



HEALTH AND LIFE INSURANCE BENEFITS

AT THE TIME OF SEPARATION
FROM THE GS/OAS

14-DEC-2006



Health Insurance

- a. Self-Insured Health Plan administered by CareFirst BCBS
- b. Kaiser Permanente

- Who is eligible to participate
 - Participation is regulated by the [Policy on Participation](#) which establishes eligibility requirements.
 - General Provisions
 - Must be member 12 months minimum before separation.
 - Unmarried dependent children up to age 25 if full time students may maintain coverage.
 - No additional dependents can be added or reinstated to the coverage after separation from service.
 - Citizens or Residents of US at age 65 are required to enroll in Medicare A and/or B.
 - Opportunity to change plans during January Open Enrollment.
 - Premiums are billed in advance every six months by WT. Can be paid directly from Pension, Credit Union account or check.
 - Complete [Application form](#).



Benefit Plan Options

- **Self-Insured Health Plan administered by CareFirst BlueCross BlueShield (Preferred Provider Organization – PPO)**
 - Claims are paid by BCBS from the GS/OAS Medical Benefits Trust Fund, funded by contributions from the GS/OAS and the participants
 - PPO has a network of healthcare providers the insured may use to obtain better benefits, or may also seek services worldwide from providers out of the network, and pay established deductibles and coinsurance.

- **Kaiser Permanente (Health Maintenance Organization - HMO)**
 - Prepaid health plan.
 - Insured's health services are managed by a primary care provider. PCP will refer to specialist.

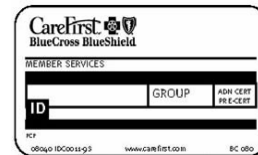
Both plans provide comprehensive medical, prescription drugs, vision, dental, and preventive benefits.

Characteristics and differences of each option.

[Comparison Chart](#)



CareFirst BCBS



Summary of Benefits

In-network vs. out-of-network

- **Identification Card**
- **Different types of providers** www.carefirst.com
 - **Select Preferred Providers (You pay small co-payment, file no claims)**
 - **Participating Providers (You pay deductible and coinsurance, Providers accept BCBS UCR allowance, you file no claims)**
 - **Non-participating Providers (You pay full amount to provider, request itemized bill, file claim to BCBS. Receive reimbursement from BCBS based on UCR allowance, minus deductible and coinsurance)**
- **Prescription Drug Benefit - three tier benefits – Pharmacy – Mail**
www.carefirst.com/pharmacy/html/PharmacyHome.html
- **Vision Care Benefits**
- **Dental Benefits**
- **How to submit claim forms**



CareFirst BCBS



Medicare

Is the United States government health insurance program that covers people age 65 or older.

Upon reaching age 65, US Citizens or Residents are eligible for Medicare A and/or B coverage, and are required to enroll.

- Medicare A pays hospital charges, Medicare B pays physician charges.

If a person contributed to Soc. Sec. during working years – he/she is eligible for Medicare A at no cost, and Medicare B by paying a monthly premium to Medicare. The application is made with Social Security during the initial enrollment period (3 mos. before 65th b/day).

- Medicare becomes primary coverage and covers 80% of charges – OAS/BCBS coverage is secondary and pays remaining 20%.
- Present both Medicare and BCBS ID cards to provider. Provider submits claim to Medicare first. After Medicare pays, Medicare EOB is submitted to BCBS to pick up balances.
- You must inform GS/OAS of this enrollment by sending a copy of the Medicare card. The OAS premium will be reduced to help pay for the Medicare B cost.



CareFirst BCBS



Medicare

- In the case of OAS staff members with G4 visa, when you become a Resident of US and reach 65 years of age, you are eligible for Medicare B and must apply for it. You pay the Medicare B premium. You must inform OAS of this enrollment by sending a copy of the Medicare card. The OAS premium will be reduced to help pay for the Medicare B cost.
- The application with Social Security is done during the Annual Enrollment - Jan-March each year and the coverage is effective July 1st of that year.
- If the spouse contributed to Social Security, when spouse reaches 65, both are eligible for Medicare A&B.
- Medicare D Prescription Drugs. OAS has decided to maintain Prescription Drug Benefits and recommends that retirees not apply because the OAS coverage offers comparable benefits.
- Those services that are not covered by Medicare, i.e. dental services, acupuncture, and services received outside the United States, will be covered by the OAS/BCBS coverage as in the past.



CareFirst BCBS



If you move overseas

- Enrollment will be changed to home country.
- Overseas medical costs are reimbursed at 90% with no deductible. [Summary of Benefits](#)
- Overseas claims are submitted through DHR, with supporting original itemized bills. Local currency will be converted by BCBS to US Dollars. BCBS issues payment check sent to DHR. DHR deposits check in Credit Union or other bank account and mails EOB to subscriber.
- Medical costs received in USA are considered in-network or out-of-network.
- Prescription drugs purchased in USA are reimbursed as out-of-network at 80% after \$150 deductible.
- If you have Medicare and move overseas – Choices.
- International Participating Hospitals – World Access
www.bluecard.com. [Sample EOBs](#)

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Kaiser Permanente

<http://members.kaiserpermanente.org/kpweb/homepage.do>

- Health Maintenance Organization (HMO) is a prepaid health plan. All medical service is provided by members of the HMO. The insured is assigned to a Primary Care Provider (PCP) who manages all medical care. PCP refers patient to other doctors or specialists. In order to be covered by the plan, the care must be given by a network provider, or must be previously authorized the PCP.
- Medicare A, B & D – Kaiser Permanente coordinates hospital, medical and prescription drug benefits with Medicare.

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Life Insurance Benefit

- **The GS/OAS offers a US\$10,000 Life Insurance benefit to retirees who meet the requirements to be retired by the Retirement and Pension Committee. The benefit is payable as designated in the Designation of Beneficiary filed in the retiree's file in the Department of Human Resources.**
- **The Designation of Beneficiary (Form) should be used for this purpose and should be maintained updated.**



Suggestions to control and reduce costs

The GS/OAS health benefits program is a valuable benefit for employees, retirees and their dependents. Subscribers should use their health benefits as prudently and wisely as possible to help in controlling and reducing costs and assuring the subsistence of this valuable program. Following are some suggestions you may wish to keep in mind that will help to control and reduce costs:

- ✓ **Use your benefits wisely. Do not abuse them.**
- ✓ **Avoid Friday/Saturday non-emergency hospital admissions.**
- ✓ **Have any pre-admission testing done on an outpatient basis.**
- ✓ **Use neighborhood clinics/ambulatory surgical centers whenever possible, instead of hospital emergency rooms.**
- ✓ **Use your preventive benefits regularly.**
- ✓ **After consulting with your doctor, purchase generic drugs instead of brand name drugs. Order maintenance drugs using the mail service.**
- ✓ **If you smoke, stop. Smokers face a variety of serious illnesses.**
- ✓ **Always review for accuracy bills from hospitals, doctors and other providers, as well as BCBS reimbursements, and bring any discrepancies to the attention of the Insurance Office.**
- ✓ **How you eat, exercise, rest, and cope with the stress of modern life have the greatest impact on your health and on the cost of maintaining it. Carefully consider your habits and how they affect your health.**
- ✓ **Our Health Unit is a great source of information-(202) 458-3749 or dangulo@oas.org.**



"Healthy Transitions"

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