

# The NALC Health Benefit Plan High Option

2018 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<br>PPO   | YOU PAY<br>Non-PPO                                    |
|--|--|---|
| <b>Preventive Care</b>   |  |   |
| 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*                           |
| <b>Inpatient Hospital Care</b> (precertification required)   |  |   |
| Maternity  | Nothing  | 30% after \$350 per admission copay*                  |
| Medical/Surgery  |  |   |
| Room, Board & Other Services & Supplies  | \$200 copayment per admission  | 30% after \$350 per admission copay*                  |
| Mental Health/Substance Misuse Disorder  |  |   |
| Room, Board & Other Services & Supplies  | \$200 copayment per admission  | 30% after \$350 per admission copay*                  |
| <b>Outpatient Hospital</b>   |  |   |
| Medical/Surgical   | 15% after \$300 deductible   | 35% after \$300 deductible*                           |
| Emergency Medical  | 15% after \$300 deductible   | 15% after \$300 deductible*                           |
| Observation Room   | \$200 copayment  | 35% after \$300 deductible*                           |
| <b>Chiropractic Care</b>   |  |   |
| Initial office visit and subsequent office visits<br>when rendered same day as a manipulation  | \$20 copayment   | 30% after \$300 deductible*                           |
| One set of spinal x-rays annually  | 15% after \$300 deductible   | 30% after \$300 deductible*                           |
| Manipulations (24 per calendar year)   | 15% after \$300 deductible   | 30% after \$300 deductible*                           |
| <b>Physician Care</b>  |  |   |
| Office visits  | \$20 copayment per visit   | 30% after \$300 deductible*                           |
| 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<br>within 72 hours |
| Surgery  | 15%  | 30% after \$300 deductible*                           |
| Mental Health and Substance Misuse Disorder  |  |   |
| Office visit (Including Telemental)  | \$20 copayment 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*                           |
| <b>Dental</b>  |  |   |
| Accidental dental injury (to a sound natural tooth)  | 15% within 72 hours  | 30% after \$300 deductible within 72 hours*           |
| <b>Prescription Drugs</b>  |  |   |
| 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.  |  |   |
| Retail Pharmacy<br>1st and 2nd fill  | <b>20%</b> of generic cost / <b>30%</b> of Formulary brand cost<br>/ <b>45%</b> of Non-formulary brand cost  | Full cost at time of purchase - <b>45%*</b>           |
| Mail Order Program<br>60-day supply<br>90-day supply   | <b>\$8</b> generic / <b>\$43</b> Formulary brand / <b>\$58</b> Non-formulary brand<br><b>\$5</b> NALCSelect generic / <b>\$7.99</b> NALCPreferred generic / <b>\$12</b> generic /<br><b>\$65</b> Formulary brand / <b>\$80</b> Non-formulary brand   |   |
| Specialty Drugs<br>Mail Order  | <b>\$150</b> 30-day supply / <b>\$250</b> 60-day supply / <b>\$350</b> 90-day supply   |   |
| 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. |  |   |
| <b>Catastrophic Limits</b>   |  |   |
| Medical/Surgical/Mental Health<br>& Substance Misuse Disorder  | You pay nothing after coinsurance expenses total:<br>\$3,500 per person or \$5,000 per family for services of PPO providers/facilities<br>\$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 2018 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.