



A New Day for the Civil Service

The Federal Employees Health Benefits Program (FEHB)

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Introduction

- Federal Employees Health Benefits (FEHB) law enacted September 28, 1959
- FEHB Program administered by the Office of Personnel Management (OPM)

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Introduction (Cont)

- 207 choices currently available in the FEHB Program
- About 8 million covered lives
- About \$40 billion in annual premiums

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OPM Responsibilities

- Administer contracts with carriers
 - Negotiate benefits and rates
 - Approve plan's FEHB brochures
 - Audit plans
- Publish FEHB regulations and informational material
- Prepare Open Season materials

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OPM Responsibilities (Cont.)

- Maintain OPM and FEHB websites
- Provide guidance to agencies and plans
- Resolve disputed health benefits claims

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Carrier Responsibilities

- Furnish a plan identification card to each enrollee
- Process claims and/or provide services to enrollee and covered family members
- Maintain provider networks
- Reconsider disputed claims
- Print and distribute plan brochures

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Picking a Health Plan

- What types of plans are offered?
 - Fee-for-Service (FFS) with Preferred Provider Organization (PPO)
 - Health Maintenance Organization (HMO)
- Which plan is best?
 - Highly individual answer
 - Employees must make an informed choice

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FFS Plans

- Nationwide
 - Ten choices open to all employees
 - Others open only to specific groups, such as postal workers
- Fewer costs are incurred if PPO providers are used
- Some paperwork if PPO provider is not used

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HMOs

- Enrollee must “live” or “work” in HMO’s enrollment area to enroll (plan may be changed if enrollee or a family member moves)
- Plans operate in a specific geographic area (service area)
- Generally members must use the network and get referrals from primary care doctor

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HMOs (Cont)

- Out-of-pocket costs are generally limited to copays
- Little, if any, paperwork

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FEHB Program Features

- No waiting periods
- No pre-existing condition limitations

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Enrollment

- Coverage is effective on first day of pay period after enrollment request is received
- Two enrollment types:
 - Self Only
 - Self and Family
- Do not need to reenroll each year

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Family Member Eligibility

- Spouse (as defined in Defense of Marriage Act)
- Children under age 26
- includes
 - Married children
 - Adopted children
 - Stepchildren
 - Children who have, or are eligible for, employer-provided health insurance

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Family Members not Eligible

- Grandchildren, unless foster child requirements are met
- Parents
- Siblings
- In-laws

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Open Season

- Held annually from mid-November to mid-December
- Enrollments and changes become effective on first day of first full pay period in January
- During Open Season can:
 - Enroll
 - Cancel enrollment
 - Change type of enrollment
 - Change from one plan or option to another

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Additional Opportunities to Enroll or Change Enrollment

- When experience a Qualifying Life Event
- Common QLEs include:
 - Change in Family Status
 - Enrollee or family member loses coverage under other insurance coverage
 - Enrollee enrolled in an HMO moves from plan's service area

2011 Premiums (Nationwide FFS)

Plan	Enrollment Option	Total Monthly Premium
BC/BS Basic	Self Only	\$453.48
	Self and Family	\$1061.97
BC/BS Standard	Self Only	\$578.61
	Self and Family	\$1306.89

2011 Premiums (Nationwide FFS)

Plan	Enrollment Option	Total Monthly Premium
GEHA High	Self Only	\$567.62
	Self and Family	\$1290.97
GEHA Standard	Self Only	\$346.62
	Self and Family	\$788.28

2011 Premiums (Nationwide FFS)

Plan	Enrollment Option	Total Monthly Premium
MailHandlers Value	Self Only	\$285.91
	Self and Family	\$681.63
MailHandlers Standard	Self Only	\$611.20
	Self and Family	\$1398.76

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More Information

Visit our website at

www.opm.gov/insure/health