

## 2022 NATIONAL FEHB PLANS WITH MEDICARE REIMBURSEMENT



Did you know that some FEHB plans offer reimbursement toward Medicare premiums? NARFE compiled this list to help you make a more informed decision about your coverage during the 2021 federal benefits Open Season. This chart includes the national plans that offer some type of Medicare Part B reimbursement. To allow you to complete a comprehensive comparison, some plans without a Medicare reimbursement are included.

### SELF ONLY | NATIONWIDE

ENROLLMENT CODE (BROCHURE)	PLAN NAME (WEBSITE)	OPTION <sup>1</sup>	MONTHLY PREMIUM	MEDICARE REIMBURSEMENT <sup>2</sup>	HEALTH FUND or HEALTH SAVINGS ACCOUNT <sup>3</sup>	TOTAL ANNUAL NET COST <sup>4</sup>	WRAP AROUND <sup>5</sup>	PRESCRIPTION DRUG FORMULARY <sup>6</sup>	NOTES
<a href="#">471</a>	<a href="#">APWU<sup>^</sup></a>	HIGH	\$230.51	\$600	\$0	\$2,166.12	Yes	<a href="#">Formulary</a>	
<a href="#">111</a>	<a href="#">BCBS</a>	BASIC	\$173.73	\$800	\$0	\$1,284.76	Yes	<a href="#">Formulary</a>	
<a href="#">131</a>	<a href="#">BCBS</a>	FOCUS	\$115.15	\$0	\$0	\$1,381.80	Yes	<a href="#">Formulary</a>	
<a href="#">104</a>	<a href="#">BCBS</a>	STANDARD	\$276.19	\$0	\$0	\$3,314.28	Yes	<a href="#">Formulary</a>	
<a href="#">421</a>	<a href="#">COMPASS ROSE<sup>*^</sup></a>	HIGH	\$230.01	\$1,200	\$0	\$1,560.12	Yes	<a href="#">Formulary</a>	RESTRICTED: See front page of plan brochure
<a href="#">401</a>	<a href="#">FOREIGN SERVICE<sup>*</sup></a>	HIGH	\$158.58	\$0	\$0	\$1,902.96	Yes	<a href="#">Formulary</a>	RESTRICTED: See front page of plan brochure
<a href="#">311</a>	<a href="#">GEHA</a>	HIGH	\$227.20	\$800	\$0	\$1,926.40	Yes	<a href="#">Formulary</a>	
<a href="#">314</a>	<a href="#">GEHA</a>	STANDARD	\$135.77	\$0	\$0	\$1,629.24	Yes	<a href="#">Formulary</a>	
<a href="#">341</a>	<a href="#">GEHA</a>	HDHP	\$136.95	\$0	\$900	\$743.40	No	<a href="#">Formulary</a>	
<a href="#">251</a>	<a href="#">GEHA</a>	ELEVATE PLUS	\$171.44	\$0	\$0	\$2,057.28	Yes	<a href="#">Formulary</a>	
<a href="#">254</a>	<a href="#">GEHA</a>	ELEVATE	\$105.61	\$0	\$0	\$1,267.32	No	<a href="#">Formulary</a>	
<a href="#">454</a>	<a href="#">MHBP<sup>^</sup></a>	STANDARD	\$169.56	\$900	\$0	\$1,134.72	Yes	<a href="#">Formulary</a>	

All plans marked with an ^ have a Medicare Advantage option. All Medicare Advantage options require continuous enrollment in Medicare Parts A and B. All plans marked with an \* are restricted access plans. Please consult the front page of the plan brochure for more details.

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ENROLLMENT CODE (BROCHURE)	PLAN NAME (WEBSITE)	OPTION <sup>1</sup>	MONTHLY PREMIUM	MEDICARE REIMBURSEMENT <sup>2</sup>	HEALTH FUND or HEALTH SAVINGS ACCOUNT <sup>3</sup>	TOTAL ANNUAL NET COST <sup>4</sup>	WRAP AROUND <sup>5</sup>	PRESCRIPTION DRUG FORMULARY <sup>6</sup>	NOTES
<a href="#">481</a>	<a href="#">MHBP</a>	HDHP	\$165.53	\$0	\$1,200	\$786.36	Yes	<a href="#">Formulary</a>	
<a href="#">324</a>	<a href="#">NALC</a>	CDHP	\$118.38	\$0	\$1,200	\$220.56	No	<a href="#">Formulary</a>	
<a href="#">321</a>	<a href="#">NALC</a>	HIGH	\$212.94	\$0	\$0	\$2,555.28	Yes	<a href="#">Formulary</a>	
<a href="#">KM1</a>	<a href="#">NALC</a>	VALUE	\$97.16	\$0	\$100	\$1,065.92	No	<a href="#">Formulary</a>	
<a href="#">431</a>	<a href="#">PANAMA CANAL<sup>^</sup></a>	HIGH	\$176.54	\$0	\$0	\$2,118.48	Yes	<a href="#">Formulary</a>	RESTRICTED: See front page of plan brochure
<a href="#">381</a>	<a href="#">RURAL CARRIER<sup>^*</sup></a>	HIGH	\$283.42	\$900	\$0	\$2,501.04	Yes	<a href="#">Formulary</a>	RESTRICTED: See front page of plan brochure
<a href="#">441</a>	<a href="#">SAMBA<sup>*</sup></a>	HIGH	\$344.15	\$0	\$0	\$4,129.80	Yes	<a href="#">Formulary</a>	RESTRICTED: See front page of plan brochure
<a href="#">444</a>	<a href="#">SAMBA</a>	STANDARD	\$177.41	\$0	\$0	\$2,128.92	Yes	<a href="#">Formulary</a>	

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1. For CDHP and HDHP plans, the deductible is typically higher than it is for a Standard or High Option plan. Some Value plans or Basic plans don't have a deductible and may offer flat copayments (dollar amount) rather than coinsurance (percentage) for your out-of-pocket expense.
2. Must be enrolled in Medicare A and B with Medicare as primary coverage. Some plans provide more than the standard cost of Medicare Part B to allow for late enrollment surcharge or IRMAA (Income Related Monthly Adjustment Amount).
3. A health fund is provided and may be used to provide some reimbursement for Medicare Part B premium or can offset other qualified expenses.
4. Some plans provide a Medicare reimbursement higher than the Standard 2022 Part B premium (\$170.10/month/person). For those individuals who are subject to late enrollment surcharge or IRMAA (Income Related Monthly Adjustment Amount) charges, this additional reimbursement may offset some of this expense.
5. "Wrap around" coverage means that when a service is covered by Medicare first and FEHB as secondary payer, there is little to no out-of-pocket expense. The plan waives the deductible, copayment and coinsurance.
6. Most FEHB plans cover generic drugs with low copayments or coinsurance. If you use name brand drugs or specialty medications, check to be sure these are covered under the plan formulary. Also be aware of the copayment or coinsurance amount. The out-of-pocket cost of prescriptions may be lower when you are enrolled in Medicare A and B as primary in some plans, but none of the plans eliminate your out-of-pocket prescription costs.