



Welcome to your new job in federal service

A how-to guide to help you choose
the right medical plan

A workbook for federal
and Postal employees



Congratulations on your new job

This is an exciting new phase in your career. Choosing your benefits is an important decision, and we understand you may also have some questions when it comes to choosing the right health plan. GEHA has developed this workbook as a helpful guide to walk you through this process. It's an honor to provide health benefits to those in public service who work so hard to benefit us all.

geha.com/Options

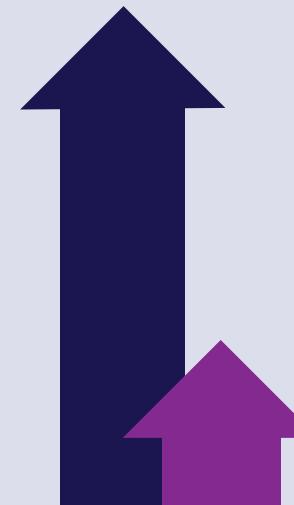
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10 things you should know

Choosing a medical plan in the Federal Employees Health Benefits Program (FEHBP) starts here.

You have 60 days from your entry on duty date to sign up for a medical plan.



\$33,000

is the difference between the lowest and highest annual premium for Self and Family FEHBP medical plans.¹

Employees may choose from the following enrollment types:



Self Only

Self Only covers only the enrollee and no one else.



Self Plus One

Self Plus One covers the enrollee and one eligible family member.



Self and Family

Self and Family covers the enrollee and eligible family including children up to age 26.



20+

FEHB medical plans to choose from in the federal market.¹



The federal government pays up to **75%** of the premium.



You can change your plan

outside of Open Season when you experience a qualifying life event such as marriage, birth of a child, geographical relocation, etc.



1 <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums>

FEHBP plans cover all pre-existing conditions.

- Learn more about pre-existing conditions on **page 9**.

8%

On average, Americans spend **8%** of their annual household spending on medical plan premiums.²

5 years

An employee must be covered under the FEHBP for **5 years** before retirement to continue coverage after retirement.

1 <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>

2 <https://www.bls.gov/opub/btn/volume-9/how-have-healthcare-expenditures-changed-evidence-from-the-consumer-expenditure-surveys.htm>

Determine your health care needs



When choosing a medical plan, what's important to you?

Use this checklist to help you consider what you want from your medical plan to make sure your top priorities are covered. **Identify your health care needs and keep these things in mind as you choose your medical plan.**

What career stage are you in?

- Early career
- Mid-career
- Late-career
- All career stages

What is your health care style?

- Wellness-focused, cost-conscious
- Non-traditional, focused on saving for future needs
- Traditional care and coverage
- Proactive, values predictable pricing
- Maximum coverage, dependable support

Are you anticipating any life changes that might require you to select a specific type of plan?

| |
|--|
| How do you use your medical plan? |
| Low |
| Average |
| High |
| What is your prescription medication use? |
| Low |
| Average |
| High |

Evaluate your costs

Cost is an important factor when choosing a medical plan. Evaluate what you are spending now and what your costs could look like with your new plan.

| How important is premium cost to you? | What type of coverage are you looking for? | What type of medical plan do you have now? |
|---------------------------------------|--|--|
| Not important | Self | Self |
| Important | Self Plus One | Self Plus One |
| Very important | Self and Family | Self and Family |

How much are you spending on the following items? Record them here so you can easily compare your current costs to your new FEHB plan.

| Premium | Deductible |
|---------------|------------|
| Prescriptions | Copay |

 Learn more about premiums, copays and deductibles on **pages 08-09**.

Are you interested in additional savings opportunities with your plan?

- Vision discounts
- Hearing aid discounts
- Rewards for healthy living
- Telehealth visits
- Electric toothbrush and teeth whitening discounts
- Gym membership discounts

Is your doctor in-network?

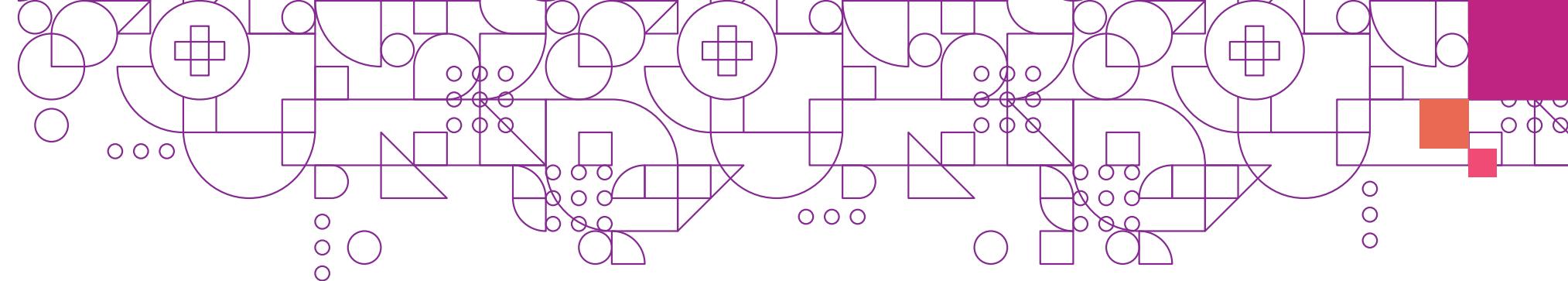
Yes

No

To see if your doctor is in GEHA's network, visit:

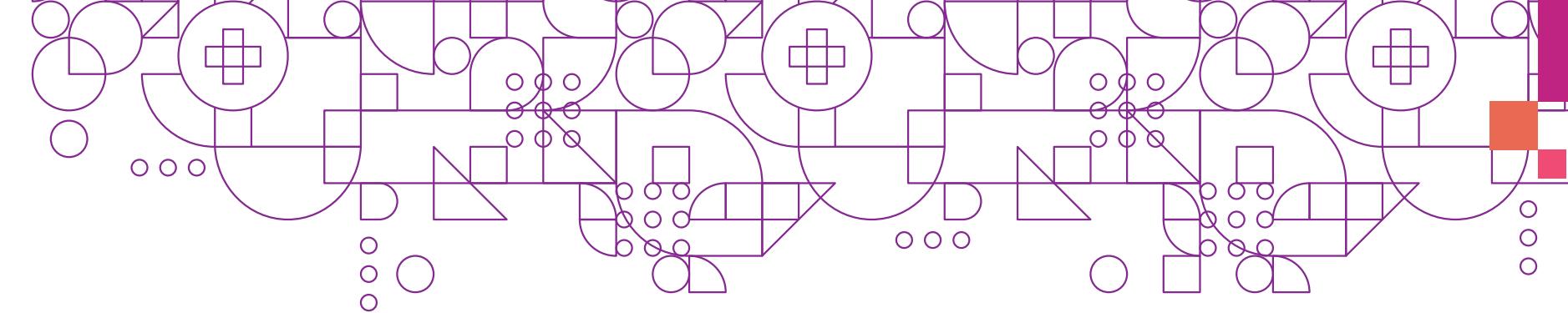
geha.com/Find-Care

Understand insurance terms and definitions



| Term | Definition | Term | Definition |
|---------------------------------|--|---|--|
| Calendar year deductible | What you pay each year before the plan begins to pay out benefits. | Net deductible (HDHP) | The remaining amount after you subtract the annual plan contribution from the annual deductible. This is your out-of-pocket cost before plan benefits begin. |
| Coinurance | The percentage you pay for a covered health care service, in most cases, after you've met your annual deductible. | Out-of-pocket maximum (catastrophic limit) | The maximum amount you pay each year for coverage. Includes copays, deductibles and coinsurance, but not premiums. Once the limit is met, the plan pays the remainder of your covered health care expenses for the rest of the year. |
| 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. | Plan allowance | Cost of health care goods and services after subtracting the insurance company's negotiated discount. |
| Copay | A fixed amount you pay for a service or prescription. | PPO | A preferred provider organization, also known as in-network providers. |
| Deductible | A fixed amount of covered expenses you must incur before a plan starts paying benefits for those services. | Premium | What you pay monthly or biweekly for coverage. |
| Plan contribution | Portion of monthly HDHP premium that the plan contributes to a health savings account (HSA) or health reimbursement arrangement (HRA). ⓘ Learn more about health savings accounts on page 11 . | Prescription benefits | What you pay as a copay or percentage of coinsurance for medication. |
| In-network provider | A health care provider who is a part of the plan's provider network. These providers agree to limit what they will charge you. | Precertification | A process used to evaluate the medical necessity of certain care, such as admission to a hospital, therapy treatment, certain medications, surgery or tests. |
| Medical necessity | A plan may require that certain services, supplies or equipment meet specified criteria to be covered. | Pre-existing condition | A condition you or a covered dependent may have prior to enrolling in a federal health insurance plan. FEHBP plans cover pre-existing conditions. |

Understand the types of medical plans available



The FEHBP offers a variety of medical plan types to choose from.

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 copay for some care. An FFS plan usually contracts with a preferred provider organization (PPO) for in-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 be evaluated or treated by a different provider.

Staff model

A staff model HMO allows you to visit physicians, hospitals and other providers that have offices in HMO-owned buildings. HMO plan members see physicians employed by the HMO.

Network model

A network HMO allows you to access 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 be evaluated or treated by a different provider.

Consumer Driven Health Plan (CDHP)

A CDHP is designed to involve you in making smart health care purchasing decisions. Within the FEHBP, CDHPs typically provide an annual fund you use for covered medical and/or dental expenses. Once you use all the funds, your annual deductible needs to be met before traditional medical benefits are paid by the plan. Any unused funds are rolled over to the next benefit year.

Exclusive Provider Organization (EPO)

With an exclusive provider organization plan, you can visit a network of doctors and hospitals that are in the plan's network. If you choose a provider outside of the plan's network, it won't be covered (except in an emergency).

High Deductible Health Plan (HDHP) – HSA or HRA qualified plan

An HDHP usually has a higher deductible than traditional medical plans. An HDHP usually covers in-network 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 FEHB plans provide a monthly contribution to your HSA, which helps pay for a portion of your out-of-pocket medical expenses, including before your deductible is met. 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, the plan will set up a health reimbursement arrangement (HRA) for you.

Most people qualify for an HSA. Those with Medicare coverage or those who have non-HDHP coverage elsewhere, do not qualify for an HSA. To learn more about HSA eligibility visit geha.com/IRS969

Consider your FEHBP options

The Office of Personnel Management website 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.

opm.gov/Healthcare-Insurance



Incentives for your healthy habits

Offset your out-of-pocket health care costs with wellness incentives.

Many FEHBP medical plans reward you for taking a proactive approach to your overall health. Consider these rewards when choosing a plan as they can be used on qualified medical expenses to offset your out-of-pocket health care costs.

Depending on the medical plan you choose, you could get rewarded for the activities that you're already doing.

HEALTH INCENTIVES CHECKLIST:

Do you plan on completing any of the following healthy activities in the future?

- Get a biometric screening
- Take wellness quizzes
- Get your annual flu shot
- Complete an annual health risk assessment
- Complete a telehealth visit
- Complete a behavioral health telehealth visit
- Get your annual physical
- Complete an annual breast cancer screening
- Complete an annual cervical cancer screening
- Complete a colorectal cancer screening
- Complete a first trimester prenatal appointment
- Participate in a tobacco cessation program
- Participate in online wellness workshops



Don't forget dental

Interested in dental coverage, too?

You can enroll in a Federal Employees Dental and Vision Insurance Program (FEDVIP) plan as a new employee during your initial 60-day enrollment period, at Open Season or following a qualifying life event.

THE BENEFITS OF FEDVIP

- Competitive premiums.
- Enrollment options: Self Only, Self Plus One, Self and Family.
- Premiums paid with pre-tax salary withholdings for active employees.
- Eligibility for FEDVIP has expanded to include certain retired uniformed service members, family members and survivors. If you are eligible to enroll in FEDVIP, you can choose from seven nationwide FEDVIP dental carriers and five vision carriers.
- FEDVIP plans stand alone. You can choose a health plan from one insurance carrier and a dental or vision plan from another.

To learn more about FEDVIP dental plans, visit



IS YOUR DENTIST IN-NETWORK?

Visit geha.com/Find-Care to see if your dentist is in GEHA's network.

DENTAL ENROLLMENT

It's easy to enroll in a FEDVIP plan. Visit benefeds.com or call [877.888.FEDS](tel:877.888.FEDS).

GEHA DENTAL PLANS

To learn more about GEHA's FEDVIP plans, visit geha.com/Dental

NOMINATE YOUR DENTIST

If your dentist is out-of-network, you can nominate your dentist to join our network at geha.com/NominateDentist

See how you can save on vision

Both FEDVIP and FEHBP plans offer options for you to save on your vision expenses.

You can choose from many vision insurance carriers within the FEDVIP. You may also have access to vision discounts within your FEHBP medical plan or FEDVIP dental plan.

As you consider your FEDVIP and FEHBP plan choices, be sure to do your research. Based on your vision expenses, you may choose between using the vision savings included in some FEHBP and FEDVIP dental plans or enrolling in a separate and comprehensive FEDVIP vision plan.

VISION CHECKLIST:

Do you have any of these common vision expenses?

Eye exams

Frames

Eyeglass lenses, standard plastic single vision

Eyeglass lenses, standard plastic bifocal lens

Eyeglass lenses, standard plastic progressive lens

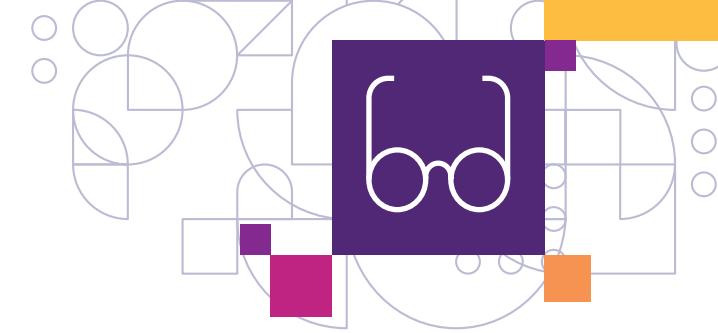
Eyeglass lens options, UV treatment, tint (solid and gradient), standard plastic scratch coating

Eyeglass lens options, standard anti-reflective coating

Contact lens, conventional

Compare FEDVIP vision plans and enroll at benefeds.com

Learn more about vision benefit plans, visit opm.gov/Vision



How to enroll

The way you enroll in an FEHBP plan can vary based on the agency you work for.

Need assistance enrolling?

Contact your Agency Benefits Officer or HR Representative for help.

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 kiosk 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

Standard Form (SF) 2809 enrollments

- Complete the Standard Form (SF) 2809 to enroll in an FEHBP plan or change your current enrollment. This form is available at your Benefits or Payroll office. To learn more about qualifying life events that permit changes to your health plan enrollment, visit opm.gov/Healthcare-Insurance/Healthcare/Enrollment
- This is a brief description of the FEHBP enrollment process. Consult your Benefits or Payroll office for additional procedures.

Found the right GEHA plan? Here are four things you'll want to keep in mind:

- Make a note of the three-digit enrollment code for the plan you've chosen.
- Find your federal employer listing and follow the link to the Office of Personnel Management (OPM) website to enroll at opm.gov. 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.
- Complete your enrollment using your employer's website or by calling the number provided.
- Remember, as a new federal employee you need to enroll within 60 days of becoming eligible.



Online resources

Choosing your benefits is a big decision. Good news: You have a variety of resources available to you.

FEDERAL ONLINE RESOURCES



OPM

OPM's site includes information on the FEHBP as well as an easy-to-use plan comparison tool.

opm.gov/Health



NARFE

NARFE's site provides help with benefits and news that affects federal employees and retirees.

narfe.org

GEHA ONLINE RESOURCES



PLAN COMPARE TOOL

Compare GEHA's five medical plans to easily find the right plan for you.

geha.com/CompareMedical



FIND CARE TOOL

Find a provider or check if yours is in-network.

geha.com/Find-Care



PLAN RECOMMENDER TOOL

Answer a few questions to see a plan that matches your needs.

geha.com>Select-A-Plan



WATCH ON-DEMAND WEBINARS

Learn how to find a plan that's right for you with an on-demand webinar.

geha.com/Options

Get in touch with GEHA

We're here to help you understand your options and find the right benefits for your needs and budget.

As a new federal employee, you have so many medical plans to choose from. And even though you only have 60 days to enroll, this decision doesn't have to feel overwhelming.

If you could benefit from someone taking you through our options and helping you find the right GEHA medical plan to fit your needs, just connect with one of our helpful GEHA Benefits Advisers.

Need assistance with enrolling in a GEHA plan? We can help.

GEHA plan enrollment resources



CHAT ONLINE WITH A GEHA BENEFITS ADVISER

Get immediate answers about GEHA medical plans by visiting geha.com. Our GEHA Benefits Advisers are online and ready to assist you Monday through Friday, 7 a.m. to 7 p.m. Central time.



TALK TO A GEHA BENEFITS ADVISER

Our GEHA Benefits Advisers are available Monday through Friday between 7 a.m. and 7 p.m. Central time and are ready to answer your questions at [800.262.4342](tel:800.262.4342).



SCHEDULE A VIRTUAL MEETING

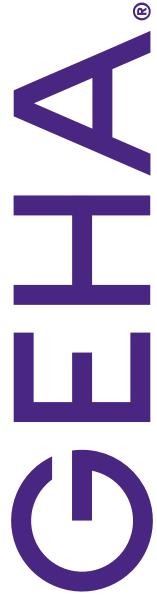
Schedule a virtual appointment to talk through benefits questions with our GEHA Benefits Advisers at a time that works for you by visiting geha.com/Meet.

Review your budget

Use this worksheet to compare what your medical plan costs are now with the FEHBP plan of your choice. Over time, the right plan could save you serious money.

| Benefit cost | Current plan | New plan |
|------------------------------|--------------|----------|
| Premium | \$ | \$ |
| Yearly deductible | \$ | \$ |
| Yearly out-of-pocket maximum | \$ | \$ |
| Doctors office visit copay | \$ | \$ |
| Urgent care copay | \$ | \$ |
| Emergency room visit | \$ | \$ |
| Telehealth visit | \$ | \$ |
| Routine maternity care | \$ | \$ |
| Medication costs | \$ | \$ |
| Lab fees | \$ | \$ |
| HSA/HRA contributions | \$ | \$ |
| Eye exam | \$ | \$ |
| Yearly wellness incentives | \$ | \$ |

Notes:



How to choose a medical plan

geha.com/Options

800.262.4342

f /gehahealth **in** /company/gehahealth

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