<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:45 am to 8:00 am</td>
<td>Welcome</td>
<td>HRDS</td>
</tr>
<tr>
<td>8:00 am to 8:15 am</td>
<td>Welcome from the J1</td>
<td>COL Gerety</td>
</tr>
<tr>
<td>8:15 am to 8:30 am</td>
<td>Service Member Support Division</td>
<td>LTC Gross</td>
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<tr>
<td>8:30 am to 9:30 am</td>
<td>Job Introduction &amp; Employment Forms</td>
<td>Staffing</td>
</tr>
<tr>
<td>9:30 am to 9:55 am</td>
<td>Occupational Health</td>
<td>Occupational Health Offices</td>
</tr>
<tr>
<td>9:55 am to 10:00 am</td>
<td>Break</td>
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<tr>
<td>10:00 am to 10:15 am</td>
<td>Network Access</td>
<td>J6</td>
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<tr>
<td>10:15 am to 10:30 am</td>
<td>Force Protection</td>
<td>Provost Marshal</td>
</tr>
<tr>
<td>10:30 am to 10:45 am</td>
<td>Ethics / Constitution Day</td>
<td>HRDS</td>
</tr>
<tr>
<td>10:45 am to 11:00 am</td>
<td>Worker's Compensation (OWCP)</td>
<td>Services</td>
</tr>
<tr>
<td>11:00 am to 11:15 am</td>
<td>My Biz / My Workplace</td>
<td>Human Resources Information Systems</td>
</tr>
<tr>
<td>11:15 am to 11:30 am</td>
<td>Equal Employment Opportunity / Equal Opportunity (EO)</td>
<td>EO / EEO Manager</td>
</tr>
<tr>
<td>11:30 am to 11:45 am</td>
<td>Leave and Absence</td>
<td>Services</td>
</tr>
<tr>
<td>11:45 am to 12:45 pm</td>
<td>Lunch / Temp Employees Critique &amp; Release</td>
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<td>12:45 pm to 1:00 pm</td>
<td>Union</td>
<td>Union Representative</td>
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<tr>
<td>1:00 pm to 1:15 pm</td>
<td>Training and Development</td>
<td>HRDS</td>
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<tr>
<td>1:15 pm to 1:30 pm</td>
<td>Defense Travel System (DTS)</td>
<td>HRDS</td>
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<tr>
<td>1:30 pm to 1:45 pm</td>
<td>Break</td>
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<tr>
<td>1:45 pm to 4:00 pm</td>
<td>Incentives / Awards</td>
<td>Services</td>
</tr>
<tr>
<td></td>
<td>Medical / Dental Programs</td>
<td>Services</td>
</tr>
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<td></td>
<td>Life &amp; Disability Insurance (FEGLI, NGAUS&amp; long Term Care)</td>
<td>Services</td>
</tr>
<tr>
<td></td>
<td>Flex Spending Account (FSA)</td>
<td>Services</td>
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<td></td>
<td>Thrift Savings Plan (TSP)</td>
<td>Services</td>
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<td></td>
<td>Military Buyback Program</td>
<td>Services</td>
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<tr>
<td></td>
<td>Retirement Planning</td>
<td>Services</td>
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<tr>
<td></td>
<td>Critique / Release</td>
<td>HRDS</td>
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</tbody>
</table>
CONSTITUTION INITIATIVE

Oath

I, [name], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

5 U.S.C. §3331

As Federal civil servants, we take an oath of office by which we swear to support and defend the Constitution of the United States of America. The Constitution not only establishes our system of government, it actually defines the role of Federal employees - "to establish Justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty."

The history of the Oath for Federal employees can be traced to the Constitution, where Article II includes the specific oath the President takes - to "preserve, protect, and defend the Constitution of the United States." Article VI requires an oath by all other government officials from all three branches, the military, and the States. It simply states that they "shall be bound by oath or affirmation to support the Constitution." The very first law passed by the very first Congress implemented Article VI by setting out this simple oath in law: "I do solemnly swear or affirm (as the case may be) that I will support the Constitution of the United States."

The wording we use today as Executive Branch employees is now set out in chapter 33 of title 5, United States Code. The wording dates to the Civil War and what was called the Ironclad Test Oath. Starting in 1862, Congress required a two-part oath. The first part, referred to as a "background check," affirmed that you were not supporting and had not supported the Confederacy. The second part addressed future performance, that is, what you would swear to do in the future. It established a clear, publicly sworn accountability. In 1873, Congress dropped the first part of the Ironclad Test Oath, and in 1884 adopted the wording we use today.

*Deaf and hard of hearing users should contact us using the the Federal Relay Service. See http://www.frso.us/

This page can be found on the web at the following url: http://www.opm.gov/constitution_initiative/oath.asp
### MANPOWER AND PERSONNEL DIRECTORATE

#### Technician Support Branch

<table>
<thead>
<tr>
<th>Classification</th>
<th>Staffing</th>
<th>Employee Relations</th>
<th>Information Systems</th>
<th>Technician Training and Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIJS-JT-CL</td>
<td>WIJS-JT-S1</td>
<td>WIJS-JT-SVC</td>
<td>WIJS-JT-IS</td>
<td>WIJS-JT-10</td>
</tr>
<tr>
<td>TSgt Steven Ulrich</td>
<td>ext. 3719</td>
<td>TSgt Jacqueline Santana</td>
<td>ext. 3722</td>
<td>SSgt Stacy Otswaska</td>
</tr>
<tr>
<td>TSgt Samantha Kotula</td>
<td>ext. 3704</td>
<td>SPC Matt Keating</td>
<td>ext. 3710</td>
<td>MSgt Kenneth Young</td>
</tr>
<tr>
<td>TSgt Lee Rettmann</td>
<td>ext. 3705</td>
<td>SGT Jacob Pederson</td>
<td>ext. 3709</td>
<td></td>
</tr>
</tbody>
</table>

* Position Builds
  * Applicant Builds
* Realignments
  * Promotions
* Data Element Changes
  * Change to Lower Grades
* POA / OH Management
  * Pay Setting
* Position Descriptions
  * Pay & Grade Retention
* PD Amendments, Addendums
  * Reassignments
* Desk Audits
  * Reallocations
  * Separations
* Hierarchy
  * Recruitment
  * Name Changes
* Manpower Change Requests (MCR)
  * Job Announcements (USA Jobs)
  * Leave Without Pay (LWOP)
  * Job Certifications
  * Return to Duty (RTD)
  * Compatibility
  * Appointment Extensions
  * Wage Grade Increases and Adj.
  * Military Deposits
  * Appraisals (PAA)
  * Mobilization & Reintegration
  * Length of Service Awards
  * Workman's Compensation
  * Electronic Official Personnel File (eOPF)

#### Supervisory of Human Resources (Employee Relations & Training):

<table>
<thead>
<tr>
<th>1LT Ronald Adams</th>
<th>ext. 3702</th>
<th>Address:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Equal Opportunity Officer:</td>
<td>1LT Ronald Adams</td>
<td>ext. 3702</td>
<td>Department of Military Affairs</td>
</tr>
<tr>
<td>Labor Relations Specialist:</td>
<td>CPT Kristin Boustany</td>
<td>ext. 3707</td>
<td>2400 Wright Street</td>
</tr>
<tr>
<td>Technicians Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technician Training and Travel Budget Manager</td>
<td></td>
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</tr>
<tr>
<td>Performance Improvement Plans (PIP) Manager</td>
<td></td>
<td></td>
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<tr>
<td>Updates Education Information</td>
<td></td>
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</tbody>
</table>
Congratulations on being selected as a Federal Technician!

VERIFICATION DOCUMENTS
- Appointment Roster
- Previous Federal Employment
- Hand Carried Information
  - Photo ID (Common Access Card or Driver’s License)
  - Social Security Card
  - Birth Certificate or Current Passport
  - Direct Deposit Information (Bank Routing Number, Account Number, Bank Address)
  - Legible Copies of DD-214’s (Hold for Services to collect)

TOPICS
- Staffing Section Overview
- Appointments
- Probationary Periods
- Military Affiliation & Compatibility
- Official Personnel File
- Pay
- Work Schedules
- Reassignments / Conversions
- Promotions / Demotions
- Waivers
- Common Access Cards
- Future Job Applications
- Key Directives
- Incentive Bonus POCs
- Forms
Staffing Section Overview

What We Do

- Advertise Jobs
- Certify Applications
- Set Pay
- Process Personnel Actions (Appointments, Reassignments, Promotions, Demotions, Conversions, Extensions, Waivers, Exceptions to Policy)
- Monitor Temporary Appointment & Promotion Expiration Dates & Local Suspense Codes
- Provide Guidance & Oversight

Why We Do What We Do

- Requirements / Authorizations Driven
- Staff the force
- Manage the force
- Success impacts future resources

Appointments

Two Categories

- Competitive (Civilian / Non-Dual Status)
- Excepted (Military Members / Dual Status)
Appointments

Appointment Types
- **Permanent:** Dual and non-dual status appointments that do not expire
  - Positions are not obligated under USERRA
  - Requires Competition
  - Earn Benefits
- **Indefinite:** Temporary Dual Status, non-permanent appointments meant to last longer than one year. There are no not to exceed dates for these appointments. (TPR 300)
  - Positions Obligated Under USERRA
  - Critical Hiring Need
  - Backfill for Mobilized Technician
  - Requires Competitive Procedures
  - Earn Benefits
  - Subject to 30 Day Termination Notice
- **Temporary:** Dual and non-dual status appointments meant to last less than one year, but may be extended up to two years in one year increments. (TPR 300) (5 CFR 316 Subpart D)
  - Includes Emergency Hires (Special Hiring Authority due to OIF, OEF, Reset)
  - Short Term Projects
  - Do Not Earn Benefits (Except for Leave)
  - Subject to Termination Without Notice

Probationary Periods

- Non-dual Status: 1 Years
- Dual Status: 1 Year
- Indefinite & Temporary: Exempt

Serve one period throughout career

- Time spent as a Temporary or Indefinite counts if converted without a break in service

*Note: We require a copy of your SF 50 showing a Tenure 1 if you believe you already met this requirement*

Military Affiliation & Compatibility

- Must maintain military membership
- DMOS / DAFSC must be equivalent to technician assignment
- 1 year to obtain MOS / AFSC qualification
- Future Policy Change: Doing away with MOS / AFSC Requirement
- Cannot outrank Supervisor (Grade Inversion)
- Nepotism is prohibited
Official Personnel File

- Permanent record
- Maintained at J1
- Holds all SF 50 (Personnel Actions)
- Benefits Information
- Open record for employee, supervisor, JAG, IG, and Security Background Investigators (Requires appointment)
- Transferrable to other agencies

Pay Systems

Pay Systems
- General Schedule (GS)
  - 15 Grades
  - 10 Steps per Grade
  - White Collar Jobs (Administrative / Law Enforcement / Medical / Safety / Pilots)
- Federal Wage System (WG / WL / WS)
  - 15 Grades
  - 5 Steps per Grade
  - Blue Collar Jobs (Allied Trades Positions)

Pay Systems
- Based on Grade and Locality Adjustment
- Special Pay Rate Determinants (GS Only)
  - Information Technology Positions
  - Air Guard Pilots
  - Air Traffic Controllers
  - Engineers
- Annual Cost of Living Increase (2011 & 2012 Freeze)
  - GS (1st pay period in Jan)
  - FWS (Various times depending on locale)
- Pay Tables located at www.opm.gov

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- Pay Tables located at www.opm.gov
Pay

Pay Periods & Dates
- Every Two weeks
- Army: Paid on a Thursday (12 days after the end of the pay period)
- Air: Paid on a Friday (6 days after the end of the pay period)
- Pay Period Calendar (Refer to handout)

Starting Pay
- Typically start at Step 1
- Exceptions:
  - Advance in Hire Rate (Superior qualifications)
  - Highest Previous (WG) / Maximum Payable Rate (GS)

Note: Refer to the handout for your starting salary

Waiting Periods for Step Increases
- General Scheduled (GS) Employees:
  - Step 1, 2, 3, 4: 52 weeks (1 yr)
  - Step 5, 6, 7: 104 weeks (2 yrs)
  - Step 8, 9, 10: 156 weeks (3 yrs)
- Exception: Quality Step Increase
- Wage Grade, Wage Leader, Wage Supervisor:
  - Step 1 - Step 2: 26 weeks (6 months)
  - Step 2 - Step 3: 78 weeks (1.5 yrs)
  - Step 3 - Step 4: 104 weeks (2 yrs)
  - Step 4 - Step 5: 104 weeks (2 yrs)
Work Schedules

- Normally full-time (80 Hours per pay period)
- Part-time (No more than 36 hours per week / 72 per pay period)
- Monday – Friday (8 hours per day)
- Exceptions (Require J1 approval)
  - Compressed Work Schedules
    - Week 1: Monday-Thursday (9 Hours) / Friday (8 hours)
    - Week 2: Monday – Thursday (9 Hours) / Friday (Off)
    - Weeks 1 & 2: Monday – Thursday (10 Hours)

Reassignments / Conversions

- Reassignments (Same Grade & Step to Same Grade & Step)
  - Application & Selection
  - Command Directed Moves
  - At Employee’s Request (Supervisor & J1 Approval)
  - Result of Reduction in Force (RIF)
  - Cannot be moved to positions with known promotion potential without competition
  - Pay may increase/decrease depending on location
- Conversions (Change to Appointment Types)
  - Temporary to Permanent or vice versa
  - Temporary to Indefinite or vice versa
  - Indefinite to Permanent or vice versa
  - Only occurs through competition

Promotions / Demotions

- Promotions (Lower Grade to Higher Grade)
  - Only occur through competition except for temporary promotions of 120 days or less
  - After completion of an Individual Development Plan (IDP)
  - Position reclassification (i.e. PD Release, Desk Audit)
- Demotions (Change to Lower Grades)
  - From a temporary promotion back to an original position
  - At employee’s request
  - For disciplinary reasons
  - Reduction in Force (Retained Grade/Pay Applies)
  - Abolished positions
  - Reorganizations
Waivers

- Command Leadership Assignment Program
  - Officers serving as M-Day Commanders
  - Enlisted serving as First Sergeants or MSC Sergeant Major
  - Submit written request (Sample on J1 Staffing page)
  - Requires J1 & TAG Approval

- Technician Compatibility
  - Extenuating circumstances preclude attendance at MOS/AFSC producing course within one year from assignment
  - Unit reorganizations
  - Submit written request (Sample on J1 Staffing page)
  - Requires J1 Approval

Common Access Cards

- Required to set up a user account with J6
- Must be in the DEERS system.
- Uniformed service members should already be loaded in DEERS

Key Directives

- NGB-J1 Regulations
  - TPR 300: Merit Placement Plan for Excepted and Competitive Technicians
  - TPR 303: Military Technician Compatibility
  - TPR 710: Disciplinary and Non-Disciplinary Actions
  - TPR 792: Probationary and Adverse Actions

- Local J1 Regulations
  - HRJ 315-1: Merit Placement Plan
  - HRJ 315-2: Elective Merit Placement Procedures for Key Staff Positions
  - HRJ 315-3: Wearing of Military Uniform by Technicians
  - HRJ 315-4: Probationary Period (Competitive Technicians), Trial Period (Excepted Technicians)

- Policy Memos / Handbooks / Guides
  - Become familiar with all Adjutant General and Chief of Staff Memos
  - Technician Handbook
  - Labor Agreement
### Incentive Bonus Points of Contact

**Army**
- SFC Michael DiLiberto – Incentive Manager  
  (608) 242-3423 / DSN 724-3423  
  Fax: (608) 242-3025 / DSN 724-3025  
  michael.diliberto@us.army.mil

**115th FW**
- MSgt Robert VanLanen - Human Resources Specialist  
  (608) 245-4579 / DSN 724-8579  
  Robert.vanlanen@ang.af.mil

**128th ARW**
- MSG Joe Olla - Human Resources Specialist  
  (414) 944-8409 / DSN 580-8409  
  Wjoseph.olla@ang.af.mil
The Federal Long Term Care Insurance Program

Make your peace of mind a priority

Program Overview

See inside for:
- Long term care and long term care insurance facts
- Program benefits
- Eligibility to apply, including
  - Qualified relatives
  - New and newly eligible employees
- And much more!
The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC
The realities of long term care

The need for long term care can arise from injury or illness at any age—the Federal Long Term Care Insurance Program offers protection and support when needed most.

Long term care is personal care and other related services provided on an extended basis to people who need help with specific everyday activities (called activities of daily living) or who need supervision due to a severe cognitive impairment, such as Alzheimer’s disease. It’s common for people to think of this type of care as only for the elderly and only taking place in nursing homes. Actually, the need for long term care can strike at any time in life due to an accident, illness, or injury. And most long term care is provided at home and not in facilities.

Regardless of the setting—home, assisted living facility, or nursing home—long term care can be expensive. And making decisions about long term care can be difficult. The Federal Long Term Care Insurance Program (FLTCIP), the group long term care insurance program that only members of the Federal Family can apply for, can help.

You might think you’re covered

Many people think that long term care is covered by traditional medical insurance plans. It’s important to know that long term care expenses generally are not covered by the Federal Employees Health Benefits Program (FEHB), TRICARE, TRICARE For Life, or by disability income insurance. While Medicare covers some care in nursing homes and at home, it does so only for a limited time and is subject to restrictions.

The Department of Veterans Affairs provides limited long term care services, with restrictions on who can receive them. And Medicaid (Medi-Cal in California)—the government health care program designed to help those who meet their state’s poverty guidelines—cannot be accessed until virtually all of your assets have been depleted to state-required levels and may provide little choice or control over the care you receive.
The value of long term care insurance

Long term care insurance helps pay for long term care services in many settings—at home or in an adult day care facility, assisted living facility, or nursing home. Long term care insurance can help ensure your independence and reduce your reliance on loved ones should you need long term care. The coverage also offers greater control over the type of care you will receive and where you receive it.

Long term care insurance can also improve your financial security. It helps protect your income, including pensions and annuities, and your savings, such as your Thrift Savings Plan, IRAs, or other investments, from being exhausted by long term care costs. No matter your age, long term care insurance should be a key part of your financial planning activities.

Coverage under the FLTCIP

The FLTCIP provides valuable protection from the potentially high costs of long term care. Enrollees can feel secure about the Program’s comprehensive coverage because the FLTCIP is:

- The largest long term care insurance program in the nation
- Sponsored by the U.S. Office of Personnel Management (OPM)
- Insured by one of the nation’s leading insurers, John Hancock Life & Health Insurance Company

The FLTCIP provides industry-leading benefits and offers flexible options that allow enrollees to tailor coverage to meet their needs.

This voluntary program can be an important part of your Federal benefits package. It is paid for entirely by enrollee premiums, with no government contribution. This Program is medically underwritten, which means that you will have to answer questions about your health on your application. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. You need to apply to find out if you qualify for coverage under this Program.

Comprehensive features and services

Home, assisted living, and nursing home care

The Federal Long Term Care Insurance Program (FLTCIP) provides comprehensive coverage for care provided in a variety of settings, including the following:

- At home, care provided by a nurse, home health aide, therapist, or other authorized provider (including a friend or family member authorized to act as an informal caregiver) is covered.
- Within the community, services provided at adult day care centers are covered.
- Care provided in assisted living facilities is covered, including facilities that specialize in the care of persons with Alzheimer’s disease.
- Within a nursing home facility, skilled, intermediate, and custodial care are covered.

More on home care

Family members and friends can provide care as informal caregivers

One of the FLTCIP’s most popular benefits is coverage for care provided in the home by friends, family members, and other unlicensed caregivers who did not normally live in your home at the time you became eligible for benefits. When informal care is provided by family members, it is covered for up to 500 days.

With its inclusive home care and stay-at-home benefits, the FLTCIP helps enrollees remain at home for as long as possible.

* This is a general description of coverage and is not an insurance contract. Only the FLTCIP Benefit Booklet contains governing contractual provisions.
Consultative services
Pressure-free advice and support for the Federal Family
The FLTCIP provides access to experienced and knowledgeable Certified Long Term Care Insurance Consultants (who do not work on commission) who can help guide decision-making, compare plans, provide personalized rate quotes, and assist in completing an application for coverage.

Expert care coordination
A valuable support system—making a difference in the lives of families
Care coordination services help individuals manage the challenging transition from living independently to receiving long term care. Care Coordinators (registered nurses) provide enrollees with information and offer assistance and advice about their long term care options.

Care Coordinators can assist in providing access to discounted services, help monitor the care that is being delivered, and assist with updating your plan of care as needs change. Care Coordinators can also authorize an alternate plan of care, under which you can receive benefits for services that are not specifically covered under the Program.

If you ever need to initiate a claim, you or your legal representative (including a physician or caregiver) should call us. An individual Care Coordinator is assigned for the life of your claim, so each time you call, you will speak to the same person who knows your particular situation. Additionally, all Care Coordinators have experience with the emotional, social, and financial issues surrounding long term care. You can contact your Care Coordinator to ask any questions you may have, even if you are not receiving benefits.

The value of care coordination—which is available to all FLTCIP enrollees and their qualified relatives—is illustrated by the many warm relationships that have developed between families and coordinators over the years. This helpful support system, which makes a real difference in the lives of families, is a key part of FLTCIP coverage.

Valuable standard features
The FLTCIP delivers superior value by offering the following standard features to its enrollees:

Waiver of premium: Once you have completed your waiting period, you do not pay premiums while you are receiving benefits.

Guaranteed renewable: Your coverage will not be canceled as long as you pay your premiums on time. And your coverage cannot be canceled due to your age or a change in your health. Your premium can only be changed on a group, not an individual, basis.

International benefits: The FLTCIP provides coverage if you require care in a country outside the United States. Some restrictions apply.

Portability: Even if you are no longer a member of an eligible group (for example, if you are an employee who leaves government employment), you can keep your coverage as long as you continue to pay the required premium and have not exhausted your maximum lifetime benefit.

Respite services: The FLTCIP pays benefits to provide your primary caregiver with temporary relief from his/her caregiving responsibilities.

Stay-at-home benefit: The FLTCIP offers enrollees numerous options that support care at home, including care planning visits, home modifications (such as installing wheelchair ramps), emergency medical response systems, durable medical equipment (such as wheelchairs, walkers, or hospital-style beds), caregiver training, and home safety checks.

Bed reservations: If you are in an assisted living facility, nursing home, or hospice facility and need to leave that facility for any reason (for example, you need to be hospitalized), the FLTCIP pays benefits to hold your space.

Hospice care: Hospice care provided at home or within a facility is covered under the FLTCIP.
A personalized plan that works for you

Because there is no one-size-fits-all when it comes to long term care insurance, the FLTCIP offers the opportunity to make personalized benefit selections in three key areas:

- Daily benefit amount (DBA): the maximum amount the FLTCIP will pay for a single day of long term care services.
- Benefit period: the length of time your benefits will last if you receive care every day that is reimbursed at a level equal to the DBA.
- Inflation protection: options that increase the value of benefits over time to keep pace with increasing costs of care.

Applicants have the choice of selecting a prepackaged plan or customizing a plan to meet their specific needs.

For detailed benefit information, see Book 1, Program Details and Rates, at www.LTCFEDS.com/documents or call us for an Information Kit and personalized rate quote.

Long term care is not just for the elderly

Think you’re too young?

Nearly 41% of long term care is provided to people under age 65.


Who is eligible to apply?

- Federal and U.S. Postal Service employees and annuitants
- Active and retired members of the uniformed services
- Active members of the Selected Reserve
- Retired “grey” reservists even if they are not yet receiving retirement pay
- Separated Federal and U.S. Postal Service employees with title to a deferred annuity
- D.C. Government employees and annuitants first employed before October 1, 1987
- D.C. Courts employees and annuitants
- Tennessee Valley Authority employees and annuitants
- Navy Personnel Command (BUPERS) NAF employees and annuitants
- Compensationers receiving compensation from the Department of Labor
- Qualified relatives are also eligible to apply. See the following pages for details.

Federal and U.S. Postal Service employees must be in positions that convey eligibility for the Federal Employees Health Benefits Program (whether enrolled or not). Members of the uniformed services must be in active duty status or National Guard duty for at least 30 days, or be in the Selected Reserve.

This Program is medically underwritten, which means that you will have to answer questions about your health on your application. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. You need to apply to find out if you qualify for coverage under this Program.

Have premiums deducted directly from your pay!

Most enrollees take advantage of convenient payroll or annuity/pension deductions to pay premiums for themselves and/or their qualified relatives.
Qualified relatives can also apply*  
Even if you don’t apply for coverage, your qualified relatives can, so tell them about the Program today!

Planning ahead for the possibility of needing long term care makes sense. If you wait until you or a loved one needs long term care, options may be limited. Share this information with your qualified relatives today. If they apply and are approved for coverage, they can benefit from the protection and peace of mind the FLTCIP offers. The following relatives are eligible to apply for coverage:

- Current spouses of eligible persons
- Adult children of living eligible persons
- Parents, parents-in-law, and stepparents of living eligible employees and active members of the uniformed services
- Surviving spouses receiving a survivor annuity
- Same-sex domestic partners of Federal and U.S. Postal Service employees and annuitants are now eligible to apply for coverage under the FLTCIP. Visit us at www.LTCFEDS.com for details.

This Program is medically underwritten, which means that your qualified relatives who choose to apply will have to answer questions about their health on their application. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. They need to apply to find out if they qualify for coverage under this Program.

* Must complete the full underwriting application.

The FLTCIP offers its enrollees greater control and more choices regarding their care. Tell your qualified relatives about the Program today!
New and newly eligible employees

Take advantage of your 60-day abbreviated underwriting period

If you’re a new or newly eligible employee, you (and your spouse if you are married) enjoy special incentives to apply for coverage under the FLTCIP within 60 days of your hire or eligibility date:

- You can apply with abbreviated underwriting, which means that you answer fewer health questions on your application. If you’re married, your spouse can also apply with abbreviated underwriting within the same 60-day period, even if you choose not to apply.
- If you’re currently healthy, you avoid the risk that a future illness or condition may disqualify you from obtaining coverage at a later date.

You (and your spouse if you are married) can still apply for coverage after your 60-day abbreviated underwriting period ends, but you must complete a full underwriting application that asks more questions about your health.

Coverage that meets your changing needs

Coverage includes inflation protection: options that help ensure that your coverage keeps pace with the rising costs of long term care services.

Coverage follows you: the FLTCIP is portable. When you leave Federal service or retire, you can take your coverage with you as long as you pay your premiums.

This Program is medically underwritten, which means that you will have to answer questions about your health on your application. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. You need to apply to find out if you qualify for coverage under this Program.

To see a full listing of who is eligible for this 60-day abbreviated underwriting period, or to apply online, visit www.LTCFEDS.com/apply/whichapp.html.
Start planning today

When it comes to planning for your future, there are important reasons to address potential long term care needs sooner rather than later:

- The coverage you buy for the future can also help protect you today. If an accident or illness occurs when you are relatively young, and you require long term care, your FLTCIP coverage will be there to help pay for the costs of care.

- You’ll benefit now from the peace of mind that comes with knowing you have long term care insurance coverage.

Getting ready to retire?

Retirement planning is essential in today’s world—people are living longer and need a plan that can sustain them throughout the course of retirement.

By including the FLTCIP in your retirement planning, you’re protecting what you’ve worked for. Take steps to save your income and nest egg for what you’d really like to use them for.

Use these helpful tools to weigh your options

At www.LTCFEDS.com, you will find a variety of helpful information and easy-to-use tools:

- Long term care insurance tools
  - The Realities of Paying for Long Term Care Yourself tool helps you calculate how much money you would have to set aside each month to fund potential long term care costs.
  - The Cost of Care in Your Area tool allows you to calculate the average cost of care for home care, assisted living facilities, and nursing homes in your area.
  - The Calculate FLTCIP Premiums tool allows you to calculate current premiums for many different plan options.*

- Information and forms
- Frequently asked questions
- Full and abbreviated online applications

Speak to a Certified Long Term Care Insurance Consultant

Learn more about the benefits and coverage available with the FLTCIP, get premium quotes, and receive help completing an application for coverage. Take the time to call and discuss your options.

* Premiums are set with the expectation that they will be sufficient, but they are not guaranteed. Premiums can increase only if you are among a group of enrollees whose premium is determined to be inadequate.
Apply for coverage today!

At www.LTCFEDS.com, you can

- Download an Information Kit and application
- Apply online

Or call...

1-800-LTC-FEDS (1-800-582-3337)
(TTY 1-800-843-3557)
The Federal Long Term Care Insurance Program®

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC.
Welcome to the National Guard Technician Program!

Congress established the Technician Program in “The Technician Act of 1968,” which is also known as Public Law 90-486. The Technician Program is a critical component of the National Guard in all fifty-four states, territories and District of Columbia. This program was established to provide National Guard technicians with fair and just compensation, employment benefits, and entitlement to a retirement system that is equitable to other federal employees. The law also designates, through the Secretaries of the Army and Air Force, The Adjutant Generals of each state, to employ and administer the Technician Program. This authority is further delegated to the Human Resources Officer (HRO). It is the HRO's responsibility to review and administer human resource policies and procedures for the National Guard Technician Program. The HRO staff is committed to administering these policies and implementing systems that ensure fair and equitable treatment, job satisfaction, just compensation, and recognition for work well done.

Our National Guard members continue to face many new and exciting challenges. We are accepting new roles and missions and are transforming to stay abreast with the constant changes in weapon systems, technology, military doctrine, and the mobilization of soldiers and airmen. New legislation and reduced funding levels continue to challenge the Technician Program.

This Technician Handbook is intended to guide and assist you in answering many of your questions involving working conditions and benefits. It is designed to serve as a quick reference resource. The Handbook outlines procedures that are applicable, but detailed procedures may vary. For those of you in a labor bargaining unit, this handbook is not intended to replace the negotiated agreement. If there is a difference in language between the agreement and this handbook, the negotiated agreement language will take precedence.

We are especially grateful to the Employee Relations Committee of the Human Resources Advisory Council and the NGB Employee Relations Team in compiling this handbook. We dedicate the design and development of this handbook to these outstanding human resource professionals! We consider it a privilege to provide this very important handbook to our technicians. We encourage you, our customers, to contact your Human Resources Office should you have any questions regarding technician career and benefits.

WILLIAM F. KOLBINGER
Colonel, USAF
Chief, Office of Technician Personnel
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Chapter 1

BACKGROUND

The National Guard grew out of the various State militias that have been a significant part of American defense history since the late 17th Century. With your selection as a National Guard Technician, you have become a federal employee covered by 32 USC 709. Because of this law, you are referred to as a technician. Your primary mission as a technician is to provide day-to-day continuity in the operation and training of Army and Air National Guard units. There are two categories of technicians covered under 32 USC 709, Dual Status (DS) (military) and Non-Dual Status technicians (non-military).

Military technicians are employees of the Department of Army or Department of the Air Force. Military technicians are required to maintain military membership in the National Guard in order to retain employment. These military technicians are referred to as dual-status technicians. However, unlike other Federal employees, the State Adjutant General has the authority to affect employment and is the level of final appeal for most personnel actions. With few exceptions, a military technician enjoys the same benefits, privileges and rights as other federal employees.

The National Guard also employs non-military technicians referred to as Non Dual Status (NDS) technicians. If you are an NDS technician, your terms and conditions of employment are very similar to those described in this handbook, but not identical in all cases. Because the vast majority of our technicians are military technicians (not NDS), this handbook primarily addresses the military technician workforce. For additional information on the difference between DS/NDS Technician Program, please contact the Human Resources Office.

Chapter 2

EXCEPTED SERVICE

Positions in the National Guard Technician Program that require military membership in the National Guard as a condition of technician employment are in the excepted service under the provisions of 32 USC 709. This status means you are “excepted” from the rules that govern civil service employees in the areas of tenure and competitive requirements for appointments. Employment as a NG military technician does not result in “competitive” civil service status. Loss of military membership for any reason will cause termination of technician employment.

VETERAN’S PREFERENCE: This is not applicable to appointment or retention in the National Guard Technician Program.

MILITARY UNIFORM: You are required to wear the uniform while performing technician duties. Additionally, compliance with established grooming, weight management and physical fitness requirements is essential. While in uniform, even after duty hours, proper customs and courtesies will be extended as appropriate.
**COMPATIBLE MILITARY ASSIGNMENT:** You are required to be assigned to a military position and unit compatible with your military technician position. Failure to maintain military compatibility is grounds for termination.

**TRAVEL:** When travel in connection with your duties is required, travel and per diem will be authorized in accordance with Department of Defense Joint Travel Regulations. If you are required to travel, you may be issued a government credit card. This card may be used to obtain a cash advance (within per diem limits) from an ATM for travel and other travel expenses such as airfare, lodging, meals, etc.

Under no circumstance should a government travel card be used for personal use. It is your responsibility to promptly pay your credit card bill. Disciplinary action will result from abuse or improper use of your government travel card.

Upon completion of TDY travel, submit a travel voucher to the appropriate reimbursement office within five days. You are required to furnish receipts for any official miscellaneous expenses over $75. These receipts should be attached to your travel voucher claim. If you need assistance in completing your voucher, ask your supervisor. A correctly completed voucher will assist the Comptroller Travel and Voucher Section in promptly processing your claim.

**OVERTIME PAY:** National Guard technicians are not entitled to overtime pay. Compensatory time off for any overtime work to include travel time will be granted.

**COMPENSATORY TIME:** Compensatory time off for pre-approved overtime work will be granted at supervisor's discretion. The amount of time off given is equal to the time you spent outside your normal duty hours or irregularly scheduled work. In order to be compensated, you must receive your supervisor's approval before performing such work. Compensatory time must be used within 26 pay periods from the pay period in which it was earned or the time will be forfeited.

**COMPENSATORY TIME FOR TRAVEL:** You may also earn compensatory time for time spent traveling to and from TDY location and for TDY duty on a non-scheduled work day. Travel must be officially authorized and for work purposes and must be approved by an authorized agency official. Check with your HRO on their policy.

**PERMANENT EMPLOYMENT:** All National Guard technicians who must maintain military membership as a condition of employment are appointed in the excepted service and must serve a one-year trial period. The technician may be removed during this trial period if performance and/or conduct do not meet expected standards.

**INDEFINITE EMPLOYMENT:** Indefinite employment is temporary in nature that will normally last more than one year, up to four years. Benefits are the same as a permanent technician with the exception of tenure. Indefinite technicians are in Tenure Group 3. Indefinite technicians may be separated after a 30-day written notice memorandum is issued by the HRO.

**TEMPORARY EMPLOYMENT:** Technicians may be employed for short periods of time with a not to exceed ending date, usually one year. Temporary limited employees are in Tenure Group 0. These temporary appointments do not confer the same benefits as permanent appointments and the employee may be separated at any time.
EMPLOYMENT TENURE GROUP: Tenure is the period of time you as an employee may reasonably expect to serve under your current appointment. It is granted and governed by the type of appointment under which you are currently serving. It is also used to determine release order in cases of reduction-in-force. There are four tenure groups: Tenure 0 (Temporary), Tenure 1 (Permanent), Tenure 2 (Trial or Probationary Period), and Tenure 3 (Indefinite). Usually the order of release would be employees with Tenure 0 before any others, then Tenure 3 employees before Tenure 2 employees, then Tenure 2 before Tenure 1.

TENURE GROUP 0: If you were employed in a temporary status with a “Not to Exceed” date, you were placed in Tenure Group 0. As a tenure group 0 employee, you may not receive an advance written notice prior to your release from service. As a tenure Group 0 employee, you do not have any appeal rights.

TENURE GROUP 1: If you were employed in a permanent status, you were placed in Tenure Group 1. As a permanent employee, your appointment carries no restriction or condition such as conditional, specific time limitation, or trial period.

TENURE GROUP 2: If you are serving on a trial or probationary period, you were placed in Tenure Group 2. As a Tenure 2 employee, you must serve a 12-month trial period in which your job performance and behavior are monitored by your supervisor. Your supervisor will recommend your retention or non-retention at the end of 12 months. You can be released anytime during the trial or probationary period if your performance or behavior falls below the required expectations without the right to an appeal. Your tenure group will automatically convert from Group 2 to Group 1 upon successful completion of the 12 month probationary period.

TENURE GROUP 3: If you were employed as an “indefinite employee,” your appointment is normally expected to last more than one year. As such, you must receive a 30-day written notice prior to your separation/release.

Chapter 3

OFFICIAL PERSONNEL RECORDS

Official Personnel Folders (OPFs) are established and maintained in the Human Resources Office and are for official use only. This folder will contain official documents pertaining to your technician employment. You are encouraged to periodically review your OPF. If an employee decides to leave federal employment, the OPF is forwarded to the Federal Records Center, St. Louis, MO.

Supervisors are required to maintain an employee work-folder and NGB Form 904 or its electronic equivalent. This folder may be reviewed at any time by the technician.

Technicians are furnished copies of all Notification of Personnel Action (NPA). You are strongly encouraged to maintain these NPAs together with other personnel documents such as your job application and resume.
Chapter 4

PAY ADMINISTRATION

GENERAL INFORMATION: Technicians are paid bi-weekly via electronic funds transfer (EFT) IAW DoD policy. Allotments may be deducted from your pay for the following purposes:

- Union dues
- Savings bonds
- Allotments to financial institutions
- Charitable contributions, such as the Combined Federal Campaign

EARNINGS STATEMENTS: A Department of Defense Civilian Leave and Earnings Statement (LES) is available to each technician every pay period. The statement shows current and year-to-date earnings and deductions, TSP contributions, and leave balances. Technicians should review each LES and assure calculations and accruals are correct. You may view your LES via MyPay website at https://mypay.DFAS.mil. Check with your supervisor or HRO on how to obtain access to MY PAY. After reviewing your LES, if you find an error or you have questions about the information, such as incorrect earnings, leave accumulation, taxes or other listings; you should contact your supervisor immediately for assistance.

PREMIUM PAY: Premium pay is additional pay, when authorized in advance for holiday work.

ENVIRONMENTAL DIFFERENTIAL PAY: Wage Grade (WG) technicians exposed to various degrees of hazard, physical hardship or other unusual working conditions in the performance of their duties may be authorized Environmental Differential Pay (EDP) in accordance with established regulations.

HAZARDOUS DUTY PAY: General Schedule (GS) employees may be paid hazardous duty pay (HDP) only for a duty included in official listings of irregular or intermittent hazardous duties involving physical hardship. A differential may not be paid to a technician for duty listed when the duty has been credited in the classification of the technician's position.

PAY ADJUSTMENTS: Pay increases are granted upon receipt of revised pay schedules. Pay tables are published on the Office of Personnel Management web site at www.opm.gov.

WITHIN-GRADE INCREASES: Within grade increases (WGI) are granted based on performance and length of outstanding service.

WAITING PERIODS FOR WITHIN-GRADE INCREASES

WAGE GRADE EMPLOYEES (WGI) / (Wage Rate Increase): Temporary, indefinite and permanent Wage Grade employees are eligible for a WGI the pay period following completion of the required waiting period provided performance is fully acceptable and no equivalent increase was received during the waiting period. Waiting periods to the following steps are:

Step 2 - 26 calendar weeks of creditable service in Step 1.
Step 3 - 78 calendar weeks of creditable service in Step 2.
Step 4 - 104 calendar weeks of creditable service in Step 3.
Step 5 - 104 calendar weeks of creditable service in Step 4.

**GENERAL SCHEDULE EMPLOYEES:** Only indefinite and permanent General Schedule employees are eligible for a WGI. A WGI will occur in the pay period following completion of the required waiting period provided the employee has performed at an acceptable level of competence and he/she has not received an equivalent increase during the waiting period. Waiting periods to the following steps are:

Steps 2, 3 and 4 - 52 calendar weeks of creditable service.
Steps 5, 6 and 7 - 104 calendar weeks of creditable service.
Steps 8, 9 and 10 - 156 calendar weeks of creditable service.

*Note: Excess time in a personal (non-military related) Leave Without Pay status may result in a delay of the WGI. Contact the HRO for additional information.*

**SEVERANCE PAY:** Indefinite and permanent technicians who have been employed for at least 12 months may be eligible for severance pay if separated involuntarily (not for cause) and ineligible for an immediate annuity. The total amount of severance pay that can be paid to an employee is limited to 52 weeks. Check with your HRO to determine your eligibility.

Chapter 5

**HOURS OF DUTY**

The technician workweek varies depending on the unit of assignment and/or position requirement. In general, you are required to work 80 hours in a two-week pay period. Your supervisor will advise you of your work schedule and of your state published policies on hours of duty.

Chapter 6

**ABSENCE AND LEAVE**

**Annual Leave:** As an employee of the Federal government, you are eligible for authorized absences from work without loss of pay for vacations, maternity/paternity and other emergency or personal situations. Except in emergencies, you must obtain your supervisor's advanced approval so your leave time and work responsibilities are coordinated to ensure orderly office operations and completion of assignments. Technicians accrue annual leave as follows:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Annual Leave Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>4 hours</td>
</tr>
<tr>
<td>3 years but less than 15 years</td>
<td>6 hours</td>
</tr>
<tr>
<td>15 years or more</td>
<td>8 hours</td>
</tr>
</tbody>
</table>

*Note: If you are serving on a temporary appointment, you are not entitled to accrue annual leave until your appointment is extended beyond the 90th day.*
A technician may not carry over more than 240 hours of annual leave to the next leave year. Hours above 240 will be forfeited. Technicians are required to schedule and are expected to utilize any leave over 240 hours. Forfeited annual leave may be restored in limited circumstances, contact your HR office for details.

**ADVANCEMENT OF ANNUAL LEAVE:** Under certain circumstances, you may be granted, with your supervisor’s approval, annual leave hours before you have actually earned them. Annual leave can be advanced up to the amount you can be expected to accrue by the end of the leave year. If you are retiring or separating from Federal service, the amount of annual leave you will earn prior to the anticipated date of retirement or date of separation may be advanced.

**SICK LEAVE:** Sick leave accrual is four hours per pay period and there are no limitations on how much sick leave can be accrued. Sick leave may be used for a technician’s medical, dental or optical examinations or treatment, incapacitation for performance of duties by physical or mental illness, injury, pregnancy or childbirth. Up to 104 hours of sick leave per leave year may also be used for any activity related to adoption of a child, for bereavement purposes, or to care for an ill family member (please consult your HRO concerning using sick leave to care for a family member). It is the technician’s responsibility to notify his/her supervisor as soon as possible regarding the necessity to use sick leave.

**ADVANCEMENT OF SICK LEAVE:** Up to 240 hours of sick leave may be advanced to a technician. When sick leave is advanced, it must be supported by medical documentation describing the illness or injury of the employee or family member and the anticipated duration of the disability.

**FAMILY MEDICAL LEAVE ACT (FMLA):** Technicians who have completed at least 12 months as either a permanent or indefinite employee are entitled to provisions under the Family Medical Leave Act (FMLA). This Act allows technicians to use up to 12 weeks of unpaid leave during a 12 month period for the birth and care of a child; making arrangements for adoption or foster care; the care of a spouse, son, daughter or parent with a serious health condition; or a serious health condition that makes the technician unable to perform the essential function of his or her position. Requests for leave under the FMLA must be submitted to the employee’s supervisor with medical documentation not less than 30 days before leave is to begin or as soon as is practicable. Appropriate paid leave may be substituted for LWOP.

In addition to above, should a family member incur a serious illness or injury while on active duty, you are entitled to up to 26 weeks of Family Military Leave to care for that family member. Check with your HRO to see if you are eligible for this program.

**LEAVE TRANSFER PROGRAM:** Under the Leave Transfer Program, technicians can donate annual leave to other technicians who are seriously ill or have family members who are seriously ill. Leave recipient applicants must exhaust all accrued leave to be eligible for the leave transfer program. Technicians may not transfer sick leave. If you wish to donate leave or apply to become a leave recipient, contact your supervisor or HRO.

As an exception to the above, if you are a “Wounded Warrior,” you do not have to exhaust available paid leave before receiving donated leave. A “wounded warrior” is defined as a Federal employee who sustains a combat-
related disability while serving as a member of the Armed Forces and is undergoing medical treatment for that disability.

**Bone Marrow or Organ Donor:** Technicians are entitled to 7 workdays of paid leave each calendar year to serve as a bone marrow donor. Organ donors are authorized 30 workdays. This leave is recorded as an excused absence.

**Military Leave (15-Day/120 hours):** Military leave is authorized for permanent and indefinite technicians. Eligible technicians are authorized 120 hours of Military Leave each fiscal year for the purpose of active duty, active duty for training, or Inactive Duty Training (IDT). Military leave cannot be used on State Active Duty. Technicians may carry 120 hours of military leave from one fiscal year to the next; however the balance of their military leave cannot exceed 240 hours.

**22-Day Leave (176 hours):** Eligible technicians are authorized up to 176 hours of leave each calendar year for the purpose of providing military aid to enforce the law or for the purpose of providing assistance to civil authorities in the protection or saving of life or property or the prevention of injury. This provision may also be used when mobilized under contingency orders. This is NOT a dual compensation benefit. You will receive the greater of your Civilian or Military pay. The appropriate pay section will accomplish collection of the lesser amount. Coordinate with your supervisor, timekeeper, and payroll CSR.

**44-Day Leave (352 hours):** Technicians are authorized 352 hours of military leave in a calendar year for employees participating in operations outside the United States and its territories. Technicians are placed on active duty orders without pay and receive a retirement point for each day on active duty. The technician continues to receive his/her technician salary.

**Leave Without Pay (LWOP) (Personal):** Based upon your written request, you may, at the discretion of the supervisor, be granted approved absence from duty without pay. Leave without pay (LWOP) may be approved for such purposes as pursuing training beneficial to the agency, recovering from illness or disability, or sustaining your technician status and benefits pending actions of disability retirement or injury compensation claims. LWOP may be granted whether or not you have annual or sick leave to your credit. LWOP in excess of 30 days must be approved by the Human Resources Office and will be granted only in special circumstances.

**Court Leave:** Court leave is the authorized absence of a technician from work status for jury duty or for attending judicial proceedings in a non-official capacity as a witness on behalf of a state or local government. If the witness serves in a non-official capacity on behalf of a private party, the technician must be in an appropriate leave status. Check with HRO on authorized entitlements.

**Excused Absence:** An excused absence is absence from duty, administratively approved, without loss of pay and without charge to leave. This absence may be granted in limited circumstances which are directly related to the mission of the National Guard, enhance professional development, or involve activities officially sanctioned by the National Guard. Examples include voting, blood donation (NTE 4 hours), and certain conferences and conventions.
5 DAYS EXCUSED ABSENCE FOR RETURNING ACTIVATED MILITARY EMPLOYEES (Presidential Leave): If you were activated for military service in connection with Operation Noble Eagle, Operation Enduring Freedom, Operation Iraqi Freedom, or any other military operations subsequently established under Executive order 13223, then you may be eligible to 5 work days of excused absence without charge to leave. Please see your HRO for complete details.

ADVERSE WEATHER DISMISSALS: When The Adjutant General or delegated representative authorizes the shutdown or closure of a facility because of weather conditions or emergency situations, your supervisor will advise you if you will be required to report to work, and or if you will be authorized to depart your duty location. Key personnel may be required to report for duty or remain on station.

ABSENCE WITHOUT LEAVE (AWOL): If you are absent from work without authorized leave approved by your supervisor, you are Absent Without Leave (AWOL) and in a non-pay status. An AWOL charge may result in disciplinary action to include termination.

ENFORCED LEAVE: All employees are subject to the provisions of enforced leave. Management has the right to require a technician to leave the worksite when:

a. The technician is not ready, willing, and able to perform assigned duties.
b. The technician’s continued presence is highly undesirable because the employee presents an immediate threat to himself, others, or government property.
c. The technician must never be instructed to leave the worksite if their ability to drive is questionable. In that case, the supervisor must arrange for a family member or a co-worker to provide transportation for the technician.

Enforced leave must be terminated as soon as management determines the technician is ready, willing, and able to perform assigned duties, or the immediate emergency is resolved.

Chapter 7

PERFORMANCE EVALUATION

GENERAL INFORMATION: Performance evaluation is governed by National Guard Technician Personnel Regulation (TPR) 430. Performance plans consist of elements and standards. A performance standard is defined for each element. You should receive a copy of your performance plan no later than 30 calendar days after placement in a position. Elements define what kind of work you will be expected to perform, and the standards describe how well you must perform to meet certain levels of expectation. The performance plan defines critical elements for your job. A critical element is defined as a component of a position consisting of one or more duties and responsibilities that contribute towards accomplishing organizational goals. Unacceptable performance in any critical element will result in an unacceptable rating.

PERFORMANCE APPRAISALS: At least once a year, your supervisor will rate your performance on the job. If there is a change in your supervisor prior to the ending of year, your supervisor will prepare a close-out assessment, provided you have at least 120 calendar days of supervision.
PERFORMANCE FEEDBACK: Employees can expect formal performance feedback sessions from their supervisor at least semi-annually. These feedback sessions give the supervisor and the employee a chance to comment on job performance to date and may be used as supporting documentation for the final appraisal.

UNACCEPTABLE PERFORMANCE: If at any time during the appraisal cycle a technician's performance is determined to be unacceptable in one or more critical elements, then the technician will be notified of which element(s) are not being performed at an acceptable level and the level of performance that must be attained to demonstrate acceptable performance. The technician will be given a Performance Improvement Plan (PIP) and a reasonable period of time (typically 60 to 90 calendar days) to show acceptable performance. Once the technician has been afforded a reasonable opportunity to demonstrate acceptable performance, the agency may propose a reduction in grade, reassignment, or a removal action if performance is still at an unacceptable level.

APPEALS: Technicians may file an appeal if they are dissatisfied with their performance appraisal. The appeals process is defined in TPR 430, the negotiated union contract or as determined by the HRO.

Chapter 8

INCENTIVE AWARDS

The Incentive Awards Program is designed to improve operations and services. Its purpose is to motivate increased productivity and creativity by recognizing employees whose job performance and/or adopted ideas benefit the agency and are substantially above normal job requirements and performance standards. You may earn an award for your high level performance, a suggestion, an invention, or a special act or service, as long as it benefits the government and is outside your normal job responsibilities; or, if within your job responsibilities, it is of such high quality that an award is warranted. These awards may be made to an individual technician or shared by a group. Each state’s award system is determined by its existing regulation and policy.

CASH AWARD: Sustained Superior Performance (SSP), "on-the-spot", or a one time special act or service may be recognized with a cash award. This is a single payment that does not change your rate of pay.

QUALITY STEP INCREASE: A Quality Step Increase (QSI) is a one-step increase in a General Schedule rate of basic pay. A QSI is based on a sustained high-quality performance, and can be awarded to employees that have received a Level 5 performance rating. Only one QSI can be award per 52 weeks.

TIME-OFF AWARD: This award grants an excused absence to a technician without charge to leave or loss of pay. Time-off awards are intended to increase productivity and creativity by rewarding contributions to the quality, efficiency, or economy of government operations. Technicians may be awarded up to a total of 80 hours of time off during a leave year. The amount of time off that may be awarded to part-time or intermittent technicians is based on the average number of hours worked.
SUGGESTION AWARD: These awards are given to technicians who provide suggestions to improve the economy, efficiency, or effectiveness of Federal Government operations, which have been adopted by the agency. Suggestion awards may be monetary or non-monetary.

HONORARY AWARD: These include awards such as the President's Award for Distinguished Federal Civilian Service, the Department of Defense Distinguished Civilian Service Award, the Meritorious Civilian Service Award, and certificates of achievement etc.

LENGTH OF SERVICE AWARD: Technicians are awarded certificates and pins as they reach milestones in Federal Service (5-year increments after 10 years creditable service).

Chapter 9

FEDERAL EMPLOYEE GROUP LIFE INSURANCE (FEGLI)

ELIGIBILITY: All permanent and indefinite technicians with regularly scheduled tours of duty are eligible to enroll in the FEGLI. The government pays one-third of the cost of your basic life insurance, and you are automatically covered for basic life unless you waive this coverage. If you are eligible for basic coverage, you may select additional options by submitting Standard Form 2817 within 31 days of the date of your appointment or qualifying life event (QLE). Some examples of a QLE are marriage, divorce or the birth/acquisition of a child. Temporary NTE technicians are ineligible for FEGLI coverage unless they convert from a covered position to a non-covered position without a break in service under the Continuity Rule.

LEAVE WITHOUT PAY STATUS: Technicians on Leave Without Pay (LWOP) will continue to be covered for a period not to exceed one year at no cost to the employee. Coverage may be extended an additional 12 months if on LWOP-US as outlined in chapter 12 of this guide.

RETIREMENT: You may continue your FEGLI coverage into retirement if you have been covered for the 5 years immediately preceding your retirement or from your first opportunity to enroll. Your FEGLI Handbook will explain your coverage options in detail. A copy of the Handbook can be found at: www.omp.gov/insure/life.

Chapter 10

FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM (FEHB)

ENROLLMENT: In order to enroll for health insurance benefits, you must submit Standard Form 2809, Health Benefits Registration, within 60 days of your entry-on-duty date, or the date you first become eligible to enroll. Health plans provide varying benefits at various costs. If you fail to enroll in a health insurance plan within 60 days of becoming eligible, you must wait until the next Open Season period or QLE to enroll.

ELIGIBILITY: Your eligibility is based on your type of appointment and work schedule. Generally speaking, all permanent and indefinite technicians with regularly scheduled tours of duty are eligible for the FEHB program. If you have a
temporary full-time or part-time appointment and you complete one year of current continuous employment, you are eligible to enroll in the FEHB program. You are covered from the effective date of enrollment without a medical examination or restrictions based on your age or preexisting condition. The program offers virtually immediate coverage by taking effect on the first day of the pay period that begins after the HRO receives your completed application.

**WHO IS COVERED:** Self-only enrollment provides benefits just for you. Self and Family enrollment provides benefits for you, your spouse, and your dependent unmarried children under 22 years of age (unless the child is determined to be disabled prior to their 18th birthday).

**COSTS:** FEHB premiums are paid through payroll deduction. The government shares the cost of health coverage for technicians who have permanent or indefinite technician appointments, 72% of the premium is paid by the employer and 28% by the employee. After serving 12 months, temporary technicians can enroll in FEHB but must pay both the employee and the government share of the premium plus a 2% surcharge for administrative costs.

**CHANGING PLANS:** You can change plans and/or options during the annual Open Season. Notices pertaining to the Open Season will be published by the HRO. Various circumstances such as marriage, divorce, or the birth of a child, etc., will also allow you to change your enrollment at times other than Open Season. Contact HRO for complete information. Be sure you carefully review all available health insurance plans and decide which plan is best for you and your family.

**CHOICE OF PLANS AND OPTIONS:**

Fee-For-Service Plans: These plans reimburse you or the health care provider for covered services. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers.

Pre-paid plans: These are Health Maintenance Organizations (HMO’s) that provide or arrange for health care by designated plan physicians, hospitals, and other providers in particular locations.

**LEAVE WITHOUT PAY (LWOP) STATUS:** A technician in Leave Without Pay status may continue FEHB coverage for a limited period. If the period of LWOP status is more than 30 days, you must contact the HRO prior to commencement for specific costs and length of coverage. Employees in LWOP for military duty contingency operations may be eligible for 24 months of free FEHB, see chapter 12 for more information.

**TEMPORARY CONTINUATION OF COVERAGE (TCC):** You should be aware that if you leave Federal employment, you are eligible for TCC (unless you are separated for gross misconduct). TCC can continue your FEHB enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22. TCC enrollees must pay the total plan premium (without a government contribution) plus a 2% charge for administrative expenses. There are specific time periods in which you or your dependent must enroll for TCC. Contact your HRO for additional information.
**RETIREEMENT:** You may continue your FEHB coverage into retirement if you have been covered for the 5 years immediately preceding your retirement or from your first opportunity to enroll.

**Chapter 11**

**ADDITIONAL OPTIONAL PROGRAMS**

**FLEXIBLE SPENDING ACCOUNTS (FSA):** This is a tax-favored program to set aside pre-tax money to pay a variety of health-care or dependent-care related expenses (dental, medical, vision). FSAs are not carried over from year to year; you must renew enrollment each year. Enroll 60 days from your date of appointment or an open season each year (mid-November through mid-December). Permissible changes are based on qualified status changes (marriage, children, employment, residence, dependents eligibility, etc). Individuals in LWOP-US status may also cancel coverage. The FSA is administered through a third party contractor and enrollment is solely accomplished using the www.fsafeds.com website.

**FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP):** The FLTCIP is insurance to cover care needed to perform daily activities if the employee is suffering an on-going illness or disability. It is not for acute care or the type of care received in a hospital. This is the only government-endorsed long term care insurance program for current and retired employees. Its purpose is to pay for long-term home-care, nursing home or assisted living services. Technicians are initially eligible within 60 days of appointment or can apply via the full underwriting application directly with the LTC Partners, LLC. LTC is administered through a third party contractor to form The Long Term Care Partners, LLC. For more information visit www.ltcfeds.com.

**FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP):** The FEDVIP provides comprehensive dental insurance and vision insurance. You can choose from seven dental plans and three vision plans. FEDVIP features nationwide, regional, and international plans. You pay the entire premium. Enrollment in FEDVIP is accomplished through www.benefeds.com website.

**Chapter 12**

**UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

**GENERAL INFORMATION:** Restoration rights are provided for National Guard technicians who leave technician employment to serve on active duty or on active duty for training in the Armed Forces. The Human Resources Office must be contacted prior to your entrance on active duty to schedule an out-processing briefing. Civilian Federal employees who are members of the Uniformed Services and are called to active duty (or volunteer for active duty or full-time National Guard duty) are entitled to the following rights and benefits:

**PAY:** While you are performing active military duty, you will receive compensation from the Armed Forces in accordance with the terms and conditions of your military enlistment or commission. You will not receive any compensation
from your civilian-employing agency unless you elect to use military leave and/or annual leave as described in the next two paragraphs below.


**ANNUAL LEAVE:** While on active military duty, you may request the use of accrued and accumulated annual leave to your credit (under 5 U.S.C. 6303 and 6304), and such requests must be granted by the agency. In addition, requests for advanced annual leave may be granted at the agency's discretion. See [http://www.opm.gov/oca/leave/HTML/ANNUAL.HTM](http://www.opm.gov/oca/leave/HTML/ANNUAL.HTM) for additional information on annual leave.

If you use annual leave, you will receive compensation from your civilian position for all hours charged to annual leave in addition to your military pay for the same period. When you enter into active military duty, you may choose to (1) have your annual leave remain to your credit until you return to your civilian position, or (2) receive a lump-sum payment for all accrued and accumulated annual leave. See [http://www.opm.gov/oca/leave/HTML/lumpsum.htm](http://www.opm.gov/oca/leave/HTML/lumpsum.htm) for additional information on lump-sum payments for annual leave.

**LEAVE WITHOUT PAY (LWOP-US):** The USERRA generally requires an agency to place an employee entering military duty or service on LWOP unless you choose to be placed on military leave or annual leave, as appropriate, or you request to be separated.

**INTERMITTENT USE OF LEAVE (While on LWOP-US):** In accordance with 5 CFR 353.208 (Use of Paid Leave During Uniformed Service), you are authorized while on active duty or inactive duty training to use annual leave, sick leave, or military leave intermittently with leave without pay each pay period. Please contact your HRO to discuss the advantages and disadvantages of using intermittent leave.

**HEALTH BENEFITS:** If you are placed in a LWOP status or separated while on military duty for more than 30 days and your duty is in support of a contingency operation, you may retain your FEHB coverage free of charge for up to 24 months from the date the absence to serve on military duty begins. See [http://www.opm.gov/insure/health/eligibility/reservists.asp](http://www.opm.gov/insure/health/eligibility/reservists.asp) for further information on FEHB coverage and see [http://www.opm.gov/insure/health/qa/reservists.asp](http://www.opm.gov/insure/health/qa/reservists.asp) for Frequently Asked Questions About FEHB for Federal Civilian Employees Called to Active Duty Service.

**LIFE INSURANCE:** If you are placed in a LWOP status while on military duty, you may retain your FEGLI coverage for up to 24 months. The first 12 months are free. However, you must pay both the employee and agency share of premiums for Basic coverage, and pay the entire cost for any Optional insurance for the additional 12 months of coverage. If call to active duty beyond 12 months, you must inform your HRO of your intent to continue coverage beyond the 12 free months. Contact your HRO to ensure you are made aware of their procedures. For more information see [http://www.opm.gov/insure/life/calledup.asp](http://www.opm.gov/insure/life/calledup.asp) and [http://www.insurance.va.gov/sgliSite/default.htm](http://www.insurance.va.gov/sgliSite/default.htm).
**RETIREMENT:** An employee who is placed in a LWOP status while performing active military duty continues to be covered by the retirement law—i.e., the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS). Death benefits will be paid as if you were still in the civilian position. If you become disabled for your civilian position during the LWOP and have the minimum amount of civilian service necessary for disability benefits (5 years for CSRS, 18 months for FERS), you will become entitled to disability benefits under the retirement law. Upon eventual retirement from civilian service, the period of military service is creditable under either CSRS or FERS, subject to the rules for crediting military service.

If you separate to enter active military duty, you generally will receive retirement credit for the period of separation when you exercise restoration rights to your civilian position. If you do not exercise your restoration right, but later re-enters Federal civilian service, the military service may be credited under the retirement system, subject to the rules governing credit for military service.

**THRIFT SAVINGS PLAN (TSP):** For purposes of TSP, no contributions can be made, either by the agency or by you, for any time in a LWOP status or for a period of separation. You should refer to the TSP Bulletin for Agency TSP Representatives, No. 01-22, dated May 3, 2001. You should also refer to the TSP Fact Sheet - Effect of Nonpay Status on TSP Participation. Both issuances are available from the TSP Internet web site at [http://www.tsp.gov/](http://www.tsp.gov/).

If you are subsequently reemployed in, or restored to, a position covered by FERS or CSRS pursuant to 38 U.S.C. Chapter 43, you may make up missed contributions. FERS employees are entitled to receive retroactive Agency Automatic (1 percent) Contributions and, if you make up your own contributions then you will receive, retroactive Agency Matching Contributions.

Also, if FERS employees separate and their Agency Automatic (1 percent) Contributions and associated earnings are forfeited because you did not meet the TSP vesting requirement, you are entitled to have these funds restored to your accounts after you are reemployed. In addition, if you separate and your accounts are disbursed as automatic cash outs, you may return to the TSP an amount equal to the full amount of the payment after you are reemployed. For additional information see the TSP Fact Sheet - "Benefits that Apply to Members of the Military Who Return to Federal Civilian Service" at [http://www.tsp.gov/forms/oc95-5.pdf](http://www.tsp.gov/forms/oc95-5.pdf) and [http://www.tsp.gov/forms/oc95-4w.pdf](http://www.tsp.gov/forms/oc95-4w.pdf).

**RETURN TO CIVILIAN DUTY:** If you entered active military duty (voluntarily or involuntarily) from any position, including a temporary position, you have full job protection, provided you apply for reemployment within the following time limits:

(A) If you served less than 31 days, you must return to work at the beginning of the next scheduled workday following your release from service and the expiration of 8 hours after a time for safe transportation to your residence.

(B) If you served more than 30 days, but less than 181 days, you must apply for reemployment within 14 days of release by the military.

(C) If you served more than 180 days, you have 90 days to apply for reemployment.
Employees who served less than 91 days must be restored to the position for which qualified that they would have attained had their employment not been interrupted. Employees who served more than 90 days have essentially the same rights, except the agency has the option of placing an employee in a position for which qualified of like seniority, status, and pay.

Upon return or restoration, you generally are entitled to be treated as though you had never left for purposes of rights and benefits based upon length of service. This means you must be considered for career ladder promotions, and the time spent in the military will be credited for seniority, successive within-grade increases, probation, career tenure, annual leave accrual rate, and severance pay. If you were on a temporary appointment, you must serve out the remaining time, if any, left on the appointment. (The military activation period does not extend the civilian appointment).

If you are performing active military duty, you are protected from reduction in force (RIF) and may not be discharged from employment for a period of 1 year following separation (6 months in the case of a Reservist called to active duty under 10 U.S.C. 12304 for more than 30 days, but less than 181 days, or ordered to an initial period of active duty for training of not less than 12 consecutive weeks), except for poor performance or conduct or for suitability reasons.

**APPEAL RIGHTS:** National Guard technicians do not have the right to appeal to the Merit Systems Protection Board a denial of reemployment rights by the Adjutant General. Technicians may file complaints with the appropriate district court in accordance with 38 U.S.C. 4323 (USERRA).

**You should contact your HRO for other USERRA rights not listed here.**

**Chapter 13**

**INJURY COMPENSATION**

**GENERAL INFORMATION:** The Federal Employees' Compensation Act (FECA) provides compensation benefits for a permanent/temporary disability due to personal injury or disease sustained in the performance of duty. The Office of Workers' Compensation Program (OWCP) administers FECA. OWCP provides grant income to employees who are unable to work due to injuries sustained on the job.

**INJURED AT WORK:** If you are injured at work, you must contact your supervisor immediately. Your supervisor will secure the forms required to document your injury and submit your claim. No matter how small the injury may seem to you, it is important you discuss the matter with your supervisor. If your injury requires absence from the workplace, it is possible for you to be compensated for this time without charge to sick or annual leave. You are expected to return to work as soon as possible, subject to written medical restrictions, even if it is in a light duty status.

**FALSE CLAIMS:** If a technician files a false claim, he/she is subject to prosecution and if found guilty, could be fined or imprisoned. It is everyone’s responsibility to report OWCP cases involving fraud, waste and abuse.
DEATH: The FECA provides for the payment of benefits to survivors if the technician dies due to a work-related injury or disease.

Chapter 14

RETIREMENT

GENERAL INFORMATION: There are two retirement systems:

- Civil Service Retirement System (CSRS)
- Federal Employees Retirement System (FERS)

The Civil Service Retirement System covers National Guard Technicians employed prior to 1 January 1984. If you are just entering the Federal system, you will be in the Federal Employees Retirement System. Both CSRS and FERS provide the technician a measure of income protection in case of disability. Both retirement systems will provide for your family in case of death and will pay you an annuity after your retirement. Each Technician contributes 7% of gross pay towards retirement. For FERS employees, 6.2% pays for the Social Security portion of retirement and 0.8% is for the FERS retirement fund.

Please review The CSRS and FERS Handbook, Chapter 40, for it provides information on various time frames for planning your retirement. The handbook is located at: www.opm.gov/asd/htm/hod.htm.

CIVIL SERVICE RETIREMENT SYSTEM (CSRS): Your age and number of years of federal service determine your eligibility for retirement. To be eligible for an immediate annuity you must be:

Voluntary CSRS Retirement

- Age 62 with 5 years service, or
- Age 60 with 20 years service, or
- Age 55 with 30 years service

Discontinued Service Retirement (DSR) CSRS Retirement – When a technician loses military membership for reasons NOT related to misconduct or non-performance, they may be eligible for a DSR. When this occurs, and the CSRS technician is age 50 with 20 years of federal service, or any age with 25 years of service, he/she is eligible for an immediate retirement annuity. However, there is a 2% reduction in your retirement annuity for each year your age is under 55.

FEDERAL EMPLOYEE RETIREMENT SYSTEM (FERS): The FERS retirement is a three-tiered program including FERS, Social Security and the Thrift Savings Plan. The rule of thumb to determine the FERS basic benefit annuity is 1 percent of the high-three average salary multiplied by length of creditable service. For example, if you are a FERS technician and you work for 20 years, your retirement annuity will be 20% of your average “high 3”.

Voluntary FERS Retirement

- Age 62 with 5 years of service, or
- Age 60 with 20 years of service, or
- *Minimum Retirement Age (MRA) with 30 years of service, or
- *MRA with 10 years of service (reduction of 5% per year for each year under age 62).
- (*Note: Your MRA is dependent on your birth year ranging from age 55 - 57)

**FERS Discontinued Service Retirement**

To qualify for an involuntary annuity you must be:

- Age 50 with 20 years of service, or
- Any age with 25 years of service

If you lose your military membership, not for cause, you may retire with a full annuity under the DSR provision if you are at least age 50 with 25 years of service. You may also be eligible to receive a Special Retirement Supplement until you reach age 62 when you become eligible for Social Security benefits.

**WITHDRAWALS UPON SEPARATION:** If you decide to leave technician service prior to retirement age, you can withdraw all of the contributions that were withheld from your salary. If you have completed at least 5 years of civilian service but are not eligible to retire with an immediate annuity, you may leave the money in the fund and at age 62 be entitled to a “deferred annuity”. If you separate from technician service, and die before reaching age 62, your survivor is entitled to a lump sum payment of your contributions. **CAUTION-FERS.** If you are a FERS technician and choose to withdraw your retirement funds upon separation, you will void a future annuity for this period of service. You cannot redeposit a FERS refund; withdrawal of the pension funds permanently eliminates the Federal service from your record.

**PRIOR FEDERAL SERVICE TIME:** If you have worked for the Federal Government prior to this appointment, you may have additional creditable service towards retirement. Please bring this to the attention of the HRO.

**MILITARY DEPOSIT SERVICE:** All Title 10 honorable active duty military service is potentially creditable. CSRS technicians employed October 01, 1982 or later and FERS Technicians will not receive credit for their military service unless a deposit is made.

FERS - a deposit of 3% of military taxable earnings is required in order to receive credit for civilian retirement purposes. For service under USERRA 0.8%.

CSRS - a deposit of 7% of military taxable earnings is required to receive credit for civilian retirement purpose. For service under USERRA 7.0%.

Technicians covered by CSRS prior to October 1, 1982 will receive credit for military service until age 62 without making a deposit. If a deposit is not made, the annuity will be reduced at age 62.

**INTEREST ACCRUAL DATE:** No interest is charged if the deposit is received by the Defense Finance and Accounting Service (DFAS) prior to your third anniversary date in a retirement covered position. In the case of USERRA, your interest accrual date is 3 years from the date you return to duty status.
Chapter 15

THRIFT SAVINGS PLAN (TSP)

GENERAL INFORMATION: The Thrift Savings Plan is a retirement savings plan for FERS and CSRS employees. FERS technicians must consider the TSP as a major component of their retirement and are strongly encouraged to maximize this benefit. Because your TSP account is a tax-deferred account, you cannot withdraw it until you leave federal service except in instances of extreme hardship or upon reaching age 59 1/2. An advantage of the TSP is that you pay no taxes on contributions or earnings until you withdraw your account.

Both FERS and CSRS employees, as well as members of the uniformed services can participate in TSP. You can begin contributing your own money to the TSP within 60 days of being hired, or any time thereafter. Your payroll contribution will begin the first full pay period after your agency accepts your TSP Election Form (TSP-1). You can contribute either a percentage of your basic pay each pay period or a fixed dollar amount. If you make your contributions as a percentage of your pay, the amount of your contributions will automatically increase as you receive pay raises. Your annual dollar total cannot exceed the Internal Revenue Code limit, which vary from year to year. You can start, change, stop, or resume TSP contributions at any time.

For FERS technicians the government automatically contributes the equivalent of 1% of your salary to your TSP account, whether you decide to contribute or not. If you choose to contribute to the TSP, the government will match your contributions up to 3% of your salary, and will contribute 50 cents on the dollar for the next 2%. Government contributions stop at 5%. You can contribute additional funds in accordance with the current rules. For up-to-date information on TSP see the web site at www.tsp.gov.

WITHDRAWAL FROM YOUR TSP ACCOUNT: The purpose of the TSP is to provide you with a source of income for your retirement. It is not a savings account that can be withdrawn at any time. If you think you may need your money in the near future, or if you do not have other funds saved for emergencies, you will want to consider your other needs carefully before deciding how much to contribute to the TSP. However, while you are still employed by the Federal Government, the TSP loan program can provide you access to funds you have contributed to your account. In addition, participants who are age 59 1/2 or older can make a one-time withdrawal from their TSP accounts while they are in Federal service. For more information on withdrawals and on loans visit TSP website at www.tsp.gov or contact your HRO. You may withdraw from your TSP account upon separation from federal service. However, if you withdraw funds from your TSP account, you may be subject to an early withdrawal penalty and the funds received will be considered taxable income.

Chapter 16

POLITICAL ACTIVITIES

All National Guard technicians are subject to the basic political activity restrictions of the 1993 Hatch Act. Some guidelines under this law are:
WHAT THE TECHNICIANS MAY DO (BUT NOT IN UNIFORM!):

- Technicians may participate in non-partisan activities and in public affairs so long as participation does not affect the efficiency or integrity of the National Guard.
- Technicians may participate in the activities of a political party.
- Technicians may serve as delegates to a party convention and attend nominating caucuses.
- Technicians may display articles associated with political parties, circulate nominating petitions, canvass for votes and manage partisan campaigns.
- Technicians may display bumper stickers on private automobiles even though they are parked in government parking lots.
- Technicians may register to vote, act as poll watchers, election judges or provide other election assistance to partisan elections.
- Technicians may run as candidates in non-partisan campaigns or as independents.
- Technicians may contribute to partisan campaigns on non-duty time.
- Technicians may attend fundraisers, give speeches, stuff envelopes and organize mail or telephone solicitations.

WHAT TECHNICIANS MAY NOT DO:

- Technicians may not participate in political activities while on duty or wearing a uniform, badge, insignia, or other similar item that identifies the National Guard or the technician’s position.
- Technicians may not participate in union activities while on duty.
- Technicians may not allow their official title to be used in conjunction with political fundraising activities.
- Technicians may not solicit subordinates to contribute time, money or services for any activity.
- Technicians may not participate in political activities while in any room or building occupied in the discharge of official duties by an individual employed by the Federal Government.
- Technicians may not participate in political activities while using a government-owned/leased vehicle or while using a privately owned vehicle in the discharge of official duties. This includes the use of government owned office equipment and communications network.
- Technicians may not use their official authority or influence to interfere with an election.

There are exceptions for non-partisan elections. Check with the JAG for additional guidance.

Chapter 17

STANDARDS OF CONDUCT

All technicians are required to maintain high standards of honesty and integrity and to conduct business in an ethical manner. You are required to perform your assigned duties conscientiously and always conduct yourself in a manner that reflects credit on you and the National Guard. If your conduct is in violation of any statute, regulation, or other proper authority, you will be held accountable. Violation of any standard of conduct may be the basis for disciplinary action. It is not the intent of this publication to list every restriction or requirement
imposed by law, regulation or other proper authorities. Some of the prohibited acts that can result in disciplinary action are:

- Using a government vehicle without authorization
- Misusing official and/or classified information
- Gambling and betting on duty
- Misusing government property such as, supplies, personal computers, telephones, or fax equipment
- Using a government-issued travel card for personal use
- Refusing to cooperate in an administrative investigation
- Accepting gifts and favors from subordinates or customers
- Filing fraudulent claims
- Using illegal drugs, alcohol or intoxicants while on duty
- Misusing government postage/mail
- Making false statements
- Engaging in illegal political activity
- Using obscene or vulgar language
- Accepting outside employment that conflicts with your technician duties or discredits the National Guard

Your actions must never discredit the National Guard, whether you are on-duty or off.

Chapter 18

Discipline and Adverse Action

Disciplinary Actions: A disciplinary action may be an action from an oral admonishment to a letter of reprimand. An oral admonishment lets you know you must stop doing certain things (example: tardiness). A letter of reprimand is a disciplinary action without an adverse action connected to it. It is a written notification of the problem with a warning of what might happen if the situation is not corrected. The timeframe that the letter of reprimand will remain in effect in your Official Personnel Folder (OPF) is typically 1-3 years. Letters of Reprimand can be grieved through the negotiated grievance procedure for bargaining unit technicians, and through the agency administrative grievance procedures for non-bargaining unit technicians.

Adverse Actions: There are three types of adverse actions:

- Suspension without pay
- Reduction to lower grade
- Removal from technician employment

Due process measures to protect a technician from an unfair adverse action include the right to an appellate review of the case file or an administrative hearing. The final level of appeal on adverse actions rests with The Adjutant General.

Appeal and Grievance Procedures: There are specific grievance and appeal procedures outlined in the labor-management contract. A copy of this contract can be obtained from the HRO.
Chapter 19

VOLUNTARY SEPARATION FROM THE TECHNICIAN PROGRAM

This is a voluntary action and written notice should be given to your supervisor at the earliest possible date. Resignations should be in writing, preferably on a Request for Personnel Action (SF 52) to include your reason for resigning and your forwarding address. Accepting a commission, changing your military position, moving to another military unit, may all be considered voluntary actions that would result in your separation. Contact the HRO prior to your separation for information regarding your benefits.

Chapter 20

LIFE EVENTS

CHANGE IN FAMILY STATUS: It is imperative if you have any change in family status such as marriage, birth/adoption of a child, divorce, or death of a family member to contact the HRO for assistance and updating your personnel records.

SURVIVOR BENEFITS: Death often occurs when least expected. You should have your personal affairs in order and keep your family informed regarding your benefits and entitlements. In the event of your death, a representative from the Human Resources Office will assist your family in filing a death claim.

DESIGNATION OF BENEFICIARY: You do not need to prepare a designation of beneficiary form unless you wish to designate your beneficiaries other than “by-law” (spouse, child, parent, and next-of-kin). If you do designate beneficiaries, you must keep your designations current because once a designation has been made; it overrides a will or any other legal document. Benefits paid are:

- Unpaid wages
- Federal Employee Group Life Insurance
- Thrift Savings
- Retirement annuity or refund of contributions

Chapter 21

CLASSIFICATION

GENERAL INFORMATION: The classification process may impact a number of different aspects of your career, including advancement opportunities, pay, training, upward mobility, and other personnel programs.

The grade of your job is determined by the application of job-grading standards or position classification standards.

Your position description lists the major duties and responsibilities required of your position. Your position description has already been classified. A position classification specialist has reviewed the description of the assignment, compared it with job-grading standards and made a determination as to the appropriate pay
plan, title, occupational series, and grade level. The standards are on file in the Human Resources Office and are available for your review.

**CLASSIFICATION APPEALS:** If you disagree with the classification of your position, you may want to consider a classification appeal through your supervisory chain. The HRO can advise your supervisor of the procedures for submitting an appeal. One of three things may occur as a result of a classification appeal:

1. The position can be upgraded  
2. The position can retain the present grade level  
3. The position can be downgraded

Note: If it is determined you are assigned to an incorrect position description, you may be reassigned due to clarification of duties and responsibilities.

Chapter 22

**MERIT PROMOTION AND PLACEMENT**

**GENERAL INFORMATION:** Promotions in the National Guard Technician Program are based on standard merit principles. Applications are invited from all interested, eligible applicants. Basic qualifications are determined and applicants are then ranked according to the degree to which they meet each of the KSA's and other merit requirements. A list of qualified applicants is then presented to the Selecting Official for selection.

The quality of an applicant's responses to KSA's and information contained in the application will help determine whether he or she is among the best-qualified candidates for the job. Therefore, it is important applicants carefully prepare and submit complete and accurate information for job consideration.

Chapter 23

**REDUCTION-IN-FORCE**

A Reduction-In-Force (RIF) occurs when an agency is obligated to demote, separate, or furlough one or more employees because of lack of work, shortage of funds or reorganization. The cause may come from the action of Congress, the President, the Office of Management and Budget or from decisions by DoD, DA, DAF, or NGB officials who have been authorized to make such decisions. Whatever the source, officials must decide what parts and programs to reduce and how to distribute the remaining resources.

Before a RIF is conducted, the state must identify and describe the organizational and geographic limits within which employees will compete for retention of their jobs. This is called the competitive area. The second limit is by grade and occupation. This is called the competitive level. Each competitive level consists of all positions in a competitive area in the same grade and series and similar enough in duties, qualification requirements, pay schedules and working conditions so the incumbent of one position could successfully perform the critical elements of any
other position in the length of time it would take to orient any new but fully qualified employee.

The names of all employees in a competitive level are listed on a retention register in the order of their relative standing. Relative standing is determined by the current bargaining unit agreement or by management in the absence of a bargaining unit agreement. RIF regulations are very complex. The information provided in this handbook is intended to give you only the most basic understanding. Consult HRO for complete RIF regulations.

Chapter 24

TRAINING AND DEVELOPMENT

The National Guard has a strong commitment to developing the talents, skills, and abilities of its technicians. The Government Employees Training Act, PL 85-507, emphasizes training is a responsibility of the government and training is necessary and desirable. Once you are employed, you will receive the training you need to perform your job. This may range from on-the-job developmental assignments to formal classroom instruction. Your supervisor is responsible for working with you to determine your training needs. All requests for formal training must be submitted by your supervisor to the HRO Employee Development Specialist.

**INDIVIDUAL DEVELOPMENT PLAN (IDP):** An essential part of your career development is the Individual Development Plan (IDP). An IDP is a developmental action plan that structures training and development based on your duties and responsibilities. It details training activities designed to meet established goals and objectives. The development of an IDP takes many factors into consideration including your present skill level, your potential, your goals and the needs of the National Guard. Your supervisor will work with you to prepare your IDP.

Chapter 25

LABOR-MANAGEMENT RELATIONS

In the National Guard Technician Program, the bargaining unit, consist of all technicians who are not supervisors, confidential management assistants, auditors, and in some cases, personnelists and national security employees. If you are a bargaining unit employee, you have the legal right to form, join or assist any labor organization or to refrain from such activity. Technicians may represent the labor union and present its views to management or Congress without penalty or reprisal.

The Adjutant General and the labor union(s) have a collective bargaining agreement (contracts) which are available through your HRO or labor union representatives. A list of labor union stewards should be posted on bulletin boards at each work location. You can obtain applications to join the labor union from any steward or labor union official. Nothing requires a technician to become or remain a member.
Chapter 26

EQUAL EMPLOYMENT OPPORTUNITY (EEO)

It is the National Guard's policy to provide equal employment opportunity and fair treatment for all technicians and applicants for employment regardless of race, color, gender, national origin, religion, age or handicap. Discrimination and reprisal for participating in the complaint process will not be condoned. Management officials will take immediate and appropriate action to correct any occurrence of discrimination or sexual harassment.

DIVERSITY: Diversity Management is an organizational culture that accepts and values human differences and similarities and the positive contribution it can bring to our organization. It involves understanding the human environment and appreciating the gender, race, culture, and ethnic variations of our workforce.

COMPLAINTS: If you feel you have been discriminated against, or you have been subjected to sexual harassment, you must file a complaint with an EEO Counselor within 45 calendar days of the discriminatory or harassing act, or within 45 calendar days of when you should have reasonably known about the act. A list of EEO Counselors is posted on each unit’s bulletin board.

Should you have questions concerning the Equal Employment Opportunity Program or the complaint process, please contact the State EEO Manager.

Chapter 27

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program is a referral program that assists any technician who has behavioral problems that affect work performance. This assistance is provided through discrete and confidential referral of technicians to appropriate treatment specialists. Some problems commonly dealt with through the EAP include: alcohol and drug abuse, behavioral disorders, excessive stress from adverse family situations, financial difficulty, legal entanglement or other personal problems that interfere with job performance or health.

While your supervisor or manager is never to be in the role of your diagnostician or counselor, he or she may suggest you consider the EAP when less than satisfactory job performance/conduct persists. Performance/conduct factors that may indicate the need for referral include: assignment failures, excessive absenteeism or tardiness, unexcused absences, deteriorating personal appearance, altercation with fellow technicians, prolonged lunch hours, frequent disappearances, poor judgment, moodiness or anxiety. Participation in the EAP will be in strict confidence. Records relating to treatment will not be placed in any work folder without your permission.

Also remember, EAP can also be very helpful to you and your family in coping with the stress and disruption associated with your call to active duty. If you are affected by deployment, you should notify your HRO to learn what programs are available to you and your family.
**ALCOHOL AND DRUG ABUSE:** The use of illegal drugs and excessive use of alcohol are incompatible with membership in the National Guard. Use of illegal drugs and excessive use of alcohol adversely affect our every day job performance, combat readiness, health, safety and morale. If you have a problem with alcohol or drugs, please contact the EAP for professional assistance.

**Chapter 28**

**TELEWORK PROGRAM**

Telework is an alternate work arrangement that may be available to you. Telework, allows you to conduct some or all of your work away from the primary workplace. The work location might be your home, a telework center, an office close to your home or other acceptable locations agreed to by all. The telework arrangement may be fixed where by you work one or more days away or as needed. Telework is not a right; management decides whether you can work off-site. Check with your supervisor or HRO for information on their telework program.

**Chapter 29**

**MASS TRANSIT PROGRAM**

The Mass Transit program is a transportation benefit provided to federal and military members. Its purpose is to help reduce federal and military employees contribution to the traffic congestion and air pollution, and to expand employees commuting alternative. Mass Transit employee is provided a quarterly voucher, pass or coupons to help defray the cost of public transportation. Contact your supervisor or HRO for procedures and eligibility.

**Chapter 30**

**FEDERAL FINANCIAL LITERACY PROGRAM**

To assist you in preparing financially for your retirement and to educate you on financial issues, your agency have established a Financial Educational Program to provide you guidance in areas such as how to plan for retirement, how to calculate the retirement investment needed to meet your retirement goals, debt management, investing, and the how the benefits offered by the government fit into your retirement. Contact your HRO and let them know what financial information hat interests you.

**Chapter 31**

**MISCELLANEOUS**

**PHYSICAL FITNESS:** Technicians may be granted authorized absences to participate in an approved physical fitness program. This physical activity must be coordinated with your supervisor and conform to your state’s policy.

**SMOKING POLICY:** The National Guard smoking policy prohibits smoking in all National Guard buildings and work areas. This includes, but is not
limited to, private offices, hallways, auditoriums, conference rooms, restrooms and supply rooms. Smoking is also prohibited in government vehicles. Smoking is allowed only in designated smoking areas.

**SAFETY/HEALTH:** It is the goal of the National Guard to provide you and your fellow employees a safe workplace. Safety equipment is provided and must be utilized as required. Unsafe conditions must be immediately reported to your supervisor or the Safety Office.

**SELF SERVICE – MY BIZ / MY WORKPLACE:** As part of the Defense Civilian Personnel Data System (DCPDS), the Self Service Modules, My Biz and My Workplace, permit you, and managers secure, real-time, on-line access to personnel information, at any time, from a government computer (.mil extension).

My Biz allows you access to view information from your official personnel records including appointments, position, personal, salary, benefits, awards and bonuses, performance, and personnel actions. In addition, you may update information such as your telephone numbers, work email address, handicap code, foreign language proficiency information, ethnicity and race identification, emergency contact information, and education data on-line with My Biz. You are highly encouraged to review your personnel information for accuracy and report any discrepancies to your HRO. You should also ensure your My Biz account contains your correct work email address so that you may directly receive important information (i.e., Performance Appraisal Application correspondence, mass emails) related to your appointment.

My Workplace brings key information to managers and supervisors about their technicians together in one place, streamlining the human resources decision-making process and helping to balance managerial tasks with day-to-day demands more easily. My Workplace keeps managers and supervisors informed about their technicians’ personnel actions. With quick and easy access to technicians’ personnel information, managers are able to make budget decisions, staffing plans and work distributions more efficiently. For more information about access to My Biz and My Workplace, contact your HRO.

**CONSTITUTION DAY AND CITIZENSHIP DAY:** September 17 of each year is designated “Constitution Day and Citizenship Day” to commemorate the signing of the Constitution and to recognize all who, by coming of age or by naturalization, have become citizens. Your agency should provide you with training and/or educational materials on the Constitution annually. If you are a new employee, you should receive this training and/or educational material as part of your new employee orientation.

**TRAVEL OUTSIDE THE UNITED STATES, ITS TERRITORIES AND POSSESSION:** In accordance with DoDI 1215.06, technicians must be in a Title 10 status when on land outside the United States, its territories, and possessions. The phrase “on land” means that National Guard members can fly to or between Alaska, Hawaii, Guam, Puerto Rico, or the U.S. Virgin Islands in Title 32 status so long as they do not land on foreign territory. Title 10 status is critical for it ensure that members are covered by Status of Forces Agreements or similar arrangements providing protections for visiting U. S. Forces. Reference: NGB-ZA Aug 20 2008, All States P08-0008 memorandum.
# Acronyms and Abbreviations

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<td>Customer Service Representative</td>
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HRO Points of Contact:

Administration: COMM: (       )   ________________   DSN: _______________
FAX:      COMM: (       )   _________________
DSN:_____________

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Human Resources Office Website:
An on-line source for job listings, regulations, policies, handbooks, HR specialist’s pages, and human resources points of contact
Lesson Objectives

• The Difference between EO and EEO
• The chain of command/Process for each
• Harassment
• Diversity
• Respect in the workplace
• No FEAR Act

EEO/EO

• Provides an environment free from:
  – Illegal Discrimination
  – Harassment
  – Retaliation/Reprisal
• (Based on EO/EEO activity)

• Purpose is to ensure that we maintain an organizational culture of fairness.
The Legal Definition of EEO

• Providing equal opportunity in employment on the basis of merit and fitness without regard to race, color, religion, sex, national origin, age, and/or disability. (EO)

EEO vs. EO

<table>
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| -Civilian (Technician)  
-Title VII: Civil Rights Act  
-Can Not Discriminate on: Age or Disability | -M-Day: AGR (Title 32)  
-Title VI: Civil Rights Act  
-Can Discriminate on: Age and Disability |

Note: 30 Days for resolution or File Formal Complaint
Note: 45 Calendar Days to report incident to counselor or SEEM

EEO- Flowchart
As an organization we know that we must be attentive to the efficiency of strategic processes and maintain a relevant and ready force. This will only be done if we manage our greatest asset (human capital) effectively.

Whether you are a member of the diversity council or an EEO Counselor or not, your ultimate goal is to promote diversity, inclusion and fairness throughout our workforce.
RESPECT in the Workplace

- Resolve conflicts at the lowest level
- Explore options to improve relationships
- Sensitize yourself and your subordinates
- Promote positive human relations
- Eliminate unacceptable behavior
- Consider organization and employee needs
- Teach non-discrimination and EO skills by example

NO FEAR ACT

Requires this agency to provide this notice to Federal employees, former Federal employees and applicants for Federal employment to inform you of the rights and protections available to you under Federal antidiscrimination, whistleblower protection and retaliation laws.

NO FEAR ACT cont.

- Whistleblower Protection Laws
- Retaliation for Engaging in Protected Activity
- Disciplinary Actions
SUMMARY

• The Difference between EO and EEO
• The chain of command/Process for each
• Harassment
• Diversity/Respect in the workplace
• No FEAR Act

Question or Comments?
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INTRODUCTION

This handbook has been prepared for you to use as an Equal Employment Opportunity (EEO) reference guide. It is not intended to serve as a consolidation of all EEO laws and regulations. Critical situations and questions should always be directed to the State Equal Employment Manager (SEEM).

Several topics will be addressed in this handbook:

- Basic principles of EEO and Affirmative Employment
- Sexual Harassment
- Responsibilities of management, employees, the EEO staff, and persons with collateral duties (such as Special Emphasis Program Managers [SEPMs] and EEO Counselors).
- The EEO complaint process
- Special Emphasis Programs
- Sources of information and types of assistance

The proponent for this handbook is the Equal Employment Opportunity (EEO) office. Suggestions for changes and improvements may be submitted to TAG WI, ATTN: WIJS-J1-EO, P.O. Box 8111, Madison, WI 53708-8111.
With the publication of my Multi-year Affirmative Employment Plan (AEP) for Federal Technicians, the Wisconsin National Guard continues to be fully committed to ensuring that every applicant and technician enjoys the right of equal treatment in their work place. Decisions based on non-merit factors such as race, color, religion, national origin, and physical/mental handicap are illegal. This policy is founded in Presidential Executive Orders, Title VII of the Civil Rights Act of 1964, as amended, Age Discrimination in Employment Act of 1974, Equal Pay Act of 1962, as amended, and the Vocational Rehabilitation Act of 1973, as amended.

Discrimination negatively impacts on our entire agency. Supervisors will be held accountable to administer hiring, placement, and training free of prejudice and stereotypes. Personnel actions affecting technicians (selections, transfers, promotions, reductions, discipline, separations, RIFs, etc.) will be monitored to identify trends which may reflect non-compliance with my AEP and federal law. Identification of any adverse trends will allow us to identify and eliminate personnel policies and procedures that are defined as unlawful discrimination.

Those in non-supervisory positions must realize that their behavior is also expected to reflect my policies. Each individual will be held accountable for maintaining appropriate work relationships with peers, subordinates, and supervisors. A positive working atmosphere free from unlawful discrimination and harassment maintains self-esteem and preserves human dignity. Personal accountability is a vital element. Timely and appropriate actions will be taken when it is determined that an employee (supervisory or non-supervisory) is violating discrimination laws and policy.

**SEXUAL HARASSMENT POLICY**

Every employee has the right to perform his/her work free from sexual harassment. This illegal form of gender discrimination constitutes misconduct and is unprofessional. It creates a threatening or hostile environment that adversely affects mission accomplishment. Sexual harassment is defined as deliberate or repeated unsolicited verbal comments, gestures, or physical contact of a sexual nature which is unwelcome to the recipient. Sexual harassment can occur between members of the same gender, as well as between members of both genders.

Sexual harassment will not be tolerated! Verified allegations of this nature may result in adverse personnel actions. This applies to harassment and/or discrimination between those of the same rank, as well as between supervisors and subordinates.

All employees (supervisory or non-supervisory) are expected to provide a workplace free of discrimination and harassment. They will actively support my policy and discourage unprofessional behaviors among co-workers. Ideally, a Technician experiencing unwelcome, offensive, and/or harassing behavior, of a sexual nature, should let the offending person know that the behavior is unwelcome and ask him/her to stop. Some employees are not comfortable confronting others in this manner, and are encouraged to inform their supervisor, or someone within their Technician chain of supervision, of the offensive conduct.

DONALD P. DUNBAR
Brig Gen, WI ANG
The Adjutant General
Equal Employment Opportunity (EEO) supports the mission of the Wisconsin National Guard by ensuring that the civil rights of all employees and prospective employees are maintained. This includes the opportunity to work free of harassment, to progress upward on the basis of merit, ability, and potential, and to receive personnel actions free from discrimination on the basis of race, color, gender, national origin, age, handicap, and religion. The mission of the Wisconsin National Guard Equal Employment Opportunity office includes:

- Recommending effective external and internal recruitment strategies and practices for identifying qualified candidates and ensuring retention and advancement based on quality of work and experience.
- Identifying and eliminating any practices, regulations, and procedures which may perpetuate past discrimination on the basis of race, color, sex, national origin, age, handicap, or religion.
- Developing, promoting, and maintaining effective EEO programs.
- Monitoring all Affirmative Employment Plans to provide the Adjutant General with periodic analysis of goal accomplishment.
- Conducting necessary inquiries into alleged discrimination and implementing remedial relief in a timely manner.
- Supporting the Adjutant General’s vision that “people are our most precious resource” by encouraging all employees to accept the responsibility of treating each other fairly and equally.

Equal employment opportunity (EEO) is defined as the “right of all persons to work and advance on the basis of merit, ability, and potential”.

Federal fair employment laws prohibit discrimination and require the Government to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, or handicapping condition. Accordingly, the Wisconsin National Guard’s policies provide for fair and equal treatment of employees and applicants for employment in all personnel and management decisions. Individuals who believe they have been discriminated against because of any factor protected under the fair employment laws may file a complaint of discrimination.

Each Wisconsin National Guard employee is responsible for ensuring EEO by treating all co-workers fairly, equally, and fostering a spirit of cooperation and good human relations in a working atmosphere free from prejudice, ill feelings, or resentment. It is unreasonable to believe that all employees will be close friends, or that everyone’s personality will agree with everyone else - all of the time. However, it is reasonable, and expected, that all employees will treat each other with dignity and respect - at all times!
EEO for employees

**Program Distinctions**

**AIR NATIONAL GUARD-MILITARY EQUAL OPPORTUNITY (MEO) and ARMY NATIONAL GUARD EQUAL OPPORTUNITY (EO) PROGRAMS**

*Do not confuse with the Federal Equal Employment Opportunity (EEO) Program*

**The Military Equal Opportunity (MEO) Program** is the Air National Guard’s equal opportunity program for military personnel. This program manages the discrimination complaint process for Air National Guard Traditional Guard Members and AGR’s. The military chain of command is the primary response channel and Air National Guard Members/AGR’s will use their MEO staff personnel to guide them through the complaint process. Air National Guard AGR employees may also contact the State Equal Employment Manager (SEEM) for guidance regarding discrimination or sexual harassment complaints.

Federal Air NG Technician employees would only follow this program if they were addressing equal opportunity issues that occurred while they were in a military status (weekend drill, annual training, etc).

**The Equal Opportunity (EO) Program** is the Army National Guard’s EO program for military personnel. This program manages the discrimination complaint process for Army National Guard Traditional Guard Members and AGR’s. The military chain of command is the primary response channel and Army National Guard members/AGR’s will use their Equal Opportunity Representatives (unit level), Equal Opportunity Advisors (major command level), and HR/EO Officers at STARC to guide them through the complaint process. Army National Guard AGR employees may also contact the State Equal Employment Manager (SEEM) to obtain guidance regarding discrimination or sexual harassment complaints.

Federal Army NG Technician employees would only follow this program if they were addressing equal opportunity issues that occurred while they were in a military status (weekend drill, annual training, etc).

**The Federal Equal Employment Opportunity (EEO) Program** is used by Federal Technician employees of the Air and Army National Guard (non-AGR employees). Any Federal employee with a discrimination complaint that is a result of duties as a Federal Technician, must contact an EEO Counselor no later than 45 days after the incident. For complaints on issues that take place while on military duty, Technicians must use the Air MEO Program or Army EO Program.

*In summary*, the Air National Guard EO Program/Army NG EO Programs and the EEO program are not interchangeable. The individual is not free to select which program to use to resolve complaints of discrimination. The program is determined by the status of the individual when the incident takes place.
The Wisconsin National Guard is committed to providing equal employment opportunity throughout the agency and expects all employees to support these policies. At a minimum, employees are expected to support EEO through the following actions:

- Demonstrating thoughtful treatment of all employees and co-workers.
  - Treating each other with dignity and respect.
  - Refraining from behavior that may be offensive to others.
  - Providing effective feedback to supervisors.

- Remaining current with EEO responsibilities.
  - Attending EEO training.
  - Discouraging offensive or discriminating behavior between co-workers.
  - Reporting illegal behavior to a supervisor.

- Participating in EEO activities.
  - Volunteering for Special Emphasis Program committees.
  - Attending and participating in special emphasis and ethnic observances programs.

- Emphasizing commitment to EEO by words and actions. SET THE EXAMPLE!

The EEO office for Federal employees of the Wisconsin National Guard is located in the Human Resources Directorate of the Adjutant General’s Office at 2400 Wright Street, Madison, WI. The following is the official address:

The Adjutant General for Wisconsin  608-242-3702
ATTN: WIJS-J1-EO  DSN 724-3702
PO Box 8111
Madison, WI 53708-8111

The State Equal Employment Manager (SEEM) manages the Adjutant General’s EEO program. He or she evaluates and ensures internal EEO and affirmative employment compliance with Federal and State laws and statutes. The SEEM examines and analyzes EEO conditions in the workplace and provides expert advice, guidance, and direction to executives, managers, and employees on EEO and affirmative employment issues.
• Advises management on all aspects of EEO and recommends changes in policy, regulations, procedures, etc.

• Provides leadership and guidance for the development and execution of the Multi-year Affirmative Employment Plan.

• Monitors and evaluates EEO and affirmative employment activity by monitoring and evaluating management procedures.

• Administers the EEO complaints procedure.

• Assigns and trains EEO counselors.

• Manages Special Emphasis Programs and assigns and trains Special Emphasis Program Managers (SEPMs).

• Manages the Wisconsin National Guard Assistance Program (WINGAP) - the employee assistance program.

• Designs and conducts EEO training for supervisors, managers, and employees.

• Establishes and manages the Federal Equal Opportunity Recruitment Program (FEORP).

• Maintains statistics on employee demographics and provides analysis and reporting for a variety of Federal and local requirements.

• Maintains liaison with Army and Air National Guard recruiting officials.

• Maintains liaison with community and ethnic organizations.

Other employees who have official EEO responsibilities as additional duties to their assigned position are considered collateral duty EEO staff. Their collateral duties are in writing and attached to their normal position description. Evaluation of their collateral duty performance is provided to their supervisors by the SEEM.

The collateral duty EEO staff, throughout the state, changes periodically. A list is provided for all facility bulletin boards, and is updated as changes occur. If any employee is unclear about whom to contact for their specific issue or complaint, they may contact the SEEM.

EEO Counselors are neutral employees who have received special training in the Federal discrimination complaint process.

• Any employee who believes that he or she has been discriminated against, and wishes to make a discrimination complaint is required, by Federal law, to meet, first, with an EEO Counselor.

• The Counselor will meet with the employee to obtain the base(s), issue(s), and allegations of the complaint.
• The intent of EEO Counseling is to obtain **resolution** of the employee’s complaint by meeting with the appropriate individuals (supervisors, co-workers, etc.) and the complainant.
• It is important to reiterate that the Counselor is **neutral**. He or she is not considered an advocate for management or for the complainant. His or her responsibility is to verify facts and attempt resolution.
• EEO Counselors report to the SEEM.

**Discrimination** is defined as the use of any procedure which has an adverse impact on the hiring, promotion, discipline, or other employment decision regarding members of any race, gender, color, religion, national origin, age, handicap, or reprisal for participating in an EEO process. Such practices are unlawful.

Federal EEO laws prohibit an employer (or agent of the employer) from discriminating against persons in all aspects of employment - including recruitment, selection, evaluation, promotion, training, compensation, discipline, retention, and working conditions.
EEO for employees

All Wisconsin National Guard employees, managers, and applicants for employment, are covered by these EEO laws. For example, the protection against racial discrimination is not limited to members of any particular race. All employees are afforded equal protection under Title VII of the Civil Rights Act of 1964, as amended. Figure 4 provides an illustration of this concept.

Treating a person unfavorably in comparison to others may violate EEO laws only when that person’s protected status is a factor in the treatment. For example, giving a white female better assignments than other white females is not discriminatory if the decision is based on job-related factors. On the other hand, giving a white female better assignments than a similarly qualified minority male may be discriminatory (either racial or gender or both) if the assignment decision was based on either the individual’s race or gender.

Employment decisions should be based only on job-related merit factors. All employees are expected to avoid conduct which undermines fair and equal treatment. Although all unfair treatment is not necessarily discrimination, it is poor personnel management and against the Adjutant General’s policies.

Federal EEO laws do not require an employer to extend preferential treatment to any person or group because of race, color, religion, gender, national origin, age, or handicapping condition. EEO merely demands that all persons receive the same opportunities for hiring, training, promotion, etc. When these opportunities have not been available to all groups in the past because of discrimination, affirmative employment is required to overcome the effects of such bias.

What All Employees Need to Know:

The maintenance of a harmonious working environment is the responsibility of every employee. The proper EEO climate is one in which the rights of each individual are respected.

- If any employee witnesses or is aware of discriminatory or harassing behavior in their workplace, they have a fundamental responsibility to report the situation to their supervisor.
Sexual/gender, racial, religious, ethnic, nationality, age, and disability harassment are infringements on the right of any employee to an environment free of illegal harassing behavior. Harassment reduces productivity by lowering employee morale and motivation resulting in employee transfers, resignations, or dismissals stemming from the tense work environment it creates.

Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature, when:

- Submission to, or rejection of, such conduct is made either explicitly or implicitly a term or condition of a person’s job, pay, or career.
- Such conduct interferes with an individual's performance by creating an intimidating, hostile, or offensive environment.

Any person in a supervisory, managerial, or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of a military member or civilian employee is engaging in sexual harassment. Similarly, any military member or civilian employee who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is also engaging in sexual harassment.

The Wisconsin National Guard recognizes that sexual harassment is a violation of the law and maintains a “no tolerance” policy. Harassment based on gender, race, color, religion, nationality, age and disability are also violations of the civil rights law. Individuals who engage or condone such conduct will be dealt with swiftly and appropriately.

Anyone can be a victim of sexual or other harassment. Sexual harassment may occur between men and women or persons of the same gender. There are two types of sexual harassment:

1. **QUID PRO QUO** – (“this for that”) occurs when an employee is subject to unwelcome sexual advances and submission to such are made the basis for hiring, firing, and other personnel actions.

2. **HOSTILE ENVIRONMENT** - exists when any type of unwelcome sexual behavior creates a hostile or offensive work environment. In other words, an employee’s job performance, morale, and/or physical or mental well-being are affected.
The Wisconsin National Guard is liable for the illegal acts of its managers and supervisors when they know, or should have known, of illegal conduct of a harassing nature, and fail to take immediate and appropriate action.

All employees must assume responsibility for the workplace:

- Know and understand the Wisconsin National Guard’s policy on sexual and other harassment.
- Be aware of how your actions affect others.
- Observe the work environment and report any evidence of sexual or other harassment to a supervisor and/or the SEEM.

Examples of sexual harassment may include:

- Unsolicited and unwelcome flirtations, advances, or propositions.
- Graphic or degrading comments about and employee's appearance, dress, or anatomy.
- Displays of sexually suggestive objects or pictures.
- Dirty jokes and offensive gestures.
- Sexual or intrusive questions about an employee’s personal life.
- Explicit descriptions of the harasser’s own sexual experiences.
- Abuse of familiarities or diminutives such as “honey”, “baby”, “dear”, etc.
- Unnecessary, unwanted physical contact such as touching, hugging, pinching, patting, kissing

If you are a victim of sexual or other harassment, you should confront the harasser, directly. Describe to him/her the behavior that you find offensive or makes you uncomfortable, and how it affects your work. Ask that person to stop the behavior. Most offenders, when informed that their conduct is unwelcome, will cease. Most offenders do not intend to offend or harass anyone.

Often, the harasser is unaware that their behavior is offensive. However, if the behavior continues, the employee may write a letter to the harasser, again describing the situation, and again requesting that the behavior cease.

If the harassment continues, the employee should inform his or her supervisor. The employee may also inform the SEEM (in lieu of the supervisor). Documentation is important. For instance, dates the employee spoke with the harasser and the general wording of the conversation in which the harasser was asked to cease their behavior. A copy of any letter sent or given to the harasser should be maintained. Dates, places, times, and witnesses should be documented. If any employee is uncomfortable confronting the harasser, directly, initial contact should be made with a supervisor or the SEEM.
This section contains information, guidance, and practical “do's and don’ts” in various areas. An effective EEO program requires that all employees be alert to potential areas of discrimination and be sensitive to the attitudes and expectations of co-workers. This awareness and sensitivity will help avoid workplace problems and ensure that recruitment, development, and advancement of all employees is fair and impartial.

Effective EEO requires not only that all employees be alert to potential problems, but that they also be sensitive to the needs of each other and be aware of the impact their actions have on co-workers. It is sometimes difficult for us to make a judgment on how others wish to be treated. We know how we want others to treat us, but we cannot presume to know how others wish to be treated. What is acceptable to us, may be unacceptable to others. What may be a humorous joke, to us, may be a grievous insult to others.

Some employees may not be comfortable communicating with their supervisors. We must recognize that, some employees are intimidated by the mere position of a supervisor or manager. There are standards of formality required in any business organization, and our business is further complicated with military rank structure. We must all be alert to avoid types of addresses and conversation that are not applied uniformly to all employees or may be interpreted as demeaning by some employees. For instance, if we address our male co-workers as Mr. or by their military rank, we must also ensure that we address our female co-workers in a similar manner (Ms/Mrs/Miss or military rank).

Similar consideration applies to every employee. Ethnic joking is rarely amusing to the individual belonging to that particular ethnic group. Jokes about a particular religion are usually funny only to those of different religions. The term “boy” is most likely considered demeaning by most men. Remarks about women’s liberation are not particularly humorous to the female employee who wants nothing more than a fair chance at the next promotion.
We have used the terms “affirmative employment” and “affirmative employment plan” previously in this handbook. Now, let’s explore it’s definition and intent.

Affirmative employment is a **legal concept** that requires the Wisconsin National Guard to do more than ensure that equal employment opportunity is a part of our practices. It requires the Wisconsin National Guard to make **additional efforts** to recruit, employ, and promote qualified members of groups, formerly excluded from the employment process. For affirmative employment purposes, protected groups include Alaskan Natives & American Indians (Native Americans); Asian/Pacific Islanders; Blacks (African Americans); Hispanics; and White Females.

The primary purpose of the affirmative employment program is to identify and remove **organizational barriers** that impede the hiring, promotion, training, and retention of qualified minorities and women. The main component to this program is the **Affirmative Employment Plan (AEP)**.

An AEP is a tool which, when used correctly, will help to **achieve fairness and equity** in employment by:

- Identifying and eliminating discriminatory personnel policies and practices.
- Increasing the number of minorities and women, at all levels, where they have historically been excluded.
- Devising internal monitoring and reporting procedures which measure progress in eliminating discrimination.

The “multi-year” AEP consists of:

- Policy statements from the Adjutant General to affirm that the requirements will be enforced.
- Delegation of authority and organizational chart.
- Certification of qualifications for principal responsible officials.
- Plan for the prevention of sexual harassment.
EEO for employees

- Statement of monitoring and evaluation system.

- Program analysis of the current status of affirmative employment. There are 8 program elements:
  1. Organization and resources
  2. Work force analysis
  3. Discrimination complaints
  4. Recruitment and hiring
  5. Employee development program
  6. Promotions
  7. Separations
  8. Program evaluation

- Assessment of manifest imbalance and conspicuous absences

- Problem and barrier identification

- Personnel and management policies, systems, and procedures which operate as barriers/problems to employment for each EEO group are evaluated. Barriers/problems are examined in the context of the entire recruiting and staffing process.

- Goal/objectives statements and action item identification.

- Report of objectives and action items.

The “multi-year” AEP does not include:

- “Quotas”. A quota is a definite and fixed number. The major characteristic of a quota that distinguishes it from a goal or objective is the requirement for mandatory attainment. The AEP does not include quotas.

- “Punishment” for failure to attain a goal or milestone. The annual report of accomplishments includes an analysis of the AEP’s goals and action items. Goals are reviewed and revised, if needed, and new goals are identified, if appropriate. Since quotas are not used, there are no mandatory accomplishment statements in the AEP.

**WHAT ARE SPECIAL EMPHASIS PROGRAMS? (SEPs)**

Special emphasis programs are designed to assist in the recruitment, selection, development, and career advancement of Alaskan Native/American Indians, Asian/Pacific Islanders, Blacks, Hispanics, and Women in the Federal employment of the National Guard. These programs are managed by collateral duty employees who are called “Special Emphasis Program Managers” (SEPMs). The SEPM serves as the resource person or advisor on the unique concerns of the particular constituent group.
EEO for employees

SEPMs are “collateral-duty” managers that advise management and other agency officials in the implementation of the programs. Contact the SEEM if you are interested in becoming involved in Special Emphasis Programs or for more information.

How do you know whether to use the EO (equal opportunity) or EEO (equal employment opportunity) complaint process? Refer back to page 5 of this handbook for distinctions between the programs.

Basically, if you were in **technician status** when you believe that you were discriminated against – you will use this (the EEO) process. If you were in a **military status** when the discrimination took place – you will use the EO (military) process.

A complaint of discrimination is an **allegation** that a person has been denied employment, promotion, or training, or has been adversely affected in any other condition or term of employment because of his/her status as a member of a particular group.

The various Federal laws prohibiting discrimination in the terms and conditions of employment apply to all employees and applicants for employment. These laws prohibit discrimination on the basis of race, color, religion, national origin, gender (including sexual harassment), age (40+), and physical or mental handicap. The law also protects those who participate in EEO from reprisal and retaliation.

The issues which give rise to most discrimination complaints are:

- Non-selection
- Evaluation/appraisal
- Reasonable accommodation
- Reprisal/retaliation
- Working conditions
- Sexual harassment
- Promotion
- Termination
- Training
- Leave/attendance
- Working conditions
- Employment
- Training
- Promotion
- Reprisal/retaliation

As previously mentioned, EEO is the right of all persons to work and advance on the basis of **merit, ability, and potential**. There may be occasions, however, when employees/applicants may harbor feelings of anxiety, frustration, anger, resentment, fear, and/or mistrust. This may be a result of many occurrences culminating in an incident which motivates the individual to seek a remedy for the situation.

**Before** a Federal employee can file an EEO complaint, they **must** meet with an **EEO Counselor**.

The purpose of counseling is to attempt a resolution of issues by means of informal inquiry and mediation. Counseling is not to be construed as an in-depth investigation. It is an attempt to settle problems through a variety of means; interviews, suggestions, examination of personnel records, mediation, and review of facts and issues.

**EEO counselors** serve as a bridge between employees/applicants and management, and attempt to resolve allegations of discrimination from employees/applicants on an informal basis. They provide an open and systematic channel through which employees and applicants may raise questions, get answers, discuss allegations of discrimination, and informally resolve problems. Through a variety of means (interviews, examination of personnel records, review of facts, informal mediation), the counselor attempts to **identify** the **allegations of discrimination** and works with employees/applicants and management to reach a resolution of matters (that may otherwise give rise to formal complaints of discrimination).
Counselors are not an advocate for either management or the employee/applicant. The Counselor serves as an independent and objective fact-finder. If the concern is not EEO related, the counselor must refer the complainant to the appropriate means of redress (i.e. classification specialist, union officials, agency grievance procedures, Inspector General, etc.). If the concern is EEO related, the counselor attempts to resolve the concern in an objective, fair, and prompt manner. The counselor does not make a determination on the merits of the matter, but is responsible for:

- Counseling the employee/applicant.
- Informing employee of his/her rights and responsibilities.
- Assisting employee in making a selection between traditional counseling and Alternate Dispute Resolution (ADR) – such as mediation.
- Conducting an inquiry, not a formal investigation, into the alleged discrimination.
- Interviewing relevant parties (including supervisors and co-workers).
- Reviewing evidence and obtaining facts.
- Meeting with the supervisor and complainant to attempt informal resolution of allegations or discrimination.

This is how the process works:

1. Employees/applicants must approach an EEO counselor, or contact the SEEM within 45 days of the occurrences of alleged discrimination - or within 45 days of their knowledge of such incidents.

2. The Counselor informs the employee of the requirement to choose between “traditional EEO counseling” or “ADR/mediation”.

3. If the employee selects the “traditional EEO counseling process”, the counselor will conduct some fact-finding and attempt to resolve the issue(s), and if the informal allegation(s) of discrimination cannot be resolved within 30 days of the initial contact with a counselor, the complainant is issued a “Notice of Right to File a Discrimination Complaint”.

   However, if the counselor believes that he/she is close to reaching a resolution, the SEEM may extend the period of counseling another 30 days (with the complainant’s approval).

4. If the complainant selects to participate in the Alternative Dispute Resolution (ADR) process, the counselor will inform the SEEM. If the Adjutant General concurs, the mediation process will be initiated.

5. When it becomes apparent that the allegations of discrimination cannot be resolved informally, the counselor issues the “Notice of Final Interview” to the complainant. It is during this final interview that the complainant is issued the “Notice of Right To File” letter described above. The complainant then has 15 calendar days from receipt of the “Notice of Right to File” to actually file a formal complaint with the SEEM.

The employee/applicant has the following rights during the informal stage of complaint processing:

- **Right to representation (or counsel).** Note: The representative is not interviewed. He/she is there only to advise the complainant.

- **Confidentiality** in the process, and anonymity during the informal stage.
If the employee is covered by a negotiated grievance procedure that permits allegations of discrimination, he/she has the option of **electing** the negotiated grievance **procedure** or the statutory discrimination complaint process, but **not both**. By filing a formal complaint or a written grievance, he/she has elected the forum in which they choose to pursue their issues.

- The right to elect mediation, with the TAG’s approval, in lieu of the traditional informal complaint counseling process to resolve the issues.

- Issuance of a **“Notice of Final Interview”** that terminates the informal process - if informal resolution has not been achieved. A formal complaint, if employee chooses to file one, must be filed within 15 calendar days from the date of their receipt of “Notice of Final Interview”.

  During all stages of the complaint process, the complainant may be represented by a person of his/her choosing, including another employee (excluding EEO officials). A representative may not be selected where a conflict of interest would result.

All Wisconsin National Guard employees who have knowledge of the circumstance(s) or incident(s) causing an employee to seek EEO counseling or to file a complaint **must cooperate** during all stages of the process. This includes assisting EEO counselors and investigators in their efforts to conduct timely and complete inquiries and investigations and providing testimony and documentary evidence.

Complainants who fail to cooperate may have their complaints canceled. Other parties, including responsible management officials and witnesses, who do not cooperate, may be disciplined for failing to assist in official Government matters.

During a **formal investigation**, sworn testimony, in the form of an affidavit, is taken from all parties. Testimony and information given are **not confidential**. Parties named in the testimony may review and respond to those parts of the documents (the complaint and affidavits) in which they are mentioned. **Formal investigations** are only conducted by NGB, and then **only** when a Technician has filed a **formal** EEO complaint (after the mandatory counseling or ADR procedure).

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**REPRISAL**

Complainants, representatives, witnesses, and official EEO staff, including counselors and investigators, shall be free from restraint, interference, coercion, discrimination, or **reprisal** during all stages of the complaint process.

Appropriate actions will be initiated against any Wisconsin National Guard employee found to have discriminated, or to have engaged in acts of reprisal. **Reprisal** means that the employee suffered negative consequences because of his/her involvement in the EEO process.

This does not mean that the employee cannot be evaluated, counseled, awarded or disciplined, or have authorized personnel actions applied to them. The actions must, however, be strictly job-related and justifiable. An action perceived as “reprisal” by the complainant may not have been intended as “reprisal” by the supervisor.
EEO for employees

The goals of the complaint process are to resolve allegations of discrimination, to the satisfaction of both the employee/applicant and management. During the informal stage, the EEO counselor works with management officials who are able to direct or effect remedial actions, if appropriate, to informally resolve the problem. The EEO counselor will pursue resolution of the allegation(s) of discrimination to the highest level of management to reach a settlement.

So, as an employee, what is your role in the EEO Complaint Process?
You should remember that:

• If you believe that you have been discriminated against or harassed and wish to make a discrimination or harassment complaint, you must first meet with an EEO Counselor (you or your supervisor may call the SEEM’s office or contact one of the Counselors from the list on your bulletin board).

• You have the right to remain anonymous during the counseling stage of the complaint (this is also called the informal stage).

• The Counselor’s role is to gather facts, conduct inquiries, and attempt to resolve the complaint at the lowest level. You must cooperate with the Counselor. You may request mediation in lieu of the counseling process.

• If the complaint cannot be resolved to your satisfaction, you will have the right to file a formal complaint.

• Formal complaints are managed by the SEEM’s office, and formal investigations are conducted, only, at the direction of the Chief, National Guard Bureau.

• You will lose your right to anonymity when the complaint “goes formal”.

• At any time - if you, or any employee, has questions about the Technician EEO complaint process, call the SEEM at 608-242-3702 or DSN 724-3702.
Resolution may be attempted even after the complainant has been advised of their “Right to File”
Equal Employment Opportunity is the right of all people. Most civilian Government employees (Technicians) and applicants for employment are protected from discrimination through enforcement of the numerous laws and orders. EEO program implementation in the Wisconsin National Guard is in accordance with the following major laws and regulations:

- **The Civil Rights Act of 1964, as amended** - made discrimination illegal based on: race, color, religion, national origin, and sex.
- **The Age Discrimination in Employment Act of 1967, as amended** - made discrimination based on ages 40 and over illegal.
- **The Rehabilitation Act of 1973, as amended** - Made discrimination against qualified physically or mentally handicapped individuals illegal.
- **The EEO Management Directive 714** - provides instructions for the development and implementation of Multi-year Affirmative Employment Plans (AEP). The Directive is issued by the EEOC.
- **EEO Management Directive 107** - is a Federal Manual issued by the EEOC.
- **Title 29 Code of Federal Regulations** - Includes Parts 1604 through 1613, referring to EEO in the Federal Government.
- **Executive Orders** - 11246, 11375, and 11478.
- **Vietnam Era Veterans Readjustment Act of 1974.**
- **Civil Service Reform Act of 1978.**
- **Federal Personnel Manual.**
- **Uniform Guidelines of Employee Selection Procedures.**
- **Federal Equal Opportunity Recruitment Program (FEORP).**
- **National Guard Bureau Regulation 690-600** - EEO discrimination complaint process.
Barrier - personnel principle, policy, or practice which restricts or tends to limit the representative employment of applicants and employees, especially minorities, women, and individuals with handicaps.

Civilian Labor Force (CLF) - persons, 16 years of age or older, who are employed or seeking employment.

Conspicuous Absence - particular EEO group that is nearly or totally nonexistent from a particular occupation or grade level in the work force.

EEO Groups – These groups consist of Black males and females, Hispanic males and females, Asian/Pacific Islander males and females, American Indian/Alaskan Native males and females, and White females. (Handicapped males and females are also considered EEO groups but are covered by the Rehabilitation Act of 1973.

Employment Category - the major occupational categories for the White Collar and Wage board pay system include: Professional, Administrative, Technical, Clerical, Other, and Blue Collar (PATCOB).

Major Occupation - mission oriented occupations or other occupations with 100 or more employees.

Manifest Imbalance - representation of EEO Groups in a specific occupational grouping or grade level in the agency's work force that is substantially below its representation in the appropriate MLF.

Military Labor Force (MLF) - persons who are members of the Wisconsin National Guard.

Minority - a protected class - members of which have been defined by the EEOC as:

- Black - persons who have origins in any of the Black racial groups of Africa.
- Hispanic - persons of Mexico, Puerto Rico, Cuba, Central or South American, or other Spanish culture or origin, regardless of race.
- American Indian/Alaskan Native - persons who have origins in any of the original peoples of North America.
- Asian/Pacific Islanders - persons who have origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

Numerical Objectives (Goals) - quantifiable objective designed to eliminate a manifest imbalance or conspicuous absence of EEO Groups.

Objective - statement of a specific end product or condition to be attained by a specific date. Accomplishment of an objective will lead to the elimination of a barrier or other problem.

On Site Program Review - visit by EEOC to an agency for the purpose of reviewing program areas such as program management, data collection, monitoring and evaluation, personnel practices, barrier analysis, prevention of sexual harassment, training and recruitment.
Prima Facie Evidence - sufficient legal evidence to raise an inference of discrimination. Evidence must be produced which raises an inference of a causal connection between the protected group status and the employer’s actions.

Program Analysis - review of the agency’s entire affirmative employment program.

Program Element - prescribed program area for assessing where agencies should concentrate their affirmative employment program analysis for accomplishing an action item.

Protected Class - any group (or member of the group) specified in, and protected by, the anti-discrimination laws. These laws protect persons from discrimination because of age, color, handicap, national origin, race, religion, or sex. Affirmative employment actions are required for some of these groups because they have suffered the effects of past discrimination. These include racial minorities, women, and persons with a handicapping condition.

Reasonable Accommodation -

1. used in connection with affirmative employment for the handicap. If a handicapped employee or applicant has the skills necessary to perform a job, an employer must make reasonable adjustments to the physical environment, equipment, schedules, or procedures that would enable that person to function in the position.

2. Used in connection with discrimination because of religion. If an employee needs to be absent for religious reasons, an employer must make reasonable accommodation to grant the employee that absence even though it may conflict with, or differ from, the employer’s schedules, standards, or other business conditions, unless such absences cause the employer undue hardship.

Representative - a person chosen by someone to advise him/her in a grievance or complaint of discrimination.

Reprisal - unfavorable treatment of an employee because of his/her participation in the discrimination complaint process.

Responsible Official - Executive, Manager, or Supervisor who is accountable for accomplishing an action item.

Under-representation - a situation in which the percentage of members of a race/national origin group, by gender, in a particular category of employment is lower than the percentage they occupy in the appropriate MLF.

Unlawful employment practice - any policy or practice that has discriminatory intent or effect.

Workforce profile - an analysis of the agency work force showing the dispersion of race and national origin by gender within specified employment categories.
DO EEO LAWS PROTECT YOU?

- EEO laws protect **all** employees and applicants from employment discrimination.

<table>
<thead>
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MEMORANDUM FOR All Department of Military Affairs Employees and Members of the Wisconsin Army and Air National Guard (Including Federal, State, AGR, Guard Members on Active Duty, Military Advisors, and Job Applicants)

SUBJECT: Policy against Harassment in the Workplace – TAG POLICY MEMORANDUM 4

1. The Wisconsin Department of Military Affairs (DMA) and Wisconsin National Guard (WING) are committed to maintaining a work environment that is free of discrimination and harassment based on a person’s sex, race, color, age, religion, disability, or national origin. This also applies to harassment in connection with reprisal/retaliation for participating in a protected activity. All employees will respect the rights, opinions, and beliefs of others. Harassment of any person relating to any protected basis (including, but not limited to, sexual harassment) will not be tolerated. Any such harassment is prohibited by this policy – whether or not it also violates the equal employment opportunity laws. This policy applies to all Federal and State employees, AGR employees, Military Advisors, and Traditional National Guard military members,

a. Sexual harassment.

• No one may threaten or imply that an employee’s submission to, or rejection of, sexual advances will in any way influence any decision about the employee’s employment, advancement, duties, compensation, or other terms or conditions of employment.

• No one may take any personnel action based on an employee’s submission to, or rejection of, sexual advances.

• No one may subject another employee to any unwelcome conduct of a sexual nature. This includes both unwelcome physical touching, blocking, staring, making sexual gestures, making or displaying sexual drawings or photographs, and unwelcome verbal conduct, such as sexual propositions, slurs, insults, jokes and other sexual comments.

• An employee’s conduct will be considered unwelcome and in violation of this policy when the employee knows, or should know, that it is unwelcome to the person subjected to it.
b. Other harassment.

- No one may harass anyone because of that person’s race, color, age, gender, religion, ancestry, national origin, or in connection with illegal retaliation.

- Examples of conduct prohibited by this policy include using racial/ethnic/national origin slurs, offensive stereotypes, or joking. Other examples of prohibited conduct include inappropriate behavior/joking relating to an employee’s disability, physical characteristics, religion, or age.

2. Making complaints and reporting violations. If you are a victim of harassment, you are requested and encouraged to bring this to the attention of a supervisor or management official and/or make a complaint to DMA or WING EEO office. Complaints may be made verbally and/or in writing. While the DMA and WING leadership will seriously consider all complaints, anonymous complaints pose a unique challenge, and will, in most cases, be referred to the chain of command/supervision for appropriate inquiry. Procedural requirements for making complaints vary based on the employment status of each employee as well as the type of harassment involved.

   a. If you are a Federal employee, you may make your complaint to a manager or supervisor in your technician chain. You may also file your complaint with the Equal Employment Opportunity (EEO) Manager at 608-242-3702 or DSN 724-3702, or one of the appointed EEO Counselors. A list of EEO Counselors is posted on your facility bulletin board, as “Wisconsin National Guard Equal Employment Office Collateral Staff”.

   b. If you are an AGR employee or Traditional National Guard member, you should make your complaint to the Supervisor or Commander at your lowest chain of command. If this person is also the person you are complaining about, you should make your complaint to the Commander at the next level of command. You may also make your complaint to the EEO Manager at 608-242-3702, or DSN 724-3702.

   c. If you are a DMA State of Wisconsin employee, you should make your complaint to the DMA State Human Resources Officer, at 608-242-3163/DSN 724-3163 or members of the State Affirmative Action Advisory Committee.

   d. You are not required to complain first to the person who is harassing you.

   e. Similarly, if you observe harassment of another employee, you are requested and encouraged to report this to someone in your supervision chain or chain of command.
f. No reprisal, retaliation, or other adverse action will be taken against any employee for making, in good faith, a complaint, or reporting harassment, or for assisting in the investigation of any such complaint. Any suspected retaliation or intimidation should be reported immediately to one of the persons described above.

3. Investigation of complaints and reports of illegal behavior. The DMA and WING will promptly and thoroughly investigate any complaint or reports of a violation of this policy. A thorough investigation can take several weeks, in some cases. You may, at any time, ask the person to whom you complained or reported about the status of the investigation.

4. The DMA and WING will take prompt disciplinary and remedial action, if an investigation shows a violation of this policy. Depending on the circumstances and the status of the employee, the disciplinary action may range from a warning to a discharge. A complaint or report that this policy has been violated is a serious matter. Dishonest complaints or reports are also against policy, and the DMA and WING will take appropriate disciplinary action if its investigation reveals that deliberately dishonest and bad faith accusations have been made.

5. If you have questions about my policy, please contact one of the following offices:
   • Federal EEO Manager – 608-242-3702 or DSN 724-3702
   • DMA State Human Resources Officer – 608-242-3163 or DSN 724-3163
   • Human Relations/EO Officer (Army) - 608-242-3702 or DSN 724-3702
   • Military Equal Opportunity (MEO) (Air) - 608-242-3702 or DSN 724-3702

///Signed\\nDONALD P. DUNBAR
Brig Gen (WI), WI ANG
The Adjutant General
United States Office of Personnel Management

No FEAR Act Notice

On May 15, 2002, Congress enacted the “Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002,” which is now known as the No FEAR Act. One purpose of the Act is to “require that Federal agencies be accountable for violations of antidiscrimination and whistleblower protection laws.” Pub. L. 107-174, Summary. In support of this purpose, Congress found that “agencies cannot be run effectively if those agencies practice or tolerate discrimination.” Pub. L. 107-74, Title I, General Provisions, Section 101(1).

The Act also requires this agency to provide this notice to Federal employees, former Federal employees and applicants for Federal employment to inform you of the rights and protections available to you under Federal antidiscrimination, whistleblower protection and retaliation laws.

Antidiscrimination Laws

A Federal agency cannot discriminate against an employee or applicant with respect to the terms, conditions or privileges of employment on the basis of race, color, religion, sex, national origin, age, disability, marital status or political affiliation. Discrimination on these bases is prohibited by one or more of the following statutes: 5 U.S.C. 2302(b) (1), 29 U.S.C. 206(d), 29 U.S.C. 631, 29 U.S.C. 633a, 29 U.S.C. 791 and 42 U.S.C. 2000e-16. If you believe that you have been the victim of unlawful discrimination on the basis of race, color, religion, sex, national origin or disability, you must contact an Equal Employment Opportunity (EEO) counselor within 45 calendar days of the alleged discriminatory action, or, in the case of a personnel action, within 45 calendar days of the effective date of the action, before you can file a formal complaint of discrimination with your agency. See, e.g., 29 CFR § 1614. If you believe that you have been the victim of unlawful discrimination on the basis of age, you must either contact an EEO counselor as noted above or give notice of intent to sue to the Equal Employment Opportunity Commission (EEOC) within 180 days of the alleged discriminatory action. If you are alleging discrimination based on marital status or political affiliation, you may file a written complaint with the U.S. Office of Special Counsel (OSC) (see contact information below). In the alternative (or in some cases, in addition), you may pursue a discrimination complaint by filing a grievance through your agency’s administrative or negotiated grievance procedures, if such procedures apply and are available.

Whistleblower Protection Laws

A Federal employee with authority to take, direct others to take, recommend or approve any personnel action must not use that authority to take or fail to take, or threaten to take or fail to take, a personnel action against an employee or applicant because of disclosure of information by that individual that is reasonably believed to evidence violations of law, rule or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety, unless disclosure of such information is specifically prohibited by law and such information is specifically required by Executive order to be kept secret in the interest of national defense or the conduct of foreign affairs.
Retaliation against an employee or applicant for making a protected disclosure is prohibited by 5 U.S.C. 2302(b)(8). If you believe that you have been the victim of whistleblower retaliation, you may file a written complaint (Form OSC-11) with the U.S. Office of Special Counsel at 1730 M Street NW., Suite 218, Washington, DC 20036-4505 or online through the OSC Web site -- www.osc.gov.

Retaliation for Engaging in Protected Activity

A Federal agency cannot retaliate against an employee or applicant because that individual exercises his or her rights under any of the Federal antidiscrimination or whistleblower protections laws listed above. If you believe that you are the victim of retaliation for engaging in protected activity, you must follow, as appropriate, the procedures described in the Antidiscrimination Laws and Whistleblower Protection Laws sections or, if applicable, the administrative or negotiated grievance procedures in order to pursue any legal remedy.

Disciplinary Actions

Under the existing laws, each agency retains the right, where appropriate, to discipline a Federal employee who has engaged in discriminatory or retaliatory conduct, up to and including removal. If OSC has initiated an investigation under 5 U.S.C. 1214, however, according to 5 U.S.C. 1214(f), agencies must seek approval from the Special Counsel to discipline employees for, among other activities, engaging in prohibited retaliation. Nothing in the No FEAR Act alters existing laws or permits an agency to take unfounded disciplinary action against a Federal employee or to violate the procedural rights of a Federal employee who has been accused of discrimination.

Additional Information

For further information regarding the No FEAR Act regulations, refer to 5 CFR 724, as well as the appropriate offices within your agency (e.g., Center for Equal Employment Opportunity, Center for Human Capital Management Services, or Office of General Counsel). OPM’s specific antidiscrimination policies relating to equal employment opportunity and prohibited personnel practices have been physically and electronically posted throughout OPM. Additional information regarding Federal antidiscrimination, whistleblower protection and retaliation laws can be found at the EEOC Web site-- www.eeoc.gov and the OSC Web site-- www.osc.gov.

Existing Rights Unchanged

Pursuant to section 205 of the No FEAR Act, neither the Act nor this notice creates, expands or reduces any rights otherwise available to any employee, former employee or applicant under the laws of the United States, including the provisions of law specified in 5 U.S.C. 2302(d).
DEFINITIONS

- **Ethics**: a subset of morals that deals with the behavior of a given profession.

- **Ethical**: conforming to accepted professional standards of conduct.

ETHICAL CONDUCT

*Principles* - public service is a public trust, requiring:

- Loyalty of employees
- Honest effort in performing duties
- Impartiality
ETHICAL CONDUCT

Principles (continued)

• Protection of Federal property
• Disclosures of waste, fraud and abuse, etc
• Adherence to EEO laws
• Satisfaction of financial obligations

ETHICAL CONDUCT

Basic Concepts – employees shall...

• Apply principles to propriety of conduct
• Avoid appearance of violation of the law governing ethics (5 CFR Part 2635)
• Seek advice of agency “Ethics Official” (usually JAG) whenever in doubt.

ETHICAL ISSUES

~Gifts from...
• Outside sources
• Between employees

~Conflicting financial interests

~Impartiality in performing official duties
ETHICAL ISSUES TO BE CONSIDERED
• Seeking other employment
• Misuse of position
• Outside activities
• Political/social activities

GIFTS FROM OUTSIDE SOURCES
Basic prohibitions:
an employee shall
not solicit or accept
a gift given
because of his/her
official position or
from a prohibited
source

EXCEPTIONS:
GIFTS FROM OUTSIDE SOURCES
• Unsolicited items less than $20 per occasion / $50 per CY from any one source
• Certain awards and honorary degrees
• Free attendance provided to an event the employee is participating in
• Travel/entertainment for employment purposes
GIFTS FROM OUTSIDE SOURCES

Limitations on use of exceptions: an employee may not use exceptions to solicit/coerce the offering of a gift or to accept gifts.

Disposition of gifts: various methods – market value payment; return; donation; destruction; or in some cases, sharing.

GIFTS BETWEEN EMPLOYEES

Basic prohibition – an employee may not...
- Give to or solicit a gift from a superior
- Accept a gift from a lower-paid employee, unless donor/recipient are not in a superior/subordinate relationship

Definition of a gift: almost anything of monetary value.

GIFTS BETWEEN EMPLOYEES EXCEPTIONS

- Items (non-cash) less than $10 per occasion
- Office shared food
- Personal hospitality at residence
- Leave sharing under OPM guidelines
- Infrequent occasion of personal significance or upon termination of superior/subordinate relationship
CONFLICTING FINANCIAL INTERESTS

Employees' financial interests are subject to the criminal conflict of interest statute (18 U.S.C. 208) or agency supplement thereto.

Disqualifying interests affect finances of:
- self
- general partner
- spouse
- others served
- minor child

OFFICIAL DUTIES

Impartiality in performance: need specific authorization required if impartiality in question.

Matters covered: any involving interests of self, member of household, close personal or any business relationships.

Disqualification: applies (as under financial interests).

SEEKING OTHER EMPLOYMENT

Seeking other employment: any form of non-federal business relationship involving provision of personal services. This includes:
- Mutually conducted employment negotiations
- Sending an unsolicited resume or proposal
- Employment contact by or through others
MISUSE OF POSITION

Involves:
• Use of public office for private gain
• Revelation of non-public information
• Unauthorized use of government property
• Performance of unofficial duties on official time

OUTSIDE ACTIVITIES

Restrictions imposed by other laws:
• Acceptance of office/title/compensation from a foreign government
• Engaging in representational activities before the U.S. government
• Prohibition of employees’ participation in certain partisan political activities

• When serving as an expert witness: must not represent anyone other than the U.S. if the U.S. is a party to or has a direct interest in any court proceedings
• Fundraising: may engage in charitable efforts if in a personal capacity
OUTSIDE ACTIVITIES

- Teaching, speaking and writing: an employee shall not receive compensation if related to his/her official duties. (there are exceptions for teaching courses that may be related to duties)

NEPOTISM

A public official may not appoint, promote or advocate employment of a relative within his/her agency

Who is a “public” official? This category includes military or civilian personnel who have the authority to appoint, promote or recommend employment

HATCH ACT – POLITICAL ACTIVITY OF NATIONAL GUARD TECHNICIANS

Federal employees may:
- Be candidates for public office in nonpartisan elections
- Contribute money to political organizations
- Attend political fundraising functions
- Attend/be active at political rallies/meetings
- Make campaign speeches for candidates in partisan elections
- Hold office in political clubs or parties
Federal employees may not...

- Use official authority or influence to interfere with an election
- Solicit or discourage political activity of anyone with business before their agency
- Solicit or receive political contributions
- Be candidates for public office in partisan elections
- Engage in political activity while on duty

Questions

\[ ? \]
Department of Defense

Employees’ Guide to the
Standards of Conduct

Office of General Counsel
Standards of Conduct Office
1600 Defense Pentagon (3B652)
Washington, D.C. 20301-1600
(703) 695-3422

January 2009
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Whom to Call for Advice

The DoD General Counsel is the Designated Agency Ethics Official (DAEO) for DoD employees, both civilian and military, who serve in the Office of the Secretary of Defense, DoD Field Activities, and the Joint Staff.

Please direct your ethics and standards of conduct questions to:

<table>
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<th>Standards of Conduct Office</th>
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<tr>
<td>Office of General Counsel</td>
<td>(703) 695-3422</td>
</tr>
<tr>
<td>1600 Defense Pentagon (3B652)</td>
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<tr>
<td>Washington, D.C. 20301-1600</td>
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<tr>
<td>Fax (703) 695-4970</td>
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<tr>
<td>E-mail <a href="mailto:SOCO@dodgc.osd.mil">SOCO@dodgc.osd.mil</a></td>
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<td>Web Site: <a href="http://www.defenselink.mil/dodgc/defense_ethics">www.defenselink.mil/dodgc/defense_ethics</a></td>
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IMPORTANT ADVICE

If you’re not positive that what you’re about to do is appropriate, ask your ethics official. In the Office of the Secretary of Defense (OSD), contact the Standards of Conduct Office (SOCO) by one of the means listed above. One mission of that Office is to advise OSD personnel and assist them to accomplish their goals without violating the standards of conduct.

In fact, disciplinary action for violating the standards of conduct will not be taken against you if you act in good faith reliance upon the advice of your ethics official, if you have made full disclosure of the relevant circumstances.

This Handbook provides a general summary of the rules. It does not include every exception, every requirement, or all the factors that must be considered in making certain decisions. If you are unsure of your actions, call your ethics official before you act.
## General Principles of Public Service

<table>
<thead>
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<th><strong>Do’s</strong></th>
<th><strong>Don’ts</strong></th>
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<tbody>
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<td>Place loyalty to the Constitution, the laws, and ethical principles</td>
<td>Don’t use nonpublic information to benefit yourself or anyone else</td>
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<td>above private gain</td>
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<td>Act impartially to all groups, persons, and organizations</td>
<td>Don’t solicit or accept gifts from persons or parties that do business with or seek official</td>
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<td>action from DoD (unless permitted by an exception)</td>
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<td>Give an honest effort in the performance of your duties</td>
<td>Don’t make unauthorized commitments or promises that bind the Government</td>
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<tr>
<td>Protect and conserve Federal property</td>
<td>Don’t use Federal property for unauthorized purposes</td>
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<tr>
<td>Disclose waste, fraud, abuse, and corruption to appropriate authorities</td>
<td>Don’t take jobs or hold financial interests that conflict with your Government responsibilities</td>
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<tr>
<td>Fulfill in good faith your obligations as a citizen, and pay your</td>
<td>Don’t take actions that give the appearance that they are illegal or unethical</td>
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<td>Federal, State, and local taxes</td>
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<td>Comply with all laws providing equal opportunity to all persons,</td>
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<td>regardless of their race, color, religion, sex, national origin, age,</td>
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<td>or handicap</td>
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**Remember**: Violating ethics principles may result in disciplinary or corrective action, including criminal prosecution. Protect yourself from disciplinary action by seeking the advice of your agency ethics official.
Gifts From Outside Sources

Rule: You may not accept a gift given:

- Because of your official position, or
- By a prohibited source

Regardless of any exceptions that allow accepting gifts, it is always impermissible to:

- Accept a gift in return for being influenced in the performance of an official act. This is a bribe!
- Solicit or coerce the offering of a gift
- Accept gifts from the same or different sources so frequently that a reasonable person would think you’re using your office for private gain
- Accept a gift in violation of a statute

What’s a Prohibited Source?

A prohibited source is any person who is, or any organization a majority of whose members are:

- Seeking official action by DoD
- Doing or seeking to do business with DoD
- Regulated by DoD, or
- Substantially affected by the performance of your official duties

What’s a Gift?

Anything of monetary value.

Patty, a DoD employee, meets informally every week with representatives of defense contractors, who customarily treat her to a small breakfast. Although an exception might permit acceptance of these small breakfasts, Patty’s recurring practice of accepting them is improper.

Joe, a Computer.Com representative, is seeking to do business with DoD. He invites members of the acquisition dept. to a golf tournament, which his company will pay for. DoD acquisitions personnel cannot accept the gift of free golf greens fees unless an exception to the gift rule applies, because Computer.Com, by seeking to do business with DoD, is a prohibited source.
What’s Not a Gift?

Here are examples of items that are not defined as “gifts”:

• Modest items of food and refreshments (like coffee and donuts) when not served as a meal
• Prizes in contests open to the public
• Greeting cards and items with little intrinsic value, such as plaques, certificates, and trophies, intended only for presentation
• Commercial discounts available to the public or to all Government civilian or military personnel
• Anything the Government acquires by contract or otherwise legally accepts
• Anything for which you pay market value

Gifts That You May Keep

Remember, you don’t have to accept a gift. It may be smart, depending on the circumstances, to decline a gift, even when it is allowed by the exceptions below.

• Gifts valued at $20 or less, but
  • not cash or investment interests
  • not more than $50 in total from one source in a year
• Gifts motivated by personal relationships
• Certain discounts and similar benefits offered
  • by professional organizations
  • to groups unrelated to Government employment (such as AARP)
  • to groups in which membership is related to Government employment, if the same benefits are available to other, similar organizations. (e.g.: discounted loans to Gov’t. credit union members.)
  • by a non-prohibited source to any group as long as not discriminatory on basis of rank, type of responsibility, or pay.
• Gifts resulting from your or your spouse’s outside business activities

You may accept cups of coffee offered by a contractor at no charge.

If you enter your business card in a drawing sponsored by a DoD contractor that is open to the public, you may keep the prize.

On each of his quarterly visits, a sales representative of Overpriced Computers Inc. gave Bonnie, a DoD employee, a company T-shirt, valued at $10 each. During that period, Bonnie's brother Steve, who also works for Overpriced Computers Inc., purchased for her a birthday present valued at $60. Bonnie may keep all of the gifts given to her. The T-shirts don't exceed the $50 annual limit from one source, and the gift from her brother Steve is the result of a personal, not business, relationship.

Tom was offered two tickets valued at $30 a piece to a baseball game from an employee of a defense contractor. Since the price of each ticket exceeds the $20 limit, Tom may only accept the tickets if he pays the contractor $60, the full market value of the tickets. (Paying only $40 is not permissible.)
• Free attendance provided by a state, local government, or tax exempt civic organization when there is a community relations interest

• Gifts accepted under specific statutory authority, such as certain gifts from a foreign government

• Certain educational scholarships and grants (consult a DoD ethics official)

• Free attendance, food, and entertainment (not travel) when provided by a sponsor:
  • of an event on the day that you are speaking or presenting information, or
  • of a widely attended gathering, provided that your supervisor determines that your attendance is in the agency’s interest. (If the sponsor has interests that may be affected by you, an additional conflict of interest determination is required.)

• Free attendance, food, and entertainment (not travel) provided by a person other than the sponsor of a widely attended gathering, if:
  • the market value of the gift of free attendance is $335 or less and more than 100 persons are expected to attend, and
  • your supervisor determines that your attendance is in the agency’s interest. (If the person has interests that may be affected by the employee, an additional conflict of interest determination is required.)

• Meals, lodging, transportation, and other benefits in connection with employment discussions

• Awards for meritorious public service or achievement, and honorary degrees – see your ethics counselor

• Travel benefits and free attendance from political organizations in connection with certain political activities

• Food and entertainment (not travel and lodging), at social events, if: (1) the invitation is not from a prohibited source, and (2) the event is free to all attendees.

On account of his DoD position, an arms trade association invites Jared, a DoD officer, to an industry-wide, one-day seminar sponsored by the association, a $200 value. He is also invited to dinner, which costs $100, at a restaurant after the seminar with several industry executives. Jared may accept the seminar invitation, provided that his supervisor determines that his attendance furthers DoD’s interests. Jared may not accept the free dinner invitation, which is not part of the seminar and is closed to other interested participants.

An annual dinner is held by a veterans’ service organization that costs $125 per person. Representatives from veterans’ groups, Congress, and the media will attend. Several DoD employees are given free tickets by Big Guns, Inc. At the dinner, a veteran will be honored. Since it is a widely attended gathering, the DoD employee may be able to accept the free tickets if his or her ethics official determines more than 100 persons are expected to attend the event, and there is an agency interest in the DoD employee’s attendance.
• Gifts of food and entertainment (not to exceed the per diem rate) at meetings or events attended in an official capacity in foreign areas, when (1) not provided by a foreign government and (2) non-U.S. citizens participate in the meeting or event.

Foreign Gifts

Rule: Federal employees may accept gifts from foreign governments if the gift is below the “minimal value” which, in January 2008, is $335. Check with your ethics counselor about appraising the gift or what the current threshold is.

Disposition of Improper Gifts

Rule: If you are offered a gift that you cannot accept, you should:
• Decline the gift
• Return the gift, or
• Pay the donor the gift’s market value

Subsequent reciprocity is not a solution

Gifts Between Employees

Rule: You may not accept a gift from an employee who earns less than you (unless you have a personal relationship with the employee, and you are not in the chain of command)

Rule: You may not give, make a donation toward, or solicit a gift for someone superior to you in the chain of command.

Exceptions to the Rule

1. On an occasional basis, such as holidays or birthdays, you may give to a superior or receive from a subordinate:
• Non-monetary gifts of up to $10

Bill asks his 4 coworkers each to pitch in $20 to purchase a $100 golf putter for Doreen, their boss, for Christmas. Doreen invites the office to a New Year’s party, serving meals valued at $25. Bill brings a $20 bottle of wine.
• Bill may not solicit, and he and his coworkers may not give, their boss a group gift or individual gifts at Christmas that exceed $10.
• The dinner and the wine are both appropriate.

Under certain circumstances, perishable items may be:
• donated to charity
• destroyed
• shared within the office
(check with your ethics official)
Personal hospitality provided at a residence (or an appropriate host/hostess gift),

Food or refreshments shared in the office

2. On special, infrequent occasions,

- of personal significance, such as marriage, illness, or birth or adoption of a child
- that terminate the chain of command, such as retirement, resignation, or transfer

you may

- solicit voluntary contributions up to $10/person for a group gift
- give an appropriate gift to a superior
- accept appropriate gifts and group gifts that do not exceed $300 from subordinates (See your ethics counselor for exceptions.)

CONFLICTS OF INTEREST

Conflicting Financial Interests

Criminal Rule: You may not do government work on a particular matter that will affect the financial interest of:

- You
- Your spouse
- Your minor children
- Your general partner
- Organizations with which you’re negotiating or have arrangements for future employment, or
- Any organization for which you serve as an employee, officer, director, trustee, or general partner

If you think you may have a conflicting financial interest, consult your DoD ethics official immediately to determine the appropriate remedy.

Doreen decides to retire. Bill, who works for Doreen, gives her a $20 book and again solicits for a going-away gift. He would like to get her a golf-related desk set that costs about $50.

- Bill may give the $20 book, as it is an appropriate gift
- Bill may also solicit for a gift and contribute toward the group gift
- Bill has learned his lesson and does not suggest an amount to contribute

Bryan, a DoD procurement officer, is about to award a contract for new computers. His wife, Deanna, owns a computer sales business, which has bid on the contract. Bryan may not participate in the contract award decision, since the decision will affect his wife’s financial interests.
Bribery and Graft

Rule: You may not seek or accept anything of value, other than your salary, for being influenced in your official duties.

Commercial Dealings Between DoD Employees

Rule: You may not knowingly solicit or make solicited sales to personnel who are junior in rank, grade, or position (or their families). This includes insurance, stocks, real estate, cosmetics, household supplies, and other such goods and services.

Representation of Others in Matters Affecting Government

Rule: You generally may not represent anyone outside the Government before a Federal agency or court, or share in any compensation for such representations made by anybody else, if the Government is involved in the particular matter.

- There are limited exceptions.
- There are special exceptions for consultants.
- Check with your ethics official.

Supplementation of Federal Salary

Rule: You may not accept compensation from any source except the Government for your services as a Government employee.

This rule does not apply, if:

- you are a “special Government employee” – i.e., a consultant, or
- you serve without compensation, or
- your supplementation is a result of a public service award
**Impartiality in Performing Official Duties**

**Rule:** Maintain your impartiality. Don’t participate in any particular DoD matter if:

- the matter is likely to affect the financial interest of a member of your household, or a person with whom you have a “covered relationship” is involved in the matter, **and**
- a reasonable person with knowledge of the relevant facts could question your impartiality.

**Who may be in a “covered relationship”?**

- A member of your household or a relative with whom you’re close,
- Someone with whom you have or seek to have a business relationship, other than a routine consumer transaction,
- An organization (other than a political party) in which you actively participate,
- Someone with whom you had, within the last year, a close business relationship, such as partnership or employment, **or**
- Someone with whom your spouse, parent, or dependent child has (or seeks to have) a close business relationship, such as partnership or employment.

**Misuse of Position**

**Rule:** You may not use, or permit the use of, your Government position, title, or any authority associated with your office:

- To induce or coerce another person to provide any benefit to you or anyone with whom you are affiliated.
• To imply that DoD or the Government endorses personal activities
• To endorse any product, service, or enterprise, except as provided by statute or regulation

USE OF GOVERNMENT RESOURCES

Rule: Use Federal Government equipment and property, including communications systems, only for official purposes or authorized purposes as approved by your supervisor.

Rule: Use official time in an honest effort to perform official duties, and don’t ask subordinates to perform tasks outside their official duties.

FUNDRAISING

Rule: You may raise funds for organizations in your personal capacity, but you may not use your official title, position, or authority to fundraise, nor may you solicit subordinates or prohibited sources.

TEACHING, SPEAKING, AND WRITING

Rule: You may accept payment for teaching, speaking, or writing that is unrelated to your official duties and that was not prepared on official time.

• If your employment by DoD is identified, you must make a disclaimer.

Oscar, who is the deputy director of a DoD office, is in charge of raising funds for his son’s Little League team. Oscar may not ask his subordinates to contribute.

Stu, an ethics attorney at DoD, has been offered $1500 to teach a 1-day course on Federal ethics to employees at Big Contractor, Inc. Because the topic relates to his official duties, he may not accept the compensation.
**OUTSIDE ACTIVITIES**

**Rule:** If you file a financial disclosure report, you need your supervisor’s prior written approval before you engage in business activity or employment with a DoD “prohibited source” (see page 2). Presidential appointees and certain non-career employees have additional restrictions – consult your ethics counselor.

**Rule:** You may not have outside employment or activities that would materially impair your ability to perform your duties.

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**POLITICAL ACTIVITIES**

Most Federal civilian employees may actively participate in political campaigns and other partisan activities. However, they may not engage in such activities on duty, or in any Federal workplace, vehicle, or while in uniform.

While the Hatch Act loosened restrictions on political activity for most Federal civilian employees, Federal laws still limit the political activities of military personnel, law enforcement, national security, and career SES employees. Moreover, by policy within DoD, employees appointed by the President and employees appointed by the Secretary to non-career SES positions may not engage in any activity that could be interpreted as associating DoD with any partisan cause or issue.

If you plan to engage in any partisan political activity, you should consult your ethics counselor.

Jill, who tests new computers for the office, wants to work on weekends for the vendor of those computers. Since her outside employment would cause a conflict of interest with her Government duties, she should not accept the job.
**Employment Issues**

**Seeking Employment**

**Rule:** If you are seeking non-Federal employment (e.g., sending resumes to select employers), you may not do Government work on a particular matter that will affect the financial interests of any of your prospective employers. You must give a written disqualification statement to your supervisor.

**Post-Government Employment**

**Rule:** Always consult your ethics counselor before separating from the Government. He or she will advise you on the restrictions that will apply to your activities in the private sector in light of your specific duties and level of responsibility as a Government employee.

---

**Official Travel Benefits**

You may keep promotional items such as frequent flyer miles that are awarded for official travel that is funded by the Government. If Government travel is funded by a non-Federal entity, you may keep promotional items that are awarded for that travel if the non-Federal entity does not object.

You may also keep promotional items given to compensate you for being voluntarily bumped from a flight. You may voluntarily surrender your seat ONLY if doing so does not adversely affect the performance of your official duties and does not result in additional cost to the Government.

You may not keep promotional items given to compensate you for being involuntarily bumped from a flight.

---

Janelle, a procurement specialist, is doing work as a Government employee on a contract worth $500,000. She is offered an interview for a job by the contractor. Janelle must disqualify or recuse herself and inform her supervisor and ethics official.
**SOURCES OF FURTHER INFORMATION**

If you have further questions, consult a DoD ethics counselor. In OSD, contact SOCO by one of the means described on page ii.

Additional information is available in:

1. **Standards of Conduct for Employees of the Executive Branch**
   
   The U.S. Office of Government Ethics has developed a comprehensive set of regulations to assist Federal employees with their ethics questions. This is a primary source of guidance on ethics and standards of conduct. It may be found on the Office of Government Ethics website: www.usoge.gov.

2. **DoD 5500.7-R, the Joint Ethics Regulation (“JER”)**
   
   The JER contains supplemental regulations for DoD employees.
STANDARDS OF CONDUCT

- National Guardsmen are prohibited from having an outside job if it interferes with technician duties and responsibilities or if it brings discredit on the National Guard.
- Prohibited from using official information obtained through technician position for the purpose of furthering private interests.
- If convicted of participating in a riot or civil disorder, individual cannot be retained as a guards person.
- May be subject to criminal penalties if accepting or agreeing to accept a bribe.
- Cannot strike.
- Cannot disclose classified information.
- Cannot be retained if misusing intoxicating beverages or using illegal drugs.
- Cannot use official envelopes with franking privilege for own use.
- Will be dismissed for general misconduct, criminal, dishonest, immoral or disgraceful conduct.
MEMORANDUM FOR All Technicians, Wisconsin National Guard

SUBJECT: Consumption of Alcohol by Technicians– TAG POLICY MEMORANDUM 6

1. Technicians may not consume alcohol in any form during duty hours. This is a zero tolerance policy.

2. Although the thirty minute lunch period is not part of technician duty hours, all military members remain subject at all times to military policies governing the wear of the uniform.

3. In addition, the Wisconsin National Guard must always ensure the safety and security of our personnel. Accordingly, technicians must exercise responsibility and prudent judgment in their behavior so that they report to work fully ready, willing and able to perform their duties. Supervisors should bear in mind that a technician who is at all impaired is not ready, willing, and able to work and must be placed on leave and removed from the workplace in accordance with TPR 752.

4. This policy makes good business sense. The safety, efficiency and public image of our workforce require it. I also realize that there are special organizational events that may be conducted where alcohol may be consumed. Consideration of those events will be within the guidelines of TAG Policy Memorandum No. 8, Alcohol Prohibition in Wisconsin Army National Guard Facilities.

///Signed\
DONALD P. DUNBAR
Brig Gen (WI), WI ANG
The Adjutant General
MEMORANDUM FOR All Commanders, Wisconsin Army and Air National Guard

SUBJECT: Substance Abuse in the Wisconsin National Guard – TAG POLICY MEMORANDUM 9

There will be a zero tolerance for abuse of alcohol, illegal drugs, or prescription medications by any member of the Wisconsin National Guard.

///Signed\\
DONALD P. DUNBAR
Brig Gen (WI), WI ANG
The Adjutant General
Welcome to the Department of Defense Constitution Day and Citizenship Day Website

Knowing what is in the U.S. Constitution and why the Constitution is relevant to us today is fundamental to our being able to defend it. As federal civil servants supporting the Department of Defense, we have a special obligation to understand and appreciate the U.S. Constitution and the role we each play in providing 'for the common defense'.

September 17 has been designated as Constitution Day and Citizenship Day to commemorate the signing of the Constitution in Philadelphia on September 17, 1787. Specifically, Congressional Appropriations Bill H.R. 4818, P.L. 108-447, requires Federal agencies to provide new employees with educational and training materials on the U.S. Constitution as part of the new employee orientation materials; and provide all Federal agency employees educational and training materials on the Constitution on September 17th.

This website and the U.S. Constitution course that follows were developed for DoD to celebrate Constitution Day and Citizenship Day and to assist DoD employees in learning more about this most powerful and enduring document, the U.S. Constitution.

Justice Sandra Day O'Connor, Associate Justice (Ret.) of the U.S. Supreme Court, speaks to all Defense Department personnel on Constitution Day and Citizenship Day.

- View - Click Here (approximately 30 minutes)
- Download - Click Here
- Read Transcript - Click Here
- The Our Courts Website - Click Here

After reviewing the two questions:
- Click the trophy to take an interactive exercise.
- Take the quiz.
- Print your certificate.

There are several learning objectives for this course. At the conclusion of the course you will be able to:
- Recognize the major political events that necessitated the writing of the U.S. Constitution.
- Identify the basic concepts embodied in the U.S. Constitution.
- Recall the direct link that DoD employees have with the U.S. Constitution.

Total estimated time for course completion:
- 15 - 20 minutes for basic course
- 30 - 45 minutes for basic course plus extra material

Feedback | Email Subscription

http://constitutionday.cpms.osd.mil/
What A Federal Employee Should Do When Injured At Work

Report to Supervisor Immediately!

Every job-related injury should be reported as soon as possible to your supervisor.

Injury also means any illness or disease that is caused or aggravated by the employment.

References

- CA 810 The Office of Workers’ Compensation Programs
- CA 550 Federal Employees’ Compensation Act FECA
- 5 U.S. Code, Federal Employees Compensation Act
- HRR 810-1 Supervisor Instructional Guide for OWCP

Type of injuries

- A traumatic injury is a injury defined as a wound or other condition of the body caused by external force, including stress or strain.
- This type of injury must be caused by a specific event or a series of events within a single day or work shift.
- You and your supervisor should complete a CA-1.
Type of injuries

- The occupational disease is defined as a condition produced in the work environment over a period longer than one workday or shift.
- You and your supervisor should complete a CA-2.

Type of injuries

- For occupational disease, use form CA-2 instead of form CA-1.
- As with the Traumatic injury, when exposed to a occupational disease, the employee should alert the supervisor as soon as possible.
- On occupational disease claims form CA-16 may not be issued without prior approval from OWCP.

Obtain Medical Care

- Before you obtain medical treatment, ask your supervisor to authorize medical treatment by use of form CA-16 and include the blue OWCP billing card.
- You may initially select the physician to provide necessary treatment. This may be a private physician of your choice or a preferred provider. The provider must accept Worker’s Compensation.
- Once returned to work medical treatment notes must be given to supervisor and CA-1 or CA-2 must be completed.
Applicable Leave Status

- If disabled due to traumatic injury, you may claim continuation of pay (COP) not to exceed 45 calendar days or use leave.

- A claim for COP must be submitted no later than 30 days following the injury (the form CA-1 is designed to serve as a claim for continuation of pay). But should be submitted as soon as possible.

- If disabled and claiming COP, submit to your employing agency within 10 work days medical evidence that you sustained a disabling traumatic injury.

Physical Fitness Program

- Each technician is authorized 3 hours per week to participate in the physical fitness program.

- PT times should include changing clothes, clean up. PT time may not combine with breaks, but may be combined with your lunch time.

- PT time can only be used once a day.

- PT times are at the discretion of the supervisor.
TAG Policy Memorandum # 23

- Policy identifies time frames
- Policy identifies authorized & unauthorized fitness venues!
- For further guidance please review your handout!

For More Information

- Go to our Department of Military Affairs website, find WI Joint Staff, and under Manpower and Personnel tab click Technician Support Branch, on the top of the page find Employee Benefits, Appraisals, OWCP.
- Click OWCP from the top tab.
- This should open the Office of Workers’ Compensation Program Procedures Page.

Sample Form Links and Portal Links

- Army Portal Links: Go to References Sheet or (Go Live)
- Air Force Portal Link: Go to References Sheet or (Go Live)
- The sample CA-1, CA-2, CA-16, and TAG Policy Memorandum #23 Federal Technician Physical Fitness Authorization are all handouts and accessible at the OWCP web page.
For More Information

- My name is MSgt Kenneth O. Young, I am your (ICPA) Injury Compensation Program Administrator
- My phone number is commercial: (608) 242-3711 and my DSN Phone number is 724-3711.
- My email address is Kenneth.o.young@us.army.mil
Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

**Employee Data**

1. Name of employee (Last Name First Name Middle Name)  
   Smith, John D.
2. Social Security Number  
   123-45-6789
3. Date of birth Mo. Day Yr.  
   07-22-1977
4. Sex  
   [ ] Male [ ] Female
5. Home telephone  
   608-242-3431
6. Grade as of date of injury  
   Level 09 Step 01
7. Employee's home mailing address (Include city, state, and ZIP code)  
   1738 Anderson Street, Madison, WI 53708
8. Dependents  
   [ ] Wife, Husband  
   [ ] Children under 18 years  
   [ ] Other

**Description of Injury**

9. Place where injury occurred (e.g., 2nd floor, Main Post Office Bldg, 12th & Pine)  
   DMA Parking Lot
10. Date injury occurred  
    Mo. Day Yr.  
    02-11-2009
11. Time  
    AM [ ] PM [ ]
    07:05
12. Employee's occupation  
    IT Specialist
13. Cause of injury (Describe what happened and why)  
    I was walking to door from the parking lot and slipped on some ice. My lower back was sore when I tried to get up.
14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)  
    Lower back injury

**Employee Signature**

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by intoxication. I hereby claim medical treatment if needed, and the following, as checked below, while disabled for work:  
   [ ] a. Sick and/or Annual Leave
   [ ] b. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave or be deemed an overpayment within the meaning of 5 USC 5564

   I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or its official representative).

   This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

   Signature of employee or person acting on his/her behalf  
   John D. Smith  
   Date 02-11-09

   Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both

   Have your supervisor complete the receipt attached to this form and return it to you for your records.

**Witness Statement**

16. Statement of witness (Describe what you saw, heard, or know about this injury)

<table>
<thead>
<tr>
<th>Name of witness</th>
<th>Signature of witness</th>
<th>Date signed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Form CA-1  
Rev Apr 1999
Official Supervisor's Report: Please complete information requested below:

**Supervisor's Report**

17 Agency name and address of reporting office (include city, state, and zip code)

**TAG-w1**

2400 Wright Street

Madison, WI 53704

18 Employee's duty station (Street address and zip code)

2400 Wright St, Madison, WI 53704

19 Employee's retirement coverage

☐ CSRS ☐ FERS ☐ Other (Identify)

20 Regular work hours

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730</td>
<td>0800</td>
</tr>
</tbody>
</table>

21 Regular work schedule

☐ Sun ☐ Mon ☐ Tues. ☐ Wed ☐ Thurs ☐ Fri. ☐ Sat.

22 Date of injury

<table>
<thead>
<tr>
<th>Mo</th>
<th>Day</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>11</td>
<td>2009</td>
</tr>
</tbody>
</table>

23 Date notice received

<table>
<thead>
<tr>
<th>Mo</th>
<th>Day</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>11</td>
<td>2009</td>
</tr>
</tbody>
</table>

24 Date of work stopped

<table>
<thead>
<tr>
<th>Mo</th>
<th>Day</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>11</td>
<td>2009</td>
</tr>
</tbody>
</table>

25 Date of pay stopped

<table>
<thead>
<tr>
<th>Mo</th>
<th>Day</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26 Date 45 day period began

<table>
<thead>
<tr>
<th>Mo</th>
<th>Day</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27 Date returned to work

<table>
<thead>
<tr>
<th>Mo</th>
<th>Day</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28 Was employee injured in performance of duty?

☒ Yes ☐ No (If "No," explain)

29 Was injury caused by employee's willful misconduct, intoxication or intent to injure self or another?

☒ Yes (If "Yes," explain) ☐ No

30 Was injury caused by third party?

☐ Yes ☒ No

(If "No," go to item 32.)

31 Name and address of third party (include city, state, and zip code)


32 Name and address of physician first providing medical care (include city, state, and zip code)


33 First date medical care received

<table>
<thead>
<tr>
<th>Mo</th>
<th>Day</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34 Do medical reports show employee is disabled for work?

☐ Yes ☐ No

35 Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses?

☒ Yes ☐ No (If "No," explain)

36 If the employing agency controverts continuation of pay, state the reason in detail

37 Pay rate when employee stopped work

38 A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Michael J. Dole

39 Filling instructions

☐ No lost time and no medical expense: Place this form in employee's medical folder (SF-80-D)

☐ No lost time, medical expense incurred or expected; forward this form to OWCP

☒ Lost time covered by leave, LWOP or COP; forward this form to OWCP

☐ First Aid Injury

Form CA-1

Rev Apr 1999
### Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

<table>
<thead>
<tr>
<th>Employee (Or person acting on the employees’ behalf)</th>
</tr>
</thead>
</table>

#### 13) Cause of injury
Describe in detail how and why the injury occurred. Give appropriate details (e.g., if you fell, how far did you fall and in what position did you land?)

#### 14) Nature of injury
Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger)

<table>
<thead>
<tr>
<th>Supervisor</th>
</tr>
</thead>
</table>

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filing in the proper codes in shaded boxes a, b, and c on the front of the form if medical expense or lost time is incurred or expected. The completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

#### 15) Election of COP/Leave
If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

<table>
<thead>
<tr>
<th>33) First date medical care received</th>
</tr>
</thead>
</table>

The date of the first visit to the physician listed in Item 31.

<table>
<thead>
<tr>
<th>36) If the employing agency controverts continuation of pay, state the reason in detail.</th>
</tr>
</thead>
</table>

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability was not caused by a traumatic injury.
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President.
- c) The employee is not a citizen or a resident of the United States or Canada.
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties.
- e) The injury was proximately caused by the employee’s willful misconduct, intent to bring about injury or death to self or another person, or intoxication.
- f) The injury was not reported on Form CA-1 within 30 days following the injury.
- g) Work stoppage first occurred 45 days or more following the injury.
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

### Employing Agency - Required Codes

- **Box a (Occupation Code), Box b (Type Code), Box c (Source Code), OSHA Site Code**
  
The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines.

### OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office or by contacting OWCP.

---

*Form CA-1
Rev Apr 1999*
Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

(1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. To be eligible for continuation of pay, the employee or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee’s pay, the pay must not be interrupted unless one of the provisions outlined in 20 CFR 10.222 apply.

(2) Payment of compensation for wage loss after the expiration of COP if disability extends beyond such point, or if COP is not payable if disability continues after COP expires. Form CA-7 with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.

(3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfiguration of the head, face, or neck.

(4) Vocational rehabilitation and related services where directed by OWCP.

(5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee’s home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be submitted BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and all other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by (Name of injured employee)

Which occurred on (Mo Day Yr)

At (Location)

Signature of Official Superior

Title

Date (Mo Day, Yr)

*U.S. Gov 1999-454-83512704

Form CA-1
Rev Apr 1999
Notice of Recurrence

Employee: Complete Part A below.

Employing Agency (Supervisor or Compensation Specialist): Complete Part B.

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

### Part A - Employee

<table>
<thead>
<tr>
<th>1 Name of employee (Last, First Middle)</th>
<th>2 Social Security Number</th>
<th>3 OWCP file number for original injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDERS STEVEN A</td>
<td>123-45-6789</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Date of birth Mo. Day Yr</th>
<th>5 Sex</th>
<th>6 Home telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/01</td>
<td>☑ Male</td>
<td>999-999-9999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 Home mailing address (include city, state, and ZIP code)</th>
<th>8 Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>4274 Hilldale Road</td>
<td>☑ Wife, Husband</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 Name and Address of Employing Agency at time of original injury (number, street, city, state, ZIP code)</th>
<th>10 Name and Address of Employing Agency at time of recurrence, if other than shown in 9. If you are no longer employed with the Federal Government, complete Part C also</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMA JFHQ Madison WI 53704</td>
<td>115FW MXMLXQ Madison WI 53704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11 Date and Hour of original injury (mo., day., year)</th>
<th>12 Date and Hour of recurrence (mo., day., year)</th>
<th>13 Date and Hour stopped work after recurrence (mo., day., year)</th>
<th>14 Date and Hour pay stopped after recurrence (mo., day., year)</th>
<th>15 Date and Hour returned to work (mo., day., year)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16 Medical Treatment Only</th>
<th>Time Loss From Work</th>
<th>17 Date of first medical treatment following recurrence (mo., day, year)</th>
<th>18 Name and address of treating physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Medical Treatment Only</td>
<td>Time Loss From Work</td>
<td>12/20/2009</td>
<td>Doctor Strange Man Madison</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19 After returning to work following the original injury, were you in any way limited in performing your usual duties? (If so, explain. Also state how long these limitations continued)</th>
<th>20 Describe your condition since you returned to work, including the nature and frequency of all medical treatment received</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21 Describe how and when the recurrence happened. Explain why you believe your current condition is related to the original injury</th>
<th>22 Describe all injuries and illnesses which you suffered between the date you returned to work after the original injury and the date of recurrence. Arrange for the submission of all relevant medical records</th>
</tr>
</thead>
<tbody>
<tr>
<td>My frequency for typing the special reports had a very short suspense and my administrative assistant is on leave. Much more fast typing is required and accuracy is paramount. So I think that my wrist became overworked very quickly</td>
<td>None</td>
</tr>
</tbody>
</table>

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the Federal Employees' Compensation Act (FECA), or who knowingly accepts compensation to which that person is not entitled, is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by fine or imprisonment or both.

I hereby claim medical treatment if needed, and up to 45 days Continuation of Pay if disabled for work.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

I certify, under penalty of law, that the information provided on this form is true and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>23 Signature of employee</th>
<th>24 Date (mo., day, year)</th>
</tr>
</thead>
</table>

Form CA-2a
Rev. Sept. 1996
## Part B - Federal Employing Agency

25. Name and address of reporting office (include city, state, and ZIP Code)  
DMA JFHQ  
2400 Wright Street  
Madison WI 53704

26. Employee's duty station (street address and ZIP Code)  
115FW MXSMXQ  
3110 Mitchell Street  
Madison WI 53704

27. Date of first return to FULL-TIME REGULAR duty following original injury  
Mo Day Yr  
01/01/2010

28. Regular work hours  
From: 0700  
To: 1200

29. Regular work days  
Sun  
Mon  
Tues  
Wed  
Thurs  
Fri  
Sat

30. Date of injury  
Mo Day Yr  
12/15/2010

31. Date of recurrence  
Mo Day Yr  
12/18/2010

32. Date stopped work after recurrence  
Mo Day Yr  
12/18/2010  
Time 1200

33. Date pay stopped after recurrence  
Mo Day Yr

34. Dates COP paid for recurrence  
From  
To

35. Date returned to work after recurrence  
Mo Day Yr  
Time:

36. Did the employee receive medical care at an agency facility due to the recurrence?  
Yes  
No

If so, please attach all relevant medical records

37. At the time of the recurrence did your agency authorize medical treatment on Form CA-16?  
Yes  
No

38. After the original injury, did you make any accommodations or adjustments in the employee's regular duties due to injury-related limitation?  
Yes  
No

If so, provide full details

39. After return to work, did the employee sustain any other injury or illness which affected performance of his or her duties? If so, provide full details

40. Please review the statements made by the employee in Part A of this form and provide any relevant comments and additional information

---

A supervisor or compensation specialist who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

41. Signature of Supervisor or Compensation Specialist (at time of recurrence)  

42. Title

43. Work phone  

44. Date (mo, day, year)
Part C - Employee
(To be completed by the employee if not employed with the Federal Government at the time of the claimed recurrence)

1 For all jobs held since you left the job held when the initial injury occurred, list the full name and address of your employers and the inclusive dates of employment. Include any self-employment.

Currently employee of 115 FW MXS, Truax Field, Madison, WI 53704, Employed from 2001 to present. Previously employee of Wisconsin Department of Transportation 1994-2001

2 For all jobs listed in item 1 above, provide your job title, nature of duties performed, number of hours worked per week and rate of pay.

115 FW Truax Field, Madison, WI, Aircraft Mechanic, Duties: Repair service materials and perform operator level maintenance of fighter aircraft, 40 hour work week, pay rate: 22.15 per hour.

Wisconsin Department of Transportation, Road Crew Sweeper Driver/ Light Road and Patch Construction, Road Crew Member, Heavy Equipment Operator, 40 hours per week, pay rate: 17.22 per hour

3 Describe all educational and/or vocational training received since your original injury. Include any licenses or certificates earned.

Handy Jays Truck Driving School, OSHA Heavy Equipment Operator License.

4 What was your rate of pay if you stopped work due to this recurrence?

$22.15 per Hour

5 Do you claim compensation for lost wages? □ Yes ☒ No

If so, for what period? ___________________________ through ___________________________

6 Have you received any pay during the period claimed? □ Yes ☒ No

If so, how much and from what source? ___________________________

Section 8101, et seq., Title 5 to the U.S. Code authorizes collection of this information. Completion of this form is mandatory in order to ensure the timely filing of a notice of recurrence of disability and claim for benefits under the Federal Employees' Compensation Act (FECA). The information will be used to initiate and assist in the adjudication of the claim and failure to provide the information may prevent or delay claim processing. Additional disclosures of this information may be to: third parties in litigation; employing agencies; various individuals and organizations providing related medical rehabilitation and other services; insurance plans which may have paid related bills; labor unions; various law enforcement officials; other federal, state and local agencies (including the GAO and IRS) as appropriate; data processing contractors to the Department of Labor; debt collection agencies and credit bureaus.

7. Signature of Employee

8 Date (mo., day, year)
INSTRUCTIONS FOR COMPLETING FORM CA-2a
NOTICE OF RECURRENCE

DEFINITION OF RECURRENCE

A Recurrence of the Medical Condition is the documented need for additional medical treatment after release from treatment for the work-related injury. Continuing treatment for the original condition is not considered a recurrence.

A Recurrence of Disability is a work stoppage caused by:

- A spontaneous return of the symptoms of a previous injury or occupational disease without intervening cause;
- A return or increase of disability due to a consequential injury (defined as one which occurs due to weakness or impairment caused by a work-related injury); or
- Withdrawal of a specific light duty assignment when the employee cannot perform the full duties of the regular position. This withdrawal must have occurred for reasons other than misconduct or non-performance of job duties.

IF A NEW INJURY OR EXPOSURE TO THE CAUSE OF AN OCCUPATIONAL ILLNESS OCCURS, AND DISABILITY OR THE NEED FOR MEDICAL CARE RESULTS, A NEW FORM CA-1 OR CA-2 SHOULD BE FILED. This is true even if the new incident involves the same part of the body as previously affected.

INSTRUCTIONS FOR EMPLOYEE

- Review the definition of "recurrence" given above. If you believe that you have sustained a recurrence, complete Part A of this form. Attach a separate sheet of paper if needed to provide full details.
- If you worked for the Federal Government at the time of the recurrence, submit Form CA-2a to your employing agency. If you no longer work for the Federal Government, complete Parts A and C of this form and submit all materials directly to the Office of Workers' Compensation Programs (OWCP).
- If you are claiming a recurrence of disability for an occupational illness or if all 45 days of continuation of pay (COP) have been used, you may claim wage loss on Form CA-7. The OWCP will pay compensation if the claim is approved.
- Arrange for your attending physician to submit a detailed medical report. The report should include: dates of examination and treatment; history as given by you; findings; results of x-ray and laboratory tests; diagnosis; course of treatment; and the treatment plan. The physician must also provide an opinion, with medical reasons, regarding causal relationship between your condition and the original injury. Finally, the physician should describe your ability to perform your regular duties. If you are disabled for your regular work, the physician should identify the dates of disability and provide work tolerance limitations.
- If other physicians treated you after you returned to work following the original injury, obtain similar medical reports from each of them.

INSTRUCTIONS FOR EMPLOYING AGENCY

- After the employee has completed Part A, promptly complete Part B and submit the form to OWCP, unless: the claimant is still receiving continuation of pay (COP); the recurrence is for medical care only and the claim is still open; or the claimant is currently requesting neither wage-loss compensation nor payment of medical expenses. In these instances, file the form in the Employee Medical Folder.
- If COP is being paid, obtain medical evidence using Form CA-17, "Duty Status Report", as often as circumstances indicate.
- For a recurrence less than 90 days after the employee's return to work following the original injury, you may authorize required medical care using Form CA-15. For a recurrence more than 90 days after the employee's return to work, OWCP must authorize further medical care.
- For recurrences of disability which continue after the 45 days of COP have expired or which involve occupational illness, instruct the employee to file Form CA-7.

Public Burden Statement

Completion of this collection of information is estimated to vary from 15 to 45 minutes per response with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, DC 20210.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.
Authorization for Examination
And/or Treatment

U.S. Department of Labor
Employment Standards Administration
Office of Workers’ Compensation Programs

The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMS Cir. No. A-108.

OMB No.: 1215-0103
Expires: 09-30-91

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

Memorial Hospital
1245 Main Street, Tucson, AZ 85714

2. Employee’s Name (last, first, middle)
D A Y, Donald L.

3. Date of Injury (mo. day, yr.)
2-10-94

4. Occupation
Electrician

5. Description of Injury or Disease:
Fell approximately 15 feet from scaffold — Right ankle extremely painful.

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☑1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2. There is doubt whether the employee’s condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)
N/A

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)
Ronald Cane
Chief, Electrical Shop

10. Local Employing Agency Telephone Number:
(602) 746-0001

11. Date (mo., day, year)
2-10-94

12. Send one copy of your report: (Fill in remainder of address)

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers’ Compensation Programs
71 Stevenson Street, 2nd Floor
San Francisco, CA 94105

13. Name and Address of Employee’s Place of Employment:
Department of Agency
USAF
Bureau or Office
AWG
Local Address (Including Zip Code)
836 CSG/DPC
Davis-Monthan AFB AZ 85707

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to the Office of Information Management, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Figure 810-22. Form CA-16 with Instructions.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee fell from scaffold-injured right ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.) 18. What is Your Diagnosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sprained right ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Do You Believe the Condition Found was Caused or Aggravated by the Employment Activity Described? (Please explain your answer if there is doubt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20. Did Injury Require Hospitalization?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of admission (mo., day, year)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Date of discharge (mo., day, year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Is Additional Hospitalization Required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. Surgery (If any, describe type)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>23. Date Surgery Performed (mo., day, year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. What (Other) Type of Treatment Did You Provide?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. What Permanent Effects, If Any, Do You Anticipate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Date of First Examination (mo., day, year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Date(s) of Treatment (mo., day, year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Date of Discharge from Treatment (mo., day, year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Period of Disability (mo., day, year) (If termination date unknown, so indicate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Disability: From To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Disability: From To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Is Employee Able to Resume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Work</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Regular Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. If Employee is Able to Resume Work, Has He/She been Advised?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, Furnish Date Advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. If Employee is Able to Resume Only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. General Remarks and Recommendations for Future Care, If Indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Do You Specialize?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(If yes, state specialty)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. SIGNATURE OF PHYSICIAN. I certify that all the statements in response to the questions asked in Part B of this form are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Address (No., Street, City, State, Zip Code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Tax Identification Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Date of Report</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL BILL: Charges for your services should be presented to the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500a, or HCFA 1500). Service must be itemized by Current Procedural Terminology Code (CPT 4) and the form must be signed.


Figure 810-22. Form CA-16 Continued.
INSTRUCTIONS FOR AUTHORIZING OFFICIAL FOR COMPLETION OF PART A

SELECTION OF PHYSICIAN

- A Federal employee injured by accident while in the performance of duty has the initial right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 issued to either a United States medical officer/hospital or any duly qualified physician/hospital of the employee's choice.

If the employee elects to be treated by a private physician, a copy of the American Medical Association standards billing form (AMA OP 407/408/409; OWCP-1500a) should be supplied together with Form CA-16.

A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee.

Generally, 25 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered.

PERIOD OF AUTHORIZATION

- Form CA-16 is valid for up to sixty days from date of issuance, and may be terminated earlier upon written notice from OWCP to the provider. It should not be used to authorize a change of physicians after the initial choice is exercised by the employee.

FEDERAL MEDICAL FACILITIES

- U.S. medical facilities include Public Health Service, Military, or VA hospitals. Federal health service facilities (health units) established under 5 USC 7501 are not U.S. medical facilities as used herein (see 20 CFR 10.400).

DEFINITION OF INJURY

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which required medical services. Treatment for illness or disease should not be authorized unless approval is first obtained from OWCP.

DEFINITION OF PHYSICIAN

- The term "physician" includes doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law. The reimbursable services of chiropractors under the FECA are limited by statute to physical examination, related laboratory tests and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

FORM COMPLETION

- Part A shall be completed in full by the authorizing official. The authorization is not valid unless the name and address of the physician or hospital is entered in Item 1 and the signature of the authorizing official appears in Item B. Check B1 or B2 or Item 6, whichever is appropriate. In case of illness or disease, only Box B2 may be checked.

Show the address of the proper OWCP Office in Item 12. Send original and one copy of Form CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to OWCP.

ADDITIONAL INFORMATION


Information for Physician - See Reverse Side

Figure 810–22 Continued
INFORMATION FOR PHYSICIAN

YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authorized to examine and provide treatment for the injury or disease described in Item 5, for a period of not more than 60 days from the date of issuance, subject to the conditions in Item 6. A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee. Authorization may be terminated earlier upon written notice from OWCP. For extension of the authorization to treat beyond the 60 day period, apply to the office shown in Part A, Item 12.

USE OF CONSULTANTS AND HOSPITALS

- You may utilize consultants, laboratories and local hospitals, if needed. Authorize semi-private accommodations unless a private room is medically necessary. Ancillary treatment may be provided to a hospitalized employee as necessary.

REPORTS

- After examination, complete items 14 through 38, of Part B, and send your report, together with any additional narrative or explanatory material, to the address listed in Part A, Item 12. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA 17, "Duty Status Report" may be required by the employing agency during the first 45 days of disability. If disability continues beyond 45 days, monthly reports should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of benefits.

RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

BILLING FOR SERVICES

- OWCP requires that charges be itemized using the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500, or HCFA-1500). Each procedure must be identified, in Column 24 C of the form, by the applicable Current Procedural Terminology (4th edition) Code CPT 4. A copy of the form may be supplied by the employee at the time treatment is sought.

- Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

TAX IDENTIFICATION NUMBER

- The provider's Tax Identification Number (TIN) is an important identifier in the OWCP system. To speed processing and to reduce inaccuracy of payment, the provider's TIN (Employer Identification Number or SSN) should be shown on all reports and billings submitted to OWCP. If possible, providers should decide on a single TIN - either corporate or personal - which is used consistently on OWCP claims.

ADDITIONAL INFORMATION

- Contact the OWCP shown in Item 12 of Part A.

Please Remove These Instructions Before Submitting Your Report.

Figure 810–22 Continued
Instructions for Completing Form CA-16,
Request for Examination and/or Treatment

Part A - Authorization. The official authorized to issue the Form CA-16 completes Items 1 through 13. (Obtain the required information from the employee.)

Item 1. Enter the full name and address of the physician or hospital selected by employee only AFTER VERIFYING THAT THE PHYSICIAN IS NOT LISTED AS BEING AN EXCLUDED PROVIDER UNDER THE FECA PROGRAM - AND - AFTER AN APPOINTMENT HAS BEEN MADE BY THE ISSUING AUTHORITY.

a. If issued to cover emergency care after the fact, enter "EMERGENCY CARE PROVIDED."

b. If issued due to a recurrence and if a form CA-16 is authorized, the source of care should be the same medical provider that previously provided care to ensure continuity of treatment. FORM CA-16 SHOULD RARELY BE ISSUED IN CASES OF RECURRENT. IT MAY NOT BE ISSUED IF MORE THAN 6 MONTHS HAS ELAPSED SINCE THE EMPLOYEE LAST RETURNED TO WORK OR TO AUTHORIZE A CHANGE OF PHYSICIAN AFTER THE INITIAL CHOICE HAS BEEN EXERCISED BY THE EMPLOYEE.

Item 2. Employee's last name, first name, middle name (enter "NMN" if no middle name.

Item 3. Enter date of original injury. See Item 10 on the Form CA-1.

Item 4. Enter the employee's job title.

Item 5. Provide a DESCRIPTION of the injury. This information can assist the doctor. Item 14 on the Form CA-1 may contain information that will be helpful in completing this item.

Item 6. Check block "6B1" if there is no doubt as to the validity of injury. Check block "6B2" if there is doubt.

Item 7. If the CA-16 is issued for treatment of an occupational disease claim, enter the name of the OWCP official who authorized the Form CA-16.

Items 8-9. Identify the supervisor authorized to issue the form - The form must be signed.

Item 10. Enter the supervisor's telephone number.

Item 11. Enter the date the Form CA-16 was issued.

Item 12. Add the address of the servicing office of OWCP. The ICPA will forward it to OWCP.

Item 13. Add the address of the civilian personnel office authorized to process medical reports.

Part B. Items 14 through 38 must be completed by the treating physician (See Figure 2-19-sample letter to physician advising of light duty program.)

NOTE: Any time a Form CA-16 is issued, it guarantees payment even if block 6B2 is checked and even if the claim is denied.

Figure 810-22. CA-16 with Instructions.
FROM: AAAA-BB

SUBJECT: Federal Employees Injured at Work

TO: Amos B. Jackson, M.D.
Street Address
City, State, Zip Code

Dear Dr Jackson:

Our employee, James O. Smith, has sustained a job-related traumatic injury on 25 May 1994 which may entitle him to benefits under the Federal Employees' Compensation Act.

Before the Office of Workers' Compensation Programs (OWCP) can make a decision on the claim, they must have comprehensive medical evidence from the physician providing treatment for the injury. Accordingly, we request that you complete the enclosed form and give it to our injured employee when you have finished your examination. A medical release form has been completed by our injured employee and is forwarded for your retention.

We are willing to accommodate partially disabled employees with suitable light- or limited-duty assignments. We can and will provide light- or limited-duty assignments in strict accordance with any physical limitations you impose. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.

Please submit your bill on the enclosed billing form HCFA-1500 and return it in the self-addressed envelope.

Thank you for your time and cooperation. If I can be of any assistance, please call me at 522-0001.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program Administrator

3 Encl
1. CA-16
2. HCFA-1500 w/Envelope
3. Med Release

Figure 810-23. Sample Letter to Physician with CA-16.
MEMORANDUM All Department of Military Affairs Employees and Members of the Wisconsin Army and Air National Guard (Including Federal, State, AGR, and Guard Members on Active Duty)

SUBJECT: Policy on Employee Physical Fitness Programs – TAG POLICY MEMORANDUM 23

1. The Wisconsin National Guard’s physical fitness program is intended for all Federal employees to provide an opportunity to improve individual physical fitness. The physical fitness program has been effective and has increased the physical conditioning and well being of all participants. The Chief, National Guard Bureau fully supports physical fitness programs on a strictly voluntary basis, using the military or other valid physical fitness programs as a guideline. ARNG Active Guard/Reserve (AGR) personnel are required to participate in physical fitness training at least three (3) times weekly (See NGR 600-5, para 4-5).

2. If employees are not already in a physical fitness program, it is recommended that they consult with a physician to obtain advice on an exercise program that will meet their personal goals and physical abilities.

Note: This program is on a voluntary basis and will not reflect unfavorably on those who choose not to participate. The employee’s immediate supervisor will authorize participation provided the below conditions are met.

3. The following guidelines have been established for the use of official time for physical fitness exercise:

   a. No more than three (3) hours of official time per week may be used for this program. Supervisors need not record any particular status on T&A reports other than normal duty for pay purposes.

   b. Official time may be used in 1/2 to 1-hour increments, to include 45 minute intervals but only one increment per day is permitted. Break periods may not be combined to provide longer periods, but the lunch period may be added to workout time.

   c. Shower or clean up time will be included as part of the official time authorized for exercise.

   d. Descriptions of activities, which are authorized/ unauthorized, are as follows:
WING-Z
SUBJECT: Policy on Employee Physical Fitness Programs – TAG POLICY MEMORANDUM

(1) Type of Training Authorized: Calisthenics, aerobic exercise, weight training, stretching, push-ups, sit-ups, running, biking and walking may be conducted on an individual basis.

(2) Unauthorized Training: Team sports with intentional physical contact are not authorized. Federal Workman’s Compensation may not cover injuries received from contact sports per this policy.

e. APFT Guidelines: The time allotted under this memorandum is not intended or authorized to be utilized for purposes of administering physical fitness testing.

f. Jogging, running, walking or bicycling, which starts and ends at the workplace, is authorized without any sign in/sign out requirement. Running, walking or biking to or from work at the beginning or end of the workday as part of the scheduled work hours is not authorized.

g. All off-premises fitness activities other than those described in paragraph 3d must be in accordance with instructions published by the local organization/base and approved by the HRO. When off-site fitness activities are approved, personnel must be able to provide documentation of attendance, if requested. Participants acknowledge this disclaimer:

“The Department of Military Affairs, State of Wisconsin, Wisconsin Army National Guard, Wisconsin Air National Guard and the National Guard Bureau do not control or regulate any aspect of the operations or activities of these health clubs. Membership is solely voluntary and up to the individual employee. Liability for any injuries incurred as a result of health club membership is the responsibility of individual employee and not the Department of Military Affairs, Wisconsin Army National Guard, Wisconsin Air National Guard or the National Guard Bureau. Federal employees may not be eligible for federal employees compensation, however, each case must be adjudicated by the U.S. Department of Labor.”

4. The individual’s immediate supervisor must approve physical fitness periods. The use of official time for physical fitness is a privilege. The use of this official time should not impact negatively either the mission or our ability to provide good customer service. Employees violating the intent of this program will have their physical fitness privilege revoked. The simple rule is work first, workout second.

5. State employees are encouraged to participate in a physical fitness program. Although official time cannot be authorized for State Employees, they may exercise during the duty hours. Any official time used for a fitness program must be made-up by extending the duty day or by use of leave. If State employees elect to participate, they will abide by the guidelines of this policy. State employees should direct any questions to the State Personnel Office.
WING-Z
SUBJECT: Policy on Employee Physical Fitness Programs – TAG POLICY MEMORANDUM

6. A voluntary program using official time places technicians within the coverage of the Federal Employees Compensation Act (FECA), in the event of death or injury. However, there has been no precedent for a program of this kind and no definite ruling as to FECA coverage. The U.S. Department of Labor must adjudicate each case on an entirely individual basis.

///Signed\"
DONALD P. DUNBAR
Brig Gen (WI), WI ANG
The Adjutant General
My Biz & My Workplace

Module 6

DCPDS
Defense Civilian Personnel Data System

Orientation Course

DCPDS

- DCPDS automated multiple human resource functions (Personnel action processing, Appraisal, Pay Adjustments)
- Maintains a complete history on employees (Awards, Benefits selections, Personnel Actions)
- Updates the Payroll system automatically for Technician employees
- Interfaces with Self Service Applications such as My Biz and My Workplace

DCPDS System Generated Actions

- DCPDS Produces Reports on Individual Person (RIPS) such as Supervisors Brief (on employee), Supervisory Notice of Within Range Increase etc.
- DCPDS will also automatically generate certain types of actions (Within Range Increase, Termination Expiration of Appointment, etc.)
Introduction to Self-Service HR:
May 2006 DoD introduces Self-Service HR functionality within the Defense Civilian Personnel Data System (DCPDS) through two easy-to-use modules:

**My Biz & My Workplace**
DCPDS Portal
[https://compo.dcpds.cpms.osd.mil](https://compo.dcpds.cpms.osd.mil)

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**Key Features**
Available to employees, these Self-Service HR modules will allow:
- Secure, real-time, on-line access to key personnel information from your workstation, anytime
- Employees to view personnel information
- Employees to update personal information
- Managers and Supervisors to view personnel information about their staff
- Employees, Managers and Supervisors to establish performance plans, provide feedback, and appraise employee performance

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**Welcome to… My Biz**
*My Biz* is a web-based Self-Service HR module that grants access to your official personnel information.

*My Biz allows you to:*
- View your personnel information 24/7 from your workstation
- Update specific fields of personal information
- (Email Addresses)
- Provide input on performance plans and accomplishments for performance appraisals
  - (Performance Appraisal Application – PAA)
- Print Notification of Personnel Actions (NPA)
  - Standard Form SF50s
To access *My Biz*/My Workplace, you will need to register your Smart Card Access, (CAC). Check with your servicing HR office to ensure your account has been established.

Once you log-on to the system, you will be prompted to select a responsibility. As an employee, you will select *My Biz*.

**Access & Review My Biz Information**

Selecting *My Information* from the *My Biz* Home Page will allow you to view information related to your employment and verify its accuracy.

- Secure, real-time, on-line access to your official personnel information
- Tabs provide further details on the following:
  - Appointment
  - Position
  - Personal
  - Salary
  - Benefits
  - Awards and Bonuses
  - Performance
  - Personnel Actions (SF 50s)
Update My Biz Information

Selecting Update My Information from the My Biz Home Page permits you to update certain personal information.

- Phone Number
- Email Address
- Disability Codes
- Race and National Origin (Ethnicity and Race Identification)
- Foreign Language Proficiency
- Educational Data (Degrees & Transcripts)
- Emergency Contact

Keeping this information up-to-date and accurate is important. You have a secure, real-time, on-line way to maintain your information easily.

Currently there are nine items that can be updated by the employee.
The area identified as “Favorites” is created for all new My.i2HR accounts and contains approximately seven links to websites of importance to the employee. For example, we have provided links to the TSP Home page and the Retirement Home page for CSRS or FERS. As we add new information, a new link will be added to this area providing navigation information for the employees.

Welcome to… My Workplace

My Workplace is a web-based Self-Service HR module that allows managers and supervisors access to information about their staff members.

My Workplace allows you to:
- View your employees’ personnel information 24/7 from your workstation
- Establish performance plans
- Provide feedback and appraise employee performance

My Workplace

Once you log-on to the system, you will be prompted to select a responsibility. As a manager or supervisor, you will select My Workplace.

My Workplace Home Page
- All Actions Awaiting Your Attention
- My Employee Information
This screen depicts the My Workplace responsibility and the functions found within. Note the differences in the My Workplace functions as opposed to the MyBiz functions. This is the area provided to the manager/supervisor for his/her employees. Normally, the "Favorites" area will contain all the same links provided to the MyBiz user. However, in this case, the manager/supervisor chose to modify the area and remove some of the links.

The Appraisals function is the gateway to the appraisal module the manager/supervisor will use to rate employees. The My Employee Information area is where the manager/supervisor will view employees’ records.

More Information
For more information about access to My Biz and My Workplace, visit your Component/Agency website and/or servicing HR office.

http://dma.wi.gov/mybiz.asp

Human Resources Specialist (Information Systems)/J1
My Biz & My Workplace Self-Service Marketing POC
Wisconsin National Guard
DSN: 724/3713/3728 Comm 608-242-3713/3728 Fax x-3726
**Force Protection In-Brief**

WIJS-J34
Protection Branch

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**Protection Team**

- Provost Marshal / Protection Branch Chief:
  Major Dave Hellekson, 608 242 3576

- Antiterrorism Program Coordinator:
  Mr. Steve Roberts, 608 242 3532

- Physical Security and OPSEC Officer:
  Captain Angela Hoistion, 608 242 3562

WIJS-J34 webportal: Joint Staff/J3/J34

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**Overview**

- Purpose
- Training
- Signs of Terrorism
- Physical Security
- Operations Security
- Facility Emergency Plans
- Active Shooter
- Concealed Carry
- Lautenberg Amendment
Purpose

The purpose of the initial briefing is to introduce new employees to the WING Protection Branch services: Provost Marshal, Antiterrorism, Physical Security, and Operations Security.

This is a generalized briefing to introduce you to AT/FP/OPSEC concepts and your responsibilities.

Your assigned unit will ensure you continue to receive more detailed training.

Training

- Employees must complete operations security and antiterrorism awareness training annually: (https://atlevel1.dtic.mil/at/) or for Air Force: Antiterrorism/Force Protection training in ADLS.

- DMA civilian employees and military families are encouraged to also complete this training

- Additional duty appointed physical security, operations security, and antiterrorism officers must complete required training.

- Complete DoD Information Assurance training.

Be Alert for the Eight Signs of Terrorism

Terrorist operations usually begin with extensive planning. You can help prevent and detect terrorism — and other types of crime — by watching out for suspicious activities and reporting them to the proper authorities.

1. Surveillance - Someone recording or monitoring activities. This may include the use of cameras, voice recording, drawing diagrams,实体经济, or using binoculars or other vision-enhancing devices.

2. Elicitation - People or organizations attempting to gain information about military operations, capabilities, or people. Elicitation attempts may be made by mail, email, telephone, or in person. This could also include eavesdropping or friendly conversation.

3. Tests of Security - Any attempts to measure reactions to security breaches, attempts to penetrate security barriers, or monitor people in order to assess strengths and weaknesses.

4. Funding - Suspicious transactions involving large cash payments, deposits, or withdrawals are common signs of terrorist funding. Collections for donations, the solicitation for money and criminal activity are also warning signs.

5. Supplies - Purchasing or stealing explosives, weapons, ammunition, etc. This also includes acquiring military uniforms, decals, flight manuals, passes or badges (or the equipment to manufacture such items) and any other controlled items.

6. Impersonation - People who don’t seem to belong in the workplace, neighborhood, business establishment, or anywhere else. This includes egos and their natural environments; the impersonation of law enforcement, military personnel, or company employees is also a sign.

7. Rehearsal - Putting people in position and moving them around according to their plan without actually committing the terrorist act. An element of this activity could include keeping out routes and determining the timing of traffic lights and flow.

8. Deployment - People and supplies getting in position to commit the act. This is the person’s last chance to alert authorities before the terrorist act occurs.
Electronic Access Keys

- All personnel entering this facility must wear their DMA-issued Electronic Access Key (EAK) on their outermost garment at all times.
- Policies and procedures regarding the EAK can be found in WING Regulation 190-51, to include proper display and replacement procedures.
- If you do not have an EAK, you must enter through the lobby and register for a visitor pass with JFHQ Security. Do not attempt “piggy-back” access.

Uniformed Personnel

In ACUs / ABUs, the EAK is worn on the left collar.
In dress, the EAK is worn on the left epaulet of the jacket/shirt.
Lanyards are not authorized.

Civilian Clothed Personnel

Badge must be displayed between the shoulders and the waist.
Lanyards are authorized.

Physical Security

- Hard keys, electronic access key, and CAC responsibilities
- Report loss immediately
- Maintain positive control at all times (do not leave laying around where someone else could take them)
- Remove electronic access key when not on DMA property
- JFHQ visitor policy – ALL must sign in at lobby
- Maintain 100% accountability of your equipment/materials

Physical Security

- Park only in authorized areas and no parking on the grass. Comply with “No Parking” and Handicapped parking signs.
- Secure your belongings - Lock your vehicle!
- JFHQ specific:
  - Do not park along Wright St., Piersoff St, and Minuteman Drive. Parking along these streets blocks access to fire hydrants, and can impede large vehicle traffic, Madison PD will ticket.
  - Overflow parking is available across Wright Street in the Troop Command parking lot (Building 901).
**Antiterrorism/Physical Security**

- Pay attention to the current FPCON and cooperate with FP postures/measures (both real and exercise)
- Report through your chain of command if any of the following are observed:
  - People participating in surveillance taking pictures of military facilities, equipment, activities. (Eight signs of Terrorism)
  - Suspected vandalism or breach of military facilities, including storage buildings, motor pools, and exterior lighting
  - Theft of military property

**Operations Security**

- Protect Critical Information!
- Information about Department of Defense and WING activities, intentions, capabilities, or limitations that an adversary seeks to gain an advantage.
- If this information is revealed to an adversary, it may prevent or degrade mission accomplishment, cause loss of life, or damage friendly resources.
- Units have a critical information list (CIL), ensure you understand all items on this list.
- Do not discuss these items in public (including blogs and social networking sites).
- Digital photographs that are posted online can be an OPSEC compromise!

**For Example:**

**JFHQ Critical Information List (CIL)**

1. Types and quantities of weapons/ammunition stored in any WING facility
2. Security measures used to protect military equipment
3. Specific location to which any unit is preparing to deploy
4. Vulnerabilities of personnel or equipment
5. Critical shortcomings of personnel, equipment, or supplies that will prevent the unit from accomplishing its mission
6. Intelligence, surveillance, & reconnaissance resources available to a unit
7. Rules of engagement for current or future operations
8. Location of classified information
9. Location of high-value items
10. Readiness levels of units
11. WING Command Group Calendar
12. Location of communications nodes and automated information systems security procedures
13. Casualty information until released through command channels
14. Details of agreements or arrangements between WING and law enforcement agencies
Operations Security

Suspicious versus Unsolicited Telephone Calls

When an individual receives a telephone call that could be either suspicious or unsolicited, they must record as much information as possible about the caller (name, business, phone number, purpose) and then make a determination whether it is suspicious or unsolicited.

- An unsolicited telephone call is one that the receiver did not request or seek and is unwanted from an entity outside the military channels and typical are marketing based (selling, polling, requesting general product/service usage information).
  - These are NOT reported through your chain of command.
- A suspicious telephone call occurs when a caller is asking about anything specifically related to the WING mission, personnel, duties, equipment, or any item on the critical information lists of your unit, including your chain of command through State.
  - These ARE reported through your chain of command to the JOC or Provost Marshal Office/Operations Security Officer.

Suspicious versus Unsolicited Emails

- An unsolicited email is communication from a sender to a person with whom the sender does not have a prior business or personal relationship, or that the recipient has previously opted out from.
- A suspicious email will ask the recipient to do something (i.e. click on a link (embedded), go to a website, send back personal information, etc.). This could be unsolicited email or email from someone the recipient knows that causes a doubt about the sender's honesty and casting a doubt of authenticity.
  - Never open suspicious attachments, go to specific links, or forward these messages. Don't be the weakest link!
- If there is any concern about an email received, contact J6: Capt. Tim Guy timothy.guy2@us.army.mil. Do not delete the message until you receive guidance from J6 as they may ask for screen shots or a copy and paste of the message.

OPSEC Measures

- Maintain awareness of your surroundings.
- Immediately report any suspicious activity.
- Avoid "Mission Talk" while in public/open areas.
- View your mission through an adversary's eye and apply countermeasures.
- Encrypt sensitive E-mail.
- Protect Privacy Act Information, PII, & shred sensitive paperwork.
- No sensitive information over unsecured commercial phones (especially cell phones), e-mails, blogs, My Space, etc.
- Assume the adversaries will use the internet to spy on you.
- Change and protect passwords.
Facility Emergency Plans

Your supervisor is responsible for ensuring you are aware of your local fire, tornado, active shooter, and bomb threat plans and understand the shelter and evacuation instructions for your work area.

Seek this information and know what to do BEFORE you need to.

Active Shooter

Definition: An active shooter is an individual, or group, actively engaged in killing or attempting to kill people in a confined and populated area.

Awareness: Active shooter situations are unpredictable and evolve quickly. Often, there is no pattern or method to their selection of victims. An active shooter may be a current or former employee, an acquaintance of a current or former employee, an individual unhappy with the military or government or an individual or group conducting a terrorist act. An active shooter typically does not just "snap," but displays indicators of potentially violent behavior over time.

It is important to report any individual that you believe could engage in any type of workplace violence. Reports should be made immediately to the Human Resources Office (SEEM, X3702), J34 (Provost Marshal, X3576) or DMA Security (X3060) via telephone or in person. The verbal report will be followed up with DMA Form 183 (Workplace Violence Incident Report Form). The HRO and Provost Marshal will immediately assess the situation and provide guidance.

Immediate Action:

When confronted with an active shooter situation, quickly determine the most reasonable way to protect your own life— evacuate, hide, or take action against the shooter(s). Try to remain calm as your actions will influence others.

1. Evacuate

If there is an accessible escape path, attempt to evacuate the building. Do NOT pull the Fire Alarm. Be sure to:

- Have an escape route and plan in mind and help others escape, if possible.
- Prevent individuals from entering an area where the active shooter may be.
- Keep your hands visible and follow the instructions of any police officer.
- Do not attempt to move wounded people.
- Call 911 when you are safe. Provide the dispatcher with the following information:
  - Location in the building
  - What is happening
  - Number of shooters, if more than one
  - Description of the shooters (clothing, gender, race, age, height, weight, facial hair, glasses, etc.)
  - Type of weapons (handgun, rifle, shotgun, explosives)
  - Injuries, if any, including the number of injured and types of injuries
Active Shooter

2. Hide and Secure the Immediate Area
If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter’s view and provide protection if shots are fired in your direction.
- Close and lock all doors that lead to your hiding place. Place heavy objects (desks, tables, file cabinets, bookshelves, heavy furniture) in front of the door to block the entry of the shooter.
- Take appropriate steps to reduce your visibility - close blinds, block windows, turn off radios and computer monitors, silence cell phones.
- Position everyone out of sight behind items that might offer additional protection - walls, desks, file cabinets, bookshelves, heavy furniture, etc.
- Call 911 (9-911 from a building phone). Provide the dispatcher with the following information:
  - Location of the building
  - What is happening
  - Number of shooters, if more than one
  - Description of the shooter (clothing, gender, race, age, height, weight, facial hair, glasses, etc.)
  - Type of weapons (handgun, rifle, shotgun, explosives)
  - Injuries, if any, including the number of injured and types of injuries.

3. Take action against the active shooter.
As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Rushing the shooter with several people
- Throwing items and improvising weapons.

Law Enforcement Response:
Law enforcement’s purpose is to stop the active shooter threat as soon as possible. Initial responding officers will not treat the injured or begin evacuation until the threat is neutralized and the area is secure.

1. Remain in a secure area.
- The safest place is in your secure hiding area. The shooter may not flee when police enter the building, but instead may target arriving officers.
- If responding police enter your area, be sure to:
  - Raise your hands above your head and spread your fingers
  - Comply with all police instructions

2. Evacuation from the building.
- When the threat has been neutralized, police will begin to evacuate the building. Safe corridors will be established for evacuation. When evacuating, be sure to:
  - Put down any items (bags, backpacks, purses, jackets, etc.)
  - Keep hands visible – raise them above your head and spread your fingers
  - Avoid making quick movements toward officers
  - Do not help remove injured personnel unless directed to do so by police.

Post-Incident: Personnel will be moved to a secure holding area.
Expect to remain in that area until police have identified and questioned all witnesses. Do not leave that area until police have instructed you to do so.

1. Section Marshals and/or section supervisors should begin to obtain accountability of their personnel. Report all unaccounted for personnel to DMA security or chain of command.

2. Avoid media contact. Law enforcement, DMA public affairs and the Command Section will handle all media inquiries. However, be aware that numerous media outlets will arrive at the scene taking video and photographs and requesting interviewing.
Concealed Carry

PRIVATELY OWNED WEAPONS ARE PROHIBITED IN NATIONAL GUARD FACILITIES BY THE AUTHORITY OF THE ADJUTANT GENERAL IN ACCORDANCE WITH WISCONSIN STATUTE § 175.60(15m)(a), § 943.13(1m)(b), § 943.13(1m)(c)4, ARMY REGULATION 190-11, 4-5.a., and AFI 31-101.

Lautenberg Amendment

• Don’t be the subject of a Serious Incident Report (SIR)!

• Felonies, Weapons charges, Domestic Violence enhanced convictions, etc that result in not allowing you to possess a firearm will result in your inability to possess and train with firearms while in uniform.

• This will likely result in discharge from the WING and ultimately, loss of your Technician job since military membership is a condition of employment.

Remember!

Everyone is a sensor and AT/FP/OPSEC are every WING employee’s responsibility!

If you observe suspicious or threatening activity:

- Notify your chain of command
- If they are not available, contact:
  - WING Joint Operations Center: 608-245-8400
  - DMA Security: 608-242-3060
Summary

- Purpose
- Training
- Signs of Terrorism
- Physical Security
- Operations Security
- Facility Emergency Plans
- Active Shooter
- Concealed Carry
- Lautenberg Amendment

Thank You!
Absence and Leave Program
J1-Manpower and Personnel

Overview
- Annual Leave
- Leave Without Pay
- Sick Leave
- Family Medical Leave Act
- Military Leave
- Compensatory Time
- Administrative Leave/Excused Absence
- Holiday Leave

Annual Leave
- Eligible Employees:
  - All permanent and indefinite employees.
  - Temporarily employed who are appointed to positions in excess of 90 days are entitled to earn annual leave upon completion of the first biweekly pay period.
- Maximum Accumulation:
  - Federal employees may accumulate a maximum of 240 hours (30 days) of annual leave.
  - However, excess annual leave will only be forfeited at the beginning of the first pay period of the new leave year.
Annual Leave

- Granting Annual Leave
  - Must be approved. Privilege Not a Right

- Disposition of Annual Leave
  - Upon separation you will receive a lump sum payment.
  - Leave will be transferred to other federal agencies.

- Restoration of Forfeited Annual Leave
  - Required J1 approval.
  - Annual leave must have been scheduled at least three pay periods prior to the end of the leave year.

- Advancing Annual Leave
  - Annual leave may be advanced and will be considered on a case-by-case basis.

- Sickness during Annual Leave
  - When sickness occurs during a period of annual leave, supervisors may change annual leave to sick leave for the period of sickness.

- Use of Annual Leave during Active Military Duty
  - Members of the Reserve or National Guard may use annual leave during active military duty or inactive duty training periods.

Annual Leave Rate Accrual

<table>
<thead>
<tr>
<th>Employee Type</th>
<th>Less than 3 years of service</th>
<th>3 years but less than 15 years of service</th>
<th>15 or more years of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Employees</td>
<td>½ day (4 hours) for each pay period</td>
<td>¾ day (6 hours) for each pay period, except 1 ½ day in last pay period</td>
<td>1 day (8 hours) for each pay period</td>
</tr>
<tr>
<td>Part-time Employees</td>
<td>1 hour of annual leave for each 20 hours in a pay status</td>
<td>1 hour of annual leave for each 13 hours in a pay status</td>
<td>1 hour of annual leave for each 10 hours in a pay status</td>
</tr>
</tbody>
</table>
Leave Without Pay

- Temporary non-pay status and absence from duty that may be granted when requested by a technician at the discretion of the Adjutant General or designees.
- There are two main categories,
  - More than 80 hours for work related injury OR more than 30 calendar days for any other reason
  - 80 hours or less for work related injury OR 30 calendar days or less for any other reason.
- Requests must be submitted on a SF 52 through supervisory channels to the J1.

Absent for Uniformed Service (AUS)

- Any military duty
  - must be submitted in writing from the technician on SF 52 through supervisory channels to J1.
  - You may also be required to submit an OPM 71 – Request for Leave or Approved Absence or letter to your supervisor for time and attendance documentation.
  - AUS will be granted for periods of absence due to military service, Inactive Duty Training and Active Duty for training (i.e., service schools, annual training, etc.).
  - Submit AUS checklist and orders with AUS SF 52 request.

Sick Leave

- Eligibility
  - All employees are eligible to earn and use sick leave.
  - Sick leave will not be advanced for temporary or probationary technicians.
  - Unused sick leave accumulates without limit.
- Earning Rates
  - Full time technicians earn sick leave at the rate of 4 hours for each full biweekly pay period.
Sick Leave

Granting Sick Leave

Sick leave is appropriate when any of the following circumstances cause absence:

- Medical, dental, or optical examination or treatment.
- Incapacitation for the performance of duties by physical or mental illness, injury, pregnancy, or childbirth.
- Make arrangements necessitated by the death of a family member or attend the funeral of a family member. Family members include: spouse, parent, children to include adopted children, brothers and sisters, and any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.
- Jeopardize the health of others by presence on the job because of exposure to a communicable disease, or as determined by the health authorities having jurisdiction or by a health care provider.
- Any activities relating to adoption of a child.

Advancement of Sick Leave

- Sick leave may be advanced to a permanent technician.
- A maximum of 240 hours sick leave may be advanced by the J1 under these circumstances.
- All sick leave must be exhausted and annual leave that would otherwise be forfeited must be used first.
- Medical documentation required.

Family Medical Leave Act

Eligibility

- All employees are eligible to use leave under the provisions of FMLA except intermittent employees and employees serving under a temporary appointment with a time limitation of one year or less.
- Employee must have completed at least 12 months of civilian service with the Federal Government (not required to be 12 recent or consecutive months).
Family Medical Leave Act

- Employees shall be entitled to a total of 12 administrative work weeks of unpaid leave (LWOP) during any 12 month period for one or more of the following reasons:
  - (1) Birth of son or daughter and care of the newborn.
  - (2) Placement of son or daughter for adoption or foster care (within one year after placement).
  - (3) Care for spouse, child, or parent with a serious health condition.
  - (4) A serious health condition that renders the employee unable to perform the essential functions of their position.
  - A serious health condition must require continuing treatment by, or under the supervision of a health care provider.
  - Substitution of Paid Leave. An employee may elect to substitute paid time off for any or all of the period of leave under FMLA.

Military Leave

- Military leave is absence from duty in the employee’s civilian position without loss of pay to perform military duty and provides an accrual of military leave on a fiscal year basis.
- Conditions for Granting Military Leave. An eligible technician is granted any military leave that is available whenever ordered to active duty, active duty for training, or inactive duty.
  - Annual leave, LWOP, or compensatory time off may not be granted for such military duty as long as the technician has military leave available.

Military Leave

- Leave accrual
  - Permanent and indefinite technicians accrue (120 hours) of military leave for each fiscal year while on Leave Without Pay status from their full-time position, for military duty under Title 10 or Title 32.
- Carry over
  - Technicians may carry over up to 120 hours of military leave into the next fiscal year.
- Maximum use
  - No more than 240 hours of military leave may be used in any one fiscal year.
Compensatory Time

- Earning Compensatory Time
  - Compensatory time off is time off from regularly scheduled work *in lieu of overtime pay*.
  - The amount of time off given is equal to the time spent outside the normal duty hours or irregularly scheduled work.
  - Should be requested *in advance* and must be approved by the supervisor.
- Must be taken within 26 pay periods from the pay period in which it was earned, or it will be forfeited.
- Compensatory time should be taken before annual leave, except in those instances where forfeiture of annual leave will occur.

Excused Absence

- Administrative Leave/Excused Absence
  - Special events
  - Conferences and conventions
  - Representing Labor Organizations
  - Absences for PCS purposes
  - Blood donation
  - Registration and Voting
  - Tardiness and brief absences
  - Physical fitness * (not for PT testing)
  - Bone marrow or organ donor
  - Military funeral honors
  - Federal employment
  - Personnel preparation for deployment
Association of Civilian Technicians

- Mad City – Robert Niemer
- Badger State – Dan Lewis
- Army – Les Hackett

What ACT does for You

- ACT works at two levels,
  - Local and National
- Weingarten rights (National)
- Labor Management Agreement (Local)
  - Copy Provided to you in Tab 5 (Army & Air)

What is the Union’s Role?

- Ensure bargaining unit (BU) employees are treated in a fair and equitable manner concerning their conditions of employment.
- Ensure laws, rules and regulations as they pertain to bargaining unit employees’ condition of employment are adhered to.
- Lobby for legislation to improve technicians’ work life.
How do we accomplish that role?

- Contract Provisions
- Input on Draft Regulations
- Grievances
- Communicating and Visiting Legislators

Grievances

- Enforce the Contract
- Enforce Regulations
- Enforce Law

Communicating and Visiting Legislators

- Semi-annual D.C. Visits
- Ongoing Follow-up
- Grass Roots Efforts
Legislative Examples

- Passed Legislation
  - Sick Leave Credit for FERS
- Desired Legislation
  - Overtime vs. Comp Time

Points of Emphasis

- Fairness
- Communication
- Documentation
- Do the Right Thing

Cost and Benefits

- Union dues
- $10,000 Accidental Death and Dismemberment Policy (Free)
- Contract
  - TSP
  - FMLA
  - Sick Leave
  - Work Hours
  - Union-Management Consultation
How to Join

• Membership applications
  – Mad City Chapter’s webpage (www.madcityact.com)
  – Contact a Union Officer.
  – Talk to another Bargaining Unit Member

More Information

• Website: www.madcityact.com

• National website: www.actnat.com

• ACT has a Facebook page too!
  – Just search Association of Civilian Technicians.
Technician Development & Training

J1- Manpower and Personnel Directorate

By SrA Heather Ihlenfeldt, HRDS

Objectives

- Identify the main categories of the Human Resource Development (HRD) program
- Identify the responsibilities of the HRDS
- Defense Travel System (DTS)
- Budget
- Web Page

References

- Technician Personnel Regulation (TPR) 400
- Human Resource Regulation (HRR) 400-1
- HRDS Handbook
- Joint Federal Regulations (JFTR) dated 01NOV08
- Joint Travel Regulations (JTR) dated 01NOV08
- DTS Business Rules Guide Version 4.0 dated 01OCT05
Main Categories of the HRD Program

- Planning
- Resources
- Implementation
- Development
- Evaluation

Planning

- Needs Assessments
- Annual Training Plan

Resources

- Budget Planning and Execution
- Defense Travel System (DTS)
- Automated Funds Control Order System (AFCOS)
- Government Purchase Card (GPC)
Implementation

- Process training requests (SF 182)
- Army Training Resources and Requirements System (ATRRS)
- Approve DTS travel and voucher requests
- Maintain technician training folders
- Track and update training through DCPDS

Development

- Individual Development Plan (IDP)
- Performance Improvement Plan (PIP)
- Course development, administration and delivery

Evaluation

- Feedback
- Course Evaluation Form
- Surveys
Responsibilities of the HRDS

• Develop local policies and procedures for the HRD Program
• Mandate training needs
• Budget
• Course planning, development and execution
  – Orientation Course
  – OSHA Course
  – Supervisor’s Course

Responsibilities of the HRDS Cont.

• Career Counseling
• Process Training Requests (SF182)
• Publicizes availability of training
• Individual Development Plans (IDP)
• Performance Improvement Plans (PIP)

Responsibilities of the HRDS Cont.

• Update completed training into the Defense Civilian Personnel Data System (DCPDS)
• Evaluate effectiveness of completed training
• Civilian Academic Degree Program
• Acquisition and Contracting Personnel
### Defense Travel System (DTS)
- Review and approve travel authorizations
- Review and approve travel vouchers
- Maintain copies of the travel vouchers for audits
- Review the Total Obligation Report, Unsubmitted Voucher Report and Transaction Report
- Work with Budget Manager to manage annual travel funds
- Ensure the technicians are complying with...

### Budget
- ANG Financial Working Group (FWG) at 115th FW
- ARNG Program and Budget Advisory Committee (PBAC)
- Annual training plans
- Monthly obligation plans
- Coordinate monthly spending with Budget Manager
- Maintain the training Government Purchase

### Website
- Technician Training and Development Website
Summary

Identified and discussed:

- The main categories of the Human Resource Development (HRD) program
- The responsibilities of the HRDS
- Defense Travel System (DTS)
- Budget
- Web Page
### Section A - Trainee Information

1. Applicant’s Name (Last, First, Middle Initial)
   Doe, John A.

2. Social Security Number/Federal Employee Number
   999-99-9999

3. Date of Birth (yyyy-mm-dd)
   1977-12-15

4. Home Address (Number, Street, City, State, ZIP Code) (Optional)
   125 Whisper Trail
   De Forest, WI 53535

5. Home Telephone (Optional) (Include Area Code)
   (608) 222-5656

6. Position Level (Mark (X) one)
   - a. Non-supervisory
   - b. Manager
   - c. Supervisory
   - d. Executive
   X

7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency)
   1 Williams Street
   Camp Douglas, WI 54618

8. Office Telephone (Include Area Code and Extension)
   (608) 353-4646

9. Work Email Address
   john.doe@us.army.mil

10. Position Title
    Surface Maintenance Mechanic

11. Does applicant need special accommodation?
    Yes [X] No

12. Type of Appointment
    C

13. Education Level
    (click link to view codes or go to page 7)
    13

14. Pay Plan
    GS

15. Series
    5801

16. Grade
    10

17. Step
    4

### Section B - Training Course Data

1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code)
    Professional Education Center (PEC)
    Little Rock, AR

1b. Location of Training Site (If same, mark box) [X]

1c. Vendor Telephone Number

1d. Vendor Email Address

2a. Course Title
    TAMMS and Readiness Course

2b. Course Number Code
    LTC-018

3. Training Start Date (Enter date as yyyy-mm-dd)
    2010-01-25

4. Training End Date (Enter date as yyyy-mm-dd)
    2010-01-29

5. Training Duty Hours
    40

6. Training Non-Duty Hours
    0

7. Training Purpose Type
    (Click link to view codes or go to page 9)
    03

8. Training Type Code
    (Click link to view codes or go to page 9)
    01

9. Training Sub Type Code
    (Click link to view codes or go to page 9)
    14

10. Training Delivery Type Code
    (Click link to view codes or go to page 12)
    01

11. Training Designation Type Code
    (Click link to view codes or go to page 13)
    05

12. Training Credit
    0

13. Training Credit Type Code
    (Click link to view codes or go to page 13)
    00

14. Training Accreditation Indicator
    Yes [X] No

15. Continued Service Agreement Required Indicator
    Yes [X] No

16. Continued Service Agreement Expiration Date
    (Enter date as yyyy-mm-dd)
    N/A

17. Training Source Type Code
    (Click link to view codes or go to page 13)
    02

18. Training Objective
    Mandated training course for technicians assigned to FMS within the 1st year of assignment - per NGB; Priority one training.

19. AGENCY USE ONLY

### Section C - Costs and Billing Information

1. Direct Costs and Appropriation / Fund Chargeable

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Appropriation Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tuition and Fees</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>b. Books &amp; Material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. TOTAL</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

2. Indirect Costs and Appropriation / Fund Chargeable

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Travel</td>
<td>$1,300.00</td>
</tr>
<tr>
<td>b. Per Diem</td>
<td>$325.00</td>
</tr>
<tr>
<td>c. TOTAL</td>
<td>$1,625.00</td>
</tr>
</tbody>
</table>

3. Total Training Non-Government Contribution Cost

4. Document / Purchasing Order / Requisition Number

6. BILLING INSTRUCTIONS (Furnish invoice to):

1a. 0.00 for tuition only if course is held on-site at PEC; indicate registration or class tuition fee for other courses, workshops, conferences, etc.

2a. Estimated travel cost as stated on DTS Authorization
    Can indicate $0.00 if course is centrally funded by PEC
Section D - APPROVALS

1a. Immediate Supervisor - Name and title
Supervisor to electronically sign, complete blocks 1b-1e and submit to HRDS for approval

<table>
<thead>
<tr>
<th>1b. Area Code / Telephone Number</th>
<th>1c. Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1d. Signature</td>
<td>1e. Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2a. Second-line Supervisor - Name and title

<table>
<thead>
<tr>
<th>2b. Area Code / Telephone Number</th>
<th>2c. Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2d. Signature</td>
<td>2e. Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3a Training Officer - Name and title

<table>
<thead>
<tr>
<th>3b. Area Code / Telephone Number</th>
<th>3c. Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3d. Signature</td>
<td>3e. Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - Name and title
This section remains blank - HRDS Information

<table>
<thead>
<tr>
<th>1b. Area Code / Telephone Number</th>
<th>1c. Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1d. Signature</td>
<td>1e. Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - Name and title
This section remains blank

<table>
<thead>
<tr>
<th>1b. Area Code / Telephone Number</th>
<th>1c. Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1d. Signature</td>
<td>1e. Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TRAINING FACILITY - Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.
Privacy Act Statement

Authority — This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

Purposes and Uses — The primary purpose of the information collected is for use in the administration of the Federal Training Program (FTP) to document the nomination of trainees and completion of training. Information collected may also be provided to other agencies and to Congress upon request. This information becomes a part of the permanent employment record of participants in training programs, and should be included in the Governmentwide electronic system, (the Enterprise Human Resource Integration system (EHRI) and is subject to all of the published routine uses of that system of records.

Effects and Nondisclosure — Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b) — Solicitation of SSNs by the Office of Personnel Management (OPM) is authorized under provisions of the Executive Order 9397, dated November 22, 1943. Your SSN will be used primarily to give you recognition for completing the training and to accumulate Governmentwide training statistical data and information. SSNs also will be used for the selection of persons to be included in statistical studies of training management matters. The use of SSNs is necessary because of the large number of current Federal employees who have identical names and/or birth dates and whose identities can only be distinguished by their SSNs.
Note: This agreement must be signed by the nominee for Government training that exceeds 80 hours (or such other designated period, less than 80 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this SAMPLE agreement below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Continued Service Agreement

Employees, who are selected to training for more than a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

Employees Agreement to Continue in Service

To be completed by applicant:

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week).

   NOTE: For the purposes of this agreement the term "agency" refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Additional information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR).

3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.
4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

5. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.

6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: ________________________________

Employee's Signature: ________________________________

Date: ____________________
Agency Training Electronic Reporting Instructions

General Instructions:

1. You must complete all questions in sections A-E on the training application. In addition, your financial institution must complete Section F Certification of Training Completion and Evaluation section.

2. Electronic Requirements - An agency should only submit data for completed training that is defined as a training event for which the student has accomplished all components in the title of the event.

3. Collection of training data requires completed training events and that all mandatory data elements have been recorded. Training may vary from agency to agency. This form provides conformity and standardization for the required core data.

4. Codes for underlined elements will link you to the chart. Identify the correct code, then return to the form (links will not automatically return you to the form).

Section A - Trainee Information

1. **Applicant's Name** - Last Name, First Name, Middle Initial.

2. **Social Security Number** - Use employee's nine (9) digit SSN. (123-45-6789)
   
   **OR**
   
   **Federal Employee Number** - The unique number that Enterprise Human Resources Integration (EHRI) will assign to an employee to identify employee records within the EHRI system. (Agency)

3. **Date of Birth (format yyyy-mm-dd)** - Employee's date of birth (e.g., if employee's birth date is March 25, 1951, it would appear as (1951-03-25).

4. **Home Address** - Employee's home address, include the street number, city, state, and zip code.

5. **Home Telephone Number** - Employee's area code, home telephone number.

6. **Position Level** - Select whether the employee's position level is one of the following:
   
   6a. **Non-supervisory** - Anyone who does not have supervisory/team leader responsibilities.
   
   6b. **Supervisory** - First line supervisors who do not supervise other supervisors; typically those who are responsible for an employee's performance appraisal or approval of their leave.
   
   6c. **Manager** - Those in management positions who typically supervise one or more supervisors.
   
   6d. **Executive** - Members of the Senior Executive Service (SES) or equivalent.

7. **Organization Mailing Address** - This is the internal agency address of the employee Branch-Division/Office/Bureau/Agency, include the street name, city, state and zip code.

8. **Office Telephone Number** - Insert the employee's area code, office telephone number and extension.

9. **Work E-mail Address** - Agency e-mail address.

10. **Position Title** - Employee's current position within the agency.
Section A - Trainee Information (Continued)

11. *Does Applicant Need Special Accommodations?* - Indicate "Yes" or "No". If the applicant is in need of special arrangements (brailing, taping, interpreters, facility accessibility, etc), describe the requirements in the space provided or on a separate sheet.

12. *Type of Appointment* - The employee type of appointment (e.g., Career Conditional (CC), Career (C), Temporary (Temp.), Schedule A, etc.).

13. *Education Level* - Use the employee educational level codes listed below.

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>Long Description (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No formal education or some elementary school--did not complete</td>
<td>Elementary school means grades 1 through 8, or equivalent, not completed.</td>
</tr>
<tr>
<td>2</td>
<td>Elementary school completed--no high school</td>
<td>Grade 8 or equivalent completed.</td>
</tr>
<tr>
<td>3</td>
<td>Some high school--did not graduate</td>
<td>High school means grades 9 through 12, or equivalent.</td>
</tr>
<tr>
<td>4</td>
<td>High school graduate or certificate of equivalency</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Terminal occupational program--did not complete</td>
<td>Program extending beyond grade 12, usually no more than three years; designed to prepare students for immediate employment in an occupation or cluster of occupations; not designed as the equivalent of the first two or three years of a baccalaureate degree program. Includes cooperative training or apprenticeship consisting of formal classroom instruction coupled with on-the-job training.</td>
</tr>
<tr>
<td>6</td>
<td>Terminal occupational program--certificate of completion, diploma or equivalent</td>
<td>See code 5 above for definition of terminal occupational program. Two levels are recognized: (1) The technical and/or semi-professional level preparing technicians or semiprofessional personnel in engineering and nonengineering fields; and (2) the craftsman/clerical level training artisans, skilled operators, and clerical workers.</td>
</tr>
<tr>
<td>7</td>
<td>Some college--less than one year</td>
<td>Less than 30 semester hours completed.</td>
</tr>
<tr>
<td>8</td>
<td>One year college</td>
<td>0-59 semester hours or 45-89 quarter hours completed.</td>
</tr>
<tr>
<td>9</td>
<td>Two years college</td>
<td>60-89 semester hours or 90-134 quarter hours completed.</td>
</tr>
<tr>
<td>10</td>
<td>Associate Degree</td>
<td>2-year college degree program completed.</td>
</tr>
<tr>
<td>11</td>
<td>Three years college</td>
<td>90-119 semester hours or 135-179 quarter hours completed.</td>
</tr>
<tr>
<td>12</td>
<td>Four years college</td>
<td>120 or more semester hours or 180 or more quarter hours completed--no baccalaureate (Bachelor's) degree.</td>
</tr>
<tr>
<td>13</td>
<td>Bachelor's Degree</td>
<td>Requires completion of at least four, but no more than five, years of academic work; includes Bachelor's degree conferred in a cooperative business, industry, or Government to allow student to combine actual work experience with college studies.</td>
</tr>
</tbody>
</table>
### Section A - Trainee Information (Continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>Long Description (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Post-Bachelor's</td>
<td>Some academic work beyond (at a higher level than) the Bachelor's degree but no additional higher degree.</td>
</tr>
<tr>
<td>15</td>
<td>First professional</td>
<td>Signifies the completion of academic requirements for selected professions that are based on programs requiring at least two academic years of previous college work for entrance and a total of at least six academic years of college work for completion, e.g., Dentistry (D.D.S. or D.M.D.), Law (LL. B. or J.D.), Medicine (M.D.), Theology (B.D.), Veterinary Medicine (D.V.M.), Chiropractic or Podiatry (D.S.C. or D.P.), Optometry (O.D.), and Osteopathy (D.O.).</td>
</tr>
<tr>
<td>16</td>
<td>Post-first professional</td>
<td>Some academic work beyond (at a higher level than) the first professional degree but no additional higher degree.</td>
</tr>
<tr>
<td>17</td>
<td>Master's degree</td>
<td>For liberal arts and sciences customarily granted upon successful completion of one (sometimes two) academic years beyond the Bachelor's degree. In professional fields, an advanced degree beyond the first professional but below the Ph.D., e.g., the LL.M.; M.S. in surgery following the M.D.; M.S.D., Master of Science in Dentistry; M.S.W., Master of Social Work, and MA, Master of Arts.</td>
</tr>
<tr>
<td>18</td>
<td>Post-Master's</td>
<td>Some academic work beyond (at a higher level than) the Master's degree but no additional higher degree.</td>
</tr>
<tr>
<td>20</td>
<td>Post-sixth year</td>
<td>Some academic work beyond (at a higher level than) the sixth-year degree but no additional higher degree.</td>
</tr>
<tr>
<td>21</td>
<td>Doctorate degree</td>
<td>Includes such degrees as Doctor of Education, Doctor of Juridical Science, Doctor of Public Health, and the Ph.D. (or equivalent) in any field. Does not include a Doctor's degree that is a first professional degree, per code 15.</td>
</tr>
<tr>
<td>22</td>
<td>Post-Doctorate</td>
<td>Work beyond the Doctorate.</td>
</tr>
</tbody>
</table>

14. **Pay Plan** - The employee’s pay plan. (e.g., GS, WG, ES...Pay Band)

15. **Series** - The position classification four digit series. (e.g., 0201)

16. **Grade** - The employee’s grade level. (1-15)

17. **Step** - The employee must insert the appropriate step. (1-10)
Section B - Training Course Data

1a. Name and Mailing Address of Training Vendor - Street number, city, state, and ZIP code of the appropriate vendor. (Agency specific)

1b. Location of the Training Site - Provide mailing address of the training site if different from 1a. (Agency specific)

1c. Vendor Telephone Number - Self explanatory. (Agency specific)

1d. Vendor E-mail Address - Self explanatory. (Agency specific)

2a. Course Title - Insert the title of the course or the program that the employee is scheduled to complete.

2b. Course Number Code - Insert the Course Number Code.

3. Training Start Date - Insert the start date of the training completed by the employee. (yyyy-mm-dd)

4. Training End Date - Insert the end date of the training completed by the employee. (yyyy-mm-dd)

5. Training Duty Hours - Insert the number of duty hours for training.

6. Training Non Duty Hours - Insert the number of non-duty hours for training.

7. Training Purpose Type - Insert the purpose for taking this course or program using the appropriate training purpose type code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>Long Description (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Program/Mission</td>
<td>Training to provide the knowledge, skills and abilities needed as a result of agency mission, policies, or procedures.</td>
</tr>
<tr>
<td>02</td>
<td>New Work Assignment</td>
<td>Training to acquire the knowledge, skills and abilities needed as a result of assignment to new duties and responsibilities when such training is not part of a planned, career development program (e.g., training provided to a staffing specialist who has been newly assigned to a position involving classification duties).</td>
</tr>
<tr>
<td>03</td>
<td>Improve/Maintain Present Performance</td>
<td>Training to provide the knowledge, skills and abilities needed to improve or maintain proficiency in present job.</td>
</tr>
<tr>
<td>04</td>
<td>Future Staffing Needs</td>
<td>Training to provide the knowledge, skills, and abilities needed to meet future staffing needs (e.g., to implement succession planning).</td>
</tr>
<tr>
<td>05</td>
<td>Develop Unavailable Skills</td>
<td>Training to acquire the knowledge, skills and abilities needed for fields of work for which the labor market cannot produce a sufficient number of trained candidates (e.g., air traffic controllers or Information Technology (IT) professionals).</td>
</tr>
<tr>
<td>06</td>
<td>Retention</td>
<td>Training/education used to address staffing issue of retaining an employee (e.g., academic degree training).</td>
</tr>
</tbody>
</table>

8. Training Type Code - There are three (3) different Training Type Codes. The employee must select one from the Training Type Codes. (Select from the chart on pages 10-12.)

9. Training Sub-Type Code - There are Sub-Type Categories for each of the three (3) different Training Type Codes. Select one (1) Sub-Type Category code that applies to the training type code you selected. (Select from the chart on pages 10-12.)
<table>
<thead>
<tr>
<th>Training Type Code</th>
<th>Training Sub Type Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - Legal</td>
<td>Education or training in the concepts, principles, and theories, or techniques of law.</td>
</tr>
<tr>
<td>02 - Medical and Health</td>
<td>Education or training in the concepts, principles, and theories, or techniques of medicine.</td>
</tr>
<tr>
<td>03 - Scientific</td>
<td>Education or training in the concepts, principles, and theories, or techniques of disciplines such as the physical, biological, natural, and social sciences; education; economics; mathematics; or statistics.</td>
</tr>
<tr>
<td>04 - Engineering or Architecture</td>
<td>Education or training in the concepts, principles, and theories, or techniques of disciplines such as architecture and engineering.</td>
</tr>
<tr>
<td>05 - Human Resources</td>
<td>Education or training in the concepts, principles, and theories of such fields as: public administration, personnel training, equal employment opportunity, human resources policy analysis, succession planning, performance management, classification, and staffing.</td>
</tr>
<tr>
<td>06 - Budget/Finance Business Administration</td>
<td>Education or training in the concepts, principles, and theories of business administration, accounts payable and receivable, auditing and internal control, and cash management.</td>
</tr>
<tr>
<td>07 - Planning and Analysis</td>
<td>Education or training in the concepts, principles, and theories of systems analysis; policy, program or management analysis; or planning, including strategic planning.</td>
</tr>
<tr>
<td>08 - Information Technology</td>
<td>Education and training in the concepts and application of data and the processing thereof; e.g., the automatic acquisition, storage, manipulation (including transformation), management, system analysis, movement, control, display, switching, interchange, transmission or reception of data, computer security and the development and use of the hardware, software, firmware, and procedures associated with this processing. This training type does not include any IT training on agency proprietary systems.</td>
</tr>
<tr>
<td>09 - Project Management</td>
<td>Education and training in the concepts, principles, and theories necessary to develop, modify, or enhance a product, service, or system which is constrained by the relationships among scope, resources, and time.</td>
</tr>
<tr>
<td>10 - Acquisition</td>
<td>Education or training in the concepts, principles, and theories or techniques related to the 1102 occupation, e.g., procurement, contracting.</td>
</tr>
<tr>
<td>11 - Logistic Specialty</td>
<td>Training for professional skills of a specialized nature in the methods and techniques of such fields as supply, procurement, transportation, or air traffic control.</td>
</tr>
<tr>
<td>12 - Security</td>
<td>Training of a specialized nature in the methods and techniques of investigation, physical security, personal security, and police science.</td>
</tr>
</tbody>
</table>
### Section B - Training Course Data (Continued)

<table>
<thead>
<tr>
<th>Training Type Code</th>
<th>Training Sub Type Code</th>
</tr>
</thead>
</table>
| 01 - Training Program Area (continued) | 13 - Clerical (Non-supervisory clerical/administrative)  
Training in skills such as office management, typing, shorthand, computer operating, letter writing, telephone techniques; or word processing. |
| | 14 - Trade and Craft  
Training in the knowledge, skills, and abilities needed in such fields as electronic equipment installation, maintenance, or repair; tool and die making; welding, and carpentry. |
| | 15 - Foreign Affairs  
Training for professional skills of a specialized nature in the methods and techniques of such fields as foreign languages, foreign culture, diplomacy, or strategic studies. |
| | 16 - Leadership/Manager/Communications Courses  
Training that addresses skill areas such as Leadership/Management and Communication (e.g., written, oral and interpersonal) coursework. |
| 02 - Developmental Training Area Description: Formal developmental/training programs. | 20 - Presupervisory Program  
Development/training program for non-supervisors. |
| | 21 - Supervisory Program  
Development/training program which provides education or training in supervisory principles and techniques in such subjects as personnel policies and practices (including equal employment opportunity, merit promotion, and labor relations); human behavior and motivation; communication processes in supervision, work planning, scheduling, and review; and performance evaluation for first-line supervisors. |
| | 22 - Management Program  
Development/training program which provides mid-management level education or training in the concepts, principles, and theories of such subject matters as public policy formulation and implementation, management principles and practices, quantitative approaches to management, or management planning organizing and controlling. (Supervisors of supervisors; GS-14/15 supervisors; GS-14/15 direct reports to SES). |
| | 23 - Leadership Development Program  
Formal developmental program that provides leadership training and development opportunities. |
| | 24 - SES Candidate Development  
OPM-approved program to prepare potential SES members. |
| | 25 - Executive Development  
Continuing development for leaders above the GS-15 level. |
| | 26 - Mentoring Program  
Formal stand-alone program with established goals and measured outcomes. Open to all who qualify; protégées and mentors paired to facilitate compatibility, training and support provided, and company benefits directly. |
| | 27 - Coaching Program  
Formal stand-alone program which provides ongoing partnership with an employee and coach that helps employee produce desired results in professional life. |
### Section B - Training Course Data (Continued)

<table>
<thead>
<tr>
<th>Training Type Code</th>
<th>Training Sub Type Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 - Basic Training Area</td>
<td>30 - Employee Orientation</td>
</tr>
<tr>
<td>Description: Fundamental and/or required training programs.</td>
<td>Training of a general nature to provide an understanding of the organization and missions of the Federal Government, employing agency or activity, or a broad overview and understanding of matters of public policy.</td>
</tr>
<tr>
<td></td>
<td>31 - Adult Basic Education</td>
</tr>
<tr>
<td></td>
<td>Education or training to provide basic completeness in such subjects as remedial reading, grammar, arithmetic, lip reading or Braille.</td>
</tr>
<tr>
<td></td>
<td>32 - Federally Mandated Training</td>
</tr>
<tr>
<td></td>
<td>Mandatory training for all employees Governmentwide. This includes training mandated by federal statute or regulation; such as in the areas of computer security awareness (5 CFR 930.301-305), ethics (5 CFR 2838.703 and 704), or executives, managers, and supervisors (5 CFR Part 412).</td>
</tr>
<tr>
<td></td>
<td>33 - Work-life</td>
</tr>
<tr>
<td></td>
<td>Training to promote work-life (e.g., health and wellness training, employee retirement/benefits training, etc).</td>
</tr>
<tr>
<td></td>
<td>34 - Soft Skills</td>
</tr>
<tr>
<td></td>
<td>Training involving development of employees ability to relate to others (e.g., customer service, dealing with difficult people, etc).</td>
</tr>
<tr>
<td></td>
<td>35 - Agency Required Training</td>
</tr>
<tr>
<td></td>
<td>Agency specific training required by the agency and provided to Federal employees in order to achieve the goals and objectives of the Agency as needed. For example: agency training based on Inspector General’s Audit; agency training aimed at improving individual’s needs based on Performance Improvement Plan (PIP); agency training based on signing agreement between Union and Management.</td>
</tr>
</tbody>
</table>

### 10. Training Delivery Type Code –

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>Long Description (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Traditional Classroom (no technology)</td>
<td>Individual or multiple person led, face-to-face training.</td>
</tr>
<tr>
<td>02</td>
<td>On the Job</td>
<td>Formal methods/activities planned and structured to promote learning by doing; e.g., detail assignments/programs.</td>
</tr>
<tr>
<td>03</td>
<td>Technology Based</td>
<td>Methods mainly using technology, which may include tutorials embedded in software, CD ROM products, Web-based courses, and interactive media.</td>
</tr>
<tr>
<td>04</td>
<td>Conference/workshop</td>
<td>An organized learning event which has an announced educational or instructional purpose; more than half the time is scheduled for a planned, organized exchange of information between presenters and audience which meets the definition of training in 5 U.S.C. 4110; content of the conference/receat is germane to improving individual and/or organizational performance; and developmental benefits will be derived through the employee’s attendance.</td>
</tr>
<tr>
<td>05</td>
<td>Blended</td>
<td>Training that requires two or more methods of delivery that must be completed in order to satisfy the educational requirements.</td>
</tr>
<tr>
<td>06</td>
<td>Correspondence</td>
<td>Self-study course material: Training provided via the assignment of non-interactive methods such as a book, document, regulation, or manual.</td>
</tr>
</tbody>
</table>
Section B - Training Course Data (Continued)

11. **Training Designation Type Code** - Select and insert the appropriate training credit designation type code:

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>Long Description (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Undergraduate Credit</td>
<td>N/A</td>
</tr>
<tr>
<td>02</td>
<td>Graduate Credit</td>
<td>N/A</td>
</tr>
<tr>
<td>03</td>
<td>Continuing Education Unit</td>
<td>N/A</td>
</tr>
<tr>
<td>04</td>
<td>Post Graduate Credit</td>
<td>N/A</td>
</tr>
<tr>
<td>05</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

12. **Training Credit** - Amount of academic credit hours of continued education units (1, 1.5, or .75) earned by the employee for the completed training. (This should be completed by the agency).

13. **Training Credit Type Code** - Select and insert the appropriate training credit designation type code:

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Semester Hours</td>
</tr>
<tr>
<td>02</td>
<td>Quarter Hours</td>
</tr>
<tr>
<td>03</td>
<td>Continuing Education Unit</td>
</tr>
</tbody>
</table>

14. **Training Accreditation Indicator** - Insert a Yes (Y) or No (N).

15. **Continued Service Agreement Required Indicator** - Insert Yes (Y) or No (N) or non applicable (N/A) in appropriate space. (Agency response.)

16. **Continued Service Agreement Expiration Date** - (Enter date as yyyy-mm-dd).

17. **Training Source Type Code** --

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>Long Description (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Government Internal</td>
<td>Training provided by a Federal department, agency, or independent establishment for its own employees.</td>
</tr>
<tr>
<td>02</td>
<td>Government External</td>
<td>Training provided by an interagency training activity, or a Federal department, agency, or independent establishment other than the one which currently employs the trainee.</td>
</tr>
<tr>
<td>03</td>
<td>Non-government</td>
<td>Sources include commercial or industrial concern, educational institutions, professional societies or associations, or consultants or individuals who are not Government employees, (but are contracted to develop and/or provide training course or program.)</td>
</tr>
<tr>
<td>04</td>
<td>Government State/Local</td>
<td>Training provided by a state, county, or municipal Government. Education provided by State-operated or other public educational institutions is reported as non-Government.</td>
</tr>
<tr>
<td>05</td>
<td>Foreign Governments and</td>
<td>Training provided by non United States entities which may or may not be outside the United States.</td>
</tr>
<tr>
<td></td>
<td>Organizations</td>
<td></td>
</tr>
</tbody>
</table>

18. **Training Objectives** - It is important that the objectives for the employee(s) enrolling in this course or program is related to the strategic objectives of the organization for which the employee works. Provide text to explain how the training event meets agency objective(s) and purpose type.

19. **Agency Use Only** - For use by an agency as needed.
Section C - Costs and Billing Information

1. Direct costs and appropriation/fund chargeable
   a. Training Tuition and Fees Cost - Insert the actual/final cost of training tuition and fees for training completed by the employee that was paid for by the Federal Government.
   c. Total Cost - Insert the actual/final cost.

2. Indirect costs and appropriation/fund chargeable
   a. Training Travel Cost - Insert the actual/final travel cost excluding per diem for training completed by the employee that was paid for by the Federal Government.
   b. Training Per Diem Cost - Insert the actual/final per diem cost (e.g., meals, lodging, miscellaneous expenses) for training completed by the employee that was paid for by the Federal Government.
   c. Total Cost - Insert the actual/final cost.

3. Total Training Non-Government Contribution Cost - Insert the cost contributed by the employee or other non-Government organizations for the training completed by the employee.

4. Document/Purchase Order/Requisition Number - Enter Document/Purchase Order/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced in the billing process.

5. 8-Digit Station Symbol - Fill in 8-digit station symbol of the nominating Agency Finance Office.

6. Billing Instructions - Enter name and mailing address of nominating Agency Finance Office for billing purposes.

Section D - Approvals

1-3e. Approvals - To be completed by the employee's immediate and/or second-line supervisor(s) before submission of application to nomination Agency Training Office.

Section E - Approvals/Concurrence

1-1e. Approval/Concurrence - To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

Section F - Certification of Training Completion and Evaluation

NOTE: Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.601. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.
Overview

- DTS was designed with the Traveler, Approving Officials and other base-level personnel in mind
- Secure web-based
- Look and feel of Travelocity, Orbitz, etc. used for personal travel
- Personal homepage with access to past documents, print documents, view receipts, etc.
- Easy to amend or adjust authorizations and vouchers
Screen will refresh.
### Flight Information

**Press Start:** 114-REPUBLIC-PA210
**Press Purpose:** Training/Interagency
**Press Description:** G2D-mission training

<table>
<thead>
<tr>
<th>Name</th>
<th>From</th>
<th>To</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>MAINE</td>
<td>FLORIDA</td>
<td>10/20/2012</td>
<td>10:00 AM</td>
</tr>
</tbody>
</table>

### Air Travel

**Carrier:** American Airlines
**Flight:** 3456
**Departure:** LAX (Los Angeles) 10/18 08:00 AM
**Arrival:** JFK (New York) 10/18 10:00 AM

<table>
<thead>
<tr>
<th>Airfare</th>
<th>Hotel</th>
<th>Meals</th>
<th>Car Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250.00</td>
<td>$150.00</td>
<td>$50.00</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

### Expense Report

<table>
<thead>
<tr>
<th>Item</th>
<th>Expense Type</th>
<th>Date</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxi</td>
<td>Groceries</td>
<td>10/20/2012</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

### Lodging

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Total</th>
<th>Total NBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/20/2012</td>
<td>10/21/2012</td>
<td>$110.00</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

### Accounting Summary

<table>
<thead>
<tr>
<th>Activity/Item</th>
<th>Allowed</th>
<th>Account Code</th>
<th>Allowed</th>
<th>Account Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Allowance</td>
<td>$200.00</td>
<td>CNAI</td>
<td>$200.00</td>
<td>CNAI</td>
</tr>
<tr>
<td>Lodging Allowance</td>
<td>$100.00</td>
<td>LDD</td>
<td>$100.00</td>
<td>LDD</td>
</tr>
<tr>
<td>Total Allowance</td>
<td>$300.00</td>
<td></td>
<td>$300.00</td>
<td></td>
</tr>
</tbody>
</table>
You've returned and it's time for the voucher
2. Can I drive my POV and get mileage reimbursed?

- Only if you have confirmed there are no GSA's available that would allow you to complete mission.
QUESTIONS

Contact SGT. Walsh @ 608-242-3715
Francine or Karyl @ 608-427-7237 or 608-427-7457
Adjust and Amend Authorizations

An adjustment is a change to a document before it is APPROVED. An amendment is a change to a document after it is APPROVED.

Create an Adjustment

a. Mouse over Official Travel on the menu bar.
b. Select Authorizations/Orders.
c. Select View/Edit next to the document to adjust.
d. Clear the View-Only check box.
e. Enter the user’s PIN.
f. The Preview Trip screen opens with a reminder to stamp SIGNED after change. Select OK.
g. Select edit next to the item that needs to be changed.

Step h. if not adjusting a reservation.

h. Select Travel in the navigation bar. If a date was changed in Step f., the screen message asks if all reservations are to be cancelled at once, or cancelled and updated separately. Select the desired option.

i. Select edit next to the items on the Trip Summary screen that need adjusting. Use the modify search pane to find a new reservation.

Skip Step j. if not adjusting a reservation.

j. Select OK to messages to stamp SIGNED.
k. Select Review/Sign, and then select Pre-Audit to add justifications for any changes made.
l. Select Save and Proceed to Digital Signature.
m. Select SIGNED on the Digital Signature screen.

Create a Completed Document.

Create an Amendment

a. Select Authorizations/Orders from the Official Travel drop-down menu.
b. Select Amend next to the desired document.
c. Select OK.
d. Enter reason for edit in the Comment box.
e. Enter PIN and select OK.
f. Follow Steps f. through o in the Create an Adjustment section above.

Create an Authorization

a. On the DTS Welcome screen, mouse over Official Travel on the navigation bar.
b. Select Authorization/Orders from the menu.
c. Select Create New Authorization/Order.

Note: If the traveler is using DTS for the first time, a pop up will appear to review or update the traveler’s profile. Make any necessary changes, then select Update Personal Information.
a. Enter the Starting Point by selecting a location in the Starting Locations in Profile box or by typing a location in the field.
b. In the Departing On field, type the date or use the calendar tool to enter the departure date.
c. Select the Trip Type and Trip Purpose by using the drop-down menus.
d. (Optional) Complete the Trip Description field with details of the trip.
e. Select the mode of transportation for travel to the location and the departure date.
f. Select Location in the Location Tools box on the right to search for and enter a location.

Note: The DPM, Chapter 2 explains all search options: Location, State/Country, ZIP Code, and County.
g. In the Search Location window, enter city, state, county, country, or location name.
h. Select Search Location.
i. Select the radio button next to the preferred location, then choose Select and Close.
j. In the Arriving On: date field, use the calendar tool and select the arrival date for the location.
k. In the Departing On: date field, use the calendar tool and select the departure date for the location.
l. Select the box(es) if reservations are needed for a rental car or lodging at the location.
m. Select Yes or No for Will you be traveling to another TDY Location? If Yes, repeat Steps e through m.

n. Enter the Ending Point by selecting the location from the Return Locations in Profile box or by typing in a location in the field.

o. Select the mode of transportation for travel to the return location and the departure time.
p. Select the check box in Section E if other ticketed transportation will be used (such as a bus).

q. Select the CTO Full Assistance Request button if preference is to enter comments to the CTO and receive travel assistance for the full itinerary in place of selecting own reservations using the reservation module. An additional fee will be charged for this option. Select OK to proceed. Add additional comments if necessary and select Send Comments to CTO. The Preview Trip screen will appear. After reviewing this screen, proceed to Step 6 by selecting Expenses on the navigation bar.

Note: Military members must contact the lodging facility directly to reserve lodging at a military installation.

-OR- Select Save and Proceed.
Section 5  Authorizing Official Instructions

Cancel an Authorization – No Expense Incurred

a. On the DTS Welcome screen, select Click Here next to Documents Awaiting Your Approval.
b. Select review located to the left of the document in the Documents in Routing screen. The Preview Trip screen opens.
c. Select Pre-Audit from the navigation bar.
d. Review any justifications that may be provided and select Save and Proceed to Digital Signature.
e. In the Document Action block, select Submit this Document as: drop down arrow and choose CANCELLED.
f. Select Submit Completed Document.
g. Complete the PIN field in the Digital Signature login box and select OK.

Expenses Incurred – Voucher Submitted

The AO can approve a voucher for expenses or CTO fees that has been incurred due to a cancelled trip. The traveler will use the trip cancel button to cancel any reservations and DTS will automatically create a voucher for the traveler to complete so the traveler will be reimbursed.

a. On the DTS Welcome screen, select Click Here next to Documents Awaiting Your Approval.
b. Select review located to the left of the document in the Documents in Routing screen. The Preview Trip screen opens.
c. On the Preview Trip screen review the expenses claimed.
d. Select Pre-Audit from the navigation bar.
e. Review justifications, any required receipts and select Proceed to Digital Signature.
f. On the Digital Signature screen, select the Submit this Document as: drop down arrow and choose APPROVED.
g. Select Submit Completed Document.
h. Select Save and Continue on the Stamp Process screen.
i. Select OK on the Fund Voucher screen.
j. Enter the appropriate PIN in the Digital Signature Login box and select OK.

Instructions to Cancel a Trip (Traveler, NDEA and AO)

November 9, 2009

This trifold guides the traveler/NDEA and AO through cancelling a typical trip in DTS. For more information, see Chapter 10 in the Document Processing Manual.

Instructions to Cancel a Trip

The steps required to Cancel a Trip in DTS depend on the scenario that applies:

- Authorization Created - No Expenses were incurred.
- Authorization Signed or Approved - No Expenses were incurred.
- Authorization Approved - Expenses were incurred to the traveler and/or government, or the traveler received a non-ATM advance or schedule partial payment.

CTO disabled sites should refer to their local business rules to cancel any reservations.

Section 1  Authorization Created – No Expenses Incurred

a. On the DTS Welcome screen, mouse over Official Travel on the navigation bar.
b. Select Authorization/Orders from the menu.
c. Select remove next to the document to be deleted. A pop up message appears asking for confirmation that the selected trip is to be deleted.
d. Select **OK** to acknowledge the message.
e. If no reservations were made in the document, DTS will remove the document and no further action is required.
f. If reservations were made, a message will display letting the traveler know that reservations exist in the document. These reservations must be removed before the document can be deleted.

g. To remove reservations, select **edit** next to the document containing the reservations. The document will open on the **Preview Trip** screen.
h. Select **Travel** from the main navigation bar, the **Cancel Reservations** screen will appear.

i. Select the **Cancel All and Start Over** button. The **Trip Summary** screen will open and reservations should be cancelled.

j. After the reservations are removed, the traveler can go back to the Authorizations/Orders screen and remove the document by following steps c-d.

---

**Section 2**

**Authorization Signed – No Expenses Incurred**

Follow steps a through b in Section 1.

c. Select **trip cancel** next to the document to be cancelled.

d. Select the **No Expenses were incurred** radio button. A pop up message appears informing the traveler that this action is non-reversible.

e. Select **OK** to acknowledge the message.
f. To cancel this action, select the **Return to Document List**.

g. The **Digital Signature** screen displays.
h. Select the **Submit this document as** drop down arrow and choose **SIGNED**.
i. (Optional) Complete the **Additional Remarks** field.
j. Select **Submit the Completed Document** and the Digital Signature login window opens. Enter the appropriate PIN and select **OK**.

---

**Section 3**

**Authorization Signed – Expenses Incurred**

Follow steps a through c in Sections 1 and 2.

d. Select the **Expenses were incurred to the traveler and/or government, or the traveler received a non-ATM advance or scheduled partial payment** radio button. A pop up message appears informing the traveler that this action is non-reversible and that reservations will be cancelled once signed.
e. Select **OK** to acknowledge the message. Another pop up message appears informing the traveler that once the authorization is approved a voucher will need to be created and incurred expenses edited or added to receive reimbursement.

---

**Section 4**

**Authorization Approved – Expenses Incurred or Advance/SPP Received**

Follow steps a through c in Sections 1 and 2.

d. Select the **Expenses were incurred to the traveler and/or government, or the traveler received a non-ATM advance or scheduled partial payment** radio button.
e. A pop up message appears informing the traveler that this action is non-reversible and that a voucher will be created and reservations will be cancelled once continue is selected.
f. Select **OK** to acknowledge the message.
g. Select **Continue** on the **Trip Cancellation** screen.
h. DTS auto-creates the voucher and the non-mileage expenses screen opens. The cost for all expenses on the voucher is set to $0, except for CTO fees, and matched CBA transactions.
Additional Options

Adjust and Amend Vouchers

A traveler can edit a document that has been stamped SIGNED. An adjustment is a change to a voucher before the AO applies the APPROVED stamp. An amendment is a change to a voucher after the AO applies the APPROVED stamp.

**Create an Adjustment**

1. Mouse over **Official Travel** on the menu bar on the DTS Welcome screen and select **Vouchers**.
2. Select **view/edit** next to the desired document.
3. Clear the **Open Document-view ONLY** check box.
4. Enter your **PIN** and select **OK**. The Trip Preview screen opens.
5. Select **edit** next to the item(s) that need adjusting.
6. Make all necessary changes.
7. Select **Review/Sign**.
8. Select **Pre-Audit** and justify any changes.
9. Select **Save and Proceed to Digital Signature**.
10. Enter comments in the **Additional Remarks** field and stamp the voucher **SIGNED**.
11. Enter your **PIN** on the Digital Signature screen.

**Create an Amendment**

1. Mouse over **Official Travel** on the menu bar on the DTS Welcome screen and select **Vouchers**.
2. Select **amend** next to the desired document.
3. Enter justification in the **Comment** box and select **OK**.
4. Enter your **PIN** and select **OK**. The Trip Preview screen opens.
5. Follow steps 5-10 as described above.

Log On to DTS

1. Insert the CAC into the reader.
3. Select **LOGIN TO DTS**
4. Read the Security Alert screen. Select **Yes**.
5. Select **Accept** to the DoD Privacy & Ethics Policy.
6. The Digital Signature Login window opens.
7. Enter the **PIN** and select **OK**.
8. Enter any remarks that must appear on the voucher.
9. Select **Save and Proceed To Pre-Audit** at the bottom of the page.
10. Enter justifications to the AO in each **Comment** box of the flagged items. **Justifications are mandatory**.
11. Select **Save and Proceed To Digital Signature**.
12. Enter comments in the **Additional Remarks** field and stamp the voucher **SIGNED**.
13. Enter your **PIN** in the Digital Signature Login window.

Create a Voucher

1. Enter comments in the **Remarks** box.
2. Select **Submit Completed Document**.
3. Enter your **PIN** in the Digital Signature Login window.
4. Select **OK**.

The system will then refresh to the Welcome screen.
3. Select **Proceed to Per Diem Locations**.
4. Select **OK** (OK may have to be selected twice based on date change(s) that were made).
5. Select **Edit** for the location in the **Trip Summary** box on the right side of the screen. If there is more than one location, select the one that is affected by the new date(s). OK may need to be selected based on date change(s) that were made.
6. Select the calendar icon in the **Per Diem Locations** box and select the new **Arriving On** and / or **Departing On** date(s) for the selected location.
7. Select **Save Changes**.
8. Select **OK** to the Entitlements Update prompt.

### Travel

1. Select **Travel** on the navigation bar to make changes to any reservations approved on the auth.
2. Select **Edit** next to any air segments requiring changes in the **Trip Summary** column.
3. Select **Change Ticket Data**.
4. Under **Edit Ticket Information**, change the fields as necessary.
5. Select **Save**.
6. Select **Remove** next to any air segments that were not used.
7. Select **Other Transportation** to add ticket data purchased outside of DTS.
8. Enter the necessary information into the **Add Ticket Information** fields.
9. Select **Save**.

### Lodging

**Note**: Hotel sales tax or room tax, if any, should be added under the **Expenses** tab (CONUS trips only). Changes to lodging costs should be made on the Per Diem Entitlements screen.

1. Select **Travel** on the navigation bar.
2. Select **Lodging** on the subnavigation bar.
3. Select **Edit** in the **Trip Summary** column for the lodging that requires changes. The **Lodging** box displays the lodging information from the auth.
4. Change dates as necessary in the **Lodging** box.
5. Select **Actual Lodging Cost** if lodging costs exceed per diem and require updating. The Per Diem Entitlements screen opens.
6. Select **Edit** for the date on which changes are necessary and update cost if necessary.

#### Rental Car

If a rental car was included as part of the auth, and the original information changed, use the **Rental Car** tab.

1. Select **Travel** on the navigation bar.
2. Select **Rental Car** on the subnavigation bar.
3. Select **Edit** next to the rental car that requires changes.
4. Select **Remove** to delete the rental car entry.
5. Change the dates, times, cost, and method of reimbursement in the **Car Rental** box, as necessary.

#### Expenses

After travel, you can add, update, or delete your expenses in the **Expenses** section to reflect actual trip costs.

1. Select **Expenses** on the navigation bar.
2. Select **Non-Mileage** on the subnavigation bar to enter expenses such as hotel taxes, parking fees, gasoline, and other non-mileage expenses that were not originally entered on the auth.

**Note**: See **Document Processing Manual**, Section 4.5.1.1 for instructions on adding expenses to the voucher directly from a list of previous GTCC charges.

3. Select **Mileage** on the subnavigation bar to update claimed expenses for mileage.
4. Select **Per Diem Entitlements** to modify daily entitlements.
5. Select **Substantiating Records** to add supporting documents by one of two methods:

### Fax Method

1. Select **Print Fax Cover Sheet**, choose the printer and select **Print**. The bar code on the fax sheet is unique to each document name. A cover sheet must be printed and attached for each submission.
2. Use the fax cover sheet as the first page and fax it with all supporting documents and receipts to the fax number on the cover sheet.

### Scan and Upload Method

1. Select **Browse** next to the **Upload Scanned** field. Locate and select the scanned file.
2. Select **Open**.
3. Select **Upload**. Once the file is uploaded a **Save Notes** field displays.
4. Enter descriptive information about the file.
5. Select **Save Notes**. The screen will refresh.

### Lines of Accounting

**Note**: If a payment has been made on a Line of Accounting (LOA), e.g., an Advance/SPP or voucher settlement, you should NEVER remove or change that LOA. If a change must be made, it must be done manually outside of DTS. If no payment has been made, the LOA may be changed.

1. Select the correct LOA from the **Accounting Code** drop-down menu.
2. If an LOA needs to be deleted and there have been no payments to the LOA, select **remove** next to the LOA.
3. If needed and if no payments have been made on the LOA, select **Allocate Expenses**.
4. Select the **Accounting Code** needed for each allocation.
5. Select **Save Allocations**. The **Expense Summary** box will display a breakdown of the expenses pertaining to each LOA.
Incentives
IAW TPR 451, HRR 451-2

MONETARY AWARDS

Quality Step Increase (QSI):
- Accomplished on NGB Form 32 and SF 52
- General Schedule (GS) only
- Must have a rating of “5” (Outstanding) on your current appraisal

MONETARY AWARDS

Individual Cash Award:
- Accomplished on NGB Form 32 and SF 52
- GS or FWS eligible
- Not to exceed $500 per award
- No more than two per fiscal year
- Taxable income
Suggestion Program

Suggestion Awards:

- AIP – Army Idea Program (Submit on-line)
- USAF Idea Program

MONETARY AWARDS

Inventions:

- $100 in addition to any award under Suggestion or Special Achievement
- $300 upon award of patent categories
- Can be thousands of $$ when tangible

NON-MONETARY AWARDS

Time-Off Award:

- Accomplished through SF 52 and NGB 32
- Up to 40 hrs per award; no more than 80 hrs in 1 leave year
NON-MONETARY AWARD

**Length of Service Award:**

- Awarded to NGB Technicians and other Government employees for distinguished service
- Eligible after 10 years of service
- Awarded in 5-year increments

NON-MONETARY AWARDS

**Honorary Awards:**

- Presidents Award for Distinguished Federal Civilian Service
- Department of Defense Distinguished Service Award
- Decoration for Exceptional Civilian Service
- Meritorious Civilian Service Award
- Presidential Recognition Program
- Certificates of Achievement
- Letters of Appreciation or Commendation

**Questions**
Federal Employee Health Benefits - Eligibility

- Must be in a position subject to retirement deductions (FERS, CSRS, CSRS Offset)
- Temporary Appointments must be over 365 days for enrollment (102%)
- Part-time employees pay a higher premium based on number of hours worked per pay period
- Coverage is NOT automatic
- No waiting period for coverage (effective pay period after election is made)
- No pre-existing conditions

FEHB - Federal Employee Health Benefits

- One open season each year (November-December). Coverage would be effective the first pay period in January.
- You may not cancel outside an open season unless qualifying life event (marriage, divorce, new child, spouse gaining other health coverage, gain Tricare coverage, etc.).
- If you don’t enroll, a life-changing event can permit your enrollment at any time (marriage, divorce, new child, spouse losing other coverage, etc.).
- New employees have 60 days to make an election.
FEHB-Premium Conversion

• Pre-tax benefit: Health Insurance premiums will be deducted prior to taxes

• You will be automatically enrolled in Premium Conversion unless you waive it.

• Allows you to save on Federal Taxes, State Taxes & Social Security deductions

FEHB
Federal Employee Health Benefits

• As a technician you can no longer be enrolled in Tricare Reserve Select, because you are now eligible for FEHB. If you are currently enrolled your coverage will be terminated.

• Fee-For-Service Plans - These plans provide flexibility in using medical providers of your choice. You may choose medical providers who have a contract with the health plan to offer discounted charges. You can also choose medical providers who are not contracted with the plan, but you will pay more of the cost.

• Pg 36-39 of the Guide to Federal Benefits handbook lists the Fee-for-Service plans and their enrollment codes, as well as biweekly premiums, deductibles, co-pays, survey ratings, and other valuable information.

FEHB
Federal Employee Health Benefits

• HMO - A Health Maintenance Organizations provides care through a network of physicians and hospitals in particular geographic or service areas. HMOs require you to see specific physicians, hospitals, and other providers that contract with them. Your eligibility to enroll in an HMO is determined by where you live or work.

• CDHP - Consumer Driven Health Plans do not require you to see specific physicians, hospitals and other providers that contract with them. A CDHP plan provides you with the freedom in spending health care dollars the way you want. Members may have the responsibility to provide up-front costs.

• HDHP – High Deductible Health Plans do not require you to see specific physicians, hospitals and other providers that contract with them. A HDHP provides comprehensive coverage for high-cost medical events and a tax-advantaged way to help you build savings for future medical expenses.
FEHB
Federal Employee Health Benefits

• To see a full list of insurance plans available for WI:
  http://www.opm.gov/insure

• It is your responsibility to research available plans and ensure that the plan you select covers your area.

• It is your responsibility to ensure that premiums are being taken from your LES correctly.
### 2012 HMOs
(You must live or work in these locations to qualify for coverage)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Options</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEAN HEALTH PLAN</td>
<td>High Self or High Self &amp; Family</td>
<td>Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Waukesha, and Walworth counties</td>
</tr>
<tr>
<td>GROUP HEALTH COOPERATIVE</td>
<td>High Self or High Self &amp; Family</td>
<td>Columbia, Dane, Dodge, Green, Iowa, Jefferson, Lafayette, Rock and Sauk counties</td>
</tr>
<tr>
<td>HEALTH PARTNERS</td>
<td>High Self or High Self &amp; Family; Standard Self or Standard Self &amp; Family</td>
<td>Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Crawford, Douglas, Dunn, Eau Claire, Grant, Iron, Jackson, Juneau, La Crosse, Marathon, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rusk, St. Croix, Sauk, Sawyer, Taylor, Trempeleau, Vernon, Vilas, Washburn and Wood counties</td>
</tr>
<tr>
<td>MERCYCARE HMO</td>
<td>High Self or High Self &amp; Family</td>
<td>Rock, Walworth, Jefferson and Green counties</td>
</tr>
<tr>
<td>PHYSICIANS PLUS INSURANCE CORPORATION</td>
<td>High Self or High Self &amp; Family</td>
<td>Dane County</td>
</tr>
</tbody>
</table>

### 2012 CDHP & HDHPs
(Consumer Driven Health Plan or High Deductible Health Plan)

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Options</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETNA HEALTH FUND</td>
<td>CDHP Self, CDHP Self &amp; Family, HDHP Self or HDHP Self &amp; Family</td>
<td>All of Wisconsin</td>
</tr>
<tr>
<td>APWU HEALTH PLAN</td>
<td>CDHP Self or CDHP Self &amp; Family</td>
<td>All of Wisconsin</td>
</tr>
<tr>
<td>GEHA HEALTH PLAN</td>
<td>HDHP Self or HDHP Self &amp; Family</td>
<td>All of Wisconsin</td>
</tr>
<tr>
<td>MAIL HANDLERS BENEFIT PLAN</td>
<td>HDHP Self or HDHP Self &amp; Family</td>
<td>All of Wisconsin</td>
</tr>
</tbody>
</table>
The 2012 Guide To Federal Benefits

For Federal Civilian Employees

- Federal Employees Health Benefits (FEHB) Program p. 10
- Federal Employees Dental and Vision Insurance Program (FEDVIP) p.14
- Federal Flexible Spending Account Program (FSAFEDS) p.18
- Federal Employees’ Group Life Insurance (FEGLI) Program p. 22
- Federal Long Term Care Insurance Program (FLTCIP) p. 24

Visit us at: www.opm.gov/insure
<table>
<thead>
<tr>
<th></th>
<th>New Hires Can Enroll</th>
<th>Federal Benefits Open Season</th>
<th>How to Enroll</th>
<th>OPM's Program Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEHB</strong></td>
<td>Within 60 days from new hire date</td>
<td>Annual – November 14 to December 12, 2011</td>
<td>Varies by agency; automated enrollment or via SF 2809</td>
<td><a href="http://www.opm.gov/insure/health">www.opm.gov/insure/health</a></td>
</tr>
</tbody>
</table>
| **FEDVIP**     | Within 60 days from new hire date                        | Annual – November 14 to December 12, 2011     | Go to www.BENEFEDS.com or call 1-877-888-3337                                | www.opm.gov/insure/dental
www.opm.gov/insure/vision              |
| **FSAFEDS**    | Within 60 days from new hire date                        | Annual – November 14 to December 12, 2011     | Go to www.FSAFEDS.com or call 1-877-372-3337                                 | www.opm.gov/insure/flexible            |
| **FEGLI**      | Within 60 days from new hire date for optional insurance; automatically enrolled in Basic insurance until you take action to cancel | No annual Open Season                         | Varies by agency; automated enrollment or via SF 2817 for new hires Others provide medical information on SF 2822 | www.opm.gov/insure/life               |
| **FLTCIP**     | Apply (not necessarily enroll) within 60 days from new hire date with abbreviated underwriting | No annual Open Season                         | Go to www.LTCFEDS.com or call 1-800-582-3337                                 | www.opm.gov/insure/ltc                |
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Introduction to Federal Benefits and This Guide

As a Federal employee, the benefits available to you represent a significant piece of your compensation package. They may provide important insurance coverage to protect you and your family and, in some cases, offer tax advantages that reduce the burden in paying for some health products and services, or dependent or elder care services.

The purpose of this Guide is to provide you basic information about the benefits offered to you as a Federal employee, and assist you in making informed choices about these benefits as you move through your career and prepare for retirement.

Benefits Programs included in this Guide

In addition to your Civil Service or Federal Employees Retirement System benefits and the Thrift Savings Plan, the Federal government offers five benefits programs to eligible employees and retirees. This Guide includes information on the five programs:

- Federal Employees Health Benefits Program
- Federal Employees Dental and Vision Insurance Program
- Federal Flexible Spending Account Program
- Federal Employees’ Group Life Insurance Program
- Federal Long Term Care Insurance Program

If you are a new Federal employee or have recently become eligible for benefits, this Guide will walk you through the benefits offered, and provide information on how and when to make your choices. If you are a current employee, it will provide the most current information regarding the benefit programs, and will support you as you make decisions during the annual Federal Benefits Open Season, or experience life events that cause you to reconsider previous choices.

This Guide also contains some tips on what to consider as you make your decisions. For instance, did you know that the Federal Employees Health Benefits (FEHB) Program, the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Flexible Spending Account Program (FSAFEDS) can potentially provide you with greater benefits without costing you much more? As a Federal employee, you can choose to pay the FEDVIP and FEHB premiums with pre-tax dollars and you can use pre-tax FSA dollars to pay for eligible expenses, including FEDVIP and FEHB copays and deductibles. Dental and vision care are also eligible FSA expenses, whether combined with FEDVIP coverage or not. Please take a moment to review the information in this Guide and decide upon the right choices for you.

Additional Information

You will find references throughout this Guide to websites or other locations to obtain more detailed information than is available here. We encourage you to access these sites to become a more educated decision-maker and consumer of Federal benefit programs.
Do you know someone who needs health insurance but can’t get it? The Pre-Existing Condition Insurance Plan (PCIP) may help.

An individual is eligible to buy coverage in PCIP if:

- He or she has a pre-existing medical condition or has been denied coverage because of the health condition;
- He or she has been without health coverage for at least the last six months. (If the individual currently has insurance coverage that does not cover the pre-existing condition or is enrolled in a state high risk pool then that person is not eligible for PCIP);
- He or she is a citizen or national of the United States or resides in the U.S. legally.

New or Newly Eligible Employees

As a new or newly eligible employee, you may have the opportunity to enroll in the benefit programs noted below. Use this chart to assist you with the decision-making process of selecting and enrolling in the benefit programs below that meet your needs. The chart gives you things to consider as you make your decisions.

**FEHB**
1. See page 10 for general information on FEHB (including eligibility) and for guidance on choosing a plan;
2. If you decide to enroll, examine the 2012 brochure of each plan you consider to ensure the benefits and premiums meet your needs and the plan is available in your area;
3. Contact the human resources office of your agency for information on how to enroll.

**FEDVIP**
1. See page 14 for general information on FEDVIP (including eligibility) and guidance on choosing a FEDVIP dental plan and/or vision plan;
2. If you decide to enroll, examine the 2012 brochure of each plan you consider to ensure the benefits and premiums meet your needs and the plan is available in your area;
3. See page 16 for information on how to enroll.

**FSAFEDS**
1. See page 18 for general information on FSAFEDS (including eligibility) and for guidance on making a decision whether to participate;
2. See page 21 for information on how to enroll.

**FEGLI**
1. See page 22 for general information on FEGLI (including eligibility) and for guidance on making a decision whether to select optional insurance (Basic FEGLI is automatic);
2. See page 23 for information on how to enroll.

**FLTCIP**
1. See page 24 for general information on FLTCIP (including eligibility) and for guidance on making a decision whether to apply;
2. See page 25 for information on how to apply for coverage.
**Current Employees**

During Open Season, you have the opportunity to make changes in the Federal Employees Health Benefits (FEHB) Program, the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Flexible Spending Account Program (FSAFEDS). You can use this chart to assist you with the decision-making process of selecting plans and enrolling in these benefit programs.

<table>
<thead>
<tr>
<th>If Currently Enrolled in the Program</th>
<th>If Not Enrolled in the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEHB</strong></td>
<td></td>
</tr>
<tr>
<td>1. Check your plan's 2012 premiums and satisfaction survey results in Appendix E;</td>
<td>1. See page 10 for general information on FEHB (including eligibility) and Appendix B for guidance on choosing a plan;</td>
</tr>
<tr>
<td>2. Examine your plan's 2012 brochure for benefit and enrollment/service area changes;</td>
<td>2. If you decide to enroll, examine the 2012 brochure of each plan you consider to ensure the benefits and premiums meet your needs and the plan is available in your area;</td>
</tr>
<tr>
<td>3. Check Appendix E for any new plans and plan options available to you;</td>
<td>3. Contact the human resources office of your agency for information on how to enroll.</td>
</tr>
<tr>
<td>4. If satisfied with your plan’s rates, survey results and benefits for 2012, <strong>do nothing</strong> – your enrollment will continue automatically;</td>
<td></td>
</tr>
<tr>
<td>5. If not satisfied with your current plan for 2012, see Appendix B for guidance on choosing another plan.</td>
<td></td>
</tr>
<tr>
<td>6. See page 7 for information on FEHB and retirement.</td>
<td></td>
</tr>
<tr>
<td><strong>FEDVIP</strong></td>
<td></td>
</tr>
<tr>
<td>1. Check your plan’s 2012 premiums in Appendix K and examine your plan’s 2012 brochure for benefit and enrollment/service area changes;</td>
<td>1. See page 14 for general information on FEDVIP (including eligibility) and for guidance on choosing a FEDVIP plan;</td>
</tr>
<tr>
<td>2. If also enrolled in FEHB, check your 2012 FEHB brochure for any changes in dental and/or vision benefits;</td>
<td>2. If you decide to enroll, examine the 2012 brochure of the plans in which you are interested to ensure the benefits and premiums meet your needs and the plan is available in your area;</td>
</tr>
<tr>
<td>3. If satisfied with your plan’s rates and benefits for 2012, <strong>do nothing</strong> – your enrollment will continue automatically;</td>
<td>3. If enrolled in FEHB, check your 2012 FEHB brochure for any changes in dental and/or vision benefits.</td>
</tr>
<tr>
<td>4. If not satisfied with your current plan for 2012, see page 14 for guidance on choosing another plan and for information on how to change your enrollment;</td>
<td>4. See page 16 for information on how to enroll.</td>
</tr>
<tr>
<td>5. If you no longer want FEDVIP, you must cancel during Open Season by contacting BENEFEDS. After Open Season you cannot cancel; see Appendix H for details.</td>
<td></td>
</tr>
<tr>
<td>6. See page 7 for information on FEDVIP and retirement.</td>
<td></td>
</tr>
<tr>
<td><strong>FSAFEDS</strong></td>
<td></td>
</tr>
<tr>
<td>1. If you want to participate in 2012, <strong>you must make a new election</strong>. Keep in mind your election and enrollment do not carry over from year to year; see page 21 for information on how to enroll;</td>
<td>1. See page 18 for general information on FSAFEDS (including eligibility) and for guidance on making a decision whether to participate;</td>
</tr>
<tr>
<td>2. Check your 2012 FEHB and 2012 FEDVIP plan brochures to see how any benefit changes may affect your out-of-pocket health care expenses;</td>
<td>2. See page 21 for information on how to enroll.</td>
</tr>
<tr>
<td>3. See page 18 for any updated information about the Program.</td>
<td></td>
</tr>
</tbody>
</table>
Federal Benefits Facts

FEHB

• When you retire, you are eligible to continue health benefits coverage if you meet all of the following requirements:
  – you are entitled to retire on an immediate annuity under a retirement system for civilian employees (including the Federal Employees Retirement System (FERS) Minimum Retirement Age (MRA) + 10 retirement); and
  – you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date your annuity starts, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).

• The 5 year requirement period can include the following:
  – the time you are covered as a family member under another person’s FEHB enrollment; or
  – the time you are covered under the Uniformed Services Health Benefits Program (also known as TRICARE) as long as you were covered under an FEHB enrollment at the time of your retirement.

• As an annuitant, you are entitled to the same benefits and Government contributions as Federal employees enrolled in the same plan.

• The event of retirement is not a qualifying life event (QLE); however, there are other opportunities to change FEHB enrollment including during Open Season or when you experience a QLE.

• If you retire with a Self Only enrollment and later want to cover eligible family members, you can change to a Self and Family enrollment during the annual Open Season or when you experience certain QLEs.

• If you are not enrolled in FEHB (or covered as a family member) at the time of your retirement, you cannot enroll when you retire.

• If you are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) at the time of your retirement, you can still contribute to your HSA provided you have no other insurance coverage other than those specifically allowed, and are not claimed as a dependent on someone else’s tax return. Some examples of other coverage that would cause ineligibility are: Medicare, TRICARE, other non-high deductible health insurance, or having received VA benefits within the previous three months. If you don’t qualify for an HSA, your plan will enroll you in a Health Reimbursement Arrangement (HRA).

• If you cancel your FEHB enrollment as an annuitant, you will never be able to re-enroll in FEHB unless you had suspended your FEHB enrollment because you are now covered by a Medicare Advantage plan, TRICARE or CHAMPVA, Medicaid or similar State-sponsored program of medical assistance, or Peace Corps Volunteer coverage.

• If you want your surviving family members to continue your health benefits enrollment after your death, you must be enrolled for Self and Family at the time of your death, and at least one family member must be entitled to an annuity as your survivor.

• Consider whether you need to sign-up for Medicare when you become eligible.
Thinking About Retiring?

**Federal Benefits Facts continued**

**FEDVIP**
- There is no 5 year requirement for continuing FEDVIP coverage into retirement.
- Your coverage will continue as a retiree. Retirees may also enroll during the annual Federal Benefits Open Season or when you experience a qualifying life event (QLE). Keep in mind that retirement is not a QLE.
- In most cases, changing from payroll deduction to annuity deduction is automatic, but may take one to three months to occur. It is advised that you contact BENEFEDS at 1-877-888-3337 prior to retirement in order to eliminate any suspension in coverage.
- BENEFEDS cannot deduct premiums from your annuity while you are receiving “special” or “interim” pay. Once your annuity is finalized, premium deductions will begin. If you miss one or more premium payments before your annuity is final, BENEFEDS will make double deductions until any balance due is paid. They will notify you before deducting this additional premium amount. Once there is no past due balance, the amount of premium deducted will return to the regular monthly premium.

**FSAFEDS**
- When you retire, you will no longer be able to participate in FSAFEDS. Your FSA will terminate as of the date of your retirement, and you will not be eligible to enroll as an annuitant. When you make your annual election for the year that you plan to retire, keep in mind that any remaining funds for which you have not incurred eligible expenses while employed will be forfeited.
- You can still submit claims for eligible medical expenses incurred prior to the date of your retirement.
- You can continue to use the remaining balance in your Dependent Care Flexible Spending Account (DCFSA) to pay for eligible dependent care expenses until the end of the Benefit Period or until your account balance is used up, whichever comes first.
Thinking About Retiring?

Federal Benefits Facts continued

FEGLI

- When you retire, you are eligible to continue your FEGLI life insurance coverage(s) if you retire on an immediate annuity and had the coverage for:
  - the five years of service immediately before the starting date of your annuity or, for annuitants retiring under FERS who postpone receiving their annuity, the five years immediately before their separation date for annuity purposes, or
  - all period(s) of service during which that coverage was available to you if it is less than five years, and
  - you (or your assignees) do not convert the coverage to a private policy.

- If you are eligible, you will choose via Standard Form (SF) 2818 how you wish your coverage(s) to continue during your retirement.

- If you are not enrolled in FEGLI at the time of your retirement, you cannot enroll when you retire.

- You cannot newly elect or increase existing coverage after you retire. You may only reduce or cancel coverage.

- Your premiums are subject to change in the future. Your premium could change based on your age and the experience of the Program. You will be notified if there is any change in your deductions from your annuity.

FLTCIP

- Your coverage continues into retirement provided you continue to pay premiums.

- If you pay premiums via payroll deduction, then shortly before you retire, you should notify Long Term Care Partners (LTCP) at 1-800-582-3337 to make other arrangements for premium payment.

- You may elect annuity deduction if you desire. LTCP cannot deduct your premium from “special” or “interim” pay. LTCP will send you a direct bill during this time. Premium deduction will begin from your annuity once it is finalized.
What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to employees, retirees and their eligible family members. If you continuously maintain your FEHB enrollment, or are covered by another FEHB enrollment as a family member, or a combination of both, for the five years of service immediately preceding your retirement, and you retire on an immediate annuity, you can continue to participate in the FEHB Program after retirement. The benefits you receive as a retiree are the same coverage Federal employees receive and at the same cost. If you leave government employment before retiring, the Program offers temporary continuation of coverage (TCC) and an opportunity to convert your enrollment to non-group (private) coverage.

If you are currently enrolled in the FEHB and do not want to change plans or enrollment type, you do not need to do anything. Your enrollment will continue automatically.

Appendix E includes a comparison chart of all the plans in the FEHB with information comparing basic benefits and costs.

Key FEHB facts

- The FEHB Program is part of the annual Federal Benefits Open Season.
- FEHB coverage continues each year. You do not need to re-enroll each year. If you are happy with your current coverage, do nothing. Please note that your premiums and benefits may change.
- You can choose from Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums, or Health Maintenance Organizations or Fee-for-Service plans with comprehensive coverage and higher premiums.
- There are no waiting periods and no pre-existing condition limitations, even if you change plans.
- If you are an active Federal employee, you can use your Health Care Flexible Spending Account or Limited Expense Health Care Flexible Spending Account with your FEHB plan.
- If you participate in premium conversion, enrollment changes can only be made during Open Season or if you experience a qualifying life event. Premium conversion allows Federal employees to use pre-tax dollars to pay their FEHB premiums.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.

What enrollment types are available?

- Self Only, which covers only the enrolled employee;
- Self and Family, which covers the enrolled employee and all eligible family members.
Which family members are eligible?

Family Members covered under your Self and Family enrollment are:
- Your spouse (including a valid common law marriage); and
- Children under age 26, including legally adopted children, recognized natural (born out of wedlock) children and stepchildren.

Foster children are included if they meet certain requirements. A child age 26 or over that is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

In determining whether the child is a covered family member, your employing office will look at the child’s relationship to you as an enrollee.

How much does it cost?

The premiums for your enrollment are shared by you and your Federal agency or retirement system. The government pays the lesser of: 72% of the average total premium of all plans weighted by the number of enrollees in each, or 75% of the premium for the specific plan you choose. If you are an employee, you automatically pay your share of the premium through a payroll deduction using pre-tax dollars, unless you elect not to participate in Premium Conversion. The charts in Appendix E provide cost information for all plans in the FEHB Program.

Am I eligible to enroll?

Most employees are eligible; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you have an appointment other than a career or career conditional appointment and your agency has not provided you information about enrollment, you should contact your human resources office for information.

When you retire, you are eligible to continue health benefits coverage if you retire on an immediate annuity under a retirement system for civilian employees (including FERS MRA + 10 retirement) and you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date your annuity starts, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).

If you suspend your FEHB coverage as a retiree because you are covered by TRICARE or CHAMPVA, a Medicare Advantage Plan, Medicaid, or Peace Corps volunteer coverage, you may reenroll under certain conditions. (You should contact your retirement system for information on your eligibility.) If you are not enrolled in or covered as a family member under FEHB when you retire, you will not be able to enroll after retirement.
When can I enroll?

If you are a new employee who is eligible for FEHB or an employee who has become newly eligible to enroll, you may enroll within 60 days of becoming eligible. You may also enroll during the annual Open Season held from the Monday of the second full work week in November through the Monday of the second full work week in December. Furthermore, you may enroll, change your enrollment type, or change plans outside of Open Season if you experience a qualifying life event such as a change in family or other insurance coverage status. Appendix C contains more specific information about qualifying life events that permit employees to enroll or change enrollment in the FEHB Program.

For new or newly eligible employees who elect to enroll, coverage will be effective on the first day of the first pay period that begins after your agency receives your enrollment. An Open Season enrollment or change is effective on the first day of the first full pay period that begins in January.

How do I enroll?

You may be able to enroll using the Health Benefits Election Form (SF 2809) or through an agency self-service system such as Employee Express, MyPay, Employee Personal Page, or EBIS. Contact the human resources office of your employing agency for details.

How do I get more information about this Program?

Visit the FEHB Program online at www.opm.gov/insure/health for information including:
  • How to compare and choose among health plans
  • Health plan websites and plan brochures
  • How to file a disputed claim request
  • Getting quality healthcare
  • Medicare and FEHB
Did You Know... Health Information Technology can improve your health!

What is Health Information Technology? Health Information Technology (HIT) allows doctors and hospitals to manage medical information and to securely exchange information among patients and providers. In a variety of ways, HIT has a demonstrated benefit in improving health care quality, preventing medical errors, reducing costs, and decreasing paperwork.

What are examples of HIT at work?

• You can go online to review your medical, pharmacy, and laboratory claims information;

• If you complete a Health Risk Assessment (HRA), your health plan can identify you as a candidate for case management or disease management and offer suggestions on healthy lifestyle strategies and how to reduce or eliminate health risks. Health plans can provide you with tips and educational material about good health habits, information about routine care that is age and gender appropriate.

• Physicians can have the very best clinical guidelines at their fingertips for managing and treating diseases;

• While with a patient, a physician can enter a prescription on a computer where potential allergies and adverse reactions are shown immediately;

• Computer alerts are sent to physicians to remind them of a patient’s preventive care needs and to track referrals and test results.

One feature of HIT is the Personal Health Record (PHR). The electronic version of your medical records allows you to maintain and manage health information for yourself and your family in a private and secure electronic environment. Some health plans include your medical claims data in your PHR, which gives a more complete picture of your health status and history.

You can also find a PHR on OPM’s website at www.opm.gov/insure/health/phr/tools.asp. This PHR is a fillable and downloadable form that you complete yourself and save on your home computer. We encourage you to take a look at this PHR option and, if you determine it will fulfill your record-keeping needs, take advantage of this opportunity.

Price/cost transparency is another element of health information technology. For example, many health plans allow you to use online tools that will show what the plan will pay on average for a specific procedure or for a specific prescription drug. You can also review healthcare quality indicators for physician and hospital services.

The health plans listed on our HIT website at www.opm.gov/insure/health/reference/hittransparency.asp have taken steps to help you become a better consumer of health care and have met OPM’s HIT, quality and price/cost transparency standards.

No one is more responsible for your health care than you – HIT tools can help.
**What does this Program offer?**

The Federal Employees Dental and Vision Insurance Program provides comprehensive dental and vision insurance at competitive group rates. There are seven dental plans and three vision plans from which to choose. FEDVIP features nationwide, international, and regional plans.

A dental or vision insurance plan is much like a health insurance plan; you may be required to meet a deductible and provide a copay or coinsurance payments for your dental or vision services. With any plan choice, you should look at all the information and find a plan that will best fit your needs. You should also review your FEHB plan brochure to determine what dental and/or vision coverage the FEHB plan provides.

If you are currently enrolled in FEDVIP and you take no action during Open Season, your current coverage will continue in 2012, provided you remain eligible for the program. Enrollment continues year to year, automatically. **Please Note:** your premiums and benefits may change for 2012.

**Key FEDVIP facts**

- FEDVIP is part of the annual Federal Benefits Open Season.
- FEDVIP is separate and different from the FEHB Program.
- The health care law does not change the age or unmarried requirement for dependents in FEDVIP.
- FEDVIP coverage continues each year. You do not need to re-enroll each year. If you do not want to change plans or enrollment type, do nothing.
- You can only cancel FEDVIP coverage during Open Season, upon deployment to active military duty or upon transfer to another agency where you enroll in their dental and/or vision plan and the agency pays at least 50% of the premium. You cannot cancel just because you retire or because you can no longer afford the premiums.
- If you are enrolled in an FEHB plan, it is a requirement under the FEDVIP law that your FEHB plan function as the first payer. The FEDVIP plan is always the secondary payer to the FEHB plan.
- You can use your Flexible Spending Account (FSA) with FEDVIP. You can submit your FEDVIP copayments and deductibles as eligible expenses against your FSA account.
- Cancellation of coverage can only be made during Open Season, upon deployment to active military duty, or upon transferring to an eligible position.
- All nationwide FEDVIP plans provide international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.
- There are no pre-existing condition limitations for enrollment.
- There is no opportunity to convert to a private plan when your FEDVIP coverage ends. There is no 31-day extension of coverage, Temporary Continuation of Coverage (TCC), Spouse Equity coverage, or right to convert to an individual policy (conversion policy).
What enrollment types are available?

- Self Only, which covers only the enrolled employee or retiree;
- Self Plus One, which covers the enrolled employee or retiree plus one eligible family member specified by the enrollee; and
- Self and Family, which covers the enrolled employee or retiree and all eligible family members.

Appendix I lists the available dental and vision insurance plans along with basic benefit information.

Which family members are eligible?

Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

FEDVIP rules and FEHB rules for family member eligibility are not the same.

Changes in dependent eligibility under healthcare reform (Affordable Care Act) do not affect eligibility for children under FEDVIP.

How much does it cost?

You pay the entire premium. There is no government contribution to the premium. If you are an active employee, your premiums are taken from your salary on a pre-tax basis if your salary is sufficient to make the premium witholding. When you retire, premiums are withheld from your monthly annuity check on a post-tax basis if your annuity is sufficient.

Premiums for the nationwide dental plans and one regional dental plan are based on where you live. This is called your rating region. Your home ZIP code is used to find your rating region. Rating regions vary by carrier. The vision plans do not have rating regions. Enrolling in a FEDVIP plan will not reduce your FEHB premium.

See Appendices J and K to find 1) the rating region assigned to the area where you live by the different dental plans and 2) the related premium you will pay. You may also go to our website at www.opm.gov/insure/dental and www.opm.gov/insure/vision for premium and rating region information.

Am I eligible to enroll?

In general, Federal employees eligible for FEHB coverage (whether or not actually enrolled) and retirees (regardless of FEHB status) are eligible to enroll in a dental and/or vision plan. Former spouses and deferred annuitants are NOT eligible to enroll. Anyone receiving an insurable interest annuity who is not also an eligible family member is NOT eligible to enroll.
When can I enroll?

If you are a new employee eligible for FEDVIP, or an employee who has become newly eligible to enroll, you may enroll within 60 days of first becoming eligible. This is a one-time opportunity outside of Open Season to enroll. There is a separate 60-day enrollment period for dental and vision. For example: you may enroll in a dental plan on day 30 and a vision plan on day 59. Once you enroll, your 60-day opportunity for that type of plan ends.

An eligible employee or retiree may also enroll during the annual Federal Benefits Open Season, which runs from the Monday of the second full work week in November through the Monday of the second full work week in December. An eligible employee or retiree may enroll, cancel, or change enrollment type or options during Open Season. They may enroll or make changes outside of Open Season if they experience a qualifying life event (QLE) such as a change in family or other insurance coverage status. Please see Appendix H for more information about QLEs that permit employees and retirees to enroll or make changes in FEDVIP.

If you enroll during Open Season, premiums are deducted beginning the first full pay period on or after January 1. For new or newly eligible employees who elect to enroll, coverage is effective the first day of the pay period following the one in which BENEFEDS receives your enrollment. An Open Season enrollment or change is effective January 1.

How do I enroll?

You may enroll on the Internet at www.BENEFEDS.com. BENEFEDS is a secure enrollment website sponsored by OPM. For those without access to a computer, please call 1-877-888-FEDS (1-877-888-3337) (TTY number, 1-877-889-5680).

You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, MyPay or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

What should I consider in making my decision to participate in this Program?

There are questions you should ask yourself when deciding to enroll in FEDVIP or selecting a FEDVIP plan. By considering these questions thoroughly, you will be able to determine if FEDVIP is a good option for you.

1. Does my FEHB plan provide dental or vision coverage?

2. Does the FEDVIP plan coordinate benefits with the FEHB plan and how is the coordination of benefits calculated?

3. How affordable is the plan?
   • How much will it cost me on a bi-weekly or monthly basis? Can I afford that for the entire year?
   • Must I pay a deductible?
   • If I use a FEDVIP provider outside of the network, how much will I pay to get care?
   • How frequently can I visit the dentist and how much do I have to pay at each visit?
   • Will the plan provide benefits if I am also covered by another dental or vision plan?
Federal Employees Dental and Vision Insurance Program (FEDVIP)

4. Do I have access to any provider?
   • Does the plan give me the freedom to choose my own dentist or am I restricted to a panel of dentists selected by the plan?
   • Are there enough of the kinds of dentists I want to see?
   • Where will I go for care? Are these places near where I work or live?
   • Do I need to get permission before I see a dental specialist?
   • Will the plan allow referrals to specialists? Will my dentist and I be able to choose the specialist?

5. Does the plan provide coverage for specialty services?
   • Are dentures, orthodontics, implants or replacement of missing teeth covered?
   • What are the plan's limitations or exclusions?
   • Are there annual limits on the types of services included?

How do I find my premium rate?

If you live outside the United States:
Go to Appendix K for your dental and vision premium rates.

If you live inside the United States:
Go to Appendix K for your vision premium rate. To find your bi-weekly or monthly dental premium, you must first find your rating area on the chart in Appendix J. Some plans may have changed their rating regions for the upcoming plan year.

Please Note: If you are currently enrolled and have moved or your postal service has assigned you a new ZIP code, your rating region may have changed.

1. To find your dental rating area:
   a. Go to the chart in Appendix J.
   b. Find your state and your corresponding Zip code (1st 3 digits).
   c. Look under the plan name and you will find your rating area.

2. To find your bi-weekly or monthly dental premium, match your rating area with your desired FEDVIP plan on the chart in Appendix K.

Making an informed choice

• Before selecting a plan that best suits your needs, ask your carrier or access the OPM website for a copy of the plan brochure.
• If you have questions about coverage, exclusions, limitations or payment of benefits, ask the plan before making your plan selection.
• Find out which plan your provider participates in and why. Keep in mind that if your provider leaves the plan, this is not a qualifying life event allowing a change or cancellation.

How do I get more information about this Program?

Visit FEDVIP online at www.opm.gov/insure/dental and www.opm.gov/insure/vision for information including:

• How to enroll
• FEDVIP plan websites, brochures, and provider searches

• Dental premium rates
• Vision premium rates
Federal Flexible Spending Account Program (FSAFEDS)

What does this Program offer?

A way to SAVE MONEY. The Federal Flexible Spending Account Program, known as FSAFEDS, is a benefit that can save you money. It offers accounts where you contribute money from your salary BEFORE taxes are withheld, incur eligible expenses, and get reimbursed. It’s a way to save money on dependent care and health care services and items for you and your family. It’s a way to pay less tax and save money!

The money contributed to your FSAFEDS account is set aside before taxes are deducted, so in most cases you save about 30% on your Federal taxes. The average tax savings for a person earning $50,000 who contributes $2,000 into an FSA account is approximately $600. That means you get $2000 worth of FSA eligible purchasing power PLUS pay about $600 LESS in Federal taxes.

Key FSAFEDS facts

- FSAFEDS is part of the annual Federal Benefits Open Season.
- Retirees cannot enroll in FSAFEDS.
- Employees MUST re-enroll each year – coverage does not automatically carry over to the next benefit period.
- If you enroll during Open Season you will have 14-1/2 months to spend your annual election.
- Enrollees must incur eligible expenses for their current benefit period by March 15th of the following year.
- Enrollees must file claims for their current benefit period by April 30th of the following year.
- Enrollees can use FSAFEDS accounts for copayments and deductibles from their FEHB and/or FEDVIP enrollments.
- Plan your contribution carefully and conservatively – you will lose any money in your account(s) for which you do not incur eligible expenses and timely file claims.
- Eligible health care expenses of an employee’s child are covered through the end of the year in which the child turns 26.

Recent changes to FSAFEDS

- Coverage for Over-the-Counter Medicines or Drugs - Over-the-counter (OTC) products that are medicines or drugs are not eligible for reimbursement from your Health Care FSA – unless – you have a prescription for that item written by your physician. The only exception is insulin – you will not need a prescription. Other currently eligible OTC items that are not medicines or drugs will not require a prescription.
- Expanded Coverage for Your Child’s Eligible Health Care Expenses - An employee enrolled in FSAFEDS may request reimbursement for eligible health care expenses incurred by a natural child, stepchild, adopted child, eligible foster child, or a child who is placed with the employee for legal adoption. The child does not need to reside with the employee or qualify as the employee’s tax dependent.
What enrollment types are available?

There are three types of FSAs. Each type has a minimum annual election of $250 and a maximum of $5,000:

- **Dependent Care FSA (DCFSA)** – Used for eligible dependent care (non-medical) expenses that allow you and your spouse (if married) to work, look for work (as long as you have earned income at some point during the year), or attend school full-time. Eligible expenses include child care, before and after school care, late pick-up fees, and adult daycare. Dependents covered under a DCFSA include your children before their 13th birthday, and may also include any person you claim as a dependent on your Federal Income Tax return who is mentally or physically incapable of self care.

- **Health Care FSA (HCFSA)** – Used for eligible health care expenses for you, your spouse, your tax dependents, and your adult children through the end of the calendar year in which they turn age 26 that are not covered or reimbursed by FEHB, FEDVIP or other insurance. Common expenses that are reimbursable by an HCFSA include:
  - Chiropractic services
  - Coinsurance, copays and deductibles (but not insurance premiums)
  - Contact lenses, solutions, and cleaners and cases
  - Dental care and procedures
  - Eye surgery
  - Eyeglasses and prescription sunglasses
  - Hearing aids and batteries
  - Infertility treatments

An HCFSA is not health insurance and does not replace your insurance plan. It is a separate program that reimburses you for eligible out-of-pocket health care expenses.

- **Limited Expense Health Care FSA (LEX HCFSA)** – Designed for employees enrolled in or covered by a High Deductible Health Plan with a Health Savings Account. Eligible expenses are limited to dental and vision care expenses for you, your spouse, your tax dependents and your adult children through the end of the calendar year in which they turn age 26 that are not covered or reimbursed by FEHB, FEDVIP or other insurance. By opening a Limited Expense Health Care FSA you can save money on taxes by using your LEX HCFSA dollars for dental and vision care while preserving your Health Savings Account funds for other purposes.

Eligible expenses include your out-of-pocket costs for services and products related to:
- Dental care (e.g., cleanings, fillings, crowns, orthodontics, etc.)
- Vision care (e.g., contact lenses, eyeglasses, refractions, vision correction procedures, etc.)

Am I eligible to enroll?

Most Federal employees in the Executive branch and many in non-Executive branch agencies are eligible. For specifics on eligibility, visit [www.FSAFEDS.com](http://www.FSAFEDS.com) or call an FSAFEDS Benefits Counselor toll-free at 1-877-FSAFEDS (1-877-372-3337) TTY: 1-800-952-0450, Monday through Friday, 9 a.m. until 9 p.m., Eastern Time. Retirees cannot enroll.
Federal Flexible Spending Account Program (FSAFEDS)

Which family members are eligible?

Enrollees in FSAFEDS may request reimbursement for eligible health care expenses incurred by a spouse, tax dependent, natural child, stepchild, adopted child, eligible foster child, or a child who is placed with the enrollee for legal adoption.

When can I enroll?

If you are a new or newly eligible employee or experience a qualifying life event (QLE), such as a change in family status, you have 60 days from your hire date (QLE date) to enroll in a HCFSA or LEX HCFSA and/or DCFSA, but you must enroll before October 1. If you are hired or become eligible or experience a QLE on or after October 1, you must wait and enroll during the Federal Benefits Open Season held each fall, which runs from the Monday of the second full work week in November to the Monday of the second full work week in December. You can find more information about qualifying life events at www.FSAFEDS.com.

Enrollment does not carry over from year to year – you must make an election every year to participate!

An election made during Open Season is effective on January 1 of the benefit year. If you are a newly hired or newly eligible employee enrolling outside of Open Season, your effective date is the day after your election is accepted by FSAFEDS.

Qualifying Life Events (QLEs) that May Permit a Change in Your Flexible Spending Account Participation

The following QLEs may allow you to enroll, cancel, increase, or even decrease your election amount:

- A change in your legal marital status (i.e., marriage, legal separation, divorce, or death of your spouse)
- The birth or adoption of your child, or placement for adoption
- The death of a dependent
- Other changes in the number of your tax dependents (e.g., parents now reside with you because they are incapable of self-care)
- A change in employment status (for you, your spouse or your dependent) that affects eligibility for health insurance benefits
- Leave Without Pay (LWOP) due to military deployment
- A change in your dependent's eligibility (e.g., your child reaches age 13 when he/she is no longer eligible for coverage under a Dependent Care Flexible Spending Account)
- A change in cost or coverage for daycare or elder care (e.g., a significant cost increase charged by your current daycare provider, or a change in your provider – for Dependent Care Flexible Spending Account only)
Federal Flexible Spending Account Program (FSAFEDS)

How do I enroll?

You enroll at www.FSAFEDS.com or by calling 1-877-372-3337.

What should I consider in making my decision to participate in this Program?

- Do I want to participate this year? You must make a new election every year. Enrollment does not carry over from year to year.
- What do my annual medical/dependent care out-of-pocket expenses run each year?
- Will my health, dental or vision insurance coverage be different this year? Am I changing plans or adding other coverage? Are my copayments changing?
- Will I still have the same number of dependents?
- Plan your contribution carefully and conservatively – you will lose any money in your account(s) for which you do not incur eligible expenses and timely file claims.

How do I get more information about this Program?

Call 1-877-372-3337, TTY 1-800-952-0450, or visit www.FSAFEDS.com.
Federal Employees’ Group Life Insurance (FEGLI) Program

What does this Program offer?

The FEGLI Program offers group term life insurance.

Key FEGLI facts

- The FEGLI Program is not part of the annual Federal Benefits Open Season.
- Employees in eligible positions are automatically covered under Basic life insurance, unless they choose to waive that coverage.
- Employees must have Basic insurance in order to have or elect Optional insurance.
- Employees must take action, within strict time limits, to elect Optional insurance. Coverage is not automatic.
- The Government pays one-third of the cost of Basic insurance. Enrollees pay 100% of the cost of Optional insurance.
- FEGLI does not have any cash or paid-up value. You cannot get a loan by borrowing from this insurance.
- Retirees may be able to continue their FEGLI coverage into retirement, but they cannot newly elect FEGLI coverage as a retiree.
- Living benefits are life insurance benefits paid to you while you are still living, rather than paid to a beneficiary or survivor when you die. You are eligible to elect a living benefit if you are an employee, retiree, or compensationer covered under the FEGLI Program who has been diagnosed as terminally ill with a life expectancy of nine months or less, and you have not assigned your insurance.

What coverage is available?

Basic insurance – your annual salary, rounded up to the next even $1,000, plus $2,000. Basic insurance includes accidental death and dismemberment coverage for employees (not for retirees).

Optional insurance

- Option A - Standard – $10,000 of insurance. Option A includes accidental death and dismemberment coverage for employees (not for retirees).
- Option B - Additional – 1, 2, 3, 4 or 5 times your annual rate of basic pay after rounding it up to the next even $1,000.
- Option C - Family – coverage for your spouse and all of your eligible dependent children. You can elect 1, 2, 3, 4 or 5 multiples. Each multiple is equal to $5,000 for your spouse and $2,500 for each eligible child.

How much does it cost?

You pay two-thirds of the premium for Basic life insurance and the Government pays one-third. Your cost for Basic life insurance is $0.15 biweekly, per $1,000 of coverage. Your age does not affect the cost of Basic insurance.

You pay 100% of the premium for Optional insurance. The cost depends on your age, based on 5-year age groups.

Am I eligible to enroll?

Most Federal employees are eligible to enroll in FEGLI unless they are excluded by law or regulation. Federal retirees are eligible to carry their FEGLI into retirement if they meet the following requirements: eligible to retire on an immediate annuity (including FERS MRA+10 retirement), have not converted the coverage to a private plan, and have been insured under FEGLI for the five years immediately preceding retirement or for all periods of service during which FEGLI was available to them if they have been covered for less than five years. There is no waiver of this five-year rule.
Federal Employees’ Group Life Insurance (FEGLI) Program

Which family members are eligible?

Eligible FEGLI family members include a spouse and eligible dependent children. Eligible dependent children must be unmarried and under age 22, or if age 22 or over, incapable of self-support because of a mental or physical disability that existed before the child reached age 22. Eligible dependent children include your natural children, adopted children, stepchildren (if they live with you in a regular parent-child relationship), recognized natural children and foster children (if they live with you in a regular parent-child relationship). Stillborn children are not covered.

When can I enroll?

The FEGLI Program is not part of the annual Federal Benefits Open Season.

If you are a new employee who is eligible for FEGLI, or an employee who has become newly eligible to enroll, you will be automatically enrolled in Basic. If you do not want Basic, you must file a waiver with your agency.

As a new or newly eligible employee, you may enroll in Optional insurance within 60 days of becoming eligible. If you take no action, you will have Basic and will not have any Optional insurance.

If you are not a new employee or newly eligible, you may enroll in Basic life insurance and, if you wish, Option A and/or Option B coverage by providing satisfactory medical information at your own expense using the Request for Life Insurance (Standard Form 2822). You cannot enroll in Option C this way.

You may elect Basic, Option A, Option B and Option C within 60 days of a FEGLI qualifying life event. In addition, you may increase the number of multiples of Option B and/or Option C. You may elect any number of multiples for Option B and Option C as long as the total number of multiples for each option does not exceed 5.

You may also enroll during a FEGLI Open Season, which is held infrequently. You will receive plenty of notice when there is a FEGLI Open Season. The most recent FEGLI Open Seasons were held in 2004 and in 1999.

How do I enroll?

You may be able to enroll using the Life Insurance Election Form (Standard Form 2817) or through an agency self-service system such as EBIS. Contact the human resources office of your employing agency for details on how you can enroll.

Who gets the benefits paid after my death?

When you die, the Office of Federal Employees’ Group Life Insurance (OFEGGLI), an administrative unit of Metropolitan Life Insurance Company (MetLife), will pay life insurance benefits in a particular order set by law. The FEGLI Program Booklet, available from your human resources office and at www.opm.gov/insure/life, contains more details.

How does my beneficiary file a claim?

He or she must use a specific form (FE-6) to claim FEGLI benefits, available from your human resources office or retirement system or at www.opm.gov/insure/life.

How do I get more information about this Program?

Contact your agency human resources office. If you are retired, contact OPM’s Retirement Operations Center at retire@opm.gov or by calling 1-888-767-6738. Neither OFEGGLI nor OPM’s Insurance Operations offices maintain records for active Federal employees or retirees.
Federal Long Term Care Insurance Program (FLTCIP)

What does this Program offer?

The FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living – such as bathing or dressing yourself – or supervision you receive because of a severe cognitive impairment, such as Alzheimer’s disease. Long term care can be provided in a facility, like a nursing home, but is most often provided at home.

Key FLTCIP facts

- The FLTCIP is not part of the annual Federal Benefits Open Season.
- You must apply and answer questions about your health to find out if you are approved to enroll.
- You can apply for coverage at any time using the full underwriting application; you do not have to wait for an Open Season.
- New/newly eligible employees and their spouses and newly married spouses of employees can apply with abbreviated underwriting (fewer questions about their health) within 60 days of becoming eligible.
- Qualified family members including same-sex domestic partners can also apply, with full underwriting.
- Once enrolled, you can keep your coverage even if you are no longer in an eligible group (for example, you leave your job with the Federal Government).

How much does it cost?

If you are approved for coverage, your premium is based on your age on the date your application is received and on the benefit options you select. You may pay your premiums through deductions from pay or annuity, by automatic bank withdrawal, or by direct bill.

PLEASE NOTE: Your premiums do not change because you get older or your health changes after your coverage becomes effective. However, premiums are not guaranteed. We may only increase premiums if you are among a group of enrollees whose premium is determined to be inadequate.

Am I eligible to apply?

Most Federal employees are eligible to apply for coverage; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you are eligible for the FEHB Program you are eligible to apply for coverage under the FLTCIP, even if you are not enrolled in the FEHB Program. Retirees are eligible to apply.
Which family members are eligible?

Enrollment in the FLTCIP is on an individual basis. If you are eligible as a Federal employee or annuitant, your spouse, same-sex domestic partner, and your adult children at least 18 years old are eligible to apply for coverage. If you are a Federal employee, your parents, parents-in-law, and step parents are also eligible to apply.

For more information on eligibility, visit www.ltcfeds.com/eligibility.

How do I apply?

You apply by completing an application found at www.ltcfeds.com or by calling 1-800-LTC-FEDS. You must pass a medical screening (called underwriting). Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. By applying while you’re in good health, you could avoid the risk of having a future change in your health disqualify you from obtaining coverage. Also, the younger you are when you apply, the lower your premiums.

If you are a new or newly eligible employee, you (and your spouse, if applicable) have 60 days to apply using the abbreviated underwriting application, which asks fewer questions about your health. Newly married spouses of employees also have 60 days to apply using abbreviated underwriting. You and your qualified relatives, including same-sex domestic partners may apply anytime using the full underwriting application.

What should I consider in making my decision to participate in this Program?

Remember that FEHB plans do not cover the cost of long term care. While Medicare covers some care in nursing homes and at home, it does so only for a limited time, subject to restrictions. The need for long term care can strike anyone at any age and the cost of care can be substantial.

Be sure to visit www.ltcfeds.com for the most up-to-date information about the FLTCIP before deciding whether to apply.

How do I get more information about this Program?

Call 1-800-LTC-FEDS (1-800-582-3337), (TTY 1-800-843-3557) or visit www.ltcfeds.com.
Appendix A
FEHB Program Features

No waiting periods. You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.

A choice of coverage. You can choose Self Only coverage just for you, or Self and Family coverage for you, your spouse, and children under age 26. Under certain circumstances, your FEHB enrollment may cover your disabled child 26 years old or older who is incapable of self-support.

A choice of plans and options. The FEHB Program offers Fee-for-Service plans, plans offering a Point-of-Service product, Health Maintenance Organizations, High Deductible Health Plans, and Consumer-Driven Health Plans.

A Government contribution. The Government pays 72 percent of the average premium of all plans toward the total cost of your premium, but not more than 75 percent of the total premium for any plan.

Salary deduction. You pay your share of the premium through a payroll deduction and have the choice of doing so using pre-tax dollars.

Annual enrollment opportunities. Each year you can enroll or change your health plan enrollment during Open Season. Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. Other events allow for certain types of changes throughout the year; see your human resources office or retirement system for details.

Continued group coverage. The FEHB Program offers continued FEHB coverage:

* for you and your family when you retire from Federal service (normally you need to be covered under the FEHB Program for the five years of service immediately before you retire),
* for your former spouse if you divorce and he or she has a qualifying court order (see your human resources office for more information),
* for your family if you die, or
* for you and your family when you move, transfer, go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply; see your human resources office).

Coverage after FEHB ends. The FEHB Program offers temporary continuation of coverage (TCC) and conversion to non-group (private) coverage:

* for you and your family if you leave Federal service (including when you are not eligible to carry FEHB into retirement),
* for your covered child if he or she turns age 26, or
* for your former spouse if you divorce and he or she does not have a qualifying court order (see your human resources office for more information).

If you lose coverage under the FEHB Program, you should automatically receive a Certificate of Group Health Plan Coverage from the last FEHB plan to cover you. If not, the plan must give you one on request. This certificate may be important to qualify for benefits if you join a non-FEHB plan.
# Appendix B
## Choosing an FEHB Plan

### What type of health plan is best for you?

You have some basic questions to answer about how you pay for and access medical care. Here are the different types of plans from which to choose.

<table>
<thead>
<tr>
<th>Choice of doctors, hospitals, pharmacies, and other providers</th>
<th>Specialty care</th>
<th>Out-of-pocket costs</th>
<th>Paperwork</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fee-for-Service w/PPO (Preferred Provider Organization)</strong></td>
<td>You must use the plan's network to reduce your out-of-pocket costs. For BCBS Basic Option, you must use Preferred providers for your care to be eligible for benefits.</td>
<td>Referral not required to get benefits.</td>
<td>You pay fewer costs if you use a PPO provider than if you don’t.</td>
</tr>
<tr>
<td><strong>Health Maintenance Organization</strong></td>
<td>You generally must use the plan’s network to reduce your out-of-pocket costs.</td>
<td>Referral generally required from primary care doctor to get benefits.</td>
<td>Your out-of-pocket costs are generally limited to copayments.</td>
</tr>
<tr>
<td><strong>Point-of-Service</strong></td>
<td>You must use the plan’s network to reduce your out-of-pocket costs. You may go outside the network but you will pay more.</td>
<td>Referral generally required to get maximum benefits.</td>
<td>You pay less if you use a network provider than if you don’t.</td>
</tr>
<tr>
<td><strong>Consumer-Driven Plans</strong></td>
<td>You may use network and non-network providers. You will pay more by not using the network.</td>
<td>Referral not required to get maximum benefits from PPOs.</td>
<td>You will pay an annual deductible and cost-sharing. You pay less if you use the network.</td>
</tr>
<tr>
<td><strong>High Deductible Health Plans w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)</strong></td>
<td>Some plans are network only, others pay something even if you do not use a network provider.</td>
<td>Referral not required to get maximum benefits from PPOs.</td>
<td>You will pay an annual deductible and cost-sharing. You pay less if you use the network.</td>
</tr>
</tbody>
</table>
Appendix B
Choosing an FEHB Plan

What should you consider when choosing a plan?
Having a variety of plans to choose from is a good thing, but it can make the process confusing. We have a tool on our website that will help you narrow your plan choice based on the benefits that are important to you; go to www.opm.gov/insure/health/search/plansearch.aspx. You can also find help in selecting a plan using tools provided by PlanSmartChoice and Consumer’s Checkbook at www.opm.gov/insure/health/planinfo/index.asp.

Ask yourself these questions:

1. **How much does the plan cost?** This includes the premium you pay.

2. **What benefits does the plan cover?** Make sure the plan covers the services or supplies that are important to you, and know its limitations and exclusions.

3. **What are my out of pocket costs?** Does the plan charge a deductible (the amount you must first pay before the plan begins to pay benefits)? What is the copayment or coinsurance (the amount you share in the cost of the service or supply)?

4. **Who are the doctors, hospitals, and other care providers I can use?** Your costs are lower when you use providers who are part of the plan; these are “in-network” providers.

5. **How well does my plan provide quality care?** Quality care varies from plan to plan, and here are three sources for reviewing quality.

   * Member survey results – evaluations by current plan members are posted within the health plan benefit charts in this Guide.

   * Effectiveness of care – how a plan performs in preventing or treating common conditions is measured by the Healthcare Effectiveness Data and Information Set and is found at www.opm.gov/insure/health/planinfo/quality/hedis.aspx.

   * Accreditation – evaluations of health plans by independent accrediting organizations. Check the cover of your health plan’s brochure for its accreditation level or go to http://reportcard.ncqa.org/plan/external/plansearch.aspx.
Appendix B
Choosing an FEHB Plan

Definitions

**Brand name drug** - A prescription drug that is protected by a patent, supplied by a single company, and marketed under the manufacturer's brand name.

**Coinsurance** - The amount you pay as your share for the medical services you receive, such as a doctor's visit. Coinsurance is a percentage of the plan's allowance for the service (you pay 20%, for example).

**Copayment** - The amount you pay as your share for the medical services you receive, such as a doctor's visit. A copayment is a fixed dollar amount (you pay $15, for example).

**Deductible** - The dollar amount of covered expenses an individual or family must pay before the plan begins to pay benefits. There may be separate deductibles for different types of services. For example, a plan can have a prescription drug benefit deductible separate from its calendar year deductible.

**Formulary or Prescription Drug List** - A list of both generic and brand name drugs, often made up of different cost-sharing levels or tiers, that are preferred by your health plan. Health plans choose drugs that are medically safe and cost effective. A team including pharmacists and physicians determines the drugs to include in the formulary.

**Generic Drug** - A generic medication is an equivalent of a brand name drug. A generic drug provides the same effectiveness and safety as a brand name drug and usually costs less. A generic drug may have a different color or shape than the brand name, but it must have the same active ingredients, strength, and dosage form (pill, liquid, or injection).

**In-Network** - You receive treatment from the doctors, clinics, health centers, hospitals, medical practices, and other providers with whom your plan has an agreement to care for its members.

**Out-of-Network** - You receive treatment from doctors, clinics, health centers, hospitals, and medical practices other than those with whom the plan has an agreement at additional cost. Members who receive services outside the network may pay all charges.

**Premium Conversion** - A program to allow Federal employees to use pre-tax dollars to pay health insurance premiums to the Federal Employees Health Benefits (FEHB) Program. Based on Federal tax rules, employees can deduct their share of health insurance premiums from their taxable income, which reduces their taxes.

**Provider** - A doctor, hospital, health care practitioner, pharmacy, or health care facility.

**Qualifying Life Events** - An event that may allow participants in the FEHB Program to change their health benefits enrollment outside of an Open Season. These events also apply to employees under premium conversion and include such events as change in family status, loss of FEHB coverage due to termination or cancellation, and change in employment status.

Additional definitions are located at the beginning of the sections introducing the different types of health plans.
Appendix C
Qualifying Life Events (QLEs)
that May Permit a Change in Your FEHB Enrollment

Premium Conversion allows employees who are eligible for FEHB the opportunity to pay their share of FEHB premiums with pre-tax dollars. Premium conversion plans are governed by the Internal Revenue Code, and IRS rules govern when a participant may change his or her enrollment outside of the annual Open Season. When an employee experiences a qualifying life event, changes to the employee’s FEHB enrollment may be permitted. Individuals who don’t participate in Premium Conversion (retirees and employees who waived participation) may cancel their enrollment or change to Self Only at any time.

Below is a brief list of the more common QLEs. Be aware that time limits apply for requesting changes. A complete listing of QLEs can be found at www.opm.gov/forms/pdf_fill/sf2809.pdf. For more details about these and other QLEs, contact the human resources office of your employing agency.

<table>
<thead>
<tr>
<th>Change in family status that results in increase or decrease in number of eligible family members.</th>
<th>From Not Enrolled to Enrolled</th>
<th>From Self Only to Self and Family</th>
<th>From One Plan or Option to Another</th>
<th>Cancel or Change to Self Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any change in employee’s employment status that could result in entitlement to coverage.</th>
<th>From Not Enrolled to Enrolled</th>
<th>From Self Only to Self and Family</th>
<th>From One Plan or Option to Another</th>
<th>Cancel or Change to Self Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee restored to civilian position after serving in uniformed services</th>
<th>From Not Enrolled to Enrolled</th>
<th>From Self Only to Self and Family</th>
<th>From One Plan or Option to Another</th>
<th>Cancel or Change to Self Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee (or covered family member) enrolled in an FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollment or, if already outside the area, moves further from this area.</th>
<th>From Not Enrolled to Enrolled</th>
<th>From Self Only to Self and Family</th>
<th>From One Plan or Option to Another</th>
<th>Cancel or Change to Self Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee or eligible family member loses coverage under FEHB or another group insurance plan.</th>
<th>From Not Enrolled to Enrolled</th>
<th>From Self Only to Self and Family</th>
<th>From One Plan or Option to Another</th>
<th>Cancel or Change to Self Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan.</th>
<th>From Not Enrolled to Enrolled</th>
<th>From Self Only to Self and Family</th>
<th>From One Plan or Option to Another</th>
<th>Cancel or Change to Self Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

1. **Employees may change to Self Only outside of Open Season only if the QLE caused the enrollee to be the last eligible family member under the FEHB enrollment.** Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.

2. **Employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage.** Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.
Appendix D

FEHB Member Survey Results

Each year Federal Employees Health Benefits plans with 500 or more subscribers mail the Consumers Assessment of Healthcare Providers and Systems (CAHPS) to a random sample of plan members. For Health Maintenance Organizations (HMO)/Point-of-Service (POS) and High Deductible Health Plans (HDHP) and Consumer-Driven Health Plans (CDHP), the sample includes all commercial plan members, including non-Federal members. For Fee-for-Service (FFS)/Preferred Provider Organization (PPO) plans, the sample includes Federal members only. The CAHPS survey asks questions to evaluate members’ satisfaction with their health plans. Independent vendors certified by the National Committee for Quality Assurance administer the surveys.

OPM reports each plan’s scores on the various survey measures by showing the percentage of satisfied members on a scale of 0 to 100. Also, we list the national average for each measure. Since we offer HMO plans, FFS/PPO plans, HDHP, and CDHP plans, we compute a separate national average for each plan type.

Survey findings and member ratings are provided for the following key measures of member satisfaction:

- Overall Plan Satisfaction – This measure is based on the question, “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?” We report the percentage of respondents who rated their plan 8 or higher.

- Getting Needed Care – How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?

- Getting Care Quickly – When you needed care right away, how often did you get care as soon as you thought you needed? Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you thought you needed?

- How Well Doctors Communicate – How often did your personal doctor explain things in a way that was easy to understand? How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?

- Customer Service – How often did the written materials or the Internet provide the information you needed about how your health plan works? How often did your health plan’s customer service give you the information or help you needed? How often were the forms from your health plan easy to fill out?

- Claims Processing – How often did your health plan handle your claims quickly and correctly?

- Plan Information on Costs – How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

In evaluating plan scores, you can compare individual plan scores against other plans and against the national averages. Generally, new plans and those with fewer than 500 FEHB subscribers do not conduct CAHPS. Therefore, some of the plans listed in the Guide will not have survey data.

1 CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
Appendix E
FEHB Plan Comparison Charts

Nationwide Fee-for-Service Plans
(Pages 34 through 37)

Fee-for-Service (FFS) plans with a Preferred Provider Organization (PPO) – A Fee-for-Service plan provides flexibility in using medical providers of your choice. You may choose medical providers who have contracted with the health plan to offer discounted charges. You may also choose medical providers who do not contract with the plan, but you will pay more of the cost.

Medical providers who have contracts with the health plan (Preferred Provider Organization or PPO) have agreed to accept the health plan’s reimbursement. You usually pay a copayment or a coinsurance amount and do not file claims or other paperwork. Going to a PPO hospital does not guarantee PPO benefits for all services received in the hospital, however. Lab work, radiology, and other services from independent practitioners within the hospital are frequently not covered by the hospital’s PPO agreement. If you receive treatment from medical providers who are not contracted with the health plan, you either pay them directly and submit a claim for reimbursement to the health plan or the health plan pays the provider directly according to plan coverage, and you pay a deductible, coinsurance or the balance of the billed charge. In any case, you pay a greater amount in out-of-pocket costs.

PPO-only – A PPO-only plan provides medical services only through medical providers that have contracts with the plan. With few exceptions, there is no medical coverage if you or your family members receive care from providers not contracted with the plan.

Fee-for-Service plans open only to specific groups – Several Fee-for-Service plans that are sponsored or underwritten by an employee organization strictly limit enrollment to persons who are members of that organization. If you are not certain if you are eligible, check with your human resource office first.

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 39.

The High Deductible Health Plan (HDHP) and Consumer-Driven Health Plan (CDHP) section begins on page 64.
# Nationwide Fee-for-Service Plans

## How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision*. The chart does not show all of your possible out-of-pocket costs.

The **Deductibles** shown are the amount of covered expenses that you pay before your health plan begins to pay.

**Calendar Year** deductibles for families are two or more times the per person amount shown.

In some plans your combined **Prescription Drug** purchases from Mail Order and local pharmacies count toward the deductible. In other plans, only purchases from local pharmacies count. Some plans require each family member to meet a per person deductible.

The **Hospital Inpatient** deductible is what you pay each time you are admitted to a hospital.

**Doctors** shows what you pay for inpatient surgical services and for office visits.

Your share of **Hospital Inpatient Room and Board** covered charges is shown.

---

### Plan Name: Open to All

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Share of Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>APWU Health Plan (APWU) -high</td>
<td>800-222-2798</td>
<td>471</td>
<td>472</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GEHA Benefit Plan (GEHA) -high</td>
<td>800-821-6136</td>
<td>311</td>
<td>312</td>
</tr>
<tr>
<td>GEHA Benefit Plan (GEHA) -std</td>
<td>800-821-6136</td>
<td>314</td>
<td>315</td>
</tr>
<tr>
<td>MHBP -std</td>
<td>800-410-7778</td>
<td>454</td>
<td>455</td>
</tr>
<tr>
<td>MHBP - Value Plan</td>
<td>800-410-7778</td>
<td>414</td>
<td>415</td>
</tr>
<tr>
<td>NALC -high</td>
<td>888-636-6252</td>
<td>321</td>
<td>322</td>
</tr>
<tr>
<td>SAMBA -high</td>
<td>800-638-6589</td>
<td>441</td>
<td>442</td>
</tr>
<tr>
<td>SAMBA -std</td>
<td>800-638-6589</td>
<td>444</td>
<td>445</td>
</tr>
</tbody>
</table>

### Plan Name: Open Only to Specific Groups

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Share of Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Compass Rose Health Plan (CRHP) -high</td>
<td>800-769-6953</td>
<td>421</td>
<td>422</td>
</tr>
<tr>
<td>Foreign Service Benefit Plan (FSBP) -high</td>
<td>202-833-4910</td>
<td>401</td>
<td>402</td>
</tr>
<tr>
<td>Panama Canal Area Benefit Plan (PCABP) -high</td>
<td>800-424-8196</td>
<td>431</td>
<td>432</td>
</tr>
<tr>
<td>Rural Carrier Benefit Plan (Rural) -high</td>
<td>800-638-8432</td>
<td>381</td>
<td>382</td>
</tr>
</tbody>
</table>
**Prescription Drug Payment Levels** Plans use a variety of terms to define what you pay for prescription drugs such as *generic, brand name, Tier I, Tier II, Level I, etc.* The 2 to 3 payment levels that plans use follow: **Level I** includes most generic drugs, but may include some preferred brands. **Level II** may include generics and preferred brands not included in Level I. **Level III** includes all other covered drugs, with some exceptions for specialty drugs. Many plans are basing how much you pay for prescription drugs on what they are charged.

**Mail Order Discounts** If your plan has a Mail Order program and that program is superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan’s response is “yes.” If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan’s response is “no.”

The prescription drug copayments or coinsurances described in this chart do not represent the complete range of cost-sharing under these plans. Many plans have variations in their prescription drug benefits (e.g., you pay the greater of a dollar amount or a percentage, or you pay one amount for your first prescription and then a different amount for refills). **You must read the plan brochure for a complete description of prescription drug and all other benefits.**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit Type</th>
<th>Deductible</th>
<th>Medical-Surgical – You Pay</th>
<th>Copay ($) / Coinsurance (%)</th>
<th>Prescription Drugs</th>
<th>Mail Order Discounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per Person</td>
<td>Doctors</td>
<td>Hospital Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Calendar Year</td>
<td>Prescription Drug</td>
<td>Office Visits</td>
<td>Inpatient Surgical Services</td>
<td>Hospital Inpatient R&amp;B</td>
</tr>
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<td>PPO</td>
<td>$275</td>
<td>$500</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$300</td>
</tr>
<tr>
<td>BCBS-std</td>
<td>PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$350</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$350</td>
</tr>
<tr>
<td>BCBS-basic</td>
<td>PPO</td>
<td>None</td>
<td>None</td>
<td>$150/day x 5</td>
<td>$25</td>
<td>$150</td>
</tr>
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<td>None</td>
<td>None</td>
<td>$100</td>
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<tr>
<td></td>
<td>Non-PPO</td>
<td>$350</td>
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<td>None</td>
<td>None</td>
<td>$300</td>
</tr>
<tr>
<td>GEHA-std</td>
<td>PPO</td>
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<td>None</td>
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<td>$350</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
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<td>None</td>
<td>None</td>
<td>$350</td>
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<td>MHPB-std</td>
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<td>$500</td>
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<tr>
<td>MHPB-Value</td>
<td>PPO</td>
<td>$600</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$900</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$900</td>
<td>None</td>
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*The Panama Canal Area Plan provides a Point-of-Service product within the Republic of Panama.*
**Nationwide Fee-for-Service Plans**

**Member Survey** results are collected, scored, and reported by an independent organization – not by the health plans. See Appendix D for a fuller explanation of each survey category.

<table>
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<tr>
<th>Overall Plan Satisfaction</th>
<th>Getting Needed Care</th>
<th>Getting Care Quickly</th>
<th>How Well Doctors Communicate</th>
<th>Customer Service</th>
<th>Claims Processing</th>
<th>Plan Information on Costs</th>
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<td>What kind of help did you get when you were needed?</td>
<td>How often did your health plan handle your claims quickly and correctly?</td>
<td>How often did written materials or the Internet provide the information you needed about how your health plan works?</td>
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### Plan Name: Open to All

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### Plan Name: Open Only to Specific Groups

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Fee-for-Service Plans – Blue Cross and Blue Shield Service Benefit Plan – Member Survey Results for Select States

Again this year we are providing more detailed information regarding the quality of services provided by our health plans. We are including the results of the Member Satisfaction survey at the state level for eight local Blue Cross Blue Shield (BCBS) Plans.

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Appendix E
FEHB Plan Comparison Charts

Health Maintenance Organization Plans and
Plans Offering a Point-of-Service Product
(Pages 40 through 63)

Health Maintenance Organization (HMO) – A Health Maintenance Organization 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.

- 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 sometimes a copayment for in-hospital care.

- Most HMOs ask you to choose a doctor or medical group as 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 appropriate to your condition.

- Medical care from a provider not in the plan’s network is not covered unless it’s emergency care or your plan has an arrangement with another plan.

Plans Offering a Point-of-Service (POS) Product – A Point-of-Service plan is like having two plans in one – an HMO and an FFS plan. A POS allows you and your family members to choose between using, (1) a network of providers in a designated service area (like an HMO), or (2) Out-of-Network providers (like an FFS plan). When you use the POS network of providers, you usually pay a copayment for services and do not have to file claims or other paperwork. If you use non-HMO or non-POS providers, you pay a deductible, coinsurance, or the balance of the billed charge. In any case, your out-of-pocket costs are higher and you file your own claims for reimbursement.

The tables on the following pages highlight what you are expected to pay for selected features under each plan. Always consult plan brochures before making your final decision.

Primary care/Specialist office visit copay – Shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per stay deductible – Shows the amount you pay when you are admitted into a hospital.

Prescription drugs – Plans use a variety of terms to define what you pay for prescription drugs such as generic, brand, Level I, Level II, Tier I, Tier II, etc. In capturing these differences we use the following: Level I includes most generic drugs, but may include some preferred brands. Level II may include generics and preferred brands not included in Level I. Level III includes all other covered drugs with some exceptions for specialty drugs. The level in which a medication is placed and what you pay for prescription drugs is often based on what the plan is charged.

Mail Order Discount – If your plan has a mail order program and that program is superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through mail order), your plan’s response is “yes.” If the plan does not have a mail order program or it is not superior to its pharmacy benefit, the plan’s response is “no.”

Member Survey Results – See Appendix D for a description.
## Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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<td>Self &amp;family</td>
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# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Monthly</th>
<th>Biweekly</th>
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<td>Level II / Level III</td>
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HMO/POS National Average: 66.4
### Guam

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<th>Biweekly</th>
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### Hawaii

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### Illinois

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See page 39 for an explanation of the columns on these pages.
### Plan Name – Location

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<th>Plan Name – Location</th>
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<th>Hospital per stay deductible</th>
<th>Mail order discount</th>
<th>Prescription Drugs</th>
<th>Member Survey Results</th>
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<td></td>
<td>Level I</td>
<td>Level II/ Level III</td>
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<td>Overall plan satisfaction</td>
<td>Getting needed care</td>
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# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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**Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans**

See page 39 for an explanation of the columns on these pages.

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<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Monthly</th>
<th>Biweekly</th>
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### Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Share of Premium</th>
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<td>Health Plan of Nevada -high- Las Vegas area</td>
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<td><strong>New Jersey</strong></td>
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<td>877-459-6604</td>
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# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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### Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

See page 39 for an explanation of the columns on these pages.

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<td>866-296-7363</td>
<td>2G1</td>
<td>139.99</td>
</tr>
<tr>
<td>CareFirst BlueChoice Healthy Blue Option -std- Northern Virginia</td>
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<td>Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area</td>
<td>877-574-3337</td>
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<td>Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area</td>
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<tr>
<td>M.D. IPA -high- N. Va/Ctrd VW/Richmond</td>
<td>877-835-9861</td>
<td>JP1</td>
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<tr>
<td>Optima Health Plan -high- Hampton Roads and Richmond areas</td>
<td>800-206-1060</td>
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<td>Optima Health Plan -std- Hampton Roads and Richmond areas</td>
<td>800-206-1060</td>
<td>9R4</td>
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<tr>
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<td>Plan Name – Location</td>
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<tr>
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<td>$250/day x 3</td>
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<td><strong>Utah</strong></td>
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<td>Altius Health Plans-High</td>
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<td>SelectHealth-High</td>
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<td><strong>Virgin Islands</strong></td>
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<td>Triple-S Salud, Inc.- In-Network</td>
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<td>$5 or $12</td>
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<td>M.D. IPA-High</td>
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<td>Piedmont Community HC-High</td>
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**Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans**

See page 39 for an explanation of the columns on these pages.

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<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Monthly</th>
<th>Biweekly</th>
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<td>Group Health Cooperative -high-Western WA/Central WA/Spokane/Pullman</td>
<td>888-901-4636</td>
<td>541 542</td>
<td>196.99 391.10</td>
<td>90.92 180.51</td>
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<td>Group Health Cooperative -std-Western WA/Central WA/Spokane/Pullman</td>
<td>888-901-4636</td>
<td>544 545</td>
<td>95.59 215.79</td>
<td>44.12 99.99</td>
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<td>800-552-7114</td>
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<td>VT1 VT2</td>
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<td>121.56 257.16</td>
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<td>Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview</td>
<td>800-813-2000</td>
<td>571 572</td>
<td>209.21 483.79</td>
<td>96.56 223.29</td>
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<td>574 575</td>
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<td></td>
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<td>The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia</td>
<td>800-624-6961</td>
<td>U41 U42</td>
<td>151.95 355.29</td>
<td>70.13 163.98</td>
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<td><strong>Wisconsin</strong></td>
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<td></td>
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<td>Dean Health Plan -high- South Central Wisconsin</td>
<td>800-279-1301</td>
<td>WD1 WD2</td>
<td>150.28 484.10</td>
<td>69.36 223.43</td>
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<td>Group Health Cooperative -high- South Central Wisconsin</td>
<td>608-828-4827</td>
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<td>125.04 353.04</td>
<td>57.71 162.94</td>
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<td>HealthPartners -high-</td>
<td>952-883-5000</td>
<td>V31 V32</td>
<td>328.86 784.27</td>
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<td>89.87 206.71</td>
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<td>MercyCare HMO -high- South Central Wisconsin</td>
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<td>127.65 378.75</td>
<td>58.91 174.81</td>
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<td>Physicians Plus -high- Dane County</td>
<td>800-545-5015</td>
<td>LW1 LW2</td>
<td>125.39 381.42</td>
<td>57.87 176.04</td>
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<td><strong>Wyoming</strong></td>
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<td>Altus Health Plans -high- Uinta County</td>
<td>800-377-4161</td>
<td>9K1 9K2</td>
<td>197.86 423.02</td>
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<td>800-377-4161</td>
<td>DK4 DK5</td>
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<td>Plan Name – Location</td>
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<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
<td>Mail order discount</td>
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<td>Level II</td>
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<td>Overall plan satisfaction</td>
<td>Getting needed care</td>
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<td>Washington</td>
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<td>$25/$25</td>
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<tr>
<td>Group Health Cooperative-Std</td>
<td>$25+20%/ $25+20%</td>
<td>$500/day x 3</td>
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<td>$40/$60</td>
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<tr>
<td>KPS Health Plans- In-Network</td>
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<td>$10</td>
<td>$35/50%</td>
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<tr>
<td>KPS Health Plans- Out-Network</td>
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<td>Nothing</td>
<td>Not Covered</td>
<td>$35/50%/$40 max/$100</td>
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<td>Kaiser Foundation HP of Northwest-High</td>
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<td>$200</td>
<td>$15</td>
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<td>$500</td>
<td>$20</td>
<td>$40/$40</td>
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<tr>
<td>West Virginia</td>
<td></td>
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<td>The HP of the Upper Ohio Valley-High</td>
<td>$10/$20</td>
<td>$250</td>
<td>$15</td>
<td>$30/$50</td>
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<td>Dean Health Plan-High</td>
<td>$10/$10</td>
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<td>30%/75/max/90%</td>
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<td>$45/$90</td>
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<td>20% in/40% out</td>
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<td>Physicians Plus-High</td>
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<td>$7</td>
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Appendix E
FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans
With a Health Savings Account or Health Reimbursement Arrangement
(Pages 68 through 79)

A High Deductible Health Plan (HDHP) provides comprehensive coverage for high-cost medical events and a tax-advantaged way to help you build savings for future medical expenses. The HDHP gives you greater flexibility and discretion over how you use your health care benefits.

When you enroll, your health plan establishes for you either a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). The plan automatically deposits the monthly “premium pass through” into your HSA. The plan credits an amount into the HRA. (This is the “Premium Contribution to HSA/HRA” column in the following charts.)

Preventive care is often covered in full, usually with no or only a small deductible or copayment. Preventive care expenses may also be payable up to an annual maximum dollar amount (up to $300 for instance). As you receive other non-preventive medical care, you must meet the plan deductible before the health plan pays benefits. You can choose to pay your deductible with funds from your HSA or you can choose instead to pay for your deductible out-of-pocket, allowing your savings to continue to grow.

The HDHP features higher annual deductibles (a minimum of $1,200 for Self and $2,400 for Family coverage) and annual out-of-pocket limits (not to exceed $6,050 for Self and $12,100 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using In-Network and Out-of-Network providers. There may be higher deductibles and out-of-pocket limits when you use Out-of-Network providers. Using In-Network providers will save you money.

Health Savings Account (HSA)

A health savings account allows individuals to pay for current health expenses and save for future qualified medical expenses on a pre-tax basis. Funds deposited into an HSA are not taxed, the balance in the HSA grows tax free, and that amount is available on a tax free basis to pay medical costs. You are eligible for an HSA if you are enrolled in an HDHP, not covered by any other health plan that is not an HDHP (including a spouse’s health plan, but does not include specific injury insurance and accident, disability, dental care, vision care, or long-term coverage), not enrolled in Medicare, not received VA benefits within the last three months, not covered by your own or your spouse’s flexible spending account (FSA), and are not claimed as a dependent on someone else’s tax return. If you are enrolled in a High Deductible Health Plan with an HSA you may not participate in a Health Care Flexible Spending Account (HCFSA), but you are permitted to participate in a Limited Expense (LEX) HCFSA. HSA’s are subject to a number of rules and limitations established by the Department of the Treasury.

Visit www.ustreas.gov/offices/public-affairs/hsa for more information. The 2012 maximum contribution limits are $3,100 for Self Only coverage and $6,250 for Self and Family coverage. If you are over 55, you can make an additional “catch up” contribution. You can use funds in your account to help pay your health plan deductible.
Appendix E
FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans
With a Health Savings Account or Health Reimbursement Arrangement

Features of an HSA include:

• Tax-deductible deposits you make to the HSA. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See IRS Publication 969.
• Tax-deferred interest earned on the account.
• Tax-free withdrawals for qualified medical expenses.
• Carryover of unused funds and interest from year to year.
• Portability; the account is owned by you and is yours to keep – even when you retire, leave government service, or change plans.

Health Reimbursement Arrangement (HRA)

Health Reimbursement Arrangements are a common feature of Consumer-Driven Health Plans. They may be referred to by the health plan under a different name, such as personal care account. They are also available to enrollees in High Deductible Health Plans who are not eligible for an HSA. HRAs are similar to HSAs except:

• An enrollee cannot make deposits into an HRA;
• A health plan may impose a ceiling on the value of an HRA;
• Interest is not earned on an HRA; and
• The amount in an HRA is not transferable if the enrollee leaves the health plan.

If you are enrolled in a High Deductible Health Plan with an HRA you may participate in a Health Care Flexible Spending Account (HCFSA).

The plan will credit the HRA different amounts depending on whether you have a Self Only or a Self and Family enrollment. You can use funds in your account to help pay your health plan deductible.

Features of an HRA include:

• Tax-free withdrawals for qualified medical expenses.
• Carryover of unused credits from year to year.
• Credits in an HRA do not earn interest.
• Credits in the HRA are forfeited if you leave federal employment or switch health insurance plans.
# Appendix E
## FEHB Plan Comparison Charts

### High Deductible and Consumer-Driven Health Plans
With a Health Savings Account or Health Reimbursement Arrangement

<table>
<thead>
<tr>
<th></th>
<th>Health Savings Account (HSA)</th>
<th>Health Reimbursement Arrangement (HRA)</th>
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</thead>
<tbody>
<tr>
<td><strong>ELIGIBILITY</strong></td>
<td>You must enroll in a High Deductible Health Plan (HDHP). No other general medical insurance coverage is permitted. You cannot be enrolled in Medicare Part A or Part B. You cannot be claimed as a dependent on someone else's tax returns.</td>
<td>You must enroll in a High Deductible Health Plan (HDHP).</td>
</tr>
<tr>
<td><strong>FUNDING</strong></td>
<td>The plan deposits a monthly “premium pass through” into your account.</td>
<td>The plan deposits the credit amount directly into your account.</td>
</tr>
<tr>
<td><strong>CONTRIBUTIONS</strong></td>
<td>The maximum allowed is a combination of the health plan “premium pass through” and the member contribution up to the maximum contribution amount set by the IRS each year.</td>
<td>Only that portion of the premium specified by the health plan will be contributed. You cannot add your own money to an HRA.</td>
</tr>
<tr>
<td><strong>DISTRIBUTIONS</strong></td>
<td>May be used to pay the out-of-pocket medical expenses for yourself, your spouse, or your dependents (even if they are not covered by the HDHP), or to pay the plan's deductible. See IRS Publication 502 for a complete list of eligible expenses.</td>
<td>May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the HDHP, or to pay the plan's deductible. See IRS Publication 502 for a complete list of eligible expenses.</td>
</tr>
<tr>
<td><strong>PORTABLE</strong></td>
<td>Yes, you can take this account with you when you change plans, separate from service, or retire.</td>
<td>If you retire and remain in your HDHP you may continue to use and accumulate credits in your HRA.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If you terminate employment or change health plans, only eligible expenses incurred while covered under that HDHP will be eligible for reimbursement, subject to timely filing requirements. Unused credits are forfeited.</td>
</tr>
<tr>
<td><strong>ANNUAL ROLLOVER</strong></td>
<td>Yes, funds accumulate without a maximum cap.</td>
<td>Yes, credits accumulate without a maximum cap.</td>
</tr>
</tbody>
</table>

**IMPORTANT REMINDER:** This is only a summary of the features of the HDHP/HSA or HRA. Refer to the specific Plan brochure for the complete details covering Plan design, operation, and administration as each Plan will have differences.
A Consumer-Driven plan provides you with freedom in spending health care dollars the way you want. The typical plan has features such as: member responsibility for certain up-front medical costs, an employer-funded account that you may use to pay these up-front costs, and catastrophic coverage with a high deductible. You and your family receive full coverage for In-Network preventive care.
Appendix E
FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans
With a Health Savings Account or Health Reimbursement Arrangement

The tables on the following pages highlight what you are expected to pay for selected features under each plan. The charts are not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, the covered out-of-pocket expenses under a High Deductible Health Plan, including office visit copayments and prescription drug copayments, count toward the calendar year deductible and the catastrophic limit. You must read the plan’s brochure for details.

**Premium Contribution (pass through) to HSA/HRA** (or personal care account) shows the amount your health plan automatically deposits or credits into your account on a monthly basis for Self Only/Self and Family enrollments. (Consumer-Driven Health Plans credit accounts annually.) The amount credited under “Premium Contribution” is shown as a monthly amount for comparison purposes only.

**Calendar Year (CY) Deductible Self/Family** is the maximum amount of covered expenses an individual or family must pay out-of-pocket, including deductibles, coinsurance and copayments, before the plan pays catastrophic benefits.

**Catastrophic (Cat.) Limit Self/Family** is the maximum amount of covered expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance and copays, before the Plan pays catastrophic benefits.

**Office Visit** shows what you pay for a visit to a primary care physician after the deductible is met for other than preventive care.

**Inpatient Hospital** shows what you pay after the deductible is met for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., $50 a day up to three days), a coinsurance amount such as

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Monthly</th>
<th>Biweekly</th>
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<tr>
<td></td>
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<td>Self only</td>
<td>Self &amp; family</td>
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<td>APWU Health Plan - CDHP - Nationwide</td>
<td>866-833-3463</td>
<td>474</td>
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<td>GEHA High Deductible Health Plan - HDHP - Nationwide</td>
<td>800-821-6136</td>
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<td>MHBP Consumer Option - HDHP - Nationwide</td>
<td>800-694-9901</td>
<td>481</td>
<td>482</td>
<td>115.57</td>
</tr>
</tbody>
</table>
Appendix E
FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans
With a Health Savings Account or Health Reimbursement Arrangement

20%, or a flat deductible amount (e.g., $200 per admission). This amount does not include charges from physicians or for services that may not be charged by the hospital such as laboratory or radiology.

**Outpatient Surgery** shows what you pay the doctor for surgery performed on an outpatient basis.

**Preventive Services** are often covered in full, usually with no or only a small deductible or copayment. Preventive services may also be payable up to an annual maximum dollar amount (e.g., up to $300 per person per year).

**Prescription Drugs** are categorized using a variety of terms to define what you pay such as generic, brand, Level I, Level II, Tier I, Tier II, etc. In capturing these differences we use the following: **Level I** includes most generic drugs, but may include some preferred brands. **Level II** may include generics and preferred brands not included in Level I. **Level III** includes all other covered drugs with some exceptions for specialty drugs. The level in which a medication is placed and what you pay for prescription drugs is often based on what the plan is charged.

*High Deductible Health Plans and Consumer Driven Health Plans are much different from the other types of plans shown in this Guide. You can use in-network providers to save money. If you use out-of-network providers, however, you not only pay more of the costs but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (For example, you receive a bill from an out-of-network provider for $100 but the plan allows $85 for the service. You pay the higher copayment for out-of-network care plus the $15 difference between $100—the billed amount—and the plan’s allowance of $85.) In addition, the difference you pay between the billed amount and the plan’s allowance does not count toward satisfying the catastrophic limit.*

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution Self/Family</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
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</thead>
<tbody>
<tr>
<td>APWU Health Plan-</td>
<td>In-Network</td>
<td>$1200/$2400</td>
<td>$600/$1,200</td>
<td>$3,000/$4,500</td>
<td>15%</td>
<td>None</td>
<td>15%</td>
<td>Nothing</td>
<td>25%/25%/25%</td>
</tr>
<tr>
<td>Out-Network</td>
<td></td>
<td>$1200/$2400</td>
<td>$600/$1,200</td>
<td>$9,000/$9,000</td>
<td>40%+diff.</td>
<td>None</td>
<td>40%+diff.</td>
<td>Nothing up to $1200</td>
<td>Not Covered</td>
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<tr>
<td>GEHA HDHP-</td>
<td>In-Network</td>
<td>$62.50/$125</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>Nothing</td>
<td>25%/25%/25%</td>
</tr>
<tr>
<td>Out-Network</td>
<td></td>
<td>$62.50/$125</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>Nothing</td>
<td>25%/25%/25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25%/25%/25%</td>
</tr>
<tr>
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<td>$2,000/$4,000</td>
<td>$5,000/$10,000</td>
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<td>$75 day-$750</td>
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<td>Nothing</td>
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<td></td>
<td>$70/$141</td>
<td>$2,000/$4,000</td>
<td>$7,500/$15,000</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>Not Covered</td>
<td>Not Covered</td>
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### Member Survey Results

**High Deductible Health Plans**

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<tr>
<th>Plan Name</th>
<th>Plan Code</th>
<th>Overall plan satisfaction</th>
<th>Getting needed care</th>
<th>Getting care quickly</th>
<th>How well doctors communicate</th>
<th>Customer service</th>
<th>Claims processing</th>
<th>Plan Information on Costs</th>
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</thead>
<tbody>
<tr>
<td>HDHP National Average</td>
<td>59.2</td>
<td>86.3</td>
<td>88.5</td>
<td>93.1</td>
<td>85</td>
<td>88.9</td>
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<tr>
<td>Aetna Health Fund - Nationwide</td>
<td>22</td>
<td>60</td>
<td>85.6</td>
<td>89.3</td>
<td>93.5</td>
<td>85.9</td>
<td>90</td>
<td>92.2</td>
</tr>
<tr>
<td>GEHA High Deductible Health Plan - Nationwide</td>
<td>34</td>
<td>63.7</td>
<td>86.4</td>
<td>88.5</td>
<td>92.3</td>
<td>85.2</td>
<td>87.6</td>
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<tr>
<td>MHPB Consumer Option - Nationwide</td>
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<td>54</td>
<td>86.8</td>
<td>87.7</td>
<td>93.6</td>
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<td>54.7</td>
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**Consumer-Driven Health Plans**

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<th>Getting needed care</th>
<th>Getting care quickly</th>
<th>How well doctors communicate</th>
<th>Customer service</th>
<th>Claims processing</th>
<th>Plan Information on Costs</th>
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</thead>
<tbody>
<tr>
<td>CDHP National Average</td>
<td>57.7</td>
<td>84.9</td>
<td>86.8</td>
<td>92.9</td>
<td>83.3</td>
<td>86.7</td>
<td>61.9</td>
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<tr>
<td>Aetna Health Fund - Nationwide</td>
<td>22</td>
<td>60</td>
<td>85.6</td>
<td>89.3</td>
<td>93.5</td>
<td>85.9</td>
<td>90</td>
<td>92.2</td>
</tr>
<tr>
<td>APWU Health Fund - Nationwide</td>
<td>47</td>
<td>64.3</td>
<td>88.4</td>
<td>92.4</td>
<td>80.3</td>
<td>80.9</td>
<td>65.7</td>
<td></td>
</tr>
<tr>
<td>Humana Coverage First - TX</td>
<td>TU, TV</td>
<td>48.9</td>
<td>80.6</td>
<td>92.9</td>
<td>83.9</td>
<td>89.1</td>
<td>60.9</td>
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High Deductible and Consumer-Driven Health Plans

See page 68-69 for an explanation of the columns on these pages.

The Aetna Healthfund is available in all or part of the following states:
AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS,

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<thead>
<tr>
<th>Plan Name</th>
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<th>Enrollment Code</th>
<th>Monthly</th>
<th>Biweekly</th>
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<td>J41 J42</td>
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<tr>
<td>Aetna HealthFund-HDHP</td>
<td>877-459-6604</td>
<td>KX1 KX2</td>
<td>81.38</td>
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</tr>
<tr>
<td>Coventry Health Care of Flordia-HDHP-Southern Florida</td>
<td>800-441-5501</td>
<td>AD1 AD2</td>
<td>114.77</td>
<td>52.97</td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Atlanta Area</td>
<td>888-393-6765</td>
<td>MJ1 MJ2</td>
<td>126.85</td>
<td>58.55</td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Macon Area</td>
<td>888-393-6765</td>
<td>QP1 QP2</td>
<td>108.73</td>
<td>50.18</td>
</tr>
<tr>
<td>Georgia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Southern Florida Area</td>
<td>888-393-6765</td>
<td>LM1 LM2</td>
<td>118.40</td>
<td>54.64</td>
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<tr>
<td>Georgia</td>
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<td></td>
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</tr>
<tr>
<td>Idaho</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Altius Health Plans-HDHP- Southern Region</td>
<td>800-377-4161</td>
<td>9K4 9K5</td>
<td>87.04</td>
<td>40.17</td>
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MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, and WY.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution to HSA/HRA</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HealthFund</td>
<td>In-Network</td>
<td>$83.33/166.66</td>
<td>$1,000/$2,000</td>
<td>$4,000/$8,000</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>Nothing</td>
<td>$10/$35/$60</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>Out-Network</td>
<td>$83.33/166.66</td>
<td>$1,000/$2,000</td>
<td>$5,000/$10,000</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>Fund/Ded/40%</td>
<td>40%/+40%/+40%/+</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>In-Network</td>
<td>$62.50/$125</td>
<td>$1,500/$5,000</td>
<td>$4,000/$8,000</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>Nothing</td>
<td>$10/$35/$60</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>Out-Network</td>
<td>$62.50/$125</td>
<td>$2,500/$5,000</td>
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<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>Ded/30%</td>
<td>30%/+30%/+30%/+</td>
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<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Premium Contribution to HSA/HRA</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
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</thead>
<tbody>
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<td>Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5/$35/$50/20%</td>
</tr>
<tr>
<td>Coventry Health Care of Florida</td>
<td>$83.34/$166.67</td>
<td>$2,500/$5,000</td>
<td>$5,000/$10,000</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>Nothing</td>
<td>$10/$40/$60</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
<td>$3,000/$6,000</td>
<td>25%</td>
<td>$300/day x 5</td>
<td>$150</td>
<td>Nothing</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
<td>$4,000/$8,000</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
<td>$3,000/$6,000</td>
<td>25%</td>
<td>$300/day x 5</td>
<td>$150</td>
<td>Nothing</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
<td>$4,000/$8,000</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

| Georgia                    |                                 |                     |                        |              |                     |                    |                     | $10/$40/$60                         |
|----------------------------|                                 |                     |                        |              |                     |                    |                     | $10+/+$40+/+$60+                       |
| Humana CoverageFirst       | In-Network                      | $83.33              | $1,000/$2,000          | $3,000/$6,000 | 25%                 | $300/day x 5       | $150                | Nothing             | $10/$40/$60                         |
| Humana CoverageFirst       | Out-Network                     | N/A                 | $3,000/$6,000         | $4,000/$8,000 | 30%                 | 30%                 | 30%                 | 30%                          |                                      |
| Humana CoverageFirst       | In-Network                      | $83.33              | $1,000/$2,000          | $3,000/$6,000 | 25%                 | $300/day x 5       | $150                | Nothing             | $10/$40/$60                         |
| Humana CoverageFirst       | Out-Network                     | N/A                 | $3,000/$6,000         | $4,000/$8,000 | 30%                 | 30%                 | 30%                 | 30%                          |                                      |

| Guam                       |                                 |                     |                        |              |                     |                    |                     | $20/$40/$150                        |
|----------------------------|                                 |                     |                        |              |                     |                    |                     | 30% after Ded                         |
| TakeCare                   | In-Network                      | $86.66/$222.08      | $3,000/$6,000         | $5,000/$10,000| 20% after Ded       | 20% after Ded       | 20% after Ded       | Nothing             | $20/$40/$150                        |
| TakeCare                   | Out-Network                     | $86.66/$222.08      | $3,000/$6,000         | $10,000/$20,000| 20% after Ded       | 30% after Ded       | 20% after Ded       | 1st $300/ded         | 30% after Ded                         |

| Idaho                      |                                 |                     |                        |              |                     |                    |                     | $7/$25/$50                           |
|----------------------------|                                 |                     |                        |              |                     |                    |                     |                                  |
| Altus Health Plans         | $45.83/$91.66                   | $1,200/$2,400       | $5,000/$10,000        | $20          | 10%                 | 10%                | Nothing             | $7/$25/$50                           |

73
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Share of Premium</th>
</tr>
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<tbody>
<tr>
<td><strong>Illinois</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst -CDHP- Central/Northwestern Illinois</td>
<td>888-393-6765</td>
<td>GB1, GB2</td>
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<td>Humana CoverageFirst -CDHP- Chicago Area</td>
<td>888-393-6765</td>
<td>MW1, MW2</td>
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<td><strong>Indiana</strong></td>
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<tr>
<td>Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties</td>
<td>888-393-6765</td>
<td>MW1, MW2</td>
<td>120.81, 271.82</td>
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<tr>
<td><strong>Iowa</strong></td>
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<tr>
<td>Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa</td>
<td>800-257-4692</td>
<td>SV4, SV5</td>
<td>86.08, 205.44</td>
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<td>800-969-3343</td>
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<td>Kansas City Metro Area (KS and MO)</td>
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<tr>
<td>Plan Name</td>
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<td>Premium Contribution to HSA/HRA</td>
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<td>--------------</td>
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<td>---------------------</td>
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<td>Illinois</td>
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<tr>
<td>Humana CoverageFirst-</td>
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<td>$83.33</td>
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<tr>
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<td>$3,000/$6,000</td>
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<td>Humana CoverageFirst-</td>
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<td>$1,000/$2,000</td>
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<tr>
<td>Humana CoverageFirst-</td>
<td>Out-Network</td>
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<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Indiana</td>
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</tr>
<tr>
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<td>$1,000/$2,000</td>
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<tr>
<td>Humana CoverageFirst-</td>
<td>Out-Network</td>
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<tr>
<td>Iowa</td>
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<td>Coventry Health Care of Iowa</td>
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<td>$66.67/$133.34</td>
<td>$2,000/$4,000</td>
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<tr>
<td>Kansas</td>
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</tr>
<tr>
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<td></td>
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<td>Humana CoverageFirst-</td>
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<td>$3,000/$6,000</td>
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<td>Humana CoverageFirst-</td>
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<td>$3,000/$6,000</td>
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### Plan Name

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<th>Enrollment Code</th>
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<th>Biweekly</th>
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<td></td>
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<tr>
<td>Coventry Health Care of Kansas (Kansas City)-HDHP-Kansas City Metro Area (KS and MO)</td>
<td>800-969-3343</td>
<td>9H1 9H2</td>
<td>97.21</td>
<td>44.86</td>
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<tr>
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<td>PH1 PH2</td>
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<td>QA4 QA5</td>
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<td><strong>Ohio</strong></td>
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<td>330-363-6360</td>
<td>3A4 3A5</td>
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<tr>
<td><strong>Missouri</strong></td>
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<td></td>
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<td></td>
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<td>$5000/$10000</td>
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<td>HealthAmerica Pennsylvania-HDHP</td>
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## High Deductible and Consumer-Driven Health Plans

See page 68-69 for an explanation of the columns on these pages.

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<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
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<td>L15</td>
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<td>9K5</td>
<td>87.04</td>
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<tr>
<td>Plan Name</td>
<td>Benefit Type</td>
<td>Premium Contribution to HSA/HRA</td>
<td>CY Ded. Self/Family</td>
<td>Cat. Limit Self/Family</td>
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<td>--------------------</td>
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<tr>
<td>Utah</td>
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<tr>
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<tr>
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<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
<td>40%</td>
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<td>Wyoming</td>
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</tr>
<tr>
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<td>$45.83/$91.66</td>
<td>$1,200/$2,400</td>
<td>$5,000/$10,000</td>
<td>$20</td>
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</table>
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Appendix F
FEDVIP Program Features

Waiting Periods

_Dental_ - limited only to orthodontic services on most plans; for all other services, you may use your benefits as soon as your coverage becomes effective. There are very few pre-existing condition limitations.

_Vision_ - no waiting period, you may use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations.

A Choice of Coverage

Choose between Self Only, Self Plus One or Self and Family.

Contributions

There are no Government contributions. The enrollee pays 100% of the premium.

Salary Deduction

You automatically pay your premium through a payroll deduction using pre-tax dollars; employees cannot elect to waive this pre-tax option and annuitants are not eligible for this option. When premium contributions are withheld on a pre-tax basis, Internal Revenue Service (IRS) guidelines affect your ability to change coverage, i.e., you may cancel or change coverage levels only during a FEDVIP Open Season. You may also make changes throughout the plan year if a qualified life event occurs.

Annual Enrollment Opportunity

Each year, you may enroll or change your dental and/or vision plan enrollment. Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. Other events allow for certain types of changes throughout the year.

Continued Coverage

Eligibility for you or your family member may continue following your retirement or changes in employment status.

Claim Dispute Resolution

The claim review process will differ among plans. Upon written request from the enrollee and as a final option, the carrier will submit a dispute for resolution through a binding arbitration process. OPM will not review nor resolve disputes regarding FEDVIP. Please see your plan brochure for details.
Appendix G
FEDVIP Definitions

Eligible Dependents – Your spouse and unmarried dependent children under age 22. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. PLEASE NOTE: The health care law does not change the age or unmarried requirement for dependents under FEDVIP.

First Payer – Under this rule, the FEHB plan is considered the primary payer and pays first, while the FEDVIP plan is considered the secondary payer. No more than 100% of any claim is paid by both plans.

In-Network Services – Services provided by members of the plan’s provider network.

Nationwide Plan – A plan which provides services throughout the United States and around the world.

Out-of-Network Services – Services provided by health care professionals who are not a member of the plan’s provider network.

Plan – The insurance company which participates in the FEDVIP program. Also called carrier.

Precertification – Also called predetermination. This is the procedure used by dental offices to determine what services a plan will cover and how much will be paid before the service is rendered.

Provider – A licensed health care professional; for example: dentists, oral surgeons, optometrists and ophthalmologists.

Provider Network – A group of health care providers who have a contract with a specific plan to provide services at an agreed upon cost.

Qualifying Life Event (QLE) – An event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season. There is no QLE under FEDVIP which allows for cancellation, except upon deployment to active military duty or transitions to certain agencies.

Regional Plan – A plan which provides services only in specified geographic regions.

Usual, Customary and Reasonable – A widely used method, which may vary from company to company, for determining benefit reimbursement levels. The initials simply mean:
Usual. The fee that an individual dentist most frequently charges for a given dental service.
Customary. A fee determined by the insurance company based on the range of usual fees charged by dentists in the same geographic area.
Reasonable. A fee which is justifiable considering special circumstances of the particular care rendered.

Waiting Period – The length of time a person must be covered under the plan before they are eligible for certain benefits. For example, most plans have a 24 month waiting period for orthodontic benefits. This means that you must be covered continuously by the same plan and option for 24 months before your child is eligible for orthodontic coverage.
Appendix H
FEDVIP Qualifying Life Events for Enrollment Changes

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

<table>
<thead>
<tr>
<th>Qualifying Life Event</th>
<th>From Not Enrolled to Enrolled</th>
<th>Increase Enrollment Type</th>
<th>Decrease Enrollment Type</th>
<th>Cancel</th>
<th>Change from One Plan to Another</th>
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<td>Acquiring an eligible family member</td>
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<td>No</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
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<tr>
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<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Moving out of regional plan’s service area</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<td>Going on active military duty, non-pay status (enrollee or spouse)</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>Returning to pay status from active military duty (enrollee or spouse)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Annuity/compensation restored</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Transferring to an eligible position</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</table>

The time frame for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plans service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs except for enrollment due to a loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date. BENEFEDS is a secure enrollment website sponsored by OPM.

Cancelling an enrollment
You can cancel your enrollment only during the annual Open Season, upon deployment to active military duty, or transfers to certain agencies. An eligible family members coverage also ends upon the effective date of the cancellation.
 Appendix I
FEDVIP Plan Comparison Charts

This is a brief summary of the features of the dental and vision plans. Before making a final decision, please read the plan brochures and provider directories thoroughly. All plans are not the same. All benefits are subject to the definitions, limitations, copayments, annual maximums and exclusions set forth in the individual plan brochures. Go to our website at www.opm.gov/insure/dental/rates to find the rating region assigned to the area where you live and the related premium cost you will pay for dental coverage. Go to www.opm.gov/insure/vision/rates to see the premium cost for vision coverage.

Reading the Chart:

The table on the following pages highlights the selected features/classes of dental and/or vision services. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Dental Insurance

The deductibles shown for the dental plans are the amount of covered expenses that you pay before the plan begins to pay. Service Class refers to the level of benefits for each plan. The Service Classes are listed below. Calendar year maximum refers to the annual amount of benefits that you can receive per person.

Please Note: Most plans require that you are continuously enrolled in the same dental plan and/or option for the full waiting period before accessing orthodontia services. There are no other waiting periods for services.

Dental plans provide a comprehensive range of services, including but not limited to the following:

- Class A (Basic) services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
- Class B (Intermediate) services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
- Class C (Major) services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
- Class D (Orthodontic) services with up to a 24-month waiting period for children up to age 19.

Please review the dental plans’ benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.

Vision Insurance

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). Other benefits, such as discounts on lasik surgery, may also be available.

Please review the vision plans’ benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.
## Appendix I
Federal Employees Dental and Vision Insurance Program (FEDVIP)

### Nationwide and International Dental Plans Open to All

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone &amp; Website</th>
<th>Class A</th>
<th>Class B</th>
<th>Class C</th>
<th>Class D</th>
<th>Deductible</th>
<th>Calendar Year Maximum</th>
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<tbody>
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<td>Aetna High (In-Network Benefits)</td>
<td>1-877-459-6604 <a href="http://www.aetnafeds.com">www.aetnafeds.com</a></td>
<td>0%</td>
<td>40%</td>
<td>60%</td>
<td>70%</td>
<td>$0</td>
<td>$3,000 per year per person - in-network $2,000 per year per person - out-of-network $1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services</td>
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<td>40%</td>
<td>60%</td>
<td>70%</td>
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<td></td>
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<td>45%</td>
<td>65%</td>
<td>50%</td>
<td>$0</td>
<td>$5,000 per year per person (high option) or $1,200 per year per person (standard option) per person $1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services</td>
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<tr>
<td>GEHA Standard (Out-of-Network Benefits)</td>
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<td>45%</td>
<td>65%</td>
<td>50%</td>
<td>$0</td>
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<td>20%</td>
<td>50%</td>
<td>50%</td>
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<td>GEHA High (Out-of-Network Benefits)</td>
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<td>20%</td>
<td>50%</td>
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<td>$0</td>
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<td>MetLife Standard (In-Network Benefits)</td>
<td>1-888-865-6854 <a href="http://www.federaldental.metlife.com">www.federaldental.metlife.com</a></td>
<td>0%</td>
<td>45%</td>
<td>65%</td>
<td>50%</td>
<td>$0</td>
<td>$1,200 standard option in-network annual non-orthodontic maximum per person $1,500 standard option in-network lifetime max per person for orthodontics $600 standard option out-network annual non-orthodontic maximum per person $1,000 standard option out-of-network lifetime max per person for orthodontics $10,000 high option in-network annual non-orthodontic maximum per person $3,500 high option out-of-network annual non-orthodontic maximum per person $3,500 high option in-network lifetime max per person for orthodontics $10,000 high option out-of-network lifetime max per person for orthodontics There is no calendar year deductible for Class D services 24-month waiting period for orthodontia services</td>
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<td>30%</td>
<td>50%</td>
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<td>$0</td>
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<td>60%</td>
<td>50%</td>
<td>$50/person</td>
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<td>United Concordia High (In-Network Benefits)</td>
<td>1-877-438-8224 (Open Season) 1-877-394-8224 (General) <a href="http://www.ucclfedvip.com">www.ucclfedvip.com</a></td>
<td>0%</td>
<td>20%</td>
<td>50%</td>
<td>50%</td>
<td>$0</td>
<td>$3,500 per year per person $1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services</td>
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<td>United Concordia High (Out-of-Network Benefits)</td>
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<td>20%</td>
<td>40%</td>
<td>60%</td>
<td>50%</td>
<td>$0</td>
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</table>

**Please Note:** Out-of-Network Benefits — members are responsible for paying the difference between the plan’s payment and the non-network provider’s billed charges.
# Appendix I
Federal Employees Dental and Vision Insurance Program (FEDVIP)

## Regional Dental Plans
*Only Open to Persons Living in Specific Geographic Areas*

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone &amp; Website</th>
<th>Class A</th>
<th>Class B</th>
<th>Class C</th>
<th>Class D</th>
<th>Deductible</th>
<th>Calendar Year Maximum</th>
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<tr>
<td>Humana High (Open to residents of the Southeastern, Midwestern, and Mid-Atlantic states)</td>
<td>1-877-692-2468 <a href="http://www.feds.humana.com">www.feds.humana.com</a></td>
<td>0%</td>
<td>Flat Rate</td>
<td>Flat Rate</td>
<td>Flat Rate</td>
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<td>$10,000 per year per person Unlimited lifetime orthodontic coverage Out-of-network benefits NOT provided No waiting period for orthodontic services</td>
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<tr>
<td>GHI High (In-network benefits) (Open to NY and Northern NJ residents and parts of CT and PA)</td>
<td>212-501-4444 <a href="http://www.ghi.com">www.ghi.com</a></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<td>$2,500 per year per person $2,000 lifetime max per person (orthodontic services only) Out-of-network benefits available – paid at the same in-network rate 12-month waiting period for orthodontia services</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>$50 self/$150 self &amp; family/self plus one Class B and Class C</td>
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</tr>
<tr>
<td>Triple-S Salud High (Open to Puerto Rico residents)</td>
<td>787-774-6060 787-749-4777 1-800-981-3241 TTY 787-792-1370 TTY 1-866-215-1999 <a href="http://www.ssspr.com">www.ssspr.com</a></td>
<td>0%</td>
<td>30%</td>
<td>60% / 50%</td>
<td>50%</td>
<td>$0</td>
<td>No maximum $1,500 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24-month waiting period for orthodontia services</td>
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**Please Note:** Out-of-Network Benefits – members are responsible for paying the difference between the plan’s payment and the non-network provider’s billed charges.
### Nationwide and International Vision Plans Open to All

The table below highlights the selected features of available vision plans. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). There are no deductibles or waiting periods. Other benefits such as discounts on lasik surgery may also be available.

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<tr>
<th>Plan Name</th>
<th>Frames</th>
<th>Lenses</th>
<th>Exams</th>
<th>Co-payments</th>
<th>Covered Lens Options</th>
<th>Additional Features</th>
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<td>FEP BlueVision Standard</td>
<td>Every 24 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>$0</td>
<td>Single Lined Bifocal Lined Trifocal Lenticular UV Coating Scratch-resistant coating</td>
<td>Breakage warranty; Laser vision correction discount; low vision coverage. $130 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits NOT provided. Flat rate reimbursement in limited access areas and internationally. FSAFEDS paperless reimbursement available.</td>
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<tr>
<td>FEP BlueVision High</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>$0</td>
<td>Single Lined Bifocal Lined Trifocal Lenticular Standard Progressives UV Coating Scratch-resistant coating Transitions®</td>
<td>Breakage warranty; Laser vision correction discount; low vision coverage. $150 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits available at a lower rate. Flat rate reimbursement in limited access areas and internationally. FSAFEDS paperless reimbursement available.</td>
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<td>UnitedHealthcare Vision Plan Standard</td>
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<td>Every 12 months</td>
<td>Every 12 months</td>
<td>$10 exam/ $25 material</td>
<td>Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant Coating</td>
<td>Low vision; prosthetic eye; vision therapy; Laser vision correction discount. $130 frame allowance. Additional lens option discounts. Out-of-network benefits available—paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.</td>
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<tr>
<td>UnitedHealthcare Vision Plan High</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>$10 exam/ $10 material</td>
<td>Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant Coating Tinted Lenses UV Coating</td>
<td>Low vision; prosthetic eye; vision therapy; Laser vision correction discount. $130 frame allowance. Additional lens option discounts. Out-of-network benefits available—paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.</td>
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<tr>
<td>VSP (Vision Service Plan) Standard</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>$10 exam/ $20 material</td>
<td>Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant Coating</td>
<td>Laser vision correction discount. $120 frame allowance. Additional lenses options covered at a discount. Out-of-network benefits available – paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available.</td>
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<td>Every 12 months</td>
<td>$10 (including exam and glasses)</td>
<td>Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant Coating Anti-reflective Coating Lenses that transition to light UV Coating Select tints</td>
<td>Laser vision correction discount. $130 frame allowance. Out-of-network benefits available – paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available.</td>
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## Appendix J

**Federal Employees Dental and Vision Insurance Program (FEDVIP)**

**Dental Rating Regional Chart**

### Rating Areas

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<th>State</th>
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### Appendix J
Federal Employees Dental and Vision Insurance Program (FEDVIP)
Dental Rating Regional Chart

#### Rating Areas

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<thead>
<tr>
<th>State</th>
<th>State/ZIP (first 3)</th>
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**Federal Employees Dental and Vision Insurance Program (FEDVIP)**  
**Dental Rating Regional Chart**

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## Appendix K
### Federal Employees Dental and Vision Insurance Program (FEDVIP)
#### Premium Rate Charts

### Nationwide Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix K to determine your specific region.

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<td>4</td>
<td>$19.06</td>
<td>$38.06</td>
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<td></td>
<td></td>
<td>5</td>
<td>$20.54</td>
<td>$41.07</td>
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</tbody>
</table>
### Regional Dental Rates

**Please note:** Rating areas for each carrier are not the same for all plans. Please refer to Appendix K to determine your specific region.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Option</th>
<th>Rating Region</th>
<th>Biweekly Premium</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self Only</td>
<td>Self Plus One</td>
</tr>
<tr>
<td>Humana</td>
<td>High</td>
<td>1</td>
<td>$9.65</td>
<td>$19.28</td>
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<tr>
<td></td>
<td></td>
<td>2</td>
<td>$10.38</td>
<td>$20.75</td>
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<tr>
<td></td>
<td></td>
<td>3</td>
<td>$10.45</td>
<td>$20.89</td>
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<tr>
<td></td>
<td></td>
<td>4</td>
<td>$14.26</td>
<td>$28.52</td>
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<td></td>
<td></td>
<td>5</td>
<td>$14.33</td>
<td>$28.65</td>
</tr>
<tr>
<td>GHI PPO</td>
<td>High</td>
<td>1</td>
<td>$16.18</td>
<td>$32.34</td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Triple-S Salud PPO</td>
<td>High</td>
<td>1</td>
<td>$4.35</td>
<td>$8.69</td>
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<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
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### International Dental Rates

**Please note:** International premium rates are not regionally based.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Biweekly Premium</th>
<th>Monthly Premium</th>
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<tbody>
<tr>
<td></td>
<td>Self Only</td>
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<tr>
<td>Aetna</td>
<td>$18.82</td>
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<td>GEHA Standard</td>
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<td>$18.16</td>
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<td>GEHA High</td>
<td>$14.89</td>
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<tr>
<td>MetLife Standard</td>
<td>$12.46</td>
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</tr>
<tr>
<td>MetLife High</td>
<td>$23.13</td>
<td>$46.25</td>
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<tr>
<td>United Concordia</td>
<td>$20.54</td>
<td>$41.07</td>
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</tbody>
</table>
Appendix K
Federal Employees Dental and Vision Insurance Program (FEDVIP)
Premium Rate Charts

### Nationwide Vision Rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone &amp; Website</th>
<th>Plan Option</th>
<th>Biweekly Premium</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self Only</td>
<td>Self Plus One</td>
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<td></td>
<td></td>
<td>High</td>
<td>$4.75</td>
<td>$9.49</td>
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<td></td>
<td></td>
<td>High</td>
<td>$4.23</td>
<td>$8.24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
<td>$6.17</td>
<td>$12.33</td>
</tr>
</tbody>
</table>

### International Vision Rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone &amp; Website</th>
<th>Plan Option</th>
<th>Biweekly Premium</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self Only</td>
<td>Self Plus One</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
<td>$4.75</td>
<td>$9.49</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
<td>$4.23</td>
<td>$8.24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
<td>$6.17</td>
<td>$12.33</td>
</tr>
</tbody>
</table>
Medicaid and the Children’s Health Insurance Program (CHIP)  
Offer Free or Low-Cost Health Coverage to Children and Families

- If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.
- If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.
- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.
- Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility –

**ALABAMA** – Medicaid  
Website: http://www.medicaid.alabama.gov  
Phone: 1-800-362-1504

**ALASKA** – Medicaid  
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

**ARIZONA** – CHIP  
Website: http://www.azahcccs.gov/applicants/default.aspx  
Phone (Outside of Maricopa County): 1-877-764-5437  
Phone (Maricopa County): 602-417-5437

**ARKANSAS** – CHIP  
Website: http://www.arkidsfirst.com/  
Phone: 1-888-474-8275

**CALIFORNIA** – Medicaid  
Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx  
Phone: 1-866-298-8443

**COLORADO** – Medicaid and CHIP  
Medicaid Website: http://www.colorado.gov/  
Medicaid Phone: 1-800-866-3513  
CHIP Website: http://www.CHPplus.org  
CHIP Phone: 303-866-3243

**FLORIDA** – Medicaid  
Website: http://www.fldh.state.fl.us/Medicaid/index.shtml  
Phone: 1-877-357-3268

**GEORGIA** – Medicaid  
Website: http://dch.georgia.gov/ (Programs, then Medicaid)  
Phone: 1-800-869-1150

**IDAHO** – Medicaid and CHIP  
Medicaid Website: www.accesstothelifeinsurance.idaho.gov  
Medicaid Phone: 1-800-926-2588  
CHIP Website: www.medicaid.idaho.gov  
CHIP Phone: 1-800-926-2588

**INDIANA** – Medicaid  
Website: http://www.in.gov/issa  
Phone: 1-800-889-9948

**IOWA** – Medicaid  
Website: www.dhs.state.ia.us/hipp/  
Phone: 1-800-946-9562

**KANSAS** – Medicaid  
Website: https://www.khpa.ks.gov  
Phone: 1-800-792-4884

**KENTUCKY** – Medicaid  
Website: http://chfs.ky.gov/dms/default.htm  
Phone: 1-800-655-2570

**LOUISIANA** – Medicaid  
Website: http://www.la.ipp.dhh.louisiana.gov  
Phone: 1-888-342-6207

**MAINE** – Medicaid  
Website: http://www.main.gov/dhhs/OIAS/public-assistance/index.html  
Phone: 1-800-321-5557

**MASSACHUSETTS** – Medicaid and CHIP  
Medicaid & CHIP Website: http://www.mass.gov/MassHealth  
Medicaid & CHIP Phone: 1-800-462-1120

**MINNESOTA** – Medicaid  
Website: http://www.dhs.state.mn.us/ (Health Care, then Medical Assistance)  
Phone: (Outside of Twin Cities area): 800-657-3739  
Phone: (Twin Cities area): 651-431-2670

**MISSOURI** – Medicaid  
Website: http://www.dss.mo.gov/mhl/index.htm  
Phone: 573-751-6944

**MONTANA** – Medicaid  
Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml  
Telephoney: 1-800-694-3084

**NEBRASKA** – Medicaid  
Website: http://www.dhhs.ne.gov/med/index.htm  
Phone: 1-867-255-3092
# Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

<table>
<thead>
<tr>
<th>State</th>
<th>Program Description</th>
<th>Website</th>
<th>Phone/Website</th>
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</thead>
<tbody>
<tr>
<td>NEVADA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://dhss.nv.gov/">http://dhss.nv.gov/</a></td>
<td>1-800-992-0900</td>
</tr>
<tr>
<td>NEVADA – CHIP</td>
<td>Medicaid</td>
<td><a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a></td>
<td>1-800-549-0820</td>
</tr>
<tr>
<td>NEW HAMPSHIRE – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.dhhs.state.nh.gov/omics/index.htm">http://www.dhhs.state.nh.gov/omics/index.htm</a></td>
<td>603-271-4258</td>
</tr>
<tr>
<td>NEW JERSEY – Medicaid and CHIP</td>
<td>Medicaid</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>1-800-356-1561</td>
</tr>
<tr>
<td>NEW JERSEY – CHIP</td>
<td>Medicaid</td>
<td><a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td>1-800-701-0710</td>
</tr>
<tr>
<td>NEW MEXICO – Medicaid and CHIP</td>
<td>Medicaid</td>
<td><a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a></td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>NEW YORK – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a></td>
<td>1-800-562-3022 ext. 15473</td>
</tr>
<tr>
<td>NORTH CAROLINA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.nc.gov/">http://www.nc.gov/</a></td>
<td>919-855-4100</td>
</tr>
<tr>
<td>NORTH DAKOTA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>1-800-755-2604</td>
</tr>
<tr>
<td>OKLAHOMA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
</tr>
<tr>
<td>OREGON – Medicaid and CHIP</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.oregonhealthykids.gov/">http://www.oregonhealthykids.gov/</a></td>
<td>1-877-314-5678</td>
</tr>
<tr>
<td>PENNSYLVANIA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/004670053.htm">http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/004670053.htm</a></td>
<td>1-800-644-7730</td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.chs.rhode.gov/">http://www.chs.rhode.gov/</a></td>
<td>401-462-5300</td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.scdhhs.gov/">http://www.scdhhs.gov/</a></td>
<td>1-888-549-0820</td>
</tr>
<tr>
<td>SOUTH CAROLINA – CHIP</td>
<td>Medicaid</td>
<td><a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a></td>
<td>1-800-440-0493</td>
</tr>
<tr>
<td>SOUTH CAROLINA – CHIP</td>
<td>Medicaid</td>
<td><a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a></td>
<td>1-800-549-0820</td>
</tr>
<tr>
<td>SOUTH CAROLINA – CHIP</td>
<td>Medicaid</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>1-800-356-1561</td>
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<tr>
<td>SOUTHERN CAROLINA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a></td>
<td>1-800-873-6217</td>
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<td>TEXAS – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.hhsp.texas.gov/">http://www.hhsp.texas.gov/</a></td>
<td>1-800-440-0493</td>
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<tr>
<td>WEST VIRGINA – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.hhs.gov/healthcarefin/index.html">http://www.hhs.gov/healthcarefin/index.html</a></td>
<td>1-800-362-3002</td>
</tr>
<tr>
<td>WISCONSIN – Medicaid</td>
<td>Medicaid</td>
<td><a href="http://www.badgercareplus.org/pubs/p-10009.htm">http://www.badgercareplus.org/pubs/p-10009.htm</a></td>
<td>1-800-362-3002</td>
</tr>
</tbody>
</table>

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
www.dol.gov/ebsa  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
www.cms.hhs.gov  
1-877-267-2523, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)
# Summary Information

<table>
<thead>
<tr>
<th></th>
<th>New Hires Can Enroll</th>
<th>Federal Benefits Open Season</th>
<th>How to Enroll</th>
<th>OPM’s Program Website</th>
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<tbody>
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<td><strong>FEHB</strong></td>
<td>Within 60 days from new hire date</td>
<td>Annual – November 14 to December 12, 2011</td>
<td>Varies by agency; automated enrollment or via SF 2809</td>
<td><a href="http://www.opm.gov/insure/health">www.opm.gov/insure/health</a></td>
</tr>
<tr>
<td><strong>FEDVIP</strong></td>
<td>Within 60 days from new hire date</td>
<td>Annual – November 14 to December 12, 2011</td>
<td>Go to <a href="http://www.BENEFEDS.com">www.BENEFEDS.com</a> or call 1-877-888-3337</td>
<td><a href="http://www.opm.gov/insure/dental">www.opm.gov/insure/dental</a>; <a href="http://www.opm.gov/insure/vision">www.opm.gov/insure/vision</a></td>
</tr>
<tr>
<td><strong>FSAFEDS</strong></td>
<td>Within 60 days from new hire date</td>
<td>Annual – November 14 to December 12, 2011</td>
<td>Go to <a href="http://www.FSAFEDS.com">www.FSAFEDS.com</a> or call 1-877-372-3337</td>
<td><a href="http://www.opm.gov/insure/flexible">www.opm.gov/insure/flexible</a></td>
</tr>
<tr>
<td><strong>FEGLI</strong></td>
<td>Within 60 days from new hire date for optional insurance; automatically enrolled in Basic insurance until you take action to cancel</td>
<td>No annual Open Season</td>
<td>Varies by agency; automated enrollment or via SF 2817 for new hires Others provide medical information on SF 2822</td>
<td><a href="http://www.opm.gov/insure/life">www.opm.gov/insure/life</a></td>
</tr>
<tr>
<td><strong>FLTCIP</strong></td>
<td>Apply (not necessarily enroll) within 60 days from new hire date with abbreviated underwriting</td>
<td>No annual Open Season</td>
<td>Go to <a href="http://www.LTCFEDS.com">www.LTCFEDS.com</a> or call 1-800-582-3337</td>
<td><a href="http://www.opm.gov/insure/ltc">www.opm.gov/insure/ltc</a></td>
</tr>
</tbody>
</table>
Federal Employees’ Group
Life Insurance

FEGLI
(Federal Employees' Group Life Insurance)

- No open seasons.
- You are automatically covered with basic coverage upon appointment.
- New hires only have 60 days to make an election in EBIS.
- You can waive or reduce coverage at any time.
- Once you waive, you may not be able to enroll again (unless you are approved pending the application process).
- You must have Basic coverage in order to elect Optional coverage.
- If you elect Basic insurance only, you may only enroll in or increase Options B & C upon marriage, divorce, new child or spouse death.
- Website to for FEGLI– http://www.opm.gov/insure/life

Basic Life Insurance

- Basic insurance, equal to your salary rounded up to the next even thousand, plus two thousand dollars.
  Example:
  $37,500 = $38,000 + $2,000 = $40,000
  -Biweekly- $0.150 per $1000.
- Provides an extra benefit if you are under age 45 at no additional cost.
- Extra benefit doubles the amount of basic insurance if you die prior to age 35.
- Decreases by 10% each year until age 45 or older
Optional Life Insurance

- **Option A - Standard**, in the amount of $10,000. (See FEGLI Booklet, pg. 7)

- **Option B - Additional**, in an amount from 1-5 times your annual rate of basic pay after rounding up your salary to the next even $1,000. (See FEGLI Booklet, pg. 8)

- **Option C - Family**, 1-5 multiples of coverage for spouse and children. Each multiple is $5,000 for death of spouse & $2,500 for death of dependent child. (see FEGLI booklet pg. 9)

- Excellent website to calculate premiums and benefits – http://www.opm.gov/calculator/worksheet.asp

Summary of FEGLI

- In accordance with CFR 5, Chap 87 § 8702 an employee is automatically insured on the date they become eligible for insurance. An employee desiring not to be insured shall give written notice to their employing office on a form prescribed by the Office. If the notice is received after they have become insured, their insurance stops at the end of the pay period in which the notice is received.

- It is your responsibility to designate a beneficiary and to keep that information current. (Standard Form 2823)
Federal Employees' Group Life Insurance Program

**BASIC LIFE+**

**OPTION A**
Standard

**OPTION B**
Additional

**OPTION C**
Family

Administered by the
United States Office of Personnel Management

FE 76-21
Revised August 2004
Previous versions (RI 76-21) not usable
This Booklet provides general information for employees about the Federal Employees' Group Life Insurance (FEGLI) Program. You can get detailed information in the FEGLI Handbook (RI 76-26), which is available only in electronic format, at www.opm.gov/insure/life. While some information for annuitants is provided here, annuitants can visit www.opm.gov/retire for more information about FEGLI benefits in retirement.
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INTRODUCTION

Life Insurance Means Peace of Mind for You and Your Family

Almost everyone needs life insurance; how much is for you to decide. Through the Federal Employees’ Group Life Insurance (FEGLI) Program, you have several choices in selecting the amount of life insurance that’s right for you. FEGLI offers:

**Basic insurance:** equal to your salary rounded up to the next even thousand, plus two thousand dollars, and

Three types of **Optional insurance**:

- **Option A** — Standard, in the amount of $10,000;
- **Option B** — Additional, in an amount from one to five times your annual rate of basic pay after rounding your salary up to the next even $1,000;
- **Option C** — Family, one to five multiples of coverage for your spouse and your eligible dependent children. Each multiple is equal to $5,000 for the death of your spouse and $2,500 for the death of each eligible dependent child.

**Some important points to keep in mind:**

- If eligible, you are automatically covered under Basic life insurance, unless you waive it.
- You must take action, within strict time limits, to elect Optional insurance. If you elect it when you are first eligible, you can get it without having to provide medical information to prove insurability.
- The FEGLI Program offers group rates and convenient payroll deductions.
- The Government pays one-third of the cost of your Basic life insurance. You pay 100% of the cost of Optional insurance.
- FEGLI is group term insurance. It does not have any cash or paid-up value. You cannot get a loan by borrowing from this insurance.
- The amount of life insurance one needs varies by individual. Some general guidelines to help you calculate your needs are on page 5.

**FEGLI Service Standards**

- When you use material published about the FEGLI Program, you will find that it is clear, factual, and gives you the information you need.
- Once a claim for benefits is fully documented, the Office of Federal Employees’ Group Life Insurance (OF E GLI) will generally pay it within 10 working days.
- OF E GLI will respond to correspondence within 30 days of receipt of your letter. If we need more information before giving you an answer, we will send you an interim response.
- We will assist you and your beneficiaries in a prompt, accurate, and courteous manner.
How Do I Choose the Right Amount of Life Insurance?

Purchasing life insurance is a personal decision that only you can make. You should first consider the funds your survivors will need for immediate expenses, such as: uninsured medical costs, funeral expenses, lawyers’ fees to settle an estate, debts, and taxes. Young single people, who often don’t buy life insurance because they have no dependents, should consider that funeral expenses can amount to thousands of dollars and should be provided for in some way.

Here are some very general guidelines that may help you. Not everyone will need the same amount of life insurance. Fill in the blanks to estimate your family’s needs. If a particular line doesn’t apply, or you think it is too much coverage, just skip it. These results are just rules of thumb. For a complete analysis of your needs, you may want to consult a financial planner.

How Much Do I Need?
So you’ve decided that life insurance is a good idea. Now you’ll want to determine how much you’ll need. This simple chart can help you come up with an estimate. Fill in the blanks to estimate your family’s needs.

LIFE INSURANCE...HOW MUCH DO I NEED?

1. Multiple of your annual income (in dollars) that you wish to provide your family if something were to happen to you* $ (1)
2. Annual expenses above and beyond daily living costs for you and your dependents (e.g., tuition, care for a disabled child or parent) + (2)
3. Emergency funds (3 to 6 months of living expenses) + (3)
4. Estimated amount for your funeral expenses + (4) (U.S. average is $5,000 to $10,000)†
5. Total the estimate of your family’s needs (add lines 1 through 4) = (5)
6. Market funds, existing life insurance) – (6)
7. Subtract line 6 from line 5 and enter the difference here: = $ (7)

The net result (line 7) is an estimate of the shortfall your family could face upon your death. Remember, these results are just rules of thumb. For a complete analysis of your needs, you may want to consult a financial planner. The maximum coverage on your life available through FEGLI is about six times your salary (or about seven times for enrollees age 35 or under), through a combination of Basic, the Extra Benefit, Option A ($10,000), and Option B (maximum of 5 times your salary). See the rest of this booklet for details.

* Most life insurance consultants recommend at least five times your annual income.
Source: Kiplinger’s (Kiplinger.com, Jan., 2003).

Consider the Way Things Are...

In addition to completing the calculation above, there are some other situations you might want to consider when determining how much life insurance you need. Remember to take into account whether you have:
• a spouse and/or dependent children;
• an aging parent and/or a disabled relative who depends on you for support;
• savings and/or accumulated debt;
• a sizable estate and/or a business.

Be sure to reevaluate your life insurance needs periodically. If you think you need more coverage, see page 11 for more information.
GENERAL INFORMATION

Who Is Eligible?

Most Federal employees, including part-time employees, are eligible for Federal Employees’ Group Life Insurance (FEGLI). If you have a question about eligibility, see your human resources office. Participation is entirely voluntary. However, if you are eligible, you are automatically covered under Basic insurance, unless you waive this coverage. You will have Optional insurance only if you elect it. Remember, there are strict time limits to elect Optional insurance.

When Does My Coverage Begin?

Basic life insurance coverage for new employees is effective on the first day you are in a pay and duty status in an eligible position, unless you waive this coverage before the end of your first pay period. After your first pay period, you may cancel Basic at any time; the cancellation will be effective at the end of the last day of the pay period in which your human resources office receives your cancellation.

Optional insurance for new employees is effective on the first day you are in a pay and duty status in an eligible position on or after the day your human resources office receives your election. You only have 31 days from the date of your appointment to an eligible position to elect Optional insurance. Your opportunities to enroll in Optional insurance after those 31 days are limited. See page 11.

Pay and duty status means you are not on annual leave, sick leave, donated leave, excused absence, or otherwise absent from duty.

New employees must complete a Life Insurance Election (SF 2817) to cancel Basic insurance or to elect Optional insurance. If you do not complete an election form, you will automatically be covered under Basic insurance only, and your agency will withhold premiums from your pay.

What Is Basic Insurance and How Much Does it Cost?

Basic insurance provides term life insurance at group rates. The Federal Government pays one-third of the cost of your Basic insurance. If you are eligible, you are automatically covered under Basic insurance, unless you waive this coverage.

Your Basic Insurance Amount (BIA) is equal to the greater of (a) your annual rate of basic pay rounded up to the next even $1,000 plus $2,000, or (b) $10,000. Basic insurance also provides an Extra Benefit to employees under age 45, at no additional cost. This Extra Benefit doubles the amount of Basic insurance payable if you die when you are age 35 or younger. The Extra Benefit decreases 10% each year until there is no Extra Benefit if you die at age 45 or older.

You may use the life insurance worksheet on page 25 to compute your BIA and, if applicable, your Extra Benefit.
HOW MUCH DO I PAY FOR BASIC INSURANCE?

<table>
<thead>
<tr>
<th>PAYROLL METHOD</th>
<th>WITHHOLDING FOR EACH $1,000 INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biweekly</td>
<td>$0.150</td>
</tr>
<tr>
<td>Monthly</td>
<td>$0.325</td>
</tr>
</tbody>
</table>

What if I Want Optional Insurance and How Much Does it Cost?

While Basic insurance may be enough coverage for some people, many others want more protection. That's why the Federal Employees’ Group Life Insurance (FEGLI) Program also offers Optional insurance: Option A — Standard, Option B — Additional, and Option C — Family. **You must have or elect Basic in order to elect any Optional insurance coverage.** You pay the full cost for all Optional insurance.

Enrollment in Optional insurance is not automatic. If you want Optional insurance as a new employee, you must submit a completed Life Insurance Election (SF 2817) to your human resources office within 31 days from the date of your appointment to an eligible position. Your opportunities to enroll in Optional insurance after those 31 days are limited. See page 11.

OPTION A

**Standard**

You may elect **Option A — Standard** in the amount of $10,000.

HOW MUCH DOES OPTION A COST?

<table>
<thead>
<tr>
<th>Your Age Group**</th>
<th>WITHHOLDING FOR $10,000 INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Biweekly</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td>Under 35</td>
<td>$ 0.30</td>
</tr>
<tr>
<td>35 – 39</td>
<td>0.40</td>
</tr>
<tr>
<td>40 – 44</td>
<td>0.60</td>
</tr>
<tr>
<td>45 – 49</td>
<td>0.90</td>
</tr>
<tr>
<td>50 – 54</td>
<td>1.40</td>
</tr>
<tr>
<td>55 – 59</td>
<td>2.70</td>
</tr>
<tr>
<td>60 and over</td>
<td>6.00</td>
</tr>
<tr>
<td></td>
<td>13.00</td>
</tr>
</tbody>
</table>

* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).

** For insurance withholding purposes, we assume you reach these ages on the first day of the pay period that starts after your birthday.
You may elect Option B — Additional in an amount equal to one, two, three, four or five times your annual rate of basic pay (after rounding up to the next even $1,000).

**HOW MUCH DOES OPTION B COST?**

<table>
<thead>
<tr>
<th>Your Age Group**</th>
<th>WITHHOLDING FOR EACH $1,000 INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>Biweekly</td>
</tr>
<tr>
<td>Under 35</td>
<td>$0.03</td>
</tr>
<tr>
<td>35 – 39</td>
<td>0.04</td>
</tr>
<tr>
<td>40 – 44</td>
<td>0.06</td>
</tr>
<tr>
<td>45 – 49</td>
<td>0.09</td>
</tr>
<tr>
<td>50 – 54</td>
<td>0.14</td>
</tr>
<tr>
<td>55 – 59</td>
<td>0.28</td>
</tr>
<tr>
<td>60 – 64</td>
<td>0.60</td>
</tr>
<tr>
<td>65 – 69</td>
<td>0.71</td>
</tr>
<tr>
<td>70 – 74</td>
<td>1.03</td>
</tr>
<tr>
<td>75 – 79</td>
<td>1.43</td>
</tr>
<tr>
<td>80 and over</td>
<td>1.83</td>
</tr>
</tbody>
</table>

* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).

** For insurance withholding purposes, we assume you reach these ages on the first day of the pay period that starts after your birthday.

Consider this example

Bob, a 38-year-old Federal employee, is married with three children. He wants to get the maximum amount of Option B he can. He chooses five times his annual pay of $39,500 (rounded to $40,000), which totals $200,000. He is paid on a biweekly basis. Therefore, his cost is $8.00 biweekly ($0.04 x 200). Refer to the worksheet on page 25 for more information, or see the FEGLI Calculator at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).
You may elect **Option C — Family** to insure your spouse and your eligible dependent children. When you elect Option C, all of your eligible family members are automatically covered. You may elect either one, two, three, four, or five multiples of coverage. Each multiple is equal to $5,000 for your spouse and $2,500 for each of your eligible dependent children.

For example, if you elect three multiples, that means that if your spouse dies, you would receive $15,000 (3 times $5,000). If one of your eligible dependent children dies, you would receive $7,500 (3 times $2,500).

Each multiple is a unit. For example, if you elect two multiples, that means you have two multiples on your spouse and two multiples on your eligible dependent children. You cannot elect a number of multiples for your spouse that is different from the number of multiples for your eligible dependent children.

To be eligible, dependent children must be unmarried and under age 22, or if age 22 or over, incapable of self-support because of a mental or physical disability that existed before the child reached age 22. Eligible dependent children include your natural children, adopted children, stepchildren (if they live with you in a regular parent-child relationship), recognized natural children, and foster children (if they live with you in a regular parent-child relationship). Grandchildren are not covered unless they qualify as foster children. Stillborn children are not covered.

If you have any questions about eligible family members, please consult your human resources office. That office is responsible for determining eligibility.

Option C benefits are paid to you; you cannot designate a beneficiary.

### HOW MUCH DOES OPTION C COST?*

<table>
<thead>
<tr>
<th>Your Age Group**</th>
<th>WITHHOLDING FOR EACH MULTIPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Biweekly</td>
</tr>
<tr>
<td>Under 35</td>
<td>$0.27</td>
</tr>
<tr>
<td>35 – 39</td>
<td>0.34</td>
</tr>
<tr>
<td>40 – 44</td>
<td>0.46</td>
</tr>
<tr>
<td>45 – 49</td>
<td>0.60</td>
</tr>
<tr>
<td>50 – 54</td>
<td>0.90</td>
</tr>
<tr>
<td>55 – 59</td>
<td>1.45</td>
</tr>
<tr>
<td>60 – 64</td>
<td>2.60</td>
</tr>
<tr>
<td>65 – 69</td>
<td>3.00</td>
</tr>
<tr>
<td>70 – 74</td>
<td>3.40</td>
</tr>
<tr>
<td>75 – 79</td>
<td>4.50</td>
</tr>
<tr>
<td>80 and over</td>
<td>6.00</td>
</tr>
</tbody>
</table>

* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).

** For insurance withholding purposes, we assume you reach these ages on the first day of the pay period that starts after your birthday.
GENERAL INFORMATION

What Is Accidental Death and Dismemberment (AD&D) Insurance?

Accidental Death and Dismemberment (AD&D) insurance provides funds in the event of a fatal accident or an accident that results in the loss of a limb or eyesight. For benefits to be paid, the death or loss must occur not more than one year from the date of the accident and be a direct result of bodily injury sustained from that accident, independent of all other causes.

AD&D insurance is automatically included in Basic insurance at no additional cost. It is equal to your Basic Insurance Amount (BIA), and does not include the Extra Benefit. AD&D insurance is also automatically included in Option A in the amount of $10,000 at no additional cost. Option B and Option C do not include AD&D insurance. Accidental death benefits are paid in addition to other FEGLI benefits that may be payable. AD&D coverage stops when your employment ends. It does not carry into retirement.

The following is a list of covered losses under AD&D insurance and the corresponding amounts payable:

<table>
<thead>
<tr>
<th>AD&amp;D SCHEDULE OF LOSSES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For the Loss of</strong></td>
</tr>
<tr>
<td>Life</td>
</tr>
<tr>
<td>Two or more Members*</td>
</tr>
<tr>
<td>One Member*</td>
</tr>
</tbody>
</table>

* A Member is a hand, foot, or the sight in one eye.

Note: For all losses resulting from any one accident, no more than the Full amount is payable.

The Office of Federal Employees' Group Life Insurance (OFEG LI) will not pay AD&D benefits if your death or loss in any way results from, is caused by, or is contributed to by:

- physical or mental illness;
- the diagnosis of or treatment of physical or mental illness;
- ptomaine or bacterial infection (however, OFEG LI will pay AD&D benefits if the loss is caused by an accidentally sustained external wound);
- a war (declared or undeclared), any act of war, or any armed aggression against the United States in which nuclear weapons are actually being used;
- a war (declared or undeclared), any act of war, or any armed aggression or insurrection in which you are in actual combat at the time bodily injuries are sustained;
- suicide or attempted suicide;
- injuring yourself on purpose;
- illegal or illegally obtained drugs that you administer to yourself;
- driving a vehicle while intoxicated, as defined by the laws of the jurisdiction in which you were operating the vehicle.
What If I Want to Change My Life Insurance Coverage?

If you waived Basic insurance or did not elect Optional insurance when you were first hired, or you simply want different coverage than you have now, you have three opportunities to make changes: during an Open Season, by providing medical information, or by experiencing a life event.

Open Season

An Open Season is relatively rare. Your human resources office will give you more details about any upcoming Open Seasons whenever they’re scheduled. The 1999 and 2004 Open Seasons are the most recent.

Providing Medical Information

As long as at least one year has passed since the effective date of your last waiver of life insurance coverage, you may provide satisfactory medical information at your own expense using the Request for Life Insurance (SF 2822). The SF 2822 is available only on the FEGLI website. You can download the form at www.opm.gov/insure/life. You and your agency must complete part of the form. Then you take the form to your physician or other medical professional. He or she will examine you, complete the rest of the form, and send the form to the Office of Federal Employees’ Group Life Insurance (OF E GL I). If OF E GL I approves your request, you will automatically get Basic insurance (unless, of course, you already have Basic). You will have 31 days from the approval date to elect Option A and/or elect Option B or increase your Option B multiples (up to a total of 5) by completing a Life Insurance Election (SF 2817) and submitting it to your human resources office.

You cannot elect Option C or increase your Option C multiples by providing medical information—you can get Option C based on a life event, as described on page 12.

However, even if you previously elected Option C—Family and are changing other Optional coverage, you must sign for Option C again in order to keep it. If you do not sign for it, you have waived/cancelled it. For example, let’s assume you already have Basic and three multiples of Option C and you want Option A. You complete the SF 2822 and provide medical information, and OF E GL I approves your request. Then you complete the SF 2817. You must sign for Basic, Option A, and ALSO three multiples of Option C even though you’re not newly electing Option C. If you don’t sign for your current Option C coverage again, you have waived/cancelled it.

Your Basic insurance coverage will be effective on the first day you are in a pay and duty status, on or after the date OF E GL I approves your request. Your Option A and/or Option B coverage will be effective on the first day you are in a pay and duty status, on or after the date OF E GL I approves your request and your human resources office receives your Life Insurance Election (SF 2817) electing such coverage. You must be in a pay and duty status within 31 days after OF E GL I approves your request for the coverage to be effective; otherwise, OF E GL I’s approval is void, and you will have to start over.
GENERAL INFORMATION

*Life Event*

If you already have Basic, you may elect Option B and/or Option C, or increase your multiples of Option B and/or Option C, within 60 days of experiencing a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. You must complete a Life Insurance Election (SF 2817) and submit it to your human resources office. The charts below show the types and amounts of coverage you can elect based on life events. You cannot elect Basic or Option A based on a life event.

If you waived your Basic coverage and subsequently experience a qualifying life event less than a year after the waiver took effect, you must still wait a year from the effective date of your previous waiver before you can provide satisfactory medical information to elect Basic insurance. If approved, you automatically are enrolled in Basic, and you have 31 days to elect Option B and/or Option C.

### OPTION B—ADDITIONAL MULTIPLES YOU MAY ELECT WITH A LIFE EVENT

<table>
<thead>
<tr>
<th>LIFE EVENT</th>
<th>NUMBER OF MULTIPLES YOU MAY ELECT (BUT NO MORE THAN 5 TOTAL)</th>
<th>EFFECTIVE DATE OF COVERAGE WHEN SF 2817 IS SUBMITTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Before the Event</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On or Within 60 Days After the Event</td>
</tr>
<tr>
<td>Marriage</td>
<td>The number of additional family members (spouse and eligible children) you gain from the marriage.</td>
<td>The 1st date you are in a pay and duty status, on or after the event.</td>
</tr>
<tr>
<td>Divorce</td>
<td>The total number of your eligible children.</td>
<td>The date your human resources office receives the form AND you are in a pay and duty status.</td>
</tr>
<tr>
<td>Death of Spouse</td>
<td>The total number of your eligible children.</td>
<td></td>
</tr>
<tr>
<td>Birth or Adoption of Children</td>
<td>The total number of eligible children* born or adopted in this event.</td>
<td></td>
</tr>
</tbody>
</table>

* Acquiring a foster child does not count as a life event. See page 9 of this Booklet for more information about eligible children.

### OPTION C—FAMILY MULTIPLES YOU MAY ELECT WITH A LIFE EVENT

<table>
<thead>
<tr>
<th>LIFE EVENT</th>
<th>NUMBER OF MULTIPLES YOU MAY ELECT (BUT NO MORE THAN 5 TOTAL)</th>
<th>EFFECTIVE DATE OF COVERAGE WHEN SF 2817 IS SUBMITTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Before the Event</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On or Within 60 Days After the Event</td>
</tr>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorce</td>
<td>From one to five multiples for any life event.</td>
<td>The date of the event, regardless of your pay and duty status.</td>
</tr>
<tr>
<td>Death of Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth or Adoption of Children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SUMMARY OF WHEN YOU CAN ADD COVERAGE

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>OPEN SEASON</th>
<th>PROVIDING MEDICAL INFORMATION (SF 2822)</th>
<th>LIFE EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>Depends on details of Open Season</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Option A*</td>
<td>Same as Basic</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Option B*</td>
<td>Same as Basic</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Option C*</td>
<td>Same as Basic</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

* You must have or elect Basic to elect Optional.

---

**When Will My Life Insurance Stop?**

Your life insurance coverage (including Accidental Death and Dismemberment [A D & D] insurance) as an employee will stop on the earliest of the following dates:

- The date you separate from Federal service (although you may be eligible to continue coverage as an annuitant or while in receipt of workers’ compensation benefits).
- The date you transfer to an excluded position. Check with your human resources office; in some cases, you may be eligible to keep your coverage.
- The end of a period of 12 months in nonpay status* (although you may be eligible to continue coverage while in receipt of workers’ compensation benefits). The 12 months may be continuous or broken by periods of less than four consecutive months of pay status.
- The end of the last day of the last pay period in which your agency withheld life insurance premiums from your pay, if your agency determines that for the next six months or more your pay will be insufficient to cover the withholdings, and you decide that you do not want to pay the premiums directly.
- The end of the last day of the pay period in which your human resources office receives your Life Insurance Election (SF 2817) on which you voluntarily waive/cancel some or all life insurance. Only the coverage you waive/cancel stops, although if you cancel Basic, you automatically cancel all forms of insurance.
- The date the Government’s life insurance contract ends.

**Note:** You are responsible for knowing when your insurance stops.

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* For military reservists who separate from service for military duty, your life insurance ends at the end of 12 months in nonpay status, or 90 days after your military service ends, whichever comes first. During this period, your coverage is free.
GENERAL INFORMATION

Will I Be Entitled to a Temporary Extension of My Life Insurance?
Yes, under certain circumstances. You will have a temporary extension of coverage for 31 days after your life insurance terminates, unless you voluntarily waive/cancel coverage, or your annuity or workers’ compensation benefits terminate. This temporary extension of coverage does not include AD&D insurance. No premiums or Government contributions are required during this temporary extension. See the FEGLI Handbook (RI 76-26), which is available in electronic format only, at www.opm.gov/insure/life for more details. If you are not entitled to continue your coverage, you may convert your FEGLI coverage to an individual policy (see Conversion on page 19).

Can I Voluntarily Cancel My Life Insurance?
You may voluntarily waive/cancel Basic, Option A, Option B, or Option C or reduce multiples of Option B and/or Option C at any time by completing a Life Insurance Election (SF 2817)*. Simply sign only for the insurance you wish to keep. If you do not sign for a particular type of insurance, you have waived/cancelled it. If you cancel Basic, you automatically cancel all forms of Optional insurance. The life insurance coverage you cancel stops at the end of the pay period in which your human resources office receives your election form cancelling the coverage. Exception: If you cancel Option C because you no longer have any eligible family members, the effective date of the cancellation is retroactive to the end of the pay period in which you ceased to have any eligible family members. You will not have a temporary extension of coverage nor the right to convert any insurance that you voluntarily cancel (see Conversion on page 19).

What Happens to My Life Insurance Coverage When I Retire?
Your coverage will automatically continue when you retire if:
- You retire on an immediate annuity and had the coverage for:
  - The five years of service immediately before the starting date of your annuity or, for annuitants retiring under the Federal Employees Retirement System (FERS) who postpone receiving their annuity, the five years immediately before their separation date for annuity purposes, or
  - All period(s) of service during which that coverage was available to you if it’s less than five years, and
- You† do not convert the coverage to a private policy (see Conversion on page 19).
If you meet the rules listed above for continuing your coverage into retirement, you will have several choices of how much insurance you wish to carry after you retire.

* Unless you have assigned your coverage, in which case only the assignee(s) may cancel your coverage. See Assignment on page 18.
† or your assignee(s), if applicable. See Assignment on page 18.
Basic Insurance in Retirement

The amount of your Basic insurance in retirement is your BIA (Basic Insurance Amount) at the time you separated as an employee. This amount continues until you reach age 65, after which it may reduce based on the election options described below. You will not have Accidental Death and Dismemberment coverage in retirement.

When you retire, you must choose the type of reduction you want by completing a Continuation of Life Insurance Coverage as a Retiree or Compensationer (SF 2818) provided by your human resources office. For Basic insurance, you must choose 75% Reduction, 50% Reduction, or No Reduction. You can change to 75% Reduction at any time; your coverage will be as if you had originally elected 75% Reduction and your “extra premium” will stop. You will not receive a refund of premiums.

- **What is 75% Reduction?**
  This means your Basic insurance will reduce by 2% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 25% of the pre-retirement amount remains. Your Basic insurance is free once it starts to reduce.

- **What is 50% Reduction?**
  This means your Basic insurance will reduce by 1% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 50% of the pre-retirement amount remains. When you turn 65, your “regular” premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See the chart on page 17 for these premiums.

- **What is No Reduction?**
  This means your Basic insurance will not reduce. When you turn 65, your “regular” premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See the chart on page 17 for these premiums.

Optional Insurance in Retirement

The amount of your Optional insurance in retirement depends on the options you had at the time you separated as an employee. This amount continues until you reach age 65, unless you elect No Reduction (for Option B and Option C only.)

- **Option A — Standard:**
  If you are eligible to continue Option A into retirement, it will reduce by 2% of the pre-retirement amount each month until it reaches 25% of the pre-retirement amount. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option A is free once it starts to reduce.

  You cannot choose No Reduction for Option A.
GENERAL INFORMATION

If you are eligible to continue Option B and/or Option C into retirement, you must choose whether you want these options to reduce, as explained below.

• **Option B — Additional:**
  If you retire before age 65, you have two choices at retirement: Full Reduction for all of your multiples or No Reduction for all of your multiples. At age 65, or at retirement, if later, you will be able to choose the number of multiples that will reduce.

  If you choose Full Reduction, the value of your Full Reduction Option B multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option B Full Reduction multiples are free once the reductions start.

  If you choose No Reduction, the value of your No Reduction Option B multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time.* However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

• **Option C — Family:**
  If you retire before age 65, you have two choices at retirement: Full Reduction for all of your multiples or No Reduction for all of your multiples. At age 65, or at retirement, if later, you will be able to choose the number of multiples that will reduce.

  If you choose Full Reduction, the value of your Full Reduction Option C multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option C Full Reduction multiples are free once the reductions start.

  If you choose No Reduction, the value of your No Reduction Option C multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time. However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

* Unless you have assigned your coverage, in which case only your assignee(s) may change from No Reduction to Full Reduction. See Assignment on page 18.
# BASIC INSURANCE—ANNUITANTS

**COST FOR EACH $1,000 OF YOUR BASIC INSURANCE AMOUNT**

**MONTHLY**

<table>
<thead>
<tr>
<th>YOU HAVE FULL COVERAGE TO AGE 65 THEN:</th>
<th>Before You Reach Age 65 You Pay the TOTAL of BOTH the Regular Premium and the Extra Premium</th>
<th>After You Reach Age 65**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular Premium</td>
<td>Extra Premium for 50% or No Reduction</td>
</tr>
<tr>
<td>75% Reduction—reduces 2% of the BIA1 each month after you reach age 65,2 until 25% of the amount at retirement remains.</td>
<td>$0.3250</td>
<td>N/A</td>
</tr>
<tr>
<td>50% Reduction—reduces 1% of the BIA1 each month after you reach age 65,2 until 50% of the amount at retirement remains.</td>
<td>$0.3250</td>
<td>$0.60</td>
</tr>
<tr>
<td>No Reduction—100% of the BIA1 remains for life.</td>
<td>$0.3250</td>
<td>$1.83</td>
</tr>
</tbody>
</table>

---

# BASIC INSURANCE—COMPENSATIONERS

**COST FOR EACH $1,000 OF YOUR BASIC INSURANCE AMOUNT**

**EVERY 28 DAYS**

<table>
<thead>
<tr>
<th>YOU HAVE FULL COVERAGE TO AGE 65 THEN:</th>
<th>Before You Reach Age 65 You Pay the TOTAL of BOTH the Regular Premium and the Extra Premium</th>
<th>After You Reach Age 65**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular Premium</td>
<td>Extra Premium for 50% or No Reduction</td>
</tr>
<tr>
<td>75% Reduction—reduces 2% of the BIA1 each month after you reach age 65,2 until 25% of the amount at retirement remains.</td>
<td>$0.30</td>
<td>N/A</td>
</tr>
<tr>
<td>50% Reduction—reduces 1% of the BIA1 each month after you reach age 65,2 until 50% of the amount at retirement remains.</td>
<td>$0.30</td>
<td>$0.56</td>
</tr>
<tr>
<td>No Reduction—100% of the BIA1 remains for life.</td>
<td>$0.30</td>
<td>$1.68</td>
</tr>
</tbody>
</table>

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* These are the rates through 2005. They may change in future years. For more information, see the FEGLI website at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).

1 Basic Insurance Amount (BIA)—Your final annual rate of basic pay, rounded to the next even $1,000, plus $2,000 (or a minimum of $10,000) (or the post-election BIA you had after your election of a partial Living Benefit—see page 20). Your BIA does not include the Extra Benefit or Accidental Death and Dismemberment coverage.

2 The regular premium automatically stops on the first day of the month after you reach age 65. If you retire after reaching 65, you do not pay the regular premium.

3 The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later.
GENERAL INFORMATION

Miscellaneous Provisions

**Assignment**

Assignment means that you give ownership and control of your Basic, Option A, and Option B life insurance coverage to someone else. You cannot assign Option C. The insurance is still on your life and you must continue to pay for the coverage, but someone else “owns” and controls your coverage. You may assign your life insurance coverage to an individual, a corporation, or an irrevocable trust. If you want to assign your life insurance, you can do so by completing an Assignment, Federal Employees’ Group Life Insurance (RI 76-10). Your decision to assign your life insurance coverage is irrevocable; you cannot cancel your assignment if you change your mind.

Only you can assign your life insurance coverage; a court-appointed guardian or someone with your power of attorney or other fiduciary may not. Your assignee(s) may reassign your life insurance coverage.

Enrollees generally assign insurance to comply with the requirements of a court order upon divorce, for inheritance tax purposes, to get money before death (such as for terminally ill and chronically ill persons), or to satisfy a debt.

If you assign your insurance, you give up your rights to convert your coverage (see Conversion on page 19), to designate beneficiaries, and to cancel your coverage. Only your assignee(s) may convert your coverage, designate beneficiaries, and cancel your coverage.

If you assign your life insurance coverage, neither you nor your assignee may elect Living Benefits (see page 20).

A court decree, court order, or court-approved property settlement agreement incident to your court decree of divorce, annulment, or legal separation may direct you to assign your life insurance coverage to a specified person, unless you have previously made an assignment. However, such a court decree, order, or agreement would not serve as the assignment itself. You must still complete a valid Assignment, Federal Employees’ Group Life Insurance (RI 76-10). If you do not, the life insurance may not be paid according to the court decree, order, or agreement.

See Assignment, Federal Employees’ Group Life Insurance (RI 76-10) for more information, or the FEGLI Handbook (RI 76-26), which is available in electronic format only, at www.opm.gov/insure/life.

**Break in Service**

When you return to work after a break in service of less than 180 days, your human resources office will automatically give you the same coverage that you had in your prior position. You can elect other coverage during an Open Season, by providing satisfactory medical information or by experiencing a qualifying life event as described on pages 11 and 12.
When you return to work after a break in service of 180 days or more, you will automatically get Basic insurance (even if you previously waived it) and the same Optional insurance (if applicable) that you had in your prior position. In addition, you may elect Optional insurance or increase the multiples of Optional insurance (if you don't already have the maximum) within 31 days of your appointment to an eligible position. If you don't make an election regarding Optional insurance, your human resources office will automatically reinstate the same coverage you had in your prior position.

If you experienced a qualifying life event during your break in service, you will have 31 days from the date of your reinstatement or 60 days from the date of the event, whichever gives you more time, to elect or increase the multiples of Option B or Option C.

**Conversion**

When Federal Employees’ Group Life Insurance (FEGLI) coverage as an employee stops and you are entitled to a 31-day extension of coverage (as stated on page 14), you may convert your FEGLI coverage to an individual policy. The conversion coverage is effective at the end of the 31-day extension of coverage, regardless of when you apply. You will not have to answer any medical questions. You may wish to convert your life insurance coverage if you do not qualify to carry it into retirement or compensation.

You may convert to an individual policy an amount less than or equal to the total of your Basic and Optional insurance (if applicable). However, you may not convert coverage if (1) you continue that same coverage as a retired employee or compensationer, or (2) you return to Government service in a position in which you are eligible for FEGLI coverage within three calendar days after you left Government service, or (3) your insurance ends because you voluntarily waive/cancel coverage, or (4) the Government's life insurance contract ends, or (5) your annuity or compensation stops.

If you assign your insurance, you give up your right to convert your coverage. Only your assignee(s) may convert your insurance coverage.

Your agency should notify you of your conversion rights when your life insurance coverage ends. **However, you are responsible for finding out whether you qualify to convert your insurance coverage and for getting the necessary forms and information from your human resources office. You must act promptly, since you only have 31 days in which to convert your coverage.**

**Direct Payment of Premiums**

If your pay is too low to allow a withholding for life insurance premiums and your human resources office expects this situation to last more than six months, you will have a choice. You can choose either to terminate some or all of your insurance coverage or to continue the coverage and pay the premiums directly. Contact your human resources office for further details.
GENERAL INFORMATION

Incontestability
If your agency enrolls you in some FEGLI coverage by mistake, the Incontestability provision may apply. If your erroneous coverage and the applicable premium withholdings have been in force for at least two years in your lifetime before the error is discovered, then that erroneous coverage becomes valid. Please see your human resources office if you think that the Incontestability provision applies to you.

Living Benefits
You may elect to receive a full or partial lump sum payment of your Basic insurance (living benefits) if you are terminally ill and your treating physician provides a documented medical prognosis that your life expectancy is nine months or less. To apply for living benefits, call OFEGLI at 800-633-4542. See the FEGLI Handbook (RL 76-26), which is available only in electronic format, at www.opm.gov/insure/life for more details.

Nonpay Status
Your life insurance coverage continues automatically at no cost to you for the first 12 months in nonpay status. Exception: If you are receiving workers’ compensation benefits during these first 12 months, your continued coverage will not be free. The U.S. Department of Labor will withhold premiums from your workers’ compensation payments. Your coverage as an employee will terminate after 12 months of nonpay status, or when you separate from your agency, if earlier. The 12 months may be continuous or broken by periods of less than four consecutive months of pay status. When your coverage terminates, you will have the right to convert your coverage to an individual policy or continue coverage as a compensationer, if eligible.
For military reservists who separate from service for military duty, your life insurance ends at the end of 12 months in nonpay status, or 90 days after your military service ends, whichever comes first. During this period, your coverage is free.
Please see your human resources office for more details. It is your responsibility to know when your coverage terminates.

Reconsideration
You are entitled to reconsideration of an agency decision to deny your election of one or more life insurance coverages or the opportunity to change coverage multiples. The reconsideration process applies only to enrollment issues. You have 30 days from the date of your agency’s initial decision in which to request reconsideration.
You should send your request for reconsideration to the agency address shown in the initial decision letter you receive from your human resources office.

Workers’ Compensation
You may be eligible to continue your group coverage while receiving workers’ compensation payments from the U.S. Department of Labor, under certain conditions.
These conditions are:

- You had the coverage for:
  - The five years of service immediately before the date your workers’ compensation benefits started (Note: You do not start counting the five years from when you began leave without pay), or
  - All periods of service during which that coverage was available to you if it’s less than five years, and
- You did not convert the coverage to a private policy (see Conversion on page 19).

If you meet the rules for continuing coverage while in receipt of workers’ compensation benefits, you will have several choices of how much insurance you wish to carry after you are age 65. Please see your human resources office if you are receiving workers’ compensation benefits.

Who Gets the Money after I Die?

When you die, the Office of Federal Employees’ Group Life Insurance (OFEGLI) will pay life insurance benefits in a particular order, set by law:

- If you assigned ownership of your life insurance by filing an Assignment, Federal Employees’ Group Life Insurance (RI 76-10), OFEGLI will pay benefits:
  First, to the beneficiary(ies) designated by your assignee(s), if any;
  Second, if there is no such beneficiary, to your assignee(s).
- If you did not assign ownership and there is a valid court order (see page 22) on file, OFEGLI will pay benefits in accordance with that court order.
- If you did not assign ownership and there is no valid court order (see page 22) on file, OFEGLI will pay benefits:
  First, to the beneficiary(ies) you designated;
  Second, if there is no such beneficiary, to your widow or widower;
  Third, if none of the above, to your child or children, with the share of any deceased child distributed among descendants of that child (a court will usually have to appoint a guardian to receive payment for a minor child);
  Fourth, if none of the above, to your parents in equal shares or the entire amount to your surviving parent;
  Fifth, if none of the above, to the executor or administrator of your estate;
  Sixth, if none of the above, to your other next of kin as determined under the laws of the state where you lived.

If you want payment to be made differently from the order listed above, and you have not assigned your life insurance and a valid court order is not on file, you must designate a beneficiary. A court-appointed guardian, or someone with your power of attorney, or other fiduciary may not designate a beneficiary for your insurance. However, if you are satisfied with the order of payment listed above, you do not need to do anything.
GENERAL INFORMATION

If there is a valid court order on file, you may not change or submit a designation of beneficiary unless the person(s) named in the decree, order, or agreement agrees in writing, or unless the decree, order, or agreement is modified.

A valid court order refers to a certified court decree, court order, or court-approved property settlement agreement incident to your court decree of divorce, annulment, or legal separation that your human resources office receives on or after July 22, 1998, and before your death (if you are an employee, or a compensationer during the first 12 months of nonpay status) or the Office of Personnel Management receives on or after July 22, 1998, and before your death (if you are an annuitant, or a compensationer after the first 12 months of nonpay status). Such an order must expressly provide for someone to receive your FEGLI benefits. If a valid court order is on file, it takes precedence over previously filed designations, and you cannot file subsequent designations.

You cannot designate beneficiaries if you have assigned your insurance. Only the assignee(s) may designate beneficiaries.

If you wish to make a designation for your Federal Employees’ Group Life Insurance (FEGLI), you should complete a Designation of Beneficiary (SF 2823) and submit it to your human resources office. Your human resources office must receive the form before you die.

A designation made in any other document is valid only if the document specifies your FEGLI benefits, is signed by you, and otherwise meets the requirements of a valid FEGLI designation of beneficiary.

If you decide to file a designation, be sure it remains accurate and reflects your intentions. You should review your designation periodically, and file a new designation whenever a beneficiary’s address changes. Failure to do so may mean that the Office of Federal Employees’ Group Life Insurance (OF ELI) may not be able to locate your beneficiaries and therefore cannot pay them the death benefits.

How Should Someone File a Claim?

Your beneficiary or other survivor should contact your human resources office for a Claim for Death Benefits (FE-6), or download a copy from the FEGLI website at www.opm.gov/insure/life. The completed claim form should be submitted along with a certified death certificate to your human resources office or, if instructed, directly to OF ELI.

If you have Option C and an insured family member dies, contact your human resources office for a Statement of Claim-Option C, Family Life Insurance (FE-6 DEP) which contains further instructions, or download a copy from the FEGLI website.
How Are Benefits Paid?

As the insured person, you receive any living benefits or accidental dismemberment benefits that may be payable. You cannot designate a beneficiary(ies) for these benefits.

If an insured family member dies, you receive any Option C benefits that may be payable. You cannot designate a beneficiary(ies) for Option C.

If you die while insured, your beneficiary(ies) or other survivors will receive your Basic, Option A and/or Option B benefits. Depending on the amount, the Office of Federal Employees’ Group Life Insurance (OFEGLI) will either send them a check or create a Total Control Account (money market option) in their name. This account, like a regular money market account with a checkbook, earns interest from the day it is opened. The payee(s) may close the account immediately or write checks for any amount at any time (from $250 up to the entire balance), with no charge. You needn't take any action—OFEGLI will automatically send your beneficiary(ies) or other survivors detailed information about the form of payment when benefits are payable.

Someone who wrongfully causes your death cannot receive payment of death benefits. In addition, please refer to the list of exclusions on page 10 for Accidental Death and Dismemberment benefits.
SUMMARY

• If eligible, you are automatically enrolled in Basic insurance, unless you waive it.
• You must elect Optional insurance within strict time limits, if you want it.
• You must be enrolled in or elect Basic insurance in order to elect Optional insurance.
• The Government pays one-third of the cost of your Basic life insurance. You pay 100% of the cost of Optional insurance.
• You can voluntarily waive/cancel insurance coverage at any time unless you have assigned your coverage. If you cancel Basic insurance, you automatically cancel all forms of Optional insurance.
• For some types of coverage, you can elect more coverage by submitting satisfactory medical information or by experiencing a qualifying life event.
• Open Seasons are held infrequently. The 1999 and 2004 Open Seasons are the most recent.
• It is your responsibility to know the amount of your coverage, when it starts, when it stops, and who is entitled to payment of the death benefits.

TABLE OF EFFECTIVE DATES – NEWLY ELIGIBLE FEDERAL EMPLOYEES

BASIC COVERAGE

<table>
<thead>
<tr>
<th>If You Do Nothing</th>
<th>If You WAIVE* it DURING Your First Pay Period</th>
<th>If You WAIVE* it AFTER Your First Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Begins on the first day you're in a pay and duty status.</td>
<td>Your coverage is voided.</td>
</tr>
<tr>
<td>Deductions</td>
<td>Begin the first pay period you're in a pay and duty status.</td>
<td>No deductions.</td>
</tr>
</tbody>
</table>

OPTIONAL COVERAGE

<table>
<thead>
<tr>
<th>If You Do Nothing</th>
<th>If You Elect* it Within the 31 Days After Your Appointment to an Eligible Position</th>
<th>If You Want it After Those 31 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>No Coverage</td>
<td>Begins on the first day you're in a pay and duty status on or after the date your agency receives your election.</td>
</tr>
<tr>
<td>Deductions</td>
<td>No Deductions</td>
<td>Begin the first pay period you're in a pay and duty status after your agency receives your election.</td>
</tr>
</tbody>
</table>

*“Elect it” and “Waive it” means your agency received a properly completed SF 2817 “Life Insurance Election” from you.
LIFE INSURANCE WORKSHEET

<table>
<thead>
<tr>
<th>Instructions</th>
<th>How much insurance you have</th>
<th>Instructions</th>
<th>How much it costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Enter your annual rate of basic pay.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>If not an even thousand, round up to the next even thousand.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Add $2,000.</td>
<td>$+2,000</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Add the amounts in lines 2 and 3.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Enter the amount in line 4 or $10,000, whichever is greater.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Enter the Age Multiplication Factor* (from the table at the right).</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Multiply the amount in line 5 times the amount in line 6. This is the total amount of Basic you have at your present age.*</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

| **OPTION A — STANDARD** |                             | 8. Enter $10,000. | $           |

| **OPTION B — ADDITIONAL** |                             | 9. Enter the amount in line 2. | $           |
| 10. | Enter the number of multiples you elect (1, 2, 3, 4, or 5). | $           |
| 11. | Multiply the amount in line 9 times the amount in line 10. This is the amount of your Option B coverage. | $           |

| **OPTION C — FAMILY** |                             | 12a. Enter the Option C cost for your age group from page 9. Enter the number of multiples you want (from 1 to 5). Multiply the cost by the number of multiples and enter that amount at right. | $           |
| 12. | You may choose from 1 to 5 multiples of Family Coverage. Each multiple is equal to $5,000 for your spouse and $2,500 for each of your eligible children. | $           |
| 13. | Add the amounts in lines 7, 8, and 11. This is the total amount of insurance on your life. | $           |

* The age multiplication factor that is used to calculate death benefits corresponds to your age at the time of your death. You are calculating the amount of insurance that you have at your present age.

Note: Refer to pages 7, 8, and 9 for the withholding rates for Option A, Option B and Option C insurance, respectively. You may refer to the FEGLI Calculator at www.opm.gov/insure/life. With this online calculator you can rapidly and conveniently:

* Determine the face value of various combinations of FEGLI coverage.
* Calculate the premiums for the various combinations of FEGLI coverage, and see how choosing different Options can change the amount of life insurance and the premiums.
* See how the life insurance carried into retirement will change over time.
SAMPLE ELECTION FORM

When you have completed your election, submit it to your human resources office. Your confirmation of your election, plus this Booklet, serve as your certificate of insurance.

Some agencies may process life insurance elections electronically. Contact your human resources office for more information on how they will process your election.

Give your name and identifying information.

Sign for the insurance you have and wish to keep and for any new insurance you are eligible for and wish to elect (anything you don’t sign for is waived/cancelled).

If you do not want any insurance, you must sign here.

Your Name

99/99/9999

Your Agency

City, State

99999

999 99 9999

Your Signature

Your Signature

Your Signature

OR

99/99/9999

99/99/9999

99/99/9999

Your Signature

Your Signature

Your Signature

If you do not want any insurance, you must sign here.
CHANGES AND CLARIFICATIONS

This Booklet differs from the previous version (RI 76-21 dated January 2001) in the following ways:

Revised Premiums and Age Groups effective January 1, 2003:

• This Booklet reflects reduced premiums for Basic insurance and for several of the Option B age bands, effective January 1, 2003. In addition, we added additional age bands and premiums for Option B. The previous upper age group was “60 and over.” We added five new age groups: 60-64, 65-69, 70-74, 75-79, and 80 and over. The Option B premiums are being phased in over a three-year period from 2003-2005, as described in the chart on page 8.

• This Booklet reflects additional age bands and premiums for Option C, effective January 1, 2003. The previous upper age group was “70 and over.” We added three new age groups: 70-74, 75-79, and 80 and over. The Option C age bands and premiums are described in the chart on page 9.

Changes due to Public Law 105-311, enacted October 30, 1998:

• We revised the life events chart on page 12 to clarify changes to the number of multiples of Option C.

• We clarified the number of Option C multiples you can elect in the case of a life event. You can elect any number of multiples up to the total allowable (which is five multiples), regardless of the number of family members you have or acquired.

• We deleted language explaining Portability. The provision of the law that authorized Portability coverage expired April 24, 2002. Portability of Option B for employees whose life insurance terminated is no longer available.

Other Clarifications and Revisions:

• We revised the list of exclusions for payment of Accidental Death and Dismemberment (A D&D) benefits as follows:
  — We included driving a vehicle while intoxicated as defined by the laws of the jurisdiction in which you were operating the vehicle;
  — We deleted hernia.

• We amended the timeframe for an employee to file a claim for Accidental Death and Dismemberment based on the date of injury from 90 days to “not more than one year from the date of the accident.”

• We added a footnote for “When Will My Insurance Stop?” on page 13 to clarify the FEGLI termination date for employees separated for military duty as reservists.
• We added more information under "What Happens to My Life Insurance Coverage When I Retire?", including a brief description of the choices you will have if you qualify to carry FEGLI coverage into retirement.

• This Booklet reflects our continued emphasis on the time limits for electing Optional insurance, converting your insurance, and otherwise making changes in your coverage.

• This Booklet reflects our continued emphasis on reminding employees that any coverage not signed for is considered waived/cancelled. You are responsible for knowing what your insurance coverage is, its cost, when it terminates, and who is entitled to payment of the death benefits.

• This Booklet reflects our continued emphasis on clarity and plain language.
Unless otherwise noted, the following life insurance forms and publications are available at [www.opm.gov/insure/life](http://www.opm.gov/insure/life). You may also wish to check with your human resources office. Some agencies have automated versions of some of these forms.

**Standard Forms**
- SF 2817 Life Insurance Election
- SF 2818 Continuation of Life Insurance Coverage As an Annuitant or Compensationer
- SF 2819 Notice of Conversion Privilege
- SF 2820 Certification of Insured Employee's Retired Status
- SF 2821 Agency Certification of Insurance Status
- SF 2822 Request for Insurance
- SF 2823 Designation of Beneficiary

**Office of Personnel Management Forms**
- OPM 1482 Agency Certification of Status of Reemployed Annuitants
- RI 76-10 Assignment, Federal Employees' Group Life Insurance

**Office of Federal Employees’ Group Life Insurance Forms**
- FE-6 Claim for Death Benefits
- FE-6DEP Statement of Claim—Option C
- FE-7 Claim for Accidental Dismemberment
- FE-8† Claim for Living Benefits

**Booklets, Pamphlets, and Handbooks**
- RI 76-12 FEGLI Pamphlet for Retirees
- FE 76-20 FEGLI Program Booklet (U.S. Postal Service)
- FE 76-21 FEGLI Program Booklet (Federal)
- RI 76-26* FEGLI Handbook

† Available only from the Office of Federal Employees’ Group Life Insurance (OFEGLI) by calling 1-800-633-4542.
FOR MORE INFORMATION

— Visit the FEGLI website at www.opm.gov/insure/life

— Read the FEGLI Handbook (RI 76-26) at www.opm.gov/insure/life

— Visit your human resources office

— Send an email message to the Office of Personnel Management (OPM) at fegli@opm.gov*

*Please note: OPM does not have any information about whether you are enrolled in the FEGLI Program and what types of coverage, if any, you currently have. It also does not have any information about your designation of beneficiary. If you need any of that information, you must contact your human resources office directly.
TSP – Thrift Savings Plan

TSP (Thrift Savings Plan)

• TSP is a tax deferred retirement benefit made up of government and personal contributions.
• You can start, stop, increase and decrease contributions at any time and you may enroll again at any time.
• Login to EBIS to change election amounts.
• 1% automatic agency contribution regardless of enrollment.
• Employee is automatically enrolled for 3% contribution.
• 5% agency matching contributions
  – 3% matched dollar for dollar
  – 2% matched 50 cents for every dollar

TSP (Thrift Savings Plan)

• 2012 – IRS limit. ($17,000)
• Initially all allocations will default to the G Fund until you move them.
• Excellent website - www.tsp.gov
• Within a few weeks of enrolling, TSP will send you a pin number to view your account balance, make transfers, and perform other functions on the TSP website.
TSP
(Thrift Savings Plan)

- If over age 50 you can make catch up contributions
- Login to EBIS to enroll. (Must reenroll each year)
- 2012 IRS limit for catch up $5,500
- 3 Year vesting for agency contributions

- TSP Retroactive Contributions after AUS
  - Have 60 days from Return to Duty to make request
  - Have double the amount of time of AUS to make up those contributions
  - Military TSP contributions while AUS under USERRA can count towards matching
Summary of the Thrift Savings Plan

February 2011
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Information beginning and ending with ★★★ is for members of the uniformed services only.

(i)
As a Federal employee or member of the uniformed services, you have the opportunity to participate in the Thrift Savings Plan (TSP). This booklet provides an overview of the TSP. If you would like more information, see the Appendix for additional resources.

The TSP is a retirement benefit that is offered to employees of the U.S. Government. It is similar to “401(k)” plans available to many private sector employees. The purpose of the TSP is to give you the ability to participate in a long-term savings and investment plan.

Saving for your retirement through the TSP provides numerous advantages, including:

- before-tax contributions and tax-deferred investment earnings
- automatic payroll deductions
- low administrative and investment expenses
- a diversified choice of investment options, including professionally designed Lifecycle funds
- agency contributions, if you are an employee covered by the Federal Employees’ Retirement System (FERS)
- under certain circumstances, access to your money while you are still employed by the Federal Government
- a portable retirement account that can move with you when you retire or leave Federal service
- a beneficiary participant account established for your spouse in the event of your death*

• a variety of withdrawal options.

If you are covered by FERS, the TSP is one part of a three-part retirement package that also includes your FERS basic annuity and Social Security. If you are covered by the Civil Service Retirement System (CSRS) or are a member of the uniformed services, the TSP is a supplement to your CSRS annuity or military retired pay.**

TSP benefits differ depending upon your retirement system (FERS, CSRS, or uniformed services). Therefore, if you are not certain which retirement system you belong to, you should check with your personnel or benefits office.

Regardless of your retirement system, participating in the TSP can significantly increase your retirement income, but starting early is important. Contributing early gives the money in your account more time to increase in value through the compounding of earnings.

You can also use the How Much Will My Savings Grow? calculator to see how your account can grow.

Tools to help you plan for your future:

- Use the How Much Should I Save? calculator on the TSP website to estimate how much you will need to save each year to meet your retirement goals.
- You can also use the How Much Will My Savings Grow? calculator to see how your account can grow.

** Overwhelmed?

Check out the L Funds (page 8) to see how easy it is to invest for your future. It’s easier than you think.

Information in this chart assumes a salary of $40,000, employee and agency contributions of 5% each, and a 7% rate of return.

* For more information, see the TSP booklet Your TSP Account: A Guide for Beneficiary Participants.

** See the Glossary for the definitions of FERS, CSRS, and uniformed services. These generic categories cover multiple retirement systems.
Establishing a TSP Account

The first contribution to the TSP establishes your account. If you are a **FERS employee hired (or a FERS or CSRS employee rehired) after July 31, 2010**, your agency has automatically enrolled you in the TSP, and 3% of your basic pay is deducted from your paycheck each pay period and deposited in your TSP account, unless you make a contribution election (page 3) to stop or change your contributions. If FERS, you also get contributions from your agency so that a total of 7% of basic pay goes into your TSP account each pay period. See “TSP Contributions” below.

If you are a **FERS employee hired before August 1, 2010**, you already have a TSP account with accruing Agency Automatic (1%) Contributions. You must make a contribution election (page 3) to start contributing your own money to your account and to receive Agency Matching Contributions. See “TSP Contributions” below.

If you are a **CSRS employee or a member of the uniformed services**, you can make a TSP contribution election (page 3) at any time through your agency or service to establish a TSP account. You do not receive agency contributions.

**TSP Contributions**

There are three sources of TSP contributions:

- **Employee Contributions**
- **Agency Automatic (1%) Contributions**
- **Matching Contributions**

**Employee Contributions**

There are two types of employee contributions:

- Regular employee contributions (including automatic enrollment contributions)
- Catch-up contributions

**Regular Employee Contributions** are payroll deductions that come out of your basic pay before taxes are withheld.

Each pay period, your agency or service will deduct your contribution to the TSP from your pay in the amount you choose (or the automatic enrollment amount of 3%). Your agency or service will continue to do so until you make a new TSP election to change the amount of your contribution or stop it, or until you reach the Internal Revenue Code (IRC) contribution limit (see page 5).

**Catch-Up Contributions** are payroll deductions that participants who are age 50 or older may be eligible to make in addition to regular employee contributions. These deductions are voluntary and are also taken from before-tax basic pay.

To be eligible to make catch-up contributions, you must already be contributing the maximum allowed amount of regular employee contributions.

In the year in which you turn 50, you can begin making catch-up contributions at any time. Each pay period, your agency or service will make your contribution to the TSP from your pay in the amount you choose.

Your catch-up contributions will stop automatically when you meet the applicable IRC limit (see page 5) or at the end of the calendar year, whichever comes first. You must make a new election for each calendar year.
If you are a member of the uniformed services, you can also contribute from 1 to 100 percent of any incentive pay, special pay, or bonus pay—as long as you elect to contribute from basic pay. However, you cannot contribute from resources such as housing or subsistence allowances. Your total contributions from all types of pay must not exceed the Internal Revenue Code (IRC) section 415(c) limit (see page 5).

You can elect to contribute from incentive pay, special pay, or bonus pay, even if you are not currently receiving them. These contributions will be deducted when you receive any of these types of pay.

If you are receiving tax-exempt pay (i.e., pay that is subject to the combat zone tax exclusion), your contributions from that pay will also be tax-exempt.

**Note:** You cannot make catch-up contributions from tax-exempt pay, incentive pay, special pay, or bonus pay.

---

**Contribution elections.** To begin, change, or stop your employee contributions, you must make a TSP contribution election through your agency or service. You should ask your personnel or benefits office whether your agency or service handles TSP enrollments electronically through automated systems such as Employee Express, EBIS, myPay, PostalEASE, or the NFC PPS, or via paper forms.

If you need to submit a paper request, use Form TSP-1, Election Form, for regular employee contributions and Form TSP-1-C, Catch-Up Contribution Election, for catch-up contributions. (Members of the uniformed services should use Form TSP-U-1 and Form TSP-U-1-C.) You can obtain copies of these forms from the TSP website or from your agency or service. Return your completed forms to your agency or service, not to the TSP.

Whether you submit your contribution election electronically or use a paper form, the election should be effective no later than the first full pay period after your agency or service receives it.

**Agency Automatic (1%) Contributions**

If you are a FERS employee, beginning the first time you are paid, your agency will contribute an amount equal to 1% of your basic pay each pay period to your account. These contributions are called **Agency Automatic (1%) Contributions**.

Agency Automatic (1%) Contributions are not taken out of your pay, nor do they increase the dollar amount of your pay for income tax or Social Security purposes.

**Vesting.** Agency Automatic (1%) Contributions are subject to “vesting.” You become “vested” in (that is, entitled to keep) these contributions and any earnings they accrue only after you have completed a time-in-service requirement—which is 3 years for most FERS employees and 2 years for FERS employees in Congressional and certain noncareer positions. All Federal civilian service counts toward vesting—not just service while you are a TSP participant.

The date your vesting period begins is determined by your TSP Service Computation Date (TSP-SCD), which your agency reports to the TSP record keeper. If you are a FERS participant, your Service Computation Date is shown along with the required vesting information on your quarterly and annual TSP participant statements. The date will never be earlier than January 1, 1984.

If you leave Government service before satisfying the vesting requirement, you must forfeit Agency Automatic (1%) Contributions and their earnings to the TSP. If you die before separating from service, you are automatically considered vested in all of the money in your account.

**Submitting a contribution election:**

Make certain that you submit your completed contribution election form to your agency or service. Only your agency or service can process contribution elections because it must calculate your contributions and deduct them from your pay. To verify the amount you are contributing each pay period, check your earnings and leave statement.

**Transferring to another agency or service?**

Be sure to notify your new personnel/payroll office that you have been contributing to the TSP and whether you have an outstanding TSP loan. This will help ensure that your contributions (and any loan payments) can continue without interruption.

If contributions (or loan payments) do not start in a timely manner, it is your responsibility to notify your agency or service. If you do not do so, it is possible that you will not be able to make up all missed contributions. Also, you will have to write a personal check for the amount of any missed loan payments.
Don’t throw away free money!

If you are a FERS employee, your agency matches your contributions — up to 4% if you contribute 5% each pay period. This is free money.

Note: It is important that you contribute 5% each pay period to receive the full 4% match.

The result? If you add the Agency Automatic (1%) Contributions to your Agency Matching Contributions, you’ll double your 5% investment instantly.

Agency Matching Contributions

If you are a FERS participant, you receive Agency Matching Contributions on the first 5% of pay that you contribute each pay period. The first 3% of pay that you contribute will be matched dollar-for-dollar; the next 2% will be matched at 50 cents per dollar. Contributions above 5% will not be matched. If you stop making regular employee contributions, your matching contributions will also stop.

Like Agency Automatic (1%) Contributions, Agency Matching Contributions are not taken out of your pay. They also do not increase the dollar amount of your pay for income tax or Social Security purposes. Combined with the Agency Automatic (1%) Contributions, they can help add as much as 5% of basic pay to your TSP account. (See the chart below.)

Notes:
• CSRS participants do not receive matching contributions.
• There are no matching contributions for catch-up contributions.

Automatically enrolled FERS?

Remember that your automatic contributions amount to only 3% of your pay each pay period. In order to get the full amount of Agency Matching Contributions, you must be contributing 5% of your pay. If you haven’t already done so, make a contribution election soon so that you can maximize the amount of free money you get from your agency.

Agency Contributions to Your Account (FERS Employees Only)

<table>
<thead>
<tr>
<th>You put in:</th>
<th>Your agency puts in:</th>
<th>And the total contribution is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic (1%) Contribution</td>
<td>Agency Matching Contribution</td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>1%</td>
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<td>3%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>4%</td>
<td>1%</td>
<td>3.5%</td>
</tr>
<tr>
<td>5%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>More than 5%</td>
<td>1%</td>
<td>4%</td>
</tr>
</tbody>
</table>
The IRC section 415(c) limit is an additional limit that the Tax Code imposes on the total amount of all contributions made on behalf of an employee to an eligible retirement plan in a calendar year. “All contributions” include employee contributions (both tax-deferred and tax-exempt), Agency Automatic (1%) Contributions, and Agency Matching Contributions. For 2011, the section 415(c) limit is $49,000.

★★★

Members of the uniformed services should pay particular attention to this section 415(c) limit if they contribute from pay that is subject to the combat zone tax exclusion because section 415(c) allows their contributions to exceed the elective deferral limit.

★★★

The IRC catch-up contribution limit is the maximum amount of catch-up contributions that can be contributed in a given year by participants ages 50 and older. It is separate from both the elective deferral limit imposed on regular employee contributions and the IRC section 415(c) limit imposed on employee contributions (both tax-deferred and tax-exempt), Agency Automatic (1%) Contributions, and Agency Matching Contributions. For 2011, the limit for catch-up contributions is $5,500 under IRC section 414(v).

Don’t lose out on Agency Matching Contributions!

If you are a FERS employee and contribute a percentage of pay or a dollar amount that will equal the IRC elective deferral limit before the last pay date of the year, you will not receive all of the matching contributions to which you would otherwise be entitled.

FERS participants who are contributing to both a civilian and a uniformed services TSP account should be particularly careful not to exceed the elective deferral limit too soon.

For help —
You receive a number of tax benefits when you participate in the TSP:

- **Contributions in “before-tax” dollars.** The money you contribute to the TSP is taken out of your pay each pay period before Federal (and, in almost all cases, state) income taxes are calculated. As a result, the amount of pay used to calculate your taxes is reduced, so less money is withheld from your pay for taxes.

<table>
<thead>
<tr>
<th>Before-Tax Savings Through the TSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual pay (taxable income)</td>
</tr>
<tr>
<td>Minus TSP contributions (5% of $40,000)</td>
</tr>
<tr>
<td>Net taxable income</td>
</tr>
<tr>
<td>Minus estimated Federal income tax at 25%</td>
</tr>
<tr>
<td>Net spendable income</td>
</tr>
</tbody>
</table>

- **Retirement Savings Contributions Credit.** You may be able to take a tax credit of up to $1,000 (up to $2,000 if filing jointly) for your TSP contributions. Eligibility depends on the amount of your modified adjusted gross income (AGI). For tax year 2011, your AGI must be no more than $56,500 if married filing jointly, $42,375 if head of household, or $28,250 if single, married filing separately, or qualifying widow(er). (These amounts are adjusted each year for inflation.) For more information, see your tax advisor or refer to IRS Form 8880.

- **“Tax-deferred” earnings.** You defer paying Federal income tax on the earnings that your account accrues over the years. Generally, the longer you keep your money in the TSP, the more earnings you accrue and the more you benefit from tax-deferred savings.

<table>
<thead>
<tr>
<th>After-Tax Savings Outside the TSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual pay (taxable income)</td>
</tr>
<tr>
<td>Minus estimated Federal income tax at 25%</td>
</tr>
<tr>
<td>Net income after taxes</td>
</tr>
<tr>
<td>Minus savings (no tax advantage) (5% of $40,000)</td>
</tr>
<tr>
<td>Net spendable income</td>
</tr>
</tbody>
</table>

**The Difference**

If you contributed before-tax money to the TSP, you would have **$500 more in your pocket**.

($32,306 – $31,806 = $500)

If you pay taxes at a higher rate than 25%, the advantage of before-tax contributions to the TSP will be even greater.

**Important exception to the early withdrawal penalty tax:**

If you leave Federal service in the year you turn age 55 or older, the 10% penalty tax does not apply to any withdrawal you make that year or later.

However, participants who are eligible to retire before they turn age 55 and who want to withdraw their TSP accounts before age 59½ need to consider the early withdrawal penalty tax when choosing a withdrawal option.

In addition, disability retirement approved by the Office of Personnel Management may not exempt you from the early withdrawal penalty tax. The IRS requirement is more stringent, and you will have to substantiate your claim of exemption with the IRS.

There are other exceptions to the early withdrawal penalty tax. See the TSP tax notice referred to under “Tax Liability” or check with the IRS or a tax advisor to see if any of these exceptions apply to you.

**Tax Liability**

When you withdraw your money from the TSP, you will owe tax on the contributions and earnings that have accrued. However, you will most likely pay those taxes after you retire, when your income and tax bracket may be lower.

In addition to the regular income tax you will have to pay on money you withdraw from the TSP, you may also be subject to an early withdrawal penalty tax of 10% if you make a withdrawal before you reach age 59½. **However, see the sidebar on this page to learn about the exception to the penalty tax for people who separate from service in the year they turn age 55 or older and receive their withdrawal in that year or later.** The early withdrawal penalty tax and the exceptions that apply to it are explained in the tax notice “Important Tax Information About Payments From Your TSP Account,” which is available from the TSP website, your agency or service, or the TSP.

The tax rules that apply to distributions from the TSP and other tax-deferred plans are complex, and you may also want to consult with a tax advisor or the IRS before you make any withdrawal decisions.
The TSP can accept transfers and rollovers of eligible distributions from a traditional individual retirement account (IRA), a SIMPLE IRA, or another eligible employer plan. This is a way for you to consolidate a 401(k) or similar account and take advantage of the TSP’s low costs.

There are two ways to move money from an IRA or another eligible plan into the TSP:

- **Transfer money directly to the TSP.** You can have your IRA or plan send all or part of the money directly to the TSP. This is referred to as a “transfer” (or “direct rollover”); or

- **Roll money over into the TSP.** You can receive the money from your IRA or plan and put it into the TSP yourself. This is referred to as a “rollover.” If you decide to do a rollover, you will have 60 days to complete it, beginning on the date when you receive the funds. You may roll over all or part of the money you receive. However, your IRA or former plan should have withheld the appropriate amount for taxes before it sent the money to you. Therefore, if you want to roll over the entire amount of the distribution, you will have to make up the difference (i.e., the amount withheld for taxes) from your own funds. Any amount that you do not roll over will be subject to Federal income tax.

Your transfer or rollover will be invested in the TSP according to your latest contribution allocation (see page 11).

Money you move into the TSP from an IRA or another eligible plan does not count toward any contribution limits.

The money you move into the TSP, and the associated earnings, will be subject to income tax when you eventually withdraw from your TSP account.

**Restrictions.** The TSP will accept a transfer or rollover under the following conditions:

- The money must be considered an “eligible rollover distribution” for Federal income tax purposes. (Verify this by checking with your tax advisor or the administrator of the IRA or plan from which you are moving the money.)
- The TSP will only accept “before-tax” money from IRAs and eligible employer plans. You may not roll over money from a Roth account.
- You can transfer money into the TSP only if you have an existing TSP account.
- You cannot open a TSP account by transferring money into it. TSP accounts can only be opened with your employee contributions.

![Transfers and Rollovers into the TSP](image-url)
Investing in the TSP

The TSP offers you two approaches to investing your money:

- **The L Funds** — These are “Lifecycle” funds that are invested according to a professionally designed mix of stocks, bonds, and Government securities. You select your L Fund based on your “time horizon,” the future date at which you plan to start withdrawing your money. Depending upon your plans, this may be as soon as you leave or further in the future.

- **Individual Funds** — You make your own decisions about your investment mix by choosing from any or all of the individual TSP investment funds (G, F, C, S, and I Funds).

These investment options are designed so you can choose either the L Fund that is appropriate for your time horizon, or a combination of the individual TSP funds that will support your personal investment strategy. However, you may invest in any fund or combination of funds. Because the L Funds are already made up of the five individual funds, you will duplicate your investments if you invest simultaneously in an L Fund and the individual TSP funds.

The **L Funds**

The L Funds are designed for participants who may not have the time, experience, or interest to manage their TSP retirement savings.

The five **L Funds** are:

- **L 2050** — For participants who will need their money in the year 2045 or later.
- **L 2040** — For participants who will need their money between 2035 and 2044.
- **L 2030** — For participants who will need their money between 2025 and 2034.
- **L 2020** — For participants who will need their money between 2015 and 2024.
- **L Income** — For participants who are already withdrawing their accounts in monthly payments, or who plan to need their money between now and 2014.

The assumption underlying the L Funds is that participants with longer investment time horizons are able to tolerate more risk while seeking higher returns. The funds automatically adjust to reflect a reduced ability to sustain risk as the investment time horizon approaches.

Each L Fund invests in a mix of the five individual TSP funds. The mix is chosen by experts based on each fund’s time horizon. The L Funds’ asset allocations are designed to achieve the highest expected rate of return for the amount of risk taken. If the time horizon is a long time from now, the L Fund will be more exposed to risky assets, such as stocks in the C, S, and I Funds. As time horizons shorten, allocations gradually shift toward less volatile Government securities and bonds (G and F Funds).

The L Income Fund is designed to preserve your account balance while protecting against inflation.

Here are the investment mixes for each L Fund (rounded to whole percentages):

<table>
<thead>
<tr>
<th>Asset Allocation of L Funds as of January 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>L 2050</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>G</td>
</tr>
<tr>
<td>F</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>S</td>
</tr>
<tr>
<td>I</td>
</tr>
</tbody>
</table>

Each L Fund is rebalanced each business day to restore the fund to its intended investment mix. Each quarter, the funds’ asset allocations are adjusted to slightly
more conservative investments. When an L Fund reaches its designated time horizon, it will roll into the L Income Fund, and a new fund will be added with a more distant time horizon.

Investing in the L Funds does not eliminate risk, and the funds are not guaranteed against loss. The L Funds are subject to the risks inherent in the underlying funds and can have periods of gain and loss.

The Individual Funds

The TSP has five individual investment funds:

The Government Securities Investment (G) Fund — The G Fund is invested in short-term U.S. Treasury securities. It gives you the opportunity to earn rates of interest similar to those of long-term Government securities with no risk of loss of principal. Payment of principal and interest is guaranteed by the U.S. Government. The interest paid by the G Fund securities is calculated monthly based on the market yields of all U.S. Treasury securities with more than 4 years to maturity; the interest rate changes monthly.

The Fixed Income Index Investment (F) Fund — The F Fund is invested in a bond index fund that tracks the Barclays Capital U.S. Aggregate Bond Index.* This is a broad index representing the U.S. Government, mortgage-backed, corporate, and foreign government sectors of the U.S. bond market. This fund offers you the opportunity to earn rates of return that exceed money market fund rates over the long term (particularly during periods of declining interest rates).

The Common Stock Index Investment (C) Fund — The C Fund is invested in a stock index fund that tracks the Standard & Poor’s 500 (S&P 500) Stock Index. This is a market index made up of the stocks of 500 large to medium-sized U.S. companies. It offers you the potential to earn the higher investment returns associated with equity investments.

The Small Capitalization Stock Index (S) Fund — The S Fund is invested in a stock index fund that tracks the Dow Jones U.S. Completion Total Stock Market (TSM) Index. This is a market index of small and medium-sized U.S. companies that are not included in the S&P 500 index. It offers you the opportunity to earn potentially higher investment returns that are associated with “small cap” investments, but with greater volatility.

International Stock Index Investment (I) Fund — The I Fund is invested in a stock index fund that tracks the Morgan Stanley Capital International EAFE (Europe, Australasia, Far East) Index. This is a broad international market index, made up of primarily large companies in 22 developed countries. It gives you the opportunity to invest in international stock markets and to gain a global equity exposure in your portfolio.

The chart on page 10 compares these five funds and provides more information about each.

Because the TSP funds are trust funds that are regulated by the Office of the Comptroller of the Currency and not by the Securities and Exchange Commission (SEC), they do not have ticker symbols (i.e., unique identifiers assigned to securities (including mutual funds) registered with the SEC). You can, however, obtain additional information about the underlying indexes that certain TSP funds track by visiting the following websites:

<table>
<thead>
<tr>
<th>TSP Fund</th>
<th>Index TSP Fund Tracks</th>
</tr>
</thead>
<tbody>
<tr>
<td>F Fund</td>
<td>Barclays Capital U.S. Aggregate Bond Index* (<a href="http://www.barcap.com">www.barcap.com</a>)</td>
</tr>
<tr>
<td>C Fund</td>
<td>Standard &amp; Poor’s 500 Stock Index (<a href="http://www.standardandpoors.com">www.standardandpoors.com</a>)</td>
</tr>
<tr>
<td>S Fund</td>
<td>Dow Jones U.S. Completion Total Stock Market (TSM) Index (<a href="http://www.djindexes.com">www.djindexes.com</a>)</td>
</tr>
<tr>
<td>I Fund</td>
<td>Morgan Stanley Capital International EAFE Stock Index (<a href="http://www.msci.com">www.msci.com</a>)</td>
</tr>
</tbody>
</table>

* Formerly Lehman Brothers U.S. Aggregate (LBA) Index

Not comfortable with your own level of experience?

Put your investments on cruise control.

1 Choose the L Fund with the time horizon closest to the year you anticipate withdrawing your account.
2 Make a contribution allocation and/or interfund transfer (see page 11) to invest your contributions and/or current balance in that L Fund.
3 Let the L Fund do the rest for you.

Managing your investments:

Remember that your retirement strategy may change. Periodically, check the way you are investing in the TSP. Also, if you’re taking charge of your own investments, remember to rebalance your account periodically to keep your investments in line with your strategy. If you’re invested in an L Fund, you can see how its investment mix changes automatically each quarter at the TSP website, www.tsp.gov.
Comparison of the TSP Funds

The chart below provides a comparison of the available TSP funds. For more detailed information about each fund, see the **TSP Fund Information Sheets** (available on the TSP website, from your agency or service, or from the TSP).

<table>
<thead>
<tr>
<th>Description of Investments</th>
<th>G Fund</th>
<th>F Fund*</th>
<th>C Fund*</th>
<th>S Fund*</th>
<th>I Fund*</th>
<th>L Funds**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Investments</strong></td>
<td>Government securities (specialy issued to the TSP)</td>
<td>Government, corporate, and mortgage-backed bonds</td>
<td>Stocks of large and medium-sized U.S. companies</td>
<td>Stocks of small to medium-sized U.S. companies not included in the C Fund</td>
<td>International stocks of 22 developed countries</td>
<td>Invested in the G, F, C, S, and I Funds</td>
</tr>
<tr>
<td><strong>Objective of Fund</strong></td>
<td>Interest income without risk of loss of principal</td>
<td>To match the performance of the Barclays Capital U.S. Aggregate Bond Index</td>
<td>To match the performance of the Standard &amp; Poor's 500 (S&amp;P 500) Stock Index</td>
<td>To match the performance of the Dow Jones U.S. Completion TSM Index</td>
<td>To match the performance of the Morgan Stanley Capital International EAFE (Europe, Australasia, Far East) Stock Index</td>
<td>To provide professionally diversified portfolios based on various time horizons, using the G, F, C, S, and I Funds</td>
</tr>
<tr>
<td><strong>Risk (See page 11)</strong></td>
<td>Inflation risk</td>
<td>Market risk, credit risk, prepayment risk, inflation risk</td>
<td>Market risk, inflation risk</td>
<td>Market risk, inflation risk</td>
<td>Market risk, currency risk, inflation risk</td>
<td>Exposed to all of the types of risk to which the individual TSP funds are exposed — but total risk is reduced through diversification among the five individual funds</td>
</tr>
<tr>
<td><strong>Volatility</strong></td>
<td>Low</td>
<td>Low to moderate</td>
<td>Moderate</td>
<td>Moderate to high — historically more volatile than C Fund</td>
<td>Moderate to high — historically more volatile than C Fund</td>
<td>Asset allocation shifts as time horizon approaches to reduce volatility</td>
</tr>
<tr>
<td><strong>Types of Earnings</strong>*</td>
<td>Interest</td>
<td>Change in market prices</td>
<td>Change in market prices</td>
<td>Change in market prices</td>
<td>Change in market prices</td>
<td>Composite of earnings in the underlying funds</td>
</tr>
<tr>
<td></td>
<td>Interest</td>
<td>Dividends</td>
<td>Dividends</td>
<td>Dividends</td>
<td>Change in relative value of currency</td>
<td>Dividends</td>
</tr>
<tr>
<td><strong>Inception Date</strong></td>
<td>April 1, 1987</td>
<td>Jan. 29, 1988</td>
<td>Jan. 29, 1988</td>
<td>May 1, 2001</td>
<td>May 1, 2001</td>
<td>August 1, 2005****</td>
</tr>
</tbody>
</table>

* The F, C, S, and I Funds also have earnings from securities lending income and from temporary investments in G Fund securities. These amounts represent a very small portion of total earnings.
** Each of the L Funds is invested in the individual TSP funds (G, F, C, S, and I). The proportion of your L Fund balance invested in each of the individual TSP funds depends on the L Fund you choose.
*** Income from interest and dividends is included in the share price calculation. It is not paid directly to participants’ accounts.
**** The L 2010 Fund reached its time horizon and was retired on December 31, 2010, making way for the L 2050 Fund, which has an inception date of January 28, 2011.
Fund Risks

There are various types of risk associated with the TSP funds. There is no risk of investment loss in the G Fund. However, investment losses can occur in the F, C, S, and I Funds. Because the L Funds are invested in the individual TSP funds, they are also subject to the risks to which those underlying funds are exposed. These risks include:

- **Credit risk** — The risk that a borrower will default on a scheduled payment of principal and/or interest. This risk is present in the F Fund.

- **Currency risk** — The risk that the value of a currency will rise or fall relative to the value of other currencies. Currency risk occurs with investments in the I Fund because of fluctuations in the value of the U.S. dollar in relation to the currencies of the 22 countries in the EAFE index.

- **Inflation risk** — The risk that your investments will not grow enough to offset the effects of inflation. This risk is present in all five funds.

- **Market risk** — The risk of a decline in the market value of the stocks or bonds. This risk is present in the F, C, S, and I Funds.

- **Prepayment risk** — A risk associated with the mortgage-backed securities in the F Fund. During periods of declining interest rates, homeowners may refinance their high-rate mortgages and prepay the principal. The F Fund must reinvest the cash from these prepayments in current bonds with lower interest rates, which lowers the return of the fund.

Contribution Allocations and Interfund Transfers

There are two types of investment transactions you can make:

- **A contribution allocation**
- **An interfund transfer**

**Contribution Allocations.** A contribution allocation specifies how you want to invest money going into your TSP account.

Your contribution allocation will apply to all future deposits to your account. These include: employee contributions; agency contributions (if you are FERS); any special pay, incentive pay, or bonus pay that you contribute as a member of the uniformed services; any money you move into the TSP from other retirement plans; and any TSP loan payments. Your contribution allocation will not affect money that is already in your account.

Your contribution allocation will remain in effect until you submit another one.

**Interfund Transfers.** An interfund transfer moves the money already in your account among the TSP investment funds. When you make an interfund transfer, you choose the new percent you want invested in each fund. You cannot move specific dollar amounts among the funds.

Each calendar month, your first two interfund transfers may redistribute money in your account among any or all of the TSP funds. After the first two, your interfund transfers can only move money into the Government Securities Investment (G) Fund (in which case, you will increase the percentage of your account held in the G Fund by reducing the percentage held in one or more of the other TSP funds). If you have both a civilian and a uniformed services account, these rules apply to each account separately.

**Making a contribution allocation or interfund transfer.** You can make either of these transactions on the TSP website or the ThriftLine (using the automated system or by speaking to a TSP Participant Service Representative).

To make a contribution allocation or interfund transfer on the website, you will need your TSP account number (or customized user ID) and your Web password. To make a contribution allocation or interfund transfer on the ThriftLine, you will need your account number and your

What is the difference between a contribution allocation and an interfund transfer?

A “contribution allocation” tells the TSP where to invest the new money it receives from you or your agency. It does not affect the investment of money that is already in your account.

An “interfund transfer” tells the TSP to move money that is already in your account among the different TSP funds. It does not affect the investment of future deposits.

Use the TSP website and the ThriftLine to make a contribution allocation or an interfund transfer.

**Confirmation of transaction:**

You will receive a confirmation of your contribution allocation or interfund transfer in the mail. If you make your request on the website, you will have the option of receiving your confirmation via e-mail.
When a little can mean a lot:
Costs are important in saving for your retirement. Even small differences in expenses can, over time, have a dramatic effect on a fund’s performance (and the size of your account). Each year, the prior year’s expense ratio for each of the TSP funds is provided on the respective TSP Fund Information Sheet, which is available on the TSP website.

Administrative Expenses
TSP expenses (i.e., the cost of administering the program) include management fees for each investment fund and the costs of operating and maintaining the TSP’s record keeping system, providing participant services, and printing and mailing notices, statements, and publications.

TSP expenses are lower than the industry average. These expenses are paid primarily from the forfeitures of Agency Automatic (1%) Contributions of FERS employees who leave Federal service before they are vested, other forfeitures, loan fees, and—because those forfeitures and fees are not sufficient to cover all of the TSP’s expenses—earnings on participants’ accounts.

The effect of administrative expenses (after forfeitures) on the earnings of the G, F, C, S, and I Funds is expressed below as an expense ratio for each fund. The expense ratio for a fund is comprised of the total administrative expenses charged to that fund during a specific period, divided by that fund’s average balance for that period.

Since the L Funds do not have any unique administrative expenses, the L Funds do not have any additional charges. Therefore, the L Fund administrative expense ratios are weighted averages of the expense ratios of the G, F, C, S, and I Funds.

Your share of TSP net administrative expenses is based on the size of your account balance. For example, the G Fund’s expense ratio for 2010 was .025%. Therefore, if you invested in the G Fund in 2010, earnings were reduced by 25¢ per $1,000 of your G Fund balance.

The chart below shows the expense ratios for each TSP fund over the last 10 years.

### Net Administrative Expenses

<table>
<thead>
<tr>
<th>Year</th>
<th>G Fund</th>
<th>F Fund</th>
<th>C Fund</th>
<th>S Fund</th>
<th>I Fund</th>
<th>L Funds*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>.06%</td>
<td>.06%</td>
<td>.06%</td>
<td>.05%**</td>
<td>.05%**</td>
<td>–</td>
</tr>
<tr>
<td>2002</td>
<td>.06%</td>
<td>.06%</td>
<td>.07%</td>
<td>.07%</td>
<td>.07%</td>
<td>–</td>
</tr>
<tr>
<td>2003***</td>
<td>.10%</td>
<td>.10%</td>
<td>.10%</td>
<td>.10%</td>
<td>.10%</td>
<td>–</td>
</tr>
<tr>
<td>2004</td>
<td>.06%</td>
<td>.05%</td>
<td>.06%</td>
<td>.06%</td>
<td>.06%</td>
<td>–</td>
</tr>
<tr>
<td>2005</td>
<td>.04%</td>
<td>.04%</td>
<td>.05%</td>
<td>.05%</td>
<td>.05%</td>
<td>****</td>
</tr>
<tr>
<td>2006</td>
<td>.03%</td>
<td>.03%</td>
<td>.03%</td>
<td>.03%</td>
<td>.05%</td>
<td>.03%</td>
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<tr>
<td>2007</td>
<td>.015%</td>
<td>.015%</td>
<td>.015%</td>
<td>.015%</td>
<td>.015%</td>
<td>.015%</td>
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<tr>
<td>2008</td>
<td>.018%</td>
<td>.018%</td>
<td>.019%</td>
<td>.019%</td>
<td>.019%</td>
<td>.019%</td>
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<tr>
<td>2009</td>
<td>.028%</td>
<td>.028%</td>
<td>.028%</td>
<td>.028%</td>
<td>.028%</td>
<td>.028%</td>
</tr>
<tr>
<td>2010</td>
<td>.025%</td>
<td>.025%</td>
<td>.025%</td>
<td>.024%</td>
<td>.025%</td>
<td>.025%</td>
</tr>
</tbody>
</table>

* Based on administrative expenses of the G, F, C, S, and I Funds in proportion to their allocation in the L Funds.

** The 2001 expense ratios for the S and I Funds are for the period beginning May 2001 (the inception of the S and I Funds) through December 2001.

*** The expense ratios for 2003 include the net result of the Agency’s settlement of litigation resulting from a termination of its contract with American Management Systems, Inc.

**** L Fund implementation in mid-2005 resulted in partial year expenses, which are not available.
Before you take a loan, consider that your loan costs are not limited to the interest and fee that you pay. The cost of a loan can be much more far-reaching. When you borrow from your account, you miss out on the earnings that might have accrued on the money you borrowed. Even though you must pay the money back to your account with interest, the interest you pay to your account may be less than what you might have earned if you had kept the money in the TSP. Further, if you have an outstanding loan when you leave Federal service, you must pay it back within 90 days or the outstanding balance will be treated as taxable income.

Types of Loans. There are two types of TSP loans:

- A general purpose loan
- A loan for the purchase or construction of a primary residence

You can have only one general purpose and one residential loan outstanding at a time.

Loan amount. The total amount that you borrow is limited to your own contributions and the earnings on those contributions. You cannot borrow less than $1,000 or more than $50,000. You can find out the amount you may be eligible to borrow from your TSP account by visiting the TSP website or calling the ThriftLine, the TSP's telephone response system. You can also use the Estimate Loan Payments calculator on the TSP website to estimate your loan payment amount before you request a loan.

Cost of Taking a Loan. You repay your loan with interest. The interest rate is the interest rate for the G Fund at the time your loan application is processed.

The TSP also charges a processing fee of $50 for each loan. This fee is used to cover the cost of processing and servicing your loan. It is deducted from the amount of the loan that you receive.

Considering a loan? Consider carefully its impact on your TSP account. (See the TSP booklet Loans.) You should borrow from your retirement account only after you have exhausted all your other options.

Want to make additional payments or make up missed payments? You can send extra payments directly to the TSP to pay off your loan sooner or to make up missed payments. To ensure that your payments are properly identified, be sure you put your TSP account number and loan number on your payment and attach a Loan Payment Coupon. The coupon is available from the TSP website or by calling the ThriftLine.
Repaying a loan. Loan repayments are made through payroll deductions. They are deducted from your pay each pay period in the amount on your Loan Agreement. If your agency or service does not deduct your loan payment from your pay, you must submit the loan payment directly to the TSP with a TSP Loan Payment Coupon. You are responsible for your loan payments.

You can also make additional payments or pay off your loan early by check or money order. And you can reamortize your loan to change the amount of your payment, number of payments, or repayment period.

You must repay your general purpose loan within 5 years. Residential loans must be repaid within 15 years.

Consequences of failing to repay your loan. If you fail to repay your loan in accordance with your Loan Agreement or you do not repay your loan when you separate from service, the TSP will report a taxable distribution to the IRS and you will owe income taxes on the outstanding balance of the loan and possibly an early withdrawal penalty tax.

Spouses’ rights. If you are a married FERS or uniformed services participant, your spouse must consent to your loan by signing the Loan Agreement. If you are a married CSRS participant, your spouse will be notified of your loan. These rules apply even if you are separated from your spouse.

There are exceptions to these rights, but exceptions are rarely granted. See Form TSP-16, Exception to Spousal Requirements (U-16, uniformed services), for more information.

Getting information. For a detailed explanation of the TSP loan program, your obligations if you take a loan, and the consequences of not repaying a loan, read the TSP booklet Loans.

For information about outstanding loans, you can check your earnings and leave statement, your participant statements, the TSP website, or the ThriftLine. You can also contact the TSP.

In-Service Withdrawals

In-service withdrawals (i.e., withdrawals from your account while you are still employed) are available to all active participants. The TSP does not charge a fee for making an in-service withdrawal. However, the overall impact on your retirement savings may be significant.

Consequences of Making an In-Service Withdrawal. When you make an in-service withdrawal, you deplete your retirement savings by the amount of the withdrawal and any future earnings you would have accrued on that money. You must pay Federal income tax on the withdrawal, and you may also be subject to a 10% early withdrawal penalty tax. More importantly, if you make a financial hardship in-service withdrawal, the overall impact can be even greater because you cannot contribute to the TSP for 6 months following your withdrawal. If you are a FERS employee, that means you will also not receive any Agency Matching Contributions during that time.

Types of In-Service Withdrawals. There are two types of in-service withdrawals:

- A financial hardship in-service withdrawal
- An age-based in-service withdrawal

Financial hardship in-service withdrawal. You can make a financial hardship in-service withdrawal if you can certify, under penalty of perjury, that you have a financial hardship as a result of a recurring negative cash flow, legal expenses for separation or divorce, medical expenses, or a personal casualty loss. You may withdraw your contributions and any earnings those contributions have accrued. You can request $1,000 or more; however, the amount that you request

Considering an in-service withdrawal?

An in-service withdrawal permanently depletes your retirement savings because you cannot pay this amount back (as you can with a loan).

Be sure you understand the consequences of an in-service withdrawal before you take money out of your account.

Read the TSP booklet In-Service Withdrawals for more information.
cannot exceed the actual amount of your certified financial hardship. Further, you may not make contributions to your account (and if you are FERS, you will not receive the associated matching contributions) for 6 months after the disbursement of your funds.

Age-based in-service withdrawal. You can make an age-based in-service withdrawal anytime after you reach age 59½, as long as you are still a civilian Federal employee or a member of the uniformed services. You may withdraw part or all of your vested account balance. You can request a dollar amount of $1,000 or more, or your entire account balance (even if it is less than $1,000). You are permitted only one age-based in-service withdrawal. If you make one, you will not be eligible to make a partial withdrawal from your account after you separate from service.

Spouses’ rights for in-service withdrawals. If you are a married FERS or uniformed services participant, your spouse must consent to your in-service withdrawal. If you are a married CSRS participant, the TSP must notify your spouse before an in-service withdrawal can be made. These rules apply even if you are separated from your spouse.

There are exceptions to these rights, but exceptions are rarely granted. For more information, see Form TSP-16 (or U-16 for members of the uniformed services), Exception to Spousal Requirements.

Taxes on in-service withdrawals. In-service withdrawals are subject to Federal income tax when they are paid directly to you. Age-based withdrawals may be transferred to a traditional IRA or eligible employer plan, thereby retaining their tax-deferred status. You can also transfer an age-based withdrawal to a Roth account, but you will be liable for the taxes on the transfer for the year in which the transfer was made. Financial hardship in-service withdrawals may also be subject to an early withdrawal penalty tax if you are younger than age 59½ when you make your withdrawal. For detailed information about the tax rules that apply to in-service withdrawals, see the TSP tax notice “Important Tax Information About Payments From Your TSP Account.”

Getting information. For a detailed explanation of the TSP in-service withdrawal program, read the TSP booklet In-Service Withdrawals. For information about a specific in-service withdrawal request, check the TSP website or the ThriftLine, or contact the TSP.

Withdrawals After You Separate

If your vested account balance is $200 or more after you leave Federal service, you can leave your money in the TSP until later (see page 17, “Withdrawal deadline”), or you can withdraw your account.

If your vested account balance is less than $200 when you leave Federal service, the TSP will automatically send you a check for the amount in your account. The check will be mailed to the address in your TSP account record. You cannot leave this money in the TSP or make any other withdrawal election.

★★★

Combining accounts. If you decide to leave money in the TSP after you separate from either the uniformed services or Federal civilian service, you will be able to combine your TSP accounts by completing Form TSP-65, Request to Combine Uniformed Services and Civilian TSP Accounts, and then sending it to the TSP. However, restrictions about how and when accounts can be combined apply. For example, you can only combine the money from the account related to your separation into your other account. Also, tax-exempt contributions (i.e., contributions from combat zone pay) in your uniformed services TSP account may not be transferred to your civilian TSP account.

★★★

Special exemption from the early withdrawal penalty tax for certain Reservists:

Relief from the 10% early withdrawal penalty is available to eligible Reservists called to duty for more than 179 days and activated after September 11, 2001. See the TSP tax notice “Important Tax Information About Payments From Your TSP Account” for additional eligibility rules.

Ready to make a post-separation withdrawal?

Before you make a withdrawal, read the booklet Withdrawing Your TSP Account After Leaving Federal Service and the tax notice “Important Tax Information About Payments From Your TSP Account.”

★★★
Types of Post-Separation Withdrawals.
There are two types of post-separation withdrawals:

- A partial withdrawal
- A full withdrawal

Partial withdrawal. You can take out $1,000 or more and leave the rest in your account until you decide to withdraw it at a later date. You may make only one partial withdrawal from your account. If you made an age-based in-service withdrawal, you are not eligible for a partial withdrawal.

Full withdrawal. You choose how your entire account will be distributed using one—or any combination—of three withdrawal options available to you:

- A single payment
- A series of monthly payments
- A life annuity purchased for you by the TSP

A single payment allows you to withdraw your entire TSP account at one time in one payment. It is sometimes referred to as a “lump sum.”

Monthly payments allow you to withdraw your entire account in a series of payments. You can ask for a specific dollar amount each month or you can have the TSP calculate a monthly payment based on your life expectancy. If you choose a specific dollar amount, it must be at least $25.

At any time while you are receiving monthly payments, you can ask the TSP to stop the monthly payments and pay you your remaining account balance in a single payment. Also, once a year, you have the opportunity to make changes to the dollar amount of the monthly payments you are receiving. You also have the opportunity to make a one-time switch to receiving monthly payments based on a dollar amount rather than monthly payments based on life expectancy.

An annuity pays a benefit to you (or to your survivor) every month for life. The TSP purchases the annuity on your behalf from a private insurance company. You can have the TSP purchase an annuity with all or any portion of your account balance when you request a full withdrawal. The amount you use for the purchase of an annuity must be $3,500 or more. Once an annuity is purchased, it cannot be changed.

You have a choice of three basic annuity types:

- A single life annuity—paid only to you during your lifetime.
- A joint life annuity with your spouse—paid to you while you and your spouse are alive. When one of you dies, payments are made to the survivor for the rest of his or her life.
- A joint life annuity with someone (other than your spouse) who has an insurable interest in you—paid to you while you and the person you choose are alive. When one of you dies, payments are made to the survivor for his or her life.

If you elect a joint annuity, you may be able to choose between a 50% or 100% payment option to the survivor.

Some additional annuity features may also be available, depending on the basic annuity type you choose. You may be able to request “cash refund,” “10-year certain,” or “increasing payment” features. The available annuities and their features are explained in detail in the booklet Withdrawing Your TSP Account After Leaving Federal Service.

A mixed withdrawal allows you to combine any or all of the three withdrawal options. However, if you request a mixed withdrawal with an annuity, the percentage of your account balance used to purchase the annuity cannot equal a dollar amount of less than $3,500.
Spouses’ rights for a partial withdrawal. If you are a married FERS or uniformed services participant, your spouse must consent to your partial withdrawal. If you are a married CSRS participant, the TSP must notify your spouse before a partial withdrawal can be made.

Spouses’ rights for a full withdrawal. If your vested account balance at the time of your full withdrawal is more than $3,500, your withdrawal will be subject to the TSP’s rules regarding spouses’ rights. These rules apply even if you are separated from your spouse:

- If you are a married FERS or uniformed services participant, your spouse is entitled to an annuity with a 50% survivor benefit, level payments, and no cash refund feature. Your spouse must waive the right to this particular annuity unless you use your entire account balance to purchase it.
- If you are a married CSRS participant, the TSP must notify your spouse before it can process your withdrawal, regardless of which withdrawal option you choose.

For both partial and full withdrawals, there are exceptions to these rights. However, the conditions under which an exception is made are very limited. More information about exceptions is provided on Form TSP-16 (U-16), Exception to Spousal Requirements.

Taxes on withdrawals. Withdrawal payments are subject to Federal income tax when they are paid directly to you. Some payments are eligible to be transferred to a traditional IRA or other eligible employer plan, thereby retaining their tax-deferred status. You can also transfer some payments to a Roth account, but you will be liable for the taxes on the transfer for the year in which it was made. Also, depending upon your age when you leave Federal service as well as your withdrawal option and its timing, you may be subject to the IRS early withdrawal penalty tax.

(See pages 6 and 15 for important exceptions to this tax.) For detailed information about the tax rules that apply to post-separation withdrawals, you should read the TSP tax notice “Important Tax Information About Payments From Your TSP Account” and consult with your tax advisor.

Getting information. For a detailed explanation of the TSP’s post-separation withdrawal program, you should read the booklet Withdrawing Your TSP Account After Leaving Federal Service.

For specific information about your withdrawal request, check the TSP website or the ThriftLine, or contact the TSP.

Withdrawal deadline. You are required to withdraw your account balance in a single payment, begin receiving monthly payments, or begin receiving annuity payments by April 1 of the later of:

- the year following the year you become age 70½, or
- the year following the year you separate from Federal service or the uniformed services.

If you do not withdraw (or begin withdrawing) your account by the required withdrawal deadline, your account balance will be forfeited to the TSP. You can reclaim your account; however, you will not receive earnings on your account from the time the account was forfeited.

At the same deadline, you will also be subject to the IRS required minimum distribution rules. These rules require you to receive a certain portion of your account each year based on your life expectancy. The TSP will send you information about these rules if they apply to you. If you leave your money in the TSP after you separate from service, be sure to keep your address up-to-date so that the TSP can reach you.

For more information about the withdrawal deadline and the IRS required minimum distribution rules, you can read the TSP tax notice “Important Tax Information About Your TSP Withdrawal and Required Minimum Distributions.”

Deferring taxes after you withdraw:

Some withdrawals can be transferred from the TSP directly to a traditional IRA or other eligible employer plan. When this is done, you defer paying taxes until you withdraw the money from the IRA or eligible plan.

The same withdrawals can also be transferred to a Roth IRA, which provides for tax-free earnings, but requires you to pay taxes on the withdrawal at the time it is transferred.

Read the tax notice “Important Tax Information About Payments From Your TSP Account” for more information.

IRS Required Minimum Distributions (RMDs):

You may not request a payment of your RMD because that is not one of the statutory TSP withdrawal options. However, if you chose monthly payments based on life expectancy, the total dollar amount of your annual payments will approximate your RMD, and the TSP will send you a supplemental payment if necessary to ensure that you satisfy the requirement.
**Automatic Enrollment Refunds**

If you were automatically enrolled in the TSP, you may request a refund of the employee contributions that were made under the automatic enrollment program during the first 90 days of the automatic enrollment period. To request a refund, you must submit Form TSP-25, Automatic Enrollment Refund Request, before the expiration date of the 90-day refund period.

When the TSP receives your first contribution, you will receive your “welcome letter” from the TSP. The welcome letter will indicate the date your refund request must be received in order to be processed and other details relating to the refund.

You will receive a refund of your own employee contributions (and earnings). If you are FERS, you will forfeit all Agency Matching Contributions to the TSP when your refund is processed; however, your Agency Automatic (1%) Contributions will remain in your account. Read the instructions on Form TSP-25 for more information. See the TSP website for the form and additional information about automatic enrollment. The form is also mailed in the welcome letter of all automatically enrolled participants.

Please note that requesting a refund of your automatic employee contributions will not stop your agency from deducting future contributions from your pay each pay period. If you also want to stop your automatic contributions, you must make a contribution election (see page 3) to stop your contributions.

**Special note for participants automatically enrolled more than once** (i.e., separating and being rehired after a break in service of more than 30 days): Under rules mandated by the IRS, you are not given a new 90-day refund period unless one full calendar year (January through December) has passed since your last automatic enrollment contribution.

**Death Benefits**

In the event of your death, your account will be distributed to the beneficiary or beneficiaries you designate on the TSP’s Designation of Beneficiary form.* If you do not designate beneficiaries to receive your account, it will be disbursed according to the following order of precedence required by law:

- To your widow or widower (See “Beneficiary Participant Accounts” on page 19);
- If none, to your child or children equally, and to descendants of deceased children by representation;
- If none, to your parents equally or the surviving parent;
- If none, to the appointed executor or administrator of your estate;
- If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death.

For this order of precedence, a child includes a natural child or an adopted child but does not include a stepchild who has not been adopted. A parent does not include a stepparent, unless your stepparent has adopted you. “By representation” means that if your child predeceases you, his or her share will be divided equally among his or her children.

A will or any other document (such as a prenuptial agreement) is not valid for the disposition of your TSP account.

**Designating a beneficiary.** If you wish, you can designate a person or persons, your estate, or a trust to receive your TSP account after your death. To designate a beneficiary or beneficiaries, you must use Form TSP-3, Designation of Beneficiary. The completed form must be properly signed, witnessed, and received by the TSP on or before the date of your death.

*Exception: If you separate from service and submit a Request for Full Withdrawal requesting an annuity and you die before annuity payments begin, the amount used to purchase the annuity will be returned to the TSP. The TSP will, if possible, distribute this money consistent with your annuity beneficiary designation.
**Reviewing your beneficiaries.** By law, the TSP must pay your properly designated beneficiary under all circumstances. For example, if you designate your spouse as a beneficiary on Form TSP-3, a beneficiary participant account will be set up for that spouse after your death, even if you are separated. If you divorce (and even remarry) but you do not submit a new Form TSP-3, your TSP account will be paid to the individual designated on your form, even if this person had given up all rights to your TSP account. Consequently, if your life situation changes, you may want to file a new Designation of Beneficiary form that cancels or changes your current beneficiary designation.

**TSP distribution of death benefits.** In order for beneficiaries to receive your account balance after your death, they (or their representatives) must complete Form TSP-17, Information Relating to Deceased Participant, and send it to the TSP along with a copy of the certified death certificate.

Once the TSP processes this information and determines the beneficiaries for your account, we will contact them with additional information and instructions.

For detailed information about death benefits and the disbursement options for beneficiaries, read the TSP booklet Death Benefits and the TSP tax notice “Important Tax Information About Thrift Savings Plan Death Benefit Payments.”

**Beneficiary Participant Accounts**

In the event of your death, if your spouse is a beneficiary of your account and your spouse’s share is $200 or more, a “beneficiary participant” account will be established in your spouse’s name. Any death benefit processed from your account for your spouse will be deposited into this TSP account and invested in the G Fund. Your spouse can leave the money in the TSP and manage the investments in the TSP’s funds, combine the account with his or her own TSP account, if applicable, or withdraw the money using any of the TSP post-separation withdrawal options described on page 16.

For more information, see Your TSP Account: A Guide for Beneficiary Participants, which is available on the TSP website.

**Other Information About the TSP**

**TSP Website (www.tsp.gov)**

The TSP website has current TSP information and materials (e.g., forms, rates of return, share prices, and calculators). TSP participants can use their TSP account number or customized user ID and Web password to view personal account information and perform transactions.

**ThriftLine**

The toll-free ThriftLine (1-TSP-YOU-FRST or 1-877-968-3778) is the TSP’s automated telephone service. It has information such as Plan News, share prices, and loan and annuity rates. You can also opt to speak with a service representative. Use your TSP account number and TSP Personal Identification Number (PIN) to access your account and perform certain transactions.

**Account Security**

The TSP takes many steps to keep your account secure. We provide you with a TSP account number, a Web password, a ThriftLine PIN, and the opportunity to create a customized user ID to use instead of your account number. It is important that you also do your part to protect your account by keeping these numbers secure. Do not reveal them to anyone or store them where anyone can find them.

**Some tips for keeping your account secure:**

- Never let anyone see or hear your account number, Web password, ThriftLine PIN, or user ID.
- Never respond to an e-mail asking for any of these identifiers.
- Never provide these identifiers online when using a computer other than your own home or office machine, unless you know it is secure.
- Log out of the TSP website and close your Internet browser after you complete transactions in My Account.
- Do not perform financial transactions on public computers.
- Use up-to-date anti-virus and anti-spyware software on your home and office computers.

**Access to passwords and PINs:** Your TSP password and PIN are encrypted in the TSP system and are not accessible to TSP representatives. For security reasons, the TSP will only mail your password or PIN to your address of record. The TSP will not send them through e-mail.
**TSP Account Number.** The TSP provides you with a 13-digit account number that you must use to identify your account. Use this number when accessing your account on the TSP website or the ThriftLine or when filling in TSP forms. Like a bank or credit union account number, your TSP account number cannot be changed. If you forget it, you can use the TSP website or the ThriftLine to request to have it *mailed* to you. You can also find your account number on your quarterly and annual participant statements.

**User ID.** If you find it difficult to remember your TSP account number when logging into your account in the My Account section of the TSP website, you can create your own customized user ID. However, to create your user ID, you will first need to log into My Account with your TSP account number and Web password. Once you have established your user ID, you can change it whenever you wish. Instructions are available on the TSP website. If you forget your user ID, you can enter My Account with your TSP account number and Web password and create a new user ID.

You cannot use your customized user ID on the ThriftLine.

★★★

If you have both a civilian and a uniformed services account, you may use the same customized user ID for both accounts.

★★★

**Web Password.** As soon as your account is established, the TSP mails you an 8-digit Web password to use *with your TSP account number (or customized user ID)* when you log into the My Account section of the TSP website or when you contact the TSP. You can change your password at any time, but you must first enter your TSP account number or user ID and your existing password. If you forget your Web password, you can request a new one at the beginning of the My Account section of the TSP website or by contacting the TSP.

**ThriftLine Personal Identification Number (PIN).** As soon as your account is established, the TSP mails you a 4-digit PIN to *use with your TSP account number* to access account information and perform certain transactions on the ThriftLine. You can change your PIN at any time on the ThriftLine. To do so, you must first enter your TSP account number and existing PIN. If you forget your PIN, you can request a new one on the ThriftLine or by contacting the TSP. **Note:** Your ThriftLine PIN is not the same as PINs for other agency or service systems (e.g., Employee Express, EBIS, PostalEASE, myPay, or NFC PPS).

**Participant Statements**

The TSP issues quarterly statements in January, April, July, and October, and annual statements for each year in February.

Your quarterly statements cover all transactions in your account during the previous three months. If you have any TSP loans, the statement also summarizes your loan activity. You can view or print these statements on the TSP website or request to have them mailed to you.

Your annual statement summarizes the financial activity in your account for that year and provides other important information such as your personal investment performance and your primary beneficiary information. The TSP posts this statement on the Web and, unless you request only electronic statements, also mails it to you.

Check your statements carefully, and, if you see any information you believe is not correct, follow up with your agency or service or the TSP.
Bankruptcy

Your TSP account cannot be garnished to pay debts. If you have a TSP loan, your payments must continue because, for bankruptcy purposes, a TSP loan is not a debt, and the TSP is not your creditor. Therefore, the bankruptcy court does not have jurisdiction over your TSP loan. For more information, see the TSP fact sheet Bankruptcy Information—Petitions filed on or after October 17, 2005. Different rules apply to bankruptcies filed prior to that date. (See the TSP fact sheet Bankruptcy Information—Petitions filed before October 17, 2005.)

Court Orders

Your TSP account is subject to court orders issued in connection with divorce, annulment, or legal separation, and by laws that enforce alimony and child support payments and judgments against you for child abuse. For more details and sample court order language, read the TSP booklet Court Orders and Powers of Attorney and the TSP tax notice “Tax Treatment of Thrift Savings Plan Payments Made Under Qualifying Orders.”

TSP Administration

Management. The Federal Retirement Thrift Investment Board (Agency) is an independent Government agency that administers the TSP. It is managed by a Presidentially appointed five-member Board and an Executive Director chosen by the Board.

The Agency’s record keeper handles the day-to-day maintenance and administration of all TSP accounts and assists participants with specific types of TSP-related problems or questions.

Law. The TSP is established under the Federal Employees’ Retirement System Act of 1986 and is codified primarily under Chapter 84 of title 5, United States Code (USC). By law, the assets in the TSP are held in trust for each individual participant. The TSP is treated as a qualified trust which is exempt from taxation (see 26 USC § 7701(j)). Its regulations are published in Chapter VI of title 5 of the Code of Federal Regulations.

Audits. By law, the TSP must be audited annually. You can obtain a copy of the most current audited financial statement from the TSP website or by writing to the TSP.
Glossary of Terms

**Account Balance** — The sum of the dollar amounts in each TSP investment fund for an individual account. The dollar amount in each investment fund on a given day is the product of the total number of shares in that fund multiplied by the share price for that fund on that day.

**Account Number** — The 13-digit number that the TSP assigns to a participant to identify his or her TSP account. The participant must use this TSP account number (or a customized user ID) in conjunction with his or her Web password to log into the My Account section of the TSP website, and must use this number with his or her Personal Identification Number (PIN) to enter the Account Menu of the ThriftLine.

**Agency Automatic (1%) Contributions** — Contributions equal to 1% of basic pay each pay period, contributed to a FERS participant’s TSP account by his or her agency.

**Agency Matching Contributions** — Contributions made by agencies to TSP accounts of FERS employees who contribute their own money to the TSP. (CSRS employees do not receive matching contributions. At present, members of the uniformed services also do not receive matching contributions.)

**Annuity** — Guaranteed monthly income for the life of the TSP participant (or survivor if a joint annuity) after separating from Federal service. These payments are issued directly by the TSP annuity provider.

**Automatic Enrollment** — Applies to FERS and CSRS employees hired or rehired after July 31, 2010. As a result of the Thrift Savings Plan Enhancement Act of 2009, Public Law 111-31, signed into law on June 22, 2009, agencies must enroll their newly hired FERS employees in the TSP. They must also automatically enroll rehired FERS and CSRS employees who have had a break in service of more than 30 days. Automatic enrollment contributions are deducted from employees’ pay at a rate of 3% of basic pay per pay period and deposited into their TSP accounts. Automatically enrolled participants may make a contribution election at any time to change or stop their TSP contributions.

**Basic Pay (Civilian)** — This pay is defined in 5 United States Code (USC) 8331(3).

**Basic Pay (Uniformed Services)** — This refers to compensation payable under sections 204 and 206 of USC title 37. Section 204 pay is pay for active duty; section 206 pay (e.g., inactive duty for training (IDT) pay) is pay earned by members of the Ready Reserve (including the National Guard).

**Before-Tax Contributions** — Contributions of pay that has not yet been taxed. Sometimes referred to as “tax-deferred” contributions.

**Beneficiary Participant Account** — TSP account established in the name of a spouse beneficiary of a deceased TSP participant.

**Bond** — A debt security issued by a government entity or a corporation to an investor from whom it borrows money. The bond obligates the issuer to repay the amount borrowed (and, traditionally, interest) on a stated maturity date.

**Bonus Pay (Uniformed Services)** — Generally, a type of special pay with its own rules for TSP contribution election purposes.

**Catch-Up Contributions** — Contributions which are made via payroll deductions by a participant age 50 or older and are permitted to exceed the Internal Revenue Code (IRC) elective deferral limit.

**Civil Service Retirement System (CSRS)** — The term “CSRS” refers to the retirement system for Federal civilian employees who were hired before January 1, 1984. CSRS refers to the Civil Service Retirement System, including CSRS Offset, the Foreign Service Retirement and Disability System, and other equivalent Government retirement plans.

**Contribution** — A deposit made to the TSP by a participant through payroll deduction or on behalf of the participant by his or her agency or service.

**Contribution Allocation** — A participant’s choice that tells the TSP how contributions, rollovers, and loan payments that are going into his or her account should be invested among the TSP funds.

**Contribution Election** — A request by a participant to start contributing to the TSP, to change the amount of his or her contribution to the TSP each pay period, or to terminate contributions to the TSP.

**Credit Risk** — The risk that a borrower will not make a scheduled payment of principal and/or interest.

**Currency Risk** — The risk that the value of a currency will rise or fall relative to the value of other currencies. Currency risk could affect investments in the I Fund because of fluctuations in the value of the U.S. dollar in relation to the currencies of the 22 countries in the EAFE index.
**Customized User ID** — A combination of letters, numbers, and/or symbols that you can create to use instead of your TSP account number to log into the My Account section of the TSP website. The user ID cannot be used on the ThriftLine as a substitute for the account number.

**Designation of Beneficiary** — The participant's formal indication of who should receive the money in his or her account in the event of his or her death. Participants must use the TSP Designation of Beneficiary form. (A will is not valid for the disposition of a participant's TSP account.)

**Disburse** — To pay out money, as from the TSP.

**Elective Deferral Limit** — An annual dollar limit, established under the Internal Revenue Code (IRC), for tax-deferred TSP employee contributions. "Catch-up" contributions made by participants age 50 or older are not subject to this limit, but have a separate IRC limit.

**Eligible Employer Plan** — A plan qualified under Internal Revenue Code (IRC) § 401(a), including a § 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; an IRC § 403(a) annuity plan; an IRC § 403(b) tax-sheltered annuity; and an eligible IRC § 457(b) plan maintained by a Government employer.

**Federal Employees' Retirement System** — The term "FERS" refers to the retirement system for Federal civilian employees who were hired on or after January 1, 1984. FERS refers to the Federal Employees' Retirement System, the Foreign Service Pension System, and other equivalent Government retirement plans.

**Fixed Income Investments** — Generally refers to bonds and similar investments (considered debt instruments) that pay a fixed amount of interest.

**Full Withdrawal** — A post-separation withdrawal of a participant's entire TSP account through an annuity, a single payment, or monthly payments (or a combination of these three options).

**Incentive Pay (Uniformed Services)** — Pay set forth in Chapter 5 of USC title 37 (e.g., flight pay, hazardous duty pay).

**Index** — A broad collection of stocks or bonds which is designed to match the performance of a particular market. For example, the Standard & Poor's 500 (S&P 500) is an index of large and medium-sized U.S. companies.

**Index Fund** — An investment fund that attempts to track the investment performance of an index.

**Inflation Risk** — The risk that investments will not grow enough to offset the effects of inflation.

**In-Service Withdrawal** — A disbursement made from a participant's account which is available only to a participant who is still employed by the Federal Government, including the uniformed services.

**Interfund Transfer (IFT)** — An IFT allows the participant to redistribute all or part of his or her TSP account among the different TSP funds. For each calendar month, the participant's first two IFTs can redistribute money in his or her account among any or all of the TSP funds. After that, for the remainder of the month, the participant's IFTs can only move money into the Government Securities Investment (G) Fund (in which case, the participant will increase the percentage of his or her account held in the G Fund by reducing the percentage held in one or more of the other TSP funds). This election does not change the way new contributions, transfers or rollovers into the TSP, or loan payments are invested.

**IRS Life Expectancy Tables** — When you withdraw your account, if you choose to have the TSP calculate monthly payments based on life expectancy, the TSP will use these tables. IRS Single Life Table, Treas. Reg. § 1.401(a)(9)-9, Q&A 1, is used for participants who are under age 70 on or after July 1 of the calendar year in which the calculation is made. For participants who turn age 70 before July 1 of that year, the Uniform Lifetime Table, Treas. Reg. § 1.401(a)(9)-9, Q&A 2, is used.

**Market Risk** — The risk of a decline in the market value of stocks or bonds.

**Matching Contributions** — See "Agency Matching Contributions."

**Mixed Withdrawal** — A post-employment withdrawal of a participant's entire account through any combination of the following: an annuity, a single payment, or monthly payments.

**Monthly Payments** — Payments that the participant elects to receive each month from his or her TSP account after separating from service.

**My Account** — The secure section of the TSP website, where you can log into your account to find out your account balance or perform certain transactions.

**Partial Withdrawal** — A one-time post-employment distribution of part of a participant's account balance. A partial withdrawal is participant-elected and is made in a single payment.
Participant Statements — Statements that are furnished to each TSP participant after the end of each calendar quarter and after the end of each calendar year. Quarterly statements show the participant’s account balance (in both dollars and shares) and the transactions in his or her account during the quarter covered. Annual statements summarize the financial activity in the participant’s account during the year covered and provide other important account data such as the participant’s personal investment performance, primary beneficiary information, and an account profile.

Password — A secret 8-character code made up of letters and numbers that a TSP participant uses in conjunction with his or her TSP account number (or customized user ID) whenever accessing his or her account through the TSP website. For new participants, the initial password is computer-generated and is sent to the participant shortly after his or her first contribution is received by the TSP. Participants can customise their passwords using the TSP website.

Personal Identification Number (PIN) — A 4-digit number that the participant can use (in conjunction with his or her TSP account number) to access his or her own account on the ThriftLine. The initial PIN is computer-generated and is sent to the participant shortly after his or her first contribution is received by the TSP.

Post-Separation Withdrawal — A distribution from a participant’s account that is available only to participants who have left Federal service or the uniformed services. Sometimes referred to as a “post-employment” withdrawal. (See also “Withdrawal.”)

Reamortize — Adjust the terms of a loan to change the loan payment amount or to shorten or lengthen the repayment term.

Required Minimum Distribution — The amount of money, based on a participant’s age and previous year’s TSP account balance, that the IRS requires be distributed to a participant each year after the participant has reached age 70½ and is separated from service.

Risk (Volatility) — The amount of change (both up and down) in an investment’s value over time.

Roth IRA — An individual retirement account that is described in § 408(a) of the Internal Revenue Code (IRC). A Roth IRA provides tax-free earnings. You must pay taxes on the funds you transfer to a Roth IRA; the tax liability is incurred for the year of the transfer.

Section 415(c) Limit — An Internal Revenue Code (IRC) limit on the amount of money that can be contributed on behalf of a participant to an eligible retirement plan.

Securities — A general term describing a variety of financial instruments, including stocks and bonds.

Single Payment — A payment made at one time. Sometimes referred to as a “lump sum.”

Special Pay (Uniformed Services) — Pay set forth in Chapter 5 of USC title 37 (e.g., medical and dental officer pay, hardship duty pay, career sea pay).

Stocks — Equity securities issued as ownership in a publicly held corporation.

Tax-Exempt Contributions — Contributions of money that will never be taxed. Such contributions can be made to the TSP by members of the uniformed services from pay that is covered by the combat zone tax exclusion.

ThriftLine — The TSP’s automated voice response system. It provides general news about the TSP and allows participants to access certain information and perform some transactions over the telephone. You can also use the ThriftLine to contact Participant Service Representatives at the TSP. To access your account through the ThriftLine, you will need your TSP account number and ThriftLine PIN.

Time Horizon — The investment time you have until you need to use your money.

Traditional IRA — A traditional individual retirement account described in § 408(a) of the Internal Revenue Code (IRC), or an individual retirement annuity described in IRC § 408(b), into which a TSP participant can transfer money from his or her TSP account. (It does not include an inherited IRA, a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA).)

User ID — See “Customized User ID.”

Uniformed Services — Uniformed members of the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, and the National Oceanic and Atmospheric Administration serving on active duty, and members of the Ready Reserve or National Guard of those services in any pay status.

Vesting — For a FERS participant, the time in service that he or she must have upon separation from service in order to be entitled to keep Agency Automatic (1%) Contributions and associated earnings. A participant is vested in (entitled to keep) the Agency Automatic (1%) Contributions in his or her account after completing 3 years of Federal service (2 years for most FERS employees in Congressional and certain noncareer positions).

Volatility — See “Risk.”

Withdrawal — A general term for a distribution that a participant requests from his or her account. (Includes in-service withdrawal, partial withdrawal, full withdrawal, etc.)
## Appendix: Getting More Information

TSP forms and materials are available from the Forms & Publications section of the [TSP website at www.tsp.gov](http://www.tsp.gov), from your agency or service, or from the toll-free [ThriftLine at 1-877-968-3778](tel:1-877-968-3778) or the TDD at 1-877-847-4385. (Callers outside the U.S. and Canada who cannot use the toll-free numbers should call 404-233-4400.)

**Note:** In some cases, members of the uniformed services may need to use a “U”-designated version of forms (e.g., Form TSP-U-1 instead of Form TSP-1).

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<tr>
<td>Withdrawals after you leave service</td>
<td>Booklet, <em>Withdrawing Your TSP Account After Leaving Federal Service</em>; Tax Notice, Important Tax Information About Payments From Your TSP Account</td>
<td>Use Web My Account or, for a full withdrawal, use Form TSP-70; for a partial withdrawal, use Form TSP-77</td>
<td>The TSP</td>
</tr>
<tr>
<td>Withholding on in-service and post-separation withdrawals</td>
<td>Tax Notice, Important Tax Information About Payments From Your TSP Account</td>
<td>IRS Form W-4P</td>
<td>The TSP</td>
</tr>
</tbody>
</table>
There are numerous sources of information about the Thrift Savings Plan (TSP or Plan).

The most up-to-date information about the Plan in general, and your account in particular, is on the TSP website. You can also obtain limited information about the Plan and your account from the TSP’s automated voice response system, the ThriftLine.

If you need clarification about the Plan’s features or have additional questions about your account, your best resource while you are still employed by the Federal Government is your agency or service. It is responsible for correcting or changing your personal TSP-related information and resolving any issues regarding your contributions and loan payments. If necessary, it will also be able to contact the TSP on your behalf.

If you are separated from Federal service, your primary resource is the TSP.

The Appendix on pages 25 and 26 can direct you to the best sources of information on specific topics.

TSP Website: www.tsp.gov

ThriftLine: 1-TSP-YOU-FRST (1-877-968-3778)
(For calls outside the U.S., Canada, and most U.S. territories, use 404-233-4400.)

TSP: Thrift Savings Plan
P.O. Box 385021
Birmingham, AL 35238

Telephone: Call the ThriftLine to speak to a Participant Service Representative
(7 a.m. – 9 p.m. Eastern time).

Text Telephone (TDD): 1-TSP-THRIFT5 (1-877-847-4385)

TSP Fax: 1-866-817-5023
Employee Benefits Information System (EBIS)

- Secured Web based application
  - https://www.abc.army.mil
- Available 24 hours a day
- Create and process electronic benefit elections
- Requires use of AKO username and password or Common Access Card (CAC) authentication
- Requires use of SSN and PIN
- Allows you to print pending benefits transactions

ABC-C Automated Systems

Employee Benefits Information System (EBIS)
FEHB Current Coverage
You are currently not enrolled in FEHB.

Change

FEHB Pending Transaction
You have no pending transactions.

Void

TSP Current Coverage
You are currently contributing to TSP.

Retirement Plan
FERS
Contribution Amount
$0.00
Contribution Percent
5%

Change

TSP Pending Transaction
You have no pending transactions.

Interactive Voice Response System (IVRS)
• Automated Self-Service Phone System
• To access call toll free 1-877-276-9287
• TDD: 1-877-276-9833 (Hearing Impaired)
• Requires use of SSN and PIN (initially the PIN is your mm/yy of birth, then you will be prompted to create a 6 digit PIN)
• Available 24 hours a day
• Counselors are available 12 hours per day from 6:00 a.m. – 6:00 p.m. Central Time

FEGLI Current Coverage
All FEGLI amounts and costs are based on your age as of the pay period ending date: 08/19/2006.

Coverage
Type
Amount of Coverage
Cost Per Pay Period
Multiple Factor

FEGLI Pending Transaction
You have no pending transactions.
If you completed a FEGLI transaction that is effective today there will be no pending transaction.
### Army Benefits Center - Civilian

**1-877-276-9287**

**Initial Options**

| Select: | Army Civilian
| 2= DCMA Civilian
| 3= National Guard
| 4= Army Uniformed Services Member |
|---|---|
| Select: | 1= Customer Service Survey
| 2= Access Benefits and Entitlements
| 3= Another or Separated Civilian Employee
| 4= Retiree or Surviving Spouse
| 5= Seeking Temporary Continuation of Coverage (FEHB TCC) |
| To access Benefits and Entitlements: | 1= Enter SSN and PIN
| 2= Change your PIN
| 3= Continue
| 4= Customer Service Survey
| 5= Access Benefits and Entitlements |
| Select: | 1= Current or Separated Civilian Employee
| 2= Retiree or Surviving Spouse
| 3= Seeking Temporary Continuation of Coverage (FEHB TCC) |
| To access Benefits and Entitlements: | 1= Enter SSN and PIN
| 2= Change your PIN
| 3= Continue
| 4= Customer Service Survey
| 5= Access Benefits and Entitlements |

**Menu Information Available after Main Menu Option Selected**

| 1=FEHB: | 1= General Information
| 2= Personal Information
| 3= New Employee Election
| 4= Change from Self and Family to Self Only (without changing plan)
| 5= Open Season Election
| 6= Cancel FEHB
| 7= Non-Open Season Change
| 8= Fax of latest SF 2809
| 0= Counselor
| 9= Previous Menu |
| 2= Retirement: | 1= General Information
| 2= Personal Information
| 3= Retirement Estimate
| 4= Open Season Election
| 5= Cancel FEHB
| 6= Non-Open Season Election
| 7= Fax Document
| 0= Counselor
| 9= Previous Menu |
| 3=TSP: | 1= Personal Information
| 2= TSP Election
| 3= TSP Catch-Up
| 4= Stop Contributions
| 5= TSP Catch-Up Election
| 6= Fax of Open Season Election
| 7= Fax of TSP Catch-Up Election
| 0= Counselor
| 9= Previous Menu |
| 4= FEGLI: | 1= General Information
| 2= Personal Information
| 3= New Employee Election
| 4= Non-Open Season Election
| 5= Open Season Election
| 6= Fax of Open Season Election
| 7= Fax of New Employee Election
| 0= Counselor
| 9= Previous Menu |
| 5= Faxed Documents: | 1= Request a Document
| 2= Index of Documents
| 3= Previous Menu |

---

**10/30/2012**
Federal Employee Benefits Enrollment Information
(FEHB, TSP, and FEGLI)

ABC: (Army Benefits Center) is now the organization that will process your FEHB, TSP, and FEGLI, much like the Services section in the J1 had in the past. The ABC provides customer service representatives to assist you with information and guidance. https://www.abc.army.mil Though it is called the Army Benefits Center, they do process benefits for Air Guard soldiers who are federal technicians.

EBIS: (Employee Benefits Information System) is a new online tool for federal technicians to go online and manage their benefits. With EBIS you are able to enroll, change, or cancel FEHB (Federal Employee Health Benefits), TSP (Thrift Savings Plan), and FEGLI (Federal Employee Life Insurance). You can access the EBIS site through ABCs main site, or you can access it directly at: https://www.ebis.army.mil Air Guard employees must register for an AKO (Army Knowledge Online) to have access to EBIS.

IVRS Automated Telephone System: Allows you to enroll, change, or cancel your FEHB, TSP, and FEGLI over the phone with the automated menu system as an alternative to using EBIS. The IVRS Menu can be found at ABCs main site: https://www.abc.army.mil You can call (877) 276-9287 to enroll/change benefits over the phone.

<table>
<thead>
<tr>
<th><strong>Air Instructions</strong></th>
<th><strong>Army Instructions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong>: Register with AKO @ <a href="https://www.us.army.mil">https://www.us.army.mil</a></td>
<td><strong>Step 1</strong>: Register with EBIS @ <a href="https://www.ebis.army.mil">https://www.ebis.army.mil</a> and create a PIN. (default PIN is MMYY of your DOB) Must create a new 6 digit pin.</td>
</tr>
<tr>
<td><strong>Step 2</strong>: Register with EBIS @ <a href="https://www.ebis.army.mil">https://www.ebis.army.mil</a> and create a PIN. (default PIN is MMYY of your DOB) Must create a new 6 digit pin.</td>
<td><strong>Step 2</strong>: Login and click on &quot;Transactions&quot; icon to make changes or enroll.</td>
</tr>
<tr>
<td><strong>Step 3</strong>: Login and click on &quot;Transactions&quot; icon to make changes or enroll.</td>
<td><strong>Step 3</strong>: Click on &quot;change&quot; to make any elections.</td>
</tr>
<tr>
<td><strong>Step 4</strong>: Click on &quot;change&quot; to make any elections.</td>
<td></td>
</tr>
</tbody>
</table>

ATTN: Air Technicians must register with AKO (Army Knowledge Online) to establish an email account to utilize the EBIS site. This site can be found at https://www.us.army.mil

If you have any issues with the system you should call ABC at (877) 276-9287. If you need further assistance you can call the Services section in the J1 for assistance.

**Benefits Specialists in the J1**

SSgt Sam Kotula 608-242-3705
SSgt Stacy Otwaska 608-242-3712

EBIS Main Page Screenshot
FEDVIP – Federal Employees Dental/Vision Insurance Program

FEDVIP

- FEDVIP is a stand alone dental and/or vision insurance.
- Pre-tax payroll deduction.
- One open season each year (November-December). Coverage would be effective the first pay period in January.
- During open seasons, you can choose another plan or cancel coverage.
- Qualifying Life Events may allow you to cancel, change, or enroll for coverage outside of open season (marriage, divorce, new child, etc.).
- New employees have 60 days to make an election.
- All elections are made on www.benefeds.com
- Customer Service number: 1-877-888-3337
- Requires you to create a username and password to view eligibility

Three Types of Enrollment

- **Self Only**: Covers only you. You can choose this enrollment even if you have a family, however they will not be covered.
- **Self Plus One**: Covers you and one eligible family member whom you specify. You can choose this enrollment even if you have a family, however only the person named will be covered.
- **Self and Family**: Covers you and all eligible family members.
Dental Plans

- Aetna
- GEHA Standard or High
- MetLife Standard or High
- United Concordia
- United Concordia (aka TRICARE dental) - http://www.uccl.com/was/ucciweb/home.jsp
  - If you have this insurance through the NG you can keep it

Vision Plans

- FEP BlueVision Standard or High
- UnitedHealthcare Vision Standard or High
- VSP Standard or High
Flexible Spending Account (FSA)

- Allows you to pay for certain health/dependant care expenses with pre-tax dollars
- If you are eligible for FEHB, you are eligible for FSA
- You have 60 days from your 1st eligibility date or entrance on duty/dut to enroll, or you can enroll during the annual Open Season
- You must reenroll every year
- Use it or lose it

Flexible Spending Account (FSA)

- **Health Care FSA**: reimburses eligible health care expenses NOT covered by FEHB or FEDVIP
  (go to https://fsafeds.com for a full list of eligible expenses)
- Minimum Contribution of $250
- Maximum Contribution of $5,000
  - your spouse can contribute an additional $5,000 if eligible for a FSA
Flexible Spending Account (FSA)

- **Dependent Care FSA**: reimburses eligible day care expenses for children under 13 or adult dependants
  - Minimum Contribution of $250
  - Maximum Contribution of $5,000
    - Household limit of $5,000

- **Limit Expense Health Care FSA (Lex FSA)**: Reimburses ONLY eligible dental & vision expenses not covered by FEHB or FEDVIP
  - Must be enrolled in a High Deductible Health Plan & have a Health Savings Account
  - Minimum Contribution of $250
  - Maximum Contribution of $5,000
    - Your spouse can contribute an additional $5,000 if eligible for a FSA
Flexible Spending Accounts (FSA)

To receive more information regarding FSAs, please contact a FSA counselor

Email: fsafeds@shps.net
Telephone: 1-877-FSAFEDS (372-3337)
TTY: 1-800-952-0450

Mon-Fri 9AM-9PM Eastern Time
Closed Weekends and Holidays
http://www.fsafeds.com
SAVE MONEY...
on Health Care expenses...
and Day Care expenses!
Welcome to FSAFEDS

Okay, you have my attention—
HOW do I save money?

Easy! Let’s say you make $1,000 per pay date—that means you pay taxes on $1,000 per pay date. If you put $20 per pay date in FSAFEDS—then you only pay taxes on $980 per pay date. THAT…is how you SAVE MONEY! You pay less taxes! Then you get the money in your account(s) back when you submit timely claims for eligible expenses. See page 5 to learn how much money YOU can save.

Can I participate in FSAFEDS?

Most likely—yes! Employees of Executive Branch agencies and other participating agencies who are eligible for FEHB (whether enrolled in FEHB or not) may enroll in a Health Care FSA. Except for intermittent employees who are expected to work fewer than six months, all employees of participating Federal agencies may enroll in a Dependent Care FSA, even if they are not eligible for FEHB.

See our new videos at www.FSAFEDS.com

VERY IMPORTANT INFORMATION!


GRACE PERIOD—the additional 2 1/2 months from January 1, 2011 to March 15, 2011 during which you can incur eligible expenses that can be reimbursed from any remaining 2010 balance.

EXPENSE DEADLINE—you must incur all expenses for 2010 by March 15, 2011.

CLAIMS DEADLINE—you must submit all claims for 2010 by April 30, 2011.

USE OR LOSE—you forfeit (lose) all money remaining in your 2010 FSAFEDS account(s) after March 15, 2011 for which you have not incurred an eligible expense and filed a timely claim.

RE-ENROLL—you MUST re-enroll each year to continue participation. Enrollments DO NOT carry forward from year to year.

NEW EMPLOYEES—you have 60 days from your hire date to enroll, but you must enroll before October 1 or wait for Open Season.

What is an FSA?

• A benefit that saves you money!

• An account where you contribute money from your salary, BEFORE taxes are withheld, incur eligible expenses and get reimbursed!

• A way to save money on health care services and items and day care for you and your family!

• A way to...

PAY LESS TAXES and SAVE MONEY!
How can I save money?
You can save money two ways. Choose one of two HCFSAs and/or a DCFSA. Each type has a minimum annual election of $250 and a maximum annual election of $5,000.

The Health Care Flexible Spending Account (HCFSA)
- Reimburses eligible health care expenses NOT covered or reimbursed by:
  - the Federal Employees Health Benefits Program (FEHB)
  - the Federal Employees Dental and Vision Insurance Program (FEDVIP)
  - any other insurance coverage
- Expenses for you and/or your tax dependents
- $5,000 maximum is NOT a household limit
  - your spouse can have a separate HCFSA

The Limited Expense HCFSA (LEX HCFSA)
- Reimburses ONLY eligible dental and vision expenses NOT covered or reimbursed by:
  - the Federal Employees Health Benefits Program (FEHB)
  - the Federal Employees Dental and Vision Insurance Program (FEDVIP)
  - any other insurance coverage
- You MUST be enrolled in or covered by a High Deductible Health Plan in 2010 AND have a Health Savings Account in 2010
- Expenses for you and/or your tax dependents
- $5,000 maximum is NOT a household limit
  - your spouse can have a separate account

The Dependent Care Flexible Spending Account (DCFSA)
- Reimburses eligible day care expenses for your:
  - children under age 13
  - dependents on your Federal tax return who are incapable of self-care
- You (and your spouse, if married) must be:
  - working, or
  - looking for work (with income during the year), or
  - attending school full-time
- $5,000 maximum IS a household limit
  - includes child care subsidy amounts and other FSA dependent care accounts
  - $2,500 maximum if married filing separately

How long do I have to use my 2010 account?
- From the effective date of your enrollment all the way through 2 ½ months AFTER the end of the year
- A total of 14½ months if you enroll during Open Season
- Until March 15, 2011 to incur expenses
- Until April 30, 2011 to file claims

Turn to page 6 to see how FSAFEDS works!
Eligible:
- Co-payments, co-insurance and deductibles
- Acne treatments
- Acupuncture
- Blood pressure monitors
- Body scans
- Childbirth classes
- Chiropractic care
- Contact lenses, solutions, cleaners and cases
- Dental care (including crowns, endodontic services, fillings, implants, oral surgery, periodontal services and sealants, but not toothpaste or porcelain veneers)
- Diabetic supplies
- First aid kits
- Flu shots
- Foot care (e.g., athlete's foot products, arch supports, callous removers, etc.)
- Hand sanitizer
- Hearing aids (including batteries)
- Home diagnostic tests and kits (e.g., cholesterol, colorectal screenings, etc.)
- Home medical equipment (e.g., crutches, wheelchairs, canes, oxygen, respirators, etc.)*
- Laser eye surgery
- Learning disability treatments and therapies (including speech therapy and remedial reading)*

Eligible (continued):
- Medical supplies
- Mental health counseling
- Occupational therapy
- Orthodontia
- Orthopedic shoes*
- Orthotic inserts
- Over-the-counter medicines (but not vitamins and dietary supplements)
- Physical therapy
- Prescription drugs
- Preventive care screenings
- Prosthetics
- Psychiatric services and care
- Service animals
- Smoking cessation programs (including over-the-counter treatments)
- Specialized equipment and services for disabled persons*
- Substance abuse treatment
- Sunscreen
- Transportation expenses related to medical care
- Vision care (including eyeglasses, prescription sunglasses, refractions and vision correction procedures)

NOT Eligible:
- Day care expenses
- Cosmetic procedures (unless required to restore appearance or function due to disease or illness)
- Expenses you claim on your income tax return
- Expenses reimbursed by other sources, such as insurance
- Fitness programs (unless medically necessary)
- Hair transplants
- Illegal treatments, operations, and drugs
- Insurance premiums, including COBRA, Tricare, dental, vision and long term care insurance
- Physician retainer fees including boutique and concierge practice membership fees
- Prescription drug discount program fees
- Weight loss programs and drugs for general well-being
- Expenses incurred after March 15, 2011
- Claims submitted after April 30, 2011

* These expenses require a letter of medical necessity from your health care provider in order to be considered eligible for reimbursement.
LEX HCFSA—What’s eligible?

Remember, this option applies only to those who will be enrolled in or covered by a High Deductible Health Plan with a Health Savings Account.

Eligible:
- Co-payments, co-insurance and deductibles related to dental and/or vision insurance coverage
- Contact lenses, solutions, cleaners and cases
- Crowns
- Dental cleanings
- Eyeglasses
- Fillings
- Over-the-counter items such as denture care products (but not toothpaste or porcelain veneers)
- Refractions
- Vision correction procedures

NOT Eligible:
- Day care expenses
- Health care expenses that are not for dental or vision care
- Cosmetic services—even if dental or vision related (unless required to restore appearance or function due to disease or illness.)
- Insurance premiums, including COBRA, Tricare, dental, vision and long term care insurance
- Expenses you claim on your income tax return
- Expenses reimbursed by other sources, such as insurance
- Expenses incurred after March 15, 2011
- Claims submitted after April 30, 2011

DCFSA—What’s eligible?

Eligible:
- Child care (at a day care center, day camp, sports camp, nursery school or by a private sitter)
- Late pick-up fees
- Before and after-school care (must be billed separately from tuition)
- Adult day care expenses
- Expenses for a housekeeper whose duties include caring for an eligible dependent
- Placement fee expenses and stipend for an au pair

Eligible day care services cannot be provided by a person you claim as a dependent.

NOT Eligible:
- Health care expenses
- Education and tuition fees
- Expenses you claim on your income tax return
- Late payment fees
- Overnight camps (in general)
- Sports lessons, field trips, clothing, uniforms
- Transportation to and from day care
- Expenses incurred after March 15, 2011
- Claims submitted after April 30, 2011

Go to www.FSAFEDS.com and click on “Eligible Expenses Juke Box” to view an extensive list of eligible expenses.

Questions?
Call us toll-free at 1-877-FSAFEDS (372-3337) or TTY at 1-800-952-0450 Monday - Friday, 9:00 a.m. - 9:00 p.m. Eastern Time.
FSAFEDS = Federal tax savings!

Here's an example:

<table>
<thead>
<tr>
<th>ANNUAL SAVINGS*</th>
<th>CSRS</th>
<th>FERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With FSA</td>
<td>Without FSA</td>
</tr>
<tr>
<td>Annual pay</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Pre-tax FSA contribution</td>
<td>(2,000)</td>
<td>0</td>
</tr>
<tr>
<td>Taxable income</td>
<td>$48,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Federal income and Social Security Tax</td>
<td>(7,838)</td>
<td>(8,367)</td>
</tr>
<tr>
<td>After-tax dollars spent on eligible expenses</td>
<td>0</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Available after-tax income</td>
<td>$40,162</td>
<td>$39,633</td>
</tr>
<tr>
<td><strong>SAVINGS with an FSA</strong></td>
<td><em><em>$529</em> or 26%</em>*</td>
<td><em><em>$653</em> or 33%</em>*</td>
</tr>
</tbody>
</table>

*This example illustrates potential tax savings based on 25% Federal and 7.65% FICA taxes for FERS employees; 1.45% FICA taxes for CSRS employees. This results in up to a 33% discount for FERS employees, 26% for CSRS employees, on eligible expenses reimbursed from an FSA. This example is based on 2009 withholding estimates for a single filer as illustrated by IRS Publication 15-T (March 2009). Actual savings will vary based on your individual tax situation. You may wish to consult a tax professional for more information on the tax implications of an FSA.

---

See how much you can save!

Complete the following four brief steps to estimate how much you can save by enrolling in FSAFEDS.

1. In the chart below, find your Federal Income Tax rate, based on your expected 2010 income.

<table>
<thead>
<tr>
<th>TAX RATE*</th>
<th>Single or Head of Household (HOH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>$8,351 to 33,950 Single $11,951 to 45,500 HOH</td>
</tr>
<tr>
<td>25%</td>
<td>$33,951 to 82,250 Single $45,501 to 117,450 HOH</td>
</tr>
<tr>
<td>28%</td>
<td>$82,251 to 171,550 Single $117,451 to 190,200 HOH</td>
</tr>
</tbody>
</table>

* 2010 Federal Tax Rate Schedules were not available at date of publication. Tax rates are based on the 2009 schedules.

2. Determine your total Federal tax rate. This is your tax rate from Step #1 plus 1.45% for CSRS employees or plus 7.65% for FERS employees.

   ________________%  

*This percentage is the discount you will receive by using an FSA for eligible day care and/or health care expenses, before state or local income taxes are deducted.

3. Enter your planned FSAFEDS contribution for 2010.

   $____________________

4. Multiply Step #3 by Step #2. This is the amount FSAFEDS can save you in 2010!

   $____________________
Using FSAFEDS is quick and easy:

1. Determine your contribution

   First, figure out how much money you’d like to set aside for the year. If you need help in determining that amount, use the FSA calculator at www.FSAFEDS.com (click on “Savings Calculator” located under the Quick Links section).

   Please be sure to estimate your expenses carefully and elect conservatively.

2. Enroll

   During Open Season—November 9 – December 14, 2009

   Go to www.FSAFEDS.com and click on “Enroll Now.” To enroll by phone, call an FSAFEDS Benefits Counselor toll-free at 1-877-FSAFEDS (372-3337) or TTY at 1-800-952-0450 Monday–Friday, 9:00 a.m. to 9:00 p.m., Eastern Time. Your election will be effective for the Benefit Period starting on January 1, 2010.

   If you are a newly hired employee

   You have 60 days after your hire date to enroll in an HCFSA or LEX HCFSA and/or a DCFSA, but you must enroll before October 1.

   Go to www.FSAFEDS.com and click on “Enrollment” and then “New Hire Enrollment”.

   If you are hired on or after October 1, 2010 you are not eligible to participate in 2010 but can elect an FSA during the next Federal Benefits Open Season. That election will be effective for the Benefit Period starting on January 1, 2011.

   If you have experienced a Qualifying Life Event (QLE)

   You have 60 days after the event date to enroll in an HCFSA or LEX HCFSA and/or a DCFSA, but you must enroll before October 1.

   Go to www.FSAFEDS.com and click on “Qualifying Life Event Information” located under the Quick Links section.

3. Incur eligible expenses

   When you incur an eligible expense, you first pay for it out-of-pocket. For example, pay your day care provider directly or pay for sunscreen at the pharmacy, like you normally would.

4. Submit your claims

   Download a claim form from www.FSAFEDS.com. Complete it and fax or mail to FSAFEDS. You must include appropriate documentation with all claims, such as that receipt for your sunscreen.

   Alternatively, if your FEHB and/or FEDVIP plan participates, you may wish to sign up for Paperless Reimbursement. This means FSAFEDS will automatically receive notification of your out-of-pocket expenses directly from your plan and you won’t have to submit paper claims for those expenses. Visit www.FSAFEDS.com for more information about Paperless Reimbursement.

5. Get reimbursed fast!

   FSAFEDS processes claims on a daily basis during the work week, in the order they are received. Payment is wired to your savings or checking account via Electronic Funds Transfer (EFT) as soon as possible after receipt of your claim and supporting documentation.

Manage your FSAFEDS account(s)

Online:

- www.FSAFEDS.com
  - Claim forms
  - Savings calculator
  - Juke box of eligible expenses
  - Account information

PAPERLESS REIMBURSEMENT

IT’S EASY & ELIMINATES THE CLAIM FORM!

If your FEHB and/or FEDVIP plan participates, you may wish to sign up for paperless reimbursement (PR). Doing so will eliminate the need to manually submit a claim for your out-of-pocket expenses. How wonderful is that?!

- Check the PR Quick Reference Guide at www.FSAFEDS.com to see if your FEHB and/or FEDVIP plan participates.
- Review your plan’s Quick Reference Guide for specific details.
- Choose PR when you enroll in FSAFEDS.
- Monitor your PR claims online at www.FSAFEDS.com.
Enroll in the benefit that saves you money!
To take advantage of great tax savings visit www.FSAFEDS.com or call FSAFEDS toll-free to speak with an FSAFEDS Benefits Counselor.
Current participants MUST re-enroll each year to continue participation.

Enrollments DO NOT carry forward from year to year.

The information presented in this brochure is not all-inclusive, nor a guarantee of eligibility or payment. Eligibility will be determined by the applicable provisions of the plan, based on Internal Revenue Service regulations for FSA programs.

The Office of Personnel Management selected SHPS, Inc. as the Third Party Administrator for the day-to-day administration of FSAFEDS.
National Guard Association
Disability and Term Life Insurance

NGAUS
(National Guard Association of the United States)
Disability & Life Insurance

- No open seasons.
- If you do not take it within 31 days from your new hire date, NGAUS must approve your enrollment.
- You can elect disability and/or life insurance.
- Biweekly premiums are based on age and salary.
- Disability benefit based off of salary.
- You can cancel coverage at any time.
- For dual-status employees only.

NGAUS Disability Insurance

- Basic coverage benefits begin after 30 consecutive days of disability…and may continue up to 10 years for a disability due to an accidental injury and for up to 3 years for disability due to sickness.
- Supplemental benefits begin after 60 days of continuous disability if you are under age 40 or after 90 days if you are over age 40.
- You must have basic coverage to have supplemental coverage.
- This benefit may cover maternity leave for females.
- Two months of disability benefits may be paid to you…if you lose your job as Technician because you can’t meet medical retention criteria of the National Guard even though you may not be disabled.
- Coverage discontinued while on military status.
NGAUS
Term Life Insurance

• The National Guard Term Life Insurance Plan is available to you, the Technician, and for your spouse for $25,000 up to $250,000.
• This protection can be continued up to age 70, even if you are no longer a technician.
• You may also purchase coverage for your children for $5,000 and $10,000.
• Only preapproved for $50,000 of coverage.
• See page 4 of the NGAUS booklet for additional provisions.
• See page 5 for biweekly premiums based on your age and coverage amount.
YOUR ACCEPTANCE TO OUR INSURANCE PLANS IS GUARANTEED

...If you apply during your first 31 days of employment or if you apply during an official enrollment.

ACT NOW BEFORE SPECIAL ELIGIBILITY ENDS!

Guaranteed protection for Technicians. No health questions asked if you act during the Guaranteed Acceptance Period.

Technicians Insurance Program

Details inside.

The only plans endorsed by the National Guard Association of the United States, and the Enlisted Association of the National Guard of the U.S.

GOOD NEWS!
All benefits described as GUARANTEED during certain times... may be applied for at any time.
**The Disability Insurance Plan***
Protection when you are unable to work due to a disability

**The Term Life Insurance Plan***
Convenient and affordable life insurance protection

---

**Disability Income Insurance***

**What is Disability Income Insurance?**

Disability Income Insurance is designed to protect one of your most important assets…your income and ability to meet your financial obligations when you are unable to work due to being totally disabled. National Guard Technicians under age 60 are eligible for affordable group rates…and this coverage can be paid through payroll deduction.

This disability insurance helps replace lost income if you are disabled as defined in the policy…so you and your family can go on with life. You can get up to $1,100 per month from the Basic disability plan depending on your salary. These benefits begin after 30 consecutive days of disability…and continue for up to 10 years for a disability due to an accidental injury and for up to 3 years for disability due to sickness. You are guaranteed acceptance into this plan if you apply within 31 days of your employment. Thereafter, your insurability must be approved by the insurance company.

Supplemental disability provides up to an additional $1,400 per month based on your salary. Supplemental benefits begin after 60 days of continuous disability (if you are under age 40) or after 90 days of continuous disability (if you are age 40 or over)… and continues as long as 10 years for accidental injury and up to 3 years for sickness.

Two months of disability benefits may be paid to you…if you lose your job as a Technician because you can’t meet medical retention criteria of the National Guard even though you may not otherwise qualify for disability income benefits.

*Underwritten by ReliaStar Life Insurance Company*
Here is the Benefit Payment Schedule, depending on your Salary:

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Basic Plan Benefit</th>
<th>Supplemental Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $18,000</td>
<td>$2.00</td>
<td>$.80</td>
</tr>
<tr>
<td>$18,000 – $19,999</td>
<td>$2.50</td>
<td>$.80</td>
</tr>
<tr>
<td>$20,000 – $23,999</td>
<td>$2.50</td>
<td>$1.20</td>
</tr>
<tr>
<td>$24,000 – $25,999</td>
<td>$2.50</td>
<td>$1.60</td>
</tr>
<tr>
<td>$26,000 – $27,999</td>
<td>$2.50</td>
<td>$2.00</td>
</tr>
<tr>
<td>$28,000 – $31,999</td>
<td>$3.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>$32,000 – $39,999</td>
<td>$3.20</td>
<td>$2.40</td>
</tr>
<tr>
<td>$40,000 – $49,999</td>
<td>$4.40</td>
<td>$3.00</td>
</tr>
<tr>
<td>$50,000 and Over</td>
<td>$4.95</td>
<td>$4.90</td>
</tr>
</tbody>
</table>

Here are the Bi-Weekly Premiums for Disability Income Coverage by attained age:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Basic Plan</th>
<th>Supplemental</th>
</tr>
</thead>
<tbody>
<tr>
<td>under 40</td>
<td>$500</td>
<td>$400</td>
</tr>
<tr>
<td>40-49</td>
<td>$600</td>
<td>$500</td>
</tr>
<tr>
<td>50-59</td>
<td>$600</td>
<td>$500</td>
</tr>
<tr>
<td>60-69</td>
<td>$700</td>
<td>$600</td>
</tr>
<tr>
<td>70-79</td>
<td>$800</td>
<td>$700</td>
</tr>
<tr>
<td>80-89</td>
<td>$900</td>
<td>$800</td>
</tr>
<tr>
<td>90-99</td>
<td>$1,000</td>
<td>$900</td>
</tr>
</tbody>
</table>

Premiums will increase each January after you enter the next age bracket.

If during a period of total disability, you are unable to perform the essential duties of your own occupation on a full-time basis but engage in some work that may be considered rehabilitative, you may received a reduced monthly benefit from this plan equal to you monthly benefit less 50% of your gross monthly earnings from such work. There is a minimum benefit of $50 a month under this provision. Please see limitations and exclusions on page 6 for more information.

*Policy Form G-3061a, may vary by state, Group Policy #12454-1
Life Insurance

An unexpected death can bring great financial hardship to you or your family. Protect yourself with term life insurance – the most protection for your dollar.

**Estimate your insurance needs...**

Review your insurance needs. Consider why you purchase insurance and make an informed buying decision. Purchasing adequate life insurance may not put your family on Easy Street, but it would guarantee your family TIME... time to make adjustments needed to fill the gap your death would create.

Take some time now to estimate what your needs are...immediate, on-going or long-range needs. The chart below can help.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Mortgage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Owed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Expenses/Medical Bills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education for</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children/Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Auto Loans/Credit Card</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Services (Daycare,</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housekeeping, etc.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated earnings until</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>your retirement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated earnings until</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>your spouse's retirement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                  |                  |
Here is how the plan can benefit you and your family:

★ Apply for coverage from $25,000 to $250,000 for you and/or your spouse.

★ You are guaranteed acceptance up to $50,000 of insurance coverage into this plan if you apply within your first 31 days of employment. Thereafter, your insurability must be approved by the insurance company. Evidence of insurability satisfactory to the insurance company must be provided to obtain spouse coverage.

★ There are no war or aviation exclusions to life insurance protection. Your family will receive the benefits even if you die while flying or while involved in armed conflict.

★ Keep your coverage up to age 70, even if you are no longer a Technician. You may continue your insurance in scheduled amounts up to age 70, regardless of whether or not you retain your Technician status.

★ $5,000 benefit will be paid within 24 hours of notification of death. (Not available in Texas.)

★ A special additional benefit is paid for accidental death while you’re on paid State Active Duty. Your family could receive an extra $50,000 benefit if you die because of an accident while you’re on State Active Duty. This covers all State Guard duty…even as an aircraft crew member.

★ You can pay for the plan on payroll deduction. This extra feature makes the plan even more convenient.

★ You or your spouse, but not both, may purchase dependent Child Coverage. Unmarried, dependent children from 6 months to 19 years (25, if a full-time student) qualify for up to $10,000 coverage per child. Dependent children from 14 days to 6 months qualify for up to $1,000 coverage per child.

(For exclusions see pages 6&7)
(See chart on next page)
Here are the Bi-Weekly Premiums for Term Life Benefits, by your age…

<table>
<thead>
<tr>
<th>Attained Age</th>
<th>Benefit $25,000</th>
<th>Benefit $50,000</th>
<th>Benefit $100,000</th>
<th>Benefit $150,000</th>
<th>Benefit $200,000</th>
<th>Benefit $250,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$1.50</td>
<td>$3.00</td>
<td>$6.00</td>
<td>$7.50</td>
<td>$10.00</td>
<td>$12.50</td>
</tr>
<tr>
<td>30-34</td>
<td>$2.00</td>
<td>$4.00</td>
<td>$8.00</td>
<td>$9.00</td>
<td>$12.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>35-39</td>
<td>$2.50</td>
<td>$5.00</td>
<td>$10.00</td>
<td>$13.50</td>
<td>$18.00</td>
<td>$22.50</td>
</tr>
<tr>
<td>40-44</td>
<td>$3.25</td>
<td>$6.50</td>
<td>$13.00</td>
<td>$18.00</td>
<td>$24.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>45-49</td>
<td>$5.25</td>
<td>$10.50</td>
<td>$21.00</td>
<td>$27.00</td>
<td>$36.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>50-54</td>
<td>$8.00</td>
<td>$16.00</td>
<td>$32.00</td>
<td>$42.00</td>
<td>$56.00</td>
<td>$70.00</td>
</tr>
<tr>
<td>55-59</td>
<td>$12.00</td>
<td>$24.00</td>
<td>$48.00</td>
<td>$61.50</td>
<td>$82.00</td>
<td>$102.50</td>
</tr>
<tr>
<td>60-64</td>
<td>$18.00</td>
<td>$36.00</td>
<td>$72.00</td>
<td>$91.50</td>
<td>$122.00</td>
<td>$152.50</td>
</tr>
<tr>
<td>65-69**</td>
<td>$17.25</td>
<td>$34.50</td>
<td>$69.00</td>
<td>$88.50</td>
<td>$118.00</td>
<td>$147.50</td>
</tr>
</tbody>
</table>

One or More Children $0.70 Per $5,000  
$1.40 Per $10,000

Coverage for $150,000 or more provides a volume discount.
Note: Premiums will increase based on your attained age each January 1.
** Coverage reduces by 50% when you reach age 65. (Premium shown reflects reduced benefits.)
Rates shown are for the first year of coverage. The rates are not guaranteed and are subject to change.

Other Important Information About NGAUS Insurance Trust Term Life Plan*

You're guaranteed the right to convert your insurance:
You or your spouse may convert your term life coverage at any time up to age 70 to an individual whole life insurance policy (excluding the disability waiver of premium provision) without evidence of insurability. If you convert because you are reducing coverage or your coverage is ending, you must apply for conversion within 31 days of the reduction or end of your coverage.

Keeping your coverage until age 70: Your coverage cannot be canceled as long as the Master Policy remains in force, except if payroll deduction stops and you do not make arrangements with the Administrator for direct payment. Children's coverage ends at age 19 (age 25 if full-time student), and they may convert their coverage to an individual whole life insurance policy without evidence of insurability.

*Underwritten by ReliaStar Life Insurance Company

*Policy Form G-3061a, may vary by state, Group Policy #12454-1
Important Information About Term Life and Disability Income Insurance

Medical Information
If 1) you are applying for amounts of insurance over the Guaranteed Acceptance limit, 2) you are applying beyond your first 31 days of employment or, 3) you are applying outside of an “open enrollment” period, your insurance application will be subject to ReliaStar Life Insurance Company’s standard underwriting policies. Additional medical information may be required. Coverage for your spouse will require evidence of insurability satisfactory to ReliaStar.

Effective Date
Coverage is effective on the first day of the pay period following approval of your application and deduction of the first full premium from your paycheck, provided that you are actively performing the duties of your occupation. If you are not, the effective date will be postponed until you return to such duties.

About Term Life Insurance
Beneficiary
You may name your beneficiary. The insured parent is automatically the beneficiary of the children’s insurance.

Limitations/Exclusions
1) Each individual is limited to a maximum of $250,000 term life insurance coverage under all NGAUS Insurance Plans through ReliaStar Life Insurance Company; 2) Any death occurring under the extension of the Death Benefit provision will only be paid as outlined in the Certificate of Insurance; 3) Benefits will not be paid for suicide during the first two years; 4) All coverage is subject to the terms and conditions of the insurance policy issued by ReliaStar Life Insurance Company; 5) All coverage is contestable for two years from the effective date.

About Disability Income Insurance
Recurring Disabilities are Covered
If you are disabled due to the same sickness or injury, you can still receive full benefits under this plan as long as the incidents are separated by less than 90 consecutive days of active, full-time employment.

Definition of a Disability
You will be considered totally disabled if you become disabled as a result of injury or sickness and such injury or sickness requires regular treatment by a qualified physician, other than yourself. “Total Disability” means until you have qualified for monthly income benefits for 12 months, you are unable to do the essential duties of your own occupation. “Total Disability”, after the first 12 months during which you qualified for monthly income benefits, means you are unable to work at any occupation you are or could reasonably become qualified to do by education, training, or experience. Total disability must occur while you are insured under this plan. If you can’t work as Technician because you fail the physical exam of the National Guard you will not automatically qualify for benefits.

Definition of Injury or Sickness
Accidental injury means bodily injury arising from an accident, which causes your total disability. All injuries sustained in connection with one accident will be considered one injury. If you are injured in an accident, but do not become totally disabled because of your injury for more than 180 days, the disability will be treated as a sickness. Sickness means any covered physical or mental illness which causes your total disability.

Mental or Nervous Conditions
To collect total disability benefits for mental or nervous conditions, or alcoholism, you must be continually confined in a hospital or treatment facility specializing in treatment of those conditions.

Pre-Existing Conditions
A pre-existing condition is any condition for which you have consulted with a physician, or have received medical treatment or services, or have taken prescribed drugs or medicine prior to the effective date of your insurance. Benefits will not be paid for a total disability caused by a pre-existing condition unless:
1. You have gone 90 consecutive treatment-free days, completed on or after the effective date of this insurance;
2. You have been insured by this plan for 12 months.
In no case can the disability begin prior to the effective date of your insurance.
Exclusions
Benefits are not payable for disabilities resulting from:
1. Intentionally self-inflicted injuries;
2. Act of war, declared or not;
3. Active Duty in Federal Service lasting more than 30 days or service in the Armed Forces of a foreign or international authority;
4. Accidents or sickness for which you are eligible for Workers' Compensation or similar coverage;
5. Mental or nervous conditions, alcoholism, except as specifically provided in the policy;
6. The use of any narcotic, unless administered on the advice of a physician.

Notices
1. This is a brief outline of plan specifics and is not a contract of insurance. All coverage is subject to the terms and conditions of the policy.
2. All experience credits declared as a result of participation in the NGAUS Insurance Trust, after payment of Trust expenses, shall be paid to the National Guard Association of the United States or The National Guard Educational Foundation, as determined by the NGAUS Insurance Trust

How to Apply
1. Contact your HRO or NGAUSIT for enrollment instructions and forms.
2. Send no money now! Your premium payments will be deducted from your paycheck…so you never have to worry about making payments!

If you have any questions, call the NGAUS Insurance Trust Office.

Call Toll Free 1-888-NGAUSIT (642-8748)

These insurance plans may not be offered in some states. Please call NGAUSIT at 1-888-642-8748 for availability in your state.

NGAUS Insurance Trust
One Massachusetts Avenue, NW
Washington, D.C. 20001
WWW.NGAUS.ORG
Insurance products provided by ReliaStar Life Insurance Company, which is a wholly owned indirect subsidiary of ING Groep, N.V., an Amsterdam-based global leader in integrated financial services providing banking, insurance, and asset management business in more than 50 countries worldwide. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues. ReliaStar Life has been insuring NGAUS members since 1977.
What is Long Term Care (LTC)?
- Non-skilled care
- Help with activities of daily living (i.e.: bathing, dressing, eating, toileting)
- Supervision due to cognitive impairment (i.e.: Alzheimer's disease)

LTC takes place in: nursing homes, assisted living facilities, adult day care centers, and at home.

Did you know that after age 65, Americans have a 70% chance of needing some form of LTC during their lives.

Did you know that long term care is not covered by FEHB, TRICARE, TRICARE for Life, or disability income insurance.

Eligibility can be for the technician, current spouse, adult children, parents, parents-in-law, stepparents, and surviving spouses receiving a survivor annuity.

LTC insurance can help:
- Protect your retirement income
- Give families the option to supervise care vs. provide it
- Provides more options to stay at home

www.LTCFEDS.com or 1-800-LTC-FEDS to apply

Coverage will not be cancelled as long as you pay your premiums
### FLTCIP Plan Comparison

**Note:** Items shown in bold indicate FLTCIP 2.0 new product features and plan changes

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>FLTCIP 1.0</th>
<th>FLTCIP 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daily benefit amount (DBA)</strong></td>
<td>$50 $75 $100 $125 $150 $175 $200 $225 $250 $275 $300</td>
<td>$100 $150 $200 $250</td>
</tr>
<tr>
<td></td>
<td>DBA choices are in $25 increments</td>
<td>DBA choices are in $50 increments</td>
</tr>
<tr>
<td></td>
<td>Weekly benefit amount (WBA) option=7 times the DBA</td>
<td>WBA option is not available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Benefit period</strong></td>
<td>3 years (1,095 days) $50</td>
<td>2 years (730 days) $100</td>
</tr>
<tr>
<td></td>
<td>Unlimited</td>
<td>3 years (1,095 days)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Waiting period</strong></td>
<td>90 service days, incurred expenses required during that time</td>
<td>90 calendar days, no incurred expenses required during that time</td>
</tr>
<tr>
<td></td>
<td>30 service days, incurred expenses required during that time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Only needs to be met once during your lifetime</td>
<td>Same</td>
</tr>
<tr>
<td><strong>Coverage reimbursement levels/covered services</strong></td>
<td><strong>Comprehensive Plan</strong></td>
<td><strong>Comprehensive Plan</strong></td>
</tr>
<tr>
<td></td>
<td>$100 $150 $200 $250</td>
<td>$100 $150 $200 $250</td>
</tr>
<tr>
<td></td>
<td>Nursing home care and assisted living facility covered up to 100% of DBA</td>
<td>Home care and adult day care covered up to 100% of DBA</td>
</tr>
<tr>
<td></td>
<td>Home care and adult day care covered up to 75% of DBA</td>
<td>Informal care provided by family members covered up to 75% of DBA with a 365 day maximum lifetime benefit (MLB).</td>
</tr>
<tr>
<td></td>
<td>Informal care provided by family members covered up to 75% of DBA with a 365 day maximum lifetime benefit (MLB).</td>
<td>Informal care provided by family members covered up to 100% of DBA with a 500 day MLB.</td>
</tr>
<tr>
<td></td>
<td>Informal caregivers can be family members who did not normally live in your home at the time you became eligible for benefits.</td>
<td>Informal care provided by family members is covered up to 100% of DBA.</td>
</tr>
<tr>
<td><strong>Facilities Only Plan</strong></td>
<td>Nursing home care and assisted living facility covered up to 100% of DBA</td>
<td>Same</td>
</tr>
<tr>
<td><strong>Bed reservation</strong></td>
<td>30 days per calendar year</td>
<td>60 days per calendar year</td>
</tr>
<tr>
<td><strong>Stay-at-home benefit</strong></td>
<td>Caregiver training is covered up to 7 times the DBA.</td>
<td>The stay-at-home benefit is payable up to 30 times the DBA.</td>
</tr>
<tr>
<td></td>
<td>Other stay-at-home benefits can be covered under the alternative plan of care feature (see page 4)</td>
<td>Stay-at-home services include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$caregiver training, payable up to 7 times the DBA $care planning visits $home modifications $emergency medical response systems $durable medical equipment $home safety checks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The stay-at-home benefit can be used at any time while you are meeting the benefit eligibility requirements, including during the waiting period. Any benefits paid under this provision will not reduce your MLB.</td>
</tr>
</tbody>
</table>
## FLTCIP Plan Comparison

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>FLTCIP 1.0</th>
<th>FLTCIP 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospice care</strong></td>
<td><strong>Comprehensive Plan</strong>&lt;br&gt;► Care in a hospice facility covered up to 100% of daily benefit amount (DBA).&lt;br&gt;► Hospice care at home covered up to 100% of DBA&lt;br&gt;► No waiting period requirement&lt;br&gt;<strong>Facilities Only Plan</strong>&lt;br&gt;► Care in a hospice facility covered up to 100% of DBA</td>
<td><strong>Comprehensive Plan</strong>&lt;br&gt;► Same&lt;br&gt;► Same&lt;br&gt;► Same&lt;br&gt;<strong>Facilities Only Plan is not available</strong></td>
</tr>
<tr>
<td><strong>Inflation protection options</strong></td>
<td><strong>Automatic Compound Inflation Option (ACIO):</strong>&lt;br&gt;5% or 4%&lt;br&gt;► On each anniversary of your original effective date (or of the effective date you switch to this option), your DBA/WBA and the remaining portion of your MLB will automatically increase at a rate of 5% compounded annually&lt;br&gt;<strong>Future Purchase Option</strong>&lt;br&gt;► Every 2 years we will increase your DBA/WBA and the remaining portion of your MLB unless we receive a written rejection&lt;br&gt;► The increase will be based on the change in the Department of Labor’s Consumer Price Index for Medical Care or another index mutually agreed upon by OPM and us&lt;br&gt;► Eligible to switch to ACIO without underwriting at each FPO offer&lt;br&gt;► Offers stop after 3 declines</td>
<td><strong>Automatic Compound Inflation Option (ACIO):</strong>&lt;br&gt;5% or 4%&lt;br&gt;► Same&lt;br&gt;<strong>Weekly benefit amount is not available</strong>&lt;br&gt;<strong>Future Purchase Option</strong>&lt;br&gt;► Same&lt;br&gt;<strong>Weekly benefit amount is not available</strong>&lt;br&gt;► The increase will be based on the change in the Department of Labor’s Consumer Price Index for All Urban Consumers (Urban CPI)&lt;br&gt;► Not eligible to switch to ACIO without evidence of insurability&lt;br&gt;► Unlimited declines</td>
</tr>
<tr>
<td><strong>Benefit triggers</strong></td>
<td>Dependence in 2 or more of the 6 activities of daily living (ADLs), including standby or hands-on assistance with bathing, dressing, eating, transferring, toileting, and maintaining continence due to a loss of functional capacity that is expected to continue for at least 90 days; or separate cognitive impairment trigger</td>
<td>Same</td>
</tr>
</tbody>
</table>

### Key

- **ACIO** Automatic Compound Inflation Option
- **CPI** Consumer Price Index
- **DBA** Daily benefit amount
- **FPO** Future Purchase Option
- **MLB** Maximum lifetime benefit
- **WBA** Weekly benefit amount
**FLTCIP Plan Comparison**

Note: Items shown in bold indicate FLTCIP 2.0 new product features and plan changes

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>FLTCIP 1.0</th>
<th>FLTCIP 2.0</th>
</tr>
</thead>
</table>
| **Care coordination services** | You can access care coordination services at any time without satisfying the waiting period requirement. Our care coordinators are licensed health care practitioners who provide the following services at no additional charge to you:  
- provide general information about long term care services  
- assess and approve your need for long term care services  
- develop a plan for long term care services  
- monitor and reassess from time to time the long term care services that you receive  
- provide access to discounts for services, when available | Same |
| **Respite care** | **Comprehensive Plan**  
- Respite care in a nursing home, assisted living facility, or hospice facility  
- Respite care by a formal or informal caregiver at home  
- Respite care at an adult day care center  
Covered up to 30 times the daily benefit amount (DBA) per calendar year  
No waiting period requirement | **Comprehensive Plan**  
Same |
| **Facilities Only Plan** | Respite care in a nursing home, assisted living facility, or hospice facility covered up to 30 times the DBA per calendar year | Facilities Only Plan is not available |
| **Waiver of premium** | You will not have to pay your premium if you are eligible for benefits and have satisfied the waiting period requirement. We will also waive your premium if you are eligible for benefits and receiving hospice care. | Same |
| **Tax qualified** | Yes | Same |
| **No premium guarantee** | Your premium will not change because you get older or your health changes or for any other reason related solely to you. Premiums are not guaranteed. We may only increase your premium if you are among a group of enrollees whose premium is determined to be inadequate. While the group policy is in effect, OPM must approve the change. | Same |
### FLTCIP Plan Comparison

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>FLTCIP 1.0</th>
<th>FLTCIP 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alternate plan of care</strong></td>
<td>An alternate plan of care can be established by mutual agreement if the care coordinator identifies alternatives to the current plan that are both appropriate for your care and cost effective. It may provide benefits for services or treatment not otherwise covered under the plan. Benefits paid reduce the maximum lifetime benefit (MLB).</td>
<td>Same</td>
</tr>
<tr>
<td><strong>Portability</strong></td>
<td>Included</td>
<td>Same</td>
</tr>
</tbody>
</table>
| **International benefits**| ▶ We will pay benefits for covered services you receive outside the United States. When you receive such services, we will pay benefits up to 80% of the benefit amounts shown on your Schedule of Benefits.  
▶ If your Schedule of Benefits shows that you have a 3 or 5 year benefit period, 80% of your MLB can be used for covered services you receive outside the United States; the remaining 20% will be available for covered services you receive in the United States.  
▶ If your Schedule of Benefits shows that you have an unlimited MLB, benefits payable for any covered services you receive outside the United States will be limited to 10 years. For such services, your MLB will be equal to 3,650 days (10 years) times 80% of your daily benefit amount. Your MLB for covered services you receive in the United States will remain unlimited. | ▶ Same  
▶ Same, with the addition of a 2 year benefit period  
▶ Same |

**Key**

- **ACIO**: Automatic Compound Inflation Option
- **CPI**: Consumer Price Index
- **DBA**: Daily benefit amount
- **FPO**: Future Purchase Option
- **MLB**: Maximum lifetime benefit
- **WBA**: Weekly benefit amount
The Federal Long Term Care Insurance Program

New Employee Talking Points

The Federal Long Term Care Insurance Program (FLTCIP) is an important topic to include in every New Employee Orientation. It is also easier for employees to apply for the FLTCIP as a new or newly eligible employee. So, it’s important to provide information about the Program on a timely basis. In the event that a Long Term Care Partners Account Manager is not present at your New Employee Orientation, we have provided you with some “talking points”—important highlights that every new employee and newly eligible employee should know.

To order supplies of the Program Overview brochure, which includes information for new and newly eligible employees, and their qualified relatives, please contact your Account Manager directly, email mmcnally@ltcpartners.com, or call 1-800-LTC-FEDS (1-800-582-3337) (TTY: 1-800-843-3557).

It may never be easier to apply for this important coverage

- This Program is medically underwritten, which means that you will have to answer questions about your health on your application. Certain conditions, or combinations of conditions, will prevent some people from being approved for coverage. You need to apply to find out if you qualify for coverage under this Program.
- New and newly eligible employees, and their spouses, have a 60 day period (starting with their hire date or date of eligibility) to apply for long term care insurance coverage with abbreviated underwriting, which means that you’ll answer fewer health questions on your application.
- After the 60 day period, eligible individuals can still apply, but must answer more medical questions.

The advantages of planning now

- The coverage you buy for the future can also help protect you today. If an accident or illness occurs while you are relatively young, and you require long term care, your FLTCIP coverage will be there to help pay for the cost of care.
- If you are currently in good health, you avoid the risk that a future illness may disqualify you from obtaining coverage at a later date.
- If you wait until you need long term care, you will not be able to obtain long term care insurance coverage under the FLTCIP.

Qualified relatives can also apply

- Even if you don’t apply for coverage, your spouse, parents, parents-in-law, stepparents, and adult children can. (Qualified relatives other than your spouse must complete the Full Underwriting Application.)

What about the future?

- The FLTCIP is portable. If you apply for coverage now and are approved, you can keep that coverage if you change jobs, leave Federal service, or retire—as long as you pay your premiums.
- When you apply, you can choose from three different inflation protection options, to help ensure that benefits can keep up with inflation.

Here’s how you can learn more for yourself or a qualified relative

- Review the Program Overview brochure, and/or pass the information to your qualified relatives.
- Visit www.LTCFEDS.com to explore benefit options, utilize the interactive long term care insurance tools, or create a personalized rate quote with the online premium calculator—you can even apply online!
- Speak to a Certified Long Term Care Consultant at 1-800-LTC-FEDS (1-800-582-3337) (TTY: 1-800-843-3557).
Military Buyback Program

Military/Civilian Deposits

- This is buying back military/civilian time to have it count toward your technician retirement.
- Types of military duty that can be bought back:
  - Title 10 Service
  - Basic Training
  - A.I.T./Tech School
  - Deployments/Mobilizations (Title 10)  
  - Title 32 service***only if it interrupts technician appointment***
- You have 2 years from your date of appointment or return to duty before interest starts accruing. Interest will show up at the end of the third year.
- Deposits may be refunded if you leave the technician program.
- Send RI 20-97 to appropriate DFAS/finance office to start this process. You have no obligation to pay this deposit.
- You can only pay back one deposit at a time.
- This will not take away from your military retirement.
FERS
Federal Employees Retirement System

- 3 Tier System:
  - FERS
  - Social Security
  - TSP

Employees automatically covered under FERS

- Permanent and indefinite employees only
- .8% contribution comes out of check
- Need 5 yrs civilian service to be vested for a retirement (18 months civ svc for disability)
- Must meet age and service requirements
## MRA

- **Year of Birth**
  - Before 1948: 55
  - 1948: 55 and 2 months
  - 1949: 55 and 4 months
  - 1950: 55 and 6 months
  - 1951: 55 and 8 months
  - 1952: 55 and 10 months
  - 1953 – 1964: 56
  - 1965: 56 and 2 months
  - 1966: 56 and 4 months
  - 1967: 56 and 6 months
  - 1968: 56 and 8 months
  - 1969: 56 and 10 months
  - 1970 and After: 57

## Retirement Categories

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<th>Type of Retirement</th>
<th>Minimum Age</th>
<th>Minimum Service</th>
<th>Special Requirements</th>
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<td>Optional</td>
<td>62</td>
<td>5</td>
<td>None</td>
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<tr>
<td></td>
<td>60</td>
<td>20</td>
<td>None</td>
</tr>
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<td></td>
<td>MRA</td>
<td>30</td>
<td>None</td>
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<tr>
<td></td>
<td>MRA (reduced benefit)</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Special Option</td>
<td>50</td>
<td>20</td>
<td>Must retire under special provision for air traffic controllers or law enforcement &amp; firefighter personnel</td>
</tr>
<tr>
<td>Discontinued Service</td>
<td>50</td>
<td>20</td>
<td>Separation must be involuntary &amp; not for misconduct or delinquency</td>
</tr>
<tr>
<td>Disability</td>
<td>50</td>
<td>18 months</td>
<td>OPM Approval National Guard Special Provisions P.L. 97-253</td>
</tr>
<tr>
<td>Deferred</td>
<td>62</td>
<td>5</td>
<td>Annuity starts at age 62 if not entitled to annuity upon original separation</td>
</tr>
<tr>
<td></td>
<td>MRA</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MRA (reduced benefit)</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Early Optional</td>
<td>50</td>
<td>20</td>
<td>Agency reorganization, RIF, transfer of function</td>
</tr>
</tbody>
</table>

## Benefits Computation

- **1% of High-3 avg pay** \( \times \) **Creditable Yrs of Service**

EX: 1% of $45,000 \( \times \) 30 years of service = 

\[
450 \times 30 = $13,500 \text{ per year or } $1,125 \text{ per month}
\]

**High 3** – average of your highest basic pay over any 3 consecutive years of creditable service

**Creditable Service** – Federal service when retirement contributions made

Military service when deposits are completed

(**Disability has different calculation**)
### Annuity Supplement

- Supplement received that approximates Social Security earned while employed by Federal Government (entitlement lasts until age 62) (**Disability not eligible**)

- **Immediate Eligibility:**
  - At or after MRA with 30 yrs of service (voluntary retirement)
  - Age 60 with 20 yrs of service (voluntary retirement)
  - At or after MRA under a discontinued service retirement (involuntary)
  - Military Reserve Technician Special Provision of age 50 with 25 yrs of service (involuntary retirement)

**Ex:** $1,500 in social security at age 62; 25 full yrs of FERS Svc
\[
\frac{25}{40} = 0.625 \times 1,500 = \$937\text{ per month}
\]

### Additional Benefits in Retirement

- FEHB - must be enrolled 5 consecutive yrs prior to retirement; pay same rates as current federal employee; open seasons; QLE’s
- FEGLI - must be enrolled 5 consecutive yrs prior to retirement
- FEDVIP - dental and/or vision – no enrollment requirement at this point
- LTC Insurance
- NGAUS Life Insurance – can keep until age 70
- **Survivor Benefit:**
  - Full or Partial – allows spouse to continue health insurance

### Social Security

- Old Age Survivor Disability Insurance
- 6.2% comes out of your pay check
- Eligible for social security at age 62
- Medicare Benefits
- Monthly retirement benefits based off of wages
- Monthly disability benefit if unable to work due to illness or injury
- Monthly survivor benefit for children and/or spouse
- Lump sum death benefit
TSP

- Best way to ensure your retirement income meets your needs!
- At least 5%!!
- Several withdraw options:
  - Full withdraw
  - Partial withdraw
  - Monthly Payments
  - Monthly Annuity
  - Roll over contributions
  - Leave money in TSP

QUESTIONS??

Stacy Otwaska
608-242-3712  DSN: 724-3712
stacy.otwaska@us.army.mil
This booklet contains highlights of the Federal Employees Retirement System (FERS). It is not meant to provide a detailed explanation of all the plan provisions. The information is based on the law in effect at the time the booklet went to publication.

Under the Balanced Budget Act of 1997, Public Law 105-33 for fiscal year 1998, employee retirement contributions will increase as follows. Deductions for the Civil Service Retirement System and the Federal Employees Retirement System would be increased by 0.25% in January 1999, by an additional 0.15% in January 2000, and by 0.1% more in January 2001, for a total increase of 0.5%. These higher contribution rates would be in effect through 2002.

Additional retirement information and all publications of the U.S. Office of Personnel Management listed in this pamphlet are available on the Internet.

OPM Website — http://www.opm.gov/asd
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Retirement...a time for reflection, rest, and enjoyment...a rewarding time. But, a rewarding retirement doesn’t just happen. It takes careful planning. Knowing when you can retire and where you will stand financially are important parts of that planning process. The financial security you will have in the future depends, in part, on the plans you make today.

Recognizing the importance of your future, the Federal Government offers a retirement program that helps provide financial security for you and your family. You are a participant in the Federal Employees Retirement System (FERS). This is one of the most important benefits you receive as a Federal employee.

FERS is a retirement system that is responsive to the changing times and Federal work force needs. Many of its features are “portable,” so that if you leave Federal employment, you may still qualify for the benefits. FERS is flexible; you will be able to choose what is best for your individual situation. And FERS enables you to take an active role in securing your future.

This booklet highlights the main features of the Federal Employees Retirement System (FERS).
Overview

The Federal Employees Retirement System, or FERS, became effective January 1, 1987. Almost all new employees hired after December 31, 1983, are automatically covered by FERS. Certain other Federal employees not covered by FERS have the option to transfer into the plan.

The Components

FERS is a three-tiered retirement plan. The three components are:

- Social Security Benefits
- Basic Benefit Plan
- Thrift Savings Plan

You pay full Social Security taxes and a small contribution to the Basic Benefit Plan. In addition, your agency puts an amount equal to 1% of your basic pay each pay period into your Thrift Savings Plan (TSP) account. You are able to make tax-deferred contributions to the TSP and a portion is matched by the Government.

The three components of FERS work together to give you a strong financial foundation for your retirement years.
The first part of your benefit is Social Security.

**What is Social Security?**

The term “Social Security” means benefit payments provided to workers and their dependents who qualify as beneficiaries under the Old-Age Survivors, and Disability Insurance (OASDI) programs of the Social Security Act. OASDI replaces a portion of earnings lost as a result of retirement, disability, or death. It is designed to provide benefits that replace a greater percentage of earnings for lower-paid workers than for higher-paid workers. This means that Social Security benefits are more important for lower-paid workers than higher-paid workers.

As an employee with FERS coverage, you have Social Security coverage. You also are covered under Social Security’s Medicare Hospital Insurance program. This pays a portion of hospital expenses incurred while you are receiving Social Security disability benefits or retirement benefits at age 65 or older.

**Social Security Benefits**

Social Security programs provide:

- Monthly benefits if you are retired and have reached at least age 62, and monthly benefits during your retirement for your spouse and dependents if they are eligible;
- Monthly benefits if you become totally disabled for gainful employment and benefits for your spouse and dependents if they are eligible during your disability;
- Monthly benefits for your eligible survivors; and
- A lump sum benefit upon your death.

To become eligible for benefits, you and your family must meet different sets of requirements for each type of benefit. An underlying condition of payment of most benefits is that you have paid Social Security taxes for the required period of time.
The amount of monthly benefits you receive is based on three fundamental factors:

- Average earnings upon which you have paid Social Security taxes, which are adjusted over the years for changes in average earnings of the American work force;

- Family composition (for example, whether you have a spouse or dependent child who may be eligible for benefits); and

- Consumer Price Index (CPI) changes that occur after you become entitled to benefits.

Benefits are subject to individual and family maximums.

Once benefits begin, their continuation may depend upon your meeting a variety of conditions. For example, if you have earnings that exceed specified amounts while you are under age 70, your Social Security benefits will be reduced or stopped. There are special Social Security rules that may affect the benefits of Federal employees, including the Federal Employees Retirement System (FERS) participants. If you previously had some service that was covered by the Civil Service Retirement System (CSRS) (or another similar retirement system for Federal employees), your Social Security benefits may be affected by the Windfall Elimination Provision. If you transferred to FERS and do not complete 5 years of service under FERS, any spousal benefit you are entitled to under Social Security may be reduced because of the Government Pension Offset. If you think either of these provisions may affect your benefits, ask your servicing personnel office or local Social Security office for copies of the factsheet, A Pension From Work Not Covered by Social Security (Publication No. 05-10045) and the factsheet, Government Pension Offset (Publication No. 05-10007). You may also request these publications by calling the Social Security Administration on (800) 772-1213 or by downloading from the Web at:

http://www.ssa.gov/pubs

Social Security Taxes

Most of the cost of Social Security is paid for through payroll taxes. Each year you pay a percentage of your salary up to a specified earnings amount called the maximum taxable wage base. The Federal Government, as your employer, pays an equal amount. The percentage you each pay for old age, survivor, and disability insurance coverage is 6.20% of your earnings up to the maximum taxable wage base.

The maximum taxable wage base is $68,400 in 1998. It increases automatically each year based on the yearly rise in average earnings of the American work force.

The Social Security tax covers both the Old Age, Survivors, and Disability Insurance (OASDI) and Medicare Hospital Insurance programs. The Medicare portion you and your agency each pay is 1.45% of your total pay. All wages are subject to the deduction for Medicare.
Basic Benefit
Plan

The second part of the Federal Employees Retirement System (FERS) is the Basic Benefit plan.

Eligibility Participation

If you were automatically covered by FERS, or you elected to transfer from the Civil Service Retirement System (CSRS) to FERS, you will participate in the Basic Benefit plan.

Vesting

To be vested (eligible to receive your retirement benefits from the Basic Benefit plan if you leave Federal service before retiring), you must have at least 5 years of creditable civilian service. Survivor and disability benefits are available after 18 months of civilian service.

Creditable Service

Creditable service generally includes:

- Federal civilian service for which contributions have been made or deposited.

- Military service, subject to a deposit requirement. To receive credit for military service, generally, you must deposit 3% of your military base pay. Interest begins 2 years after you are hired. With certain exceptions, you cannot receive credit for military service if you are receiving military retired pay. Also, see the note that follows on credit for National Guard service.

- Leaves of absence for performing military service or while receiving workers’ compensation.

Unused sick leave is not converted into creditable service for any purpose. (There is a limited exception for CSRS employees who transfer to FERS.)

Credit is not allowed for civilian service after 1988 when no contributions were withheld.

Note: Service in the National Guard, except when ordered to active duty in the service of the United States, is generally not creditable. However, you may receive credit for National Guard service, followed by Federal civilian reemployment that occurs after August 1, 1990, when all of the following conditions are met:

- The service must interrupt civilian service creditable under the Civil Service Retirement System (or FERS) and be followed by reemployment in accordance with the appropriate chapter of the laws concerning Veterans Benefits; and
✓ It must be full-time (and not inactive duty), and performed by a member of the U.S. Army National Guard, or U.S. Air National Guard; and

✓ It must be under a specified law and you must be entitled to pay from the U.S. (or have waived pay from the U.S.) for the service.

The deposit for National Guard service that meets these criteria is limited to the amount that would have been deducted from your pay for retirement if you had remained in the civilian service.

Contributions

Your contribution to the Basic Benefit Plan is the difference between 7% of your basic pay and Social Security's old age, survivor, and disability insurance tax rate, or 0.80%.

Refunds

You may withdraw your basic benefit contributions if you leave Federal employment. However, if you do, you will not be eligible to receive benefits based on service covered by the refund. There is no provision in the law for the redeposit of FERS contributions that have been refunded.

Retirement Options

There are three categories of retirement benefits in the Basic Benefit Plan:

✓ Immediate, and Postponed
✓ Early
✓ Deferred

Eligibility is determined by your age and number of years of creditable service.

In some cases, you must have reached the Minimum Retirement Age (MRA) to receive retirement benefits. The following chart shows the MRA.

<table>
<thead>
<tr>
<th>If you were born:</th>
<th>Your MRA is:</th>
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<tr>
<td>Before 1948</td>
<td>55</td>
</tr>
<tr>
<td>In 1948</td>
<td>55 and 2 months</td>
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<tr>
<td>In 1949</td>
<td>55 and 4 months</td>
</tr>
<tr>
<td>In 1950</td>
<td>55 and 6 months</td>
</tr>
<tr>
<td>In 1951</td>
<td>55 and 8 months</td>
</tr>
<tr>
<td>In 1952</td>
<td>55 and 10 months</td>
</tr>
<tr>
<td>In 1953 through 1964</td>
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<tr>
<td>In 1965</td>
<td>56 and 2 months</td>
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<tr>
<td>In 1966</td>
<td>56 and 4 months</td>
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<tr>
<td>In 1967</td>
<td>56 and 6 months</td>
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<tr>
<td>In 1968</td>
<td>56 and 8 months</td>
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<tr>
<td>In 1969</td>
<td>56 and 10 months</td>
</tr>
<tr>
<td>In 1970 and after</td>
<td>57</td>
</tr>
</tbody>
</table>
**Immediate or Postponed**

If you meet one of the following sets of age and service requirements, you are entitled to an immediate retirement benefit:

<table>
<thead>
<tr>
<th>Age</th>
<th>Years of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>5</td>
</tr>
<tr>
<td>60</td>
<td>20</td>
</tr>
<tr>
<td>MRA</td>
<td>30</td>
</tr>
<tr>
<td>MRA</td>
<td>10*</td>
</tr>
</tbody>
</table>

*(Reduced benefit unless postponed to lessen or eliminate age reduction)*

**Deferred**

If you leave Federal service before you meet the age and service requirements for an immediate retirement benefit, you may be eligible for deferred retirement benefits. To be eligible, you must have completed at least 5 years of creditable civilian service. You may receive benefits when you meet one of the following sets of age and service requirements:

<table>
<thead>
<tr>
<th>Age</th>
<th>Years of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>5</td>
</tr>
<tr>
<td>60</td>
<td>20</td>
</tr>
<tr>
<td>MRA</td>
<td>30</td>
</tr>
<tr>
<td>MRA</td>
<td>10*</td>
</tr>
</tbody>
</table>

*(Reduced benefit unless receipt delayed to lessen or avoid age reduction)*

**Early**

The early retirement benefit is available in certain involuntary separation cases and in cases of voluntary separations during a major reorganization or reduction in force. To be eligible, you must meet the following requirements:

<table>
<thead>
<tr>
<th>Age</th>
<th>Years of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>Any age</td>
<td>25</td>
</tr>
</tbody>
</table>

* Reduced benefits means if you retire at the minimum retirement age with at least 10 but less than 30 years of service, your benefit will be reduced at the rate of $1/12's of 1% for each month (5% for each year) you are under age 62, unless you have 20 years of service and your annuity begins at age 60 or later. You can avoid part or all of the reduction by postponing the commencing date of your annuity.*
Benefit Formula

How your benefit is calculated:

Your benefit is based on your “high-3 average pay.” This is figured by averaging your highest basic pay over any 3 consecutive years of creditable service.

Generally, your benefit is calculated according to this formula:

\[
1\% \text{ of your high-3 average pay times years of creditable service}
\]

If you retire at age 62 or later with at least 20 years of service, a factor of 1.1% is used rather than 1%.

To determine your length of service for computation, add all of your periods of creditable service, then eliminate from the total any fractional part of a month (less than 30 days).

Depending on the category of retirement benefits you receive, your benefit may be reduced as described in the Retirement Options section. For example, the total could be reduced if you elect to retire at the minimum retirement age before completing 30 years of service.

Special Retirement Supplement

If you meet certain requirements, you will receive a Special Retirement Supplement which is paid as an annuity until you reach age 62. This supplement approximates the Social Security benefit earned while you were employed by the Federal government. You may be eligible for a Special Retirement Supplement if you retire:

- After the Minimum Retirement Age (MRA) with 30 years of service;
- At age 60 with 20 years of service; or
- Upon involuntary or early voluntary retirement (age 50 with 20 years of service, or at any age with 25 years of service) after the U.S. Office of Personnel Management determines that your agency is undergoing a major reorganization, reduction-in-force (RIF) or transfer of function. You will not receive the Special Retirement Supplement until you reach your MRA.

If you transfer to the Federal Employees Retirement System (FERS) from the Civil Service Retirement System (CSRS), you must have at least one full calendar year of FERS-covered service to qualify for the supplement.

If you have earnings from wages or self-employment that exceed the Social Security annual exempt amount ($9,120 in 1998), your Special Retirement Supplement will be reduced or stopped.

Survivor Benefits

The Basic Benefit Plan provides benefits for survivors of Federal employees and retirees.
**Spouse**

If you die while you are an employee...

If you are married, have 18 months of civilian service, and die while you are an active employee, your surviving spouse receives:

- A lump sum payment
- the higher of
  - 1/2 of your annual pay rate at death
  - 1/2 of your high-three average pay.

The lump sum payment, which increases by cost-of-living adjustments each year, is $21,783.34 in 1998.

If you had 10 years of service, your spouse also receives an annuity equaling 50% of your accrued basic retirement benefit. These benefits are paid in addition to any Social Security, group life insurance, or savings plan survivor benefits.

To be eligible for benefits, you and your spouse must have been married for at least 9 months, or there must be a child born of the marriage, or your death must be accidental.

If you die while you are a retiree...

A married retiree’s annuity is automatically reduced to provide spousal survivor benefits unless those benefits are jointly waived in writing by the retiree and the spouse before retirement.

Your annuity is reduced 10% to give your surviving spouse:

- An annuity of 50% of your unreduced benefit
  - plus
- a special supplemental annuity payable until age 60, if your spouse will not be eligible for Social Security survivor benefits until age 60.

You and your spouse may choose instead to have your annuity reduced by 5% to give your spouse an annuity of 25% of your unreduced benefit at your death.

Separate provisions apply to spouses of disabled annuitants.

**Former Spouses**

A former spouse may receive survivor benefits as provided in a retiree election or a qualifying court order.

**Children**

If you have 18 months of civilian service and die while you are an active employee, or if you have retired, your children may be eligible to receive an annuity. This benefit is payable to each unmarried child:

- up to age 18;
- up to age 22 if a full time student;
- at any age if the child became disabled before age 18.
The amount of the Federal Employees Retirement System (FERS) benefit depends on the number of children and if the children are orphaned. In 1998, the FERS surviving child benefit is $344 per month per child for each of three children; $413 if orphaned. The total children's benefit is reduced dollar for dollar by any Social Security children's benefits that may be payable.

**Disability Benefits**

FERS disability benefits can help you replace part of your income if you are unable to work for a prolonged period.

**What Does Disability Mean?**

You are considered disabled under FERS if you are unable to perform useful and efficient service in your position because of disease or injury. However, you will not be considered disabled if you decline your agency's offer of a position which accommodates your disability and is at the same grade or pay level and is within your commuting area.

You may also qualify for Social Security disability benefits if you are unable to work in any substantial gainful activity.

**Eligibility**

To qualify for FERS disability benefits, your disabling condition must be expected to last at least 1 year, and you must have at least 18 months of creditable civilian service.

---

**The Benefits**

The first year:

- 60% of your high-3 average pay
- minus
- 100% of any Social Security disability benefits to which you are entitled.

After the first year and until age 62, if your disability prevents you from performing your job and you do not qualify for Social Security disability benefits, your benefit will be:

- 40% of your high-3 average pay.

If you do qualify for Social Security benefits, your FERS disability benefit will be reduced by 60% of the Social Security benefit to which you are entitled. The resulting total you receive from both FERS and Social Security will be at least 40% of your high-3 plus 40% of your Social Security disability benefits.

If your earned annuity rate (1% x high 3 average salary x years of service) is higher than the above rates after the reduction for Social Security, you will receive the higher benefit.

When you reach age 62 your disability benefit will be recomputed. Essentially, you will receive the annuity you would have received if you had not been disabled, but had continued working until age 62. For purposes of this recomputation, your average salary will be increased by all FERS cost-of-living adjustments that took effect while you were receiving a disability annuity.
If you are a disability retiree under age 60 and your total income from work in a calendar year exceeds 80% of the current pay level of your former job, the disability benefits will be discontinued. You also may be required to provide proof periodically that you have not recovered from your disability.

**Cost-of-Living Adjustments (COLA’s)**

Survivors and disability retirees receive a COLA regardless of their ages; however, disability retirees receiving 60% of their average pay do not receive a COLA during the first year. All other retirees begin to receive COLA’s at age 62.

<table>
<thead>
<tr>
<th>Increase in CPI</th>
<th>Annual COLA Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up To 2%</td>
<td>Same as CPI increase</td>
</tr>
<tr>
<td>2% to 3%</td>
<td>2%</td>
</tr>
<tr>
<td>3% or more</td>
<td>CPI increase minus 1%</td>
</tr>
</tbody>
</table>

The amount of the annual COLA percentage is based on the increase in the Consumer Price Index (CPI):

The Special Retirement Supplement for retirees is not increased by COLA’s; the supplement for survivors is increased by COLA’s.

**Form of Payment**

FERS Basic Benefits are a monthly annuity that is paid the first business day of the month after it accrues. For example, the payment for December is made on January 2.
The third part of your Federal Employees Retirement System (FERS) benefit is the Thrift Savings Plan (TSP). The TSP is a tax-deferred retirement savings and investment plan that offers you the same type of savings and tax benefits that many private corporations offer their employees under 401(k) plans. By participating in the TSP, you have the opportunity to save part of your income for retirement, receive matching agency contributions, and reduce your current taxes.

Your thrift account is the part of your retirement that you control — you decide how much of your pay to put in your thrift account, how to invest it, and, when you retire, you decide how you want your money paid out.

The best way to assure that your retirement income meets your needs is to start investing in the Thrift Savings Plan at the beginning of your Federal service, and to continue to do so throughout your career. This is your way to invest in your own future — to invest in yourself. It is particularly important for higher-paid employees to save enough through the TSP since Social Security replaces less income of higher-paid workers than it does for lower-paid workers.

Additional information about the benefits and features of the TSP has been issued by the Federal Retirement Thrift Investment Board and is available from your agency employing office or the TSP Web site (www.tsp.gov). In addition to the “Summary of the Thrift Savings Plan for Federal Employees” (stock number TSPB08), separate booklets on the loan program, withdrawal options, and annuities are available.

**Eligibility**

All Federal employees covered by FERS are eligible to participate in the Thrift Savings Plan (TSP). However, if you are a newly hired FERS employee, you must wait a certain period of time — generally, 6 to 12 months — before you can begin to participate in the TSP. If you are a rehired FERS employee, when you can begin to participate in the TSP depends upon your previous TSP eligibility.

See the “Summary of the Thrift Savings Plan for Federal Employees” for the specific rules on TSP eligibility, or ask your personnel office when you will become eligible to participate in the plan.
Contributions

Once you become eligible to participate in the Thrift Savings Plan, there are three types of contributions that may be made to your account:

- Agency Automatic (1%) Contributions
- Employee Contributions
- Agency Matching Contributions

Agency Automatic (1%) Contributions

Your agency will set up a Thrift account for you and will automatically contribute an amount equal to 1% of your basic pay each pay period. These Agency Automatic (1%) Contributions are not taken out of your salary, and your agency makes these contributions whether or not you contribute your own money.

Employee Contributions

You may make your own contributions by payroll deductions. The money you contribute is taken out of your pay before Federal and, in almost all cases, State income taxes are calculated. You may contribute up to 10% of the basic pay you earn each pay period up to the Internal Revenue Service (IRS) limit, which is $10,000 in 1998. (This limit may be adjusted each calendar year according to the Internal Revenue Code.)

Agency Matching Contributions

When you make employee contributions, your agency will make matching contributions to your TSP account according to the following schedule:

<table>
<thead>
<tr>
<th>Your Agency</th>
<th>Contribution Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 3% of Basic Pay</td>
<td>$1.00 for each $1.00 you contribute</td>
</tr>
<tr>
<td>Next 2% of Basic Pay</td>
<td>$0.50 for each $1.00 you contribute</td>
</tr>
<tr>
<td>Next 5% of Basic Pay</td>
<td>0</td>
</tr>
</tbody>
</table>

The examples at the end of this booklet illustrate the importance of Thrift Plan participation in your total benefits package. The examples also show the effect on a FERS retirement package of contributing 3% of pay and 5% of pay.

Vesting Requirement

When you separate from Federal service, you must meet the Thrift Plan vesting requirement to be entitled to, or vested in, your Agency Automatic (1%)
Contributions and attributable earnings. For most employees, this vesting requirement is 3 years of Federal, generally civilian, service.

Congressional employees and certain other non-career employees must complete 2 years of Federal, generally civilian, service. Employees who die in service are automatically vested in their Agency Automatic (1%) Contributions.

You are immediately vested in your own contributions and your Agency Matching Contributions and in the earnings attributable these contributions.

### Investment Options

There are three Thrift Savings Plan investment Funds. The Funds differ in the rate of return and amount of risk involved. You may invest any percentage of future contributions to your account in any of the three investment Funds. You can also transfer any portion of your existing account balance among the three Funds.

The three Funds are described briefly below. For more detailed information about these Funds, see the “Summary of the Thrift Savings Plan for Federal Employees” or the “Guide to TSP Investments.”

#### Government Securities Investment (G) Fund

The G Fund consists of investments in short-term non-marketable U.S. Treasury securities specially issued to the Thrift Savings Plan. All investments in the G Fund earn interest at a rate that, by law, is equal to the average of market rates of return on U.S. Treasury marketable securities outstanding with 4 or more years to maturity. There is no credit risk for G Fund securities because they are guaranteed by the U.S. Government.

#### Common Stock Index Investment (C) Fund

The C Fund is invested in a Standard & Poor’s 500 (S&P 500) stock index fund, that is made up of the common stocks of all of the companies represented in the S&P 500 index. The C Fund gives participants the opportunity to diversify their investments by investing broadly in the U.S. stock markets and to earn the relatively high investment returns stocks sometimes provide. The risk of investing in the C Fund is that the value of stocks can decline sharply, resulting in losses.

#### Fixed Income Index Investment (F) Fund

The F Fund is invested in a bond index fund that tracks the performance of the Lehman Brothers Aggregate (LBA) bond index. The bond index consists primarily of high quality fixed-income securities representing the U.S. Government, corporate, and mortgage-backed securities sectors of the U.S. bond market. The F Fund offers the opportunity for increased rates of return in periods of generally declining interest rates. The F Fund carries credit risk and market risk and, thus, has potential for negative returns that can result in losses.
Contributing to TSP

To begin contributing to the Thrift Savings Plan, you must complete an Election Form (TSP-1) and submit it to your agency employing office during a TSP open season. There are two open seasons each year — May 15 to July 31 and November 15 to January 31.

Tax Advantages

There are two major tax advantages to the Thrift Savings Plan (TSP). First, you pay current Federal income taxes on your salary after your TSP contributions have been deducted. Second, you do not pay current Federal income taxes on the earnings you receive on your TSP account balance. Most states allow the same pre-tax and tax deferred savings on their income taxes. These tax advantages continue until you withdraw your account balance — usually at retirement when your tax bracket may be lower. If you leave Federal service before you are eligible to retire, you may transfer your account balance to an Individual Retirement Arrangement Account or other eligible retirement plan and continue to defer taxes.

Loan Program

If you have at least $1,000 of your own contributions (including attributable earnings) in your account you may borrow from it.

There are two types of loans: general purpose, which does not require you to document or specify the purpose of your loan, and residential, which is only for the purchase of a primary residence and requires documentation.

You pay interest on the loan at the G Fund rate in effect at the time your application is received. Both the principal and the interest you pay go back into your own TSP account. See the booklet “Thrift Savings Plan Loan Program” for more information about the TSP loan program.

Withdrawing Your Funds

The Thrift Savings Plan is a long-term plan for retirement savings with special tax advantages. Generally you cannot withdraw your TSP account until you separate from Federal service.
Withdrawal Options

After you separate from Federal service, there are three basic ways to withdraw your account:

- Have the TSP purchase a life annuity for you.
- Receive your account in a single payment.
- Receive your account in a series of monthly payments.

You can have the TSP transfer all or a part of a single payment or, in some cases, a series of monthly payments, to an Individual Retirement Arrangement or other eligible retirement plan.

Leaving your money in the TSP

If you do not want to withdraw your account when you leave Federal service, you can leave your entire account balance in the Thrift Savings Plan. However, you must withdraw your TSP account or begin receiving monthly or annuity payments by April 1 of the year following the year you reach 70 1/2.

Automatic Cashout

After you separate from Federal service, if your vested account balance is $3,500 or less, your entire account will be paid to you automatically in a single payment unless you elect another withdrawal option or to leave your money in the Thrift Savings Plan. The TSP will notify you before automatically cashing out your account and allow you the opportunity to elect as specified above.

Additional information

See the booklet, “Summary of the Thrift Savings Plan for Federal Employees,” or the booklet, “Withdrawing Your TSP Account After Leaving Federal Service” (stock number TSPBK02), both issued by the Federal Retirement Thrift Investment Board, for more information about withdrawal options.
Special Groups of Employees

Firefighters, Law Enforcement Officers, and Air Traffic Controllers

These groups of employees receive an unreduced benefit at age 50 with 20 years of service, or at any age with 25 years of service. If you are in one of these employee groups, you contribute an additional .5% of pay to the Federal Employees Retirement System (FERS).

Your annual annuity is:

1.7% of your high-3 average pay times
20 years of service

plus

1.0% of your high-3 average pay times
years of service exceeding 20.

You also receive a Special Retirement Supplement until age 62 that approximates the Social Security benefit earned in Federal service. After you reach the Minimum Retirement Age (MRA), if you have earnings from wages or self-employment that exceed the Social Security annual exempt amount, your supplement will be reduced or stopped. In addition, you are entitled to an annual Cost-of-Living Adjustment (COLA), regardless of your age.

Military Reserve Technicians

If you are a military reserve technician who loses the military status required to maintain your position, you may retire and receive an unreduced annuity if you are at least age 50 with 25 years of service.

In addition, a Special Retirement Supplement is payable until age 62. After you reach your Minimum Retirement Age (MRA), if you have earnings from wages or self-employment that exceed the Social Security annual exempt amount your supplement will be reduced or stopped.

Part-Time Employees

In calculating the annuity for employees with part-time service, the average high-3 consecutive years of pay will be based on the full-time pay rate. The benefit based on the full-time rate is reduced according to the part-time schedule.
Members of Congress and Congressional Employees

Members of Congress receive an unreduced annuity at age 50 with 20 years of service, or at any age with 25 years of service. Congressional employees must meet the age and service requirements explained in the Basic Benefit Plan section.

If you are a Member of Congress or a Congressional employee, with at least 5 years of Congressional service, your annuity will be:

\[
1.7\% \text{ of high-3 average pay } \times \text{ years of Congressional service up to 20} \\
1.0\% \text{ of high-3 average pay } \times \text{ any other service.}
\]

A Special Retirement Supplement is payable from the Minimum Retirement Age to age 62. If you have earnings from wages or self-employment that exceed the Social Security annual exempt amount, your supplement will be reduced or stopped.

Cost-of-Living-Adjustment’s (COLA’s) are payable to Congressional retirees before age 62 only if they retire for disability.

Members of Congress and Congressional employees contribute an additional .5% of pay to the Federal Employees Retirement System (FERS).
Enrolling in FERS

New Employees

Most new employees hired after December 31 1983, are automatically covered by the Federal Employees Retirement System (FERS). The exceptions are employees in appointments that are limited to 1 year or less, most intermittent employees, anyone who is not eligible for Social Security coverage, or certain persons with non-Federal service which is creditable under the Civil Service Retirement System (CSRS).

Rehires and Conversions

The general rules on whether you are covered by CSRS, CSRS Offset, or FERS after a break in service or conversion from one type of appointment to another are stated below. Just how those rules apply to you must be determined by your personnel office.

If you leave Federal Government service and return within 1 year and you were previously covered under CSRS (without Social Security), then you will generally be covered by CSRS upon reemployment. However, you may elect within 6 months of reemployment to transfer to FERS, in which case you will also be covered by Social Security.

If you leave Federal Government service and return after more than 1 year and you were previously covered under CSRS, then you are automatically covered by Social Security and:

- If you have less than 5 years under CSRS, you are automatically covered by FERS.
- If you have 5 or more years under CSRS, you are covered by CSRS Offset. Your CSRS contributions are reduced by 100% of your Social Security Old-Age, Survivor Disability Insurance (OASDI) fund taxes. Your CSRS benefit will be offset by any Social Security benefit attributable to your Federal service.

In determining whether you have 5 years of service which is creditable under CSRS, count all civilian service as of your last separation from service, even though it may not have been covered by CSRS deductions, or you may have received a refund of CSRS deductions. You will receive credit for your CSRS service if you make any payments for your past service that may be required.

Even if you were never covered by CSRS, you are eligible for CSRS Offset coverage if you had 5 years of creditable civilian service before January 1, 1987.

If you are rehired under CSRS or CSRS Offset, you may elect to transfer to FERS within 6 months of reemployment. If you elect to transfer to FERS, the following rules apply.
✓ Your credit in CSRS is frozen, but your combined CSRS and FERS annuity will be based on the average of your highest 3 consecutive years of pay.

✓ You will receive a full Civil Service Retirement System (CSRS) cost of living adjustment on the CSRS portion of your annuity.

✓ You have Social Security coverage when you enroll in FERS.

✓ Unused sick leave is credited under CSRS rules based on the amount accumulated at the date of transfer or date of retirement, whichever is lower.

✓ You will receive Government contributions to your TSP account and avoid the 6-12 month waiting period for participation.

Your service after the date of transfer is treated under the Federal Employees Retirement System (FERS) rules. (If you were under CSRS Offset, your offset service is also treated under rules.) In addition, all of your service is treated under FERS rules if you have less than 5 years of non-Offset CSRS service when you transfer.

✓ All of your service (CSRS and FERS) counts toward years needed to be eligible for retirement, disability, survivor, and Thrift Saving Plan benefits under FERS.

✓ All survivor and disability benefits are paid under FERS rules.

If you are converted from an appointment that is excluded from FERS coverage to an appointment that is not excluded, generally you will automatically be covered by FERS. If you are not automatically covered by the plan, you will have a 6-month opportunity to transfer to it.

Note: If you are eligible to elect FERS coverage because of being rehired or converted to a different appointment, you should read the FERS Transfer Handbook — A Guide To Making Your Decision, RI 90-3, before making a decision. Your personnel office should provide it to you.
Examples

The following examples illustrate the annual benefits that you can expect to receive under the Federal Employees Retirement System (FERS). In reviewing these examples, note that the benefits shown are estimates based upon certain assumptions about future salary increases, investment returns, and other factors that directly affect your final level of benefits.

Keep in mind the following features of specific benefit components:

- Two types of FERS benefits are shown. The “FERS basic benefit” is your regular annuity based on total years of service and your high-3 average salary. The “special supplement” is a substitute for Social Security that may be payable to you from when you retire under FERS until age 62. In most cases your actual Social Security benefit at age 62 will be higher than the FERS supplement you receive before age 62.

- Estimated Social Security benefits do not include any spousal or dependent benefits that may be available. These additional payments could significantly increase the total value of your Social Security benefits.

- Estimated benefits from the Thrift Savings Plan are shown in terms of a “single life annuity” purchase with your account when you retire. The annuity includes 3% annual cost-of-living adjustments to help protect its purchasing power during your retirement years. These projected benefits are based on career-long investments at the stated percentages of pay. Your actual Thrift Savings Plan benefits will depend on your account’s investment earnings and the specific payment form you elect when you retire.

Examples 1 and 2 are good illustrations of how Social Security provides a larger percentage of income to lower income employees than to higher income employees. Example 2 also shows that the higher income employee needs to save more in his TSP account to receive the same percentage of his final salary as the lower paid employee in example 1.

All benefits are shown in 1996 dollars. Annual benefits have been rounded to the nearest hundred dollars and percentages may not total exactly due to rounding. The economic assumptions used to create these examples are:

- **Inflation**: 3.5%
- **All wages**: 3.5%
- **Federal wages**: 3.5%
- **Nominal Interest**: 7.5%
- **Real Interest**: 4.0%
Example 1. Anne

Main Features:

✓ FERS coverage begins at age 25 in 1996
✓ Retirement at age 57 with 32 years of service in 2028
✓ Entry at Grade 3, Step 1
✓ Retirement at Grade 7, Step 10, salary $32,600
✓ 3% Thrift Savings Plan contribution (plus 4% from agency)

Anne’s estimated retirement benefits at age 57 under FERS are:

<table>
<thead>
<tr>
<th>Initial FERS Benefit</th>
<th>Dollar Amount</th>
<th>As % of Final Year’s Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic FERS Annuity</td>
<td>$9,600</td>
<td>29%</td>
</tr>
<tr>
<td>Special Supplement</td>
<td>$6,200</td>
<td>19%</td>
</tr>
<tr>
<td>Thrift Savings Plan</td>
<td>$6,600</td>
<td>20%</td>
</tr>
<tr>
<td>Total Annual Benefits</td>
<td>$22,300</td>
<td>69%</td>
</tr>
</tbody>
</table>

The special annuity supplement is payable until age 62. Anne’s regular Social Security retirement benefits starting at age 62 would be about $7,200 — 22% of her final salary.

If Anne had contributed 5% of her salary to the Thrift Savings Plan, rather than 3%, her yearly Thrift Savings Plan benefit would have been $9,400. This would increase Anne’s total initial FERS benefit to $25,200 per year — 77% of her final yearly salary of $32,600.
Example 2. Bob

**Main Features:**

- FERS coverage begins at age 25 in 1996
- Retirement at age 57 with 32 years of service in 2028
- Entry at Grade 7, Step 1
- Retirement at Grade 13, Step 10, salary $68,700
- 3% Thrift Savings Plan contribution (plus 4% from agency)

Bob’s estimated retirement benefits at age 57 under FERS are:

<table>
<thead>
<tr>
<th>Initial FERS Benefit</th>
<th>Dollar Amount</th>
<th>As % of Final Year's Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic FERS Annuity</td>
<td>$20,200</td>
<td>29%</td>
</tr>
<tr>
<td>Special Supplement</td>
<td>$8,800</td>
<td>13%</td>
</tr>
<tr>
<td>Thrift Savings Plan</td>
<td>$12,700</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total Annual Benefits</strong></td>
<td><strong>$41,700</strong></td>
<td><strong>61%</strong></td>
</tr>
</tbody>
</table>

The special annuity supplement is payable until age 62. Bob’s regular Social Security retirement benefits starting at age 62 would be about $10,500 — 15% of his final salary.

If Bob had contributed 5% of his salary to the Thrift Savings Plan, rather than 3%, his yearly Thrift Savings Plan benefit would have been $18,100. This would increase Bob’s total initial FERS benefit to $47,100 per year — 69% of his final yearly salary of $68,700.
Example 3. Charles

**Main Features:**

- FERS coverage begins at age 40 in 1996
- Retirement at age 60 with 20 years of service in 2016
- Entry at Grade 7, Step 1
- Retirement at Grade 12, Step 8, salary $54,800
- 3% Thrift Savings Plan contribution (plus 4% from agency)
- 15 years prior Social Security
- Final pre-Federal salary $23,500

Charles's estimated retirement benefits at age 60 under FERS are:

<table>
<thead>
<tr>
<th>Initial FERS Benefit</th>
<th>Dollar Amount</th>
<th>As % of Final Year's Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic FERS Annuity</td>
<td>$9,900</td>
<td>18%</td>
</tr>
<tr>
<td>Special Supplement</td>
<td>$4,900</td>
<td>9%</td>
</tr>
<tr>
<td>Thrift Savings Plan</td>
<td>$5,500</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total Annual Benefits</strong></td>
<td><strong>$20,300</strong></td>
<td><strong>37%</strong></td>
</tr>
</tbody>
</table>

The special annuity supplement is payable until age 62. Charles's regular Social Security retirement benefits starting at age 62 would be about $9,700 — 18% of his final salary. (They include his pre-Federal employment.)

If Charles had contributed 5% of his salary to the Thrift Savings Plan, rather than 3%, his yearly Thrift Savings Plan benefit would have been $7,900. This would increase Charles's total initial FERS benefit to $22,700 per year — 41% of his final yearly salary of $54,800.
Example 4. Donna

Main Features:

- FERS coverage begins at age 25 in 1996
- FERS service ends at age 45 in 2016
- Deferred benefit at MRA with reduction
- Entry at Grade 7, Step 1
- Separation at Grade 12, Step 8, salary $54,800
- 3% Thrift Savings Plan contribution (plus 4% from agency)
- 17 years work after leaving government

Donna can begin receiving deferred FERS benefits at age 62. She also can begin receiving them as early as age 57, which is her Minimum Retirement Age. If she receives them at age 57, they are reduced 5% per year that she is under age 62 — a 25% reduction.

Donna’s estimated retirement benefits at age 57 under FERS are:

<table>
<thead>
<tr>
<th>Initial FERS Benefit</th>
<th>Dollar Amount</th>
<th>As % of Final Year's Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic FERS Annuity</td>
<td>$4,900</td>
<td>9%</td>
</tr>
<tr>
<td>Special Supplement</td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>Thrift Savings Plan</td>
<td>$8,100</td>
<td>15%</td>
</tr>
<tr>
<td>Total Annual Benefits</td>
<td>$13,000</td>
<td>24%</td>
</tr>
</tbody>
</table>

Donna does not receive the special annuity supplement. Donna’s regular Social Security retirement benefits based on her Federal employment starting at age 62 would be about $11,000 — 20% of her final salary. However, since she continued working elsewhere, her age 62 Social Security benefit is based on the cumulative total benefit she earned.

If Donna had contributed 5% of her salary to the Thrift Savings Plan, rather than 3%, her yearly Thrift Savings Plan benefit would have been $11,500. This would increase Donna’s total initial FERS benefit to $16,400 per year — 30% of her final yearly salary of $54,800.
For More Information

There are several sources of assistance if you have questions or want more information about the components of your benefits package.

- **Your Agency's Personnel Office** — in your agency for questions concerning your individual situation. Your personnel office has your records and is in the best position to answer questions about the basic benefit and TSP rules. In addition, it should have the following publications to help answer questions.

Publications of the Federal Retirement Thrift Board:

  - Summary of the Thrift Savings Plan for Federal Employees (TSPBK08)
  - Investments: Options and Operations (TSPBK03)
  - Thrift Savings Plan Loan Program (TSPBK04)
  - Annuities (TSPBK05)
  - Withdrawing Your TSP Account After Leaving Federal Service (TSPBK02)
  - Information About Court Orders (TSPBK11)

Publications of the U.S. Office of Personnel Management:

  - Information for Separating FERS Employees Who Are Not Eligible for an Immediate Annuity, RI 90-11
  - Information about Reemployment for FERS Annuitants, RI 90-18
  - Court-Ordered Benefits for Former Spouses Under CSRS, FERS, FEHB, and FEGLI, RI 84-1
  - Work-Related Injuries and Fatalities — What You and Your Family Need to Know About Your Benefits, RI 84-3
  - Life Events and Your Retirement and Insurance Benefits (For Employees), RI 84-3
  - Temporary Continuation of Coverage (TCC) under the Federal Employees Health Benefits Program, RI 79-27
  - FEGLI Booklet, RI 76-21
  - Thinking About Retirement?, RI 83-11

- **Social Security Administration** — for questions concerning your Social Security benefits. You may call (800) 772-1213 with questions or to request a copy of your earnings record and estimated future benefits.

- Website — [http://www.ssa.gov](http://www.ssa.gov)
Retirement & Insurance Service

Serving over 10 million customers, Federal employees, annuitants, and their families.
PAA-Performance Appraisal Application

PAA accessed through MyBiz and MyWorkplace
• Annual Appraisal Cycle: 1 Oct – 30 Sep
• Summary Pattern: Level 1 thru Level 5
• Mandatory Interim Review (Mid Cycle- NLT 31 May)
• Mandatory Supervisory “Critical Element”
• Close Out Assessments
• Below Fully Successful/Unacceptable Performance
• Performance Improvement Plans

Employees are encouraged to:
• Participate in the development of critical elements
• Identify and record their accomplishments
• Participate in interim reviews and the end-of-year assessments, including the self-assessment
• Understand the link between their performance expectations, conduct, and organization mission and goals
Requirements for Critical Elements

- Critical elements must be linked to the mission
- Minimum of 2 critical elements; key responsibilities must be captured as critical elements to define performance expectations
- Mandatory Supervisory Critical Element
- Critical elements must be in either the SMART or MARST format
- Critical elements may be weighted

Develop Critical Elements for an Employee Using the SMART Format

- **SMART** is a framework for developing (and evaluating) Critical Elements
  - Specific
  - Measurable
  - Aligned
  - Realistic/Relevant
  - Timed

(Critical Elements are not Task Descriptions)

<table>
<thead>
<tr>
<th>Critical Elements:</th>
<th>Task Descriptions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus on the results and contribution</td>
<td>• Focus on the tasks or activities completed</td>
</tr>
<tr>
<td>• Describe “what” the person will accomplish</td>
<td>• Describe “how” the person will do the work</td>
</tr>
<tr>
<td>• Employee responsible for outcome</td>
<td>• Manager ultimately responsible for the outcome</td>
</tr>
</tbody>
</table>
### Weighted Critical Elements

<table>
<thead>
<tr>
<th>Employee 1 Rating</th>
<th>Employee 2 Rating</th>
<th>Weight</th>
<th>Adj. Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>10%</td>
<td>0.30</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>25%</td>
<td>0.75</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>65%</td>
<td>1.95</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>100%</strong></td>
<td><strong>3.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee 1 Rating</th>
<th>Employee 2 Rating</th>
<th>Weight</th>
<th>Adj. Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>10%</td>
<td>0.40</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>25%</td>
<td>0.50</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>65%</td>
<td>3.25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>100%</strong></td>
<td><strong>3.67</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee 1 Rating</th>
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<td>3</td>
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<td>0.75</td>
</tr>
<tr>
<td>3</td>
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<td>65%</td>
<td>1.30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>100%</strong></td>
<td><strong>2.67</strong></td>
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<td>0.40</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>25%</td>
<td>1.00</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>65%</td>
<td>1.30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>100%</strong></td>
<td><strong>3.33</strong></td>
</tr>
</tbody>
</table>

The STAR Format

- **Situation**: Describe the conditions under which you achieved your critical elements.
- **Task**: Describe what you did during the year to create the results you achieved.
- **Activity/Action**: Include additional activities you completed, or actions you took that contributed to your results.
- **Result**: Describe what you accomplished.

*(Tab 2; pg 7-9)*

Writing the Self Assessment

- Draft and save as a “Word” document.
- Address each critical element.
- Focus on the results; your contributions to the mission and accomplishments.
- Be specific, factual, clear, and concise.
- Check grammar and spelling.
- Use action verbs, active voice.
Performance Appraisal Process

- **Self Assessment**
  - Supervisor: Defines mission, develops critical elements, monitors, develops, rates, rewards.
  - Employee: Understands mission, reviews critical elements, monitors, develops, rates, rewards.
  - Supervisor: Revises critical elements, cuts and pastes into critical element field on form.
  - Employee: Reviews performance plan for equity among employees in same occupation, and salary. Approves performance plan for employee.

- **Interim Review**
  - Supervisor: Revises critical elements, cuts and pastes into critical element field on form.
  - Employee: Reviews performance plan for equity among employees in same occupation, and salary. Approves performance plan for employee.

- **Performance Appraisal**
  - Supervisor: Reviews critical elements, cuts and pastes into critical element field on form.
  - Employee: Reviews performance plan for equity among employees in same occupation, and salary. Approves performance plan for employee.

- **Higher-Level Reviewer**
  - Reviews performance plan for equity among employees in same occupation, and salary. Approves performance plan for employee.

Rating is the basis for personnel actions.
New Employee Orientation

J6 Agenda
- Org/Reorganization
- Portal Links
- New User Account Set Up
- Computer Self-Help Resources
- Submitting a Help Desk Ticket
- PH
- Other Resources
- Questions

J6 Reorganization
Reorganize to Establish Two Divisions

- Desktop Wireless Support
- Fielding
- Distance Learning Adobe Connect
- Information Services
- Network Ops
- Telecommunications
- Information Assurance/Cyber
- Systems Administration

- Focused on Customer Support
- Help Desk After Hour/Weekend Support
- Fielding and Lifecycle Replacement
- Traditional Printing/Postage Support
- Collaboration Support (DL, Adobe connect, web/phone conferencing)

- Focused Network/Behind the Scene
- Network Operations
- Information Security/Cyber
- Core Network Services/Infrastructure
- Spectrum Management/Frequencies
- Upper Tier Support
- CNP/NET Support (Cone to I2)
REQUESTING A NEW USER ACCOUNT

- Link from the Computer Self Help page to set up new user account:
  https://www.wi-general.mil/whiteway/hic/user_data/default.aspx
USER ACCOUNTS

- Log on at least once every 45 days, or account will be disabled. After 90 days, account will be deleted. Deletion of your account includes any files located on your H drive as well as your Outlook account.

COMPUTER SELF-HELP RESOURCES

- Most computer issues can be solved by checking the Computer Self Help page on the portal. Here's how to get there:
COMPUTER SELF-HELP RESOURCES

COMPUTER SELF-HELP RESOURCES

COMPUTER SELF HELP LINK TO ADD PRINTER

EMAIL SETUP - STEP 1

- You will need to configure Outlook prior to sending and receiving any email.
- Link from the Computer Self Help page to set up Outlook: https://www.wlguard.mil/resources/selfhelp/WikiPages/Setup.aspx

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EMAIL SETUP - STEP 2

- Once your email account is set up, please ensure that you set forwarding up on AKO. Here's how:

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PERSONAL FOLDERS IN OUTLOOK

- Computer Self Help link to set up a personal folder, or what we call a PST: https://www.wlguard.mil/resources/selfhelp/WikiPages/PersonalFolders.aspx
FORWARDING EMAIL via AKO

CLICK HERE

FORWARDING EMAIL via AKO

CLICK ON MY ACCOUNT, MAIL PREFERENCES, MAIL OPTIONS

FORWARDING EMAIL via AKO

FILL OUT EACH BOX, THEN CLICK SUBMIT
BACKING UP YOUR FILES

- It is a good idea to get into the habit of backing up your data. Here’s the link from the Computer Self Help page: https://www.wilguard.ngb.army.mil/resources/selfhelp/WildPages/Backup_Files.aspx

REMOTELY CONNECTING TO THE NETWORK

- VPN is the application that we use to remotely connect to the network. Here is the link from the Computer Self Help page for directions on how to set this up: https://www.wilguard.ngb.army.mil/resources/selfhelp/WildPages/VPN.aspx

SUBMITTING A HEAT TICKET

- If the answer to your issue is not located on the Computer Self Help page, submit a HEAT ticket. Here’s how:
SUBMITTING A HEAT TICKET

SUBMIT: CLICK HERE

TELEPHONE SETUP

- You will have to submit a HEAT ticket to have your phone turned on, password set on voicemail, etc.

J6 – (PII)

- Personal Identifiable Information (PII)

<table>
<thead>
<tr>
<th>Full name</th>
<th>E-mail address</th>
<th>Vehicle registration plate number</th>
<th>Digital identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN</td>
<td>Telephone number</td>
<td>Face</td>
<td>Handwriting</td>
</tr>
<tr>
<td>Street address</td>
<td>Fingerprints</td>
<td>Credit card numbers</td>
<td>Driver’s license</td>
</tr>
</tbody>
</table>
J6 – Encryption

- Encryption is the conversion of data into a form (cipher text) that cannot be easily understood by those with unauthorized access
- Tool/Process for protection of PII
- MyEFS to be utilized
- Future: Mobile Armor

J6 – My Encrypted File System (MyEFS)

- WI system admins will deploy a new folder to all WI domain computer desktops named 'My EFS'.
- It is a step in achieving DAR: data at rest compliance
- The folder is repository for information that must be encrypted
- Once a file is placed in My EFS, only that author can retrieve, view and manipulate it
- The intent is to protect PII: personally identifiable information from compromise due to equipment theft or loss as well as hacking or other computer network attacks
- Files and other content stored on server folder shares or the portal is not encrypted at this time and can be shared and collaborated on by all who have permissions to it
- WJS-J6 has tested the technology and can perform recovery should that be necessary

For more information, click the "Computer Self Help" link on the WI Guard Portal.
Resources Available (DL)

- Video Conferencing Resources
  - Video Teleconference
  - Teleconference Conferencing
  - Visual Imagery
  - Audible Equipment (W1 Net)
  - Jnns CSC Connect Online

- Virtual Training/Coaching Classrooms (UTC)
  - JBC Capability (Web/Local Video Switching)
  - Digital Computers
  - Printers
  - Local Printers
  - Large Printers
  - Digital Video Art Journal
  - DVEPICS

Resources Available (VI)

- Visual Information Ordering
  - Photographic Services (DL Planning, Image Photography)
  - Photographic/Document Services (Korean Office Systems)
  - Visual/Audio Equipment (Korea Support (KES))
  - Video/Still Cameras
  - Presentation Equipment (projectors, screens, overhead projectors)
  - Video Production
  - Graphic Art Services
  - Media Preparation (Local/Remote)
    - Projectors, Equipment, etc.
    - Smart Classrooms Setup/Removal
    - Digital Signage Installation

Request Resources

- Request Conference Resources on WI Network Portal:
- Visual Information Ordering Site:
  www.VIOS.army.mil
- Email DL Branch: dl@ng.army.mil
Air National Guard / Air Technicians
IT Points of Contact

- 115th FW
  - Communications Focal Point
    - Bldg 505  Phone: (608) 245-4522
- 128 ACS/CRTC
  - MSgt Schwartzlow  (608) 427-1715
  - MSgt Vetters  (608) 427-1278
- 128 ARW
  - CS Help Desk  (414) 944-8357
Family Readiness

- Family Program
  - Family Readiness Group / Key Volunteer Program (Leaders & Treasurers)
  - Volunteer Training
  - State Advisory Council
- Child & Youth Program
  - Youth Advisory Board
  - Military Teen Resilience Summit, February 2012
  - WING Youth Camps National Guard Youth Camp 3-5 AUG 12
- Family Assistance
  - 24/7 Assistance - Resource & Referral Call 1-800-252-9464 option 3
  - Provide Families Information on Entitlements and Benefits, Referrals
  - Serves all Components
- Community Outreach
  - Community Based Partnerships: ISFAC, VSOs, Non-profits, i.e. Operation Home Front & USO, and State Agencies – Year of the Veteran

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http://www.yearoftheveteran.com/

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Joint Family Support Assistance Program (JFSAP)

- Military OneSource (MOS)
  - Specialists on Resources, Programs and Services for Military Families
  - Supports all Components
- Prohibitions & Exclusions
  - Adult Military & Family Life Consultant (MFLC)
    - Life Skills Information and Education.
    - Outreach and Referral Services
    - Supports all Components
- Child & Youth Military & Family Life Consultant (MFLC)
  - Parenting and Child Development Information and Education
  - Outreach and Referral Services
  - Supports all Components
- Personal Financial Counselor (PFC)
  - Education, Support and Assistance on Personal Finance Solutions
  - Supports all Components
- Not Financial Aid
Transition Assistance Programs

- Transition Assistance Advisor (TAA)
  - 1st Line of Support for Returning Veterans
- Employer Support of the Guard & Reserve (ESGR)
  - Education and Awareness Regarding Employer Relations and USERRA
- Wisconsin Employment Resource Connection (WERC)
  - Connect WI Service Members and Spouses with Employer Partners
- Education and Partnership Building
- Survivor Outreach Services (SOS)
  - Long term Care to Surviving Families; Benefits Counseling & Referral Assistance
- Military Funeral Honors (MFH)
  - Provide Grave Side Flag Folding, up to Full Military Honors to Families of Veterans
  - Staffed by FTNG Soldiers throughout the State

Deployment Cycle support

- Badger Yellow Ribbon
  - Educational Events and Activities to all WI Service Members & Families
  - Six events during Deployment Cycle (typically one day events)
    - Pre-Mobilization Brief for Service Members and Families
      - Topics: Legal, Child & Youth, Chaplain, PAO, TRICARE, ESGR, MOS
    - During Deployment – 30 Days In Theater Brief for Families
      - Topics: Stress Management, Child & Youth Programs, Financial
    - During Deployment - Reunion Brief for Families
      - Topics: Resilience, MOS, TRICARE, Family Wellness, Return & Reunion
- Reintegration PH I for Service Members and Families
  - Topics: Returning Veterans Benefits
- Reintegration PH II for Service Members and Families
  - Topics: Education and Employment
- Reintegration PH III for Service Members
  - Topics: Service Member Wellness

Resilience / Prevention, Response & Outreach (PRO)

- Resilience Program
  - MRT/RTA Training: Actively Train Resilience, Life Skills, or Mental Coping Strategies
  - Comprehensive Soldier Fitness
  - Global Assessment Tool (GAT), Comprehensive Resilience Modules (CRM), Institutional Military Resilience Training, Master Resilience Trainers (MRT/RTA)
- Sexual Assault Prevention & Response / SHARP
  - Sexual Assault Response Coordinator
    - Prevention Training to all Service Members
    - Resources and Referral Services to Victims
  - Unit Victim Advocates – Trained by SARC
  - Domestic Violence
Resilience / Prevention, Response & Outreach (PRO)

- Suicide Prevention
  - Prevention, Intervention and Post-vention Support for “At Risk” Soldiers.
  - Referrals for Resources available to Service Members (such as VA and Vet Centers)
  - Suicide Intervention Officer (SIO) – Applied Suicide Intervention Skills Training (ASIST)

- Director of Psychological Health
  - Assistance to Service Members experiencing Transitional Challenges adjusting to Redeployment or Life
  - Referrals to Longer-Term Care agencies, such as VA

- WING Campaign Plan 12-01 (Community Wellness Program) 1 NOV 11

WING Campaign Plan 12-01 (Community Wellness Program) 1 NOV 11

Lines of Effort (LOE)

Each MSC has a representative appointed to the Community Health Promotion Council with access to the Plan via GKO

LOE 1: Total Force Fitness
LOE 2: Resilience and Risk Reduction
LOE 3: Prevention, Response and Outreach
LOE 4: Strategic Communication Plan
LOE 5: Behavioral Health and Substance Abuse
LOE 6: Employment Assistance and Education
LOE 7: Community Based Partnerships
LOE 8: Unit Level Implementation
LOE 9: First Line Leaders Roles and Responsibilities

Reporting At Risk Behavior:
When to Send an SIR to the JOC?
Friendly Forces Info Requirements (FFIR)

**FFIR 1** Has a WING Soldier or Airman been identified as a casualty?

1a. Soldier or Airman killed
1b. Soldier or Airman state-side death
1c. Soldier or Airman missing in action/prisoner of war
1d. Soldier or Airman very seriously injured
1e. Soldier or Airman seriously injured
1f. Soldier or Airman not seriously injured (OCONUS)
1g. Soldier or Airman at Risk

**FFIR 7** Has a WING Soldier or Airman been arrested, detained, or investigated for criminal misconduct?

**FFIR 1g** - Wake-up G1/A1 only

**FFIR 7** - Types of reportable misconduct: wrongful possession, manufacture, or distribution of a controlled substance, aggravated arson, child abuse, serious domestic violence incident, incidents involving firearms that cause injury/death

DEFINE: FFIR 1g Soldier or Airman at Risk

1. Hospitalization due to high risk behavior/suicide attempt (Suicide/Deaths)
2. Self-mutilation, suicidal ideations/plan, suicide attempt (Homicidal ideations/plan)
3. When Unit or JFHQ calls Law Enforcement due to high risk behavior.
4. Patterns of high risk behavior: DUI, weapons charges, arrest, substance abuse, domestic violence, AWOLs, behavioral changes, financial issues (not an inclusive list)

More Tools & Resources

- DCoE Outreach Center For Psychological Health and Traumatic Brain Injury Information, Resources, 24/7 Outreach 1-866-966-1020
- National Crisis Line: 1-800-273-TALK (8255)
- VA Vet Centers:
  - Locations: Green Bay, La Crosse, Madison, Milwaukee, Wausau opening 27 Mar 12
  - Veterans, Family members of Veterans
  - Up to 5 “humanitarian” visits for non-Veteran service members “At Risk”
  - Confidential - no records shared with VA/military without release
Questions?
Mission: The Wisconsin Service Member Support Division provides military members, families, retirees, organizations, and communities with information and communication to ensure readiness and resilience to accomplish the mission and transition back to family and civilian roles.

Vision: We will be our Nation’s premier Support Division dedicated to providing mission ready military members, families, retirees, organizations, and communities prepared to support domestic operations and national interests preserving our heritage.

Values: Excellence through Integrity, Diversity, and Loyalty resulting in Resilient military members, families, retirees, organizations and communities.

Service Member Support Division (SMD) 1-800-292-9464 www.WisconsinMilitary.org

National Guard Family Program establishes and facilitates ongoing communication, involvement, support and recognition between families and the service member in a partnership that promote the best in both.
[lisa.kluetz@us.army.mil] [office: 608-242-3470]

Badger Yellow Ribbon Program provides educational information events and activities for military members of Wisconsin, their Families, and community members to facilitate access to services and support their health and well being throughout the entire deployment cycle.
[vicki.edgren@us.army.mil] [office: 608-242-3424]

Military Family Assistance Centers (FAC) focus is providing family members information on entitlements and benefits available to them by providing resource and referrals during the Service Members deployment cycle. Assistance is available 24/7.
[william.hasz@us.army.mil] [office: 608-301.8290]

Youth Program provides youth with opportunities to form bonds with other military youth, building support networks that are essential in times of deployment as well as reintegration. Youth activities, camp, social and educational opportunities are available.
[tina.m.jeffords@us.army.mil] [office: 608-242-3466]

Military OneSource JFSAP Consultant serves as the MOS specialist on resources, programs and services for Military Families. Conducts outreach and partners with organizations to develop, identify, catalog and publicize resources to networks.
[rebecca.boehlke@militaryonesource.com] [cell: 715-441-0077] www.militaryonesource.com

Wisconsin Employment Resource Connection (WERC) connects unemployed Wisconsin Service Members and Spouses with Employer Partners through educational and employment opportunities. WERC bridges the gap between qualified Service Members and quality employers through analysis of Service Member and employer needs.
[joseph.ledger@us.army.mil] [office: 608-301-8246]

Employer Support of the Guard and Reserve (ESGR) provides Reserve Component members education and awareness regarding employer relations, rights and requirements under USERRA and programs and services available to help strengthen employer support for the Guard and Reserve.
[timothy.b.flatley.ctr@ng.army.mil] [office: 608-242-3169] [cell: 608-630-6432] www.esgr.mil

Transition Assistance Advisor (TAA) serves as a first line of support for returning Veterans to help troubleshoot concerns surrounding their benefits, education assistance, employment and any other issues they may encounter when they return from deployment or transition back into civilian life.
[jeffrey.unger1@us.army.mil] [office: 608-242-3727] [cell: 608-469-3077]
<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Director of Psychological Health Director (DPH):</strong></td>
<td>Provides assistance and direction to Service Members (SM) who are having transitional difficulties in either adjusting to redeployment or life challenges which may be presenting barriers in quality of life. This assistance is initial problem solving with the service of identification of resources, such as specific Veterans Affairs resources, that may provide longer term support for the SM and their family. The DPH will also provide system advocacy in helping or referring to support personal in navigating the bureaucracy.</td>
<td>[<a href="mailto:bob.evans@us.army.mil">bob.evans@us.army.mil</a>] [office: 608-242-3047] [cell: 608-213-3483]</td>
</tr>
<tr>
<td><strong>Military Family Life Consultant (MFLC) Child and Youth</strong></td>
<td>Provides parenting and child development information and education. Conducts outreach and provides referral services to community resources. Provides direct, short-term, solution-focused counseling to children, youth and young families.</td>
<td>[<a href="mailto:ruth.i.price@healthnet.com">ruth.i.price@healthnet.com</a>] [office: 608-242-3147]</td>
</tr>
<tr>
<td><strong>Military Family Life Consultant (MFLC) Adult</strong></td>
<td>Provides life skills information and education. Conducts outreach and provides referral services to community resources. Provides direct, short-term, solution-focused counseling to individuals, couples, families, and groups.</td>
<td>[<a href="mailto:nan.m.gardner@healthnet.com">nan.m.gardner@healthnet.com</a>] [office: 608-242-3746]</td>
</tr>
<tr>
<td><strong>Personal Financial Counselor (PFC)</strong></td>
<td>Provides education, support and assistance on personal finance solutions and access to personal financial counseling. PFC services include professional, individualized financial planning and consultation services, including assistance with money management, credit and debt liquidation, analysis of assets and liabilities, and establishing and building savings plans.</td>
<td>[<a href="mailto:Jayson.a.voigt@mhn.com">Jayson.a.voigt@mhn.com</a>] [office: 608-509-2238]</td>
</tr>
<tr>
<td><strong>Resilience Coordinator</strong></td>
<td>Provide education and training to allow soldiers the ability to grow and thrive in the face of challenges and bounce back from adversity.</td>
<td>[<a href="mailto:michelle.reitzner@us.army.mil">michelle.reitzner@us.army.mil</a>] [office: 920-832-2712 x-8121]</td>
</tr>
<tr>
<td><strong>Sexual Assault Response Coordinator (SARC)</strong></td>
<td>Provides prevention training to all service members and resource and referral services to victims of sexual assault and domestic violence. The Sexual Assault Prevention Response Program ensures victims of sexual assault are protected, treated with dignity and respect, receive support and advocacy and assists with identification of treatment resources.</td>
<td>[<a href="mailto:kristin.boustany@us.army.mil">kristin.boustany@us.army.mil</a>] [office: 608-242-3742] [24 hr cell 608-469-2627] [<a href="mailto:sara.k.poquette@us.army.mil">sara.k.poquette@us.army.mil</a>] [office: 608-242-3736]</td>
</tr>
<tr>
<td><strong>Suicide Prevention Program Manager</strong></td>
<td>Provides education on the risk factors and warning signs of suicide, connects service members to military, veteran, and community resources, and responds to crisis situations.</td>
<td>[<a href="mailto:dana.m.cowell@us.army.mil">dana.m.cowell@us.army.mil</a>] [office: 608-242-3428] [24 hr cell: 608-609-0452] [<a href="mailto:timothy.touchett@us.army.mil">timothy.touchett@us.army.mil</a>] [office: 608-242-3748]</td>
</tr>
<tr>
<td><strong>Military Funeral Honors (MFH)</strong></td>
<td>Honors those who served by providing military funeral ceremonies for all military veterans upon request of the veterans’ family.</td>
<td>[<a href="mailto:gary.r.hans@us.army.mil">gary.r.hans@us.army.mil</a>] [office: 608-242-3419]</td>
</tr>
<tr>
<td><strong>Survivor Outreach Services (SOS)</strong></td>
<td>Connects Survivors with those who can help families move forward and find strength, benefits counseling on state and federal benefits, and financial referral assistance. Provides Long-term care to Families of the Fallen to stay connected to the Military for as long as they desire.</td>
<td>[<a href="mailto:kori.williams@us.army.mil">kori.williams@us.army.mil</a>] [cell: 262-745-3283] [<a href="mailto:tara.zarns@us.army.mil">tara.zarns@us.army.mil</a>] [cell: 715-252-0357]</td>
</tr>
</tbody>
</table>

As a new/newly eligible Federal employee, you may be able to enroll in health insurance, dental insurance, vision insurance, flexible spending accounts, life insurance, and/or apply for long term care insurance. Here’s some basic information about each program. You can find more comprehensive information at [www.opm.gov/insure](http://www.opm.gov/insure), in the *Guide to Federal Benefits* at [www.opm.gov/insure/health/planinfo/guides/index.asp](http://www.opm.gov/insure/health/planinfo/guides/index.asp) or by contacting your agency’s human resources office.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Description</th>
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</thead>
<tbody>
<tr>
<td>Federal Employees Health Benefits (FEHB) Program</td>
<td>FEHB provides comprehensive health insurance. You can choose from fee-for-service plans, health maintenance organizations, consumer-driven plans and high deductible health plans. Generally, premiums for your enrollment are shared by you and your Federal agency.</td>
</tr>
<tr>
<td><a href="http://www.opm.gov/insure/health">www.opm.gov/insure/health</a></td>
<td></td>
</tr>
<tr>
<td>Federal Employees Dental and Vision Insurance Program (FEDVIP)</td>
<td>FEDVIP provides comprehensive dental insurance and vision insurance. You can choose from seven dental plans and three vision plans. FEDVIP features nationwide, regional, and international plans. You pay the entire premium.</td>
</tr>
<tr>
<td>Federal Flexible Spending Account Program (known as FSAFEDS)</td>
<td>FSAFEDS provides a way for you to save money on health care and/or child care/elder care expenses. You set aside money from your salary BEFORE taxes are withheld, incur eligible expenses and receive reimbursement. Enrolling in FSAFEDS lowers the amount of income tax you pay because the salary you set aside for FSAFEDS is not taxed. That’s how you save money with FSAFEDS – you pay less tax.</td>
</tr>
<tr>
<td><a href="http://www.fsfeds.com">www.fsfeds.com</a></td>
<td></td>
</tr>
<tr>
<td>Federal Employees’ Group Life Insurance Program (FEGLI)</td>
<td>FEGLI provides group term life insurance. If you are in a FEGLI-eligible position, you are automatically covered under Basic life insurance, unless you choose to waive that coverage. Generally, premiums for Basic insurance are shared by you and your Federal agency. You can also elect Optional insurance for you, and/or your eligible family members, and pay the entire premium for that coverage.</td>
</tr>
<tr>
<td><a href="http://www.opm.gov/insure/life">www.opm.gov/insure/life</a></td>
<td></td>
</tr>
<tr>
<td>Federal Long Term Care Insurance Program (FLTCIP)</td>
<td>FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living or supervision you receive because of a severe cognitive impairment. Your premium is based on your age on the date you apply as well as the benefit options you select. The FLTCIP is medically underwritten. Certain medical conditions, or combinations of conditions, will prevent some people from qualifying for coverage.</td>
</tr>
<tr>
<td><a href="http://www.ltcfeds.com">www.ltcfeds.com</a></td>
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### Federal Benefits FastFacts: Insurance Benefits for New/Newly Eligible Federal Employees (Continued)


<table>
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<tr>
<th>What does the acronym stand for?</th>
<th>FEHB</th>
<th>FEDVIP</th>
<th>FSAFEDS</th>
<th>FEGLI</th>
<th>FLTCIP</th>
</tr>
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</table>

| If I’m eligible, how long do I have to enroll in or apply for the Program? | You have 60 days from date of becoming eligible to enroll in any or all of these three programs. Once you enroll, you may not change your enrollment (e.g. cancel, change plans, etc.) until the next annual open season or until you experience a qualifying life event. | You are automatically enrolled in Basic insurance and can waive it anytime. You have 31 days from date of becoming eligible to enroll in Optional insurance. You can apply at any time if you provide satisfactory medical information on an SF 2822. | You have 60 days from date of becoming eligible to apply with Abbreviated Underwriting. You can apply anytime with Full Underwriting. |

| How do I enroll as a new or newly eligible employee? | Complete and submit a standard form (SF) 2809; some agencies may have electronic enrollment. Enroll at BENEFEDS.com or by calling 1-877-888-3337. | Enroll at www.FSAFEDS.com or by calling 1-877-372-3337. | Complete and submit an SF 2817; some agencies may have electronic enrollment. Complete and submit an application at www.LTCFEDS.com or by calling 1-800-582-3337. |

| When does my coverage as a new or newly eligible employee become effective? | The first day of the first pay period that begins after your enrollment request is received and that follows a pay period during any part of which you are in pay status. | The next day after you enroll. | Basic: The day you enter on duty in pay status. Optional: The first day you enter on duty in pay status on or after the day your agency receives your election. First day of the month after approval if you meet actively at work rules. Certain medical conditions or combinations of conditions will prevent some people from being approved |

| Which of my family members are eligible? | -Spouse, including a valid common law marriage (marriage means only a legal union between one man and one woman as husband and wife) -Unmarried dependent child under age 22, including adopted child, recognized natural child, stepchild/foster child (if living with employee in regular parent-child relationship); and -Child age 22 or over incapable of self-support, if disabling condition happened before age 22. | Your spouse and dependents you claim on your Federal tax return. | Same as FEHB and FEDVIP |

| Do I Have To Re-Enroll Each Year? | No. | Yes. | No. | No. |

| When can I make changes to my coverage? | During the annual open season (mid-November through mid-December) or if you experience a program-specific qualifying life event (QLEs differ for each program). | During infrequent (not annual) open seasons or provide satisfactory medical information on an SF 2822 or experience a FEGLI-specific QLE. | At any time, but changes to coverage may require additional underwriting. |

| Can I keep coverage if I leave Federal service? | -31-day free extension of coverage; -Temporary Continuation of Coverage is available for separating employees for up to 18 months; and -Opportunity to convert to an individual policy | -31-day free extension of coverage; and -Opportunity to convert to an individual policy | Yes, as long as premiums are paid timely. |

| Can I keep coverage when I retire? | Yes, if you meet certain requirements. | Yes. | No. | Yes, if you meet certain requirements. | Yes. |
## Links

### BENEFITS

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<th>Service</th>
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<tbody>
<tr>
<td>Federal Long Term Care Insurance Program</td>
<td><a href="http://www.ltcfeds.com/">http://www.ltcfeds.com/</a></td>
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<tr>
<td>OPM Health Benefits</td>
<td><a href="http://www.opm.gov/insure/health/">http://www.opm.gov/insure/health/</a></td>
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<tr>
<td>OPM Life Insurance</td>
<td><a href="http://www.opm.gov/insure/life/">http://www.opm.gov/insure/life/</a></td>
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<td>OPM Retirement</td>
<td><a href="http://www.opm.gov/retire/">http://www.opm.gov/retire/</a></td>
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<tr>
<td>BENEFEDS</td>
<td><a href="https://www.benefeds.com/">https://www.benefeds.com/</a></td>
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<td>TSP Homepage</td>
<td><a href="http://www.tsp.gov/">http://www.tsp.gov/</a></td>
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<td>OWCP Air Force Portal Link</td>
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### CLASSIFICATIONS

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<td>OPM GS Pay Tables</td>
<td><a href="http://www.opm.gov/oca/10tables/index.asp">http://www.opm.gov/oca/10tables/index.asp</a></td>
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### INFORMATION SYSTEMS

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<td>MYBIZ/MyWorkplace</td>
<td><a href="https://compo.dcpds.cpms.osd.mil/">https://compo.dcpds.cpms.osd.mil/</a></td>
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<tr>
<td>J1 Homepage (Army Network)</td>
<td><a href="https://www.wi-guard.ngb.army.mil/WIJS/J1/Pages/default.aspx">https://www.wi-guard.ngb.army.mil/WIJS/J1/Pages/default.aspx</a></td>
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<tr>
<td>J1 Homepage (Public Network)</td>
<td>Wisconsin Department of Military Affairs</td>
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### PAY RELATED

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<th>Service</th>
<th>Website</th>
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<tbody>
<tr>
<td>DFAS</td>
<td><a href="http://dfas4dod.dfas.mil/systems/dcps/consolid/index.htm">http://dfas4dod.dfas.mil/systems/dcps/consolid/index.htm</a></td>
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### STAFFING

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<tr>
<th>Service</th>
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<tr>
<td>USAJOBS</td>
<td><a href="http://www.usajobs.gov/">http://www.usajobs.gov/</a></td>
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### GENERAL INFORMATION
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<tr>
<th>CPMS</th>
<th><a href="http://www.cpms.osd.mil/">http://www.cpms.osd.mil/</a></th>
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</thead>
<tbody>
<tr>
<td>OPM</td>
<td><a href="http://www.opm.gov/">http://www.opm.gov/</a></td>
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