



THIS WEBINAR
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To B or Not to B: Is Medicare Part B Right for You?

A NARFE Federal Benefits Institute Webinar

Presented by Tammy Flanagan
Federal Benefits Expert

Sponsored by Aetna

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Medicare Options

- Medicare Part A
- Medicare Part B
- Medicare Part C
- Medicare Part D

Enrollment in Medicare

Cost of Medicare Part B

- Appealing IRMAA

Medicare and FEHB – The Basics

Suspending FEHB

- TRICARE for Life
- Other Reasons to Suspend

Resources

Medicare Options

Medicare Part A



Inpatient Care

- [Inpatient care in a hospital](#)
- [Skilled nursing facility care](#)
- [Nursing home care \(inpatient care in a skilled nursing facility that's not custodial or long-term care\)](#)
- [Hospice care](#)
- [Home health care](#)

Because you or your spouse has paid the Medicare Hospital Insurance Tax (1.45 percent) for at least 10 years, Medicare Part A is premium-free.

Medicare Part B



Outpatient Care

- **Medically necessary services** – Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.
- **Preventive services** – Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

Medicare Part C



Medicare Advantage Plans

- Alternative to Original Medicare (Parts A and B)
- AKA “MA Plans”
- Choose plans within FEHB or outside of FEHB
- Most include Part D (drug coverage)
- Need to use in-network providers
 - Some offer out-of-network coverage at a higher cost
- Save your red, white and blue Medicare card
 - You’ll receive a card from the MA plan

Medicare Part D



Prescription Drug Coverage

- You do not need to enroll and pay extra for prescription drug coverage with most FEHB plans or TRICARE for Life.
- If you enroll in a Medicare Advantage Plan, you will need Medicare Part D.
- If you enroll in an FEHB Medicare Advantage Plan, you will be enrolled in Part D.

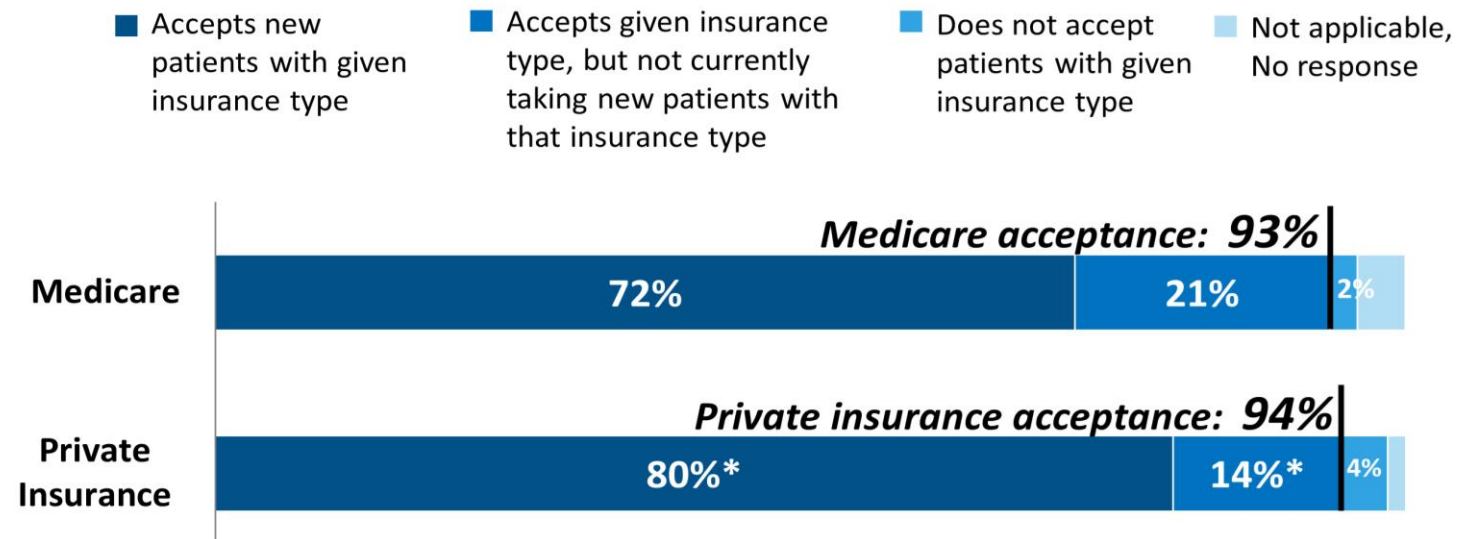
Enrollment in Medicare



Finding Medicare Providers

More than 9 in 10 primary care physicians accept Medicare—similar to private insurance—but acceptance of *new* Medicare patients is comparably lower

Percent of non-pediatric primary care physicians accepting new/current patients, by insurance type, 2015



[Primary Care Physicians Accepting Medicare: A Snapshot](#)

(Kaiser Family Foundation, 10/30/15)



Finding Medicare Providers

- [How many physicians have opted out of the Medicare program?](#)
 - One percent of all nonpediatric physicians have formally opted out of the Medicare program in 2020, with the share varying by specialty, with the highest percentage coming from psychiatrists (7.2 percent).
 - Psychiatrists account for the largest share (42 percent) of all nonpediatric physicians who have opted out of Medicare in 2020.
 - In all states except for three (Alaska, Colorado, Wyoming), less than 2 percent of physicians in each state have opted out of the Medicare program.

Finding Medicare Providers

- Find and compare doctors, hospitals and other providers near you.
 - Search by location, provider type and name/keyword
- Or select a provider type to learn more.
 - Doctors and clinicians
 - Hospitals www.medicare.gov/care-compare
 - Nursing homes, including rehab services
 - Home health services
 - Hospice care
 - Inpatient rehabilitation facilities
 - Long-term care hospitals
 - Dialysis facilities

Enrollment in Medicare



Initial Enrollment Period

Three months before
birthday month

Birthday
month

Three months after
birthday month

Seven-Month Initial Enrollment Period (IEP)

You sign up	Coverage starts
Before the month you turn 65	The month you turn 65
The month you turn 65	The next month
One month after you turn 65	Two months after you sign up
Two or three months after you turn 65	Three months after you sign up



Special Enrollment Period

After age 65 while covered by
current employment health insurance

Eight months **after current
employment** coverage ends

Eight-Month Special Enrollment Period (SEP)

How to Apply for Medicare Part B During Your Special Enrollment Period

- [CMS L564](#) – “Request for Employment Verification Form”
- [CMS 40-B](#) – “Application for Enrollment in Medicare Part B (Medical Insurance)”
- When will my SEP start?
 - On the first day of the month you enroll.
 - On the first day of any of the following three months of your choice.
 - If you enroll during the last seven months of the SEP, your coverage will begin on the first day of the following month.

General Enrollment Period

January – March General Enrollment Period (GEP)

- Medicare Part B coverage begins on July 1
- Late enrollment penalty
 - 10 percent for every 12 months not enrolled
 - Penalty is based on the standard premium rate (\$148.50 for 2021)

Example of GEP enrollment with **NO** late enrollment penalty

IEP ends on November 30 (three months after your birthday month)

Sign up during GEP from January – March

Less than 12 months = **no late enrollment penalty**

Example of GEP Enrollment with late enrollment penalty

IEP ends on December 31, 2017

Sign up during GEP from January – March 2022
2018, 2019, 2020, 2021 (Four full 12-month periods) =

40 percent late enrollment penalty

Cost of Medicare Part B

Cost of Medicare Part B



- The standard Part B premium amount in 2021 is **\$148.50**. **Most people pay the standard Medicare Part B premium amount.**
- If your modified adjusted gross income (MAGI) as reported on your IRS tax return from two years ago is above a certain amount, you'll pay the standard premium amount and an income related monthly adjustment amount (IRMAA).
- **The IRMAA is an extra charge added to your premium.**



Cost of Medicare Part B



If your yearly income in 2019 was			You pay each month (in 2021)
File individual tax return	Married, file joint tax return	Married, file separate tax returns	
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$148.50
above \$88,000 up to \$111,000	above \$176,000 up to \$222,000	Not applicable	\$207.90
above \$111,000 up to \$138,000	above \$222,000 up to \$276,000	Not applicable	\$297.00
above \$138,000 up to \$165,000	above \$276,000 up to \$333,000	Not applicable	\$386.10
above \$165,000 and less than \$500,000	above \$330,000 and less than \$750,000	above \$88,000 and less than \$412,000	\$475.20
\$500,000 or above	\$750,000 and above	\$412,000 and above	\$504.90



Appealing IRMAA

- I retired in Spring 2020, and I am now in my eligibility period to sign up for Medicare Parts A and B.
- My tax return income in 2019 was quite high as I was working, and Social Security will use my 2019 MAGI to calculate Medicare Part B costs for 2021.
- In January 2022, Social Security will use my MAGI from 2020, which is significantly less than it was in 2019.
- Do I need to file an appeal of Medicare Part B costs to get the lower cost?

Retired in 2020

Age 65 in 2021

How much will I pay for Medicare Part B?

Appealing IRMAA

- Option 1 – File an appeal if income has gone down
 - Wait for the initial determination notice from Social Security indicating you are affected by IRMAA
 - Follow instructions for requesting a new initial determination
 - [SSA-44 Form](#) – “Medicare Income Related Monthly Adjustment Amount – Life-Changing Event”

Appealing IRMAA

- SSA-44 – Social Security considers any of the following situations to be life-changing events:
 - Death of a spouse
 - Marriage
 - Divorce or annulment
 - You or your spouse stop working or reduce the number of hours you work
 - Involuntary loss of income-producing property due to a natural disaster, disease, fraud or other circumstances
 - Loss of pension
 - Receipt of settlement payment from a current or former employer due to the employer's closure or bankruptcy

Appealing IRMAA

- Option 2 – Delay enrollment to a future General Enrollment Period even though you incur a permanent late enrollment penalty
 - The 10 percent penalty is assessed on the Standard Premium (e.g., 10 percent of \$148.50 = \$14.85 for one 12-month period)
 - $\$14.85 \times 12 = \$178.20/\text{year}/\text{person}$

Versus paying IRMAA

- $\$207.90 \times 12 = \$2,494.80/\text{year}/\text{person}$
- $\$297.00 \times 12 = \$3,564.00/\text{year}/\text{person}$
- $\$386.10 \times 12 = \$4,633.20/\text{year}/\text{person}$

Appealing IRMAA

- Option 3 – Enroll in Medicare Part B and change your FEHB
 - Wraparound coverage (plan waives deductible, copayments and coinsurance when Medicare is primary)
 - Lower premium with new FEHB plan
 - Medicare reimbursement or health fund to offset cost of Part B premium

Medicare and FEHB – The Basics

Is Medicare recommended if I have FEHB?

- FEHB and Medicare can cover close to 100 percent of inpatient and outpatient costs.
- Medicare caters to the needs of the elderly and may provide more complete coverage than FEHB.
- Approximately 75 percent of Medicare-eligible federal retirees enroll in Medicare Part B in addition to FEHB.



Am I required to enroll in Medicare?

- Your FEHB plan will continue to cover you
- You will continue to pay your usual out-of-pocket expenses and adhere to limitations of your plan (e.g., in network versus out-of-network coverage, catastrophic caps)
- Approximately 25 percent of Medicare-eligible retirees do not enroll in Medicare Part B



Medicare and FEHB – The Basics



Medicare Parts A and B alone are not enough!

- Medicare does not provide catastrophic protection.
- FEHB will cover some of the gaps of Medicare Parts A and B.
 - Prescriptions
 - Hearing aids
 - Dental and vision care
 - Overseas care
- FEHB serves as your “Medigap” coverage once you are retired and Medicare is your primary payer.

Medigap Benefits	Medigap Plans									
	A	B	C	D	F*	G	K**	L**	M	N
Part A Coinsurance up to an addition 365 days	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B Coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Blood	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospice Care Coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess Charges					✓	✓				
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓			✓	✓
*Plan F has a high-deductible plan *** Plan N pays 100% Part B coinsurance with copay up to \$20/\$50 for emergency room visits not resulting in inpatient							Out-of-Pocket Limit**			
							\$4,660	\$2,330		

Medicare and FEHB – The Basics



Qualifying Life Events (QLE) to Change FEHB

[OPM Form 2809](#)
Health Benefit
Election Form

<i>QLE's That Permit Enrollment or Change</i>		<i>Change Permitted</i>			<i>Time Limits</i>
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>When You Must File Health Benefits Election Form With the Office of Personnel Management</i>
2H	Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.
2I	Annuitant or covered family member in a Health Maintenance Organization (HMO) moves outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves further from this area.	N/A	Yes	Yes	When you or a family member notify OPM of a change of address outside the plan's service area.
2J	Employee in an overseas post of duty retires or dies.	No	Yes	Yes	Within 60 days after retirement or death.
2K	An enrolled annuitant separates from duty after serving 31 days or more in a uniformed service.	N/A	Yes	Yes	Within 60 days after separation from the uniformed service.
2L	On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.



Medicare and FEHB – The Basics



Self Only Options (2021)

FEHB plan Self Only	Aetna Direct	BCBS Basic	Aetna Medicare Advantage	United Healthcare Medicare Advantage
Self Only plan code	N61	111	Z26	Y51
Monthly premium	\$153.96 (\$1,847.52/year)	\$170.31 (\$2,043.72/year)	\$125 (\$1,500/year)	\$102.93 (\$1,235.16/year)
Health fund or Medicare reimbursement	\$900	\$800	\$900	\$600
Medicare Part B standard premium	\$148.50 (\$1,782/year)			
Total annual cost of insurance	\$2,729.52	\$3,025.72	\$2,382	\$2,417.16

Medicare and FEHB – The Basics



Self Plus One Options (2021)

FEHB Plan Self Plus One	Aetna Direct	BCBS Basic	Aetna Medicare Advantage	United Healthcare Medicare Advantage
Self Plus One plan code	N63	113	Z26	Y53
Monthly premium	\$337.64 (\$4,051.68/year)	\$409.87 (\$4,918.44/year)	\$275 (\$3,300/year)	\$226.45 (\$2,717.40/year)
Health fund or Medicare reimbursement	\$900 x 2	\$800 x 2	\$900 x 2	\$600 x 2
Medicare Part B standard premium	\$148.50 x 2 (\$3,564/year)			
Total annual cost of insurance	\$5,815.68	\$6,882.44	\$5,064	\$5,081.40

Medicare and FEHB – The Basics



Self Only Wraparound Coverage With No Reimbursement (2021)

FEHB Plan Self Only	BCBS Standard	GEHA Standard	NALC High Option	Foreign Service (restricted plan)
Self Only plan code	104	314	321	401
Monthly premium	\$267.48	\$135.77	\$205.47	\$155.47
Medicare Part B standard premium	\$148.50 (\$1,782/year)			
Total annual cost of insurance	\$4,991.76	\$3,411.24	\$4,247.64	\$3,647.64

Medicare and FEHB – The Basics



Self Plus One Wraparound Coverage With No Reimbursement (2021)

FEHB Plan Self Plus One	BCBS Standard	GEHA Standard	NALC High Option	Foreign Service (restricted plan)
Self Plus One plan code	106	316	322*	402*
Monthly premium	\$608.43	\$291.92	\$430.49	\$384.59
Medicare Part B standard premium	\$148.50 x 2 (\$3,564/year)			
Total annual cost of insurance	\$10,865.16	\$7,067.04	\$8,729.88	\$8,179.08

* 322 is Self and Family, which is \$60.57/month (NALC), and 402 (Foreign Service) is \$2.66/month less expensive than the Self Plus One option.



Continue to pay out-of-pocket expenses

Contact your health care plan and let your providers know for accurate billing

Review your plan limitations

Consider this a permanent decision

The late enrollment surcharge is permanent

There is no limit (e.g., wait 10 years, pay 10 x 10 percent surcharge)

What OPM Says About Medicare

You must be enrolled in Parts A and B to join a Medicare Advantage Plan.

You have the advantage of coordination of benefits (described later) between Medicare and your FEHB plan, reducing your out-of-pocket costs.

Your FEHB plan may waive its copayments, coinsurance and deductibles for services covered by Medicare Part B.

Some services covered by Medicare Part B might not be covered or are only partially covered by your plan, such as orthopedic and prosthetic devices, durable medical equipment, home health care and medical supplies (check your plan brochure for details).

If you are enrolled in an FEHB HMO, you may go outside of the HMO network for Medicare Part B services and receive reimbursement from Medicare (when Medicare is the primary payer).




Medicare and FEHB – The Basics



Check Section 9 of Your FEHB Plan Brochure for Details

Blue Cross® and Blue Shield® Service Benefit Plan
www.fepblue.org



2021

A Fee-For-Service Plan (FEP Blue Standard and FEP Blue Basic Options) with a Preferred Provider Organization

This Plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See page 9 for details. This Plan is accredited. See page 13.


Sponsored and administered by: The Blue Cross and Blue Shield Association and participating Blue Cross and Blue Shield Plans

Who may enroll in this Plan: All Federal employees, Tribal employees, and annuitants who are eligible to enroll in the Federal Employees Health Benefits Program


IMPORTANT

- Rates: Back Cover
- Changes for 2021: Page 15
- Summary of Benefits: Page 163

Enrollment codes for this Plan:
 104 Standard Option - Self Only
 106 Standard Option - Self Plus One
 105 Standard Option - Self and Family
 111 Basic Option - Self Only
 113 Basic Option - Self Plus One
 112 Basic Option - Self and Family



Authorized for distribution by the:



United States
Office of Personnel Management
Healthcare and Insurance
<http://www.opm.gov/insur>

When you are age 65 or over and do not have Medicare

Under the FEHB law, we must limit our payments for **inpatient hospital care** and **physician care** to those payments you would be entitled to if you had Medicare. Your physician and hospital must follow Medicare rules and cannot bill you for more than they could bill you if you had Medicare. You and the FEHB benefit from these payment limits. Outpatient hospital care and non-physician-based care are not covered by this law; regular Plan benefits apply. The following chart has more information about the limits.

If you:

- are age 65 or over; and
- do not have Medicare Part A, Part B, or both; and
- have this Plan as an annuitant or as a former spouse, or as a family member of an annuitant or former spouse; and
- are not employed in a position that gives FEHB coverage. (Your employing office can tell you if this applies.)

Then, for your inpatient hospital care:

- The law requires us to base our payment on an amount – the “equivalent Medicare amount” – set by Medicare’s rules for what Medicare would pay, not on the actual charge.
- You are responsible for your deductible (Standard Option only), coinsurance, or copayments under this Plan.
- You are not responsible for any charges greater than the equivalent Medicare amount; we will show that amount on the explanation of benefits (EOB) form that we send you.
- The law prohibits a hospital from collecting more than the equivalent Medicare amount.

And, for your physician care, the law requires us to base our payment and your applicable coinsurance or copayment on:

- an amount set by Medicare and called the “Medicare-approved amount,” or
- the actual charge if it is lower than the Medicare-approved amount.

If your physician:	Then you are responsible for:	
	Standard Option	Basic Option
Participates with Medicare or accepts Medicare assignment for the claim and is in our Preferred network	your deductibles, coinsurance, and copayments.	your copayments and coinsurance.
Participates with Medicare or accepts Medicare assignment and is not in our Preferred network	your deductibles, coinsurance, and copayments, and any balance up to the Medicare-approved amount.	all charges.
Does not participate with Medicare and is in our Preferred network <small>Note: In many cases, your payment will be less because of our Preferred agreements. Contact your Local Plan for information about what your specific Preferred provider can collect from you.</small>	your deductibles, coinsurance, and copayments, and any balance up to 115% of the Medicare-approved amount.	your copayments and coinsurance, and any balance up to 115% of the Medicare-approved amount.
Does not participate with Medicare and is not in our Preferred network	your deductibles, coinsurance, copayments, and any balance up to 115% of the Medicare-approved amount.	all charges.
Opts-out of Medicare via private contract	your deductibles, coinsurance, copayments, and any balance your physician charges.	your deductibles, coinsurance, copayments, and any balance your physician charges.



Suspending FEHB

Suspend FEHB With Form RI 79-9

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT OPERATIONS
WASHINGTON, DC 20415-3532

For CSRS and FERS Annuitants, Survivor Annuitants, and Former Spouse Annuitants

Date	
Claim number	
CS	

Health Benefits Cancellation/Suspension Confirmation

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Please read the front and back of this form and check only the ONE block that applies to you. Please note that the Affordable Care Act (ACA) requires that individuals maintain minimum essential coverage (MEC). For more information, please visit the IRS website at www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. Because many annuitants who cancel their FEHBP enrollments will not be eligible to reenroll, we want to be sure you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form indicating that you understand how your request will affect your future FEHBP enrollment eligibility. **Any Questions? Call OPM at 1-888-767-6738.**

Suspend FEHB and Enroll in Medicare Parts A and B Along With TRICARE for Life

- No longer pay FEHB premiums
- May reenroll in FEHB during a later Open Season
- TRICARE for Life and Medicare Parts A and B provide excellent coverage
- Use any Medicare-participating or Medicare-nonparticipating provider
- Use military hospital or clinic if space is available

Medicare Advantage

- C. I am suspending my Federal Employees Health Benefits Program (FEHBP) enrollment because I am enrolled in a **Medicare Advantage health plan**. Please note: Medicare Parts A and B are not the same as a Medicare Advantage health plan. You **CANNOT** suspend your FEHBP enrollment if you are covered by Medicare Parts A and/or B only. **Any Questions: Call Medicare at 1-800-633-4227.**

These Medicare Advantage health plans are Health Maintenance Organizations or Fee-For-Service plans approved by the Centers for Medicare and Medicaid Services (CMS). If you are enrolled in a Medicare supplemental plan and are not sure if it qualifies as a Medicare Advantage health plan, call Medicare at the number shown above. To suspend your FEHBP coverage for this reason, you must give us documentation that shows the effective date of your Medicare Advantage health plan coverage. If we receive this form within 31 days before to 31 days after the effective date of your Medicare Advantage health plan enrollment, we will suspend your FEHBP coverage at the close of business the day before your Medicare Advantage health plan enrollment begins. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

<https://www.medicare.gov/plan-compare/#/?lang=en&year=2022>



To use a Medicare Advantage plan
(**NOT** an FEHB Advantage plan)

RI 79-9 – Suspend FEHB to Use Medicaid

Suspend FEHB because you are eligible for coverage under Medicaid or a similar state-sponsored program of medical assistance for the needy.



The screenshot shows the Medicare.gov website interface. At the top, there are navigation links for 'Español', 'A', 'A', and 'Print'. On the right, there are links for 'About Us', 'Glossary', 'CMS.gov', and 'MyMedicare.gov Login'. The main header features the 'Medicare.gov' logo and the tagline 'The Official U.S. Government Site for Medicare'. Below this is a search bar with the text 'Search Medicare' and a 'Search' button. A horizontal menu contains several categories: 'Sign Up / Change Plans', 'Your Medicare Costs', 'What Medicare Covers', 'Drug Coverage (Part D)', 'Supplements & Other Insurance', 'Claims & Appeals', 'Manage Your Health', and 'Forms, Help, & Resources'. The breadcrumb trail reads 'Home > Your Medicare costs > Get help paying costs'. The main content area is titled 'Get help paying costs' and includes a sidebar with a list of options: 'Medicaid', 'Medicare Savings Programs', 'PACE', 'Lower prescription costs', 'Programs for people in U.S. territories', and 'Extra Help (Part D)'. The 'Medicaid' section is expanded, showing a description: 'Medicaid is a joint federal/state program that helps with medical costs for some people with limited income and resources.' Below this are sections for 'Medicare Savings Programs' (describing MSP programs) and 'PACE' (describing the Program of All-inclusive Care for the Elderly). On the right side of the page, there are two interactive boxes: 'Find someone to talk to' with a dropdown menu for 'Select your state...' and a 'Go' button; and 'Is my test, item, or service covered?' with a text input field for 'type your test, item, or service' and a 'Go' button.

Cancel FEHB With Form RI 79-9 to be Covered Under Spouse's FEHB

- A. **I am cancelling my FEHBP enrollment to be covered under a family member's FEHBP enrollment.**
If you are cancelling your FEHBP enrollment because you will be covered under your spouse's FEHBP enrollment and your spouse is a Federal employee, please include with this form a copy of your spouse's SF 2809, *Health Benefits Registration Form*, showing the change to a family enrollment. If your spouse is an annuitant, please give us your spouse's name and annuity claim number.

Spouse's name (<i>Last, first, middle</i>)	Spouse's claim number
<input type="text"/>	<input type="text"/>

If you cancel FEHBP coverage for this reason, we will coordinate the effective date with the effective date of your new coverage under your spouse's enrollment.

Reenrollment eligibility: As long as you are continuously covered as a family member on your spouse's FEHBP enrollment, you will be eligible to resume your own enrollment if your coverage under your spouse's enrollment ends for any reason.

- B. **I am cancelling my FEHBP coverage for reasons other than the situation described in part A.**
We will cancel your enrollment effective the end of the month in which we receive this signed and dated form. Any health benefits premiums you pay for a period after the cancellation effective date will be refunded in one of your future monthly annuity payments.



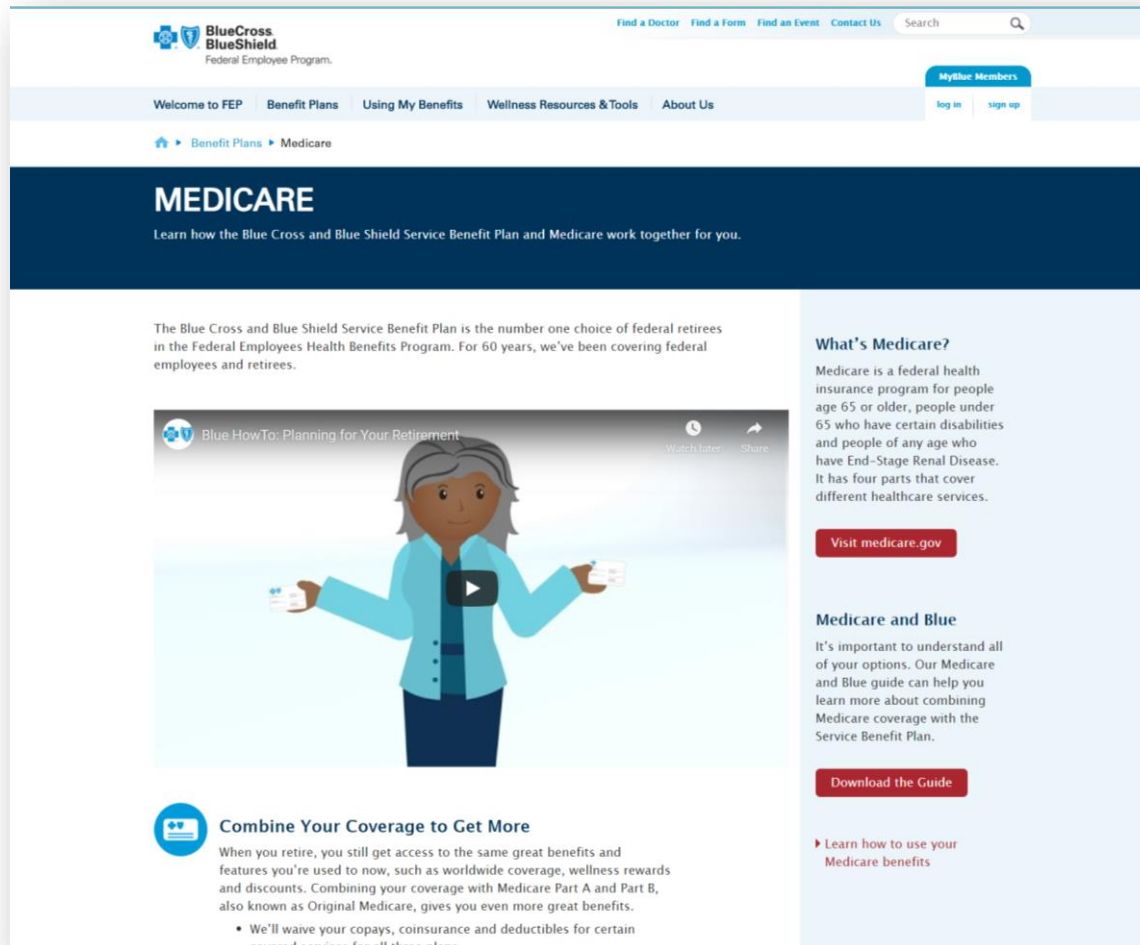
CAUTION

If you cancel FEHB for any reason other than enrollment in a spouse's FEHB plan, **you will not be eligible to reenroll in the FEHB program!**

Resources

NARFE Federal Benefits Institute Upcoming Open Season Webinars

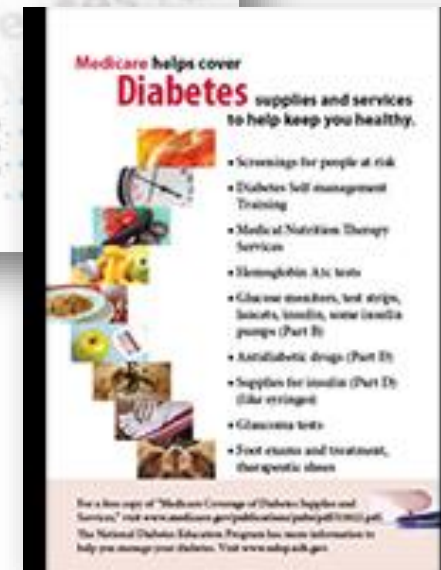
- October 14 – Understanding Medicare Advantage Options
- October 28 – Federal Dental and Vision Insurance: FEDVIP Explained
- November 4 – Which FEHB Plan is Right for You?
- November 18 – So Many Choices: Which FEHB Plans Work Best With Medicare Parts A & B



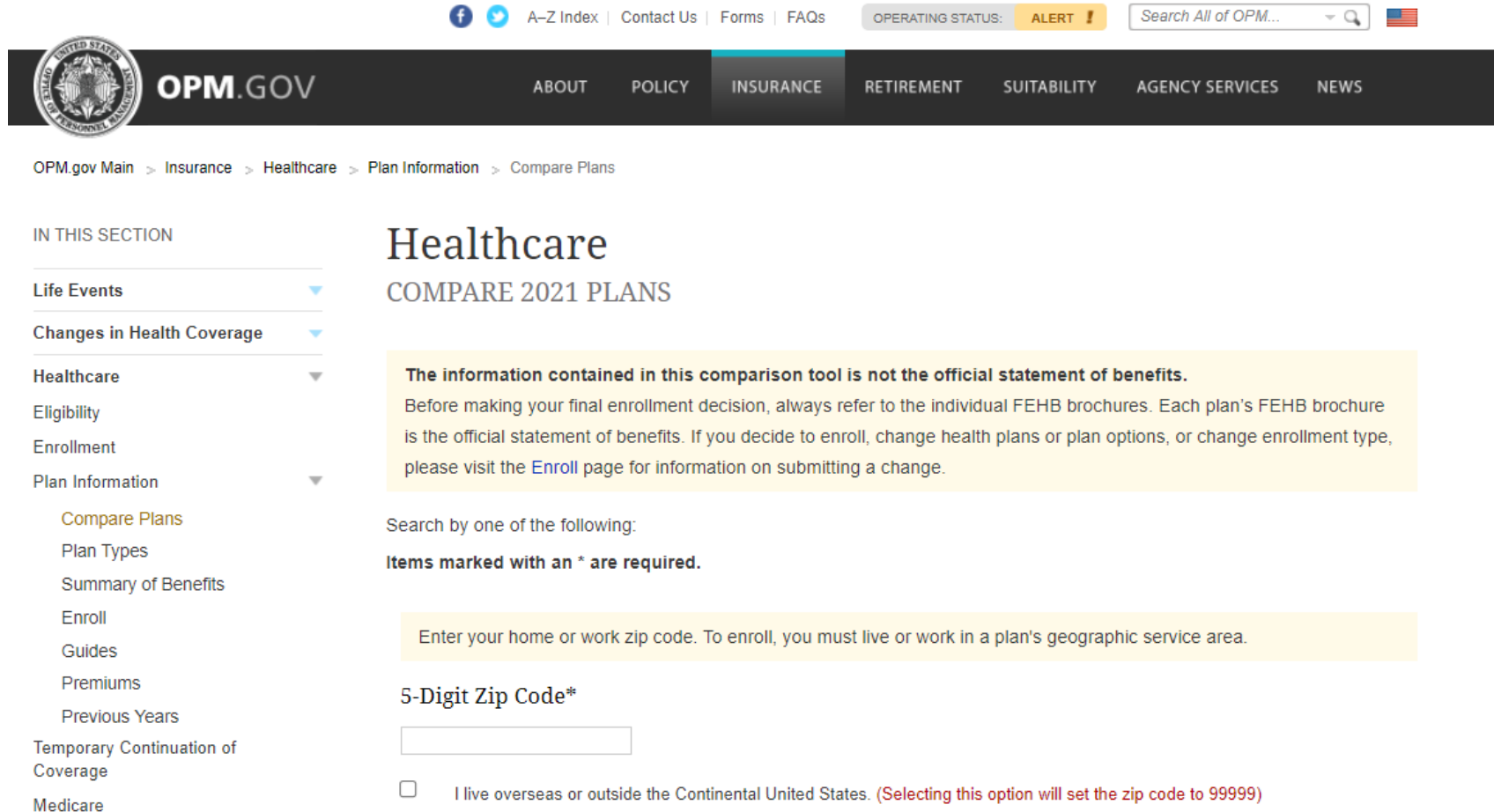
The screenshot shows the Medicare page of the BlueCross BlueShield Federal Employee Program website. The page features a navigation bar with links for 'Find a Doctor', 'Find a Form', 'Find an Event', and 'Contact Us'. Below the navigation bar, there are sections for 'Welcome to FEP', 'Benefit Plans', 'Using My Benefits', 'Wellness Resources & Tools', and 'About Us'. The main heading is 'MEDICARE', with a sub-heading 'Learn how the Blue Cross and Blue Shield Service Benefit Plan and Medicare work together for you.' The page includes a video player for 'Blue HowTo: Planning for Your Retirement' and a section titled 'Combine Your Coverage to Get More' which states: 'When you retire, you still get access to the same great benefits and features you're used to now, such as worldwide coverage, wellness rewards and discounts. Combining your coverage with Medicare Part A and Part B, also known as Original Medicare, gives you even more great benefits.' A bullet point below this states: 'We'll waive your copays, coinsurance and deductibles for certain covered services for all three plans.'

- Visit your FEHB plan website and locate Medicare coordination info.
- Check Section 9 of your FEHB plan brochure.
- The 2021 FEHB Open Season is November 8 – December 13.

www.medicare.gov/publications

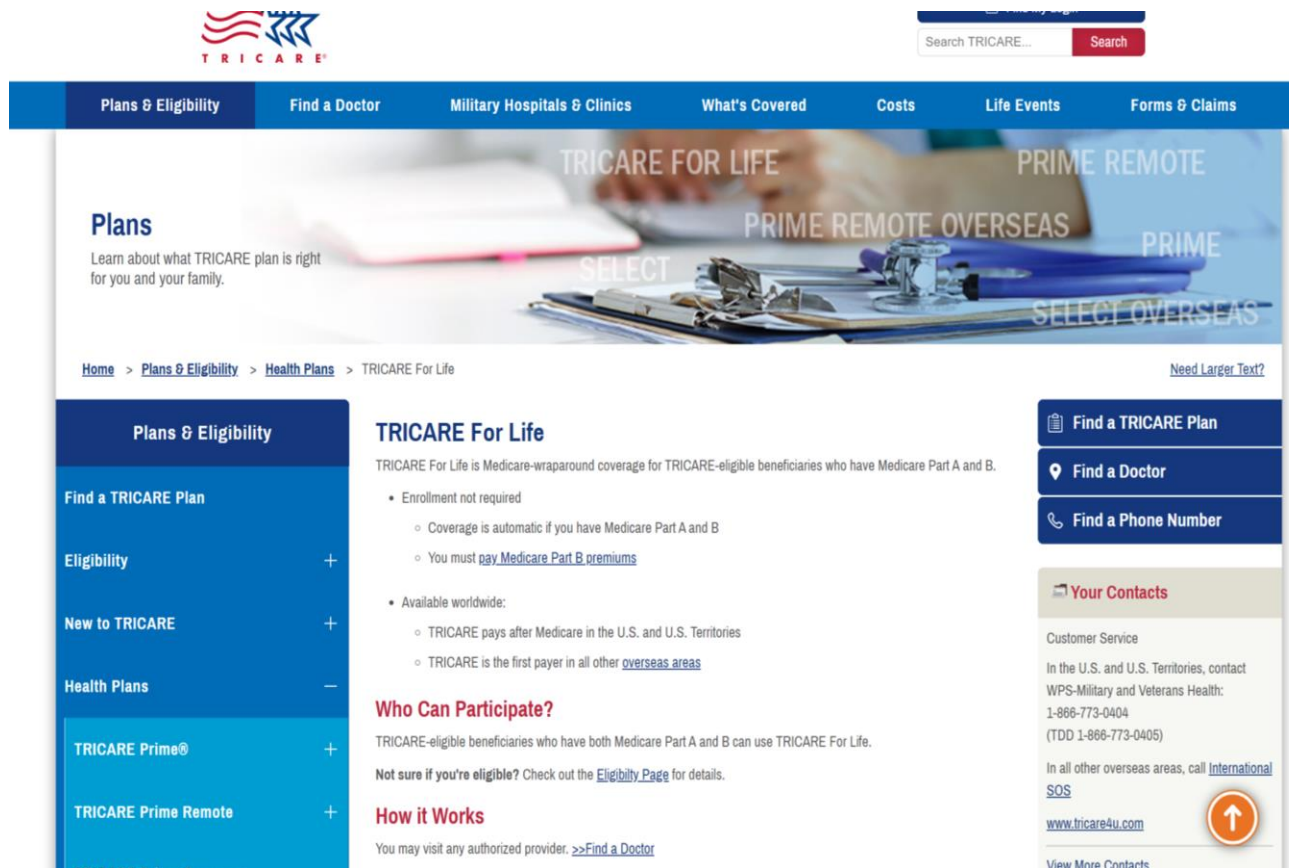


OPM's Plan Comparison Tool



The screenshot shows the OPM.gov website interface for the Plan Comparison Tool. At the top, there is a navigation bar with the OPM logo, the text "OPM.GOV", and menu items: ABOUT, POLICY, INSURANCE (highlighted), RETIREMENT, SUITABILITY, AGENCY SERVICES, and NEWS. A search bar contains the text "Search All of OPM...". Below the navigation bar, a breadcrumb trail reads: OPM.gov Main > Insurance > Healthcare > Plan Information > Compare Plans. On the left side, a "IN THIS SECTION" menu lists various categories, with "Plan Information" expanded to show sub-items: Compare Plans, Plan Types, Summary of Benefits, Enroll, Guides, Premiums, Previous Years, Temporary Continuation of Coverage, and Medicare. The main content area is titled "Healthcare" and "COMPARE 2021 PLANS". A yellow warning box states: "The information contained in this comparison tool is not the official statement of benefits. Before making your final enrollment decision, always refer to the individual FEHB brochures. Each plan's FEHB brochure is the official statement of benefits. If you decide to enroll, change health plans or plan options, or change enrollment type, please visit the Enroll page for information on submitting a change." Below this, a search instruction says "Search by one of the following:" followed by "Items marked with an * are required." A yellow input box contains the text: "Enter your home or work zip code. To enroll, you must live or work in a plan's geographic service area." Below the input box is a label "5-Digit Zip Code*" and an empty text input field. At the bottom, there is a checkbox labeled "I live overseas or outside the Continental United States. (Selecting this option will set the zip code to 99999)".

TRICARE For Life



The screenshot shows the TRICARE website interface. At the top, there is a search bar with the text "Search TRICARE..." and a "Search" button. Below the search bar is a navigation menu with the following items: "Plans & Eligibility", "Find a Doctor", "Military Hospitals & Clinics", "What's Covered", "Costs", "Life Events", and "Forms & Claims". The main content area features a large banner with the text "TRICARE FOR LIFE" and "PRIME REMOTE OVERSEAS". Below the banner, there is a section titled "Plans" with the text "Learn about what TRICARE plan is right for you and your family." A breadcrumb trail reads "Home > Plans & Eligibility > Health Plans > TRICARE For Life". On the left side, there is a sidebar with the following items: "Plans & Eligibility", "Find a TRICARE Plan", "Eligibility", "New to TRICARE", "Health Plans", "TRICARE Prime®", and "TRICARE Prime Remote". The main content area is titled "TRICARE For Life" and contains the following text: "TRICARE For Life is Medicare-wraparound coverage for TRICARE-eligible beneficiaries who have Medicare Part A and B." Below this text, there are two bullet points: "Enrollment not required" and "Available worldwide:". The "Enrollment not required" bullet point has two sub-bullets: "Coverage is automatic if you have Medicare Part A and B" and "You must pay Medicare Part B premiums". The "Available worldwide:" bullet point has two sub-bullets: "TRICARE pays after Medicare in the U.S. and U.S. Territories" and "TRICARE is the first payer in all other overseas areas". Below the bullet points, there is a section titled "Who Can Participate?" with the text "TRICARE-eligible beneficiaries who have both Medicare Part A and B can use TRICARE For Life." and "Not sure if you're eligible? Check out the Eligibility Page for details." Below this section, there is a section titled "How it Works" with the text "You may visit any authorized provider. >>Find a Doctor". On the right side of the main content area, there are three buttons: "Find a TRICARE Plan", "Find a Doctor", and "Find a Phone Number". Below these buttons, there is a section titled "Your Contacts" with the following text: "Customer Service", "In the U.S. and U.S. Territories, contact WPS-Military and Veterans Health: 1-866-773-0404 (TDD 1-866-773-0405)", "In all other overseas areas, call International SOS", and "www.tricare4u.com". Below the "Your Contacts" section, there is a "View More Contacts" link and an upward-pointing arrow icon.

Is TRICARE For Life right for you?

TRICARE For Life is the plan for you if

- You are eligible for TRICARE.
- You have both Medicare Parts A and B.

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Thank You!

A NARFE Federal Benefits Institute Webinar

Presented by Tammy Flanagan

Email: fedbenefits@narfe.org

Closed Captioning (CC) is available on the recorded version of this webinar.