FEHB Program

Tribal FastFacts

Selecting a Health Plan During the Initial Enrollment Opportunity for Tribal Employees

As an employee of an entitled Indian tribe, tribal organization, or urban Indian organization that has elected to participate in the Federal Employees Health Benefits (FEHB) Program, you have the opportunity to make important decisions about your health insurance benefits. This fact sheet will help you select the plan that best meets your needs.

What types of plans does the FEHB Program offer?

Employees eligible to participate in the FEHB Program can choose from a number of health insurance plans. The following chart compares the types of plans available to help you select the one that is best for you. You can also learn more about the plan types available at http://www.opm.gov/insure/health/planinfo/types.asp.

	Choice of doctors, hospitals, pharmacies, and other providers	Specialty care	Out-of-pocket costs	Paperwork
Fee-for-Service w/PPO (Preferred Provider Organization)	You must use the plan's network to reduce your out-of-pocket costs. For BCBS Basic Option, you must use preferred providers for your care to be eligible for benefits.	Referral not required to receive benefits.	You pay fewer costs if you use a PPO provider than if you don't.	Some, if you don't use network providers.
Health Maintenance Organization	You generally must use the plan's network to reduce your out-of-pocket costs.	Referral generally required from primary care doctors to receive benefits.	Your out-of-pocket costs are generally limited to copayments.	Little, if any.
Point-of-Service	You must use the plan's network to reduce your out-of-pocket costs. You may go outside the network but you will pay more.	Referral generally required to receive maximum benefits.	You pay less if you use a network provider than if you don't.	Little, if you use the network. You have to file your own claims if you don't use the network.
Consumer-Driven Plans w/Health Reimbursement Arrangement (HRA)	You may use network and non-network providers. You will pay more by not using the network.	Referral not required to receive maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers. You may need to file a claim for reimbursement from your HRA.
High Deductible Health Plans w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)	Some plans are network only; others pay something even if you do not use a network provider.	Referral not required to receive maximum benefits from PPO.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers. You may need to file a claim for reimbursement from your HSA or HRA.

What should you consider when choosing a plan?

You will have a variety of plans to choose from. We have a tool on our website that will help you compare available plans and narrow your choice based on the benefits that are important to you at www.opm.gov/fehbcompare.

Ask yourself these questions:

1. **How much does the plan cost?**
    - To review the 2016 premiums for the FEHB plan you are considering visit the OPM website at https://www.opm.gov/healthcare-insurance/tribal-employers/benefits-premiums/. Each health plan carrier under the FEHB Program charges a different premium. You are responsible for, at a maximum, the same premium contribution as Federal employees. Your tribal employer pays the remainder and should provide you with exact rates.
2. **What benefits does the plan cover**?
    - Think about the expected healthcare needs of yourself and your family in the upcoming year. For example, are you expecting a baby? Does someone in your family need surgery? Do you rely on certain prescription medications? Make sure the plan covers the services or supplies that are important to you, and know its limitations and exclusions.
3. **What are my out-of-pocket costs?**
    - Does the plan charge a deductible (the amount you must first pay before the plan begins to pay benefits)? What is the copay or coinsurance (the amount you share in the cost of service or supply)? To review costs for FEHB plans, visit the OPM website at https://www.opm.gov/healthcare-insurance/tribal-employers/benefits-premiums/.
4. **Who are the doctors, hospitals, and other care providers I can use?**
    - Your costs are lower when you use providers who are part of the plan; these are "in-network" providers. If you already have a doctor you prefer, make sure that your doctor participates in the network of the plan you are considering. Please remember that provider participation in the network is voluntary, and a provider may terminate the agreement at any time. Agreements made between and FEHB plan and individual health care providers are private transactions, the Office of Personnel Management does not negotiate contracts with health care providers.
5. **How well does my plan provide quality care?** Quality care varies from plan to plan; here are three sources for reviewing quality:
    - Member survey results- evaluations by current plan members are posted in our Health Plan Comparison Tool when you enter your ZIP code at www.opm.gov/fehbcompare.
    - Effectiveness of care- how a plan performs in preventing or treating common conditions is measured by Healthcare Effectiveness Data and Information Set and is found at www.opm.gov/insure/health/planinfo/quality/hedis.aspx.
    - Accreditation- evaluations of health plans by independent accrediting organizations. Check the cover of your health plan's brochure for its accreditation or go to http://reportcard.ncqa.org/plan/external/plansearch.aspx.

Do not rely solely on this fact sheet.
Always refer to the individual plan brochures before making your final decision.