WEB PEGE 108 7

Federal Employees Health Benefits

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

> The 2013 Federal Benefits Open Season will be held November 11, 2013 through December 9, 2013

NEW! This Year NEW!

OPM Retirement Services now offers a mobile website for Open Season at https://retireefehb.opm.gov/mobile

Open Season Online allows you to:

- Chat with a Customer Service Representative using Live Help.
- Send a webmail message which will be answered by a Customer Service Representative.
- Review health plan brochures at www.opm.gov/healthcare-insurance/healthcare/plan-information.
- Access Services Online at https://www.servicesonline.opm.gov for other retirement services.

In order to access Open Season Online, you must register every year. To create a user ID and password you will need your annuity claim number (CSA or CSF) and your social security number or email address that is on file with OPM. Once you register or sign in you can select from the following:

- Make an enrollment change or reenroll
- Review Dependent Information
- · 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
- · Perform an address change
- · Provide or Update your email address
- View frequently asked questions
- · Review an Open Season Federal Benefits Guide
- Review the Health Benefit Election Form
- Review the Guide for Former Spouses
- View Transaction History
- . Go to OPM's Comparison Tool

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Full Terms and Conditions

This is an Office of Personnel Management (OPM) computer system for use only by authorized users. OPM computer systems are to be used for official business. Your use of this Government system for whatever purpose is not private or anonymous. While using Government systems, your use may be monitored or recorded. Unauthorized or inappropriate use of a Government system may result in the loss or limitation of your privileges. You may also face criminal penalties or financial liability depending on the severity of the misuse. Examples of unauthorized actions include attempts or acts to access, view, upload, change or delete information on this system, modify this system, deny access to this system, accrue resources for unauthorized use, or otherwise misuse this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.

All access or use of this system constitutes the user's understanding and acceptance of these terms and constitutes unconditional consent to review, monitor, record, audit, and take action by all authorized government and law enforcement personnel.

You should read the Privacy Act Statement which is posted on the Main Page of Open Season Online for a description of how the information you provide in this system will be used and shared.

To accept the terms and conditions, click the OK button.

Taccept: F OK Exit

Register / Sign In		
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View Transaction History	Sign In	OPEN SEASON ONLINE
Dependent Information	Username:	When you register for Open Season Online you can:
Rate This Site	An annual and annual control of the state of	
FAQs	Password:	* Make an Enrollment Change
Live Help	Submit	 View and Request Plan Information
Log Off	Forgot your username or password?	Update your Mailing Address
	a processor and the second sec	Ĭ
	Register	WHAT YOU NEED TO
	First time logging into Open Season Online this year?	REGISTER:
	Register	Your Annuity Claim Number or an email address that is on record with OPM.
		2. The last 4 digits of your SSN.
	This collection of information has been approved be and Public Burden Statement.	by OMB. Select this link to view the Privacy Act
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1	1900 E Street NW, Washington, DC 20415 (202) 606-18	300 Į TTY (202) 606-2532

Please complete the registration process before navigating away from this page.

FEHB Open Season Online

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Register for Open Season Online

OMB Approved: 3206-0201.

If you have not registered for Open Season yet, please complete the form below. You will then be able to access Open Season Online to make an enrollment change, view information, or request information to be sent to you.

Annuity Claim Number 🏶

Indicate if your annuity claim number begins with one of the following:

© CSA (A) C CSF (F)

Enter the first 7 numbers of your annuity claim number: 0405182

Next

If you do not know your annuity claim number it may be possible for you to register with your email address that is on file with OPM. Click here

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Please complete the registration process before navigating away from this page.

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Register for Open Season Online

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For security purposes, please enter the last four digits of your Social Security Number. This is only used to authenticate you during the registration process and will not be asked for again while you use the Open Season Online website.



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Please complete the registration	
process before navigating away	FEHB Open Season Online
from this page.	Go Back to Previous Page
	S S
	Davietar far Opan Capan Oplina
	Register for Open Season Online
	OMB Approved: 3206-0201.
	Congratulations! You have successfully authenticated. Now you may choose a username and
	password that you will use to access the Open Season Online system.
	Please choose a username:
	Usernames must be between 8 and 10 characters long.
	Submit
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	and Public Burden Statement .
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	end a second as the second as
	Register for Open Season Online
	The username that you selected is available! Please continue the registration process by
	providing the following information:
	Please provide a password:
	Managed in managed on the second state of the
	Please re-enter your password:
	Passwords must follow the below guidelines:
	Must be between 8-16 characters
	" Must have at least one upper case character(A-Z)
	* Must have at least on lower case character (a-z)
	* Must have at least one питьег (0-9)
	Must have at least one special character (@,\$,#,!)
	Please provide your email addess:
	Please re-enter your email addess:
	NOTE: Your email address is required in case you forget your password or your account
	becomes locked.
	Submit
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WELCOME STEWART B MCCORMICK

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Annuitant Profile

Effective January 1, 2013 you will be enrolled in:

Plan Name: Blue Cross & Blue ShieldSTD

Enrollment code: 105 © Coverage: Self and Family Year 2012 Rate: \$ 430.04

Year 2013 Rate: \$ 433.63

Pending Change into Plan:
Aetna HealthFundBASIC
Pending Plan Code: H45

Change Plan

Please note, if you perform a health benefits

enrollment change, your new health benefits coverage information will not be immediately updated on this page. The information will be displayed when we report your enrollment change to your new health benefits provider.

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

To validate previous transactions made, you can check the transactions on the Transaction History Page.

Please verify the following information is correct and use the "Manage Profile" link to make any corrections.

Address:

444 SOUTH 4TH ST IOWA CITY IA 52240 Email: roxanne.byers@vangent.com

Phone: 555-123-3456 Date of Birth: 02/22/1922

Gender: M

Manage Profile

	Deviator / Director			
	Register / Sign In	WELCOME STEWART B MCCORMI	СК	
	Annuitant Profile	FEHB Open Se	900 St.	
	Annuitant Home		ason Ommo	Go Back to Previous Page
.,	Manage Profile			
	Messages Change Password	Ar	nuitant Informatio	n
	Enrollment Change/Reenrollment Brochures	Manage your information below changes.	r. Please make sure all information is cor	rrect before submitting your
	Forms, Letters & Plan Info	Making changes to your address	ss below will change your permanent add s in the space provided below. There is n	dress on record with OPM.
	View Transaction History	name. If you have an apartme	ent, lot, suite, or unit number, enter it o	on line 1 followed by your
	Dependent Information	street address on line 2. Othe enter 22 characters and spaces	rwise, enter your street or post office bo s per line. Please do not use special char	x address on line 1. You may racters such as: *,%,@,!,etc.
	Rate This Site	When finished, press the Subm		
	FAQs	Foreign Address	No ○ Yes	
	Live Help	Street Address 1:	444 SOUTH 4TH ST	
	Log Off	Street Address 2:	Description of the second of t	
	•	Street Address 3:		
		City:	IOWA CITY	
		State:	IOWA	
		Zip:	[52240]	
		Email:	roxanne.byers@vangent.com	
		Phone(123-456-7890):	555-123-3456 02/22/1922	
		Date of Birth (mm/dd/yyyy): Gender:	M	
				Submit
		Note: If you wish to change yo Office at 1-888-767-6738.	ur payment address please call the Retir	rement Information
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Verify Enrollment

Submit

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Enrollment

Plan and Dependent Coverage

If you change enrollment, your new coverage will be effective January 1, 2013. Your February 1, 2013 annuity payment will be the first monthly payment to reflect 2013 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, please see the FAQ page which 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.

C Self Only Self and Family

Continue

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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 2013. 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.

H42 Aetna HealthFundCDHP

Submit

Advanced Select



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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.

Log Off

Do you have Medicare?

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

Do you have private insurance?

None

No 🔻

C Yes @ No

Submit

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Dependent Information

You have chosen to enroll in self and family coverage.

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.

Your dependent information can only be updated if you are making an enrollment change into a self and family plan and have an enrollment change that hasn't been processed yet. Enrollment changes are processed on Thursday evenings each week.

OPM does not maintain dependent data, so FEHB carriers are authorized to receive dependent information directly from you if you are enrolled in family coverage. Additionally, OPM does not receive updated dependent information from FEHB carriers so we may not have your current dependent information. However, if you are making an open season enrollment change to a family plan you should include your dependent information and we will be send it to your health plan provider as a part of your enrollment change and you will not have to contact them separately. Please make sure your dependent information is accurate before submitting your change.

If you perform an Open Season enrollment change please make sure your dependent information is accurate before submitting your change. You will still need to contact your health plan directly to give them a copy of your approval in order to include your eligible over-aged disabled dependent. If you are happy with your current coverage and will not be performing an enrollment change but want to update or confirm your dependent information, please contact your Health Benefit Provider.

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

09/29/1930

janie o doe

Relationable

COM

Action 🕍 9999 Update Dependent

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	johnny a doe	04/26/1995	М	Biological Child	9999	Update Dependent Delete Dependent
	mary smith	02/19/1996	F	Foster or Grandchild	5678	Sec. 44 (40) 500 500 500 100 100 100 100 100 100 100
	Add New	Dependent				
	Done					
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Dependent Information	
Rate This Site	
FAQs	Address Information - Dependent
Live Help	You have chosen to enroll in self and family coverage.
Log Off	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: STEWART B MCCORMICK
	Street Address 2: Address line 2
	Street Address 3: Address line 3
	City:
	State: TEXAS
	Zip Code: 73372
	Next >>
	U.C. Office of Largonnet Management
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Dependent Information	Selection Selection Insurance Information Enrollment	Enrollment
Rate This Site FAQs Live Help	Other Health Insurance - Depender Your health plan will need to coordinate benefits with any other health insu your dependents may have.	
Log Off	Does this dependent have Medicare?	None 🗑
	Do you have Medicare D?	No 🔻
	Does this dependent have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA?	No 🛂
	Does this dependent have private insurance?	C Yes No
		Submit
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Submit Coverage Information Enrollment Enrollment Selection Selection Insurance

Dependent Information

You have chosen to enroll in self and family coverage.

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.

Your dependent information can only be updated if you are making an enrollment change into a self and family plan and have an enrollment change that hasn't been processed yet. Enrollment changes are processed on Thursday evenings each week.

OPM does not maintain dependent data, so FEHB carriers are authorized to receive dependent information directly from you if you are enrolled in family coverage. Additionally, OPM does not receive updated dependent information from FEHB carriers so we may not have your current dependent information. However, if you are making an open season enrollment change to a family plan you should include your dependent information and we will be send it to your health plan provider as a part of your enrollment change and you will not have to contact them separately. Please make sure your dependent information is accurate before submitting your change.

If you perform an Open Season enrollment change please make sure your dependent information is accurate before submitting your change. You will still need to contact your health plan directly to give them a copy of your approval in order to include your eligible over-aged disabled dependent. If you are happy with your current coverage and will not be performing an enrollment change but want to update or confirm your dependent information, please contact your Health Benefit Provider.

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 existing or updating, click Done button to preceed further.

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

80H Acton Relationally Birth Data Gender Namo 9999 Update Dependent Spouse 09/29/1930 janie o doe

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	johnny a doe	04/26/1995	M	Biological Child	9999	Update Dependent Delete Dependent
	mary smith	02/19/1996	F	Foster or Grandchild	5678	Update Dependent Delete Dependent
	Add New	Dependent				
	Done					
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Other

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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: Aetna HealthFundCDHP

Enrollment Code: H42 Coverage: Self and Family

Rate: \$ 376.78

Edit Enrollment

	C	ependent In	formation	
Name	Birth Date	Gender	Relationship	SSN
janie o doe	09/29/1930	Female	Spouse	***-**-9999
johnny a doe	04/26/1995	Male	Biological Child	***-**-9999
mary smith	02/19/1996	Female	Foster or Grandchild	***-**-5678

Edit Dependents

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

Doloro Yua da,

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

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Enrollment

Enrollment Changes - Confirmation

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

The effective date of your open season change is January 1, 2013. We will email you an notification to confirm that we have received your Open Season change. You may also print this page to keep for your records and log back in during Open Season to review your change. We will also notify the plan you selected of your enrollment information.

Plan Name: Aetna HealthFundCDHP

Enrollment Code: H42 Coverage: Self and Family

Rate: \$ 376.78

The address we currently have on file for you is:

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

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



Depardant Information

Name	Birth Date	Gender	Relationship	SSN
janie o doe	09/29/1930	Female	Spouse	***-**-9999
johnny a doe	04/26/1995	Male	Biological Child	***-**-9999
mary smith	02/19/1996	Female	Foster or Grandchild	***-**-5678

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.

Click here for a printer-friendly version for your records



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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