

# NALC Health Benefit Plan

## Consumer Driven Health Plan (CDHP)

2024





# Welcome

Welcome to an overview of the NALC Health Benefit Plan (the Plan). I want to thank you for taking time to read our material and considering us for your health care needs.

Once again, we have put together another amazing benefit package for all Plan enrollees. Each year, and 2024 is no exception, we continue to add competitive benefits and wellness programs to support each member and their family.

With over seventy years' experience serving our members, we are not new to the business. We believe that your health is a priority, and our members should have affordable health care that includes the tools necessary for members to engage in their health.

With partnerships to include: CVS Caremark, Cigna, Hello Heart, Hinge Health, and MDLive, how can you go wrong?

Wait, it doesn't stop there. We also offer other programs to help you end the nicotine habit, lose that extra weight, or simply find the mental health support needed.

We are union owned, union operated, and not-for-profit.

Please look over the information provided and make sure to reach out to us if you have any questions.

It's going to be a great year, and I want to make sure that you are on the journey with us.



*Stephanie M. Stewart*  
*Director*

# New in 2024 & Benefit Structure

## New For You

The Plan has added and expanded many features for you in 2024, including:

- Reduced In-Network Out-of-Pocket for Self Plus One and Self and Family**
- Expanded Hearing Aids**
- Expanded Foot Orthotics**
- Annual Skin Care Screening**
- Annual A1C Test**
- Infertility**
- Gender Affirmation**
- Broad Vaccine Network**

Take a deeper dive into each of these programs by reviewing this booklet. Additional information can be found in our brochure. We hope you see the value of the NALC Health Benefit Plan and the many programs that we have to offer!



The Consumer Driven Plan helps protect members from catastrophic medical expenses by paying eligible medical, mental health and prescription out-of-pocket amounts from a Personal Care Account (PCA). The PCA is a fixed amount funded by the Plan. Each year the Plan will add a certain amount to your PCA.

This is a high deductible health plan. The deductible is a sharing of the PCA and your portion. The deductible must be met before the Plan starts sharing cost.

## Consumer Driven Health Plan PCA

- \$1,200.00 per year for Self Only
- \$2,400.00 per year for Self Plus One
- \$2,400.00 per year for Self and Family

**Note 1:** PCA Rollover Maximum - the money in the account rolls over each year if you do not spend it, up to a maximum of \$5,000 Self, \$10,000 Self Plus One and \$10,000 Self and Family. You must use any available PCA benefits, including any amounts rolled over from previous years, and satisfy any remaining deductible before Traditional Health Coverage begins.

**Note 2:** We will prorate the amount of the PCA for enrollments outside of the Open Season.

	In-Network	Out-of-Network
CDHP Deductible	Self - \$2,000 Self Plus One - \$4,000 Self and Family - \$4,000	Self - \$4,000 Self Plus One - \$8,000 Self and Family - \$8,000
CDHP Out-of-Pocket	Self - \$6,600 Self Plus One - \$12,000 Self and Family - \$12,000	Self - \$12,000 Self Plus One - \$24,000 Self and Family - \$24,000



# Highlights

**Preventive Care** rendered by an In-Network health care professional is covered at 100%. When the doctor bills your visit as preventive care, your PCA will not be used.

**Professional Services** by physicians (including specialists) or urgent care centers such as: office or outpatient visits, office or outpatient consultations or second surgical opinions.

	In-Network	Out-of-Network
<b>You Pay</b>	20% of Plan allowance	50% of Plan allowance And any difference between our allowance and the billed amount

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.  
Your deductible applies to all benefits listed above.*

## Labs, X-rays, and Other Diagnostic Tests

	In-Network	Out-of-Network
<b>You Pay</b>	20% of Plan allowance	50% of Plan allowance And any difference between our allowance and the billed amount

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.  
Your deductible applies to all benefits listed above. (Not covered - Routine tests except as listed in the official brochure under Preventive Care, Section 5.)*

**Maternity Care** such as: routine prenatal visits, delivery, routine postnatal visits, amniocentesis, anesthesia related to delivery or amniocentesis, group B streptococcus infection screening, sonograms and fetal monitoring.

	In-Network	Out-of-Network
<b>You Pay</b>	20% of Plan allowance	50% of Plan allowance And any difference between our allowance and the billed amount

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.  
Your deductible applies to all benefits listed above.*

**Physical, Speech, and Occupational Therapies:** A combined total of 50 rehabilitative and habilitative visits per calendar year for treatment provided by a licensed registered therapist or physician for the following: Physical Therapy, Occupational Therapy and Speech Therapy. *(The Attending Physician must order the care, identify the specific skills the patient requires and the medical necessity for skilled services, and indicate the length of time the services are needed.)*

	In-Network	Out-of-Network
<b>You Pay</b>	20% of Plan allowance <i>(All charges after 50 max visits have been met)</i>	50% of Plan allowance And any difference between our allowance and the billed amount <i>(All charges after 50 max visits have been met)</i>

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.  
Your deductible applies to all benefits listed above.*

## ★ *Expanded Hearing Aids for Adults and Children*

We cover hearing aids for adults up to a maximum Plan payment of \$1,500 with replacements covered every 3 years. For children, up to a maximum Plan payment of \$1,500 annually.

## ★ *Expanded Custom Functional Foot Orthotics*

With mail carriers in mind, we have increased our custom functional foot orthotic benefit to two pairs annually without a maximum Plan payment amount.

## ★ *NEW Annual Skin Cancer Screening*

This is one of the value-added features for our members and letter carriers. Benefits are available under diagnostic tests.

## ★ *NEW Annual A1C test for ages 18 and older*

One Hemoglobin A1C test, which assesses your average blood sugar levels annually, is now available through the NALC Health Benefit Plan. This value-added feature for members enables early diagnosis, which can lead to education and awareness at an earlier stage. This is available under the preventive benefits.

## ★ *NEW Infertility*

The Plan covers the diagnosing and treatment of infertility as well as treatment needed to conceive, including certain artificial insemination procedures listed below.

- Diagnostic services
- Laboratory tests
- Fertility drugs
- Artificial insemination (Up to 3 cycles): Intravaginal insemination (IVI), Intracervical insemination (ICI), Intrauterine insemination (IUI)

You may also visit our website at [www.nalchbp.org/infertility](http://www.nalchbp.org/infertility) for additional information on infertility benefits. Note: Prescription drugs (Up to 3 cycles of IVF-related drugs) are covered for the treatment of infertility.

## ★ *NEW Gender Affirmation*

To enhance our gender affirming benefits, we are adding facial feminization/masculinization surgeries to covered procedures. To reduce barriers, only one letter of support is required documentation for prior authorization of a gender affirming surgery. All gender affirming surgeries require prior authorization. We also provide coverage for drugs related to gender affirmation. To prior authorize a gender affirming surgery, call Cigna at 855-511-1893. For more details on gender affirmation surgeries, please see our Plan brochure available online at [www.nalchbp.org](http://www.nalchbp.org).

## *Chiropractic Benefit*

Our chiropractic benefit includes coverage for 12 office visits when services are rendered on the same day as 12 spinal or extraspinal manipulations, per calendar year.

## *Genetic Testing and Counseling*

Benefits are available for diagnostic genetic testing when it is medically necessary to diagnose and/or manage a patient's medical condition. Call 855-511-1893 for prior approval. Genetic counseling is covered with or without authorized genetic testing.

For more details on these benefits, please see our Plan brochure available at [www.nalchbp.org](http://www.nalchbp.org).

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



# Provider Network



By choosing In-Network providers, you receive the best benefit, maximize your Personal Care Account (PCA) dollars and lower your out-of-pocket costs.

The Cigna® HealthCare OAP network has:

**Family Doctor and Specialist  
Locations - 4,589,748**

**Participating Facilities - 25,046**


**General Acute Care Hospitals - 10,316**

**Transplant Facilities - 176**

***This network is accredited by the National Committee of Quality Assurance (NCQA) assuring you a choice of quality health care providers who meet Cigna's rigorous credentialing standards.***

***For more information call  
855-511-1893 or go to  
[www.mycigna.com](http://www.mycigna.com).***



If you need a specialist, look online in the OAP directory for the Cigna Care Designation symbol . This symbol distinguishes network doctors who practice in one of the specialties reviewed and who meet certain quality and cost-efficiency measures. Specialties represented in the OAP Cigna Care Designation include (but not limited to) cardiology, obstetrics and gynecology, and general surgery.

Also, by using an In-Network Family Doctor/ Primary Care Physician or an OAP specialist, you are receiving the highest quality care for you and your family.

Covered Preventive care, as outlined in the Plan's brochure, is paid at 100% when you use an In-Network provider. Other services such as office visits, outpatient laboratory and radiology, and in-patient confinements are paid at 80% of the Plan allowance after your deductible is satisfied when rendered by In-Network providers.

*Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.*

# Behavioral Health Services

Mental and emotional well-being is essential to overall health. Positive mental health allows you to realize your full potential, cope with stresses of life, work productively and make meaningful contributions to your community. The Cigna Behavioral Health network for the NALC Health Benefit Plan CDHP has:

**In-Network Clinician  
Locations - 535,278**

**In-Network Facilities - 7,638**

**In-Network Clinics - 37,189**

By choosing an In-Network provider when utilizing these mental health and substance use disorder services, you will receive the best benefit. However, Out-of-Network benefits are also available.



Taking advantage of these services can help you deal with the stressful and challenging situations of everyday life and assist you in managing a wide range of mental health and substance use disorder conditions such as:

- Abuse
- Alcohol and Drug Addiction
- Alzheimer’s & Dementia
- Anxiety
- Bipolar Disorder
- Depression
- Eating Disorders
- Post-Traumatic Stress Disorder
- Schizophrenia
- Stress

The [www.mycigna.com](http://www.mycigna.com) website provides convenient, confidential, and open access to information you need, when you need it. An online search tool is also available to help you find an In-Network clinician. By calling **855-511-1893**, a specialist will help you identify the nature of your problem and match you with an In-Network provider who has the appropriate experience to help with your specific needs.



	Treatment Facility	Inpatient Hospital	Outpatient Professional Services
In-Network (You Pay deductible)	20% of the Plan allowance	20% of the Plan allowance	20% of the Plan allowance
Out-of-Network (You Pay deductible)	50% of the Plan allowance (and any difference between our allowance and the billed amount)	50% of the Plan allowance (and any difference between our allowance and the billed amount)	50% of the Plan allowance (and any difference between our allowance and the billed amount)

*Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.*

# Prescription Drug Services

## ★ *NEW NALC Health Benefit Plan 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 full list of participating pharmacies is available at [www.nalchbp.org](http://www.nalchbp.org) or call CVS Caremark Customer Service at 800-933-NALC (6252) to locate a local participating pharmacy. Pharmacy participation may vary based on state law.



## *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.

## *Compound Drugs*

A compound drug is a medication made by combining, mixing, or altering ingredients in response to a prescription, to create a customized drug that is not otherwise commercially available. Certain compounding chemicals are not covered through the prescription benefit and will be determined through preauthorization. Refill limits may apply. Contact CVS Caremark® at 800-933-NALC (6252) to obtain prior authorization.

## *Prior Authorization*

We require prior authorization (PA) for certain drugs to ensure safety, clinical appropriateness and cost effectiveness. PA criteria is designed to determine coverage and help to promote safe and appropriate use of medications. Medications for antinarcoplepsy, ADD/ADHD, certain analgesics, certain opioids, 510K dermatological products, and artificial saliva will require PA. In certain circumstances, a PA may require the trial or step of a more appropriate first line agent before the drug being requested is approved. To obtain a list of drugs that require PA, visit our website at [www.nalchbp.org](http://www.nalchbp.org) or call 888-636-NALC (6252).

## *Dispensing Limitations*

There are dispensing limitations for prescriptions purchased locally at one of the more than 68,000 participating NALC Network pharmacies. You may obtain up to a 30-day fill plus one refill of your covered medications at a local participating pharmacy. Maintenance and long-term medications may be ordered through our Mail Order Prescription Drug Program for up to a 60-day or 90-day supply (21-day minimum). The 21-day minimum does not apply to specialty drugs ordered through CVS Specialty™. You may also purchase up to a 90-day supply (84-day minimum) through our Maintenance Choice Program. Patients confined to a nursing home, patients in the process of having their medications regulated, or when state law prohibits dispensing quantities of medications greater than 30-day, can continue to fill their prescriptions at a local participating pharmacy. Members should contact the Plan at 888-636-NALC (6252) for instructions and authorization.



The NALC Health Benefit Plan's Prescription Drug Program, provided by CVS Caremark®, classifies prescription medications into four categories or 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  
Generic Prescription Drugs*

*Tier 2  
Formulary Brand Drugs  
Brand name drugs that appear on the Plan's formulary*

*Tier 3  
Non-Formulary Brand Drugs  
Brand name drugs that are not listed on the Plan's formulary*

*Tier 4  
Specialty Drugs  
Prior authorization is required for all specialty medications and may include step therapy. Our benefit includes the Advanced Control Specialty Formulary® that includes a step therapy program that requires the use of a preferred drug(s) before non-preferred specialty drugs are covered. These are typically used to treat chronic, serious or life-threatening conditions. Contact CVS Specialty™ at 800-237-2767.*

## **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. Call CVS Caremark® at 800-933-NALC (6252) to see if your brand name prescription is available as a generic.



## **Formulary**

We use a formulary drug list. Certain non-formulary drugs may only be covered with prior authorization. You may order a copy of the Advanced Control Specialty Formulary® drug list by calling 800-933-NALC (6252) or by visiting our website at [www.nalchbp.org](http://www.nalchbp.org). Our formulary is subject to review and modifications throughout the year.

## Your 2024 Drug Cost-Share for the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP)

<b>Generic Drug:</b>		<b>You Pay:</b>
Network Retail	up to 30-day supply	\$10 (\$5 generic for asthma, diabetes & hypertension)*
Mail Order	90-day supply	\$20 (\$13 generic for asthma, diabetes & hypertension)*

<b>Formulary Brand Drug:</b>		<b>You Pay:</b>
Network Retail	up to 30-day supply	\$40*
Mail Order	90-day supply	\$90 (\$70 Formulary brand for asthma, diabetes & hypertension)*

<b>Non-Formulary Brand Drug:</b>		<b>You Pay:</b>
Network Retail	up to 30-day supply	\$60*
Mail Order	90-day supply	\$125 (\$110 Non-Formulary brand for asthma, diabetes & hypertension)*

<b>Specialty Drugs**:</b>		<b>You Pay:</b>
Caremark Specialty™ Mail Order	30-day supply	\$250*
Caremark Specialty™ Mail Order	90-day supply	\$450*

<b>Non-network retail:</b>
You pay 50%* of the Plan allowance and any difference between our allowance and the billed amount.

\*Prescription drugs are subject to the calendar year deductible. Your PCA must be used first and then you must meet the remainder of your deductible before your Traditional Health Coverage begins.

\*\*All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. NALC's Advanced Control Specialty Formulary utilizes step therapy for certain specialty medications. We require the use of preferred drugs before non-preferred specialty drugs are covered. Our Advanced Control Specialty Formulary focuses on biologic therapy classes that have multiple products with prescribing interchangeability based on safety and clinical efficacy. Step therapy uses evidence-based protocols that require the use of a preferred drug(s) before non-preferred specialty drugs are covered. Call CVS Specialty™ at 800-237-2767 to obtain prior approval.



## *Tips to Help you Save Money on your Prescriptions*

1. Ask for generics first. Generic drugs can cost up to 80% less than brand name drugs.
2. Remember the NALC Health Benefit Plan CDHP Formulary Drug List. If a generic isn't available, ask your doctor to prescribe a drug on your plan's formulary drug list, if appropriate. Visit our website at [www.nalchbp.org](http://www.nalchbp.org) for a current listing.
3. Order 90-day supplies of long-term medications to save money. Sign up for the CVS Caremark® Mail Order Prescription Program to enjoy the convenience of having your medication shipped directly to you at no additional cost or have them filled at your local CVS Pharmacy through the Maintenance Choice Program.
4. Fill short-term prescriptions at an NALC CareSelect Network pharmacy. You will pay more for short-term (30 days or less) prescriptions that are not filled at a network pharmacy.
5. Some drugs require prior approval before the Plan will cover the medication. Call CVS Caremark® at 800-933-NALC (6252) to determine if your drug requires prior approval.

### *MinuteClinic®*

MinuteClinic® is more than just a regular walk-in clinic. MinuteClinic offers convenient high-quality care for minor illnesses, minor injuries, skin conditions, vaccinations and more. Clinics are located inside CVS Pharmacy® locations, select Target® stores and inside the new CVS® Health-HUB™. MinuteClinic offers flexibility and no appointment is necessary.

Visit [www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic) for more information and a complete list of services.





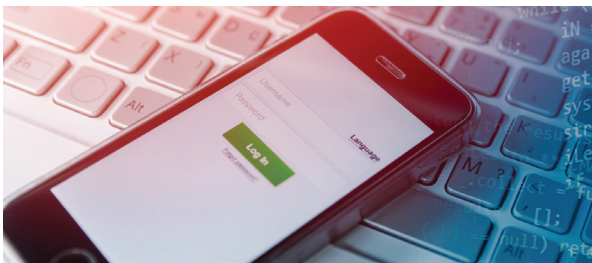
# Mobile App and Other Online Tools

## Member Access Portal

In the fast-paced technology driven world we live in today, it is more important than ever to have the information you need accessible when you need it. To have quick access to the Plan's Member Access Portal, use the Plan's mobile app which is available for download on both iOS and Android mobile devices. Once registered, communicate with NALC HBP representatives directly through the app. In addition, the app includes the ability to review wellness incentives, order Member ID cards and direct sign-on links to Cigna®, CVS Caremark®, and Hinge®. Your personal health information is stored in a single, safe, password protected place accessible by only you or your designated personal representative.

**CDHP Member Portal:**

**[www.mycigna.com](http://www.mycigna.com)**



## Personal Health Notes

Members have access to a Personal Health Notes page within the Member Access Portal. It is a helpful tool used to create and keep up-to-date records of:

- medications
- immunizations
- allergies
- medical conditions
- emergency contacts
- physicians / pharmacies / hospitals

Access Personal Health Notes through the Member Access Portal on our website at [www.nalchbp.org](http://www.nalchbp.org), or by using our mobile app. Once signed in to your portal account, click the Notes button.

## myCigna® Mobile App

From the myCigna® Mobile App you can instantly access and view your PCA balances and see how much of your deductible has been met. Or, access and review current and past claims. You can locate a doctor, then have a map and directions sent right to your smartphone or mobile device. Download the mobile application to any web enabled device and you will have access to all the tools and resources from [www.mycigna.com](http://www.mycigna.com).

The mobile app allows you to personalize, organize, and store your health information, including contact information for your doctors and hospital, in one place.



## myCVS™ On the Go

Enjoy the convenience of accessing a CVS Pharmacy or locate a MinuteClinic® on your smartphone 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](http://www.cvs.com) to “open” your CVS Pharmacy anytime, anywhere.

### CVS Pharmacy ([m.cvs.com](http://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 & ExtraCare accounts

### MinuteClinic® ([m.minuteclinic.com](http://m.minuteclinic.com))

- Locate a nearby clinic in a click
- See services and view hours



## Cigna Weight Management Program

This **free** weight loss program helps you meet your weight goals by providing a structured weight loss plan and motivational support. You can choose a telephone or online program, whichever works best for you. The program is a non-diet approach to weight loss with an emphasis on changing habits. The program is tailored to each individual’s learning style and level of readiness to make a behavior change.

To enroll, call 855-511-1893 or go online to [www.mycigna.com](http://www.mycigna.com).

## Telehealth Virtual Visits

Receive high quality, affordable care for minor acute conditions wherever you are! Telehealth or virtual visits are available through MDLIVE. Access **MDLIVE** by logging into [www.mycigna.com](http://www.mycigna.com) and clicking “Talk to a doctor” or call MDLIVE at 888-726-3171 (no phone calls for virtual dermatology). You’ll be able to connect with a board-certified doctor via video chat or phone, without leaving your home or office. Virtual visits can be used for adults or children with minor acute non-emergency medical conditions such as allergies, cold and flu symptoms, sinus problems, skin disturbances, and minor wounds and abrasions.

*Note: This benefit is only available through the contracted telehealth network.*

*Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan’s network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Members will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours. Not all providers offer virtual care. Video chat is not available in some areas.*



## 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 smart-phone 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, or those taking blood pressure medication are eligible to enroll. Hello Heart is available at no cost to you. For more information, see the official Plan brochure.



Go to [www.join.helloheart.com/NALC](http://www.join.helloheart.com/NALC) or text **NALC** to **75706** to register.

## Musculoskeletal (MSK) Program

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. Once enrolled, depending on the treatment needed, you may receive:

- Access to a personal care team, including a physical therapist and health coach
- A tablet and wearable sensors that guide you through the exercises
- Video visits with your care team, delivered through the Hinge Health app

For more information or to enroll call 855-902-2777 or visit [www.hingehealth.com/nalc](http://www.hingehealth.com/nalc).



## Cost Estimation Tool

Joining a consumer driven health plan means you have more control over your health care expenses. Being a smart health care “shopper” will help maximize the benefits of the plan. We make it easy by providing cost estimation tools at [www.mycigna.com](http://www.mycigna.com).

After choosing a provider, you can view a list of procedures performed by that physician and the cost for each service. If you do not have a physician in mind, you can search by a procedure. Once you choose the procedure, from major surgeries to lab tests, you will be given a list of doctors in your area who can perform the service and the estimated cost. The tool includes the estimated cost for hospital, urgent care, and emergency room care, in addition to physician cost.





# Health and Wellness

## *24-Hour Health Information Line*

The 24-Hour Health Information Line uses nurses/clinicians to provide appropriate level of care information to members who call with symptom-based questions or concerns. Based on the symptoms and responses, they can help members select a course of action and a timeline for seeking the recommended care. Call 855-511-1893 to speak with these trained professionals 24/7.

## *Complex and Chronic Disease Management*

We offer programs for complex chronic medical conditions through Accordant Health Management. They can assist in managing chronic health conditions such as Cystic Fibrosis, Multiple Sclerosis and seizure disorders. See our brochure for a list of all covered medical conditions. Call Accordant Health Management programs at 844-923-0805 for more information.

## *Diabetes Care Management Program – Transform Care*

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 Minute-Clinic® and a suite of digital resources through the CVS mobile App, all at no cost. Call CVS Caremark® at 800-933-NALC (6252) for more information.

## *CareAllies – Well Informed (Gaps in Care Program)*

This program is offered through CareAllies, and provides timely personalized information to help you reach and/or maintain a healthy lifestyle. Gaps in Care is an outreach program designed to identify and address discrepancies between the care provided to patients and the recommended best practices in healthcare. This clinically based program focuses on members who have chronic illnesses, such as high blood pressure, diabetes and more, to determine if the patient is receiving adequate medical care. This program is voluntary. Here's how the program works:

- 1. Your health care claims are reviewed and steps may be identified that you can take to improve your health.*
- 2. If steps are identified, you and your health care professional (if we have their information) will receive information from CareAllies that may include:*
  - A summary of health conditions which may be of interest to you*
  - Educational information to help close potential gaps in your health care*
  - Resources and helpful tips for better managing your care*
- 3. You are encouraged to talk to your doctor about suggested topics and develop long-term health goals.*

It is not meant to take the place of your doctor's professional judgment. This program is part of our ongoing commitment to help you improve your health and well-being. To learn more about this program, call CareAllies at 800-252-7441, Monday through Friday 8 am to 8 pm (CST).

## Cigna Healthy Rewards™

The Healthy Rewards™ Member Savings Program can provide deep discounts on products and services that encourage and promote healthy behaviors and lifestyles, like:

- *Vision and hearing care discounts such as laser vision correction procedures and discounts on eyeglasses, prescription sunglasses and vision exams*
- *Low-cost fitness center memberships around the country*
- *Nutrition – Free shipping on meals delivered right to your home*

There are no claim forms or referrals, the program is easy for members to use. For more information call 800-870-3470 or go to [www.nalchbp.org](http://www.nalchbp.org). Look under the Plans and Benefits tab and click on “Wellness and Other Special Features”.

*Note: Some Healthy Rewards™ Programs are not available in all states. Healthy Rewards programs are separate from your medical coverage. A discount program is NOT insurance, and the member must pay the entire discounted charge. Participating providers are solely responsible for their goods and services.*



## CignaPlus Savings® (Non-FEHB Benefit)

The CignaPlus Savings® Program is a dental discount program that provides members and their dependents discounted fees on dental services.

- *CignaPlus Savings® gives members access to over 88,000 dental providers nationwide*
- *Members receive an average savings of 34% off most commonly performed dental services such as cleanings, root canals, crowns, fillings, dentures & braces*

It also offers ease of use – with no deductibles, age limit, waiting periods, frequency limitations or restrictions on pre-existing conditions. There are no claim forms to complete since you pay the participating provider at the time services are rendered.

To find out more about the program, or to enroll, visit [www.cignaplussavings.com](http://www.cignaplussavings.com) or call 877-521-0244. This program is not part of the Plan's FEHB benefits and is not insurance.

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.

Enrollment in the CignaPlus Savings® discount dental program is just one of the available incentives for completing the Health Assessment.

# Wellness with Rewards

The NALC Health Benefit Plan wants to reward you for reaching your health and wellness goals! You can now earn valuable health savings to use toward eligible medical expenses.

- Annual influenza vaccine - \$5
- Annual pneumococcal vaccine - \$5
- Health Assessment - \$20
- Annual biometric screening - \$30
- Completion of 6 well-child visits - \$30
- Healthy Pregnancies, Healthy Babies<sup>®</sup> Program - \$30
- Tobacco Cessation Program - \$30
- Your Health First Disease Management Program - \$30

*Note: 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.*



## Flu & Pneumococcal Vaccine

When the NALC Health Benefit Plan is the primary payor for your medical expenses, the seasonal flu vaccine, pediatric/adult pneumococcal, and shingles (Zostovax and Shingrix) vaccines will be paid in full when administered by a pharmacy that participates in the NALC Health Benefit Plan Broad Vaccine Administration Network. A complete listing of participating pharmacies is available by calling CVS Caremark<sup>®</sup> Customer Service at 800-933-NALC (6252) or by visiting [www.nalchbp.org](http://www.nalchbp.org).

**Earn \$5 in health savings rewards for having an annual flu vaccine and/or pneumococcal vaccine.**

## Health Assessment

When you fill out our free Health Assessment, you are taking a positive step toward better physical and mental health. The Health Assessment is an online tool that analyzes your responses to health related questions and gives you a personalized plan to achieve your specific health goals.

Your Health Assessment profile may be used to spark discussion with your physician, or simply provide tips you may follow. You can find the link to the Health Assessment at [www.mycigna.com](http://www.mycigna.com). See the Plan brochure for details.

As a bonus for being proactive, when you complete the Health Assessment (HA), any eligible member or dependent age 18 or older can choose from **one** of the following:

- **Earn \$20 in health savings rewards or**
- *Be enrolled in the CignaPlus Savings<sup>®</sup> discount dental program and we will pay the premium for the remainder of the calendar year in which you completed the Health Assessment, provided you remain enrolled in our Plan*

## Annual Biometric Screening

A biometric screening is a clinical assessment that provides your physician with an evaluation of your key health measures. It is typically performed during your annual physical. The screening includes a calculation of your body mass index (BMI), a waist circumference measurement, and a blood test for lipid (cholesterol) and glucose measures (blood sugar).

**Earn \$30 in health savings rewards for participation in a biometric screening. See the Plan brochure for details.**





## Healthy Pregnancies, Healthy Babies® Program

Enrolling in the Healthy Pregnancies, Healthy Babies® program is an important step toward a healthy future for you and your baby. This is a voluntary program for all expectant mothers that includes:

- *Access to preconception planning tools and resources*
- *Educational information and support throughout your entire pregnancy and after*
- *Unlimited coaching calls by a pregnancy specialist to provide you with caring support to optimize your chances of having a healthy, full-term pregnancy*
- *Ongoing assessments to help with early detection of a high-risk pregnancy or other special needs you may have during your pregnancy*

The Healthy Pregnancies, Healthy Babies® Program will work together with you and your doctor to develop a plan of care. Call 855-511-1893 to enroll in the Healthy Pregnancies, Healthy Babies® program as soon as you are ready to plan your pregnancy, or you know you are pregnant.

***Earn \$30 in health savings rewards for participation in this program. See the Plan brochure for details.***

## Well-Child Visits

The Plan covers well-child visits, examinations, and other preventive services as described in the Bright Future Guidelines provided by the American Academy of Pediatrics. See the Plan brochure for details.

***Earn \$30 in health savings rewards for completing 6 well-child visits through age 15 months as recommended above. See the Plan brochure for details.***



## Quitting Tobacco Use

While quitting can be tough, having support and planning ahead can boost your chances for success. We offer a voluntary tobacco cessation program to help you, it includes:

- *Unlimited professional 20-30 minute telephonic counseling sessions per quit attempt*
- *Online tools*
- *Over-the-counter nicotine replacement therapy*

For more information on the program or to join, call 855-246-1873 or visit [www.mycigna.com](http://www.mycigna.com).

***Earn \$30 in health savings rewards for participation in this program. See the Plan brochure for details.***



## Your Health First Disease Management Program

If you have a chronic health condition, there may be times you need extra help. Your Health First is a coaching telephonic or online program that is available at no extra cost to you. You can connect with a dedicated health advocate trained as a nurse, health educator, or behavioral health specialist or access the 24/7 online support that offers articles and podcasts on hundreds of health topics to help you better understand your condition and make more informed treatment decisions.

Health advocates focus on your unique health needs, preferences, and goals. Your Health First coaching includes health and wellness coaching, treatment decision support, and lifestyle management coaching.

Connect with a health advocate. It is a **free**, confidential resource to help you with:

- *Asthma*
- *Heart Disease*
- *Coronary Artery Disease*
- *Congestive Heart Failure*
- *Peripheral Arterial Disease*
- *Osteoarthritis*
- *Type I & Type II Diabetes*
- *Low Back Pain*
- *Chronic Obstructive Pulmonary Disease*
- *Metabolic Syndrome*
- *Behavioral Concerns: Depression, Anxiety, Bipolar Disorder*

To talk to a health advocate, call 855-511-1893 or visit [www.nalchbp.org](http://www.nalchbp.org) for information and self-help resources.

***Earn \$30 in health savings rewards once you achieve your fitness, diet, or health goals with the assistance of a trained health coach. See the Plan brochure for details.***



# Medicare

Your NALC Health Benefit Plan CDHP continues to be with you even when you are eligible and enroll in the federal Medicare program. If you are approaching age 65 or are age 65 and retired, you need to understand the importance of having total medical and prescription drug coverage. You may be in good health today, but that could change unexpectedly.

## Medicare Part A

Medicare Part A (Hospital Insurance) is generally cost-free. For those who do not meet the work credit requirements, you may be able to buy Part A (and Part B) by paying a monthly premium. Part A benefits help to pay for inpatient hospital care, inpatient skilled nursing facility care, home health and hospice care. There are deductibles and co-insurance which apply to these expenses that are your responsibility. Once Medicare Part A considers your claim, that information is securely transmitted to us. The NALC Health Benefit Plan CDHP will then consider the Medicare approved amount limiting the benefits payable to the total maximum benefit we would pay if we paid first. In short, we will subtract the Medicare payment from what we would have paid as the primary payor. If our liability is less than Medicare's payment, we will pay nothing.

*You can get more information about Medicare plan choices by calling 800-633-4227 or at [www.medicare.gov](http://www.medicare.gov).*



## Medicare Part B

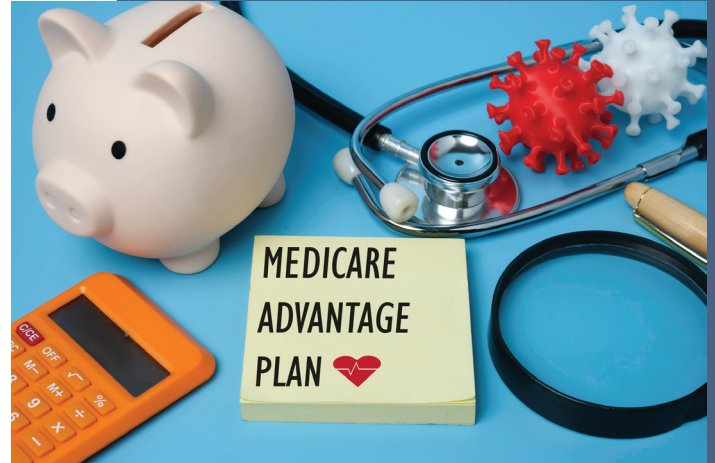
Once you approach age 65, you will receive notice from the Centers for Medicare and Medicaid Services (CMS) that you are eligible to enroll in Medicare Part B (Medical Insurance). If you are receiving Social Security benefits, once you enroll, the premium is deducted from your monthly Social Security benefits.

Medicare Part B benefits help you pay for doctor charges, diagnostic services, ambulance charges, surgeries, medical equipment and supplies, and covered services not covered or payable under Medicare Part A. When you are enrolled in the NALC Health Benefit Plan CDHP and Medicare Part B, your Medicare Part B plan will pay benefits as the primary payor (pays first). Your Medicare Part B claims are transmitted electronically to the NALC Health Benefit Plan CDHP where we will then consider the Medicare approved amount limiting the benefits payable to the total maximum benefit we would pay if we paid first. In short, we will subtract the Medicare payment from what we would have paid as the primary payor. If our liability is less than Medicare's payment, we will pay nothing.



## Medicare Part C

Medicare Part C (Medicare Advantage Plans) are Medicare health plan options that are part of the Medicare program. If you decide to join one of the many Medicare Advantage plans, you generally must receive all of your Medicare covered health care through that Plan. Medicare Advantage plans can also include prescription drug coverage. Included in the Medicare Advantage plans are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), private fee-for-service plans, and Medicare Special Needs plans. In some cases, there are extra benefits and lower copayments than in the original Medicare plan. However, you may be required to receive treatments or referrals only from providers that belong to that Medicare Advantage Plan in order to receive benefits.



## Medicare Part D

If you are enrolled in Medicare, you are eligible to enroll in Medicare Part D (Prescription Drug Plan). There are many plans from which to choose, and each has an additional premium. When you are enrolled in a Medicare Part D Plan and Medicare Part D pays first, the NALC Health Benefit Plan CDHP will waive your retail fill limit and retail day's supply limitations. We will coordinate benefits as the secondary payor where we will then consider the Medicare approved amount limiting the benefits payable to the total maximum benefit we would pay if we paid first. In short, we will subtract the Medicare payment from what we would have paid as the primary payor. If our liability is less than Medicare's payment, we will pay nothing.



# NALC Health Benefit Plan CDHP Coordination of Benefits with Medicare

## How we determine Plan payment when Medicare Part B and the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) deductibles are not met.

Total charge	<b>\$1,350.00</b>
Medicare's allowable expense	<b>\$800.00</b>
Medicare Part B Deductible (2023 Medicare Deductible)	<b>\$226.00</b>
<b>Medicare's total payment</b>	<b>\$459.20</b> (Medicare's allowable amount of \$800.00 minus Medicare deductible of \$226 payable at 80%)
Balance due after Medicare's payment	<b>\$340.80</b> (Medicare allowable of \$800.00 minus Medicare payment of \$459.20)
CDHP's allowable expense	<b>\$800.00</b> (determined by Medicare allowable amount)
CDHP's original liability (CDHP Plans determine what would be paid in absence of a primary payor)	<b>\$0.00</b> (CDHP's allowable charge of \$800.00 minus the Plan deductible \$800.00) <i>Note: PCA is exhausted.</i>
<b>CDHP's total payment</b>	<b>\$0.00</b> (To determine CDHP's payment, we subtract Medicare's payment from CDHP's original liability. In this case, since CDHP's original liability is less than Medicare's payment, the CDHP plan pays \$0.00)
<b>Patient Responsibility (out-of-pocket)</b>	<b>\$340.80</b> (Medicare's allowable amount of \$800.00 minus the Medicare and CDHP's combined payment)

## How we determine Plan payment when Medicare Part B and the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) deductibles are met.

Total charge	<b>\$1,350.00</b>
Medicare's allowable expense	<b>\$1,000.00</b>
Medicare Part B Deductible	<b>Deductible is met (\$0.00)</b>
<b>Medicare's total payment</b>	<b>\$800.00</b> (Medicare's allowable amount of \$1,000.00 times 80% Medicare payment)
Balance due after Medicare's payment	<b>\$200.00</b> (Medicare allowable of \$1,000.00 minus Medicare payment of \$800.00)
CDHP's allowable expense	<b>\$1,000.00</b> (determined by Medicare allowable amount)
CDHP's original liability (CDHP determine what would be paid in absence of a primary payor)	<b>\$800.00</b> (CDHP's allowable charge of \$1,000.00 paid at 80%)
<b>CDHP's total payment</b>	<b>\$0.00</b> (To determine CDHP's payment, we subtract Medicare's payment from CDHP's original liability. In this case, since CDHP's original liability is equal to Medicare's payment, CDHP pays \$0.00)
<b>Patient Responsibility (out-of-pocket)</b>	<b>\$200.00</b> (Medicare's allowable amount of \$1,000.00 minus the Medicare and CDHP's combined payment of \$800.00)

This is a summary of some of the features of the NALC Health Benefit Plan CDHP. Detailed information on the benefits for the 2024 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.

# Disclosures

## *Notice of Summary of Benefits and Coverage (SBC)*

The Federal Employees Health Benefits (FEHB) Program offers numerous health benefit plans and coverage options. To help you make an informed choice, each FEHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online and in paper form. The SBC summarizes important information in a standard format to help you compare plans and options. The NALC Health Benefit Plan's SBC is available on our website at [www.nalchbp.org](http://www.nalchbp.org).

A paper copy is also available, free of charge, by calling 888-636-NALC (6252). To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit [www.opm.gov/healthcare-insurance/healthcare/plan-information/](http://www.opm.gov/healthcare-insurance/healthcare/plan-information/).

## *Notice of Patient Protection under the Affordable Care Act*

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. You may designate a pediatrician as the primary care provider for your children. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna® at 855-511-1893 or visit our website at [www.nalchbp.org](http://www.nalchbp.org).

## *Brochure Download*

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 may download the brochure from the Plan's website at [www.nalchbp.org](http://www.nalchbp.org). If you would like to receive a paper copy of the brochure, contact the Plan at 888-636-NALC (6252).





# How to Join CDHP

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 postal and 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.

Current Active Letter Carriers can enroll in the NALC Health Benefit Plan by going to:

Access LiteBlue at <https://liteblue.usps.gov>.  
**liteblue** United States Postal Service  
You deliver for the country, we deliver for you.

When enrolling, know your health plan enrollment code:

- 324 - Self Only  
NALC Consumer Driven Health Plan
- 325 - Self and Family  
NALC Consumer Driven Health Plan
- 326 - Self Plus One  
NALC Consumer Driven Health Plan

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).

If you submit your change by mail, the address is:

OPM, Open Season Processing Center  
PO Box 5000  
Lawrence, KS 66046-0500

Active Federal Employees of agencies that participate in Employee Express may enroll during Open Season by calling 478-757-3030 or by going to the website at [www.employeeexpress.gov](http://www.employeeexpress.gov).

Employees of non-participating agencies should contact their employing office for enrollment instructions.



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## Rates for CDHP

	CDHP Self Only	CDHP Self Plus One	CDHP Self and Family
Monthly Annuitants Pay	\$119.72	\$268.59	\$290.74
Biweekly Employees Pay	\$55.26	\$123.96	\$134.19

*This is a summary of some of the features of the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP). Detailed information on the benefits for the 2024 NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) can be found in the official brochure. Before making a final decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.*