

FOREIGN SERVICE BENEFIT PLAN

Not just for the Foreign Service anymore



FOREIGN SERVICE BENEFIT PLAN

Caring For Your Health Worldwide®

Health Plan Accredited by



The **FOREIGN SERVICE BENEFIT PLAN** has Health Plan Accreditation from the Accreditation Association for Ambulatory Healthcare, Inc.

SUMMARY OF 2020 BENEFITS FOR THE FOREIGN SERVICE BENEFIT PLAN

High Option Benefits	We Pay	
	In-Network and Providers Outside the 50 United States <small>(Networks: Aetna Choice POS II in U.S., NetCare in Guam)</small>	Out-of-Network
MEDICAL SERVICES – SECTION 5(a)		
Preventive care, routine immunizations, and tests (includes dietary and nutritional counseling; calendar-year maximums may apply)	100% of Plan allowance	70% of Plan allowance*
Office visits, lab, X-ray, and other diagnostic tests	90% of Plan allowance* Quest Outpatient Lab, U.S. only – 100% of Plan allowance – you must use a Quest approved collection site and present your FSBP ID Card	70% of Plan allowance*
Telehealth consultations provided by MD, RD, LCSW, and Psychologists (only available through Teladoc, if you reside in U.S.)	100% of Plan allowance	Out of network and outside the 50 United States – no benefit
Complete maternity (obstetrical) care	100% of Plan allowance	70% of Plan allowance
EDUCATIONAL CLASSES AND PROGRAMS – SECTION 5(a) See page 6 of this brochure for additional information on our Wellness Programs		
Tobacco cessation/E-cigarettes	See Sections 5(a), 5(f), and 5(h) of the FSBP Brochure for comprehensive benefits and information about our health coaching program, Living Well Together	
Diabetic education	90% of Plan allowance	70% of Plan allowance*
CHIROPRACTIC AND ALTERNATIVE SERVICES – SECTION 5(a)		
Massage therapy, chiropractic, and acupuncture	Up to \$60 per visit; 40 visits per year for each type of service	
SURGICAL SERVICES - SECTION 5(b)		
Inpatient and outpatient	90% of Plan allowance	70% of Plan allowance
SERVICES PROVIDED BY A HOSPITAL – SECTION 5(c)		
Inpatient	100% of Plan allowance	80% after a \$200 copay
Outpatient	90% of Plan allowance*	70% of Plan allowance*
EMERGENCY BENEFITS – SECTION 5(d)		
Accidental injury: Initial treatment in an emergency room, urgent care center or doctor's office, including physician's charges/ancillary services	100% of Plan allowance	
Medical emergency	90% of Plan allowance*	
Outpatient care in an urgent care center because of a medical emergency	100% after a \$35 copayment per occurrence	

Do not rely on these charts alone. All benefits are subject to the definitions, limitations, and exclusions in the **FOREIGN SERVICE BENEFIT PLAN (FSBP)** Brochure (RI 72-001). We summarize certain covered expenses in these charts. Some benefits are subject to maximum limitations. Above and on the following page, "Section" refers to the Brochure section in which the benefit is described.

High Option Benefits	We Pay	
	In-Network and Providers Outside the 50 United States <small>(Networks: Aetna Choice POS II in U.S., NetCare in Guam)</small>	Out-of-Network
MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS – SECTION 5(e)		
All covered diagnostic and treatment services	90% Plan allowance*	70% Plan allowance*
Telehealth (Teladoc) consultations	100% of Plan allowance	Out of network and outside the 50 United States – no benefit
Telehealth consultations (for overseas members, using a HIPPA Compliant Tool)	90% Plan allowance*	70% Plan allowance*
Inpatient hospital	100% of Plan allowance	80% after a \$200 copay
PRESCRIPTION DRUGS – SECTION 5(f)		
Retail pharmacy Up to a 30-day supply of non-specialty medications Note: The Plan participates in Express Scripts' Smart90® Retail and SafeGuardRx. Note: You must obtain Chronic specialty drugs from Accredo, the Plan's specialty pharmacy. See official Plan Brochure RI72-001 for details.	In this prescription section only, the payment reference is what YOU pay Network pharmacies in the 50 United States (use ID Card) <ul style="list-style-type: none"> ■ Tier I (Generic Drug): \$10 copay ■ Tier II (Preferred Brand Name Drug): 25% (\$30 minimum) ■ Tier III (Non-Preferred Brand Name Drug): 35% (\$60 minimum) ■ Tier IV (Generic Specialty Drugs): 25% ■ Tier V (Preferred Brand Name Specialty Drugs): 25% ■ Tier VI (Non-Preferred Brand Name Specialty Drugs): 35% 	
Home delivery (mail order through the Express Scripts Pharmacy SM [ESI] or Smart90 Retail) Up to a 90-day supply of non-specialty maintenance medications	<ul style="list-style-type: none"> ■ Tier I (Generic Drug): \$15 ■ Tier II (Preferred Brand Name Drug): \$60 ■ Tier III (Non-Preferred Brand Name Drug): 35% (\$80 minimum; \$500 maximum) ■ Tier IV (Generic Specialty Drugs): 25%, up to a maximum of \$150 ■ Tier V (Preferred Brand Name Specialty Drugs): 25%, up to a maximum of \$200 ■ Tier VI (Non-Preferred Brand Name Specialty Drugs): 35%, up to a maximum of \$300 	
DENTAL CARE – SECTION 5(g)		
Orthodontics	50% of Plan allowance, up to \$1,000 per course of treatment	
SPECIAL FEATURES 5(h)		
<ul style="list-style-type: none"> ■ 24-Hour Nurse Advice Line and Healthwise Knowledgebase ■ 24-Hour Translation Line ■ AbleTo – online treatment support program ■ Aexcel Designated Providers ■ Electronic copies of Explanations of Benefits ■ Electronic Funds Transfer (EFT) of claim reimbursements ■ Express Scripts Specialist Pharmacists ■ Flexible benefits option ■ Health Coaching Program ■ Institutes of Excellence for organ/tissue transplants 	<ul style="list-style-type: none"> ■ In Touch Care Program – addresses advanced illnesses, disease management, and more ■ Livongo – remote diabetes and hypertension monitoring programs ■ Mobile Apps – Express Scripts and Aetna Health (download for free on your mobile device) ■ myStrength™ online mental health support program ■ Overseas Second Opinion ■ Pre-diabetic Alert Program ■ Scanned claim submission via secure Internet connection ■ Web based customer service: Aetna secure member website and ESI 	
Simple Steps to Living Well Together Program and Wellness Incentives (See page 6.)		

An asterisk(*) means the deductible is \$300 per person (\$600 per Self Plus One enrollment or \$600 per Self and Family enrollment) for In-Network providers (including Guam) and providers outside the 50 United States; or \$400 per person (\$800 per Self Plus One enrollment or \$800 per Self and Family enrollment) for Out-of-Network providers (including Guam). And after we pay, you generally pay any difference between the Plan allowance and the billed amount if you use an Out-of-Network physician or other health care professional.

PROGRAMS TO SUPPORT YOUR NEEDS



Health Coaching

This program allows you to work with a health care professional to transform your health goals into action. Your Health Coach provides guidance, support, and resources. Ultimately, you can learn how to overcome obstacles that may be keeping you from achieving your optimal health.

Talk to a Health Coach about:

- Tobacco Cessation
- Weight Management & Nutrition
- Exercise
- Stress Management

To learn more about Health Coaching, visit trestletree.com or call 855-406-5122.



myStrength™

An online mental health support program

Users receive evidence-based resources to improve their emotional health and maintain their overall well-being. myStrength offers interactive tools and personalized support, through an internet platform. Use the program to address depression, anxiety, stress, substance use disorder, chronic pain, and sleep challenges.

To learn more about myStrength, visit mystrength.com.



Healthy Pregnancy

Pregnant women can receive educational materials and specialized support, during healthy and high-risk pregnancies. Obstetrical nurses provide care coordination, health assessments, and individualized care plans. This program offers services, information, and resources to manage common risk factors and help improve outcomes.

To learn more about the Healthy Pregnancy Program, call 800-593-2354.



In Touch Care (ITC)

ITC can assist you in managing acute or chronic conditions. It includes components of Case Management, Disease Management, Advanced Illness, Social Work, and Pain Management. The program can help you adopt new lifestyle behaviors, navigate the health care system, and more. ITC offers customized action plans, online resources, and ongoing calls with a registered nurse or licensed social worker. You can receive individualized support to better manage your health.

To learn more about ITC, call 800-593-2354.



Overseas Second Opinion

Cleveland Clinic offers an online medical second opinion to members receiving treatment in foreign countries. For certain conditions, you can access Cleveland Clinic's nationally recognized specialists. Use this benefit to make informed health care decisions, ensure your diagnosis, and verify your treatment plan. Then, you receive a comprehensive written report from a Cleveland Clinic expert.

To learn more about the Overseas Second Opinion program, visit clevelandclinic.org/coventry or call 800-535-2814.



Express Scripts® (ESI) Specialist Pharmacists

ESI connects you and your caregivers with highly trained Specialist Pharmacists and nurses. These medical professionals use disease-specific experience to ensure safety, improve medication adherence, and close gaps in care. Specialist Pharmacists address complex conditions such as: cardiovascular disease, diabetes, cancer, HIV, asthma, depression, and other chronic conditions.

To learn more about ESI Specialist Pharmacists, visit express-scripts.com or call 800-818-6717.



Livongo®

Two voluntary programs to address two common conditions

Manage your diabetes and/or high blood pressure. Receive an advanced blood glucose meter and/or a blood pressure monitor, along with on-demand coaching.

- **Livongo for Diabetes** offers diabetic supplies and real-time interventions by Certified Diabetes Educators. This program provides an In Touch® glucose meter, a mobile app, and unlimited test strips and lancets. Participants receive personalized tips and free supplies to assist with their diabetes management.
- **Livongo for Hypertension** offers clinical expertise to help modify behavior and control blood pressure. Track your health with an advanced blood pressure monitor, a mobile app, and expert coaching. This program helps you take charge of your blood pressure and work towards your long-term health goals.

To learn more about both Livongo programs, visit get.livongo.com/FSBP or call 800-945-4355.



Non-FEHB Programs offered by the American Foreign Service Protective Association (AFSPA), sponsor of FSBP

- **EyeMed Vision Care Program - FSBP** members save up to 35% with your EyeMed Vision Care discount program on exams, glasses, and contact lenses. Save 15% off standard prices for LASIK services obtained through the U.S. Laser Network.
- **Jenny Craig Discount - FSBP** members can receive a three month program plus \$50 in food savings or save 50% off premium programs.
- **TruHearing - FSBP** members receive 30% to 60% discount on digital hearing aids, free batteries, and follow-up visits.
- **GlobalFit® - FSBP** members can save on gym memberships and home exercise kits.
- **Institutes of Excellence® (IOE) Infertility Providers - FSBP** members have access to infertility providers with proven outcomes through Aetna's Institutes of Excellence™ Infertility Network.

Additional Programs

- Discount Care Programs
- Financial Planning
- Group Accidental Death & Dismemberment Insurance
- Group Dental Insurance
- Group Disability Income Protection Insurance
- Group Term Life Insurance
- Immediate Benefit Plan (select agencies)
- Legal Services
- Long-Term Care Planning
- Members of Household Health Insurance
- Tax Consultation Services
- Travel Insurance

Note: The non-FEHB benefits are not part of the FEHB contract or premium, and you cannot file an FEHB disputed claim about them. Fees you pay for these services do not count toward FEHB deductibles, copayments, or catastrophic protection out-of-pocket maximums. All appeals must follow the programs' guidelines.

SIMPLE STEPS TO LIVING WELL TOGETHER PROGRAM

The **FOREIGN SERVICE BENEFIT PLAN (FSBP)** has enhanced and improved our wellness program, *Simple Steps to Living Well Together*. The new format assists you in better managing your health and rewards you for your healthy outcomes. Complete the three steps by **December 1** every year, to earn up to **\$400** in wellness credits!

STEP 1 The Health Risk Assessment (HRA) and Routine Physical Examination

Wellness Reward: \$100

Complete an HRA/health questionnaire and a routine physical. An annual checkup can help detect health conditions early.

After you finish both activities, \$100 will be deposited into your Wellness Fund Account.

STEP 2 The Biometric Screening

Wellness Reward: \$75

Complete a Biometric Screening and pass 3 out of 5 metabolic syndrome criteria – HDL Cholesterol, Triglycerides, Blood Pressure, Waist Circumference, and Glucose. If you don't pass at least 3, we have wellness programs to help you achieve your goal.

Passing 3 criteria or participating in a specific program will reward you with another \$75 in your Wellness Fund Account.

STEP 3 Healthy Action(s)

Wellness Reward: Up to \$225

Members who use tobacco, are pregnant, and/or identified with certain conditions may qualify for an additional reward opportunity. Complete up to 3 of these 5 Healthy Actions:

- Controlling Blood Pressure
- Controlling Metabolic Syndrome/Pre-Diabetes levels
- Controlling Hemoglobin A1c (HbA1c) levels
- Prenatal Care
- Tobacco Cessation/E-cigarettes

Earn \$75 in Wellness Rewards for each completed Healthy Action, up to \$225.

Get healthier and earn up to \$400 in Wellness Rewards, at the same time!

Completing your HRA and having a Physical Exam are important first steps to guiding your personal health goals and earning Wellness Rewards.



To earn rewards, you must complete **STEP 1** and then complete **STEP 2**.

Complete Healthy Actions in **STEP 3** at any time.

Earn **STEP 1** and **STEP 2** rewards **ONCE per calendar year**.

STEP 3 rewards can be obtained up to **THREE TIMES per calendar year**.

At the end of the year, any unused Wellness funds will rollover into the next calendar year. Keep your earned Wellness Rewards, as long as you remain an **FSBP** member.

The \$400 in Wellness Rewards can reimburse you for certain Eligible Medical Expenses, as defined by IRS Code Section 213(d). These include deductibles, coinsurance, copayments, and non-prescriptions purchases (eyeglasses, cough drops, etc.).

For details, see Sections 5(a) and 5(h) of the Plan's Brochure.

ASSISTANCE FOR THE UNIQUE NEEDS OF OUR **FSBP** MEMBERS



We understand the unique challenges of our members when they are outside the United States.

We handle them in the following ways:

- **PROVIDE** you access to Direct Billing Hospitals (no up-front payment)
- **ACCEPT** foreign providers' charges, generally in full (no reductions to Plan allowance or fee schedules) and process foreign claims as a priority
- **ACCEPT** all types of itemized foreign bills
- **PROVIDE** you Electronic Funds Reimbursement (EFT) of claim payments
- **TRANSLATE** your claims
- **CONVERT** currency using verified exchange rates
- **PROVIDE** you secure electronic claims and correspondence submission — avoid "snail mail"
- **RESPOND** to emails
- **RETURN** overseas phone calls



Our mission:

To provide unparalleled service that our unique, worldwide membership requires, AFSPA manages a comprehensive set of health insurance benefits and related programs promoting the welfare of our members who support U.S. foreign affairs and related missions.

To enroll or to change your enrollment in **FSBP** use the correct code on your enrollment form.

FOREIGN SERVICE BENEFIT PLAN 2020 Premiums

Enrollment Code	Bi-Weekly Premium	Monthly Premium
Self Only Code 401	\$68.99	\$149.47
Self Plus One Code 403	\$171.79	\$372.21
Self and Family Code 402	\$170.67	\$369.79



afspa.org/fsbp

For more information or questions, please contact us:

FOREIGN SERVICE BENEFIT PLAN

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Protective Association

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