



Federal Employee Health Benefits (FEHB) Frequently Asked Questions

Top Questions

Why are we on the FEHB?

Arctic IT has placed careful consideration on the health plans we are able to offer our employees to maintain and enhance our benefits plan selections. Many team members had expressed concern over the rising costs of care and coverage that are trending across the country. Due to significant increases to health plan costs that would have been passed along to subscribers, we determined that our previous health plan was no longer sustainable and began exploring other options to reduce costs. We now offer health plans through the Federal Employee Health Benefits (FEHB) program for tribal employers. Eligible employees will be able to enroll in the same health insurance offered to U.S. federal government employees. The federal plans give you and your family more choices and better pricing. The FEHB plans will help stabilize our health care costs.

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 in previous years.

Where can I get more information?

We have created a website, <https://www.doyon.com/federal-employee-health-benefits-AIT>, with more information about the new health 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 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, 2024.

When is open enrollment?

November 11, 2023, to December 13, 2023.

When do the new health plans take effect?

The effective date of the FEHB coverage is January 1, 2024, and will go through December 31, 2024.

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 31st, call the toll-free telephone number listed for that carrier. You can use the "Compare Plans Tool" on the <https://www.opm.gov/FEHBcompare> website to find the contact information for your insurance carrier.

What happens if I do not enroll for a new plan?

If you enrolled in a medical plan for the current plan year, your coverage will roll into the 2024 plan year even if you do not take action during open enrollment. If you did not enroll in a medical plan for the current plan year, and do not take action during open enrollment ***you will not have health coverage in 2024 through Arctic IT.***

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 eight (8) million members. This health insurance is also available to employees of approved tribal employers. Arctic IT can now offer FEHB benefits to employees.

Do I have to enroll in a health plan?

No, but you should log in to PlanSource and review and update your information. We want to make sure that every employee knows about the health plans and understands that if you do not enroll in an FEHB plan, you will not have health coverage through Arctic IT in 2024.

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

See “Choosing a Plan” on the <https://www.opm.gov/FEHBcompare> 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, which 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. **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.

Different plans are available in different states. You can enroll in a plan in the state you reside in. For more information on available plans, use the Compare Plans Tool.

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 health 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 and an administrative fee.
- You can convert to an individual medical policy.
- You can get other coverage inside or outside of your state 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 lose 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 plans.

Which employees are not eligible?

- 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 HR.

How will health insurance work for new hires?

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 health 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 health 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.

Are all Arctic IT employees "tribal employees?"

Yes. Arctic IT 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?

- Grandchildren, unless foster child requirements are met
- Domestic Partners
- 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 2024 Flexible Spending Account (FSA)?

The IRS requires employees to **re-enroll in the FSA every year**. Open enrollment will begin November 11, 2023, and end December 13, 2023. During this time, you can enroll in Flexible Spending Accounts, including the October 2023

medical FSA and/or dependent care FSA. Flexible Spending Accounts administration is handled by PayFlex. We will have more information about FSA accounts during open enrollment.

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

Your will continue to process all calendar year 2023 claims through March 30, 2024. If you enrolled in a 2023 FSA, you will still be able to access your online account and view historical information.

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 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.

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

No, existing HRA balances cannot be rolled over into an FEHB HRA account.

I have a Health Savings Account (HSA) account with a previous health plan. What will happen to that account?

Your current HSA account with a previous health plan 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. You will need to decide what is best for you.

I have a Flexible Spending Account (FSA) with my health 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. For more information, see the <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-types/> website.

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 cannot 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.
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.

Costs

Who pays for my health 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 that if you choose a plan that puts money into an HSA or HRA for your use, the premium cost includes that money.

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-AIT> website to see the *monthly* premium costs for each plan.

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 Human Resources

If you have any questions or concerns, feel free to contact Nancy Stronach at nstronach@arcticit.com or Will Daniels at 907-459-2126 danielsw@doyon.com.