

NALC Health Benefit Plan

**2027 BENEFITS
HIGH OPTION
& CDHP**



www.nalchbp.org



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NALC Health Benefit Plan
Customer Service Hours
8:00am - 6:00pm ET



Scan the QR code or
go to www.nalchbp.org
for more information
about the Plan.

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This is a summary of some of the features of the NALC Health Benefit Plan PSHB (HO and CDHP). Since it is only a summary, it cannot be considered a legal document. The benefits described in this summary are subject to change and do not guarantee future benefits. Detailed information on the benefits for the 2027 NALC Health Benefit Plan can be found in the official brochure. Before making a decision, please read the Plan's officially approved brochure (RI 71-024). All benefits are subject to the restrictions, definitions, limitations, and exclusions set forth in the official brochure.

Welcome and thank you for taking time to review an overview of the NALC Health Benefit Plan's benefit options. It is my hope that you find the information useful on your health and wellness journey.

From current members to those who are considering choosing us in the future, our goal is to make sure everyone has access and information about our outstanding benefit package.

We truly believe that whole health is the best avenue for success, so we are delivering preventive care, prescription management, wellness programs and treatment for ongoing health needs or chronic conditions.

I ask that you take some time to review our information, and if you're not already, please consider participation in the program(s) that could benefit your health.

Proactive care can help lessen the risk of future pain, illness and conditions and early intervention leads to more effective and sustainable health results. Our goal is to provide tools that allow you to be engaged in your health and improve your quality of life.

Should you have questions, please contact us at 888-636-NALC (6252), or visit our website to learn more at www.nalchbp.org. Since 1950 letter carriers have remained our top priority and we are committed to offering quality care at a competitive premium.

Stephanie M. Stewart
Director

In-Network Medical Benefits

Office Visits

Primary Care
Specialists
Urgent Care
Mental Health
\$25 Copay

Virtual Visits

NALC HBP Telehealth
Telemental Health
\$10 Copay

Preventive Care

Nothing

Maternity*

Nothing

Accidental Injury*

Nothing within
72 hours

Inpatient Hospital*

\$350 copay
per admission

Outpatient Hospital

15% after \$350
deductible

Surgery*

15% with no
deductible

Medical Emergencies

15% after \$350
deductible

Preferred Lab* (Quest or LabCorp)

Nothing for
covered lab
services

Diagnostic Services*

15% after \$350
deductible

**Coverage restrictions may apply. See the official Plan brochure for full coverage details.*

Prescription Benefits

Your 2027 Drug Cost-Share When NALC HBP is Primary

Drug Tiers



RETAIL

GENERIC DRUGS

Up to a 30 day supply:

20% of Plan allowance
(10% of Plan allowance
for asthma, diabetes &
hypertension)

FORMULARY BRAND DRUGS

Up to a 30 day supply:

30% of Plan allowance
(Insulin coinsurance cap
is \$35 for 30 day supply)

NON-FORMULARY BRAND DRUGS

Up to a 30 day supply:

50% of Plan allowance

MAIL ORDER & MAINTENANCE CHOICE

GENERIC DRUGS

Up to a 90 day supply:

20% of Plan allowance
with \$250 max per
prescription

FORMULARY BRAND DRUGS

Up to a 90 day supply:

30% of Plan allowance
with \$350 max per
prescription
(Insulin coinsurance
cap is \$105 for up to
a 90 day supply)

NON-FORMULARY BRAND DRUGS

Up to a 90 day supply:

50% of Plan allowance
with \$500 max per
prescription

SPECIALTY*

Available only through
CVS Specialty™ Mail
Order

Up to a 30 day supply:

\$200

31-60 day supply:

\$350

61-90 day supply:

\$500

*Coverage restrictions may apply.
See the official Plan brochure for
full coverage details.

Our Partners



MEDICAL NETWORK

From childhood to adulthood through retirement, the Cigna® network of providers is here to support you through every stage of life, to meet your changing needs.

The Cigna® network includes over 5,700,000 family doctor and specialist locations. Scan the QR code to view Cigna's Provider Directory.



PHARMACY NETWORK

The CVS Caremark® National Network is a large nationwide network that offers more than 68,000 retail pharmacies.

Prescription drugs are classified into 4 tiers: Generic, Formulary, Non-Formulary and Specialty. The tiers are based on quality, safety, clinical effectiveness and cost. Scan the QR code to log into your account.



BEHAVIORAL HEALTH NETWORK

Optum® provides mental health and substance use disorder benefits. They offer tools and support to help you deal with problems that impact your life.

The Optum® network includes over 540,000 Clinicians and 255,000 telemental health providers. Scan the QR code to view the many Optum® resources available to you.





Check out our Program Booklet for information about all of our partners and programs.

HIGH OPTION



Deductible & Catastrophic Limits

Self Only		Self Plus One Self and Family
\$350	Deductible	\$700
\$3,500	In-Network Out-of-Pocket Max	\$7,000
\$5,000	Out-of-Network Out-of-Pocket Max	\$10,000
\$3,100	Prescription Out-of-Pocket Max	\$5,000



High Option Medicare Coordination



Medicare A and B

For those members who enroll in Medicare A and B and have the NALC Health Benefit Plan as their secondary coverage, all deductibles, coinsurances and copayments are waived, when you see a Medicare Participating Provider (except for prescription drugs). In most cases you will have no balance with your provider.*

Medicare C

For those members who are looking for additional benefits beyond traditional Medicare coverage, we have a Medicare Part C option. If eligible you can opt-in to our Aetna Medicare Advantage Plan at no additional cost.*

Medicare D

Eligible members and their dependents can receive a Medicare Part B reimbursement when enrolled in our SilverScript Prescription Drug Plan (PDP). When enrolled in our PDP EGWP our cost-share for covered drugs, medications and supplies will be equal to or better than the cost share for those in our standard non-PDP EGWP Prescription Drug Program. You will also have additional options for filling your medications.*

*Coverage restrictions may apply. See the official Plan brochure for full coverage details.

SilverScript Prescription Benefits



For our Medicare eligible annuitants and their family members with Medicare Parts A or A & B, who are also covered under the NALC Health Benefit Plan High Option, the Plan's prescription drug coverage is administered by the SilverScript® Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP).

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

Members enrolled in the SilverScript PDP EGWP will receive the following enhancements:

A \$2,400
maximum
prescription
out-of-pocket

A lower
copay/
coinsurance
structure

Retail pharmacy
coordination
with Medicare and
NALC HBP

High Option members are
eligible for up to a \$600
annual Original Medicare
Part B reimbursement
administered by
HealthEquity

Medicare eligible annuitants and their family members who choose to opt-out of the Plan's SilverScript PDP EGWP will lose PSHB prescription drug coverage

You are not responsible for paying any additional premium; but in the case of those with higher incomes you may be responsible for a surcharge to your Medicare Part D benefit. Scan the QR code or refer to the Part D-IRMAA section of the Medicare website: <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans> to see if you would be subject to an additional premium.

For questions about the SilverScript Prescription Drug Plan, please call 833-272-9886.



HealthEquity



For members participating in the NALC Health Benefit Plan's SilverScript PDP EGWP who also have Original Medicare Parts A & B, you are eligible for up to \$600 annually in Original Medicare Part B reimbursements. Eligible members will be required to provide documentation showing payments of their Original Medicare Part B premiums.

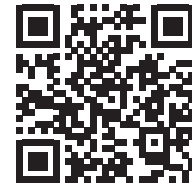
HealthyEquity® gives our members multiple options for filing reimbursement requests! You can file a claim by mail, fax, online, or through your mobile device by downloading the EZ Receipts® app. For more information call 844-768-5644.

HIGH OPTION



Keep in mind if you disenroll from SilverScript you will also be disenrolled from HealthEquity. Once disenrolled, you have 90 days from the cancel date to request any Original Medicare B reimbursements you would have been eligible for during your time in SilverScript / HealthEquity.

High Option NALC Plan - Aetna Medicare Advantage



**LEARN
MORE & JOIN**

The NALC Health Benefit Plan offers enhanced benefits through the NALC High Option Plan – Aetna Medicare Advantage for annuitant members and their eligible dependents.

This enhanced level of benefits is available to NALC Health Benefit Plan High Option annuitants and eligible dependents who have Medicare Parts A and B as their primary payor. Enrollment is voluntary and members may opt-in once at any time during the year. Opting-in will not affect your NALC High Option enrollment. If you change your mind after election, you can opt-out and switch back to your High Option coverage with original Medicare at any time. For more information call 866-241-0262.

PROGRAM HIGHLIGHTS

A \$75 monthly Part B premium reduction (up to \$900 a year) for each eligible member.

No additional premium cost (you will pay the same NALC High Option Plan premium amount).

Silver Sneakers® fitness program (a registered trademark of Tivity Health Inc.)



Dental Coverage

Vision Coverage

No deductible, copays, or coinsurance for covered services (office visits or telehealth, preventive care, surgical care, inpatient/outpatient hospital care, emergency room/urgent care, etc.)

Non-emergency transportation program

Meal benefit program

When planning an extended stay, make sure you have enough maintenance prescriptions for the duration of your planned trip. If not, visit our website to obtain an early fill for your trip by downloading the Travel Request form.

Travel with Peace of Mind



You can travel with confidence knowing that you are covered by the NALC Health Benefit Plan, whether you are in the United States or abroad. We offer worldwide coverage, in case you require urgent medical attention or a prescription filled. Our standard out-of-network benefits would apply for services received outside of the United States.

Be aware that care outside of the United States may require you to pay for services in full. If so, you will need to submit a member claim for reimbursement. Scan the QR code for a link to High Option forms.

HIGH OPTION

Member Access Portal App



**Access to your
Claims History
and Explanation
of Benefits
(EOB's)**



**View real-time
Medical
deductibles and
out-of-pocket
accumulations**



**Communicate
with NALC HBP
representatives**



**Download your
ID card and
review wellness
incentives**



Track immunizations, medications and more through the Personal Health Notes



The NALC HBP App gives you access to your health information when you need it. Your personal health information is stored in a single, safe, password protected place accessible to only you or your designated personal representative. The App also includes direct sign-on links to many of our partners.

2027 Premiums



HO Self Only - 77A

Biweekly Employees
Pay - \$116.06

Monthly Annuitants
Pay - \$251.46

HO Self Plus One - 77C

Biweekly Employees
Pay - \$290.00

Monthly Annuitants
Pay - \$628.33

HO Self and Family - 77B

Biweekly Employees
Pay - \$270.37

Monthly Annuitants
Pay - \$585.80

*Premiums listed above exclude the employer portion. CCA's eligible for participation in PSHB, must pay the total cost of the premium as there is no Postal Service contribution.

Important Phone Numbers

NALC HBP HIGH OPTION

888-636-NALC (6252)

CIGNA

877-220-NALC (6252)

Cigna® Healthcare Providers
24-Hour Cigna® Health Information Line
Genetic Testing
Precertification

800-668-9682

Cigna LifeSOURCE
Transplant Network®

CVS CAREMARK

800-933-NALC (6252)

CVS Caremark® Prescription
Broad Vaccine Administration Network
Formulary Drug List

800-237-2767

CVS Specialty™

OPTUM

877-468-1016

Optum® Mental Health Providers
24-Hour Mental Health Hotline
Preauthorize Treatment or a Hospital Stay

855-780-5955

24-Hour Optum®
Substance Use Program

CDHP Benefits

The Consumer Driven Health Plan (CDHP) 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.

This is a high deductible health plan. The deductible is a sharing of the PCA and your portion. The deductible must be met before the Plan starts sharing cost.

Consumer Driven Health Plan PCA

**\$1,200 per year
for Self Only**

**\$2,400 per year
for Self Plus One**

**\$2,400 per year
for Self and Family**

Preventive Care

An In-Network health care professional is covered at 100%

**Professional Services;
Mental Health; Maternity Care;
Physical, Speech, and Occupational
Therapies; Labs, X-rays, and Other
Diagnostic Tests**

**In-Network:
You Pay 20% of the Plan allowance**

**Out-of-Network:
You Pay 50% of the Plan allowance
And any difference between our
allowance and the billed amount**

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

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.

Prescription Benefits

Your 2027 Drug Cost-Share When NALC HBP is Primary

Drug Tiers



RETAIL

GENERIC DRUGS

Up to a 30 day supply:

20% of Plan allowance
(15% of Plan allowance
for asthma, diabetes &
hypertension)**

FORMULARY BRAND DRUGS

Up to a 30 day supply:

30% of Plan allowance**

NON-FORMULARY BRAND DRUGS

Up to a 30 day supply:

50% of Plan allowance**

MAIL ORDER & MAINTENANCE CHOICE

GENERIC DRUGS

Up to a 90 day supply:

20% of Plan allowance
with \$450 max per
prescription**

FORMULARY BRAND DRUGS

Up to a day supply:

30% of Plan allowance
with \$450 max per
prescription**

NON-FORMULARY BRAND DRUGS

Up to a 90 day supply:

50% of Plan allowance
with \$650 max per
prescription**

SPECIALTY*

Available only through
CVS Specialty™ Mail
Order

Up to a 30 day supply:

\$250**

31-60 day supply:

\$450**

61-90 day supply:

\$650**

*Coverage restrictions may apply.
See the official Plan brochure for
full coverage details.

** 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.



CDHP

Deductible & Catastrophic Limits

Self Only		Self Plus One Self and Family
\$2,000	In-Network Deductible	\$4,000
\$4,000	Out-of-Network Deductible	\$8,000
\$6,600	In-Network Out-of-Pocket Max	\$12,000
\$12,000	Out-of-Network Out-of-Pocket Max	\$24,000

Our Partners



MEDICAL NETWORK

From childhood to adulthood through retirement, the Cigna® network of providers is here to support you through every stage of life, to meet your changing needs.

The Cigna® network includes over 5,700,000 family doctor and specialist locations. Scan the QR code to view Cigna's Provider Directory.



PHARMACY NETWORK

The CVS Caremark® National Network is a large nationwide network that offers more than 68,000 retail pharmacies.

Prescription drugs are classified into 4 tiers: Generic, Formulary, Non-Formulary and Specialty. The tiers are based on quality, safety, clinical effectiveness and cost. Scan the QR code to log into your account.



BEHAVIORAL HEALTH NETWORK

Mental and emotional well-being is essential to overall health. Cigna provides access to information and care when you need it.

The Cigna® network includes over 737,000 clinicians. Scan the QR code to view the many resources available to you.





Check out our Program Booklet for information about all of our partners and programs.

CDHP

Medicare Coordination



For those members who enroll in Medicare A and B and have the NALC Health Benefit Plan CDHP as their secondary coverage, we limit benefits to the difference between our liability (as the primary carrier) and the Medicare payment. This Plan does not waive any out-of-pocket expenses such as deductibles, copayments, or coinsurance.*

*Coverage restrictions may apply. See the official Plan brochure for full coverage details.

SilverScript Prescription Benefits

For our Medicare eligible annuitants and their family members with Medicare Parts A or A & B, who are also covered under the NALC Health Benefit Plan CDHP, the Plan's prescription drug coverage is administered by the SilverScript® Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP).

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



Medicare eligible annuitants and their family members who choose to opt-out of the Plan's SilverScript PDP EGWP will lose prescription coverage.

You are not responsible for paying any additional premium; but in the case of those with higher incomes you may be responsible for a surcharge to your Medicare Part D benefit. Scan the QR code or refer to the Part D-IRMAA section of the Medicare website: <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans> to see if you would be subject to an additional premium.

For questions about the SilverScript Prescription Drug Plan, please call 833-272-9886.

Travel with Peace of Mind

You can travel with confidence knowing that you are covered by the NALC Health Benefit Plan, whether you are in the United States or abroad. We offer worldwide coverage, in case you require urgent medical attention or a prescription filled. Our standard out-of-network benefits would apply for services received outside of the United States.

Be aware that care outside of the United States may require you to pay for services in full. If so, you will need to submit a member claim for reimbursement. Scan the QR code for a link to CDHP forms.

When planning an extended stay, make sure you have enough maintenance prescriptions for the duration of your planned trip. If not, visit our website to obtain an early fill for your trip by downloading the Travel Request form.





The NALC HBP App gives you access to your health information when you need it. Your personal health information is stored in a single, safe, password protected place accessible to only you or your designated personal representative.



2027 Premiums



CDHP Self Only - 77D

**Biweekly Employees
Pay - \$80.53**

**Monthly Annuitants
Pay - \$174.48**

CDHP Self Plus One - 77F

**Biweekly Employees
Pay - \$183.15**

**Monthly Annuitants
Pay - \$396.83**

CDHP Self and Family - 77E

**Biweekly Employees
Pay - \$198.26**

**Monthly Annuitants
Pay - \$429.56**

*Premiums listed above exclude the employer portion. CCA's eligible for participation in PSHB, must pay the total cost of the premium as there is no Postal Service contribution.

Important Phone Numbers

CIGNA

855-511-1893

CDHP Customer Service
Cigna Healthcare Providers
Cigna Behavioral Health Providers
24 Hour Cigna Health Information Line
Preauthorize Treatment or a Hospital Stay
Genetic Testing and Counseling
Precertification
Cigna LifeSOURCE Transplant Network®

CVS CAREMARK

800-933-NALC (6252)

CVS Caremark® Prescription
Broad Vaccine Administration Network
Formulary Drug List

800-237-2767

CVS Specialty™

How to Join the NALC Health Benefit Plan

If you are eligible for PSHB benefits, you may enroll in one of the many participating health plans, change your current health plan, or cancel your enrollment in a PSHB plan during the annual Open Season by visiting health-benefits.opm.gov.



Outside of Open Season, you can enroll in the PSHB Program, change your enrollment, or cancel coverage when you experience common events called qualifying life events (QLEs). Enrollees who have QLE changes need to call the Retirement Information Office at 888-767-6738 if they are annuitants, the Human Resources Shared Service Center at 877-477-3273 if they are Postal employees, or the PSHB Helpline at 844-451-1261 if they are compensationers or if they pay premiums directly to the National Finance Center.

High Option
Self Only
77A

High Option
Self Plus One
77C

High Option
Self and Family
77B

CDHP
Self Only
77D

CDHP
Self Plus One
77F

CDHP
Self and Family
77E

JOIN US

The Office of Personnel Management's (OPM) Going Green mandate instructs all Plan's to reduce their use of paper by providing an electronic version of the Plan's yearly brochure. You can access the electronic brochure at www.nalchbp.org. If you would like to receive a paper copy of the brochure, contact the Plan.