

2024 NEW EMPLOYEE ORIENTATION
Blue Cross and Blue Shield Service Benefit Plan

Thank you for your service to our country.
We hope you've found this booklet helpful.

**U.S. Office of
Personnel Management**

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**Here to help you understand
your options**
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**BlueCross.
BlueShield.**
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fepblue.org

Welcome to your new job as a federal government employee!

On behalf of the Blue Cross and Blue Shield Federal Employee Program, we want to thank you for your service to our country.

One of the benefits of being a federal employee is that you get a wide range of excellent insurance programs to choose from. This booklet can help you learn more about the coverage that may be beneficial to you and your family.

This booklet only briefly outlines the programs available to you. If you have specific questions about any of the programs mentioned in this booklet, you can contact your human resources (HR) department.

Here are the programs we'll discuss:

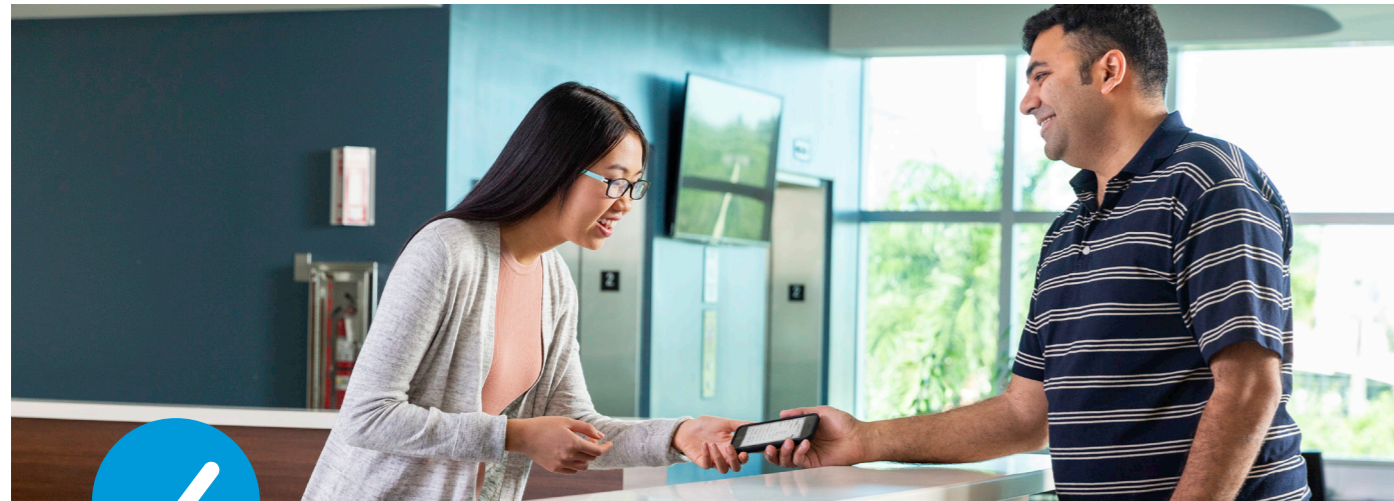
- 1 Federal Employees Health Benefits Program (FEHB)
- 2 Federal Employees Dental and Vision Insurance Program (FEDVIP)
- 3 Federal Flexible Spending Account Program (FSAFEDS)
- 4 Federal Employees' Group Life Insurance Program (FEGLI)
- 5 Federal Long-Term Care Insurance Program (FLTCIP)



After you finish reading through this booklet, you can learn more about each individual program at [opm.gov](https://www.opm.gov). You can also reach out to the company that provides the benefits program.

Federal Employees Health Benefits Program

Your health insurance benefits



FEHB at a glance

What it is

The Federal Employees Health Benefits Program (FEHB) is a health insurance program administered by the U.S. Office of Personnel Management (OPM). It includes coverage for medical services.

Who's eligible

You (the federal employee) and your eligible dependents ([see page 16](#)).

Plan types

Depending on where you live, you'll have both national and local plan options available. You can choose from a **fee-for-service (FFS)** plan, **health maintenance organization (HMO)**, **consumer-driven health plan (CDHP)** or **high-deductible health plan (HDHP)**. You'll always have at least 17 different plans to choose from.

When you can enroll

You'll have 60 days from your start date to enroll. After your initial enrollment period, you can review your options each year during the annual Open Season period. You'll also be able to update your coverage if you have a qualifying life event.

Features of FEHB

- The federal government pays a large portion, roughly 70%, of your premium. They will continue to pay their portion after you retire if you've been an FEHB member for at least five years prior to retirement and meet eligibility requirements.
- Your portion of the premium comes out of your paycheck, pre-tax.
- You have no waiting period for coverage. Your benefits begin as soon as your coverage is effective. For new hires, your coverage is effective the first day of the first full pay period after you enroll.
- Once you enroll, you can keep your coverage year after year without reenrolling. If you want or need to make a change, you'll have the opportunity to do so if you have a qualifying life event or during the annual Open Season period.

We'll go into more detail about the different plan types offered to you on the next few pages.

Things FEHB plans cover:



Doctor's office visits



Lab tests



Prescriptions



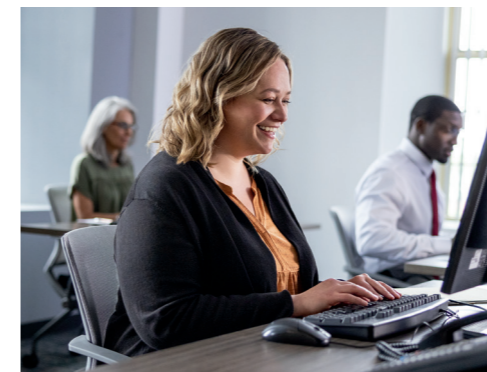
Maternity care



Mental health services



And more



How to enroll

You can use your agency's preferred online enrollment method ([see page 15](#)) or submit SF 2809 to your HR department. You can download the form at [opm.gov/forms](https://www.opm.gov/forms).

Fee-for-service plans

Fee-for-service (FFS) plans provide you with nationwide (and sometimes worldwide) coverage. Some of the highlights of FFS plans include:



Seeing any doctor without a referral



In many cases, having a contracted (in-network) set of providers you can visit at a reduced cost (these are known as Preferred Provider Organizations or PPOs)



Little to no paperwork when you stay in network

With these plans, a trade-off can be that you may pay more out of pocket than with other plan types, especially if you go out-of-network. You may also need to submit paperwork when visiting providers out-of-network.

Traditional vs. Non-traditional PPOs

Traditional PPOs provide coverage for both in-network and out-of-network care. This means, if you use an out-of-network provider, your plan will still cover a portion of the cost.

Non-traditional PPOs or PPO-only plans will only provide coverage for in-network services. This means, if you visit an out-of-network provider, your plan will not pay any of the cost. Usually, you'll have protections in place for certain situations, such as emergencies.

List of FFS plans open to specific employer-sponsored groups

Plan	Enrollment Codes			Website
	Self Only	Self + One	Self & Family	
Rural Carrier Benefit Plan – High Option	381	383	382	rcbphealth.com
Foreign Service Benefit Plan – High Option	401	403	402	afspa.org
Compass Rose Health Plan – High Option	421	423	422	compassrosebenefits.com
Compass Rose Health Plan – Standard Option	424	426	425	compassrosebenefits.com
Panama Canal Area Benefit Plan – High Option	431	433	432	pcabp.com.pa

List of nationwide FFS plans open to *all* people eligible for the FEHB

Plan	Enrollment Codes			Website
	Self Only	Self + One	Self & Family	
Blue Cross and Blue Shield Service Benefit Plan – FEP Blue Focus	131	133	132	fepblue.org
Blue Cross and Blue Shield Service Benefit Plan – Basic Option	111	113	112	fepblue.org
Blue Cross and Blue Shield Service Benefit Plan – Standard Option	104	106	105	fepblue.org
GEHA Benefit Plan – High Option	311	313	312	geha.com
GEHA Benefit Plan – Standard Option	314	316	315	geha.com
GEHA Indemnity Benefit Plan – Elevate Plus Option	251	253	252	geha.com
GEHA Indemnity Benefit Plan – Elevate Option	254	256	255	geha.com
NALC Health Benefit Plan – High Option	321	323	322	nalchbp.org
NALC Health Benefit Plan – Value Option	KM1	KM3	KM2	nalchbp.org
MHBP – Standard Option	454	456	455	mhbp.com
MHBP – Value Plan	414	416	415	mhbp.com
APWU Health Plan – High Option	471	473	472	apwuhp.com
SAMBA Federal Employee Benefit Association – High Option	441	443	442	sambaplans.com
SAMBA Federal Employee Benefit Association – Standard Option	444	446	445	sambaplans.com

Health Maintenance Organizations

Health Maintenance Organizations (HMOs) provide you with coverage within a specific region or work location. With these plans you get:



Little to no paperwork



Simplified costs: you'll pay mostly copays and many don't have deductibles



A network of providers contracted with your HMO

A drawback of an HMO is that you must stay within your localized network to receive coverage from your plan. Some HMOs do have an arrangement with other local HMOs to provide you with coverage if you travel outside of your region, but others don't.

Another drawback is that you may need your primary care provider to supply a referral before you can see a specialist. Oftentimes, you can't receive coverage under an HMO until you've selected a primary care doctor.

HMOs with point-of-service products

If your HMO has a point-of-service product, you'll be able to see providers outside of your plan's network. You'll usually pay more to see these providers and you'll need to submit a claim.



To find out which HMOs are available to you, visit [opm.gov/FEHBcompare](https://www.opm.gov/FEHBcompare).



Consumer-Driven Health Plans

Consumer-Driven Health Plans (CDHPs) allow your health plan to put money away into a non-interest-bearing medical fund for you. You'll use the fund to pay your medical costs for the year. As long as you don't spend more than you have in your fund, all your health costs will be paid up front.


However, if your health care costs exceed the amount you set aside in your fund, you'll pay high out-of-pocket costs for these services.

High-Deductible Health Plans


High-Deductible Health Plans (HDHPs) allow you to place money into a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA). You'll use the HSA or HRA to pay your medical costs for the year.

With these plans, you have a high annual deductible that you have to meet before your health plan will begin paying for your non-preventive services. In addition, your out-of-pocket maximum is usually high.


Features of HSAs




Your health plan contributes to your account




You can make additional contributions on a pre-tax basis up to the allowed amount



Your funds earn interest



You can use the account to pay for any qualified medical expenses



If you leave the government or retire, you can take your HSA funds with you


To qualify for an HSA you:

- Must be enrolled in an HDHP
- Cannot be enrolled in an additional medical plan, such as Medicare or your spouse's insurance coverage
- Haven't received Veterans Affairs (VA) or Indian Health Service (IHS) benefits within the last three months
- Cannot be covered under a separate flexible spending account
- Cannot be claimed as a dependent on someone else's tax return




Differences between HRAs and HSAs

If you don't qualify for an HSA, your health plan will enroll you in an HRA. While similar to an HSA, there are some differences:



HSA

- You can make additional contributions on a pre-tax basis up to the allowed amount.
- Your funds earn interest.
- If you leave the government or retire, you can take your HSA funds with you.



HRA

- You cannot make additional contributions to your HRA.
- Your funds don't earn interest.
- You lose your HRA dollars if you change health plans, leave government service or retire.

List of nationwide CDHPs and HDHPs

Plan	Enrollment Codes			Website
	Self Only	Self + One	Self & Family	
GEHA High Deductible Health Plan	341	343	342	geha.com
MHBP Consumer Option	481	483	482	mhbp.com
APWU Health Plan – Consumer-Driven Option	474	476	475	apwuhp.com
NALC Health Benefit Plan – CDHP	324	326	325	nalchbp.org

In addition to the nationwide plans listed above, you may have local CDHPs and HDHPs available to you. See a full list at opm.gov/FEHBcompare.

Federal Employees Dental and Vision Insurance Program

Your dental and vision benefits



FEDVIP at a glance

What it is

The Federal Employees Dental and Vision Insurance Program (FEDVIP) is a supplemental dental and vision benefits program offered by OPM. It includes separate health plans that provide dental or vision coverage.

Who's eligible

You (the federal employee) and your eligible dependents (**see page 16**).

Plan types

FEDVIP has 12 different dental plan carriers and five vision plan carriers.

When you can enroll

You'll have 60 days from your start date to enroll. After your initial enrollment period, you can review your options each year during the annual Open Season period. You'll also be able to update your coverage if you have a qualifying life event.

*Retired members of the uniformed services and their families and family members of active duty service members are also eligible for certain FEDVIP plans. Learn more at [BENEFEDS.com](https://www.benefeds.com).

Features of FEDVIP



- Your premium comes out of your paycheck, pre-tax.
- Each FEDVIP plan has its own network of in-network providers (these are different from the providers in your medical plan).
- You don't need to be enrolled in an FEHB plan to enroll in a dental and/or vision plan.
- Your benefits begin as soon as your coverage is effective. For new hires, your coverage is effective the first day of the first full pay period after you enroll.
- Once you enroll, you can keep your coverage year after year without reenrolling. If you want or need to make a change, you'll have the opportunity to do so if you have a qualifying life event or during the annual Open Season period.
- You can take your coverage into retirement with you. Unlike FEHB, there isn't a five-year enrollment requirement to keep your FEDVIP coverage into retirement.

Note: Your dental and vision coverage will always pay secondary to any medical insurance coverage you have. That means if your health plan has dental and/or vision coverage included, it will pay first. Your dental and/or vision plan will pay their portion second.




How to enroll


You enroll in FEDVIP coverage through BENEFEDS. You can visit BENEFEDS online at [BENEFEDS.com](https://www.benefeds.com) or by calling **1-877-888-FEDS (3337)** (TTY: 1-877-889-5680).

Dental insurance plans


Federal employees can choose from 12 dental plans. All FEDVIP dental plans cover the following:




Basic services, such as cleanings and exams



Intermediate services, such as fillings and extractions



Major services, such as crowns and root canals



Orthodontic services
(some plans may have age restrictions and/or waiting periods for these services)

What you pay for your dental plan is based on where you live and the plan option you choose. Each plan establishes its rates based on regional rating areas. There isn't a government contribution for dental coverage. You can see costs for each plan at opm.gov/fedvip.


List of FEDVIP dental plans

Plan	Website
Blue Cross Blue Shield FEP Dental®	bcbsfeddental.com
Aetna Dental	aetnafeds.com/dental
Delta Dental's Federal Employees Dental Program	feds.deltadentalins.com/fedvip
Dominion National*	federal.dominionnational.com
EmblemHealth Dental*	emblemhealth.com
GEHA Connection Dental Federal	gehadental.com
HealthPartners Dental Plan*	healthpartners.com/fedvip
Humana Dental*	feds.humana.com/dental
The MetLife Federal Dental Plan	federaldental.metlife.com
Triple-S Salud*	ssspr.com
United Concordia Dental	uccifedvip.com/fedvip
UnitedHealthcare Dental Plan	myuhcdental.com/fedvip


*Offered to members in specific regions of the U.S.

Vision insurance plans


There are five nationwide vision plans offered to you as part of FEDVIP. Each plan covers:



Routine eye exams



Eyewear (glasses and lenses or contacts in lieu of glasses)



Lens options (e.g., shatter-resistant polycarbonate, scratch-resistant and progressive lenses)

Plans may also offer additional services, such as LASIK eye surgery discounts, prosthetics and more.

Your premiums depend on the plan that you choose. There isn't a government contribution for vision coverage. You can see costs for each plan at opm.gov/fedvip.

List of FEDVIP vision plans

Plan	Website
Blue Cross Blue Shield FEP Vision®	bcbsfepvision.com
Aetna Vision Preferred	aetnafeds.com/vision
The MetLife Federal Vision Plan	metlife.com/fedvip-vision
UnitedHealthcare Vision Plan	fedvip.myuhcvision.com
VSP Vision Care	choosevsp.com



Enrolling in FEHB or FEDVIP coverage

Enrollment periods

For both FEHB and FEDVIP coverage, you have 60 days from your start date to enroll in coverage.

Once this time passes, you'll only be able to update your enrollment during Open Season (typically the second Monday of November through the second Monday of December each year) or if you have a qualifying life event (such as a marriage or birth of a child).

Enrollment systems

For FEHB coverage, you'll need to use your agency's preferred enrollment method to enroll in coverage. You can see a list of the systems below:

Employee Express: The preferred method for most federal agencies. See if your agency participates at employeeexpress.gov

DoD Automated Enrollment Systems: Department of Defense employees

PostalEASE: U.S. Postal Service (USPS) employees

MyPay: Health and Human Services and Department of Veterans Affairs employees

DOE Automated Systems: Department of Energy employees

Employee Personal Page: Employees of agencies payrolled by the National Finance Center may be able to use this system

If you prefer paper enrollment, non-USPS employees can fill out Standard Form 2809 and submit it to their HR department. The form is available at opm.gov/insure. You should contact your HR department regarding any FEHB enrollment questions.

For FEDVIP, you can sign up for dental and/or vision coverage at BENEFEDS.com or by calling **1-877-888-FEDS (3337)** (TTY: 1-877-889-5680)—no matter what agency you work for.




Covering your dependents

All FEHB and FEDVIP plans offer three levels of enrollment:



Self Only
Coverage just for you



Self + One
Coverage for you and one eligible family member, such as your spouse or a child



Self & Family
Coverage for you and multiple eligible family members, such as your spouse and child(ren)

Here's who's eligible to be covered as a dependent on your plan:

Family Member	Coverage
Spouse	Anyone you are legally married to, including common law marriages in states that recognize these types of marriages.
Natural, adopted or stepchildren	Under FEHB coverage, children are covered until they turn 26. For FEDVIP, children are covered until they turn 22.* Here are some additional things to note: <ul style="list-style-type: none"> You can cover your child on your FEHB plan if they are married, but their spouse/children cannot be on your plan. You can cover your child even if they're eligible for their own employer-sponsored health insurance. Your child doesn't need to be in school to receive coverage.
Foster children	You can cover foster children up until age 26 for FEHB and age 22 for FEDVIP.* You must provide proof that shows that you support the child and that they meet eligibility requirements.
Children incapable of self-support	If your child cannot support themselves due to a mental or physical disability that occurred before they turned 26 for FEHB or 22 for FEDVIP,* you can cover them on your plan if you meet requirements.

*For retired uniformed service and active duty family members enrolled in a FEDVIP plan, the dependent age limit is different. Learn more at BENEFEDS.com.

To learn more about dependent eligibility, contact your HR department.

How to select the coverage you need

With so many selections to choose from, you may be wondering where to begin. The first step is to understand what your needs are. Answer the following questions about yourself:



Who am I buying health coverage for? Just me? Me and my family?



What benefits are most important to me and my family?



Is it important that I am able to see my current doctors, hospitals and other facilities? Do I want to be able to pick my own providers or am I okay with my doctors telling me where to go for care?



How important is it to know that I'm covered when I'm not at home?



Of the health plan types available (PPO, HMO, CDHP, HDHP), which appeal to me?



Do I need vision and/or dental coverage?



How much am I willing to spend on my health coverage?

Once you know what your needs are, you can research the plans available to see if they meet them. Don't hesitate to reach out to different health insurers to ask questions and for more information. You can also talk to your HR department and your colleagues about their experiences with the different plans available.

Federal Flexible Spending Account Program

FSAFEDS allows you to set aside dollars to help you pay for eligible expenses. The funds are taken out of your paycheck, pre-tax.

Most active federal employees who are eligible for FEHB coverage are also eligible for this program. If your agency doesn't participate in FSAFEDS, they may offer you a different FSA program.

FSAFEDS offers three different FSAs:



Health Care Flexible Spending Account



Limited Expense Health Care Flexible Spending Account



Dependent Care Flexible Spending Account

All three programs offer you the convenience of managing your account online or via the FSAFEDS mobile app.

Health Care Flexible Spending Account

The Health Care Flexible Spending Account (HCFSAs) is a pre-tax benefit account you can use to pay for eligible medical, dental and vision care expenses that aren't covered by your health plan.

Features of HCFSAs

- Save up to **30%¹** on hundreds of eligible health care expenses. See a full list at [FSAFEDS.com](https://www.fsa-feds.com).
- You can contribute up to a maximum of **\$3,050**.
- Eligible employees can carry over up to **\$610** to the following plan year.
- Access the full amount of your account as soon as your coverage begins.

Limited Expense Health Care FSA

If you enroll in a qualified high-deductible health plan (HDHP) and have a Health Savings Account (HSA), you can maximize your savings with a Limited Expense Health Care FSA (LEX HCFSAs). With this pre-tax benefit account, you can take advantage of the long-term savings power of an HSA and use a LEX HCFSAs specifically for your eligible out-of-pocket dental and vision expenses.

Features of LEX HCFSAs

- Save up to **30%¹** on eligible out-of-pocket dental and vision expenses. See a full list at [FSAFEDS.com](https://www.fsa-feds.com).
- You can contribute up to a maximum of **\$3,050** to your LEX HCFSAs.
- Eligible employees can carry over up to **\$610** to the following plan year.
- Access the full amount of your account as soon as your coverage begins.

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account (DCFSA) is a pre-tax benefit account used to pay for eligible daycare for children under 13 or adult family members who live with you and are incapable of self-care.

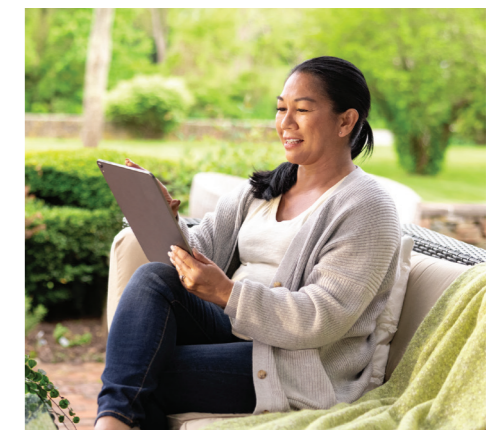
Features of DCFSA

- Save up to **30%¹** on care (such as daycare/after-school care, babysitting or summer camp) for your children under 13 or care for an older relative/spouse who lives with you and cannot care for themselves.
- You can contribute up to a maximum of **\$2,500** or **\$5,000**, depending on how you file your taxes. Full rules are available at [FSAFEDS.com](https://www.fsa-feds.com).
- Reduce your overall tax burden—funds are withdrawn from your paycheck for deposit into your DCFSA, pre-tax.
- Take advantage of several convenient, no-hassle payment and reimbursement options.

As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses. Be sure to estimate your annual dependent care expenses and make your contributions carefully.

Sign up for FSAFEDS

As a new hire, you'll have 60 days from your start date to enroll in FSAFEDS as long as it's prior to Oct. 1. After Oct. 1, you'll have the opportunity to enroll during the annual Federal Benefits Open Season. Unlike FEHB and FEDVIP coverage, you'll need to re-enroll in FSAFEDS each year during Open Season if you want to keep your FSA into the following year. You also cannot take the account into retirement. Learn more at [FSAFEDS.com](https://www.fsa-feds.com).



Federal Employees' Group Life Insurance Program

The Federal Employees' Group Life Insurance Program (FEGLI) helps protect your family from financial burdens, such as funeral costs or loss of income, after you die.



FEGLI at a glance

Levels of coverage

There are four levels of coverage under FEGLI: Basic, Option A, Option B and Option C. Each provides a different amount of coverage and varies in premium cost.

Learn more at opm.gov/life.

Who's eligible

Most federal employees are eligible for life insurance. In addition, your spouse and unmarried children younger than 22 are eligible for Option C.

Cost

The federal government will contribute to your Basic life insurance premium. They pay about a third of the cost.

You pay the full cost of coverage if you choose to buy Options A, B or C. The cost depends on your age.

How to enroll

As a new employee, you'll most likely be automatically enrolled in Basic coverage. You'll have the option to buy up to a higher level of coverage or waive it if you don't want it. You have 60 days from your start date to make changes.

After your initial enrollment period, you can cancel, reduce your coverage or choose a new beneficiary at any time.

If you wish to increase your coverage or enroll if you didn't enroll initially, you'll need to wait until the FEGLI Open Season or you have a qualifying life event. The FEGLI Open Season is not the same as the annual Federal Benefits Open Season. It does not happen annually—it happens as announced by OPM.

Learn more about FEGLI at opm.gov/life.

Federal Long-Term Care Insurance Program

The Federal Long-Term Care Insurance Program (FLTCIP) is the largest group long-term care insurance program in the world. It offers multiple plans to choose from. You can also create a customized plan.



New applications for FLTCIP are currently suspended as of Dec. 19, 2022.

The suspension is scheduled to last at least 24 months. Please check LTCFEDS.com for more information.



FLTCIP at a glance

What is long-term care insurance?

Long-term care insurance covers the cost of services you need if you can no longer complete everyday tasks by yourself due to illness, injury or aging. It is different than short-term disability or health insurance—it's intended for chronic care that you may need for the rest of your life. This care may be performed at home or at a facility, such as an assisted living site or nursing home.

Who's eligible

When not suspended, federal employees eligible for FEHB coverage are eligible for this program—you don't need to be enrolled in an FEHB plan to receive coverage. In addition, your spouse, parents, stepparents, parents-in-law, adult children and some domestic partners are eligible for coverage (even if you choose to forgo it) as long as they apply while you're actively working.

Visit LTCFEDS.com for full eligibility details.

Cost

The premium you pay will be based on the age you are when you first sign up for coverage and the benefits you select.