



**Department of Navy
Human Resources Service Center
Benefits Bulletin No. 2003-10**

**Federal Employees Health
Benefits (FEHB) Open Season
10 November – 8 December 2003**

The next FEHB open season will be 10 November through 8 December 2003. During open season, any eligible employee who is not currently registered may enroll, and any employee currently enrolled may change from one plan or option to another, from self only to self and family, or make a combination of these changes. **It is each employee's responsibility to review the 2004 plan booklet for his or her current enrollment to become familiar with the benefit changes.**

If you elect or change your health insurance during the FEHB Open Season (10 November through 8 December 2003), your coverage is effective 11 January 2004. This means your new health coverage premiums will be reflected on your LES that you receive on 30 January 2004.

Enrollees who wish to continue their current enrollments do not need to take any action during this open season. However, enrollees whose plans will not be participating in the FEHB Program after 10 January 2004 **MUST** enroll in a different plan to continue FEHB coverage in calendar year 2004. **If you do not elect another health benefits plan during open season, you will not have health insurance coverage under FEHB effective 11 January 2004.**

Employees are encourage to review the information provided in Attachment 1 which describes significant events affecting certain plans during the upcoming FEHB open season. For 2004 there are over 30 new plans entering the FEHB program. Information on the new FEHB plans can be located at <http://www.opm.gov/asd/htm/bal-1.htm> .

TYPES OF FEHB PLANS AVAILABLE

There are three basic types of plans available under the FEHB Program:

1. Managed Fee-for-Service Plans - These plans reimburse you or your health care provider for covered services after the services are received. If you enroll in one of these plans, you may choose your own physicians, hospitals, and other health care providers.

These plans are considered "managed" because they all contain features such as precertification of hospital admissions and utilization review of ongoing care. In addition, most of the fee-for-service plans have preferred provider arrangements in many parts of the country. By using preferred providers, you can reduce your out-of-pocket expenses and, in some cases, receive enhanced benefits.

Fee-for-service plans include the Blue Cross Blue Shield Service Benefit Plan and plans sponsored by unions and other employee organizations. Several employee organization plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans, other employee organization plans are restricted to certain groups and/or agencies. Information about membership requirements and dues is described in the individual plan brochures. The dues are in addition to biweekly or monthly FEHB premiums. Employees who do not pay the required membership dues will have their FEHB coverage terminated. Mail Handlers Benefit Plan is a popular plan that requires annual membership dues.

2. Health Maintenance Organization Plans (HMOs) - These plans provide a comprehensive array of medical services, emphasizing prevention and early detection of disease, through contracted physicians, hospitals, and other providers in particular locations.

Each HMO is open to employees within the plan's enrollment area. You cannot enroll in an HMO if you are located outside its enrollment area. Refer to the plan's brochure if you have any questions about the enrollment area. If you elect to enroll in an HMO you must choose a primary care physician. You should send the form to elect a physician directly to the HMO.

3. Plans Offering a Point of Service (POS) Product - Some FEHB plans combine their features.

A number of fee-for-service and HMO plans now offer both forms of health care delivery, known as "in network" and "out of network." In an HMO that offers a POS product, the POS product acts like a fee-for-service plan. The HMO's enrollees may use non-affiliated (out of network) providers if they wish, but the services will cost them more--in terms of deductibles and coinsurance--than if they used plan providers. In a fee-for-service plan with a POS product, the POS product acts like an HMO. If they agree to let their medical care be managed by a plan-affiliated gatekeeper physician (in network), plan enrollees will get a better benefit, usually in the form of richer benefits and lower copays or coinsurance.

FEHB PLAN INFORMATION

If you are considering enrolling or making an enrollment change, be sure to review the 2004 Guide to Federal Employees Health Benefits Plans. The FEHB Guide contains a comparison chart that gives general information about each plan and shows the biweekly and monthly premium rates. The guide is available on the OPM homepage at <http://www.opm.gov/insure/04/guides/70-1.pdf>. If, after reviewing the FEHB Guide, you decide you are interested in making an enrollment change, consult the plan's brochure for a complete description of benefits.

HOW TO ENROLL OR MAKE AN ENROLLMENT CHANGE DURING OPEN SEASON

You can enroll in FEHB or make an enrollment change by using The Employee Benefits Information System (EBIS), an internet based system or The Benefits Line, an interactive voice response system.

- **The Employee Benefits Information System (EBIS)** is an Internet based application located at <http://www.donhr.navy.mil/>. Click on EBIS to access the application. Your Social Security Number (SSN) and password are used to log into EBIS. If you are a new EBIS user it is helpful to have a copy of your last SF 50, Notification of Personnel Action, or your Leave and Earnings Statement (LES). The following information can be found on these documents and is needed to create your EBIS password: Service Computation Date for Leave, Pay Plan, Grade and Step. You must also establish a Personal Identification Number (PIN) if you have not previously created one in EBIS or The Benefits Line. Your initial PIN is your month and year of birth (MMYY). The system will require you to change the 4-digit PIN to a 6-digit PIN of your choosing.
- **The Benefits Line** is a telephone interactive voice response system. You access The Benefits Line by calling 1-888-320-2917. Select option 1 to make benefits election. To log into The Benefits Line you use your SSN and PIN. This is the same PIN that you created in EBIS. If you have not created a PIN, your initial PIN is your month and year of birth (MMYY). The system will require you to change the 4-digit PIN to a 6-digit PIN of your choosing. This 6-digit PIN will also be used to access EBIS. When you use The Benefits Line to make a family health insurance election, you will need the assistance of a Customer Service Representative (CSR) to enter family member names, therefore, you should call The Benefits Line between the hours of 7:30 a.m. and 7:30 p.m. (Eastern Time) Monday through Friday

Overseas employees who have access to DSN service can connect to The Benefits Line by dialing the DSN number to Randolph AFB (RAFB), 487-1110. Once the RAFB operator answers please indicate that you want to make an "official off net call" and give the operator The Benefits Line telephone number, 888-320-2917.

Open season enrollments and changes will become effective 11 January 2004. If you change plans, any covered expenses incurred between 1 January 2003 and 10 January 2003 will count toward the 2003 deductible of your old plan.

FEHB PREMIUM CONVERSION

Premiums for health insurance are withheld before federal taxes are calculated so your gross income for tax purposes is reduced (unless you have previously elected not to participate). This is called FEHB Premium Conversion (FEHB-PC). During the FEHB open season you have the opportunity to elect to change previous FEHB-PC decisions. If you have

elected to participate in premium conversion, the remarks section of your LES will have the statement "Pretax FEHB exclusion \$XXX.XX."

There are several important aspects of FEHB-PC that you should consider before participating:

1. Paying health insurance premiums with pre-tax money reduces the earnings reported to the Social Security Administration. This may result in a somewhat lower Social Security benefit when you retire.
2. If you participate in FEHB-PC you are not able to deduct health insurance premiums as a medical deduction on your income tax return.
3. By participating in FEHB-PC, you do not have the flexibility to cancel your health insurance coverage or change to a self-only enrollment from a family enrollment any time. You will be able make these changes only in conjunction with a qualifying life event or during the annual FEHB open season.

Employees who want to make a change to a prior FEHB Premium Conversion election must complete the Federal Employees Health Benefits (FEHB) Program Premium Conversion Waiver/Election form and mail it to their servicing Human Resources Service Center (HRSC). The Waiver/Election form can be found at <https://www.civilianbenefits.hroc.navy.mil/html/pdf/12890-24.pdf>. Employees who do not want to make a change to their election do not need to submit the form. All elections to participate or waive participation must be submitted by 8 December 2003 and will be effective 11 January 2004. Additional information on FEHB premium conversion is available on the OPM homepage at <http://www.opm.gov/insure/health/pretaxfehb/index.htm>.

SPECIAL INFORMATION FOR THOSE CONSIDERING RETIREMENT

Employees nearing retirement age are reminded that to continue FEHB into retirement you must be enrolled in an FEHB plan at the time of retirement and must have been covered under the FEHB program (as an employee or family member) for the 5 years of service immediately preceding retirement. The 5-year requirement is based on 5 years in the FEHB program, not a particular plan. An important note is that TRICARE Standard (formerly CHAMPUS) coverage can be included in meeting this 5-year requirement. For example, if an employee is currently covered by TRICARE Standard and plans to retire 31 January 2003 he or she can enroll in FEHB during open season and meet the 5-year requirement for continued coverage.

QUESTIONS REGARDING FEHB

If you have any questions concerning your health insurance, please call The Benefits Line at 1-888-320-2917. Select option 4 to speak to a CSR. CSRs are available 7:30 a. m. to 7:30 p. m., Monday through Friday (Eastern Time). Hearing impaired employees should call the TTY line for their servicing HRSC.

Overseas employees who have access to DSN service can connect to The Benefits Line by dialing the DSN number to Randolph AFB (RAFB), 487-1110. Once the RAFB operator answers please indicate that you want to make an "official off net call." The employee must provide The Benefits Line number, 888-320-2917.

ATTACHMENT 1

PLANS DROPPING OUT OF THE FEHB PROGRAM FOR 2004

Employees in these plans who do not change health plans during open season will not have health benefits for 2004.

State	Plan Name	Code
California	Cigna HealthCare of California	9T
Florida	AvMed Health Plan of (North Florida)	EM
Michigan	The Wellness Plan	K3
Pennsylvania	Healthguard of Lancaster	NQ
Pennsylvania	Health Net of Pennsylvania	2K
Tennessee	HealthSpring	6K
Washington	PacifiCare of Washington	WB
Wisconsin	Group Health Cooperative of Eau Claire	WT
Nationwide	Alliance Health Benefit Plan	1R

PLANS REDUCING THEIR SERVICE AREAS BY TERMINATING AN ENROLLMENT CODE

Enrollees in these enrollment codes who do not change health plans during open season will not have health benefits for 2004.

State	Plan Name	Code Terminated
Michigan	Bluecare Network of Michigan	G7

PLANS REDUCING THEIR SERVICE AREAS WITHOUT TERMINATING AN ENROLLMENT CODE

Enrollees in the area being dropped who do not change health plans during open season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2004.

State	Plan Name	Code	Area Dropped
California	Aetna Health, Inc.	2X	<u>Partial county:</u> Riverside County - Town of Moreno Valley
California	Health Net of California	LB	<u>Entire County:</u> San Luis Obispo County
Indiana	Advantage Health Plan, Inc.	6Y	<u>Entire County:</u> Delaware County
Maryland	Aetna Health, Inc.	JN	<u>Entire County:</u> Worcester County
Michigan	M-Care	EG	<u>Entire Counties:</u> Clinton, Eaton, and Shiawassee <u>Greater portions of:</u> Ingham and Jackson counties
Tennessee	Aetna Health, Inc.	6J	<u>Entire Counties:</u> Hickman, Humphreys, Lawrence, Lincoln, Marshall, Maury, Perry, and Wayne

SERVICE AREA EXPANSIONS WITH NEW ENROLLMENT CODES

Enrollees in these plans must make an enrollment change to the new code for their service area or elect another health plan during the open season.

State	Plan Name	New Code	General Location
Nevada	Aetna Health, Inc.	Y1	<u>City:</u> Las Vegas <u>Entire County:</u> Clark County <u>Partial County:</u> Nye County – Town of Pahrump
Oklahoma	Aetna Health, Inc.	SL	<u>Cities:</u> Oklahoma City and Tulsa <u>Entire Counties:</u> Cleveland, Oklahoma, Pottawatomie, Rogers, and Tulsa <u>Partial Counties:</u> Canadian County – Towns of: Concho, El Reno, Mustang, Piedmont, Union City, and Yukon Grady County – Towns of: Amber, Minco, and Tuttle Lincoln County – Towns of: Fallis, Jacktown, Meeker, Midway, Payson, Sparks, and Wellston Logan County – Towns of: Cedar Valley, Coyle, Guthrie, Meridian, Mulhall, Navina, and Seward McClain County – Towns of: Blanchard, Byars, Cole, Criner, Dibble, Goldsby, Newcastle, Purcell, Rosedale, and Washington Creek County – Towns of: Kellyville, Kiefer, Mounds, and Sapulpa Osage County – Towns of: Osage, Prue, and Skiatook Wagoner County – Towns of: Choska, Coweta, Fair Oaks, New Tulsa, and Oneta
Pennsylvania	Aetna Health, Inc.	YE	<u>City:</u> Pittsburgh <u>Entire Counties:</u> Allegheny, Armstrong, Beaver, Blair, Butler, Cambria, Clarion, Fayette, Greene, Lawrence, Somerset, Washington, and Westmoreland
Pennsylvania	HealthAmerica	VJ	<u>Entire Counties:</u> Cameron, Elk, Jefferson, and McKean
Pennsylvania	HealthAmerica	4N	<u>Entire Counties:</u> Carbon, Lackawanna, Monroe, Pike, Susquehanna, Wayne, and Wyoming
Texas	Aetna Health, Inc.	P1	<u>Cities:</u> Austin and San Antonio <u>Entire Counties:</u> Atascosa, Bexar, Medina, Travis, Williamson, and Wilson <u>Partial Counties:</u> Bastrop County – Town of Bastrop Hays County – Towns of: Buda, Driftwood, Dripping Springs, Kyle, San Marcos, and Wimberley
Texas	Aetna Health, Inc.	P1 (Cont'd.)	<u>Partial Counties Cont'd.:</u> Comal County – Towns of: Bulverde, Canyon Lake, New Braunfels, and Spring Branch Guadalupe County – Towns of: Cibolo, Geronimo, Marion, McQueeney, Schertz, Seguin,

			and Staples Kendall County – Towns of: Boerne and Waring
Texas	Aetna Health, Inc.	PU	<u>Cities:</u> Dallas, Ft. Worth, and Houston <u>Entire Counties:</u> Austin, Brazoria, Chambers, Collin, Colorado, Cooke, Dallas, Delta, Denton, Ellis, Erath, Fannin, Fort Bend, Galveston, Grayson, Grimes, Hardin, Harris, Hood, Hopkins, Hunt, Jefferson, Johnson, Kaufman, Liberty, Matagorda, Montgomery, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Somervell, Tarrant, Walker, Waller, Wharton, and Wise <u>Partial Counties:</u> Henderson County – Town of Mabank Hill County – Towns of: Covington and Itasca Van Zandt County – Towns of: Canton, Edgewood, Fruitvale, Grand Saline, and Wills Point

SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES

State	Plan Name	Code	General Location of New Area
Alabama	HealthSpring of Alabama, Inc.	DF	<u>Entire Counties:</u> Etowah, Fayette, Lawrence, Madison, Marshall, Morgan, Pickens, and Tuscaloosa
California	Aetna Health, Inc.	2X	<u>City:</u> San Diego <u>Entire Counties:</u> San Diego and San Luis Obispo
Illinois	Health Alliance HMO	FX	<u>Entire Counties:</u> Bureau, Carroll, Lee, Ogle, Peoria, Tazewell, Whiteside, and Woodford
Illinois	PersonalCare	GE	<u>Entire County:</u> Will County
Iowa	Coventry Health Care of Iowa, Inc.	SV	<u>Entire Counties:</u> Adair, Wayne, Butler, Carroll, and Greene
Iowa	Sioux Valley Health Plan	AU	<u>The Northwest Iowa Counties:</u> Clay, Dickenson, Emmet, Lyon, O'Brien, Osceola, and Sioux
Iowa	Health Alliance HMO	FX	<u>Entire Counties:</u> Dallas, Jasper, and Polk
Kansas	Coventry of Kansas	7W	<u>Entire Counties:</u> Lyon and Montgomery
Kansas	Coventry of Kansas	HA	<u>Entire Counties:</u> Allen, Bourbon, Crawford, Cherokee, Labette, and Neosho
Louisiana	Vantage Health Plan, Inc.	MV	<u>Parishes of:</u> Shreveport/Alexandria Area, Claiborne, and Natchitoches
Minnesota	Health Partners Classic	53	<u>Entire Counties:</u> Anoka, Benton, Carver, Chicago, Dakota, Dodge, Fillmore, Goodhue, Hennepin, Houston, Isanti, LeSueur, McLeod, Meeker, Mille Lacs, Morrison, Olmsted, Ramsey, Rice, Scott, Sherburne, Stearns, Steele, Wabasha, Washington, Winona, and Wright

			<u>Partial counties:</u> Douglas and Todd
Minnesota	Avera Health Plan, Inc.	AV	<u>Entire County:</u> Lincoln County
Montana	New West Health Plan	NV	Kalispell Geographic Service Area
New York	MVP Healthcare	M9	<u>Entire Counties:</u> Cayuga and Oswego
Oklahoma	PacifiCare of Oklahoma	2N	<u>Entire County:</u> Logan County
Pennsylvania	HealthAmerica	SW	<u>Entire Counties:</u> Clearfield, Lehigh, and Northampton
South Dakota	Avera Health Plan, Inc.	AV	<u>Entire County:</u> Day County
Tennessee	Aetna Health, Inc.	6J	<u>Entire County:</u> Montgomery (Nashville area)
Virginia	Aetna Health, Inc.	JN	<u>Virginia Cities:</u> Colonial Heights, Hopewell, Petersburg, and Richmond <u>Entire Counties:</u> Amelia, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, King William, Lunenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, and Sussex <u>Partial Counties:</u> Buckingham County – Towns of: Arvonias, Buckingham, Dillwyn, and New Canton
Virginia	MDIPA	JP	<u>Entire Counties:</u> Charlotte, Fluvanna, Lunenburg, Prince Edward, and Rockingham <u>City of:</u> Harrisonburg
Washington	KPS Health Plan	VT	<u>Entire Counties:</u> Clark, Cowlitz, Island, Lewis, Pacific, San Juan, Skagit, Skamania, Snohomish, Wahkiakum, and Whatcom
West Virginia	Health Plan of the Upper Ohio Valley	U4	<u>Entire County:</u> Randolph County
Wisconsin	Health Partners Classic	53	<u>Entire Counties:</u> Buffalo, Dunn, LaCrosse, Pepin, Pierce, Polk, St. Croix, and Trempealeau
Wyoming	WinHealth Partners	PV	<u>Entire Counties:</u> Albany, Niobrara, Uinta, and Lincoln

PLAN NAME CHANGES
(No Action Required by Employee)

State	Plan Name (Old)	Code	Plan Name (New)
Alabama	The Oath – A Health Plan of Alabama	DF	Health Spring of Alabama, Inc.
California	Health Net	LB	Health Net of California
Florida	Foundation Health	5E	Vista Healthplan of South Florida
Idaho	Group Health Cooperative of Puget Sound	54, VR	Group Health Cooperative
Washington	Group Health Cooperative of Puget Sound	54, VR	Group Health Cooperative

PLANS ADDING A NEW OPTION

Enrollees who do not choose the Standard Option will automatically be enrolled in the High Option.

State	Plan Name	Code	New Option
Idaho	Group Health Cooperative	54, VR	Standard Option
Iowa	Sioux Valley Health Plan	AU	Standard Option
Minnesota	Health Partners Classic Plan	53	Standard Option

New York (Burroughs of NYC) Entire Counties: Nassau, Suffolk, Rockland, and Westchester	GHI Health Plan	80	Standard Option
Pennsylvania	HealthAmerica	SW, 26, VJ, 4N	Standard Option
South Dakota	Sioux Valley Health Plan	AU	Standard Option
Washington	Group Health Cooperative	54, VR	Standard Option
Washington	KPS Health Plan**	L1	Standard Option
Wisconsin	Health Partners Classic Plan	53	Standard Option

****Enrollees in KPS Health Plan who wish to remain in the Standard Option must enroll in code L1 during open season.**

PLANS DROPPING AN OPTION

Members will automatically be moved to the new Standard Option (Self-only or Self and Family coverage), unless they change to another plan during Open Season.

State	Plan Name	Code	Dropped Option
Colorado	PacifiCare of Colorado	D6	High Option

PLAN MERGERS

Enrollees in code RK and live in Gainesville or Tallahassee must make an enrollment change to the new code for their service area or elect another health plan during the open season. (See Table 14)

State	Merging Plans	Codes	Surviving Plan	Surviving Codes
Florida	Healthplan Southeast (RK) merged w/Vista Healthplan (3N)	RK, 3N	Vista Healthplan	3N, RK, UL (new), Y9 (new)

CODE MERGERS

(No Action Required by Employee)

State	Plan Name	Code (2003)	Code (2004)
Louisiana	Vantage Health Plan	MV, AQ	MV

PLANS SPLITTING A SERVICE AREA

Enrollees in these plans under the 2003 enrollment code shown below should check their plan brochure to determine which 2004 code they should be under.

State	Plan Name	Code (2003)	Code (2004)
Florida *	Vista Healthplan	RK	RK, UL, Y9
Pennsylvania **	HealthAmerica	SW, 26	SW, 26, 4N, VJ

*Healthplan Southeast is now Vista Healthplan. Healthplan Southeast members should carefully read the brochure for benefit changes. If you are enrolled in RK1 or RK2 and live in Gainesville or Tallahassee, you must select a new enrollment code during Open Season even if you choose to stay with Vista Healthplan. The new enrollment code for Gainesville is UL and the new enrollment code for Tallahassee is Y9. Your agency will not automatically transfer you to the new Vista Healthplan enrollment code for your area. You will pay a higher premium, if you do not switch to the new enrollment code. (See Table 12)

**HealthAmerica HMO is offering Standard Option coverage for the first time for 2004. If you were enrolled in this plan during 2003, we now call that option the High Option coverage. We have also split our service area into 4 separate enrollment codes for 2004. Your service area will determine how much premium you pay. If you do not enroll in the right service area, you will pay a higher premium. Carefully review the service area information that appears in Section 1, "Facts About This HMO Plan", in your brochure to determine your new enrollment code for 2004. Your correct enrollment code is based on the county where you live and whether you want the High Option or Standard Option coverage. Payroll offices will automatically move all current SW1 and SW2 enrollees to the High Option and higher premium 4N1 and 4N2. If you do not take any action during Open Season, you will pay the higher premium rate. If you are in SW1 or SW2, you should carefully review your enrollment options and make an Open Season selection. Enrollees who are currently in 261 or 262 and should be in VJ1 or VJ2 for 2004 must make a change during Open Season or pay the higher premium.