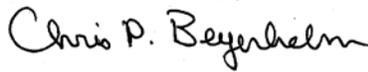


For: FSA and RMA Employees

2015 Federal Employees Health Benefits (FEHB) Open Season

Approved by: Associate Administrator for Operations and Management



1 Overview

A Purpose

This notice announces and provides guidance on the 2015 FEHB open season including the new self plus one enrollment type and FEHB program significant plan changes.

The 2015 open season period:

- began Monday **November 9, 2015** and continues through Monday **December 14, 2015**, and
- allows employees to enroll, cancel enrollment, or make changes to the following:
 - FEHB program,
 - health care and dependent care Flexible Spending Account Program, and
 - Federal Employees Dental/Vision Insurance Program (FEDVIP).

B Self Plus One Enrollment

Self plus one enrollment covers the enrollee and one designated eligible family member. (A self only enrollment covers only the enrollee. A self and family enrollment covers the enrollee and all eligible family members.) The definition of eligible family members has not changed. An eligible family member can include either a spouse or a child up to age 26. A child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

C FEHB Program Changes

Employees currently enrolled in terminating plans and service area reductions provided in Exhibit 1 must enroll in a new plan during open season if they want to continue health insurance coverage in 2016. See Exhibit 2 for further guidance on terminating plans and other information.

Disposal Date	Distribution
February 1, 2016	All FSA and RMA employees; State Offices relay to County Offices

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1 Overview (Continued)

D Employee Information for Specific Tasks

Employees must use the following table for additional information.

IF an employee needs to...	THEN...
enroll, add, or change information on their employee personal page (EPP)	go to NFC web site at https://www.nfc.usda.gov and under application launchpad, click the MyEPP icon.
verify enrollment	use contact information under subparagraph E.
review FEHB plan information	go to https://www.opm.gov/healthcare-insurance/healthcare/ .

E Human Resources Division (HRD) Contacts

This table provides HRD contacts.

IF employee is located in...	THEN contact...
FSA state or county office	state office administrative staff or Southwest area regional service office human resources team.
RMA or any other FSA office	any of the following: <ul style="list-style-type: none"> • Dana Candler, HRD, by either of the following: <ul style="list-style-type: none"> • e-mail to dana.candler@kcc.usda.gov, or • telephone at 816-926-6117 • Patty Gepford, HRD, by either of the following: <ul style="list-style-type: none"> • e-mail to patricia.gepford@kcc.usda.gov, or • telephone at 816-926-6259 • Karen Williams, HRD, by either of the following: <ul style="list-style-type: none"> • e-mail to karen0.williams@kcc.usda.gov, or • telephone at 816-926-2670 • Ernest Kary, HRD, by either of the following: <ul style="list-style-type: none"> • e-mail to ernest.kary@kcc.usda.gov, or • telephone at 816-926-6225 • Kedra Watts, HRD, by either of the following: <ul style="list-style-type: none"> • e-mail to kedra.watts@usda.gov, or • telephone at 202-401-0678.

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1 Overview (Continued)

F Office of Management and Budget (OMB) Notification

Information provided by enrolling in the FEHB program may also be used for computer matching with federal, state, or local agencies' files to determine whether employees qualify for benefits, payments, or eligibility in the FEHB program, Medicare, or other government benefits programs.

2 FEHB Eligibility and Effective Dates

A Actions During Open Season

Eligible employees may enroll in the FEHB program during open season. Employees already enrolled in the FEHB program may take the following actions during open season:

- change from one plan or option to another,
- change from self-only to self and family or self plus one ,
- change from self and family to self-only or self plus one, or
- elect or waive FEHB premium conversion (FEHB-PC).

Note: See 35-PM, Employee Benefits, paragraph 62 for additional information about FEHB-PC.

B Effective Dates of Enrollments and Changes

This table provides the effective dates of enrollments and changes.

If there is a...	THEN the effective date is...
premium rate change	January 10, 2016.
change in enrollment	January 10, 2016.
new enrollment	January 10, 2016, if the employee is in pay status for any part of the previous pay period. Otherwise, enrollment will become effective in the pay period after the first pay period in pay status.

Note: Enrollment in current plans will continue until 11:59 p.m. on **January 10, 2016**.

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3 2016 Benefits and FEHB Guide and Individual Plan Brochures

A FEHB Guide

Office of Personnel Management (OPM) is no longer producing the Guide to Federal Benefits beginning with the 2016 benefit year. This includes both the printed and online versions of the guide. Most of the information printed in the guide is located on OPM’s federal benefits programs’ website www.opm.gov/healthcare-insurance, including:

- specific plan information on the FEHB program and the FEDVIP,
- premium charts, and
- information on eligibility and enrolling in or applying for all of the federal benefits programs, including the:
 - Federal Employees’ Group Life Insurance Program (FEGLI),
 - Federal Flexible Spending Account Program (FSAFEDS), and
 - Federal Long Term Care Insurance Program (FLTCIP).

B Individual Plan Brochures

Employees interested in enrolling or changing plans should review the individual plan brochures for a complete description of benefits to make an informed decision. Employees may access all FEHB brochures at <http://www.opm.gov/insure/openseason/>.

C Going Green Initiative

To help protect natural resources and lower administrative costs, employees are encouraged to view FEHB brochures online. Paper copies of health plan brochures will **not** be provided.

4 Employee Action

A Action Required by Employees

Employees must take the following actions.

Step	Action
1	Immediately review Exhibit 1 for significant plan changes to determine whether to take any further action. Note: Exhibit 1 assists employees in identifying nonparticipating plans and other significant plan changes that may affect them.
2	Access NFC’s EPP at https://www.nfc.usda.gov to make open season elections.

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4 Employee Action (Continued)

B Enrollees Who Continue Their Current Enrollment

Employees who want to continue enrollment in their current FEHB plan, or elect or change to self plus one, should verify that their current plan is available for 2016, determine whether you meet the eligibility for self plus one, compare the coverage and premium costs, and review any plan changes. Enrollees **must** enroll in a different plan to continue FEHB coverage in 2016, if their plan:

- will not be participating in the FEHB program in 2016 (Exhibit 1), or
- is reducing their service area and terminating enrollment codes (Exhibit 1).

Note: See Exhibit 1 for a list of plans and codes with significant changes or that are terminating.

C Continuing FEHB Coverage After Retirement

To continue FEHB coverage after retirement, employees **must** have been continuously enrolled, or covered as a family member, under the FEHB program for either of the following:

- five years immediately before retirement, or
- if eligible for less than five years, for all service since the employee was eligible for FEHB program benefits, unless the FEHB program benefit requirements are waived.

D Dependent Coverage Under Affordable Care Act

For changes in dependent eligibility, go to <http://www.opm.gov/healthcare-insurance/healthcare/eligibility/>.

5 Health Savings Accounts (HSA's)

A Definition of HSA

HSA is a tax-sheltered trust account that employees own to pay qualified medical expenses for themselves, their spouse, and their dependents. Employees may enroll in a high deductible health plan (HDHP) that determines whether employees are eligible for HSA or health reimbursement arrangements, based on the information provided.

Note: More information on HSA's is provided at <http://www.opm.gov/insure/health/hsa/>.

5 Health Savings Accounts (HSA's) (Continued)

B HSA Features

HSA features include the following:

- administration by a trustee/custodian,
- employee-owned HSA that is theirs to keep even if they change plans or retire,
- tax-free interest,
- tax-free withdrawals for qualified medical expenses,
- unused funds and interest that are carried over, without limit, from year to year, and
- voluntary contributions that are tax-deductible.

C HSA Benefits

HSA's may save employees money through lower premiums, tax savings, and money deposited in their account that may be used to pay the deductible and other out-of-pocket medical expenses in current or future years.

6 Flexible Spending Account Plans (FSAP's)

A Definition of FSAP

An FSAP is a tax-favored plan that allows employees to set aside pretax money from their paychecks to pay for a variety of eligible expenses. Eligible employees may choose to make a voluntary allotment from their salary to their FSAP during the open season.

Employees:

- do **not** pay employment taxes on FSAP allotments, and
- must communicate, enroll, and file claims directly with the FSAP Administrator, SHPS, Inc., through their web site at <http://www.fsafeds.com> or by telephone at 877-372-3337.

Note: FSAP contributions **must** come from an employee's salary through allotments.

Because of the tax advantages of FSAP's, IRS has strict guidelines for their use. One of these guidelines is commonly known as the use or lose rule. According to this rule, if an employee has not incurred enough eligible expenses during the benefit year to equal the annual amount contributed to the FSAP, the employee loses the balance remaining in the account when the benefit year ends.

Employees who are unfamiliar with FSAP benefits and risks are strongly urged to consult with their accountant, tax advisor, or tax preparer before electing a FSAP or benefit amount. FSAP contributions do **not** count toward the IRS yearly maximum, nontaxable contribution limit. OPM's FSAP web site at <http://www.opm.gov/insure> provides overall FSAP information.

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6 Flexible Spending Account Plans (FSAP's) (Continued)

B FSAP Enrollment

Unlike FEHB or FEHB-PC, participation in FSAP is **not** automatic. Employees must make a voluntary election on an annual basis. If an employee does **not** make an election during the open enrollment, they will not have an FSAP in the new benefit year. Employees need to make the following decisions:

- whether they want to have coverage in one or both of the FSAP accounts, and
- the annual amount to contribute to their FSAP.

C Eligibility

Any employee eligible for FEHB can enroll in an FSAP. Employees do **not** need to be enrolled in FEHB to participate.

Note: Employee may **not** have an HSA and an FSAP at the same time.

D Two FSAP Accounts

The following two FSAP accounts are available to eligible employees that allow employees to pay either medical or dependent care expenses using pretax dollars:

- health care flexible spending accounts, and
- dependent care flexible spending accounts.

Eligible employees may choose to participate in either or both accounts. There are no government contributions to an FSAP. Employees are encouraged to review OPM's frequently asked questions on FSAP's located at <https://www.fsafeds.com/fsafeds/SummaryOfBenefits.asp>.

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7 Federal Employees Dental/Vision Insurance Program (FEDVIP)

A Types of Enrollment

There are three types of enrollment available under the FEDVIP. The following table provides information on the enrollment types.

Types of Enrollment	Description
Self Only	Covers only the enrolled employee. An eligible employee may enroll in self only even though they may have a family but the family members are not covered.
Self Plus One	Covers the enrolled employee or annuitant plus one eligible family member. Eligible individuals may enroll in self plus one even though they have more than one eligible family member, but the additional family members are not covered. The enrollee must specify during the enrollment process which one eligible family member they want to cover under self plus one. The enrollee may change the covered family member to another eligible family member during open season or because of a qualifying life event.
Self and Family	Covers the enrolled employee and all eligible family members. Enrollees should list all eligible family members when they enroll through www.benefeds.com to ensure timely claim payments. All of the enrollee's eligible family members are automatically covered even if the enrollee fails to list all of them when enrolling on www.benefeds.com , but claim payments may be delayed for family members who were omitted.

B Eligible Employees

Federal and county office employees are eligible to enroll in the FEDVIP, if they are eligible to enroll in the FEHB program. Employees do not need to be enrolled in the FEHB in order to meet the FEHB eligibility criteria to enroll in the FEDVIP.

C How to Enroll

Employees must create a benefeds account by providing demographic and employment information at **www.benefeds.com**.

Note: Go to **www.benefeds.com** for an online tutorial, extensive online help, and a frequently asked questions section to assist enrollees through the enrollment process.

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7 FEDVIP (Continued)

D FEDVIP vs. FEHB

The FEDVIP and FEHB are entirely separate programs. Some FEHB plans will:

- continue to offer coverage of some dental and vision services, and
- offer non-FEHB dental and vision services.

The FEDVIP provides supplemental dental and vision insurance coverage. Some carriers participate in both the FEHB and FEDVIP. Individuals eligible to enroll in both programs may choose to enroll in one of the following:

- FEHB **only**,
- FEDVIP **only**,
- both, or
- neither.

Note: Eligible individuals may choose different enrollment types for each program. An individual might be enrolled in the FEHB as self and family and be enrolled as self only in the FEDVIP.

E Re-Enrollment

Re-enrollment is automatic each year unless an enrollee chooses to make a change during open season or a plan terminates its participation in the FEDVIP. Employees are encouraged to view plan changes and premium changes during open season.

F Effective Date of Coverage

The effective date of the FEDVIP coverage for 2016 is January 1, 2016.

Plans or Codes With Significant Changes or Terminating

**TABLE 1
PLANS LEAVING THE FEHB PROGRAM**

Enrollees in the terminating FEHB plans who do not change their health plan by enrolling in another FEHB plan during open season will not have health benefits for 2016.

State	FEHB Plan Name	2015 Enrollment Codes	General Location
Florida	Coventry Health Plan of Florida	5E1, 5E2, 5E4, 5E5, J41, J42	South Florida
Indiana	Physicians Health Plan of Northern Indiana	DQ1, DQ2, DQ4, DQ5	Northeast Indiana
Louisiana	Coventry Health Care of Louisiana	BJ1, BJ2, BJ4, BJ5	New Orleans
Massachusetts	Fallon Community Health Plan	JG1, JG2	Central and portions of Eastern Massachusetts
Ohio	The Health Plan of the Upper Ohio Valley, Inc.	U41, U42	Northeast and Eastern Ohio
Virginia	Piedmont Community Health Plan	2C1, 2C2	Lynchburg Area
West Virginia	The Health Plan of the Upper Ohio Valley, Inc.	U41, U42	55 counties in West Virginia

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

Enrollees in these terminating enrollment codes **must** make a positive election into another FEHB plan during open season or they will not have health benefits coverage for 2016.

State	FEHB Plan Name	2015 Enrollment Codes	Area Dropped
Nevada	Aetna Open Access	HF1, HF2	State of Nevada

Plans or Codes With Significant Changes or Terminating (Continued)

**TABLE 3
FEHB PLANS REDUCING SERVICE AREAS
WITHOUT TERMINATING ENROLLMENT CODES**

Enrollees in the areas being reduced who do not change FEHB plans during open season will only have emergency health services where they live and they will have to travel to their FEHB plan’s remaining service area to obtain medical care in order to receive full benefits from the FEHB plan in 2016.

State	FEHB Plan Name	2015 Enrollment Codes	Areas Reduced
Idaho	Select Health	SF1, SF2, SF4, SF5	Idaho County

**TABLE 4
FEHB PLANS TERMINATING OPTION AND ENROLLMENT CODES**

The payroll office must automatically move enrollees in the FEHB plan’s terminating option into their plan’s surviving option and enrollment code unless the enrollees select another FEHB plan during open season.

State	FEHB Plan Name	Terminating Options (end of 2015)	Terminating Enrollment Codes (end of 2015)	Deemed 2016 Enrollment Codes
Kansas	Coventry Healthcare of Kansas	HDHP*	9H1, 9H2	HA4, HA5
Missouri	Coventry Healthcare of Kansas	HDHP*	9H1, 9H2	HA4, HA5

*Enrollees who want to continue enrollment in 2016 in an 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 2015 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 2016 HDHP HSA fiduciary.

Plans or Codes With Significant Changes or Terminating (Continued)

**TABLE 5
FEHB PLAN CONTRACT AND ENROLLMENT CODE
MERGER WITH TERMINATING ENROLLMENT CODES**

The payroll office must automatically move enrollees into their new FEHB plan’s 2016 codes unless the enrollees select another FEHB plan during open season.

State	FEHB Plan Name	Terminating Enrollment Codes (end of 2015)	Merging into 2016 FEHB Plan	Merging into 2016 Enrollment Codes
Iowa	Coventry Health Care of Iowa*	SV1, SV2 SV4, SV5 SY4, SY5	Aetna Value Plan	H44, H45
North Dakota	Sanford Heart of America Health Plan**	RU1, RU2	Sanford Health Plan	C91, C92
Pennsylvania	HealthAmerica Pennsylvania***	261, 262 Y61, Y62	Aetna Open Access	YE1, YE2

*Coventry Health Care of Iowa - all options including the high, standard, and HDHP options, will merge into the Aetna Value Plan (H4). Members will automatically transfer from codes SV & SY to code H4.

**Sanford Health of America Health Plan (RU) will to merge with Sanford Health Plan. Sanford Health will become the surviving contract. Members from Code RU will automatically transfer to Sanford Health Plan code C9.

***HealthAmerica Pennsylvania – Both the high and HDHP options will merge with Aetna Open Access. Members will automatically transfer from codes 26 and Y6 to code YE.

Enrollees merging from an HDHP option to another option as listed above, who want to continue enrollment in 2016 in an 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 2015 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 need to contact their upcoming 2016 HDHP HSA fiduciary.

If enrollees do not want to continue in an HDHP, they will be automatically merged to the plan codes listed above or they can change to another health plan option during open season. However, the enrollees must contact the HDHP HSA fiduciary and IRS for any guidance and questions about the HSA concerning tax considerations and penalties.

Plans or Codes With Significant Changes or Terminating (Continued)

**TABLE 6
ENROLLMENT CODE MERGING INTO A DIFFERENT FEHB PLAN**

Enrollees who take no action during open season will remain in the same code but will be under a different FEHB plan for 2016 and will be subject to the receiving the plan’s benefits and premiums.

State	FEHB Plan Name	2015/2016 Enrollment Codes	Merging into 2016 FEHB Plan
Illinois	Humana Benefit Plan of Illinois, Inc.*	9F, AB	Humana Health Plan, Inc.

* Enrollment codes 9F and AB under the Humana Benefit Plan of Illinois, Inc. are merging into the Humana Health Plan, Inc. The Humana Benefit Plan of Illinois will not participate after December 31, 2015.

**TABLE 7
SERVICE AREA MOVEMENT TO ANOTHER EXISTING ENROLLMENT CODE**

Certain areas of King, Madera, Mariposa, and Tulare counties will be moved from the Northern California region to the Fresno County region. Enrollees who do not change their enrollment code from 59 or KC to NZ during open season will remain enrolled in the Northern California 59 or KC enrollment code.

State	FEHB Plan Name	Service Area	Moving From 2015 Enrollment Codes	Moving To 2016 Enrollment Codes
California	Kaiser Foundation Health Plan-Northern California	King County: 93230, 93232 Madera County: 93601, 93604, 93614, 93623, 93626, 93636-39, 93643-45, 93653, 93669 Mariposa County: 93601, 93623, 93653 Tulare County: 93238, 93261, 93618, 93666, 93673, codes 591, 592, 594, and 595	591, 592, 594, 595 KC1, KC2 Northern California Region	NZ1, NZ2, NZ4, NZ5 Fresno County Region

Kaiser Foundation Health Plan-Northern California will move part of its Northern California service area (parts of King, Madera, Mariposa, and Tulare counties) under codes 591, 592, 594, and 595 (high option and standard option) and KC1 and KC2 (basic option) to the Fresno County region under codes NZ1, NZ2, NZ4, and NZ5 (high option & standard option). Current plan enrollees that work or live in the service area described above should make a positive enrollment election into enrollment codes NZ1, NZ2, NZ4, or NZ5 during open season.

If enrollees in the FEHB Plan’s Northern California service area, as described above (enrollment codes 59 or KC), do not make a positive enrollment election, they will remain enrolled in their original high option or standard option 59 enrollment code or basic option KC enrollment code. Please note that the 2016 premiums for the NZ codes for the Fresno County region service area will be lower than the premiums for the 59 and KC codes for the Northern California region.

Plans or Codes With Significant Changes or Terminating (Continued)

**TABLE 8
NEW PLANS ENTERING THE FEHB PROGRAM**

State	Plan Name	Plan Option	3 Digit Plan Code	Location of Areas
Alabama	UnitedHealthcare Insurance Company Choice Plan	High	KK1, KK2, KK3	All of Alabama
Alabama	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	LS1, LS2, LS3	All of Alabama
Arizona	UnitedHealthcare Insurance Company Choice Plan	High	KT1, KT2, KT3	Phoenix and Tucson areas
Arizona	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	LU1, LU2, LU3	Phoenix and Tucson areas
Arkansas	UnitedHealthcare Insurance Company Choice Plan	High	KK1, KK2, KK3	All of Arkansas
Arkansas	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	LS1, LS2, LS3	All of Arkansas
Colorado	UnitedHealthcare Insurance Company Choice Plan	High	KT1, KT2, KT3	All of Colorado
Colorado	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	LU1, LU2, LU3	All of Colorado
District of Columbia	UnitedHealthcare Insurance Company Choice Plan	High	LR1, LR2, LR3	All of the District of Columbia
Iowa	UnitedHealthcare Insurance Company Choice Plan	High	LJ1, LJ2, LJ3	Des Moines
Iowa	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	N71,N72, N73	Des Moines
Kentucky	UnitedHealthcare Insurance Company Choice Plan	High	LJ1, LJ2, LJ3	Western Kentucky
Kentucky	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	N71, N72, N73	Western Kentucky

Plans or Codes With Significant Changes or Terminating (Continued)

State	Plan Name	Plan Option	3 Digit Plan Code	Location of Areas
Louisiana	UnitedHealthcare Insurance Company Choice Plan	High	KK1, KK2, KK3	All of Louisiana
Louisiana	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	LS1, LS2, LS3	All of Louisiana
Maryland	UnitedHealthcare Insurance Company Choice Plan	High	LR1, LR2, LR3	All of Maryland
Mississippi	UnitedHealthcare Insurance Company Choice Plan	High	KK1, KK2, KK3	All of Mississippi
Mississippi	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	LS1, LS2, LS3	All of Mississippi
Ohio	Paramount Health Care	High	N81, N82, N83	Northwestern Ohio
Tennessee	UnitedHealthcare Insurance Company Choice Plan	High	KK1, KK2, KK3	Knoxville
Tennessee	UnitedHealthcare Insurance Company Choice Plus HDHP	HDHP	LS1, LS2, LS3	Knoxville
Virginia	UnitedHealthcare Insurance Company Choice Plan	High	LR1, LR2, LR3	Northern Virginia
Virginia	Optima Health Plan	High	PG1, PG2, PG3	Hampton Roads Region

**TABLE 9
FEHB PLANS ADDING NEW OPTIONS AND ENROLLMENT CODES**

State	FEHB Plan Name	New Option	2016 Enrollment Codes	General Location
California	Health Net of California	Basic	P61, P62, P63	Southern California
Idaho	Group Health Cooperative	HDHP	PT1, PT2, PT3	Northern Idaho
New Mexico	Presbyterian Health Plan	Standard	PS4, PS5, PS6	All of New Mexico
Washington	Group Health Cooperative	HDHP	PT1, PT2, PT3	Western and Central Washington, Spokane & Pullman
Wisconsin	Physicians Plus Insurance Corporation	Standard	LW4, LW5, LW6	South Central Counties in WI

Plans or Codes With Significant Changes or Terminating (Continued)

**TABLE 10
SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

State	FEHB Plan Name	Plan Type	2016 Enrollment Codes	Location of Areas
Colorado	Humana Health Plan, Inc.	High Standard	NT1,NT2, NT3, NT4,NT5, NT6	County of Boulder
Florida	Aetna HealthFund CDHP/Aetna Value Plan	CDHP Value	F51, F52, F53, F54, F55, F56	Counties of DeSoto, Madison
Florida	Aetna HealthFund HDHP/Aetna Direct Plan	HDHP CDHP	224, 225, 226 N61, N62, N63	Counties of DeSoto, Madison
Hawaii	Kaiser Foundation Health Plan Hawaii	High Standard	631,632,633, 634,635,636	Hawaii Volcano National Park, Pahala, and Naaleu
Illinois	Health Alliance HMO	High Standard	FX1, FX2, FX3, K84, K85, K86	Counties of Marshall, Warren, and Putnam
Kansas	Aetna HealthFund CDHP/Aetna Value Plan	CDHP Value	G51, G52, G53, G54, G55, G56	Counties of Barber, Decatur, Edwards, Gove, Jackson, Kiowa, Lane, Mitchell, Nemaha, Norton, Rawlins, Rush, Sheridan, Sherman, Wabaunsee, Wallace
Kansas	Aetna HealthFund HDHP/Aetna Direct Plan	HDHP CDHP	224,225,226 N61,N62,N63	Counties of Barber, Decatur, Edwards, Gove, Jackson, Kiowa, Lane, Mitchell, Nemaha, Norton, Rawlins, Rush, Sheridan, Sherman, Wabaunsee, Wallace
Kentucky	Aetna HealthFund CDHP/Aetna Value Plan	CDHP Value	H41, H42, H43, H44, H45, H46	County of Montgomery
Kentucky	Aetna HealthFund HDHP/Aetna Direct Plan	HDHP CDHP	224,225, 226 N61,N62,N63	County of Montgomery

Plans or Codes With Significant Changes or Terminating (Continued)

State	FEHB Plan Name	Plan Type	2016 Enrollment Codes	Location of Areas
Maryland	Aetna Open Access	High Basic	JN1, JN2, JN3, JN4, JN5, JN6	Counties of Allegany, Caroline, Dorchester, Garrett, Somerset and Worcester
Michigan	Health Alliance Plan	High Standard	521, 522, 523, GY4, GY5, GY6	Counties of Sanilac and Shiawassee
Missouri	Aetna HealthFund CDHP/Aetna Value Plan	CDHP Value	G51, G52, G53, G54, G55, G56	County of Johnson
Missouri	Aetna HealthFund HDHP/Aetna Direct Plan	HDHP CDHP	224,225, 226 N61,N62,N63	County of Johnson
New York	MVP Health Care	High Standard	MX1, MX2, MX3, MX4, MX5, MX6	County of Westchester
Pennsylvania	Aetna Open Access	High	YE1, YE2, YE3	Counties of Cameron, Clearfield, Crawford, Elk, Forest, Mckean,
South Dakota	Aetna HealthFund CDHP/Aetna Value Plan	CDHP Value	G51, G52, G53, G54, G55, G56	County of Butte
South Dakota	Aetna HealthFund HDHP/Aetna Direct Plan	HDHP CDHP	224,225, 226 N61,N62,N63	County of Butte
Tennessee	Aetna HealtFund CDHP/Aetna Value Plan	CDHP Value	F51, F52, F53 F54, F55, F56	Counties of Monroe, Polk, Rhea
Tennessee	Aetna HealthFund HDHP/Aetna Direct Plan	HDHP CDHP	224,225, 226 N61,N62,N63	Counties of Monroe, Polk, Rhea
Virginia	Aetna Open Access	High Basic	JN1, JN2, JN3, JN4, JN5, JN6	Counties of Greene, Madison, Orange, and Rappahannock
Wisconsin	Group Health Cooperative of South Central Wisconsin	High	WJ1, WJ2, WJ3	Counties of Adams, Juneau, Richland, Vernon

Plans or Codes With Significant Changes or Terminating (Continued)

**TABLE 11
FEHB PLAN NAME CHANGE**

State	2015 FEHB Plan Name	2016 Enrollment Codes	2016 FEHB Plan Name
Kansas	Coventry Healthcare of Kansas	HA1, HA2, HA3, HA4, HA5, HA6	Aetna Open Access
Missouri	Coventry Healthcare of Kansas	HA1, HA2, HA3, HA4, HA5, HA6	Aetna Open Access
New Mexico	Lovelace Health Plan	Q11, Q12, Q13	New Mexico BlueHMO Preferred
Utah	Altius Health Plan, Inc.	9K1, 9K2, 9K3, 9K4, 9K5, 9K6, DK4, DK5, DK6	Aetna Health of Utah, Inc. dba Altius Health Plans

Plan and Service Area Termination FastFacts

Federal Benefits

FastFacts

What to do When Your Health Plan is Terminating Coverage in Your Area or Leaving the Federal Employees Health Benefits (FEHB) Program.

There are four ways your plan's enrollment can be affected. Each may require a different response, so be sure to identify your situation.

1. Plan leaves FEHB Program entirely;
2. Plan reduces its service area and eliminates its enrollment code;
3. Plan reduces its service area and keeps its enrollment code; or
4. Plan drops an option.

*** How will I know if my enrollment is affected?** You will receive a letter from your plan stating that it is no longer participating in the FEHB Program or that it is no longer providing services in your area. You can contact your Human Resources (HR) office or refer to the Federal Benefits Open Season: FEDVIP and FEHB Program Significant Plan Changes at www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=BALs; for Tribal employees www.opm.gov/healthcare-insurance/tribal-employers/hr-personnel/#url=BALs.

*** What do I do now that I know my enrollment is affected?** You may need to change your enrollment to another plan during Open Season. Follow the instructions in the letter you received from your plan.

*** My plan is leaving the FEHB Program entirely. What happens if I don't change to another plan?** If you are a Federal employee or Tribal employee and you do not change plans, you will not have coverage in the new plan year. If you are a Federal annuitant, you will be automatically enrolled in the Blue Cross Blue Shield Service Benefit Plan Standard Option.

*** My plan is reducing its service area AND eliminating my enrollment code. What happens if I don't change to another plan?**

If you are a Federal employee or Tribal employee and you do not change plans, you will not have coverage in the new plan year. If you are a Federal annuitant, you will be automatically enrolled in the Blue Cross Blue Shield Service Benefit Plan Standard Option.

*** My plan is reducing its service area AND keeping my enrollment code. What happens if I don't change to another plan?** You will only have coverage in your area for emergency care services in the new plan year. You must travel to the plan's remaining service area to receive full coverage for your care.

*** My plan is eliminating my option. What happens if I don't change to another plan?** You will be automatically enrolled into one of the plan's options that remain. Please refer to the letter you received from your plan for more information.

*** If my High Deductible Health Plan (HDHP) is terminating coverage in my service area or is leaving the FEHB Program, what happens to my Health Savings Account (HSA) or my Health Reimbursement Arrangement (HRA)?** If you wish to continue contributing to your HSA, you must enroll in another HDHP. If you do not enroll in another HDHP, you can withdraw money from your HSA for qualified medical expenses. You should check Internal Revenue Service (IRS) guidance on use of HSA dollars for non-qualified medical expenses. You should work directly with your fiduciary to make decisions regarding your HSA.

Unless you use your HRA credits, they will be forfeited once the plan you've elected becomes effective.

*** How do I change my enrollment to another plan?** If you are a Federal employee, use your agency's online self-service system such as Employee Express, MyPay, Employee Personal Page, EBIS, etc. If you need additional help, contact your HR office.

If you are a Tribal employee, contact your Tribal Employer.

If you are a Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) retiree, call Open Season Express at 1.800.332.9798 or access Open Season Online at <https://retireeFEHB.opm.gov>.

Plan and Service Area Termination FastFacts (Continued)

If you receive an annuity from another retirement system, please visit www.opm.gov/healthcare-insurance/healthcare/plan-information/enroll/#annuitants for information on how to change your enrollment.

*** When does my old plan stop providing coverage?** The plan will continue to provide benefits until the plan you've elected during Open Season becomes effective.

What are my rights if I'm pregnant or I have a chronic or disabling condition? Under the Patients' Bill of Rights, enrollees who are seeing a specialist for a chronic or disabling condition or who are in the second or third trimester of a pregnancy have a right to continued treatment for up to 90 days of care (or treatment through the end of post-partum care) following notice that a health plan is leaving the FEHB Program.

*** When does the health plan I've elected during Open Season start providing coverage?** Generally, your coverage begins on the first day of the first full pay period in the next contract year. Below are the 2016 effective dates for most enrollees.

Non-Postal Federal Employees	Jan. 10
Postal Employees	Jan. 09
Retirees and Tribal Employees	Jan. 01
Office of Workers' Compensation (OWCP)	Jan. 10

*** How can I compare the different health plans available to me?** There are several resources available to help you compare plans.

- Compare Health Plans www.opm.gov/fehcompare
- Health Plan Brochures - www.opm.gov/FEHBbrochures; or for Tribal employees www.opm.gov/healthcare-insurance/tribal-employers/plan-information
- Consumer's Checkbook - www.checkbook.org/newhig2/hig.cfm (for Federal employees only)

*** Where can I find the plan brochures?**

- Visit www.opm.gov/FEHBbrochures; or for Tribal employees www.opm.gov/healthcare-insurance/tribal-employers/plan-information

- Call the plan directly
- Contact your HR office or Tribal Employer

*** How do I find out if my doctor is part of the health plan?** You can find provider directories at www.opm.gov/FEHBbrochures or; for Tribal employees www.opm.gov/healthcare-insurance/tribal-employers/plan-information, or call your plan, or contact your provider.

*** I have a supplemental dental plan offered through my old FEHB plan. What happens to that coverage?** Since your plan is terminating coverage, any supplemental dental and/or vision coverage that you have through your plan will also terminate. The Federal Employees Dental and Vision Insurance Program (FEDVIP)¹ offers dental and vision insurance for eligible Federal employees and retirees. To find more information about dental insurance, please visit www.opm.gov/dental. To find more information about vision insurance, please visit www.opm.gov/vision. If you are currently enrolled in FEDVIP, your FEHB plan's termination will not affect your FEDVIP enrollment.

*** I have other supplemental coverage through my old FEHB plan. What happens to that coverage?** Since your plan is terminating coverage, any supplemental coverage that you have through your plan may also terminate. Please contact your plan for more information about your supplemental coverage.

Where can I go for more information on Open Season?

Visit www.opm.gov/openseason; or for Tribal employees www.opm.gov/healthcare-insurance/tribal-employers/open-season. The Open Season website will be updated with information by early November.

¹ Tribal employees are not eligible for FEDVIP.