

Federal Employees Health Benefits Program (FEHB)

Unexpected accidents and illnesses can be expensive. Even routine doctor visits and prescriptions can add up. With FEHB, you have 11 or more health plans to choose from. Each plan provides comprehensive coverage for you, your spouse, and your children under age 26. **Your agency contributes to the premium.** There are **no waiting periods** and no restrictions on pre-existing conditions. And FEHB now offers Self Plus One coverage. Cheers to good health!

Federal Employees Dental and Vision Insurance Program (FEDVIP)

If you want more dental coverage than what your health plan offers, FEDVIP's comprehensive **dental insurance can cover you, your spouse, and your unmarried dependent children under age 22** for cleanings, x-rays, cavities, orthodontics, and more. With 10 dental plans to choose from, it's easy to keep your family smiling.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

If you want more vision coverage than what your health plan offers, FEDVIP's comprehensive vision insurance can cover you, your spouse, and your unmarried dependent children under age 22 for **eye exams, glasses, contact lenses, and even laser eye surgery.** With **4 vision plans** to choose from and **premiums starting around \$3 biweekly,** you're looking well.

Federal Employees' Group Life Insurance Program (FEGLI)

With FEGLI, your family is protected from burdensome funeral costs and catastrophic income loss if you die unexpectedly. You can **get coverage from as little as one year's salary to more than six years' salary** and many options in between. You can also get coverage for your spouse and eligible children. Now that's peace of mind you can live with. A helping hand when you need it.

Federal Long Term Care Insurance Program (FLTCIP)

If you cannot perform everyday tasks such as eating, dressing, and bathing because of a chronic illness, injury, disability, or aging, long term care insurance can help you pay for the assistance you need. With FLTCIP, you and your eligible family members can be protected from this **financial burden that can cost an average of \$30,000 to \$83,000 a year.**

Federal Flexible Spending Account Program (FSAFEDS)

More than 350,000 Feds use pre-tax dollars to save on their health and dependent care expenses. It's like a **30% discount** for what your family spends on **prescriptions, doctor visits, glasses, orthodontics,** and **other health expenses.** It's also like a 30% discount on **daycare expenses** for your children under age 13 and on daycare for your adult dependents. When you're in FSAFEDS, you're in the money.

MORE INFO: www.opm.gov/insure

For complete information, including terms and conditions, please visit www.opm.gov/insure.



FLEXIBLE SPENDING ACCOUNTS

More than 350,000 Feds use pre-tax dollars to save an average of **30%** on their family's health care and dependent care expenses.

When your insurance only covers part of an expense, or doesn't cover it at all, you're stuck with the bill. Joining FSAFEDS is like getting a **30% discount** on what you, your spouse, and your eligible children under 26 spend on:

Prescriptions

Deductibles & copayments

Office visits

Lab tests

Ambulance

Transportation (if it's a purely medical trip)

Eyeglasses

Prescription sunglasses

Contact Lenses

Laser eye surgery

Orthodontics

Birth control pills

In vitro fertilization

Massage Therapy

Sunblock

First aid kits

Diabetes testing supplies

Hand sanitizer

Wheelchairs and walkers

And more!

You can also use FSAFEDS pre-tax dollars to save about **30%** on your **family's dependent care expenses**. It's like a 30% discount on:

For your children under age 13:

- Day care
- Summer day camp
- Babysitting
- Before and after school care
- Housekeeper whose duties include child care

Non-medical care for any adult who is mentally or physically incapable of self-care, who you claim as a dependent on your tax return, and who lives with you, such as your:

- Parent, grandparent, or in-law
- Spouse, sibling, or adult child

You file claims by mail, fax, or online. Some insurance plans will file claims automatically for you. FSAFEDS quickly reimburses you for these expenses with pre-tax dollars you've set aside from your pay.

- The annual contribution minimum is \$100 for each kind of FSAFEDS account
- Health care participants have until December 31st to incur eligible expenses and can carry over up to \$500 of unused funds into another health care account in the subsequent year if requirements are met
- Dependent care participants have a grace period of an additional 2 ½ months (January 1 through March 15) to continue to incur eligible expenses against their prior year balance if requirements are met. Dependent care participants cannot carry over funds from one benefit period into another
- You can enroll during the Federal Benefits Open Season and must actively re-enroll each year to remain enrolled

MORE INFO: www.FSAFEDS.com or 1-877-372-3337

For complete information, including terms and conditions, please visit www.FSAFEDS.com.



DENTAL INSURANCE

If you want more dental coverage than what your health plan offers, FEDVIP provides **comprehensive dental insurance with no waiting periods** (except orthodontia in some plans). You have several plans to choose from, each covering:

**Routine exams
and cleanings
X-rays**

**Crowns
Root canals
Dentures**

**Fillings
Orthodontics
And more!**

Who can enroll?

Federal employees who are eligible to enroll in FEHB health insurance, but you do not have to be enrolled in FEHB

Annuitants receiving an immediate annuity regardless of FEHB eligibility

Contact your human resources office if you are unsure of your eligibility

Who is covered by my enrollment?

Self Only covers just you

Self Plus One covers you and one specified eligible family member: your spouse or one unmarried dependent child under age 22

Self and Family covers you, your spouse, and all your unmarried dependent children under age 22 listed on your enrollment

When can I enroll?

During your first 60 days as a newly eligible employee; or

During the Federal Benefits Open Season (mid-November to mid-December); or

When you have a qualifying life event such as marriage or losing other dental coverage

How much does it cost?

It depends on what plan you select and where you live. Some areas pay higher premiums than others

Routine basic services like exams and cleanings are covered 100% when you use a network dentist. For other services, you usually pay part of the cost out-of-pocket

Online tools can help you select the right plan for your family:

Plan comparison tools available at www.opm.gov/FEDVIPcompare

Complete cost and coverage information for each plan available at www.opm.gov/dental

ENROLLMENT INFO: www.benefeds.com or 1-877-888-3337

For complete information, including terms and conditions, please review each plan's brochure.



LIFE INSURANCE

FEGLI can help you **protect your loved ones** from burdensome funeral costs and catastrophic loss of your income if you die unexpectedly.

BASIC

Amount of Coverage: Your annual salary rounded up to the next even \$1,000, plus \$2,000
Who is Covered?: You
Cost each biweekly pay period: 15¢ per \$1,000 of coverage (Free for postal employees)
Cost increases with age?: No
Newly eligible employees automatically enrolled?: Yes, unless you waive coverage

OPTION A

Amount of Coverage: \$10,000
Who is Covered?: You
Cost each biweekly pay period: Starting at 20¢
Cost increases with age?: Yes
Newly eligible employees automatically enrolled?: No, you must elect this coverage

OPTION B

Amount of Coverage: 1, 2, 3, 4, or 5 multiples of your salary rounded up to the next even \$1,000
Who is Covered?: You
Cost each biweekly pay period: Starting at 2¢ per \$1,000 of coverage
Cost increases with age?: Yes
Newly eligible employees automatically enrolled?: No, you must elect this coverage

OPTION C

Amount of Coverage: 1, 2, 3, 4, or 5 multiples. Each multiple equals \$5,000 for the life of your spouse and \$2,500 for the life of each eligible child
Who is Covered?: Your spouse and unmarried dependent children under age 22
Cost each biweekly pay period: Starting at 22¢ per multiple
Cost increases with age?: Yes
Newly eligible employees automatically enrolled?: No, you must elect this coverage

I want to...	When can I do this?	How can I do this?
Enroll or increase coverage	<ul style="list-style-type: none"> First 60 days as a new or newly eligible employee; or Within 60 days after a life event (marriage, divorce, death of spouse, acquire an eligible child); or Life insurance Open Season (not annual - infrequent); or When you pass a physical exam (Option C excluded) 	<ul style="list-style-type: none"> Use your agency's electronic enrollment system; or Go to opm.gov/forms/standard-forms Submit form SF 2817 to your human resources office Bring a blank form SF 2822 to your human resources office (physical exam applications only)
Cancel or reduce coverage	Anytime	Use your agency's electronic enrollment system or submit form SF 2817 to your HR office
Designate a (new) beneficiary	Anytime	Submit form SF 2823 to your HR office

MORE INFO: www.opm.gov/life

For complete information, including terms and conditions, please visit www.opm.gov/life.



LONG TERM CARE

If you cannot perform everyday tasks such as eating, dressing, and bathing because of a chronic illness, injury, disability, or aging, **FLTCIP can help you pay for the assistance you need.**

Who can apply for coverage?	Why would someone need long term care?	Where would someone receive care?	Cost without long term care insurance
Most Federal employees (check with your human resources office if you are unsure of your eligibility), Annuitants regardless of FEHB eligibility, And their qualifying relatives, including: <ul style="list-style-type: none"> • Spouse • Same-sex domestic partner • Adult children • Parents and parents-in-law (of employees only) 	<ul style="list-style-type: none"> • Car accident • Sports accident • Disabling injury • Alzheimer's • Stroke • Multiple sclerosis • Parkinson's • Other disabling condition • Old age 	Home Assisted living facility Nursing home	\$30,000/year \$41,000/year \$83,000/year *Nat'l averages, John Hancock 2013 Cost of Care Survey

How much coverage should I get?	How much does it cost?	How do I get coverage under the Federal Long Term Care Insurance Program (FLTCIP)?
Use the <i>Cost of Care In Your Area</i> tool at LTCfeds.com Consider how much of your own savings you can spend on long term care	Premiums are based on your age when you apply Premiums are not guaranteed and may change in the future Use the Calculate Premiums tool at LTCfeds.com	You must apply, answer health questions, and be approved for enrollment. Your qualified relative can apply even if you do not <ul style="list-style-type: none"> • First 60 days as newly eligible employee (fewer questions - employee & spouse only) • First 60 days after employee's marriage (fewer questions - spouse only) • Long term care open season (fewer questions - infrequent) • Anytime (more questions - all eligible individuals)

MORE INFO: www.LTCfeds.com

For complete information, including terms and conditions, please visit www.LTCfeds.com.



VISION INSURANCE

If you want more vision coverage than what your health plan offers, FEDVIP provides **comprehensive vision insurance for you and your eligible family members**. You have 4 plans to choose from, each covering:

Routine eye exams
Contact lenses
Discounts on laser eye surgery
Eyeglass frames and lenses

Lens options such as shatter-resistant polycarbonate; scratch-resistant, anti-reflective, and UV coatings; and tinted and progressive lenses

Who can enroll?

Federal employees who are eligible to enroll in FEHB health insurance, but you do not have to be enrolled in FEHB

Annuitants receiving an immediate annuity regardless of FEHB eligibility

Contact your human resources office if you are unsure of your eligibility

Who is covered by my enrollment?

Self Only covers just you

Self Plus One covers you and one specified eligible family member: your spouse or one unmarried dependent child under age 22

Self and Family covers you, your spouse, and all your unmarried dependent children under age 22 listed on your enrollment

When can I enroll?

During your first 60 days as a newly eligible employee; or

During the Federal Benefits Open Season (mid-November to mid-December); or

When you have a qualifying life event such as marriage or losing other vision coverage

How much does it cost?

It depends on what plan you select. Vision premiums start at around \$3 biweekly (\$7 monthly) for Self Only

All plans provide benefits for your choice of either glasses or contacts

Online tools can help you select the right plan for your family:

Plan comparison tools available at www.opm.gov/FEDVIPcompare

Complete cost and coverage information for each plan available at www.opm.gov/vision

ENROLLMENT INFO: www.benefeds.com or 1-877-888-3337

For complete information, including terms and conditions, please review each plan's brochure.



HEALTH INSURANCE

Type of Health Plan	Features	Tradeoffs
Fee-For-Service with a PPO (Preferred Provider Organization)	<ul style="list-style-type: none"> • See any doctor without referral • Nationwide and worldwide coverage • When you use an in-network doctor or hospital, you pay less 	<ul style="list-style-type: none"> • You may have to pay more out-of-pocket for services than you would with other plan types • You may have some paperwork if you do not use a preferred provider
HMO	<ul style="list-style-type: none"> • Little paperwork, if any • Simpler costs: your out-of-pocket cost for a service is usually limited to a fixed dollar copayment rather than a percentage of the cost • Some HMOs offer a Point-of-Service product allowing you to use an out-of-network provider, but you usually pay more and need to submit a claim 	<ul style="list-style-type: none"> • Generally must use in-network doctors and hospitals • Usually need a referral to see a different provider
High-Deductible with a Health Savings Account	<ul style="list-style-type: none"> • Covers high-cost medical events • Puts money into an interest-bearing Health Savings Account (HSA) and lets you add money into it • Make tax-free withdraws for qualified medical expenses • Portable if you retire or leave government • Lower premiums 	<ul style="list-style-type: none"> • Higher deductible • Cannot get an HSA if you are covered by any other health plan, including Medicare • Can use a medical fund (see below) if you are ineligible for an HSA
Consumer-Driven with a medical fund	<ul style="list-style-type: none"> • Your health plan puts money into a medical fund for you • If your medical expenses for the year are less than the amount of your medical fund, you pay nothing out-of-pocket • Lower premiums 	<ul style="list-style-type: none"> • Must pay deductible if your health expenses exceed the amount of your medical fund • Medical fund is not portable, not interest-bearing, and you cannot add money to it

When can I change plans?	How do I change plans?	How can I compare plans?
Federal Benefits Open Season (mid-November to mid-December), or when you have a qualifying life event such as marriage, divorce, or birth	Use your agency's electronic enrollment system, or submit form SF 2809 to your human resources office (www.opm.gov/forms)	Use the plan comparison tools at www.opm.gov/FEHBcompare Review each plan's brochure at www.opm.gov/FEHBbrochures

MORE INFO: www.opm.gov/health

For complete information, including terms and conditions, please review each plan's brochure.



HEALTH INSURANCE

New FEHB Enrollment Type: Self Plus One. For more information visit www.opm.gov/selfplusone

Unexpected accidents and illnesses can be expensive. Even routine doctor visits and prescriptions can add up. With FEHB, you can get **comprehensive health insurance coverage for you, your spouse, and your children under age 26.**

There are no waiting periods and no restrictions on pre-existing conditions. No matter where you live, you have 11 or more health plans to choose from, each covering:

- Routine physical exams
- Doctor's office visits
- Specialist visits
- Lab tests
- Prescriptions
- Ambulance services
- Inpatient hospital care
- Surgery
- X-rays
- Maternity care
- Urgent care
- Mental health services
- Stop smoking aids
- Physical therapy
- And more

Who can enroll?

Most Federal employees are eligible

Annuitants may be eligible to continue their FEHB coverage into retirement if they meet certain requirements

Check with your human resources office if you are unsure

When can I enroll?

During your first 60 days as a newly eligible employee; or

During the Federal Benefits Open Season (mid-November to mid-December); or

When you have a qualifying life event such as marriage, divorce, or birth

How much does it cost?

It depends on what plan you select

Each pay period, you pay about 30% of the premium and your agency pays about 70%

Generally you also pay part of the cost for any service you receive

How do I enroll?

Use your agency electronic enrollment system, or

visit www.opm.gov/forms and submit form SF 2809 to your human resources office

Annuitants not currently enrolled in FEHB cannot enroll after retirement

Online tools can help you select the right plan for your family:

Use the plan comparison tools at www.opm.gov/FEHBcompare

Complete cost and coverage information for each plan available at www.opm.gov/health

MORE INFO: www.opm.gov/health

For complete information, including terms and conditions, please review each plan's brochure.

