## The Federal Employees Health Benefits Program (FEHB)

## **HEALTH INSURANCE - Plan Types**

Type of Health Plan	Features	Tradeoffs
Fee-For-Service with a PPO (Preferred Provider Organization)	<ul> <li>See any doctor without referral</li> <li>Nationwide and worldwide coverage</li> <li>When you use an in-network doctor or hospital, you pay less</li> </ul>	<ul> <li>You may have to pay more out-of-pocket for services than you would with other plan types</li> <li>You may have some paperwork if you do not use a preferred provider</li> </ul>
НМО	<ul> <li>Little paperwork, if any</li> <li>Simpler costs: your out-of-pocket cost for a service is usually limited to a fixed dollar copayment rather than a percentage of the cost</li> <li>Some HMOs offer a Point-of-Service product allowing you to use an out-of-network provider, but you usually pay more and need to submit a claim</li> </ul>	<ul> <li>Generally must use innetwork doctors and hospitals</li> <li>Usually need a referral to see a different provider</li> </ul>
High-Deductible with a Health Savings Account	<ul> <li>Covers high-cost medical events</li> <li>Puts money into an interest - bearing Health Savings Account (HSA) and lets you add money into it</li> <li>Make tax-free withdraws for qualified medical expenses</li> <li>Portable if you retire or leave government</li> <li>Lower premiums</li> </ul>	<ul> <li>Higher deductible</li> <li>Cannot get an HSA if you are covered by any other health plan, including Medicare</li> <li>Can use a medical fund (see below) if you are ineligible for an HSA</li> </ul>
Consumer-Driven with a medical fund	<ul> <li>Your health plan puts money into a medical fund for you</li> <li>If your medical expenses for the year are less than the amount of your medical fund, you pay nothing out-of-pocket</li> <li>Lower premiums</li> </ul>	<ul> <li>Must pay deductible if your health expenses exceed the amount of your medical fund</li> <li>Medical fund is not portable, not interest-bearing, and you cannot add money to it</li> </ul>