

## FREQUENTLY QUESTIONED SERVICES

This chart lists items the Office of Personnel Management often receives inquiries on as to how, or if, the items are covered under our benefit Programs. Links to Program materials are on the last page of this document.

**If an item on this list is important to you:**

- 1) Review your health insurance coverage under the Federal Employees Health Benefits (FEHB) Program to determine if it is sufficient. If your current health plan does not meet your needs, then you may want to consider another FEHB plan;
- 2) Consider dental or vision coverage under the Federal Employees Dental and Vision Insurance Program (FEDVIP) if your FEHB coverage does not meet your needs (if your current dental and/or vision plan does not meet your needs, then you may want to consider another FEDVIP plan); and
- 3) Consider a flexible spending account (FSAFEDS) to save money and pay for eligible health care expenses that are not covered or reimbursed under FEHB or FEDVIP. FSAFEDS allows you to contribute money from your salary before taxes are withheld, to an account that reimburses you after you incur eligible out-of-pocket dependent care and/or healthcare expenses.

If the following services are important to you and/or your family...	<i>review your health insurance coverage...</i>	<i>consider dental or vision coverage...</i>	<i>consider a flexible spending account.</i>
<b>Alternative medicine such as chiropractic care, acupuncture, massage therapy</b>	Some alternative medicine services may be covered by your FEHB plan.  Review your plan’s current brochure for the services that are covered.	N/A	Acupuncture and chiropractic expenses are eligible.  Massage therapy expenses if prescribed by a physician for a specific illness, injury, trauma or condition are potentially eligible. A letter of medical necessity is required.
<b>Artificial insemination or other infertility treatment</b>	Artificial insemination is covered by FEHB Health Maintenance Organization (HMO) plans and may be covered by other types of FEHB plans.  Review your plan’s current brochure for limitations or exclusions (such as the cost of donor sperm).	N/A	Artificial insemination expenses are eligible.

**Before making your final enrollment decisions, always refer to the individual FEHB and FEDVIP brochures and [www.FSAFEDS.com](http://www.FSAFEDS.com).**

If the following services are important to you and/or your family...	<i>review your health insurance coverage...</i>	<i>consider dental or vision coverage...</i>	<i>consider a flexible spending account.</i>
<b>Assisted reproductive technology (ART) procedures such as in vitro fertilization</b>	<p>Assisted reproductive services may be covered by your FEHB plan.</p> <p>Review your plan’s current brochure for services that are covered.</p>	N/A	Assisted reproductive expenses are eligible.
<b>Charges above the Plan’s allowance</b>	<p>Charges above the plan’s allowance will not be paid by the plan.</p> <p>If you use a plan’s participating or preferred provider, you will not be responsible for these charges.</p>	For in-network providers, charges above the plan’s allowance will not be paid by the plan. In some plans, out-of-network provider payments are based on usual and customary fees, not the plan allowance.	Medical expenses in excess of your FEHB or FEDVIP plan’s allowance may be eligible.
<b>Dental services</b>	<p>Common services such as: diagnostic services, preventive services, exams, x-rays, cleanings, and care for accidental injury may be covered by your FEHB plan.</p> <p>Review your plan’s current brochure for the dental services that are covered.</p>	FEDVIP dental plans cover services that FEHB plans <b>may</b> cover plus: fillings, extractions, periodontal scaling, complete dentures and adjustments, root canals, crowns, oral surgery, and bridges. Orthodontic services for dependent children younger than 19 are also covered under the dental FEDVIP plans.	Non-cosmetic dental expenses are eligible.
<b>Diabetic testing supplies</b>	<p>Diabetic testing supplies are covered.</p> <p>Review your plan’s current brochure for the level of reimbursement.</p>	N/A	Diabetic testing supplies are eligible.

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<b>First aid kits/supplies</b>	<p>Dressings, antiseptics and other first aid supplies generally are not covered, but some plans may offer additional benefits that are not part of the FEHB contract.</p> <p>Check your FEHB plan’s brochure for details on non-FEHB benefits.</p>	N/A	First aid kits/supplies are eligible.
<b>Gym memberships</b>	<p>Gym memberships generally are not covered under regular FEHB benefits, but some plans may offer additional benefits that are not part of the FEHB contract.</p> <p>Check your FEHB plan’s brochure for details on non-FEHB benefits.</p>	N/A	Fees paid for a gym membership may be eligible expenses if prescribed by a physician and substantiated by his or her statement that membership is necessary to alleviate a medical condition. A letter of medical necessity is required.
<b>Hearing aids</b>	<p>Hearing aids may be covered by your FEHB plan.</p> <p>Review your plan’s current brochure for services that are covered.</p>	N/A	Hearing aids and batteries are eligible expenses.
<b>Lead based paint removal</b>	Paint removal is not a covered service under FEHB plans.	N/A	Expenses for removing lead-based paint from surfaces in your home to prevent a child who has, has had, or is in danger of having lead poisoning from eating the paint are eligible. The surfaces must be in poor repair and within a child’s reach.
<b>Orthodontics</b>	<p>Orthodontic services may be covered by your FEHB plan.</p> <p>Review your health plan’s current brochure for the orthodontic services that are covered.</p>	<p>FEDVIP dental plans provide orthodontic care for dependent children younger than 19.</p> <p>Dental plans may have a waiting period and a lifetime maximum for orthodontic services.</p>	Orthodontic expenses are eligible.

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If the following services are important to you and/or your family...	<i>review your health insurance coverage...</i>	<i>consider dental or vision coverage...</i>	<i>consider a flexible spending account.</i>
<b>Over-the-counter (OTC) medicine and supplies</b>	Drugs that do not require a prescription for their purchase are generally excluded from coverage.	N/A	Over-the-counter products that are medicines or drugs (acne treatments, allergy and cold medicines, antacids, etc.) are not eligible for reimbursement – <b>unless</b> you have a prescription for that item written by your physician.  Items that <b>are not medicines or drugs</b> do not require a prescription.
<b>Prescription drugs (including maintenance medications)</b>	Prescription drugs are covered.  Review your plan’s current brochure for the level of reimbursement and any categories of drugs that are excluded from coverage.	Prescription drugs obtainable at a pharmacy are not covered.	Deductibles, copayments and coinsurance as well as costs for prescription drugs are eligible.
<b>Speech generating devices</b>	Speech generating devices may be covered by your FEHB plan.  Review your plan’s current brochure for services that are covered.	N/A	Speech generating devices and other adaptive equipment used for a major disability and to assist with activities of daily living may be eligible. A letter of medical necessity is required.
<b>Transportation for medical care</b>	Ground transportation by ambulance is covered when medically appropriate.  Air transportation by ambulance when required because of a medical emergency may also be covered.  Transportation costs other than for ambulance services are generally not covered.	N/A	Costs of transportation to/from locations of medical care may be eligible for reimbursement provided certain requirements are met.

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<b>Vision services</b>	<p>Diagnosis and treatment of medical conditions, such as glaucoma and cataracts, are covered.</p> <p>Common services such as: examinations, eyeglasses, contacts and replacement lenses may be covered by your FEHB plan.</p> <p>Review your plan’s current brochure for the vision services that are covered.</p>	<p>FEDVIP vision plans cover services that FEHB plans <b>may</b> cover plus: frames, lenses (bifocal, trifocal, lenticular) and laser vision correction discounts.</p>	<p>Vision care expenses are eligible (i.e. eye exams, vision correction procedures, vision therapy, eyeglasses and contact lenses).</p>
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- Program information may be found on our website at [www.opm.gov/insure](http://www.opm.gov/insure)
- Go to [www.opm.gov/healthcare-insurance/fastfacts/](http://www.opm.gov/healthcare-insurance/fastfacts/) to read *FastFact* highlights on each of these benefit Programs
- Health insurance plan brochures are at [www.opm.gov/FEHBbrochures](http://www.opm.gov/FEHBbrochures)
- Dental insurance plan brochures are at [www.opm.gov/healthcare-insurance/dental-vision/plan-information/#url=Dental-Overview](http://www.opm.gov/healthcare-insurance/dental-vision/plan-information/#url=Dental-Overview)
- Vision insurance plan brochures are at [www.opm.gov/healthcare-insurance/dental-vision/plan-information/#url=Vision-Overview](http://www.opm.gov/healthcare-insurance/dental-vision/plan-information/#url=Vision-Overview)
- For information on FSAFEDS, please visit the FSAFEDS website at [www.fsafeds.com](http://www.fsafeds.com)

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