

# FEHB Open Season Online

## Brochure Request

For more information on the plans, you can select and receive health plan brochures for the 2024 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.

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.

View Online

Mail Information

# FEHB Open Season Online

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 ▼

Submit

# FEHB Open Season Online

## Brochure Request Processed

We processed your request for the following brochures.

Plan Name: **Blue Cross and Blue Shield Svc Bnft Pln Stand Opt**

Enrollment Code: **10**

Plan Name: **GEHA Indemnity Benefit Plan**

Enrollment Code: **25**

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:**

JOE N JOHNSON  
1850 ETHAN WAY # 17  
SACRAMENTO CA 95825

If the above mailing or email address is not correct, press the button below to make changes.

[Change Address](#)

# 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.

[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 to the following address by the end of Open Season.

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.**

Mail the completed form to the address below if mailed after Open Season ends or for an effective date other than January 1.

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

# FEHB Open Season Online

## 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:**

JOE N JOHNSON  
1850 ETHAN WAY # 17  
SACRAMENTO CA 95825

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

## Direct Pay Election Form

If the premium for the plan and coverage 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 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 in about 7-10 days.

[View Online](#)

[Mail Information](#)

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

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P.O. Box 5000

Lawrence, KS 66046-0500

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Office of Personnel Management

Retirement Benefits

1900 E Street NW

Washington, DC 20415

# FEHB Open Season Online

## Direct Pay Election Form

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.

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SACRAMENTO CA 95825

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# FEHB Open Season Online

## 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, 2024.

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 in about 7-10 days.

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 to the following address by the end of Open Season.

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

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Mail the completed form to the address below if mailed after Open Season ends or for an effective date other than January 1.

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Retirement Benefits  
1900 E Street NW  
Washington, DC 20415



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# FEHB Open Season Online

## Open Season Health Benefits Guide

In order for you to select the best plan for your needs, please refer to the 2024 Open Season Health 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.

In the event of your death your spouse may continue enrollment in the FEHB program as your survivor only if you are enrolled in Self Plus One or Self and Family at the time of death and you elected to provide a survivor benefit for your spouse.

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.

View Online

Mail Information

***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

To have an Open Season Health Benefits Guide mailed to you, please select a State from the drop down list and then press the "Mail Guide" button.

GEORGIA



Mail Guide

***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

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