NALC Health Benefit Plan

FEHB High Option







Welcome





Hello and thank you for taking the time to review the NALC Health Benefit Plan's 2025 benefit package. As we look ahead, we are excited about the future and hope you will make the decision to join the plan that delivers.

Since 1950, we have made it our mission to deliver comprehensive benefits at a competitive cost, and 75 years later, this goal has not changed.

That's right, 75 years of experience, knowledge, and working hard to offer our members the high-quality health benefits they deserve and rely on.

Learn more about our provider partnerships through Cigna®, Optum® Behavioral Solutions, CVS Caremark®, Amwell®, and how they can assist you with a healthy lifestyle. From medical care, behavioral solutions, wellness programs, to your prescription needs, we are ready to deliver.

Our dedicated team is here to assist with any questions you may have. Please don't hesitate to reach out to us.

Stephanie M. Stewart
Director

FEHB High Option 877-814-NALC (6252) www.nalchbp.org

2025 Premiums

| | Enrollment Codes | Biweekly Employees Pay | Monthly Annuitants Pay |
|-----------------------------------|---------------------|---------------------------|---------------------------|
| Self Only FEHB High Option | 321 | \$136.08 | \$294.84 |
| Self Plus One FEHB High Option | 323 | \$318.71 | \$690.54 |
| Self and Family FEHB High Option | 322 | \$283.94 | \$615.20 |



Deductible & Catastrophic Limits

| | Self Only | Self Plus One Self and Family |
|--|-----------|----------------------------------|
| Deductible | \$300 | \$600 |
| Catastrophic Limits: Medical/Surgical/Mental Health PPO Providers/Facilities | \$3,500 | \$7,000 |
| Catastrophic Limits: Medical/Surgical/Mental Health PPO/Non-PPO Providers/Facilities | \$5,000 | \$10,000 |
| Catastrophic Limits: Prescription Retail, Mail Order & Specialty | \$3,100 | \$5,000 |

This is a summary of some of the features of the NALC Health Benefit Plan FEHB High Option. Since it is only a summary, it cannot be considered a legal document. The benefits described in this summary are subject to change and do not guarantee future benefits. Detailed information on the benefits for the 2025 NALC Health Benefit Plan can be found in the official brochure. Before making a decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the restrictions, definitions, limitations, and exclusions set forth in the official brochure.

Benefits

| | , |
|---|----------------------------|
| | PPO |
| Office Visits Primary Care Specialists Urgent Care Mental Health | \$25 copay |
| Preventive Care | Nothing |
| Virtual Visits NALC HBP Telehealth Telemental Health | \$10 copay |
| Maternity | Nothing |
| Inpatient Hospital* | \$350 copay per admission |
| Outpatient Hospital | 15% after \$300 deductible |
| Surgery* | 15% with no deductible |
| Accidental Injury* | Nothing in 72 hours |
| Medical Emergencies | 15% after \$300 deductible |
| Preferred Lab* (Quest or LabCorp) | Nothing |
| Diagnostic Services* | 15% after \$300 deductible |
| *Coverage restrictions may apply see the official Plan brochure for full coverage details | |

Prescription Benefits Your 2025 Drug Cost-Share When NALC HBP is Primary

Retail Pharmacy

| Generic Drugs | Formulary Brand Drugs | Non-Formulary Brand Drugs |
|---|-----------------------|---------------------------|
| Up to a 30 day supply | Up to a 30 day supply | Up to a 30 day supply |
| 20% of cost (10% of cost for asthma, diabetes & hypertension) | 30% of cost | 50% of cost |

Mail Order Pharmacy

| Generic Drugs | Formulary Brand Drugs | Non-Formulary Brand Drugs |
|--|--|---|
| Up to a 60 day supply | Up to a 60 day supply | Up to a 60 day supply |
| \$10 | \$60 | \$84 |
| 61-90 day supply | 61-90 day supply | 61-90 day supply |
| \$15 (\$8 Generic for asthma, diabetes & hypertension) | \$90 (\$50 Formulary brand for asthma, diabetes & hypertension) | \$125 (\$70 Non-Formulary brand for asthma, diabetes & hypertension) |

Specialty Pharmacy*

| Available only through CVS Specialty™ Mail Order | | | | |
|---|--|--|--|--|
| Up to a 30 day supply Up to a 60 day supply 61-90 day supply | | | | |
| \$200 \$300 \$400 | | | | |
| *Coverage restrictions may apply see the official Plan brochure for full coverage details | | | | |

Provider Networks

Medical Network



By choosing In-Network providers, you receive the best benefit and lower your out-of-pocket costs. Also, by using an In-Network Family Doctor/ Primary Care Physician or Cigna Care Designation specialist, you are receiving the highest quality care for you and your family.

The Cigna® HealthCare Shared Administration OAP network has:

| Family Doctor & Specialist Locations | Participating Facilities | General Acute Care Hospitals | Transplant Facilities |
|--------------------------------------|--------------------------|---------------------------------|-----------------------|
| 5,253,106 | 32,956 | 10,438 | 169 |



Mental Health Network



Optum® is a recognized leader specializing in behavioral health care and substance use services and provides our mental health and substance use disorder benefits. Optum specialists provide support, information and resources to help address issues affecting your personal life, work and well-being.

With Optum, members have access to:

| In-Network Clinicians | Telemental Health Providers | In-Network Facilities | Locations Nationwide |
|-----------------------|--------------------------------|-----------------------|----------------------|
| 415,679 | 196,317 | 4,109 | 8,800 |

Prescription Network



The CVS Caremark National Network is a large nationwide network that offers more than 66,000 retail pharmacies. This network includes most large retail chain drug stores.

The Prescription Drug Program classifies prescription medications into four tiers based on quality, safety, clinical effectiveness and cost. Your cost-share is based on the tier level of your prescription drug.

Our tiers are defined as:

| Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|----------------------------------|--|---|------------------|
| Generic Prescription Drugs | Formulary Brand Drugs - Brand name drugs that appear on the Plan's formulary | Non-Formulary Brand Drugs - Brand name drugs that are not listed on the Plan's formulary | Specialty Drugs* |

^{*}Coverage restrictions may apply see the official Plan brochure for full coverage details



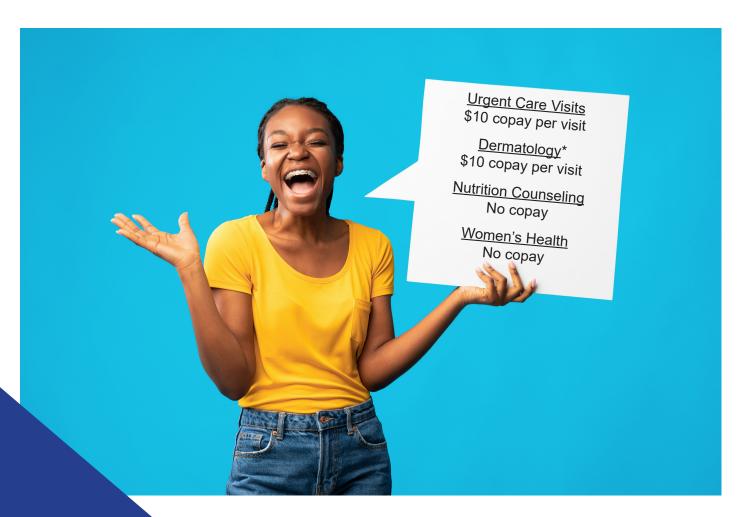
Provider Networks

NALC Health Benefit Plan Telehealth Network (Powered by Amwell)



See a doctor from the comfort of your home, using your phone, tablet or computer. Their are many advantages to using a telehealth provider including doctors available 24/7, access to quality online care anywhere, anytime, no appointments needed, & prescriptions if needed can be sent to the pharmacy of your choice.

To access Telehealth Virtual Care, download the NALCHBP Telehealth mobile app powered by Amwell from Google Play™ or the Apple App Store, visit www.nalchbptelehealth.org.



*Coverage restrictions may apply see the official Plan brochure for full coverage details



Travel with Peace of Mind

You can travel with confidence knowing that you are covered by the NALC Health Benefit Plan, whether you are in the United States or abroad. We offer worldwide coverage, in case you require urgent medical attention or a prescription to be filled. Our standard out-of-network benefits would apply for services received outside of the United States.

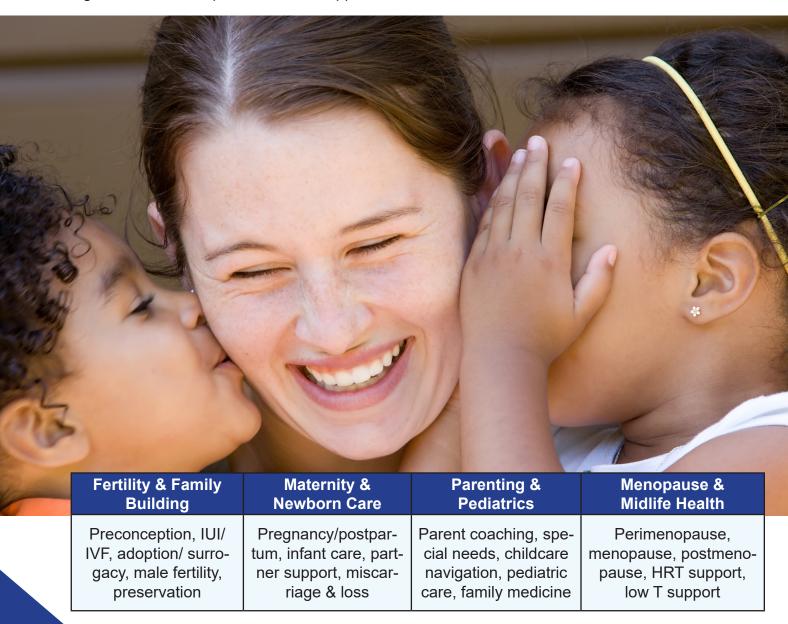
Things to keep in mind when traveling:

- Pack necessary prescriptions
- · Keep your member ID card with you
- Only share member ID card with medical staff
- Care outside of the United States may require you to pay for services in full. If so, you will have to submit a member claim to get reimbursement. See our website for details.

When planning an extended stay, make sure you have enough maintenance prescriptions for the duration of your planned trip. If not, visit our website to obtain an early fill for your trip by downloading the Vacation Prescription Request form. If you have questions, contact the Plan for assistance.

Maven (Digital Health Care App)

Maven is the leading women's and family health platform providing 24/7, unlimited access to dedicated care navigation and advocacy, virtual provider appointments across 30+ specialties, clinically-validated resources, and the opportunity to connect with other members, all in one digital solution. The platform offers support for:



Maven's mission is to provide safe, affordable, and accessible care to members whether they are seeking services on our platform or within their broader benefits ecosystem. With focused support on navigation and providing equitable benefits, Maven helps members reach the highest quality in-network clinics, resources, and providers whether they are in rural towns or need support through a social need. Members can register for Maven through the Maven Clinic mobile application or online at **mavenclinic.com/join/NALCHBP**.



Musculoskeletal MSK Program

Hinge Health™

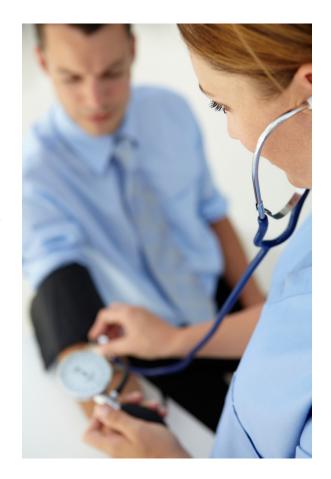
Our Virtual Musculoskeletal Program through Hinge Health® offers a convenient way to help you overcome back and joint pain, avoid surgeries, help with pelvic floor disorders, and reduce medication usage - all from the comfort of your home. This program is offered at no cost to you and your dependents aged 18 and older. For more information go to www.hingehealth.com/nalchbp.

Cardiac Care Hello Heart

An essential tool for remote care of cardiac conditions. Hello Heart® enables you to measure your blood pressure using a free FDA-cleared monitor and allows you to send the data privately to your doctor. This program empowers you to improve your lifestyle through coaching on your smartphone or tablet. You will have access to the most advanced hypertension management tools on the market, all at no cost.

NALC Health Benefit Plan members and dependents 18 years of age or older with a blood pressure reading of 130/80 mmHg or above, those taking blood pressure medication, pregnant individuals and woman impacted by menopause are eligible to enroll.

Go to www.join.helloheart.com/NALCHBP or text NALC to 75706 to register.



Mental Health Resources

Behavioral Health Coaching - Bend

Bend's Behavioral Health Coaching Program through Optum[®] is a live video-based service that supports children and families seeking to modify challenging behaviors to achieve their behavioral health goals.

Along with age and symptom-specific care programs, the coaching program offers interactive content, resources, parenting tips, tools, and peer community support (for caregivers) that members can access to support their progress.

Onboarding and assessment protocols ensure that clinically appropriate care programs are selected and provide ongoing monitoring of progress, risks, and clinical needs. In addition, coaches are supervised by licensed mental health providers at all times to ensure the appropriateness of services and the potential need for a higher level of care.

Members can enroll in the Bend Health program online at www.bendhealth.com/nalchbp.



Solutions for Caregivers

For members caring for an elderly relative, disabled dependent, friend or neighbor, the Plan offers Solutions for Caregivers. The Solutions for Caregivers program provides six hours of care management services at no additional cost per calendar year.

Solutions for Caregivers provides members with access to a Care Advocate, a registered nurse with geriatric, disability and community health experience, to help ensure that your loved one maintains a safe, healthy lifestyle.

Behavioral Health Resources

Optum® offers extensive member resources at www.liveandworkwell.com. The portal provides access to self-management tools, prevention programs, educational materials, videos and more. This wealth of resources and information can help members manage chronic diseases and find ways to alleviate stress and take charge of their overall health and well-being.

Optum[®] is a subsidiary of United Behavioral Health, a United Health Group Company.

Wellness Resources

Weight Loss - Real Appeal®

The Real Appeal Program through Optum is a yearlong weight loss program that offers online group coaching, one-on-one support, various wellness mini-series that dive deeper into topics such as Family Wellness, Nutrition, and Fitness and a Success Kit. The program focuses on weight loss through proper nutrition, exercise, sleep, stress management and motivation. Members can enroll in the real appeal program online at www.nalchbp.org.



CVS Rx Weight Management Program

For those looking for additional weight loss support through medications, this program provides personalized support that will help you achieve lasting weight loss results. Participation is required to fill the weight loss medication at your plan-designated cost share. The program will help you reach your weight loss goals through: one-on-one support, a nutrition plan, the Health Optimizer™ app and a connected body weight scale to track your progress. There is no cost to you to participate in this program.



CignaPlus Savings®

The Cigna*Plus* Savings® Program is a dental discount program that provides members and their dependents discounted fees on dental services. The Self Only enrollment monthly premium is \$3.00. For Self Plus One or a Self and Family enrollment, the monthly premium is \$5.00.

To find out more about the program, visit **www.cignaplussavings.com**. This program is not part of the Plan's FEHB benefits and is not insurance. Enrollment in the Cigna*Plus* Savings® discount dental program is also one of the available incentives for completing the Health Assessment.

Programs

Broad Vaccine Administration Network

When the NALC Health Benefit Plan is the primary payor for medical expenses, the Plan will cover FDA-approved vaccines when administered by a pharmacy that participates in the NALC Health Benefit Plan Broad Vaccine Administration Network.

A directory of participating in-network pharmacies can be found at www.nalchbp.org by going to the Quicklinks, Locate a Network Retail Pharmacy. Pharmacy participation may vary based on state law.

<u>Diabetes Care Management - Transform Care</u>

This program helps deliver better overall care and lower costs for members with diabetes. Your enrollment in this program includes a connected glucometer, unlimited test strips and lancets, medication therapy counseling from a pharmacist, two annual diabetes screenings at a CVS MinuteClinic® and a suite of digital resources through the CVS mobile App, all at no cost (subject to benefits and eligibility verification).



minute clinic®

MinuteClinic®

MinuteClinic® is more than just a regular walk-in clinic. MinuteClinic offers convenient high-quality care. In addition to treating common family illnesses, MinuteClinic can also complement a client's current health and wellness initiatives by offering comprehensive preventive health care strategies to support early identification of high-risk individuals and effectively manage chronic conditions. No appointment is necessary. Visit their website at www.cvs.com/minuteclinic for more information and a complete list of services.

myCVS[™] On the Go

Enjoy the convenience of accessing a CVS Pharmacy or locate a MinuteClinic® on your smart-phone or mobile device. Go to the App Store on your Apple device or Google Play on your Android operating system and download the app. You can also visit the CVS Caremark® mobile sites at www.cvs.com to "open" your CVS Pharmacy anytime, anywhere.

CVS Pharmacy (m.cvs.com)

- Find a store in a click using your phone's GPS
- Refill and transfer prescriptions quickly
- Access your prescription history
- Check your CVS.com and ExtraCare accounts



Lower Cost Generics

Reduce your out-of-pocket costs by asking your medical professional to prescribe generic drugs. Although the cost difference can be dramatic, generic drugs are pharmacologically identical to their brand name versions. The FDA requires that generic drugs be as safe and effective as brand name drugs.

CVS Maintenance Choice Program

If you prefer the convenience of purchasing maintenance medications locally, you can purchase a 90-day supply (84-day minimum) of covered drugs and supplies at a local CVS Caremark® Pharmacy, through our Maintenance Choice Program. You will pay the applicable mail order copayment for each prescription purchased.

Formulary

We use a formulary drug list. Certain nonformulary drugs may only be covered with prior authorization. You will find the Advanced Control Specialty Formulary® drug list by visiting our website at **www.nalchbp.org** and look under Member Resources. Our formulary is subject to review and modifications throughout the year.

Wellness with Rewards

Improve your health and earn valuable incentives by participating in our rewards program. Earn health savings dollars to use toward eligible medical expenses.

| Flu & Pneumococcal Vaccine | | Earn \$10 in health savings rewards for an annual flu vaccine and/or pneumococcal vaccine. |
|-------------------------------|--|---|
| Section of the second | Health Assessment | Earn \$30 in health savings rewards for completing a Health Assessment. |
| 3 9 Williams | Annual Biometric Screening | Earn \$50 in health savings rewards for participation in a biometric screening. |
| W. 40.0 21 | Quitting Tobacco Use | Earn \$50 in health savings rewards for participation in the Quit for Life program. |
| 100 | Well-Child Visits | Earn \$50 in health savings rewards for completing 6 well-child visits through age 15 months as recommended by the American Academy of Pediatrics. |
| ANNIE S | Healthy Pregnancies, Healthy Babies [®] | Earn \$50 in health savings rewards for enrolling in the Healthy Pregnancies, Healthy Babies® program. |
| ANC. | Your Health First Disease Management Program | Earn \$50 in health savings rewards once you achieve your fitness, diet, or health goals with the assistance of a trained health coach, if you have a chronic health condition. |

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.

Member Access Portal / App

In the fast-paced technology-driven world we live in, it is important to have access to the information you need, when you need it.

The NALC Health Benefit Plan app includes direct sign-on links to:

Cigna® Hello Heart®

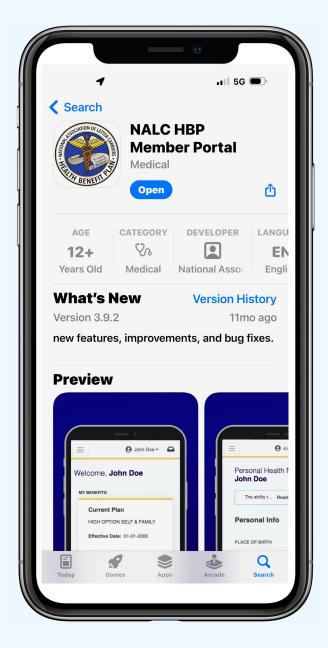
CVS Caremark® Hinge®
Optum® Amwell®

Health Equity®

Your personal health information is stored in a single, safe, password protected place accessible to only you or your designated personal representative.

App Features include:

- Claims history
- Access your Explanation Of Benefits
- Real-time deductibles
- Out-of-pocket accumulations
- Communicate with NALC Health Benefit Plan representatives
- Download your ID card
- Review wellness incentives
- Track immunizations, medications and more through the Personal Health Notes



To access the Plan's Member Portal, use the mobile app which is available for download on both iOS and Android mobile devices. Visit **memberportal.nalchbp.org** or download the mobile App by searching NALC HBP Member Portal.

Medicare Coordination

Medicare A and B

For those members who enroll in Medicare A and B and have the NALC Health Benefit Plan as their secondary coverage, all deductibles, coinsurances and copayments are waived, except for prescription drugs, when you see a Medicare Participating Provider. In most cases you will have no balance with your provider.*

Medicare C

For those members who are looking for additional benefits beyond traditional Medicare coverage, we have a Medicare Part C option. If eligible you can opt-in to our Aetna Medicare Advantage Plan at no additional cost.*

Medicare D

For annuitant members and their eligible dependents who want to save money on their prescriptions and receive a Medicare Part B premium reimbursement, we offer our SilverScript Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP). When you enroll in SilverScript you also receive lower copays for Medicare prescriptions, and additional options for filling your medications.*



*Coverage restrictions may apply. See the official Plan brochure for full coverage details.

NALC High Option Plan - Aetna Medicare Advantage

The NALC Health Benefit Plan offers enhanced benefits though the NALC High Option Plan – Aetna Medicare Advantage for annuitant members and their eligible dependents.

Highlights of the Program include:

- No additional premium cost (you will pay the same NALC High Option Plan premium amount).
- A \$75 monthly Part B premium reduction (up to \$900 a year) for each eligible member.
- No deductible, copays, or coinsurance for covered services (office visits or telehealth, preventive care, surgical care, inpatient/outpatient hospital care, emergency room/urgent care, etc.)
- Silver Sneakers® fitness program (a registered trademark of Tivity Health Inc.)
- Dental Coverage
- Vision Coverage
- Non-emergency transportation program
- Meal benefit program



Who is Eligible

This enhanced level of benefits is available to NALC Health Benefit Plan High Option annuitants and eligible dependents who have Medicare Parts A and B as their primary payor. Enrollment is voluntary and members may opt in at any time during the year. Opting in will not affect your NALC High Option enrollment. If you change your mind after election, you can opt out and switch back to your High Option coverage with original Medicare at any time.

How to Join or Learn More about the Program

To learn more about the program, you can visit **www.nalchbp.org/Annuitant**. If you are ready to opt-in, please take the following steps.

- 1. Join the NALC HBP High Option Plan during open season.
- 2 Go to www.AetnaRetireeHealth.com/NALCHBP
- 3. Provide your Medicare Part A and B effective dates and your Medicare number.

SilverScript Prescription Drug Plan

For our Medicare eligible annuitants and Medicare eligible family members covered under the NALC Health Benefit Plan High Option, the Plan offers an enhancement to our prescription coverage through the SilverScript® Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP).

The Plan's SilverScript PDP EGWP combines a Medicare Part D formulary with the Plan's current year prescription coverage to ensure our Medicare members pay the lowest cost available to members in the NALC Health Benefit Plan.

Members enrolled in the SilverScript PDP EGWP will receive the following enhancements:

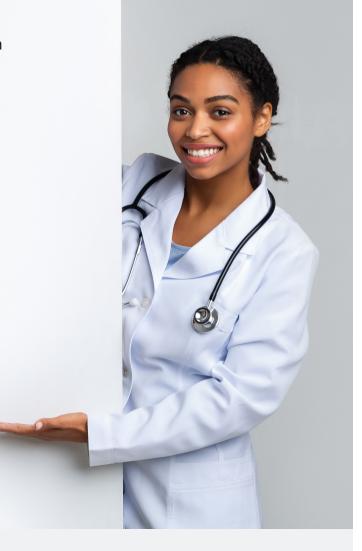
A \$2,000 maximum prescription out-of-pocket

Equal to or lower copay/coinsurance structure

Retail pharmacy coordination with Medicare and NALC HBP

Plan will pay your Medicare Part D premium (excluding IRMAA)

High Option members are eligible for up to a \$600 annual Medicare Part B reimbursement administered by HealthEquity.



You are not responsible for paying any additional premium; but in the case of those with higher incomes you may be responsible for a surcharge to your Medicare Part D benefit. Please refer to the Part D-IRMAA section of the Medicare website: https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans to see if you would be subject to an additional premium. For more information contact the Plan.



Health Equity

For members participating in the NALC Health Benefit Plan's SilverScript PDP EGWP who also have Medicare Parts A & B, you are eligible for up to \$600 annually in Medicare Part B reimbursements.

Register today!

Visit www.healthequity.com/wageworks and select "LOG IN/REGISTER and then select "Employee Registration". You will be required to answer a few questions, while also creating a username and password. You will be asked for your 4-digit ID code, this will be the last 4 digits of your NALC Health Benefit Plan member ID. This information can be found on your NALC Health Benefit Plan member ID card.

How to receive your Medicare Part B reimbursement!

HealthEquity gives our members multiple options for filing reimbursement requests.

- File a claim through your mobile device by downloading the EZ receipts app which can be found at www.healthequity.com/wageworks/employees/go-mobile
- File a claim online by logging into your HealthEquity account and selecting "Submit Receipt or Claim" at www.healthequity.com/wageworks
- File a paper claim by fax or mail, by completing the "Pay Me Back" back claim form and following the instructions for submission which can be found at www.healthequity.com/wageworks

Contact Information

| NALC Health Benefit Plan Customer Service | 877-814-NALC (6252) |
|---|---------------------|
| NALC HBP Telehealth (powered by Amwell) | 888-541-7706 |
| Cigna Healthcare Providers | 855-244-NALC (6252) |
| Cigna LifeSOURCE Transplant Network® | 800-668-9682 |
| Optum Mental Health Providers | 800-865-9379 |
| 24 Hour Optum Substance Use Disorder Helpline | . 855-780-5955 |
| CVS Caremark® Prescription Broad Vaccine Administration Network Formulary Drug List | 800-933-NALC (6252) |
| CVS Specialty™ | . 800-237-2767 |
| CVS Rx Weight Management | 800-207-2208 |





| Musculoskeletal MSK - Hinge Health® | .855-902-2777 |
|--|-----------------|
| Cardiac Care - Hello Heart® | 800-767-3471 |
| Solutions for Caregivers | 866-463-5337 |
| Diabetes Care Management | 855-238-3622 |
| Smoking Cessation - Quit for Life | 866-QUIT-4-LIFE |
| Cigna <i>Plus</i> Savings [®] | 877-521-0244 |
| Aetna Medicare Advantage | 866-241-0262 |
| HealthEquity | 844-768-5644 |

The Office of Personnel Management's (OPM) Going Green mandate instructs all Federal Employees Health Benefit plans to reduce their use of paper by providing an electronic version of the Plan's yearly brochure. You can access the electronic brochure at **www.nalchbp.org**. If you would like to receive a paper copy of the brochure, contact the Plan.

How to Join the FEHB High Option Plan

If you are eligible for FEHB benefits, you may enroll in one of the many participating health plans, change your current health plan, or cancel your enrollment in a FEHB plan during the annual Open Season. This includes active and retired federal employees, annuitants, survivor annuitants, Indian Tribes, Tribal organizations, and urban Indian organizations. Certain Qualifying Life Events (QLE) also allow anyone eligible to make changes to their FEHB enrollment outside of Open Season.

Active Federal Employees of agencies that participate in Employee Express may enroll during Open Season by going to the website at **www.employeeexpress.gov or** by calling 478-757-3030. Employees of non-participating agencies should contact their employing office for enrollment instructions.

For more information on how to enroll go to:

https://www.opm.gov/healthcare-insurance/healthcare/plan-information/enroll/

321 - Self Only FEHB High Option

323 - Self Plus One FEHB High Option

322 - Self and Family FEHB High Option



All images are © of Dreamstime.com

Annuitants or retirees eligible in the FEHB program can enroll by using OPM's Open Season online system at https://retireefehb.opm.gov/Annuitant/Home/Default, or by calling Open Season Express at 800-332-9798. For more information, call the Retirement Information Center at 888-767-6738 (TTY: 800-878-5707).