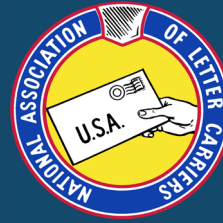


The NALC Health Benefit Plan



HBR Report
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Brian L. Renfroe, President
Stephanie M. Stewart, Director

Board of Trustees:
Lawrence D. Brown, Jr., Chairman
Sandra D. Laemmel
Charles P. Heege

Director's Report



Dear Health Benefit Representative:

In this report, I would like to take some time to address some of the NALC Health Benefit Plan's (the Plan) benefit changes for 2026, which include new programs and prescription cost.

Keep in mind that the programs discussed in this article are not all-inclusive and only represent a few key examples of what is offered to our membership. In the coming articles and/or months, I will continue to share information about other programs specific to our members' health and wellness. From heart health, diabetes care, musculoskeletal care and health and more, we have a lot to share.

Regarding prescription cost, it is important to understand as you read the Frequently Asked Questions (FAQ), that these benefit changes were designed to provide a sustainable cost structure for all Health Benefit Plan members.

To ensure we remain competitive through our premiums and overall health benefit package, these changes were necessary.



Priority Health Coaching

Make sure to share for 2026

The NALC Health Benefit Plan in partnership with Priority Health Coaching is excited to introduce a new program to help our members with chronic health conditions such as arthritis, asthma, COPD, depression, diabetes, heart disease, high blood pressure and high cholesterol.

We understand that managing these conditions can be overwhelming and want to offer support.

Priority Health Coaching gives you:

- A dedicated care partner who understands your needs
- Regular check ins to keep you on track
- Tools and guidance to help you make confident health decisions
- Financial rewards that support your healthy choices

Your coach works with you to create realistic goals that fit your lifestyle through:

- Easy to understand education
- Practical tips for building healthy habits
- Help staying on track with medications and preventive care
- Guidance to help lower out of pocket costs
- Encouragement and motivation as you make progress

Connecting with a Priority Health coach is simple and personalized to whatever works best for the member's lifestyle. Sessions are available by phone, video, or mobile app. All conversations are private, judgment free and tailored to your goals.

As an incentive to join Priority Health Coaching, High Option members will receive a \$50 health savings reward, and Consumer Driven Health Plan members will receive a \$30 health savings reward that can be used for eligible medical expenses. It's one more way the NALC Health Benefit Plan is helping members invest in their well being.

Members managing a chronic health condition who are ready to take the next step on the route to better health can call 877-220-NALC (6252) for High Option and 855-511-1893 for CDHP to speak with a health advocate and get connected to a Priority Health coach.

Note: Health savings rewards will be added to the member's existing TASC card. For members who have not previously accessed health savings rewards/wellness incentives, a new card will be issued upon completion of the program.



Changes to our Prescription Benefits

Since the start of 2026, the Plan has received many questions surrounding member cost-share related to our pharmacy benefits. We understand this has been a change from our prior benefit structure; therefore, it is important to explain the overall impact of rising prescription expenses, overall health care costs, and why this change was necessary.

For many years, healthcare has been trending towards a percentage-based responsibility for medications with many of the other postal plans having already moved to the coinsurance structure. Despite our attempts to resist this change the rising use of brand name medications and GLP-1s means the copay structure is no longer sustainable.

Question: Why is my prescription costing a lot more than last year?

Answer: Due to the increased utilization of brand name medications, the Plan was unable to maintain the prior copayment structure and keep health plan premiums competitive; therefore, we have moved to coinsurance.

Question: What is the difference between a copayment and a coinsurance benefit structure?

Answer: A copayment is a fixed amount of money that you pay to the facility, provider, or pharmacy when you receive certain services. This amount does not change based on the service. Coinsurance is a percentage of the cost that you must pay for the service, supply, or medication received.

For example prior to 2026, a \$3,500 prescription may have had a \$90 copayment, this would equal a 2.6% member cost-share; resulting in the Plan covering 97.4% total cost. A generic medication that costs \$50 with a \$10 copayment; results in the member covering 20% cost-share. Changing the structure makes the cost-share more equitable based on the individual's usage without significantly increasing premiums.

Question: What if I'm only taking generic medications?

Answer: Members who utilize generic medications may not have noticed a change or cost increase. For some members, the cost may actually be less.

Question: What if a generic option is not available?

Answer: First and foremost, it is always important to discuss with their physician which medication is best for you and what alternatives may be available for your individual health care needs.

Question: How can I make my prescriptions more affordable?

Answer:

- Discuss with their physician if there is a generic available.
- Non-Medicare members should:
 - Speak to their physician or pharmacist about assistance programs that may be available.
 - Visit the manufacturers website to learn more about coupons that are available.
 - Visit prescription discount platforms or cost comparison tools
- Medicare members should be aware that although they are not eligible for coupons their Out-Of-Pocket maximum is significantly lower (\$2,100) and may be satisfied sooner than anticipated based on Medicare's assigned value for certain medications.
- It is also important to discuss with their physician any Medicare compliant assistance programs available in their local area.

CVS Weight Management Program

Note: Currently, this program is only available to members taking weight loss medications. Keep in mind that members previously on or newly prescribed must enroll to receive the medications under their pharmacy benefit.

The CVS Weight Management program provides the personalized support you need for lasting results. Participation in the program is required to fill your weight loss medication at Plan-designed cost share. Some important details regarding the program:

- Members who are eligible for the program will receive communication on how to join the program.
- You must have an approved Prior Authorization form on file for your weight loss medication prior to enrolling in the program.
- You must download the Health Optimizer™ app to enroll in the program.
- You can be on another weight loss program in conjunction with the required CVS Weight Management program, but it cannot be used in lieu of the CVS Weight Management program.

The program can help you reach your health goals through one-on-one support from a team of clinicians, a nutrition plan personalized for you, the Health Optimizer app with helpful guides and goal settings, and a connected body weight scale to support and track your progress. The program can also connect to fitness devices such as but not limited to, Garmin, Apple Watch, Strava, Fitbit and many others. There is no cost for members to participate in the program. Member nonparticipation will result in losing cost-share and being responsible for the entire cost of the medication.

If you did not receive communication regarding enrollment in the program or would like additional information, please call 800-207-2208.



Branch Reimbursement Instructions

By approval of the Board of Trustees, the Plan will accept requests for branch reimbursement *BEARING A POSTMARK NO LATER THAN APRIL 30, 2026*. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2025. **Copies of branch rosters must be ordered by completing the Branch Printout Request, or by calling the Health Benefit Plan 888-636-NALC (6252). If calling, ask to speak to someone in the Executive Office.**

Reimbursement will be either the amount of the expenses attested to on the certificate, or the amount computed at seventy-five (75) cents per eligible member, whichever total is lower. **All requests must include (a) the specific amount of expenses incurred; and (b) the number of members for whom reimbursement is requested.**

Reimbursement will be made only for the employees and annuitants enrolled on December 31, 2025, under Chapter 89, Title 5, United States Code-Health Insurance, effective July 9, 1960.

The request should NOT include:

- Enrollees terminated from the Plan prior to December 31, 2025
- Any type of converted member or dependent nongroup plan, or
- Policyholders under our old program (those who retired before July 1, 1960).

Reimbursement will be made payable only to the Branch Secretary of record, and only if the certificate for reimbursement is signed by either the Branch President or Branch Secretary. The signature of the Branch Health Benefit Representative or Treasurer will NOT be acceptable.

**Please send to: NALC Health Benefit Plan, Attn: Executive Office
20547 Waverly Court, Ashburn, VA 20149**

Branch Printout Request

In order to receive your reimbursement, you must first complete the Branch Printout Request or call the Plan at 888-636-NALC (6252) and ask for the Executive Office to obtain a copy of your Branch membership list. The Branch Reimbursement Certificate with the Branch Roster must be postmarked by April 30, 2026.

NALC HBP Branch Printout Request

Branch # _____

Name: _____

Title: _____

Address: _____



I request a Branch printout for the Branch Reimbursement Certificate.

Please note: branch printouts will not be mailed until the beginning of March.

NALC Health Benefit Plan
20547 Waverly Court, Ashburn, VA 20149

Brian L. Renfroe, President

Stephanie M. Stewart, Director

Board of Trustees

Sandra D. Laemmel

Lawrence D. Brown, Jr., Chairman

Charles P. Heege

Branch Reimbursement Certificate

REIMBURSEMENT WILL NOT BE CONSIDERED UNLESS THIS CERTIFICATE IS COMPLETED IN FULL.
 EVERY BLANK MUST BE FILLED IN. PLEASE PRINT. MAIL THE COMPLETED FORM TO THE
 ADDRESS ABOVE.

DEADLINE: April 30, 2026

Branch Number _____ Branch Secretary _____

Branch Address _____

City _____ State _____ Zip _____

Branch Phone # _____ Branch E-mail _____

I certify that for the calendar year 2025, the above-referenced Branch incurred expenses for and on behalf of the NALC Health Benefit Plan. I further certify that expenses were incurred for the following reasons: (a) contacting hospital authorities and physicians to familiarize them with our Plan and to distribute claim forms and similar material relating to the Plan; and (b) assisting enrollees in filing claims properly, and distributing necessary forms to them for submission to the Plan.

I further certify that the number of members shown below includes only employees and annuitants enrolled under the Plans on December 31, 2025, and does not include any enrollment terminated before December 31, 2025, any type of converted members, or any annuitant who retired prior to July 1, 1960.

As reimbursement, the Branch is willing to accept (1) seventy-five cents (\$0.75) for each member enrolled in the NALC Health Benefit Plan High Option or CDHP on December 31, 2025, OR (2) the amount of expenses incurred, whichever amount is less.

PLEASE OBTAIN YOUR BRANCH ROSTER BY CONTACTING THE PLAN AT 888-636-NALC (6252) (ASK TO SPEAK TO SOMEONE IN THE EXECUTIVE OFFICE) FOR YOUR BRANCH MEMBERSHIP ENROLLED UNDER THE PLANS ON DECEMBER 31, 2025.

Please note: branch printouts will not be mailed until the beginning of March.

1. Number of members _____ @ \$0.75 = \$ _____

2. Amount of expenses incurred for the calendar year 2025 = \$ _____

Date Submitted

Name

Title (must be Branch President or Secretary)

New Employee Folders

The 2026 New Employee folders are available and ready to ship to HBR's and Branch Officers promoting the Plan. These folders are specially designed for letter carriers who are newly eligible for PSHB coverage (Career New Hire and CCA conversion classes). The folders include Plan information on High Option and CDHP benefits, How to Join, and our Mobile Portal App. Please contact the Plan and ask for the Executive Office to request a supply for your branch.

NALC Health Benefit Plan

888-636-NALC

PPO Network Providers

877-220-NALC

Mental Health / Substance Use Disorder

877-468-1016

Prescription Drug Program

800-933-NALC

CVS Specialty™ Pharmacy

800-237-2767

Precertification

877-220-NALC

Fraud Hot Line

888-636-NALC

