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# FEHB Open Season Online

## Federal Employees Health Benefits

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

The 2017 Federal Benefits Open Season will be held

November 13, 2017 through December 11, 2017

**In order to access Open Season Online, you must register every year.**

[Click here to Register or Sign In](#)

Remember, if you do not want to change your present insurance coverage, **do not respond**. Your current coverage will continue automatically unless your plan no longer participates in the FEHB program.

All FEHB plans qualify as minimum essential coverage (MEC) and meet the Patient Protection and Affordable Care Act's individual shared responsibility requirement for each individual covered under the FEHB plan. Please visit the IRS website at <http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision> for more information on the individual requirement for MEC which took effect on January 1, 2014.

If you are a current Federal Employee, please contact your Human Resources office for information regarding health benefits enrollment changes.

If you pay your health benefit premiums directly to OPM and have questions, please contact the National Finance Center at 1-800-242-9630.

For worker's compensation questions, please call the Department of Labor's toll free number 1-866-487-2365, Monday through Friday from 8am to 8pm eastern time.

The Open Season Online Website is still in development. We have forwarded these changes to the developer/programmer for implementation "prior to production".

Cyrus S. Benson  
8/24/2017

Open Season Online allows you to:

MM2

- Chat with a Customer Service Representative using Live Help.
- Get additional help with registering your account using the Co-Browse feature.
- Send a webmail message which will be answered by a Customer Service Representative.
- Review health plan brochures at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information>.
- Find out how to receive your IRS1099R, annual mailer, and other informational alerts electronically at <https://www.servicesonline.opm.gov>.
- Access Open Season information via your mobile device <https://retireefehb.opm.gov/mobile/>.

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 and Update Dependent Information
- Review health plan brochures
- Review information on canceling/suspending your enrollment
- Review information on paying your health benefit premiums directly to OPM
- Perform an address change
- Provide or Update your email address
- View frequently asked questions
- Review an Open Season Health Benefits Guide
- Review the Health Benefits Election Form
- 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 7 days a week, except for scheduled maintenance on Sundays from 12:00 a.m. to 9:00 a.m. 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.

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 <sup>current</sup> 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 you decide to enroll in Part D (and you have not gone 63 days without FEHB coverage) you will not have to pay the penalty for not enrolling in Part D at your first opportunity.

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

## Dental and Vision Benefits

During Open Season, go to [www.BENEFEDS.com](http://www.BENEFEDS.com) to enroll or change enrollment in the Federal Employees Dental and Vision Insurance Program (FEVIP). BENEFEDS is a secure enrollment website sponsored by OPM. If you do not have access to a computer, call BENEFEDS at 1-877-833-FEDS (1-877-833-3337), TTY number 1-877-833-5630.

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.

# FEHB Open Season Online

## **Privacy Act Statement**

The information you provide is needed for your enrollment in the Federal Health Benefits Program authorized by Title 5, U.S. Code, Chapter 89, Sections 8905 and 8905a. This information will be shared with the health insurance carrier you select, so that they may (1) identify your enrollment in the plan, (2) verify you and/or your family's eligibility for payment of claims for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. This information may be disclosed to other Federal agencies or Congressional offices that may have need to know in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency. While the law does not require you to supply all the information requested, doing so will assist in the prompt processing of your enrollment. A complete list of routine uses can be found in the system of records notice associated with this information collection request (ICR), OPM/Central-1, 73 FR 15013 ([www.federalregister.gov/documents/2008/03/20/E8-5659/privacy-act-of-1974-notice-of-amended-system-of-records](http://www.federalregister.gov/documents/2008/03/20/E8-5659/privacy-act-of-1974-notice-of-amended-system-of-records)).

An annuitant may access his or her own Personally Identifiable Information (PII) by logging in to the AHBOSS web system. The PII entered into AHBOSS is restricted in AHBOSS using federal government standards (National Institute of Standards and Technology Special Publications 800-53 Rev. 4).

## **Public Burden Statement**

We think this collection of information takes an average of 10 minutes to complete, including the time for reviewing instructions and getting the needed data. Send the comments regarding our estimate or any other aspect of this information collection request (ICR), including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0201), Washington, DC 20415-0001. The OMB number, 3206-0201, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

This notice is reviewed annually for updates.

[Last Update: Sept. 25, 2017]

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# FEHB Open Season Online



## Annuitant Registration/Sign In

OMB Approved: 3206-0201.

### Registration

### Sign In

In order to access Open Season Online, you must register every year. Click the Register Now box below.

[Register Now](#)

#### 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.

If you have already registered to use Open Season Online for 2017, you can simply sign in with your User Name and password you registered with.

User name

Password

[Submit](#)

[Forgot your username or password?](#)

#### When you register for Open Season Online you can:

- Make an Enrollment Change
- View and Request Plan Information
- Update your Mailing Address
- Perform other Open Season Transactions

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# FEHB Open Season Online

## Register for Open Season Online

OMB Approved: 3206-0201.

If you have not registered for Open Season yet, please complete the information 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.

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 to register using your email address.](#)

<p style="text-align: center;"><b>Annuity Claim Number</b> </p> <p>Indicate if your annuity claim begins with one of the following:</p> <p><input type="radio"/> CSA (A) <input type="radio"/> CSF (F)</p> <p>Enter first 7 numbers of your claim number: <input type="text"/></p> <p style="text-align: right;"><input type="button" value="Next"/></p>
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# FEHB Open Season Online



## Register for Open Season Online

OMB Approved: 3206-0201.

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.

<p>Last 4 digits of your SSN:</p> <input type="text"/> <input type="button" value="Next"/>
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# FEHB Open Season Online

## Open Season Registration

OMB Approved: 3206-0201.

Congratulations! You have successfully authenticated. Now you may choose a username, which must be at least 8 characters, and password that you will use to access the Open Season Online system.

User name	<input type="text"/>
Password	<input type="password"/>
Confirm password	<input type="password"/>
Email address	<input type="text"/>
Confirm Email address	<input type="text"/>
	<input type="button" value="Register"/>

This collection of information has been approved by OMB. Select this link to view the Privacy Act and Public Burden Statement.



# FEHB Open Season Online

Welcome **DAVID E GUILD**

## Annuitant Profile

Effective January 1, 2018 you will be enrolled in:

Plan Name: Independent Health Assoc High

Enrollment Code: QA1 

Coverage: Self Only

Year 2017 Rate: \$ 207.31

Year 2018 Rate: \$ 157.78

[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:

2464 WESTON AVENUE

NIAGARA FALLS NY 14305

Email: roxanne.byers@gdit.com

Phone:

Date of Birth (mm/dd/yyyy): 06/12/1950

Gender:

[Manage Profile](#)



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# FEHB Open Season Online

Welcome **LONNIE P HENDERSON**

## Annuitant Information

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

Foreign Address

No  Yes

Street Address 1:

5280 HWY 70 WEST

Street Address 2:

Street Address 3:

City:

MOREHEAD CITY

State:

NORTH CAROLINA

Zip:

28557

Email:

roxanne.byers@gdit.com

Phone (123-456-7890):

Date of Birth (mm/dd/yyyy):

02/26/1929

Gender:

M

Submit

This collection of information has been approved by OMB. Select this link to view the Privacy Act and Public Burden Statement.

# FEHB Open Season Online

Welcome **DAVID E GUILD**

## Brochure Request

For more information on the plans, you can select and receive health plan brochures for the 2018 benefit year through the mail or you may view them online. To access OPM's Plan Comparison Tool go to <http://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>. You can also select the option from the main menu on the left side 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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# FEHB Open Season Online

Welcome **LONNIE P HENDERSON**

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.

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Welcome **LONNIE P HENDERSON**

## Plan Benefits

The following plan brochures are available for IOWA. 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/healthcare-insurance/healthcare/plan-information>.

**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 STD
- 11 Blue Cross Blue Shield Basic
- 22 Aetna HealthFund HDHP
- 31 GEHA Benefit Plan
- 32 NALC
- 34 GEHA High Deduct Hlth Ptn
- 38 Rural Carrier Benefit Ptn *View Restrictions*
- 40 Foreign Service Benft Ptn *View Restrictions*
- 41 MHBP - Value Plan
- 42 Compass Rose Health Plan *View Restrictions*
- 43 Panama Canal Area Bnft Pl *View Restrictions*
- 44 SAMBA
- 45 MHBP - Std
- 47 APWU Health Plan
- 48 MHBP - Consumer Option
- H4 Aetna HealthFund CDHP Ptn
- K8 Health Alliance HMO
- KM NALC Value Option
- LJ United Healthcare Ins Co
- N6 Aetna Direct
- N7 United Healthcare (HDHP)
- V3 HealthPartners High&Std
- YH UnitedHealthcare Rvr Val

Submit

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# FEHB Open Season Online

Welcome **LONNIE P HENDERSON**

## Brochure Request Processed

We processed your request for the following brochures.

Plan Name: **Blue Cross Blue Shield STD**  
Enrollment Code: **10**

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:

LONNIE P HENDERSON  
5280 HWY 70 WEST  
MOREHEAD CITY NC 28557

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

[Change Address](#)

**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!*

# FEHB Open Season Online

Welcome **DAVID E GUILD**

## Cancel/Suspend Information

The Health Benefits Cancellation/Suspension form (RI 79-9) gives you detailed information on canceling or suspending your enrollment. 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.

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 form mailed to you. If you choose to have the form mailed, you can expect to receive it in about 7-10 days.

The completed form must be received by Monday, December 11, 2017. Forms received 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 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

**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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# FEHB Open Season Online

Welcome **LONNIE P HENDERSON**

## Cancel/Suspend Information

You asked for a Health Benefits Cancellation/Suspension Confirmation form to be mailed to you. You can expect to receive the form 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:

LONNIE P HENDERSON  
5280 HWY 70 WEST  
MOREHEAD CITY NC 28557

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

[Change Address](#)

*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!*