Federal Employees Health Benefits Program (FEHB)
Unexpected accidents and illnesses can be expensive. Even routine doctor visits and prescriptions can add up. With FEHB, you have 11 or more health plans to choose from. Each plan provides comprehensive coverage for you, your spouse, and your children under age 26. It’s competitive; your agency contributes to the premium. There are no waiting periods and no restrictions on pre-existing conditions. Cheers to health!

Federal Employees Dental and Vision Insurance Program (FEDVIP)
If you want more dental coverage than what your health plan offers, FEDVIP’s comprehensive dental insurance can cover you, your spouse, and your unmarried dependent children under age 22 for cleanings, x-rays, cavities, orthodontics, and more. With 10 dental plans to choose from, it’s easy to keep your family smiling.

Federal Employees Dental and Vision Insurance Program (FEDVIP)
If you want more vision coverage than what your health plan offers, FEDVIP’s comprehensive vision insurance can cover you, your spouse, and your unmarried dependent children under age 22 for eye exams, glasses, contact lenses, and even laser eye surgery. With 4 vision plans to choose from and premiums starting around $3 biweekly, you’re looking well.

Federal Employees’ Group Life Insurance Program (FEGLI)
With FEGLI, your family is protected from burdensome funeral costs and catastrophic income loss if you die unexpectedly. You can get coverage from as little as one year’s salary to more than six years’ salary and many options in between. You can also get coverage for your spouse and eligible children. Now that’s peace of mind you can live with.

Federal Long Term Care Insurance Program (FLTCIP)
If you cannot perform everyday tasks such as eating, dressing, and bathing because of a chronic illness, injury, disability, or aging, long term care insurance can help you pay for the assistance you need. With FLTCIP, you and your eligible family members can be protected from this financial burden that can cost an average of $30,000 to $83,000 a year.

Federal Flexible Spending Account Program (FSAFEDS)
More than 330,000 Feds use pre-tax dollars to save on their health and dependent care expenses. It’s like a 30% discount for what your family spends on prescriptions, doctor visits, glasses, orthodontics, and other health expenses. It’s also like a 30% discount on daycare expenses for your children under age 13 and on daycare for your adult dependents. When you’re in FSAFEDS, you’re in the money.

MORE INFO: www.opm.gov/insure
For complete information, including terms and conditions, please visit www.opm.gov/insure.
The Federal Flexible Spending Account Program (FSAFEDS)

FLEXIBLE SPENDING ACCOUNTS

More than 330,000 Feds use pre-tax dollars to save an average of 30% on their family’s health care and dependent care expenses.

When your insurance only covers part of an expense, or doesn’t cover it at all, you’re stuck with the bill. Joining FSAFEDS is like getting a 30% discount on what you, your spouse, and your eligible children under 26 spend on:

- Prescriptions
- Deductibles & copayments
- Office visits
- Lab tests
- Ambulance
- Transportation (if it’s a purely medical trip)
- Eyeglasses
- Prescription sunglasses
- Contact Lenses
- Laser eye surgery
- Orthodontics
- Birth control pills
- In vitro fertilization
- Massage Therapy
- Sunblock
- First aid kits
- Diabetes testing supplies
- Hand sanitizer
- Wheelchairs and walkers
- And more!

You can also use FSAFEDS pre-tax dollars to save about 30% on your family’s dependent care expenses. It’s like a 30% discount on:

For your children under age 13:
- Day care
- Summer day camp
- Babysitting
- Before and after school care
- Housekeeper whose duties include child care

Non-medical care for any adult who is mentally or physically incapable of self-care, who you claim as a dependent on your tax return, and who lives with you, such as your:
- Parent, grandparent, or in-law
- Spouse, sibling, or adult child

You file claims by mail, fax, or online. Some insurance plans will file claims automatically for you. FSAFEDS quickly reimburses you for these expenses with pre-tax dollars you’ve set aside from your pay.

NEW FOR 2015: We have lowered the annual minimum to $100 for each kind of FSAFEDS account.

NEW FOR 2015: Health care participants have 12 months to incur eligible expenses and can carryover up to $500 of unused funds each year. Dependent care participants have 14 1/2 months to incur eligible expenses but cannot carry over funds. You can enroll during the Federal Benefits Open Season and must actively re-enroll each year.

MORE INFO: www.FSAFEDS.com or 1-877-372-3337

For complete information, including terms and conditions, please visit www.FSAFEDS.com.

U.S. OFFICE OF PERSONNEL MANAGEMENT
The Federal Employees Dental and Vision Insurance Program (FEDVIP)

DENTAL INSURANCE

If you want more dental coverage than what your health plan offers, FEDVIP provides comprehensive dental insurance with no waiting periods (except orthodontia in some plans). You have several plans to choose from, each covering:

- Routine exams and cleanings
- Crowns
- Root canals
- Fillings
- Orthodontics
- X-rays
- Dentures
- And more!

Who can enroll?

Federal employees who are eligible to enroll in FEHB health insurance, but you do not have to be enrolled in FEHB. Contact your human resources office if you are unsure of your eligibility.

Who is covered by my enrollment?

- Self Only covers just you
- Self Plus One covers you and one specified eligible family member: your spouse or one unmarried dependent child under age 22
- Self and Family covers you, your spouse, and all your unmarried dependent children under age 22 listed on your enrollment

When can I enroll?

- During your first 60 days as a newly eligible employee; or
- During the Federal Benefits Open Season (mid-November to mid-December); or
- When you have a qualifying life event such as marriage or losing other dental coverage

How much does it cost?

- It depends on what plan you select and where you live. Some areas pay higher premiums than others
- Routine basic services like exams and cleanings are covered 100% when you use a network dentist. For other services, you usually pay part of the cost out-of-pocket

Online tools can help you select the right plan for your family:

Plan comparison tools available at www.opm.gov/FEDVIPcompare
Complete cost and coverage information for each plan available at www.opm.gov/dental

ENROLLMENT INFO: www.benefeds.com or 1-877-888-3337

For complete information, including terms and conditions, please review each plan’s brochure.
The Federal Employees' Group Life Insurance Program (FEGLI)

LIFE INSURANCE

FEGLI can help you protect your loved ones from burdensome funeral costs and catastrophic loss of your income if you die unexpectedly.

I want to... | When can I do this? | How can I do this?
---|---|---
Enroll or increase coverage | • First 60 days as a new or newly eligible employee; or<br>• Within 60 days after a life event (marriage, divorce, death of spouse, acquire an eligible child); or<br>• Life insurance Open Season (not annual - infrequent); or<br>• When you pass a physical exam (Option C excluded) | • Use your agency’s electronic enrollment system; or<br>• Go to opm.gov/forms/standard-forms<br>• Submit form SF 2817 to your human resources office<br>• Bring a blank form SF 2822 to your human resources office (physical exam applications only)

Cancel or reduce coverage | Anytime | Use your agency’s electronic enrollment system or submit form SF 2817 to your HR office

Designate a (new) beneficiary | Anytime | Submit form SF 2823 to your HR office

MORE INFO: www.opm.gov/life

For complete information, including terms and conditions, please visit www.opm.gov/life.
The Federal Long Term Care Insurance Program (FLTCIP)

LONG TERM CARE

If you cannot perform everyday tasks such as eating, dressing, and bathing because of a chronic illness, injury, disability, or aging, FLTCIP can help you pay for the assistance you need.

Who can apply for coverage?
- Most Federal employees (check with your human resources office if you are unsure of your eligibility),
- Annuitants regardless of FEHB eligibility,
- And their qualifying relatives, including:
  - Spouse
  - Same-sex domestic partner
  - Adult children
  - Parents and parents-in-law (of employees only)

Why would someone need long term care?
- Car accident
- Sports accident
- Disabling injury
- Alzheimer’s
- Stroke
- Multiple sclerosis
- Parkinson’s
- Other disabling condition
- Old age

Where would someone receive care?
- Home
- Assisted living facility
- Nursing home

Cost without long term care insurance
- $30,000/year
- $41,000/year
- $83,000/year

*Nat’l averages, John Hancock 2013 Cost of Care Survey

How much coverage should I get?
Use the Cost of Care In Your Area tool at LTCfeds.com
Consider how much of your own savings you can spend on long term care

How much does it cost?
Premiums are based on your age when you apply
Premiums are not guaranteed and may change in the future
Use the Calculate Premiums tool at LTCfeds.com

How do I get coverage under the Federal Long Term Care Insurance Program (FLTCIP)?
You must apply, answer health questions, and be approved for enrollment. Your qualified relative can apply even if you do not
- First 60 days as newly eligible employee (fewer questions - employee & spouse only)
- First 60 days after employee’s marriage (fewer questions - spouse only)
- Long term care open season (fewer questions - infrequent)
- Anytime (more questions - all eligible individuals)

MORE INFO: www.LTCfeds.com
For complete information, including terms and conditions, please visit www.LTCfeds.com.
VISION INSURANCE

If you want more vision coverage than what your health plan offers, FEDVIP provides comprehensive vision insurance for you and your eligible family members. You have 4 plans to choose from, each covering:

- Routine eye exams
- Contact lenses
- Discounts on laser eye surgery
- Eyeglass frames and lenses

- Lens options such as shatter-resistant polycarbonate; scratch-resistant, anti-reflective, and UV coatings; and tinted and progressive lenses

Who can enroll?
Federal employees who are eligible to enroll in FEHB health insurance, but you do not have to be enrolled in FEHB

Contact your human resources office if you are unsure of your eligibility

Who is covered by my enrollment?

- Self Only covers just you
- Self Plus One covers you and one specified eligible family member: your spouse or one unmarried dependent child under age 22
- Self and Family covers you, your spouse, and all your unmarried dependent children under age 22 listed on your enrollment

When can I enroll?

- During your first 60 days as a newly eligible employee; or
- During the Federal Benefits Open Season (mid-November to mid-December); or
- When you have a qualifying life event such as marriage or losing other vision coverage

How much does it cost?

It depends on what plan you select. Vision premiums start at around $3 biweekly for Self Only

All plans provide benefits for your choice of either glasses or contacts

Online tools can help you select the right plan for your family:

Plan comparison tools available at www.opm.gov/FEDVIPcompare
Complete cost and coverage information for each plan available at www.opm.gov/vision

ENROLLMENT INFO: www.benefeds.com or 1-877-888-3337

For complete information, including terms and conditions, please review each plan’s brochure.
# HEALTH INSURANCE

<table>
<thead>
<tr>
<th>Type of Health Plan</th>
<th>Features</th>
<th>Tradeoffs</th>
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</table>
| **Fee-For-Service with a PPO (Preferred Provider Organization)** | • See any doctor without referral  
• Nationwide and worldwide coverage  
• When you use an in-network doctor or hospital, you pay less | • You may have to pay more out-of-pocket for services than you would with other plan types  
• You may have some paperwork if you do not use a preferred provider |
| **HMO** | • Little paperwork, if any  
• Simpler costs: your out-of-pocket cost for a service is usually limited to a fixed dollar copayment rather than a percentage of the cost  
• Some HMOs offer a Point-of-Service product allowing you to use an out-of-network provider, but you usually pay more and need to submit a claim | • Generally must use in-network doctors and hospitals  
• Usually need a referral to see a different provider |
| **High-Deductible with a Health Savings Account** | • Covers high-cost medical events  
• Puts money into an interest-bearing Health Savings Account (HSA) and lets you add money into it  
• Make tax-free withdrawals for qualified medical expenses  
• Portable if you retire or leave government  
• Lower premiums | • Higher deductible  
• Cannot get an HSA if you are covered by any other health plan, including Medicare  
• Can use a medical fund (see below) if you are ineligible for an HSA |
| **Consumer-Driven with a medical fund** | • Your health plan puts money into a medical fund for you  
• If your medical expenses for the year are less than the amount of your medical fund, you pay nothing out-of-pocket  
• Lower premiums | • Must pay deductible if your health expenses exceed the amount of your medical fund  
• Medical fund is not portable, not interest-bearing, and you cannot add money to it |

### When can I change plans? How do I change plans? How can I compare plans?

<table>
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<tr>
<th>When can I change plans?</th>
<th>How do I change plans?</th>
<th>How can I compare plans?</th>
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</table>
| Federal Benefits Open Season (mid-November to mid-December), or when you have a qualifying life event such as marriage, divorce, or birth | Use your agency’s electronic enrollment system, or submit form SF 2809 to your human resources office (www.opm.gov/forms) | Use the plan comparison tools at www.opm.gov/FEHBcompare  
Review each plan’s brochure at www.opm.gov/FEHBbrochures |

**MORE INFO: www.opm.gov/health**

For complete information, including terms and conditions, please review each plan’s brochure.
The Federal Employees Health Benefits Program (FEHB)

HEALTH INSURANCE

Unexpected accidents and illnesses can be expensive. Even routine doctor visits and prescriptions can add up. With FEHB, you can get comprehensive health insurance coverage for you, your spouse, and your children under age 26.

There are no waiting periods and no restrictions on pre-existing conditions. No matter where you live, you have 11 or more health plans to choose from, each covering:

- Routine physical exams
- Ambulance services
- Routine doctor’s office visits
- Inpatient hospital care
- Specialist visits
- Surgery
- Lab tests
- X-rays
- Prescriptions
- Maternity care
- Stop smoking aids
- Urgent care
- Mental health services
- Physical therapy
- And more

Who can enroll?

Most Federal employees are eligible

Check with your human resources office if you are unsure

When can I enroll?

During your first 60 days as a newly eligible employee; or

During the Federal Benefits Open Season (mid-November to mid-December); or

When you have a qualifying life event such as marriage, divorce, or birth

How much does it cost?

It depends on what plan you select

Each pay period, you pay about 30% of the premium and your agency pays about 70%

Generally you also pay part of the cost for any service you receive

How do I enroll?

Use your agency electronic enrollment system, or

visit www.opm.gov/forms and submit form SF 2809 to your human resources office

Online tools can help you select the right plan for your family:

Use the plan comparison tools at www.opm.gov/FEHBcompare

Complete cost and coverage information for each plan available at www.opm.gov/health

MORE INFO: www.opm.gov/health

For complete information, including terms and conditions, please review each plan’s brochure.