

FAQ: Fairweather Benefits and Open Enrollment



Frequently Asked Questions November 13, 2023



General Open Enrollment Questions

What is the enrollment period?

The initial enrollment period will be from November 13th through 5pm (AST), December 11th.

What is open enrollment?

During open enrollment, you can select or waive medical coverage in the FEHB and enroll or decline dental and vision coverage. You can also enroll in Flexible Spending Accounts for the 2024 calendar year. Lastly, you can enroll or increase your supplemental life insurance for yourself, spouse or children.

Can I choose a different plan after the open enrollment period closes?

Once the enrollment period has ended on December 11th, you will not be able to change plans, unless you have a qualified life event.

What has changed for 2024?

For the FEHB medical plans, premiums have increased in several plans, however you may notice that the premiums in some plans are unchanged from current. We recommend you review your current health plan and 2024 cost. The network for the GEHA medical plans has changed from Aetna to United Healthcare. If you are enrolled in a GEHA plan, please confirm that your existing physicians and providers are in their Choice Plus network. The FSA medical account limit will increase to \$3,200, which is a \$150 increase from 2023. Hartford will allow a one-time exception to increase employee voluntary life from \$100,000 to \$200,000 and spousal voluntary life from \$25,000 to \$50,000 and no approval is needed.

Where do I make my enrollment changes?

Open enrollment is online via our PlanSource Benefit System at <https://benefits.plansource.com/>. Your initial enrollment information from earlier this year was uploaded into our system and we recommend you review your existing benefits, contact information and family member information. Your PlanSource username is the first letter of your first name, up to six letters of your last name and the last four numbers of your social security number. Example: If your name is Jane Anderson and the last four of your SSN is 1234, your Username would be janders1234.

How to I review and update my beneficiaries?

During the transition of benefits in May, we were not able to transfer life insurance beneficiaries from MetLife to Hartford. We highly recommend you log into PlanSource <https://benefits.plansource.com/> and designate your beneficiaries for basic and voluntary life insurance. Beneficiaries for your 401(k) plan can be reviewed and updated at www.oaretirement.com

When do the new benefits take effect?

Changes you make during open enrollment will be effective January 1 2024. If you change medical plans, you should receive insurance cards and other information within about two weeks after the new year. This information will come from the insurance carrier you selected. Please note that VSP does not issue ID cards, but when you visit a VSP provider you simply provide them with your social security number. Aetna does not automatically distribute ID cards, however you will be able to register for an account at www.aetna.com and request an ID card be mailed to your home or print out temporary ones.

Will there be any benefits education meetings?

Yes, we will be having a number of education meetings and a Q&A session beginning November 13th. The majority of these meetings will be held over Microsoft Teams, and invitations will be emailed to you.

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Do I have to enroll?

Employees are not required to enroll if they do not want to make any changes. Your current coverage will continue. However, if you want to change medical plans, add or drop dependents on your health insurance, enroll in flexible spending accounts or increase your voluntary life insurance, you must make those elections during open enrollment. Otherwise, your only opportunity for election changes is the next open enrollment period or during a qualified life event such as:

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

What if I want to decline coverage?

You are not required to enroll in the medical, dental or vision plans. If you would like to decline coverage, you will need to decline coverage in the PlanSource Benefit System at <https://benefits.plansource.com/>

Where can I get more information?

We have created a website, <https://www.doyon.com/fehbfwx>, with more information about the new open enrollment.

FEHB 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. As a tribal employer, Doyon, and now Fairweather are eligible to participate in this program. The federal plans give you and your family more choices.

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.

What is the cost of the different plans?

You can use the "Compare Plans" tool at the <https://www.doyon.com/fehbfwx> website to see the *monthly* premium costs for each plan. The premiums on the FEHB website <https://www.opm.gov/FEHBcompare> also apply to Fairweather employees.

Remember that if you choose a plan that puts money into an HSA or HRA for your use, the premium cost includes that money. For example, each year you are on that plan, Aetna provides an \$1,500 Health Fund for you in the Aetna High Deductible Health plan – and those funds roll over from year to year as long as you are a Fairweather employee. (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.)

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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://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."

Are all Fairweather employees "tribal employees?"

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

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

Yes. Each plan's "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

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 that coverage now that you are eligible for FEHB. If you want to enroll for an FEHB plan, you must immediately notify Tricare to terminate your Tricare Reserve Select coverage effective January 1, 2023.

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

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/FEHBcompare> 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/FEHBcompare> website.

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

Different plans are available in different states. You can enroll in a plan either in the state you live or the state you work. For more information on available plans, use the Compare Plans Tool. You'll need to do the comparison using one zip code, and then the other. You can't compare plans for more than one zip code at a time.

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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, seasonal, etc.), contact HR.

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.
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 - 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?

- 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/>

How will medical insurance work for new hires?

Employees will have 60 days from their hire date to enroll.

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Spending Accounts & Health Reimbursement Accounts

What are Flexible Spending Accounts?

A Flexible Spending Account, or FSA, is employer-sponsored benefit that withholds a portion of your income that is deposited tax-free into an account to cover the cost of qualified expenses. There are two types of these tax-advantaged accounts; a healthcare FSA which covers healthcare expenses, and dependent care FSA which covers expenses related to daycare expenses for children.

FSA's operate on the calendar year and if you want to enroll, the IRS requires an annual election as the elections do not carry-forward from year to year. The annual limit for healthcare FSA is \$3,200 for 2024 and \$5,000 for the dependent care FSA. These plans are subject to a use-it or lose-it rule which means any funds that are not used by the end of the calendar. You will have until March 30 following the calendar year of your election to submit claims for the prior year.

What are Health Reimbursement Arrangements & Health Savings Accounts?

Some of the "high deductible" FEHB plans include medical reimbursement accounts – either an 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 Flexible Spending Account (FSA) with my medical plan. Can I choose an FEHB plan that has a Health Savings Account (HSA)?

If you have an 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.

	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. Most plans 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.
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.	No.

Resources:

Fairweather Open Enrollment & FEHB <https://www.doyon.com/fehbfx>

FEHB Plan Comparison : <https://www.opm.gov/FEHBcompare>

Enrollment: <https://www.doyon.com/fehbfx>

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