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BUREAU OF LAND MANAGEMENT  
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In Reply Refer To:  
1400-890 (HR-220)P

November 6, 1996

EMS TRANSMISSION

Information Bulletin No. HR-97-013

To: All NI, BC, RS, and HR Employees

From: Director, National Human Resources Management Center

Subject: 1996 Health Benefits Open Season DD: 12/9/96

Open Season for Federal Employees Health Benefits (FEHB) is from November 11 through December 9, 1996.

During open season, any eligible employee who is not currently registered may enroll; and any eligible enrollee may change from one plan or option to another, from self only to self and family, or make a combination of these changes. Enrollees who wish to continue their current enrollment do not need to take any action during this open season.

Attached is a brief description of the three types of plans available under the FEHB Program. In addition a Health Benefits Fair is being sponsored by the Cooperative Administrative Support Unit (CASU) on November 11-13, 1996, 8:00 a.m. to 3:00 p.m., in the Rio Grande Room in Building 67, Denver Federal Center. Representatives from the major health carriers have been invited to attend and be available to answer your questions. An interpreter for hearing impaired employees will be available on Tuesday, November 12, 1996 from 10:00 a.m. until 12:00 p.m.

The 1997 FEHB Guide and brochures for health benefit plans will be available in the National Human Resources Management Center (NHRMC) during open season.

Employees who wish to enroll or change their enrollment must complete a Health Benefits Registration Form (SF-2809) or make a change utilizing Employee Express, by COB December 9, 1996. Employee Express is available for open season changes by dialing 1-800-827-6254 on any touch tone phone. You will need your PIN to access the Employee Express. Only one of these methods can be

used by employees, do not use both methods to enroll or make a

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change to your enrollment. New enrollments and changes in current enrollment elected during open season will become effective January 5, 1997.

For further information regarding health benefits or open season, you may contact Judy Schnittker at 236-6667.

Signed:  
Linda D. Sedbrook  
Director, National Human Resources  
Management Center

Authenticated:  
Judy Schnittker  
Employee Relations  
Assistant

1 Attachment  
1 - Description of Plans (2 pp)

Distribution

HR-220  
RS-150A, BLM Library  
NI-101

## Health Benefit Plans

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 physician, hospital, 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 on-going 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:

- Service Benefit Plan, sponsored by Blue Cross/Blue Shield Alliance
- APWU
- GEHA
- Mail Handlers
- NALC
- Postmasters

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.

HMO plans include:

- Antero HealthPlans (formerly Exclusive Healthcare, Inc.)
- CIGNA Healthcare of CO
- FHP of Colorado
- Foundation Health
- Frontier Community Health Plan
- Kaiser Permanente
- Prudential HealthCare HMO
- QualMed Plans for Health
- Rocky Mountain HMO

3. Plans Offering a Point of Service (POS) Product - Some FEHB plans have begun to blend their features. A number of fee-for-service and HMO plans now offer both forms of health care

delivery, known as "in network." In an HMO that offers a POS

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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.

The Postmasters Plan and HMO Colorado/Nevada offer a POS product.

Temporary Continuation of Coverage (TCC): You should be aware that if you leave Federal employment, you will probably be eligible for TCC (unless you are separated for gross misconduct). TCC can continue 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 because they marry or reach age 22.

TCC enrollees must pay the total plan premium (without a Government contribution) plus a 2% charge for administrative expenses. There are specific time frames in which you or your dependent must enroll for TCC.