

For: FSA and RMA Employees

2017 Federal Employees Health Benefits (FEHB) Open Season

Approved by: Acting Administrator



1 Overview

A Purpose

This notice announces and provides guidance about the 2017 FEHB Open Season and FEHB Program Significant Plan Changes. The 2017 Open Season period:

- begins Monday, **November 13, 2017**, and continues through Monday, **December 11, 2017**
- allows employees to enroll, cancel enrollment, or make changes to the following:
 - FEHB Program
 - health care and dependent care Flexible Spending Account Program (FSAP)
 - 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.

Disposal Date	Distribution
February 1, 2018	All FSA and RMA employees; State Offices relay to County Offices

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1 Overview (Continued)

C FEHB Program Changes

Employees currently enrolled in terminating plans and service area reductions (see **Exhibit 1**) must enroll in a new plan during Open Season if they want to continue health insurance coverage in 2018. Exhibit 1 contains FEHB Program changes. Also provided in **Exhibit 2**, are FEHB Open Season Questions and Answers that may be useful.

D Employee Information for Specific Tasks

Employees shall use the following table for additional information.

IF employees need to...	THEN...
enroll, add to, or change information on their Employee Personal Page (EPP)	access the NFC web site at www.nfc.usda.gov and under “Application Launchpad”, CLICK “MyEPP” icon.
verify enrollment	see the contact information under subparagraph C.
review FEHB Plan information, or review FEDVIP Plan information	access https://www.opm.gov/healthcare-insurance/open-season/ or http://www.opm.gov/healthcare-insurance/dental-vision/plan-information/ .

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1 Overview (Continued)

E Human Resources Division (HRD) Contacts

This table provides HRD contacts.

Location/Office	SPO Contact
FSA State and County Offices (except in Southwest Area (SWA))	State Administrative Officer (AO).
SWA State and County Offices (AZ, CA, CO, HI, KS, NV, NM, OK, TX, UT)	Southwest Area Regional Service Office (SWA-RSO) e-mail at HRM.SWARSO@FSA.USDA.GOV.
FSA WDC and KC Headquarters and All RMA employees	
FSA-DACO, KCCO, and DAFP	Dana Candler by either of the following:
RMA-OA, Southwest (CA, KS, OK), and Western Compliance (CA)	<ul style="list-style-type: none"> • e-mail at dana.candler@kcc.usda.gov • telephone at 816-926-6117
FSA-DAM	Patty Gepford by either of the following:
RMA-Product Management, Southeast Regional (GA, MS, NC), and Eastern Compliance (NC)	<ul style="list-style-type: none"> • e-mail at patricia.gepford@kcc.usda.gov • telephone at 816-926-6259.
FSA-DAFO, ITSD, and OBF	Karen Williams by either of the following:
RMA-WDC Compliance and Insurance Services	<ul style="list-style-type: none"> • e-mail at karen0.williams@kcc.usda.gov • telephone at 816-926-2670.
FSA-OA, DAFLP, and APFO	Kedra Watts by any of the following:
RMA-Midwest (IL, MN), Northwest (MT, WA), Regional and Compliance (IN, KCMO), Southwest Compliance (TX)	<ul style="list-style-type: none"> • e-mail at kedra.watts@wdc.usda.gov • telephone at 202-401-0678.

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.

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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 1 plan or option to another
- change from Self-Only to Self and Family or Self Plus One
- change from Self Plus One to Self and Family or Self-Only
- change from Self and Family to Self-Only or Self Plus One
- elect or waive FEHB-Premium Conversion (FEHB-PC) (35-PM, paragraph 62).

B Effective Dates of Enrollments and Changes

This table provides effective dates of enrollments and changes.

If there is a....	THEN the effective date is...
premium rate change	January 7, 2018.
change in enrollment	January 7, 2018.
new enrollment	January 7, 2018, 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 6, 2018**.

3 2018 Benefits and FEHB Summary of Benefits and Individual Plan Brochures

A FEHB Guide

OPM is no longer producing the Guide to Federal Benefits (Guide). 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/insure such as:

- specific plan information on the Federal Employees Health Benefits (FEHB) Program and the Federal Employees Dental and Vision Insurance Program (FEDVIP)
- premium charts
- information on eligibility and how to enroll in or apply for all of the federal benefits programs, including the Federal Employees' Group Life Insurance Program (FEGLI), Federal Flexible Spending Account Program (FSAFEDS), and the Federal Long Term Care Insurance Program (FLTCIP).

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3 2018 Benefits and FEHB Summary of Benefits and Individual Plan Brochures (Continued)

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 www.opm.gov/FEHBbrochures.

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. The health plan brochure web site is located at www.opm.gov/FEHBbrochures.

FEHB plans have been providing a summary document on their web sites which details information about health plan benefits and coverage. The summary document is also available on the OPM web site at www.opm.gov/healthcare-insurance/healthcare/plan-information/summary-of-benefits.

To compare different FEHB plans and plan options, access the OPM web site at: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>.

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, elect or change to Self Plus One, Self and Family or Self Only should verify that their current plan is available for 2018 and determine whether the eligibility for the desired change is met, compare the coverage and premium costs, and review any plan changes. Enrollees **must** enroll in a different plan to continue FEHB coverage in 2018, if their plan:

- will not be participating in the FEHB Program in 2018 (Exhibit 1)
- 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:

- 5 years immediately before retirement
- if eligible for less than 5 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 www.opm.gov/healthcare-insurance/healthcare/eligibility/.

5 Health Savings Accounts (HSA's)

A Definition of HSA

HSA means 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 www.opm.gov/insure/health/hsa/.

5 Health Savings Accounts (HSA's)

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
- 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 FSAP's

A Definition of FSAP

Flexible Spending Account Plan (FSAP) means 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
- shall communicate, enroll, and file claims directly with the FSAP Administrator, Wage Works, through their web site at **www.fsafeds.com** or by telephone at 877-372-3337.

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

6 FSAP's (Continued)

A Definition of FSAP (Continued)

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 FSAP, the employee loses the balance remaining in the accounts when the benefit year ends.

Carryover has been adopted for health care and limited expense health care FSA's. Participants that are enrolled in one of these FSA's in 2017 will be able to bring up to \$500 of unspent funds from 2017 into 2018. **Participants must re-enroll for the 2018 Benefit Period to be eligible for carryover.** Remember, there is no longer a grace period for these two accounts. The expenses must be incurred by December 31, 2017.

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

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 FSAP in the new benefit year and will not carryover up to \$500. Employees need to make the following decisions:

- whether they want to have coverage in 1 or both of the FSAP accounts
- the annual amount to contribute to their FSAP.

The maximum annual election for a Health Care Flexible Spending Account and the Limited Expense Health Care Flexible Spending Account is \$2650 for the 2018 Benefit Period.

The minimum election for the flexible spending accounts is \$100 for the 2018 Benefit Period.

The maximum annual election for a Dependent Care Flexible Spending Account (DCFSA) is \$5000 per household for the 2018 Benefit Period. There is no carryover for this account, but there is still a grace period. After the plan year ends on December 31, you have an additional 2 ½ months to incur eligible expenses and claims for expenses must be submitted by April 30, the deadline for submitting claims from the previous plan year.

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6 FSAP’s (Continued)

C Eligibility

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

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

D Two FSAP Accounts

The following 2 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 account
- dependent care flexible spending account.

Eligible employees may choose to participate in either or both accounts. There are no Government contributions to FSAP. Employees are encouraged to review OPM’s “Frequently Asked Questions on FSAP” located at <https://www.fsafeds.com/support/faq>.

7 FEDVIP

A Types of Enrollment

There are 3 types of enrollment available under 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 he or she has a family, but the family members are not covered.
Self Plus One	Covers the enrolled employee or annuitant plus 1 eligible family member. Eligible individuals may enroll in Self Plus One even though they have more than 1 eligible family member, but the additional family members are not covered. The enrollee must specify during the enrollment process which 1 eligible family member he or she wants 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 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.

7 FEDVIP (Continued)

B Eligible Employees

Federal and County Office employees are eligible to enroll in FEDVIP, if they are eligible to enroll in the FEHB Program. Employees do not need to be enrolled in FEHB, just meet the FEHB eligibility criteria to enroll in FEDVIP.

C Enrolling in FEDVIP

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.

D FEDVIP vs. FEHB

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

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

FEDVIP provides supplemental dental and vision insurance coverage. Some carriers participate in both FEHB and FEDVIP. Individuals eligible to enroll in both programs may choose to enroll in 1 of the following:

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

Note: Individuals eligible may choose different enrollment types for each program. An individual might be enrolled in FEHB Self and Family, but be enrolled in Self Only in 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 FEDVIP. Employees are encouraged to view plan changes and premium changes during Open Season. Copies of all FEDVIP brochures are at www.opm.gov/healthcare-insurance/dental-vision/plan-information/.

F Effective Date of Coverage

The effective date of FEDVIP coverage for 2018 is January 1, 2018.

FEHB Program Changes

**TABLE 1
Plans Leaving the FEHB Program**

Enrollees in the following terminating plans **must make a positive election into another FEHB plan during Open Season or they will be enrolled in the Standard Option of the GEHA Benefit Plan** (the lowest-cost nationwide plan option for 2018 as determined by OPM).

State	Plan Name	2017 Enrollment Code	General Location
Illinois	Blue Cross and Blue Shield of Illinois	A21, A23, A22	Chicago Illinois Area
New Mexico	New Mexico Blue HMO Preferred	Q11, Q13, Q12 Q14, Q16, Q15	All of New Mexico
Ohio	Paramount Health Care	N81, N83, N82	Northwest Ohio
Texas	Aetna Whole Health	ES1, ES3, ES2	Houston Area
Texas	United Healthcare Benefits of Texas, Inc.	GF1, GF3, GF2	San Antonio Area
Virginia	Aetna Whole Health	J91, J93, J92	Newport News Area
Virginia	Innovation Health Plan	LQ1, LQ3, LQ2	Northern Virginia
Wisconsin	Aetna Whole Health	F71, F73, F72	Milwaukee Area

**Table 2
Plan Reducing Service Areas
and Terminating Enrollment Codes**

Enrollees in the following terminating enrollment codes **must make a positive election into another FEHB plan during Open Season or they will be enrolled in the Standard Option of the GEHA Benefit Plan** (the lowest-cost nationwide plan option for 2018 as determined by OPM).

State	Plan Name	2017 Enrollment Code	Area Dropped
Washington	Aetna Open Access	C31, C33, C32	All of Washington

FEHB Program Changes (Continued)

**Table 3
Plans Reducing Service Areas
Without Terminating Enrollment Codes**

Enrollees in the areas being dropped who do not change health plans during Open Season will only have emergency services where they live and they 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 2018.

State	Plan Name	2017 Enrollment Code	Area Dropped
Idaho	SelectHealth, Inc.	SF1, SF3, SF2, SF4, SF6, SF5	State of Idaho
Virginia	Aetna Open Access	JN1, JN3, JN2, JN4, JN6, JN5	Counties of Amelia, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, King William, Louisa, Lunenburg, New Kent, Nottoway, Powhatan, Prince Edward, and Prince George Cities of Colonial Heights, Hopewell, Petersburg and Richmond Towns of Buckingham, Arvonnia, Dillwyn and New Canton

**TABLE 4
Plans Terminating Option and Enrollment Codes**

Enrollees in the plan’s terminating option will be automatically enrolled into the plan option that is identified in the table below unless they enroll in another plan during Open Season.

State	Plan Name	Terminating Options (end of 2017)	Terminating Codes (end of 2017)	Option and Codes for 2018
Florida	AvMed	High	ML1, ML3, ML2	Standard ML4, ML6, ML5
Washington	Kaiser Permanente Washington Options Federal	High	VT1, VT3, VT2	Standard Option L11, L13, L12 L14, L16, L15 (<u>1</u>)

1/ Kaiser Permanente Washington Options Federal Plan high deductible option (L14, L16, and L15) also remains.

FEHB Program Changes (Continued)

Table 5
Plans Adding New Options and Enrollment Codes

State	Plan Name	New Option	2018 Enrollment Codes	General Location
California	Health Net of California	Basic	T41, T43, T42	Northern California
Colorado	Humana Health Plan, Inc.	Basic	RZ1, RZ3, RZ2	Denver
			R21, R23, R22	Colorado Springs
Georgia	Humana Employers Health Plan of Georgia, Inc.	Basic	Q71, Q73, Q72	Atlanta
			RJ1, RJ3, RJ2	Macon
			RM1, RM3, RM2	Columbus
Illinois	Humana Health Plan, Inc.	Basic	RW1, RW3, RW2	Chicago
			AB1, AB3, AB2	Central and North Western Illinois
Maryland	Kaiser Foundation Health Plan of the Mid-Atlantic States	Basic	T71, T73, T72	Baltimore Area
Ohio	Medical Mutual of Ohio (formerly Health Span Integrated Care) <u>1/</u>	Basic	UX1, UX3, UX2	Northeast Ohio
Texas	Humana Health Plan of Texas, Inc.	Basic	QX1, QX3, QX2	San Antonio
			QY1, QY3, QY2	Austin
			Q21, Q23, Q22	Corpus Christi
			Q61, Q63, Q62	Houston
Texas	Scott & White	Basic	A81, A83, A82	Central and West Texas area
			P81, P83, P82	North Texas area
Virginia	Kaiser Foundation Health Plan of the Mid-Atlantic States	Basic	T71, T73, T72	Northern Virginia
District of Columbia	Kaiser Foundation Health Plan of the Mid-Atlantic States	Basic	T71, T73, T72	All of District of Columbia

1/ Plan name also changing - see Table 8

FEHB Program Changes (Continued)

Table 6
Service Area Expansions Without New Enrollment Codes

State	Plan Name	Plan Option	2018 Enrollment Codes	Location of Areas
Florida	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	LS1, LS3, LS2	Entire state of Florida
Florida	United Healthcare Insurance Company – Choice HMO	High	KK1, KK3, KK2	Entire state of Florida
Idaho	Aetna Health of Utah, dba Altius Health Plan	High, Standard, HDHP	9K1, 9K3, 9K2 9K4, 9K6, 9K5 DK4, DK6, DK5	Counties of Blaine, Boise, Camas, Cassia, Clark, Custer, Fremont, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Teton, Twin Falls and Valley
Illinois	Blue Preferred	High, Standard	9G1, 9G2, 9G3, 9G4, 9G5, 9G6	Monroe County
Iowa	United Healthcare Insurance Company – Choice HMO	High	LJ1, LJ3, LJ2	Entire state of Iowa
Iowa	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	N71, N73, N72	Entire state of Iowa
Kentucky	United Healthcare Insurance Company – Choice HMO	High	LJ1, LJ3, LJ2	Entire State of Kentucky
Kentucky	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	N71, N73, N72	Entire State of Kentucky
Nevada	United Healthcare Insurance Company – Choice HMO	High	KT1, KT3, KT2	Entire State of Nevada
Nevada	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	LU1, LU3, LU2	Entire state of Nevada

FEHB Program Changes (Continued)

Table 6
Service Area Expansions Without New Enrollment Codes (Continued)

State	Plan Name	Plan Option	2018 Enrollment Codes	Location of Areas
North Carolina	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	LS1, LS3, LS2	Entire state of North Carolina
North Carolina	United Healthcare Insurance Company – Choice HMO	High	KK1, KK3, KK2	Entire state of North Carolina
Oregon	United Healthcare Insurance Company – Choice HMO	High	KT1, KT3, KT2	Entire state of Oregon
Oregon	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	LU1, LU3, LU2	Entire state of Oregon
Pennsylvania	United Healthcare Insurance Company – Choice HMO	High	LR1, LR3, LR2	Entire state of Pennsylvania
Tennessee	United Healthcare Insurance Company – Choice HMO	High	KK1, KK3, KK2	Entire state of Tennessee
Tennessee	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	LS1, LS3, LS2	Entire state of Tennessee
Virginia	United Healthcare Insurance Company – Choice HMO	High	LR1, LR3, LR2	Entire state of Virginia
Washington	United Healthcare Insurance Company – Choice HMO	High	KT1, KT3, KT2	Entire state of Washington
Washington	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	LU1, LU3, LU2	Entire state of Washington
Wyoming	Aetna Health of Utah dba Altius Health Plan	High, Standard, HDHP	9K1, 9K3, 9K2, 9K4, 9K6, 9K5, DK1, DK3, DK2	Counties of Lincoln and Sweetwater

FEHB Program Changes (Continued)

Table 7
Service Area Expansions Adding New Enrollment Codes

State	FEHB Plan Name	Plan Option	2018 New Enrollment Codes	Location of Areas
Arizona	Humana Coverage First/ Humana Value Plan	CDHP Value Plan	R61, R63, R62 R64, R66, R65	Phoenix Area - Maricopa and Pinal Counties
Arizona	Humana Coverage First/ Humana Value Plan	CDHP Value Plan	R91, R93, R92 R94, R96, R95	Tucson Area - Pima County
District of Columbia	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	V41, V43, V42	All of District of Columbia
Georgia	Humana Coverage First/ Humana Value Plan	CDHP Value Plan	S91, S93, S92, S94, S96, S95	Muscogee County
Indiana	Humana Coverage First/ Humana Value Plan	CDHP	TC1, TC3, TC2	Clark, Floyd, Harrison, Scott and Washington
Kentucky	Humana Coverage First/ Humana Value Plan	CDHP	TC1, TC3, TC2	Counties of Bullitt, Carroll, Green, Hardin, Henry, Jefferson, Larue, Meade, Nelson, Marion, Oldham, Shelby, Spencer, Taylor, Trimble, and Washington
Maryland	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	V41, V43, V42	Entire state of Maryland

FEHB Program Changes (Continued)

Table 7
Service Area Expansions Adding New Enrollment Codes (Continued)

State	FEHB Plan Name	Plan Option	2018 New Enrollment Codes	Location of Areas
Pennsylvania	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	V41, V43, V42	Entire state of Pennsylvania
Tennessee	Humana Coverage First/ Humana Value Plan	CDHP Value Plan	TT1, TT3, TT2 TT4, TT6, TT5	Counties of Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington
Texas	Humana Coverage First/ Humana Value Plan	CDHP Value Plan	T31, T33, T32 T34, T36, T35	Counties of Austin, Brazoria, Chambers, Colorado, Fayette, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller and Wharton
Virginia	United Healthcare Insurance Company, Inc. (Choice Plus HDHP)	HDHP	V41, V43, V42	Entire state of Virginia

FEHB Program Changes (Continued)

**Table 8
Plan Name Changes**

State	2017 Plan Name (Old)	2018 Plan Name (New)	Enrollment Codes	Location of Areas
Ohio	Health Span Integrated Care	Medical Mutual of Ohio	641, 643, 642 644, 646, 645	Northeast Ohio Counties of Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark Summit, Trumbull, and Wayne

**Table 9
New Plan Entering the FEHB Program**

State	FEHB Plan Name	Plan Option	2018 New Enrollment Codes	Location of Areas
Georgia	Blue Open Access POS	High	QM1, QM3, QM2	Atlanta metro area Counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Heard, Henry, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton Athens area Counties: Clarke, Madison, Oconee, and Oglethorpe

Federal Benefits Fast Facts

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, dropping an option, or that it is no longer providing services in your area. You can contact your Human Resources (HR) office with additional questions.

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 or during the time period set bop. 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, annuitant, or Tribal employee and you do not change plans, you will be automatically enrolled into the lowest-cost nationwide plan option available as designated by OPM.

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, annuitant, or Tribal employee and you do not change plans, you will be automatically enrolled into the lowest-cost nationwide plan option available as determined by OPM.

My plan is reducing its service area where I live/work but 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 a remaining option or to another plan? You will be automatically enrolled into one of the plan's options that remain. If no options remain that are not High Deductible Health Plans (HDHP), you will be automatically enrolled into the lowest cost nationwide plan option as indicated by OPM. Please refer to the letter you received from your plan for more information.

Federal Benefits Fast Facts (Continued)

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. If you need additional help, contact your servicing Hoffine using the contacts' section of the notice. 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>.

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 or option stop providing coverage and my new plan or option begin? Your old plan will continue to provide benefits until the plan you've elected during Open Season or during the time period provided by OPM becomes effective. There will be no gaps in coverage.

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.

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

Federal Benefits Fast Facts (Continued)**Where can I find the plan brochures?**

- Visit www.opm.gov/FEHBbrochures; or for Tribal employees www.opm.gov/healthcareinsurance/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.

Who can I contact with additional questions?

If you have additional questions, you can contact your carrier directly or your local HR office or Tribal employer.