



U.S. Office of Personnel Management

Welcome To
Open Season Online!

A Service for Federal Retirees and Survivor Annuitants →

With *Open Season Online*, you can:

- Make an open season health benefits enrollment change
- Request health plan brochures of benefits for the year 2008
- Receive information on cancelling or suspending your health benefits enrollment
- Receive information on paying your health benefits premiums directly to us
- Request satisfaction survey information on how FEHB members rated their health plans (*this booklet also contains some benefit information as well as plan accreditations*)

New for this year, we are providing you access to two consumer comparison tools to help you make a health plan selection. Sign in and check out,

- PlanSmartChoice
- Consumers' Checkbook Guide to Health Plans

Open Season Online is available for you to perform any of the above transactions between the hours of 4 am and Midnight Central Time. If you experience difficulties using *Open Season Online*, you can call Open Season Express at our toll free number, 1-800-332-9798, to complete your transaction.

To help us improve our service to you, after you finish your transaction, please press the survey button at the bottom of your page to tell us what you think of our site.



For other retirement information visit opm.gov/retire
For our policy on web privacy visit www.opm.gov/privacy.htm

Updated August 19, 2002

Indicate if your annuity claim number begins with the letters "CSA" or "CSF":

Enter the first 7 numbers of your annuity claim number.

For security purposes, enter the last four digits of your Social Security Number.

Submittal

[Home](#) [Sign In](#) [Menu](#) [Survey](#) [FAQ](#)

Updated August 19, 2002.

Frequently Asked Questions

What is the effective date of my Open Season change?

Do I continue to use my old plan until I get my new ID card(s)?

Are there other sources on the Internet to get information about the FEHB Program?

I have some general questions about retirement or I want to request a change in my retirement account. Who do I contact?

The plan I am selecting has a High and Standard Option. Are there 2 separate brochures for these options?

Why do health benefits premiums increase almost each year?

As a retiree, am I entitled to the FEHB pre-tax premiums (premium conversion)?

Can I change health plans at any time during the year (such as if my spouse dies and I am enrolled in family coverage) or do I always have to wait for Open Season?

During Open Season, I changed to an HMO. They told me that I don't reside within the servicing area. Can I change my enrollment?

I cannot afford the premium cost of my newly selected plan nor can I afford the co-payments for office visits or medication. Can I change plans after Open Season?

I am eligible for Medicare. Can I change from one plan or option to another at any time?

If I enroll in family coverage, who are my eligible family members?

Both my spouse and I each receive either a Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) benefit. We are interested in changing from a family enrollment to two self only health benefit plans. Can this be done and can we use Open Season Online or Open Season Express to do this?

I am receiving survivor annuity based on my deceased spouse's Federal service. I remarried after age 55. Can I add my new spouse to my current FEHB plan?

As a former spouse, am I entitled to coverage under the FEHBP?

Can I cancel my FEHB Program coverage and re-enroll at a later date?

I suspended my FEHB Program enrollment and wish to re-enroll. Can a plan refuse my enrollment and is there a pre-existing condition limitation or a waiting period that applies to my receiving service when I re-enroll?

What do I need to do in order to suspend my FEHB enrollment because I have TRICARE, TRICARE For Life, or CHAMPVA?

Where can I get information about Medicare A and B?

I receive Medicare and have FEHB. Who is my primary payer?

Since Medicare is my primary payer, will my FEHB premiums change?

What is the effective date of my Open Season change?

January 1, 2008. Premium changes will be reflected in your February 1, 2008 annuity payment.

Do I continue to use my old plan until I get my new ID card(s)?

No, after January 1st, your old plan will no longer pay benefits. You must use the new plan even if you have not yet received your ID card(s). Contact your plan directly if you have any problems receiving benefits.

Are there other sources on the Internet to get information about the FEHB Program?

You can visit our web site at www.opm.gov/insure for additional information on the FEHB Program as well as to review individual plan brochures.

You can view the complete text of our pamphlet FEHB Information for Retirees and Survivor Annuitants at www.opm.gov/insure/health/himl/79-2/index.htm

I have some general questions about retirement or I want to request a change in my retirement account. Who do I contact?

You can call our toll-free number at 1-888-767-6738. Callers in the local Washington, DC, calling area must call (202) 606-0500. You can also access our retirement web page and Services Online at www.opm.gov/retire.

The plan I am selecting has a High and Standard Option. Are there 2 separate brochures for these options?

No, all the benefit information for both High and Standard Option is included in one brochure.

Why do health benefits premiums increase almost each year?

Many things contribute to premium changes. In general, FEHB rates reflect changes in the health care marketplace and costs continue to increase. Prescription drugs are more expensive. New medical technology is good, but expensive. Our population is older; the older we are the more we spend on healthcare. OPM negotiates at length for the smallest premium increase feasible without reducing benefits significantly or asking enrollees to pay substantially more money out of their pockets each time they need health care. Each year's increase reflects the overall trend within the health care industry that affects all purchasers of health insurance.

As a retiree, am I entitled to the FEHB pre-tax premiums (premium conversion)?

No, the IRS regulation allowing pre-tax premiums only applies to employees. However, if you are re-employed in a position that conveys FEHB coverage, you can participate in premium conversion by having your agency deduct your FEHB premiums on a pre-tax basis. This is normally automatic unless you waive participation in the premium conversion program. If you are employed by a Federal agency and in receipt of a survivor annuity, you should contact your employing personnel office. If you would like to transfer your FEHB enrollment from your annuity to your employing agency and participate in premium conversion.

Can I change health plans at any time during the year (such as if my spouse dies and I am enrolled in family coverage) or do I always have to wait for Open Season?

There are other events that allow you to change health plans outside Open Season (at the death of your spouse, you can change to self only coverage at the beginning of the month following the death). Additionally, you are allowed to change to self only coverage at any time; you can change plans when you move outside the service area of your HMO; you can change to self and family if your spouse loses coverage, and you are allowed a one-time change in plans because you become eligible for Medicare. Contact OPM at 1-888-767-6738 to find out if your particular situation is an event that allows you to change plans. Callers within the local Washington, DC, area must call (202) 606-0500.

During Open Season, I changed to an HMO. They told me that I don't reside within the servicing area. Can I change

my enrollment?

You may request a change to a managed fee-for-service or to an HMO plan that services your area by calling our toll-free number at 1-888-767-6738. Callers within the local Washington, DC, area must call (202) 606-0500. The effective date of the enrollment change will be January 1st of the current year.

I cannot afford the premium cost of my newly selected plan nor can I afford the co-payments for office visits or medication. Can I change plans after Open Season?

It is vital that you review the information in the Open Season Guide and plan's brochure prior to making your selection because once Open Season ends, you may not be able to change to another plan. There are events that allow one to make an enrollment change outside of Open Season such as a one-time change in plans because you become eligible for Medicare or you move out of the servicing area of your HMO. To find out if there is an event that allows you to change plans prior to Open Season, you should call our toll-free number 1-888-767-6738. Callers within the local Washington, DC, area must call (202) 606-0500.

I am eligible for Medicare. Can I change from one plan or option to another at any time?

Yes, you may change plans at any time beginning on the 30th day before becoming eligible for Medicare to anytime thereafter. However, this is a one-time event.

If I enroll in family coverage, who are my eligible family members?

You are allowed to cover your spouse, unmarried dependent children under age 22 (including adopted children, stepchildren, foster children, or recognized natural children), and any unmarried disabled children over age 22 incapable of self-support whose disability occurred prior to age 22.

Both my spouse and I each receive either a Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) benefit. We are interested in changing from a family enrollment to two self only health benefit plans. Can this be done and can we use Open Season Online or Open Season Express to do this?

Do not use Open Season Express or Open Season Online to do this. It can be done at any time during the year (including Open Season) by calling the Retirement Information Office (RIO) at 1-888-767-6738. Callers within the local Washington, DC, area must call (202) 606-0500. Provide the Customer Service Specialist with both claim numbers, social security numbers and the plans in which you each want to enroll. OPM will first need to determine the eligibility of the spouse not currently carrying the enrollment. To be eligible for enrollment in one's own right, one must have retired on an immediate annuity (an annuity which begins within 30 days of separation from service) and have been covered by an FEHB enrollment (their own or their spouse's) for the 5 years immediately preceding retirement. Deferred annuitants (those whose annuities begin on the 62nd birthday) are NOT ELIGIBLE for coverage in their own right and would, therefore, have to stay on the family enrollment of the enrolled spouse. Once we determine eligibility we will change the currently enrolled spouse to self only and begin a self only enrollment for the other.

I am receiving survivor annuity based on my deceased spouse's Federal service. I remarried after age 55. Can I add my new spouse to my current FEHB plan?

No. While your annuity can continue if you remarry after age 55, or if you were married to the deceased Federal retiree/employee for at least 30 years, you cannot cover your new spouse on the enrollment. Only family members of the deceased are entitled to benefits under the FEHB program.

As a former spouse, am I entitled to coverage under the FEHB?

A former spouse is not eligible to retain coverage as a dependent under the employee's or retiree's family enrollment. You can, however, enroll under the Temporary Continuation of Coverage Act for 36 months. If you have a qualifying court order that awards you a portion of a Civil Service Retirement System or Federal Employees Retirement System annuity or survivor annuity, you may be eligible to enroll in the FEHB under a Spouse Equity enrollment. You must, however, pay the full premium for this coverage. That means both the enrollee and government share of the premium. You may call our toll-free number 1-888-767-6736, Washington, DC, callers should dial (202) 606-0500 to request our publication, "Court-ordered Benefits for Former Spouses" or access the web site at www.opm.gov/asd to view the attorney's handbook on Court-ordered retirements.

Can I cancel my FEHB Program coverage and re-enroll at a later date?

No, a cancellation as a retiree is irrevocable. You cannot later re-enroll in the FEHB Program. However, you can suspend your FEHB enrollment if you are:

- a. enrolled in a Medicare-sponsored health plan. These are Medicare sponsored HMOs and Fee-For Service plans approved by the Center for Medicaid and Medicare services (CMS), formerly the Health Care Financing Administration.
- b. covered by your enrolled spouse's FEHB family plan,
- c. covered by Medicaid or a similar state sponsored program for the needy, or
- d. covered by TRICARE, TRICARE For Life, or CHAMPVA.

OPM will send you a form that you must complete to suspend or cancel your FEHB enrollment.

I suspended my FEHB Program enrollment and wish to re-enroll. Can a plan refuse my enrollment and is there a pre-existing condition limitation or a waiting period that applies to my receiving service when I re-enroll?

Unless you select an HMO and do not live or work in the service area, a participating FEHB health carrier can not refuse to enroll you. Under the FEHB Program, there are no pre-existing condition limitations and there are no waiting periods. You can use your benefits as soon as your coverage becomes available.

What do I need to do in order to suspend my FEHB enrollment because I have TRICARE, TRICARE For Life or CHAMPVA?

TRICARE

You must request and complete a Health Benefits Cancellation/Suspension Confirmation form, RI 79-9. If you are a TRICARE/TRICARE For Life enrollee, you must provide a copy of your Uniformed Services Identification (ID) card and, if over age 65, a copy of your Medicare card showing Parts A and B along with the completed Health Benefits Cancellation/Suspension Confirmation form. If you are a CHAMPVA enrollee, you must provide a copy of your CHAMPVA Authorization card (A-card) along with the completed Health Benefits Cancellation/Suspension form.

If you are on the rolls of the Office of Workers Compensation (OWCP), you must contact your OWCP office in order to request this suspension.

If you pay your FEHB premiums by direct payment, you must contact the National Finance Center concerning the suspension of your enrollment. The toll-free number is 1-800-242-9630

For further information concerning TRICARE/TRICARE For Life, call toll-free 1-888-363-5433 or access the web site at www.tricare.osd.mil. For further information concerning CHAMPVA, call 1-800-733-8687 or access the web site at www.champva.com.

Where can I get information about Medicare A and B?

Medicare provides a web site at www.medicare.gov.

I receive Medicare and have FEHB. Who is my primary payer?

If you have Medicare and your are age 65 or older and not employed, Medicare is the primary payer of your health benefits expenses and the FEHB plan is secondary. For more information, you may call our toll-free number 1-888-767-6738 and follow the instructions for requesting our publication entitled, "The Federal Employees Health Benefits Program and Medicare" or access the Medicare web site at www.medicare.gov. Callers within the local Washington, DC, area must call (202) 606-0500.

Since Medicare is my primary payer, will my FEHB premiums change?

You will continue to pay the same premiums unless you change to another plan or option. At present, the FEHB law does not authorize OPM to offer additional enrollment options such as a different rate structure for FEHB enrollees in Medicare. In the FEHB Program, coverage and premiums are the same for all enrollees in a given plan without separate categories for class or risk, health status, size of family, age, and other insurance coverage.

The FEHB Program follows the most basic principle of group health insurance. The basic purpose of group health insurance is to spread the cost of health care among all of the people in the group. All of the members of the group share equally in the costs of the group. Similarly, group members share equally in the savings that are due the group when certain members of the group have other insurance coverage (including Medicare) that picks up part, or all, of the cost of care. The result is that premium rates for members of each plan, as a group, are lowered.

Additionally, FEHB plans provide coverage for prescription drugs, routine physicals, emergency room care outside of the United States, and some preventive services that Medicare doesn't cover.

Updated August 19, 2002



Welcome *VIOLA T CERCONI*

You are currently enrolled in:

Plan Name: Blue Cross/Blue Shield - Std
 Enrollment code: 104
 Coverage: Self Only
 Year 2002 Rate: \$ 89.09
 Year 2003 Rate: \$ 98.93

Please note, if you perform an enrollment change, your new coverage information will not be immediately updated on this page. The information will be displayed when we report your enrollment change to your new provider.

You will now be able to perform the following Open Season actions.

- ☐ [Make an open season Health Benefits Enrollment Change](#)
- ☐ [Request Health Plan Brochures of Benefits for 2003](#)
- ☐ [Request Information on Cancelling or Suspending Your Enrollment](#)
- ☐ [Request Information on Paying Your Health Benefits Premiums Directly to Us](#)
- ☐ [Request a 2002 Satisfaction Survey Results Booklet on How FEHB Members Rated their Health Plans](#)
- ☐ [Request a New Open Season Packet and/or change your address](#)
- ☐ [Go to PlanSmartChoice \(A consumer comparison tool to help you make a health plan selection\)](#)
- ☐ [Go to Consumers' Checkbook Guide to Health Plans \(A consumer comparison tool to help you make a health plan selection\)](#)

For other retirement information visit opm.gov/retire



If you change enrollment, your new coverage will be effective January 1, 2008. Your February 1, 2008 annuity payment will be the first monthly payment to reflect 2003 premiums.

If you and your spouse each receive Federal retirement benefits and you are enrolled in *family* coverage and you want to change to two self-only enrollments, *do not use Open Season Online to make your change*. The [FAQ page](#) contains further information.

The FEHB plans available in your area are listed below. You can also view the [FEHB Guide](#) online.

Please indicate whether you are enrolling as self only or self and family coverage.

☐ Self Only
 ☐ Self and Family

Please select the plan you wish to enroll in for 2008. Note, the plans offering a high and standard option are noted with the letters "H" or "S".

For help in selecting, press the "Advanced Select" button to view an alternate list which displays plan rates and possible enrollment restrictions.

Please choose a plan

Advanced Select

Submit

This collection of information has been approved by OMB. To view the Privacy Act and Public Burden Statement press [here](#).



Your health plan will need to coordinate benefits with any other health insurance plans you or your dependents may have.

of the health coverages listed below:
 other health insurance?

Do you or your dependents have any other health insurance?

☐ Yes

1/20

Do you have Medicare?

None

Medicare A

No

Does your Spouse have Medicare?

Do you or your dependents have TRICARE, TRICARE For Life, or CHAMPVA?

TRICARE, TRICARE For Life, or CHAMPVA policy holders Last Name:

TRICARE, TRICARE For Life, or CHAMPVA policy holders First Name:

Do you or your dependents have health insurance with a private insurance company? If so, what is the private insurance company?

Private insurance policy holders Last Name:

Private insurance policy holders First Name:

What is your daytime telephone number?

() + ext. ()

DEFINITION

参考文献

Signal

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Abstract

May 15

Updated August 19, 2002

The following information is the dependent data we currently have on file for you. Please review this information and then select the option below to either update or keep this information on file for your new health plan.

Daytime Phone Number:

Dependent Information					
Name	Birth Date	Gender	Relationship	SSN	Zip
JOHN JONES	05/06/1925	Male	Spouse	152-15-1123	52636

Keep Current Informatic



You have chosen to enroll in self and family coverage. To ensure that you and your family members have immediate coverage, please complete the following information.

1. Your Dependent's Last Name:

JOHN

2. First Name:

JONES

3. MI:

4. Date of Birth (mm/dd/yyyy):

05 / 06 / 1925

5. Gender:

Male ☒

6. Enter the first dependent's relationship to you:

Spouse ☒

7. Social Security Number:

152 - 15 - 1123

8. Zip Code:

52636

You may Enter up to 5 dependents. Do you have other dependents to enter?

☒ No ☐ Yes

Submit



We processed the open season health benefits enrollment change you requested.

The effective date of your open season change is January 1, 2003. The beginning of next week, we will mail you a letter confirming your open season change. We will also notify the plan you selected of your enrollment information.

Plan Name: Blue Cross/Blue Shield - Std
 Enrollment Code: 105
 Coverage: Self and Family
 Rate: \$ 227.98
 Other Insurance: Yes
 Medicare Coverage: None
 TRICARE(CHAMPUS) Coverage: No
 Private Insurance Name:
 Policy Holder Name:

Dependent Information					
Name	Birth Date	Gender	Relationship	SSN	Zip
JOHN Betty L	10/10/1925	Female	Spouse	465-15-1123	52636

Your new plan will send your new identification card to you. You can expect to receive your card in approximately 4 weeks. If you do not receive your card, you should contact the plan directly.

*Before You Go,
We'd Like to Know...*

Help us make sure we are providing you the best service. Press here to rate Open Season Online!

*Thank You for Using
Open Season Online!*



For more information on the plans, you can select and receive health plan brochures for the 2008 benefit year. After you choose a state, all of the available plans for that state will be displayed.

Please choose the state from which you want to order plan brochures.

Alabama
 Alaska
 Arizona
 Arkansas
 California
 Colorado
 Connecticut
 Delaware
 District of Columbia
 Florida
 Georgia
 Guam
 Hawaii
 Idaho
 Illinois



Submit

- Home
- Sign in
- FAQ
- Enrollment change
- Brochure Request
- Cancel/Suspend
- Direct Pay
- Satisfaction Survey Book
- Open Season Packet/Address Change



The following plan brochures are available for California.

Please select the brochure(s) you would like mailed to you. To select more than one brochure, hold down the control key ("open apple" key for Macintosh users) while selecting the desired brochures.

Please Note: If a plan has both a High and Standard Option, all the benefit information is included in one brochure. Additionally, there is only one brochure that includes benefit information on both Blue Cross and Blue Shield Standard Option, Code 10, and Blue Cross and Blue Shield Basic Option, Code 11.

2X	Aetna Health Inc
1R	Alliance Health Plan
42	Association Benefit Plan
47	APWU Health Plan
M5	Blue Cross - HMO
11	Blue Cross/Blue Shield - Basic
10	Blue Cross/Blue Shield - Std

Submit

You may also look at brochures online by visiting opm.gov/insure

- Home
- Sign in
- Menu
- Survey
- FAQ

Updated August 19, 2002



We processed your request for the following plan brochure.

Plan Name: Blue Cross/Blue Shield - Basic
Enrollment Code: 71

You can expect to receive the plan brochure in about 7-10 days.

*Before You Go,
We'd Like to Know...*

Help us make sure we are providing you the best service. [Press here](#) to rate Open Season Online!

*Thank You for Using
Open Season Online!*



You may elect to cancel or suspend your enrollment in the FEHB Program. Because many annuitants who cancel their FEHB enrollments may never be eligible to reenroll, we want to be sure that you are fully informed about the effect of any action you take.

The Health Benefits Cancellation/Suspension Confirmation letter gives you detailed information on cancelling or suspending your enrollment. You can either [read the letter online](#) or choose to [have the letter mailed](#) to you. If you choose to have the letter mailed, you can expect to receive it in about 7-10 days.

If you choose to view the letter online and decide you wish to cancel or suspend your coverage, print the letter, sign it, and mail it to:

Office of Personnel Management Open Season Processing Center
P.O. Box 4198
Iowa City, IA 52244-4198

After viewing the letter online use your browser's "Back" arrow to return to this page.

Have the letter mailed

View the letter online



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
OFFICE OF RETIREMENT PROGRAMS

Claim Number: A00000011

Health Benefits Cancellation/Suspension Confirmation

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Because many annuitants who cancel their FEHBP enrollments will not be eligible to reenroll, we want to be sure that you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form indicating that you understand how your request will effect your future FEHBP enrollment eligibility.

Civil Service Retirement System and Federal Employees Retirement System annuitants and benefit recipients may cancel or suspend their FEHBP coverage. The various circumstances surrounding the suspension or cancellation will determine your future reenrollment eligibility. Please read the front and back of this form and only check the **ONE** block that applies to you. Read the information beside the checked block carefully to be sure you understand the effect of your decision.

A. ☐ I am cancelling my FEHBP enrollment to be covered under a family member's FEHBP enrollment.

If you are cancelling your FEHBP enrollment because you will be covered under your spouse's FEHBP enrollment and your spouse is a Federal employee, please include with this form a copy of your spouse's SF 2809, *Health Benefits Registration Form*, showing the change to a family enrollment. If your spouse is an annuitant, please give us your spouse's name and annuity claim number:

Spouse's name (Last, first, middle)	Spouse's claim number
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If you cancel FEHBP coverage for this reason, we will coordinate the effective date with the effective date of your new coverage under your spouse's enrollment.

Reenrollment eligibility: As long as you are continuously covered as a family member on your spouse's FEHBP enrollment, you will be eligible to resume your own enrollment if your coverage under your spouse's enrollment ends for any reason.

B. ☐ I am cancelling my FEHBP coverage for reasons other than the situation described in Part A.

We will cancel your enrollment effective the end of the month in which we receive this signed and dated form. Any health benefits premiums you pay for a period after the cancellation effective date will be refunded in one of your future monthly annuity payments.

Reenrollment eligibility: If you check this block to cancel your FEHBP enrollment, you may not be eligible to reenroll in the FEHBP. Additionally, if you cancel your FEHBP enrollment, you and any family members covered by your enrollment will not be entitled to the free 31-day extension of coverage to convert to an individual health benefits contract or to enroll for Temporary Continuation of Coverage.

I certify that I have read and understand the information on canceling FEHBP coverage. I understand that if I checked block B, I will never again be eligible to reenroll in the FEHBP.		
Signature	Daytime Telephone No. (including area code)	Date

I am suspending my FEHBP enrollment to be covered under a Medicare sponsored health plan.

c. ☒ I am suspending my Federal Employees Health Benefits Program (FEHBP) enrollment to be covered under a Medicare sponsored health plan.

These Medicare-sponsored plans are Health Maintenance Organizations or Fee-for-Service plans approved by the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA). To suspend your coverage for this reason (and to protect your eligibility to reenroll), you must give us evidence that you have enrolled (or have applied to enroll and have been accepted) in a Medicare-sponsored plan. Your Medicare card is not documentation of enrollment in a Medicare-sponsored plan. Acceptable documentation must show the effective date of your Medicare-sponsored coverage. If we receive this form within 31 days before or 31 days after the effective date of your Medicare-sponsored plan enrollment, we will suspend your FEHBP coverage at the close of the business day before your Medicare-sponsored plan coverage begins. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

D. ☐ I am suspending my FEHBP enrollment to use TRICARE, TRICARE for Life (enrollees over age 65 with Medicare Parts A and B), or CHAMPVA. Please suspend my FEHBP enrollment effective _____.

To suspend your FEHBP coverage for this reason (and to protect your eligibility to reenroll), you must give us evidence of your eligibility for TRICARE, TRICARE for Life, or CHAMPVA. Please send us a copy of your Uniformed Services Identification (I.D.) card and if you are over age 65, you must also send us a copy of your Medicare card showing enrollment in both Medicare Parts A and B (required for TRICARE for Life). To document your eligibility for CHAMPVA, please send us a copy of your CHAMPVA Authorization Card (A-card). Please tell us below the date you want to suspend your FEHBP to use TRICARE, TRICARE for Life, or CHAMPVA. If we receive this signed form and the eligibility documentation within 31 days before to 31 days after the date you designate, we will suspend your FEHBP coverage on that date. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

E. ☐ I am suspending my FEHBP enrollment because I am eligible for coverage under Medicaid or a similar State-sponsored program of medical assistance for the needy.

To suspend your FEHBP coverage for this reason (and to protect your eligibility to reenroll), you must give us evidence of your eligibility for Medicaid or a similar state-sponsored program of medical assistance for the needy. You may send us a copy of an enrollment card or a copy of a letter of eligibility which shows the effective date of your Medicaid or similar state-sponsored program coverage. If we receive this form within 31 days before or 31 days after the effective date of your Medicaid or similar state-sponsored enrollment we will suspend your FEHBP coverage at the close of business the day before your Medicaid or state-sponsored coverage begins. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your request.

The following information applies to blocks C, D, and E.

Reenrollment: You may voluntarily reenroll in the FEHBP during an annual open season. We will send you an open season package each year with instructions on how to reenroll. If you don't want to reenroll, disregard your open season material.

If you involuntarily lose your coverage in one of the programs mentioned above, you can reenroll in the FEHBP effective the day after your coverage ends. You must provide evidence of involuntary loss of coverage. Your request to reenroll must be received at the Office of Personnel Management (OPM) within the period beginning 31 days before and ending 60 days after your coverage ends. Otherwise, you must wait until open season to reenroll.

I certify that I have read and understand the information on suspending FEHBP coverage. I have checked the block relating to my suspension, and I have enclosed the appropriate documentation.

Signature

Daytime Telephone No. (including area code)

Date

*Before You Go,
We'd Like to Know...*

Help us make sure we are providing you the best service. Press here to rate Open Season Online!

[Home](#)
[Sign In](#)
[Menu](#)
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Please read the information carefully. If you decide to pay your payment directly, we will mail an enrollment package to you.

Have the letter and enrollment packet mailed.

View the letter online

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Updated August 19, 2002



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
OFFICE OF RETIREMENT PROGRAMS

You asked for information about paying your Federal Employees Health Benefits Program (FEHBP) premium directly to us.

The Open Season gives you an opportunity to change from one plan to another, from one option to another in the same plan, or from Self Only to Self and Family. If the premium for the plan and coverage you want is more than the amount of your monthly annuity, you may elect to pay the premium directly to us. An annuitant who elects to pay premiums directly cannot later request to have them withheld from his/her annuity.

Effective Date of Enrollment Change/Election to Make Direct Premium Payments

Your Open Season change or new enrollment is effective January 1, 2003. If you elect to pay premiums directly, your first payment will be due February 1, 2003, or upon receipt of your payment coupons, whichever is later.

Plan Information

We have provided instructions on how to use Open Season Express and enclosed any brochures you may have requested to assist you in selecting a plan. Before making your selection, please take the time to review the brochure(s) and the Open Season Health Benefits Guide.

Please note, if you want to enroll in a plan whose premium is more than the amount of your monthly annuity, DO NOT USE OPEN SEASON EXPRESS OR OPEN SEASON ONLINE.

How to Apply to Make Payment of Premiums Directly to Us

If you wish to change your FEHBP coverage and pay your health benefits premium directly, you must complete both the OPM Form 2809 and the back of this letter and return them in the envelope provided. You should indicate your choice of coverage on the OPM Form 2809 and your election of the direct payment option on page 2 of this letter. Both elections must be signed and should be returned in the envelope provided.

If you don't want to pay your health benefits premium directly but still wish to change your enrollment coverage, do not return this letter. Instead, call Open Season Express at our toll-free number 1-800-332-9798 or access Open Season Online at www.opm.gov/retire/fehb. However, you must complete your request on or before the late authorization date shown on the enclosed Open Season Express instruction sheet.

Payment of Premiums

There is no additional cost if you elect to make payment of premiums directly to us. You pay only the enrollee share of the premium. A letter providing payment instructions and a set of health insurance premium coupons will be forwarded to you with confirmation of your new enrollment or enrollment change. Premiums are due the first of each month.

I certify that I have read the information contained in this letter. The premium for the health insurance plan I want is more than the amount of my monthly annuity. Therefore, I elect to pay the enrollee share of the premium directly. I understand that I cannot later request that FEHBP premiums be withheld from my annuity, even though my annuity may be enough to cover the cost of my coverage.

Signature

Date

(_____)_____
Daytime Telephone Number

Claim Number

Social Security Number



You asked for a direct pay enrollment package. You can expect to receive the package in 7-10 days. We will **not** process any direct pay request until you sign, date, and return the required forms.

*Before You Go,
We'd Like to Know...*

Help us make sure we are providing you the best service. Press here to rate Open Season Online!

*Thank You for Using
Open Season Online!*



Updated August 19, 2002



The 2002 Plan Satisfaction Survey Results and Benefit Information booklet gives you information on how FEHB members rated their health plans. Please read the introduction to understand how the survey was conducted and how the results were compiled.

This booklet also contains some benefit information, such as HMO and POS prescription drug benefits, and it details the accreditation of individual health plans.

You can either read the survey information online or choose to have the booklet mailed to you. If you choose to have the booklet mailed, you can expect to receive it in about 7-10 days.

If you choose to look at the information online, the booklet is available in PDF format. To return to the web site from viewing the survey book online you need to use your browser's "Back" button.

[Have the survey mailed](#)



To download a copy of Adobe Acrobat Reader, click on this icon:

Rate our Site

Your opinion is important to us. Please take the time to answer the questions below so that we know if we are meeting your needs. The information you provide is confidential and will be used only to evaluate this web site and the open season materials we send to you each year.

You can email us at retire@opm.gov or call us toll-free at 1-888-767-6738.

Were the instructions for using Open Season Online easy to understand?

- ☐ Easy
- ☐ Somewhat Difficult
- ☐ Confusing
- ☒ No Comment

How easy was it to navigate through Open Season Online?

- ☐ Easy
- ☐ Somewhat Difficult
- ☐ Confusing
- ☒ No Comment

Are the materials we send you in your open season package easy to understand?

- ☐ Easy
- ☐ Somewhat Difficult
- ☐ Confusing
- ☒ No Comment

Did you access the consumer comparison tools to assist you in selecting a health plan?

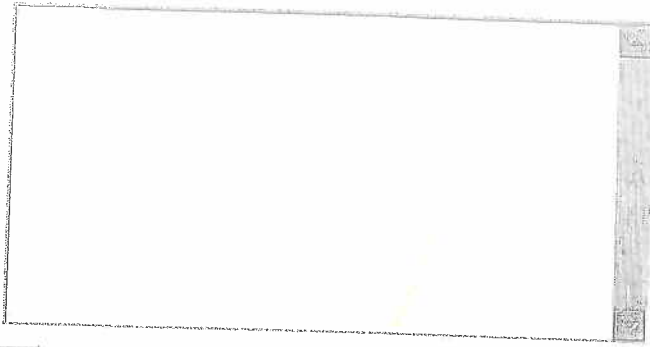
- ☐ No
- ☐ Yes, SmartChoicePlan
- ☐ Yes, Checkbook Guide
- ☐ Both

Overall, what do you think of our web site?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☒ No Comment

Do you have any comments or suggestions for improving Open Season Online?

Please do not use this section to make an enrollment change or to request additional open season information. We cannot respond to any requests made here.



Reset

This collection of information has been approved by OMB. To view the Privacy Act and Public Burden Statement press [here](#).

Home	Sign In	FAQ	Enrollment Change	Brochure Request	Cancel Suspend	Direct Pay	Satisfaction Survey Book	Open Season Packet/ Address Change
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You asked for the survey results booklet. You can expect to receive the booklet in about 7-10 days.

*Before You Go,
We'd Like to Know...*

Help us make sure we are providing you the best service. Press here to rate Open Season Online!

*Thank You for Using
Open Season Online!*

Home	Sign In	Menu	Survey	FAQ
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Updated August 19, 2002

- Home
- Sign In
- FAQ
- Enrollment Change
- Brochure Request
- Cancel/Suspend
- Direct Pay
- Satisfaction Survey Book
- Open Season Packet/Address Change



The FEHB Open Season information packet was mailed to participating annuitants the last week of October. This packet included the state specific "Open Season Health Benefits Guide" listing premium information for the plans available in your area. The address we currently have on file for you is:

VIOLA T CERCONI
2125 RIDGVIEW AVE
NEW YORK NY 10034

If the address above is correct but you did not receive this packet press the bar below.

Yes, please mail me another Open Season information packet.

If the above address is not correct, press the bar below to change either your domestic or foreign address.

- USA/AFJ/EPO Change
- Foreign Change

- Home
- Sign In
- Menu
- Survey
- FAQ

Updated August 19, 2002



You asked for a new open season packet. You can expect to receive the packet in about 7-10 days.

*Before You Go,
We'd Like to Know...*

Help us make sure we are providing you the best service. Press here to rate Open Season Online!

*Thank You for Using
Open Season Online!*



Updated August 19, 2002



VIOLA T CERCON E you have chosen to change your current address. Enter your new mailing address in the space provided below. There is no need for you to enter your name. Enter your street or post office box address. You may enter 22 characters and spaces per line. Please do not use special characters such as \$,%,@,!,etc. When finished, press the Submit button.

1. Street Address 1:

2. Street Address 2:

3. Street Address 3:

4. City:

5. State:

6. Zip Code:

Submit

Note: If you wish to change your payment address please call the Retirement Information Office at 1-888-767-6738.

VIOLA T GERCONI
555 MAIN BLVD
SUITE 55
PO BOX 555
CLINTON Iowa 52732

To complete the address change, select the "Yes" button. To make corrections select the "No" button.

Yes No

This action will only affect the record of your mailing address.

Home Sign In Menu Survey FAQ

Updated August 19, 2002



The address change you requested has been processed.

Your new address is:
 VIOLA T CERONE
 555 MAIN BLVD
 SUITE 55
 PO BOX 555
 CLINTON Iowa 52732

*Before You Go,
We'd Like to Know...*

Help us make sure we are providing you the best service. Press here to rate Open Season Online!

**Thank You for Using
Open Season Online!**



Select a country from the list provided below. When finished, select Submit

Please choose a country

Afghanistan

Albania

Algeria

Andorra

Submit

[Home](#) [Sign In](#) [Menu](#) [Survey](#) [FAQ](#)

Updated August 19, 2002



Enter your new address below. You may enter 22 characters and spaces per line. Please do not use special characters such as *,%,@,!,etc. Please do not enter your country name again. It will be automatically inserted in the record of your address. When finished, press the Submit button.

1. Street Address 1:
2. Street Address 2:
3. Street Address 3:

New Country: BULGARIA

555 MAIN BLVD
SUITE 55
PO BOX 555

Submit



The mailing address change you made is displayed below.

VIOLA T CERONE
555 MAIN BLVD
SUITE 55
PO BOX 555
BULGARIA

Review the new address that you entered to make sure that all of the information is correct.

To complete the address change, select the "Yes" button. To make corrections select the "No" button.



This action will only affect the record of your mailing address.



Updated August 19, 2002



The address change you requested has been processed.

Your new address is:
 VIOLA T CERONE
 555 MAIN BLVD
 SUITE 55
 PO BOX 555
 BULGARIA

*Before You Go,
 We'd Like to Know...*

Help us make sure we are providing you the
 best service. Press here to rate Open Season
 Online!

*Thank You for Using
 Open Season Online!*



Updated August 19, 2002