

Upgrade Your Health To A Union That Delivers



2022 Benefits



NALC

Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan

Welcome

Welcome and thank you for taking the time to review the NALC Health Benefit Plan's (the Plan) 2022 Open Season information. I am delighted that you are considering NALC as a Federal Health Benefit Plan option.

Here at the Plan, we believe in offering competitive benefits with affordable premiums and we strive to remain member focused.

Over the course of seventy plus years, we have transformed the way we operate and continued to improve key benefits that are valuable to our members and their health needs. From Preventive Care, Inpatient Hospital Benefits, Chiropractic Care, Telehealth Services, Health and Wellness Programs, and much more, we are a first-rate plan.



Stephanie M. Stewart
Director

Our benefit package is designed to empower members to take an active role in their health and wellness. We believe that you should be informed, involved, and deserve quality health insurance coverage, should the need arise. Understandably, the process of choosing a health plan that is right for your individual needs and budget can be tricky, so please don't hesitate to reach out to one of our dedicated Customer Service Representatives at 888-636-NALC (6252) if you have questions. You can also find more information on our website at www.nalchbp.org.

I know that like the letter carriers, we will deliver.

Disclosures & Rates

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 855-511-1893 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).

Rates

| | CDHP Self Only | CDHP Self Plus One | CDHP Self & Family | Value Option Self Only | Value Option Self Plus One | Value Option Self & Family |
|------------------------|----------------------|--------------------------|--------------------------|------------------------------|----------------------------------|----------------------------------|
| Monthly Annuitants Pay | \$118.38 | \$261.17 | \$277.73 | \$97.16 | \$214.34 | \$228.04 |
| Biweekly Employees Pay | \$54.64 | \$120.54 | \$128.18 | \$44.84 | \$98.92 | \$105.25 |

This booklet is a summary of some of the features of the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan. Detailed information on the benefits for the 2022 NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan 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.

Benefit Structure

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.

The NALC Health Benefit Plan offers two options; Consumer Driven Health Plan (CDHP) and Value Option Plan. These Plan options are high deductible health plans. The deductible is a sharing of the PCA and your portion. The deductible must be met before the Plan starts sharing cost.

Option 1 – 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

Option 2 – Value Option Plan PCA

- \$100.00 per year for Self Only
- \$200.00 per year for Self Plus One
- \$200.00 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 – \$13,200 Self and Family – \$13,200 | Self – \$12,000 Self Plus One – \$24,000 Self and Family – \$24,000 |
| Value Option 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 |
| Value Option Out-of-Pocket | Self – \$6,600 Self Plus One – \$13,200 Self and Family – \$13,200 | 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------|
| You Pay | 20% of Plan Allowance* | 50% of Plan Allowance* And the difference, if any, between our allowance and the billed amount |
| <i>*Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.</i> | | |

Labs, X-rays, and Other Diagnostic Tests

| | In-Network | Out-of-Network |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------|
| You Pay | 20% of Plan Allowance* | 50% of Plan Allowance* And the difference, if any, between our allowance and the billed amount |
| <i>*Note: 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.)</i> | | |

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------|
| You Pay | 20% of Plan Allowance* | 50% of Plan Allowance* And the difference, if any, between our allowance and the billed amount |
| <i>*Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.</i> | | |

Highlights

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| You Pay | 20% of Plan Allowance* <i>(All charges after 50 max visits have been met)</i> | 50% of Plan Allowance* And the difference, if any, between our allowance and the billed amount <i>(All charges after 50 max visits have been met)</i> |
| <i>*Note: Your PCA must be used first and your deductible satisfied before traditional benefits will apply. Your deductible applies to all benefits listed above.</i> | | |

Hearing Aids and the Related Examination*

The NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan includes coverage for hearing aids and the related examination up to a maximum Plan payment of \$500 per ear with replacements covered every 3 years.

Custom Functional Foot Orthotics*

We cover custom functional foot orthotics including the casting up to a Plan payment of \$200 every 2 years.

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*

Benefits are available for diagnostic genetic testing when it is medically necessary to diagnose and/or manage a patient's medical condition. Please call 855-511-1893 for prior approval.

**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:

| | |
|------------------|-----------------------------------------------|
| 4,076,369 | Family Doctor and Specialist Locations |
| 21,989 | Participating Facilities |
| 9,577 | General Acute Care Hospitals |
| 170 | Transplant Facilities |

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.

If you need a specialist, look 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.

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*.

For more information call 855–511–1893 or go to www.mycigna.com.

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

Mental Health Network

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. Cigna Behavioral Health network for the NALC Health Benefit Plan CDHP and Value Option Plan has over:

| | |
|----------------|---------------------------------------|
| 355,493 | In-Network Clinician locations |
| 6,282 | In-Network Facilities |
| 23,332 | In-Network Clinics |

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

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.

| | 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 the difference between our allowance and the billed amount*) | 50% of the Plan allowance (and the difference between our allowance and the billed amount*) | 50% of the Plan allowance (and the difference between our allowance and the billed amount*) |

The 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.

**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 Program

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.

Flu Shot

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 Flu and Pneumococcal Vaccine Administration Network. A complete listing of participating pharmacies is available at www.nalchbp.org or by calling CVS Caremark® Customer Service at 800-933-NALC (6252).

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





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 antineoplastic, 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, please visit our website at 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.

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.

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.

Prescription Drug Program

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 2022 Drug Cost-Share for the NALC Health Benefit Plan Consumer Driven Health Plan (CDHP) and Value Option Plan

Generic Drug:

Network Retail up to 30-day supply
Mail Order 90-day supply

You Pay:

\$10 (\$5 generic for asthma, diabetes & hypertension)*
\$20 (\$13 generic for asthma, diabetes & hypertension)*

Formulary Brand Drug:

Network Retail up to 30-day supply
Mail Order 90-day supply

You Pay:

\$40*
\$90
(\$70 Formulary brand for asthma, diabetes & hypertension)*

Non-Formulary Brand Drug:

Network Retail up to 30-day supply
Mail Order 90-day supply

You Pay:

\$60*
\$125
(\$110 Non-formulary brand for asthma, diabetes & hypertension)*

Specialty Drugs**:

Caremark Specialty™ Mail Order 30-day supply
Caremark Specialty™ Mail Order 90-day supply

You Pay:

\$250*
\$450*

Non-network retail:

You pay 50%* of the Plan allowance and the difference, if any, 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.*

Prescription Drug Program

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.

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 and Value Option Plan 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 for a current listing.
3. Order 90-day supplies of long-term medications to save money. Sign up for CVS Caremark® Mail Service 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 a network pharmacy. You will pay more for short-term (30 days or less) prescriptions that are not filled at an NALC CareSelect 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®

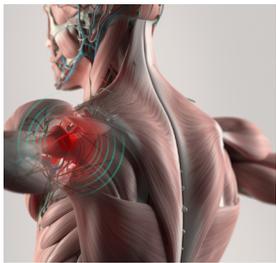


MinuteClinic® is more than just a regular walk-in clinic. MinuteClinic offers convenient high-quality care for minor illnesses, minor injuries, skin conditions, vaccinations, physicals and more. Clinics are located inside CVS Pharmacy® locations, select Target® stores and inside the new CVS® HealthHUB™. MinuteClinic offers flexibility and no appointment is necessary. Visit www.cvs.com/minuteclinic for more information and a complete list of services.



Health and Wellness Programs

NEW Musculoskeletal (MSK) Program



Our Musculoskeletal Program through Hinge Health offers a convenient way to help you overcome back and joint pain, avoid surgeries, and reduce medication usage - all from the comfort of your home. This program is offered at no cost to you and your dependents. Once enrolled, you'll 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.

Telehealth Virtual Visits



Receive high quality, affordable care for minor acute conditions wherever you are! Telehealth or virtual visits are available through MDLIVE*. Go to www.MDLIVEforCigna.com or call 888-726-3171 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.

*MDLIVE is an independent company/entity and is not affiliated with Cigna. The services, websites and mobile apps are provided exclusively by MDLIVE and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. MDLIVE services are separate from your health plan's provider network. Telehealth services may not be available to all plan types. A primary care provider referral is not required for MDLIVE services.

Wellness Incentive Programs

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.*



- Your Health First Disease Management Program - \$30
- Healthy Pregnancies, Healthy Babies® Program - \$30
- Tobacco Cessation Program - \$30
- Annual biometric screening - \$30
- Health Assessment - \$20
- Annual influenza vaccine - \$5
- Annual pneumococcal vaccine - \$5

* 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.

Health and Wellness Programs

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 hours-a-day, 7 days-a-week.

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**

Earn \$30 in health savings rewards for participation in this program. See the Plan brochure for details. For more information on the program or to join, call 855-246-1873 or visit www.mycigna.com.

Cigna Weight Management Program



Our **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.

Health and Wellness Programs

Healthy Rewards®

Couldn't we all use a little help finding ways to make staying healthy more affordable? That's the idea behind the Healthy Rewards® Member Savings Program. You can save **up to 40%** on products and services to 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 at over 10,000 locations around the country.
- Yoga accessories and fitness gear through online discounts.

There are no claim forms or referrals, so the program is easy for members to use. You have access to a nationwide* network of more than 48,000 providers and over 10,000 fitness clubs. You can access the Healthy Rewards® Program by calling 855-511-1893 or visit www.mycigna.com.

**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.*

CignaPlus Savings® (Non-FEHB Benefit)

Good oral health impacts your general and overall health throughout your life. The CignaPlus Savings® Program is a dental discount program that provides NALC Health Benefit Plan members and their dependents discounted fees on dental services.



- CignaPlus Savings® gives members access to over 87,000 dental providers nationwide
- Members receive an average savings of 34% off most commonly performed dental services such as cleanings, root canals, crowns, fillings, dentures and braces.

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.

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, call 877-521-0244 or visit www.cignaplussavings.com. This program is not part of the Plan's FEHB benefits and is not insurance.

Enrollment in the CignaPlus Savings® discount dental program is one of the available incentives for completing the Health Assessment in 2022.

Health and Wellness Programs

CareAllies – Well Informed (Gaps in Care Program)

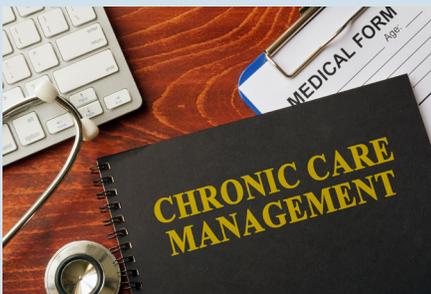
We offer a program through CareAllies which provides timely information and tips personalized for you to help you reach and/or maintain a healthy lifestyle. Gaps in Care is an outreach program designed to identify and address members' gaps in care. This helps improve the member's quality of care, therefore reducing medical expenses. 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. Since the program is voluntary, our members can choose not to participate. 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. If you have any questions, please call CareAllies at 800-252-7441, Monday through Friday 8 a.m. to 8 p.m. (Central time).

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. Please call Accordant Health Management programs at 844-923-0805 for more information.

Health and Wellness Programs

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. Please call CVS Caremark® at 800-933-NALC (6252) for more information.

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 (COPD)**
- **Metabolic Syndrome**
- **Behavioral Concerns: Depression, Anxiety, Bipolar Disorder**



You can earn \$30 in health savings rewards once you achieve your fitness, diet, or health goals with the assistance of a trained health coach. To talk to a health advocate, call 855-511-1893 or visit www.nalchbp.org for information and self-help resources.

Health and Wellness Programs

Healthy Pregnancies, Healthy Babies® Program

Enrolling in the Healthy Pregnancies, Health 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:

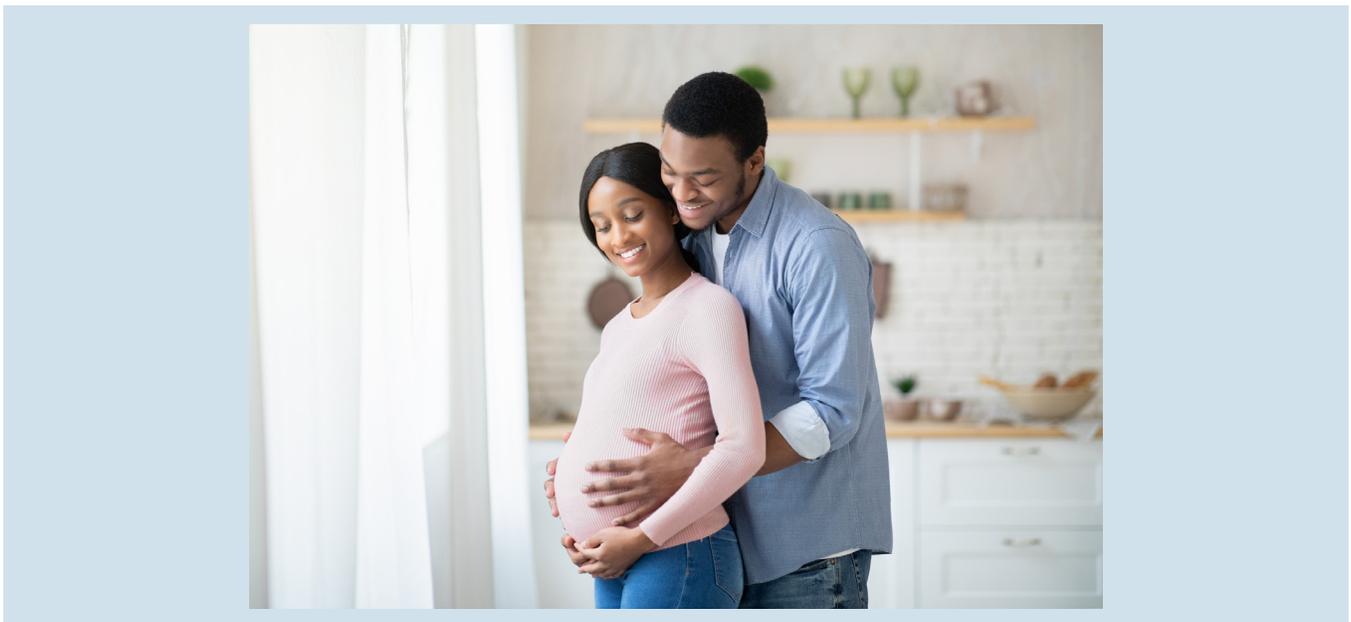


- **Access to preconception planning tools and resources**
- **Educational information and support throughout your entire pregnancy and after.**
- **Unlimited coaching calls by a pregnancy specialist to provide you with caring support to optimize your chances of having a healthy, full-term pregnancy.**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



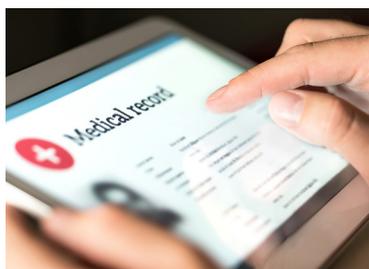
The Healthy Pregnancies, Healthy Babies® program will work together with you and your doctor to develop a plan of care. You may call 855-511-1893 to enroll in the Healthy Pregnancies, Healthy Babies® program as soon as you are ready to plan your pregnancy, or you know you are pregnant.

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



Electronic Tools

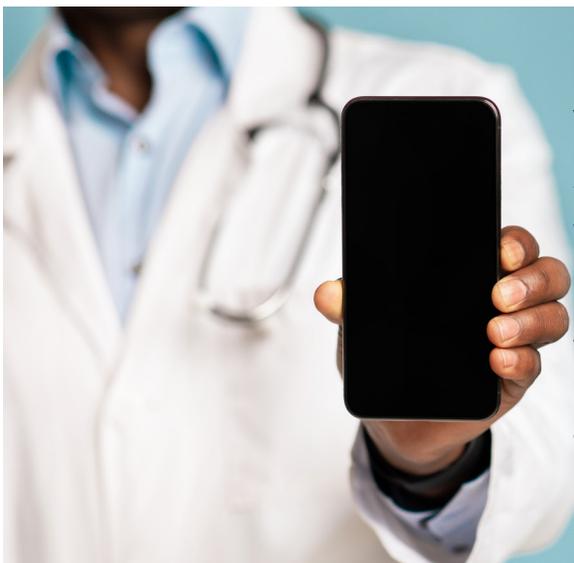
NALC Health Benefit Plan Member Access Portal



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. We are excited to announce the launch of the Plan's new Member Access Portal. Use this app to access your health care benefit information while on the go. Once registered, get real-time deductible and out-of-pocket amounts, or communicate with NALC representatives directly through the app. This new app includes direct sign-on links to all of our vendors, including Cigna® and CVS Caremark®. Your personal

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

myCigna® Mobile App



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. The myCigna® Mobile App makes that possible. Download the mobile application to any web enabled device and you will have access to all the tools and resources from www.mycigna.com. 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.

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 systems 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 www.CVS.com and ExtraCare accounts

MinuteClinic® (m.minuteclinic.com)

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

Electronic Tools

Cost Estimation Tool



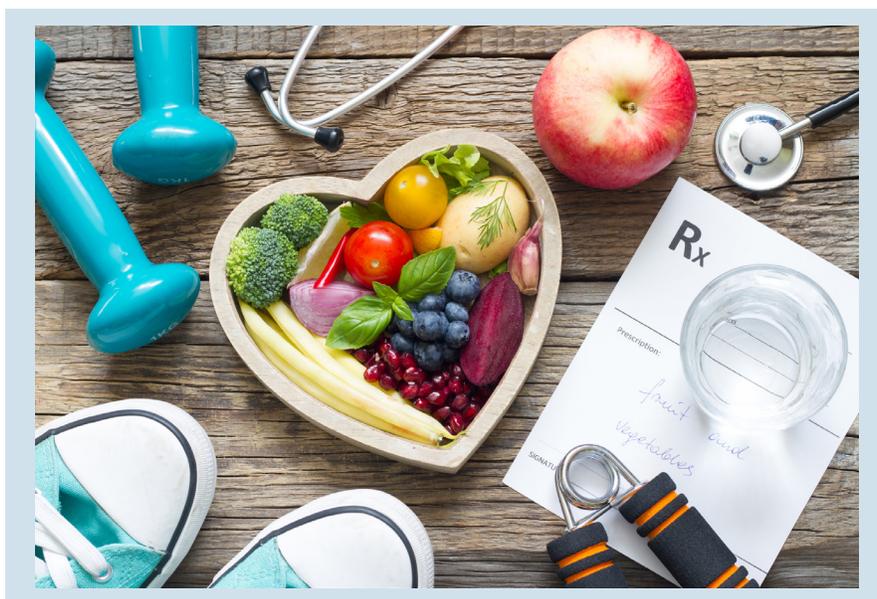
Joining a consumer driven health plan means you have more control over your health care expenses. Being a smart health care “shopper” will help maximize the benefits of the plan. We make it easy by providing cost estimation tools at www.mycigna.com.

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 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.



As a bonus for being proactive, when you complete the Health Assessment (HA), any eligible member or dependent age 18 or older can earn \$20 in health savings rewards by completing a HA, or may be enrolled in the CignaPlus Savings® discount dental program. See brochure for details.

How to Join the 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 have 2 ways to enroll in the NALC Health Benefit Plan:

- 1) Access LiteBlue at <https://liteblue.usps.gov>.
- 2) Access PostalEASE at <https://ewss.usps.gov> or by telephone at 877-477-3273 (TTY: 866-260-7507).

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 Consumer Driven Health Plan
- KM1 – Self Only NALC Value Option Health Plan
- KM2 – Self and Family NALC Value Option Health Plan
- KM3 – Self Plus One Value Option Health 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 the Open Season by going to the website at www.employeeexpress.gov or by calling 478-757-3030.

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

Medicare

Your NALC Health Benefit Plan CDHP and Value Option Plan continue 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 (Hospital Insurance)

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 that are your responsibility. Once Medicare Part A considers your claim, that information is securely transmitted to us. The NALC Health Benefit Plan CDHP and Value Option Plan 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 B (Medical Insurance)

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. 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 or Value Option Plan 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 and Value Option Plan 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.

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

Medicare

Medicare Part C (Medicare Advantage Plan)

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 (Prescription Drug Plan)

If you are enrolled in Medicare, you are eligible to enroll in a Medicare 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 and Value Option Plan 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 and Value Option Plan

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) and Value Option Plan deductibles are not met.

| | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total charge | \$1,350.00 |
| Medicare's allowable expense | \$800.00 |
| Medicare Part B Deductible* | \$203.00 |
| Medicare's total payment | \$481.60 (Medicare's allowable amount of \$800.00 minus Medicare deductible of \$198 payable at 80%) |
| Balance due after Medicare's payment | \$318.40 (Medicare allowable of \$800.00 minus Medicare payment of \$481.60) |
| CDHP/Value Option Plan's Allowable expense | \$800.00 (determined by Medicare allowable amount) |
| CDHP/Value Option Plan's original liability (CDHP/Value Option Plans determine what would be paid in absence of a primary payor) | \$0.00 (CDHP/Value Option Plan's allowable charge of \$800.00 minus the Plan deductible \$800.00) <i>Note: PCA is exhausted.</i> |
| CDHP/Value Option Plan's total payment | \$0.00 (To determine CDHP/Value Option Plan's payment, we subtract Medicare's payment from CDHP/Value Option Plan's original liability. In this case, since CDHP/Value Option Plan's original liability is less than Medicare's payment, the CDHP/Value Option plan pays \$0.00) |
| Patient Responsibility (out-of-pocket) | \$318.40 (Medicare's allowable amount of \$800.00 minus the Medicare and CDHP/Value Option Plan's combined payment) |

*2021 Medicare deductible

How we determine Plan Payment when Medicare is the primary payor and the CDHP/Value Option Plan's deductible is met.

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

This is a summary of some of the features of the NALC Health Benefit Plan CDHP and Value Option Plan. Detailed information on the benefits for the 2022 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.