

For: FFAS Employees

**2004 Federal Employees Health Benefits (FEHB) Open Season**

Approved by: Deputy Administrator, Management



**1 Overview**

**A Purpose**

This notice announces and provides guidance about the 2004 FEHB Open Season. The 2004 FEHB Open Season began on Monday, November 8, 2004, and continues through Monday, December 27, 2004.

**Note:** Note that the Open Season has been extended because of the late arrival of OPM's FEHB Open Season Guides.

**B New for 2005**

For 2005, OPM has introduced a new option under the FEHB Program, the High Deductible Health Plans (HDHP), with either a Health Savings Account (HSA) or Health Reimbursement Account (HRA). HSA's and HRA's provide a tax-advantaged way to save for future medical expenses. Employees who enroll in HDHP with HSA **cannot** participate in the Health Care Flexible Spending Account (HCFSA) under FSAP, but may still participate in the Dependent Care Flexible Spending Account (DCFSA) if they are otherwise eligible for such account.

More information on this new option is available as follows:

- in paragraph 5
- in Exhibit 3
- at [www.opm.gov/hsa](http://www.opm.gov/hsa).

<b>Disposal Date</b>  February 1, 2005	<b>Distribution</b>  All FSA, FAS, and RMA employees; State Offices relay to County Offices
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**1 Overview (Continued)**

**C National Office Contacts**

National Office employees shall use the following table for additional information.

<b>IF employee needs to...</b>	<b>THEN contact...</b>
<ul style="list-style-type: none"><li>• obtain SF-2809</li><li>• obtain a plan brochure</li><li>• receive claim reimbursements</li><li>• receive account balances</li></ul>	<ul style="list-style-type: none"><li>• OPM website at <a href="http://www.opm.gov/insure">www.opm.gov/insure</a></li><li>• HRD, Domestic Operations Branch (DOB), Services Group at:<ul style="list-style-type: none"><li>• 202-418-9135</li><li>• 202-418-9136</li><li>• Suite 5700 2101 L Street, NW.</li></ul></li></ul> <p>Guides and brochures may also be obtained in:</p> <ul style="list-style-type: none"><li>• Room 6636-South Building</li><li>• Room 1228-POC</li><li>• Room 580-B Portals.</li></ul>
verify enrollment	HRD, DOB, Services Group, at: <ul style="list-style-type: none"><li>• 202-418-9135</li><li>• 202-418-9136.</li></ul>
receive policy information	HRD, Performance Management Benefits and Awards Branch (PMBAB): <ul style="list-style-type: none"><li>• Susan Brown at 202-418-9039</li><li>• Maria Ruiz at 202-418-9034</li><li>• Darla Hensley 202-418-9021</li><li>• TDD 202-418-9116.</li></ul>

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**1 Overview (Continued)**

**D Field Office Contacts**

Field Office employees shall use the following table for additional information.

<b>IF employee is located in...</b>	<b>THEN contact...</b>
<ul style="list-style-type: none"><li>• FSA Kansas City Offices</li><li>• Research and Development Division, RMA</li><li>• APFO</li></ul>	KCAO, HRD, C&OS, Processing Section at: <ul style="list-style-type: none"><li>• 816-926-6225</li><li>• TDD 816-926-7440.</li></ul>
<ul style="list-style-type: none"><li>• FAS overseas employees</li><li>• RMA Regional Offices and Compliance Field Offices</li><li>• FSA National Office employees</li></ul>	HRD, PMBAB: <ul style="list-style-type: none"><li>• Susan Brown at 202-418-9039</li><li>• Darla Hensley at 202-418-9021</li><li>• Maria Ruiz at 202-418-9034</li><li>• TDD 202-418-9116.</li></ul>
State and County Office	State Office, Administrative Division.
APFO	KCAO, HRD.

**E OMB Notification**

Information provided by enrolling in the FEHB Program may also be used for computer matching with Federal, State, or local agencies' files to determine whether employees qualify for benefits, payments, or eligibility in the FEHB Program, Medicare, or other Government benefits programs.

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### 2 Eligibility and Effective Dates

#### A Actions During Open Season

Eligible employees may take the following actions during FEHB Open Season.

- Unregistered employees may enroll.
- Enrollee may do any of the following:
  - change from 1 plan or option to another
  - change from self only to self and family
  - elect and waive FEHB-Premium Conversion.

**Note:** Refer to Notice PM-2201 for more information on FEHB Premium Conversion or visit OPM's website at <http://www.opm.gov/insure/health/pretaxfehb/index.asp> to:

- cancel enrollment
- change from family to self only
- make any combination of these changes.

#### B Effective Dates of Enrollments and Changes

Use the following table for additional information.

IF there is a...	THEN the effective date is...
premium rate change	January 9, 2005.
change in enrollment	January 9, 2005.
new enrollment	January 9, 2005, if the employee is in a pay status for any part of the previous pay period. Otherwise, enrollment will become effective in the pay period after the first pay period in pay status.

**Note:** Although new enrollments are not effective until January 9, 2005, employees are subject to current plan changes through January 8, 2005.

**Example:** Susan Jones was enrolled in Aetna during 2004. She makes an Open Season change and elects Blue Cross and Blue Shield. Even though her new insurance is not effective until January 9, 2005, she is still subject to any 2005 plan changes in her Aetna policy January 1 through 8, 2005. This includes higher co-pays for doctor visits and prescriptions.

### 3 2005 FEHB Guides and Individual Plan Brochures

#### A Guide to FEHB Plans for Federal Civilian Employees

A 2005 FEHB Guide provides features of each plan, including the enrollee's share of the bi-weekly premium rates, will be available for employees to review through their servicing personnel office. The 2005 FEHB Guide can also be accessed on the internet at <http://hr.ffas.usda.gov/employees/fehb.htm>.

The 2005 FEHB Guide is as follows:

- RI-70-1 for nontemporary employees
- RI-70-8 for temporary employees
- RI-70-10 for visually impaired employees.

#### B Supervisory Action

Supervisors shall provide RI-70-1 or RI-70-8 to employees who are away from the work site in a nonpay or nonduty status.

#### C Individual Plan Brochures

After examining the 2005 FEHB Guide, employees interested in enrolling or changing plans should review the individual plan brochures for a complete description of benefits to make an informed decision. Employees may access brochures at <http://hr.ffas.usda.gov/employees/fehb.htm> or in rooms listed in subparagraph 1 C.

**Note:** Employees:

- currently enrolled in a health plan will receive a 2005 benefit plan brochure directly from their health plan
- who elect a new health insurance plan will receive a personal copy from the new insurance carrier.

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### 4 Employee Action

#### A Action Required by Employee

Employees must take the following action.

Step	Action
1	<p>Immediately review Exhibit 1, the updated 2004 FEHB Significant Plan Changes and determine whether to take any further action.</p> <p><b>Note:</b> Exhibit 1 assists employees in identifying nonparticipating plans and other significant plan changes that may affect them. Employees should review Exhibit 1 to determine whether they need to make a health benefits election or change this open season.</p>
2	<p>Complete and return the SF-2809, Health Benefits Election Form (Exhibit 2) to your servicing personnel office before COB, Monday, December 27, 2004. Note that SF-2809 was revised in October 2004. All other versions are obsolete.</p> <p><b>Note:</b> FFAS employees, excluding overseas employees, may access the NFC's Employee Personal Page (EPP) at <a href="https://www.nfc.usda.gov/personal/ep_warning.asp">https://www.nfc.usda.gov/personal/ep_warning.asp</a> to make Open Season elections. Employees must have a Personal Identification Number (PIN) to access NFC's EPP. Employees may request a PIN online.</p>

#### B Enrollees Who Continue Their Current Enrollment

Employees who wish to continue their current enrollment **should take no action during this open season**. However, enrollees must enroll in a different plan to continue FEHB coverage in 2005, if their plan:

- will not be participating in the FEHB Program after December 31, 2004
- dropped an enrollment area having a separate enrollment code.

**Note:** See Exhibit 1 for a list of plans and codes with significant changes or that are terminating.

4 Employee Action (Continued)

C Continuing FEHB Coverage After Retirement

To continue FEHB coverage after retirement, the employee must have been continuously enrolled, or covered as a family member, under the FEHB Program for either of the following:

- for the 5 years immediately before retirement
- if less than 5 years, for all service since the employee was eligible for these benefits unless these requirements are waived.

OPM now has the authority to grant pre-approved waivers to employees retiring in conjunction with a Voluntary Separation Incentive Payment (VSIP) or Voluntary Early Retirement Authority (VERA) provided the employee:

- has been covered under the FEHB Program continuously since the beginning date of the Agency's latest statutory VSIP authority, or OPM-approved VSIP or VERA authority
- retires during the current statutory VSIP or OPM-approved VSIP/VERA period
- does 1 of the following:
  - receives VSIP
  - takes early optional retirement
  - takes discontinued service retirement based on an involuntary separation because of RIF, directed reassignment, reclassification to a lower grade, or abolishment of position.

Employees who meet the requirements above do not need to request a waiver in writing. The employee's servicing personnel office will certify that the employee qualifies for the pre-approval.

Some employees who retire during a VSIP or VERA period may **not** be eligible for a pre-approved waiver. These include employees who retire on a regular optional retirement but do not qualify for VSIP. Employees who do not qualify for a pre-approved waiver may request a waiver directly from OPM.

## 5 High Deductible Health Plans (HDHP)

### A Basics of HDHP

HDHP is a new health plan choice under the FEHB Program. HDHP may be offered with a:

- Fee-for Service Plan
- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO)
- Point of Service (POS).

Depending on HDHP, the employee may have the choice of using in-network or out-of-network providers. Using in-network providers generally is more cost effective.

A major benefit of HDHP is the out-of-pocket costs counted toward catastrophic coverage limits. Costs include deductibles, co-pays for doctor visits, drug costs above the plan payment, and other out-of-pocket expenses for covered benefits.

As part of HDHP, employees may qualify for either a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). HSA and HRA provide tax advantaged ways to save for future medical expenses. Most employees interested in HDHP will be interested in HSA's, not HRA's. An employee may be enrolled in HDHP without having either HSA or HRA.

**Note:** Exhibit 3 offers a comparison chart between HSA's, HRA's, and Health Care Flexible Spending Accounts.

### B Deductibles

With the exception of preventive care, the annual deductible **must** be met before benefits are paid. The 2005 minimum HDHP deductibles are:

- \$1,050 for self only coverage
- \$2,100 for self and family coverage.

HDHP's have higher annual out-of-pocket limits than many plans. The maximum in-network, out-of-pocket limits for HDHP's in the FEHB Program for 2005 are:

- \$5,000 for self only
- \$10,000 for self and family coverage.

## 6 Health Savings Accounts (HSA's)

### A HSA Basics

HSA is a tax-deferred account that an employee owns for the purpose of paying qualified medical expenses for him or herself, their spouse, and/or dependents. An HSA's annual maximum contribution is equivalent to the HDHP's annual deductible. The account earns tax-free growth.

As long as the account is used for medical expenses, there are no tax penalties for its use. However, since the employee owns the account, the employee may use the money in the account however he or she wishes, even to purchase a car. Any nonmedical expenses incurred will be subject to taxes and tax penalties.

HSA accounts, unlike Health Care Flexible Spending Accounts, carry over from year to year without limit.

**Note:** An employee **cannot** have a HSA and a Health Care Flexible Spending Account. Employees can still be enrolled in a Dependent Care Flexible Spending Account.

### B Funding HSA

An employee's HSA is typically funded through "premium pass through" and his or her voluntary contributions. Premium pass through means that a portion of the premium the employee pays is "passed through" or deposited into the account. The HDHP's "premium pass through" is not taxable.

Employees may also make voluntary contributions to their HSA through an IRS-approved trustee administering HSA. The individual health plan chooses the trustee. Annual contributions may be made any time during the calendar year up to April 15 of the following year (tax return due date.)

### C Eligibility

An employee **must** be enrolled in HDHP to have HSA.

However, an employee is not automatically eligible for HSA just because he or she is enrolled in HDHP. Each HDHP has its own eligibility criteria and will make eligibility determinations. Employees should refer to the plan brochure or contact the plan's HSA customer service contact for specific eligibility information. A list of these contacts is included in Exhibit 3.

## 6 Health Savings Accounts (HSA's)

### D Ineligible Employees

By law, an employee is not eligible for HSA if any of the following applies:

- is enrolled in Medicare
- is covered by another health plan that is **not** HDHP
- can be claimed as a dependent on someone else's tax return
- is enrolled in a Health Care Flexible Spending Account, or covered by a spouse's Flexible Spending Account
- is covered by a non-HDHP, such as TRICARE and TRICARE for Life
- is covered by Veterans benefits and has used Veterans medical services within the previous 3 months.

**Note:** If an employee does not qualify for HSA, HDHP will help the employee establish HRA.

### E Qualified Medical Expenses

Employees are encouraged to check with their individual HDHP carrier for a comprehensive list of qualified medical expenses. Examples include the following:

- dental treatment, such as fillings, braces, extractions
- hearing aids, including batteries
- prescription drugs and over-the-counter drugs
- eye exams, eyeglasses, and contact lens
- premiums for qualified long term care insurance
- out-of-pocket expenses, including deductibles, coinsurance, and co-payments
- acupuncture.

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### 6 Health Savings Accounts (HSA's)

#### F HSA Catch-Up Contributions

In addition to the yearly maximum contribution, individuals between the ages of 55 and 65 can make catch-up contributions to HSA each year.

Refer to the following table for annual catch-up amounts.

Year	Amount
2005	\$600
2006	\$700
2007	\$800
2008	\$900
2009	\$1,000

#### G Calculating the Annual Maximum HSA Contribution for FEHB Members Paid Biweekly

Employees should consult with their HDHP customer service representative (Exhibit 3) for help in determining annual contribution amounts.

**Note:** Servicing personnel offices should not calculate contribution amounts for employees.

#### H HSA Distribution Process

Each HSA trustee will have specific instructions on the qualified distribution of qualified or nonmedical expenses. HSA trustees or custodians are not required to determine whether HSA distributions are used for qualified medical expenses.

Employees who establish HSA's should maintain records of medical expenses to show distributions have been made exclusively for qualified medical expenses if IRS requests them.

#### I Portability

HSA is the employee's account and is his or hers to keep. This includes if the employee retires, leaves Federal/county service, or changes health plans.

**6 Health Savings Accounts (HSA's)**

**J Employees on Leave-Without-Pay (LWOP)**

Employees enrolled in HDHP/HSA and are on LWOP will have the same entitlements to the continuation of coverage of their FEHB benefits as all other employees. The payment to the HSA will continue to be made to the carrier, whether the employee elects to pay the premiums on an on-going basis or incur a debt.

**K Employees Called to Active Military Duty**

Employees called to active military duty and who then become covered by TRICARE is no longer eligible for their HDHP/HSA. The **employee** should notify their carrier of their new insurance status and have the HSA stopped. The carrier will then help the employee establish HRA.

**Note:** Failure to notify the HDHP carrier to stop HSA could result in negative tax issues for the employee.

**L Death in Service**

Should an employee with HSA die in service, HSA will be paid to the designated beneficiary. The employee's spouse can inherit HSA or choose to continue using HSA.

**M Employee's HSA Disputes and Appeals**

OPM maintains a role between FEHB insurance carriers and employees to help solve insurance claim issues.

OPM, nor the employing agency, has any role in HSA disputes. HSA is a benefit the employee independently and willingly enters into with HDHP and trustee.

7 **Health Reimbursement Accounts (HRA's)**

**A HRA Basics**

HRA is a tax free savings account that works hand-in-hand with HDHP. HDHP credits a portion of the health plan premium to HRA. Some plans will credit the annual amount at the beginning of the year, similar to the Flexible Spending Account Program. This is not always the case.

HRA is for qualified medical expenses only. The employee must provide documents supporting qualified medical expense to HDHP.

The HRA unused credit does carry over from year to year but does not earn interest.

Voluntary contributions to HRA are not allowed.

Employees may have **both** a Health Care and Dependent Care Savings Account with HRA.

Credits in HRA are forfeited if the employee leaves Federal or county service or changes health plans.

**Note:** Employees are allowed to keep HRA credits upon retirement.

**B Eligibility**

HDHP helps determine eligibility. If an employee enrolled in HDHP is not eligible for HSA, HDHP will work with the employee to enroll them in HRA.

## Benefits Administration Letter

United States  
**Office of**  
**Personnel Management**  
 The Federal Government's Human Resources Agency



**Benefits Administration Letter**

Number: 04-404

Date: November 5, 2004

**Subject:** (UPDATED) 2004 Federal Employees Health Benefits (FEHB) Program Open Season: Significant Plan Changes Note changes that occurred after September 30, 2004.

**PURPOSE**

This letter transmits significant events affecting certain plans during the upcoming FEHB Open Season. Some of these events will require action on the part of agencies and enrollees. Also note the plans that are dropping out of the Program at the end of 2004. Since employees in these plans **must** enroll in new plans during open season if they are to continue insurance coverage in 2005, we ask that you distribute this list widely within your agencies.

These end-of-year changes such as plan terminations are already available on the web site on the plan changes page. Visit [www.opm.gov/insure/health](http://www.opm.gov/insure/health) and you will find a link directly to the health plan changes for 2005. There is also a link from the Human Resources page to the plan changes.

We encourage you and your employees to visit the web site at [www.opm.gov/insure](http://www.opm.gov/insure) for the most up to date information. We will update these pages on a regular basis throughout the open season.

**TERMINATIONS**

**Table 1:** Plans Dropping Out of the FEHB Program for 2005

**Table 2:** Plans Reducing Their Service Areas by Terminating an Enrollment Code

**What Must Employees Do?**

- Employees in terminating plans (Table 1) or in terminating codes (Table 2) **must** choose a new health plan during open season.
- **New Coverage.** Coverage under an enrollee's new health plan will be effective the first day of the pay period beginning on or after January 1, 2005; *for most employees this will be January 9, 2005.* Enrollees will remain covered and receive benefits under the old plan until coverage under the new plan becomes effective.

**What Must You Do?**

- You must notify employees in the terminating plans and enrollment codes to select new plans. Advise your employees that if they do not choose new health plans, they will not have coverage in 2005.

**Benefits Administration Letter (Continued)**

- We strongly recommend that you distribute copies of these lists to each employee, along with your agency’s notice about open season.
- We also recommend that you follow-up with employees in these plans and remind them to select new plans.
- **Belated changes.** Some employees still might not get the word to change plans during open season. We encourage you to be liberal in accepting belated open season changes from employees enrolled in terminating plans/enrollment codes.

**What Will Health Plans Do?**

- **Plan Notification:** The plans in tables 1 and 2 have been instructed to notify enrollees of the need to select new health plans for 2005. However, because some plans’ enrollment and address lists may not be up-to-date, we encourage you to accept belated changes.

**SERVICE AREA REDUCTIONS**

**Table 3:** Plans Reducing Their Service Areas Without Terminating an Enrollment Code

**What Must Employees Do?**

- Enrollees in the service areas being terminated must elect new health plans for 2005. Enrollees who do not choose new health plans will have to travel to their plan’s remaining service area to receive full benefits.

**OTHER CHANGES**

**Table 4:** New Plans Entering the Program for 2005

**Table 5:** Existing plans offering a High Deductible Health Plan (HDHP) without new enrollment codes

**Table 6:** Existing and/or new plans offering HDHP with new enrollment codes

**Table 7:** Service Area Expansions With New Enrollment Codes

**What Must Employees Do?**

- Enrollees in these plans must make an enrollment change to enroll in the new code for their service area or elect another health plan during the open season.

**What Must You Do?**

- We strongly recommend that you distribute a copy of these lists to each employee, along with your agency’s notice to employees about open season.
- If you do not distribute the lists, remind employees to check their new health plan brochures carefully to see if there have been any changes to their plans’ service areas that will affect them.

**Benefits Administration Letter (Continued)**

**Table 8:** Service Area Expansions Without New Enrollment Codes

**What Must You Do?**

- You must include these new plans and expanded service areas when you count the number of eligible employees and place your orders for brochures.

**Table 9:** Plan Name Changes

**Table 10:** Plans Adding an Option

**Table 11:** Plans Adding a Point Of Service Product

**Table 12:** Plans Renaming an Option

**Table 13:** Plan Mergers

**What Must Employees Do?**

- Secret Service is merging with SAMBA for 2005. Enrollees in code Y7 will be enrolled in the new SAMBA standard option, code 444 (self only) or 445 (self and family). Enrollees should read the new SAMBA brochure carefully because there are major benefit changes from the plan they currently have. If enrollees do not want to be in this plan option, they must elect another health plan during the open season.
- Cimarron Health Plan is merging with Lovelace Health Plan. Enrollees in Cimarron (PX) will be automatically transferred into Lovelace Health Plan (Q1) unless they select another health plan during open season.

**Table 14:** Code Mergers

**What Must Employees Do?**

- Nothing, unless they want to select another plan during open season. Payroll offices will automatically move enrollees into the surviving code.

**Table 15:** Plans Splitting a Service Area

**Table 16:** Service Area Movement

**SPECIAL NOTICE**

Secret Service (enrollment code Y7) and SAMBA (enrollment code 44), both nationwide fee-for-service plans open to specific groups are merging their plans. Beginning in 2005, SAMBA is the surviving plan and it will have two options. Members of both organizations will be able to join either option. Unless the enrollees switch to another plan or option during open season, current SAMBA enrollees will automatically be enrolled in the high option and current Secret Service enrollees will automatically be enrolled in the standard option.

Frank D. Titus  
Assistant Director  
for Insurance Services

Attachments

Benefits Administration Letter (Continued)

**TABLE 1  
PLANS DROPPING OUT OF THE FEHB PROGRAM FOR 2005**

Enrollees in these terminating plans who do not change health plans during open season will not have health benefits for 2005.

\*\* These plans are merging with other health plans and their codes will no longer exist in 2005. Enrollees in these plans will automatically be transferred into the surviving plan (see Table 13), unless the enrollee makes an open season change to another plan.

State	Plan Name	Code
Nationwide	**Secret Service	Y7
Alabama	HealthSpring of Alabama, Inc.	DF
Indiana	M•Plan	IN
New Mexico	**Cimarron Health Plan	PX

**TABLE 2  
PLANS REDUCING THEIR SERVICE AREAS  
BY TERMINATING AN ENROLLMENT CODE**

Enrollees in this enrollment code who do not change health plans during open season will not have health benefits for 2005.

State	Plan Name	General Location	Code Terminated
Florida	Vista Healthplan	Pensacola	RK

**TABLE 3  
PLANS REDUCING THEIR SERVICE AREAS  
WITHOUT TERMINATING AN ENROLLMENT CODE**

Enrollees in the area being dropped who do not change health plans during open season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2005.

State	Plan Name	Code	Area Dropped
Colorado	PacifiCare of Colorado	D6	Counties of: Larimer and Weld
Hawaii	Kaiser Foundation Health Plan Hawaii	63	The Island of Kauai
Illinois	John Deere Health Plan	YH	Counties of: Bureau, De Witt, Knox, La Salle, Livingston, McLean, Marshall, Peoria, Stark, Tazewell, Warren, and Woodford

**TABLE 4  
NEW PLANS ENTERING THE PROGRAM FOR 2005**  
Coventry Health Care of Delaware (Code 2J) will not be offered in the state of Pennsylvania.

State	Plan Name	Code	General Location
Delaware	Coventry Health Care of Delaware	2J	Most of Delaware
Georgia	Coventry Health Care of Georgia	L5	Atlanta greater metropolitan area
Maryland	Coventry Health Care of Delaware	IG	Most of Maryland
Missouri	Community Health Plan	IC	Northeast Kansas and Northwest Missouri
Nebraska	Coventry Health Care of Nebraska	IE	Omaha metropolitan area
New Jersey	Coventry Health Care of Delaware	2J	Southern New Jersey
Nevada	NevadaCare	IF	Clark County
Oklahoma	GlobalHealth, Inc.	IM	Oklahoma City

**TABLE 4**

Benefits Administration Letter (Continued)

(CONT'D.)

NEW PLANS ENTERING THE PROGRAM FOR 2005

State	Plan Name	Code	General Location
South Carolina	Carolina Care Health Plan	IB	All Counties in South Carolina
Wisconsin	Prevea Health Plan	ID	Wisconsin

TABLE 5

EXISTING PLANS OFFERING A HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITHOUT NEW ENROLLMENT CODES

Special Note: In California, Universal Care (Code 6Q) will not offer an HDHP in 2005.

State	Plan Name	Code
Alaska	Aetna HealthFund	22
Alabama	Aetna HealthFund	22
Arkansas	Aetna HealthFund	22
Arizona	Aetna HealthFund	22
California	Aetna HealthFund	22
Colorado	Aetna HealthFund	22
Connecticut	Aetna HealthFund	22
Delaware	Aetna HealthFund	22
District of Columbia	Aetna HealthFund	22
Florida	Aetna HealthFund	22
Georgia	Aetna HealthFund	22
Illinois	Aetna HealthFund	22
Illinois	Group Health Plan, Inc.	MM
Illinois	OSF Health Plans	9F
Indiana	Advantage Health Solutions	6Y
Indiana	Aetna HealthFund	22
Iowa	Coventry Health Care of Iowa	SV
Kansas	Aetna HealthFund	22
Kentucky	Aetna HealthFund	22
Louisiana	Coventry Health Care of Louisiana	BJ
Louisiana	Coventry Health Care of Louisiana	JA
Maryland	Aetna HealthFund	22
Massachusetts	Aetna HealthFund	22
Michigan	Aetna HealthFund	22
Mississippi	Aetna HealthFund	22
Missouri	Aetna HealthFund	22
Missouri	Group Health Plan, Inc.	MM
North Carolina	Aetna HealthFund	22
Nevada	Aetna HealthFund	22
New Hampshire	Aetna HealthFund	22
New Jersey	Aetna HealthFund	22
New York	Aetna HealthFund	22
Ohio	Aetna HealthFund	22
Ohio	Aultcare	3A

TABLE 5  
(CONT'D.)

Benefits Administration Letter (Continued)

**EXISTING PLANS OFFERING A HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITHOUT NEW ENROLLMENT CODES**

State	Plan Name	Code
Oklahoma	Aetna HealthFund	22
Pennsylvania	Aetna HealthFund	22
South Carolina	Aetna HealthFund	22
Tennessee	Aetna HealthFund	22
Texas	Aetna HealthFund	22
Virginia	Aetna HealthFund	22
Washington	Aetna HealthFund	22

**TABLE 6**

**EXISTING AND/OR NEW PLANS OFFERING HDHP WITH NEW ENROLLMENT CODES**

Coventry Health Care of Delaware HDHP (Code 2J) will not be offered in the state of Pennsylvania.

State	Plan Name	Codes
Nationwide	GEHA	34
Nationwide	Mailhandlers	48
Delaware	Coventry Health Care of Delaware	2J
Georgia	Coventry Health Care of Georgia	L5
Kansas	Coventry Health Care of Kansas (Kansas City)	9H
Kansas	Coventry Health Care of Kansas (Wichita)	7G
Maryland	Coventry Health Care of Delaware	IG
New Jersey	Coventry Health Care of Delaware	2J
Pennsylvania (Greater Pittsburgh area)	HealthAmerica	Y6
Pennsylvania (Central Pennsylvania area)	HealthAmerica	YW
Pennsylvania (Northeastern Pennsylvania area)	HealthAmerica	YN
Pennsylvania (Southeastern Pennsylvania area)	HealthAmerica	9N

**TABLE 7**

**SERVICE AREA EXPANSIONS WITH NEW ENROLLMENT CODES**

State	Plan Name	New Code	General Location
Colorado	Aetna	9E	<u>Counties in the Denver area:</u> Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Elbert, Fremont, Jefferson, Larimer, Mesa, Pueblo, and Teller
Colorado	Humana CoverageFirst	7T	<u>Counties in the Denver area:</u> Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson

Benefits Administration Letter (Continued)

**TABLE 7  
(CONT'D.)  
SERVICE AREA EXPANSIONS WITH NEW ENROLLMENT CODES**

State	Plan Name	New Code	General Location
Florida	Humana CoverageFirst	YG	<u>Counties in the Orlando area:</u> Lake, Orange, Osceola, and Seminole
Illinois	Aetna	IK	<u>Counties in the Chicago area:</u> Cook, DuPage, Kane, Kankakee, Lake, McHenry, and Will
Indiana	Aetna	IK	<u>County in Northern IN:</u> Lake
Kansas	Aetna	KS	<u>Counties in the Kansas City, KS area:</u> Atchison, Douglas, Franklin, Johnson, Leavenworth, Miami, and Wyandotte
Kentucky	Humana CoverageFirst	6N	<u>Counties in the Lexington area:</u> Anderson, Bath, Bourbon, Boyle, Bracken, Clark, Estill, Fayette, Fleming, Franklin, Garrard, Harrison, Jessamine, Madison, Menifee Mercer, Montgomery, Nicholas, Owen, Powell, Robertson, Scott, and Woodford
Louisiana	Humana CoverageFirst	9J	<u>Parishes in the New Orleans area:</u> Jefferson, Lafourche, Orleans, Plaquemines, Saint Bernard, Saint Charles, Saint James, Saint John the Baptist, Saint Mary, Saint Tammany, Tangipahoa, Terrebonne, and Washington
Louisiana	Humana CoverageFirst	9L	<u>Parishes in the Baton Rouge area:</u> Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, Saint Helena, West Baton Rouge, and West Feliciana
Louisiana	Humana CoverageFirst	9S	<u>Parishes in the Shreveport area:</u> Bienville, Bossier, Caddo Claiborne, De Soto, Jackson, Lincoln, Red River, Sabine, and Webster

Benefits Administration Letter (Continued)

**TABLE 7  
(CONT'D.)  
SERVICE AREA EXPANSIONS WITH NEW ENROLLMENT CODES**

State	Plan Name	New Code	General Location
Missouri	Aetna	KS	<u>Counties in the Kansas City, MO area:</u> Buchanan, Cass, Clay, Jackson, Lafayette, Platte, and Ray
Nevada	Health Plan Of Nevada	2L	<u>Counties of:</u> Lyon, Mineral, and Washoe
Ohio	Aetna	ND	<u>Entire Counties in the Columbus area:</u> Coshocton, Delaware, Fairfield, Fayette, Guernsey, Hocking, Knox, Licking, Madison, Marion, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, and Union; <u>Partial Counties in the Columbus area:</u> <b>Adams County</b> – Towns of: Bentonville, Blue Creek, Cherry Fork, Lynx, Manchester, Peebles, Seaman, Stout, West Union, and Winchester; <b>Franklin County</b> – Towns of: Amlin, Blacklick, Brice, Canal Winchester, Columbus, Dublin, Galloway, Grove City, Groveport, Harrisburg, Hilliard, Lockbourne, New Albany, Reynoldsburg, and Westerville
Pennsylvania	HealthAmerica	PN	<u>Counties of:</u> Chester and Delaware
Washington	PacifiCare Northwest Region (formerly PacifiCare of Oregon)	SA	<u>Counties of:</u> Grays Harbor, King, Lewis, Mason Pierce, Snohomish, and Thurston

**TABLE 8  
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

State	Plan Name	Code	General Location of New Area
Alabama	Aetna HealthFund (Consumer-Driven)	22	<u>Counties of:</u> Lamar and Pickens
Alaska	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Anchorage and Fairbanks areas:</u> Aleutians East, Aleutians West, Anchorage, Bethel, Bristol Bay, Denali, Dillingham, Juneau, Kenai Peninsula, Ketchikan Gateway, Kodiak Island, Lake and Peninsula, Matanuska Susitna, Nome, North Slope, Skagway Yakutat Angoon, Southeast Fairbanks, Valdez Cordova, and Yukon Koyukuk

Benefits Administration Letter (Continued)

**TABLE 8  
(CONT'D.)  
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

State	Plan Name	Code	General Location of New Area
Arizona	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Phoenix and Tucson areas:</u> Apache, Cochise, Coconino Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma
Arkansas	Aetna HealthFund (Consumer-Driven)	22	<u>Counties of Eastern Arkansas:</u> Crittenden, Cross, Lee, Mississippi, Phillips, and St. Francis
Colorado	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Denver area:</u> Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Jefferson, Larimer, Mesa, Pueblo, Teller, and Weld
Delaware	Aetna HealthFund (Consumer-Driven)	22	Entire State
Florida	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Jacksonville area:</u> Baker, Clay, Duval, Flagler, Nassau, and St. Johns; <u>Counties in the Miami area:</u> Broward and Miami-Dade; <u>Counties in the Orlando area:</u> Lake, Orange, Osceola, Seminole, and Sumter; <u>Counties in the Tampa area:</u> Charlotte, Hillsborough, Manatee, Pasco, Pinellas, Polk, and Sarasota.

Benefits Administration Letter (Continued)

**TABLE 8  
(CONT'D.)  
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

State	Plan Name	Code	General Location of New Area
Illinois	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Chicago area:</u> Grundy and Kendall; <u>Counties of Southwestern Illinois:</u> Alexander, Bond, Calhoun, Clinton, Fayette, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, and St. Clair
Illinois	Health Alliance HMO	FX	<u>Counties of:</u> Alexander, Boone, Clay, Crawford, Edwards, Hamilton, Jefferson, Knox, Lawrence, Massac, Marion, Pope, Pulaski, Richland, Stark, Wabash, Wayne, White and Winnebago
Indiana	Advantage Health Solutions	6Y	<u>Entire counties of:</u> Benton, Newton, and Warren. <u>Partial counties by zip codes:</u> Bartholomew (47203), Clay (47841, 47846), and Owen (47427, 47433, and 47868)
Indiana	Aetna HealthFund (Consumer-Driven)	22	<u>Counties of Eastern Indiana:</u> Dearborn, Franklin, Ohio, and Switzerland
Kansas	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Kansas City and Southeastern Kansas areas:</u> Allen, Anderson, Atchison, Chautauqua, Douglas, Franklin, Johnson, Leavenworth, Miami, Montgomery, and Wyandotte
Kansas	Coventry Health Care of Kansas	7W	<u>Counties of:</u> Chase, Chautauqa, Coffey, Elk, Geary, Morris, Riley, Wilson, and Woodson
Kansas	Coventry Health Care of Kansas	HA	<u>Counties of Kansas:</u> Brown, Osage, Pottawatomie, and Wabaunsee. <u>Counties of Missouri:</u> Barton, Christian, Dade, Dallas, Greene, Jasper, Lawrence, Newton, Polk, Vernon, and Webster
Kentucky	Aetna	RD	<u>Counties of Northern Kentucky:</u> Boone, Campbell, Gallatin, Grant, Kenton, and Pendleton
Kentucky	Aetna HealthFund (Consumer-Driven)	22	<u>Counties of:</u> Boone, Boyd, Campbell, Carter, Fulton, Gallatin, Grant, Greenup, Kenton, Lawrence, Lewis, Mason, and Pendleton
Louisiana	Vantage Health Plan, Inc.	MV	<u>Parishes in the Shreveport/Alexandria areas:</u> DeSoto, Grant, LaSalle, and

Benefits Administration Letter (Continued)

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**TABLE 8  
(CONT'D.)  
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**  
Please note the correct spelling of Strafford County in New Hampshire

State	Plan Name	Code	General Location of New Area
Massachusetts	AetnaHealthFund (Consumer-Driven)	22	<u>Counties in the Boston area:</u> Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester
Michigan	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Detroit area:</u> Livingston, Macomb, Monroe, Oakland, Washtenaw, and Wayne
Michigan	HealthPlus of Michigan	X5	Northern Oakland County
Mississippi	Aetna HealthFund (Consumer-Driven)	22	<u>Counties of Northern Mississippi:</u> Alcorn, Benton, Bolivar, Calhoun, Chickasaw, Coahoma, DeSoto, Grenada, Itawamba, Lafayette, Lee, Lowndes, Marshall, Monroe, Panola, Pontotoc, Prentiss, Quitman, Tate, Tippah, Tunica, and Union
Missouri	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Kansas City, MO and St. Louis areas:</u> Buchanan, Cass, Clay, Clinton, Crawford, Franklin, Henry, Jackson, Jefferson, Lafayette, Lincoln, Platte, Ray, St. Charles, St. Francois, St. Louis, St. Genevieve, and Warren
Nevada	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Las Vegas area:</u> Clark and Nye
New Hampshire	Aetna HealthFund (Consumer-Driven)	22	<u>Counties of:</u> Belknap, Carroll, Cheshire, Coos, Hillsborough, Merrimack, Rockingham, and Strafford
New York	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in Upstate NY in the Rochester/Syracuse areas:</u> Albany, Broome, Cayuga, Chemung, Chenango, Columbia, Cortland, Delaware, Fulton, Genesee, Greene, Herkimer, Livingston, Madison, Monroe, Montgomery, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Saratoga, Schenectady, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, and Yates

Benefits Administration Letter (Continued)

**TABLE 8  
(CONT'D.)  
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

State	Plan Name	Code	General Location of New Area
New York	MVP Health Care	M9	<u>Counties of:</u> Cortland and Jefferson
New York	MVP Health Care	MX	Rockland County
North Carolina	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Raleigh/Durham areas:</u> Alamance, Bladen, Caswell, Chatham, Cumberland, Durham, Franklin, Granville, Greene, Harnett, Johnston, Lee, Lenoir, Nash, Orange, Person, Robeson, Sampson, and Wake; <u>Counties in the Charlotte area and Central NC:</u> Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Rutherford, Stanly, and Union
Ohio	Aetna	7D	<u>Entire Counties in the Toledo area:</u> Allen, Hancock, Hardin, Henry, Lucas, Putnam, Sandusky, and Seneca; <u>Partial Counties in the Toledo area:</u> <b>Auglaize</b> - Towns of Buckland and Lima; <b>Erie</b> – Towns of Berlin Heights, Birmingham, Castalia, Huron, Kelleys Island, Milan, Sandusky, and Vermilion; <b>Fulton</b> – Towns of Metamora and Swanton; <b>Huron</b> – Towns of Collins, Greenwich, New London, and Wakeman; <b>Wood</b> – Towns of Grand Rapids, Haskins, Millbury, Northwood, Perrysburg, Rossford, Stony Ridge, and Walbridge
Ohio	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Cincinnati area:</u> Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Highland, Logan, Miami, Montgomery, Preble, Shelby, and Warren; <u>Counties in the Cleveland area:</u> Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, and Wayne; <u>Counties in the Columbus and Central Ohio areas:</u> Athens, Belmont,

Benefits Administration Letter (Continued)

			Coshocton, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe,
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**TABLE 8  
(CONT'D.)**

**SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

Please note the counties added to Oklahoma City, Oklahoma

State	Plan Name	Code	General Location of New Area
Ohio	Aetna HealthFund (Consumer-Driven)	22	(Cont'd.) <u>Counties in the Columbus and Central Ohio areas:</u> Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, and Washington; <u>Counties in the Toledo area:</u> Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, and Wyandot
Oklahoma	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Oklahoma City area:</u> Beaver, Beckham, Blaine, Caddo, Canadian, Carter, Cimarron, Cleveland, Comanche, Dewey, Ellis, Garfield, Garvin, Grady, Grant, Greer, Harper, Jackson, Kingfisher, Kiowa, Logan, Major, McClain, Oklahoma, Pontotoc, Pottawatomie, Roger Mills, Seminole, Washita, and Woods; <u>Counties in the Tulsa area:</u> Adair, Atoka, Bryan, Cherokee, Choctaw, Coal, Craig, Creek, Delaware, Haskell, Johnston, Kay, Latimer, Le Flore, Lincoln, Mayes, Muskogee, Noble, Nowata, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburg, Pushmataha, Rogers, Tulsa, Wagoner, and Washington
Pennsylvania	Aetna Health Fund (Consumer-Driven)	22	<u>Counties in the Pittsburgh area:</u> Allegheny, Armstrong, Beaver, Blair, Butler, Cambria, Clarion, Erie, Fayette, Greene, Indiana, Jefferson, Lawrence, Mercer, Somerset, Washington, and Westmoreland
Pennsylvania	HealthAmerica	26	Clarion County
South Carolina	Aetna HealthFund (Consumer-Driven)	22	York County
South Dakota	Avera Health Plan, Inc.	AV	Roberts County

Benefits Administration Letter (Continued)

**TABLE 8  
(CONT'D.)  
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

Tennessee	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Memphis area:</u> Carroll, Dyer, Fayette, Gibson, Lake, Lauderdale, Obion, Shelby, Tipton, and Weakley; <u>Counties in the Nashville area:</u> Bedford, Cannon, Cheatham, Coffee, Davidson, DeKalb, Dickson, Franklin, Giles, Lawrence, Lewis, Lincoln, Macon, Maury, Montgomery, Moore, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson
Texas	Aetna HealthFund (Consumer-Driven)	22	<u>Counties in the Austin area:</u> Bastrop, Bell, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson; <u>Counties in the Dallas/Ft. Worth areas:</u> Camp, Cherokee, Collin, Cooke, Dallas, Delta, Denton, Ellis, Erath, Fannin, Franklin, Freestone, Grayson, Gregg, Harrison, Henderson, Hill, Hood, Hopkins, Hunt, Johnson, Kaufman, Lamar, Marion, Montague, Morris, Navarro, Palo Pinto, Parker, Rains, Red River, Rockwall, Smith, Somervell, Tarrant, Titus, Upshur, Van Zandt, Wise and Wood; <u>Counties in the Houston area:</u> Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, San Jacinto, Tyler, Walker, Waller, and Wharton; <u>Counties in the San Antonio area:</u> Atascosa, Bandera, Bexar, Comal, De Witt, Guadalupe, Kendall, Lavaca, Medina, and Wilson
Utah	Altius Health Plan	9K	Iron County
Virginia	Aetna HealthFund (Consumer-Driven)	22	<u>County in the Richmond area and Central VA:</u> Culpeper
Virginia	MDIPA	JP	<u>Counties of:</u> Frederick and

Benefits Administration Letter (Continued)

			Shenandoah; City of Winchester
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**TABLE 8  
(CONT'D.)**

**SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

Washington	KPS Health Plan	VT, L1	Counties of: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima
West Virginia	The Health Plan of the Upper Ohio Valley	U4	Tucker County
Wisconsin	Dean Health Plan	WD	Adams County

**TABLE 9  
PLAN NAME CHANGES**

State	Plan Name (Old)	Code	Plan Name (New)
National	Aetna Health	WQ, 2X, 9E, 2U, IK, RD, KS, P3, Y1, JC, ND, 7D, SL, YE, UB, 6J, P1, PU, 8G, 8J	Aetna
Arizona	PacifiCare Desert Region	A3	PacifiCare of Arizona
District of Columbia	Aetna Health	JN	Aetna Open Access
Northern/Central/Southern Maryland	Aetna Health	JN	Aetna Open Access
Nevada	PacifiCare Desert Region	K9	PacifiCare of Nevada
North Dakota	Heart of America HMO	RU	Heart of America Health Plan
Oregon	PacifiCare of Oregon	7Z	PacifiCare Northwest Region
No./Cen./Richmond, Va.	Aetna Health	JN	Aetna Open Access
Washington	PacifiCare of Oregon	7Z, SA	PacifiCare Northwest Region

**TABLE 10  
PLANS ADDING AN OPTION**

Enrollees who do not choose the Standard Option will automatically be enrolled in the High Option.

State	Plan Name	Code	New Option
Nationwide	SAMBA	44	Standard Option
California	Kaiser Foundation Health Plan of California	59, 62	Standard Option
Colorado	Kaiser Foundation Health Plan of Colorado	65	Standard Option
District of Columbia	Kaiser Foundation Health Plan of Mid-Atlantic	E3	Standard Option
Florida	Av-Med	ML	Standard Option
Georgia	Kaiser Foundation Health Plan of Georgia	F8	Standard Option
Kansas	Coventry Health Care of Kansas (Wichita)	7W	Standard Option
Kansas	Coventry Health Care of Kansas (Kansas City)	HA	Standard Option
Kentucky	United Healthcare of Ohio	3U	Standard Option

Benefits Administration Letter (Continued)

Maryland	Kaiser Foundation Health Plan of Mid-Atlantic	E3	Standard Option
Massachusetts	Fallon Community Health Plan	JV	Standard Option
New York	GHI HMO Select, Inc.	6V, X4	Standard Option
Ohio	United HealthCare of Ohio	3U	Standard Option
Virginia	Kaiser Foundation Health Plan of Mid-Atlantic	E3	Standard Option

**TABLE 11  
PLANS ADDING A POINT OF SERVICE PRODUCT**

State	Plan Name	Code	General Location
Kentucky	United Healthcare of Ohio	3U	Northern Kentucky
Montana	New West Health Services	NV	Most of Montana
New York	Independent Health Assoc.	QA	Western New York
Ohio	United Healthcare of Ohio	3U	Cincinnati, Dayton, and Springfield areas

**TABLE 12  
PLANS RENAMING AN OPTION**

State	Plan Name	Code	Option (2004)	Option (2005)
District of Columbia	Aetna Open Access (formerly Aetna Health)	JN	Standard Option	Basic Option
Northern/Central/Southern Maryland	Aetna Open Access (formerly Aetna Health)	JN	Standard Option	Basic Option
Northern/Central/Richmond, Virginia	Aetna Open Access (formerly Aetna Health)	JN	Standard Option	Basic Option

**TABLE 13  
PLAN MERGERS**

Enrollees in Secret Service (code Y7) will be moved to SAMBA standard option, code 444 and 445. If they want to be in the SAMBA high option or in another plan, they must make a change during open season.

Enrollees in Cimarron Health Plan will automatically be transferred into Lovelace Health Plan unless they select another health plan during open season.

State	Merging Plans	Codes	Surviving Plan	Surviving Codes
Nationwide	Secret Service (Y7) merged w/SAMBA (44)	Y7, 44	SAMBA	44
New Mexico	Cimarron Health Plan (PX) merged w/Lovelace (Q1)	PX, Q1	Lovelace	Q1

**TABLE 14  
CODE MERGERS**

Payroll offices will automatically move enrollees into the surviving code unless the enrollees select another health plan during open season.

State	Plan Name	Code (2004)	Code (2005)
Michigan	Bluecare Network of Michigan	KN	K5
Michigan	Bluecare Network of Michigan	KF	KR
New York	Capital District Physicians' Health Plan	PW, QB	SG
Pennsylvania	Health America	VJ	26

Benefits Administration Letter (Continued)

**TABLE 15  
PLANS SPLITTING A SERVICE AREA**

In 2005, enrollment code PU will cover Dallas/Ft. Worth only. Enrollment code 8G will cover the Houston, Texas area. If you live and/or work in the Houston area and want to remain in this plan, you must change to the new enrollment code (8G) or select another health plan during open season.

State	Plan Name	General Location	Code (2004)	Code (2005)
Texas	Aetna	<u>Counties in the Houston area:</u> Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Orange, San Jacinto, Walker, Waller, and Wharton	PU	8G

**TABLE 16  
SERVICE AREA MOVEMENT**

Plan will move the counties listed below from enrollment code 4N to enrollment code SW. Enrollees in code 4N who live in the counties listed below must make an enrollment change to the new code for their service area (code SW) or elect another health plan during the open season. If you live in one of the counties listed below and do not make the necessary change to the new code, you will pay the higher code 4N premium.

State	Plan Name	Code (2004)	Code (2005)	General Location
Pennsylvania	HealthAmerica	4N	SW	<u>Counties of:</u> Clinton, Columbia, Lycoming, and Montour

Example of SF 2809

		Form Approved: OMB No. 3206-0160	
<b>Federal Employees Health Benefits Program</b>			
<b>Health Benefits Election Form</b>			
<b>Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)</b>			
1. Enrollee Name (last, first, middle initial) DOE, JOHN A.	2. Social Security Number 300-00-0000	3. Date of birth 03 / 23 / 1956	4. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
6. Home Mailing Address (including ZIP Code) 458 Currey St.  Baltimore, MD 20689		7. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	8. TRICARE <input type="checkbox"/>
12. Name of family member (last, first, middle initial) DOE, CHRISTINA C.		13. Social Security Number 150-00-0000	14. Date of birth 02 / 20 / 1958
17. Address (if different from enrollee) 458 Currey St.  Baltimore, MD 20689		18. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	19. TRICARE <input type="checkbox"/>
Name of family member (last, first, middle initial)		Social Security Number	Date of birth
Address (if different from enrollee)		Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Name of family member (last, first, middle initial)		Social Security Number	Date of birth
Address (if different from enrollee)		Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Name of family member (last, first, middle initial)		Social Security Number	Date of birth
Address (if different from enrollee)		Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Name of family member (last, first, middle initial)		Social Security Number	Date of birth
Address (if different from enrollee)		Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Sex <input type="checkbox"/> M <input type="checkbox"/> F
<b>Part B - Present Plan</b> 1. Plan name APWU		<b>Part C - New Plan</b> 1. Plan name Coventry Health Care of Delaware	
2. Enrollment code 472		2. Enrollment code 1G	
<b>Part D - Event Code</b> 1. Event code 1B		<b>Part E - Employees Only (Election NOT to Enroll)</b> <input type="checkbox"/> I do NOT want to enroll in the FEHB Program. My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.	
2. Date of event 10 / 08 / 2004		<b>Part G - Suspension (Annuitants/Former Spouses Only)</b> <input type="checkbox"/> I SUSPEND my enrollment. My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.	
<b>Part F - Cancellation</b> <input type="checkbox"/> I CANCEL my enrollment. My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.		<b>Part H - Signature</b> WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)	
1. Your signature (do not print) 		2. Date (mm/dd/yyyy) 10 / 12 / 2004	3. Daytime telephone number ( 301 ) 737-4477
<b>Part I - To be completed by agency or retirement system</b>			
REMARKS			
1. Date received	2. Effective date of action	3. Personnel telephone number	4. Name and address of agency or retirement system
5. Authorizing official (please print)	6. Signature of authorized agency official		
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number	
This edition supersedes all previous editions of SF 2809 and SF 2809-1. U.S. Office of Personnel Management			
NSN 7540-01-231-6227 Copy 2 - New Carrier			
Standard Form 2809 Revised October 2004 Previous editions are not usable.			

**FEHB Comparison Chart**

**COMPARISON CHART**

**FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PROGRAM**

Comparing: HEALTH SAVINGS ACCOUNT (HSA) with  
HIGH DEDUCTIBLE HEALTH PLAN

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) with  
HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFA)  
UNDER THE FSAFEDS PROGRAM

*Specific information about health plan features will be contained in the individual plan brochures available at the start of the FEHB Open Season. The dates of Open Season are November 8 through December 13. Note: Consumer Driven Health Plan options offer Personal Care Accounts which are HRAs with slightly different rules.*

	<b>HSA</b>	<b>HRA</b>	<b>HCFA</b>
What does the acronym stand for?	<b>Health Savings Account</b>	<b>Health Reimbursement Arrangement</b>	<b>Health Care Flexible Spending Account under the FSAFEDS Program</b>
Legal Authority	Medicare Prescription Drug, Improvement, & Modernization Act of 2003 and supplemental guidance from the IRS	IRS Guidance 2002-45	IRS code Section 125

FEHB Comparison Chart (Continued)

	HSA	HRA	HCFSA
Who is eligible?	The FEHB member must be enrolled in a High Deductible Health Plan (HDHP). The member may not be enrolled in other general medical insurance coverage, an FSAFEDS Health Care Account, or Medicare and may not be claimed as a dependent on another person's tax return (but may be a spouse filing jointly).	The FEHB member must be enrolled in an HDHP and not qualified for an HSA.	Federal employees (in executive branch agencies and other agencies offering FSAFEDS) who are eligible for the FEHB Program (whether or not enrolled in FEHB) are eligible for an HCFSA.
Who "owns" it?	FEHB member	The health plan	Employee
How is the account funded?	The health plan's monthly "premium pass through" is deposited into the member's account. Individual voluntary contributions can be made directly to the account to bring the account to the maximum amount, generally the plan's deductible.	The health plan credits a portion of the premium to the HRA. Some plans may credit the annual amount at the beginning of the plan year. Individual contributions are not allowed.	The employee funds the account. The employee makes an annual election (up to \$4000 for 2005). The election is divided into allotments based on the number of pay dates in the plan year. Every pay date, an allotment is deposited directly into the employee's HCFSA account.

FEHB Comparison Chart (Continued)

	HSA	HRA	HCFSA
Will my balance be forfeited after a certain amount of time?	No.	The health plan's credits must be used while the member is covered by that plan. Unused credits are forfeited if the member terminates employment, (other than retirement) or changes health plans.	Yes. Unused balances are forfeited annually. Expenses must be incurred by year's end (or by termination of employment, if before year's end). Otherwise, the employee loses unused funds.
Can unused amounts carry over from year to year?	Yes. The FEHB member owns the account and any contributions made to it, regardless of the source or timing of the contribution.	Yes. Unused credits carry over year to year as long as the FEHB member remains in the sponsoring health plan.	No. The employee must incur expenses by year's end (or by termination of employment, if before year's end) and submit a request for reimbursement no later than April 30 following the end of the plan year. Otherwise, the employee forfeits unused funds.

FEHB Comparison Chart (Continued)

	HSA	HRA	HCFSA
What type(s) of corresponding health plan is allowed?	<p>HSAs are only available with an HDHP. An HDHP has:</p> <ul style="list-style-type: none"> <li>• a minimum annual deductible of \$1,050 for Self and \$2,100 for Self and Family coverage and</li> <li>• a maximum annual out of pocket limit of \$5,000 for Self and \$10,000 for Self and Family.</li> </ul> <p>Amounts/limits are indexed for inflation.</p>	<p>HRAs are available with an HDHP for those not eligible for an HSA.</p>	<p>Any type of health plan arrangement is allowed. Employees who are not enrolled in FEHB but who are eligible to participate in FEHB can enroll in an HCFSA.</p>
Is the account portable?	<p>Yes. The FEHB member owns the account and keeps the account even if the member changes health plans or leaves Federal employment.</p>	<p>Credits in an HRA are forfeited if the member leaves Federal employment (except for retirement) or changes plans.</p>	<p>Only if the employee transfers between agencies that both participate in FSAFEDS.</p>
Does interest accrue?	<p>Interest accrues on a tax-free basis in qualified HSAs.</p>	<p>Credits in an HRA do not earn interest.</p>	<p>Interest does not accrue.</p>

FEHB Comparison Chart (Continued)

	HSA	HRA	HCFSA
Who determines the contribution amount?	The health plan determines the amount of the annual "premium pass through." Individual voluntary contributions plus the annual "premium pass through" may not exceed the total annual contributions allowed, generally the amount of the plan deductible.	The health plan determines the portion of the health plan premium credited to the HRA. The credit to the HRA is not taxable income to the FEHB member. Individual contributions are not allowed.	The employer determines the minimum and maximum annual amount that each employee can contribute. Within these amounts, the employee decides how much to contribute. Under FSAFEDS HCFSA, for 2005, the minimum annual contribution is \$250 and the maximum is \$4,000.
Is there a "catch up" contribution provision for older workers?	Yes, FEHB members from ages 55 up to age 65 may contribute more to their account per year, until they are enrolled in Medicare (age 65). In 2005 an additional \$600 contribution is allowed, increasing \$100 per year until the contribution reaches a cap of \$1,000 in 2009. These contributions are in addition to the plan's deductible and are "above the line" deductions on the member's Federal income tax.	No.	No.

FEHB Comparison Chart (Continued)

	HSA	HRA	HCFSa
Will my salary contributions be a pre-tax reduction to fund my account?	No, some agencies may be able to support HSA allotments but not on a pre-tax basis.	Not applicable.	Yes.
What is the tax treatment for FEHB members?	An FEHB member's voluntary contributions are tax deductible, up to the annual maximum allowable amount. Account distributions are tax-free as long as funds are spent on qualified medical expenses.	Reimbursements are limited to qualified medical expenses and are tax-free.	Employee contributions to an HCFSa are pre-tax and therefore reduce annual taxable income, including FICA taxes. Reimbursements are only allowed for eligible medical expenses.

FEHB Comparison Chart (Continued)

	HSA	HRA	HCFSA
What expenses qualify for distribution?	Qualified medical expenses defined under §213(d) of the Internal Revenue Code (IRC), except for amounts distributed to pay health insurance premiums. HSAs can be used to pay premiums for (1) Temporary Continuation of Coverage (TCC), (2) Long Term Care Insurance (3) retiree health insurance premiums including Medicare after age 65 (4) health insurance premiums while receiving unemployment compensation and (5) over-the-counter medications.	Qualified medical expenses defined under §213(d) of the Internal Revenue Code (IRC) (including health care, over-the-counter medications, Medicare insurance premiums and qualified Long Term Care Insurance premiums) except for medical expenses explicitly prohibited from reimbursement by FEHB law.	Qualified medical expenses defined under §213(d) of the Internal Revenue Code (IRC), except for amounts paid for health insurance premiums and Long-Term Care Insurance premiums, but including most over-the-counter medicines and products.
Can funds be used for non-medical expenses?	Yes, but non-health care distributions are included in gross income and subject to a 10% penalty if under age 65.	No.	No.
Must a medical expense be incurred during the plan year that the contribution is made?	No. However, no reimbursements can be made for expenses incurred prior to the establishment of the account.	No. However, no reimbursements can be made for expenses incurred prior the effective date of plan enrollment.	Yes. Expenses must be incurred during the plan year of the contribution in order to be eligible for reimbursement.

FEHB Comparison Chart (Continued)

	HSA	HRA	HCFSA
Is the annual amount of the contribution available on the first day of coverage?	No. Only the amount of the accumulating health plan monthly "premium pass through" and the individual's voluntary contributions to date are available for reimbursement.	It depends on the way the health plan chooses to administer this benefit.	Yes. The annual amount the employee elected is available on the first day of coverage regardless of the amount contributed by the date of the reimbursement request.
Is proof of expenses required?	No. The member should be prepared to substantiate to the IRS that the expense has been incurred, the amount of the expense, and its eligibility.	Yes. IRS regulations governing HRAs require that each claim be substantiated by an "explanation of benefits" statement or through itemized receipts.	Yes. IRS regulations governing HCFSA's require that each claim be substantiated by an "explanation of benefits" statement or through itemized receipts. Some expenses may require a letter of medical necessity from the employee's physician.
Can it be integrated with other accounts, i.e. an FSA or HRA?	No. If the FEHB member is enrolled in an HDHP with an HSA, participation in a general HCFSA is not allowed.	Yes. If the FEHB member is enrolled in an HDHP with an HRA, participation in an HCFSA is allowed. Also, if HSA eligibility is lost during the plan year, the member may then have an HRA.	No.

FEHB Comparison Chart (Continued)

**HSA/HRA Qualified Medical Expenses\***

This is a quick reference list of expenses that can be reimbursed from a health savings account (HSA) or a health reimbursement arrangement (HRA).

Medical expenses allowed as deductions are determined by Section 213 (d) of the Internal Revenue Code. This list applies to reimbursement under an HSA as well. However, eligible medical expenses under an HRA draw from this list of deductible medical expenses, but will exclude some expenses in the plan design. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. You can order the publication by calling (800) TAX FORM or see it online at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf). For tax advice, please seek the services of a competent professional.

<b>Eligible Medical Expenses</b>		
<ul style="list-style-type: none"> <li>Abdominal supports</li> <li>Acupuncture</li> <li>Air conditioner (when necessary for relief from difficulty in breathing)</li> <li>Alcoholism treatment</li> <li>Ambulance</li> <li>Anesthetist</li> <li>Arch supports</li> <li>Artificial limbs</li> <li>Autoette (when used for relief of sickness or disability)</li> <li>Birth control pills (by prescription)</li> <li>Blood tests</li> <li>Blood transfusions</li> <li>Braces</li> <li>Cardiographs</li> <li>Chiropractor</li> <li>Christian Science practitioner</li> <li>Contact lenses</li> <li>Contraceptive devices (by prescription)</li> </ul>	<ul style="list-style-type: none"> <li>Convalescent home (for medical treatment only)</li> <li>Crutches</li> <li>Dental treatment</li> <li>Dental X-rays</li> <li>Dentures</li> <li>Dermatologist</li> <li>Diagnostic fees</li> <li>Diathermy</li> <li>Drug addiction therapy</li> <li>Drugs (prescription)</li> <li>Elastic hosiery (prescription)</li> <li>Eyeglasses</li> <li>Fees paid to health institute prescribed by a doctor</li> <li>FICA and FUTA tax paid for medical care service</li> <li>Fluoridation unit</li> <li>Guide dog</li> <li>Gum treatment</li> <li>Psychoanalyst</li> <li>Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>Psychotherapy</li> <li>Radium therapy</li> <li>Registered nurse</li> <li>Special school costs for the handicapped</li> <li>Spinal fluid test</li> <li>Splints</li> <li>Sterilization</li> <li>Surgeon</li> <li>Telephone or TV equipment to assist the hard-of-hearing</li> <li>Therapy equipment</li> <li>Transportation expenses (relative to health care)</li> <li>Ultraviolet ray treatment</li> <li>Vaccines</li> <li>Vasectomy</li> <li>Vitamins (if prescribed)</li> <li>Wheelchair</li> <li>X-rays</li> </ul>
<b>Eligible Over-the-Counter Drugs</b>		
<ul style="list-style-type: none"> <li>Antacids</li> <li>Allergy medications</li> <li>Pain relievers</li> <li>Cold medicine</li> <li>Anti-diarrhea medicine</li> <li>Cough drops and throat lozenges</li> </ul>	<ul style="list-style-type: none"> <li>Sinus medications and nasal sprays</li> <li>Nicotine medications</li> <li>Nasal sprays</li> <li>Pedialyte®</li> <li>First aid creams</li> <li>Calamine lotion</li> </ul>	<ul style="list-style-type: none"> <li>Wart removal medication</li> <li>Antibiotic ointments</li> <li>Suppositories and creams for hemorrhoids</li> <li>Sleep aids</li> <li>Motion sickness pills</li> </ul>
<b>Ineligible Medical Expenses</b>		
<ul style="list-style-type: none"> <li>Advance payment for services to be rendered next year</li> <li>Athletic club membership</li> <li>Automobile insurance premium allocable to medical coverage</li> <li>Boarding school fees</li> <li>Bottled water</li> <li>Commuting expenses of a disabled person</li> <li>Cosmetic surgery and procedures</li> <li>Cosmetics, hygiene products and similar items</li> </ul>	<ul style="list-style-type: none"> <li>Funeral, cremation or burial expenses</li> <li>Health programs offered by resort hotels, health clubs and gyms</li> <li>Illegal operations and treatments</li> <li>Illegally procured drugs</li> <li>Maternity clothes</li> <li>Non-prescription medication</li> <li>Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits</li> <li>Scientology counseling</li> <li>Social activities</li> </ul>	<ul style="list-style-type: none"> <li>Special foods and beverages</li> <li>Specially designed car for the handicapped other than an Autoette or special equipment</li> <li>Stop-smoking programs</li> <li>Swimming pool</li> <li>Travel for general health improvement</li> <li>Tuition and travel expenses to send a problem child to a particular school</li> <li>Weight-loss programs</li> </ul>
<b>Ineligible Over-the-Counter Drugs</b>		
<ul style="list-style-type: none"> <li>Toiletries (including toothpaste)</li> <li>Acne treatments</li> <li>Lip balm (including ChapStick® or Carmex®)</li> </ul>	<ul style="list-style-type: none"> <li>Cosmetics (including face cream and moisturizer)</li> <li>Suntan lotion</li> <li>Medicated shampoos and soaps</li> <li>Vitamins (daily)</li> </ul>	<ul style="list-style-type: none"> <li>Fiber supplements</li> <li>Dietary supplements</li> <li>Weight-loss drugs for general well-being</li> <li>Herbs</li> </ul>

In general, health insurance may not be purchased with HSA funds. There are four exceptions; HSA funds can be used to pay for:

- 1) A health plan during any period of continuation coverage required under any federal law
- 2) A qualified long-term care insurance contract
- 3) A health plan during a period in which the individual is receiving unemployment compensation under any federal or state law
- 4) For individuals over age 65, premiums for Medicare Part A or B, a Medicare HMO and/or the employee share of premiums for employer-sponsored health insurance, including premiums for employer-sponsored retiree health insurance

*\* EXAMPLE ONLY - EMPLOYEES SHOULD CHECK WITH INDIVIDUAL FEHB PLANS FOR HSA + HRA SPECIFICS.*

## FEHB Comparison Chart (Continued)

**2005 HDHP Plan Contact Information**

**Advantage Health Solutions**  
Customer Service: 1-800 553-8937

**Aetna**  
Customer Service: 1-800 537-9384

**Aultcare**  
Customer Service: 1-800 344-8858

**Coventry – Delaware/Maryland**  
Customer Service: 1-800 833-7423

**Coventry – Georgia**  
Customer Service: 1-800 395-2545

**Coventry - Iowa**  
Customer Service: 1-866 785-8070

**Coventry – Kansas - Kansas City**  
Customer Service: 1-800 969-3343

**Coventry – Kansas – Wichita/Salinas**  
Customer Service: 1-800 969-3343

**Coventry – Louisiana**  
Customer Service: 1-800 341-6613

**GEHA**  
Customer Service: 1-800 821-6136

**Group Health Plan**  
Customer Service: 1-800 755-3901

**HealthAmerica**  
Customer Service: 1-866 351-5946

**Mail Handlers**  
Customer Service: 1-800-694-9901

**OSF Healthplans**  
HDHP questions: 1-800 673-5222  
HSAs questions: 1-800 259-2830