

Coverage Selection

If you change enrollment, your new coverage will be effective January 1, 2024. Your February 1, 2024 annuity payment will be the first monthly payment to reflect 2024 premiums.

If you and your spouse each receive Federal retirement benefits and you are enrolled in Self Plus One or Self and Family coverage and you want to change to two Self-Only enrollments, please see the [FAQ page](#) which contains further information.

If you are selecting Self Plus One or 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.

Your FEHB carrier may ask for additional documentation to prove eligibility. Go to <https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members>

In some cases, the enrollee share of FEHB premiums for the Self Plus One enrollment type will be higher than the Self and Family enrollment type. Enrollees who wish to cover one eligible family member are free to elect either the Self and Family or Self Plus One enrollment type. Check the premiums on our website at www.opm.gov/fehbppremiums.

Please indicate whether you are enrolling as self only, Self Plus One, or Self and Family coverage.

Self Only Self Plus One Self and Family

Continue

FEHB Open Season Online

Enrollment Change Progress

Coverage Selection ▶ **Plan Selection** ▶ Other Insurance ▶ Verify Enrollment ▶ Submit Enrollment

Plan Selection

You have chosen Self Plus One 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 2024. 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.

133 - Blue Cross Blue Shield Benefi ▼

Advanced Select



Submit

FEHB Open Season Online

Enrollment Change Progress

Coverage Selection ▶ Plan Selection ▶ **Other Insurance** ▶ Verify Enrollment ▶ Submit Enrollment

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 Medicare D?

No ▾

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

No ▾

Do you, the annuitant, have any other private health insurance?

Yes No

Submit

Dependent Information

You have chosen to enroll in Self and Family coverage.

Your dependent information can only be updated if you are making an enrollment change into a Self Plus One or a Self and Family plan and have an enrollment change that has not been processed yet. Enrollment changes are processed daily.


OPM does not maintain dependent data, so FEHB carriers are authorized to receive dependent information directly from you if you are enrolled in Self Plus One or Self and 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 Self Plus One or Self and Family you should include your dependent information and we will send that information to your health plan provider as a part of your enrollment change and you will not have to contact them separately.

If you perform an Open Season enrollment change please make sure your dependent information is accurate before submitting your change. Your FEHB carrier may ask for additional documentation to prove eligibility. Go to <https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members>. 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 click on Verify Dependent to ensure accuracy. When a check mark appears next to the dependents name, the dependents information has been verified.

After you are done verifying your dependent information, click the Done button to proceed further.

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Verified	Name	Birth Date	Gender	Relationship	SSN	Action 
	mary n johnson	09/21/1938	F	Spouse	***-**-1112	Verify Dependent Delete Dependent
	nancy t jones	09/22/2001	F	Biological Child	***-**-6666	Verify Dependent Delete Dependent

Add New Dependent

Done

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: - -

Next >>

Cancel

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 use same address as annuitant's** checkbox.

If the dependent's address is different from the annuitant's, 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:

Please Choose a State 

Zip Code:

Next >>

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

Does this dependent have Medicare D?

No

Does this dependent have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA?

No

Does this dependent have any other private health insurance?

Yes No

Submit

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Verified	Name	Birth Date	Gender	Relationship	SSN	Action ?
<input checked="" type="checkbox"/>	mary n johnson	09/21/1938	F	Spouse	***-**-1112	Verify Dependent Delete Dependent
<input checked="" type="checkbox"/>	nancy t jones	09/22/2001	F	Biological Child	***-**-6666	Verify Dependent Delete Dependent
<input checked="" type="checkbox"/>	jack t jones	12/12/2012	M	Biological Child	***-**-1212	Verify Dependent Delete Dependent

Add New Dependent

Done

Enrollment Change - Confirmation

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

The effective date of your open season change is January 1, 2024.

We will mail you a letter confirming your open season change. We will also notify the plan you selected of your enrollment information.

Plan Name: **Blue Cross Blue Shield Benefit Plan FEP Blue FocusFEP B**

Enrollment Code: **132**

Coverage: **Self and Family**

Rate: **\$ 283.32**

Dependent Information				
Name	Birth Date	Gender	Relationship	SSN
mary n johnson	09/21/1938	F	Spouse	***-**-1112
nancy t jones	09/22/2001	F	Biological Child	***-**-6666
jack t jones	12/12/2012	M	Biological Child	***-**-1212

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](#)



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

***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!](#)