



NALC Health Benefit Plan - 2025 Seminar
**Understanding PSHB, Medicare and
Eligibility. How It Affects You.**

Delivering 75 Years of Service – One Step at a Time

Today's Focus

- How the Plan has adapted to meet the requirements of PSHB
- Plan limitations set forth by OPM
- Medicare Integration
- Consequences for dropping Medicare B or D
- Eligibility Requirements
- Member Responsibilities
- Coordination of Benefits Explained
- Open Season is crucial for all Letter Carriers



Rising to the Challenge and Succeeding

The NALC Health Benefit Plan rose to the challenge during Postal Reform and saw it as a privilege to create a PSHB plan to take care of our very own by:

- Understanding Letter Carriers Specific Health Needs
- Communication – The Postal Record, Website and Special Outreach
- Guidance on Enrollment
- Extended hours during Open Season
- Aetna Medicare Advantage
- SilverScript



PSHB Requirements

Enrollment in PSHB – all postal employees were required to be enrolled into a PSHB plan option. PSHB plans were created identical to FEHB plans.

Most Medicare-eligible Postal annuitants and their Medicare-eligible family members are required to enroll in Medicare Part B to maintain their PSHB coverage with limited exceptions in 2025.

Integration with Medicare Part D, providing prescription drug benefits to Medicare-eligible enrollees through an Employer Group Waiver Plan (EGWP). **No flexibility in 2026 to be discussed later in our class.**

****Medicare-eligible dependents have the same requirements as members***



Medicare Integration - Aetna Medicare Advantage



Enhanced benefits for annuitant members and their eligible dependents include:

- \$75 month Part B premium (up to \$900 annually) for each eligible member.
- No deductible, copay or coinsurance for covered services
- Silver Sneakers
- Dental and Vision Coverage
- Non-Emergency Transportation
- Meal Benefit Program



Medicare Integration - SilverScript

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

- \$2,000 Maximum RX Out-of-Pocket (2025)
- Lower Copay/Coinsurance
- Retail Pharmacy Coordination with Medicare and the Plan
- The Plan pays your Medicare D premium (excluding IRMAA)
- High Option Members are eligible for \$600 annual Medicare B reimbursement administered by Health Equity. Medicare Part A only member's do not qualify for this benefit.

**This program was discussed in great length on Tuesday's Aetna Medicare Advantage Plan and SilverScript class.*



Consequences for Dropping Medicare B

There are dire consequences for dropping Medicare Part B in 2026. We cannot stress enough how important it is that you are aware of these consequences.

- Loss of PSHB Coverage
- Forfeiting Future PSHB Eligibility



****Medicare-eligible dependents have the same requirements as members***



Consequences for Dropping Medicare Part D

There are also serious consequences for dropping your Medicare Part D coverage in 2026.

- Loss of ALL Prescription Drug Coverage
- For 2026, OPM does not allow flexibility to assist members if they cancel their Medicare D drug coverage in error
- Potential Late Enrollment Penalties

**This was discussed in great length on Tuesday's Aetna Medicare Advantage Plan and SilverScript class.*



****Medicare-eligible dependents have the same requirements as members***



Eligibility



Eligibility Requirements for PSHB

US Postal Service employees, annuitants and their family members are eligible to join PSHB.

Meets Eligibility Requirement

- Spouse
- Children up to age 26
- Children over age 26 (disabled or incapable of self-support)
- Authorized Foster children
- Stepchildren

Does NOT Meet Eligibility Requirement

- Ex-spouse
- Children over the age of 26
- Parents
- Roommates/Friends
- Brother or Sister
- Anyone, other than yourself, if you have a Self Only policy



Eligibility Determinations



The Plan cannot make eligibility determinations for employees, spouses, annuitants.

If you have any questions about the eligibility of a dependent, check with HRSSC (active), OPM (retired), or National Finance Center (TCC enrollments).



Member Responsibilities



Notify your employment office when a divorce has been finalized



Notify your employment office of birth of a child you would like to add to your policy



Notify your employment office if your children are 26 or over, but qualify as disabled or incapable of self-support



Member Responsibilities



Payments made by the Plan for ineligible dependents on your enrollment are considered overpayments



If your enrollment continues after you are no longer eligible for coverage and premiums are not paid, you will be responsible to reimburse the Plan



You can be prosecuted for fraud for knowingly using health insurance benefits for which you have not paid premiums



Qualifying Life Events (QLE)



A Qualifying Life Event (QLE), is a significant change in your life that can make you eligible to enroll in health insurance outside of the annual open enrollment period. Experiencing a QLE can trigger a Special Enrollment Period (SEP), allowing you to make changes to your plan.

The Plan requires notification of QLEs within **60 days** of the event.



Examples of Qualifying Life Events

- Birth
- Marriage
- Adoption
- Death
- Divorce
- Dependents turning 26 yrs old

- Loss of Coverage
- Suspended Coverage
- Dual Coverage
- Change to Full Time
- Re-Employ from Break
- LWOP Change



This is not an all inclusive list. For more info go to www.opm.gov



Delivering 75 Years of Service - One Step at a Time

Cancellation vs. Termination

Do you know what the difference is between a cancellation or termination?

- Cancellation means the policy has been voluntarily cancelled by the member and there is no 31-day extension for the member or dependents on the policy.
- Termination grants a 31-day extension, member has conversion rights and may enroll in TCC.



Medicare



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Medicare Facts

Over 66,000,000 people have Medicare

Must be age 65, disabled or have end stage renal disease (ESRD) to qualify

Medicare Part A is generally free and covers services such as inpatient hospital stays, skilled nursing, hospice, nursing and home health

The Plan coordinates with Medicare and follows Medicare guidelines



High Option Plan with Medicare

- The Plan covers Medicare's deductible and coinsurance at 100% for covered services.
- The Plan covers items such as chiropractic services, hearing aids and weight loss medication that are not covered by Medicare.
- We waive our deductible, coinsurance and copays when we are secondary to Medicare and you use a Medicare participating provider.



Coordination of Benefits – Medicare Primary



It is your responsibility to notify the Plan and OPM when you are receiving Medicare benefits. Failure to do so will result in significant overpayments.



We will need to know what type of Medicare you have, the effective dates, your Medicare Beneficiary Identifier (MBI) number.



Notify your PROVIDERS that you also now have Medicare. They will need to submit a claim for reimbursement to Medicare.



Read your NALC HBP EOBS and look for denial codes: 630, 634 and 665.



NAIC Guidelines and Non-Medicare Coverage

We follow National Association of Insurer Commissioners (NAIC) guidelines. These rules help ensure that claims are paid correctly and that there is no duplication of benefits by establishing which plan is primary and which is secondary.

The image shows several overlapping insurance forms. The most prominent one is a 'HEALTH INSURANCE' form with the following sections:

- HEALTH INSURANCE** (Title)
- APPLICANTS 60 YEARS OF AGE AND OVER MUST ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF YOU HAVE ANY SYMPTOMS OF ANY OF THE FOLLOWING CONDITIONS:**
- CARDIOVASCULAR** (Section header)
- Checkboxes for: Congestive heart failure (pulmonary edema - "water on the lungs"), Narrowing or hardening of the arteries (CAD, arteriosclerosis), Ischemic heart disease (angina), Arrhythmias, including - Atrial fibrillation, Palpitations, High blood pressure, High cholesterol.
- A table with columns for 'No', 'Yes', and 'Total Score'.
- Questions 1-6 regarding medical history, physician visits, and heart conditions.
- Section 6: 'For ANY heart condition, have you EVER: a) been diagnosed with ANY heart condition? b) taken prescription medication for ANY heart condition? c) taken prescription medication for ANY heart condition? (Do not include extra heart or palpitations for which you have not taken medication or received treatment.)'.
- Section 7: 'For ANY heart condition, have you, in the last 12 months: a) been diagnosed with ANY heart condition? b) taken prescription medication for ANY heart condition? c) taken prescription medication for ANY heart condition? (Do not include extra heart or palpitations for which you have not taken medication or received treatment.)'.

Other forms visible include 'L INSURANCE' and 'INSURANCE Questionnaire'.



Things to Remember with Additional Coverage

The Plan doesn't make the rules. We simply follow them.

You don't get to choose who's the primary plan and neither do we.

We don't expect you to be experts. We are here for you!



Enrolling in Medicare

- Notify the **PLAN**
- Notify your **PROVIDERS**
- Carry **BOTH** Medicare and NALC HBP cards
- Let us take care of the rest!



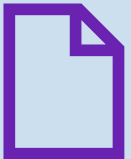
Update Your Contact Info



Updating your contact info is no longer a simple phone call to the Plan.



The Plan **CANNOT** update your information without the approval of HRSSC or OPM.



Our records must match what is on file with HRSSC or OPM and are reconciled often.



Keep pushing forward and stay on them until your information is correct.
It's important.



Realistic Timelines



Making changes through your employing office takes time. There is a process that the Plan is required by OPM to follow.

While we understand your frustration, we do not control the timeline.

It is important that members act as soon as possible!



We Want to Hear From You!

The Plan welcomes your benefit suggestions.

Tell us what you'd like to see for 2027, and what benefits are important to you as a letter carrier.



Read Your Mail



Please read all mail from the Plan. We send valuable information to you throughout the year such as:

- Information on programs and incentives
- TASC cards
- ID cards
- Information on your needed prescriptions

We received thousands of pieces of returned mail last year. Remember we can't change your address, so you are missing important information.



New Core Hours 8:00am – 6:00pm ET



Help us spread the word!

You've asked and we delivered!



2025 Open Season is Almost Here



- November 10 – December 8
- 8:00am – 6:00pm ET
- 888-636-NALC (6252)
- www.nalchbp.org
- **PROMOTE THE PLAN!**



Together on the Journey!

Ask Me About it!

Support the NALC this open season, promote your health benefit plan!

