

# Making Your Open Season Choices

By Tammy Flanagan

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We're coming to the end of the first full week of the annual open season for the Federal Employees Health Benefits Program, Federal Flexible Spending Account Program and Federal Employees Dental and Vision Insurance Program. That means you have three weeks (and four weekends) left to make your choices for 2017.

I've been getting lots of questions already regarding health plan options, so it seems that many of you are not procrastinating and are evaluating the best choices for you and your family. That isn't easy, since you can't know for sure what the future will hold when it comes to your health.

So, how do you decide? Let's look at some key factors you should consider.

## Preferred Provider Organizations

Using PPO providers (doctors who are in your plan network) will save you money in every health plan and in some cases are required because benefits are generally not available for services performed by non-preferred providers. This caveat is especially true with many health maintenance organization plans, but may also be true with some of the low-option PPO plans.

You may have some physicians and other health care providers that you are not willing to change. If you decide to switch health plans, be sure these providers are in the PPO network of your new plan. Once you've narrowed your choice to the top three or four plans, you can search the online provider directory at the plan's website or contact your provider by phone to find out.

Remember, the PPO network may not be the same as the name of your health plan. You can find the PPO network or HMO service area in your plan's [Summary of Benefits](#) or in [Section 1 of every 2017 plan brochure](#).

## Drug Coverage

You may take some drugs that are prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Examples of such conditions include high blood pressure, high cholesterol and diabetes. It's easy to compare how much it will cost to fill these prescriptions, since all health plans now have a prescription drug calculator on their website.

You can find links to your health plan websites by using the [plan information page at the Office of Personnel Management's website](#).

I compared prices for the drug Pradaxa, which is used to treat heart disease by preventing blood clots. Since this is a brand-name drug, it can be expensive. Here's what I found::

- Plan A: Annual cost for mail service: \$263.61. Annual cost for retail pharmacy: \$1,321.91
- Plan B: Mail service: \$320. Retail pharmacy: \$1,244.04
- Plan C: Mail service: \$608.33. Retail pharmacy: \$912.50
- Plan D: Mail service: \$223.06. Retail pharmacy: \$861.89.
- Plan E: Mail service: \$2,027.78. Retail pharmacy: \$2,203.26

Of the plans, only Plan C did not use Caremark to fulfill prescription drug coverage. Yet there are still significant differences in cost among them.

## Other Health Insurance Besides FEHBP

Many federal employees and retirees have additional health coverage besides their enrollment in FEHBP. This can include coverage under a spouse's non-federal health plan, Medicare, TRICARE (military health plans for active duty and retired members of the uniformed services, as well as their families and survivors) and Veterans Affairs health benefits. If you have other health coverage, it is important to know which plan is primary payer and which plan pays second (or third if you have more than one other plan). There is a primary payer chart in Section 9 of every FEHBP plan brochure, along with information regarding how your health plan coordinates benefits with other health plans.

One of my readers, Bob J., has a 10 percent military service-connected disability. This means all of his health care needs (both service-connected and non-service-connected), are covered 100 percent by the VA. In addition, he can get an eye exam and one pair of eyeglasses per year. All of his outpatient prescription drugs cost \$8. Bob is approaching age 65, and considering joining a low-cost FEHBP plan in case he moves to a location where VA facilities aren't

easily accessible. He's also trying to determine if adding Medicare Part B for an additional premium will be worth the cost. It won't be an easy call, since he already receives excellent health care from the VA.

### **Catastrophic Protection**

One of the biggest reasons to have health insurance is to protect you if you encounter a medical situation that could drain your savings and derail your financial security. This is the hardest type of feature to compare between federal health plans, since you can't know in advance what type of accident or illness might strike.

Be aware that some expenses do not count towards your health plan's catastrophic protection and out-of-pocket maximums. This can include receiving treatment outside of your plan's PPO network, the cost of brand-name drugs if a generic is available or the cost of medical care in excess of maximum benefit limitations.

Catastrophic protection varies widely among FEHBP plans. You can compare yearly out-of-pocket limits in [Section 4 of your plan brochure](#).

The bottom line is open season is the time when you should evaluate your current health plan and determine if it is time to switch to a plan that better meets the needs of you and your family. In addition to resources provided by OPM, you can consult the [Guide to Federal Health Plans for Employees and Annuitants](#) published by Consumers Checkbook. Also, most agencies hold health fairs, and if yours is not, Federal Long Term Care Partners is holding a [virtual health fair](#).

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