



COMMITMENT TO EXCELLENCE

afspa

FALL 2015 *in action*

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Paula's perspective

WELCOME TO THE NEW AND IMPROVED FALL NEWSLETTER.

As you can see from just glancing at this newsletter, we are changing things at the Protective Association. I am pleased to provide you with our annual AFSPA Newsletter, now renamed **AFSPA in ACTION** — because this has been — and will continue to be — the new normal for us. Please let us know what you think about the newsletter by emailing outreach@afspa.org. We value your feedback.

The year 2015 has proven to be a busy year for the **Protective Association**. Of course, the delivery and cost of quality health care continues to be on our mind as we work together with the Office of Personnel Management (OPM) to address their initiatives. This newsletter is packed with information about the new Self Plus One Enrollment type, the continued impact of the Affordable Care Act (ACA) and the programs and services we, along with our partners Aetna and ESI, offer. At the same time, we included good news stories and let you get to know the AFSPA staff better.

This newsletter continues the theme, "Commitment to Excellence." As in the recent health newsletter, this theme repeats throughout *AFSPA in Action* but the meaning varies from person to person. We asked the AFSPA staff to define "Commitment to Excellence" in their own words, and you will find their responses throughout this issue. We want you to learn more about the staff and the people who make AFSPA great.

The **FOREIGN SERVICE BENEFIT PLAN (FSBP)** will continue to provide excellent benefits at very competitive premiums. We are pleased to announce a lower premium increase than the FEHB Program average of 7.4% for 2016.

You might be surprised that our Self Plus One premium is slightly higher than the Family premium, which seems counter-intuitive. There is good reason for this. We develop our rates based on the population of our Plan. The majority of members in **FSBP** are, in fact, on the Family plan. Due to demographics, utilization of services and medical costs, more premium is necessary for those in the self plus one category. And because the government contribution for Self Plus One enrollments is smaller than the government contribution for Self and Family enrollments, Self Plus One enrollees will pay a higher enrollee contribution. **If you are a two-party family, you do not have to enroll in Self Plus One.** Therefore, our focus was toward the family rate, which affects the majority of the **FSBP** enrollees.

FOREIGN SERVICE BENEFIT PLAN 2016 PREMIUMS					
BI-WEEKLY PREMIUM			MONTHLY PREMIUM		
Self Only	Self Plus One	Family	Self Only	Self Plus One	Family
Code 401	Code 403	Code 402	Code 401	Code 403	Code 402
\$63.17	\$157.96	\$156.29	\$136.88	\$342.24	\$338.63

FSBP remains committed to providing members with benefits and programs to help get them healthy and remain healthy. Your wellness is a main focus for us and over the years, we have added programs and services to support your goals. In 2016, we will provide a new and fresh comprehensive *Living Well Together* Program that will "Surround You with Care." Our Wellness Incentive Program is

designed to give you choices to take that first step with the Health Risk Assessment, Biometric Screening, and Healthy Action Incentives. Read more about the program on page 15.

With over 40% of the **FSBP** membership being overseas at any given time and the challenges they face vis-à-vis tax implications, we felt it was important to provide a program for legal/tax consultation to assist with these confusing issues. Please see the summary of my interview with John Ermer on pages 6 and 7. It explains the complicated rules around the Affordable Care Act's (ACA) individual shared responsibility mandate and its impact on AFSPA members who live abroad, regardless of the FEHB plan you have.

This newsletter includes valuable information about AFSPA's Ancillary Insurance Programs. These programs are growing in numbers and expanding in services. There is a new disability plan coming in 2016 and you can read about it in this issue. We also included a section called "Ask-a-Dentist." From this article, you will learn vital information about oral health. Please explore our dental coverage as well as our life insurance, travel insurance, and other useful programs. All our additional services compliment **FSBP** very well.

Our membership numbers continue to grow, as reported last year. In fact, **FSBP** is responsible for the healthcare of almost 58,000 lives, a 9.2% increase over last year alone. The growth does bring significant challenges in IT, staffing, and space - to name a few. These are good challenges, but important ones nonetheless.

To that end, I am pleased to announce that we have moved our headquarters to a much larger space at **1620 L Street NW, Suite 800, Washington DC**. I will miss our beautiful townhouses on N Street that served as our home for over 25 years. But as wonderful as the N Street location was, it was not conducive to the work of today's **Protective Association**. Please refer to the pictures of our new HQ on page 3 - yes, almost the entire 8th floor - of the **Protective Association**.

So a lot of change and growth has occurred over the last few years. But one thing has not changed - and that is the personal relationship we have with our members. Every member of the AFSPA team is committed to serving you. We want to hear what you think. Email outreach@afspa.org to share your feedback.

The **Protective Association** strives every day to deliver on our mission and to provide the level of "unparalleled service" our members have come to expect. Thank you for your trust in us and for giving us the opportunity to serve you.

To your health,

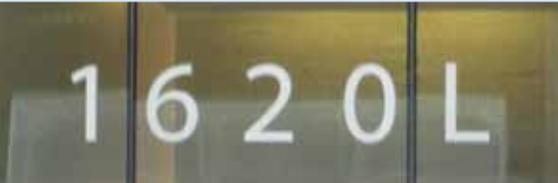
Paula S. Jakub, RHU

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Members of the Board of Directors are Career Foreign Service or other Executive Branch personnel, on active duty or retired. They serve the Association without compensation.

LAST DAY IN OLD OFFICE



The **American Foreign Service Protective Association (AFSPA)** has moved to 1620 L Street NW, Suite 800, Washington DC 20036. The first day at the new site was completed September 14, 2015. The new building - located only a few blocks from AFSPA's previous location, and within two blocks of four Metro lines (Blue, Orange, Silver, and Red) - remains easily accessible to AFSPA members. The **Protective Association** has experienced tremendous growth over the last several years, which prompted the need to move. The new building will accommodate the ongoing growth and enable AFSPA to continue to provide the unparalleled customer service our members expect. For more information on AFSPA's new location, please visit www.AFSPA.org.



The AFSPA Management Team

FIRST DAY IN NEW OFFICE

Meet the AIP Team

Ancillary Insurance Programs (AIP) offer and administer other insurances and services outside of **FSBP**. This includes supplemental dental insurance, life insurance, legal and financial planning services, just to name a few. To learn more, please visit www.AFSPA.org. We asked the AIP team about their **Commitment to Excellence** and this is what they said...



Adrienne Coleman-Seabrooks

Supervisor of Ancillary Insurance Programs with AFSPA Nine years

What does Commitment to Excellence mean to you?

"I believe that a Commitment to Excellence is a continuous process in which you push yourself to be the very best that you can be in every aspect of life. It means to strive to be the best you can be as a coworker, as a mentor, and as a leader. If you continuously try to go above and beyond, in every aspect of your work life, you will hit the mark!"

Congratulations to Adrienne for being promoted to Supervisor of Ancillary Insurance Programs in July 2015.



Sherell Dixon

Jr. Customer Service Representative, Ancillary Insurance Programs • Started August 2015

What does Commitment to Excellence mean to you?

"To me, Commitment to Excellence means to make a plan to demand more of yourself in order to create ways to exceed expectations in that area. It means to be dedicated to going that extra mile to meet a goal and receive positive results."



Welcome the Newest

AIP Staff Member!



What does Commitment to Excellence mean to you?

"Commitment to Excellence means to persistently create better ways of doing things. I do not rest on my accomplishments, but rather build on them in my personal and professional journey to be the best I can be. It also means demanding more of myself than my members do."

Velita Johnson

Administrative Assistant, Ancillary Insurance Programs

Started September 2015

About Velita Johnson

Velita has a strong administrative and customer service background. She prides herself on being a well-rounded person who is professional, reliable, personable, and positive in all aspects of her life. She comes with over 30 years of work experience. She is excited about being a part of the AFSPA team and looks forward to her contribution to the continued success and growth of the American Foreign Service Protective Association.



Ask-A-Dentist

Creating a Beautiful Smile by Dr. Marcus S. Tappan

Marcus S. Tappan, DDS, has been improving smiles for over 28 years. A graduate of Howard University School of Dentistry and a Major in the Army Dental Corps for seven years, he now has a thriving practice located in Silver Spring, Maryland. Dr. Tappan agreed to share his knowledge with AFSPA on improving our smile. Please see his article below.



According to an old saying, "the eyes are the windows to the soul," but to many people it's the smile that says more about you than anything else. A beautiful smile can make you feel better about yourself and project confidence and friendliness to everyone you meet. It also can enhance your opportunities both professionally and personally.

For some people, material possessions like expensive cars, jewelry, and clothes help them to feel accepted and respected. However, it is our smile that truly boosts our self-esteem and gives us that winning edge.

The first steps toward creating a beautiful smile can be taken at

home. Effective brushing with a quality toothpaste and flossing at least twice a day can make an immediate difference in the way your teeth look and feel. Regular visits to your dentist for check-ups and cleaning are also a vital component of healthy dental care.

If your gums are swollen, red or bleed easily when brushing and flossing, you may need more than just a regular dental cleaning. These symptoms may be the sign of periodontal disease, a bacterial infection of the gums, bones, and ligaments that hold the teeth in place. This may require further, more advanced treatment.

The American Dental Association states that more than 75 percent of all Americans have some form of periodontal disease, which begins as a buildup of plaque and calculus in and around the gum line. As the disease progresses, it leads to bone recession, tooth mobility, and eventually tooth loss.

When properly diagnosed with a full series of x-rays and periodontal charting of the gums, this disease usually can be treated with deep scaling and antibiotic therapy. However, in severe cases, further treatment is necessary to correct the problem. Periodontal disease has been associated with heart disease, stroke, high blood pressure, diabetes, and is a contributor to premature births and low birth-weight babies.

Once your gums are healthy and disease free, the next step in creating that winning smile is to repair or replace any decayed teeth or leaking fillings. Removing the old existing fillings or decay, and replacing them with new, white, tooth colored fillings can accomplish this. If the defective filling is too large to replace with a tooth colored filling or a large portion of the tooth is removed, a procedure to rebuild the tooth may need to be done to stabilize and strengthen it. A crown or tooth-colored porcelain onlay may be recommended. These alternatives offer both aesthetics and strength to the weakened tooth.

Today, there are many techniques to improve your smile

A true dental makeover begins with an analysis of the existing teeth and desired appearance. The teeth need to match properly in color, shape, and size.

Several different techniques can be used to improve the color of your teeth. Bleaching is a method used to whiten teeth. This can be done in the dentist's office with a high intensity light or by wearing custom made acrylic trays at home. After the desired shade is achieved, the dentist can begin to create your new smile.

Crowns, bridges, implants, veneers, and orthodontics are all procedures that improve the shape, size and position of your teeth to change the appearance of your smile.

Crowns are made of metal and porcelain and are placed over teeth to rebuild worn, broken down teeth and restore strength, durability, and aesthetics to them.

Bridges are two or more porcelain crowns fused together to replace missing teeth and to restore the natural bite.

Implants also help restore the bite; however, they are single units like your natural teeth. Implants, made of a titanium cylinder, are placed in the area where teeth are missing to replace their form and function, the same way that tooth roots support natural teeth. They can be used to replace a single tooth or as anchors to support a fixed bridge.

Veneers are composite or porcelain coverings placed over the front teeth to alter size, shape and discolorations. Orthodontics are braces or appliances to move existing teeth into straight positioning.

When the procedures are completed and the dental makeover is done, the results can be an eye-catching smile that radiates self-confidence, charm, warmth, and beauty.

For more information on Dr. Tappan, please visit www.drappan.com.



AFSPA sponsors four dental plans to meet your needs, whether you are in the U.S. or abroad. We offer personalized customer service and timely responses to emails. For more details on AFSPA's dental plans, please visit www.AFSPA.org/dental.

An Interview with John F. Ermer, CPA

John F. Ermer, a certified public accountant, recently answered questions about the Affordable Care Act's (ACA) individual shared responsibility mandate and its impact on AFSPA members who live abroad. Mr. Ermer is a partner in the accounting firm of Beers, Hamerman, Cohen, Burger, P.C., in New Haven, Connecticut. He earned a Master of Business Administration from Texas A&M University and a Master of Science in Taxation from the University of Hartford. We hope you gain a better understanding from his in-depth interview.



QUESTION: Members often ask for information about the ACA's individual shared responsibility mandate. Can you explain the mandate?

ANSWER: It is a provision in the Internal Revenue Code that requires individuals to maintain health insurance throughout the year that qualifies as minimum essential coverage. In the United States, most employer-sponsored and government-sponsored health care plans qualify as minimum essential coverage, as does the **FOREIGN SERVICE BENEFIT PLAN**.

The "Questions and Answers on the Individual Shared Responsibility Provision" on the IRS website provide a great deal of helpful information on this mandate, including what constitutes minimum essential coverage. Visit www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision.



QUESTION: What is the penalty for non-compliance?

ANSWER: The government calls the penalty the "individual shared responsibility payment," and it is calculated in two different ways. The taxpayer pays the higher of the two calculations.

For 2015, it is the higher of a penalty based on 2% of your household income or a flat dollar amount of \$325 per individual (\$162.50 per child under 18) not to exceed a maximum of \$975. Many people just consider the flat dollar amount penalty, which is more modest in amount. However, a higher income person who does not have minimum essential coverage during 2015 could pay the penalty based on 2% of household income. This is capped at \$2,484 for one individual without coverage for the entire year, but could be as much as \$12,420 for a family with five individuals who lacked coverage all year. Both penalties are pro-rated by the number of months in the year that the individual(s) did not have qualifying coverage. If you are interested, there are worksheets in the instructions for IRS Form 8965 on the IRS website that show you exactly how to calculate the penalty.

Remember that these penalties apply if you or someone in your household did not have minimum essential coverage for all or a portion of 2015 and do not qualify for an exemption. We will talk about exemptions later.

QUESTION: Who is responsible for the penalty?

ANSWER: Taxpayers are responsible for paying the penalty for themselves and for anyone that they can claim as a dependent on their tax return. Remember that children are required to have minimum essential coverage, as well as adults. If applicable, the penalty is reported on the annual Form 1040 of the taxpayers (not the dependents).

QUESTION: How do members report their compliance with the mandate?

ANSWER: There are two key things to know about this. First, if you are married, filing a joint return, and you, your spouse and your dependent children have minimum essential coverage for all of 2015, just check the "Full-year coverage" box on the second page of Form 1040 and you are done. Alternatively, if someone in your family did not have minimum essential coverage for all of 2015, then you do not check the Full-year coverage box. You would file Form 8965 with your tax return to show who in your family did not have qualifying coverage, for what months and whether or not the individuals who did not have coverage are eligible for an exemption. This is what five million people did not do on their 2014 tax returns. They did not check the full year coverage box and they did not file Form 8965 with their tax return. You must do one or the other, but not both.

QUESTION: Do members need to report exemptions?

ANSWER: Yes, exemptions are critical. The government says that in 2014, about 300,000 taxpayers overpaid their income taxes because they did not take exemptions from the minimum essential coverage mandate to which they were entitled. The IRS is in the process of sending letters to these taxpayers who incorrectly paid 2014 individual shared responsibility payments.

As mentioned, exemptions from the requirement to maintain minimum essential coverage are claimed on the Form 8965. The second page of the Form 8965 instructions for 2014 contain the list of available coverage exemptions. The following two exemptions are the most applicable to AFSPA members living abroad: the short coverage gap exemption (Code B) and the citizens living abroad and certain noncitizens exemption (Code C).

QUESTION: Can you discuss how the mandate affects family arrangements which are common for foreign service officers (FSOs) and Department of Defense civilians who live abroad?

ANSWER: Let us start with the simplest example. An FSO (Frances Doe) and her U.S. citizen husband (Jack Doe) and US citizen kids live in Pakistan where Frances is stationed. If the whole family is covered by the **FOREIGN SERVICE BENEFIT PLAN** for all of 2015, then Frances and Jack simply check the Full-year coverage box on page 2 of their joint 2015 Form 1040.

In an alternative scenario, let's say that Jack is a Pakistani national and their kids are dual citizens of the U.S. and Pakistan. Let's further assume that Frances and Jack have elected to file a joint U.S. income tax return for 2015, so the nonresident spouse is treated as a U.S. resident. (Bear in mind that as a nonresident Pakistani national with no U.S. income, Jack is not required to file a U.S. tax return, but he can elect to file a U.S. return with

Frances and may do so if it is advantageous for tax purposes.) If the entire family is covered by **FSBP**, the results are the same as in the first example. If Jack and the children have coverage from Jack's Pakistani employer and only Frances is covered by the **FSBP**, then Frances and Jack do not check the Full-year coverage box on their 2015 Form 1040 and they must attach a Form 8965. On Form 8965, they can claim Exemption C for Jack and the children for all of 2015, most likely on the basis of being bona fide residents of Pakistan.

In another alternative, let us assume the family moves to the U.S. on May 15, 2015. Jack left his job with the Pakistani employer, and Jack and the kids became covered under **FSBP** for the rest of the year beginning on June 1, 2015. On their joint U.S. tax return, Frances and Jack would file Form 8965 and take two exemptions each for Jack and the kids. For the period of January through May 2015, Jack and the children would claim Exemption C as bona fide residents of a foreign country. For June 2015, Jack and the children would claim Exemption B for a short coverage gap of less than three months, and then they were covered for the rest of 2015.

QUESTION: How will the IRS know that a member has **FSBP** coverage?

ANSWER: Beginning with the 2015 tax year, health care insurers including **FSBP** are required to send each member a Form 1095-B verifying that the insured and applicable people in his or her family had qualifying coverage and for what months during the year the coverage was in place. The Form 1095-B for 2015 must be sent to members by January 31, 2016 and a copy is also sent to the IRS for the agency to verify coverage.

QUESTION: Thanks very much for your information on this important topic. The examples you provided are great, but each situation is unique. How can our members contact you about their individual circumstances?

ANSWER: I can be reached by phone at 203-787-6527 or by email jermer@bhcbcpa.com.



Beers, Hamerman, Cohen & Burger, P.C., offer services from a group of five CPA tax accountants each with at least 10-years of accounting experience.

AFSPA Members receive:

- A complimentary 20-minute consultation to ask tax questions. Just identify yourself as an AFSPA member when you call or email.
- A 10% discount on standard hourly rates.
- A dedicated secure email address to ask questions.
- A letter of understanding prior to services being rendered.

New tax laws are an annual occurrence and can be very confusing. Let the CPA professionals alleviate your "tax anxiety" and provide assistance.

To reach Beers, Hamerman, Cohen & Burger, P.C., please email taxinquiry@bhcbcpa.com or call John Ermer, Sharon Brune, Martin Bernstein, Nicholas Iwanec, or Rosemary McGovern at 203-787-6527.

The following two exemptions are the most applicable to AFSPA members living abroad: **the short coverage gap exemption (Code B)** and **the citizens living abroad and certain noncitizens exemption (Code C)**.

DID YOU KNOW...

You do not need an open season to apply for your AFSPA Life Insurance Plans; you may do that at any time. You also may apply to increase your coverage at anytime due to a qualifying life event (e.g., marriage, divorce, death of a spouse, birth of a child, etc.). All you have to do is submit an updated application. **Learn more at www.AFSPA.org.**



NEW THINGS ARE HAPPENING FOR DISABILITY AND LIFE INSURANCE IN 2016!

AFSPA prides itself for checking the current insurance marketplace to determine if there is a program that will address our members' current and future needs. We are happy to announce two specific program enhancements that will be offered/updated in early 2016.

1. **A New Disability Income Protection Plan**, underwritten by **CIGNA**, will be available early 2016 that:

- Does not require a health application
- Offers a 2-year and 5-year benefit option
- Covers pregnancy and complications
- Covers war and terrorism
- Provides 60% of your monthly earnings (\$5K monthly maximum)
- Offers a fixed premium structure-does not increase as you age
- Covers stateside and overseas
- Pays a 3-month survivor benefit to your family

You must work at least 30 hours a week to qualify. Please watch our website for announcements regarding this new offering! **NOTE:** If you currently are enrolled in our Lloyd's of London disability plan, you may change to the CIGNA plan or keep your current coverage.

2. **Term Life Insurance**, underwritten by Prudential Insurance Company of America, is **extending coverage to age 80 versus the current age 70**. You can keep your life insurance for a longer period of time!

PLEASE WATCH OUR WEBSITE FOR THE ANNOUNCEMENT AND DETAILS IN EARLY 2016!

Welcome AFSPA's New COO

The Mind of a Business, The Heart of an Association

By Nne-Nne Abanobi, Outreach and Marketing Manager

The year 2015 marked a monumental year for **Christopher "Kyle" Longton**, as he earned the title of Chief Operating Officer (COO) of the American Foreign Service Protective Association. Prior to his January promotion, he served as the organization's Administrative Manager. Those duties involved overseeing the physical building and serving as the office manager. But as the COO, Kyle oversees much more. Under the direction of CEO, Paula Jakub, he manages the day-to-day operations of the entire organization. During his time in this role, Kyle Longton has made a strong impression at AFSPA.

Over recent years, the Protective Association has grown larger and more complex. To better serve our members, someone was needed to manage this much-welcomed growth. Kyle has proven to be the right person to get AFSPA to the next level. He takes his work seriously and motivates all those around him. As COO, he wants to "help the organization and the staff move forward and grow in a controlled way."

I like the opportunity to support members on a daily basis and ultimately, make their lives easier."

Kyle's greatest accomplishment during his tenure was leading AFSPA's move to the new building (mentioned on page three). The relocation was deemed necessary to house all our services. "We needed to expand to better serve our members," he said. Kyle introduced the idea, identified the property, and took the necessary steps to make the move happen. Kyle also oversaw the transition process and chose the design elements for the new space. AFSPA found a new home at 1620 L Street NW, Suite 800, Washington DC 20036.

In addition, Kyle tirelessly works to provide unparalleled service to AFSPA members. He said, "I like the opportunity to support members on a daily basis and ultimately, make their lives easier." Kyle describes himself as someone who cares about people. He likes to be available to help. He understands that members are not just numbers or names, but they are



actual people. "Service to others means a lot, but it is not always common," he said. Kyle sees the Association as an advocate for its members, whether they are serving abroad or in the U.S.

Kyle enjoys his present position because no day is routine. He constantly is learning and growing. "My role at AFSPA has expanded steadily. I oversee the

more members. Kyle also plans to expand AIP, making AFSPA a "one-stop shop" for our members' health care needs. "I want to continue being a leader in the FEHB Program and a premier insurance choice at home and overseas."

Kyle possesses a strong background working with the Foreign Service community. In April 2013, Kyle came to AFSPA very qualified and seasoned in international matters. His five years of previous employment at DACOR, an organization of foreign affairs professionals, prepared him to work at AFSPA. In addition, Kyle received his undergraduate education from Centre College in Danville, Kentucky, majoring in International Studies. He then earned a master's degree in International Affairs at The George Washington University. The combined experience and education matched well with AFSPA's mission, vision, and values.

In general, Kyle believes in valuing people; from anyone you meet on the street to people who work for you. He treats people with dignity and respect; and likes being known as someone who



Chief Operating Officer (COO) Christopher "Kyle" Longton & AFSPA CEO, Paula Jakub

overall daily operations for the Association. I handle the Ancillary Insurance Programs (AIP), Human Resources, Administration, IT, and Outreach," Kyle said. "Fortunately, I work with great managers that make my job easier." In addition, Paula Jakub and Kyle have developed an effective and dynamic partnership.

As for the future of AFSPA, Kyle wants to offer more personalized service. This involves exploring new opportunities through emerging technologies. He wants to grow AFSPA's overseas presence. He envisions interfacing with more people and

cares. Kyle is proud of being innovative and aware of the big picture. At AFSPA, he excels at having the mind of a business and the heart of an association.

AFSPA is glad to have Kyle as Chief Operating Officer. We wish him many years of success.

The Benefits of Massage Therapy

Using Your Massage Therapy Benefits

By Ashley Garrison, Outreach and Marketing Coordinator



WHAT IS MASSAGE THERAPY

Recently, we talked to Jeanetta Joseph, owner of **Spa Flow Mobile Therapy & Wellness** in the Washington, DC Metropolitan area to learn more about massage and its benefits. "Massage therapy is the manipulation of the muscles for injury recovery and relaxation," she said. Jeanetta attended Temple University for Athletic Training and continued her education at Georgetown University.

During this time, she realized how beneficial massage therapy was for injury recovery and decided to further her knowledge and expand into massage therapy. In 2002, she graduated from the Baltimore School of Massage and began her career as a massage therapist.

According to Jeannetta, the earliest records of massage therapy originated in China. The practice migrated into Japan and then later to the Romans between 200 to 100 B.C. Other countries besides the U.S. are more open to "alternative" healing methods. She shared approximately 78% of the U.S. has never experienced a massage. To Americans, the method is more unconventional, whereas massage is deemed traditional in other parts of the world. Jeanetta explained how medicine is moving towards preventative care to help maintain healthier minds and bodies.

Usually when we go on a vacation or decide to pamper ourselves because of all the hard work we do, we make an appointment at our favorite massage parlor. The question is, how often do we actually do that? Once every five years, maybe. Jeanetta stated there is a connection between our mind and body "the mental and physical are intertwined." Massage therapy releases endorphins that helps reduce stress and depression. Massage also helps with reducing blood clotting, pain management, and injury recovery.

Look for a therapist to meet your needs, a therapist that fits you."

There are many different types of massages that cater to anyone and everyone's needs:

Swedish: One of the most common methods of massage therapy where long and soothing strokes are used for overall relaxation

Deep Tissue: Similar to Swedish, but with more focused and deeper pressure applied targeting acute and chronic tension

Hot Stone: Used to relax muscles and ease tension

Trigger Point: Focuses on a certain stressed area that causes an issue in another part of the body

Lymphatic: Used to boost regular drainage of the lymph, which is generally seen with plastic surgery and in cancer patients

Myofascial: Targeted to pain in the tissue between the muscles and skin

When looking for a massage therapist Jeanetta said "Look for a therapist to meet your needs, a therapist that fits you." She expressed that the first time may not be the best. "Be vocal, let them know if the pressure is too much." Jeanetta encourages increasing water intake after receiving your massage to flush out the toxins that are released during the process.



Massage Therapist, Jeannetta Joseph

Usually with health insurance plans, Jeanetta sees massage therapy offered at a discount rate or as an allowed expense in the Flexible Spending Account (FSA). Due to the physical and mental benefits of massage therapy, she expressed the interest of seeing it in other health insurance plans, as it is with **FOREIGN SERVICE BENEFIT PLAN**.

In order to take advantage of your massage therapy benefits and receive reimbursement, you will need to ensure that the bill from any massage services rendered includes the following:

- ✓ **Provider's name, address, jurisdictional license or certification (in the U.S. the provider must be state licensed or certified; outside the U.S. some form of licensure or certification)**
- ✓ **Patient's name**
- ✓ **Date of each service**
- ✓ **Type of each service**
- ✓ **Cost for each service (must be itemized – we cannot accept a lump sum bill showing a beginning and ending date)**

Jeanetta has experience organizing health fairs, and wellness education seminars for corporate wellness centers and enjoys teaching aerobics. She has been an ACE (America Council on Exercise) certified group fitness instructor for eight years.

For more information about Jeannetta's business, Spa Flow, please visit <http://dc.spaflow.net/> or TheSpaflow.com. You also can call 1-800-518-0080.



AFSPA received this letter from a FSBP member who appreciated our assistance through a difficult situation:

My husband and I recently had a fortunate experience with FSBP professionals. They managed our situation with kindness and bent over backwards to try to help us in a life and death matter.

My husband was diagnosed five years ago with aortic stenosis and at that time was told that it would progress and would need attention at some point in the future. That crossroad came in late January 2015. From one week to the next, he became unable to walk a short distance without gasping for air.

From being a nurse myself and working with medical evacuation of Scandinavians from all over the world back to Scandinavia, I was familiar with different options.

The very next question then became, "Would the insurance cover my husband having the necessary procedure to correct the issue?"

That was when we turned directly to FSBP for guidance and help. It was a Friday afternoon. But that did not deter the FSBP staff from moving every stone they encountered to review a predetermination. They showed us kindness, devotion, and incredible effort. We were touched and very grateful.

My husband had his procedure overseas five days later and all worked out perfectly. We flew back to Washington shortly after we had paid 30,000 Euros, which FSBP later covered in the full amount.

We want to express much gratitude and appreciation to everyone at FSBP who helped us through this challenging situation.

From A Grateful Member and Spouse

A Good News Story from Express Scripts (FSBP's Pharmacy Benefit Manager)

At Express Scripts, we play an important role in supporting the **FOREIGN SERVICE BENEFIT PLAN** and their members at home and throughout the world.

Recently, Melissa E., an Express Scripts Senior Intervention Technician on the Expat Services Team in Tempe, AZ, assisted a family located in Japan, who was using Express Scripts for the first time. The member needed to fill a prescription for herself and her daughter. After speaking with, and confirming the member information, it was determined that another prescription for her other child should have also been sent to us.

We want to express much gratitude and appreciation to everyone at AFSPA who helped us through this challenging situation."

We did extensive research and we determined the second child's prescription was never received. The actual prescription should have been sent the previous month. The medication needed was of high importance and if the child did not receive it, she could be hospitalized because of withdrawal symptoms.

Melissa E. assisted the member with the information required to start the prescription process. She also worked with an Express Scripts Specialist Pharmacist, Kevin R. to expedite this process. After further review, the Specialist Pharmacist realized the medication had a black box warning for the child's age. Kevin R. worked diligently with the pharmacist in Japan and the prescriber. He even contacted past providers for the patient's medical history and medication use to ensure this medicine was safe for the patient to take.

After multiple outreaches to the prescribers, Express Scripts received the information needed to process the prescription. Throughout this time, Melissa E. remained in contact with the member and notified her of changes and the various efforts that were being made.

Express Scripts is dedicated to making the use of prescription drugs safer and more affordable for the **FOREIGN SERVICE BENEFIT PLAN** and their membership. The team sees this as a great honor and responsibility and looks for innovative ways to solve healthcare challenges for our membership in the U.S. and overseas. To that end, Express Scripts is focused on helping patients, caregivers, and providers make better decisions that achieve healthier clinical and financial outcomes.

OPEN SEASON HEALTH FAIR AT DEPARTMENT OF STATE

You have asked us to include information about the Annual Department of State Open Season Health Fair.

There are two Health Fairs sponsored by the Department. The **FOREIGN SERVICE BENEFIT PLAN** will have representatives at both Health Fairs to answer your questions.

DEPARTMENT OF STATE

Harry S. Truman Building
Exhibit Hall

23rd and C Streets, NW
Washington, DC 20520

Date: Wednesday, December 2, 2015

Time: 10:00am–2:00pm

NATIONAL FOREIGN AFFAIRS TRAINING CENTER

Wood Lobby
4000 Arlington Blvd.
Arlington, VA 22204

Date: Tuesday, December 1, 2015

Time: 10:00am–2:00pm



EXPRESS SCRIPTS®

Benefit Changes to the 2016 FOREIGN SERVICE BENEFIT PLAN



Below is a summary of the changes to the 2016 FOREIGN SERVICE BENEFIT PLAN. Please review the 2016 Brochure posted on our website www.AFSPA.org/FSBP for complete coverage information.

BENEFIT CATEGORY	DESCRIPTION OF BENEFIT CHANGE
Network Providers	Add Guam to the Plan's network of providers
Calendar Year Deductible	Increase the calendar year deductible for in-network providers and for providers outside the 50 United States from \$250 to \$300 per person and from \$500 to \$600 per family
	Increase the calendar year deductible for out-of-network providers from \$300 to \$400 per person and from \$600 to \$800 per family
Catastrophic Protection	Increase the catastrophic protection out-of-pocket maximum for in-network providers and providers outside the 50 United States from \$4,500 to \$5,000 per person and from \$5,000 to \$7,000 per family
	Increase the catastrophic protection out-of-pocket maximum for out-of-network providers from \$6,000 to \$7,000 per person and from \$6,500 to \$9,000 per family
Section 5(a). Medical services and supplies... & 5(h). Special features	Add an online program called myStrength™ to assist members in improving mental health and well-being
Section 5(a). Medical services and supplies... & 5(h). Special features	Enhance and rename the Plan's Wellness Program and Incentives to Simple Steps to Living Well Together
Section 5(f). Prescription drug benefits	Use limited step therapy for certain non-specialty medications
Section 5(f). Prescription drug benefits	Eliminate coverage for most compound prescription medications
Section 5(f). Prescription drug benefits	Change copays and coinsurance for prescription drugs and add two new tiers for specialty drugs
Section 5(f). Prescription drug benefits	Add cholesterol management of traditional cholesterol medications through the use of home delivery

This is a summary of the Plan's benefit changes. Please read the Plan's Official Brochure RI72-001. All benefits are subject to the definitions, limitations, and exclusions set forth in our Plan Brochure.

NEW!

FEHB SELF PLUS ONE ENROLLMENT TYPE Enroll during Open Season November 9 – December 14, 2015

The Federal Employees Health Benefits (FEHB) Program will introduce the Self Plus One Enrollment Type effective January 2016. Self Plus One will cover the enrollee and only one designated eligible family member.

The same enrollee and family member eligibility as Self and Family applies to Self Plus One. Consider Self Plus One if:

- Your family is just you and your spouse.
- Your family is just you and your child (up to the age of 26).
- You and your spouse are enrolled currently in two Self Only options.

You should decide which enrollment type is best for you. If you want to change enrollment, you must take action this fall during the annual Federal Benefits Open Season that began November 2015, which was the first opportunity for you to change enrollment. Please keep in mind, you will not be enrolled automatically. The coverage under a Self Plus One enrollment will take effect beginning in January 2016.

The Office of Personnel Management has provided a list of frequently asked questions regarding the new Self Plus One insurance option under the FEHB Program. For more information, please visit OPM's website at www.opm.gov/selfplusone.



What does Commitment to Excellence mean to you?

"A Commitment to Excellence means that I will provide our members with the highest standard of customer service at all times. I show them that we care, by allowing them to feel at ease when addressing their needs and concerns. Building this type of rapport is not only essential for setting a precedence with members but for prospective members as well. Therefore, it is important that I stay committed to excellence and strive to achieve this each time I am assisting one of our members."



Loretta Driver
Health Benefits Officer for Four Years

FOREIGN SERVICE BENEFIT PLAN'S (FSBP)

Co-branded Website with Express Scripts Inc. (ESI)

ESI has updated the FSBP co-branded website with a new option under the Price A Drug Feature Pharmacy Compare feature. It allows members to compare prices at up to three different retail pharmacy locations as well as the ESI Home Delivery pharmacy.

Retail pharmacies can charge different prices for drugs and members ultimately may pay more at one pharmacy. ESI works with network retail pharmacies to ensure fair pricing. An independent third party supplies the Average Wholesale Price (AWP) for each drug. If Pharmacy A charges more than the AWP, ESI requires them to lower the price to AWP. If Pharmacy B already is at the average or lower, ESI takes no action. This means you pay less.



Where Do I Go in Case I Need Urgent or Emergency Care?



Emergency rooms (ERs) have become overcrowded, often resulting in an increase in the time it takes to be seen by the appropriate health care professional. In addition, going to an ER when other venues are more appropriate can cost both you and the FOREIGN SERVICE BENEFIT PLAN (FSBP) extra money.

As outlined in the *Centers for Disease Control and Prevention Health, United States, 2012*: “Emergency care represents about 4% of all health care spending in the United States. There were 130 million emergency department visits in 2010, accounting for about 4% of all health care spending in the United States. The total number of visits to emergency departments increased 34% between 1995 and 2010 (from 97 million to 130 million visits).”*

Some patients may use the emergency room for primary care services, but research suggests that emergency rooms are not ideal locations for primary care because of the lack of continuity, coordination of care, and follow-up, as well as poor patient satisfaction due to long wait times in the emergency department. Because emergency departments may lack a medical history for the patient, they may run unnecessary tests. Further, emergency room care is usually more costly than care in physician offices and other outpatient care settings. On average, an emergency department visit for a nonemergency condition costs seven times more than a community health center visit.

As part of FSBP’s motto of “*Caring for Your Health Worldwide*,”™ we focus on bringing health care – the right kind at the right time – closer to our members. There are several types of providers available to you for urgent care and we make every effort to provide benefits to accommodate your choices. Not all medical situations require emergency care. Please see the accompanying chart to help you determine the most appropriate venue to receive care quickly.

Urgent Care Centers (UCCs) and Retail Medical Clinics (or Convenience Care Clinics) are popping up everywhere. UCCs are becoming a popular alternative to the hospital ER when your condition is not life threatening and does not require the resources and expertise of a true hospital emergency room or trauma center.



Additionally, your wait time generally is much less than at the hospital ER.

Convenience Care Clinics are a bit newer, but have gained popularity. They typically are located in neighborhood pharmacies, offer convenient hours and are staffed by nurses and/or nurse practitioners. They provide an excellent alternative to making a doctor’s appointment, taking time off work, driving to and from the doctor’s office, etc., when you just want to have someone check out a rash, to see if your child has an ear infection, or get a flu shot. Convenience Care Clinics are designed to handle non-emergency, basic health care services on a walk-in basis. The Convenience Care Clinics in the Plan’s network include such facilities as CVS Minute Clinics and Walgreen’s Take Care Clinics.

FSBP provides benefits for the treatment of accidental injuries and medical emergencies at both UCCs and Convenience

Emergency care represents about 4% of all health care spending in the United States.”

Care Clinics, in addition to ER settings, are designed to offer you time-saving convenience and money-saving benefits:

- For an accidental injury (see Section 5(d), “*Emergency services/accidents*” of our current Brochure), the Plan pays 100% of the Plan allowance for services rendered during the initial visit to an Urgent Care Center [or, a UCC], a Convenience Care Clinic or a physician’s office.
- For a medical emergency (as distinct from accidental injuries), the Plan offers two non-ER options:

1. Urgent Care Benefit found in Section 5(d). This allows you the flexibility of receiving treatment for non-life-threatening conditions; i.e. back pain, ear ache, or a bad cold. Since most UCCs have evening hours, it may be more convenient to see them instead of taking time off work. If you go to an in-network urgent care facility or one outside the 50 United States, you pay \$35 with no deductible for your treatment. This not only saves you and the Plan the high cost of an ER visit, but you most likely will be treated more quickly. If your situation is not life threatening or does not need immediate medical attention, you should think about going to an urgent care facility.

2. Convenience Care Clinic Benefit found in Section 5(a). This allows you greater flexibility because of the variety of locations and hours of operation. If you go to an in-network convenience care clinic or one outside the United States you pay a \$10 copay with no deductible for your treatment. You also can get your routine covered immunizations at no cost when you use an in-network provider.

In addition to the above non-ER options, see the separate article on the next page on our 24-Hour Nurse Advice Line and 24-Hour Translation Line.

*Source: <http://www.cdc.gov/nchs/data/atus/atus12.pdf>

IN CASE OF EMERGENCY

Remember, emergency rooms are designed to handle serious medical situations. If you find yourself in need of emergency care, you should dial 911 or go to the nearest hospital emergency room.



	URGENT CARE CENTER (UCC)	RETAIL MEDICAL CLINIC (AKA CONVENIENCE CARE CLINIC)	EMERGENCY ROOM (ER)
WHAT IS IT	UCCs offer quality medical care for illnesses and injuries and are open often until 10 pm and on weekends	Health centers located in pharmacies, grocery stores and other retail stores to treat common illnesses and are open usually evenings and weekends	A group of rooms in a hospital created to treat emergency conditions, usually open 24 hours a day, seven days a week
WHEN TO GO IN GENERAL	When you can't get in to see your doctor and you need care for an unexpected illness or injury that does not pose a serious danger to your health	For small problems when you can't see your family doctor right away	When you experience an injury, sickness or mental illness that happens suddenly and requires immediate care
EXAMPLES OF WHEN TO GO	<p>You have a sports injury and it's after your doctor's office hours</p> <p>You need stitches for a non-critical injury</p> <p>You have a chronic problem, like a sore throat or back pain, that isn't improving and can't wait until your doctor is available</p>	<p>Minor sicknesses, like rashes, earaches, sore throats, stomach aches and other problems</p> <p>Flu shots, vaccinations and other shots</p>	<p>Experience difficulty breathing</p> <p>Are bleeding excessively</p> <p>Suspect a heart attack or stroke</p> <p>Have severe burns or acute stomach pain</p> <p>Experience unconsciousness</p>
ADVANTAGES	Save time and money	Convenience when you can't get in to see your doctor for a small problem	An ER is the only place to go for treatment in a true emergency

Source: Aetna, 2015

THE FOREIGN SERVICE BENEFIT PLAN'S NURSE ADVICE LINE AND TRANSLATION SERVICE ARE ON CALL FOR YOU 24/7

It is not always easy to know what to do when you or a family member gets sick. Emotions can get in the way of making the best choices. That is why the **FOREIGN SERVICE BENEFIT PLAN (FSBP)** has help available for you around the clock.

NURSE ADVICE LINE

You can discuss any health concerns confidentially with a registered nurse by calling **FSBP's** 24-Hour Nurse Advice Line. The nurse will assess your symptoms and help you decide on the right level of care. Call 1-855-482-5750 or 1-704-834-6782 and select option 1 to speak with a nurse. Also, you can send a secure e-mail or have a secure online chat. Visit www.AFSPA.org/FSBP and click on "My Online ServicesSM." Once you log on, select "Wellness Tools" and then "Nurse Advice Line."

ER TRANSLATION SERVICE FOR URGENT OR EMERGENCY SITUATIONS

When you are overseas, you have 24/7 access to a translation service to assist you in discussing your urgent health-related condition. This can be used for accidents and medical emergencies that require immediate attention while in a hospital Emergency Room with a foreign health care professional. Call 1-855-482-5750 or 1-704-834-6782 and select **option 2** to speak to an interpreter.

FSBP is committed to helping you make the most of your health care benefits. Your current Plan ID card, with the Aetna logo, indicates the numbers referenced above on the back.



What does Commitment to Excellence mean to you?

"Commitment to Excellence is the determination to ensure a quality of service that is consistent with you and your company's core values. You must carry an enthusiastic attitude towards each task because excellence does not happen by accident."



Matthew Bess
Accountant for Seven Years



Specialist Pharmacists Improve Outcomes

By David Muzina, MD

Specialist pharmacists at Express Scripts close more gaps in care by focusing their expertise on a single disease. Here is a real-world example:

Within the Express Scripts Therapeutic Resource Centers (TRCs), specialist pharmacists develop superior clinical expertise by focusing their knowledge and training on a single disease. And when they put their unique knowledge to use for patients, this specialization can mean the difference between life and death.

Just ask Nicole Brookbank-Mizer, one such specialist pharmacist at Express Scripts.

Filling Gaps in Care

Nicole recently spoke with a patient who had not filled two of her prescriptions for blood pressure medications. As a cardiovascular pharmacist, Nicole immediately recognized what we call a clinical gap in care – the patient was at risk of serious problems resulting from uncontrolled high blood pressure, such as an increased risk of heart attack or stroke.

So Nicole did what specialist pharmacists do best. She got to the root of the issue.

The Impact of Side Effects on Adherence

The patient was experiencing several side effects – dizziness, headache, flushing, and nausea. The dizziness was especially bad and was affecting her everyday activities. The patient had tried several different medications with similar problems. She felt disheartened and unsure about who to call. She was self-adjusting the dosage for one of the medications based on her blood pressure readings, taking it only when she felt it was “needed.”

“We had a long conversation about the importance of keeping her blood pressure consistently in check and focused on potential causes for the dizziness,” Nicole says.

Nicole gave the patient options for alternative therapies and suggested that she make a follow-up appointment with her physician. Based on the patient’s past medical history, Nicole also asked her to consider seeing a specialist to rule out other possible causes for the dizziness.

A More Engaged Patient

The two spoke again a couple weeks later. They discussed adjustments to the medication therapy, based on the patient’s physician visit, and how well her symptoms and side effects were being controlled.

What was striking to Nicole was the difference in the patient’s attitude toward her own care.

“She remembered me, and was happy to hear from me,” Nicole says. “She had much of the information written down and organized for easy reference. It was good to see that she remained invested in her own health and well-being.”

Why They Do It

Nicole has been a specialist pharmacist for several years and loves being able to share her clinical knowledge and help solve patients’ problems that may otherwise go unaddressed. But it can be difficult.

“Sometimes conversations with patients can unveil very sensitive subjects, such as loneliness due to the loss of a loved one or helplessness associated with financial hardship. And that can be challenging emotionally,” Nicole says. “But I have a unique opportunity to interact with patients on a daily basis.”

“It is so rewarding to be able to touch the lives of so many people. Every patient has a unique story, and I love being a part of their journey toward a happy and healthy life. It feels amazing to leave patients with a lasting impression of a pharmacist who cares.”

It is so rewarding to be able to touch the lives of so many people. Every patient has a unique story, and I love being a part of their journey toward a happy and healthy life.”



EXPRESS SCRIPTS®

Exciting Changes To Our Wellness Program



Many years ago, **FSBP** changed from being an insurance plan that just paid benefits for services rendered as a result of illness/accident. We shifted to a health plan that focused on health and wellbeing. The ultimate goal is to keep you healthy.

We are excited to tell you about the **FOREIGN SERVICE BENEFIT PLAN'S (FSBP)** new wellness program, called **Simple Steps to Living Well Together**. By following the simple steps below (beginning in January 2016), you can earn up to \$250 in wellness incentives! Please see the Plan's 2016 Wellness Brochure included in this Open Season packet you received (if you are a Plan member) or review the Plan's 2016 **FSBP** Brochure online at www.AFSPA.org/FSBP, both of which explain the Program in greater detail:

Step 1: Complete the Plan's Health Risk Assessment (HRA) online through My Online Services or by calling 1-866-237-1442 or 1-479-973-7149. After you complete the HRA, you can obtain a \$100 gift card from a variety of merchants/retailers.

Step 2: Complete a Biometric Screening at a Quest Diagnostics Patient Service Center or obtain the screening from your physician by having your physician complete a Biometric Screening Physician Results Form and submit it to Quest Diagnostics. A Biometric Screening is done generally during a routine physical examination. You must complete the HRA to be eligible for this incentive. Note: The gift card incentives may have tax implications. Please consult your tax advisor.

Step 3: Complete a Healthy Action as described in the Wellness Brochure by participating in one of the Plan's many wellness programs and earn \$50 to be deposited in a Wellness Incentive Coventry Fund Account to reimburse you for certain unreimbursed medical expenses. You must complete the HRA and the Biometric Screening to be eligible for this incentive.

Wellness Works

Two of **FSBP's** most popular wellness programs bring impressive results.

Check out these results from participants in the Trestletree telephonic coaching program:

- 10 pounds – the average weight loss
- 1.6 points – the average reduction in BMI
- 42% increase in the number of participants exercising regularly
- 39% increase in the number of people eating well

And these from participants in our Canary Health Virtual Lifestyle Management program:

- 4.9 pounds – the average weight loss
- 25% of participants lost more than 5% of their body weight

You can get results too!

These programs are available to all **FSBP** members. For more information, please call 202-833-4910 or visit www.AFSPA.org/FSBP.

Why You Should Care About Medical Codes

Below is a summary of an article on Aetna's (the **FOREIGN SERVICE BENEFIT PLAN'S** administrator) website (<https://news.aetna.com/care-medical-codes/>).

Medical codes matter to you because private insurers, Medicare, and other health care payers will reject any claims using outdated codes for any care delivered on or after October 1. If your doctor's office has not moved yet to a new, nationwide medical coding system (ICD-10) that went into effect on October 1, the claim your doctor submits could be rejected. This change has been in the works for years, but Health and Human Services has delayed it twice (last year, at the order of Congress) to give health care providers more time to change over to the new codes. The codes are used to identify a patient's conditions, diagnoses, and treatments. They affect both payment and quality measures, so they are a central component of the health care system. Aetna has tested its systems and is ready

to accept the ICD-10 codes to pay claims as usual using the new codes.

If you are using a doctor or hospital in your health plan's network, you could wait longer to get your bill.

You should owe the same amount you would have paid under the old coding system. If they send your plan a claim using the old codes, it will be rejected. The doctor's office should resolve any code issues with your health plan before billing you. Let your doctor's office know you will pay your share once they have resubmitted the claim using the new codes, and your health plan has told them what you still owe.

If you chose a doctor or hospital that is not in your health plan network, they could ask you to pay a rejected bill up front.

Out-of-network doctors and hospitals do not have any agreements with your health insurance plan, and they can charge you whatever they want. If this happens, you

should call your health plan and ask why the claim was rejected. If it was because of a coding problem, call the billing office. Ask them to resubmit using the new codes before billing you.

The codes should not affect the care you receive.

Doctors send diagnosis codes when they are asking a health plan to approve coverage of a treatment or medicine ahead of time. However, Aetna wouldn't reject one of these requests just based on the code. If the code doesn't seem to match with the request, Aetna discusses it with the doctor, and updates the request if needed. Aetna follows this process today when there is any question about a diagnosis, and it does not result in substantial delays for members.

NOTE: The **FOREIGN SERVICE BENEFIT PLAN** will process claims from foreign providers as we usually do. The transition to ICD-10 will not affect these claims.

AMERICAN FOREIGN SERVICE
PROTECTIVE ASSOCIATION

FOREIGN SERVICE BENEFIT PLAN

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FAX: (202) 833-4918
EMAIL: AFSPA@AFSPA.ORG
WWW.AFSPA.ORG

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.

OUR VISION:

As a Center of Health Care Excellence, AFSPA is the premier provider of creative, innovative health benefits, insurance programs and professional services to its eligible membership as well as an expert resource to the entire Federal workforce.

STATEMENT OF FINANCIAL POSITION

December 31, 2014

Assets

Cash & cash equivalents	\$	797,757
Investments		938,711
Accounts receivable & prepaid expenses		97,600
FEHB reimbursement receivable		748,736
Property, equipment & land, net		3,440,586
Deferred compensation plan assets		69,073
Escrow deposits		92,497

Total Assets **\$6,184,960**

Liabilities & Net Assets

Accounts payable & other liabilities	\$	560,654
Deferred revenue		535,143
Mortgage Payable		830,122
Deferred Compensation Liability		69,073

Total liabilities **\$1,994,992**

Net Assets Available for Benefits **\$4,189,968**

Total Liabilities & Net Assets **\$6,184,960**

NOTICE OF NEW TIME OF THE ANNUAL MEETING

The 2016 Annual Meeting will be held at AFSPA's new office (1620 L Street NW, Suite 800, Washington, DC 20036) on **Friday, March 4, 2016**. The timing of this meeting was changed to accommodate DC weather challenges and, more importantly, to allow members to experience their new benefits and be given the opportunity to ask questions about them. Please join us and find out about our successful year!