SUMMARY OF MATERIAL
MODIFICATIONS FOR YEAR 2023

Dear Participants and Dependents:

This notice summarizes the modifications to the NALC Health Benefit Plan for Employees and Staff (Staff Plan) effective January 1, 2023. This information supplements the information contained in the 2022 NALC Health Benefit Plan for Employees and Staff brochure. Refer to the appropriate sections in the brochure as specified below for our benefit changes. Please share this summary with your family and keep it with your Staff Plan documents for future reference.

Please refer to the 2022 Staff Plan brochure and the summaries of material modifications issued each year thereafter for a complete description of your Staff Plan benefits.

General Information

Open Enrollment this year is from December 1, 2022 through December 31, 2022. Any changes in your enrollment will be effective January 1, 2023.

Our Plan meets the requirements under the Women's Health and Cancer Rights Act of 1998 (WHCRA) by providing benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Please contact the Nongroup Department at 703-729-4677 or 888-636-NALC (6252) with any questions concerning mastectomy-related benefits.

Modifications

The modifications, effective as of January 1, 2023, are as follows:

1. We now cover FDA-approved prescription weight loss drugs with a prior authorization. Call CVS Caremark® at 800-294-5979 to obtain a list of medications or to obtain prior authorization. You pay

   Network retail: Generic: 20% of cost, Formulary brand: 30% of cost, or Non-formulary brand: 50% of cost
   Non-network retail: 50% of the Plan allowance, and the difference, if any, between our Plan allowance and the billed amount.

Network retail Medicare: Generic: 10% of cost, Formulary brand: 30% of cost, or Non-formulary brand: 40% of cost

Non-network retail Medicare: 50% of the Plan allowance, and the difference, if any, between our Plan allowance and the billed amount.

Mail order:

- 60-day supply: $10 generic/$60 Formulary brand/ $84 Non-formulary brand
- 90-day supply: $15 generic/$90 formulary brand/ $125 Non-formulary brand

Mail Order Medicare:

- 60- day supply: $7 generic/$50 Formulary brand/ $75 non-formulary brand
- 90-day supply: $10 generic/$75 formulary brand/ $110 Non-formulary brand

Note: If there is no generic equivalent available, you pay the brand name copay

Note: If the cost of a prescription is less than the mail order copay, you will pay the cost of the prescription. See section 5(f). *Prescription Drug Benefits.*

2. We now cover infertility drugs with a maximum Plan payment of $2,500 per person/per year.

Network retail: Generic: 20% of cost, Formulary brand: 30% of cost, or Non-formulary brand: 50% of cost

Non-network retail: 50% of the Plan allowance, and the difference, if any, between our Plan allowance and the billed amount.

Network retail Medicare: Generic: 10% of cost, Formulary brand: 30% of cost, or Non-formulary brand: 40% of cost

Non-network retail Medicare: 50% of the Plan allowance, and the difference, if any, between our Plan allowance and the billed amount.

Mail order:

- 60-day supply: $10 generic/$60 Formulary brand/ $84 Non-formulary brand
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Mail Order Medicare:

- 60- day supply: $7 generic/$50 Formulary brand/ $75 non-formulary brand
- 90-day supply: $10 generic/$75 formulary brand/ $110 Non-formulary brand

Note: If there is no generic equivalent available, you pay the brand name copay

Note: If the cost of a prescription is less than the mail order copay, you will pay the cost of the prescription. See section 5(f). *Prescription Drug Benefits.*

3. We now offer the **Hello Heart** program through CVS Caremark®. **Hello Heart** is an essential tool for remote care of cardiac conditions. This program enables you to measure your blood pressure using a free FDA-cleared monitor and allows you to send the data privately to your doctor. This program empowers you to improve your lifestyle through coaching on your smartphone or tablet. You will have access to the most advanced hypertension management tools on the market, all at no cost. Text NALC to 75706 or visit join.helloheart.com/NALC to register. See Section 5(h). *Wellness and Other Special Features*

4. We now cover the purchase of breastfeeding equipment. You pay nothing when the equipment is provided by a PPO provider. When the equipment is provided by a non-PPO provider, you pay 30% of the Plan allowance and the difference, if any, between the Plan allowance and the billed amount. See section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals.*

5. We now cover dengue vaccination for areas with endemic dengue per CDC guidelines. You pay nothing when the services are provided by a PPO provider. When the services are provided by a non-PPO provider, you pay 30% of the Plan allowance and the difference, if any, between the Plan allowance and the billed amount. For additional information please visit https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

6. You can now receive $50 in health savings rewards for completing 6 well-child visits through age 15 months as recommended by the American Academy of Pediatrics Bright Futures. See section 5(h). *Wellness and Other Special features.*

7. We now offer a Nutritional Counseling and Women's Health Services program through our NALCHBP Telehealth mobile app. The **Nutrition Counseling Program** offers counseling by trained registered dieticians who help design personalized nutrition plans for a variety of chronic conditions and health concerns. Visits are conducted in the comfort and privacy of the patient's home. Thirty-minute appointments are available 7 days a week, including evenings. Services are available for all ages. A multiway video chat allows the dietician to support the patient by reviewing food ingredient labels together and suggesting strategies for success. Structured, personalized meal plans and recipes are delivered to the patient's inbox after their visit. The dietician can help the patient improve their overall health and well-being, productivity, and reduce healthcare costs. **Women's Health** Services give women 18 years of age or older access to convenient, specialized care. Clinicians cater to the full care continuum across life stages and provide medical care for women-specific health issues, ranging from prenatal and postnatal support to menopause care. Clinicians can help answer questions, provide treatment, and prescribe medication if medically necessary. On-demand visits are available 7 days per week. **Lactation Support** is available for women who have breastfeeding questions or concerns, including latching issues, milk supply, pumping, mastitis, thrush, and more. Appointments with board certified lactation consultants are available. You pay nothing when the services are provided through NALCHBP Telehealth. See section 5(h). *Wellness and Other Special features.*

8. We now cover a certified doula with a maximum Plan payment of $500 per pregnancy. A certified Doula is a professional who has met the education, training and experience requirements of a doula certifying organization to provide non-clinical emotional, physical and informational support before, during and after labor. You pay nothing up to the Plan limit and all charges after the Plan pays $500 (No deductible) for a PPO provider. For a non-PPO provider, you pay nothing up to the Plan limit and all charges after the Plan pays $500 (No deductible) See section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals.*

9. You will now pay 15% coinsurance after the $300 calendar year deductible for physical, occupational, cognitive, and speech therapy and all charges after 75 visits. Previously you paid a $20 copayment. When services are rendered by a non-PPO provider you pay 30% of the Plan allowance and the difference, if any, between the Plan allowance and the charged amount. See section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals.*

10. You will now pay a $25 copayment for:

    - Professional services of physicians (including specialists) or urgent care centers
    - Office visit for eye examinations for covered diagnoses, such as cataract, diabetic retinopathy and glaucoma
    - 24 spinal or extraspinal manipulations or 24 office visits per calendar year when rendered on the same day as a covered spinal or extraspinal manipulation. When spinal and extraspinal manipulations are performed on the same day, a separate $25 copayment applies to each type of manipulation billed.
    - Initial office visit or consultation to access patient for acupuncture treatment
    - 25 office visits per calendar year when rendered on the same day as a covered acupuncture treatment
    - Outpatient professional services, including individual or group therapy by providers such as artiststrists, psychologists, or clinical social workers
    - Outpatient medication management

    Previously you paid $20. When services are rendered by a non-PPO provider you pay 30% of the Plan allowance and the difference, if any, between the Plan allowance and the charged amount. See section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals* and See section 5(e). *Mental Health and Substance Use Disorder Benefits*

11. We clarified that transportation is covered for the gene therapy program. When approved, the Gene Therapy Travel Program will help cover the cost of travel and lodging to a gene therapy network provider up to $10,000 per gene therapy. You 15% of the Plan allowance after a $300 calendar year deductible. Non-PPO providers you pay all charges. See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals*

13. We clarified the procedures for filing a member claim. For additional information please visit https://staff.nalchbp.org/member_resources/How_To_File/

14. We clarified the exceptions when another plan is primary. If another health plan is your primary, you must send a copy of the explanation of benefits(EOB) you received from your primary payor. See Section 7. *Filing a Claim for Covered Services*

Please attach this Summary of Material Modifications (SMM) to your 2022 brochure (your summary plan description) and other Staff Plan documents for future reference. If you have any questions regarding the information in this SMM, or if you need a copy of the 2022 brochure, please contact the Nongroup Department. While every effort has been made to make this as complete and as accurate as possible, it does not restate the existing terms and provisions of the Staff Plan other than the specific terms and provisions it is modifying. The Administrator of the Staff Plan and the Board of Trustees specifically reserve the right to change, eliminate, or add to the benefits provided to participants and beneficiaries and the rules concerning eligibility for such benefits. They also reserve the right to adopt new rules and regulations, to modify the rules and regulations, and to terminate the existing Plan. No benefits or rules of the Plan are guaranteed (vested) for any participant or eligible dependent. All benefits and rules may be changed, reduced, or eliminated at any time by the Administrator and the Board of Trustees, in their sole discretion.