



SelectHealth

FEHB and Medicare

2023



Congratulations! Retirement is just around the corner.

Now that you are eligible for Medicare Part A and Part B coverage, we've got some great news! When you are enrolled in Medicare Part A and Part B as your primary coverage, while also being enrolled in the SelectHealth Federal Employees Health Benefits (FEHB) Standard Option, you will enjoy comprehensive coverage. The best part? Your enrollment in all three of these plans will greatly reduce your cost-sharing burden, saving you money!

This guide is designed to help you learn more about Medicare, your new benefits, and how they'll coordinate with the SelectHealth Standard Option to ensure your plans work together seamlessly.

Please note: The benefits described in this booklet assume that Medicare will become your primary coverage, which usually means that you or the person through whom you have your FEHB coverage (the "enrollee") is an annuitant. It also assumes you are enrolled in the SelectHealth Standard Option at the time you begin receiving your Medicare benefits. If you or the enrollee remain actively employed and/or enrolled in a plan other than the SelectHealth Standard Option, the Medicare coordination of benefits described in this booklet may not apply to you.

What is Medicare?

Medicare is a federal health insurance program for individuals age 65 and older, those under age 65 with qualifying disabilities, ALS, or those with end-stage renal disease (kidney failure).

If you have Medicare coverage, your doctor or the hospital where you received care will send a claim to Medicare for any provided services. Medicare will pay benefits to the doctor or hospital, and you will be responsible to pay the balance if you don't have other coverage.



Medicare Part A and Part B, when combined with your FEHB benefit, offer more comprehensive coverage and minimize your out-of-pocket expenses for healthcare.

Part A

A Medicare Part A refers to your **hospital coverage**. If you or your spouse paid Medicare taxes for at least 10 years, you should qualify without having to pay a premium. Most federal employees and annuitants are entitled to Medicare Part A at no cost.

Part C

C This is also known as **Medicare Advantage** and includes health plan options (like an HMO or PPO) approved by Medicare and offered by private companies. These plans provide your health coverage and, in some cases, your prescription drug coverage. Medicare Advantage is not a Medicare supplement plan.

Part B

B Medicare Part B is your **medical insurance**. This covers expenses such as doctor's appointments and outpatient care. Most people opt to pay for their Part B monthly premium by having the cost deducted from their Social Security check.

Part D

D This is prescription **drug coverage** offered by private companies approved by Medicare. Your SelectHealth prescription drug benefits are "creditable coverage" that eliminate the need for you to enroll in a Part D plan now and help you avoid the late enrollment penalty if you decide to enroll later.

When Can I Enroll in Medicare?

If you don't receive Social Security benefits and/or you are still working, you won't be automatically enrolled in Medicare. For those 65 or older and employed, SelectHealth FEHB benefits will remain primary so you won't need to enroll in Medicare Part B. If you choose to enroll in Medicare, you have **from three months before your 65th birthday until three months after your 65th birthday**.

If you're already collecting Railroad Retirement Board or Social Security retirement benefits when you turn 65 and you signed up for Medicare Part B with your retirement benefits, you will automatically be enrolled in Medicare Part A and Medicare Part B. If you are a resident of Puerto Rico or a foreign country, you are not automatically enrolled and must elect Part B coverage if you want it.

PLEASE NOTE:

- > Medicare does not cover everything. You can bridge "gaps" in coverage by enrolling in both Medicare Parts A and B, as well as our SelectHealth FEHB Standard Option.
- > SelectHealth will coordinate your benefits directly with Medicare, so you can simply present your Medicare and SelectHealth ID cards each time you receive medical care and rest easy knowing your claims are being sent to the right place.
- > When you receive covered Medicare services from a provider that accepts Medicare assignments, your visit will cost you little to nothing.
- > Waiting to enroll for Medicare Part B coverage until after you first become eligible will result in your Medicare Part B premium being higher by 10% for every 12-month period beyond your initial eligibility date.

How Do I Enroll in Medicare?

IF YOU QUALIFY:

Social Security: ssa.gov or **1-800-772-1213**
(you can also visit your local social security office)

Medicare: medicare.gov or **1-800-MEDICARE (633-4227)**

US Office of Personnel Management (OPM):
opm.gov or **888-767-6738**

OPM Retirement Office: retirefehb.opm.gov or **800-332-9798**

National Active and Retired Federal Employees Association (NARFE): narfe.org or **1-800-456-8410**

CALL OUR MEMBER SERVICES TEAM

SelectHealth FEHB: selecthealth.org/fehb or **844-345-FEHB (3342)**

- > If you enroll for Part D, we'll coordinate your SelectHealth prescription drug benefits with your Medicare Part D plan.
- > Having dual coverage with SelectHealth makes your care simple so you can have more time to enjoy retirement.



STANDARD OPTION BENEFIT	STANDARD OPTION You Pay WITHOUT Medicare Parts A & B		STANDARD OPTION You Pay WITH Medicare Parts A & B as Primary	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Self	\$250	\$500	Nothing	Nothing
Family (Per Person/Per Family):	\$250/\$500	\$500/\$1,000		
Out-of-Pocket Maximum (Catastrophic Protection)				
Self	\$5,500	\$7,500	\$5,500	\$7,500
Family (Per Person/Per Family):	\$5,500/\$11,000	\$7,500/\$15,000	\$5,500/\$11,000	\$7,500/\$15,000
Part B Premium Reimbursement Offered	N/A	N/A	N/A	N/A
Primary Care Physician	\$15 Copay	30% of Allowable + All Charges Above the Plan's Allowance	Nothing	Any Charges Above the Maximum Plan Allowance
Specialist	\$35 Copay	30% of Allowable + All Charges Above the Plan's Allowance	Nothing	Any Charges Above the Maximum Plan Allowance
Telehealth Urgent Care/ Intermountain Connect Care	Nothing	Not Available	Nothing	Any Charges Above the Maximum Plan Allowance
Telehealth Non-Urgent Care	Nothing	Not Available	Nothing	Any Charges Above the Maximum Plan Allowance
Inpatient Hospital	15% of Allowable, After Deductible	30% of Allowable + All Charges Above the Plan's Allowance	Nothing	Any Charges Above the Maximum Plan Allowance
Outpatient Hospital	15% of Allowable, After Deductible	30% of Allowable + All Charges Above the Plan's Allowance	Nothing	Any Charges Above the Maximum Plan Allowance

DETERMINING THE EFFECTIVE DATE OF YOUR MEDICARE COVERAGE.

- > If you enroll in Medicare 1 to 3 months before you turn 65, your Medicare coverage will start the month of your birthday.
- > If you enroll in Medicare the month you turn 65, your Medicare coverage will start 1 month after your birthday month.
- > If you enroll in Medicare 1 month after you turn 65, your Medicare coverage will start 2 months after your birthday month.
- > If you enroll in Medicare 2 or 3 months after you turn 65, your Medicare coverage will start 3 months after the month of enrollment.
- > If your birthday is on the first day of the month, Medicare Part A and Part B starts the first day of the prior month.

WE WILL COORDINATE WITH MEDICARE

You don't have to change health plans to get Medicare benefits. We'll coordinate your benefits with Medicare.

When you have Medicare Part A and Part B as your primary insurance paired with the SelectHealth Standard Option, Medicare pays your claims first, and then SelectHealth will pay benefits.

When Medicare is the primary payor, your coverage is enhanced because SelectHealth will cover or waive*:

- > 100% of Part A deductible
- > 100% of Part B deductible
- > SelectHealth Medical Deductible
- > Coinsurance and copays for care covered by SelectHealth and Original Medicare
- > Medicare's cost-share that applies to physician and other outpatient services

** When Original Medicare (Part A and Part B) is your primary coverage and you are enrolled in Standard Option, SelectHealth will waive applicable deductibles, copayments, and coinsurance for most medical, surgical, mental health, and substance use services. Any deductible, copayments, and coinsurance associated with prescription drugs will not be waived.*

When you are enrolled in SelectHealth's High Deductible Health Plan (HDHP), SelectHealth does not waive deductibles, copayments, or coinsurance, but will still coordinate benefits with Medicare, which may reduce or eliminate your out-of-pocket expenses.

Benefits of Being a SelectHealth Member

MEMBER DISCOUNTS

We know that embracing a healthy lifestyle is easier when it costs less. As a SelectHealth member, you have access to discounts on everyday products and services that aren't generally covered by your plan, including:

- > Health clubs
- > Medical alarms
- > Massage therapy
- > LASIK vision surgery

The process is simple—no enrollment forms, fees, or payroll deductions—just great savings when you mention that you are a SelectHealth member and show your ID card. To learn more, visit selecthealth.org/discounts.

WELLNESS INCENTIVE PROGRAM

We want you to be healthy—that's why we offer flexible wellness benefits. As a SelectHealth FEHB member, you can earn up to **\$250 per eligible enrollee or \$500 per family, per year** for participating in qualifying wellness activities.

VIRTUAL CARE

Virtual visits are no additional cost to members for these covered services*:

- > Nonurgent care with participating primary care physicians and specialists
- > Urgent care, primary care, mental health, and nutritional support visits through the My Health+ virtual clinic. Download the app or visit intermountain.com/myhealthplus.
- > Employee Assistance Program (EAP)

*For an HDHP it will apply to the deductible until the deductible is met, then \$0 copay will apply.

RX SAVINGS SOLUTIONS*



Rx Savings Solutions® is an easy to use, comprehensive online prescription tool that shows you ways to spend less money on your prescriptions. It will also automatically alert you if you are paying too much for your medication and identifies other ways to get the same treatment for less money. Now you can easily find less expensive alternatives for your personal prescription needs according to your health plan.

SELECTHEALTH MED® NETWORK



SelectHealth Med covers all of Utah's Intermountain Healthcare® hospitals, facilities, and physicians, in addition to thousands of providers that are contracted under the Med network. This network also covers specialty care facilities like TOSH and Huntsman Cancer Institute for cancer treatment.

NATIONAL AND WORLDWIDE COVERAGE FOR EMERGENCY AND URGENT CARE

Going out of town? No worries! If you get sick or injured while out of state or country, you are covered!



ENHANCED ACCESS TO CARE

Members enrolled in the SelectHealth Standard Option will now be able to enjoy **both** in- and out-of-network benefits across the United States, even while they are traveling.

Out-of-network benefits do have a higher member cost-share with limited coverage, potential for balance-billing, and may require preauthorization.

Members who are enrolled in Medicare Parts A and B as their primary insurance, and are also enrolled in the SelectHealth Standard Option, can access any provider or facility that accepts Medicare.

Frequently Asked Questions and Information

Q: If I continue to work past age 65, is my FEHB coverage still primary?

A: Your FEHB coverage will be your primary coverage until you retire.

Q: Can I change my FEHB enrollment when I become eligible for Medicare?

A: Yes, you may change your FEHB enrollment to any available plan or option at any time beginning 30 days before you become eligible for Medicare. You may only use this enrollment change opportunity once. You may also change your enrollment during the annual Open Season, or because of another event that permits enrollment changes (such as a change in family status).

Q: Does a FEHB plan count as creditable coverage?

A: Because all FEHB Program plans have as good or better coverage than Medicare, their coverage is considered creditable.

Q: Do current FEHB members have to enroll in Medicare when turning 65? If no, when do they need to start enrolling?

A: As long as they are still working or covered under their spouse's group plan, they won't receive a penalty for not enrolling in Part B.

Q: If I don't sign up when I'm first eligible, can I sign up later?

A: Yes, however, there are a few things to keep in mind:

- > You may pay a late enrollment penalty if you don't enroll in Medicare Part B when you're first eligible.
- > The penalty is a 10% premium increase for each year you delay enrollment.
- > You also usually have to wait for the general Medicare Annual Enrollment Period (January – March) to sign up if you choose to enroll later.

> The penalty doesn't apply if you, or your spouse, are still actively working during your initial enrollment period as you can choose to keep your employer-sponsored health coverage.

> In this case, once you retire, you'll have eight months to enroll in Medicare without penalty. You can also sign up at any time while you're still working.

To keep your medical coverage – you must have five years of continuous enrollment in FEHB before you retire. This is known as the five-year-rule. This rule only applies to FEHB coverage – not FEDVIP.

The federal government will continue to pay a portion of your FEHB premium. They pay about 70% of the cost and you pay the rest.

You'll pay your premium monthly. It usually comes out of your annuity.

Your payroll office becomes the U.S. Office of Personnel Management (OPM). They will handle any questions or changes in regard to your enrollment.

If you die, your eligible surviving family members can keep your coverage. You must be enrolled in a Self + One or Self & Family plan at the time of death for this to apply.



This is a summary of the features of SelectHealth, Inc. Before making a final decision, please read the Plan's Federal brochure (73-865). All Benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

These Benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all Enrollees and family members who become Members of SelectHealth.

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth Medicare: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-844-345-3342**

