

2022 REGIONAL 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 regional 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.

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ENROLLMENT CODE (BROCHURE)	PLAN NAME (WEBSITE)	OPTION ¹	MONTHLY PREMIUM	MEDICARE REIMBURSEMENT ²	HEALTH FUND or HEALTH SAVINGS ACCOUNT ³	TOTAL ANNUAL NET COST ⁴	WRAP AROUND ⁵	PRESCRIPTION DRUG FORMULARY ⁶	NOTES
Z26	AETNA ADVANTAGE[^]	ADVANTAGE	\$275.00	\$1,800	\$0	\$1,500.00	Yes	Formulary	COVERS MOST OF U.S. see Sec 1 of plan brochure
N63	AETNA DIRECT	CDHP	\$344.47	\$0	\$1,800	\$2,333.64	Yes	Formulary	COVERS MOST OF U.S. see Sec 1 of plan brochure
225	AETNA HealthFund	HDHP	\$574.30	\$0	\$1,800	\$5,091.60	No	Formulary	COVERS MOST OF U.S. see Sec 1 of plan brochure SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
WW3	Blue Advantage[^]	HMO	\$418.08	\$0	\$1,800	\$3,216.96	No	Formulary	Colorado
2G6	CareFirst BlueChoice	STANDARD	\$674.42	\$0.00	\$0	\$8,093.04	Yes	Formulary	Washington, DC Metro Area
B63	CareFirst BlueChoice	HDHP	\$302.14	\$0.00	\$1,800	\$1,825.68	Yes	Formulary	Washington, DC Metro Area
B66	CareFirst BlueChoice	VALUE	\$361.82	\$0.00	\$0	\$4,341.84	Yes	Formulary	Washington, DC Metro Area
523	Health Alliance[^]	HIGH	\$956.52	\$1,600.00	\$0	\$9,878.24	No	Formulary	Southeastern and East Central Michigan
GY6	Health Alliance[^]	STANDARD	\$304.84	\$1,600.00	\$0	\$2,058.08	No	Formulary	Southeastern and East Central Michigan
V33	Health Partners	HIGH	\$392.88	\$2,400.00	\$0	\$2,314.56	Some	Formulary	Minnesota, entire state of Iowa, parts of Wisconsin, eastern North Dakota, and eastern South Dakota

All plans marked with an ^ have a Medicare Advantage option. All Medicare Advantage options require continuous enrollment in Medicare Parts A and B.
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See enrollment code in notes	Humana ^	Value	Varies by location	\$2,400.00	\$0	Varies	Yes	Formulary	Arizona: Phoenix area (R66), Tucson area (R96); Florida: Daytona area (W96), Orlando area (X26), South Florida (QP6), Tampa area (MJ6); Georgia: Atlanta area (AD6), Columbus area (S96) Macon area (LM6); Illinois: Central and Northwestern (GB6), Chicago area (MW6); Kansas/Missouri: Kansas City area (PH6); Kentucky: Lexington area (6N6), Louisville area (TC6); Ohio: Cincinnati area (X36); Tennessee: Knoxville area (TT6); Texas: Austin area (TV6), Corpus Christi area (TP6), Houston area (T36), San Antonio area (TU6)
592	Kaiser Permanente Northern California	HIGH	\$1,148.64	\$3,000.00	\$0	\$12,070.68	Some	Formulary	Northern California/Must enroll in Senior Advantage for Federal Members SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
596	Kaiser Permanente Northern California	STANDARD	\$662.85	\$3,000.00	\$0	\$6,241.20	Some	Formulary	Northern California/Must enroll in Senior Advantage for Federal Members SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
623	Kaiser Permanente - Southern California	HIGH	\$514.02	\$6,000.00	\$0	\$1,455.24	Some	Formulary	Southern California/Must enroll in Senior Advantage for Federal Members SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
626	Kaiser Permanente - Southern California	STANDARD	\$282.15	\$6,000.00	\$0	-\$2,614.20	Some	Formulary	Southern California/Must enroll in Senior Advantage for Federal Members
NZ2	Kaiser Permanente - Fresno California	HIGH	\$636.11	\$0.00	\$0	\$8,920.32	Some	Formulary	Fresno, California/Must enroll in Senior Advantage for Federal Members SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
NZ6	Kaiser Permanente - Fresno California	STANDARD	\$340.97	\$0.00	\$0	\$4,091.64	Some	Formulary	Fresno, California/Must enroll in Senior Advantage for Federal Members
E33	Kaiser Permanente - Mid Atlantic	HIGH	\$496.25	\$3,600.00	\$0	\$3,642.00	Some	Formulary	"Washington, DC; Northern Virginia; and Metropolitan Baltimore, Maryland area/Must enroll in Senior Advantage for Federal Members" SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
542	Kaiser Permanente - Washington Core	HIGH	\$668.98	\$4,800.00	\$0	\$4,514.76	Some	Formulary	Most of Washington State and Northern Idaho SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
546	Kaiser Permanente - Washington Core	STANDARD	\$359.50	\$4,800.00	\$0	-\$486.00	Some	Formulary	Most of Washington State and Northern Idaho

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572	Kaiser Permanente - Northwest	HIGH	\$467.39	\$4,200.00	\$0	\$2,695.68	Some	Formulary	Portland, Salem and Eugene, Oregon; Vancouver and Longview, Washington/Must enroll in Senior Advantage 2 SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
575	Kaiser Permanente - Northwest	STANDARD	\$384.16	\$4,200.00	\$0	\$599.28	Some	Formulary	Portland, Salem and Eugene, Oregon; Vancouver and Longview, Washington/Must enroll in Senior Advantage 2 SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
652	Kaiser Permanente - Colorado^	HIGH	\$502.80	\$4,200.00	\$0	\$3,120.60	Some	Formulary	Metropolitan Denver/Boulder, Northern Colorado, and Southern Colorado areas/Must enroll in Senior Advantage 2 SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
656	Kaiser Permanente - Colorado^	STANDARD	\$372.43	\$4,200.00	\$0	\$269.16	Some	Formulary	Metropolitan Denver/Boulder, Northern Colorado, and Southern Colorado areas/Must enroll in Senior Advantage 2
F82	Kaiser Permanente - Georgia	HIGH	\$495.62	\$4,200.00	\$0	\$3,034.44	Some	Formulary	Atlanta metropolitan area, Athens, Columbus, Macon and Savannah, Georgia service areas/Must enroll in Senior Advantage 2 SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
F86	Kaiser Permanente - Georgia	STANDARD	\$339.40	\$0.00	\$0	\$4,072.80	Some	Formulary	Atlanta metropolitan area, Athens, Columbus, Macon and Savannah, Georgia service areas/Must enroll in Senior Advantage 2
633	Kaiser Permanente - Hawaii^	HIGH	\$376.63	\$4,200.00	\$0	\$319.56	Some	Formulary	Hawaii
636	Kaiser Permanente - Hawaii	STANDARD	\$270.59	\$0.00	\$0	\$3,247.08	Some	Formulary	Hawaii
JP3	M.D.IPA^	HIGH	\$839.73	\$3,564.00	\$0	\$6,512.76	Some	Formulary	District of Columbia, Maryland and Northern Virginia/ UnitedHealthcare Retiree Advantage (UHCA) requires Medicare A & B enrollment
LV3	UNITED HEALTHCARE	VALUE	\$492.73	\$3,464.40	\$0	\$6,060.72	Yes	Formulary	Atlanta, Georgia; Tampa, Florida; Orlando, Florida; Miami, Florida
L93	UNITED HEALTHCARE	Choice Plus Advanced	\$331.88	\$3,464.40	\$0	\$518.16	Yes	Formulary	District of Columbia; Maryland; Northern Virginia; San Antonio, Texas; Chicago, Illinois
Y83	UNITED HEALTHCARE	CHOICE PRIMARY ADVANTAGE	\$312.43	\$3,464.40	\$0	\$284.76	No	Formulary	Alabama, Arkansas, District of Columbia, Florida, Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Pennsylvania, Tennessee, Texas, and Virginia as well as markets of Atlanta, Georgia and St. Louis, Missouri

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See enrollment code in notes	UNITED HEALTHCARE	CHOICE OPEN ACCESS HMO	Varies by location	\$3,464.40	\$0	Varies	Yes	Formulary	Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina and Tennessee (KK3); Arizona (Phoenix and Tucson), Colorado, Nevada, Oregon and Washington (KT3); District of Columbia, Maryland, Pennsylvania and Virginia (LR3); Iowa and Kentucky (LJ3)/Additional enrollment in Medicare Advantage required, see Section 9 of Plan brochure
VD3	UNITED HEALTHCARE	CHOICE PRIMARY	\$353.49	\$3,464.40	\$0	\$777.48	Yes	Formulary	Phoenix and Tucson, Arizona areas, Nevada, Oregon and Washington
WF3	UNITED HEALTHCARE	CHOICE PLUS PRIMARY	\$359.29	\$3,464.40	\$0	\$847.08	Yes	Formulary	Phoenix and Tucson, Arizona areas, Nevada, Oregon and Washington
AS3	UNITED HEALTHCARE	CHOICE PLUS PRIMARY	\$349.87	\$3,464.40	\$0	\$734.04	Yes	Formulary	Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta area), Illinois, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri (St. Louis), North Carolina, Pennsylvania, Tennessee, Texas and Virginia
UW5	UPMC Health Plan[^]	STANDARD	\$454.96	\$1,600.00	\$0	\$3,859.52	Some	Formulary	Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland SELF & FAMILY PREMIUM SHOWN (LESS EXPENSIVE THAN SELF + ONE)
8W6	UPMC Health Plan[^]	HDHP	\$369.87	\$1,600		\$2,838.44	Some	Formulary	Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland

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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.