

Brochure Request

For more information on the plans, you can select and receive health plan brochures for the 2014 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 under Forms, Letters & Plan info.

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.

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

Nationwide/Other/Foreign	▲
ALABAMA	
ALASKA	
AMERICAN SAMOA	
ARIZONA	
ARKANSAS	
ARMED FORCES (CA)	
ARMED FORCES (FL)	
ARMED FORCES (NY)	
CALIFORNIA	
COLORADO	
CONNECTICUT	
DELAWARE	
DISTRICT OF COLUMBI	
FEDERATED STATES OF	▼

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Plan Benefits

The following plan brochures are available for **DISTRICT OF COLUMBI**. This list includes nationwide, 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/index.asp>.

Please Note: The plans offering a high, standard, or basic option, High Deductible Health Plan (HDHPs) and Consumer-Driven Health Plans (CDHPs) are included in one brochure. You may select up to **10 brochures per day**.

- 10 BLUE CROSS BLUE SHIELD
- 11 BLUE CROSS BLUE SHIELD
- 22 AETNA HEALTHFUND
- 2G CAREFIRST BLUECHOICE
- 31 GEHA BENEFIT PLAN
- 32 NALC
- 34 GEHA HIGH DED HLTH PLN
- 38 RURAL CARRIER BEN PLAN *View Restrictions*
- 40 FOREIGN SERVICE BEN PL *View Restrictions*
- 41 MHBP - VALUE PLAN
- 42 COMPASS ROSE HLTH PLAN *View Restrictions*
- 43 PANAMA CANAL AR BEN PL *View Restrictions*
- 44 SAMBA
- 45 MHBP - STD
- 47 APWU HEALTH PLAN
- 48 MHBP - CONSUMER OPTION
- B6 CAREFIRST BLUECHOICE
- E3 KAISER HLTH PLN MID-ATL
- F5 AETNA HLTHFND CDHP/VAL PL

JN AETNA OPEN ACCESS

JP M.D. IPA

Submit

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Brochure Request Processed

We processed your request for the following plan brochures.

Plan Name: **BLUE CROSS BLUE SHIELD**
Enrollment Code: **11**

Plan Name: **AETNA HEALTHFUND**
Enrollment Code: **22**

Plan Name: **KAISER HLTH PLN MID-ATL**
Enrollment Code: **E3**

You asked for the plan brochures 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:

STEWART B MCCORMICK
444 SOUTH 4TH ST
IOWA CITY IA 52240

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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 form (RI 79-9) 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 form online or if you would like to have the form mailed to you. If you choose to have the form mailed, you can expect to receive it about 7 - 10 days.

The completed form must be postmarked by December 9, 2013. Forms postmarked after this date will be returned to you unprocessed.

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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 by the end of Open Season to:

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

All forms mailed to the above address will have an effective date of January 1.

For effective dates other than January 1, mail the completed form to:

Office of Personnel Management
Retirement Benefits
1900 E Street NW
Washington, DC. 20415

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Cancel/Suspend Information

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- Open Season Federal Benefits Guide
- Health Benefit Election Form
- Plan Comparison Tool

You asked for a Health Benefits Cancellation/Suspension 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:

STEWART B MCCORMICK
444 SOUTH 4TH ST
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Direct Pay Election Form

If the premium for your current plan or the plan 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 stay in your current plan and pay your premium directly, we will mail you the election form.

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

The completed form must be postmarked by December 9, 2013. Forms postmarked after this date will be returned to you unprocessed.

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If you choose to view the form online and decide you wish to pay your premiums directly print the form, sign it, and mail by the end of Open Season to:

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

All forms mailed to the above address will have an effective date of January 1.

For effective dates other than January 1, mail the completed form to:

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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:

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Plan Accreditation and Survey Information

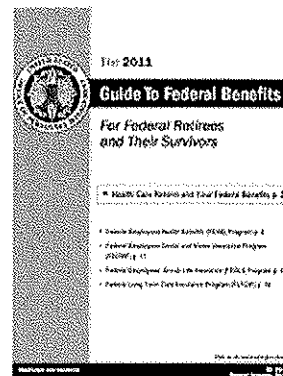
The FEHB 2013 Guide to Federal Employees Health Benefits Plans contains plan accreditation and member survey results on how FEHB members rated their health plans. The booklet provides background information and defines the accrediting organizations and the rating factors.

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 Plan Accreditation and Survey Information 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:

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444 SOUTH 4TH ST
IOWA CITY IA 52240

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Open Season Federal Benefits Guide

In order for you to select the best plan for your needs, please refer to the 2013 Open Season Federal Benefits Guides. These guides are a summary of all available FEHB plans in each state. For specific benefit information, the 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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To have an Open Season Federal Benefits Guide mailed to you, please select a State from the drop down list and then press the "Mail Guide" button.

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You asked for an Open Season Federal Benefits Guide to be mailed to you. You can expect to receive the information in about 7-10 days.

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Health Benefits Election Form

You may view and print or request to have a Health Benefits Election 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, 2014.

Please use the buttons below to indicate if you would like to view the Health Benefits Election Form online or if you would like to have the form mailed to you. If you choose to have the form mailed, you can expect to receive it about 7 - 10 days.

The completed form must be postmarked by December 9, 2013. Forms postmarked after this date will be returned to you unprocessed.

[View Online](#)

[Mail Information](#)

If you choose to view the form online and decide you wish to make an enrollment change print the form, sign it, and mail by the end of Open Season to:

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

All forms mailed to the above address will have an effective date of January 1.

For effective dates other than January 1, mail the completed form to:

Office of Personnel Management
Retirement Benefits
1900 E Street NW
Washington, DC 20415

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Health Benefits Election Form

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The address we currently have on file for you is:

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444 SOUTH 4TH ST
IOWA CITY IA 52240

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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, 2013. Premium changes will be reflected in your February 1, 2013 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. 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](#)

Yes, if Open Season has not ended you may select another plan in which you are eligible to enroll. If Open Season has ended, 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 even if you make the request after Open Season ends.

11. 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 or you may incur an interruption in your benefit coverage. You may be eligible to pay your premiums through direct billing if your annuity is not enough to deduct the current insurance premiums. However, you will owe the difference in premium if the change to a cheaper plan is made after Open Season.

12. 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.

13. Both my spouse and I each receive either a Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS); or, I am a Federal retiree and my spouse is Federally employed; and 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](#)

It can be done at any time during the year by calling the Retirement Information Office (RIO) on 1-888-767-6738 or during Open Season by calling the Open Season Online on 1-800-332-9798. 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.

14. 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.

15. 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.

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Name: STEWART B MCCORMICK

Current Address:

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Claim Number: A03852290

444 SOUTH 4TH ST

[Dependent Information](#)

Current Plan Code: 105

IOWA CITY IA 52240


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Previous Plan Code:

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1/29/2013	Address Change request	Details
11/1/2012	Email Address Change	
10/22/2012	Email Address Change	
2011/10/31 - 2011/11/4	Initial Mailer Sent	n/a

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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

Are you interested in receiving email notifications regarding OPM Open Season, such as address change confirmation and enrollment confirmation letters, in lieu of mail?

- Yes
- No
- No Comment

Have you used our web chat feature, Open Season Live Help, that allows you to speak with an OPM representative live?

- Yes, I found it helpful
- Yes, but it was not helpful
- No, I did not use Open Season Live Help

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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