



DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
HUMAN RESOURCES
4040 NORTH FAIRFAX DRIVE
ARLINGTON, VIRGINIA 22203-1634

October 30, 2009

MEMORANDUM FOR ALL DEPARTMENT OF DEFENSE EDUCATION
ACTIVITY EMPLOYEES

SUBJECT: Federal Benefits Open Season Begins November 9, 2009

The Office of Personnel Management (OPM) has announced the 2009 Federal Benefits Open Season for the 2010 plan enrollments in the Federal Employees Health Benefits Program (FEHB), the Federal Flexible Spending Account Program (FSAFEDS), and the Federal Employees Dental and Vision Insurance Program (FEDVIP) will be held from Monday, November 9, through Monday, December 14, 2009.

During the open season, employees may make any of the following four benefit choices:

(1) Enroll in or change an existing enrollment in a health insurance plan under the Federal Health Benefits (FEHB) Program by submitting a SF-2809 to Benefits@hq.dodea.edu or by fax to (703) 588-5380. Employees may also make their elections electronically by accessing the Employee Benefits Information System (EBIS) at <https://hq-w3.dodea.edu/>; enter your SSN and PIN, select "Transactions", select "Change" under FEHB Current Coverage (make sure type of change is "Open Season"), and follow the prompts.

FEHB open season elections are effective January 3, 2010. Open season elections made electronically through EBIS must be completed by December 14, 2009, 11:59 p.m. Eastern Standard time. Open season election forms must be received by your local Human Resources Representative or by the HQ DODEA Benefits Unit not later than close of business on December 14, 2009.

Elections received after the closing of Open Season will not be processed and will be returned. If you believe your election should be accepted you will be required to file a request for reconsideration. The request for reconsideration must be in writing, it must include your name and a contact telephone number, current FEHB enrollment status, the change you wish to make, the reason for wanting to make the change, and the reason(s) why you were unable to submit the election timely. Your request must be addressed to the HQ DODEA Benefits Unit. Upon receipt of the request, a review will be made and a decision will be provided to you in writing within 30

calendar days. Email or FAX requests for reconsideration are acceptable.

(2) Sign up for a flexible spending account for health or dependent care under the Federal Flexible Spending Account Program (FSA) at <https://www.fsafeds.com/fsafeds/index.asp> or by contacting a FSAFEDS benefits counselor Monday through Friday from 9:00 a. m. to 9:00 p. m Eastern Standard Time at 1-877-FSAFEDS (372-3337), TTY 1-800-952-0450. The maximum annual contribution is \$5,000 for the Health Care FSA and for the Limited Expense Health Care Flexible Spending Account (LEX HCFSA) per covered employee. The Dependent Care FSA annual maximum is \$5,000 per household or \$2,500; if married and filing separate tax returns. The minimum annual amount for each type of FSA account is \$250.

FSA enrollments are effective January 1, 2010. Enrollments in FSAFEDS cannot be cancelled or changed after their effective date, unless the employee experiences a qualified status change (QSC).

Employees are encouraged to visit the FSAFEDS website, or to contact a benefits counselor by phone (1-877-372—3337, TTY 1-800-952-0450) to become more familiar with the FSAFEDS program. You may also email questions to FSAFEDS at FSAFEDS@shps.com.

(3) Enroll in or change an existing enrollment in a dental plan under the Federal Employees Dental and Vision Insurance Program (FEDVIP) at <https://www.benefeds.com/>;

(4) Enroll in or change an existing enrollment in a vision plan under the Federal Employees Dental and Vision Insurance Program (FEDVIP) at <https://www.benefeds.com/>.

FEDVIP enrollments are effective January 1, 2010. FEDVIP enrollments automatically continue from year to year like FEHB enrollments. Employees, who wish to enroll, change, or cancel their enrollment in a FEDVIP plan must do so by visiting the BENEFEDES website at www.BENEFEDES.com or by calling BENEFEDES at 1-877-888-FEDS (1-877-888-3337), TTY 1-877-889-5680 during Open Season. International callers dial your country's international call prefix, followed by the telephone number: (*your international prefix*) + 1-678-322-5998. **NOTE: This is not a toll free call.**

Please note that employees cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through EBIS. Only in cases involving rare exceptions will FEDVIP allow paper enrollment. In all cases employees must contact

BENEFEDS directly.

Premiums for enrolled Federal employees will be withheld from a salary on a pre-tax basis. Additional information on the participating plans, premiums, FEDVIP plan brochures and a comparison tool are available on the BENEFEDS website and OPM website at <http://www.opm.gov/insure/dental/chooseindex.asp>.

Employees who elect to enroll in FEDVIP must participate in premium conversion.

Please note: Employees enrolling in FSAFEDS and/or FEDVIP programs who are paid less than 26 pay periods, must accelerate premiums deductions. Unlike FEHB and FEGLI premiums for employees paid less than 26 pay periods during the calendar year FSAFEDS and FEDVIP premiums do not adjust automatically. In order to avoid underpayment of premiums during the 2010 plan year you must contact FSAFEDS or FEDVIP to accelerate your premium. Employees entering into a Non-pay and/or Leave Without Pay status during the calendar year will be responsible for missed premiums. Acceleration of premiums can only be elected during the open season.

Employees may also cancel their enrollment in the FEHB and FEDVIP programs during open season.

Caution when cancelling FEHB coverage: In order to be eligible to continue coverage into retirement you must be enrolled in the FEHB program (not required to be in the same plan) for at least 5 years prior to the date of retirement (without a break in coverage). In most cases, you are not allowed to enroll in the FEHB program after you retire.

Enrollees who wish to continue their current FEHB enrollment do not need to take any action during this open season. However, enrollees whose plans will be dropping out of the FEHB program, or whose plans reduced their enrollment area by terminating an enrollment code, must enroll in a different plan to continue FEHB coverage in 2010.

If you are enrolled in a plan that will be reducing their service areas without terminating an enrollment code **you will have to travel** to the plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2010. If you are unwilling to travel to the plan's service area you should consider enrolling in a different plan during this open season period. A list of plans dropping out or reducing coverage for 2010 is attached. If you have questions about your plan's coverage you should contact your plan immediately so that you may make a timely open season election if necessary.

FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM (FEHB)

Under the FEHB law, “**eligible family members**” include:

- The spouse of an employee or annuitant;
- Unmarried dependent children under age 22, including legally adopted children and recognized natural (born out of wedlock) children. **Note:** Unmarried dependent children are only covered until they reach age 22, even if they are still attending school.
- Stepchildren, foster children (which may include grandchildren) if they live with you in a regular parent-child relationship.
- Unmarried dependent child regardless of age who is incapable of self-support because of mental or physical disability which existed before age 22.

A "regular parent-child relationship" means that you are exercising parental authority, responsibility, and control over the child by caring for, supporting, disciplining, and guiding the child, including making decisions about the child's education and health care.

Eligible employees may also elect to waive participation or begin participation in Premium Conversion, if previously waived during the open season. Premium Conversion is a tax benefit that reduces your taxable income by allowing you to pay for health insurance on a pre-tax basis. Instead of deducting your insurance premiums from your salary, that portion of your salary is used to purchase the benefit thereby reducing an employee's taxable income by the amount of health insurance premiums.

Employees who enroll in FEHB will automatically be covered by Health Benefits Premium Conversion (HB-PC) unless participation is waived. Employees who elect to participate in Premium Conversion may only make changes or cancel coverage during the Federal Benefits Open Season or upon a qualifying life event, IF the reason for the change is “on account of and consistent with” the qualifying life event. You may learn more about Premium Conversion from OPM's website at:

<http://www.opm.gov/insure/health/reference/premconversion/index.asp>.

TYPES OF PLANS:

The two basic types of health benefit plans available are Fee-for-Service Plans and Health Maintenance Organizations (HMOs).

Fee-for-Service Plans - Under a fee-for-service plan, employees or health

care providers are reimbursed for covered services, and employees are able to choose their own physician, hospital, and other health care providers. Fee-for-Service plans include the Government-wide Service Benefit Plan, administered by the Blue Cross and Blue Shield Association on behalf of Blue Cross and Blue Shield Plans, and are open to any employee eligible to enroll under the program.

Plans sponsored by unions and employee organizations are open to all Federal employees who hold full or associate memberships in the organizations that sponsor the plans; others are restricted to employees in certain occupational groups and/or agencies. **Generally the organization requires a membership fee or dues paid directly to the employee organization, in addition to the premium. This fee is set by the employee organization and is not negotiated with OPM.** If the agency receives notice of non-payment of the required membership fee your FEHB coverage will be terminated until notice of payment in full is received.

HMO Plans - Prepaid health plans that provide a comprehensive array of medical services provided through contracted physicians, hospitals, and other providers. Each HMO sets a geographic area for which health care services will be available. You must live or work within the HMO's defined service area to be eligible to enroll.

Carriers are offering **High Deductible Health Plans (HDHP)**. These health plans when combined with a **Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA)**, provide a tax-advantaged savings vehicle for the purpose of paying for your medical expenses. To learn more about High Deductible Health Plans, Health Savings Accounts and/or a Health Reimbursement Arrangement visit the OPM website at <http://www.opm.gov/insure/health/reference/handbook/fehb05.asp>

ADDITIONAL FEHB INFORMATION

To obtain more information about plan changes or to obtain copies of plan brochures for 2010, go to OPM's FEHB Open Season Website at <http://www.opm.gov/insure/openseason/index.asp>. You are encouraged to study informational material so that you may make an informed decision regarding health care for you and your family members. Some of these benefits features are designed to act as tax savings for you therefore it is recommended you seek financial and/or tax counseling services before making a decision or selection. You should review the brochure for each plan you are considering; especially checking to see if the plan offers the services you think you might need. This is especially important as the plan's coverage and method of payment for services rendered will not differ or provide special provisions outside of the negotiated contract. Contracts are negotiated yearly by OPM; therefore, you must take an active and involved approach to the selection of your FEHB coverage.

When choosing a plan, remember there are other things you should consider

from within the plan's provider network, are among the questions you need to consider when selecting a plan that best fits the needs of you and your family members.

Please note that information you provide by enrolling in the Federal Employees Health Benefits Program may also be used for computer matching with Federal, State, or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the Federal Employees Health Benefits Program, Medicare, or other Government benefits programs.

TEMPORARY CONTINUATION OF COVERAGE (TCC)

If you have FEHB coverage and leave Federal employment, you will usually be eligible for up to 18 months of TCC (unless you are separated for gross misconduct). TCC can continue for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22.

TCC enrollees must pay the total plan premium (without a Government contribution) plus a 2% charge for administrative expenses. There are specific periods within which you or your dependent must enroll for TCC. Contact your Human Resources Office for more information.

Important: You must exhaust TCC eligibility as one condition for guaranteed access to individual health coverage under the Health Insurance Portability and Accountability Act.

If you have any questions regarding the Benefits Open Season, please contact your local Human Resources Representative or contact the DoDEA HQ Benefits Unit by e-mail at Benefits@hq.dodea.edu, commercial telephone at (703)-588-3981, or DSN 425-3981.


Lenoir Graham
Human Resources Director

Attachments:

1. FEDVIP Plan Changes for 2010
2. FEHB List Significant Plan Changes for 2010
3. OPM Federal Benefits FastFacts

FEHB PROGRAM

**TABLE 1
PLANS LEAVING THE FEHB PROGRAM**

Enrollees in these terminating plans who do not change health plans by making a positive election into another FEHB plan during Open Season will not have health benefits for 2010.

State	Plan Name	3 Digit Plan Code
Arizona	PacifiCare of Arizona	A31, A32
Colorado	PacifiCare of Colorado	D61, D62
Connecticut	ConnectiCare	TE1, TE2 TE4, TE5
Florida	UnitedHealthcare of Florida	R31, R32
Florida	JMH Health Plan	J81, J82 J84, J85
Illinois	PersonalCare Insurance of Illinois	GE1, GE2
Illinois	Group Health Plan	MM1, MM2 MU4, MU5 MM4*, MM5* (*See Table 3 for MM4 & MM5)
Massachusetts	ConnectiCare	TE1, TE2 TE4, TE5
Missouri	Group Health Plan	MM1, MM2 MU4, MU5 MM4*, MM5* (*See Table 3 for MM4 & MM5)
Oklahoma	PacifiCare of Oklahoma	2N1, 2N2
Ohio	UnitedHealthcare of Ohio	AK1, AK2 CA1, CA2
Ohio	Paramount Health Care	U21, U22 U24*, U25* (See Table 3 for U24 & U25)
Pennsylvania	Keystone Health Plan Central	S41, S42 S44, S45
Pennsylvania	Keystone Health Plan East	ED1, ED2 ED4, ED5

**TABLE 2
PLANS REDUCING THEIR SERVICE AREAS
AND TERMINATING ENROLLMENT CODES**

Enrollees in these terminating enrollment codes who do not change health plans by making a positive election into another FEHB plan during Open Season will not have health benefits for 2010.

State	Plan Name	3 Plan Digit Code	Area Dropped
California	Blue Shield of California Access+ HMO	SJ1, SJ2	Northern California (except Tulare County-see Table 7)
Colorado	Humana CoverageFirst	FC1, FC2	Colorado Springs
		7T1, 7T2	Denver
Delaware	Coventry Health Care	2J1, 2J2 2J4, 2J5 LK1*, LK2* (*See Table 4 for LK1, LK2)	State of Delaware
Florida	Humana CoverageFirst	DL1, DL2	Daytona
		BP1, BP2	Pensacola/Fort Walton
Indiana	Aetna Open Access	RD1, RD2	Southeastern Indiana
Indiana	Humana CoverageFirst	L81, L82	Eastern Indiana
Kansas	UnitedHealthcare of Midwest, Inc.	GX1, GX2	Kansas City
Kentucky	Aetna Open Access	RD1, RD2	Northern Kentucky
Kentucky	Humana CoverageFirst	L81, L82	Northern Kentucky
Missouri	UnitedHealthcare of Midwest, Inc.	GX1, GX2	Kansas City
Nevada	Aetna Open Access	Y11, Y12	Las Vegas and Reno areas
New Jersey	Coventry Health Care	2J1, 2J2 2J4, 2J5 LK1*, LK2* (*See Table 4 for LK1, LK2)	Southern New Jersey
Ohio	Aetna Open Access	ND1, ND2	Columbus area
		RD1, RD2	Greater Cincinnati area

TABLE 2
(continued from previous page)
PLANS REDUCING THEIR SERVICE AREAS
AND TERMINATING ENROLLMENT CODES

Enrollees in these terminating enrollment codes who do not change health plans by making a positive election into another FEHB plan during Open Season will not have health benefits for 2010.

State	Plan Name	3 Plan Digit Code	Area Dropped
Ohio	Humana CoverageFirst	L81, L82	Cincinnati / Dayton
Oklahoma	Aetna Open Access	SL1, SL2 SL4, SL5	Oklahoma City / Tulsa areas
Tennessee	Aetna Open Access	6J1, 6J2	Nashville area
Texas	Aetna Open Access	8G1, 8G2	Houston area
Texas	FirstCare	6U1, 6U2	Central Texas

**TABLE 3
EXISTING PLANS TERMINATING THEIR HIGH DEDUCTIBLE HEALTH PLANS
(HDHP) AND TERMINATING THEIR HDHP ENROLLMENT CODES**

Enrollees in these enrollment codes who do not change health plans during Open Season will not have health benefits for 2010.

Enrollees who are active employees and want to continue enrollment in 2010 in a HDHP and receive or make additional contributions to the Health Savings Account (HSA), must change to another HDHP in the FEHB Program during Open Season. They need to contact their current 2009 HDHP HSA Fiduciary and the Internal Revenue Service (IRS) for any guidance and questions about their HSA including tax considerations and penalties. If enrollees are interested in consolidating their HSA accounts, they also need to contact their upcoming 2010 HDHP HSA Fiduciary.

If enrollees do not want to continue in a HDHP, they must change to another health plan option during Open Season or they will not have health benefits for 2010. However, the enrollees must contact the HDHP HSA Fiduciary and IRS for any guidance and questions about the HSA concerning tax considerations and penalties.

State	Plan Name	3 Digit Plan Code
Illinois	Group Health Plan – HDHP (See Table 1 also)	MM4, MM5
Missouri	Group Health Plan – HDHP (See Table 1 also)	MM4, MM5
New York	CDPHP Universal Benefits – HDHP	SX1, SX2
Ohio	Paramount Health Care (See Table 1 also)	U24, U25

**TABLE 4
HIGH DEDUCTIBLE HEALTH PLANS (HDHP) REDUCING THEIR SERVICE AREAS
BY TERMINATING ENROLLMENT CODES**

Enrollees in these enrollment codes who do not change health plans during Open Season will not have health benefits for 2010.

Enrollees who are active employees and want to continue enrollment in 2010 in a HDHP and receive or make additional contributions to the Health Savings Account (HSA), must change to another HDHP in the FEHB Program during Open Season. They need to contact their current 2009 HDHP HSA Fiduciary and the Internal Revenue Service (IRS) for any guidance and questions about their HSA including tax considerations and penalties. If enrollees are interested in consolidating their HSA accounts, they also need to contact their upcoming 2010 HDHP HSA Fiduciary.

If enrollees do not want to continue in a HDHP, they must change to another health plan option during Open Season or they will not have health benefits for 2010. However, the enrollees must contact their HDHP HSA Fiduciary and IRS for any guidance and questions about the HSA concerning tax considerations and penalties.

State	Plan Name	3 Digit Plan Code	Area Dropped
Delaware	Coventry Health Care HDHP (See Table 2 also)	LK1, LK2	State of Delaware
New Jersey	Coventry Health Care HDHP (See Table 2 also)	LK1, LK2	Southern New Jersey

**TABLE 5
PLANS REDUCING THEIR SERVICE AREAS
WITHOUT TERMINATING ENROLLMENT CODES**

Enrollees in the service area being dropped who do not change health plans during Open Season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2010.

State	Plan Name	3 Digit Plan Code	Area Dropped
California	PacifiCare of California	CY1, CY2	Entire counties of Alameda, Contra Costa, El Dorado, Marin, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus and Yolo
California	Anthem Blue Cross	M51, M52	Entire counties of Butte, El Dorado, Lake Lassen, Modoc, Plumas, San Benito and Tulare
Connecticut	Aetna Open Access	JC1, JC2 JC4, JC5	Entire state of Connecticut
Florida	Humana CoverageFirst	QP1, QP2	Entire counties of St. Lucia, Indian River, and Okeehobee
North Carolina	Aetna Open Access	JN1, JN2 JN4, JN5	Charlotte and Raleigh/Durham areas and entire counties of Anson, Cabarrus, Cleveland, Durham, Gaston, Iredell, Lincoln, Mecklenburg, Orange, Rowan Union and Wake
Pennsylvania	Aetna Open Access	P31, P32 P34, P35	Entire counties of Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, Schuylkill and York
Texas	PacifiCare of Texas	GF1, GF2	Entire counties of Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Rockwell, Tarrant and Wise
Texas	FirstCare	CK1, CK2	Entire counties of Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Cottle, Crane, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Ector, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Howard, Hutchinson, King, Lamb, Lipscomb, Loving, Lubbock, Lynn, Martin, Midland, Motley, Ochiltree, Oldham, Parmer, Pecos, Reagan, Reeves, Roberts, Scurry, Sherman, Terry, Upton, Ward, Wheeler, Winkler, and Yoakum

TABLE 5
(continued from previous page)
PLANS REDUCING THEIR SERVICE AREAS
WITHOUT TERMINATING ENROLLMENT CODES

Enrollees in the service area being dropped who do not change health plans during Open Season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2010.

State	Plan Name	3 Digit Plan Code	Area Dropped
Virginia	M.D. IPA	JP1, JP2	Entire cities of Chesapeake, Clifton Forge, Covington, Franklin, Hampton, Newport News, Norfolk, Norton, Poquoson, Portsmouth, Radford, Roanoke, Salem, Staunton, Suffolk, Virginia Beach, Waynesboro, and Williamsburg; and Entire counties of Accomack, Allegheny, Augusta, Bath, Bedford, Bland, Botetourt, Buchanan, Buckingham, Charlotte, Craig, Floyd, Franklin, Giles, Gloucester, Isle of Wight, James City, Mathews, Middlesex, Montgomery, Nelson, Northampton, Patrick, Pulaski, Roanoke, Southampton, Surry, Tazewell and York

**TABLE 6
PLANS DROPPING OPTIONS FOR 2010**

Enrollees in these plans will be automatically enrolled in their plans' remaining option unless they make a positive enrollment change to another plan during Open Season.

State	Plan Name	Dropping Options (end of 2009)	Dropping Codes (end of 2009)	Remaining Options and Codes for 2010
Illinois	Health Alliance – HMO	Standard HDHP*	FX4, FX5 FM1*, FM2*	High FX1, FX2
Indiana	Health Alliance – HMO	Standard HDHP*	FX4, FX5 FM1*, FM2*	High FX1, FX2
Iowa	Health Alliance – HMO	Standard HDHP*	FX4, FX5 FM1*, FM2*	High FX1, FX2
New Mexico	Presbyterian Health Plan	Standard	P24, P25	High P21, P22
Pennsylvania (Central)	HealthAmerica Pennsylvania	High	SW1, SW2	Standard SW4, SW5 (**See Note Below)
Pennsylvania (Southeastern)		High	PN1, PN2	Standard PN4, PN5 (**See Note Below)

*** Health Alliance’s FM1 and FM2 High Deductible Health Plan (HDHP) enrollees who are active employees and want to continue enrollment in 2010 in a HDHP must change to another HDHP in the FEHB Program during Open Season if they want to continue to receive or make additional contributions to the Health Savings Account (HSA). They need to contact their current 2009 HDHP HSA Fiduciary and the Internal Revenue Service (IRS) for any guidance and questions about their HSA including tax considerations and penalties. If enrollees are interested in consolidating their HSA accounts, they also need to contact their upcoming 2010 HDHP HSA Fiduciary.**

If Health Alliance’s FM1 and FM2 enrollees do not make a positive enrollment change into another HDHP plan or another FEHB plan during Open Season, these enrollees will be moved automatically into Health Alliance’s remaining FX1 or FX2 High Option code. (These enrollees should also contact the HSA Fiduciary and the IRS for any guidance and questions about the HSA including tax considerations and penalties.)

****NOTE: Enrollees in HealthAmerica Pennsylvania’s High Option codes SW1 and SW2 for Central PA and codes PN1 and PN2 for Southeastern PA will be automatically enrolled in the plan’s Standard Option codes SW4 and SW5 for Central PA and PN4 and PN5 for Southeastern PA unless they make a positive enrollment change to another plan during Open Season. However, enrollees in HealthAmerica’s HDHP codes YW1 and YW2 for Central PA and codes 9N1 and 9N2 for Southeastern PA are not affected by this change and will remain in their codes unless they make a positive election into another plan code.**

TABLE 6
(continued from previous page)
PLANS DROPPING OPTIONS FOR 2010

Enrollees in these plans will be automatically enrolled in their plans' remaining option unless they make a positive enrollment change to another plan during Open Season.

State	Plan Name	Dropping Options (end of 2009)	Dropping Codes (end of 2009)	Remaining Options and Codes for 2010
Kansas	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Kansas City, Missouri)	Basic Consumer Option Program (HDHP)	114, 115	Basic 111, 112 (***See Note Below)
Missouri	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Kansas City, Missouri)	Basic Consumer Option Program (HDHP)	114, 115	Basic 111, 112 (***See Note Below)
Minnesota	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Minnesota)	Basic Consumer Option Program (HDHP)	114, 115	Basic 111, 112 (***See Note Below)
Ohio	Blue Cross and Blue Shield Service Benefit Plan (Anthem BCBS of Ohio)	Basic Consumer Option Program (HDHP)	114, 115	Basic 111, 112 (***See Note Below)
Tennessee	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Tennessee)	Basic Consumer Option Program (HDHP)	114, 115	Basic 111, 112 (***See Note Below)

*****NOTE: Enrollees in Blue Cross and Blue Shield Service (BCBS) Benefit Plan's Basic Consumer Option Program High Deductible Health Plan (HDHP) enrollment codes 114 and 115 who are active employees and want to continue enrollment in 2010 in a HDHP must change to another HDHP in the FEHB Program during Open Season if they want to continue to receive or make additional contributions to the Health Savings Account (HSA). They need to contact their current 2009 HDHP HSA Fiduciary and the Internal Revenue Service (IRS) for any guidance and questions about their HSA including tax considerations and penalties. If enrollees are interested in consolidating their HSA accounts, they also need to contact their upcoming 2010 HDHP HSA Fiduciary.**

If enrollees in Blue Cross and Blue Shield Service Benefit Plan's Basic Consumer Option Program HDHP codes 114 and 115 do not make a positive enrollment change into another HDHP plan or the BCBS Service Benefit Plan's Standard Option or another FEHB plan during Open Season, these enrollees will be moved automatically into Blue Cross and Blue Shield Service Benefit Plan's 111 or 112 Basic Option codes. (These enrollees should also contact the HSA Fiduciary and the IRS for any guidance and questions about the HSA including tax considerations and penalties.)

**TABLE 7
SERVICE AREA MOVEMENT WITH ENROLLMENT CODE CHANGE**

For 2010, Blue Shield of California Access+HMO will be terminating its Northern California service area and enrollment codes SJ1 and SJ2 as indicated in Table 2 on page 2. **However, Tulare County**, which is currently in the SJ1 and SJ2 Northern California Region, will not be terminated because it will be merged into the Southern California Region under enrollment codes SI1 and SI2.

Blue Shield of California Access+HMO enrollees residing or working in Tulare County and currently enrolled under code SJ for the Northern California Region **must** make a positive election into code SI for the Southern California Region during Open Season for their enrollment in the Plan to continue. **If an enrollee in Tulare County does not make a positive election into code SI for the Southern California Region or into another health plan during Open Season, they will NOT have health benefits for 2010.**

State	Location	Plan Name	Old 2009 Code & Service Area: Tulare County in Northern California	New 2010 Code & Service Area: Tulare County in Southern California
California	Tulare County	Blue Shield of California Access+HMO	SJ1, SJ2	SI1, SI2

**TABLE 8
ENROLLMENT CODE MERGERS**

The payroll office must automatically move enrollees into their plan's surviving code unless the enrollees select another health plan during Open Season.

State	Plan Name	Plan Codes (2009)	2010 Surviving Codes
Idaho	Group Health Cooperative	VR1, VR2 VR4, VR5	541, 542 544, 545
Washington	Group Health Cooperative	541, 542, 544, 545 VR1, VR2, VR4, VR5	541, 542 544, 545

**TABLE 9
PLAN NAME CHANGES**

State	2009 Plan Name (Old)	Plan Codes	2010 Plan Name (New)
Georgia	Humana, Inc.	DG1, DG2 DG4, DG5	Humana Employers Health Plan of GA, Inc.
Illinois	OSF HealthPlans, Inc	9F1, 9F2 AB4, AB5	Humana Benefit Plan of Illinois, Inc.
New York	Preferred Care	GV1, GV2 GV4, GV5	MVP Health Care – Western Region
Puerto Rico	Triple-S	891, 892	Triple-S Salud
U. S. Virgin Islands	Triple-S	851, 852	Triple-S Salud

**TABLE 10
NEW PLANS ENTERING THE FEHB PROGRAM**

State	Plan Name	Plan Type	3 Digit Plan Code	General Location
Arkansas	QualChoice	HMO	DH1, DH2 DH4, DH5	Entire State of Arkansas
Wisconsin	Physician Plus	HMO	LW1, LW2	Entire County of Dane

**TABLE 11
SERVICE AREA EXPANSIONS WITH NEW ENROLLMENT CODES**

State	Plan Name	New 3 Digit Plan Code	General Location
Georgia	Humana Employers Health Plan of Georgia, Inc.	DN1, DN2 DN4, DN5	City of Macon and entire county of Bibb
Georgia	Humana Employers Health Plan of Georgia, Inc.	CB1, CB2 CB4, CB5	City of Columbus and entire county of Muscogee
Indiana	Humana Health Plan, Inc.	MH1, MH2 MH4, MH5	Entire counties of Clark, Floyd, Harrison, Scott and Washington
Kentucky	Humana Health Plan, Inc.	MH1, MH2 MH4, MH5	City of Louisville and entire counties of Bullitt, Carroll, Green, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Taylor, Trimble and Washington
Kentucky	Humana Health Plan, Inc	MI1, MI2 MI4, MI5	City of Lexington and entire counties of Adair, Anderson, Bracken, Breathitt, Bourbon, Boyle, Casey, Clay, Clark, Clinton, Cumberland, Estell, Fayette, Fleming, Franklin, Garrard, Harrison, Jackson, Jessamine, Knox, Laurel, Lee, Lincoln, Madison, Mason, Menifee, Mercer, Montgomery, Nicholas, Owen, Owsley, Powell, Pulaski, Robertson, Rockcastle, Russell, Scott, Wayne, Whitley, Wolfe, and Woodford
Texas	Humana Health Plan of Texas	UC1, UC2 UC4, UC5	City of Corpus Christi and entire counties of Bee, Jim Wells, Kleberg, Nueces, Refugio and San Patricio

**TABLE 12
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

State	Plan Name	3 Digit Plan Code	General Location of New Area
Alabama	Aetna HealthFund	221, 222 224, 225	Entire county of Pike
Alaska	Aetna HealthFund	221, 222 224, 225	Entire counties of Prince Wales Outer Ketchikan and Sitka
Arkansas	Aetna HealthFund	221, 222 224, 225	Entire counties of Newton, Union and Van Buren
Colorado	Kaiser Foundation Health Plan of Colorado	651, 652 654, 655	Entire county of Pueblo; The following counties by zip code: Crowley: 81039, 81062 Custer: 81069, 81523 El Paso: 81226 Fremont: 81215, 81221, 81222, 81223, 81226, 81232, 81233, 81240, 81244, 81246, 81253, 81290 Huerfano: 81069 Las Animas: 81039 Otero: 81039
Florida	Aetna HealthFund	221, 222 224, 225	Entire counties of Citrus and Highlands
Georgia	Aetna HealthFund	221, 222 224, 225	Entire counties of Elbert, Fannin, Franklin, Gilmer, Habersham, Lumpkin, Murray, Stephens, Talbot, Towns, Union, White, Whitfield and Wilkinson
Hawaii	Aetna HealthFund	221, 222 224, 225	Entire counties of Hawaii, Honolulu, Kauai and Maui
Idaho	Aetna HealthFund	221, 222 224, 225	Entire county of Custer
Idaho	Altius Health Plans	9K1, 9K2 9K4, 9K5 DK4, DK5	Entire counties of Jefferson and Madison
Illinois	Aetna HealthFund	221, 222 224, 225	Entire county of Stark
Iowa	Sanford Health Plan	AU1, AU2 AU4, AU5	Entire counties of Ida and Woodbury
Iowa	UnitedHealthcare Plan of the River Valley Inc.	YH1, YH2	Entire counties of Boone, Bremer, Butler, Buchanan, Dallas, Fayette, Grundy, Guthrie, Madison, and Warren
Iowa	Health Alliance HMO	FX1, FX2	Entire counties of Benton, Blackhawk, Brewer, Clinton, Delaware, Johnson, Linn, Sac, Warren, and Washington
Kentucky	Aetna Health Fund	221, 222 224, 225	Entire counties of Bracken and Martin

State	Plan Name	3 Digit Plan Code	General Location of New Area
Louisiana	Aetna HealthFund	221, 222 224, 225	Entire county of Rapides
Louisiana	Vantage Health Plan, Inc.	MV1, MV2 MV4, MV5	The Parish of St. Helena
Massachusetts	Fallon Community Health Plan	JV4, JV5	Entire cities of: Abington, Acushnet, Avon, Braintree, Bridgewater, Carver, Dartmouth, Dedham, East Bridgewater, Easton, East Taunton, East Walpole, East Wareham, East Weymouth, Fairhaven, Foxboro, Halifax, Manomet, Marion, Mansfield, Mattapoisett, Milton, New Bedford, North Carver, North Dighton, North Dartmouth, North Weymouth, Norton, Norwell, Norwood, Pembroke, Plymouth, Randolph, Rochester, South Carver, South Dartmouth, South Weymouth, Wareham, Westport, Westport Point, West Wareham, Westwood, and White Horse Beach
Massachusetts	Fallon Community Health Plan	JG1, JG2	Entire cities of: Abington, Avon, Braintree, Bridgewater, Dedham, East Bridgewater, Easton, East Taunton, East Weymouth, East Walpole, Foxboro, Halifax, Mansfield, Milton, North Dighton, North Weymouth, Norton, Norwell, Norwood, Pembroke, Randolph, South Weymouth, and Westwood
Michigan	HealthPlus MI	X51, X52	Entire county of St. Clair
Minnesota	Aetna HealthFund	221, 222 224, 225	Entire county of Rock
Mississippi	Aetna HealthFund	221, 222 224, 225	Entire counties of Lincoln and Tishomingo
Missouri	Aetna HealthFund	221, 222 224, 225	Entire counties of Carroll, Cedar, Knox, Mercer, Ralls and Vernon
Montana	Aetna HealthFund	221, 222 224, 225	Entire counties of Blaine, Broadwater, Chouteau, Daniels, Fallon, Glacier, Golden Valley, Judith Basin, Liberty, Lincoln, Meagher, Musselshell, Petroleum, Phillips, Prairie, Richland, Sheridan, Treasure and Valley
Montana	New West Health Services	NV1, NV2	Entire cities of Butte, Chester, Conrad, Fallon, Fort Benton, Galata, Inverness, Joplin, Lewistown, Mildred, Plentywood, Rudyard, Sidney, Terry, and White Sulphur Springs

State	Plan Name	3 Digit Plan Code	General Location of New Area
Nebraska	Aetna HealthFund	221, 222 224, 225	Entire counties of Arthur, Banner, Blaine, Boyd, Garfield, Grant, Greeley, Hayes, Hitchcock, Hooker, Keya Paha, Logan, Loup, McPherson, Rock, Sioux, Thomas and Wheeler
Nevada	Aetna HealthFund	221, 222 224, 225	Entire counties of Carson City, Churchill, Douglas, Elko, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe and White Pine
New York	GHI Health Plan	804, 805	Entire counties of Broome, Cayuga, Chemung, Chenango, Columbia, Cortland, Delaware, Dutchess, Franklin, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, St. Lawrence, Schuyler, Steuben, Sullivan, Tioga, Tompkins, and Ulster
Oklahoma	Aetna HealthFund	221, 222 224, 225	Entire counties of McCurtain and Stephens
Oregon	Aetna HealthFund	221, 222 224, 225	Entire counties of Baker, Curry and Union
Oregon	Kaiser Foundation Health Plan of Northwest	571, 572 574, 575	The following counties by zip code: Clackamas: 97028, 97049, 97269 Hood River: 97014, 97031, 97041, 97044 Marion: 97342, 97346, 97350, 97373 Washington: 97298
South Carolina	Aetna HealthFund	221, 222 224, 225	Entire county of Hampton
Tennessee	Bluegrass Family Health	KV1, KV2	Entire counties of Campbell, Claiborne, Clay, Dekalb, Fentress, Hickman, Jackson, Lewis, Marshall, Montgomery, Morgan, Overton, Pickett, Putnam, Scott, Trousdale and White
Texas	Aetna HealthFund	221, 222 224, 225	Entire counties of Andrews, Archer, Bailey, Baylor, Borden, Cochran, Cottle, Dawson, Foard, Dickens, Fisher, Gaines, Garza, Glasscock, Haskell, Howard, Jack, Kent, Knox, King, Lamb, Lynn, Martin, Mitchell, Nolan, Scurry, Shackelford, Stephens, Stonewall, Throckmorton, Upton, Yoakum and Young
Texas	Aetna Open Access	P11, P12	Entire county of Bell
Utah	Aetna HealthFund	221, 222 224, 225	Entire county of Emery
Virginia	Aetna HealthFund	221, 222 224, 225	Entire county of Louisa

State	Plan Name	3 Digit Plan Code	General Location of New Area
Virginia	Optima Health Plan	9R1 9R2	Entire cities of Emporia, Harrisonburg, and Winchester; Entire counties of Brunswick, Charlotte, Clarke, Culpeper, Frederick, Greenville, Lancaster, Lunenburg, Mecklenburg, Northumberland, Nottoway, Page, Rappahannock, Richmond, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren, and Westmoreland
Washington	Kaiser Foundation Health Plan of Northwest	571, 572 574, 575	The following county by zip code: Skamania: 98610, 98639, 98651, 98671, and 98648
West Virginia	Aetna HealthFund	221, 222 224, 225	Entire county of Webster

FEDVIP

TABLE 1
DENTAL PLAN NAME CHANGE

Area	2009 Plan Name (Old)	2010 Plan Name (New)
Puerto Rico	Triple-S	Triple-S Salud

Federal Benefits *FastFacts*

The 2009 Federal Benefits Open Season is coming!

- **What is Open Season?** This is the time for you to think about your health, dental, vision, and tax-saving needs and to make changes to or enroll in one of the Programs. The Programs that participate in the annual Open Season are the:
 - * **Federal Employees Health Benefits Program (FEHBP),**
 - * **Federal Employees Dental and Vision Insurance Program (FEDVIP),** and
 - * **Federal Flexible Spending Account Program (FSAFEDS).**
- **Why should you care?** This is the time to make elections you usually can't make any other time of the year. All health or dental or vision plans are not alike. Open Season is about exercising your right of choice. Failure to consider your health plan choices could leave you without the healthcare services or supplies you need or with a premium you can't afford; dental and/or vision coverage can fill in the gaps of any coverage you now have or pay for services you

now don't get; and a flexible spending account lets you save money and pay less tax.

➤ **Can you sit out this Open Season and do nothing?**

* If you are already enrolled in **FEHBP** and **FEDVIP**, those enrollments **will** continue automatically (although benefits and premiums may change. Also, be sure to check that your plan is still participating.) If you do nothing this Open Season and are later unhappy with your 2010 benefits or premiums, you cannot cancel or change your enrollment until the next Open Season.

* If you already have an **FSAFEDS** account, it **will not** continue automatically; you **must** reenroll.

➤ **What are some things you should think about this Open Season?**

FEHBP

* you must be covered by the Program for the five years of service before retiring to continue coverage into retirement;

* there are no waiting periods and no pre-existing condition limitations, even if you change plans;

* there are lots of plans from which to choose;

* you may enroll in **FEDVIP** and/or **FSAFEDS** even if you are already enrolled in **FEHBP**.

Open Season runs from November 9 through December 14, 2009.
You can find 2010 plan information on our website beginning mid-October.

FEDVIP

- * your coverage will continue into retirement automatically, without a five year enrollment requirement, if you retire on an immediate annuity;
- * participating dental and vision providers may be different from your health plan's providers;
- * you can cancel your coverage only during Open Season or deployment to active military duty;
- * **FEDVIP** always pays benefits secondarily to your FEHBP insurance;
- * you can submit copays and deductibles to your **FSA** account.

FSAFEDS

- * there are three accounts from which to choose - a dependent care account, a health care account, and a limited expense health care account;
- * participating lowers your taxable income;
- * you can pay for your **FEHB** and **FEDVIP** copays and deductibles.
- * not open to retirees.

- **How much do these Programs cost?** You can find the 2010 health insurance rates at www.opm.gov/insure/health/rates/index.asp
You can find 2010 dental rates at www.opm.gov/insure/dental/rates/index.asp
You can find 2010 vision rates at www.opm.gov/insure/vision/rates/index.asp
For FSAFEDS go to www.FSAFEDS.com to see how much you may contribute.

➤ **Where can you go for more detail on the choices available to you?**

- * For **FEHBP** information go to www.opm.gov/insure/health, the 2010 Guide to Federal Benefits, or the 2010 Plan brochures.
- * For **FEDVIP** go to www.opm.gov/insure/dental/index.asp or www.opm.gov/insure/vision/index.asp, the 2010 Guide to Federal Benefits, or the 2010 Plan brochures.
- * For **FSAFEDS** go to www.FSAFEDS.com, call 1-877-372-3337, the 2010 Guide to Federal Benefits or the FSAFEDS Program Brochure.

- **How do you make an Open Season election?** For **FEHB**, use the Health Benefits Election form (SF 2809) or use an online self-service system; the Human Resources Office of your agency can help you.

For dental or vision under **FEDVIP**, go to www.BENEFEDS.com or call 1-877-888-3337, TTY 1-877-889-5680.

For flexible spending accounts under **FSAFEDS**, go to www.FSAFEDS.com or call 1-877-372-3337, TTY 1-800-952-0450.

Additional details can be found at www.opm.gov/insure or see your Human Resources Office for information.

**Open Season runs from November 9 through December 14, 2009.
You can find 2010 plan information on our website beginning mid-October.**

Federal Benefits *FastFacts*

The Federal Employees Health Benefits (FEHB) Program

* **What is the FEHB Program?** FEHB provides comprehensive health insurance. You can choose from fee-for-service (FFS) plans, health maintenance organizations (HMOs), consumer-driven health plans (CDHPs) and high deductible health plans (HDHPs). Find more information on types of plans at www.opm.gov/insure/health/planinfo/types.asp.

* **Am I eligible?** Most Federal employees are eligible to enroll; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you think you may be eligible and your agency has not provided information about enrollment, contact your Human Resources (HR) office.

* **When can I enroll?** New employees, employees who are newly eligible, and those who experience certain FEHB qualifying life events (QLE) such as marriage, divorce, birth, death, etc., may enroll within 60 days of becoming eligible or of the QLE. (Find a summary of the major QLEs at www.opm.gov/insure/health/planinfo/gle.asp.) All other employees may

enroll during the annual Federal Benefits Open Season (held from mid-November through mid-December).

* **How do I enroll?** Some agencies use the Health Benefits Election Form (SF 2809) while others use an online self-service system such as Employee Express, MyPay, Employee Personal Page, EBIS, etc. Contact your HR office for details.

* **How much do I pay?** What you pay is based on the plan and option you choose. Generally, premiums are shared by you and your Federal agency. Premiums vary by plan but generally you pay about 30% and your agency pays about 70%.

You can find health insurance premiums in these materials from your HR office:

- health plan brochures
- the *Guide to Federal Benefits*

These materials are also available on our website at

www.opm.gov/insure/health

* **Can I pay my premiums pre-tax?** Paying premiums pre-tax (known as premium conversion) allows Federal employees to use pre-tax dollars to pay premiums for the FEHB Program. You will automatically be under premium conversion unless you elect to waive it. Federal retirees are not eligible to pay premiums with pre-tax dollars.

* **What enrollment restrictions will I have under premium conversion?** You will not be allowed to change your enrollment to Self Only or cancel

outside of Open Season or experiencing an FEHB-specific QLE.

*** When can I change my enrollment?**

During the annual Open Season or when you experience a QLE.

*** What are some important things I should know?**

- There are no waiting periods and no pre-existing condition limitations, even if you change plans;
- Each plan contracts with doctors and hospitals (known as a provider network). Your doctor may participate in one or more provider networks;
- You will reduce your out-of-pocket costs by visiting doctors and hospitals who contract with your plan. Visit your plan's website to determine which providers participate in the plan's network;
- FEHB coverage automatically continues each year; you do not have to reenroll;
- You can continue FEHB coverage into retirement if you meet certain eligibility and enrollment requirements;
- If you are enrolled in the Federal Flexible Spending Account Program, you may

submit your health benefits copayments, coinsurance and deductibles as eligible expenses for your FSA account.

*** Are there resources I can use to help me find the right health plan?**

Yes, the list of resources below can help you. You can find these on our website at www.opm.gov/insure/health.

- Compare Health Plans, a tool that allows comparison of benefits of up to four plans in one view
- The *Guide to Federal Benefits* contains information about the FEHB Program to support your decision making process
- Information on plan quality
 - Satisfaction ratings of customers enrolled in each plan
 - Plan effectiveness of patient care measures

*** Where can I go for more details or additional information?**

- Your health plan's brochure
- The *Guide to Federal Benefits*
- Our website at www.opm.gov/insure/health

Federal Benefits

FastFacts

The Federal Flexible Spending Account Programs (FSAFEDS)

* What is FSAFEDS?

FSAFEDS is a program you can enroll in that allows you to contribute money from your salary, before taxes are withheld. That money is set aside in an account for you. Then you incur eligible out-of-pocket healthcare and/or dependent care expenses and get reimbursed from the money in your FSAFEDS account(s).

You pay less tax saving you money.

* How much can I save?

Here's how the math works. Let's say you make \$1,000 per pay date – that means you pay taxes on \$1,000 per pay date. If you put \$20 per pay date in FSAFEDS then you would only pay taxes on \$980. You pay less tax – and that is how you save money by enrolling in FSAFEDS. Of course, your exact savings will depend on your tax bracket and the amount you put in FSAFEDS. The more you contribute, the more you can save.

* Am I eligible for each account?

Health Care (HCFSA) and Limited Expense Health Care (LEX HCFSA): Employees of participating agencies who are eligible for the Federal Employees Health Benefits (FEHB) Program (whether enrolled in FEHB

or not) may enroll in one of these accounts.

Dependent Care (DCFSA): All employees of participating Federal agencies (except for intermittent employees who are expected to work fewer than six months) may enroll in this type of account.

By law, retirees and survivor annuitants are not eligible.

* What types of accounts are available?

There are three types of FSAs.

1. *Dependent Care Flexible Spending Account (DCFSA):*

– Reimburses eligible non-medical day care and elder care expenses. Dependents include your children under age 13 and any dependents on your Federal tax return who are incapable of self-care.

2. *Health Care Flexible Spending Account (HCFSA):*

– Reimburses eligible health care expenses for you and your tax dependents which are NOT covered or reimbursed by FEHB, FEDVIP, or any other insurance coverage.

3. *Limited Expense HCFSA (LEX HCFSA)* (only for those enrolled in or covered by a High Deductible Health Plan with a Health Savings Account):

– Reimburses only eligible dental and vision expenses which are NOT covered or reimbursed by FEHB,

FEDVIP, or any other insurance coverage.

*** Dependent Care (DCFSA) – examples of eligible expenses**

- Child care (at a day care center, day camp, sports camp, nursery school, or by a private sitter)
- Late pick-up fees
- Before and after school care
- Adult day care expenses

*** Health Care (HCFSA) – examples of eligible expenses**

- Copayments, coinsurance, and deductibles
- Over-the-counter medicines and products (e.g., aspirin, bandages, sunscreen, hand sanitizer, cough medicines)
- Acne treatments and products
- Dental and vision care services and products
- Infertility treatments
- Chiropractic services

*** Limited Expense (LEX HCFSA) – examples of eligible expenses**

- Contact lenses, solutions, cleaners, and cases
- Eyeglasses, refractions and vision correction procedures
- Crowns, fillings, dental cleanings, and orthodontics

*** How much can I contribute?**

You may contribute a minimum annual election of \$250 and a maximum annual election of \$5,000 per account.

*** When can I enroll?**

Newly hired and newly eligible employees, including those who experience an FSAFEDS-specific qualifying life event (QLE), can enroll within 60 days of becoming eligible, but no later than October 1.

Other eligible employees can enroll during the annual Federal Benefits Open Season held from mid-November to mid-December.

*** How do I enroll?**

Go to www.FSAFEDS.com or call 1-877-FSAFEDS (372-3337), TTY: 1-800-952-0450

*** What are some important things I should know?**

- You must enroll each year even if you are currently participating.
- You may use the money in your account from the effective date of your enrollment all the way through 2 ½ months AFTER the end of the year. That's a total of 14 ½ months if you enroll during the Federal Benefits Open Season.
- Plan wisely. The IRS requires that you **lose** any money in your account for which you do not incur eligible expenses and file claims by the deadlines.

*** Where can I go for more details or additional information?**

- www.FSAFEDS.com
- 1-877-FSAFEDS (372-3337)
TTY: 1-800-952-0450

Federal Benefits *FastFacts* for Dental Insurance

The Federal Employees Dental and Vision Insurance Program (FEDVIP)

*** What is dental insurance under FEDVIP?** FEDVIP provides a dental insurance plan to supplement any dental coverage you may have under the Federal Employees Health Benefits (FEHB) Program or under a non-FEHB plan.

You can choose from 4 nationwide and 3 regional dental plans covering: basic services such as exams, x-rays, and cleanings; intermediate services such as fillings and extractions; major services such as crowns and root canals; and orthodontics services for dependents under age 19 and subject to a plan's waiting period.

Please see each plan's brochure for details on what's covered.

*** Am I eligible?** If you are eligible to enroll in the Federal Employees Health Benefits (FEHB) Program, you are eligible to enroll in dental insurance. However, you do not have to be enrolled in an FEHB plan to enroll in a dental plan. If you are uncertain about your eligibility, contact your Human Resources Office.

*** When can I enroll?** New employees, employees who are newly eligible, or those who experience certain qualifying life events (QLE) such as marriage, divorce, birth, death, etc. may enroll within 60 days

of becoming eligible or of the QLE. (Find a summary of the major QLEs at www.benefeds.com/BenefedHelp/FEDVIP/qualifying_life_events.htm.) All other eligible employees and eligible **annuitants** may enroll during the annual Federal Benefits Open Season (held from mid-November through mid-December).

*** How do I enroll?** You must enroll through BENEFEDS, a secure enrollment website sponsored by OPM. You may enroll online at www.BENEFEDS.com or by calling 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

*** How much do I pay?** What you pay is based on where you live (your rating region) and the plan and option you choose. Premiums are paid with pre-tax dollars. Premiums are paid entirely by the enrollee; there is no Government contribution.

You can find the rating region chart and premiums in these materials from your HR office:

- Dental plan brochures
- The *Guide to Federal Benefits*

These materials are also available on our website at www.opm.gov/insure/dental

*** How will benefits be coordinated with my FEHB health plan?** Dental benefits available under your FEHB plan are paid first. Your dental plan will coordinate benefits with your FEHB plan. Your dental premiums are not reduced if you have dental coverage under your FEHB plan.

*** When can I change my dental insurance enrollment?** You may make certain changes to your plan during Open Season or if you experience a FEDVIP-specific QLE. (Find a summary of the major QLEs at www.benefeds.com/BenefedHelp/FEDVIP/qualifying_life_events.htm.)

*** What are some important things I should know?**

- Some of the dental plans do not provide out-of-network benefits, i.e., they don't pay for services furnished by doctors with whom they have not contracted. Thus, you must use an in-network provider to receive benefits. Each plan has a separate network.
- The plan's providers are available on the plan's website. Links to the plans' individual websites are available at www.opm.gov/insure/dental/planinfo/index.asp.
- Generally, you cannot cancel your dental coverage outside of Open Season. Your provider leaving the network, your retirement, or your inability to afford premiums are not qualifying life events permitting cancellation.
- Your FEDVIP enrollment **automatically** carries over from year to year. You do not need to reenroll. If you wish to cancel or change enrollment you must do so through BENEFEDS during the Open Season.

- Your FEDVIP coverage will continue into retirement. There is no requirement that you be covered for a length of time prior to retirement.
- You must make any changes to your name, address, dependents, etc. through BENEFEDS. Your HR office cannot make these changes for you.
- If you are enrolled in the Federal Flexible Spending Account Program, you may submit your dental copayments and deductibles as eligible expenses for your FSA account.

*** Are there resources I can use to help me find the right dental plan?**

Yes, the list of resources below can help you. You can find these on our website at www.opm.gov/insure/dental/index.asp

- Dental plan brochures
- *Guide to Federal Benefits* that contains information about the FEDVIP Program
- A Compare Plans Tool that allows comparison of benefits of up to four plans in one view

For information on enrollment, effective dates and premiums, please visit www.BENEFEDS.com.

*** Where can I go for more details or additional information?**

- Your dental plan's brochure
- *The Guide to Federal Benefits*
- Our website at www.opm.gov/insure/dental

Federal Benefits

FastFacts for Vision Insurance

The Federal Employees Dental and Vision Insurance Program (FEDVIP)

*** What is vision insurance under FEDVIP?** FEDVIP provides a vision insurance plan to supplement any vision coverage you may have under the Federal Employees Health Benefits (FEHB) Program or under a non-FEHB plan.

You can choose from 3 nationwide vision plans that cover routine eye exams and glasses (frames and lenses) or contact lenses in lieu of glasses. Plans vary in the other types of vision services they cover such as discounts on Lasik surgery, low vision therapy, prosthetic eyes, etc.

Please see each plan's brochure for details on what's covered.

*** Am I eligible?** If you are eligible to enroll in the Federal Employees Health Benefits (FEHB) Program, you are eligible to enroll in vision insurance. However, you do not have to be enrolled in an FEHB plan to enroll in a vision plan. If you are uncertain about your eligibility, contact your Human Resources (HR) office.

*** When can I enroll?** New employees, employees who are newly eligible, or those who experience

certain qualifying life events (QLE) such as marriage, divorce, birth, death, etc., may enroll within 60 days of becoming eligible or of the QLE. (Find a summary of the major QLEs at www.benefeds.com/BenefedHelp/FEDVIP/qualifying_life_events.htm.) All other eligible employees and eligible **annuitants** may enroll during the annual Federal Benefits Open Season (held from mid-November through mid-December).

*** How do I enroll?** You must enroll through BENEFEDS, a secure enrollment website sponsored by OPM. You may enroll online at www.BENEFEDS.com or by calling 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

*** How much do I pay?** What you pay is based on the plan and option you choose. Premiums are paid with pre-tax dollars. Premiums are paid entirely by the enrollee; there is no Government contribution.

You can find the vision insurance premiums in these materials from your HR office:

- Vision plan brochures
- The *Guide to Federal Benefits*

The materials are also available on our website at

www.opm.gov/insure/vision

*** How will benefits be coordinated with my FEHB health plan?**

Vision benefits available under your FEHB plan are paid first. Your vision plan will coordinate benefits with

your FEHB plan. Your vision premiums are not reduced if you have vision coverage under your FEHB plan.

*** When can I change my vision insurance enrollment?** You may make certain changes to your plan during Open Season or if you experience a FEDVIP-specific QLE. (Find a summary of the major QLEs at www.benefeds.com/BenefedHelp/FEDVIP/qualifying_life_events.htm.)

*** What are some important things I should know?**

- The plans provide both in and out-of-network benefits. Each Plan has a separate provider network.
- The plan's providers are available on the plan's website. Links to the plans' individual websites are available at <http://www.opm.gov/insure/vision/planinfo/index.asp>.
- You cannot cancel your vision coverage outside of Open Season. Your provider leaving the network, your retirement, or your inability to afford the premiums are not qualifying life events permitting cancellation.
- Your FEDVIP enrollment **automatically** carries over from year to year. You do not need to reenroll. If you wish to cancel or change enrollment you must do so through BENEFEDS during the Open Season.

- Your FEDVIP coverage will continue into retirement. There is no requirement that you be covered for a period of time prior to retirement.
- You must make any changes to your name, address, dependents, etc. through BENEFEDS. Your HR office cannot report these changes for you.
- If you are enrolled in the Federal Flexible Spending Account Program, you may submit your vision copayments and out-of-pocket eligible expenses for your FSA account.

*** Are there resources I can use to help me find the right vision plan?**

Yes, the list of resources below can help you. You can find these on our website at www.opm.gov/insure/vision/index.asp

- Vision plan brochures
- *Guide to Federal Benefits* that contains information about the FEDVIP Program
- A Compare Plans Tool that allows comparison of up to four plans

For information on enrollment, effective dates and premiums, please visit www.BENEFEDS.com

*** Where can I go for more details or additional information?**

- Your vision plan's brochure
- *The Guide to Federal Benefits*
- Our website at www.opm.gov/insure/vision

Federal Benefits

FastFacts

BENEFEDS

* **What is BENEFEDS?** BENEFEDS is an enrollment and premium processing system sponsored by OPM that you must use to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP). BENEFEDS includes a secure website and a call center.

BENEFEDS also handles billing and premium administration for FEDVIP and for the Federal Flexible Spending Account Program (FSAFEDS).

* **Why should I use BENEFEDS?** It's the ONLY place to enroll in a FEDVIP plan. You enroll securely online at www.BENEFEDS.com or by telephone at 1-877-888-3337, TTY 1-877-889-5680.

* **Is my personal information safe in the BENEFEDS system?** Yes. The BENEFEDS.com website employs a number of security features such as password lockouts after 3 consecutive incorrect attempts, session time-outs to protect unattended machines, and encryption to ensure your information is kept private and secure.

* **When do I use BENEFEDS?** As a new or newly eligible employee -

- To enroll in a FEDVIP dental plan and/or FEDVIP vision plan within 60 days of becoming eligible

During the Federal Benefits Open Season to -

- enroll in a FEDVIP dental plan and/or FEDVIP vision plan
- change to another FEDVIP dental plan and/or FEDVIP vision plan
- cancel your FEDVIP coverage
- change your FEDVIP enrollment type (Self, Self plus One, Self and Family) or plan option
- add or remove covered family members from your FEDVIP enrollment(s) (all eligible family members must be listed on Self and Family enrollments)
- view FEDVIP plans and rates available in your region
- ask questions about your FSAFEDS allotments and/or FEDVIP premiums

Outside Open Season to -

- make permissible changes in your FEDVIP enrollment if you experience a qualifying life event (QLE)
- update your FEDVIP personal information, such as changes in your name, address, family members, employing agency, retirement status
- ask questions about your FSAFEDS allotments and/or FEDVIP premiums

*** Can my agency contact BENEFEDES on my behalf?** Yes, if you have completed an Authorization of Disclosure Form and sent it to BENEFEDES. You can find the form in the Help section at www.BENEFEDES.com.

*** How can I reach BENEFEDES?**

- Internet: www.BENEFEDES.com
- Telephone: 1-877-888-3337, TTY 1-877-889-5680
- To send an email through the BENEFEDES website go to www.BENEFEDES.com and follow the link to "Contact BENEFEDES"
- Contact by regular email at: Service@BENEFEDES.com
- Send BENEFEDES correspondence by mail to:

BENEFEDES
P.O. Box 797
Greenland, NH 03840-0797