



FEHB Frequently Asked Questions September 26, 2022

Top Questions

Why are we changing medical plans?

This year we experienced a 41% premium increase in the United Healthcare medical plan. We determined that our health plans are no longer sustainable and began exploring other options to reduce our cost. We will now offer medical plans through the Federal Employee Health Benefits (FEHB) program for tribal employers. Eligible employees will now be able to buy the same health insurance offered to U.S. federal government employees. The federal plan gives you and your family more choices and better pricing. Movement to the FEHB will help reduce our company's health care costs on an on-going basis.

Which employees are eligible?

All regular full time and part time employees are eligible to participate in this plan. You can enroll in an FEHB plan even if you did not enroll in a plan for 2022.

Where can I get more information?

We have created a website, <https://www.doyon.com/federal-employee-health-benefits-dgg/> with more information about the new medical plans.

If I have other medical coverage, am I eligible for an FEHB plan?

Yes, with some exceptions. You are not eligible for an FEHB plan if you have existing Federal Employee Health Benefits (FEHB) coverage. This does not include other federally managed/funded plans like Medicare, VA, or Indian Health Services.

However, if you have Tricare Reserve Select (not TriCare or TriCare Prime - *only Tricare Reserve Select*), you are no longer eligible for Tricare Reserve Select coverage now that you are eligible for FEHB. If you want to enroll in a FEHB plan, you must immediately notify Tricare to terminate your Tricare Reserve Select coverage effective January 1, 2023.

When is open enrollment?

November 14 to December 12, 2022.

When do the new medical plans take effect?

The FEHB will be effective January 1, 2023.

After the open enrollment period ends, you should receive insurance cards and other information within about two weeks. This information will come from the insurance carrier you selected. If you do not receive your information by December 31, call the toll-free telephone number listed for that carrier. You can use the "Compare Plans Tool" on the <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/> website to find the contact information for your insurance carrier.

What happens if I don't enroll for a new plan?

Your current medical plan will end on December 31, 2022. If you do not enroll in an FEHB plan, you will not have medical coverage in 2023.

Which FEHB plans are similar to the United Healthcare medical plan we have now?

- APWU Health Plan – CDHP (Plan code 474, 475, 476) is an HRA plan that uses United Healthcare's network. It is the plan that is most similar to the current HRA plan offered to you by United Healthcare. This plan is available in all states.
- UnitedHealthcare Choice HDHP (Plan code LU1, LU2, LU3) is an HRA/HSA plan that also uses United Healthcare's network. This plan may not be available in all states.

Which FEHB plans are similar to the Design Data Kaiser medical plan we have now?

- Kaiser Mid-Atlantic States Prosper (Plan code T71, T72, T73) is a Kaiser Permanente plan. It is most similar to the current Kaiser plan. This plan is in Maryland, Virginia, and Washington DC.

General Questions**What is the FEHB?**

FEHB is the Federal Employee Health Benefits (FEHB) program. This is the same insurance offered to U.S. federal government employees. FEHB is the largest group health insurance program in the world, with more than 8 million members. This health insurance is also available to employees of approved tribal employers. DGG and Design Data can now offer FEHB benefits to employees.

Do I have to enroll in a medical plan?

No, but you need to log in to PlanSource and "decline" coverage. We want to make sure that every employee knows about the new health plans and understands that if you do not enroll in an FEHB plan, you will not have medical coverage in 2023 (unless you have a qualified life event).

How do I choose the medical plan that is right for me?

See "Choosing a Plan" on the <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/> website for information about choosing a plan. You need to decide who to cover, think about your medical needs, look at provider networks, and think about your budget.

The FEHB has an online tool, the Compare Plans Tool, that can help you narrow down your choices within the plans. The tool allows you to choose specific plans and compare them side by side. See the <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/> website for tips on how to use the FEHB's Compare Plans Tool. Always refer to the plan brochures before making a final decision.

What types of plans are available?

The federal government plans include:

- Fee for Service with Preferred Provider Organization (PPO)
- Health Maintenance Organizations (HMO)
- Consumer Driven High Deductible plans (CDHP)
- High Deductible Plans (HDHP) with a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)

For more information about the different plan types, see the <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/> website.

Different plans are available in different states. PlanSource will only allow you to enroll in a plan in the state you live in. For more information on available plans, use the Compare Plans Tool.

How can I compare plans if I live in one state and work in another?

You'll need to do the comparison using one zip code, and then the same using the other zip code. You can't compare plans for more than one zip code at a time.

Does the company still offer vision coverage?

The company will continue to offer vision coverage. See your benefit guide for more information.

Some FEHB plans may offer emergency vision coverage so check the plan documents when reviewing plan options.

Does the company still offer dental coverage?

The company will continue to offer dental coverage. See your benefit guide for more information.

Some FEHB plans may offer emergency dental coverage so check the plan documents when reviewing plan options.

Can I add medical coverage or change my coverage later in the year?

If you have a "qualifying life event (QLE)," you may be able to add a medical plan or change your coverage. Some examples are:

- Your family changes through marriage, divorce, birth, death or for other reasons
- Your employment changes, for example from on-call to regular
- You lose coverage under a spouse's insurance plan
- You become entitled to Medicare

See the <https://www.opm.gov/healthcare-insurance/life-events/#family> website for information about Qualifying Life Events.

What happens to my health plan if I leave the company?

You will have coverage for 31 days at no cost. Then you have several options:

- You can enroll in "Temporary Continuation of Coverage" for up to 18 months. You will pay the entire premium plus 2% administrative fee.
- You can convert to an individual medical policy.
- You can get other coverage inside or outside of the health insurance exchanges.

Can I cancel my health plan later in the year?

If you have a "qualifying life event (QLE)," you may be able to cancel your health plan. Some examples are:

- Your family changes through marriage, divorce, birth, death or for other reasons
- Your employment status changes
- You gain coverage under a spouse's insurance plan
- You become entitled to Medicare

More information about QLE is available on the <https://www.opm.gov/healthcare-insurance/life-events/#family> website.

Eligibility**Which employees are eligible?**

All regular full time and part time employees who do not have existing FEHB or Tri-Care

If you are unsure of your employment status (full-time, part-time, temporary, seasonal, etc.), contact Human Resources.

Which employees are not eligible?

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- Variable Hour Employees who are not expected to work 130 hours per month
- Seasonal Employees
- Contract Employees
- Tribal Retirees
- Volunteers
- Non-Citizens working outside of the US

If you are unsure of your employment status, contact Human Resources.

How will medical insurance work for new hires?

Employees hired after January 1, 2023, will enroll in coverage through the FEHB. Newly hired employees will have 60 days from their hire date to enroll.

If I have coverage through Indian Health Services, can I enroll in an FEHB plan?

Yes. If you qualify for IHS services, you may still have a separate FEHB medical plan. You are not eligible for a Health Savings Account if you have used IHS services – not including preventive, vision or dental care – in the preceding three months.

If I have coverage through Tricare Reserve Select (TRS), can I enroll in an FEHB plan?

Yes. However, you must **immediately** notify TRICARE to terminate your coverage, or you will have to repay TRS for all monies paid on claims retroactive to your FEHB eligibility date and you may face fines and/or a charge of fraud. Check the <https://www.tricare.mil/TRS> website to access to Tricare Reserve Select website. Contact phone numbers are listed by coverage region on the right-hand side under "Your Contacts."

My spouse is on Medicare - can I participate in the FEHB medical plans?

Yes. Each plan "Summary Plan Description" (available using the "Compare Plans Tool") has a section about coordination with Medicare. If you plan to include your spouse in your FEHB coverage, refer to those documents for more information.

Are all DGG and Design Data employees "tribal employees?"

Yes. DGG and Design Data is considered a "tribal employer" under the Federal Employee Health Benefits (FEHB) program. All employees who work for a tribal employer are "tribal employees."

Which family members are eligible?

- A spouse (including a same-sex spouse)
 - You must provide proof that you are legally married to your spouse.
- Common Law Spouse
 - You may cover your common law spouse under the FEHB Program only if your marriage was initiated within a State that recognizes such a marriage. The [National Conference of State Legislatures](#) lists the states that recognize common law marriages.
 - You must provide all of the following information:
 - A court order or judgment recognizing the marriage; or
 - Your declaration indicating:
 - The date on which and the state in which you and your spouse mutually agreed to become married.
 - The length of time you and your spouse have lived together.
 - All address or addresses at which you and your spouse have lived together.
 - Whether you and your spouse have been regarded among neighbors, friends, and relatives as being married spouses.
 - If you or your spouse were previously married, the declaration must indicate date and place of each previous marriage as well as the date, place, and manner of termination (i.e., death, divorce, or annulment).

- Your signature underneath the following statement: Any intentionally false statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)
- In addition to the above, you must provide any one of the following documents listing you and your spouse:
 - Front page of most recent tax year's Federal or State tax return; or
 - Proof of common residency (e.g., utility bill, other household bill, auto registration); and proof of financial interdependency (e.g., shared bank statement, credit card statement, life or auto insurance policy).
- Children under age 26, including adopted children, recognized natural children or stepchildren (including children of same-sex domestic partners in certain states); or foster children living with the employee in regular parent/child relationship.
- Children age 26 or older incapable of self-support, if the disabling condition began before age 26 (medical documentation required).

Which family members are not eligible?

- Domestic Partners (unless they are a Common Law Spouse under the definition above)
- Grandchildren, unless foster child requirements are met
- Parents
- Siblings
- In-laws

To learn more about eligibility requirements visit <https://www.opm.gov/healthcare-insurance/healthcare/eligibility/>

Flexible Spending Accounts

When can I enroll in the 2023 Flexible Spending Account (FSA)?

The IRS requires employees to re-enroll in the FSA every year. Open enrollment will begin November 14, 2022 and end December 12, 2022. During this time, you can enroll in FSA, including the medical and dependent FSA and transit reimbursement account. FSA administration is handled by PlanSource. We will have more information about FSA accounts during open enrollment.

What will happen with my current FSA account(s) with my current FSA Administrator?

FSA Administration is not changing. Your existing FSA administrator will continue to process your 2022 claims. If you choose to re-enroll in FSA for 2023 you will process claims in the same manner.

Health Reimbursement Arrangements (HRA) & Health Savings Accounts (HSA)

Do the FEHB plans have an HRA like we have now?

Some of the "high deductible" FEHB plans include medical reimbursement accounts – either a Health Reimbursement (HRA) or a Health Savings Account (HSA). Many of the plans will contribute part of your premium to an HRA or HSA for your use. Employees should consider this added value when making their health plan choices.

I have a Health Reimbursement Arrangement (HRA) account with my current medical plan. What will happen to that account?

Your current HRA account will go away and will no longer be available after 12/31/2022.

Can I roll my existing United Healthcare HRA account into an HRA with the FEHB plans?

No, existing HRA balances expire 12/31/2022.

I have a Health Savings Account (HSA) account with my current medical plan. What will happen to that account?

Your current HSA account with Optum Bank is yours to keep and use but you may pay fees to transfer or maintain it. If you enroll in a FEHB plan with a HSA, you may be able to roll the money from your current HSA to the new one. You will need to check the plan documents or contact the new HSA bank and inquire how to do it. You will need to decide what is best for you.

I have a Flexible Spending Account (FSA) with my medical plan. Can I choose an FEHB plan that has a Health Savings Account (HSA)?

If you enroll in the medical FSA, you are not eligible for an HSA. However, many of the FEHB plans offer a Health Reimbursement Account (HRA). You use these accounts in the same way, but there are some differences in how they work, including what happens to the funds if you terminate your employment. For more information, see the <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-types/> website.

If I have health FSA with a grace period, am I still eligible to establish an HSA?

Individuals enrolled in general purpose health FSAs with grace periods will not be eligible for an HSA during the grace period unless the individual has a \$0 balance on a cash basis (i.e., claims incurred and paid, not merely claims incurred or submitted) on the last day of the plan year.

Who can open an HSA?

You are eligible to open and contribute to an HSA if you meet the following requirements:

- You must be covered by a qualified high-deductible health plan.
- You must not be enrolled in or covered by Medicare or Tricare.
- You must not be covered by your own or a spouse's general Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA) or any other non-HSA-qualified health plan.
- You must not be claimed as a tax dependent on another person's taxes.
- You have not received any Veteran's Administration health benefits for a non-service-connected disability in the last three months.
- You have not used Indian Health Services coverage in the last three months.

Can I contribute additional funds to my HSA account through payroll?

HSA payroll deductions will not be allowed. You may be able to contribute directly to the HSA. You will need to review the plan documents for additional information.

What is the difference between an HSA and an HRA?

HRAs and HSAs are recognized by the IRS as "tax-favored" health plans because the money used to pay qualified medical expenses is not taxed.

The following chart shows the key features of HRAs and HSAs. A link to more detailed information is available on the <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-types/> website:

	Health Savings Account	Health Reimbursement Account
Who is eligible?	Employees enrolled in a High Deductible Health Plan (HDHP) who are not enrolled in another health insurance plan, and who can't be claimed as a dependent on someone else's tax return.	Employees enrolled in a High Deductible Health Plan (HDHP).
What kind of account is used?	A bank account in your name, set up by the health plan.	A reimbursement arrangement, with records kept by the health plan.
Who funds the HSA or HRA?	The health plan deposits part of your premium into an HSA.	The health plan sets aside part of your premium to reimburse you for qualified medical expenses. Some

		plans set aside the entire amount at the beginning of the year and others fund it month by month.
Who owns the money?	Employee	Health Plan
Does the balance carry over from year to year?	Yes	Yes, as long as you remain in the health plan. Check the plan document for specific details.
What happens to the funds when I leave the company?	Employees continue to own the account but may pay fees to transfer or maintain it.	If you terminate employment, you forfeit the balance.
Can I contribute to the HRA or HSA?	Yes, up to IRS limits. Check the plan documents for specific details.	No.

Costs

Who pays for my medical plan?

You and your employer share in the cost of your medical premiums. Your employer will deduct your portion of the premium through a pre-tax payroll deduction.

Remember, if you choose a plan that contributes money to an HSA or HRA for your use, the premium includes that contribution.

What is the cost of the different plans?

You can use the "FEHB Premium Chart" tool at the <https://www.doyon.com/federal-employee-health-benefits-dgg/> website to see the *monthly* premium costs for each plan.

Remember, if you choose a plan that contributes money to an HSA or HRA for your use, the premium includes that money. For example, the employee premium is \$112.20 per month. Each year you are on that plan, the plan provides an \$1,500 Health Fund for your use – and those funds roll over from year to year as long as you are an employee. (This is just an example. Out of pocket expenses are higher under a High Deductible Health Plan and other plans may be a better fit for your family's needs and budget.)

Can I opt-out of the FEHB?

Yes, you can opt-out and receive \$150 per month with proof of other insurance coverage. You must decline coverage in PlanSource. Email proof of other coverage to dgghr@doyongovgrp.com.

Enrolling

When is open enrollment?

November 14, 2022 to December 12, 2022. This is an active enrollment which mean you need to elect or waive all coverage including medical, dental, vision, FSA, life and disability. Your benefit elections from 2022 will NOT roll over to 2023. You must elect or waive coverage.

What can we change during open enrollment?

You can select or waive coverage in the FEHB medical, vision, dental, Flexible Spending Accounts for 2023 and supplemental life insurance for yourself, spouse or children.

What happens if I don't enroll for a new plan?

Your current benefit elections for medical, dental, vision, and voluntary life will end on December 31, 2022. IF YOU DO NOT ENROLL IN A PLAN, YOU WILL NOT HAVE COVERAGE FOR THE 2023 CALENDAR YEAR.

How do I enroll?

You will enroll for a FEHB medical plan, and other benefits, through PlanSource, at <https://benefits.plansource.com/>.

Your user name is:

First initial of your first name

Up to the first six characters of your last name

The last four digits of your social security number (SSN)

For example, if your name is Jane Anderson and the last four digits of your SSN are 1234, your username would be janders1234.

Your password is your birthdate in YYYYMMDD format.

For example, if your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password.

If you need assistance with log in, email dgghr@doyongovgrp.com.

What if I don't want a benefit?

You will still need to log in to PlanSource and “decline” coverage on the enrollment screen.

Other Questions

Will I be paying more in out-of-pocket expenses?

This depends on the plan you choose. Generally, your out-of-pocket expenses shouldn't change. All plans cover separate amounts for healthcare services with different deductibles, copayments, and out of pocket maximums. For example, some plans require you to use the in-network providers in order to receive ANY benefits while others provide better coverage when using In-Network or Preferred providers. You should carefully and thoroughly read each of the plan descriptions to ensure that the plan you choose will be the best fit for your healthcare needs.

How do I choose the plan that is right for me?

First you will need to determine the network of providers that will meet your needs. When you visit the [FEHB website](#), you can click on a plan and search for providers that are in-network. You will also need to decide what your healthcare needs are and anticipate what your healthcare costs could be for the year. FEHB has an online tool, the [Compare Plans Tool](#), that can help you narrow down your choices within the plans. The tool allows you to choose specific plans and compare them side by side. Always refer to the plan brochures before making a final decision.

Is the enrollment process similar to the prior enrollment process with PlanSource?

Yes, we will be using PlanSource for FEHB plan enrollment. You can add dependents and choose a plan through PlanSource.

What levels of enrollments are available in the FEHB program?

- Self Only
- Self Plus One
- Self Plus Family

Acronyms

APWU- American Postal Workers Union

GEHA - Government Employee Health Association

MHBP - Mail Handlers Benefits Plan

NALC - National Association of Letter Carriers

Samba - Special Agents and Special Military benefits association

Websites

<https://www.doyon.com/federal-employee-health-benefits-dgg/>

<https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>

If you have any questions or concerns, feel free to contact Human Resource at 253-344-5319 | 253-344-5315 or dgghr@doyongovgrp.com.