

2020 FEHB Non-Postal Fee-for-Service Premium Rates

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Fee-for-Service Plans (FFS)			2019 Total Biweekly Premium	2020 Biweekly premium rates			
Plan	Option	Enrollment Code		Total COST	Gov't Pays	EMPLOYEE PAYS	Change Employee Cost
APWU Health Plan							
	High Self	471	335.18	335.18	235.77	\$ 99.41	-5.59
	High Family	472	804.42	804.42	546.47	\$ 257.95	-21.15
	High Self Plus One	473	703.86	703.86	504.12	\$ 199.74	-11.85
	CDHP Self	474	275.85	275.85	206.89	\$ 68.96	0.00
	CDHP Family	475	654.04	654.04	490.53	\$ 163.51	0.00
	CDHP Self Plus One	476	599.54	599.54	449.66	\$ 149.88	0.00
Blue Cross and Blue Shield Service Benefit Plan							
	Standard Self	104	342.41	352.68	235.77	\$ 116.91	4.68
	Standard Fam	105	793.53	833.21	546.47	\$ 286.74	18.53
	Standard Self Plus One	106	748.81	771.27	504.12	\$ 267.15	10.61
	Basic Self	111	294.90	303.78	227.84	\$ 75.94	2.22
	Basic Family	112	702.56	737.69	546.47	\$ 191.22	13.98
	Basic Self Plus One	113	662.84	682.73	504.12	\$ 178.61	8.04
	FEP Blue Focus Self	131	212.58	212.58	159.44	\$ 53.14	0.00
	FEP Blue Focus Family	132	502.70	502.70	377.03	\$ 125.67	0.00
	FEP Blue Focus Self Plus One	133	457.02	457.02	342.77	\$ 114.25	0.00
Compass Rose Benefit Plan							
	High Self	421	321.06	337.43	235.77	\$ 101.66	10.48
	High Family	422	771.27	809.84	546.47	\$ 263.37	17.42
	High Self Plus One	423	707.00	742.35	504.12	\$ 238.23	23.50
Foreign Service Benefit Plan							
	High Self	401	268.18	275.95	206.96	\$ 68.99	1.95
	High Family	402	663.46	682.70	512.03	\$ 170.67	4.81
	High Self Plus One	403	656.86	675.91	504.12	\$ 171.79	7.20
GEHA Benefit Plan							
	High Self	311	336.15	341.19	235.77	\$ 105.42	-0.55
	High Family	312	838.27	850.86	546.47	\$ 304.39	-8.56
	High Self Plus One	313	739.53	750.63	504.12	\$ 246.51	-0.75
	Standard Self	314	235.13	242.18	181.64	\$ 60.54	1.76
	Standard Fam	315	592.46	622.08	466.56	\$ 155.52	7.41
	Standard Self Plus One	316	505.54	520.71	390.53	\$ 130.18	3.80
GEHA High Deductible Health Plan							
	HDHP Self	341	234.82	237.16	177.87	\$ 59.29	0.59
	HDHP Family	342	582.69	600.16	450.12	\$ 150.04	4.37
	HDHP Self Plus One	343	504.86	509.91	382.43	\$ 127.48	1.27
GEHA Indemnity Benefit Plan							
	Elevate Plus Self	251	New Plan	290.69	218.02	\$ 72.67	New Plan
	Elevate Plus Self & Family	252	New Plan	720.91	540.68	\$ 180.23	New Plan
	Elevate Plus Self Plus One	253	New Plan	674.39	504.12	\$ 170.27	New Plan
	Elevate Self	254	New Plan	189.29	141.97	\$ 47.32	New Plan
	Elevate Self & Family	255	New Plan	530.03	397.52	\$ 132.51	New Plan
	Elevate Self Plus One	256	New Plan	435.38	326.54	\$ 108.84	New Plan
Mail Handlers Benefit Plan Consumer Option							
	HDHP Self	481	259.40	264.59	198.44	\$ 66.15	1.30
	HDHP Family	482	602.74	614.80	461.10	\$ 153.70	3.02
	HDHP Self Plus One	483	574.05	585.53	439.15	\$ 146.38	2.87
Mail Handlers Benefit Plan							
	Standard Self	454	266.14	263.47	197.60	\$ 65.87	-0.66
	Standard Fam	455	618.48	612.30	459.23	\$ 153.07	-1.55
	Standard Self Plus One	456	612.59	606.47	454.85	\$ 151.62	-1.53

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Mail Handlers Benefit Value Plan							
	Value Opt Self	414	220.23	209.22	156.92	\$ 52.30	-2.76
	Value Opt Fam	415	532.24	505.63	379.22	\$ 126.41	-6.65
	Value Opt Self Plus One	416	521.82	495.73	371.80	\$ 123.93	-6.52
NALC							
	High Self	321	314.81	326.61	235.77	\$ 90.84	6.21
	High Family	322	706.93	735.21	546.47	\$ 188.74	7.13
	High Self Plus One	323	692.97	722.43	504.12	\$ 218.31	17.61
	CDHP Self	324	218.55	218.55	163.91	\$ 54.64	0.00
	CDHP Family	325	492.77	502.63	376.97	\$ 125.66	2.47
	CDHP Self Plus One	326	477.39	482.16	361.62	\$ 120.54	1.19
NALC VALUE OPTION							
	Value Self	KM1	179.37	179.37	134.53	\$ 44.84	0.00
	Value Family	KM2	404.60	412.69	309.52	\$ 103.17	2.02
	Value Self Plus One	KM3	391.78	395.70	296.78	\$ 98.92	0.98
SAMBA							
	High Self	441	421.24	416.19	235.77	\$ 180.42	-10.64
	High Family	442	1010.97	998.84	546.47	\$ 452.37	-33.28
	High Self Plus One	443	926.72	915.61	504.12	\$ 411.49	-22.96
	Standard Self	444	317.03	314.08	235.56	\$ 78.52	-8.33
	Standard Fam	445	729.20	716.56	537.42	\$ 179.14	-24.74
	Standard Self Plus One	446	697.49	676.00	504.12	\$ 171.88	-33.34

2020 FEHB Non-Postal Health Management Organizations (HMO) Premium							
HMO Plans			2019 Total Biweekly Premium	2020 Biweekly premium rates			
Plan	Option	Enrollment Code		Total COST	Gov't Pays	EMPLOYEE PAYS	Change Employee Cost
Iowa Aetna Advantage							
Adv. Self		Z24	New Plan	214.08	160.56	\$ 53.52	New Plan
Adv. Self & Family		Z25	New Plan	567.31	425.48	\$ 141.83	New Plan
Adv. Self Plus One		Z26	New Plan	470.97	353.23	\$ 117.74	New Plan
Iowa Aetna Direct							
CDHP Self		N61		257.23	282.76	212.07	\$ 70.69 6.38
CDHP Family		N62		648.71	713.08	534.81	\$ 178.27 16.09
CDHP Self Plus One		N63		564.12	620.1	465.08	\$ 155.02 13.99
Iowa Aetna HealthFund CDHP and Value Plan							
CDHP Self		H41		382.55	382.37	235.77	\$ 146.60 -5.77
CDHP Family		H42		872.02	871.59	546.47	\$ 325.12 -21.58
CDHP Self Plus One		H43		863.39	863.04	504.12	\$ 358.92 -12.20
Value Self		H44		284.55	372.48	235.77	\$ 136.71 65.57
Value Family		H45		653.07	854.85	546.47	\$ 308.38 145.11
Value Self Plus One		H46		640.27	838.09	504.12	\$ 333.97 173.90
Iowa Aetna HealthFund							
HDHP Self		224		304.48	336.37	235.77	\$ 100.60 24.48
HDHP Family		225		671.63	741.97	546.47	\$ 195.50 27.59
HDHP Self Plus One		226		658.47	727.43	504.12	\$ 223.31 57.11
Iowa Health Alliance HMO							
Standard Self		K84		296.51	308.37	231.28	\$ 77.09 2.96
Standard Family		K85		800.59	832.61	546.47	\$ 286.14 10.87
Standard Self Plus		K86		686.88	714.36	504.12	\$ 210.24 15.63
Iowa HealthPartners High and Standard Option							
High Self		V31		364.76	328.76	235.77	\$ 92.99 -41.59
High Family		V32		888.56	800.86	546.47	\$ 254.39 -108.85
High Self Plus One		V33		806.11	726.56	504.12	\$ 222.44 -91.40
Standard Self		V34		197.58	212.27	159.20	\$ 53.07 3.68
Standard Fam		V35		481.30	517.11	387.83	\$ 129.28 8.96
Standard Self Plus		V36		436.65	469.13	351.85	\$ 117.28 8.12
Iowa United Healthcare Insurance Company, Inc. (Choice HMO)							
High Self		LJ1		310.13	332.39	235.77	\$ 96.62 16.67
High Family		LJ2		775.32	830.99	546.47	\$ 284.52 34.52
High Self Plus One		LJ3		666.78	714.65	504.12	\$ 210.53 36.02
Iowa United Healthcare Insurance Company, Inc. (HDHP Choice Plus)							
HDHP Self		N71		245.61	281.73	211.30	\$ 70.43 9.03
HDHP Family		N72		564.89	647.99	485.99	\$ 162.00 20.78
HDHP Self Plus One		N73		528.05	605.73	454.30	\$ 151.43 19.42
Iowa United Healthcare Insurance Company, Inc. (HDHP Choice Plus Primary Adv)							
High Self		AS1	New Plan	242.68	182.01	\$ 60.67	New Plan
High Self & Family		AS2	New Plan	573.86	430.40	\$ 143.46	New Plan
High Self Plus One		AS3	New Plan	521.73	391.30	\$ 130.43	New Plan
Iowa United Healthcare Insurance Company, Inc. (HDHP Choice Primary Adv)							
High Self		Y81	New Plan	233.88	175.41	\$ 58.47	New Plan

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HMO Plans			2019 Total Biweekly Premium	2020 Biweekly premium rates			
Plan	Option	Enrollment Code		Total COST	Gov't Pays	EMPLOYEE PAYS	Change Employee Cost
High Self & Family		Y82	New Plan	553.03	414.77	\$ 138.26	New Plan
High Self Plus One		Y83	New Plan	502.79	377.09	\$ 125.70	New Plan



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
1411 JEFFERSON DAVIS HIGHWAY
ARLINGTON, VA 22202-3231

NGB-ZA

14 FEB 2001

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO, THE U.S. VIRGIN ISLANDS, GUAM, AND THE COMMANDING GENERAL OF THE DISTRICT OF COLUMBIA

SUBJECT: All States (Log Number P01-0014) Standards of Official Conduct

The following guidance is forwarded from the White House and signed by President Bush. This guidance applies to all executive branch agencies. It is my belief that all National Guardsmen should read, understand and heed this guidance from our Commander-in-Chief.

"Everyone who enters into public service for the United States has a duty to the American people to maintain the highest standards of integrity in Government. I ask you to ensure that all personnel within your departments and agencies are familiar with, and faithfully observe, applicable ethics laws and regulations, including the following general principles from the Standards of Ethical Conduct for Employees of the Executive Branch:

(1) Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws, and ethical principles above private gain.

(2) Employees shall not hold financial interests that conflict with the conscientious performance of duty.

(3) Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.

(4) An employee shall not, except as permitted by applicable law or regulation, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.

(5) Employees shall put forth honest effort in the performance of their duties.

(6) Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.

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(7) Employees shall not use public office for private gain.

(8) Employees shall act impartially and not give preferential treatment to any private organization or individual.

(9) Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

(10) Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.

(11) Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

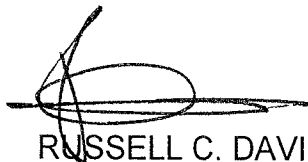
(12) Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those -- such as Federal, State, or local taxes -- that are imposed by law.

(13) Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

(14) Employees shall endeavor to avoid any actions creating the appearance that they are violating applicable law or the ethical standards in applicable regulations.

Executive branch employees should also be fully aware that their post-employment activities with respect to lobbying and other forms of representation will be bound by the restrictions of 18 U.S.C. 207.

Please thank the personnel of your department and agencies for their commitment to maintain the highest standards of integrity in Government as we serve the American people."



RUSSELL C. DAVIS
Lieutenant General, USAF
Chief, National Guard Bureau

Summary of Leave

Annual Leave: Granted with supervisor's approval. Annual leave can be advanced prior to earning within the current leave year.

Accrual per pay period determined by Leave Service Computation Date (SCD), item 31 on SF50:

SCD Less than 3yrs = 4hrs

SCD 3yrs or more = 6hrs

SCD 15yrs or more = 8hrs

At time of separation, all unused annual leave will be paid in a lump sum, if you are in a negative leave balance at separation, those monies will be recouped.

Sick Leave: Leave can be utilized for the employees and family's medical care and rehabilitation. Agency may advance up to 30 days of sick leave with medical documentation supporting the situation and an SF-52 signed by the supervisor listing number of hours requested.

Family Sick Leave: Every employee has the right to use up to 104 hours of sick leave per leave year to care for a family member. General family care includes ill family member, providing care after doctor/dentist appointment, and for funeral planning and bereavement purposes.

At separation, all unused sick leave is documented for future use upon reemployment with the federal government.

Military Leave: 120 hours every Fiscal year. Can be used while on active or inactive duty. Must turn in orders to timekeeper. Balance does not show on LES until 1 hour is used. At separation, all unused military leave will be forfeited.

Leave With Out Pay (LWOP):

LWOP-US: Military duty requires out-processing, and HRO needs a copy of orders, and a SF-52 to ensure military duty is documented accurately. Refer to JHFQ-HRO memorandum on USERRA.

Personal reasons: Anytime LWOP exceeds 80 hours no annual or sick leave will be granted at the end of that pay period and LWOP will also affect your Within Rate Increase at 80 hours and up. Health insurance can be continued while on non-pay status.

Compensatory time (Comp Time): Needs to be utilized within 26 pay periods or it will be forfeited. At separation, any unused time will be forfeited.

Time Off Award: You have 365 days to utilize a time award. At separation, any unused time off awarded will be forfeited.

Leave Transfer Program: This is available to an employee who has exhausted their sick and/or annual leave and needs to be away from work for personal rehabilitation or to care

for immediate family member. This program permits donation of annual leave to assist the employee to remain in a paid leave status.

Family & Medical Leave Act (FMLA): Once an employee has completed 1 year of service, they are eligible to utilize the FMLA. This permits eligible employee's twelve (12) weeks of unpaid leave in a twelve-month period. The employee may substitute sick and or annual leave in place of LWOP. This leave must have medical documentation and be approved by the Human Resources Officer.

Admin Leave: This excused absence is used for donating blood, official union business, and group dismissals.

Law Enforcement Leave: 22 days of LEL may be used in a calendar year when a technician is placed on State active orders. Not a dual compensation status.

Court Leave: This is an excused absence to perform jury duty in a Federal, State or municipal court or serve as a witness for the United States.
See www.opm.gov/oca/leave for more information

Leave Codes

LA	Annual
LB	Annual (Adv)
LS	Sick
LG	Sick (Adv)
LM	Military (120 Hours)
LV	Military (44 days)
KC	AWOL
KD	Workers' Compensation
KG	LWOP-US
KA	LWOP-PERS
LY	Time Off Award
LN	Admin Leave
LL	Law Enforcement
LH	Holiday
LC	Court Leave
CT	Comp Time
CE	Comp Earned
CB	Travel Comp Earned
CF	Travel Comp Used

WITHIN GRADE INCREASES

GENERAL SCHEDULE (GS)

2	1 Year
3	1 Year
4	1 Year
5	2 Years
6	2 Years
7	2 Years
8	3 Years
9	3 Years
10	3 Years

WAGE GRADE (WG)

2	6 months
3	1 1/2 Years
4	2 Years
5	2 Years

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Division of Federal Employees' Compensation (DFEC)

Purpose

The Federal Employee's Compensation program provides Federal employees who sustain work related injuries or illnesses with benefits such as medical care, wage loss replacement, and help in returning to work. The goal is to provide the proper benefits as quickly as possible.

**Workers Comp
is a worker's right.**



Human Resources Office
Joint Forces Headquarters
Iowa National Guard

Published April 2020

Workers' Compensation Employee Information

**Headquarters
Iowa National Guard
Human Resources Office
7105 NW 70th Avenue
Johnston, Iowa 50131-1824**

**Phone: 515-252-4914
Fax: 515-252-4604**



What to do.....

1. Keep this Pamphlet. It is important that you know what you are entitled to, since benefits are not paid automatically. You or your survivor must claim them.
2. In Case of Injury obtain first aid or medical treatment even if the injury is minor. For traumatic injuries, ask your supervisor to authorize medical treatment on form CA-16 **BEFORE** you go to the doctor. Take Form CA-16 to the doctor along with CA-17, Duty Status Report.
3. Report every injury to your supervisor. You must file notice of the injury or occupational disease through the Employees' Compensation Operations & Management Portal at <https://www.ecomp.dol.gov/>
4. Establish the Essential elements of your claim. You must provide the evidence needed to show that you filed for benefits in a timely manner; that you are a civilian employee; that the injury occurred as reported and in the performance of duty; and that your condition or disability is related to the injury or factor of your Federal employment. OWCP will assist you in meeting this responsibility, which is called burden of proof, by requesting evidence needed to fulfill the requirements of your claim.
5. Returning to Work: You must return to work as soon as your doctor allows. Advise your agency immediately of your doctor's instructions concerning return to work, and arrange for your agency to review written verification of this information. You must ask your doctor to specify your work restrictions by completing form CA-17 which can be obtained from your supervisor. Continuation of Pay or compensation may be terminated if you refuse work which is within your medical restrictions without good cause.

Contacting OWCP

If you have questions about your OWCP claim, your supervisor or the Injury Compensation Specialist at your agency may be able to answer them. If he/she cannot provide the advice you need, you may contact the Department of Labor.

For case-specific information about an established claim, contact your district office. Have your OWCP 9-digit case file number, and social security number when calling. Following the menu fully may provide the answer to your question, such as the current status of your case or the status of compensation claims. If you leave a message, please speak clearly, and be prepared to leave the following information when asked; your name, your case file number, your telephone number (including area code), and a brief message with your specific questions. This information is needed to locate your file and address your concerns. Every effort will be made to return your call within 2 business days. All medical providers should contact the medical authorization and bill process contractor (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 866-335-8319 or online at <http://owcp.dol.acs-inc.com>. The medical authorization fax line is 800-215-4901. You may call customer service at 850-558-1818, Monday-Friday, 8am-8pm EST (this is a toll free call).

You may view your case and compensation claim status, billing updates, coverage limitations, and other information via the Claimant Query System online at <http://owcp.dol.acs-inc.com>

**If you choose to write OWCP,
send all correspondence to:**

**OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300
LONDON, KY 40742-8300**

It is recommended that you keep a copy of all documents sent to OWCP. Your case number must be clearly written at the top of each page of correspondence.

Initial Choice of Physician

You have the right to select the first doctor who treats you for your injury. If the doctor refers you to a specialist, OWCP will honor that referral as long as it is for the work-related condi-

tion. If you wish to change physicians from the initial choice, you must request approval from OWCP. Send a letter stating the reasons for wanting the change, along with the name, address, and specialty of the physician to whom you wish to change. OWCP will advise you of their decision in the matter. OWCP will only pay bills from the physician you chose first, until a change has been approved.

Chiropractic Care

The FECA recognizes chiropractors as physicians only to the extent that their treatment consists of manual manipulation of the spine and only where the accepted condition is a subluxation of the spine. This subluxation must be shown by x-ray to exist. The x-ray must be taken shortly after the claimed injury and explain how the subluxation is related to the claimed injury. Referrals by a chiropractor for other treatment must be approved by OWCP in advance.

