



**OPM**

## **Federal Benefits for Tribal Employees**

### Tribal FastFacts

## The Federal Employees Health Benefits (FEHB) Program

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

As a tribal employee of a tribal employer that is entitled 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?**

Tribal employees eligible to participate in the FEHB Program can choose from several 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](#) which are available.

<b>Health Plan</b>	<b>Choice of doctors, hospitals, pharmacies, and other providers</b>	<b>Specialty Care</b>	<b>Out-of-pocket costs</b>	<b>Paperwork</b>
<b>Fee-for Service</b>	Some Plans only provide coverage for providers within their network. Review the Plan carefully to determine if you must visit only providers in their network.	Referral not required to receive benefits.	You pay fewer costs if you use a preferred provider than if you don't.  An FFS option that allows you to see medical providers who	Some, if you don't use network providers.

Health Plan	Choice of doctors, hospitals, pharmacies, and other providers	Specialty Care	Out-of-pocket costs	Paperwork
			reduce their charges to the plan; you pay less money out-of-pocket when you use a PPO provider.	
<b>Health Maintenance Organization</b>	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.
<b>Point-of-Service</b>	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 may have to file your own claims if you don't use the network.
<b>Consumer-Driven Plans w/Health Reimbursement Arrangement (HRA)</b>	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 do not use network providers. You may need to file a claim for reimbursement from your HRA.
<b>High Deductible Health Plans w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)</b>	Some plans are network only; others pay something even if you do not use a network provider.	Referral not required to receive maximum	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.

Health Plan	Choice of doctors, hospitals, pharmacies, and other providers	Specialty Care	Out-of-pocket costs	Paperwork
		benefits from PPO		

What should you consider when choosing a plan?

There are a variety of plans on our website to choose from and also, a tool that will help you [compare plans](#) and narrow your selection based on the benefits that are important to you

Questions to consider when choosing a plan:

**1. How much does the plan cost?**

Visit the Tribal Programs website to review [FEHB premiums](#). Each health plan carrier under the FEHB Program charges a different premium. At the maximum, you are responsible for the same premium contribution as Federal employees. Your Tribal employer pays the remainder and should provide you with the exact rates.

**2. What benefit 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. To review what services and supplies FEHB plans cover, visit the [Tribal Programs](#) website for specific plan information.

**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 [Tribal Programs](#) website for specific plan information.

**4. Who are the doctors, hospital, 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. Each HMO and FFS plan with a preferred provider organization publishes a participating provider directory that lists its participating physicians, hospitals, and other 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
- [Quality Healthcare](#)- how a plan performs in preventing or treating common conditions is measured by Healthcare Effectiveness Data and Information Set
- [Accreditation](#)- evaluations of health plans by independent accrediting organizations. Check the cover of your health plan’s brochure for its accreditation or go to the [NCQA website](#).

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