The Federal Employees Health Benefits Program (FEHB)
Introduction

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

- 207 choices currently available in the FEHB Program
- About 8 million covered lives
- About $40 billion in annual premiums
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
- Maintain OPM and FEHB websites
- Provide guidance to agencies and plans
- Resolve disputed health benefits claims
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
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
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
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
HMOs (Cont)

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

• No waiting periods

• No pre-existing condition limitations
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
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
Family Members not Eligible

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

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
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)

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<tr>
<th>Plan</th>
<th>Enrollment Option</th>
<th>Total Monthly Premium</th>
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<tbody>
<tr>
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# 2011 Premiums
(Nationwide FFS)

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More Information

Visit our website at

www.opm.gov/insure/health