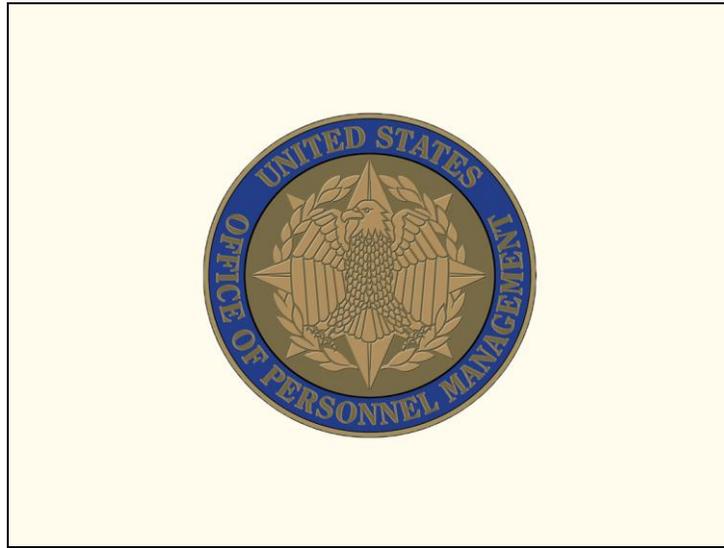


Slide 1





This training module was developed and approved by the United States Office of Personnel Management (OPM), the Federal agency that administers the Federal Employees Health Benefits (FEHB) Program. The information in this module was last updated January 2012. This training module is not a legal document. The official FEHB Program provisions are contained in the relevant laws, regulations, and policies that govern it.

This module serves as an introduction for Tribal Benefits Officers to the FEHB Program. It explains the features of the FEHB Program as it is available to the tribes or tribal organizations carrying out programs under the Indian Self-Determination and Education Assistance Act and urban Indian organizations carrying out programs under title 5 of the Indian Health Care Improvement Act.

OPM uses the term “tribal employer” to refer to Indian tribes, tribal organizations, and urban Indian organizations. Tribal employers are entitled to purchase coverage, rights, and benefits of the FEHB Program for their tribal employees.

 To check for updates on FEHB for tribal employees, go to www.opm.gov/tribalprograms



Agenda

- Introduction
- Roles
- Eligibility
- Premium Costs
- Plan Types
- How to Enroll in a Plan
- Continuing Coverage
- Resources



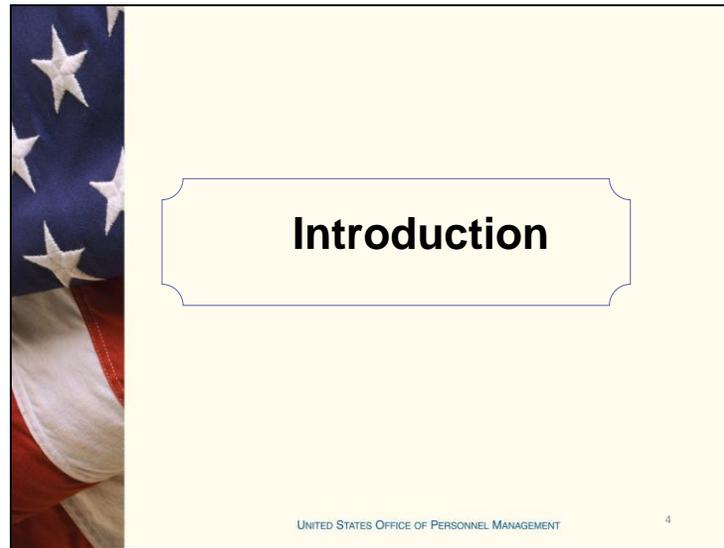
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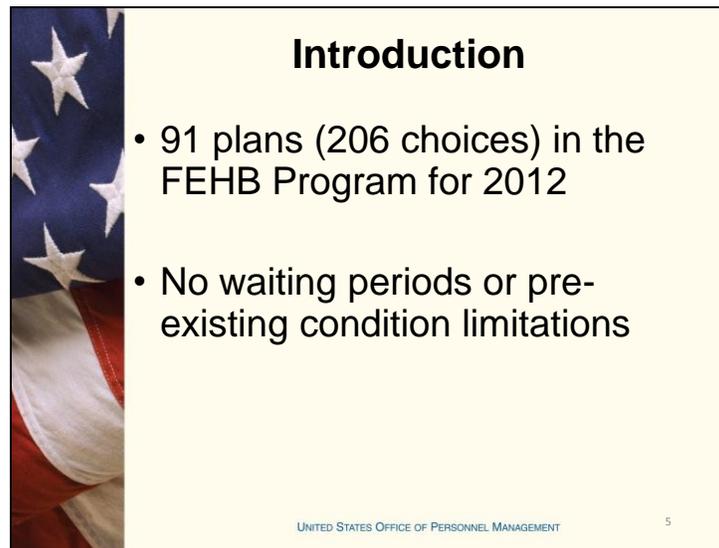
These are the topics that are covered in this presentation:

- Introduction – Slides 4-6
- Roles – Slides 7-12
- Eligibility – Slides 13-16
- Premium Costs – Slides 17-19
- Plan Types – Slides 20-25
- How to Enroll in a Plan – Slides 26-31
- Continuing Coverage – Slides 32-33
- Resources – Slides 34-37

Slide 4



In this section we will discuss some hallmarks of the FEHB Program and the statutes (laws) and regulations that govern it.



Introduction

- 91 plans (206 choices) in the FEHB Program for 2012
- No waiting periods or pre-existing condition limitations

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An important hallmark of the Program is providing choice and competition. The FEHB Program is open to every eligible employee regardless of health status. There are no pre-existing condition limitations or waiting periods in the FEHB Program. Every employee has the opportunity to choose the plan that best suits his/her individual needs. On average, each person can choose from at least 10 health plans. Not every plan is available to every employee. For example, Health Maintenance Organizations (HMOs) only provide coverage in certain geographic or service areas so their enrollment is limited to employees living or working in those locations. Currently, the FEHB Program offers 91 different plans, including Fee-for-Service plans, HMOs, Consumer Driven Health Plans, and High Deductible Health Plans. Some plans offer a choice of multiple options (i.e., high, standard, or basic options).



Laws and Regulations

- Title 5, United States Code (U.S.C.), Chapter 89 - Health Insurance
- Title 5, Code of Federal Regulations, Parts 890 and 892
- Affordable Care Act (ACA)
 - Section 10221(codified as 25 U.S.C. 1647b)
 - Section 2714 of the ACA

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The FEHB Program was established over fifty years ago.

The Program is governed by statutes (laws) and regulations. The law establishing the Program is found in title 5, U.S.C., chapter 89, which gives OPM the legal responsibility to administer the Program. For more information on OPM's role, please see slide 8.

OPM also issues regulations that implement the law.

Section 10221 of the ACA (codified as 25 U.S.C. 1647b) extends the right to tribal employers to participate in the FEHB Program. This was added as part of the Affordable Care Act or ACA.

Another component of ACA, Section 2714, extends family health insurance coverage to children until age 26.

Slide 7



There are several entities involved in administering the FEHB Program for tribal employees. This section discusses the roles of OPM, the tribal employers, the National Finance Center (NFC), and the FEHB plans. It also describes the FEHB enrollment reconciliation process.



What Does the Office of Personnel Management (OPM) Do?

- Administers contracts with FEHB plans
 - Negotiates benefits and rates
 - Resolves disputed health benefit claims
- Publishes FEHB regulations, informational materials and forms
- Maintains FEHB tribal website
www.opm.gov/tribalprograms

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OPM handles the administration of contracts for FEHB plans. This work includes the following:

- Negotiating a contract with each plan, including the benefits and rates that each plan will offer
- When an enrollee does not agree with the plan's reconsideration of a denied claim, the enrollee may request a review by OPM. OPM reviews the claim and makes a decision based on the requirements of the contract (by law, OPM's decision is final)
- Approving each plan's FEHB brochure
- Auditing plans for compliance with FEHB requirements
- Monitoring plan performance

OPM publishes FEHB regulations including those for tribal participation.

OPM also produces informational materials, such as FastFacts, a Quick Guide with answers to common questions, and the FEHB Guide for Tribal Employees.

OPM publishes the Standard Form 2809 (Health Benefits Election Form) and the Standard Form 2810 (Notice of Change in Health Benefits Enrollment).

OPM also maintains the tribal program website (www.opm.gov/tribalprograms) that has lots of useful information.



What Do Tribal Employers Do?

- Provide general guidance to tribal employees
- Administer Initial Enrollment Opportunity and conduct the annual Open Season
 - Enroll eligible tribal employees in plan of their choice through Tribal Insurance Processing System (TIPS)
- Withhold premiums
 - Inform tribal employees how much they will pay in premiums
- Work with National Finance Center (NFC) and carriers to reconcile enrollments

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Generally, the tribal employer administers enrollment of tribal employees into FEHB. This includes distributing FEHB information, providing guidance to tribal employees, collecting enrollment forms, making eligibility determinations, reviewing enrollment forms for accuracy and verifying information when necessary. After approving enrollment actions, tribal employers enter the enrollment data into NFC's Tribal Insurance Processing System (TIPS), TIPS is the online enrollment portal for the tribes.

For more information on the Initial Enrollment Opportunity, Open Season, and Qualifying Life Events, please see slides 28 and 29 which discuss when tribal employees can enroll and change their enrollment.

Tribal employers must:

- determine the employer/employee shares of the premium and inform tribal employees of their share
- deposit the total premiums into a bank account for NFC to withdraw the premiums that are due each month.

Tribal employers also work with NFC to resolve FEHB enrollment discrepancies as they are discovered and during the quarterly enrollment reconciliation.



What Does the National Finance Center (NFC) Do?

- Receives enrollment forms Standard Form (SF) 2809 & SF 2810 from tribal employers via TIPS
- Transmits enrollment data to health plans
- Collects total premiums due from tribal employer's "FEHB Account"
- Transmits premiums to U.S. Treasury which sends them to OPM where funds are distributed to health plans
- Provides reports to tribal employers and OPM
- Reconciles enrollment records with health plans and tribal employers

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NFC is an intermediary for the tribal employers and the health plans.

NFC collects and transmits enrollment data to the health plans.

Each month, NFC transmits premiums as follows:

- NFC collects the premiums the tribal employer owes
- NFC sends the premiums to the U.S. Treasury
- Treasury sends the premiums to OPM
- OPM disperses the funds owed to each health plan.

NFC conducts the quarterly enrollment reconciliation that is performed between the health plan and tribal employer enrollment data.



What Do FEHB Plans Do?

- Provide plan brochures
- Furnish a plan identification card for each enrollee/family member
- Maintain provider networks
- Process claims and/or provide services to enrollee and covered family members
- Reconcile enrollment records
- Reconsider disputed claims

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FEHB plans are responsible for providing benefits according to their plan brochure (which is the FEHB contractual statement of benefits between OPM and the plan).

OPM encourages tribal employers and employees to view plan brochures posted on OPM's website. This helps to keep costs down and saves trees. When a tribal employee first enrolls, the plan will send him/her a copy of their FEHB brochure.

FEHB plans have 15 days after receiving an enrollment request to provide new enrollees with an identification card. Most plans provide a plan ID card for each family member, however BC/BS Service Benefit Plan only provides two ID cards per family enrollment (all family members have the same ID number).

FEHB plans negotiate their own provider agreements. Providers include physicians and hospitals, as well as other health-related professionals and facilities. OPM is not involved in the plan/provider relationships. A directory of network providers is available on each plan's website.

For further information on reconciliation, please see the next slide about FEHB Enrollment Reconciliation.

Federal law and regulations govern the process for resolving disputed claims under the FEHB Program. The process is detailed in Section 8 of each plan's brochure.



FEHB Enrollment Reconciliation

- Plans must reconcile with NFC
- NFC resolves discrepancies with tribal employers
- Centralized electronic enrollment reconciliation clearinghouse (CLER) helps NFC reconcile

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FEHB enrollment reconciliation must take place on a quarterly basis. NFC will perform this function, which requires resolution of any FEHB enrollment discrepancies so the records for the FEHB plan and the tribe employer agree (e.g., whether an enrollee is in a Self Only or Self and Family enrollment in a specific plan).

NFC will contact the respective tribal employer to determine correct FEHB enrollment information. If there is a discrepancy in the tribal employer's records, the tribal employer must correct the information in TIPS.

Slide 13



This section takes a closer look at the eligibility requirements for enrolling in the FEHB Program.



Which Tribal Employers Can Participate?

The Affordable Care Act (ACA) states that:

1. tribes or tribal organizations carrying out programs under the Indian Self-Determination and Education Assistance Act, and
2. urban Indian organizations carrying out programs under title 5 of the Indian Health Care Improvement Act

are entitled to purchase coverage, rights, and benefits of the FEHB Program for their tribal employees, so long as the necessary contributions are paid into the appropriate trust fund.

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The ACA defines which tribal employers are entitled to purchase FEHB coverage for their tribal employees. Each tribal employer exercises its authority to decide whether to participate and when it will begin to participate.



Tribal Employee Eligibility

- Eligible
 - Meet Internal Revenue Service’s “definition” of common law employee
 - Meet FEHB requirements for type of employment (e.g., intermittent employees are not eligible)
- Ineligible
 - Contract Employees
 - Tribal Retirees
 - Volunteers

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Tribal employees who meet the definition of “common law” employees and meet FEHB requirements are eligible to enroll. Tribal members must be tribal employees in order to enroll in FEHB coverage.

For details on the common law definition, please see pages two through five of: <http://www.irs.gov/pub/irs-utl/x-26-07.pdf>.

Contract employees, tribal retirees, and volunteers are not eligible to enroll in FEHB.

Temporary tribal employees with appointments of less than one year and intermittent tribal employees are NOT eligible. Intermittent tribal employees are employees who do not have a prescheduled tour of duty (e.g., a regular work schedule).



Which Family Members Are Eligible?

- Spouse (as defined in the Defense of Marriage Act)
- Children under age 26 including:
 - Recognized natural children or adopted children
 - Stepchildren
 - Children over age 26 incapable of self-support, if disabling condition began before age 26
 - Foster children, only if enrollee certifies that:
 - child lives with tribal employee in regular parent-child relationship
 - tribal employee is primary source of financial support for the child
 - tribal employee expects to raise child to adulthood

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The FEHB law defines family members as a spouse (including a valid common law marriage) and a child under age 26. Public Law 104-199, Defense of Marriage Act (DOMA), states, “the word ‘marriage’ means only a legal union between one man and one woman as husband and wife, and the word ‘spouse’ refers only to a person of the opposite sex who is a husband or a wife.” Same-sex partners are not eligible family members.

Foster children are covered if the tribal employee certifies that all of the following are true:

- Child lives with tribal employee in regular parent-child relationship
- Tribal employee must be primary source of financial support
- Tribal employee must expect to raise child to adulthood
- Tribal employee must provide written certification to tribal employer (a sample certification is in the FEHB Handbook)

In a parent-child relationship, the tribal employee must meet all of these conditions:

- Exercising parental authority, responsibility, and control over the child
- Caring for, supporting, disciplining, and guiding the child
- Making decisions about the child’s education and medical care

A grandchild is not an eligible family member unless the child qualifies as a foster child.

Slide 17



This section discusses the tribal employer and tribal employee shares of the FEHB premium.



Cost Breakdown

- FEHB premiums will be fully funded by the tribal employer and tribal employee contributions with no contribution from the Federal government.
- At a minimum, tribal employers must contribute the “government share” for FEHB coverage.
- Tribal employer contribution is approximately 70% - 75% of average premiums.
- Tribal employee share is the remaining 25% - 30% of the premiums.

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Both the tribal employer and tribal employee share the cost of the premium. There is no “government share”, meaning the Federal government does not contribute to the premium cost.

Tribal employers may contribute more than the amount of the government contribution, but not less.

Approximate premium amounts are given because each plan has a different premium.

The tribal employer contribution (at a minimum) must equal the amount of the government contribution calculated by OPM each year. By statute, the government contribution is the lesser of: (1) 72 percent of amounts OPM determines are the Program-wide weighted average of premiums in effect each year, for Self Only and for Self and Family enrollments, respectively, or (2) 75 percent of the total premium for the particular plan an enrollee selects.

OPM determines the FEHB Program-wide weighted average of premiums.

For a part-time tribal employee, the tribal employer’s contribution toward the premium is prorated in proportion to the percentage of full-time service the tribal employee is regularly scheduled to perform.



How Do Tribal Employees Pay?

- Salary deduction
- Tribal employees can use pre-tax dollars to pay their share of the premium IF their tribal employer participates and offers premium conversion (in accordance with Internal Revenue Service rules)

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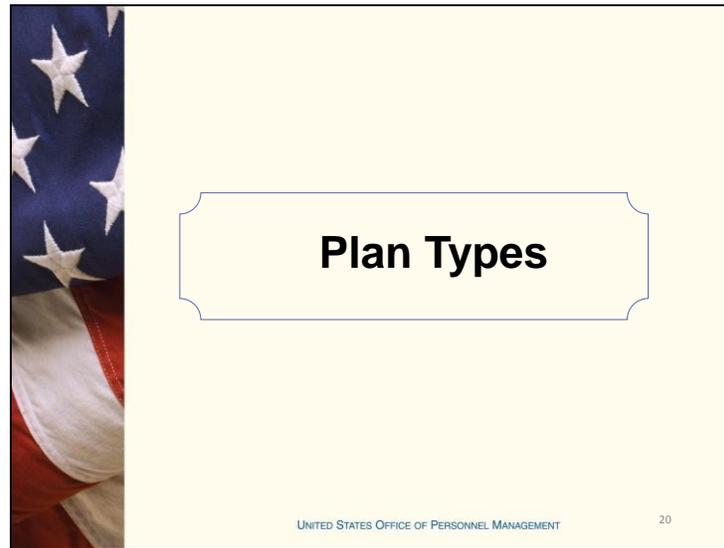
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Premiums are deducted each pay period. The amount deducted depends upon the plan the tribal employee chooses, frequency of the tribal employee's pay period, and the amount the tribal employer pays as its share. Tribal employers must inform tribal employees how much the tribal employee will pay for each available FEHB Plan.

Premium conversion is a tax benefit. It allows employees to allot a portion of their pay to their employer, who in turn use that amount to pay the employee's contribution for health coverage. This allotment is made on a pre-tax basis, which means that the money is not subject to Federal income, Medicare, or Social Security taxes, and in most cases, state and local taxes. The allotment reduces an employee's taxable income, so less tax is withheld.

The tribal employer chooses to participate in premium conversion, and the tribal employer must have its own agreement (or plan document) with the IRS if the tribal employer does. If a tribal employer chooses to participate in premium conversion, the tribal employer can decide whether tribal employee participation in premium conversion is automatic or voluntary.

Slide 20



The FEHB Program provides tribal employees with an opportunity to enroll in one of several types of health plans and this section describes the different choices.



Picking a Health Plan

- What types of plans are offered?
 - Fee-for-Service (FFS) with Preferred Provider Organization (PPO)
 - Health Maintenance Organization (HMO)
 - Consumer-Driven Health Plan (CDHP)
 - High Deductible Health Plan (HDHP)

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The FEHB Program offers Fee-for-Service plans, Health Maintenance Organizations, High Deductible Health Plans, and Consumer-Driven Health Plans.

OPM cannot recommend the “best plan” for a specific person or for a specific type of service, either to a tribal employer or a tribal employee. This is an individual choice based on the tribal employee’s needs.

The tribal employer should direct tribal employees to where they can find information about available choices and benefits and features of each one.

All plans offer preventive services at no cost.



FFS Plans

- 10 nationwide FFS plans offering PPO providers
- Lower costs if PPO provider is used
- Any eligible medical provider can be used but if non-PPO provider is used, enrollee will pay more of the charges
- Some paperwork if PPO provider is not used

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Fee-For-Service (FFS) plans offer health coverage in which doctors and other providers receive a fee for each service such as an office visit, test, procedure, or other health care service. The FFS plan will either pay the medical provider directly or reimburse the plan member for covered services after the member has paid the bill and filed an insurance claim. When a member needs medical attention, the member visits the doctor or hospital of the member's choice; the amount the FFS plan pays may depend on whether the provider has a PPO agreement with the FFS plan.

All FFS plans offer nationwide and international coverage.

Using PPO providers will reduce out-of-pocket expenses.

In states OPM determines are "medically underserved", FFS plans cover any licensed medical practitioner for any covered service performed within the scope of that license. For 2012, the states are Alabama, Alaska, Arizona, Idaho, Illinois, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, and Wyoming. This list of states may change in subsequent years.

Exception: Blue Cross/Blue Shield Service Benefit Plan **Basic Option** requires members to use PPO providers or the Plan will not pay benefits. In medically underserved states, members must use Preferred licensed medical practitioners.



HMOs

- HMOs operate in a specific geographic area (service/enrollment area)
- Generally members must use HMO network providers and get referrals from primary care doctor
- Enrollees must “live” or “work” in HMO’s service area to enroll (may change plan if enrollee or family member moves)

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Health Maintenance Organizations (HMOs) provide care through a network of physicians and hospitals in particular geographic or service areas. An HMO coordinates health care services and there is little or no paperwork for HMO members to complete. Eligibility to enroll in an HMO is determined by where an employee lives or works. If an enrollee or a covered family member moves out of the HMO’s service area (or an enrollee’s job location changes) the enrollee may change the enrollment to another plan without waiting for Open Season.

Three types of HMOs are:

- **Group Practice Plans.** They provide care through groups of physicians who practice at medical centers.
- **Individual Practice Plans.** They provide care through participating physicians who practice in their own offices.
- **Mixed Model Plans.** They are a combination of Group Practice and Individual Practice plans.



CDHPs

- Combine traditional health plan with separate medical and dental funds
- Annual medical fund used first for covered expenses
- When medical fund is exhausted, must meet deductible before traditional health insurance coverage pays

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Consumer-Driven Health Plans (CDHPs) use a wide range of approaches to give members incentives to control their health care costs.

Members have greater freedom in spending health care dollars up to a designated amount, and receive full coverage for in-network preventive care. In return, members assume significantly higher cost-sharing expenses after they exhaust the designated amount. The catastrophic limit is usually higher than those common in other plans.

The typical CDHP has these common features: member responsibility for certain up-front medical costs, a medical fund account that may be used to pay these up-front costs, and catastrophic coverage with a high deductible. Remaining medical funds may roll over to the next year, helping to reduce a member's out-of-pocket expenses.



HDHPs

- Provide coverage for high-cost medical events and a tax advantaged way to build savings for future medical expenses
- Annual deductible and cost sharing
- Premium contribution to Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)
- Tax-free withdrawals from accumulated funds to pay for qualified out-of-pocket expenses including annual deductible

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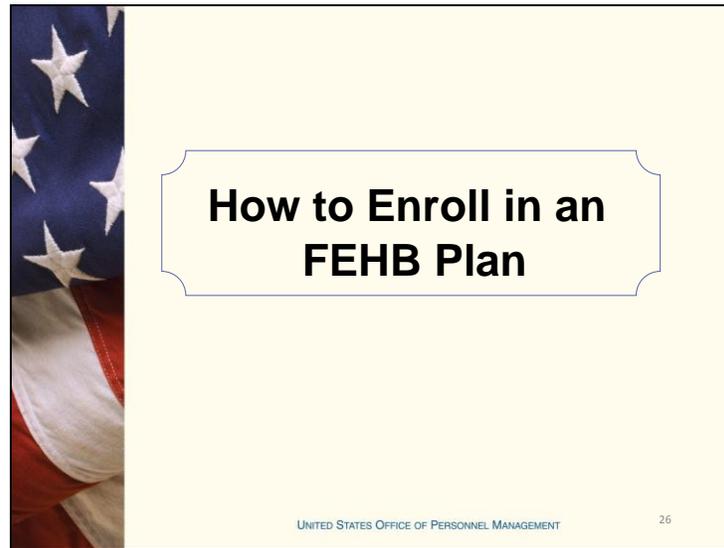
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High Deductible Health Plans (HDHPs) features higher annual deductibles than traditional health plans. The maximum out-of-pocket limits for HDHPs are based on IRS rules. A member must meet the annual deductible before the HDHP pays benefits (except for preventive care services).

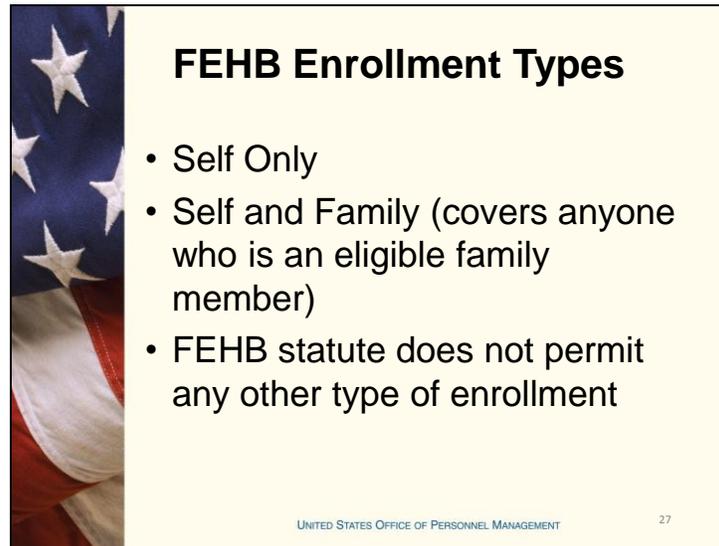
The HDHP determines the enrollee's eligibility for a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). Each month, the HDHP automatically credits a portion of the health plan premium into the enrollee's HSA, based on eligibility as of the first day of the month. HRAs get fully funded at the beginning of the year. An enrollee can pay deductibles and other out-of-pocket expenses with funds from a HSA or HRA. If an enrollee has an HSA, he/she can also choose to pay the deductible out-of-pocket, allowing the HSA to grow.

For more information on HDHPs, HSAs, and HRAs, please visit <http://www.opm.gov/insure/health/hsa/index.asp>.

Slide 26



The next section discusses the FEHB enrollment types and when and how tribal employees can enroll.



FEHB Enrollment Types

- Self Only
- Self and Family (covers anyone who is an eligible family member)
- FEHB statute does not permit any other type of enrollment

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FEHB statute only allows two types of enrollment: Self Only or Self and Family.

A Self Only enrollment provides benefits for only the enrollee (tribal employee).

A Self and Family enrollment provides benefits for the enrollee and eligible family members. All eligible family members are automatically covered, even if the enrollee does not list them on the Health Benefits Election Form (SF 2809). The enrollee cannot exclude any eligible family member and cannot provide coverage for anyone who is not an eligible family member.

The premium for a Self and Family enrollment is the same regardless of the number of eligible family members.



**When Can Tribal Employees
Enroll in FEHB?**

- Initial Enrollment Opportunity
- New tribal employee (or newly eligible to enroll)
- Annual Open Season
- Certain Qualifying Life Events (QLEs)

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The Initial Enrollment Opportunity is when the tribal employer begins participation in the FEHB Program and offers FEHB to its eligible tribal employees.

New tribal employees have an opportunity when they begin employment with a tribal employer that already participates in the FEHB Program.

Current tribal employees who did not enroll at an earlier opportunity can enroll during the annual Open Season. It runs from Monday of the second full work week in November through the Monday of the second work week in December.

Certain QLEs permit an employee to enroll in a plan in the FEHB Program if they are not already enrolled.

The slide features a vertical graphic of the American flag on the left side. The main content area has a light yellow background. The title is centered and bolded. Below the title is a bulleted list. At the bottom, there is a small footer with the text 'UNITED STATES OFFICE OF PERSONNEL MANAGEMENT' and the number '29'.

**When Can Tribal Employees
Change Their FEHB
Enrollment?**

- Annual Open Season
- Qualifying Life Events (QLEs)

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Tribal employees can also change their FEHB enrollment during the annual Open Season. It runs from Monday of the second full work week in November through the Monday of the second full work week in December.

Tribal employees can also change their FEHB enrollment when they experience a Qualifying Life Event (QLE). Marriage, divorce, and birth of a child are examples of QLEs.



SF 2809 Used for FEHB Enrollment

- The FEHB Health Benefits Election Form (Standard Form [SF] 2809) is used for FEHB enrollment
- Tribal employee completes and submits SF 2809 to tribal employer
- Tribal employer reviews and enters SF 2809 information into TIPS and submits the information to NFC timely
- NFC via TIPS sends SF 2809 data to FEHB plan

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The tribal employer reviews the completed Health Benefits Election Form (SF 2809) for accuracy, determines the tribal employee's eligibility to enroll or change enrollment, enters SF 2809 data into TIPS, and forwards the SF 2809 to NFC as soon as possible.



SF 2810 Used for Other Actions

- Notice of Change in Health Benefits Enrollment (SF 2810) is used for enrollment actions that do not require enrollee's signature
- SF 2810 used to process
 - Terminations
 - Transfers between tribal employers
 - Reinstatements
 - Name changes

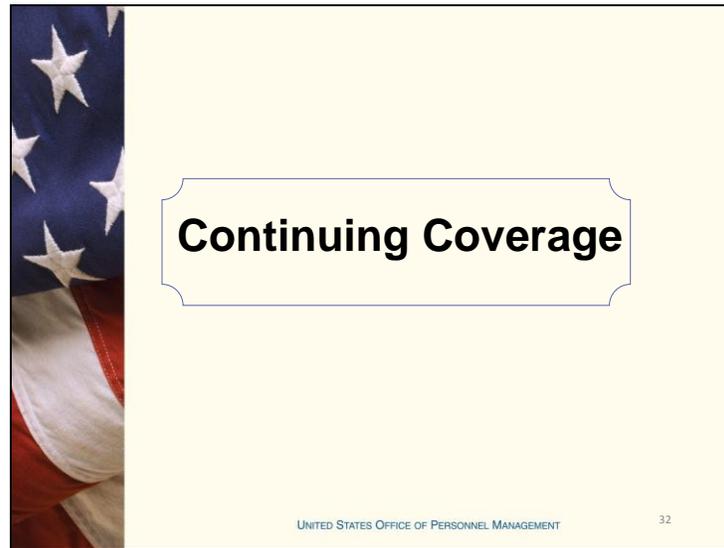
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The tribal employer completes the Notice of Change in Health Benefits Enrollment (SF 2810) electronically.

The tribal employer must submit SF 2810s in a timely manner. For example, if the tribal employer fails to complete an SF 2810 for a terminated tribal employee, the tribal employer could be left paying the entire premium for an individual who is no longer working for the tribal employer. The tribal employer would not be credited with the amount of premium paid until it completes the SF 2810 and the FEHB plan processes the action.

Slide 32



In this section we discuss what can happen when FEHB coverage ends.



When FEHB Coverage Ends

- 31-day extension of FEHB benefits (at no additional cost to member)
- Temporary Continuation of Coverage (TCC)
- Conversion to individual contract with the plan

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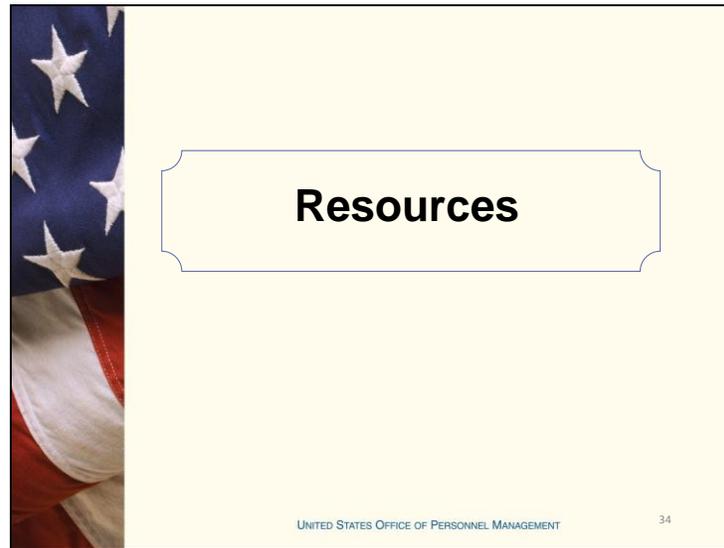
All FEHB plans extend benefits for 31 days when FEHB coverage ends (except for the enrollee's voluntary cancellation). There is no premium charge for this extension of benefits.

When a tribal employee is no longer employed, the former tribal employee may enroll in any FEHB plan under the Temporary Continuation of Coverage (TCC) provision and continue coverage for up to 18 months. TCC is similar to COBRA in many aspects. TCC enrollees pay the entire premium (which includes a 2% administrative charge) for their enrollments.

Family members who lose coverage because they are no longer eligible may enroll in any FEHB plan under TCC to continue FEHB coverage for up to 36 months.

Alternatively, a member may convert to an individual conversion policy with their health plan. Benefits and rates will be different.

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The next section discusses steps for Tribal Employers and resources available to Benefits Officers.



Steps for Tribal Employers

- Designate a Benefits Officer
- Hold health fairs and provide benefits counseling to tribal employees
- Determine tribal employee's eligibility to enroll and whether family members meet FEHB requirements
- Ensure FEHB forms are properly completed
- Subscribe to OPM's listserv at tribalprograms@listserv.opm.gov
 - Type "Subscribe" in email subject line

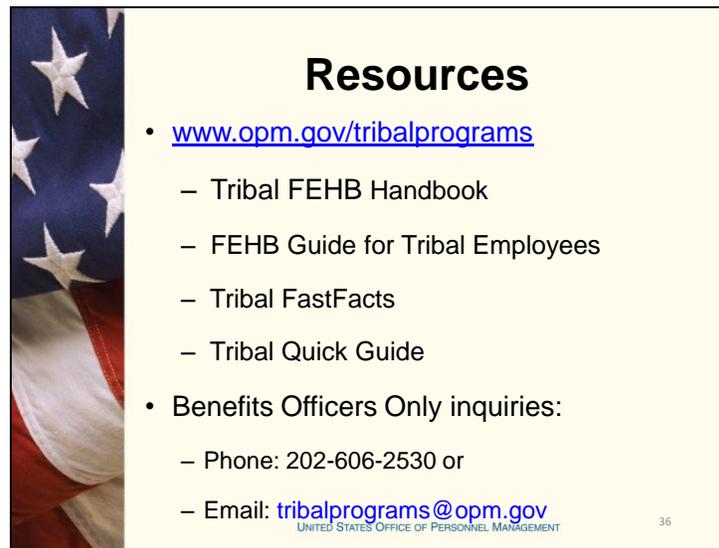
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Each tribal employer must designate a Benefits Officer to act as the tribal employer's authority for the FEHB Program. The Benefits Officer should answer questions, provide guidance to tribal employees, and be the only and official point of contact between the tribal employer and OPM and between the tribal employer and NFC.

OPM encourages tribal employers to hold health fairs to give tribal employees the opportunity to meet with FEHB plan representatives and obtain information to help them make informed choices regarding their health plan enrollments. The Benefits Officer should provide counseling on the FEHB to tribal employees.

The Benefits Officer has a key role in making sure FEHB requirements are met, FEHB forms are reviewed for compliance and timely submitted via TIPS to NFC. FEHB enrollment records and premium payments must agree.

OPM provides continual guidance and information to Benefits Officers via OPM's listserv. We strongly encourage every Benefits Officer to subscribe.



Resources

- www.opm.gov/tribalprograms
 - Tribal FEHB Handbook
 - FEHB Guide for Tribal Employees
 - Tribal FastFacts
 - Tribal Quick Guide
- Benefits Officers Only inquiries:
 - Phone: 202-606-2530 or
 - Email: tribalprograms@opm.gov

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Please visit www.opm.gov/tribalprograms often. Numerous resources can be accessed here.

The Tribal FEHB Handbook is a source of detailed guidance on the FEHB Program for tribal employers and Benefits Officers.

The FEHB Guide for Tribal Employees explains the FEHB Program, provides guidance on making enrollment decisions, and has instructions for employees during their Initial Enrollment Opportunity.

Tribal FastFacts provide basic information about the FEHB Program for tribal employees.

The Tribal Quick Guide provides answers to over 30 common questions about the FEHB Program.

Tribal employees must contact their Benefits Officer if they have any questions.

Only Benefits Officers can contact OPM at tribalprograms@opm.gov if they need assistance to answer employees' questions. This email address is reserved for Benefits Officers only.

In addition, Benefits Officers can phone 202-606-2530 to reach the "Tribal Desk."

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More to Come

Look for future presentations

- Enrollment
- Eligibility
- Finance
- Guidance on FEHB Forms
 - SF 2809
 - SF 2810

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OPM is in the process of creating additional, detailed modules for the following topics: enrollment, eligibility, finance, guidance on FEHB forms, and more.

We will inform you via the tribalprograms@listserv.opm.gov as they become available.