How to Choose a Health Plan

A health insurance guide for federal employees.

Basic information
The Federal Employees Health Benefits Program (FEHBP) is available to eligible federal employees. The FEHBP enrolls more than 8 million people and is managed by the U.S. Office of Personnel Management (OPM). Below are some features of the FEHBP:

• New employees have 60 days to elect to enroll in a plan or not to enroll.
• Employees may choose from PPO, HMO or HSA-qualified plans. There are more than 200 plans available.
• The federal government pays up to 75 percent of the premium.
• Employees can select the plans of their choice during annual open enrollment.
• Employees can change plans or options throughout the year when a qualifying event occurs (marriage, birth of a child, geographical relocation, etc.).
• Employees may choose Self Only, Self Plus One, or Self and Family enrollment. Self and Family enrollment covers immediate family including children up to age 26. Under certain circumstances, you may also continue coverage for a disabled child 26 years of age or older who is incapable of self-support.
• FEHBP plans cover all pre-existing conditions.
• There are no waiting periods. Benefits can be used as soon as coverage becomes effective.
• An employee must be covered under the FEHBP continuously for five years before retirement to be eligible for enrollment after retirement.

This is a brief description of the features of the Federal Employees Health Benefits Program. Before you make any final decisions about health plans, read the plan brochures.

Online resources
Use these websites for additional information about federal health insurance, Medicare and general health and wellness.

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Dental and vision
The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers dental and vision coverage to eligible federal employees, retirees and dependents on an enrollee-pay-all basis.

Enrollment options:
• Self Only
• Self Plus One
• Self and Family

The benefits of FEDVIP:
• Competitive premiums
• Premiums paid with pre-tax salary withholdings for active employees
• Eligibility includes enrollee’s spouse and unmarried, dependent children under age 22
• FEDVIP plans stand alone. You can choose a health plan from one insurance carrier and a dental plan from a different insurance carrier.

You can enroll in a FEDVIP plan during Open Season or following a qualifying life event. To enroll, visit BENEFEDS.com or call (877) 888-FEDS. To learn more about the FEDVIP dental plans, visit opm.gov/healthcare-insurance/dental-vision.

Choosing a health plan should be simple. Use this worksheet to compare your current health plan with another plan. Or visit opm.gov to compare GEHA and other plans offered to federal employees.
Types of plans

Fee-for-Service (FFS) – Preferred Provider Organization (PPO)
A fee-for-service plan reimburses you or your provider according to a plan-allowable cost. You may pay a deductible and coinsurance or copayment for some care. An FFS plan usually contracts with a preferred provider organization (PPO) for network discounts. You may choose any doctor or hospital, but may have lower out-of-pocket expenses with PPO providers.

Health Maintenance Organization (HMO)
An HMO plan provides care through a network of physicians, hospitals and other providers in a particular geographic area. Many HMOs require you to get authorization or a referral from your primary care physician (PCP) to see other network providers.

Point-of-Service (POS)
With a point-of-service plan, you may choose network providers or go out-of-network for care. If you use network providers, your out-of-pocket costs will be less. Some POS plans require you to get authorization or a referral from your primary care physician (PCP) to see other network providers.

High-Deductible Health Plan (HDHP) – HSA-qualified policy
An HDHP usually has a higher deductible than other plan types. An HDHP often covers preventive care with no deductible, for other care, you pay the deductible before the plan pays. An HDHP can be paired with a health savings account (HSA). Most plans provide a contribution to your HSA to help you pay for your medical expenses before your deductible is met. You may pay medical expenses from your HSA until you meet your deductible and the plan pays. Deposits in an HSA are tax-free, as are withdrawals for qualified medical expenses. You own the funds in your HSA, and any interest earned. If you do not qualify for an HSA, you may have a health reimbursement arrangement (HRA).

Consumer Driven Health Plan (CDHP)
A CDHP is designed to involve you in making smart health care purchasing decisions. A high-deductible health plan is a type of CDHP. Typically, a CDHP has a high deductible and an HRA or HSA. Most plans provide a contribution to your HSA to help you pay for your medical expenses before your deductible is met.

Pre-existing condition
A condition you or a covered dependent may have prior to enrolling in a federal health insurance plan. FEHB plans cover pre-existing conditions. A process used to evaluate the medical necessity of certain care, such as admission to a hospital, therapy treatment, certain medications, surgery and tests.

Precertification
A plan may require that certain services, supplies or equipment meet certain criteria. Laboratory services? Take everything into consideration.

Subrogation
When someone is covered by more than one group health plan or has automobile insurance that pays health care expenses without regard to fault, this is called double coverage. When you have double coverage, one plan normally pays its benefits in full as the primary payer and the other plan pays a reduced benefit as the secondary payer.

Coordination of benefits
This is the maximum coinsurance you pay for all family members before your catastrophic limit.

Deductible
A fixed amount of money you pay for a covered service. For example, a $100 deductible means that the plan does not pay for anything until you pay the first $100 of your covered costs. An office visit with a primary care or preferred provider might have a $10 copayment. This is the amount you pay for that covered service.

Copayment
A percentage of the covered medical care that you pay. For example, if a plan has a 20% copayment, you pay 20% of the allowed cost for a covered service. For example, if a plan pays $100 for a covered service, you pay $20.

Coinsurance
A percentage of the covered medical care that you pay. For example, if a plan pays $100 for a covered service, you pay 20% of the allowed cost, or $20.

Catastrophic limit
Insurance terms and definitions
Choosing your health plan

What are your needs?
Are you generally healthy and do you make few visits to the doctor? Or do you have medical conditions that require attention from a specialist and several prescription drugs? Is it important to have health care that goes with you when you travel? Do you have particular needs, such as coverage for chiropractic care? The answers to these questions can help lead you to the best plan.

Understand the plans
You’ll want to understand the difference between a fee-for-service (FFS) plan, a health maintenance organization (HMO) plan and an HSA-qualified plan.

Customer service
Before joining a plan, find out if its members are satisfied with the customer service. Are claims paid quickly? Are questions answered promptly and satisfactorily? The Office of Personnel Management (OPM) is a good source for information on different plans, as is the OPM plan comparison guide. Both include results of an annual OPM survey rating customer satisfaction.

Providers
For a PPO plan, you’ll want a list of PPO doctors and hospitals. When looking at a new plan, find out if your current doctors are in the network. If not, are you willing to change to a new doctor? Will your doctor consider joining the network? Do you want to keep your current doctor and receive non-PPO benefits?

If you’re considering an HMO, your choice of providers is more limited. If you need care from a specialist, find out what providers you will be allowed to see.

Evaluate cost
Look beyond the premium. How much are you likely to pay for deductibles, copays and membership dues? Consider what care you are likely to use. Office visits to a PPO provider? Emergency room care? Prescription drugs? Lab services? Take everything into consideration.
Enrolling in a plan

Once you have selected a plan, you must enroll in it. Your Human Resources, Health Benefits or Payroll office can advise you whether to enroll through an automated system or by completing the Standard Form (SF) 2809. You may also find information on how to enroll in an FEHB plan at opm.gov.

Automated system enrollment

Employee Express is an automated system that allows federal employees to complete a variety of benefit elections. You can access Employee Express by touch-tone phone, touch-screen kiosks or the Internet, 24 hours a day. Ask your Benefits or Payroll office if your agency uses Employee Express or go to opm.gov for a list of participating agencies. To learn more about the system, visit employeeexpress.gov.

Automated enrollment by agency

Visit opm.gov/healthcare-insurance/healthcare/plan-information/enroll to link to these systems:
- Department of Defense – DOD automated systems
- U.S. Postal Service – PostalEASE online and telephone system
- Department of Energy – DOE automated systems
- Health and Human Services and Environmental Protection – MyPay
- Employees of agencies payrolled by the National Finance Center – Employee Personal Page

Standard Form (SF) 2809 enrollments

Complete the Standard Form (SF) 2809 to enroll in an FEHB plan or change your current enrollment. This form is available at your Benefits or Payroll office. Visit opm.gov/healthcare-insurance/healthcare/enrollment to learn more about qualifying life events that permit changes to your health plan enrollment.

Ultimately, your enrollment is directed through the Office of Personnel Management (OPM) to your health plan. Your health plan will send your insurance identification cards and plan information to you within 15 business days of receiving your enrollment information.

This is a brief description of the FEHB enrollment process. Consult your Benefits or Payroll office for additional procedures.
Choosing your health plan

Types of plans

- High-Deductible Health Plan (HDHP) – HSA-qualified policy
- Point-of-service (POS) plan
- Health maintenance organization (HMO) plan
- Fee-for-service (FFS) plan

HDHPs usually have a higher deductible than other plans. If you choose a high-deductible plan, you can take advantage of a savings account (HSA). Most plans provide a contribution to your HSA to help you pay for your medical expenses before your deductible is met.

With a POS plan, you can choose network providers or go out-of-network for care. If you use network providers, your out-of-pocket costs will be less. Some POS plans require you to get authorization or a referral from your primary care physician (PCP) to see other network providers.

Feasibility of choosing a plan

- Do you want to keep your current doctor and receive non-PPO benefits?
- If you’re considering an HMO, your choice needs to be very carefully evaluated or treated by a different provider.

Before joining a plan, find out if its members are satisfied with the customer service. Are claims paid quickly? Are questions answered promptly and thoroughly?

Evaluate cost

- Look beyond the premium. How much are you likely to pay for deductibles, copays and coinsurance?
- Consider what membership dues? Consider what you receive in return for your premium costs.

If you or a dependent suffers injuries or becomes ill because of another person's act or omission, and you later receive compensation from that person or other insurance, you are required to refund benefits paid by your health plan.

Insurance terms and definitions

- Deductible: A fixed amount of money you pay for a covered service. For example, an office visit with a primary care or preferred provider might have a $15 copayment. This is the amount you pay for that covered service.

- Coinsurance: A percentage of the covered medical care that you pay. For example, if a plan pays 80 percent for a covered expense and the covered expense is $100, you pay a coinsurance of $20.

- Coordination of benefits: When someone is covered by more than one group health plan or has automobile insurance that pays health care expenses without regard to fault, this is called double coverage. When you have double coverage, one plan normally pays its benefits in full as the primary payer and the other plan pays a reduced benefit as the secondary payer.

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- Medical necessity: A plan may require that certain services, supplies or equipment meet specified criteria to be covered.

- Precertification: A process used to evaluate the medical necessity of certain care, such as admission to a hospital, therapy treatment, certain medications, surgery and tests.

- Pre-existing condition: A condition you or a covered dependent may have prior to enrolling in a federal health insurance plan. FEHB plans cover pre-existing conditions.

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Visit opm.gov/healthcare-insurance/healthcare/plan-information/enroll to opm.gov for a list of participating agencies. To learn more about the system, visit employeeexpress.gov. Employee Express is an automated system that allows federal employees to enroll in an FEHB plan or change their plan at any time during the open season. Automated system enrollment is available to agencies participating in Employee Express. Health Benefits or Payroll office can advise you whether to enroll through an automated system or an enrollment form. For more information, you can contact your agency’s Benefits or Payroll office if your agency uses Employee Express or go to opm.gov/healthcare-insurance/healthcare/compare-guide. Both include results of an annual OPM survey rating FEHB plans based on factors such as customer satisfaction.

Visit opm.gov/healthcare-insurance/healthcare/enrollment to learn more about FEHB enrollment. Automated enrollment by agency is available to employees in agencies participating in the automated systems listed below:

- Department of Defense – DOD automated systems
- Department of Energy – DOE automated systems
- U.S. Postal Service – PostalEASE online and telephone system

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