



# United States Department of the Interior

## BUREAU OF LAND MANAGEMENT

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Information Bulletin No. **CA-2001-006**

To: All Employees

From: Deputy State Director, Division of Support Services

Subject: 2000 Health Benefits Open Season

A Federal Employees Health Benefits (FEHB) open season will be held from **November 13 through December 11, 2000**. During open season, eligible employees who are not currently enrolled may enroll and enrolled employees may change from one plan or option to another, from self only to self and family, or make a combination of these changes. Open season also allows employees to change their premium conversion election. An eligible employee who enrolls in FEHB may elect to participate or waive participation in premium conversion. *An employee who participates in premium conversion may no longer cancel or change to self-only enrollment at any time. These changes may now be made only during open season or when a qualifying life event occurs.*

Employees who wish to continue their current enrollments and premium conversion elections do not need to take any action during this open season. **However, enrollees whose plans will not be participating in the FEHB Program after December 31, 2000, or whose plans dropped the enrollment code they are enrolled in, MUST enroll in a different plan to continue FEHB coverage in 2001.** (See attached list of plans dropping service areas).

There are no new carriers offering coverage to employees in our area. The Government Employees Hospital Association (GEHA) is adding a Standard Option in addition to their High Option this year. They are also offering a dental plan, "GEHA's CONNECTION Dental *Plus*" to all federal employees. You are not required to be a GEHA member to enroll. Information concerning this dental plan may be obtained by visiting the GEHA web site at [www.geha.com](http://www.geha.com).

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 providers for covered services after the services are received. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers.

These plans are considered “managed” because they contain features such as pre-certification of hospital admission and utilization review of ongoing care. Most of the fee-for-service plans have preferred provider arrangements. 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. Most employee organization sponsored plans require payment of a membership fee. These plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans. The plan brochure provides information concerning membership requirements and/or dues.

2. **Health Maintenance Organization Plans (HMOs)** - These plans provide comprehensive medical services, emphasizing prevention and early detection of disease. They provide or arrange for care by designated physicians, hospitals, and other providers in particular locations. Most services under an HMO must be performed by the plan’s participating providers.

Each HMO is open to employees within the plan’s enrollment area. You may not enroll in an HMO if you are located outside its area. It is important that you review the plan’s brochure to make sure that you are within the enrollment area.

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”. When an HMO offers a POS product, the product acts like a fee-for-service plan. The HMO’s enrollees may use non-affiliated or “out of network” providers if they wish. As a result, the services will cost them more in terms of deductibles and co-insurance 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 “in network” physicians, plan enrollees will get a *better* benefit, usually in the form of richer benefits and lower co-pays or co-insurance.

All health plans participating in the FEHB are required to provide you with a copy of their brochure and 2001 premium rates. If you are enrolled in an HMO, it is important that you review the brochure carefully to determine if there has been any change in the plan’s service and enrollment areas which would require an action on your part.

If you are considering enrolling or making an enrollment change, you should obtain a copy of the booklet “The 2001 Guide to Federal Employees Health Benefits Plans” (RI-70) from OPM’s

website at [www.opm.gov/insure](http://www.opm.gov/insure), or from your human resources staff, or your field office administrative personnel. The guide contains a comparison chart that gives general information about each plan and shows biweekly and monthly premium rates.

**Do not rely solely** on the guide when deciding to enroll or change enrollment to another plan. If you are interested in a particular plan, obtain and thoroughly review the brochure of the plan you are considering. **All brochures are available on the Internet from the Office of Personnel Management's web site** (<http://www.opm.gov/insure/health>). They are available in PDF format for downloading and printing. There is also a text version suitable for the visually-impaired available. Most health plan brochures are also available in your district/field offices and in the California State Office, Human Resource Services Branch.

Employees are encouraged to use the OPM FEHB web site during this open season. The web site contains links from the guides and brochures to health plan web sites. An interactive tool, "Plan Smart Choice" is available to assist employees in choosing the right health plan for them. The web site also has valuable information on topics such as Premium Conversion, Long Term Care, Patient Bill of Rights and Mental Health and Substance Abuse Parity.

As an important reminder to all employees, in order for you to be eligible to continue health benefits coverage into retirement, or beyond the first year while drawing workers' compensation, you must be continuously covered under the FEHB program for five years or your earliest opportunity to enroll. Those employees who have previously declined or cancelled enrollment may wish to consider enrolling this open season to assure eligibility at retirement or in the event of a long-term disability resulting from a work-related injury. Self-only enrollment or family coverage under the enrollment of your federally employed spouse will satisfy the eligibility requirement if covered for five years or the earliest opportunity to enroll. Coverage under CHAMPUS or Tri-Care, will continue to be credited toward the five-year requirement.

Employees wishing to enroll or change their enrollment during this open season have the option of making their changes via EMPLOYEE EXPRESS or by submitting a Health Benefits Election Form (SF-2809). The form is available in your field offices and in the Human Resources office or for downloading from OPM's web site. Forms must be submitted before the close of business on the last day of the open season.

Employees are encouraged to make their open season changes electronically via **Employee Express**. Employee Express is a customer-friendly automated system that enables you to make certain changes to your personnel/payroll records via telephone and computer, using a Personal Identification Number (PIN). Employee Express enables you to change your mailing address, allotments, direct deposits, income tax withholdings, and health benefits. To obtain a PIN simply call the Employee Express help desk at 912-757-3030 from any touch-tone telephone or access the internet web site <http://www.employeeexpress.gov>.

Changes in plan benefits and changes in enrollment and premium rates will be effective January 14, 2001. If you change plans, any covered expenses incurred between January 1, 2001, and January 14, 2001, will count toward the 2000 deductible of the plan you are changing from.

You should be aware that if you leave Federal employment, you may be eligible for Temporary Continuation of Coverage (TCC). Under TCC, you may keep your enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage due to marriage or attaining age 22.

TCC enrollees must pay the total plan premium plus a 2% administrative fee. There are specific time limitations for enrolling under this provision. It is your responsibility to contact the personnel office when an event other than separation occurs in order to obtain information on TCC enrollment.

We must also advise you that the information you provide by enrolling in the FEHB program may also be used for computer matching with federal, state or local agencies' files to determine whether you qualify for benefits, payments or eligibility in the FEHB program, Medicare or other government benefits programs.

Questions regarding this bulletin should be directed to Angie Dailly, Human Resource Services at (916) 978-4462.

**Signed:**  
**Karen Barnette**  
**DSD, Support Services**

**Authenticated:**  
**Liza Raymundo**  
**Records Management**

1 Attachment  
Plans reducing their service areas... (1 pg)

Distribution  
WO700 (Room 5628, MIB)  
HR210-1

**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 2001.**

<b>State</b>	<b>Plan Name</b>	<b>Code</b>	<b>Area Dropped</b>
<b>Arizona</b>	<b>Health Plan of Nevada</b>	<b>NM</b>	<b>Mojave County</b>
<b>California</b>	<b>National HMO Health Plan</b>	<b>MN</b>	<b>San Joaquin (partial), Merced, Fresno, Contra Costa, Alameda, and Madera counties</b>