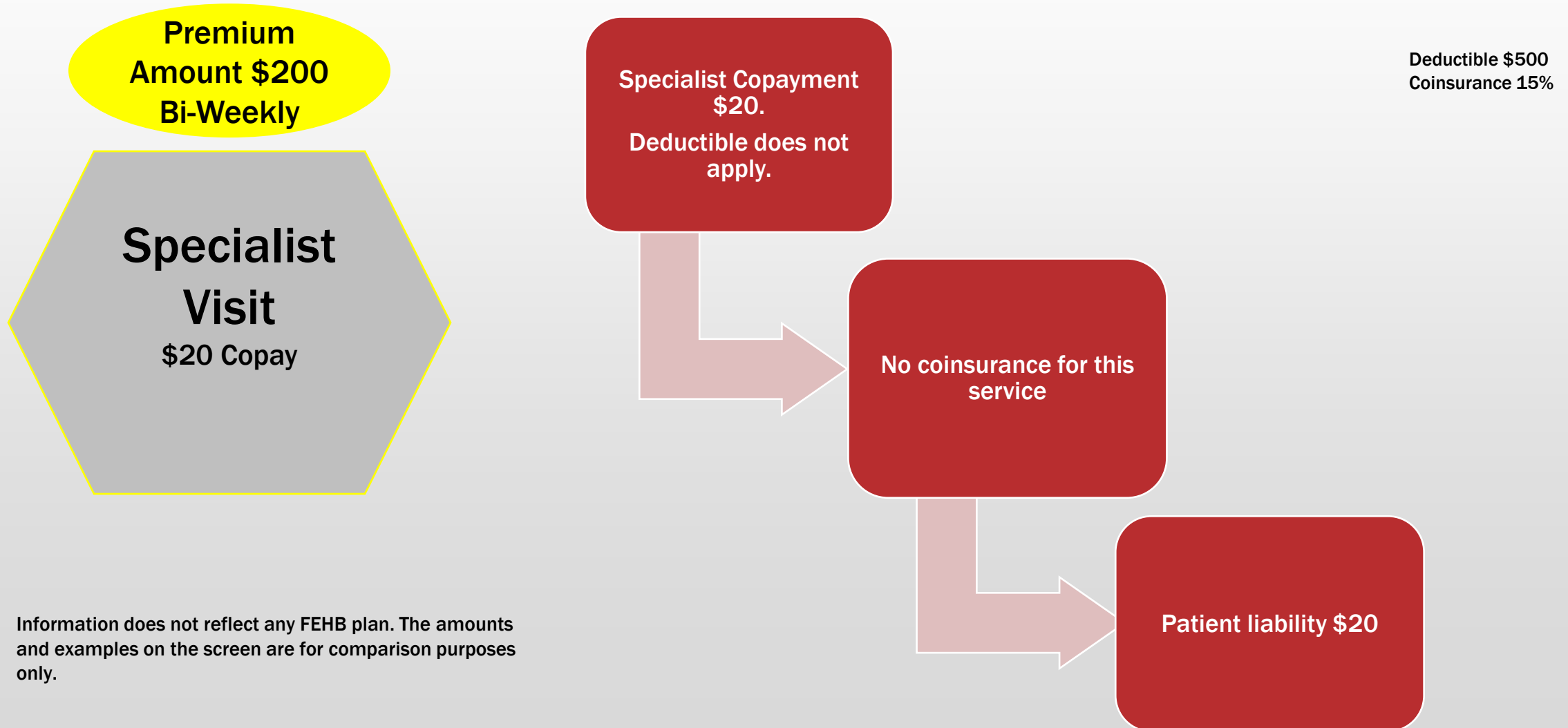
Patient Liability \$395
(Deductible plus
coinsurance amount)
 $\$350 + \$45 = \$395$
Remaining deductible
\$0

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

Specialist Visit– Plan A



Specialist Visit– Plan B



Then there was an unexpected surgery!



Illustration 117689313 © Alena Chernisheva | Dreamstime.com

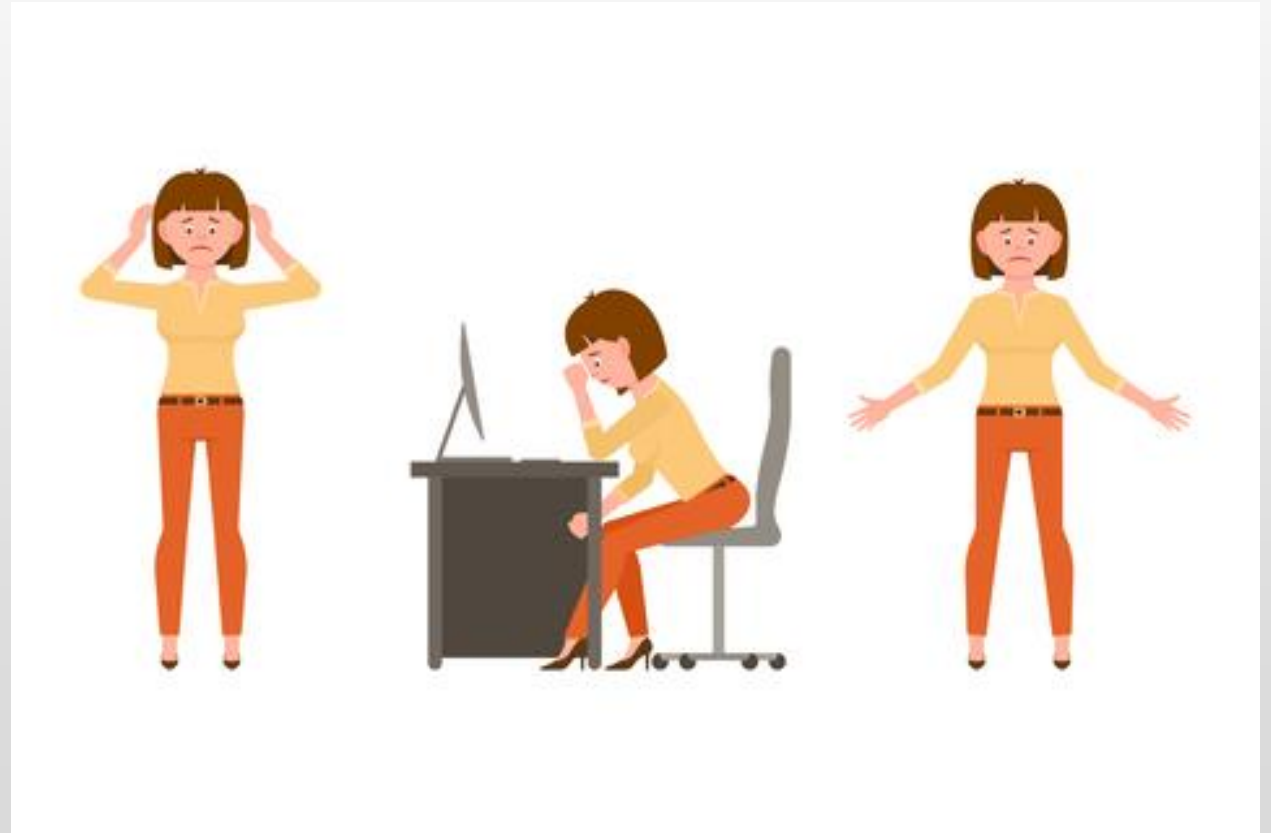


Illustration 155491822 © Cherstva | Dreamstime.com

Surgery – Plan A

**Premium
Amount \$100
Bi-Weekly**

**Surgery
30% Coinsurance**

**Surgery cost \$5,000
Deductible Applies to
this benefit**

- The deductible will be met in this scenario.

**Deductible \$1,500
Coinsurance 30%**

**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**

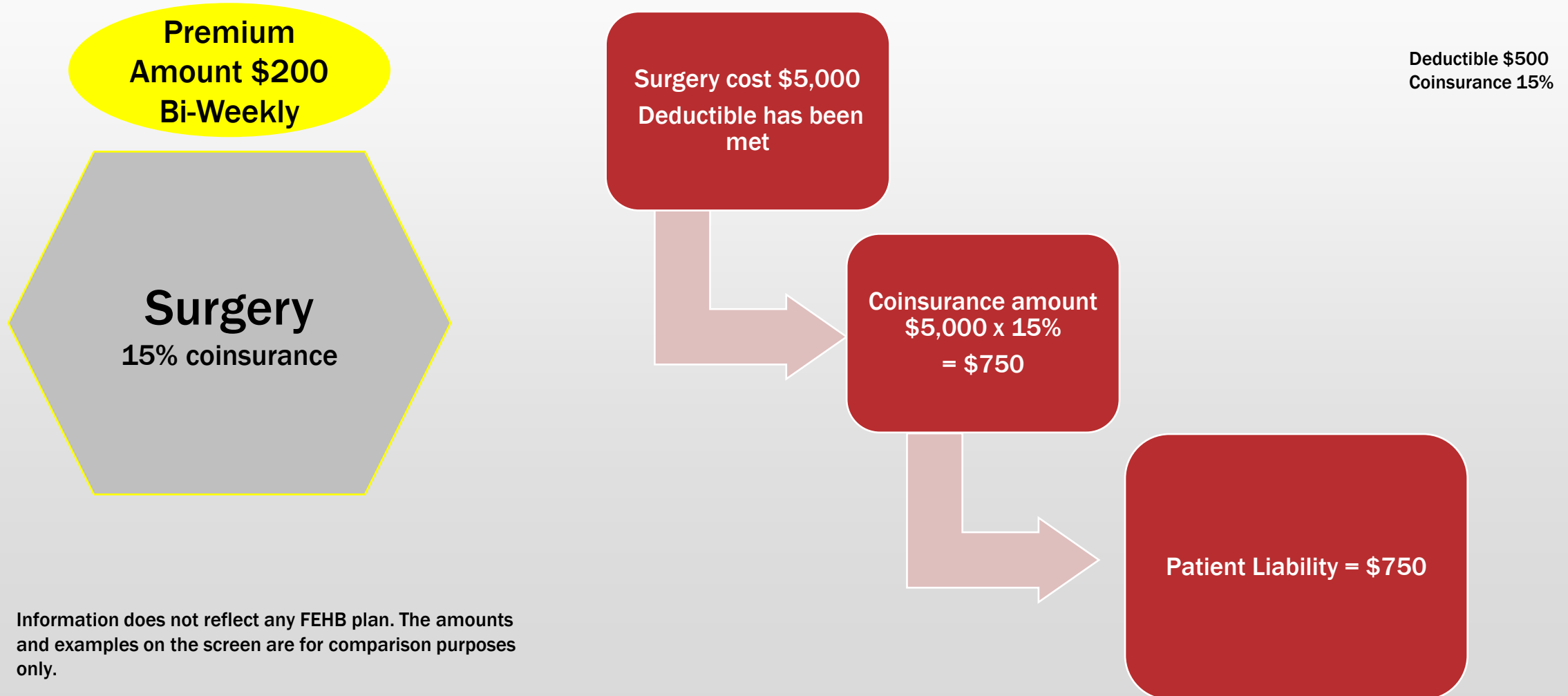
**Patient Liability \$1,990
(Deductible plus
Coinsurance amount)
 $\$700 + \$1,290 =$
 $\$1,990$**

Remaining Deductible

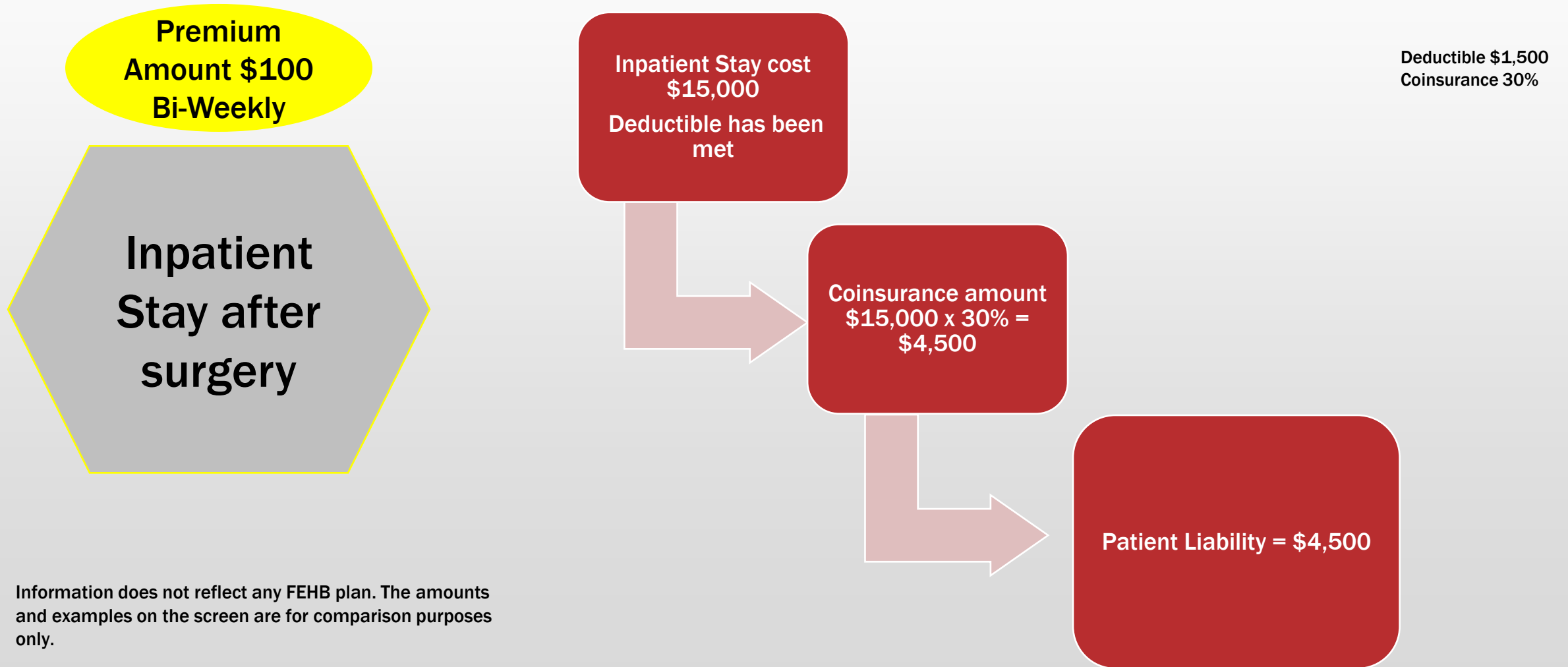
\$0

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

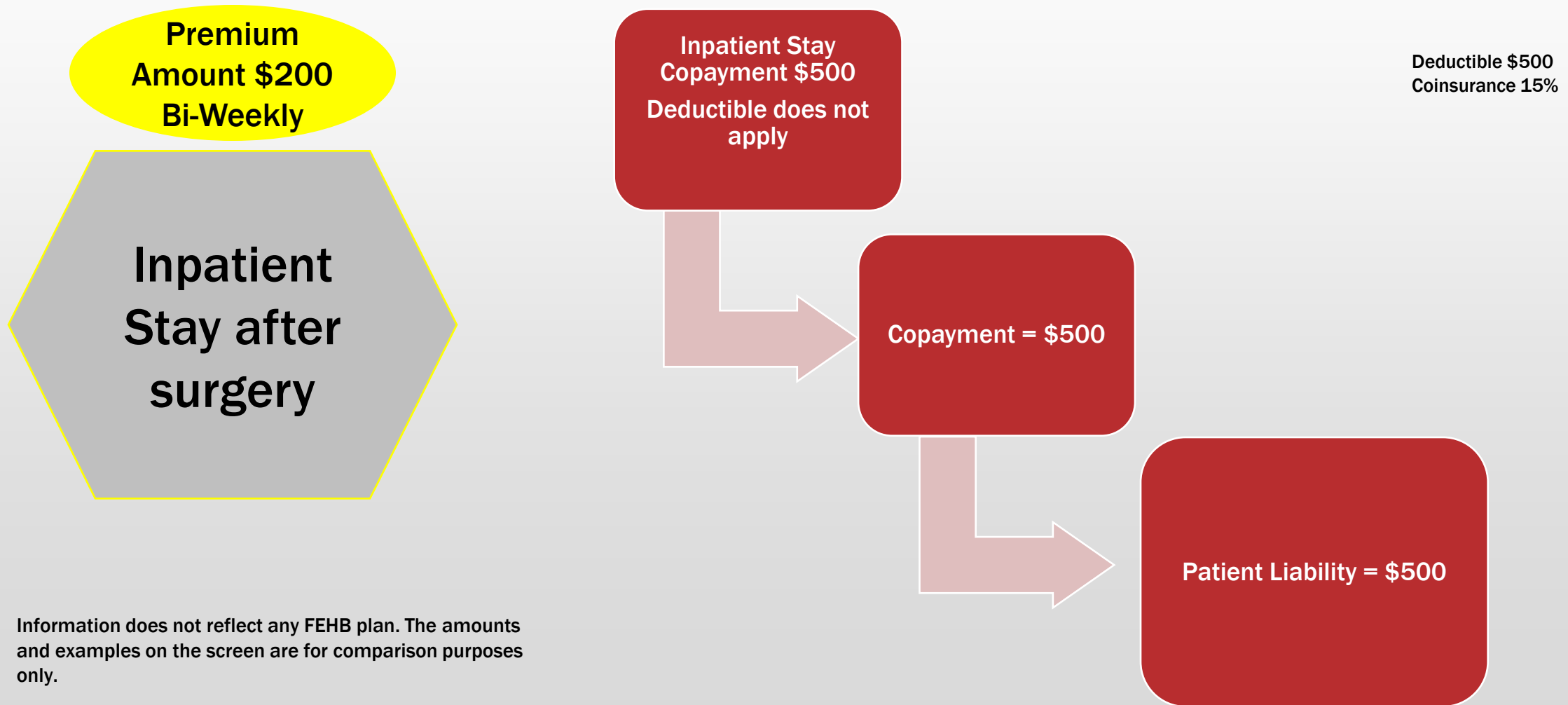
Surgery – Plan B



Inpatient Stay – Plan A

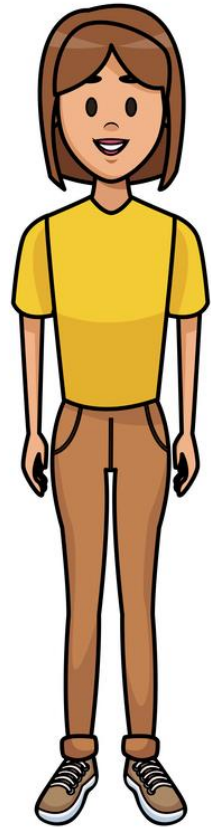


Inpatient Stay – Plan B



Review Time

Chrissy chose the cheaper premium but paid more in benefits.



[Illustration 135443371](#) © Jemastock Dreamstime.com



Joan chose the higher premium and paid less for the benefits.

[Illustration 117689382](#) © Alena Chernisheva | Dreamstime.com

Plan A or Plan B?

Plan A

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Deductible	\$1,500
Coinsurance	30%
Catastrophic	\$10,000
Copayment	Provider \$30 Specialist \$50

Plan B

Premium Bi-Weekly	\$200
Deductible	\$500
Coinsurance	15%
Catastrophic	\$7,000
Copayment	Provider \$20 Specialist \$20 Inpatient Stay \$500

Chrissy'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.

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

*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.

	Plan B Benefit Design	Plan B Yearly Costs For Services
Biweekly Premium	\$200	\$5,200
Deductible	\$500	
Coinsurance	15%	
Office Visit	\$20 Copayment	\$20
Lab Work*	15% Coinsurance	\$150
Chiropractic Care*	15% Coinsurance	\$395
Specialist Visit	\$20 Copayment	\$20
Surgery*	15% Coinsurance	\$750
In-patient stay	\$500 Copayment	\$500
Total		\$6,895

*Deductible must be satisfied before Coinsurance will apply



TODAY

TOMORROW



Which choice was better?

Premiums and Benefits

Should I pay more for my premiums and less for benefits when I need them?



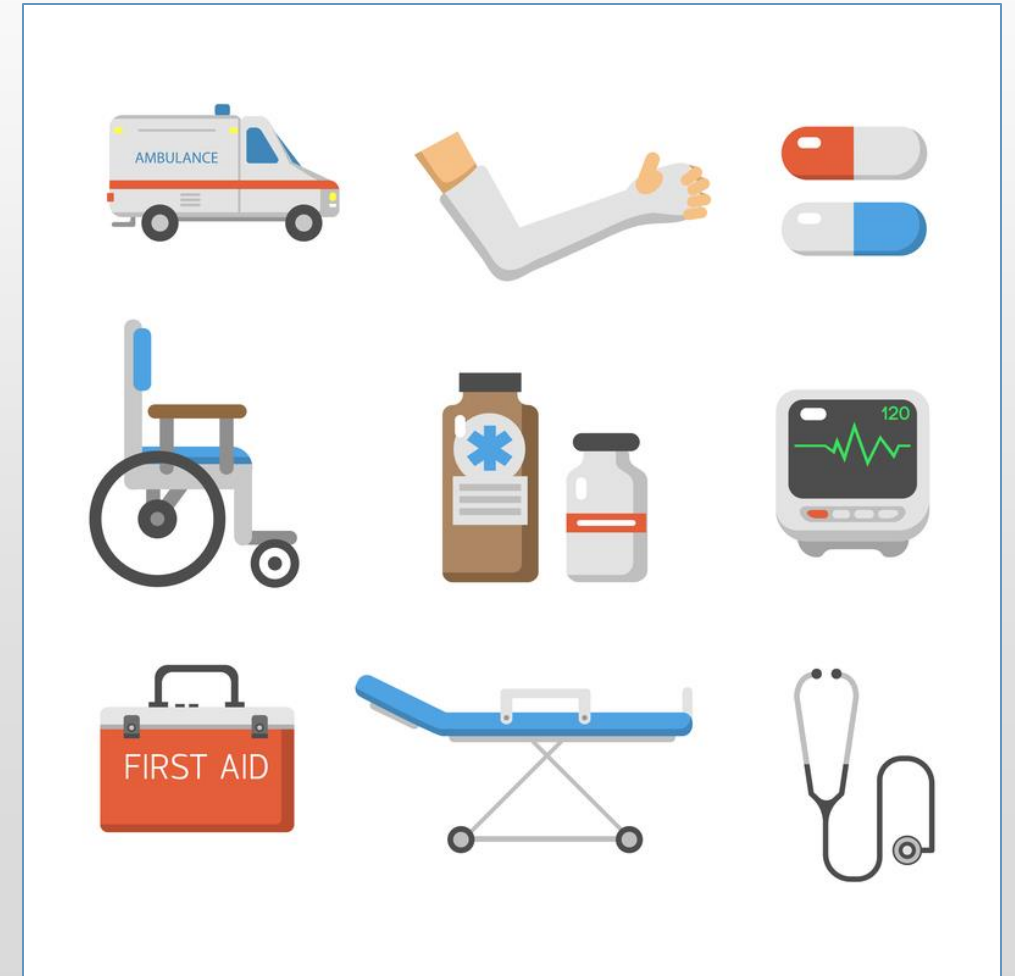
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Should I pay less for my premiums and more for my benefits when I need them?

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



Prescription 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



NALC Health Benefit Plan

**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



Photo 36617585 © James Blinn | Dreamstime.com

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*

NALC Health Benefit Plan

Provider Networks

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.



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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.



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High Option, CDHP, or Value Option

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



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NALC Health Benefit Plan

CONTACT us!



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More Information can be found at:



www.nalchbp.org



888-636-NALC (6252)

NALC Health Benefit Plan

***Upgrade Your Health to
a Union That Delivers***



NALC Health Benefit Plan

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.