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# Plan Accreditation and Survey Information

The FEHB 2011 Guide to Federal Employees Health Benefits Plans contains plan accreditation and member survey results on how FEHB members rated their health plans. The booklet provides background information and defines the accrediting organizations and the rating factors.

This booklet also contains benefit information, such as HMO, POS, HDHP and CDHP prescription drug benefits, and it details accreditation of individual health plans.

Please use the buttons below to indicate if you would like to view the Plan Accreditation and Survey Information online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.



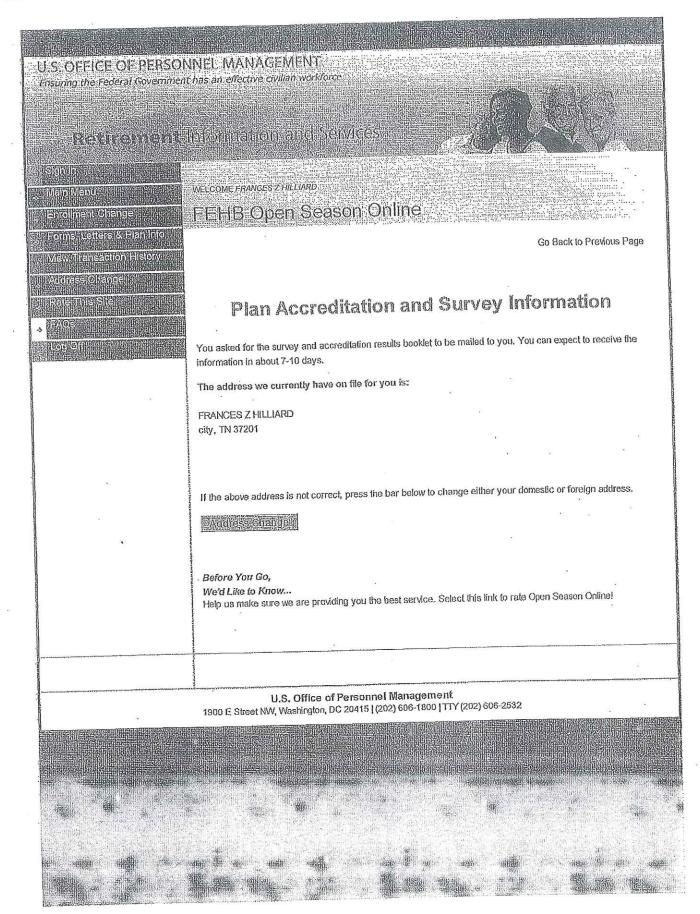
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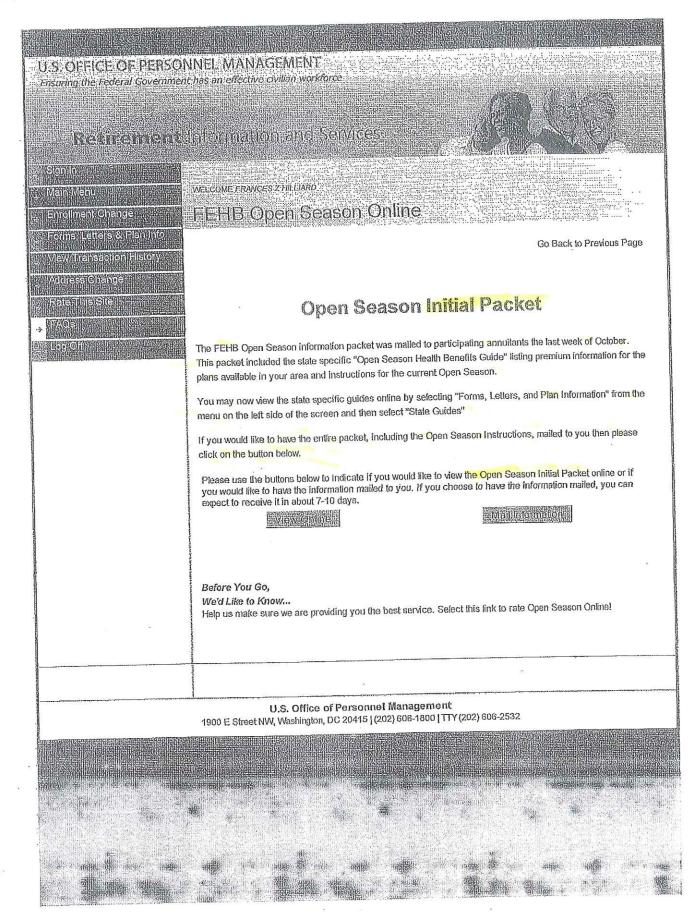


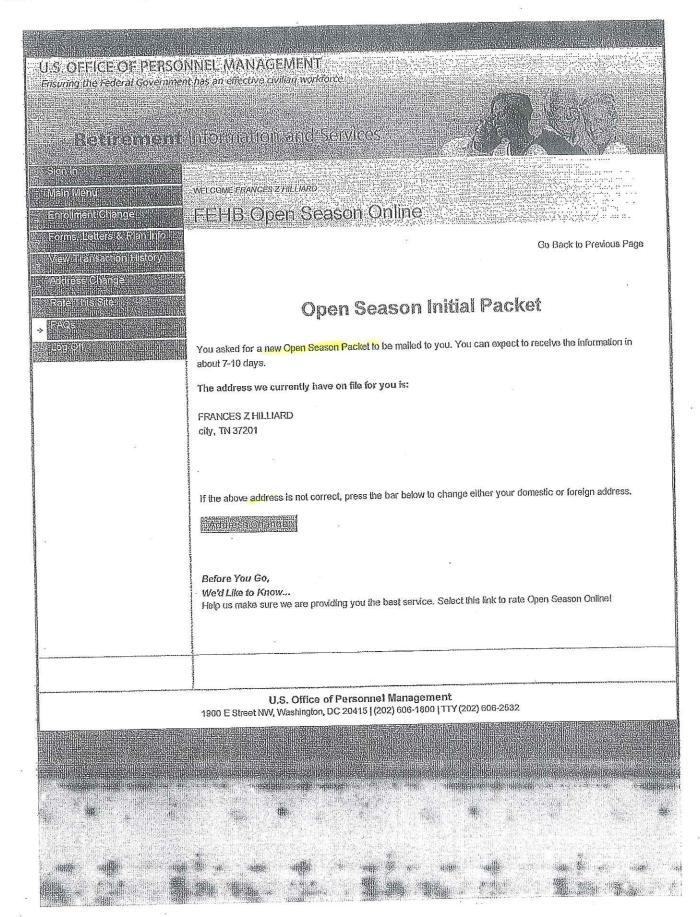
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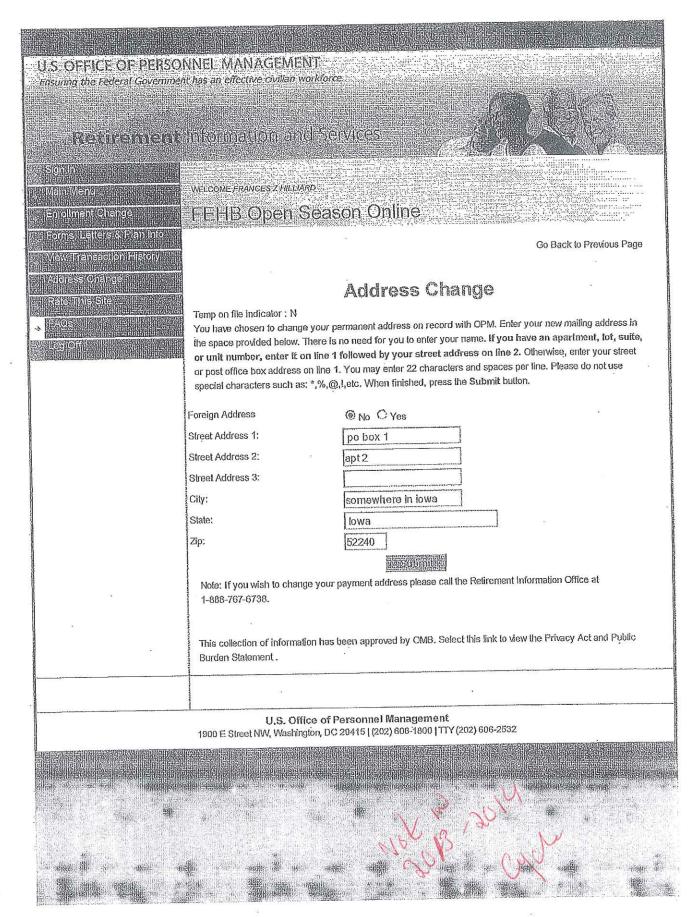
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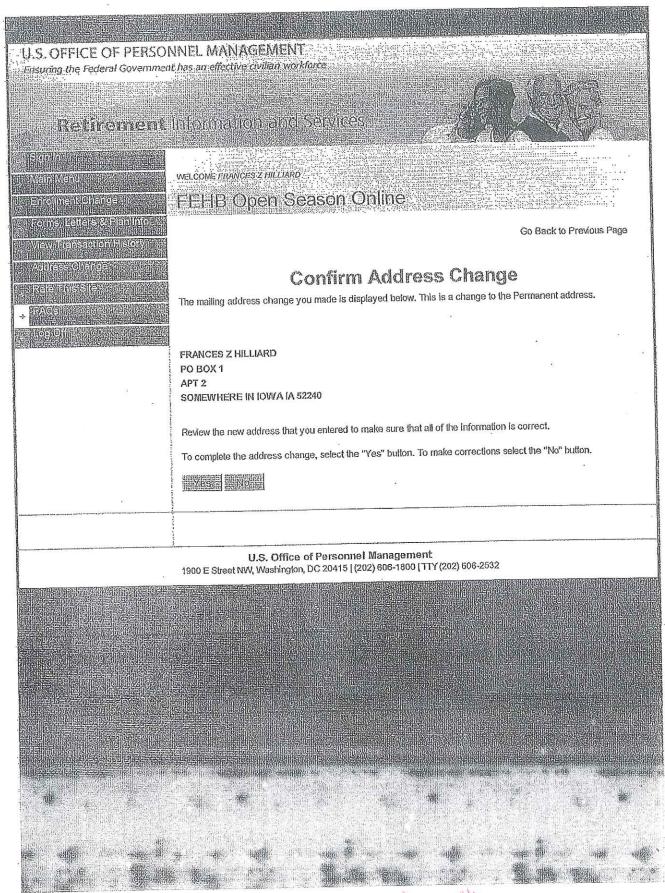
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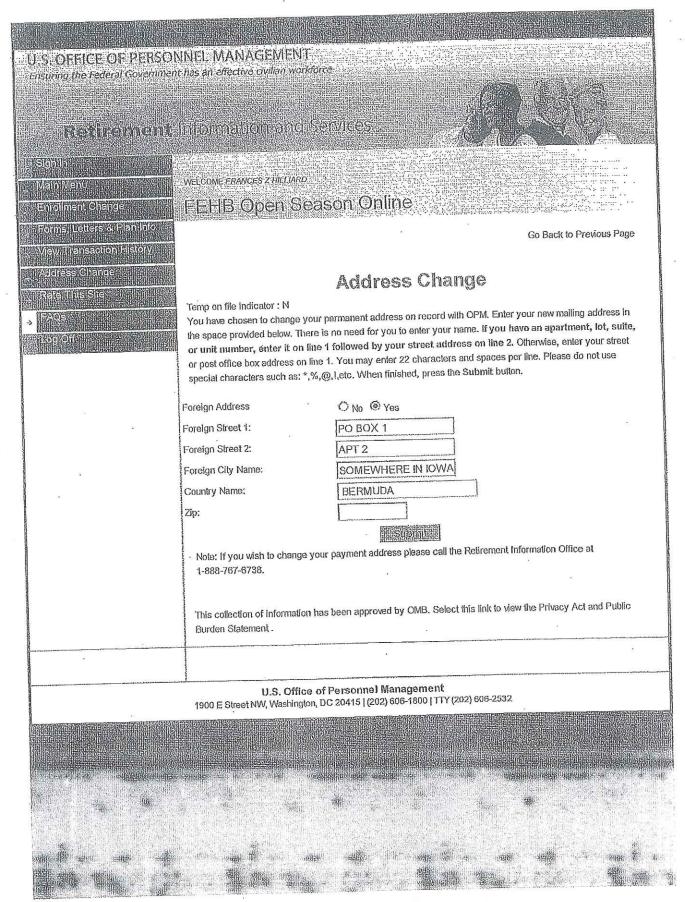




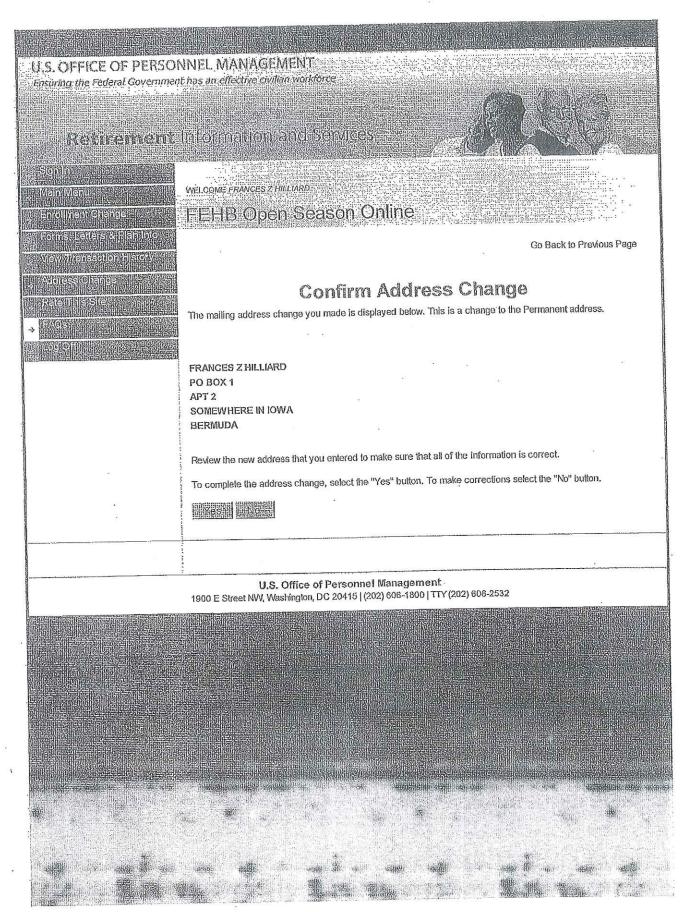




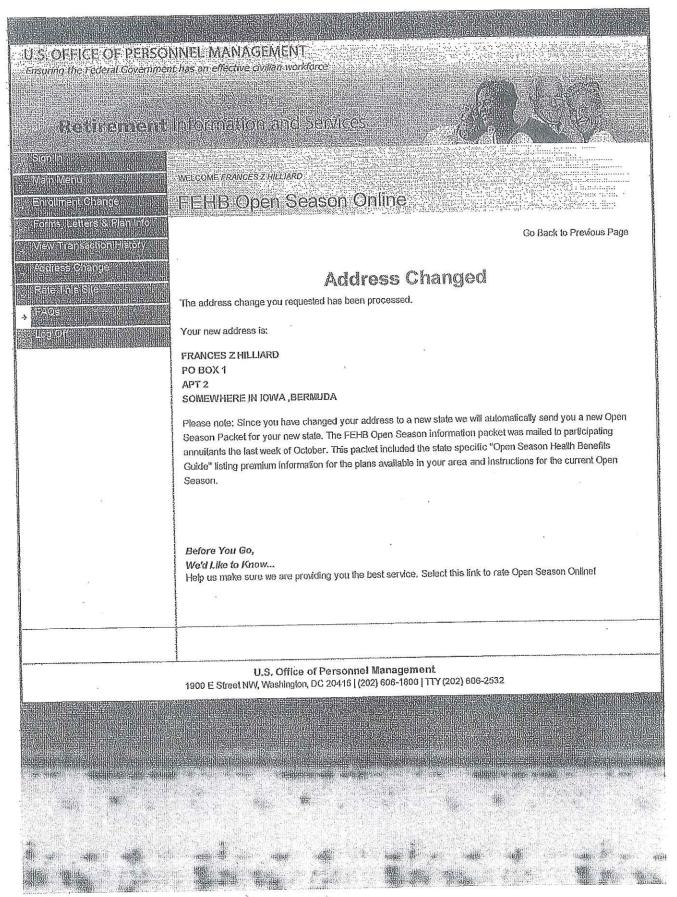
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Address Change	as information on the start of Open Season and Enrollment Confirmation.
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FAQs	Check here if you'd like to remove this email from the Open Season System.
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#### Frequently Asked Questions

Below is a list of frequently asked questions. Select the "show answer" link in order to view the answer to each question. Or use the expand/collapse links below to open and close all at once.

expand all | collapse all

1. How do I increase the font and/or page size for this website? show answer | hide

If you are having trouble reading this page, select this link for instructions on how to increase the size of this page and the text.

What is a Medicare Advantage health plan? show answer I hide

Medicare Advantage health plans are Health Maintenance Organizations or Fee-for-Service plans approved by the Centers for Medicare and Medicaid Services (CMS). Contact Medicare on 1-800-633-4227 to find out if you qualify for a Medicare Advantage health plan.

 What do I need in order to suspend my FEHB enrollment because I am enrolled in a Medicare Advantage health plan? show answer | hide

You must request and complete a Health Benefits Cancellation/Suspension form, RI 79-9. You must provide documentation of your enrollment in a Medicare Advantage health plan. An example of a Medicare Advantage health plan is "Secure Horizons" or "Kaiser Permanente Senior Advantage." A copy of your Medicare card alone will not allow you to suspend your FEHB enrollment.

4. What is the effective date of my Open Season change? show answer I hide

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5. Do I continue to use my old plan until I get my new ID card(s)? show answer | hide

No, after January 1<sup>st</sup>, your old plan will no longer pay benefits. You must use the new plan even if you have not yet received your ID card(s). Contact your plan directly if you have any problems receiving benefits.

Are there other sources on the Internet to get information about the FEHB Program? show answer | hide

You can visit our Web site at www.opm.gov/insure for additional information on the FEHB Program as well as to review individual plan brochures.

You can view the complete text of our pamphlet FEHB Information for Retirees and Survivor Annuitants at www.opm.gov/insure/health/html/79-2/index.htm

 I have some general questions about retirement or I want to request a change in my retirement account. Who do I contact? show answer | hide

You can call our toll-free number on 1-888-767-6738. You can also access our retirement web page and Services Online at www.opm.gov/retire.

8. The plan I am selecting has a high, standard, or basic option, or is a Consumer Driven Health Plan (CDHP) or High Deductible Health Plan (HDHP) with a Health Savings Account (HAS) or Health Reimbursement Arrangement (HRA). Are there separate brochures for these options? show answer | hide

No, all the benefit information for High, Standard, Basic, Consumer Driven Option, High Deductible Health Plan or Health Savings Account is included in one brochure.

9. Why do health benefits premiums increase almost each year? show answer | hide

Many things contribute to premium changes. In general, FEHB rates reflect changes in the health care marketplace and costs continue to increase. Prescription drugs are more expensive. New medical technology is good, but expensive. Our population is older; the older we are the more we spend on healthcare. OPM negotiates at length for the smallest premium increase feasible without reducing benefits significantly or asking enrollees to pay substantially more money out of their pockets each time they need health care. Each year's increase reflects the overall trend within the health care industry that effects all purchasers of health insurance.

As a retiren, on 1 collect to the FEHD pro-tax premiums (promium conversion)? show
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participate in premium conversion by having your agency deduct your FEHB premiums on a pre-tax basis. This is normally automatic unless you waive participation in the premium conversion program. If you are employed by a Federal agency and in receipt of a survivor annuity, you should contact your employing personnel office, if you would like to transfer your FEHB enrollment from your annuity to your employing agency and participate in premium conversion.

11. Can I change health plans at any time during the year (such as if my spouse dies and I am enrolled in family coverage) or do I always have to wait for Open Season? show answer | hide

There are other events that allow you to change health plans outside Open Season. At the death of your spouse, you can change to self only coverage at the beginning of the month following the death. Additionally, you are allowed to change to self only coverage at any time; you can change plans when you move outside the service area of your HMO; you can change to self and family if your spouse loses coverage, and you are allowed a one-time change in plans because you become eligible for Medicare. Contact OPM on 1-888-767-6738 to find out if your particular situation is an event that allows you to change plans.

12. During Open Season, I changed to an HMO. They told me that I don't reside within the servicing area. Can I change my enrollment? show answer | hide

You may request a change to a managed fee-for-service or to an HMO plan that services your area by calling our toll-free number on 1-888-767-6738. The effective date of the enrollment change will be January 1, of the current year.

13. I cannot afford the premium cost of my newly selected plan nor can I afford the co-payments for office visits or medication. Can I change plans after Open Season? show answer I hide

It is vital that you review the information in the Open Season Guide and plan's brochure prior to making your selection because once Open Season ends, you may not be able to change to another plan. There are events that allow one to make an enrollment change outside of Open Season such as a one-time change in plans because you become eligible for Medicare or you move out of the servicing area of your HMO. To find out if there is an event that allows you to change plans prior to Open Season, you should call our toll-free number 1-888-767-6738.

14. I am eligible for Medicare. Can I change from one plan or option to another at any time? show answer [ hide

Yes, you may change plans at any time beginning on the 30th day before becoming eligible for Medicare to anythme thereafter. However, this is a one-time event. 

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15. If I enroll in family coverage, who are my eligible family members? show answer | hide

You are allowed to cover your current spouse, children under age 26 (including adopted children, stepchildren, foster children, or recognized natural children), and any disabled children over age 26 incapable of self-support whose disability occurred prior to age 26.

16. Both my spouse and I each receive either a Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) benefit. We are interested in changing from a family enrollment to two self only health benefit plans. Can this be done and can we use Open Season Online or Open Season Express to do this? show answer [ hide

Do not use Open Season Express or Open Season Online to do this. It can be done at any time during the year (including Open Season) by calling the Retirement Information Office (RIO) on 1-888-767-6738. Provide the Customer Service Specialist with both claim numbers, social security numbers and the plans in which you each want to enroll. OPM will first need to determine the eligibility of the spouse not currently carrying the enrollment. To be eligible for enrollment in one's own right, one must have retired on an immediate annulty (an annulty which begins within 30 days of separation from service) and have been covered by an FEHB enrollment (their own or their spouse's) for the 5 years immediately preceding retirement. Deferred annultants (those whose annuities begin on the 62<sup>nd</sup> birthday) are NOT ELIGIBLE for coverage in their own right and would, therefore, have to stay on the family enrollment of the enrolled spouse. Once we determine eligibility we will change the currently enrolled spouse to self only and begin a self only enrollment for the other.

17. I am receiving survivor annuity based on my deceased spouse's Federal service. I remarried after age 55. Can I add my new spouse to my current FEHB plan? show answer I hide

No. While your annuity can continue if you remarry after age 55, or if you were married to the deceased Federal retiree/employee for at least 30 years, you cannot cover your new spouse on the enrollment. Only eligible family members of the deceased are entitled to benefits under the FEHB program.

18. As a former spouse, am I entitled to coverage under the FEHBP? show answer | hide

A former spouse is not eligible to retain coverage as a dependent under the employee's or retiree's family enrollment. You can, however, enroll under the Temporary Continuation of Coverage Act for 36 months. If you have a qualifying court order that awards you a portion of a Civil Service Retirement System or Federal Employees Retirement System annuity or survivor annuity, you may be eligible to enroll in the FEHBP under a Spouse Equity enrollment. You must, however, pay the full provides for this coverage. The first survivor annuity on the service of the coverage and the service of the coverage and the service and the service of the coverage and the service and

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attorney's handbook on Court-ordered retirements.

 Can I cancel my FEHB Program coverage and re-enroll at a later date? show answer I hide

No, a cancellation as a retiree is irrevocable. You cannot later re-enroll in the FEHB Program. However, you can suspend your FEHB enrollment if you are:

- enrolled in a Medicare Advantage health plan. These are HMOs and Fee-For Service plans approved by the Center for Medicaid and Medicare Services (CMS).
- 2. covered by your enrolled spouse's FEHB family plan,
- 3. covered by Medicaid or a similar state sponsored program for the needy, or
- covered by TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA.

Call OPM at 1-888-767-6738 to request a Health Benefits Cancellation/Suspension Confirmation form, RI 79-9. You must complete the form in order to cancel or suspend your FEHB enrollment.

I suspended my FEHB Program enrollment and wish to re-enroll. Can a plan refuse my
enrollment and is there a pre-existing condition limitation or a waiting period that applies
to my receiving service when I re-enroll? show answer | hide

Unless you select an HMO and do not live or work in the service area, a participating FEHB health carrier can not refuse to enroll you. Under the FEHB Program, there are no pre-existing condition limitations and there are no waiting periods. You can use your benefits as soon as your coverage becomes available.

 What do I need to do in order to suspend my FEHB enrollment because I have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA? show answer | hide

You must request and complete a Health Benefits Cancellation/Suspension Confirmation form, RI 79-9. If you are a TRICARE/TRICARE For Life enrollee, you must provide a copy of your Uniformed Services Identification (ID) card and, if over age 65, a copy of your Medicare card showing Parts A and B along with the completed Health Benefits Cancellation/Suspension Confirmation form. If you are a CHAMPVA enrollee, you must provide a copy of your CHAMPVA Authorization card (A-card) along with the completed Health Benefits Cancellation/Suspension form. To suspend your FEHB Coverage for the Peace Corps, you must provide us with evidence of your eligibility.

If you are on the rolls of the Office of Workers Compensation (OWCP), you must contact your OWCP office in order to request this suspension.

If you pay your FEHB premiums by direct payment, you must contact the National Finance Center concerning the suspension of your enrollment. The toll-free number to 1-800-242-0020

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For further information concerning CHAMPVA, call 1-800-733-8387 or access the Web site at www.va.gov/hac.

22. Where can I get information about Medicare A and B? show answer I hide

Medicare provides a Web site at www.medicare.gov.

23. I receive Medicare and have FEHB. Who is my primary payer? show answer | hide

If you have Medicare and you are age 65 or older and not employed, Medicare is the primary payer of your health benefits expenses and the FEHB plan is secondary. For more information, you may call our toll-free number 1-888-767-6738 and follow the instructions for requesting our publication entitled, "The Federal Employees Health Benefits Program and Medicare" or access the Medicare Web site at www.medicare.gov.

 Since Medicare is my primary payer, will my FEHB premiums change? show answer | hide

You will continue to pay the same premiums unless you change to another plan or option. At present, the FEHB law does not authorize OPM to offer additional enrollment options such as a different rate structure for FEHB enrollees in Medicare. In the FEHB Program, coverage and premiums are the same for all enrollees in a given plan without separate categories for class or risk, health status, size of family, age, and other insurance coverage.

The FEHB Program follows the most basic principle of group health insurance. The basic purpose of group health insurance is to spread the cost of health care among all of the people in the group. All of the members of the group share equally in the costs of the group. Similarly, group members share equally in the savings that are due the group when certain members of the group have other insurance coverage (including Medicare) that picks up part, or all, of the cost of care. The result is that premium rates for members of each plan, as a group, are lowered.

Additionally, FEHB plans provide coverage for prescription drugs, routine physicals, emergency room care outside of the United States, and some preventive services that Medicare doesn't cover.

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## **Dental and Vision Benefits**

The next FEDVIP enrollment opportunity will take place during the upcoming Federal Benefits Open Season Monday, November 8, 2010 through Monday, December 13, 2010. During Open Season, you may enroll in a FEDVIP plan, make changes, or cancel a current FEDVIP enrollment, effective January 1, 2011. If you are currently enrolled in FEDVIP and do nothing, your enrollment will automatically continue. If you want to cancel coverage, you must do so during Open Season. To Enroll, Cancel or Make Changes during Open Season, please contact BENEFEDS at 1-877-888-3337, or visit their website at www.BENEFEDS.com

The Federal Employees Dental and Vision Insurance Program letter contains plan names and phone numbers. For details on enrollment and premiums, please contact BENEFEDS at 1-877-888-3337, or visit their website at www.BENEFEDS.com. You may NOT receive an extension for enrollment into FEDVIP.

Please use the buttons below to indicate if you would like to view the Dental and Vision Benefits online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

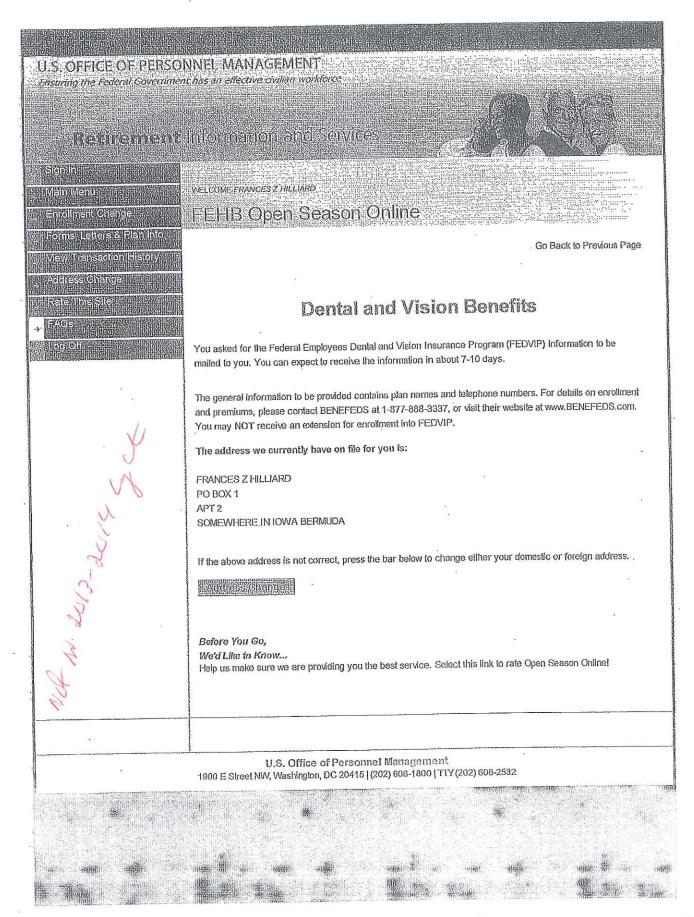
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FAQs Log Off In order for you to select the best plan for your needs, please refer to the 2011 FEHB State Guides. These guides are a summary of all available FEHB plans in each state. For specific benefit information, the State Guides can be used in conjunction with the plan brochures. You may order brochures online by clicking on the "Brochures" link.

Please use the buttons below to indicate if you would like to view the FEHB State Guides online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

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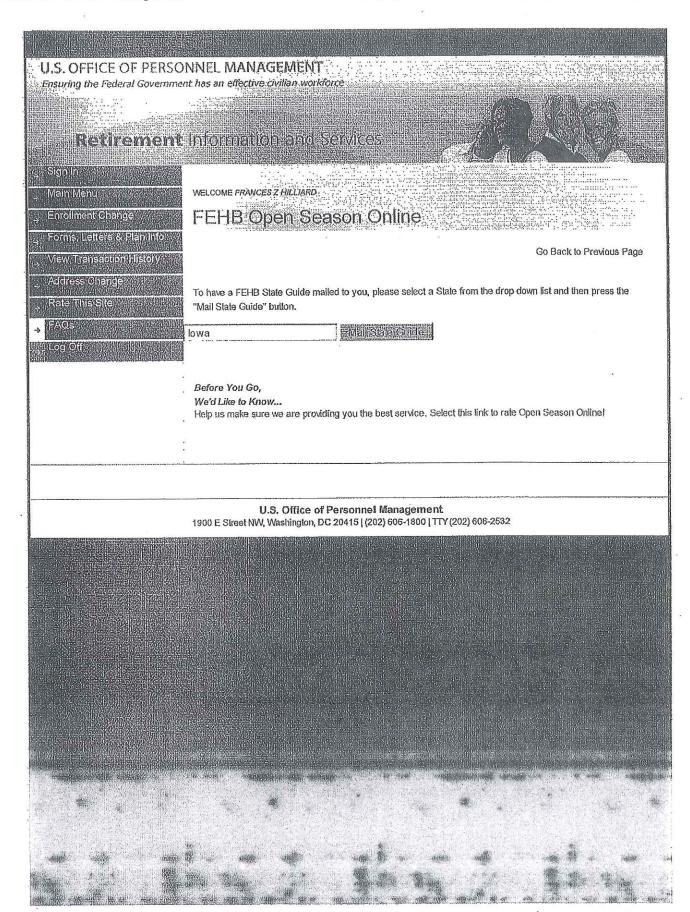
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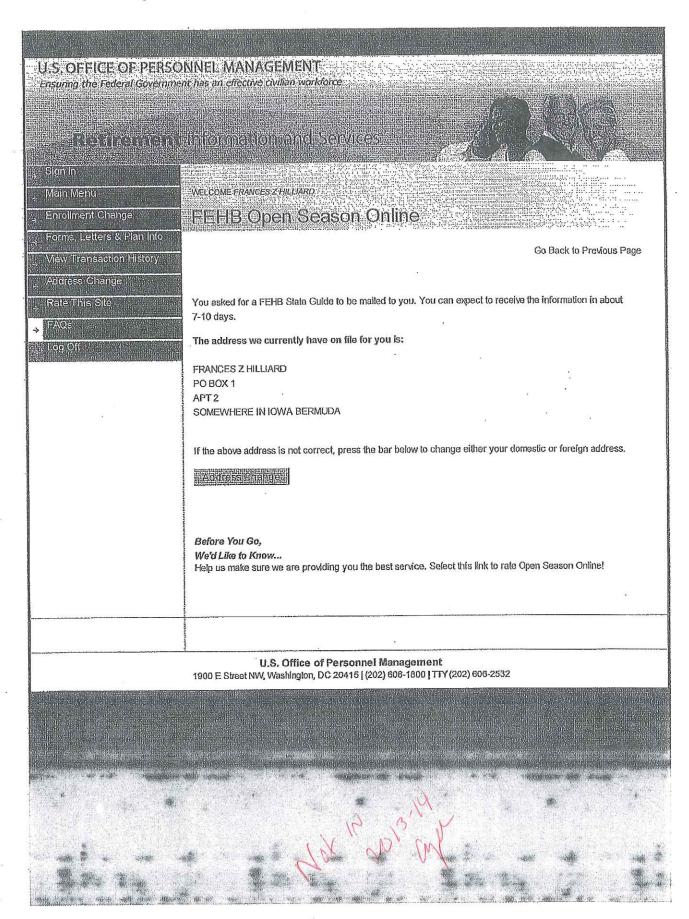
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**HB Registration Form** 

You may view and print or request to have a Health Benefit Registration Form (OPM 2809) mailed to you. Use this form to complete any FEHB enrollment changes that you would like to have processed, Enrollment changes will be effective January 1, 2011.

Please use the buttons below to indicate if you would like to view the HB Registration Form online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

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# **Guide for Former Spouses**

In order for you to select the best plan for your needs, please refer to the 2011 Guide to Federal Benefits for TCC and Former Spouse Enrollees. This Guide is a summary of all available FEHB plans in each state. For specific benefit information, this Guide can be used in conjunction with the plan brochures. You may order brochures online by clicking on the "Brochures" link on the left hand side of this page.

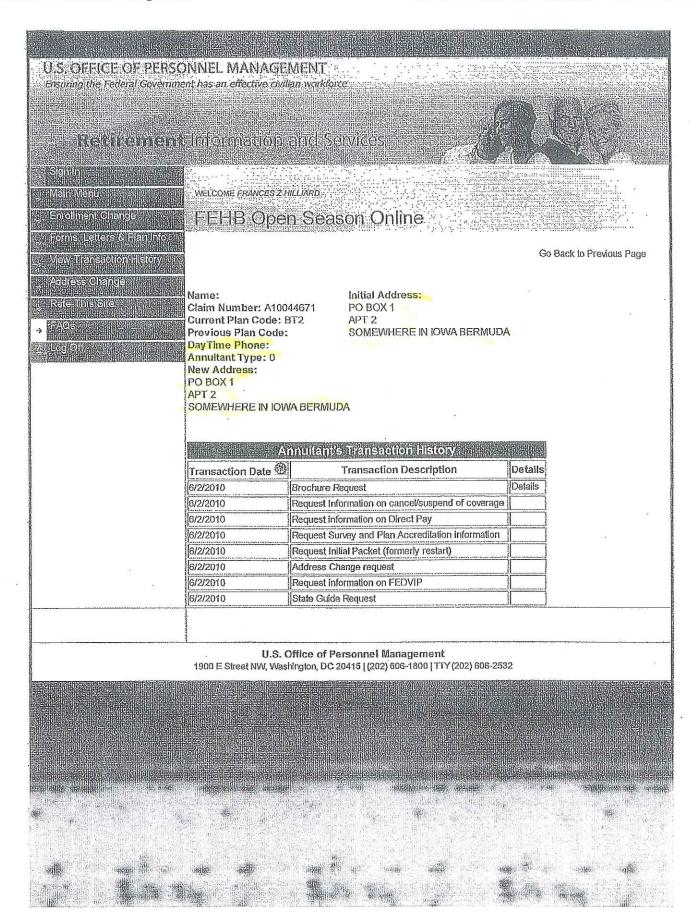
Please use the buttons below to indicate if you would like to view the Guide for Former Spouses online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.



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Address Change	used only to evaluate this web site and the open season materials we send to you each year.
Rate This Site	You can email us at retire@opm.gov or call us toll-free at 1-888-767-6738.
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Log Off	O Easy O Somewhat Difficult O Confusing No Comment
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	Are the materials we send you during the open season easy to understand?
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	Did you access http://www.opm.gov/insure/health/planinfo/index.asp to view plan brochures online or use the Consumer Comparison tools?
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	Overall, what do you think of our web site?
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	O Fair
	No Comment
	In the future, would you be interested in receiving e-mail notifications regarding OPM Open Season, such as address change confirmations and enrollment confirmation letters, in lieu of mail?
	CYes
	O No
	No Comment
	In the future, woul <mark>d you be interested in using a web chat feature that w</mark> ould allow you to speak with an OPM representative live?
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	O No
	No Comment
	Do you have any comments or suggestions for improving Open Season Online? Please do πot use this section to make an enrollment change or to request additional open season information. We cannot respond to any requests made here.
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