

**SUMMARY OF MATERIAL  
MODIFICATIONS FOR YEAR 2025**

Dear Participants and Dependents:

This notice summarizes the modifications to the NALC Health Benefit Plan for Employees and Staff (Staff Plan) effective January 1, 2025. 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, 2024, through December 31, 2024.** Any changes in your enrollment will be effective January 1, 2025.

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, 2025, are as follows:

1. We have expanded our Hello Heart program to include coverage for pregnant members. Previously, we offered our Hello Heart program to individuals with high blood pressure or those taking high blood pressure medications. Hello Heart is available at no cost to eligible members. See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals* and Section 5(h). *Wellness and Other Special Features*.

2. We now cover the Monkeypox vaccination as recommended by the Centers for Disease Control, (CDC) under our preventive care benefits for children and adults. When services are rendered by a PPO provider you will pay nothing (no deductible). If services are rendered by a non-PPO provider, you pay 35% of the Plan allowance and any difference between our allowance and the billed amount after your \$300.00 calendar year deductible has been satisfied. For a complete list of recommended immunizations, go to the (CDC) website at <https://www.cdc.gov/vaccines/>. See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals*.
3. Previously, we covered Applied Behavioral Analysis (ABA) therapy for children through age 18 with autism spectrum disorder. We have removed the age limit for this service. See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals*.
4. Previously, we covered Applied Behavioral Analysis (ABA) therapy with prior authorization when services were rendered by a PPO provider only. We will now cover ABA therapy with PPO or non-PPO providers when authorization is obtained. You will pay 15% of the Plan allowance after the calendar year deductible is satisfied when services are rendered by a PPO provider, and 35% of the Plan allowance and any difference between our allowance and the billed amount after your \$300.00 calendar year deductible has been satisfied for services rendered by non-PPO providers. Appropriate benefits apply based on network participation status. See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals*.
5. We now cover Naloxone and Narcan nasal spray for emergency treatment of opioid overdose in any over-the-counter or prescription form, such as nasal sprays or intramuscular injections. You will pay nothing when Opioid rescue agents are obtained from a network retail pharmacy. If Opioid rescue agents are obtained at a non-network retail pharmacy, you will pay 50% of the Plan allowance and any difference between our allowance and the billed amount. For more information consult FDA guidance at <https://www.fda.gov/consumers/consumer-updates/access-naloxone-can-save-life-duringopioid-overdose>. See Section 5(f). *Prescription Drug Benefits*.
6. We now cover cellular therapy products approved by the U.S. Food and Drug Administration (FDA), and services directly related to their administration when they are determined to be medically necessary. Cellular therapy is the process of transferring intact modified live cells into the body to help lessen or cure a disease.  
  
Coverage includes the cost of the cellular therapy product, the medical, surgical, and facility services directly related to the administration of the cellular therapy product, and the professional services. Cellular therapy products and their administration are covered when pre-authorized to be received at participating PPO facilities specifically contracted for the specific cellular therapy service. When approved, the Cellular Therapy Travel Program will help cover the cost of travel and lodging to a cellular therapy network provider, up to \$10,000 per cellular therapy authorization. Cellular therapy products and their administration received at other facilities are not covered. For additional information and pre-authorization call 800-668-9682. You will pay 15% of the Plan allowance after the calendar year deductible is satisfied for PPO providers. For non-PPO providers, you will pay all charges. See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals*.
7. We no longer cover low dose aspirin under the preventive care medications benefits for the prevention of colorectal cancer and cardiovascular disease. The USPSTF no longer recommends low dose aspirin as a preventive medication with an A or B rating for these situations. Current recommended preventive

medications can be found at <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations> See Section 5(f). *Prescription Drug Benefits*.

8. We have enhanced our Real Appeal® weight loss program to include support for families. The Real Appeal Program through Optum® is a yearlong weight loss program that offers online group coaching, one-on-one support, various wellness mini-series that dive deeper into topics such as Family Wellness, Nutrition, and Fitness, and a Success Kit. The Success Kit is mailed home after attending one group coaching session and includes a food and weight scale, a portion plate, access to a fitness-on-demand app, and more. The program focuses on weight loss through proper nutrition, exercise, sleep, stress management and motivation. Online video coaching sessions are scheduled online at the member's convenience and the educational content is updated throughout the year on the portal and mobile app along with trackers to help track food and activities. Eligible members can enroll at [natchbp.realappeal.com](http://natchbp.realappeal.com). See Section 5(a). *Educational classes and programs* and Section 5(h). *Wellness and Other Special Features*.
9. The individual combined PPO and non-PPO out-of-pocket maximum will now be \$5,000 per calendar year. Previously, the individual combined PPO and non-PPO out-of-pocket maximum was \$7,000 per calendar year. See Section 4. *Your Costs for Covered Services*.
10. The family combined PPO and non-PPO out-of-pocket maximum will now be \$10,000 per calendar year. Previously, the family combined PPO and non-PPO out-of-pocket maximum was \$7,000 per calendar year. See Section 4. *Your Costs for Covered Services*.
11. The family PPO out-of-pocket maximum will now be \$7,000 per calendar year. Previously, the family PPO out-of-pocket maximum was \$5,000 per calendar year. See Section 4. *Your Costs for Covered Services*.
12. The family prescription out-of-pocket maximum will now be \$5,000 per calendar year. Previously, the family prescription out-of-pocket maximum was \$4,000. See Section 4. *Your Costs for Covered Services*.
13. Transcranial Magnetic Stimulation (TMS) will now require prior authorization. See Section 5(e). *Mental Health and substance Use Disorder Benefits*.
14. We now offer access to the Maven Program through Optum Health Behavioral Solutions at no cost to our members. This program offers 24/7, unlimited access to the Maven women's and family health platform.

Maven is the leading women's and family health platform providing 24/7, unlimited access to dedicated care navigation and advocacy, virtual provider appointments across 30+ specialties, clinically validated resources, and the opportunity to connect with other members, all in one digital solution.

The Platform offers:

- Fertility and family building-preconception, IUI/IVF, adoption/surrogacy, male fertility, preservation
- Maternity and newborn care- pregnancy/postpartum, infant care, partner support, miscarriage & loss
- Parenting and Pediatrics- parent coaching, special needs, childcare navigation, pediatric care, family medicine
- Menopause & Midlife Health- perimenopause, menopause, post-menopause, HRT support, low T support

Maven's mission is to provide safe, affordable, and accessible care to members whether they are seeking services on our platform or within their broader benefits ecosystem. With focused support on navigation and providing equitable benefits, Maven helps members reach the highest quality in-network clinics, resources, and providers whether they are in rural towns or need support through a social need. Members can register for Maven online at [mavenclinic.com/join/NALCHBP](https://mavenclinic.com/join/NALCHBP) or through the Maven Clinic mobile application. See Section 5(h). *Wellness and Other Special Features*.

15. We clarified that the contraceptive benefit includes at least one option in each of the HRSA-supported categories of contraception (as well as the screening, education, counseling, and follow-up care). Any type of voluntary female sterilization surgery that is not already available without cost sharing can be accessed through the contraceptive exceptions process. Your healthcare provider can seek a contraceptive exception by calling the NALC Health Benefit Plan for Employees and Staff at 888-636-NALC (6252). See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals*.
16. We changed the requirements for gender affirming surgery. You no longer need to complete 6 months of continuous hormone therapy appropriate to the patient's gender identity. Those seeking gender affirming surgery no longer need documentation that gender dysphoria is not a symptom of another mental disorder, or that it causes clinical distress or impairment in social, occupational, or other areas of functioning. See Section 5(b) *Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Providers*.
17. We clarified that manufacturer issued copay cards or manufacturer coupons are prohibited for members enrolled in Medicare Part D. See Section 5(f). *Prescription Drug Benefits*.
18. We clarified that Teletypewriter TTY services are available for the NALC Health Benefit Plan for Employees and Staff by dialing 711 (nationwide TTY line). See Section 5(h). *Wellness and Other Special Features*.
19. We clarified the change in our incentive offering for members who complete the Health Assessment. Eligible members or dependents over the age of 18 can now choose from the following:
  - When one covered member completes the Health Assessment, you may choose one of the following:
    - Self only Cigna Plus Savings® discount dental program. We will pay the Cigna Plus Savings® discount dental premium for the remainder of the calendar year in which you completed the Health Assessment provided you remain enrolled;
    - Waiver of two \$25 PPO medical office copayments incurred in the same year as the Health Assessment is completed. Copayment waivers will be applied to claims for services rendered after the completion of the Health Assessment; or
    - A Fitbit Aria Air Smart Scale.
  - When two or more covered family members (including the member) complete the Health Assessment, you may choose one of the following:
    - Family Cigna Plus Savings® discount dental program. We will pay the Cigna Plus Savings® discount dental premium for the remainder of the calendar year in which you completed the Health Assessment provided you remain enrolled in our Plan;
    - Waiver of four \$25 PPO medical office visit copayments (when the Plan is primary payor) incurred in the same year as the Health Assessment is completed. Copayment waivers will be applied to claims for services rendered after completion of the Health Assessment; or

-A Fitbit Aria Air smart scale (limit 2 devices per enrollment). See Section 5(h). *Wellness and Other Special Features*.

20. We clarified that partial hospitalization requires precertification. See Section 5(e) *Mental Health and substance Use Disorder Benefits*.
21. We clarified that residential treatment centers (RDC) are not covered, including outdoor residential programs, wilderness treatment or equine therapy, recreational therapy, educational therapy or educational classes, Bio-feedback treatment, outward bound programs, personal comfort items such as guest meals, beauty and barber services, respite care, custodial, long-term care, or domiciliary care provided because care in the home is not available or unsuitable. See Section 5(e). *Mental Health can Substance User Disorder Benefits*.
22. We clarified that services, drugs, or supplies you receive in a country sanctioned by the Office of Foreign Assets Control (OFAC) of the U.S. Treasury Department, from a provider or facility not appropriately licensed to deliver care in that country are not covered. See Section 6. *General Exclusions—Services, Drugs, and Supplies We Do Not Cover*.
23. We clarified that non-emergency ambulance transportation including, but not limited to, transport to a physician office, dialysis appointment, or diagnostic testing, is not covered unless part of an inpatient hospital stay. See Section 5(c). *Services Provided by a Hospital or Other Facility, and Ambulance Services*, Section 5(d). *Emergency Services/Accidents*, and Section 5(e). *Mental Health and substance Use Disorder Benefits*.
24. We clarified that HIV pre-exposure prophylaxis (PrEP) medications are covered for pre-exposure per USPSTF guidelines and that some medications may require prior authorization. Please call us at 888-636-NALC (6252) prior to purchasing these medications at a network retail or mail order pharmacy. See Section 5(f). *Prescription Drug Benefits*.
25. We clarified that when we are the secondary payor for your medications including Medicare Part D, we limit benefits to the amounts shown in Section 5(f). *Prescription Drug Benefits*. If the balance after Medicare Part D is less than or equal to our drug benefit, the Plan will make no payment.
26. We clarified that prescription drugs purchased at a non-network or foreign / overseas pharmacy are limited to 30-day fills. See Section 5(f). *Prescription Drug Benefits*.
27. We clarified those physicians who opt-out of Medicare are physicians that have elected to leave the Medicare program and are not eligible for Medicare benefits. Those providers are not limited to 115% of the Medicare approved amount. Opt-out providers will ask you to sign a private contract, and charges are subject to our calendar year deductible. You may be responsible for paying the amount Medicare would have paid if the charges were billed by a Medicare participating provider. Before we can process charges, we require a copy of the signed private contract and the provider's opt-out confirmation letter from Medicare. See Section 9. *Coordinating Benefits with Medicare and Other Coverage*.
28. We clarified that providers not eligible to enroll in Medicare cannot bill or accept payments from Medicare. In this situation, our standard benefits apply, and you are responsible for applicable deductible, co-insurance, and/or co-payments. See Section 9. *Coordinating Benefits with Medicare and Other Coverage*.

**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.**