

best cleared at OMB

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WELCOME FREDIA F LILLY


FEHB Open Season Online

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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)

2013-2014 cycle has new index page

- 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 BENEFEDS at 1-877-888-3337, or visit their website at www.BENEFEDS.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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View Transaction History	This U.S. government system is to be used by authorized users only. Information from this system resides on computer systems funded by the government.
Email Change	The data and documents on this system include Federal records that contain sensitive information protected by various Federal statutes, including the Privacy Act, 5 U.S.C. § 552a.
Address Change	
Rate This Site	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.
FAQs	
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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Forms, Letters & Plan Info

Effective January 1, 2011 you will be enrolled in:

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

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

View Transaction History

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.

Email Change

Address Change

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.

Log Off

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

- 1. Make an enrollment change or reenroll
- 2. Review health plan brochures
- 3. Review information on canceling/suspending your enrollment
- 4. Review information on paying your health benefits premiums directly to OPM
- 5. Review the plan accreditation and survey results booklet
- 6. 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
- Review the HB Registration Form
- View Transaction History
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WELCOME JOHN W MUMBLO

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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



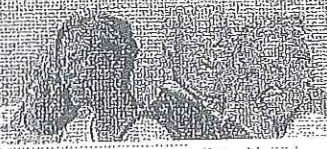
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WELCOME FRANCES Z HILLIARD

FEHB Open Season Online

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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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FEHIB Open Season Online

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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): 09 / 14 / 1950

[Submit](#)

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WELCOME FRANCES Z HILLIARD

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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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WELCOME JOHN W MUMBLO

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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 mumble	02/28/1986	M	Biological Child	1111	Delete Dependent

[Add New Dependent](#)

[Done](#)

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- VOICF

WELCOME FRANCES Z HILLIARD

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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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WELCOME, FRANCES Z HILLIARD

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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:

[Next](#)

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WELCOME FRANCIS HILLIARD

FEHB Open Season Online

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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

[Add Dependents](#)

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

[Submit Enrollment Change](#)

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!

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Email Change	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.
Address Change	
Rate This Site	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.
FAQs	<input type="checkbox"/> View Online <input type="checkbox"/> Mail Information
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WELCOME FRANCES Z HILLIARD

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You have indicated that you would like to have the brochures mailed to you. Once you select a state at "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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WELCOME FRANCIS Z. HILLIARD

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Plan Benefits

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

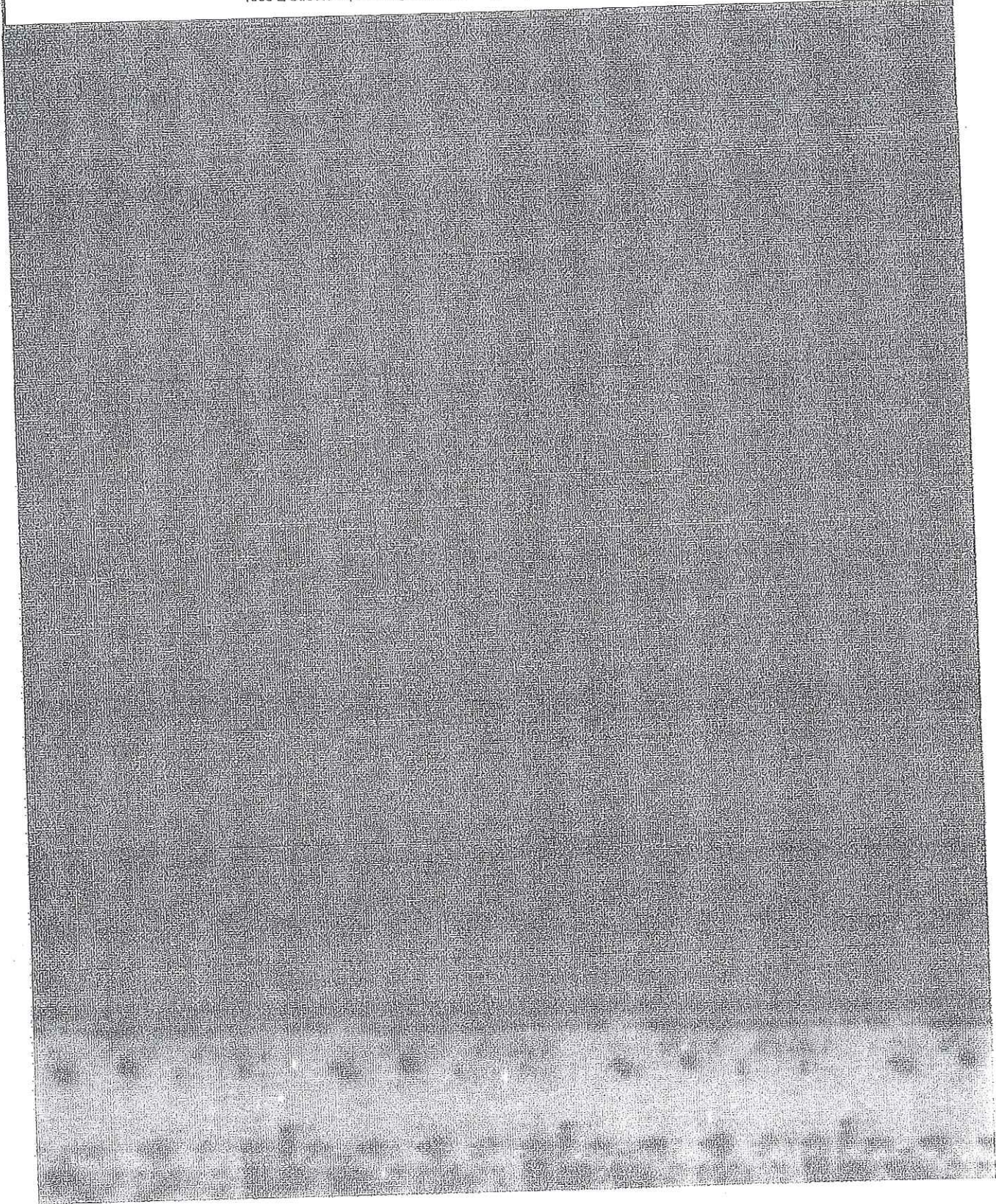
Please select the brochure(s) you would like mailed to you. You may also look at brochures online at <http://www.opm.gov/insure/health/planinfo/>.

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 Hlt-CO High
- 65 Kaiser Foundation Hlt-CO Std
- 69 UnitedHealthcare Inc Co CDHP
- 69 UnitedHealthcare Inc Co HDHP

Submit

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- **ACE**
- Rate/ESSIP

WELCOME FRANCES Z HILLIARD

FEHB Open Season Online

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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...**

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

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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

*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!

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