



# NALC Health Benefit Plan

20547 Waverly Ct.  
Ashburn, VA 20149-0001



**Member:**

**NALC Member ID #:**

**PSHB Consumer Driven (CDHP)**

**Annual Deductible:**

In-Network: \$2,000/person • \$4,000/family

Out-of-Network: \$4,000/person • \$8,000/family

**Annual Out-of-Pocket maximum:**

In-Network: \$6,600/person • \$12,000/family

Out-of-Network: \$12,000/person • \$24,000/family

**For more information:**

[www.nalchbp.org/psbcbcdhp](http://www.nalchbp.org/psbcbcdhp)

**For Eligibility, Claims, Benefits & Member Services, call 855-511-1893.**

Medical Administered by:



mycigna.com

Cigna Health and Life Insurance Company

Choice Fund OA Plus

No Referral Required

Acct# 2501945

Pharmacy Input

COB

RxBIN: 004336

RxBIN: 012114

RxPCN: ADV

RxPCN: COBADV

RxGRP: RX24CN RxGRP: NALC

CVS Caremark® 800-933-NALC (6252)

Willful misuse of this card is considered fraud. We encourage you to use a Family Doctor as a valuable resource and personal health advocate.

Providers must call the number on the front of the card to precertify services such as hospital confinements, outpatient high tech radiology, musculoskeletal, spinal surgeries, genetic testing and gene therapy.

Provider Network does not apply when Medicare is primary.

|                                                     |                                                                |
|-----------------------------------------------------|----------------------------------------------------------------|
| Submit Medical Claims &<br>Mental Health Claims to: | Cigna Payor 62308<br>PO Box 188050, Chattanooga, TN 37422-8050 |
|-----------------------------------------------------|----------------------------------------------------------------|

|                                                            |                                                    |
|------------------------------------------------------------|----------------------------------------------------|
| Submit Medicare Claims with<br>Medicare Summary Notice to: | Cigna<br>PO Box 188050, Chattanooga, TN 37422-8050 |
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|----------------------------|------------------------------------------------------------------------|
| Submit RX Paper Claims to: | NALC Prescription Drug Program<br>PO Box 52192, Phoenix, AZ 85072-2192 |
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# NALC Health Benefit Plan

20547 Waverly Ct.  
Ashburn, VA 20149-0001



## Member:

**NALC Member ID #:**

**PSHB High Option**

## Annual Deductible:

\$350/person • \$700/family

## Annual Out-of-Pocket maximum:

PPO: \$3,500/person • \$7,000/family

Non-PPO: \$5,000/person • \$10,000/family

Rx: \$3,100/person • \$5,000/family

## For more information:

[www.nalchbp.org/pshbhigh](http://www.nalchbp.org/pshbhigh)

**For Eligibility, Claims, Benefits & Member Services, call 888-636-NALC (6252).**

Provider Network Administered by:



Acct# 2501944

Cigna Health and Life Insurance Company  
Open Access Plus  
No Referral Required

Pharmacy Input

RxBIN: 004336

RxPCN: ADV

RxGRP: RX24CN

COB

RxBIN: 012114

RxPCN: COBADV

RxGRP: NALC

Willful misuse of this card is considered fraud. We encourage you to use a Family Doctor as a valuable resource and personal health advocate.

Providers must call the number on the front of the card to precertify services such as hospital confinements, outpatient high tech radiology, musculoskeletal, spinal surgeries, genetic testing and gene therapy.

Provider Network does not apply when Medicare is primary.

Submit Medical Claims to: Cigna Payor 62308  
PO Box 188004, Chattanooga, TN 37422-8004

Submit Mental Health Claims to: Optum  
PO Box 30755, Salt Lake City, UT 84130-0755

Submit Medicare Claims with  
Medicare Summary Notice to: NALC Health Benefit Plan  
20547 Waverly Ct, Ashburn, VA 20149-0001

Submit RX Paper Claims to: NALC Prescription Drug Program  
PO Box 52192, Phoenix, AZ 85072-2192

[www.nalchbp.org](http://www.nalchbp.org)

**AWAY FROM HOME CARE**