

U.S. Department of Energy

OAK RIDGE OPERATIONS OFFICE

ANNOUNCEMENT

3890

November 7, 2002

SUBJECT: HEALTH BENEFITS OPEN SEASON: NOVEMBER 11 - DECEMBER 9, 2002

The Federal Employees Health Benefits (FEHB) open season will be held from November 11, 2002 through December 9, 2002. During open season, any eligible employee who is not currently registered may enroll, and any eligible enrollee may change from one plan or option to another; from self only to self and family; or make a combination of these changes. Enrollees who wish to continue their current enrollment do not need to take any action during this open season. Enrollees whose plans will not be participating in the FEHB Program after December 31, 2002, or whose plans dropped the enrollment code they are enrolled in, **MUST** enroll in a different plan to continue FEHB coverage in 2003. There will not be any Health Maintenance Organizations (HMO Plans) offered for Knoxville, Tennessee, and surrounding areas.

Enrollment Information, the 2003 Comparison Guide, and brochures for all plans are available on the Human Resources Division web site at <http://www.oro.doe.gov/pmab> and in the Personnel and Management Analysis Branch (PMAB) in Room 1221 of the Federal Building. Employees wishing to enroll, change, or cancel their enrollment must complete Standard Form 2809, Health Benefits Registration. This form is available in Room 1221 of the Federal Building and in Room 32 of the Office of Scientific and Technical Information. It is also available online at http://www.opm.gov/forms/pdf_fill/sf2809.pdf.

If you are currently enrolled in a plan, your plan will send you a copy of its brochure and notice of the 2003 rates. You are encouraged to contact your current or potential physician(s) to assure they will be participating in your chosen plan for our servicing area.

New enrollments and changes in current enrollments elected during the open season will become effective **January 12, 2003**. If you enroll in a new plan or change your enrollment status from self only to self and family, receipt of your new FEHB identification card may take 6 to 8 weeks from the date new coverage begins. In the interim, the "Employee Copy" of your Health Benefits Registration Form should be used for identification purposes. If you change plans, any covered expenses incurred between **January 1, 2003** and **January 11, 2003**, will count toward the **2002** deductible of the plan you are changing from.

DISTRIBUTION: TO ALL ORO, YSO, & OSTI EMPLOYEES

No: 05

There are three basic types of plans available under the FEHB program:

- (1) **Managed Fee-for-Service Plans:** These plans reimburse you or your health care provider for covered services. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers.

These plans are considered “managed” because they all contain features such as pre-certification of hospital admissions and utilization review of ongoing care. In addition, most of the fee-for-service plans have preferred provider arrangements in many parts of the country. You can reduce your out-of-pocket expenses and, in some cases, receive enhanced benefits by using preferred providers.

Fee-for-service plans include the Service Benefit Plan sponsored by Blue Cross and Blue Shield and plans sponsored by unions and other employee organizations. Several employee organization plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans. Other employee organization plans are restricted to employee organization groups and/or agencies. *(See the employee organization plan brochures for information about membership and membership fees, which are in addition to your biweekly or monthly premiums.)*

- (2) **Health Maintenance Organization Plans - HMOs:** These plans provide a comprehensive array of medical services, emphasizing prevention and early detection of disease, through contracted physicians, hospitals, and other providers in particular locations. As stated above, no HMOs are available for the Knoxville, Tennessee, area.

Each HMO is open to employees within the plan's enrollment area. You cannot enroll in an HMO if you are located outside its enrollment area. Refer to the plan's brochure if you have any questions about the enrollment area. If you are enrolled in an HMO outside of the state of Tennessee, be sure to review the brochure carefully to see if there are any changes in the plan's service area which would require any action on your part.

- (3) **Plans Offering a Point of Service (POS) Product:** Some FEHB plans blend their features. A number of fee-for-service and HMO plans now offer both forms of health care delivery, known as "in network" and "out of network." In an HMO that offers a POS product, the POS product acts like a fee-for-service plan. As an HMO enrollee, you may use non-affiliated (out of network) providers if you wish, but the services will cost you more in terms of deductibles and coinsurance than if you used plan providers.

In a fee-for-service plan with a POS product, the POS product acts like an HMO. If you agree to let your medical care be managed by network physicians, you will get a better benefit, usually in the form of richer benefits and lower copays or coinsurance.

Your assistance is requested in making desired changes as early as possible in the open season. If you have any questions or need additional information, please contact Cathy Clifton, Human Resources Specialist, at (865) 576-0680. Completed forms should be forwarded to Ms. Clifton prior to close of business on December 10, 2001.

Please note, the Office of Management and Budget has requested that we notify you that the information you provide by enrolling in the FEHB may also be used for computer matching with Federal, State, or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the FEHB, Medicare, or other Government benefits programs.



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