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# Which FEHB Plan Is Right For You?

A NARFE Federal Benefits Institute Webinar

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

# Agenda



## FEHB Basics

## Open Season Facts

## What's New for 2022

- FEHB
- FEDVIP
- FSAFEDS

## Are You in the Best Plan *For You?*

- Young and healthy
- Starting a family
- Best tax benefits
- Retiring soon
- Already retired



## Summary

# FEHB Basics

## Who is Eligible to be Covered Under Your FEHB Plan? [opm.gov/fehbfam](https://www.opm.gov/fehbfam)

- Spouse
- Common law spouse
  - Court order or judgment from state and signed declaration along with tax return or proof of common residency and finances
- Child
  - Biological child, stepchild or married child under age 26
    - Not child's spouse or children
- Adopted child under age 26
  - Court order, tax return, or certificate or decree listing you and the child
- Foster child under age 26
  - Common residence, proof of financial support, record of payments on behalf of your child, birth certificate
- Child incapable of self-support over age 26
  - Medical certificate documenting physical or mental disability existed before age 26

## What Do I Need to Know if my Spouse and I Divorce?

- When the divorce is final, your former spouse is no longer an eligible family member
  - Inform your employer or FEHB carrier of your divorce
- Your former spouse may be eligible for
  - Spouse equity coverage (employee and employer share of premium)
    - Coverage sometime during last 18 months of marriage
    - Did not remarry before age 55, and
    - Qualifying court order awarding portion of retirement and/or survivor benefit
  - Temporary Continuation of Coverage (TCC) (employee and employer share of premium, plus two percent admin fee)
    - Lasts up to 36 months from date of divorce
    - Must apply within 60 days of divorce (SF 2809 to employing agency)

## What Do I Need To Do to Stay in the FEHB Program in Retirement?

- Must be entitled to retire on an immediate annuity (including the FERS MRA + 10 retirement), and
- Must have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the five years of service immediately before the date your annuity starts, or
- Full period(s) of service since your first opportunity to enroll (if less than five years)

### Note – The five-year requirement can include the following:

- Time you are covered as a family member under another person's FEHB enrollment or
- Time covered under TRICARE if you were covered under an FEHB enrollment at the time of retirement

Federal annuitants and surviving spouses retain eligibility for FEHB health coverage at the same cost as current employees

## Qualifying Life Events

- Change in family
- Move outside of plan service area
- Lose coverage under an FEHB or non-FEHB plan
- See OPM Form 2809 or SF 2809 for more

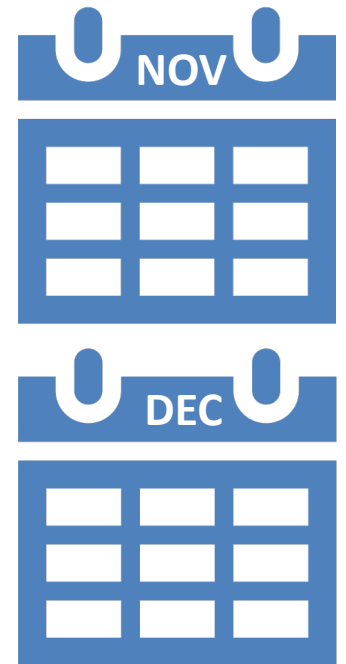
**Federal Employees Receiving Premium Conversion Tax Benefits  
Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election**

Code	Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election	FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only	Participate	Waive	
1E	Any change in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> <li>◆ Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution</li> <li>◆ Change from full time to part-time career or the reverse</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after employment status change
1F	Employee restored to civilian position after serving in uniformed services. <sup>3</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after return to civilian position
1G	Employee, spouse or dependent: <ul style="list-style-type: none"> <li>◆ begins nonpay status or insufficient pay<sup>4</sup> or</li> <li>◆ ends nonpay status or insufficient pay if coverage continued</li> <li>◆ (If employee's coverage terminated, see 1D.)</li> <li>◆ (If spouse's or dependent's coverage terminated, see 1M.)</li> </ul>	No	No	No	Yes	Yes	Yes	Within 60 days after employment status change

# Open Season Facts

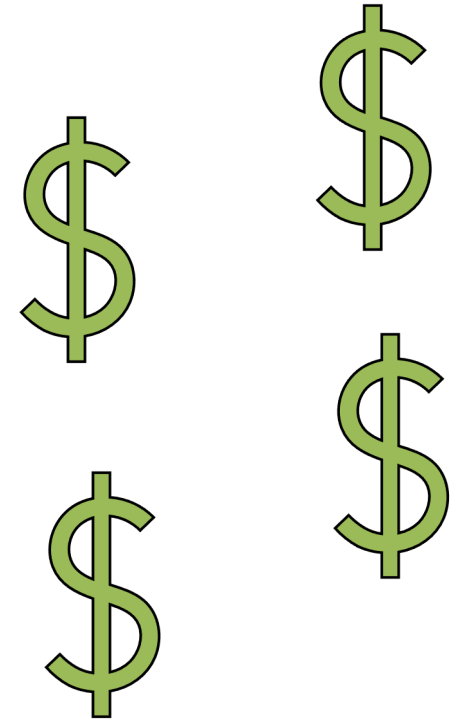
## Open Season is November 8 – December 13, 2021

- 8.2 million enrollees
- 275 plan choices (enrollees generally have at least 25 choices)
  - 18 nationwide fee-for-service plans open to all
  - Four fee-for-service plans for specific groups
  - 192 HMO plan choices (excluding HDHP and CDHP)
  - 37 high-deductible health plans (HDHP) (two are nationwide)
  - 28 consumer-driven health plans (CDHP)
- Average rate increase is 2.4 percent
  - Government contribution increasing an average of 1.9 percent
  - Enrollee share will increase an average of 3.8 percent



## Reasons for Increased Costs

- 2020 experience was lower than expected as people delayed care
- COVID-19 testing, vaccine and cost of treating infected patients expected to continue
- Mental health and substance use disorders are expected to increase
- Specialty drugs, chronic illness expenses and medical technology blamed for increased costs
- Care related to COVID-19 cost the FEHB around \$1 billion, representing 2 percent of 2020 claims



## 2022 Plans and Premiums

[www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/](http://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/)



### IN THIS SECTION

Open Season

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Temporary Continuation of Coverage

Medicare

Transparency in Healthcare

Health Savings Accounts

Consumer Protections

Carriers

Reference Materials



## Healthcare

### PLAN INFORMATION

#### FEHB Plan Information for 2022

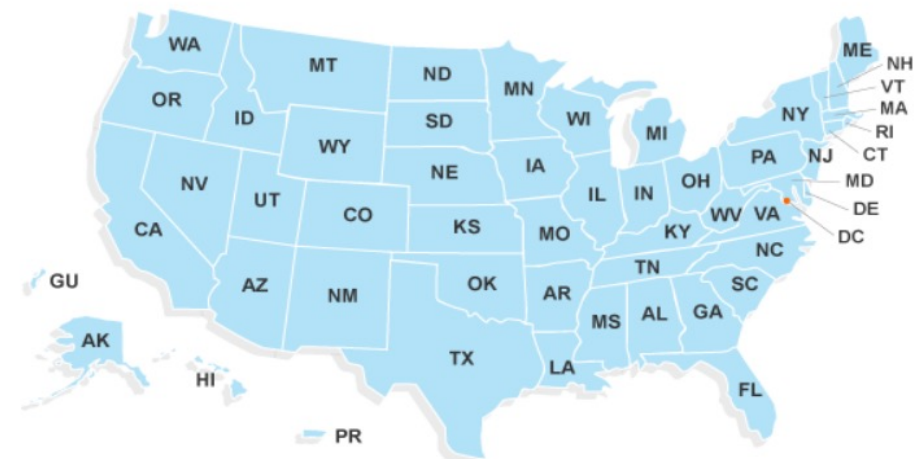
#### FEHB Plan Information for 2022

Choosing a state below will take you to a list of all plans available in that state, as well as links to the plan brochures, changes for each plan from the previous year, information on plan patient safety programs, and links to the plan provider directories.

[Go to States List](#)

#### RELATED LINKS

- [Overseas Coverage](#)
- [FEHB Program is Going Green](#)
- [Plan Accreditation](#)
- [Compare Health Plans](#)
- [Consumer's Checkbook Comparison Tool](#)
- [Enroll in a Health Plan](#)
- [Plan Types](#)
- [2021 Brochures](#)



## NARFE's One-Stop Shop for Open Season

<https://new.narfe.org/open-season/>

- Archived webinars
- 2022 premiums
- Medicare resources
- FEDVIP
- FSAFEDS



The screenshot shows the NARFE website's "Federal Benefits Open Season Resources" page. At the top left is the NARFE logo with the tagline "FEDERAL BENEFITS EXPERTS". To the right is a navigation menu with links for MEMBERSHIP, ADVOCACY, FEDERAL BENEFITS INSTITUTE, NEWS & EVENTS, ABOUT NARFE, FOR MEMBERS, and DONATE NOW. A dark blue banner below the navigation contains the text: "Federal Benefits Open Season is November 8 through December 13. Explore NARFE's resources here." The main content area features a breadcrumb trail "Home | Federal Benefits Open Season Resources" and a heading "Federal Benefits Open Season Resources" with a red underline. Below the heading is a welcome message: "Welcome to NARFE's one-stop shop for all your federal health benefits Open Season needs. Here you will find the information and resources necessary to make informed decisions about your federal health, dental, vision and flexible spending account benefits during the 2021 Federal Benefits Open Season." A large image of a calculator and a stethoscope is positioned on the left side of the content area. On the right, a blue box contains the heading "Research Your Options With NARFE" and a paragraph: "Get help navigating your choices with exclusive resources for NARFE members. If you're not a member, never fear: When you join NARFE, you get access to Open Season and other webinars, NARFE Magazine, assistance from NARFE's federal benefit specialists and much, much more." A "FIND OUT MORE" button is located at the bottom of this blue box.

## Virtual Health Fair Federal Long Term Care Insurance Program

- Register to attend the 2021 Virtual Benefits Fair to chat with carriers, review 2022 plan details, and get the information you need in one convenient online location
  - Chat Days: November 12, November 19, December 1, and December 8



# What's New for 2022

## If You Do Nothing Else, Do This

### IMPORTANT

- Rates for 2022
- Changes for 2022
- Summary of Benefits

## Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> Service Benefit Plan

[www.fepblue.org](http://www.fepblue.org)



# 2022

### 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

**Enrollment codes for this Plan:**

104 Standard Option - Self Only

### IMPORTANT

- Rates: Back Cover
- Changes for 2022: Page 15
- Summary of Benefits: Page 162

## No Surprises Act – Effective January 1, 2022

- Surprise billing happens when you go to an in-network provider and receive a bill from out-of-network providers involved in your care
- Balance bill – when you receive care from an out-of-network provider, BB is the difference between the charge and the amount paid by insurance
- Between 2010–2016, more than 39 percent of emergency department visits resulted in surprise bills
- No Surprises Act supplements state balance billing laws
- Legislation prevents surprise” for emergency and nonemergency care
  - Providers
  - Facilities
  - Air ambulance
- Contact your FEHB plan if you feel you’ve been billed incorrectly (use customer service number on ID card)

## If You Change Plans or Plan Options During Open Season

- Open Season changes are effective
  - For annuitants, January 1, 2022
  - For most employees, January 2, 2022
- Include SF 2809 – “Health Benefits Election Form,” with your retirement application if you are retiring at the end of 2021
- After retirement, use OPM Form 2809 or OPM Services Online

### INFORMATION FOR

Active Federal Employees	Federal Retirees & Other Annuitants	Tribal Employees	Uniformed Services
<a href="#">View More</a>	<a href="#">View More</a>	<a href="#">View More</a>	<a href="#">View More</a>

[www.opm.gov/healthcare-insurance/open-season](https://www.opm.gov/healthcare-insurance/open-season)

## OPM Benefits Overview

- Mental health and substance abuse disorders services
  - Plans monitor provider access and availability
  - Ongoing telehealth expansion
  - Efforts to destigmatize mental health disorders and services
  - Needs of pregnant persons, access for rural areas, and younger family members' treatment for substance use disorder
- COVID-19
  - Waive cost-sharing and prior authorization for diagnostic and antibody testing, telehealth
  - Vaccinations and all subsequent booster vaccines covered
  - Incentives of \$25-\$75 to members for receiving a full COVID-19 vaccine
  - Plan brochures will be available for more specific information

## OPM Benefits Overview

- Prescription prior authorization
  - Starting in 2022, plans will have a process for reviewing all expiring prescription Prior Authorizations (PA) and notifying members 45 days before the expiration of a PA for a maintenance medication
- Opioid epidemic
  - Emphasize nonopioid and nonpharmacologic treatments
  - Multifaceted prevention, treatment and supportive approach for addressing and reducing opioid-related overdose deaths
  - Safety monitoring programs to ensure safe dispensing, utilization and disposal of opioids, expanded coverage of and access to nonopioids and nonpharmacological pain therapies and devices

**Check 2022 plan brochures and FEHB plan websites for additional program wide improvements, changes and enhancements to benefits.**

# What's New for 2022 – FEDVIP



## Dental and Vision

- FEDVIP provides dental and vision benefits to a total of 7.2 million federal employees, uniformed service members, annuitants and their family members
- The average premium increase is 0.81 percent for dental plans
  - 12 dental carriers provide 23 dental plan options. Seven dental carriers offer 14 nationwide dental plans
- The average premium increase is 0.95 percent for vision plans
  - Five vision carriers provide 10 nationwide vision plan options available to all potential enrollees



Enrollment and information provided at [benefeds.com](https://www.benefeds.com)

1-877-888-3337, TTY:1-877-889-5680,

You may also send an email at <https://www.benefeds.com/contact>



# What's New for 2022 – FSAFEDS



## Employee-Only Benefit

- Tax savings through the Federal Flexible Spending Account Program (FSAFEDS)
- Unlimited carryover of unused amounts in health care flexible spending account (HCFSA) and limited expense (dental and/or vision) flexible spending account (LEX HCFSA) remaining at the end of 2021 into 2022 (Must enroll for 2022 plan year)
- Extended grace period to incur and receive reimbursement for 2020 dependent care flexible spending account (DCFSA) funds through December 31, 2021, and the 2021 grace period is extended through December 31, 2022

Enrollment and information provided at [fsafeds.com](https://fsafeds.com)  
[877-FSAFEDS \(372-3337\)](tel:877-FSAFEDS), TTY: [866-353-8058](tel:866-353-8058),  
M-F 9 a.m. until 9 p.m. ET Must reenroll every year!

**Are You in the Best Plan *For You?***

# Are You in the Best Plan *For You?*



## Young and Healthy

- Focus on wellness benefits
- All plans cover preventative care with \$0 cost
- HMOs may offer convenience with coordinated care features
- Value, Basic and Consumer-Driven Plans are all good choices
- Look for plans that offer basic dental and vision care at no additional cost





# Are You in the Best Plan *For You?*



## Starting a Family

- Good emergency room coverage
- Consumer-driven plans with a health fund
- Consider plans such as BCBS Focus with no deductible for maternity care (prenatal), \$0 out of pocket when using preferred facilities and \$1,500 max out of pocket for obstetrical care (birthing) - \$272.29/biweekly/Self and Family
- GEHA Elevate Plus covers maternity care in network with no out-of-pocket cost and inpatient hospital at \$200/day - \$190.63/biweekly/Self and Family
- Check plan websites for “Maternity” page



# Are You in the Best Plan *For You?*



## As Your Child Gets Older

- At age 26, no longer an eligible family member on your FEHB plan
- Coverage continues at no cost for 31 days starting from the date the child turns 26
- FEHB carrier will remove your child as a family member under your plan
- Child incapable of self-support may be eligible to stay on your FEHB plan beyond age 26
- Your child has the option to enroll in Temporary Continuation of Coverage (TCC) for up to 36 months



# Are You in the Best Plan *For You?*



## Best Tax Benefit – High Deductible Health Plans

- Low premiums
  - Minimum deductible - \$1,400 (Self Only); \$2,800 (Self Plus One and Self and Family)
  - Maximum out of pocket - \$7,300 (Self Only); \$14,100 (Self Plus One and Self and Family)
- Health savings account
  - Tax-free contributions, growth and withdrawals that can accumulate over time
  - FDIC insured bank account with options for investment (target funds/mutual funds)
  - 2022 IRS Limit for HSA contributions: \$3,650 (Self Only); \$7,300 (Self Plus One and Self and Family)
  - No other health plan
  - Premium pass-through
- Health reimbursement arrangement
  - Health fund provided at beginning of year
  - Must forfeit if you leave plan

# Are You in the Best Plan *For You?*



## Retiring Soon

- Under age 65, be sure to have good inpatient benefits and prescription drug coverage
- If you use alternative care, such as chiropractors, acupuncture and massage therapy (Foreign Service Benefit Plan does cover this), compare plan benefits
- Over age 65, consider enrollment in Medicare Part B and choosing a compatible health plan with incentives, such as waiver of cost sharing, Medicare reimbursement and good prescription coverage
- Aren't you glad that you have FEHB and are able to retire younger than age 65 with great health insurance?



# Are You in the Best Plan *For You*?



## Already Retired

- Look for plans with Medicare Part B incentives
- Consider one of the FEHB plans offering an enhanced benefit of Medicare Advantage enrollment
- Check out NARFE webinars on Medicare Part B and Medicare Advantage
  - So Many Choices: Which FEHB Plans Work Best With Medicare A & B? Thursday, November 18 | 2 p.m. ET
  - To B or Not to B: Is Medicare Part B Right for You? (Archived from September 15, 2021)
  - Understanding Medicare Advantage Options (Archived from October 14, 2021)

Enhance your benefits with Kaiser Permanente Senior Advantage for Federal Members (HMO). You get better benefits without increasing your FEHB premium. Have questions? We'll help you choose the right coverage for you.



# Are You in the Best Plan *For You*?



## Family of Two

- Be aware that some plans – 98 of them – have lower premiums for Self and Family enrollment than Self Plus One
- The cost is based on the “experience” of the plan options; many Self Plus One enrollments include older retired couples, possibly without Medicare, who may have more health utilization than younger, healthier enrollments

Plan name	Plan option	Plan code	Service area	Biweekly Self Plus One	Biweekly Self and Family
Rural Carrier Benefit Plan	High	38	Nationwide	\$247.49	\$236.89
NALC Health Benefit Plan	High	32	Nationwide	\$234.35	\$202.02
Foreign Service Benefit Plan	High	40	Nationwide	\$185.48	\$181.05
MHBP Standard Option	Standard	45	Nationwide	\$195.92	\$181.87

If the family enrollment saves you money, then use that option.



# Summary

# Summary



**Step one** – Consider your needs

**Step two** – Consider your options

**Step three** – Narrow your choices

**Step four** – Choose your plan

**Step five** – Consider adding dental and/or vision coverage

**Step six** – Employees consider enrolling in a flexible spending account



## Employees

- Enroll, change health plans or options, cancel your FEHB enrollment, and change participation in premium conversion (waive or begin participation)
- ID cards for new plans may be delayed if payroll delays processing the change
  - Contact plan's customer service on website to get a temporary card
- If you're covered by a non-FEHB plan, consider enrollment to carry FEHB into retirement
- Do not cancel FEHB if you are within five years of retirement unless covered by another FEHB plan
- Contact your agency benefits officer or FEHB plan for questions



## Annuitants

- During the annual FEHB Open Season, anyone eligible to participate in the FEHB program may change health plans or options, cancel or suspend FEHB enrollment, and request plan brochures and information
- Annuitants can do the above actions by
  - Using OPM's Open Season online system
  - Using Open Season Express by calling 1-800-332-9798
  - Sending regular mail (postmarked no later than final date of Open Season) to: Office of Personnel Management  
Open Season Processing Center  
P.O. Box 5000  
Lawrence, KS 66046-0500



# Medical plans designed to meet you where you are in life

Health care isn't one size fits all. GEHA has a variety of plans designed to fit your needs.

Find which GEHA medical plan is best for you and your family at [geha.com/Select-A-Plan](https://geha.com/Select-A-Plan)

Need more help? Schedule an appointment with a GEHA Benefits Adviser at [geha.com/Meet](https://geha.com/Meet) or call GEHA Customer Care at [800.821.6136](tel:800.821.6136).



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# Thank You

A NARFE Federal Benefits Institute Webinar  
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