


Federal Health Benefits Election Questions

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Federal Employees Health Benefit (FEHB):

Welcome to the Federal Employees Health Benefit (FEHB) portion of the Orientation process. As is in the previous section, you will be asked to verify or supply your personal information. Fields marked with an * are required. Please provide this information prior to your final electronic submission.


Important: To ensure your information is saved as you enter it, always use the navigation buttons within the pages to advance through the site, not the Back and Forward buttons on your browser toolbar.

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Federal Employees Health Benefits (FEHB) Enrollment

14%

Federal Employees Health Benefits (FEHB) is an optional benefit that provides medical insurance coverage for yourself and your eligible dependents. There are two types of enrollment: Self Only and Self and Family. A Self and Family enrollment covers you, your spouse, and your unmarried dependent children under age 22. There are five different plan categories: Fee-for-Service (PPO), Health Maintenance Organization (HMO), Point-of-Service (POS), Consumer Driven Plans, High Deductible Plans with either a Health Savings Account or a Health Reimbursement Account. Each health plan carrier under the FEHB Program charges a different premium. There are several health plans for you to choose from. In the help text, you will find links to the FEHB web site that will provide the 2006 FEHB Guide that lists all of the participating health plans, individual plan brochures, a comprehensive set of frequently asked questions, tools to help you make side-by-side comparisons of the costs, benefits, and quality indicators of the plans in your area and much more.

New Hires may enroll or decline FEHB now, or defer enrollment. New hires have 60 days from the Enter on Duty (EOD) date to enroll or decline FEHB coverage. Please select one of the following radio buttons:

☐ Yes, I want to enroll
☐ No, I don't want to enroll


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Current Health Benefits Coverage

21%

Are you married or single? *

☐ Married
☐ Single

Which Medicare Parts do you have?
(if none, leave blank)

☐ Medicare A
☐ Medicare B
☐ Medicare D

Do you have TRICARE? *

☐ Yes
☐ No

Do you have other insurance? *

☐ Yes
☐ No

If Yes, please provide details.

Name of insurance:


Policy #:

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Qualified Family Members for FEHB Coverage

71%

In this section, you will be asked to designate dependents. If you have previously created a Beneficiary/Dependent list, you will have the opportunity to select your Dependent from that list. If you have not created a Beneficiary/Dependent list, you will be asked to create a list that you can then choose from.

To add new dependents, click "Add Dependents".


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Beneficiary/Dependent List57%

To reduce the number of times you would need to enter required information like name, relationship, social security number, date of birth, address, etc. we offer you this list that will be used to prepopulate all beneficiary and dependent forms.


To add a new individual to your Beneficiary/Dependent List, click "Add New".
To delete an existing individual from your Beneficiary/Dependent List, select the appropriate individual and click "Delete Selected".

To start adding beneficiaries or dependents, click "Add New".

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Beneficiary/Dependent Details64%

First Name *:

Middle Name:

Last Name *:

Gender *:

(select) ▾

SSN *:

(must be formatted as XXX-XX-XXXX, with dashes)

Date of Birth:

MM/DD/YYYY

Street Address *:

City, State, & Zip *:

Relationship *:

Legal Dependent? *

☐ Yes


☐ No

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Previously Created Dependents

Name	Relationship
<input type="checkbox"/> James Doe	Son

Add Selected ↓Edit List

Name	Relationship	Medicare (if none, leave blank)	TRICARE	Other Insurance	Name of Insurance	Policy Number
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Remove Selected

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Previously Created Dependents

Name	Relationship
<input type="checkbox"/> James Doe	Son

Add Selected ↓Edit List

Name	Relationship	Medicare (if none, leave blank)	TRICARE	Other Insurance	Name of Insurance	Policy Number
<input type="checkbox"/> James Doe	(select) ↓	<input type="checkbox"/> Medicare A <input type="checkbox"/> Medicare B <input type="checkbox"/> Medicare D	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		

Remove Selected

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FEHB Plan Selection

85%

Enter the name of the health plan you wish to enroll in as well as the 3-character enrollment code that corresponds to your plan of choice.

Use the FEHB Guide link in the Content section on the right to assist you with Health Insurance information.


Plan name:

Enrollment code:

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Premium Conversion Choice

92%

All health benefit premiums are deducted from your bi-weekly paycheck pre-tax. This means that your benefits premiums are deducted **prior** to your taxes. This is called **Premium Conversion**. Coverage for all new hires **defaults** to Premium Conversion. Premium Conversion limits your ability to cancel or modify your health insurance at will. Under Premium Conversion, you must wait for an **Open Season** or a **Qualified Life Event (QLE)** to cancel your coverage and/or change your coverage. **Waiving** your pre-tax Premium Conversion benefit enables you to:

Cancel your coverage at anytime
and/or
Change from Self Only to Self and Family coverage, and vice versa

If you wish to opt out of the Premium Conversion default option of the FEHB plan, you must waive Premium Conversion by submitting the **Premium Conversion Waiver/Election Form** along with your Health Benefits Election Form

☐ Waive Premium Conversion
☐ Do not waive Premium Conversion

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