



THIS WEBINAR
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So Many Choices: Which FEHB Plans Work Best with Medicare Parts A & B

A NARFE Federal Benefits Institute Webinar

Presented by Tammy Flanagan
Federal Retirement Benefits Expert

Sponsored by Aetna

Closed Captioning (CC) is available on the recorded version of this webinar.



Reviewing Your Options

- Medicare eligibility
- Medicare and FEHB
- Medicare and Something Else
- FEHB alone
- Resources

Step One: Eliminate the Obvious

- Plans available to you
- Plans must have incentives
- Medicare Advantage and FEHB
- Family considerations

Step Two: Narrow Your Choices

- Finding Your Top Three
- Side-by-side comparison
- Decision made

Step Three: Making the Change

- Open Season
- OPM Form 2809
 - Qualifying Life Events

Reviewing Your Options

Reviewing Your Options: Medicare Eligibility



Age 65 (IEP)

7-Month **I**nitial **E**nrollment **P**eriod

- 3 months before age 65
- The month of your birthday
- 3 months after age 65



Part A



Part B

January – March (GEP)

3-Month **G**eneral **E**nrollment **P**eriod

- Starting January 1, 2024, your coverage will start the month after you sign up
- Late enrollment penalty may apply



Part B

Reviewing Your Options: Medicare Eligibility



After retirement (SEP)

8-Month **S**pecial **E**nrollment **P**eriod

- May enroll anytime while covered by CURRENT EMPLOYMENT health insurance or within 8 months following retirement.
- Avoids late enrollment penalty



Part B

Note:

Sign up for **Part A** any time after 65.

- Coverage **starts 6 months back** from
 - when you sign up or
 - apply for SSA benefits
- Can't start before 65



Part A

Reviewing Your Options: Medicare and FEHB



If your yearly income in 2022 (for what you pay in 2024) was		You pay each month in 2023	X 12 months	X two people
File individual tax return	File joint tax return			
\$103,000 or less	\$206,000 or less	\$174.70	\$2,096.40	\$4,192.80
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	\$244.60	\$2,935.20	\$5,870.40
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	\$349.40	\$4,192.80	\$8,385.60
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	\$454.20	\$5,450.40	\$10,900.80
Above \$193,000 up to \$500,000	Above \$386,000 up to \$750,000	\$559.00	\$6,708.00	\$13,416.00
\$500,000 or above	\$750,000 or above	\$594.00	\$7,128.00	\$14,256.00



Reviewing Your Options: Medicare and FEHB



Is Part B Worth It?

- Must be enrolled to have Medicare Advantage
- Many FEHB plans provide incentives to enroll
- Medicare caters to the needs of the elderly

The overall opt-out rate is 1.1%

- Total number of opt-out providers: 11,039 non-pediatric physicians
 - 7.9% of psychiatrists
 - 4.2% of plastic and reconstructive surgeons
 - 2.8% of neurologists
- In all but the following states, less than 2% of physicians have opted out of Medicare:
 - Alaska 3.1%; Colorado 2.3%; Wyoming 2.3%; Idaho 2.1% and Washington, DC 2.0%



Source: KFF analysis of: Physician counts from Redi-Data, Inc, May 2023, using American Medical Association (AMA) Physician Masterfile; Centers for Medicare & Medicaid Services Opt-Out Affidavits <https://data.cms.gov/Medicare-Enrollment/Opt-Out-Affidavits/7yuw-754z> (June 2023).



Reviewing Your Options: Medicare and Something Else



Original Medicare Plus...

- Part A and Part B **PLUS**
Medicare Supplement + Part D
Or FEHB as secondary payer
Or TRICARE For Life

Medicare Advantage

- All-in-one / Part C
- Provider submits claim to Medicare Advantage organization
- Required to enroll in Medicare Parts A and B
- Automatic enrollment in Part D (usually)

Reviewing Your Options: FEHB Alone



When you are age 65 or over and do not have Medicare

- Under the FEHB law, FEHB plans must limit payments for inpatient hospital care and physician care to those payments you would be entitled to if you had Medicare
- Your physician and hospital must follow Medicare rules and cannot bill you for more than they could bill you if you had Medicare
- You and the FEHB benefit from these payment limits. Outpatient hospital care and non-physician-based care are not covered by this law; regular plan benefits apply

These rules apply if you:

- Are age 65 or over; and
- Do not have Medicare Part A, Part B, or both; **and**
- Have this Plan as an annuitant or as a former spouse, or as a family member of an annuitant or former spouse; **and**
- Are not employed in a position that gives FEHB coverage.

Reviewing Your Options: FEHB Alone



Delayed decision due to IRMAA

Example: Single / Individual Tax Return

- IRMAA rate for Part B: \$244.60 (income between \$103,000 and \$129,000)
- $\$244.60 \times 12 = \$2,935.20$ / year for Part B
- $\$174.70$ per month \times 10% late enrollment = $\$17.47$ per month permanent penalty
- $\$2,935.20 / \$17.47 = 168$ months / 12 = 14 years of paying the penalty to equal 1 year of Part B premiums

Forever Hold Your Peace

1 year	=	10% penalty
2 years	=	20% penalty
3 years	=	30% penalty

Postal Reform

- Details coming before 2025 when new law takes effect
- Postal retirees with FEHBP join Part B without “late enrollment” penalty (April 1 – September 30, 2024)
- If you are at least 64 as of January 1, 2025, you will not be required to enroll in Part B

Reviewing Your Options: Tricare for Life



TRICARE FOR LIFE

RI 79-9 FEHB Cancellation/Suspension



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT OPERATIONS
WASHINGTON, DC 20415-3532

For CSRS and FERS Annuitants, Survivor Annuitants, and Former Spouse Annuitants

	Date
	Claim number
	CS

Health Benefits Cancellation/Suspension Confirmation

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Please read the front and back of this form and check only the ONE block that applies to you. Please note that the Affordable Care Act (ACA) requires that individuals maintain minimum essential coverage (MEC). For more information, please visit the IRS website at www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. Because many annuitants who cancel their FEHBP enrollments will not be eligible to reenroll, we want to be sure you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form indicating that you understand how your request will affect your future FEHBP enrollment eligibility. **Any Questions? Call OPM at 1-888-767-6738.**

A. **I am cancelling my FEHBP enrollment to be covered under a family member's FEHBP enrollment.**
If you are cancelling your FEHBP enrollment because you will be covered under your spouse's FEHBP enrollment and your spouse is a Federal employee, please include with this form a copy of your spouse's SF 2809, *Health Benefits Registration Form*, showing the change to a family enrollment. If your spouse is an annuitant, please give us your spouse's name and annuity claim number.

Spouse's name (Last, first, middle)	Spouse's claim number

If you cancel FEHBP coverage for this reason, we will coordinate the effective date with the effective date of your new coverage under your spouse's enrollment.
Reenrollment eligibility: As long as you are continuously covered as a family member on your spouse's FEHBP enrollment, you will be eligible to resume your own enrollment if your coverage under your spouse's enrollment ends for any reason.

B. **I am cancelling my FEHBP coverage for reasons other than the situation described in part A.**
We will cancel your enrollment effective the end of the month in which we receive this signed and dated form. Any health benefits premiums you pay for a period after the cancellation effective date will be refunded in one of your future monthly annuity payments.
Reenrollment eligibility: If you check this block to cancel your FEHBP enrollment, you will not be eligible to reenroll in the FEHBP. Additionally, if you cancel your FEHBP enrollment, you and any family members covered by your enrollment will not be entitled to the free 31-day extension of coverage to convert to an individual health benefits contract or to enroll for Temporary Continuation of Coverage.

I certify that I have read and understand the information on cancelling FEHBP coverage. I understand that if I checked block B, I will never again be eligible to enroll in the Federal Employees Health Benefits Program.		
Signature	Daytime Telephone No. (including area code)	Date

Previous editions are not usable. **SUSPENSION INFORMATION IS SHOWN ON THE REVERSE** RI 79-9
Revised August 2014



Reviewing Your Options: Medicare Options



An official website of the United States government [Here's how you know](#) Cambiar a español

Medicare.gov Basics Health & Drug Plans Providers & Services Chat Log in


[Home](#) > Medicare Health Plans Search Print

[Medicare \(Part C\): Sign up or Change Plan Information](#)

Medicare Health Plans

Medicare health plans provide Part A (Hospital Insurance) and Part B (Medical Insurance) benefits to people with Medicare. These plans are generally offered by private companies that contract with Medicare. They include Medicare Advantage Plans (Part C), Medicare Cost Plans, Demonstrations/Pilots, and Program of All-inclusive Care for the Elderly (PACE).

Are you new to Medicare, or looking for basic information about your Medicare coverage options? [Get started with Medicare.](#)



Your health plan options

Learn about the different types of Medicare health plans.

[Explore My Options](#)

Your costs

Learn about Medicare health plan costs.

[Understand My Costs](#)

Your eligibility

Find out if you're eligible for a plan and how to join.

[Joining a Plan](#)

Have other coverage? [Learn how Medicare works with other insurance.](#)

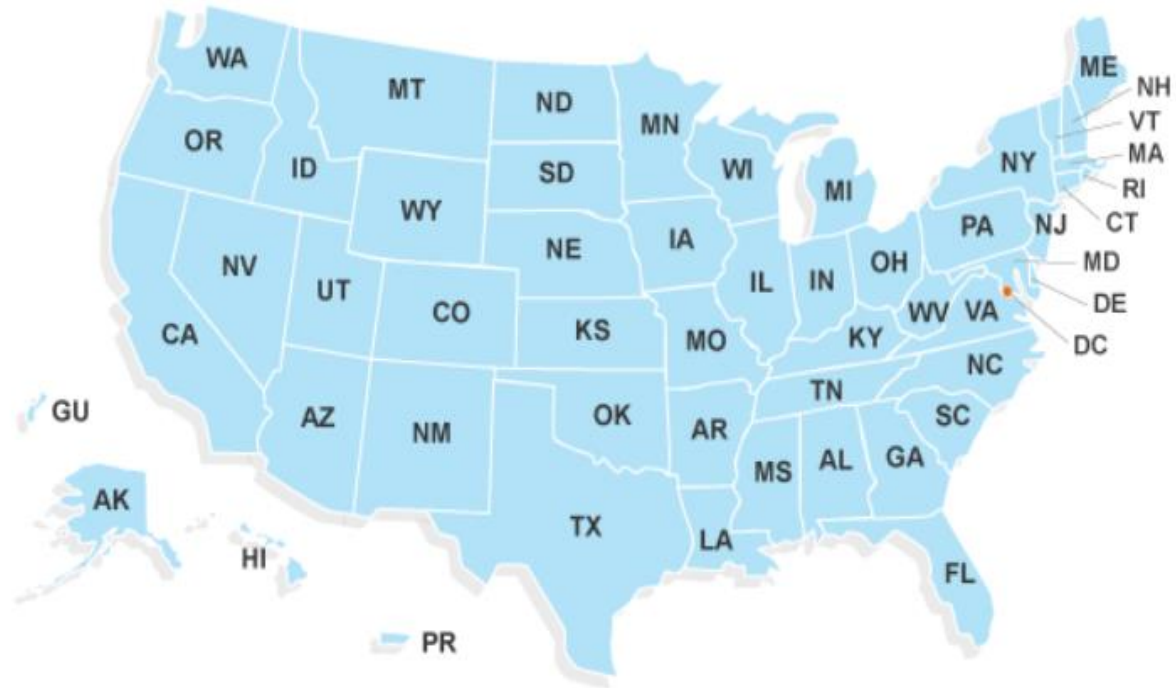
Step One: Eliminate the Obvious

Step One: FEHB Plans Available to You



Zip Code and Employing Agency Determines Your Available Options

Click on your state to view all plans available in that state



Step One: Plans Available to You



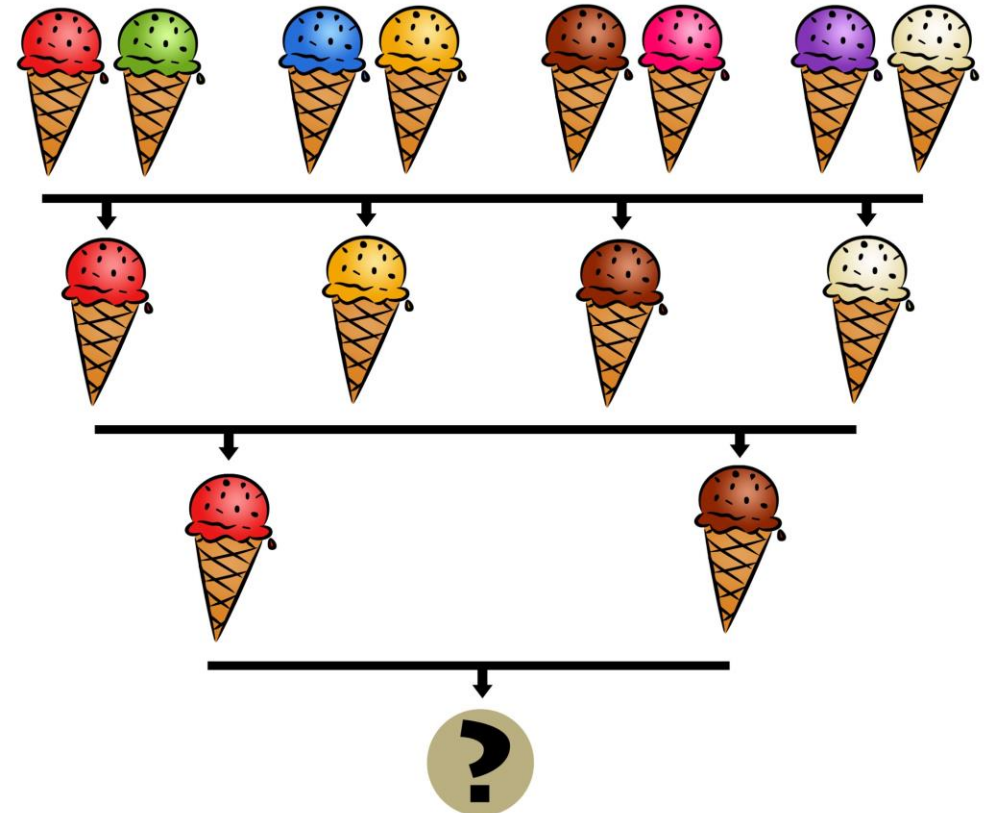
Reduce **158** plan choices down to less than **20 or 30** plans

42 in DC and 27 in Sioux Falls

Nationwide Fee-for-Service Open to All

Plan - Plan Code	Plan Brochure	Plan Brochure Download	Provider Directory	Plan Website
APWU Health Plan - 47	Brochure Link	Download PDF	Go	Go
Blue Cross and Blue Shield Service Benefit Plan Basic Option - 11	Brochure Link	Download PDF	Go	Go
Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus - 13	Brochure Link	Download PDF	Go	Go
Blue Cross and Blue Shield Service Benefit Plan Standard Option - 10	Brochure Link	Download PDF	Go	Go
GEHA Benefit Plan - 31	Brochure Link	Download PDF	Go	Go
GEHA HDHP - 34	Brochure Link	Download PDF	Go	Go
GEHA Indemnity Benefit Plan - 25	Brochure Link	Download PDF	Go	Go
MHBP Consumer Option - 48	Brochure Link	Download PDF	Go	Go
MHBP Standard Option - 45	Brochure Link	Download PDF	Go	Go
MHBP Value Plan - 41	Brochure Link	Download PDF	Go	Go
NALC Health Benefit Plan - 32	Brochure Link	Download PDF	Go	Go
NALC Health Benefit Plan - KM	Brochure Link	Download PDF	Go	Go
SAMBA Health Benefit Plan - 44	Brochure Link	Download PDF	Go	Go

CONFUSED BY TOO MANY CHOICES



Step One: Plans Must Have Incentives



Wrap-Around Coverage

- Waive deductible, copays and coinsurance when Medicare pays first

Part B Reimbursement

- Provides health fund or direct reimbursement for some of Part B premium

Prescription Drug Coverage

- Part B does not cover outpatient prescription drugs
- Choose a plan that meets your prescription drug needs

Flexibility

- Ability to use doctors of your choice
- Overseas coverage
- National or regional coverage



Step One: Plans Must Have Incentives



For 2024, 39 FEHB Plans will offer Medicare Advantage or Medicare Part D plans that automatically coordinate with FEHB through an **Employer Group Waiver Plan (EGWP)**

- \$35 Cap on insulin
- Lower cost for more expensive drugs
- No additional premium (but IRMAA surcharge may apply for higher income)
- More approved prescription drugs
- Out-of-pocket cap on pharmacy annually (i.e. BC/BS Standard cap is \$2,000 per member)
- Must be enrolled in Medicare Part A and / or Medicare Part B



Step One: Plans Must Have Incentives



Introduced in 2015 as the first FEHB plan designed for retirees with Medicare A & B:

Highlights of Aetna Direct

- Low Premiums
- A **\$900 (\$1,800** for +1 and Family) fund to help you save money on your Part B premiums
- Waived deductibles and coinsurance for medical care when Medicare Parts A and B are primary
- Prescription coverage
- Seamless coordination of claims — no claims forms
- Nationwide **network** and coverage
- No referrals

This plan will continue to offer Part B reimbursement when enrolled in Medicare Advantage:

Highlights of Aetna Medicare Advantage

- Low premiums
- **\$1,200** Medicare Part B premium reduction for eligible members (**\$2,400** for Medicare couple)
- **Added programs such as Silver Sneakers and Healthy Home Visits**
- \$0 deductible and coinsurance for medical care
- Prescription copays as low as \$2
- No claim forms
- Nationwide coverage
- No referrals

Step One: Plans Must Have Incentives



These plans will offer Part B reimbursement when enrolled in Parts A & B and/or Medicare Advantage

HMO

- Aetna Advantage
- CDPHP (Standard) New York
- Health Alliance Plan (High/Standard)
- Health Partners (High)
- Kaiser Permanente (High & Standard depending on location)
- MD I.P.A. (High)
- Medical Mutual Of Ohio (Standard)
- United Healthcare (various)
- UPMC Health Plan (Standard)

Restricted National Plan

- Compass Rose (High)
- Foreign Service Benefit Plan (High)
- Rural Carrier Benefit Plan (High)

Plans open to all

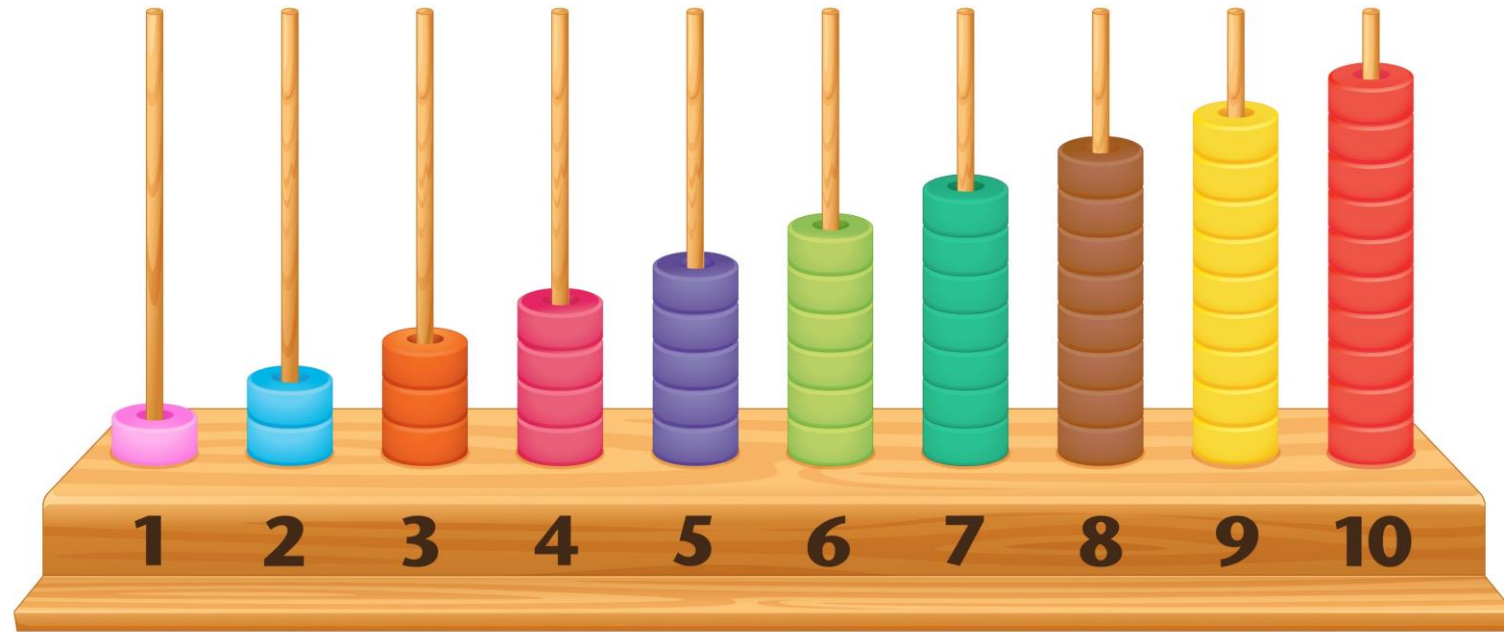
- Aetna Direct
- APWU (High)
- BC/BS Service Benefit Plan (Basic)
- GEHA (High)
- MHBP (Standard)
- NALC (High)
- SAMBA (High/Standard)



Step One: Plans Must Have Incentives



Most FEHB plan carriers offer at least one plan choice with Medicare incentives.



Step One: Medicare Advantage and FEHB



Things to Love About this Option

- No extra cost
- Continue FEHB coverage
- Reimbursement for Part B
- Perks, for example:
 - Transportation
 - Meal Delivery
 - Silver Sneakers

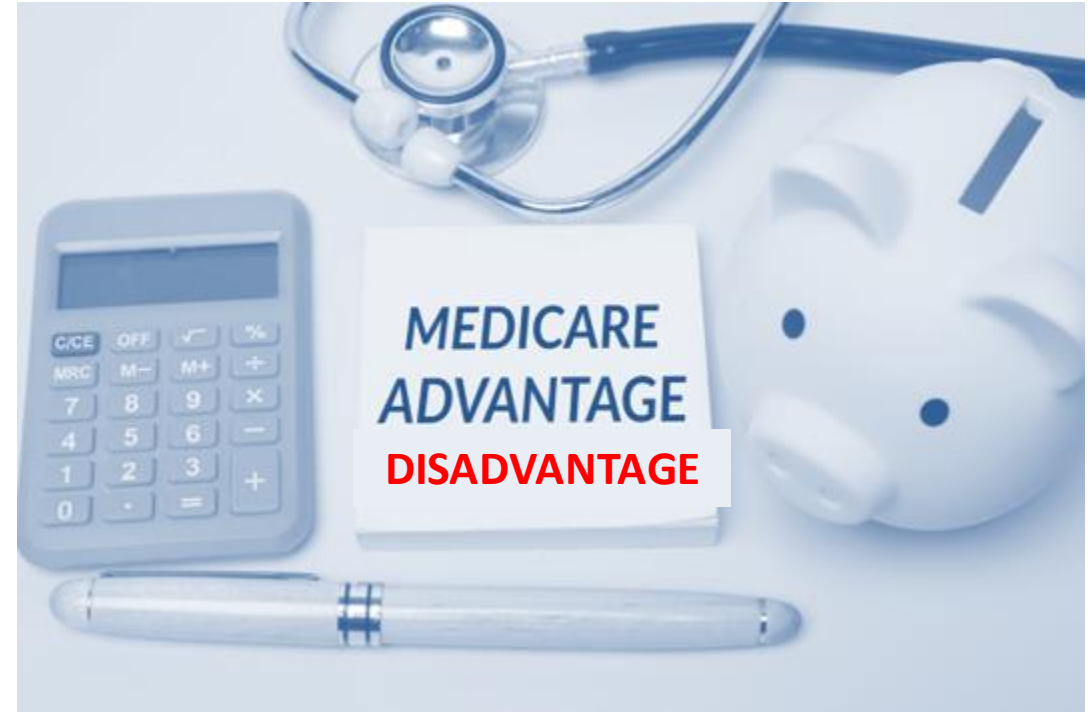


Step One: Medicare Advantage and FEHB



Things to Be Aware of:

- Be sure to do 2-Step enrollment
- 1 Card
 - The plan, not CMS will pay your providers
- Check drug formulary
 - You may need prior authorization or a new prescription for mail order medications
- Part D IRMAA
- Providers Must Accept Plan
 - Accepting the plan means the doctor is willing to see the retiree and bill [insert your provider] (Aetna, UnitedHealthcare, etc.)



Step One: Medicare Advantage and FEHB



Contact Your Providers / List of Questions

- Do you accept Medicare patients?
 - In some practices, new patients may be limited, however, if you are a current patient, you should be able to stay
 - Do you accept my plan?

Dear Provider,

Your patient is a member of the Aetna MedicareSM Plan (PPO) with Extended Service Area (ESA) – also known as the Aetna Medicare Advantage plan.

Aetna is a retiree benefits health plan partner. This retiree will be a member of the Aetna Medicare Advantage PPO ESA. This unique, customized group plan is only available to members whose former employer sponsors these plans.



You can see Aetna Medicare Advantage members even if you're not part of our network.

Just read this information sheet to learn how Aetna Medicare makes it easy for your patients to continue seeing you under our plan, regardless of whether you are in our network.

If you have questions after using the resources, just call **1-800-624-0756**, Monday–Friday, 8 AM–5 PM local time.

58.02.325.1-PROVIDER-B (6/20)



 Medicare PPO	
ESA PPO OPTION 1 PLAN GROUP 420091	MEMBER SINCE 2011
ID METESTID NAME JOHN Q SAMPLE	
BIN 610502 PCN PARTBAET	
ISSUER (80840)	
PCP 0 ER 0 SP 0 HO 0/A AS 0	
PRINTED ON: 09/17/2018	CMS- CONTRACT PBP

www.aetnaretireplans.com	
Customer Service:	1-888-267-2637
Medical and Behavioral Health	1-800-556-1555
24 Hour Nurse Line	1-800-624-0756
Provider Line	711
TDD/TTY	
Send claims to: Aetna Medicare PO BOX 981106 EL PASO, TX 79998-1106	
This card does not guarantee coverage.	
Payer ID# 60054	Medicare limiting charges apply. 0320-0117



Step One: Family Considerations



Spouse under age 65

- Make sure the plan provides incentives for the Medicare spouse, but also provides adequate coverage and benefits for the spouse not yet eligible.

Children under 26

- All FEHB plans are open to eligible family members, however some plans may work better than others

Spouse employed in federal service

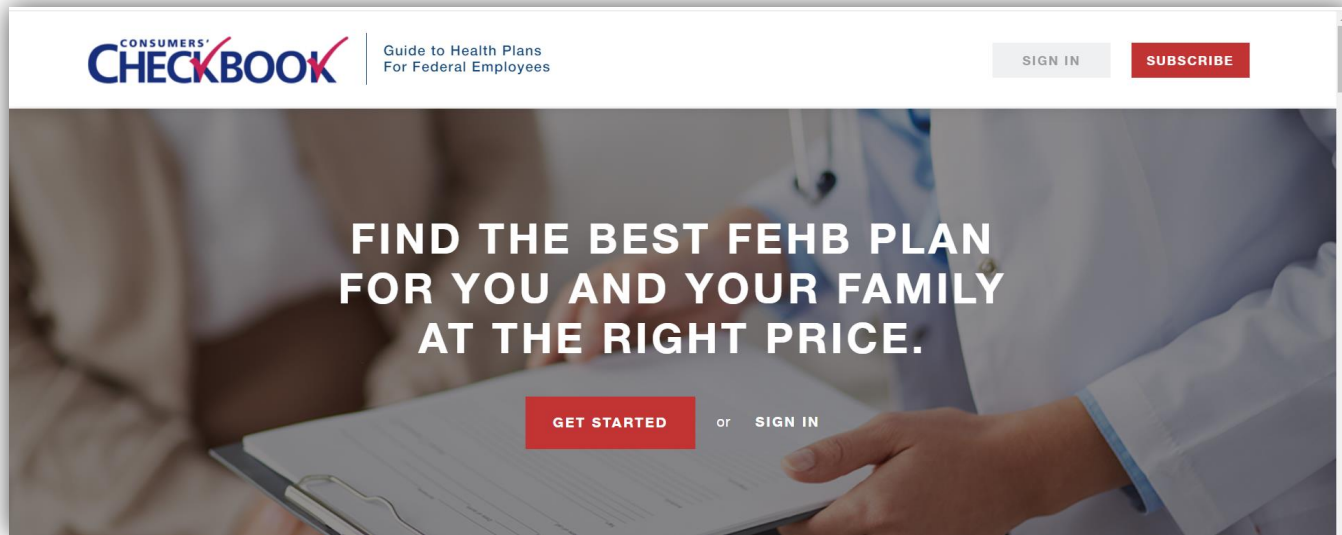
- If one spouse is employed, it may be best for that spouse to carry FEHB for the family
 - Employees pay with pre-tax dollars
 - Allows spouse over 65 to delay Medicare without late enrollment penalty while covered by “current employment” health coverage

Spouse with Tricare

- Suspend FEHB in retirement
- Delay TFL and Part B while employed
- Primary FEHB (while employed) or Medicare, then Tricare as secondary or third payer

Step Two: Narrow Your Choices

Step Two: Narrow Your Choices



www.checkbook.org/newhig2/hig.cfm

Compare plan options and costs under Medicare

- **2024 Guide to Health Plans for Federal Employees**
- **NARFE Members save 20% using code **20NARFE****



Step Two: Finding Your Top Three



Guide to Health Plans
For Federal Employees

READ ADVICE

HELP

LOGOUT

Start Again

Print Comparison Report

Plan Brochures

STEP 1
Who will be covered

STEP 2
Medicare

STEP 3
Find My Doctor

STEP 4
Compare Plans

STEP 5
Enroll

[Return to Main Plan Comparison Table](#)

Basic Plan Information and Overall Ratings	Aetna Direct CDHP	Blue Cross Basic	GEHA-Hi	MHBP-Std
	Yearly Cost Estimate: \$4,170 Yearly Cost in a Bad Year: \$5,450	Yearly Cost Estimate: \$4,630 Yearly Cost in a Bad Year: \$6,260	Yearly Cost Estimate: \$5,440 Yearly Cost in a Bad Year: \$7,820	Yearly Cost Estimate: \$5,130 Yearly Cost in a Bad Year: \$6,360
Print	Enroll	Enroll	Enroll	Enroll
Plan Type [?]	CDHP	PPO	PPO-FEE	PPO-FEE
Plan Code [?]	N61	111	311	454
Summary of Enrollment Limitations	None	None	None	None
Overall Quality Score [?]				

Premium	Aetna Direct CDHP	Blue Cross Basic	GEHA-Hi	MHBP-Std
Monthly FEHB + Med B Premium [?]	\$325	\$353	\$394	\$339
Annual FEHB + Med B Premium [?]	\$3,900	\$4,230	\$4,730	\$4,070
Part B Rebate [?]	None	\$800	\$1,000	None
Savings Account Contribution	Aetna Direct CDHP	Blue Cross Basic	GEHA-Hi	MHBP-Std
Amount [?]	\$900	NA	NA	NA



Step Two: Finding Your Top Three



Comparing FEHB with Medicare Advantage options

CONSUMERS' CHECKBOOK | Guide to Health Plans For Federal Employees

[READ ADVICE](#) | [HELP](#) | [LOGOUT](#)

[Start Again](#) | [Print Comparison Report](#) | [Plan Brochures](#)

STEP 1 Who will be covered | STEP 2 Medicare | STEP 3 Find My Doctor | STEP 4 Compare Plans | STEP 5 Enroll

[Return to Main Plan Comparison Table](#)

Basic Plan Information and Overall Ratings	Aetna Advantage (Medicare Advantage) ?	MHBP - Std (Medicare Advantage) ?	NALC-Hi (Medicare Advantage) ?	SAMBA-Std (Medicare Advantage) ?
	Yearly Cost Estimate: \$3,310 Yearly Cost in a Bad Year: \$4,390	Yearly Cost Estimate: \$4,010 Yearly Cost in a Bad Year: \$4,960	Yearly Cost Estimate: \$4,290 Yearly Cost in a Bad Year: \$4,980	Yearly Cost Estimate: \$4,030 Yearly Cost in a Bad Year: \$5,050

Monthly FEHB + Med B Premium ?	\$290	\$339	\$388	\$348
Annual FEHB + Med B Premium ?	\$3,480	\$4,070	\$4,660	\$4,170

Step Two: Finding Your Top Three



Aetna Advantage
www.aetnafeds.com
Customer service 888-238-6240

2024

An Individual Practice Plan with an Aetna Advantage Option

Serving: In all 50 states and the District of Columbia

This plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See FEHB Facts for details. This Plan is accredited. See Section 1.

IMPORTANT

- Rates: Back Cover
- Changes for 2024: Page 21
- Summary of Benefits: Page 112



Underwritten and administered by: Aetna Life Insurance Company

Enrollment in this Plan is limited: You must live or work in our geographic service area to enroll. See Section 1 for requirements.

Enrollment codes for this Plan:

Z24 Aetna Advantage Plan - Self Only
Z26 Aetna Advantage Plan - Self Plus One
Z25 Aetna Advantage Plan - Self and Family

Authorized for distribution by the:

United States Office of Personnel Management
Healthcare and Insurance
http://www.opm.gov/insure

RI 73-906

- Plan brochure:**
- Changes for 2024
 - Rates
 - Summary of Benefits Page
 - Section 9 / Medicare coordination
 - Searchable online

2024 Rate Information for the Aetna Advantage Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or www.opm.gov/Tribalpremium.

Premiums for Tribal employees are shown under the Monthly Premium Rate column. The amount shown under employee pay is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Premium Rate			
		Biweekly		Monthly	
		Gov't Share	Your Share	Gov't Share	Your Share
Advantage Option Self Only	Z24	\$173.09	\$57.69	\$375.02	\$125.00
Advantage Option Self Plus One	Z26	\$380.78	\$126.92	\$825.02	\$275.00
Advantage Option Self and Family	Z25	\$458.66	\$152.88	\$993.75	\$331.25

Step Two: Finding Your Top Three



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Covered vision care exams
That's the Benefit of Blue.®

BlueCross BlueShield
FEP Vision
Open Season is 11/13 – midnight, ET 12/11

FEDVIP

Home | Federal Benefits Open Season Resources

Federal Benefits Open Season Resources

Welcome to NARFE's one-stop shop for all your federal health benefits Open Season needs. Here you will find the information and resources necessary to make informed decisions about your federal health, dental, vision and flexible spending account benefits during the 2023 Federal Benefits Open Season.

Research Your Options With NARFE

Get help navigating your choices with exclusive resources for NARFE members. If you're not a member, never fear. When you join NARFE, you get access to Open Season and other webinars, NARFE Magazine, assistance from NARFE's federal benefit specialists and much, much more.

[FIND OUT MORE](#)



Step Two: Side-by-Side Comparison



	Plan A	Plan B	Plan C
Hearing Aids	No Benefit	\$3,000 / every 3 years	\$1,000 / every 5 years
Skilled Care	30 days	60 days	No benefit
Physical Therapy	20 visits	40 visits	24 visits
Dental	No benefit	Little coverage	Some coverage
Vision	Once / year with frames allowance	No benefit	No benefit
Prescriptions	My prescriptions are generic	Name brand drugs: Search carefully	Part B covers many specialty medications
Other	??	??	??

Step Three: Making the Change

Step Three: Making the Change

Open Season



An official website of the United States government [Here's how you know](#)

OPM U.S. Office of Personnel Management

About Policy Insurance Retirement Suitability Agency Services Operating Status

OPM.gov / Open Season /

Open Season is [November 13 – December 11, 2023](#)

Sign up by December 11

COUNTDOWN TO THE START OF OPEN SEASON

22	11	24	33
DAYS	HRS	MINS	SECS

OPM U.S. Office of Personnel Management

About Policy Insurance Retirement Suitability Agency Services Operating Status

OPM.gov / Insurance / FEHB Open Season

FEHB Open Season Online

Thanks for a great Open Season!! Open Season Online will be available for the next open season early November.

We've implemented a new process for signing into Open Season Online to better protect your personal information. Access to Open Season Online requires a Login.gov account, which is the Government's secure login tool. If you haven't already, please [Create an Account](#) with Login.gov. You will use your Login.gov credentials to sign into Open Season Online once the Open Season period has begun. If you have any problems with Login.gov, please call (844) 875-6446, 24 hours a day, 7 days a week.

If you already have a Login.gov account, you don't need to create a second one. Prior to the Open Season period, please verify you can access your Login.gov account by [Signing In](#) using your existing Login.gov email address, password, and your chosen Login.gov authentication method. These existing credentials are what you will use to sign into Open Season Online once the Open Season period has begun.

Additional Sign-in instructions can be found by clicking on this [Step-by-Step Sign-in Guide](#).

In this section

- Open Season Online Home
- Sign In / Register with Login.gov
- Brochures
- Open Season Health Benefits Guide
- Rate This Site
- Login.gov Info
- FAQs

Access Open Season Online using Login.gov
Create account
Call 844-875-6446, 24/7

<https://www.opm.gov/healthcare-insurance/open-season>



Step Three: Making the Change

OPM Form 2809



FEHB Federal Employees Health Benefits Program

Health Benefits Election Form Form Approved: OMB No. 3206-0141

Who May Use OPM Form 2809

- Annuitants retired under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS)
- Survivor annuitants under CSRS or FERS
- Former spouses
- Children and former spouses who are eligible for temporary continuation of coverage

Instructions for Completing OPM 2809
Type or print firmly.

Part A — Enrollee and Family Member Information.
You must complete this part.

Item 1. Enter your legal name.

Item 2. Provide your Social Security number.

Item 3. Enter your date of birth.

Item 4. Enter your sex.

Item 5. If you are separated but not divorced, you are still married.

Item 6. Enter your emailing address.

Item 7. If you have Medicare, check which Parts you have, including prescription drug coverage under Medicare Part D.

Item 8. If you have Medicare, enter your Medicare Claim Number. This number is on your Medicare card.

Item 9. If you are covered by other health insurance (private, state, Medicaid, Peace Corps, TRICARE, CHAMPVA, or another FEHB enrollment), either in your name or under a family member's policy, check yes and complete item 10.

TRICARE is a health care program for active duty and retired members of the uniformed services, their families, and survivors. This includes TRICARE for Life for members age 65 and older.

Item 10. Select or write the name of any other insurance that covers you.

Item 11. If applicable, provide your email address.

Item 12. Provide your day time telephone number.

If your enrollment is for Self and Family, complete information for your family members. (If you need extra space for additional family members, list them on a separate sheet and attach.)

The instructions for completing items 13 through 24 for your initial family member also apply to the information you provide for additional family members in items 25 through 48.

Item 14. Please provide Social Security numbers for your dependents, if they have one. If your dependents do not have Social Security numbers, leave blank; benefits will not be withheld. (See Privacy Act Statement on page 4.)

Item 15. Provide the date of birth of the family member.

Item 16. Provide sex of family member.

Item 17. Provide the code which indicates the relationship of each family member to you.

Code	Family Relationship
01	Spouse
19	Child under age 26
09	Adopted Child
17	Stepchild
10	Foster Child
99	Disabled child age 26 or older who is incapable of self-support because of a physical or mental disability that began before his/her 26th birthday.

Item 18. If your family member does not live with you, enter his/her home address.

Item 19. If a family member has Medicare, check which Parts he/she has, including prescription drug coverage under Medicare Part D.

Item 20. If your family member has Medicare, enter his/her Medicare Claim Number. This Number is on his/her Medicare card.

Item 21. Indicate whether the family member has health coverage other than Medicare.

Item 22. If a family member has TRICARE (see item 9), or other group insurance (private, state, Medicaid, Peace Corps, or another FEHB enrollment), check the box. Give the name and policy number of any other insurance this family member has.

Item 23. Enter email address, if applicable, for your spouse or adult child.

Item 24. Enter the preferred telephone number, if applicable, of your spouse or adult child.

Family Members Eligible for Coverage
Unless you are a former spouse or survivor annuitant, family members eligible for coverage under your Self and Family enrollment include your spouse and your children under age 26. Eligible children include your legitimate or adopted children, step children, recognized natural children, or foster children, who live with you in a regular parent-child relationship.

Other relatives (for example, your parents) are **not** eligible for coverage even if they live with you and are dependent upon you.

If you are a former spouse or survivor annuitant, family members eligible for coverage under your Self and Family enrollment are the natural or adopted children under age 26 of **both you and your former or deceased spouse.**

OPM Form 2809
Revised December 2013

Previous editions are not usable.

Who May Use OPM Form 2809

- Annuitants retired under CSRS or FERS
- Survivor annuitants under CSRS or FERS
- Former spouses
- Children and former spouses who are eligible for temporary continuation of coverage





Table of Permissible Changes in FEHB Enrollment

- Enrollment may be cancelled or changed from *+1 or family to self only* at any time
- Qualifying Life Events (QLEs):
 - QLE 2A – 2M Annuitant / Survivor Annuitant
 - QLE 3A – 3K Former spouse (spouse equity provisions)
 - QLE 4A – 4I TCC for former spouses and children
- 2L, 3J, 4I On becoming eligible for Medicare (once / life)

Step Three: Making the Change

Qualifying Life Event



- Using Open Season Express by calling 1-800-332-9798, or,
- Sending regular mail (**Postmarked no later than final date of Open Season**) to:
Office of Personnel Management
Open Season Processing Center
P.O. Box 5000
Lawrence, KS 66046-0500

When using this option, please clearly state your Open Season request. If you are making an enrollment change, be sure to tell us the **plan you want**, the **type of coverage** (Self Only, Self Plus One or Self and Family), and the **enrollment code**. Remember to include your **annuity claim number** and **social security number** on your request. If you are choosing Self Plus One or Self and Family coverage, we will also need your **eligible family member's information** and **other insurance information** as specified in the instructions mailed to you at the beginning of Open Season.



Step Three: Making the Change

Open Season



To get help and enroll:

- Office of Personnel Management
www.opm.gov/insure
- Federal Dental and Vision Insurance Program (FEDVIP)
www.benefeds.com
- Flexible Spending Account Program (FSA) **Employees Only**
www.fsafeds.com
- Contact OPM by phone or mail (call early for fastest service)
<https://www.opm.gov/retirement-center/>



Step Three: Making the Change Open Season and NARFE



The screenshot shows the NARFE website's "Federal Benefits Open Season Resources" page. The page features a navigation bar with links for Membership, Advocacy, Federal Benefits Institute, News & Events, About NARFE, For Members, and Donate Now. The main content area includes a section titled "Research Your Options With NARFE" with a "FIND OUT MORE" button. Below this is a section for "Federal Benefits Institute Webinars and Other Resources" with four featured items, each with a "REGISTER TODAY!" button.

Federal Benefits Open Season Resources

Welcome to NARFE's one-stop shop for all your federal health benefits Open Season needs. Here you will find the information and resources necessary to make informed decisions about your federal health, dental, vision and flexible spending account benefits during the 2023 Federal Benefits Open Season.

Research Your Options With NARFE

Get help navigating your choices with exclusive resources for NARFE members. If you're not a member, never fear. When you join NARFE, you get access to Open Season and other webinars, NARFE Magazine, assistance from NARFE's federal benefit specialists and much, much more.

Federal Benefits Institute Webinars and Other Resources

- To B or Not to B: Is Medicare Part B Right for You?**
Available on demand to NARFE members. Join for access. (Broadcast October 12, 2023)
- BlueCross BlueShield's FEP Medicare Prescription Drug Program**
This webinar will highlight a new Medicare Part D drug plan that offers additional approved prescription drugs in some tiers and lower out-of-pocket costs for high-cost drugs.
- Understanding the Pros and Cons of Medicare Advantage Plans**
This webinar will aid retirees who are eligible for Medicare in deciding whether to enroll in a Medicare Advantage plan.
- Choosing the Best FEHB Plan: Medicare Edition**
This webinar will help retirees who are eligible for or enrolled in Medicare choose a health plan that works well with Medicare.

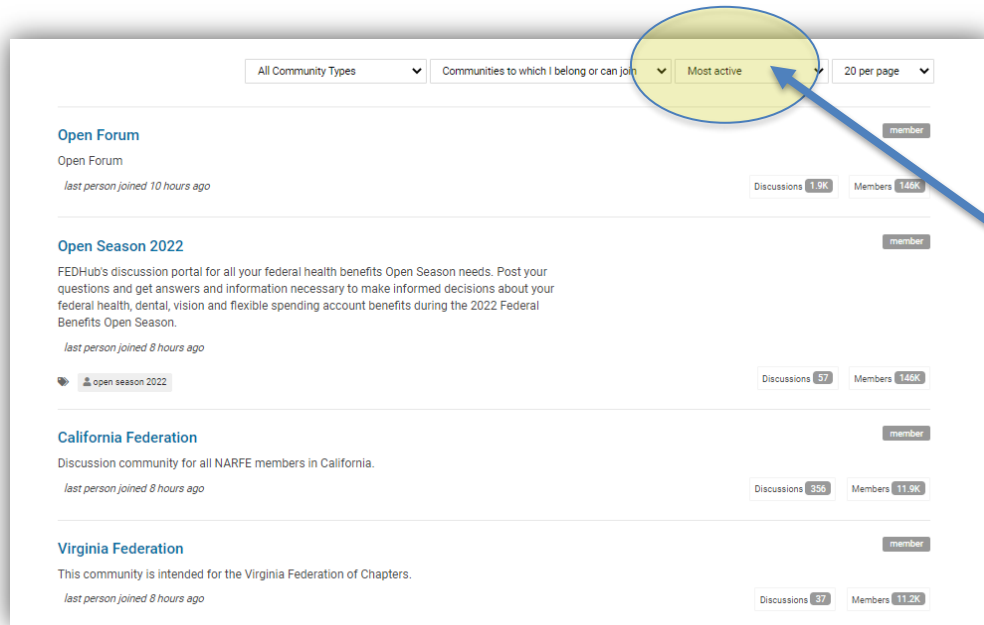
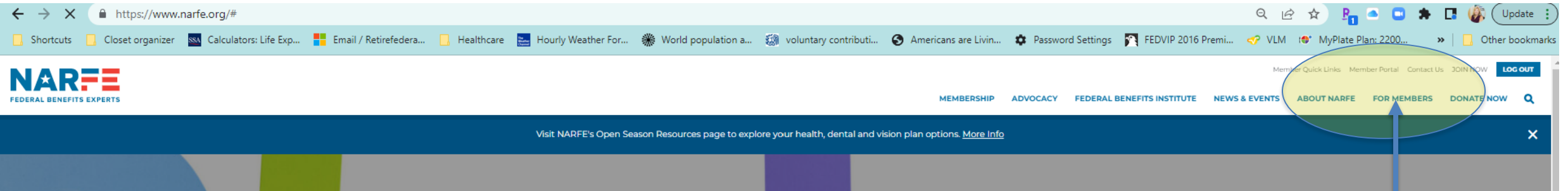
Find all your Open Season Information here!

<https://www.narfe.org/open-season/>

- Plans
- Premiums
- Webinars
- Articles



Step Three: Making the Change Open Season and NARFE



After signing into www.narfe.org, go to the “For Members” area and you will find the link to FEDHub!




Once you sign into FEDHub, go to Suggested Communities and search “Most Active” to easily find the Open Season forum!

Step Three: Making the Change Open Season and NARFE



Ask questions and find out about other NARFE members and their experience.

2. RE: What has been your experience with Medicare and FEHB?

 Posted 28 days ago Reply

[Ken Sosne](#)

Tammy

I just switched to BC/BS Basic from BC/BS Standard.


Under standard with Medicare it worked very well and I had no co-pays except for prescriptions not covered by Medicare. BC/BS picks that up. It worked very well.

Now that I switched I did get back \$800 in Medicare rebates from BC/BS and one needs to contact Wageworks to set up the direct deposit of this incentive. Wageworks is on the web.

With Plan 111 and Medicare it is too soon to tell but appears to be cost saver \$173 per month compared to \$262. Rates are rising for 2023.


In my limited experience BC/BS basic with Medicare as primary is a good choice.

4. RE: What has been your experience with Medicare and FEHB?

 Posted 28 days ago Edited by WAYNE DEVRIES 27 days ago Reply

My wife and I have Medicare A & B (standard rates) & switched to BC/BS Basic 2... et is tight, no thanks to... network, no problem... pe of plan, a personal

5. RE: What has been your experience with Medicare and FEHB?

 Posted 27 days ago Reply

[Evelyn J Seabrook](#)

I have had GEHA for many years as I enrolled while employed. The reason I chose GEHA because it was the only health insurance that did not require pre-clearance for medical treatment if you were home or if you were visiting away from your home state. (There have always been certain provisions while travelling outside of the United States.) That was an important factor because my close family lived in another state, and I needed to visit as often as I could. Upon retirement I kept GEHA. Three months prior to my 65th birthday I agreed to enroll in Parts A and B of Medicare. This combination of insurances worked well for me, and I have no interest in changing any of these options. I have High-Self-Only with GEHA. When I have doctor's appointments, I do not have to open my pocket. I visited the eye doctor recently and, needed to pay a co-pay for dilation reporting. Once the billing was processed, I received a full refund. A portion of my routine dental care is paid for. Surgeries are fully paid by both insurances. Critical case management is routinely paid in full, or as requested. I don't have to pay for that. I receive an annual rebate of \$600.00. I get financial credit for diagnostic some exams. I use that credit to pay for prescriptions. There are some diagnostics that do not give me credit as I am on the latter side of age 75 and, that is an exclusion with GEHA. Other than that, I am satisfied with GEHA. Even if the premiums increase, and they will increase, I have absolutely no interest in leaving GEHA.



Contact us to find out how you can save



Rick Tapnio:

- **TapnioR@cvshealth.com**
- **(959) 230-9160**

Schedule a one-on-one callback at

[AetnaFedsLive.com](https://www.aetna.com/fedslive)

View plan information at

[AetnaFeds.com/RetireePlans](https://www.aetna.com/RetireePlans)



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Thank You!

A NARFE Federal Benefits Institute Webinar
Presented by Tammy Flanagan
Email fedbenefits@narfe.org

Closed Captioning (CC) is available on the recorded version of this webinar.