

Nashville District Human Resources Newsletter "News You Can Use"

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The purpose of this newsletter is to keep Nashville District employees informed about personnel issues, concerns, and topics. You are encouraged to review the information and disseminate to your organization. If there are particular areas of interest that you would like to see addressed in future issues, an article of general interest, or general comments, please contact John Restey at 615-736-5538 or John.G.Restey@lrn02.usace.army.mil.

Upcoming Events:

- ✓ **Federal Employee Health Benefits Open Season—10- November-8 December**
- ✓ **TSP CATCH UP--NOW UNTIL 13 December 2003**
- ✓ **TSP Open Season –15 October 2003-31 December 2003**

General News:

IMPORTANT W-2 INFORMATION

Effective September 17, 2003, all current myPay military users and Defense Finance and Accounting Service (DFAS) civilian employees who request or already have a myPay Personal Identification Number (PIN) and access myPay are consenting to receive only an electronic W-2. They may, however, elect to receive a hardcopy W-2. All other Department of Defense (DoD) civilian employees who use myPay may elect to receive an electronic W-2 in lieu of a hardcopy W-2 through the myPay system.

Significant Good news!

Just to refresh your memory, Resumix changes to the Army centralized automated referral system.

Army has consolidated all the resumes maintained by the Civilian Personnel Operations Centers into one central database. This consolidation was completed in June 2003. This means to you as an applicant:

- One resume will be on file for all regions. There is no need to submit a new resume if you have one on file.
- Resumes submitted through the Army Civilian Resume Builder (<http://cpol.army.mil/> click on Employment, then Army's Resume Builder) will automatically flow into the centralized referral database. This is the fastest way to get a resume into the centralized referral database. If you are applying through the Army Civilian Resume Builder, you no longer need to select the individual CPOC(s). To send your resume, click on the "Central Database" button and your resume will be available to all CPOC's.
- Applicants will submit a new resume after they have accepted a permanent position. This does not apply to temporary promotions or temporary reassignments.
- **ANSWER** (from <http://cpol.army.mil/>, click on Employment, then ANSWER) will be the method for applicant notification. It is the best way to review your most recent resume on file.

For more information about this topic, please go to our Frequently Asked Questions link at http://cpol.army.mil/employ/faq_resumix.html

Health and Benefits:

Types of Plans

An Aid to Choosing a Health Plan for You and Your Family

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) - A 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 is a recommendation by your physician for you to be evaluated and/or treated by a different physician or medical professional. The referral ensures that you see the right provider for the care most appropriate to your

- condition.
- Care received from a provider not in the plan's network is not covered unless it's emergency care or the plan has a reciprocity arrangement.

HMO Plans Offering a Point of Service (POS) Product - In an HMO, the POS product lets you use providers who are not part of the HMO network. However, you pay more for using these non-network providers. You usually pay higher deductibles and coinsurances than you pay with a plan provider. You will also need to file a claim for reimbursement, like in a FFS plan. The HMO plan wants you to use its network of providers, but recognizes that sometimes enrollees want to choose their own provider.

Some plans are Point Of Service (POS) plans and have features similar to both FFS plans and HMOs.

Consumer-Driven Plans — Describes a wide range of approaches to give you more incentive to control the cost of either your health benefits or health care. You have greater freedom in spending health care dollars up to a designated amount, and you receive full coverage for in-network preventive care. In return, you assume significantly higher cost sharing expenses after you have used up the designated amount. The catastrophic limit is usually higher than those common in other plans.

Comparing the Types of Plans

You are in a FFS plan and do not use the PPO (or one is not available):

- You will generally pay more when you get care
- Fewer preventive health care services may be covered
- You will have to file claims for services yourself

You are in a FFS plan and use the PPO:

- You will generally pay less when you get care
- More preventive health care services may be covered
- You may have less paperwork

You are in a FFS plan's "PPO-only" option:

- You must use network providers to get benefits
- You will generally pay copayments and have no deductibles
- You will have little, if any, paperwork

You belong to an HMO:

- You will have limitations on the doctors and other providers you can use
- You will usually pay less when you get care
- You will have little, if any, paperwork

- More preventive health care services may be covered

You belong to a POS plan and use only the providers in that network:

- You will pay less when you get care
- You will get full network benefits and coverage
- You will have very little paperwork

You belong to a POS and do not use network providers or referral procedures:

- You will pay more when you get care
- Some services may not be covered out of network at all
- You generally have to file claims for services yourself

Be sure to look at the primary care physicians, specialists, and hospitals with whom your health plan contracts (the provider network). Does it promote prevention and early detection and intervention? Does it have the specialists to treat your chronic condition? Does it contract with a hospital close to your home?

Food For Thought:

Local Area Network in Australia: the LAN down under

