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Federal Employees Health Benefits

This Site Can Only Be Used By Federal Retirees, Survivor Annuitants, or Former Spouse Annuitants

Open Season is available 11/08/2010 through 12/13/2010



In an effort to go-green and reduce paper consumption, OPM will not automatically mail you the open season packet of information this year. Effective this Open Season, you will receive an open season notification which will include a web site and telephone number to request health plan brochures, make enrollment changes, perform other open season transactions and obtain other health benefits information.

To sign in to **Open Season Online**, you will need your annuity claim number (CSA or CSF) and your social security number. Once you sign in, you can select from the following options:

- Make an enrollment change or reenroll
- Review health plan brochures
- Review information on canceling/suspending your enrollment
- Review information on paying your health benefits premiums directly to OPM
- Review the plan accreditation and survey results booklet
- Request a new open season packet
- Perform an address change
- Provide or Update your email address
- View frequently asked questions
- Review information about the Federal Employees Dental and Vision Insurance Program (FEDVIP)

- Review a FEHB State Guide
- Review the HB Registration Form
- Review the Guide for Former Spouses
- View Transaction History
- Go to OPM's Comparison Tool
- Log Off

Open Season Online is available for you to perform any of the above transactions 24 hours a day except during our scheduled maintenance period from Midnight Central Time to 8 am Central Time each Sunday. 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.

If you are not making an enrollment change but need to update your dependent information, please contact your Health Benefit Provider to make this change.

Remember, if you do not want to change your present insurance coverage, do not respond, unless your plan no longer participates in the FEHB program. Your current coverage will continue automatically.

OPM has determined that all FEHB plans offer prescription drug coverage that is equivalent to Medicare Part D's drug coverage. However, if at a later time they decide to enroll in Part D (and they have not gone 63 days without FEHB coverage), they will not have to pay the penalty for not enrolling in Part D at their first opportunity.

For other retirement information visit www.opm.gov/retire.

Dental and Vision Benefits

The next FEDVIP enrollment opportunity will take place during the upcoming Federal Benefits Open Season - **Monday, November 8, 2010 through Monday, December 13, 2010**. During Open Season, you may enroll in a FEDVIP plan, make changes, or cancel a current FEDVIP enrollment, effective January 1, 2011. **If you are currently enrolled in FEDVIP and do nothing, your enrollment will automatically continue. If you want to cancel coverage, you must do so during Open Season.** To Enroll, Cancel or Make Changes during Open Season, please contact BENEFEDES at 1-877-888-3337, or visit their website at www.BENEFEDES.com. You may choose to view general information online or have the letter mailed to you by clicking here.

If you are having trouble reading this page, select this link for instructions on how to increase the size of this page and the text.

This collection of information has been approved by OMB. Select this link to view the Privacy Act and Public Burden Statement.

Before accessing this website please review the Terms and Conditions.

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1900 E Street NW, Washington, DC 20415 | (202) 606-1800 | TTY (202) 606-2532

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Rate This Site	
FAQs	All access or use of this system constitutes user understanding and acceptance of these terms and constitutes unconditional consent to review and action by all authorized government and law enforcement personnel.
Log Off	Unauthorized user attempts or acts to (1) access, upload, change, or delete information on this system, (2) modify this system, (3) deny access to this system, (4) accrue resources for unauthorized use or (5) otherwise misuse this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.
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Annuitant Sign In

OMB Approved: 3206-0201.

To use Open Season Online, please complete the following 2 steps:

Sign in with your Claim Number

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

CSA CSF

Enter the first 7 numbers of your annuity claim number.

OR

Sign in with your Email Address

Your email address

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

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Effective January 1, 2011 you will be enrolled in:

Plan Name: **HMSA High**
 Enrollment code: **871**
 Coverage: **Self Only**
 Year 2010 Rate: **\$ 422.61**
 Year 2011 Rate: **\$ 452.21**

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

If you are not making an enrollment change but need to update you dependent information, please contact your Health Benefit Plan Provider to make this change.

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

- Make an enrollment change or reenroll
- Review health plan brochures
- Review information on canceling/suspending your enrollment
- Review information on paying your health benefits premiums directly to OPM
- Review the plan accreditation and survey results booklet
- Request a new open season packet

- Perform an address change
- Provide or Update your email address
- View frequently asked questions
- Review the Guide for Former Spouses
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Plan and Dependent Coverage

If you change enrollment, your new coverage will be effective January 1, 2011. Your February 1, 2011 annuity payment will be the first monthly payment to reflect 2011 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.

If you are not making an enrollment change but need to update your dependent information, please contact your Health Benefit Plan Provider to make this change.

If you are selecting self and family coverage, you will also need: your dependent(s) name, social security number, date of birth, address, and information about any other health insurance coverage you or your dependent(s) may have.

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

Self Only Self and Family



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Plan and Dependent Coverage

You have chosen Self and Family coverage. The FEHB plans available in your area are listed below. This list includes nationwide, state specific, and restricted plans. You can also view the FEHB State Guide online.

Please select the plan you wish to enroll in for 2010. Note, the plans offering a high, standard, or basic option, High Deductible Health Plans (HDHPs) and Consumer-Driven Health Plans (CDHPs) are noted in the plan name description.

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 

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

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Plan and Dependent Coverage

You have chosen Self and Family coverage. The FEHB plans available in your area are listed below. This list includes nationwide, state specific, and restricted plans. You can also view the FEHB State Guide online.

Please select the plan you wish to enroll in for 2010. Note, the plans offering a high, standard, or basic option, High Deductible Health Plans (HDHPs) and Consumer-Driven Health Plans (CDHPs) are noted in the plan name description.

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

105	Blue Cross & Blue Shield Std	Advanced Select
Date of Birth (mm/dd/yyyy):		
<input type="text" value="09"/>	<input type="text" value="14"/>	<input type="text" value="1950"/>

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Other Health Insurance - Annuitant

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

Do you have Medicare?

Do you have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA?

Do you have private insurance?

 Yes No

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Dependent Information

You have chosen to enroll in self and family coverage.

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.

After you are done reviewing or updating, click Done button to proceed further.

Please note that a maximum of 10 dependents can be entered.

Name	Birth Date	Gender	Relationship	SSN	Delete
jonathan lewis mumblo	02/28/1986	M	Biological Child	1111	Delete Dependent

[Add New Dependent](#)

[Done](#)

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Dependent Information

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.

Your Dependent's Last Name:

First Name:

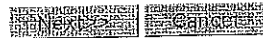
MI:

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

Gender:

Relationship:

Social Security Number: - -



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Address Information - Dependent

You have chosen to enroll in self and family coverage.

If the dependent's address is the same as the annuitant's, click on the next button.

If the dependent's address is different from the annuitant's, click off the check mark and enter the dependent's address and then click the next button to continue.

Use same address as Annuitant's

Foreign Address No Yes

Street Address 1:

Street Address 2:

Street Address 3:

City:

State:

Zip Code:

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Other Health Insurance - Dependent

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

Does this dependent have Medicare?

Does this dependent have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA?

Does this dependent have private insurance? Yes No

If this dependent has insurance with a private insurance company, you must tell us the name of the private insurance company.

Other private insurance policy number, if known

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Dependent Information

You have chosen to enroll in self and family coverage.

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. After you are done reviewing or updating, click Done button to proceed further.

Please note that a maximum of 10 dependents can be entered.

Name	Birth Date	Gender	Relationship	SSN	Delete
John K Smith	01/02/1950	Male	Spouse	***-**-1111	Delete Dependent

[Add New Dependent](#)

[Done](#)

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Enrollment Change - Verification

Below is your **pending** enrollment change. At this time you may review your information and make any necessary changes before your update is submitted. Once you are satisfied that all information has been provided, please click on the "Submit Enrollment Change" button below.

Plan Name: **Mail Handlers Benefit PlnStd**

Enrollment Code: **455**

Coverage: **Self and Family**

Rate: **\$ 523.47**

[Edit Enrollment](#)

Dependent Information				
Name	Birth Date	Gender	Relationship	SSN
jonathan lewis mumblo	02/28/1986	Male	Biological Child	***-**-1111

[Edit Dependents](#)

Your enrollment will not be completed until you click on the "Submit Enrollment Change" button below.

[Submit Enrollment Change](#)

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Brochure Request

For more information on the plans, you can select and receive health plan brochures for the 2011 benefit year through the mail or you may view them online. You may also access OPM's Plan Comparison Tool by selecting the option from the menu on the left of the screen.

Please use the buttons below to indicate if you would like to view the Health Benefit Brochures online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

[View Online](#)

[Mail Information](#)

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You have indicated that you would like to have the brochures mailed to you. Once you select a state or "submit", all of the available plans for the selected state will be displayed.

- Nationwide/Other/Foreign
- Alabama
- Alaska
- Arizona
- Arkansas
- American Samoa
- Armed Forces(AA)
- Armed Forces(AE)
- Armed Forces(AP)
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia**
- Florida

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Plan Benefits

The following plan brochures are available for **Colorado**. This list includes nation wide, state specific, and restricted plans.

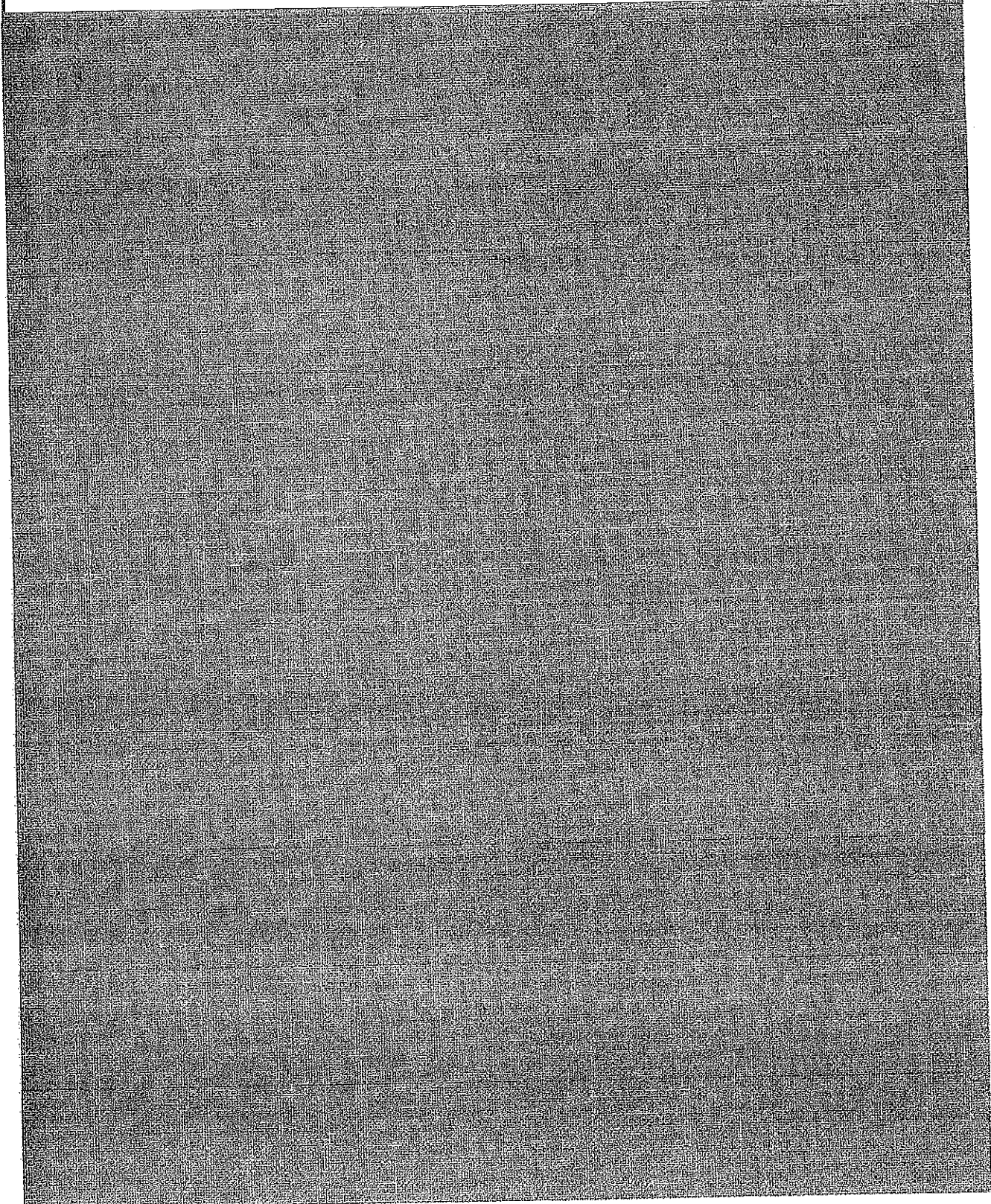
Please select the brochure(s) you would like mailed to you. You may also look at brochures online at <http://www.opm.gov/insure/health/planinfo/>.

Please Note: The plans offering a high, standard, or basic option, High Deductible Health Plan (HDHPs) and Consumer-Driven Health Plans (CDHPs) are noted in the plan name description. All a plan's available options are included in one brochure. You may select up to **10 brochures** at one time.

- 10 Blue Cross & Blue Shield Std
- 11 Blue Cross & Blue Shield Bsc
- 22 Aetna HealthFund CDHP
- 22 Aetna HealthFund HDHP
- 31 GEHA Benefit Plan High
- 31 GEHA Benefit Plan Std
- 32 NALC High
- 34 GEHA HDHPlan HDHP
- 38 Rural Carrier Benefit Pln High [View Restrictions](#)
- 40 Foreign Service Bnft Plan High [View Restrictions](#)
- 41 Mail Handlers Value Opt Std [View Restrictions](#)
- 42 Association Benefit Plan High [View Restrictions](#)
- 43 Panama Canal Area Plan High [View Restrictions](#)
- 44 SAMBA High
- 44 SAMBA Std
- 45 Mail Handlers Benefit Pln Std
- 47 APWU Health Plan CDHP
- 47 APWU Health Plan High
- 48 Mail Handlers Consumer Op HDHP
- 65 Kaiser Foundation Hlth-CO High
- 65 Kaiser Foundation Hlth-CO Std
- E9 UnitedHealthcare Ins Co CDHP
- E9 UnitedHealthcare Ins Co HDHP

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Brochure Request Processed

We processed your request for the following plan brochure.

Plan Name: **all Handlers Benefit Pln Std**
Enrollment Code: **45**

You asked for the plan brochure to be mailed to you. You can expect to receive the information in about 7-10 days.

The address we currently have on file for you is:

FRANCES Z HILLIARD
city, TN 37201

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

[Address Change](#)

Before You Go,

We'd Like to Know...

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Cancel/Suspend Information

You may elect to cancel or suspend your enrollment in the FEHB Program. Because many annuitants who cancel their FEHB enrollments will 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 form gives you detailed information on canceling or suspending your enrollment.

Please use the buttons below to indicate if you would like to view the Cancel/Suspend Information online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

[View Online](#)

[Mail Information](#)

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

Office of Personnel Management Open Season Processing Center
P.O. Box 5000
Lawrence, KS 66046-0500

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Cancel/Suspend Information

You asked for a Health Benefits Suspension/Cancellation Confirmation form to be mailed to you. You can expect to receive the information in about 7-10 days.

We will not process a cancellation or suspension request until you sign, date, and return the cancel/suspend form along with any required documentation.

The address we currently have on file for you is:

FRANCES Z HILLIARD
city, TN 37201

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

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**Before You Go,
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Direct Pay Enrollment Package

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. Annuitants who choose the direct payment option cannot later request to have premiums withheld from their annuities.

Please read the information carefully. If you decide to pay your payment directly, we will mail an enrollment package to you.

Please use the buttons below to indicate if you would like to view the Direct Pay Enrollment Package online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

[View Online](#)

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Direct Pay Enrollment Package

You asked for a Direct Pay Enrollment package to be mailed to you. You can expect to receive the information in about 7-10 days.

We will not process any direct pay request until you sign, date, and return the required forms.

The address we currently have on file for you is:

FRANCES Z HILLIARD
city, TN 37201

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

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FEHB Open Season Online

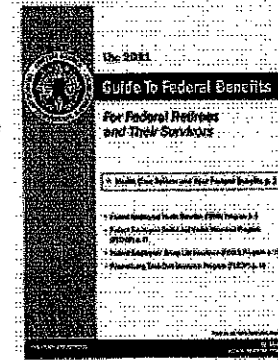
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Plan Accreditation and Survey Information

The FEHB 2011 Guide to Federal Employees Health Benefits Plans contains plan accreditation and member survey results on how FEHB members rated their health plans. The booklet provides background information and defines the accrediting organizations and the rating factors.

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

Please use the buttons below to indicate if you would like to view the Plan Accreditation and Survey Information online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.



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Plan Accreditation and Survey Information

You asked for the survey and accreditation results booklet to be mailed to you. You can expect to receive the information in about 7-10 days.

The address we currently have on file for you is:

FRANCES Z HILLIARD
city, TN 37201

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

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Open Season Initial Packet

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 and instructions for the current Open Season.

You may now view the state specific guides online by selecting "Forms, Letters, and Plan Information" from the menu on the left side of the screen and then select "State Guides"

If you would like to have the entire packet, including the Open Season Instructions, mailed to you then please click on the button below.

Please use the buttons below to indicate if you would like to view the Open Season Initial Packet online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

[View Online](#)

[Mail Information](#)

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Open Season Initial Packet

You asked for a new Open Season Packet to be mailed to you. You can expect to receive the information in about 7-10 days.

The address we currently have on file for you is:

FRANCES Z HILLIARD
city, TN 37201

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

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Address Change

Temp on file indicator : N

You have chosen to change your permanent address on record with OPM. Enter your new mailing address in the space provided below. There is no need for you to enter your name. **If you have an apartment, lot, suite, or unit number, enter it on line 1 followed by your street address on line 2.** Otherwise, enter your street or post office box address on line 1. You may enter 22 characters and spaces per line. Please do not use special characters such as: *,%,@,!,etc. When finished, press the **Submit** button.

Foreign Address

No Yes

Street Address 1:

po box 1

Street Address 2:

apt 2

Street Address 3:

City:

somewhere in iowa

State:

iowa

Zip:

52240

Submit

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

This collection of information has been approved by OMB. Select this link to view the Privacy Act and Public Burden Statement.

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Confirm Address Change

The mailing address change you made is displayed below. This is a change to the Permanent address.

FRANCES Z HILLIARD
PO BOX 1
APT 2
SOMEWHERE IN IOWA IA 52240

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.

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Address Change

Temp on file indicator : N

You have chosen to change your permanent address on record with OPM. Enter your new mailing address in the space provided below. There is no need for you to enter your name. If you have an apartment, lot, suite, or unit number, enter it on line 1 followed by your street address on line 2. Otherwise, enter your street or post office box address on line 1. You may enter 22 characters and spaces per line. Please do not use special characters such as *, %, @, !, etc. When finished, press the Submit button.

Foreign Address No Yes

Foreign Street 1:

Foreign Street 2:

Foreign City Name:

Country Name:

Zip:

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

This collection of information has been approved by OMB. Select this link to view the Privacy Act and Public Burden Statement.

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Confirm Address Change

The mailing address change you made is displayed below. This is a change to the Permanent address.

FRANCES Z HILLIARD
PO BOX 1
APT 2
SOMEWHERE IN IOWA
BERMUDA

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.

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WELCOME **FRANCES Z HILLIARD**

FEHB Open Season Online

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Address Changed

The address change you requested has been processed.

Your new address is:

**FRANCES Z HILLIARD
PO BOX 1
APT 2
SOMEWHERE IN IOWA, BERMUDA**

Please note: Since you have changed your address to a new state we will automatically send you a new Open Season Packet for your new state. 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 and instructions for the current Open Season.

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Email Address

You have chosen to either change your email address on record with OPM or provide one to us. During Open Season OPM will use your email address to send you Open Season notifications such as information on the start of Open Season and Enrollment Confirmation.

Please enter your email address:

Check here if you'd like to remove this email from the Open Season System.

This collection of information has been approved by OMB. [Select this link to view the Privacy Act and Public Burden Statement .](#)

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Frequently Asked Questions

Below is a list of frequently asked questions. Select the "show answer" link in order to view the answer to each question. Or use the expand/collapse links below to open and close all at once.

[expand all](#) | [collapse all](#)

1. [How do I increase the font and/or page size for this website? show answer | hide](#)

If you are having trouble reading this page, select this link for instructions on how to increase the size of this page and the text.

2. [What is a Medicare Advantage health plan? show answer | hide](#)

Medicare Advantage health plans are Health Maintenance Organizations or Fee-for-Service plans approved by the Centers for Medicare and Medicaid Services (CMS). Contact Medicare on 1-800-633-4227 to find out if you qualify for a Medicare Advantage health plan.

3. [What do I need in order to suspend my FEHB enrollment because I am enrolled in a Medicare Advantage health plan? show answer | hide](#)

You must request and complete a Health Benefits Cancellation/Suspension form, RI 79-9. You must provide documentation of your enrollment in a Medicare Advantage health plan. An example of a Medicare Advantage health plan is "Secure Horizons" or "Kaiser Permanente Senior Advantage." A copy of your Medicare card alone will not allow you to suspend your FEHB enrollment.

4. [What is the effective date of my Open Season change? show answer | hide](#)

January 1, 2011. Premium changes will be reflected in your February 1, 2011 annuity payment .

5. Do I continue to use my old plan until I get my new ID card(s)? show answer | hide

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.

6. Are there other sources on the Internet to get information about the FEHB Program? show answer | hide

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/html/79-2/index.htm

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

You can call our toll-free number on 1-888-767-6738. You can also access our retirement web page and Services Online at www.opm.gov/retire.

8. The plan I am selecting has a high, standard, or basic option, or is a Consumer Driven Health Plan (CDHP) or High Deductible Health Plan (HDHP) with a Health Savings Account (HAS) or Health Reimbursement Arrangement (HRA). Are there separate brochures for these options? show answer | hide

No, all the benefit information for High, Standard, Basic, Consumer Driven Option, High Deductible Health Plan or Health Savings Account is included in one brochure.

9. Why do health benefits premiums increase almost each year? show answer | hide

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 effects all purchasers of health insurance.

10. As a retiree, am I entitled to the FEHB pre-tax premiums (premium conversion)? show answer | hide

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.

11. 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? show answer | hide

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 on 1-888-767-6738 to find out if your particular situation is an event that allows you to change plans.

12. 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? show answer | hide

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 on 1-888-767-6738. The effective date of the enrollment change will be January 1, of the current year.

13. 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? show answer | hide

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.

14. I am eligible for Medicare. Can I change from one plan or option to another at any time? show answer | hide

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. Medicare A & B eligibility is not an event that permits you to suspend your enrollment in the FEHBP.

15. If I enroll in family coverage, who are my eligible family members? show answer | hide

You are allowed to cover your current spouse, children under age 26 (including adopted children, stepchildren, foster children, or recognized natural children), and any disabled children over age 26 incapable of self-support whose disability occurred prior to age 26.

16. 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? show answer | hide

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) on 1-888-767-6738. 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.

17. 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? show answer | hide

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 eligible family members of the deceased are entitled to benefits under the FEHB program.

18. As a former spouse, am I entitled to coverage under the FEHBP? show answer | hide

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 FEHBP 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 to request our publication, "Court-ordered Benefits for Former Spouses." You may also access the Web site at www.opm.gov/asd/pdf/r83-116.pdf to view the

attorney's handbook on Court-ordered retirements.

19. Can I cancel my FEHB Program coverage and re-enroll at a later date? show answer | hide

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:

1. enrolled in a Medicare Advantage health plan. These are HMOs and Fee-For Service plans approved by the Center for Medicaid and Medicare Services (CMS).
2. covered by your enrolled spouse's FEHB family plan,
3. covered by Medicaid or a similar state sponsored program for the needy, or
4. covered by TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA.

Call OPM at 1-888-767-6738 to request a Health Benefits Cancellation/Suspension Confirmation form, RI 79-9. You must complete the form in order to cancel or suspend your FEHB enrollment.

20. 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? show answer | hide

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.

21. What do I need to do in order to suspend my FEHB enrollment because I have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA? show answer | hide

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. To suspend your FEHB Coverage for the Peace Corps, you must provide us with evidence of your eligibility.

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 1-800-733-8387 or access the Web site at www.va.gov/hac.

22. Where can I get information about Medicare A and B? show answer | hide

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

23. I receive Medicare and have FEHB. Who is my primary payer? show answer | hide

If you have Medicare and you 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.

24. Since Medicare is my primary payer, will my FEHB premiums change? show answer | hide

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.

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The next FEDVIP enrollment opportunity will take place during the upcoming Federal Benefits Open Season **Monday, November 8, 2010 through Monday, December 13, 2010**. During Open Season, you may enroll in a FEDVIP plan, make changes, or cancel a current FEDVIP enrollment, effective January 1, 2011. **If you are currently enrolled in FEDVIP and do nothing, your enrollment will automatically continue. If you want to cancel coverage, you must do so during Open Season.** To Enroll, Cancel or Make Changes during Open Season, please contact BENEFEDS at 1-877-888-3337, or visit their website at www.BENEFEDS.com

View Transaction History

The Federal Employees Dental and Vision Insurance Program letter contains plan names and phone numbers. For details on enrollment and premiums, please contact BENEFEDS at 1-877-888-3337, or visit their website at www.BENEFEDS.com. You may **NOT** receive an extension for enrollment into FEDVIP.

Email Change

Address Change

Rate This Site

Please use the buttons below to indicate if you would like to view the Dental and Vision Benefits online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

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Dental and Vision Benefits

You asked for the Federal Employees Dental and Vision Insurance Program (FEDVIP) information to be mailed to you. You can expect to receive the information in about 7-10 days.

The general information to be provided contains plan names and telephone numbers. For details on enrollment and premiums, please contact BENEFEDS at 1-877-888-3337, or visit their website at www.BENEFEDS.com. You may NOT receive an extension for enrollment into FEDVIP.

The address we currently have on file for you is:

FRANCES Z HILLIARD
PO BOX 1
APT 2
SOMEWHERE IN IOWA BERMUDA

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

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State Guides

In order for you to select the best plan for your needs, please refer to the 2011 FEHB State Guides. These guides are a summary of all available FEHB plans in each state. For specific benefit information, the State Guides can be used in conjunction with the plan brochures. You may order brochures online by clicking on the "Brochures" link.

Please use the buttons below to indicate if you would like to view the FEHB State Guides online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

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FEHB Open Season Online

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To have a FEHB State Guide mailed to you, please select a State from the drop down list and then press the "Mail State Guide" button.

Iowa

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

Help us make sure we are providing you the best service. Select this link to rate Open Season Online!

U.S. Office of Personnel Management

1900 E Street NW, Washington, DC 20415 | (202) 606-1800 | TTY (202) 606-2532

U.S. OFFICE OF PERSONNEL MANAGEMENT
Ensuring the Federal Government has an effective civilian workforce

Retirement Information and Services



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WELCOME FRANCES Z HILLIARD

FEHB Open Season Online

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You asked for a FEHB State Guide to be mailed to you. You can expect to receive the information in about 7-10 days.

The address we currently have on file for you is:

FRANCES Z HILLIARD
PO BOX 1
APT 2
SOMEWHERE IN IOWA BERMUDA

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

[Address Change](#)

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<ul style="list-style-type: none"> - HB Registration Form - Cancel/Suspend - Direct Pay - Plan Accreditation and Survey Information - Open Season Packet - FEDVIP - State Guides - Plan Comparison Tool 	HB Registration Form
	<p>You may view and print or request to have a Health Benefit Registration Form (OPM 2809) mailed to you. Use this form to complete any FEHB enrollment changes that you would like to have processed. Enrollment changes will be effective January 1, 2011.</p>
	<p>Please use the buttons below to indicate if you would like to view the HB Registration Form online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.</p>
	View Online
	Mail Information
View Transaction History	
Email Change	
Address Change	<p>Before You Go, We'd Like to Know...</p>
Rate This Site	<p>Help us make sure we are providing you the best service. Select this link to rate Open Season Online!</p>
FAQs	
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<p>U.S. Office of Personnel Management 1900 E Street NW, Washington, DC 20415 (202) 606-1800 TTY (202) 606-2532</p>	

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Forms, Letters & Plan Info

- HB Registration Form
- Cancel/Suspend
- Direct Pay
- Plan Accreditation and Survey Information
- Open Season Packet
- **Guide for Former Spouses**
- Plan Comparison Tool

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WELCOME FREDIA F LILLY

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Guide for Former Spouses

In order for you to select the best plan for your needs, please refer to the 2011 Guide to Federal Benefits for TCC and Former Spouse Enrollees. This Guide is a summary of all available FEHB plans in each state. For specific benefit information, this Guide can be used in conjunction with the plan brochures. You may order brochures online by clicking on the "Brochures" link on the left hand side of this page.

Please use the buttons below to indicate if you would like to view the Guide for Former Spouses online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

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Name: Initial Address:
 Claim Number: A10044671 PO BOX 1
 Current Plan Code: BT2 APT 2
 Previous Plan Code: SOMEWHERE IN IOWA BERMUDA
 Day Time Phone:
 Annuitant Type: 0
 New Address:
 PO BOX 1
 APT 2
 SOMEWHERE IN IOWA BERMUDA

Annuitant's Transaction History		
Transaction Date	Transaction Description	Details
6/2/2010	Brochure Request	Details
6/2/2010	Request information on cancel/suspend of coverage	
6/2/2010	Request information on Direct Pay	
6/2/2010	Request Survey and Plan Accreditation information	
6/2/2010	Request Initial Packet (formerly restart)	
6/2/2010	Address Change request	
6/2/2010	Request information on FEDVIP	
6/2/2010	State Guide Request	

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Rate this 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 during the open season easy to understand?

- Easy
- Somewhat Difficult
- Confusing
- No Comment

Did you access <http://www.opm.gov/insure/health/planinfo/index.asp> to view plan brochures online or use the Consumer Comparison tools?

- No
- Yes, Plan Brochures
- Yes, Consumer Comparison tools

Both

Overall, what do you think of our web site?

- Excellent
- Very Good
- Good
- Fair
- No Comment

In the future, would you be interested in receiving e-mail notifications regarding OPM Open Season, such as address change confirmations and enrollment confirmation letters, in lieu of mail?

- Yes
- No
- No Comment

In the future, would you be interested in using a web chat feature that would allow you to speak with an OPM representative live?

- Yes
- No
- 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.

This collection of information has been approved by OMB. Select this link to view the Privacy Act and Public Burden Statement .

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