

NALC Health Benefit Plan

High Option

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, Optum Health, Hello Heart, Hinge Health, and American Well Telehealth (Amwell), 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 and Mobile Tools

New For You

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

Behavioral Health Coaching Program
Telehealth - Dermatology
Expanded Hearing Aids
Expanded Foot Orthotics
A1C Testing
Skin Cancer Screening
Infertility
Gender Affirmation
Broad Vaccine Network
SilverScript® Prescription Drug (PDP)
with \$600 Medicare B reimbursement

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!

★NEW Behavioral Health Coaching Program

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.

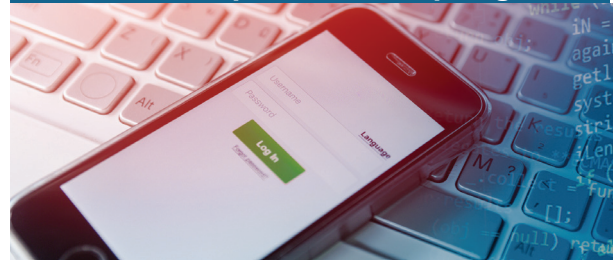
Onboarding and assessment protocols ensure that clinically appropriate care programs are selected and provide ongoing monitoring of progress, risks, and clinical needs. In addition, coaches are supervised by licensed mental health providers at all times to ensure the appropriateness of services and the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

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

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, you can get real-time deductible and out-of-pocket accumulations, view your claim history and communicate with NALC HBP representatives directly through the app. In addition, the app includes the ability to download your Explanation of Benefits, review wellness incentives, order Member ID cards and direct sign-on links to Cigna®, CVS Caremark®, Optum®, Hinge® and Amwell®. Your personal health information is stored in a single, safe, password protected place accessible to only you or your designated personal representative.

High Option Member Portal:
memberportal.nalchbp.org



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, or by using our mobile app. Once signed in to your portal account, click the Notes button.

Cost Comparison Tool

Compare costs for covered medical services through our easy-to-use web-based Hospital Comparison Tool. Being knowledgeable about health care costs makes you an informed health care consumer. Compare our In-Network provider average allowances to the standard Plan allowances for hundreds of procedures. To access this tool go to www.nalchbp.org.

Telehealth Virtual – Urgent Care Visits

Receive high quality, affordable care for minor acute conditions wherever you are! On-demand virtual visits are available 24/7 and 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. If appropriate, prescriptions for medications can be ordered. All for a low \$10 copayment per visit.



Telehealth Virtual – Nutrition Counseling Services

Receive virtual nutrition counseling from the comfort of your home to improve your health and well-being. Trained registered dietitians will design nutrition plans for a variety of chronic conditions and health concerns, such as diabetes, digestive disorders, food allergies, gout, sports nutrition, and weight management. A video chat allows a dietitian to support patients of all ages by reviewing food labels together and suggesting strategies for success. The program includes personalized meal plans and recipes. Appointments are available 7 days a week, (including evenings). This program does not have a copayment.

Telehealth Virtual – Women’s Health Services

Receive virtual, specialized and convenient care for women throughout every life stage, ranging from prenatal and postnatal support to menopause care. Clinicians provide treatment for a variety of women’s health concerns, including birth control, endometriosis, and premenstrual syndrome. On-demand visits are available 7 days a week for women 18 years of age or older. Appointments are available for breastfeeding support provided by board-certified lactation consultants. This program does not have a copayment.

★NEW Telehealth Virtual – Dermatology Services

Receive virtual dermatology services through the Telehealth app which gives adults and children of any age an online program to help manage chronic conditions like acne, rosacea, psoriasis, or skin cancer checks by scheduling with board certified dermatologists. Asynchronous visits are available 24/7, where patients will receive a written summary of treatment within 72 hours, including prescribed medications if medically necessary. All for a low \$10 copayment per visit.

Additional diagnostic, lab, or prescription services done in conjunction with a telehealth visit will be subject to the applicable coinsurance and deductible.



To access Telehealth services, download the NALCHBP Telehealth mobile app powered by Amwell from Google Play™ or the Apple App Store, visit www.nalchbptelehealth.org, or call 888-541-7706.

Real Appeal® (Weight Loss)

The Real Appeal® Program through Optum® is an online weight loss program that offers group and one-on-one personalized coaching through an online and mobile platform. The program focuses on weight loss through proper nutrition, exercise, sleep and stress management. Members will have access to a Transformation Coach and a suite of online tools to help track food and activity. Members will also receive a Success Kit to support their weight loss journey including a food and weight scale, resistance band, access to Fitness on Demand and more!

Real Appeal encourages members to make small changes toward larger long-term health results with sustained support throughout the duration of the program. Members can enroll in the Real Appeal Program online at www.nalchbp.org.

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, 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 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 go to www.hingehealth.com/nalc.



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 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

MinuteClinic® (m.minuteclinic.com)

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

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 877-220-NALC (6252) to speak with these trained professionals 24/7.

Complex and Chronic Disease Management

This is a program for complex chronic medical conditions through Accordant Health Management. The program can assist in managing chronic health conditions such as Cystic Fibrosis, Multiple Sclerosis and seizure disorders. See the brochure for a list of all covered medical conditions. For additional information, call Accordant Health Management at 844-923-0805.

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 MinuteClinic® 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).

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. Specialists are available from 7 am to 5 pm (CST) Monday through Friday. To learn more about this program, call 866-463-5337.

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. 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 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.

Lab Savings Program

The Lab Savings Program provides covered diagnostic services through LabCorp and Quest Diagnostics for **free**. There are 1,848 LabCorp and 2,270 Quest Diagnostics facilities nationwide. Be sure to ask your doctor to use LabCorp or Quest Diagnostics for laboratory processing. Other laboratory facilities are subject to the Plan’s standard benefits. To locate a LabCorp or Quest Diagnostics laboratory, call the PPO locator service at 877-220-NALC (6252).

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 - \$10
- Annual pneumococcal vaccine - \$10
- Health Assessment - \$30
- Annual biometric screening - \$50
- Completion of 6 well-child visits - \$50
- Healthy Pregnancies, Healthy Babies® Program - \$50
- Quit for Life® Tobacco Cessation Program - \$50
- Your Health First Disease Management Program - \$50

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® Customer Service at 800-933-NALC (6252) or by visiting www.nalchbp.org.

Earn \$10 in health savings rewards for having an annual flu vaccine and/or pneumococcal vaccine.

Health Assessment

The Health Assessment is an online tool that analyzes your responses to health-related questions and gives you a personalized plan to achieve specific health goals.

Your Health Assessment profile may be used to lead a discussion with your physician, or simply provide tips to improve your health. The link to the Health Assessment is on our website at www.nalchbp.org. Go to the home page under Quick Links.

As a bonus for being proactive, we offer a choice of valuable incentives. When you complete the Health Assessment (HA), any eligible member or dependent age 18 or older can choose from **one** of the following:

- **Earn \$30 in health savings rewards or**
- **Be enrolled in the CignaPlus Savings® 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 or**
- **Have two \$25 PPO medical office visit copayments waived (when the Plan is the primary payor) when incurred in the same year as the Health Assessment is completed and applied to claims submitted with dates of service after the completion of the Health Assessment or**
- **A wearable activity tracking device (limit 2 devices per enrollment)**



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 \$50 in health savings rewards for participation in a biometric screening. 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 \$50 in health savings rewards for completing 6 well-child visits through age 15 months as recommended above. 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 877-220-6252 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 \$50 in health savings rewards for participation in this program. See the Plan brochure for details.



Quitting Tobacco Use

Quitting tobacco is a great way to improve your health. If you are ready to quit and need support, we can help!

The cost-free Quit For Life® Program offers a variety of tools to help you succeed at quitting smoking, including a Quit Coach® staff member who will work with you to create an individualized plan to make it a successful quitting process. You can even receive free nicotine replacement therapy products (gum and/or patches) if it's part of your personalized Quitting Plan. To learn more about the Quit For Life Program through Optum® call 866-QUIT-4-LIFE or visit www.quitnow.net/nalc.

Earn \$50 in health savings rewards for participation in the Quit for Life 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 877-220-NALC (6252) or visit www.nalchbp.org for information and self-help resources.

Earn \$50 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.

Behavioral Health Services

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:

363,148 In-Network clinician locations

3,796 In-Network facilities in more than 8,800 locations nationwide

When you utilize an In-Network provider for mental health and substance use disorder services, you will receive the best benefit. In-Network providers are easy to locate 24/7 by using our online provider locator or by calling Optum's toll free number at 877-468-1016. The same phone number is used to preauthorize treatment or a hospital stay, or to speak with a Life Resource Counselor on a wide range of issues.

Optum is here to help you deal with life's challenges and assist you in managing a wide range of mental health and substance use disorder conditions such as:

- Abuse & Domestic Violence
- Addictions
- Alzheimer's & Dementia
- Anxiety
- Autism Spectrum Disorder
- Bipolar Disorder
- Depression & Postpartum Depression
- Eating Disorders & Obesity
- Obsessions & Compulsions
- Schizophrenia
- Stress
- Traumatic Brain Injury

Member 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.

Telemental Health

The Plan offers outpatient Telemental Health services through Optum. Telemental Health provides convenient access to virtual visits for mental health assessments and mental health treatment from the convenience of your home or office.

Providers include psychiatrists, psychologists and social workers. When services are provided by In-Network providers, members pay a \$10 copayment. To locate an In-Network telemental health provider, call Optum at 877-468-1016 or visit www.liveandworkwell.com.

Substance Use Disorder (SUD) Program

Optum's Substance Use Disorder Helpline is available 24/7 to our members. You have immediate access to a licensed clinician at all times. The clinician can arrange for an almost immediate face-to-face evaluation with an In-Network expert who can create a unique care strategy. Better treatment outcomes occur when you have a clear individualized treatment plan within your community. Call Optum at 855-780-5955 to speak with a licensed clinician who can help guide you to an In-Network treatment provider or treatment center.

Substance Use Disorder Care Management Program

This clinical care management outreach program through Optum® provides ongoing support for those individuals impacted by substance use readmissions and relapse. Upon readmission or during discharge, qualifying participants are contacted to complete an introductory call to join the program and are assigned a master's level clinician to provide phone based support and advocacy. This program is designed to engage participants in successful recovery by developing the best treatment options and guiding the participants to the right care.



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

Medical Services

★ Expanded Hearing Aids

Did you know that wearing hearing aids could improve your balance and help protect you from stress and depression? If you have hearing loss, your health could be better if you are using hearing aids.


We have increased our hearing aid benefit for adults to \$2,500 with replacements covered every three years. We have also increased our hearing aid benefit for children through age 18 to \$2,500 with replacements covered annually. Our payment for the related exam will not be applied toward the maximum benefit amount.

★ NEW A1C Testing

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. The A1C preventive screening is for ages 18 or older.

Provider 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 OAP Cigna Care Designation specialist, you are receiving the highest quality care for you and your family.

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

★ Expanded Foot Orthotics

Custom foot orthotics can help do the following by distributing weight evenly and properly:

- Improve balance
- Improve movement
- Reduce back and knee pain
- Relieve heel pain and arch pressure
- Reduce muscle fatigue
- Create better motion control

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 Skin Cancer Screening

Letter carriers are often in the sun. Annual screenings could help with detecting skin disorders before they become cancerous, and they can also be a tool in preventing skin cancer from spreading to other areas of the body. We have added a new benefit for annual skin cancer screenings under our diagnostic testing benefit. If a PPO provider is used, the Plan will cover 85% of the contracted Plan allowance.

The Cigna® HealthCare Shared Administration OAP network has:

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

*Participating Facilities
25,046*

*General Acute Care Hospitals
10,316*

*Transplant Facilities
176*



★ **NEW Infertility**

In 2024, the Plan is expanding our coverage under infertility services. To help combat fertility issues faced by many members, we will now cover up to three cycles annually of certain artificial insemination (AI) procedures. In addition to artificial insemination coverage, we will cover up to three cycles of IVF-related drugs. Some fertility drugs are considered Specialty Drugs and require a prior authorization.

For more details on infertility benefits, please see our Plan brochure available online at www.nalchbp.org.

★ **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 877-220-NALC (6252). For more details on gender affirmation surgeries, please see our Plan brochure available online at www.nalchbp.org.

PPO (You pay)

Hospital	\$350 copay per Inpatient admission or Outpatient observation
Maternity	Nothing
Surgical	15%
Annual Routine Physical Exam	Nothing
Office Visit	\$25 copay per visit or consultation

Non-PPO (You pay)

Hospital	Inpatient – 35% after \$450 copay per admission** Outpatient – 35% after \$300 deductible**
Maternity	Physicians – 35% after \$300 deductible** Inpatient Hospital – 35% after \$450 per admission**
Surgical	35% after \$300 deductible**
Annual Routine Physical Exam	35% after \$300 deductible**
Office Visit	35% after \$300 deductible**

***In addition, you are responsible for any difference between our allowance and the billed amount.*

Contact Information

To confirm your provider's participation or locate a hospital, doctor or other provider, to precertify your medical hospitalization (to avoid a penalty), to precertify Inpatient/Outpatient Spinal Surgeries or to precertify High Tech Radiology.	877-220-NALC (6252)
To precertify Genetic Testing.	833-801-9264
To locate a provider or to speak to a transplant case manager and obtain prior approval at the Cigna <i>LifeSOURCE</i> Transplant Network®.	800-668-9682

Prescription Drug Services

★NEW SilverScript Prescription Drug Plan (PDP)

We are excited to offer Medicare-eligible retirees a new prescription drug plan under the NALC Health Benefit Plan High Option. SilverScript® is affiliated with CVS Caremark® and is an employer-provided group Medicare Part D Prescription Drug Plan with additional coverage provided by the NALC Health Benefit Plan. SilverScript is a benefit for FEHB covered annuitants and the FEHB covered family members who are eligible for Medicare. SilverScript combines a standard Medicare Part D prescription drug plan with additional coverage provided by the NALC Health Benefit Plan to close the gaps between the standard Part D plan and your current coverage. The coverage has been custom-tailored for participants in the NALC Health Benefit Plan so you will see little, if any, change from your current plan. In many cases, you will see additional cost savings on prescriptions with the SilverScript enrollment and participation includes a \$600 annual credit towards each enrollee's Medicare Part B premiums.

If you and/or your eligible dependents are enrolled in Medicare and are not enrolled in a Medicare Advantage Plan (Part C), you will be automatically enrolled in SilverScript and the NALC Health Benefit Plan will submit your enrollment to Medicare. Participation in SilverScript is voluntary, and you have the choice to opt out of SilverScript enrollment at any time. Upon opting out of SilverScript, you will automatically remain in your current NALC Health Benefit Plan prescription plan. However, you will not receive any reimbursement toward your Medicare B premium.

The NALC Health Benefit Plan will pay the standard Medicare part D enrollment 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 at 888-636-NALC (6252).

★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 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.

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. Our formulary is subject to review and modifications throughout the year.

Your 2024 Drug Cost-Share When NALC is Primary

Generic Drugs		You Pay
Network Retail	up to 30 day supply	20% of cost (10% of cost for asthma, diabetes & hypertension)
Mail Order	up to 60 day supply	\$10
Mail Order	61-90 day supply	\$15 (\$8 generic for asthma, diabetes & hypertension)
Formulary Brand Drugs		You Pay
Network Retail	up to 30 day supply	30% of cost
Mail Order	up to 60 day supply	\$60
Mail Order	61-90 day supply	\$90 (\$50 Formulary brand for asthma, diabetes & hypertension)
Non-Formulary Brand Drugs		You Pay
Network Retail	up to 30 day supply	50% of cost
Mail Order	up to 60 day supply	\$84
Mail Order	61-90 day supply	\$125 (\$70 Non-Formulary brand for asthma, diabetes & hypertension)
Specialty Drugs**		You Pay
<i>(Available only through CVS Specialty™ Mail Order)</i>		
Mail Order	up to 30 day supply	\$200
Mail Order	up to 60 day supply	\$300
Mail Order	61-90 day supply	\$400

Your 2024 Drug Cost-Share When Medicare Part B is Primary

Generic Drugs		You Pay
Network Retail	up to 30 day supply	10% of cost (5% of cost for asthma, diabetes & hypertension)
Mail Order	up to 60 day supply	\$7
Mail Order	61-90 day supply	\$10 (\$4 generic for asthma, diabetes & hypertension)
Formulary Brand Drugs		You Pay
Network Retail	up to 30 day supply	20% of cost
Mail Order	up to 60 day supply	\$50
Mail Order	61-90 day supply	\$75 (\$40 Formulary brand for asthma, diabetes & hypertension)
Non-Formulary Brand Drugs		You Pay
Network Retail	up to 30 day supply	40% of cost
Mail Order	up to 60 day supply	\$75
Mail Order	61-90 day supply	\$110 (\$60 Non-Formulary brand for asthma, diabetes & hypertension)
Specialty Drugs***		You Pay
<i>(Available only through CVS Specialty™ Mail Order)</i>		
Mail Order	up to 30 day supply	\$200
Mail Order	up to 60 day supply	\$300
Mail Order	61-90 day supply	\$400

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.



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 antinarcotics, 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 or call 888-636-NALC (6252).



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 their website at www.cvs.com/minuteclinic for more information and a complete list of services.

***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.

Medicare

When you are eligible and enroll in the federal Medicare Program, having the NALC Health Benefit Plan as a secondary insurance offering full benefits gives you an added layer of protection. In most cases, when you are enrolled in Medicare Parts A and B and the NALC Health Benefit Plan, you will have no out-of-pocket costs for medical services.

You also continue to have the same excellent prescription drug coverage but with lower coinsurances and copayments. If you are approaching age 65 or are age 65 and retired, carefully consider the importance of having total medical and prescription drug coverage.

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 coinsurance which apply to these expenses for which you are responsible, but when you are enrolled in the NALC Health Benefit Plan, we pick these up as the secondary carrier. To simplify the process for you, once the facility or provider files the claim to Medicare and Medicare considers the claim, that information is securely transmitted to us electronically. There is no paperwork to worry about.



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 and Medicare Part B, and Medicare is your primary payor, 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 where we will pay the Medicare Part B deductible and coinsurance on covered services. You will not have any out-of-pocket expense since we pay the balance after Medicare's payment up to 100% of the covered charge.



Medicare Part D

If you are enrolled in Medicare, you are eligible to enroll in a 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 will waive your retail fill limit and retail day's supply limitations. We will coordinate benefits as the secondary payor and pay the balance after Medicare's drug payment, up to our regular benefit.

You can get more information about Medicare plan choices by calling 800-633-4227 or at www.medicare.gov.

NALC High Option Plan – Aetna Medicare Advantage

Medicare Part C

The NALC Health Benefit Plan offers enhanced benefits through the NALC High Option Plan – Aetna Medicare Advantage.

Let's Start with Who is Eligible

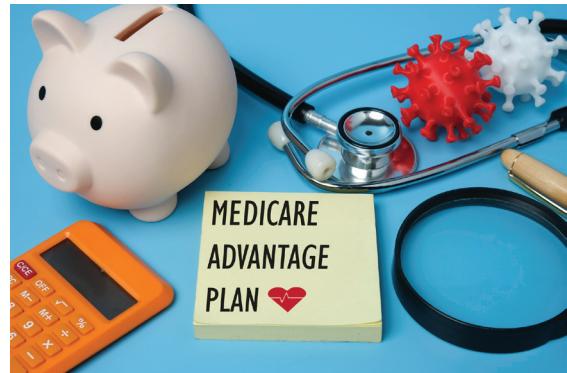
This enhanced level of benefits is available to NALC Health Benefit Plan High Option annuitants and eligible dependents who have Medicare Parts A and B as their primary payor. Enrollment is voluntary and members may opt in at any time during the year. Opting in will not affect your NALC High Option enrollment. 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 have reviewed all material and are ready to opt-in, please take the following steps. Keep in mind that step one is not required for current members.

1. Join the NALC Health Benefit High Option Plan during open season. (Only required for non-members)
2. Go to www.AetnaRetireeHealth.com/NALC or call 866-241-0262.
3. Provide your Medicare Part A and B effective dates and your Medicare number.

Once you opt in to NALC High Option Plan - Aetna Medicare Advantage, be sure to begin using your new Medicare Advantage plan ID card. The card will have a new member ID number and should be used instead of your current NALC Health Benefit Plan High Option ID card.



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. This reduction will be a monthly credit on your Social Security Check or, if you pay your premiums quarterly, you will see three months of reductions on your quarterly Part B premium statement. The Medicare Income-Related Monthly Adjustment Amount (IRMAA) applies. For additional information concerning IRMAA, contact the Social Security Administration.
- 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.)
- Teledoc® - Licensed doctors that you can meet with online, by phone, or mobile app.
- Dental Coverage
- Vision Coverage
- Non-emergency transportation program
- Meal benefit program

NALC Health Benefit Plan High Option 2024 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 PPO	YOU PAY Non-PPO
Preventive Care		
Annual Routine Physical Exam, age 3 or older	Nothing	35% after \$300 deductible*
Adult Routine Immunizations & Tests	Nothing	35% after \$300 deductible*
Well Child Care (through age 2)	Nothing	35% after \$300 deductible*
Routine Immunizations (through age 21)	Nothing	35% after \$300 deductible*
<hr/>		
Inpatient Hospital Care (precertification required)		
Maternity	Nothing	35% after \$450 per admission*
Medical/Surgery		
Room, Board & Other Services & Supplies	\$350 copay per admission	35% after \$450 per admission*
Mental Health/Substance Use Disorder		
Room, Board & Other Services & Supplies	\$350 copay per admission	35% after \$450 per admission*
<hr/>		
Outpatient Hospital		
Medical/Surgical	15% after \$300 deductible	35% after \$300 deductible*
Emergency Medical	15% after \$300 deductible	15% after \$300 deductible*
Observation Room	\$350 copay	35% after \$300 deductible*
<hr/>		
Chiropractic Care		
Initial office visit and subsequent office visits when rendered same day as a manipulation	\$25 copay	35% after \$300 deductible*
Manipulations (24 per calendar year)	\$25 copay	35% after \$300 deductible*
One set of spinal x-rays annually	15% after \$300 deductible	35% after \$300 deductible*
<hr/>		
Physician Care		
Office visits	\$25 copay per visit	35% after \$300 deductible*
Telehealth virtual visit (through NALC HBP Telehealth)	\$10 copay per visit	All charges
X-rays, other diagnostic services	15% after \$300 deductible	35% after \$300 deductible*
Laboratory Services		
LabCorp or Quest Diagnostics	Nothing	
Other lab facility	15% after \$300 deductible	35% after \$300 deductible*
Maternity Care (complete)	Nothing	35% after \$300 deductible*
Accidental Injury	Nothing within 72 hours	Any amount over the Plan allowance within 72 hours
Surgery	15%	35% after \$300 deductible*
Mental Health and Substance Use Disorder		
Office visit	\$25 copay per visit	35% after \$300 deductible*
Telemental visit	\$10 copay per visit	35% after \$300 deductible*
Other diagnostic services	15% after \$300 deductible	35% after \$300 deductible*
LabCorp or Quest Diagnostics	Nothing	
Other lab facility	15% after \$300 deductible	35% after \$300 deductible*

Dental

Accidental dental injury (to a sound natural tooth) 15% within 72 hours 35% after \$300 deductible within 72 hours*

Prescription Drugs

	<u>Network</u>	<u>Non-Network</u>
Retail Pharmacy 1st and 2nd fill	20% of generic cost (10% of cost for asthma, diabetes, & hypertension)	Full cost at time of purchase - 50%*
<i>There is a 30-day plus one refill limit at local retail.</i>	30% of Formulary brand cost / 50% of Non-formulary brand cost	

Mail Order Program

60-day supply \$10 generic / \$60 Formulary brand /
\$84 Non-formulary brand

90-day supply \$15 generic / \$90 Formulary brand /
\$125 Non-formulary brand
(8 generic / \$50 Formulary brand /
\$70 Non-formulary brand for asthma,
diabetes & hypertension)

Specialty Drugs \$200 30-day supply / \$300 60-day supply /
Mail Order \$400 90-day supply

A generic equivalent will be dispensed if it is available, unless your physician specifically requires a brand name.

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 copay for each prescription purchased.

Catastrophic Limits

Medical/Surgical/Mental Health
& Substance Use Disorder You pay nothing after coinsurance expenses total:
\$3,500 per person or \$5,000 per family for services of PPO providers/facilities
\$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 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.

NALC Health Benefit Plan High Option 2024 Medicare Benefits At-A-Glance

When Medicare Part A and Part B are the primary payor, all deductibles, coinsurances and copayments are waived, except for prescription drugs. Always rely on the Plan's official approved brochure (RI 71-009) for complete detailed information of the Plan's benefits when Medicare is not paying for the service or supply.

BENEFIT	YOU PAY	
Hospitalization (no precertification required) Inpatient Medical/Surgical and Mental Health Outpatient	Nothing Nothing	
Physician Care Annual Routine Physical Exam Adult Routine Immunizations and Tests Inpatient and Outpatient Medical and Surgical Care Mental Health and Substance Use Disorder	Nothing Nothing Nothing Nothing	
	<u>Network</u>	<u>Non-Network</u>
Prescription Drugs Retail Pharmacy 1st and 2nd fill	10% of generic cost (5% of cost for asthma, diabetes & hypertension) 20% of Formulary brand cost 40% of Non-formulary brand cost	Full cost at time of purchase – 50%
Mail Order Program 60-day supply 90-day supply	\$7 generic / \$50 Formulary brand / \$75 Non-formulary brand \$10 generic / \$75 Formulary brand / \$110 Non-formulary brand (\$4 generic / \$40 Formulary brand / \$60 Non-formulary brand for asthma, diabetes & hypertension)	
Specialty Drugs Mail Order	\$200 30-day supply / \$300 60-day supply / \$400 90-day supply	

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.

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.

Catastrophic Limits

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.

When you have Medicare Part D

We waive refill and retail day's supply limitations when Medicare Part D is the primary payor and covers the drug.

This is a summary of some of the features of the NALC Health Benefit Plan High Option. 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.

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/.

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 877-220-NALC (6252), NALC Health Benefit Plan at 888-636-NALC (6252), or visit our website at 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. If you would like to receive a paper copy of the brochure, contact the Plan at 888-636-NALC (6252).



How to Join the 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 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:

321 - Self Only High Option Plan

322 - Self and Family High Option Plan

323 - Self Plus One High Option Plan

Annuitants or retirees eligible in the FEHB program can enroll by using OPM's Open Season Online system at <https://retirefehb.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.

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



Rates for the High Option Plan

	High Option Self Only	High Option Self Plus One	High Option Self and Family
Monthly Annuitants Pay	\$237.05	\$554.36	\$480.54
Biweekly Employees Pay	\$109.41	\$255.86	\$221.79

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