



# Office of Personnel Management

The Federal Government's Human Resources Agency



*Working for America*

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## Welcome To Open Season Online

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

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 open season health benefits enrollment change.
- Request health plan brochures of benefits for the year 2007. *MB*
- Receive information on cancelling or suspending your health benefits enrollment.
- Receive information on paying your health benefits premiums directly to us.
- Request plan accreditation and survey information on how FEHB members rated their health plans (this booklet also contains some benefit information as well as plan accreditations).

**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.

For other retirement information visit [www.opm.gov/retire](http://www.opm.gov/retire).

### NEW BENEFITS 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 enroll on the Internet at [www.BENEFEDS.com](http://www.BENEFEDS.com). For information on available plans and costs, go to our web site at [www.opm.gov/insure/dentalvision](http://www.opm.gov/insure/dentalvision).

To view our Privacy Act and Public Burden Statement on using this site, [click here](#)



ABOUT SSL CERTIFICATES



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### To use Open Season Online, please complete the following:

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.

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

Please provide your daytime telephone number?

 (  )  - 

ext.

Submit



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## Frequently Asked Questions

What is a Medicare Advantage health plan?

What do I need in order to suspend my FEHB enrollment because I am enrolled in a Medicare Advantage health plan?

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, 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?

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 a Medicare Advantage health plan?**

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.

**What do I need in order to suspend my FEHB enrollment because I am enrolled in a Medicare Advantage health plan?**

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.

**What is the effective date of my Open Season change?**

January 1, 2007<sup>FCB</sup>. Premium changes will be reflected in your February 1, 2007<sup>FCB</sup> annuity payment.

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

No, after January 1<sup>st</sup>, 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](http://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*

Annuity at [www.opm.gov/insure/health/html/79-2/index.htm](http://www.opm.gov/insure/health/html/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 on 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](http://www.opm.gov/retire).

**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?**

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.

**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 effects 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 on 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 on 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 1, 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. Medicare A & B eligibility is not an event that permits you to suspend your enrollment in the FEHBP.

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

You are allowed to cover your current 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) on 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 62<sup>nd</sup> 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 eligible family members of the deceased are entitled to benefits under the FEHB program.

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

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." Callers within the local Washington, DC, area must call (202) 606-0500. You may also access the Web site at [www.opm.gov/asd/pdf/ri83-116.pdf](http://www.opm.gov/asd/pdf/ri83-116.pdf) 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 Advantage health plan. These are HMOs and Fee-For-Service plans approved by the Center for Medicaid and Medicare Services (CMS).
- 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.

Call OPM at 1-888-767-6738 to request a Health Benefits Cancellation/Suspension Confirmation form, RI 79-9. Callers within the local Washington, DC, area must call (202) 606-0500. You must complete the form in order to cancel or suspend 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?**

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](http://www.tricare.osd.mil). For further information concerning CHAMPVA, call 1-800-733-8387 or access the Web site at [www.va.gov/hac](http://www.va.gov/hac).

**Where can I get information about Medicare A and B?**

Medicare provides a Web site at [www.medicare.gov](http://www.medicare.gov).

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

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](http://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.





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Welcome **VIOLA T CERCONE**

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You are currently enrolled in:

[Sign In](#)

Plan Name: **Blue Cross/Blue Shield - Std**

[FAQs](#)

Enrollment code: 104

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Coverage: **Self Only**

Year 2006 Rate: \$ 125.82

Year 2007 Rate: \$ 124.15

48

[Brochure Request](#)

**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.

[Cancel/Suspend](#)

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

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● [Request Information on Paying Your Health Benefits Premiums Directly to Us](#)

● [Request a 2007 Plan Accreditation and Survey Results Booklet on How FEHB Members Rated their Health Plans](#)

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### VIOLA T CERCONI



If you change enrollment, your new coverage will be effective January 1, 2007. Your February 1, 2007 annuity payment will be the first monthly payment to reflect 2007 premiums. <sup>LC8</sup>

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. <sup>LC8</sup>

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 2007. 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. <sup>LC8</sup>

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

112 Blue Cross/Blue Shield Basic

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



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**VIOLA T CERONE**



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

Do you have any of the insurances listed below?

**Do you have Medicare?**

No

None

**Do you have TRICARE, TRICARE For Life, or CHAMPVA?**

No

**If you have insurance with a private insurance company, you must tell us the name of the private insurance company.**

**Policy Number of the private insurance company, if known.**

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**VIOLA T CERCONE**



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 by clicking on each dependent link, or Add a dependent or Delete a dependent on file. After you are done reviewing or updating, click Done button to proceed further.

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

### Dependent Information

| Name | Birth Date | Gender | Relationship | SSN         | Delete |
|------|------------|--------|--------------|-------------|--------|
|      | 01/01/1901 | Male   | Spouse       | 999-99-9999 | Delete |

[Add New Dependant](#)

[Done](#)



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**VIOLA T CERONE**



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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### VIOLA T CERCONE



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

The effective date of your open season change is January 1, 2007. 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 - Basic**  
Enrollment Code: **112**  
Coverage: **Self and Family**  
Rate: **\$ 192.82**

**Your Current Address:**  
123 STREET 1  
CITY IA 52317

| Dependent Information |            |        |              |             |
|-----------------------|------------|--------|--------------|-------------|
| Name                  | Birth Date | Gender | Relationship | SSN         |
|                       | 01/01/1901 | Male   | Spouse       | 999-99-9999 |

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. [Click here to rate Open Season Online!](#)



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**VIOLA T CERCONI**



For more information on the plans, you can select and receive health plan brochures for the 2007 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
- American Samoa
- Armed Forces(AA)
- Armed Forces(AE)
- Armed Forces(AP)
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Federated States of Micronesia



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**VIOLA T CERCONI**



The following plan brochures are available for Iowa.

Please select the brochure(s) you would like mailed to you. The address we currently have on file for you is:

**VIOLA T CERCONI**

**123 STREET 1**

**CITY IA 52317**

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.

- 42 Association Benefit Plan
- 47 APWU Health Plan
- 11 Blue Cross/Blue Shield - Basic
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- SV Coventry Health Care IA
- 40 Foreign Service Benefit Plan
- 31 GEHA Benefit Plan
- 34 GEHA Benefit Plan - HDHP
- FX Health Alliance HMO
- 53 HealthPartners Classic
- 45 Mail Handlers
- 48 Mail Handlers Consumer Option
- 32 NALC
- 43 Panama Canal Area Benefit Plan
- 38 Rural Carrier Benefit Plan
- AU Sioux Valley Health Plan
- 44 SAMBA
- YH UnitedHealthcare-River Valley

You may also look at brochures online or access OPM's plan comparison tool by visiting [www.opm.gov/insure/health/brochures](http://www.opm.gov/insure/health/brochures)





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### VIOLA T CERCONE



We processed your request for the following plan brochure.

Plan Name: **Blue Cross/Blue Shield - Std**  
Enrollment Code: **10**

You can expect to receive the plan brochure in about 7-10 days at the following address:

**VIOLA T CERCONE**

**123 STREET 1**

**CITY IA 52317**

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

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



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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. You can either [read the form online](#) or choose to have the form mailed to you. If you choose to have the form mailed, you can expect to receive it in about 7-10 days. The address we currently have on file for you is:

VIOLA T CERCONE  
123 STREET 1  
CITY IA 52317

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

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

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

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



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

For CSRS and FERS Annuitants, Survivor Annuitants and Former Spouse Annuitants

Human Resources Products and Services Division

Claim Number: A00000011

Annuitant Name: VIOLA T CERGONE

Health Benefits Cancellation/Suspension Confirmation

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Please read the front and back of this form and only check the ONE block that applies to you. 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 affect your future FEHBP enrollment eligibility. Questions: Call OPM at 1-888-767-6738; callers within the local Washington, DC, area must call (202) 606-0500.

IF YOU DECIDE NOT TO CANCEL OR SUSPEND YOUR FEHBP ENROLLMENT DO NOT RETURN THIS FORM

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

If you are canceling 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, confirming the effective date of the change to a family enrollment. If your spouse is an annuitant, please give us your spouse's name and annuity claim number:

Form with two input fields: Spouse's name (Last, first, middle) and Spouse's claim number

If you cancel FEHBP coverage for this reason, we will coordinate 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 canceling 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 will 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 enroll in the Federal Employees Health Benefits Program. |  |      |
| Signature   | Daytime Telephone No.<br>(including area code) | Date |
|   |  |      |

- C.  I am suspending my Federal Health Benefits Program (FEHBP) enrollment because I am enrolled in a Medicare Advantage health plan. *Please note, Medicare Parts A and B are not the same as a Medicare Advantage health plan. You CANNOT suspend your FEHBP enrollment if you are covered by Medicare Parts A and/or B only. Questions: Call Medicare at 1-800-633-4227.*

These Medicare Advantage health plans are Health Maintenance Organizations or Fee-For-Service plans approved by the Centers for Medicare and Medicaid Services (CMS). If you are enrolled in a Medicare supplemental plan and are not sure if it qualifies as a Medicare Advantage health plan, call Medicare at the number shown above. To suspend your FEHBP coverage for this reason, you must give us documentation that shows the effective date of your Medicare Advantage health plan coverage. If we receive this form within 31 days before to 31 days after the effective date of your Medicare Advantage health plan enrollment, we will suspend your FEHBP coverage at the close of business the day before your Medicare Advantage health plan enrollment 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 \_\_\_\_\_ (Carefully consider the effective date of your suspension. Once we process your request, we are not able to change the effective date.)

To suspend your FEHBP coverage for this reason, 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 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), or your Veterans Universal Access Identification card. To document your eligibility for CHAMPVA, please send us a copy of your CHAMPVA Authorization Card (A-card). Please tell us the date you want to suspend your FEHBP to use TRICARE, TRICARE for Life, or CHAMPVA. **Special note:** If we receive this signed form and the eligibility documentation within 31 days before to 31 days after the date you designate above, 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, 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 letter of eligibility which shows the effective date of your Medicaid or similar state-sponsored program coverage. If we receive this signed form and documentation within 31 days before to 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 documentation.

**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 under one of the programs mentioned above, you can reenroll in the FEHBP effective the day after your coverage ends. You must provide evidence of your 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.<br>(including area code) | Date |
|  |  |      |

FOR USE DURING ANNUITANT FEHB OPEN SEASON ONLY



# Office of Personnel Management

The Federal Government's Human Resources Agency



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### VIOLA T CERCONE



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.

The address we currently have on file for you is:

VIOLA T CERCONE  
123 STREET 1  
CITY IA 52317

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

Have the letter and enrollment packet mailed

View the letter online

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

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



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

Human Resources  
Products and Services  
Division

Claim Number: A00000011  
Annuitant Name: VIOLA T CERCONI

DIRECT PAYMENT ELECTION FORM

You asked for information about paying your Federal Employees Health Benefits Program (FEHBP) premium directly to us. If you requested FEHB plan brochures or other information, that information is also included in this package

If the premium of the plan and coverage you now have or want to enroll in for 2007 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 his/her premium directly cannot later request to have them withheld from his/her annuity, even though the annuity may become large enough to cover the cost of the coverage. CB

**How do I make an open season change and pay my premium directly?**

If you wish to change your FEHP coverage and pay your health benefits premium directly, you must complete the information on the back of this letter and return it in the envelope provided. Please be sure to sign and date it, otherwise, we will not process your election.

**How can I remain in my current plan and pay my premium directly?**

If you don't want to make a change in your FEHBP coverage and your annuity isn't large enough to cover the premium for the plan and coverage you now have, you must complete the information on the back of this letter, leaving the "New Plan" section blank, and return it in the envelope provided and mail to the Office of Personnel Management, P.O. Box 5000, Lawrence, KS 66046-0500. Please be sure to sign and date it, otherwise, we will not process your election.

**When do I start paying my premium and where do I send my payments?**

The effective date of an open season change or FEHB premium change is January 1, 2007. If you elect to pay premiums directly, your first payment will be due February 1, 2007, or upon receipt of your payment coupons, whichever is later. You will be sent payment instructions and a set of health insurance premium coupons for making your payments. 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. CB

**What should I do if I decide I don't want to pay my health benefits premium directly?**

If you don't want to pay your health benefits premium directly, but still wish to change your enrollment coverage to a plan whose premium can be withheld from your annuity, **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](http://www.opm.gov/retire/fehb). However, you CB

must complete your request on or before the late authorization date shown on the enclosed Open Season Express instruction sheet.

| Present Plan |                 | New Plan  |                 |
|--------------|-----------------|-----------|-----------------|
| Plan name    | Enrollment Code | Plan name | Enrollment Code |

**Enrollee and Family Member Information** (For additional family members use a separate sheet and attach.)

|  |                        |   |  |  |
|--|------------------------|---|--|--|
| Enrollee Name<br>(last, first, middle initial)         | Social Security Number | Date of birth (mo./day/yr.)<br>____/____/____                     | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Are you married?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home mailing address (including zip code)              |                        | Medicare<br><input type="checkbox"/> A <input type="checkbox"/> B | Tricare<br><input type="checkbox"/>                          | Other Insurance  |
| Name of Insurance                                      |                        |   | Insurance Policy #   |  |
| Name of family member<br>(last, first, middle initial) | Social Security Number | Date of birth (mo./day/yr.)<br>____/____/____                     | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Relationship Code  |
| Address (if different from enrollee)                   |                        | Medicare<br><input type="checkbox"/> A <input type="checkbox"/> B | Tricare<br><input type="checkbox"/>                          | Other Insurance  |
| Name of Insurance                                      |                        |   | Insurance Policy #   |  |
| Name of family member<br>(last, first, middle initial) | Social Security Number | Date of birth (mo./day/yr.)<br>____/____/____                     | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Relationship Code  |
| Address (if different from enrollee)                   |                        | Medicare<br><input type="checkbox"/> A <input type="checkbox"/> B | Tricare<br><input type="checkbox"/>                          | Other Insurance  |
| Name of Insurance                                      |                        |   | Insurance Policy #   |  |
| Name of family member<br>(last, first, middle initial) | Social Security Number | Date of birth (mo./day/yr.)<br>____/____/____                     | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | Relationship Code  |
| Address (if different from enrollee)                   |                        | Medicare<br><input type="checkbox"/> A <input type="checkbox"/> B | Tricare<br><input type="checkbox"/>                          | Other Insurance  |
| Name of Insurance                                      |                        |   | Insurance Policy #   |  |

I certify that I have read the information contained in the letter and meet the



requirements to pay my health benefits premium directly. I understand 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

(\_\_\_\_)\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Date

**FOR USE DURING ANNUITANT FEHB OPEN SEASON ONLY**



## Office of Personnel Management

The Federal Government's Human Resources Agency

### 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](mailto: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 [www.opm.gov/insure/health/brochures](http://www.opm.gov/insure/health/brochures) 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

**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.



Submit

Reset

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



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**VIOLA T CERONE**



The FEHB 2007 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.

You can either read the 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 booklet online you need to use your browser's "Back" button.

The address we currently have on file for you is:

VIOLA T CERONE  
123 STREET 1  
CITY IA 52317



Guide to Federal Employees Health Benefits Plans  
By Federal Employees Health Benefits



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

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

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



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### VIOLA T CERCONI



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  
123 STREET 1  
CITY IA 52317

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

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



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**VIOLA T CERCONI**



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. **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 35 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:

Street Address 2:

Street Address 3:

City:

State:

Zip Code:

**Submit**

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



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**VIOLA T CERCONE**



The mailing address change you made is displayed below.

**VIOLA T CERCONE  
LOT 3  
TEMPORARY STREET  
CORALVILLE 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.

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



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### VIOLA T CERCONE

The address change you requested has been processed.



Your new address is:  
**VIOLA T CERCONE**  
**LOT 3**  
**TEMPORARY STREET**  
**CORALVILLE ,IA**  
**52240**

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

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