

Your Federal Benefits Explained

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FEDERAL EMPLOYEES' DENTAL AND VISION INSURANCE PROGRAM

Enrollment in the Vision and Dental Insurance Program (FEDVIP) will become available for all federal employees, retirees, survivors and family members who are eligible to participate in the Federal Employees Health Benefit (FEHB) program beginning with the November 13 to December 11, 2006 open season.

The FEDVIP will provide supplemental dental and vision insurance coverage. The enrollment in the FEDVIP is separate from the FEHB program. Further, the Vision and Dental coverage are two different policies – no insurer is offering both as a single package. The enrollment options for the Vision and/or Dental plans are (1) self, (2) self plus one, and (3) self and family.

The FEDVIP reenrollment is automatic each year unless the enrollee makes a change. Employees must participate in premium conversion (pre-tax payment) of the FEDVIP premium. Annuitants are not eligible for premium conversion for their FEHPB or FEDVIP premiums.

FEDVIP premiums are 100% the enrollees cost, there is no government contribution. Since there is no government contribution, there is also no “5-year rule.” Retirees and survivors are eligible to enroll as are employees who are retiring in less than 5 years.

To enroll in the FEDVIP, you utilize the website www.BENEFEDS.com. There are limited changes that enrollees may make due to a “Qualifying Life Event” (QLE). Any enrollment change being made based on a “Qualifying Life Event” can be requested 31 days before to 60 days after the event. If the “Qualifying Life Event” is moving out of the service area, there is no time limit.

Possible FEDVIP Enrollment Changes Outside of Open Season

QLE that may permit a change in enrollment	From Not Enrolled to Enrolled	INCREASE from Self Only to Self Plus One or to Self and Family or from Self Plus One to Self and Family	DECREASE from Self and Family to Self Plus One or to Self Only or from Self Plus One to Self Only	Cancel	CHANGE from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Return to pay status from active military duty	Yes	No	No	No	No
Annuity or Compensation Restored	Yes	No	No	No	No

About FEDVIP Plans

OPM has contracted with seven plans to provide dental insurance and three plans to provide vision insurance under FEDVIP.

Four dental plans offer nationwide coverage:

- (1) Aetna
- (2) GEHA
- (3) MetLife
- (4) United Concordia.

Three dental plans are regional:

- (1) GHI (in New York and parts of New Jersey, Pennsylvania and Connecticut)
- (2) CompBenefits (in 21 states)
- (3) Triple-S, Inc. (in Puerto Rico).

Some dental plans will offer two plan options: Standard and High, while others will offer only the High option.

All three vision plans offer nationwide coverage:

- (1) BlueCrossBlueShield
- (2) Spectera, Inc.
- (1) Vision Service Plan (VSP).

You'll note that some of the carriers offering FEDVIP plans also offer FEHB plans – namely, Aetna, BlueCrossBlueShield, GEHA, GHI and Triple S. Keep in mind that their FEDVIP and FEHB plans are completely separate. Individuals who are enrolled in one of these carriers' FEHB plans do not have to choose the same carrier's FEDVIP plan, and visa versa.

Each plan will have a brochure stating its premiums and benefits. For plan information and premiums go to www.opm.gov/insure/dentalvision.

Key Program-wide Features

No pre-existing condition exclusions and waiting periods for *orthodontia only*. There is no exclusion for pre-existing conditions for FEDVIP plans. Waiting periods are allowed only for orthodontic services. If a plan has a waiting period, the person receiving the services must be enrolled in the **same plan** for the entire duration of the waiting period, as specified by the plan. Waiting periods satisfied under FEHB plans or other supplemental dental plans cannot be applied toward FEDVIP plans.

Network Access: Regional versus National

All of the plans have provider networks. Plans vary according to whether or to what extent they will pay benefits for services provided by a non-network provider. Eligible individuals should study a plan's brochure and provider directory carefully before enrolling.

Regional plans have limited service areas and may require that enrollees receive care from providers who contract with them in order to receive benefits, except for emergencies. If an

enrollee or a covered family member moves outside of a regional plan's service area, the enrollee can change to another plan, as explained in the section on Qualifying Life Events.

Coordination of Benefits

Some FEHB plans already cover some dental and vision services. If a FEDVIP enrollee's FEHB plan does provide any benefits for dental and vision services, the FEHB plan will be the first payor of any benefits. FEHVIP plans are responsible for coordinating benefits with the primary payor.

FEDVIP plans will also coordinate benefit payments with the payment of benefits under other group health benefits coverage enrollees may have and the payment of dental or vision costs under no-fault insurance that pays benefits without regard to fault. They will also coordinate benefits with other group dental or vision insurance, if that information is provided by enrollees.

FEDVIP plans may request that enrollees verify/identify their health insurance plan(s) annually or at the time of service. Please note that enrollees who change FEHB plans during open season after enrolling on BENEFEDS should communicate that change to BENEFEDS. Providing FEHB information may reduce enrollees' out-of-pocket costs.