

NALC Health Benefit Plan turns 75

If you had to design a great health benefit plan for letter carriers from the ground up, you probably would make it not for profit so it would focus on your health. You probably would choose great customer service. You might want a large nationwide network of providers, and plenty of preventive coverage to help you stay healthy. And if you could have one that was created by and run by your own union, that would be even better.

NALC created that plan 75 years ago when it founded the NALC Health Benefit Plan (the Plan).

Throughout their history, NALC and other unions pushed the federal government to provide benefits such as paid sick leave, retirement benefits and workers' compensation, but even after World War II, health benefits weren't on the list. NALC already provided sick leave through its National Sick Benefit Association since 1905, and interest grew in expanding the benefits to medical care.

In 1948, delegates to the NALC's 36th Biennial Convention in Miami, FL, appointed a committee to craft a new health plan, and it was launched in 1950. Using a \$5,000 loan from the union's treasury, the entire health benefit plan consisted of one small room on H Street NW in Washington, DC.

It was a vision paved by letter carriers who saw the need for a health plan, and at the close of the first open enrollment period, membership totaled more than 4,000. Under this new program, letter carriers paid 100 percent of the premium out of their own pockets, and highlights of the family plan benefits included a \$6.35 monthly premium, \$10 daily hospital stay payment, \$200 in miscellaneous benefits, \$200 limit



on surgical schedule and a total maternity benefit in the amount of \$50.

From that initial vision, the letter carrier health plan grew. By 1960, membership was 30,000.

Becoming a part of the Federal Employees Health Benefits (FEHB) Program in early 1960 was another steppingstone, more than tripling enrollment to about 101,000.

To cement the connection to letter carriers after the Plan joined the FEHB and to make sure that letter carriers knew there was a plan tailored to their needs, delegates at NALC's 43rd Biennial Convention in Denver, CO, in 1962 passed a constitutional amendment creating the officer position of health benefit representative at the branch level.

Health benefit representatives are a vital link between the NALC Health Benefit Plan and the local branches working hand in hand to bring more letter carriers into the Plan. From helping carriers understand the significance of choosing their very own union plan, being a key point of contact on the work floor and making connections with new hires, the importance of the role is massive.

Under one roof

While there have been many challenges since the start, the Plan has taken its rightful place as a respected program for letter carriers, and it continues on that journey. In 1990, it moved operations to its current location in Ashburn, VA. However, whether a one-room space or a larger building specifically designed and functional for the daily operations of the NALC Health Benefit Plan, NALC is proud to say that the mission has not changed.

The NALC Health Benefit Plan remains committed to offering members a competitive benefit package, and the union is proud to offer affordable health care at a time when rising costs are a concern.

Big networks, carriers in charge

The HBP director, an NALC national officer, is elected by NALC members. The current director, Stephanie Stewart, is a member of Central Iowa Merged Branch 352. She was elected to the position in 2018 and again in 2022.

As director of health benefits, Stewart's goal is to educate members about our health benefit coverage and promote wellness and healthy living. "When our bodies are taxed by injury or illness, the physical and mental demands of being a letter carrier are even more challenging," she said. "If I can help lessen that burden, it must be a priority."

The Plan has become a leading choice for letter carriers. Today it offers two plan options that cater to different letter carrier needs, while still providing a full range of benefits. Through the High Option Plan or the Consumer Driven Health Plan (CDHP),

The Health Benefit Plan's building is located in Ashburn, VA.



NALC provides greater flexibility and choice to letter carriers. Rates, coverage, programs and/or networks may differ depending on the plan option chosen. No matter which you choose, you have access to comprehensive benefits.

Cigna HealthCare Open Access Plus (OAP) Network (available for High Option and CDHP members)

If you are looking for a health care provider or facility, we encourage you to review the Cigna HealthCare Open Access Plus (OAP) Network to obtain the Plan's network benefits. HBP members have access to more than 5 million doctors and specialists, nearly 33,000 medical facilities and 10,000 acute care hospitals, and 169 transplant facilities nationwide.

It also is important to note that you can receive care from an out-of-network benefit provider; however, since the Plan does not have a contract with the provider, this might increase the financial risk, which could result in a higher patient share.

CVS Health (available for High Option and CDHP members)

For prescription needs, the Plan continues to work with CVS Caremark®, giving members both convenience and endless possibilities on how they fill their prescription needs. With more than 66,000 retail pharmacies or utilizing mail delivery, you can decide which option best serves your needs.

Behavioral health care

The Plan partners with nationally recognized leaders specializing in behavioral health care and substance use disorder services.

If you are enrolled in the High Option Plan, you have access to more than 4,100 in-network facilities and more than 415,000 clinicians through the Optum Health Behavioral Solutions, a nationally recognized leader specializing in providing behavioral health and substance use disorder services.

For CDHP members, you can access more than 615,000 in-network clinicians and 8,068 network facilities through Cigna Healthcare.

Telehealth

Unable to squeeze in another commute or in-person appointment? The Plan offers telehealth services, which allow members to receive care anytime, anywhere for certain conditions. This can happen through video conferencing, with a laptop, tablet or smartphone device.

For High Option members, receive care through the American Well (amwell) network for any of the following:

- Urgent care
- Nutrition counseling
- Women's health
- Dermatology

For CDHP members, access MDLive by logging into mycigna.com and clicking "Talk to a doctor."

Like the High Option Plan, you can receive virtual visits for adults or children with minor acute non-emergency medical conditions such as allergies, cold and flu symptoms, skin disturbances, sinus problems, and minor wounds and abrasions.

An ounce of prevention

When you participate in or complete one of the Plan's Wellness

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Incentive programs or services, from preventive care to wellness programs, the Plan continues to support letter carriers on their health journeys and offers valuable health savings rewards.

Valuable health savings rewards:

Did you know that you can improve your health and earn valuable incentives by participating in the Plan's rewards program? Here are some of the 2026 incentives:

- **Flu and pneumococcal vaccine:**
High Option members \$10
CDHP members \$5
- **Health assessment:**
High Option members \$50
CDHP members \$20
- **Annual biometric screening:**
High Option members \$50
CDHP members \$30
- **Quitting tobacco use:**
High Option members \$50
CDHP members \$30
- **Well child visits:**
High Option members \$50
CDHP members \$30
- **Healthy Pregnancy Healthy Babies:**
High Option members \$50
CDHP members \$30
- **Your Health First Disease Management Program:**
High Option members \$50
CDHP members \$30

Wait, there is more! Did you know that the Plan offers the following?

Hinge Health®—This is a convenient and easy way to do virtual physical therapy to ease musculoskeletal symptoms with a routine tailored to your needs and coaching from experts. All equipment needed is sent to the members, for free.



Hello Heart®—This is an essential tool for remote care of cardiac conditions. This program empowers you to improve your lifestyle through coaching on your smartphone or tablet. NALC Health Benefit Plan members and dependents 18 years of age or older with a blood pressure reading of 130/80 mmHg or above, those taking blood pressure medication, pregnant individuals, and women affected by menopause are eligible to enroll at no cost.

Transform Care Diabetes®—This program helps deliver better overall care and lower cost for members with diabetes who qualify. Receive a connected glucometer, unlimited test strips and lancets, medication therapy counseling from a pharmacist, two MinuteClinic® vouchers for in-person or virtual visits, and a suite of digital resources. Again, all this at no extra cost to you.

Focused on letter carriers

The NALC Health Benefit Plan was created by letter carriers, so it focuses on their needs.

For instance, the Plan understands that the barriers surrounding a work injury and the process of approving a workers' compensation claim can be frustrating and lengthy. While most insurance companies do not cover charges during this time, the Plan will work with the member and provider to pay the claims in good faith until the Office of Workers' Compensation Programs reaches a decision.

"The input carriers have given to the Health Benefit Plan is definitely not typical for health insurance plans," Director of Health Benefits Stewart said. "We listen to letter carriers because we are letter carriers."

"Since 1950, we have made it our mission to deliver comprehensive benefits at a competitive cost, and 75 years later, this goal has not changed," she added. "That's right—75 years of experience, knowledge, and working hard to offer our members the high-quality health benefits they deserve and rely on." **PR**