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- JOB SEEKERS WITH DISABILITIES
- RETIREES & FAMILIES
- VETERANS

Telework

Improve Continuity of Operations, Promote Management Effectiveness and Enhance Work/Life Balance

Career Development

Learn how you can achieve your personal and professional development goals

Healthcare

Learn more about healthcare coverage for Federal employees, retirees, and their families

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QUALITY HEALTH PLAN CHOICES IN FEHB

How Does Your Plan Measure Up?

The plan you choose can make a difference in your health! Look up the healthcare quality and customer experience scores for plans in your area.

Learn More

OPM.gov Main > Insurance

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INFORMATION FOR...



Life Events

Answers to common life event questions.

LEARN MORE



New / Prospective Employees

As a Federal employee, you may be able to enroll in health, dental, vision and life insurance, flexible spending accounts, and apply for long term care insurance.

LEARN MORE



Searching for new FEHB carriers
WE WANT YOU

QUICK LINKS

- Insurance Overview [110.45 KB]
- Health Insurance Overview [63.19 KB]
- *FastFacts*
- Compare Health Plans
- Compare Dental and/or Vision Plans
- Flexible Spending Calculator
- Agency Contact Information
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- Contact Healthcare & Insurance
- The Affordable Care Act

Healthcare

The New Self Plus One Enrollment Type

SELF + ONE

The Bipartisan Budget Act of 2013 established a Self Plus One enrollment type in the Federal Employees Health Benefits (FEHB) Program. Coverage under a Self Plus One enrollment is now available during the annual Federal Benefits Open Season. Read More

RELATED INFORMATION

- Health Insurance Overview [110.45 KB]
- Health Information Technology and Transparency Report [149 KB]
- Health Information Technology Transparency Leaders

The Federal Employees Health Benefits (FEHB) Program

The FEHB Program can help you and your family meet your health care needs. Federal employees, retirees and their survivors enjoy the widest selection of health plans in the country. You can choose from among Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums, or Fee-for-Service (FFS) plans, and their Preferred Provider Organizations (PPO), or Health Maintenance Organizations (HMO) if you live (or sometimes if you work) within the area serviced by the plan.

Use this site to compare the costs, benefits, and features of different plans. We chose the different benefit categories based on enrollee requests, differences among plans, and simplicity. However, we urge you to consider the total benefit package, in addition to service and cost, and provider availability when choosing a health plan.

The FEHB plan brochures show you what services and supplies are covered and the level of coverage. Review the brochures carefully. The brochures are formatted to ensure they are all organized alike. You can get brochures from the health plans or your human resource office. When it comes to your health care, the best surprise is no surprise.

Pharmacy Incentive Programs and FEHB

OPM does not prohibit FEHB members from participating in pharmacy-sponsored incentive or pharmaceutical company co-pay reimbursement programs, and we are unaware of any Federal laws restricting participation. Enrollees in other Federal Programs such as Medicare and Medicaid are statutorily prohibited from participating in pharmacy incentive programs under section 1320a-7b of title 42, United States Code ("the Anti-Kickback Act). However, the FEHB Program is exempt from the application of this provision.

OPM does not have authority over promotional incentive programs retail pharmacies choose to offer customers, and OPM cannot direct retail pharmacies to provide the incentives to FEHB Program members. We are working with FEHB Program plans to remove any restrictions.

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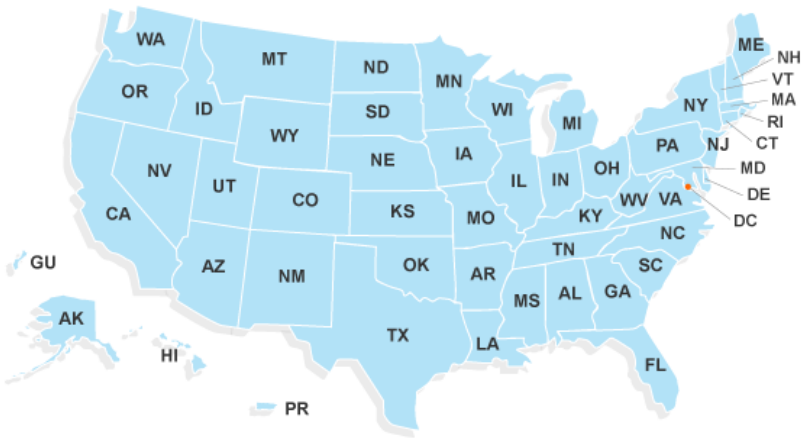
PLAN INFORMATION

FEHB Plan Information for 2018

Choosing a state below will take you to a list of all plans available in that state, as well as links to the plan brochures, changes for each plan from the previous year, information on plan patient safety programs, and links to the plan provider directories.

RELATED LINKS

- Overseas Coverage
- FEHB Program is Going Green
- Plan Accreditation
- Compare Health Plans
- Consumer's Checkbook Comparison Tool
- Enroll in a Health Plan
- Plan Types
- 2017 Brochures



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COMPARE 2018 PLANS

The information contained in this comparison tool is not the official statement of benefits. Before making your final enrollment decision, always refer to the individual FEHB brochures. Each plan's FEHB brochure is the official statement of benefits. **Items marked with an * must be completed before advancing to the health plan comparison.**

Search by one of the following:

Find plans by location*

ZIP Code

Choose an Employee Type*

- Federal Employee (Non-Postal)
- Certain Temporary Employees
- Annuitant
- Workers Compensation Recipient
- U.S. Postal Service (Category 1)
- Former Spouse Enrollee
- Federal Deposit Insurance Corporation
- Temporary Continuation of Coverage (TCC)
- U.S. Postal Service (Category 2)
- Tribal Employee

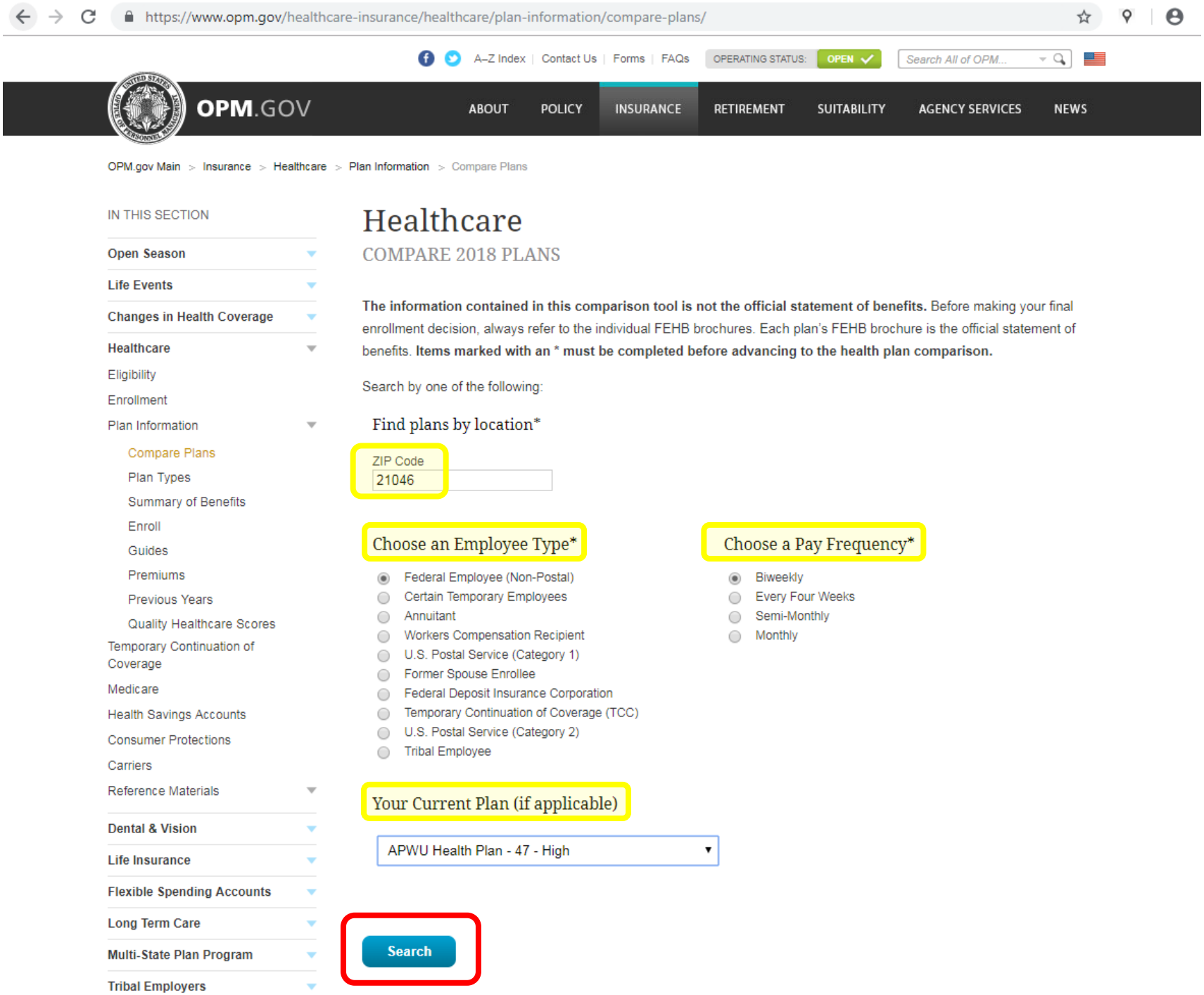
Choose a Pay Frequency*

- Biweekly
- Every Four Weeks
- Semi-Monthly
- Monthly

Your Current Plan (if applicable)

Please complete all required fields

Search


https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/
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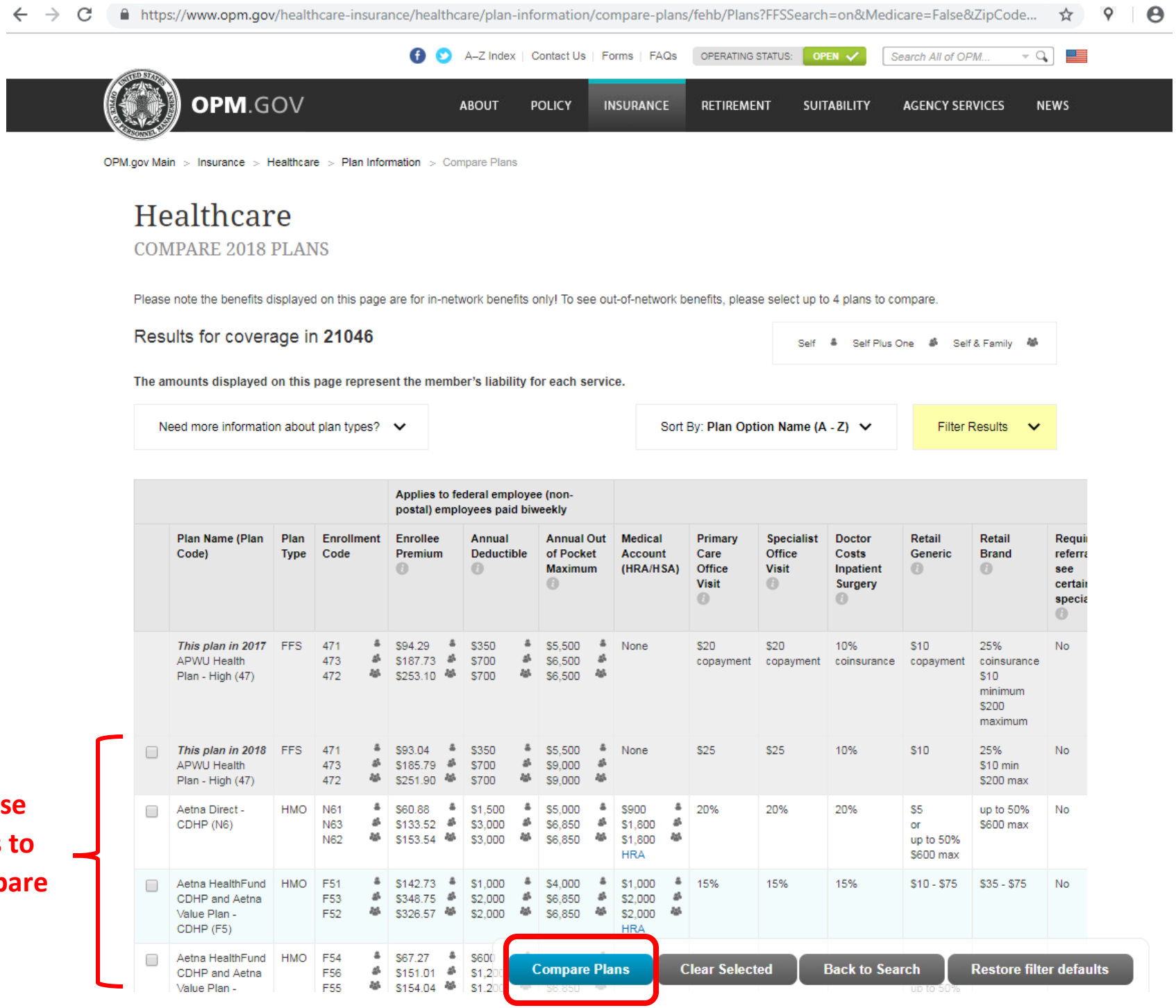
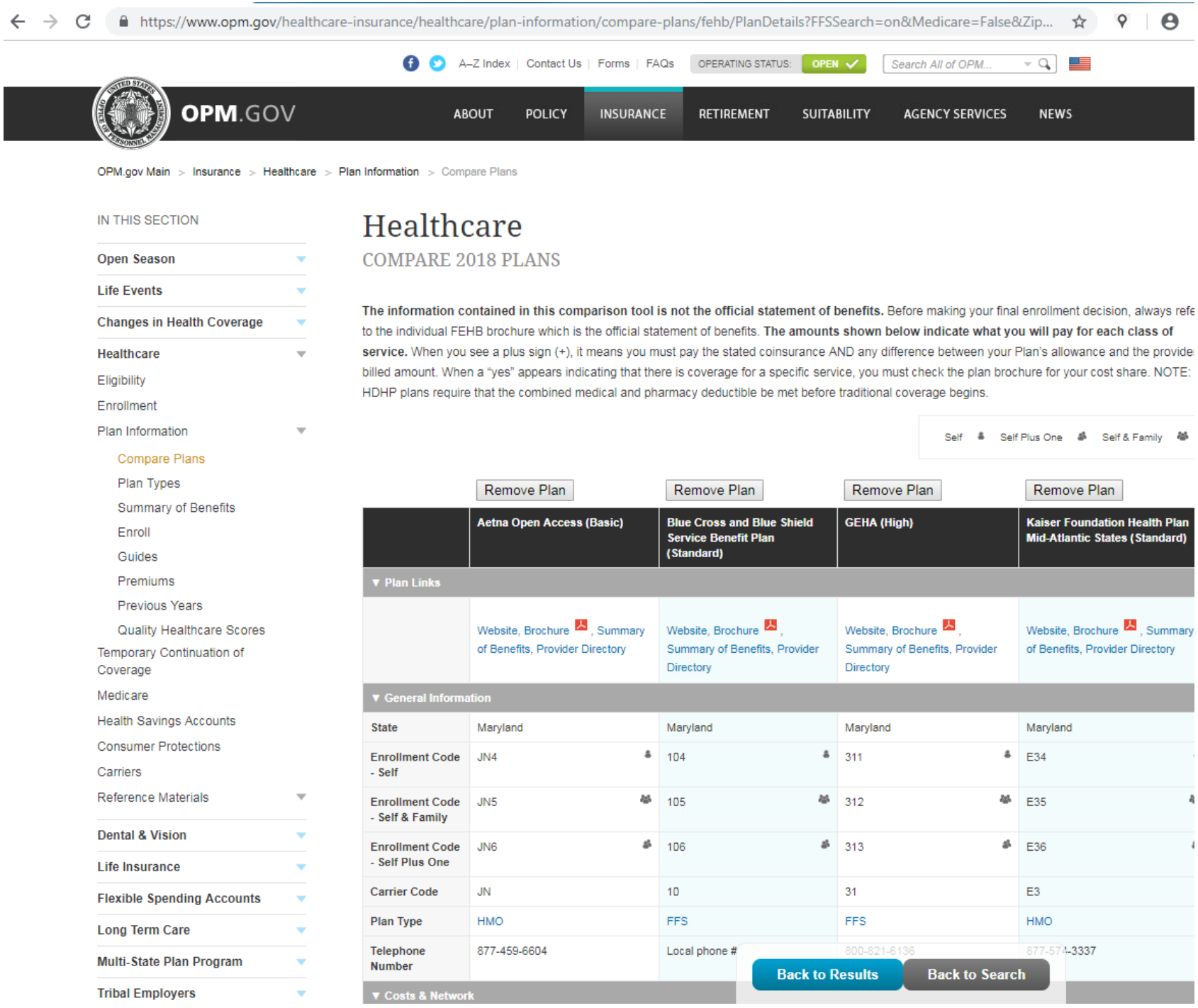
Search by one of the following:
Find plans by location*
ZIP Code
21046
Choose an Employee Type*
Federal Employee (Non-Postal)
Certain Temporary Employees
Annuitant
Workers Compensation Recipient
U.S. Postal Service (Category 1)
Former Spouse Enrollee
Federal Deposit Insurance Corporation
Temporary Continuation of Coverage (TCC)
U.S. Postal Service (Category 2)
Tribal Employee
Choose a Pay Frequency*
Biweekly
Every Four Weeks
Semi-Monthly
Monthly
Your Current Plan (if applicable)
APWU Health Plan - 47 - High
Search



Choose Plans to Compare



https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/fehb/PlanDetails?FFSSearch=on&Medicare=False&Zip...

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COMPARE 2018 PLANS

The information contained in this comparison tool is not the official statement of benefits. Before making your final enrollment decision, always refe to the individual FEHB brochure which is the official statement of benefits. **The amounts shown below indicate what you will pay for each class of service.** When you see a plus sign (+), it means you must pay the stated coinsurance AND any difference between your Plan's allowance and the provide billed amount. When a "yes" appears indicating that there is coverage for a specific service, you must check the plan brochure for your cost share. NOTE: HDHP plans require that the combined medical and pharmacy deductible be met before traditional coverage begins.

Self | Self Plus One | Self & Family

	Remove Plan	Remove Plan	Remove Plan	Remove Plan
	Aetna Open Access (Basic)	**Blue Cross and Blue Shield Service Benefit Plan (Standard)**	**GEHA (High)**	**Kaiser Foundation Health Plan Mid-Atlantic States (Standard)**
▼ Plan Links				
	Website, Brochure, Summary of Benefits, Provider Directory	Website, Brochure, Summary of Benefits, Provider Directory	Website, Brochure, Summary of Benefits, Provider Directory	Website, Brochure, Summary of Benefits, Provider Directory
▼ General Information				
State	Maryland	Maryland	Maryland	Maryland
Enrollment Code - Self	JN4	104	311	E34
Enrollment Code - Self & Family	JN5	105	312	E35
Enrollment Code - Self Plus One	JN6	106	313	E36
Carrier Code	JN	10	31	E3
Plan Type	HMO	FFS	FFS	HMO
Telephone Number	877-459-6604	Local phone #	800-821-6136	877-574-3337
▼ Costs & Network				

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PLAN INFORMATION

Plan Types

RELATED INFORMATION

- HDHP FastFacts [166.79 KB]

Choose a Plan and Enroll

Different types of plans help you get and pay for care differently.

Fee-For-Service (FFS) plans generally use two approaches.

Fee-for-Service (FFS) Plans (non-PPO)
A traditional type of insurance in which the health plan will either pay the medical provider directly or reimburse you after you have filed an insurance claim for each covered medical expense. When you need medical attention, you visit the doctor or hospital of your choice. This approach may be more expensive for you and require extra paperwork.

Fee-for-Service (FFS) Plans with a Preferred Provider Organization (PPO)
An FFS option that allows you to see medical providers who reduce their charges to the plan; you pay less money out-of-pocket when you use a PPO provider. When you visit a PPO you usually won't have to file claims or paperwork. However, going to a PPO hospital does not guarantee PPO benefits for all services received within that hospital. For instance, lab work and radiology services from independent practitioners within the hospital may not be covered by the PPO agreement. Most networks are quite wide, but they may not have all the doctors or hospitals you want. This approach usually will save you money.

Generally enrolling in a FFS plan does not guarantee that a PPO will be available in your area. PPOs have a stronger presence in some regions than others, and *in areas where there are regional PPOs, the non-PPO benefit is the standard benefit. In "PPO-only" options, you must use PPO providers to get benefits.*

Health Maintenance Organization (HMO)

A health plan that provides care through a network of physicians and hospitals in particular geographic or service areas. HMOs coordinate the health care service you receive and free you from completing paperwork or being billed for covered services. Your eligibility to enroll in an HMO is determined by where you live or, for some plans, where you work. Some HMOs are affiliated with or have arrangements with HMOs in other service areas for non-emergency care if you travel or are away from home for extended periods. Plans that offer reciprocity discuss it in their brochure. HMOs limit your out-of-pocket costs to the relatively low amounts shown in the benefit brochures.

- The HMO provides a comprehensive set of services - as long as you use the doctors and hospitals affiliated with the HMO. HMOs charge a copayment for primary physician and specialist visits and generally no deductible or coinsurance for in-hospital care.
- Most HMOs ask you to choose a doctor or medical group to be your primary care physician (PCP). Your PCP provides your general medical care. In many HMOs, you must get authorization or a "referral" from your PCP to see other providers. The referral

https://www.opm.gov/healthcare-insurance/healthcare/plan-information/summary-of-benefits/

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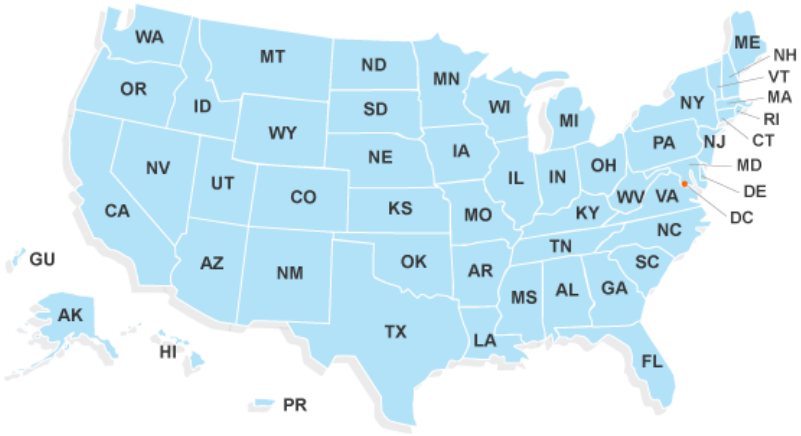
2018 | 2017 | 2016 | 2015 | 2014 | 2013

2018

FEHB Summary of Benefits for 2018

Choosing a state below will take you to a list of all plans available in that state, as well as links to the plan summary of benefits.



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PLAN INFORMATION

Enroll in a Health Plan

During the annual FEHB Open Season, anyone eligible to participate in the FEHB Program may enroll, change health plans or options, cancel your FEHB enrollment, and change participation in premium conversion (waive or begin participation).

Outside of Open Season, newly eligible employees may enroll within 60 days of their becoming eligible for the program, members who move outside of the area covered by their plan may enroll in a different plan covering their new location, and OPM may announce special Open Seasons affecting members of specific plans only. There are also a number of other circumstances which can make you eligible to enroll or change your FEHB coverage outside of Open Season.

To Make Any of These Changes

Employees:

- You may be able to enroll online using Employee Express.
  See our list of agencies participating in Employee Express.

or

- **Department of Defense** employees can enroll using the DoD automated enrollment systems.

or

- **U. S. Postal Service** employees can enroll using the *PostalEASE* online and telephone enrollment system.

or

- **Health and Human Services and Department of Veterans Affairs** employees can enroll using MyPay.

or

- **Department of Energy** employees can enroll using the DOE automated systems.

or

- Employees of agencies payrolled by the **National Finance Center** may be able to enroll through Employee Personal Page.

or

- You can submit Standard Form 2809, Employee Health Benefits Election Form [849 KB], to your Human Resources Office.

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PLAN INFORMATION

Guides Overview | 2015 | 2014 | Earlier Guides

Guides Overview

OPM is no longer producing the Guide to Federal Benefits (Guide) beginning with the 2016 benefit year. This will include both the printed and online versions of the Guide. We have determined that it is no longer cost effective to produce the Guide and due to the implementation of the Going Green Initiative in 2010, an increasing number of agencies are turning toward online resources for information about the federal benefits programs instead of ordering printed copies of the Guide.

Federal Employees Health Benefits (FEHB) Program

- Plan Information
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FEHB for Tribal Employers

- General Information
- Plan Information
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Federal Employee's Dental and Vision Insurance Program (FEDVIP)

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PLAN INFORMATION

Premiums | Premiums Archive

2019 Premiums

Full Sets of Rate Charts

The charts below provide information on biweekly and monthly premiums, including the total premiums, the amount the government pays, and the change in the enrollee's portion of the premium compared to last year. All FEHB plans offer Self Only, Self Plus One, and Self and Family enrollment types.

Note: Non-Postal rates apply to most enrollees. Postal rates apply to certain employees of the U.S. Postal Service. The Postal employee groups in each category of Postal rates can change from year to year. Postal employees are encouraged to visit the FEHB Plan Comparison Tool to review plan brochures for information about Postal rate categories for 2019 once that information becomes available in November 2018.

HMO (Regional Plans with Specific Service Areas)

- Non-Postal Rates
- U.S. Postal Rates
- TCC and Former Spouse Rates

FFS (Fee-for-Service/Nationwide Plans)

- Non-Postal Rates
- U.S. Postal Rates
- TCC and Former Spouse Rates

The overall average Postal rate increases shown are based on the Postal contribution for Category 1. The Postal employee groups in Category 1 can change from year to year. Postal employees are encouraged to review their Plan brochures for information about how their plan changes for 2019 as soon as the brochures are posted to OPM's website.

https://www.opm.gov/healthcare-insurance/healthcare/plan-information/previous-years/

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2017

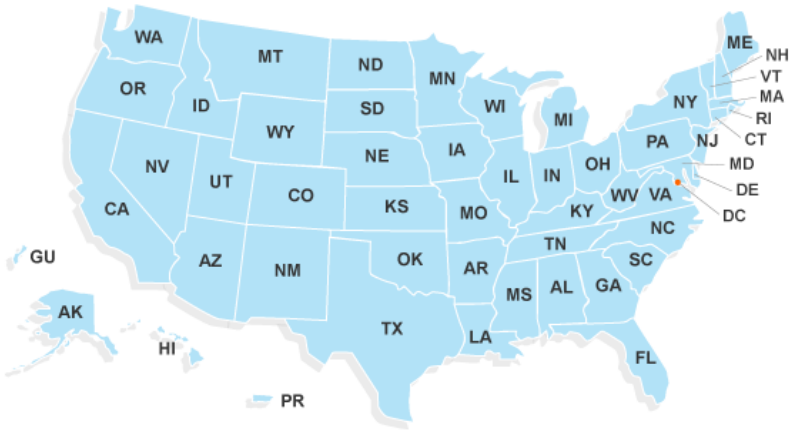
You have reached a collection of archived material.

The content available is **no longer being updated** and as a result you may encounter hyperlinks which no longer function. You should also bear in mind that this content may contain text and references which are no longer applicable as a result of changes in law, regulation and/or administration.

Choose a Plan & Enroll

FEHB Plan Information for 2017

Choosing a state below will take you to a list of all plans available in that state, as well as links to the plan brochures, changes for each plan from the previous year, information on plan patient safety programs, and links to the plan provider directories.



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Healthcare

ENSURING QUALITY HEALTHCARE

Our goal: Better Care and Better Health at Lower Cost.

The Office of Personnel Management(OPM) is proud to provide quality healthcare choices. All FEHB plans support quality with educated health professionals, hospitals, nursing homes, clinics, accurate medical records, and open communication. OPM's definition and evaluation of quality care is strengthened by your health plan selection, feedback, and health improvement.

Why is quality healthcare important to me?

The plan you choose can make a difference in your health! A quality health plan will:

- Improve healthcare outcomes by using evidence - based research and technology to promote the selection and delivery of the best possible care.
- Reduce unnecessary health care costs, which may save you money.

How does OPM help me select quality healthcare?

- We work with health plans to advance healthcare delivery, concentrating on common health conditions to provide overall better patient health.
- We offer health plans that build a positive healthcare experience, responding attentively to patient feedback regarding doctors and services.
- We incentivize health plans to slow the growth of healthcare costs, so that all enrollees can afford quality care (and perhaps save more money to take that family vacation!).

Look up the healthcare quality and customer experience scores for plans in your area.

ZIP Code

Search

Additional Resources and Information

- Need a guide to help select a quality health plan? View detailed suggestions on how to select a health plan that meets your needs and your family's needs.
- Want to learn which questions to ask regarding cost, care, and health outcomes?