



2019 New Hire Health Enrollment Guide



Welcome to Your Health Plan Enrollment

As a new benefit eligible employee of Chugach, you have **medical** and **prescription drug** benefit choices to make through the Federal Employees Health Benefits (FEHB) Program.

The FEHB Program, administered by the Office of Personnel Management (OPM), offers a wide variety of medical plans and coverage to help you meet your health care needs. This program is open to eligible employees regardless of health status. There are no pre-existing condition limitations or waiting periods. The medical plans include prescription drug coverage and you can choose the plan that best suits your individual needs. On average, you can choose from at least 12 different health plans, including:

- **Fee-for-Service** plans and their **Preferred Provider Organizations (PPOs)**;
- **Health Maintenance Organizations (HMOs)** for those who live within the plan's geographic area; and
- **Consumer-Driven** and **High Deductible** Health Plans (HDHPs) that offer catastrophic coverage with higher deductibles, health savings or reimbursement accounts, and lower premiums.



Chugach has a web portal where you can access all the information you need to complete your health enrollment. You can access the Chugach Benefits Portal at www.chugachbenefits.org, at any time of the day or night.

The Chugach benefit portal has links to the OPM website, www.opm.gov/healthcare-insurance/tribal-employers/. This site has all the information you need to review which plans are offered in your area, so you can compare the costs and benefits and begin the enrollment process. Please note: the costs listed on the OPM website do not reflect the actual premium cost you will pay to participate in the plans; please refer to the fee rate sheets in the Chugach Benefits Portal.

Getting Started

The first step in enrolling for medical coverage is to decide what type of plan you need. If you are healthy, you probably don't need medical care often (beyond preventive care), and it may not make sense to pay for more than you need. However, if you need medical care frequently during the year, you may want to have a higher level of coverage.

Remember to consider the *total cost* of coverage, including deductibles and out-of-pocket costs, and not just the premium amount.

The following are questions to consider when choosing a medical plan.

What benefits does the plan cover?

Think about your expected health care needs and those of your family. Are you expecting a baby? Does someone in your family need surgery? Do you take any prescription medications? Make sure the plan covers the health care services that are important to you, and know what's covered and what isn't.

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 copayment or coinsurance (your share of the cost of medical services or supplies)? Be sure to review these features as you are comparing medical plans.

Where are the doctors, hospitals, and other care providers I can use?

Your costs are lower when you use providers that are part of the plan's network; these are called "in-network" providers. If you already have a doctor you prefer, make sure your doctor participates in the network of the plan you are considering by checking the plan's provider network directory. However, doctors and hospitals often change networks, so it's a good idea to check with your doctor first to be sure they are still part of the network of the plan you're considering.

Does the plan provide quality care?

The quality of care varies from plan to plan. As you're comparing plans, it's a good idea to review quality of care results for each plan. You can find out more about quality of care and how it's measured on the OPM website.

Compare the plans

Since you have a variety of medical plans to choose from, it's a good idea to compare the plans to see which one is best for you. The OPM website makes it easy for you to see which plans are available where you live, how much they cost, and what types of coverage they offer.

To see a side-by-side comparison of the plans offered in your area, go to the Compare Plans tool at www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/.

1. To compare the plans available in your location, enter your ZIP code, choose **Tribal Employee** and the **number of family members**. Then click "**Search**".
2. You will see a chart with the plans available in your area. Click on the plans you want to compare; you can view up to four plans at a time.
3. Once you've selected the plans to compare, click **Compare Selected Plans** to see your choices.
4. You will see a chart with the plans you chose. You can compare plans based on **General Information, Quality, Rates**, and the **Benefits** provided by each plan.
5. You can do further comparisons to view more detailed information on the selected plans. Click **Do Further Comparison on Selected Plan(s)**.



How much are the plan premiums?

As you compare plans, review the 2019 premiums for the FEHB plans you are considering. Each FEHB health plan carrier charges a different premium.

Below is a list of the Chugach FEHB Fee-for-Service (FFS) plans and premiums. You can access the benefits portal at www.chugachbenefits.org for a listing of Chugach FEHB HMO premiums.

2019 Tribal Premium Rates for the Federal Employees Health Benefits Program						
Fee-for-Service Plans (FFS)			2019 Semi-Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Chugach Monthly Rates	Employee Monthly Rates	Employee Semi-Monthly Rates
Nationwide APWU Health Plan						
	High Self	471	\$726.22	\$522.88	\$203.34	\$101.67
	High Family	472	\$1,742.91	\$1,254.90	\$488.01	\$244.01
	High Self Plus One	473	\$1,525.03	\$1,098.02	\$427.01	\$213.50
	CDHP Self	474	\$597.68	\$448.26	\$149.42	\$74.71
	CDHP Family	475	\$1,417.09	\$1,062.82	\$354.27	\$177.14
	CDHP Self Plus One	476	\$1,299.00	\$974.25	\$324.75	\$162.38
Nationwide Blue Cross and Blue Shield Service Benefit Plan						
	Standard Self	104	\$741.89	\$534.16	\$207.73	\$103.86
	Standard Family	105	\$1,719.32	\$1,237.91	\$481.41	\$240.70
	Standard Self Plus One	106	\$1,622.42	\$1,168.14	\$454.28	\$227.14
Nationwide Blue Cross and Blue Shield Service Benefit Plan						
	Basic Self	111	\$638.95	\$479.21	\$159.74	\$79.87
	Basic Self Family	112	\$1,522.21	\$1,138.19	\$384.02	\$192.01
	Basic Self Plus One	113	\$1,436.15	\$1,066.59	\$369.56	\$184.78
Nationwide Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus – NEW						
	Blue Focus Self	131	\$460.59	\$345.44	\$115.15	\$57.58
	Blue Focus Self & Family	132	\$1,089.18	\$816.89	\$272.29	\$136.15
	Blue Focus Self Plus One	133	\$990.21	\$742.66	\$247.55	\$123.78
Nationwide GEHA Benefit Plan						
	High Self	311	\$728.33	\$524.40	\$203.93	\$101.97
	High Family	312	\$1,816.25	\$1,307.70	\$508.55	\$254.28
	High Self Plus One	313	\$1,602.32	\$1,153.67	\$448.65	\$224.32
	Standard Self	314	\$509.45	\$382.09	\$127.36	\$63.68
	Standard Self & Family	315	\$1,283.66	\$962.75	\$320.91	\$160.46
	Standard Self Plus One	316	\$1,095.34	\$821.51	\$273.83	\$136.92

**2019 Tribal Premium Rates for the
Federal Employees Health Benefits Program**

Fee-for-Service Plans (FFS)			2019 Semi-Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Chugach Monthly Rates	Employee Monthly Rates	Employee Semi-Monthly Rates
Nationwide GEHA High Deductible Health Plan						
	HDHP Self	341	\$508.78	\$381.59	\$127.19	\$63.60
	HDHP Self & Family	342	\$1,262.50	\$946.88	\$315.62	\$157.81
	HDHP Self Plus One	343	\$1,093.86	\$820.40	\$273.46	\$136.73
Nationwide MHBP - Consumer Option						
	HDHP Self	481	\$562.03	\$421.52	\$140.51	\$70.26
	HDHP Self & Family	482	\$1,305.94	\$979.46	\$326.48	\$163.24
	HDHP Self Plus One	483	\$1,243.78	\$932.84	\$310.94	\$155.47
Nationwide MHBP - Std						
	Standard Self	454	\$576.64	\$432.48	\$144.16	\$72.08
	Standard Self & Family	455	\$1,340.04	\$1,005.03	\$335.01	\$167.51
	Standard Self Plus One	456	\$1,327.28	\$995.46	\$331.82	\$165.91
Nationwide MHBP - Value Plan						
	Value Self	414	\$477.17	\$357.88	\$119.29	\$59.65
	Value Self & Family	415	\$1,153.19	\$864.89	\$288.30	\$144.15
	Value Self Plus One	416	\$1,130.61	\$847.96	\$282.65	\$141.33
Nationwide NALC						
	High Self	321	\$682.09	\$498.72	\$183.37	\$91.69
	High Self & Family	322	\$1,531.68	\$1,138.19	\$393.49	\$196.75
	High Self Plus One	323	\$1,501.44	\$1,081.04	\$420.40	\$210.20
	CDHP Self	324	\$473.53	\$355.15	\$118.38	\$59.19
	CDHP Self & Family	325	\$1,067.67	\$800.75	\$266.92	\$133.46
	CDHP Self Plus One	326	\$1,034.35	\$775.76	\$258.59	\$129.30
Nationwide NALC Value Option						
	Value Self	KM1	\$388.64	\$291.48	\$97.16	\$48.58
	Value Self & Family	KM2	\$876.63	\$657.47	\$219.16	\$109.58
	Value Self Plus One	KM3	\$848.86	\$636.65	\$212.21	\$106.11
Nationwide SAMBA						
	High Self	441	\$912.69	\$657.14	\$255.55	\$127.78
	High Family	442	\$2,190.44	\$1,577.12	\$613.32	\$306.66
	High Self Plus One	443	\$2,007.89	\$1,445.68	\$562.21	\$281.10
	Standard Self	444	\$686.90	\$498.72	\$188.18	\$94.09
	Standard Family	445	\$1,579.93	\$1,138.19	\$441.74	\$220.87
	Standard Self Plus One	446	\$1,511.23	\$1,088.09	\$423.14	\$211.57

Dental & Vision Plans

Your dental and vision benefits are administered by Meritain Health.

Dental Benefits	
Dental Benefit Deductible per Calendar Year	
Individual	\$50
Family	\$150
Dental Benefit Percentages	
Type I — Diagnostic & Preventive (not subject to Deductible)	100%
Type II — Restorative	80%
Type III — Reconstructive	80%
Type IV — Orthodontia	50%
Dental Benefit Maximums	
Per Calendar Year — Types I, II & III Combined	\$2,000
Per Lifetime Maximum — Type IV Orthodontia	\$1,500

Late Enrollment Restriction

If you and your eligible dependent(s) fail to enroll for employee or dependent coverage during your initial eligibility period; during a Special Enrollment Event or Status Change Event, or terminate/drop coverage and subsequently re-enroll, coverage will be limited as follows:

During the first 12 months, coverage will be limited to Type I-Preventive services and Type II-Restorative services only.

You can use any contracted dental provider to receive benefits; but you may receive additional cost savings if you obtain services by an in-network provider. Visit www.aetna.com/docfind/custom/mymeritain and select the *Aetna Dental Access/Vital Savings by Aetna* link.

Vision Benefits	
Exam (one per calendar year)	100%
Lenses, Frames and Contacts (limited to \$400 per calendar year)	100%
Elective Corrective Eye Surgery This benefit includes Kerato-Refractive, Conductive Keratoplasty, PK, PRK, and LASIK procedures and visits.	50%

Find online tools and information:

Did you know you can find a variety of health care tools and resources at www.meritain.com?

Your member website, myMERITAIN, gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

With myMERITAIN you can:

- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanations of Benefits (EOBs).
- Review your benefit plan document.

Questions? Give Meritain a call at 1.866.808.2609.

Coverage for Dependents

The FEHB plans consist of three-tier coverage options. You are allowed to enroll in self only, self + one (spouse or child), or self + family coverage.

The Dental & Vision plans allow for different tiers of coverage. You can enroll in employee only, employee + children, employee + spouse/domestic partner, and employee + family.

Eligible family dependents include:

- A spouse, including same-sex couples legally married, as defined by the Tribal Guide.
- A domestic partner under the Dental & Vision plans only (domestic partners are not eligible under FEHB).
- Children under age 26 (including adopted children, recognized natural children or stepchildren, or foster children living with the employee in a parent-child relationship).

Chugach requires documentation of dependent status to enroll a dependent in the plan.



The following is a list of required dependent documents:

	Dependents	Eligibility	Required Documentation
FEHB & Meritain	Spouse	Your legally married spouse	<ul style="list-style-type: none"> Photocopy of marriage certificate registered through the county or state in which you were married
Meritain Only	Domestic Partner	As defined in the Meritain Health Summary Plan Description (SPD)	<ul style="list-style-type: none"> Completed Affidavit of Domestic Partnership and Declaration of Tax Status Form
FEHB & Meritain	Child(ren)	<p>An eligible dependent child is defined as “child(ren)” to age 26 regardless of whether or not he or she is:</p> <ul style="list-style-type: none"> Married Living with you In school Financially dependent on you 	<ul style="list-style-type: none"> Natural Child – Photocopy of birth certificate showing the name of the employee Step Child – Photocopy of birth certificate showing the name of the employee’s spouse or partner as a parent and a photocopy of the marriage/partnership certificate showing the names of the employee and spouse/partner Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren) – Photocopy of Affidavits or Dependency, final Court Orders with the presiding judge’s signature and seal, or Adoption Final Decree with the presiding judge’s signature and seal
FEHB & Meritain	Dependent Child(ren) with Disabilities	Any dependent child(ren) that is unable to earn his or her own living because of a mental or physical disability that started prior to the date he or she reached the maximum age for dependent children; and he or she depends on the plan participant for his or her principal support or maintenance	<ul style="list-style-type: none"> Photocopy of documentation as noted above for the Child(ren) dependents and written verification of disability by a Physician

Enrolling for Coverage

To enroll in the medical plan you have chosen, download, complete, and print the FEHB Health Benefits Election Form at www.opm.gov/forms/pdf_fill/sf2809.pdf. This includes step-by-step instructions for each section of the form, as well as other information you will need to enroll.

You must provide the full names, addresses and social security numbers of any eligible dependents you plan to cover under your medical plan.

Complete the Dental & Vision enrollment form. Be sure to sign the form and send it back to your HR department, even if you decline coverage.

Making Changes During the Year (Life Events)

The medical coverage you choose during this initial enrollment period will stay in effect until open season, or unless you have a qualifying life event such as:

- Marriage or divorce
- Birth or adoption of a child
- Losing or gaining other qualified coverage

You can make certain changes to your coverage during the year if they are consistent with the life event you experience. To see which changes are considered qualifying life events, and the changes you can make to your coverage, review the *Life Events* section of the OPM website.

To Learn More

To learn more about the different medical plans available and how they work, go to *Plan Types* for descriptions and definitions [on the OPM website](#).

The Summary of Benefits has links to plan summary information for each of the plans offered in your state.

You can look up unfamiliar words or terms in the Insurance Glossary.

Be sure to review frequently asked questions and answers in the Insurance FAQs section.

You can also review a variety of guides that explain the benefit plans and features.

Visit the Chugach benefits portal, www.chugachbenefits.org, which is filled with a variety of tools you can use to get more information and select your coverage from the FEHB plans available in your area.

Visit the links to online educational presentations where you can learn more about the FEHB program at your convenience.

Review the instructions on how to find and compare health care provider networks in your area, as well as how to find out if your doctors are in a plan's network.

We are confident you will find the right health plan to meet your needs—and those of your family!



Chugach