

NALC Health Benefit Plan High Option

2023 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 | 30% after \$300 deductible* |
| Adult Routine Immunizations & Tests | Nothing | 30% after \$300 deductible* |
| Well Child Care (through age 2) | Nothing | 30% after \$300 deductible* |
| Routine Immunizations (through age 21) | Nothing | 30% after \$300 deductible* |
| Inpatient Hospital Care (precertification required) | | |
| Maternity | Nothing | 35% after \$450 per admission copay* |
| Medical/Surgery | | |
| Room, Board & Other Services & Supplies | \$350 copay per admission | 35% after \$450 per admission copay* |
| Mental Health/Substance Use Disorder | | |
| Room, Board & Other Services & Supplies | \$350 copay per admission | 35% after \$450 per admission copay* |
| 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* |
| Chiropractic Care | | |
| Initial office visit and subsequent office visits when rendered same day as a manipulation | \$25 copay | 30% after \$300 deductible* |
| Manipulations (24 per calendar year) | \$25 copay | 30% after \$300 deductible* |
| One set of spinal x-rays annually | 15% after \$300 deductible | 30% after \$300 deductible* |
| Physician Care | | |
| Office visits | \$25 copay per visit | 30% 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 | 30% after \$300 deductible* |
| Laboratory Services | | |
| LabCorp or Quest Diagnostics | Nothing | |
| Other lab facility | 15% after \$300 deductible | 30% after \$300 deductible* |
| Maternity Care (complete) | Nothing | 30% after \$300 deductible* |
| Accidental Injury | Nothing within 72 hours | Any amount over the Plan allowance within 72 hours |
| Surgery | 15% | 30% after \$300 deductible* |
| Mental Health and Substance Use Disorder | | |
| Office visit | \$25 copay per visit | 30% after \$300 deductible* |
| Telemental visit | \$10 copay per visit | 30% after \$300 deductible* |
| Other diagnostic services | 15% after \$300 deductible | 30% after \$300 deductible* |
| LabCorp or Quest Diagnostics | Nothing | |
| Other lab facility | 15% after \$300 deductible | 30% after \$300 deductible* |

Dental

Accidental dental injury (to a sound natural tooth) 15% within 72 hours 30% after \$300 deductible within 72 hours*

Prescription Drugs

Retail Pharmacy

1st and 2nd fill

There is a 30-day plus one refill limit at local retail.

Network

20% of generic cost

(10% of cost for asthma, diabetes, & hypertension)

30% of Formulary brand cost / 50% of Non-formulary brand cost

Non-Network

Full cost at time of purchase - 50%*

Mail Order Program

60-day supply

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

90-day supply

\$5 NALCSelect generic / \$7.99 NALCPreferred generic / \$15 generic / \$90 Formulary brand / \$125 Non-formulary brand (\$8 generic / \$50 Formulary brand / \$70 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.

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 2023 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.