



Federal Employee Program (FEP) and Blue Medicare Freedom+



FAQ

Question	Answer
<p>What is the FEHB?</p>	<ul style="list-style-type: none"> • The Federal Employees Health Benefits Program • Employer offered Benefit - Choice of 252 Carriers Nationwide • Available to Federal Employees and Retirees since 1960 • National plans are Standard Basic and FEP Blue Focus are our national plans.
<p>What is an Annuitant?</p>	<p>An Annuitant is a Retiree with the Federal Government. Postal, Non Postal and Military.</p>
<p>Will the Blue Freedom Medicare be offered to Annuitants and Active FEP members?</p>	<p>No, because it is a Medicare Advantage Plan for FEP Annuitants over 65. The Freedom + plan is not offered to active FEP members and only available to the annuitants who have both Medicare parts A and B.</p>
<p>If someone moves to another state can they keep their plan?</p>	<p>If somebody moves to another state, they can keep that plan, but states like Virginia and Washington DC offer their own plans. If a member moves to Virginia or Washington DC, their benefits would be administered under their plan. All future claims would be processed in the state of their residency. Steps to follow if a member moves: (For FEP only)</p> <ul style="list-style-type: none"> • Contact OPM (Office of Personnel Management) • Update Your Address

	<ul style="list-style-type: none"> • Change all Residency information • Contact Social Security Administration for Virginia or Washington DC <p>For Freedom +, they must reside in the service area of 90 counties in NC. If they move out of state, they cannot keep their Freedom + plan.</p>
<p>Are we only offering the Blue Medicare Freedom+ (Medicare Advantage) plan to Federal Retirees?</p>	<p>Yes. The product is marketed to Annuitants that are on the Basic Plan. Other annuitants could enroll but it may not provide the best opportunity to manage their health care.</p>
<p>What Is FEDVIP?</p>	<p>The Federal Employees Dental and Vision Insurance Program (FEDVIP) is a voluntary, enrollee-pay-all dental and vision program available to Federal employees and annuitants, certain retired uniformed service members, and active duty family members. It is sponsored by the U.S. Office of Personnel Management (OPM) and offers eligible participants a choice between ten dental (FEP Blue Dental) and four vision carriers (FEP Blue Vision).</p> <p>100% of premiums paid by the employee if it is a standalone Dental and Vision plan.</p> <p>However, the majority of the premium is covered by the employer, for Blue Standard Basic and FEP Blue Focus.</p> <p>The government pay about 70% of the member's premium for Dental and Vision ONLY. For members and dependents.</p>
<p>Are we going to have the opportunity to sell FEDVIP if we get a member on the phone and the doesn't have Dental and Vision?</p>	<p>No, we must refer them back to FEP.</p>

<p>What pay schedule are Annuitants on?</p>	<p>Annuitants (Retirees) pay monthly.</p>
<p>Is there an age cut off for Maternity benefits?</p>	<p>There is no age cut off for Maternity benefits.</p>
<p>There are 2 different levels of coverage under Emergency Room. What is the difference in coverage?</p>	<p>Level 1 Accidental Injury visit the Emergency Room within 72-hour \$0 copay Level 2 Medical Emergency the deductible applies plus 15% of the allowed amount is applied to the member responsibility.</p>
<p>What is the difference between accidental emergency and medical emergency?</p>	<p>Examples of accidents: Slip and fall, trip over something, fall off a ladder. Example of medical emergency: Take by ambulance or heart attack, stroke, automobile accidents.</p>
<p>Does a member have to be enrolled in Medicare Part A and Part B to be eligible for the Blue Medicare Freedom?</p>	<p>Yes. Also, the new plan will be a medical only plan that does not have prescription coverage. So, they will need their FEP plan to have prescription coverage.</p> <p>Members who enroll in the Freedom + plan should not cancel their FEP plan!</p>
<p>Are the monthly premiums for the Basic Plan and the Standard Plan the same for Postal and Non-Postal?</p>	<p>When an employee is active there are separate rates for postal employees versus regular employees. It depends on their income. Some postal employees on our biweekly payment plans and some are on a monthly payment plan. It is based on the job that they do and their income. They know which area they fall into a regular postal or non-postal.</p>
<p>How are FEP members classified? And how does retirement affect their premium?</p>	<p>Postal workers are classified as Postal. All other federal employees are considered non-postal. Once retired everyone is considered non-postal</p>

	and their premium is paid monthly. All the retirees pay the same rates
When will the 2021 rates change?	They will change in November and go into effect in January. Open season period is November 8 through December 13 that's when they make changes and we announced what the new rates are going to be and what the updates are going to be and then everything goes into effect in January. The Open Season for FEP is the 2 nd Monday in November and it ends the 2 nd Monday in December.
When will we begin to get calls?	During Open Season. If an Annuitant wants to make a change it has to be during Open Season unless they have a Qualifying Life Event. However, you may get calls starting 10/15 due to AEP beginning for Medicare. Those calls needs to be addressed appropriately.
What is MRA? How does it work?	<p>MRA is a Medicare Reimbursement Account. This is the breakdown: BASIC OPTION ONLY</p> <ul style="list-style-type: none"> • Basic Option members enrolled in Medicare Parts A and B are eligible for up to \$800 reimbursement account (optional enrollment) • The member must pay for Medicare Part B to qualify for MRA • Each member on the contract with Medicare Part A and Part B is eligible to earn up to \$800 in the calendar year <p>If they enroll in the Freedom + plan, they will get an ADDITIONAL \$800 part B reduction in their part B premium invoices?</p>
Since the FEP Blue Focus does not have out of network coverage, what	The member is covered. Emergencies are cover on all plans.

<p>happens in the event of an emergency that occurs while out of network.</p>	
<p>On FEP Dental up to what age are dependent children covered?</p>	<p>Age 22 for Federal Employees, Uniformed Service Member until age 21 (non-students) or 23 (full-time students)</p>
<p>Can Annuitants make changes to their policy throughout the year?</p>	<p>They can only make a change if they have a QLE (Qualifying Life Event) like death, birth, marriage. For Freedom Plus, they can only make changes during AEP or if they qualify for an SEP)</p>
<p>What about if an annuitant moves to another state?</p>	<p>They can change their address, but they can't change their plan unless their plan will not work in the state that they moved too. (ex. Virginia and Washington DC). For Freedom + they will lose their plan if they move outside the 90 county footprint (including the 10 counties in NC that it is not offered)</p>
<p>Under the medical policies if the Member dies, do they still have to have that death benefits option in their plan to have the spouse continue with medical benefits?</p>	<p>The spouse is allowed to keep the coverage under the following stipulations: the employee would have to have had the coverage for five years continuously. It is called a survivor's annuitant benefit and it's automatic (no opt in necessary) if the spouse passes, they can stay on the plan. However, if the spouse was not covered at the time the Primary person died, they can not pick up the coverage after the person has died.</p> <p>The member must be enrolled in a Self + One or Self & Family plan at the time of death for this to apply.</p>
<p>What is the deductible for the Basic Option Plan?</p>	<p>The deductible is \$0.</p>

What is the only plan that has in and out of network?	The Standard Plan is the only plan that offers in in-network and out of network coverage.
What is the acronym for the Federal Employee Health Plan?	FEHP
How many enrollment tiers are there for FEP?	There are 3 enrollment tiers. <ul style="list-style-type: none"> • Standard Option • Basic Option • FEP Blue Focus
What is the organization that manages the Dental and Vision Plan for FEP?	FEDVIP
What is the name of the enrollment period for Federal Employees?	Open Season
What is the Urgent Care copay for the Standard Option?	\$30
Who is the vendor for the for the virtual doctor (telehealth)?	Teladoc
What is the organization that makes all the decisions and funnels them through to the Blue Plans?	The Office of Personnel Management (OPM)

<p>How many drug tiers the Blue Focus Plan have?</p>	<p>Two tiers</p>
<p>What is the website that members can go to get help with deciding about which plan to choose?</p>	<p>Ask Blue</p>
<p>What are the Health Insurance Programs that FEP Annuitants can carry into retirement?</p>	<p>Federal Employees Health Benefits (FEHB) Program</p> <p>Federal Employees Dental and Vision Insurance Program (FEDVIP)</p> <p>Federal Long-Term Care Insurance Program (FLTCIP)</p> <p>Medicare coverage available to all individuals 65 and older</p>
<p>Should I keep my government insurance when I retire, or should I look at different plans?</p>	<p>Yes keep it, because your Federal Employee Health Plan supplements Medicare, or your Medicare Advantage Freedom + plan.</p>
<p>Is there a time limit on how long a member can suspend their policy?</p>	<p>There is no time limit as long as it is suspended and not cancelled because once a FEP plan is canceled it cannot be reinstated.</p>
<p>Is there a limit on the amount to times a policy is suspended?</p>	<p>There's not a limit on a member suspending their coverage if they intend to suspend in it and choose a different plan. It's just a matter of submitting that paperwork. That is sometimes an issue for the Annuitants, they need someone to help them to complete the necessary paperwork. The change cannot be made over the phone. They must fill out a form and send it in.</p>

<p>What do we do if a member contacts us on the service number to make a request, using the terminology cancel instead of suspend? Do we inform them of the difference, or is there something that clearly explains the difference between the two options?</p>	<p>If they are thinking about canceling and need some guidance, they need to contact their retirement office, which is OPM they're the ones that are going guide them.</p>
<p>If a policy is suspended and the member wants to reinstate do, they have to wait until open season?</p>	<p>Yes</p>
<p>What is the five-years rule?</p>	<p>To keep their medical coverage—FEP Annuitants must have five (5) years of continuous enrollment in the FEHB before they retire. This is known as the five-year rule. This rule only applies to FEHB coverage—not to FEDVIP.</p>
<p>How are members notified of these programs when they're turning 65 or becoming an annuitant? How much prior notification are they given?</p>	<p>They are notified during our ongoing education with them, when we are meeting with them we are giving the updates. Federal employees know that they can carry their benefits into retirement. BCBSNC does a lot of pre-retirement session with them to share new programs that are being rolled out. However, as a point of reference you can always direct them to fepblue.org.</p>
<p>Is the Medicare Reimbursement Account (MRA) up to \$800 reimbursement per policy or per person?</p>	<p>It is per eligible person.</p>
<p>Since we don't have access FEP Benefits will it say on</p>	<p>Yes, it will say what plan they have, and the member will know their plan based on their</p>

<p>their ID card what plan they have?</p>	<p>enrollment code. The cards are color coded. We will have sample ID cards examples if they are not sure.</p>
<p>Without FEP Basic Option the Hospital copay is \$2,019 days 1-90, how is that broken down?</p>	<p>It does not matter whether it is 1 day or 90 days the copay is \$2,019 per stay.</p>
<p>Subscriber is Medicare eligible, but spouse and dependents are not. What happens to their coverage once on Medicare? What happens to coverage if they take the MA Plan?</p>	<p>The Member would keep their FEP coverage for their spouse and the dependents, since they are not Medicare eligible their plan would continue as it is today. The Member or the subscribers has Medicare so we would administer their benefits as if they have Medicare and the spouse and the dependents would be administered as active employee and active dependents.</p>
<p>How will my pharmacy benefits work if the MA plan only covers Medical?</p>	<p>The member would keep their FEP Plan and use the prescription coverage on their FEP plan.</p>
<p>Is FEP prescription drug coverage credible?</p>	<p>Yes, it is considered credible coverage, even the even the FEP Blue Focus. All three of them are considered credible coverage, so members don't need Part D.</p>
<p>Is enrollment in Part B mandatory?</p>	<p>It is not mandatory for them. Federal Annuitant can retire and take Part A and not take Part B. Sometimes Annuitants don't take Part B because of the cost factor. However, they will need to be enrolled in Part A and B (and paying their part B premium) to be eligible for the Blue Medicare Freedom plan.</p>
<p>Will a member be penalized by Medicare if the later decide to take Part B?</p>	<p>They won't be penalized unless they decline it, and then they come back later and say I was mistaken I do need Part B. Also, As long as they</p>

	stay on the FEP plan and it is creditable coverage, they will not be penalized.
Can I still see my current doctors? Is the network the same?	Yes, we're utilizing the same network so they have access to the same providers, and they will probably have access to more providers since we're utilizing the PPO network for the basic plan, whereas before the Members only had access to and in network providers.
If I take the MA Plan and keep FEP Basic Option can I receive the up to \$800 MRA and \$800 MA reimbursement?	Yes, but the MRA is not automatic just because they're on Basic Option Plan. They're entitled to get up to \$800 back from the federal side and up to \$800 from the NC State side. The \$800 on the MA is guaranteed and will be applied to reduce their part B premiums.
How do members receive the reimbursement?	<p>The reimbursements are as follows: With Social Security, members will receive \$67 more dollars in their Social Security check each month, \$800 back in their wallet over the course of the year.</p> <p>With all Medicare advantage plans, the member must continue to pay their Part B premium. When a member chooses Blue Medicare Freedom+, they'll receive a \$67 rebate or reduction in their Part B premium each month. This represents an additional \$800 over the course of the year for members choosing the FEP and MA giveback by opting for the Blue Medicare Freedom+ plan.</p>
If a member did not know they qualified the \$800 MRA and \$800 MA reimbursement can they submit for previous years?	Yes, they can go back 24 months.(FEP). For MA, it is only from the point of enrollment forward.
If Medicare A & B are primary, is there any	When asked the question, we usually try to steer towards basic because it is less expensive. It offers more options once you are Medicare

<p>advantage for Standard versus Basic?</p>	<p>eligible once you have Medicare Part A and B. Standard was the first plan that we had for the longest time. It offers in-network and out of network benefits it also offers mail order pharmacy which are the major difference. However, our network is so good it's hard to find somebody who's not in network, and if they need to see someone who's out of network, we can work with them for that. There are exceptions that can be made, so we market that there's really not that great a difference between basic and standard once you're Medicare.</p>
<p>Does our medical plan still cover our twice-yearly dentist visits? Does the MA plan cover dental or vision? Will these benefits coordinate with MA benefit? Or are we required now to have FEP Dental or Vision?</p>	<p>If you have the FEP Basic Medical Plan you would still have your yearly dental visits as part of the medical plan. The MA plan does not cover dental or vision so we would still coordinate their benefits if they are utilizing their dental benefits. They are not required to have FEP dental and vision, it is an optional enhancement. So, if you have the FEP medical benefit, and you have the FEP dental benefit, we will continue to coordinate those benefits and handle the claims processing for you. If you have another FEP dental carrier, then that process will continue, as it does today. We would provide an EOB to the member, and they could submit the EOB it to their dental carrier for coordination of benefits.</p>
<p>What if they have MA but they need dental and vision?</p>	<p>They would need to get the FEP dental and vision as stand-alone, if they wanted enhanced benefits. If they are happy with their yearly cleanings, which is all that their medical plan covers then they don't have to get additional dental care.</p>
<p>Member is a State Health Plan retiree and a Federal retiree. How does this work with Medicare? Which coverage is primary? Do I need part B with both</p>	<p>If you have someone that presents a scenario like that, in order to get their claims submitted correctly, we must be made aware that's the situation. Most of the time we're not aware, which is why there are issues with their claims. We must be proactive and get them updated</p>

Federal Employee Program (FEP) and Blue Medicare Freedom+



<p>retirement plans? I will have both the BCBS 70/30 and the Basic Option plan.</p>	<p>correctly in our system so everything will process correctly. It is a manual process.</p>
<p>Who's primary when I turn 65, if I continue to work, FEP or Medicare?</p>	<p>If you continue to work at 65 FEP is primary while you're still working no matter what age.</p>
<p>My husband/wife is turning or is 65 and I have a few more years, how does insurance work for him/her with Medicare if I am still working?</p>	<p>If the employee is turning 65 or older and still working and the spouse is on their coverage, FEP is still primary. The Plan always follows the employee's or dependents status (working or retired).</p>
<p>Retiree and spouse are both covered in Basic Option. The federal retiree wants to enroll in a MA Plan however, the covered spouse wants to remain with her original Medicare A&B. How is this handled?</p>	<p>The Blue Medicare Freedom+ plan is replacing the Medicare coverage and that is singular to the member. It does not have self + 1, etc. The spouse of a retiree would not be automatically enrolled in the Blue Medicare Freedom+ plan and can choose to keep their original Medicare A&B.</p>
<p>Does a member need to take Part B if they are still working?</p>	<p>They do not. They can take part A, because it's automatic or they can make it known they are going to keep working for a couple more years and don't need it right now.</p>
<p>If the federal retiree chooses the MA plan outside the FEP custom plan, can they expect additional reimbursements for drugs?</p>	<p>For plans other than Blue Medicare Freedom+, there is no coordination with FEP. Whichever card the member hands the pharmacist would dictate the Rx benefit applied.</p>
<p>How does a retiree handle the coordination of applying for a MA plan and</p>	<p>With the plan that we're proposing, if they choose to enroll with a Medicare Freedom+ Plan, the Member doesn't have to suspend their coverage, because their coverage is going to</p>

Federal Employee Program (FEP) and Blue Medicare Freedom+



<p>suspending their federal coverage?</p>	<p>work in coordination with the MA plan, especially the prescription coverage.</p>
<p>If I change my mind about the MA Plan, can I re-enroll in FEP?</p>	<p>Yes, they can but they only if they're buying the Blue Medicare Freedom+ Plan and they're not suspending from FEP. If they decided they no longer wanted to be on the MA Plan after they've had it next year, they can just cancel their MA plan.</p>
<p>For the FEP Medicare Advantage Plan are they following the enrollment rules for FEP or are they following the enrollment rules for MA?</p>	<p>This remains with CMS so it wouldn't change just because, but members have to understand because they're running concurrently or overlapping. They may have to make their choice before FEP Open Season.</p>
<p>If I select a MA Plan with a rate/premium, is that rate taken from my social security check just as my Medicare Part B?</p>	<p>You will be invoiced for the premium of your MA plan if one is required. But a member can elect to have their premium deducted form their Social Security check is they wish. The member needs to notify the plan that they wish to do this and the set-up process can take up to 2 months. Members should continue to pay their invoiced premium until that SSA withdrawal is complete.</p>
<p>Is there any way to have just one website portal to deal with? It's a headache going from Blue Cross NC to FEP portals?</p>	<p>A possible solution is being worked on. Hopefully more to come soon!</p>
<p>Will the member have to show both MA & FEP cards at the doctor's office?</p>	<p>They will need to show both, so the claims are filed appropriately.</p>
<p>Are the FEP Plans expensive?</p>	<p>The plans are lucrative because the Federal Government pays able 70% of the premiums for the employee and the dependents.</p>

Federal Employee Program (FEP) and Blue Medicare Freedom+



<p>Does government pay 70% for both active and retirees?</p>	<p>Yes, and when an active employee retires their premiums remains the same. The only difference is that when they are an active employee they pay their premiums on a biweekly basis but as a retiree/annuitant they pay their premiums monthly out of their Annuity.</p>
<p>Is the premium amount that we see what the Annuitant will be paying after the 70% has been paid?</p>	<p>Yes</p>
<p>When a member retires within the FEP system is it like COBRA, and do they have the choice to take what they currently have and extended or can they make changes and decide on another plan?</p>	<p>It is not like COBRA. The only time they can make a change to their plan is during open season, so they keep exactly what they have and if you choose to make a change, they can only do it during the next open season.</p>
<p>With the Basic Plan is pharmacy only available to those that have Medicare B primary?</p>	<p>Once a Member becomes Medicare eligible and they have Medicare Part A, and Part B they're also eligible to participate in the mail order pharmacy Program. They also become eligible for the up to \$800 reimbursement for Medicare B.</p>
<p>If an Annuitant enrolls in Blue Medicare Freedom does that become their Medicare? And which plan is primary?</p>	<p>Yes, the Freedom + plan replaces Medicare. And, if the member has a FEHP and Medicare today, taking the MA plan will replace Medicare and will act as the primary coverage to the FEHP.</p>