

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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Annuitant Registration/Sign In

OMB Approved: 3206-0201.

Sign In

Username:

Password:

[Forgot your username or password?](#)

OPEN SEASON ONLINE

When you register for Open Season Online you can:

- Make an Enrollment Change
- View and Request Plan Information
- Update your Mailing Address

Register

First time logging into Open Season Online this year?

WHAT YOU NEED TO REGISTER:

1. Your Annuity Claim Number or an email address that is on record with OPM.
2. The last 4 digits of your SSN.

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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.

I accept:

U.S. Office of Personnel Management
1900 E Street NW, Washington, DC 20415 | (202) 606-1800 | TTY (202) 606-2532

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


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Register for Open Season Online

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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) CSF (F)

Enter the first 7 numbers of your annuity claim number:

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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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.

Last 4 digits of your SSN:

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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:

Username must be between 8 and 10 characters long.

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The username that you selected is available! Please continue the registration process by providing the following information:

Please provide a password:

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 number (0-9)
- Must have at least one special character (@, \$, #, !)

Please provide your email address:

Please re-enter your email address:

NOTE: Your email address is required in case you forget your password or your account becomes locked.

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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](#)

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Manage your information below. Please make sure all information is correct before submitting your changes.

Forms, Letters & Plan Info

Making changes to your address below will change your permanent address on record with OPM. 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 22 characters and spaces per line. Please do not use special characters such as: *,%,@,!,etc. When finished, press the **Submit** button.

View Transaction History

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Rate This Site

FAQs

Foreign Address

No Yes

Live Help

Street Address 1:

444 SOUTH 4TH ST

Log Off

Street Address 2:

Street Address 3:

City:

IOWA CITY

State:

IOWA

Zip:

52240

Email:

roxanne.byers@vangent.com

Phone(123-456-7890):

555-123-3456

Date of Birth (mm/dd/yyyy):

02/22/1922

Gender:

M

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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Enrollment Change Progress



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.

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.



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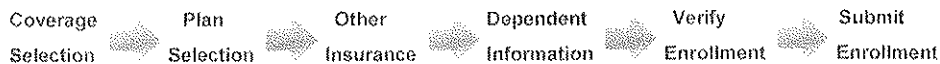
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Enrollment Change Progress



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?

None

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

No

Do you have private insurance?

Yes No

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Enrollment Change Progress



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 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	Relationship	SSN	Action
one dependent	01/01/1902	F		7000	Update Dependent Delete Dependent

						Delete Dependent
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
<input type="button" value="Add New Dependent"/>						
<input type="button" value="Done"/>						
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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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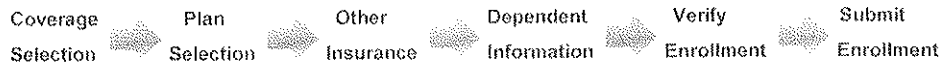
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Address Information - Dependent

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:

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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?

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?

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	Relationship	SSN	Action 
janie o doe	09/29/1930	F	Spouse	9999	Update Dependent

						Delete Dependent
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
<input type="button" value="Add New Dependent"/>						
<input type="button" value="Done"/>						
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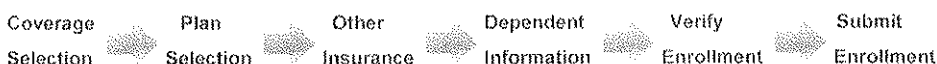
Log Off

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Enrollment Change Progress



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](#)

Dependent 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

[Edit 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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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.

[Address Change](#)

Dependent 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...

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