



Human Resources  
Products and Services  
Division

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

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**IT'S OPEN SEASON!!** Enclosed is an Open Season Health Benefits Guide, which provides the premium rates for the plans available in your state and instructions on how to use **Open Season Express**. The Federal Employees Health Benefits (FEHB) Program Open Season will be held from **November 12 through December 10** this year. This open season you may change from one plan to another, from one option to another in the same plan, from self only to self and family, or make any combination of these changes. Coverage under your current enrollment will continue automatically unless you request a change, your current plan changes its enrollment area, or your plan no longer participates in the FEHB Program after December 31, 2007.

**NEW PROGRAM!** The Federal Employees Dental and Vision Insurance Program (FEDVIP) is a new program, separate from the FEHB Program, offering comprehensive dental and vision coverage. Annuitants and Survivor annuitants are eligible to enroll in this program during this year's Open Season. You can enroll on the Internet at [www.BENEFEDS.com](http://www.BENEFEDS.com) or by telephone at 1-877-888-3337 (TTY number, 1-877-889-5680). For information on available FEDVIP plans and costs, go to our Web site at [www.opm.gov/insure/dentalvision](http://www.opm.gov/insure/dentalvision) or call 1-800-332-9798 to have the information mailed to you.

When you call **Open Season Express** at our toll-free number, 1-800-332-9798, you can:

- Make an open season health benefits enrollment change
- Request health plan brochures
- Request information on cancelling or suspending your health benefits coverage
- Request information on paying your premiums directly
- Request a booklet that details accreditation and satisfaction survey information (how FEHB members rated their health plans)
- Request a new open season package because you have moved to another state
- Request information on available plans and costs for the Federal Employees Dental and Vision Insurance Program (FEDVIP)

You can also complete the above transactions through the Internet by logging onto **Open Season Online** at [www.opm.gov/retire/fehb](http://www.opm.gov/retire/fehb). The Web site includes detailed instructions for completing your open season transaction(s).

OPM has determined that all FEHB plans offer prescription drug coverage that is equivalent to Medicare Part D's drug coverage, so FEHB members are being advised that they do not need to purchase Part D as long as they keep their FEHB 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.

There are circumstances when Medicare will waive Part D premiums and beneficiaries don't have to pay R. out-of-pocket costs (premiums and copays). If an annuitant thinks they might meet SSA's low-income criteria, they should contact SSA at the Web site [www.socialsecurity.gov](http://www.socialsecurity.gov) or call the SSA at 1-800-772-1213 (TTY 1-800-325-0778).

You can get more information about Medicare prescription drug plans and the coverage offered in your area from these places:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048.



Federal Employees  
Health Benefits Program

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**General Open Season Information**  
**November 12 through December 10, 2007**

**REMEMBER**, if you don't want to change your present insurance coverage, *do not respond*. Your current coverage will continue automatically.

If you can't telephone, you can write to the following address to complete your open season transaction: Office of Personnel Management, Open Season Processing Center, P.O. Box 5000, Lawrence, KS 66046-0500. Please clearly state your open season request. If you are making an enrollment change, be sure to tell us the plan you want, the type of coverage (self only or self and family), and the enrollment code. Remember to include your annuity claim number and social security number. If you choose self and family coverage, we will need your dependent and other insurance information as outlined in the instructions below.

If you and your spouse each receive Federal retirement benefits and you are enrolled in family coverage and want to change to two self only enrollments, do not use Open Season Express or Open Season Online to make your change. Please read the information on this type of change in the enclosed Open Season Health Benefits Guide.

While you can cover your spouse on a family enrollment during your lifetime, in the event of your death, your spouse may continue enrollment in the FEHB Program as your survivor only if you are enrolled in self and family coverage at the time of death, and you elected to provide a survivor benefit for your spouse.

If you marry after retirement, you can elect a survivor annuity for your spouse by sending a signed request to the Retirement Services and Management Group, P.O. Box 45, Boyers, PA 16017-0045. This request must be made within 2 years of the date of your marriage.

If you divorce after retirement, your former spouse is no longer an eligible family member and cannot continue to be covered under your family health benefits enrollment, even if you have a court order requiring health benefits coverage. For information on providing FEHB Program coverage for your former spouse under the Spouse Equity Act, call the Retirement Information Office at 1-888-767-6738. Callers within the local Washington, DC, area must call us on (202) 606-0500.

**Open Season Express**

**Open Season Express, 1-800-332-9798, is available between the hours of 4:00 AM and Midnight Central Standard Time (CST). Our busiest times for receiving calls are Monday - Friday between the hours of 9:00 AM and 3:00 PM CST.**

**BEFORE YOU BEGIN YOUR CALL YOU SHOULD HAVE THE FOLLOWING INFORMATION:**

- Your CSA or CSF annuity claim number. (You will enter the first 7 numbers.)
- Your social security number. (You will enter the last 4 numbers.)
- The first 2 characters of the enrollment code for the plan you are selecting for 2008 or the first 2 characters of the enrollment code(s) for the plan brochure(s) you want to review. The enrollment codes can be found in the Open Season Health Benefits Guide under the enrollment code column for each plan. If you are currently enrolled in a restricted fee-for-service plan, check your plan brochure or ID card for the enrollment code.

**IF YOU ARE SELECTING SELF AND FAMILY COVERAGE, YOU WILL ALSO NEED:**

- Your dependent(s) name, social security number, date of birth, and information about any other health insurance coverage you or your dependent(s) may have.

**Remember to listen carefully to each voice prompt. You will know your transaction has been completed when you hear "We have processed your transaction."**

THESE ARE THE OPTIONS AVAILABLE TO YOU. THE VOICE PROMPT TELLS YOU THE NUMBER TO PRESS FOR EACH TRANSACTION:


1VRL3

- To make an enrollment change, press 1.
- To request plan brochures, press 2.
- To request information on cancelling or suspending your health benefits coverage, press 3.
- To request information on paying your premiums directly to us, press 4.
- To receive plan accreditation and survey information on how FEHB members rated their health plans, press 5.
- If you have moved to another state and need a new Open Season package, press 6.
- To receive information on available plans and costs for the Federal Employees Dental and Vision Insurance Program (FEDVIP), press 7.

### TO MAKE AN ENROLLMENT CHANGE


THE VOICE PROMPT WILL TELL YOU:

- Please enter the first 2 characters of the enrollment code for the plan you want. If the first 2 characters of the enrollment code contain a letter, enter the number shown on the telephone keypad for that letter. For example, if you would like to enroll in AN1, enter 26. The 2 is the number on the keypad with the letter A and 6 is the number on the keypad with the letter N. If the first 2 characters of the enrollment code contain the letters Q or Z, enter the number 0 for these letters.


 If the plan you selected has the same combination of numbers or letters as other plans available in your state or contains a High and Standard option, you will be given a list of plans. Please listen carefully for the name of the plan you want and enter the number the voice prompt tells you to.

AFTER YOU HAVE INDICATED THE PLAN YOU WANT, THE VOICE PROMPT WILL TELL YOU:

- If you want Self Only coverage, press 1.
- If you want Self and Family coverage, press 2.

 If you indicated you want Self Only coverage and confirmed that this is correct, you will hear:

- We have processed your transaction.
- The effective date of your Open Season change is January 1, 2008.
- We will mail you a letter confirming your Open Season change. We will also notify the plan you selected of your new enrollment. Your new plan will send your new identification card to you. You can expect to receive your new card in approximately 4 weeks. If you do not receive your new card you should contact your new plan directly.


 If you indicated you want Self and Family coverage and confirmed that this is correct, you will hear:

- We have processed your transaction.
- Please wait on the line so we may gather your dependent and other insurance information.

### TO REQUEST HEALTH PLAN BROCHURES

THE VOICE PROMPT WILL TELL YOU:

- Please enter the first 2 characters of the enrollment code for the brochure you want. If the first 2 characters of the enrollment code contain a letter, enter the number shown on the telephone keypad for that letter. For example, if you would like to request brochure AN1, enter 26. The 2 is the number on the keypad with the letter A and 6 is the number on the keypad with the letter N. If the first 2 characters of the enrollment code contain the letters Q or Z, enter the number 0 for these letters.

 If the plan you selected has the same combination of numbers or letters as other plans available, you will be given a list of plans. Please listen carefully for the name of the plan brochure you want and enter the number the voice prompt tells you to.

THE NEXT VOICE PROMPT WILL TELL YOU:

- The plan you selected is [PLAN NAME].
- If this is correct, press 1.
- Press the pound sign (#) to hear the list again.
- To leave Open Season Express, press 9.

IF YOU PRESSED 1 INDICATING THE PLAN BROCHURE YOU SELECTED IS CORRECT, THE VOICE PROMPT WILL TELL YOU:

1VRP4

- If you want another plan brochure, press 1.
- To hear the list of plan brochures you asked for, press 2.
- To complete your selection, press 3.
- To leave Open Season Express, press 9.

**TO REQUEST CANCEL OR SUSPEND INFORMATION**

THE VOICE PROMPT WILL TELL YOU:

- You indicated that you wish to receive information on cancelling or suspending your health benefits coverage. If this is correct, press 1.

IF YOU SELECT 1, YOUR REQUEST FOR CANCEL/SUSPEND INFORMATION WILL BE COMPLETE WHEN YOU HEAR:

- We have processed your transaction. You can expect to receive the information you asked for in about 7 to 10 days.

**TO REQUEST DIRECT PAY INFORMATION**

THE VOICE PROMPT WILL TELL YOU:

- You indicated that you wish to receive information on how to pay your premiums directly to us. Please note, this option is only available when your monthly annuity payment is not large enough to cover the cost of the monthly health benefits premium. If this is correct, press 1.

IF YOU SELECT 1, YOUR REQUEST FOR DIRECT PAY INFORMATION WILL BE COMPLETE WHEN YOU HEAR:

- We have processed your transaction. You can expect to receive the information you asked for in about 7 to 10 days.

**TO RECEIVE PLAN ACCREDITATION AND SURVEY INFORMATION**

THE VOICE PROMPT WILL TELL YOU:

- You indicated that you wish to receive plan accreditation and survey information on how FEHB members rated their health plans. If this is correct, press 1.

IF YOU SELECT 1, YOUR REQUEST FOR PLAN ACCREDITATION AND SURVEY INFORMATION WILL BE COMPLETE WHEN YOU HEAR:

- We have processed your transaction. You can expect to receive the information you asked for in about 7 to 10 days.

**TO REQUEST A NEW OPEN SEASON PACKAGE**

THE VOICE PROMPT WILL TELL YOU:

- You indicated that you wish to receive a new Open Season package due to a change in your address. If this is correct, press 1.

**NOTE:** After you have completed your address update, you can expect to receive your new Open Season package in about 7 to 10 days.

If you should need further help, call the Retirement Information Office at 1-888-767-6738. Customers within the local Washington, DC, calling area must call 202-606-0500.

**THANK YOU FOR USING OPEN SEASON EXPRESS!**