



DEPARTMENT OF DEFENSE
DEFENSE CIVILIAN PERSONNEL ADVISORY SERVICE
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FOR: CIVILIAN PERSONNEL POLICY COUNCIL MEMBERS

FROM: Defense Civilian Personnel Advisory Service Director, Mr. Daniel J. Hester

SUBJECT: Final Benefits Administration Letters for the 2021 Federal Benefits Open Season

AUDIENCE: Human Resources Offices and Benefits Service Centers

ACTION: Disseminate to Department of Defense Human Resources (HR) Practitioners

REFERENCES:

- a. Benefits Administration Letter (BAL) 21-402, "2021 Federal Benefits Open Season: Ordering and Distributing Materials and Conducting the Open Season," dated October 7, 2021 (attached)
- b. BAL 21-403, "2021 Federal Benefits Open Season: Significant Plan Changes," dated October 8, 2021 (attached)

BACKGROUND/INTENT: The Office of Personnel Management issued references (a) and (b), the remaining BALs in the series providing guidance for the 2021 Federal Benefits Open Season which pertain to the Open Season for appropriated fund employees. Agencies are encouraged to share the resource materials and websites identified in these BALs with employees.

At the end of 2021, there are five plans leaving the Federal Employees Health Benefits Program. Employees in terminating plans or service area reductions with terminating enrollment codes must elect a new plan during Open Season. Those who fail to elect a new plan will be auto-enrolled in Government Employees Health Association Indemnity Benefit Plan Elevate by their employing office. Other plan changes could also affect an employee's enrollment or coverage. As such, it is pertinent that employees are made aware of the significant plan changes listed in BAL 21-403 in addition to the Open Season resource materials provided in BAL 21-402.

The information in both BALs will prove useful to HR practitioners and employees as they navigate through this Open Season. Please post or distribute these resources expeditiously.

POINT OF CONTACT: Ms. Canary Scullark, Branch Chief, Benefits, Wage and NAF Policy, canary.scullark.civ@mail.mil, 571-372-1644.

Attachments:

As stated



*United States Office of Personnel Management
The Federal Government's Human Resources Agency*

Benefits Administration Letter

Number: [21]-[402]

Date: October 7, 2021

Subject: 2021 Federal Benefits Open Season: Ordering and Distributing Materials and Conducting the Open Season

This Benefits Administration Letter (BAL) is the second in our series of 2021 Federal Benefits Open Season BALs. This BAL (21-402) provides instructions for ordering and distributing Open Season materials including program-specific materials for the Federal Flexible Spending Account Program (FSAFEDS), Federal Employees Dental and Vision Insurance Program (FEDVIP), and Federal Employees Health Benefits (FEHB) Program. This BAL also provides instructions on conducting the Federal Benefits Open Season.

This year's Federal Benefits Open Season will run from Monday, November 8 through Monday, December 13, 2021.

The following attachments provide information regarding your responsibilities for the upcoming Federal Benefits Open Season and assistance for your employees:

- **Attachment 1:** Inform Employees and Provide Information about the Federal Benefits Open Season
- **Attachment 2:** Process Enrollment Actions

Open Season Materials

The following Open Season [resource materials](#) will be available to Benefits Officers on our website. You may also distribute the link to the materials to your employees.

- Open Season Flyer, Poster, and Banner

- FSAFEDS Program Flyer – explains how to enroll in FSAFEDS
- Federal Benefits FastFacts: The 2021 Federal Benefits Open Season is Coming! - provides a snapshot of basic information on Open Season
- Federal Benefits FastFacts: What to Consider During the Federal Benefits Open Season - provides a step-by-step process of what to consider during Open Season
- Federal Benefits Flyers - one-page summary of the Federal Benefits Programs
- Save Money On... Flyers - these flyers show how FSAFEDS, FEDVIP, and FEHB work together to save employees money
- Inform Employees and Provide Information about the Federal Benefits Open Season
- Process Enrollment Actions

In addition, information on [types of plans](#) available in the FEHB Program is on our website.

Brochures

Please assist us in “going green” by encouraging your employees to access all [FEHB brochures](#) online.

All FEHB and FEDVIP brochures are available on the OPM website in a Section 508-compliant format. Individuals may download a PDF version of the brochure for printing, if desired.

Please be aware that the deadline has now passed to order print FEHB Fee-for-Service (FFS) health plan brochures. If you did not order a supply of FFS health plan brochures, you can access these brochures at www.opm.gov/FEHBbrochures.

You can request print HMO plan brochures directly from the health plan contacts as described above.

You may obtain print FEDVIP brochures from the FEDVIP plans directly. You can also download the brochures and find FEDVIP plan contact information by going to www.opm.gov/fedvip and selecting “Plan Information” on the left of the page.

You may obtain FSAFEDS marketing materials at www.FSAFEDS.com.

Plan Contacts

Plan contact information for items listed below are available on our website at www.opm.gov/plancontacts.

- FEDVIP Plan Contacts for Requesting Brochures and Organizing Open Season Fairs
- FEHB Plan Contacts for Requesting HMO Brochures
- FEHB Plan Contacts Regarding Enrollment
- FEHB Plan Contacts for Ordering Materials for the Visually Impaired
- FEHB Plan Contacts for Organizing Open Season Fairs

Health Fairs

Contact the individual FEHB Carriers to request their participation in health fairs (in-person or virtual) you may be hosting. Plan contacts for health fairs are available at www.opm.gov/plancontacts.

Public Use Files

The purpose of the OPM FEHB and FEDVIP Plan and Benefits Information (PBI) Public Use Files (PUFs) is to provide agencies with detailed information on FEHB and FEDVIP plans in Excel format, including information on rates and benefits. This data will be available for download in October. Please visit www.opm.gov/puf to access the data files.

The PUFs are designed for agency system use. Please direct your employees to the [Plan Comparison Tool](#) or the [Plan Information](#) pages.

Premiums

[FEHB](#) and [FEDVIP](#) premiums will be posted on our website in October.

For 2022 there are several FEHB choices where the enrollee share of premiums for the Self Plus One enrollment type will be higher than for the Self and Family enrollment type. Enrollees who wish to cover one eligible family member are free to elect either the Self and Family or Self Plus One enrollment type. Enrollees should carefully check the rates of their current plan and any other plan options they are considering. If the Self and Family enrollee premium is less expensive, they may want to choose that enrollment type.

FSAFEDS

Current Participants Must Re-Enroll to Participate in 2022

Participants must re-enroll each year to continue participation. Enrollments do not carry forward from year to year.

New Eligible Expenses

Over-the-counter drugs and medicine are now eligible for reimbursement without a prescription from a physician. Face masks and hand sanitizer (with 60%+ alcohol base) are now eligible expenses.

New Employees

Employees have 60 days from the hire date to enroll but must enroll before October 1 or wait until the Federal Benefits Open Season.

Minimums and Maximums for the 2022 Benefit Period

- The maximum annual election for a Health Care Flexible Spending Account and the Limited Expense Health Care Flexible Spending Account is \$2,750.
- The minimum election for all FSAFEDS accounts is \$100.
- The maximum annual election for a Dependent Care Flexible Spending Account is \$5,000 per household.

Please Note: Recent legislation allows carry over of all remaining funds in a participant's 2021 Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA) when they re-enroll in the same account(s) in 2022. For the 2022 Plan Year, the carryover and grace period are as follows:

\$550 Carryover for HCFSA and LEX HCFSA

The maximum dollar amount of unspent 2022 funds that participants can carry into the following year (2023) is \$550. This applies only to HCFSA and LEX HCFSA and requires that a participant re-enroll in either account the following year.

Dependent Care Grace Period

A grace period of 2.5 months is allowed only in DCFSAs. Participants in a DCFSA with funds remaining at the end of 2022 may use the funds to incur eligible expenses from January 1, 2023 to March 15, 2023.

Use or Lose

Participants forfeit (lose) any amount above the carry over threshold (\$550) in their HCFSA or LEX HCFSA for which a claim is not incurred on or before December 31, 2022 and submitted no later than April 30, 2023. Participants forfeit (lose) any unused balance in a DCFSA for which a claim is not

incurred on or before March 15, 2023 and submitted no later than April 30, 2023.

For more information visit www.FSAFEDS.com.

Additional Information

If you are not already receiving the Benefits Info Listserv, please subscribe by sending an email to BENEFITSINFO@LISTSERV.OPM.GOV. In the body of the email, please indicate that you would like to be added to the listserv and include your first and last name.

If you have specific questions about the Federal Benefits Open Season, please contact your agency's benefits officer. If you do not know who the benefits officer is, please refer to <http://apps.opm.gov/abo> where you will find a list of agencies and their headquarters-level benefits officers.

We look forward to working with you in the upcoming 2021 Federal Benefits Open Season for enrollment for the 2022 plan year. As always, we encourage you and your employees to visit our website at www.opm.gov/insure.

Sincerely,

Laurie Bodenheimer
Associate Director
Healthcare and Insurance

Attachment 1: Inform Employees and Provide Information about the Federal Benefits Open Season

Communication

1. **Build awareness of the upcoming Open Season.** Employees need to know:

- The dates of Open Season and the effective date of the employee's Open Season change
- A brief description of **FSAFEDS**, **FEDVIP**, and **FEHB**
- What decisions they can/must make
- Where they can find additional information about the Programs

Start your awareness campaign early (such as the beginning of September) and follow through with consistent messages.

2. **Inform employees.** You can do this in various ways. Here are some examples:

- Send an email to all employees, including the materials and flyers available on the OPM website on the [Open Season Resources](#) page.

Also, include social media links.

- Facebook: www.facebook.com/usopm
- Twitter (News and Updates): <https://twitter.com/usopm>

- Host a virtual event
- Add Open Season tagline information to your email signature block
 - For example-
Jane Smith
The 2021 Federal Benefits Open Season - November 8th thru December 13, 2021
For more information visit the [Open Season](#) website.
- Add reminders to earnings and leave statements
- Publicize Open Season information on your agency's intranet site and other electronic employee communications
- Post Open Season notices, flyers, and banners in hallways, cafeterias, and break rooms
- Remind employees they will need their passwords for the BENEFEDS (**FEDVIP** enrollment website) and **FSAFEDS** websites

- Advise your employees who they can contact internally for help
3. **Agency benefit officer responsibilities.** It is the responsibility of the agency benefits officer at the headquarters level to provide Open Season information to the employees in the agency and guidance/information to the benefits officers in field offices.
- If you are in a field office and you do not know who your agency benefits officer at the headquarters level is, please go to <http://apps.opm.gov/abo>.

Materials

1. You can find detailed information about Open Season and all Open Season materials at www.opm.gov/openseason.
2. Plan Comparison Tool. The Plan Comparison Tool is available at www.opm.gov/FEHBcompare to use when shopping for a health plan.
3. Health plans and field offices alike report that boxes of health plan brochures go to waste because they are not used. Please consider how many brochures were actually used for the 2021 Open Season when ordering brochures for the 2022 Open Season. You may obtain FEHB and FEDVIP brochures from the plans directly. You can find [FEHB](#) and [dental](#) and [vision](#) brochures on OPM's website. You may obtain FSAFEDS marketing materials at www.FSAFEDS.com.

Open Season Fairs

1. **Assure equal access for FEDVIP and FEHB plans.** For employing offices hosting Open Season fairs, please be sure to invite all plans that are available to your employees. This includes plans new to the FEHB Program for 2022 and plans that have services area expansions. Information on new plans will be available in [Benefits Administration Letter 21-403](#).

Open Season fairs in some locations – with or without participation by agency human resources personnel – are organized and hosted by participating FEDVIP and FEHB plans. No one plan can be allowed to dominate an Open Season fair to the detriment of other participating plans.

OPM works to ensure a level playing field for FEDVIP and FEHB, and this spirit should prevail at Open Season fairs too.

Long Term Care Partners, LLC, doing business as FedPoint, is hosting a 2021 Virtual Benefits Fair for employees. Visit www.BENEFEDS.com for more information.

2. **Companies not approved by OPM.** You may be contacted by insurance companies that do not participate in any of the federal benefits programs we administer but wish to sell other

types of “supplemental” policies to federal employees. These companies sometimes send marketing material and ask that you distribute it. They may ask to be invited to the agency’s benefit fairs or even show up uninvited.

OPM has no authority to allow or disallow participation in agency Open Season benefit fairs. However, we are not in favor of allowing these companies to attend because it may dilute the messages of the Federal Benefits Open Season. Employees may interpret their participation as evidence your agency supports their product or that it has the backing of the federal government. For these reasons, you may wish to limit access to your virtual or in-person benefit fairs to plans that participate in FEDVIP or FEHB and representatives of FSAFEDS and FLTCIP.

3. **Be supportive.** Ensure your agency’s managers allow their employees time away from their duties to attend Open Season fairs. The fairs are an excellent source for employees to obtain the information necessary to make informed benefit choices.

Enrollment Opportunities

1. **Enroll in FSAFEDS, FEDVIP, and FEHB.**

- An eligible employee who is not enrolled may enroll.
- Enrollment in **FEDVIP** and **FEHB** automatically continues year to year.
- An eligible employee who enrolls in **FEDVIP** cannot waive premium conversion. When employees enroll in **FEDVIP**, they agree to pre-tax deductions.
- An eligible employee who enrolls in **FEHB** may waive participation in [premium conversion](#); otherwise, participation in premium conversion is automatic.
- An eligible employee who wants an **FSAFEDS** account in 2022 must enroll in **FSAFEDS** during Open Season. Current participants must re-enroll each year if they want to continue participation. Enrollments do not carry forward from year to year.

2. **Change enrollment or cancel enrollment in FSAFEDS, FEDVIP, and FEHB**

- For **FSAFEDS**, current participants must re-enroll if they want to participate for 2022. If they choose to do nothing, their **FSAFEDS** coverage will end with the 2021 Benefit Period.
- For **FEDVIP** and **FEHB**, an enrollee may change from one plan or option to another or change enrollment type.
- For **FEDVIP** and **FEHB**, an enrollee may cancel their enrollment. **Note:** Please inform employees that canceling their FEHB enrollment may affect their ability to meet the 5-year requirement for continuing FEHB into retirement. Electronic enrollment systems should

provide this warning when an employee submits a cancellation action. There is no 5-year requirement to continue FEDVIP into retirement.

- An enrollee who currently participates in **FEHB** premium conversion may waive participation, or if they had previously waived premium conversion, may begin participation.

Compensationers

- Former employees receiving benefits from the Office of Workers' Compensation Programs (OWCP) should contact [OWCP](#).
- Compensationers may send a written request for an Open Season enrollment change to the Office of Workers' Compensation Programs at the following address: **FECA Central Mailroom, P.O. Box 8311, London, KY 40742.**
- Compensationers may also download the [SF 2809](#) from OPM's website for any FEHB Open Season changes and mail it to the above address.

Open Season Effective Dates

1. FSAFEDS

- **For enrollment during Open Season**, the effective date is January 1, 2022.

2. FEDVIP

- **For a new enrollment or an enrollment change**, the effective date is January 1, 2022.
- **For cancellation**, the effective date is December 31, 2021.
 - The plan year under FEDVIP is January 1 through December 31.

3. FEHB

Open Season enrollment changes are effective the first day of the first full pay period that begins on or after January 1, 2022. See the chart below.

Action	Non-Postal Employees	Postal Employees	Compensationers (OWCP)
Enroll*, Change enrollment, Premium conversion change in election	January 2, 2022	January 1, 2022	January 2, 2022
Cancellation	January 1, 2022	December 31, 2021	January 1, 2022

*When an employee changes status from not enrolled to enrolled, the effective date is the first day of the first pay period that begins on or after January 1, 2022, and **that follows a pay period during any part of which the employee is in pay status.**

Attachment 2: Process Enrollment Actions

Agency Benefits Officers' Responsibilities for Processing FEHB Enrollment Actions

1. **Prompt Processing** – It is important that you process Open Season enrollments and enrollment changes promptly. Payroll offices should process enrollee and carrier copies of Standard Form (SF) 2809 **daily**.
2. **Please be sure copies of the SF 2809 are transmitted to both the gaining and losing carriers.** In many cases, the agency sends the SF 2809 only to the gaining carrier. This results in the losing carrier continuing to expect premiums to be paid for the enrollees and family members and causes the carrier to make erroneous payment of claims and provision of services.
3. **Verification of Employee Coverage** – Employees become concerned when they do not receive their identification cards from a new plan within a short time after the end of Open Season. Many health plans offer temporary cards that employees may obtain from their plan's website or employees may contact their plan directly for more information. If an employee asks you about this, you **must** contact the payroll office to determine when the carrier was notified of the change. It is important that payroll offices send daily enrollment transactions to ensure that employees get identification cards before the effective date of coverage. If more than three weeks have passed since the payroll office sent the SF 2809 to the carrier, contact the carrier to determine the reason for the delay and relay the employee's request for identification cards.

An employee may need to verify their coverage under their plan before a carrier has processed the enrollment or enrollment change. Employees may obtain temporary identification cards from their health plans directly. You should confirm that the employee is covered under the plan and inform the requesting party (e.g., carrier, doctor, and hospital) of the effective date of coverage. You should also remind employees that their copy of the SF 2809 is acceptable as proof of enrollment until they receive their identification cards from the plan. Employees who make Open Season changes using an agency electronic enrollment system and who do not receive new identification cards by the effective date of the change may obtain a letter confirming their coverage by calling the Help Desk at their agency's self-service system or by requesting your help.

FEHB Enrollment Cancellations

Cancellation of FEHB – An Open Season cancellation is effective at the end of the day before the first day of the first pay period that begins in the next year.

Note: Cancellation can have serious consequences. To continue FEHB coverage after retirement, an employee must have been covered under the FEHB Program continuously for the five years of service immediately before retirement or, if less than five years, for all periods of service during which they were eligible for FEHB coverage.

If an employee is canceling their FEHB enrollment to be covered as a family member by a spouse's FEHB Open Season enrollment, be sure to coordinate the effective date of the cancellation with the effective date of the spouse's enrollment to prevent a break in coverage. Coverage under a family member's FEHB enrollment counts towards the "five-year rule" for continuing coverage into retirement.

Processing Qualifying Life Events (QLE) During Open Season

An employee may experience a QLE during Open Season. The effective date of an enrollment or enrollment change due to a QLE may differ from the effective date of an Open Season enrollment or enrollment change. Be sure to process these actions correctly as QLE elections and not Open Season elections. If you have questions regarding the employee's intent, check with your employee to verify whether they are seeking a QLE election or an Open Season election. Counsel your employees on the impact and differences between elections.

FEHB Enrollment Reconciliation

The large number of FEHB enrollment actions made during Open Season increases the chance of errors by employing offices or by carriers in updating records. Any errors will be identified as discrepancies through the Centralized Enrollment Reconciliation Clearinghouse System (CLER) during the March 2022 reconciliation cycle. It is very important that employing offices work with the carriers to correct these discrepancies.

The reconciliation process is critical to ensure that carriers receive the proper premium payments and that enrollees are properly reflected on the carriers' records for accurate provision of services and claims payment.

Belated Enrollment Actions

Employing offices do not have the authority to extend the Open Season for employees or a group of employees, even if the agency did not provide adequate notice or information regarding the Open Season.

- 1. FSAFEDS – Employing Offices do not have the authority to approve belated enrollments.** HealthEquity (the provider for FSAFEDS) makes these decisions. Employees who are unable to enroll during the entire Open Season for reasons beyond their control may qualify for a belated enrollment. Not knowing about Open Season is not an acceptable reason for a belated enrollment. They must submit the Belated Enrollment Form (available at www.FSAFEDS.com) to Health Equity within 30 days after Open Season ends. Instructions are on the form. Belated enrollments are effective the day after FSAFEDS receives the employee's form if approved by Health Equity.
- 2. FEDVIP – Employing Offices do not have the authority to approve belated enrollments.** BENEFEDS makes these decisions on behalf of the FEDVIP carriers. The time limit for enrolling or changing an enrollment may be extended for up to 3 months after the end of Open Season, only if the employee provides evidence to BENEFEDS that they were unable

to enroll or change enrollment in a timely manner due to circumstances beyond their control. Not knowing about Open Season is not an acceptable reason for a belated enrollment. This includes receiving incorrect information from the agency. The employee must enroll or change enrollment within 30 days after BENEFEDS notifies them that the belated enrollment is approved.

For approved belated FEDVIP enrollments or belated changes in enrollments, the effective date will be retroactive to January 1, 2022. BENEFEDS will begin withholding premiums prospectively from the enrollee's pay and will then bill the enrollee directly for the retroactive premiums on the next billing cycle. If an enrollee does not pay the retroactive premiums timely, their enrollment will be cancelled retroactively as if it never existed and they will be responsible for repaying any benefits received.

- 3. FEHB – Employing offices have the authority to accept individual late elections if you determine an employee was unable to submit the election on time due to circumstances beyond the employee's control.** While we normally encourage you to make limited use of this authority, we recommend that you take a liberal view in cases where an employee's plan is terminating its FEHB participation or reducing its service area.

If you decide to accept an employee's late election, write "Belated Open Season enrollment/change" in the "Remarks" section of the SF 2809. You must attach the employee's statement explaining why they could not enroll or change on time (or add your own note if the reason was an agency problem) to Copy 1 (the Official Personnel Folder copy) of the SF 2809. If you decide the delay in filing was not due to a cause beyond the employee's control, do not accept the employee's late request. You must notify the employee in writing that you are not approving the late enrollment. You should give the reason for your denial and include a statement of the employee's right to request reconsideration within 30 days after the date of your notice.

An accepted belated FEHB Open Season enrollment is effective retroactive to the first day of the first pay period which begins on or after January 1, 2022. This effective date is the same as that of an Open Season change filed on time. If the belated change is from "not enrolled" to "enrolled," the requirement of having been in pay status during the preceding pay period must also be met.

As with all enrollments, belated Open Season enrollment actions are automatically subject to premium conversion (unless participation in premium conversion is waived). If premium conversion is not waived, the effective date of premium conversion cannot be retroactive since Internal Revenue Service (IRS) rules do not allow for retroactive adjustments to taxable income. This means any additional withholding for retroactive premiums that are due must be made with after-tax dollars.



*United States Office of Personnel Management
The Federal Government's Human Resources Agency*

Benefits Administration Letter

Number: [21]-[403]

Date: October 8, 2021

Subject: 2021 Federal Benefits Open Season: Significant Plan Changes

This Benefits Administration Letter (BAL) is the third and final in our series of 2021 Federal Benefits Open Season BALs for the Federal Flexible Spending Account Program (FSAFEDS), the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Employees Health Benefits (FEHB) Program. This BAL provides information on significant FEHB plan changes for 2022.

There are no significant changes for 2022 for FSAFEDS or FEDVIP.

This year's Federal Benefits Open Season will run from Monday, November 8 through Monday, December 13, 2021.

FEHB PROGRAM

The remainder of this letter provides important information on the significant changes affecting certain plans in the FEHB Program for the upcoming Open Season.

Attachment 1: FEHB Significant Plan Changes identifies those FEHB plans and their corresponding significant changes. Some of these events will require action on the part of agencies and enrollees.

There are five plans leaving the FEHB Program at the end of 2021. Employees in these terminating plans **must** enroll in a new plan during Open Season or their employing agency will enroll them in GEHA Indemnity Benefit Plan Elevate (the lowest-cost nationwide plan option for 2022 as determined by OPM). See [Benefit Administration Letter 16-202 Enrollment](#)

[Options Following the Termination of a Plan or Plan Option](#) for additional information on how to automatically enroll individuals who do not make an enrollment election during the allotted time period. This BAL provides specific instructions on how this happens.

Please distribute the attached list of significant FEHB plan changes to all employees so they can check to see if they will be affected by 2022 FEHB plan or service area terminations.

Table 1: Plans Leaving the FEHB Program and

Table 2: Plans Reducing Service Areas and Terminating Enrollment Codes

What Must Employees Do?

- Employees in terminating plans (**Table 1**) or service area reductions with terminating enrollment codes (**Table 2**) **must** enroll in a new health plan during Open Season. If they do not enroll in a new plan, their employing agency will enroll them in GEHA Indemnity Benefit Plan Elevate (the lowest-cost nationwide plan option for 2022 as determined by OPM).
- **New Coverage:** Coverage under an enrollee's new health plan will be effective the first day of the pay period beginning on or after January 1, 2022; **for most employees this will be Sunday, January 2, 2022.** Enrollees will remain covered and receive the 2021 benefits of the old plan until coverage under the new plan becomes effective.

What Must You Do?

- You must notify employees enrolled in the plans listed in **Table 1 and Table 2** to select new plans. Advise your employees if they do not choose new plans, they will be enrolled in GEHA Indemnity Benefit Plan Elevate (the lowest-cost nationwide plan option for 2022 as determined by OPM).
- Distribute copies of this list to employees with your agency's notice about Open Season along with copies of **Attachment 2: FastFacts - What to do When Your Health Plan is Terminating Coverage in Your Area or Leaving the Federal Employees Health Benefits (FEHB) Program.**
- Follow up with employees in these plans and remind them to select new plans.
- **Belated changes:** Some employees still might not receive instructions to change plans during Open Season. We encourage you to accept belated Open Season changes from employees enrolled in terminating

plans or plans with service area reductions and terminating enrollment codes up until the beginning of 2022 plan year. After the beginning of the plan year, more closely review any requests for belated Open Season changes to ensure the circumstances that prevented a timely enrollment change were truly beyond the employee's control.

What Will Health Plans Do?

Plan Notification: The plans in **Table 1 and Table 2** have been instructed to notify enrollees of the need to select new plans for 2022; however, as some plans' enrollment and address lists may not be up to date, we encourage you to accept belated changes.

Table 3: Plans Terminating Options and Enrollment Codes

What Must Employees Do?

- Employees in a plan dropping an option (**Table 3**) may choose a new health plan during Open Season or remain with their current plan and their FEHB plan will switch their coverage into the plan's option specified in **Table 3**. See [Benefit Administration Letter 16-202 Enrollment Options Following the Termination of a Plan or Plan Option](#). **New Coverage:** Coverage under an enrollee's new health plan or option will be effective the first day of the pay period beginning on or after January 1, 2022; **for most employees this will be Sunday, January 2, 2022**. Enrollees will remain covered and receive the 2021 benefits of the old plan or option until coverage under the new plan becomes effective.

What Must You Do?

- Advise your employees who are enrolled in the plan that is dropping an option (**Table 3**) that if they do not choose a new health plan, they will be automatically transferred into the plan's option as specified in **Table 3**.
- Distribute copies of this list to employees with your agency's notice about Open Season.
- Follow up with employees in the plan and remind them that if they do not choose a new health plan, they will be automatically transferred into the plan's option specified in **Table 3**.
- **Belated changes:** Some employees still might not receive instructions regarding their plan dropping an option. We encourage you to accept all belated Open Season changes up until the beginning of 2022 plan year from employees enrolled in the plan dropping an option listed in **Table 3**. After the beginning of the plan year, more

closely review any requests for belated Open Season changes to ensure the circumstances that prevented a timely enrollment change were truly beyond the employee's control.

What Will the Health Plan Do?

- **Plan Notification:** The plans in **Table 3** have been instructed to notify enrollees that their current plan option is being discontinued and that if they do not change to another plan during Open Season, they will be switched automatically into the plan's option specified in **Table 3**.

Table 4: Plans Adding New Options and Enrollment Codes

Table 5: Service Area Expansions Without New Enrollment Codes

Table 6: Service Area Expansions Adding New Enrollment Codes

Table 7: New Plan Entering the FEHB Program

Table 8: Plans Changing Name

Table 9: Plans Changing Names of Existing Plan Options

What Must You Do?

You must include the plans with new options, the plans with expanded service areas, and the new plans entering the FEHB Program (Tables 4-7) when you count the number of eligible employees and place your order for brochures. Plan contact information is available on our website at www.opm.gov/plancontacts.

CONCLUSION

We encourage you and your employees to visit our website at www.opm.gov/openseason for the most up-to-date information. Please note that 2022 plan information will be posted on our website in November. We look forward to working with you to ensure Federal employees have a successful Open Season.

Sincerely,

Laurie Bodenheimer
Associate Director
Healthcare and Insurance

Encl.:

Attachment 1: FEHB Significant Plan Changes

Attachment 2: FastFact: What to do When Your Health Plan is Terminating Coverage in Your Area or Leaving the Federal Employees Health Benefits (FEHB) Program

FEHB Significant Events Changes

Table 1
Plans Leaving the FEHB Program

Enrollees in these terminating plans **must** make a positive election into another FEHB plan during Open Season or they will be enrolled in GEHA Indemnity Benefit Plan Elevate (the lowest-cost nationwide plan option for 2022 as determined by OPM).

State	FEHB Carrier	Plan Name	2021 Enrollment Code(s)	Location (All Counties and/or ZIP codes affected)
All Contiguous States and Washington, DC Except: Alaska, Hawaii, and the US Territories	UnitedHealthcare Insurance Company, Inc.	UnitedHealthcare Advantage	Y51, Y53, Y52	All Contiguous States and Washington, DC Except: Alaska, Hawaii, and the US Territories
Illinois	Union Health Service	Union Health Service	761, 763, 762	Cook, DuPage, Kane, Kendall, Lake, and Will counties
New Mexico	True Health New Mexico	True Health New Mexico	EL1, EL3, EL2	Entire State of New Mexico
Oklahoma	GlobalHealth, Inc.	GlobalHealth	IM1, IM3, IM2 IM4, IM6, IM5	Entire State of Oklahoma
Wisconsin	Quartz Health Benefit Plans Corporation	Quartz Health Benefit Plans Corporation	TF1, TF3, TF2 TF4, TF6, TF5	South Central Wisconsin: Adams, Buffalo, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Richland, Rock, Sauk, Trempealeau, Vernon, Walworth, Waukesha, and Waushara counties.

**Table 2
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 be enrolled in GEHA Indemnity Benefit Plan Elevate (the lowest-cost nationwide plan option for 2022 as determined by OPM).

State	FEHB Carrier	Plan Name	Plan Option	2021 Enrollment Code(s)	Area Dropped (All Counties and/or ZIP codes affected)
Pennsylvania	UPMC Health Plan, Inc.	UPMC Health Plan	Standard HDHP	YT4, YT6, YT5 YS4, YS6, YS5	All of Eastern Pennsylvania: Berks, Clinton, Cumberland, Dauphin, Juniata, Lackawanna, Lancaster, Lehigh, Luzerne, Lycoming, Mifflin, Northampton, Northumberland, Perry, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, and Wayne counties.

**Table 3
Plans Terminating Options and Enrollment Codes**

Enrollees in the plan's terminating option must enroll in their choice of plans during Open Season or they will be automatically enrolled into the plan option that is identified in the table below: [5 CFR (890.301(i)(4)(iii)]

State	FEHB Carrier	Plan Name	Terminating Options (end of 2021)	Terminating Codes (end of 2021)	Automatic Enrollment Option and Codes for 2022
Arizona	Humana Health Plan, Inc.	Humana Health Plan, Inc.	High	Phoenix BF1, BF3, BF2 Tucson C71, C73, C72	Standard Phoenix – BF4, BF6, BF5 Tucson – C74, C76, C75
California	Health Net of California	Health Net of California	Standard	LB4, LB6, LB5	Basic T41, T43, T42
Georgia	Humana Employers Health Plan of Georgia, Inc.	Humana Employers Health Plan of Georgia, Inc.	High	Atlanta DG1, DG3, DG2 Macon DN1, DN3, DN2 Columbus CB1, CB3, CB2	Basic Atlanta Q71, Q73, Q72 Macon - RJ1, RJ3, RJ2 Columbus - RM1, RM3, RM2

State	FEHB Carrier	Plan Name	Terminating Options (end of 2021)	Terminating Codes (end of 2021)	Automatic Enrollment Option and Codes for 2022
Indiana	Humana Health Plan, Inc.	Humana Health Plan, Inc.	High	Louisville Metropolitan area MH1, MH3, MH2	Standard Louisville Metropolitan area - MH4, MH6, MH5
Indiana	Humana Health Plan of Ohio, Inc.	Humana Health Plan of Ohio, Inc.	High	A61, A63, A62	Standard A64, A66, A65
Kansas	Humana Health Plan, Inc.	Humana Health Plan, Inc.	High	MS1, MS3, MS2	Standard MS4, MS6, MS5
Kentucky	Humana Health Plan, Inc.	Humana Health Plan, Inc.	High	Louisville MH1, MH3, MH2 Lexington MI1, MI3, MI2	Standard Louisville - MH4, MH6, MH5 Lexington - MI4, MI6, MI5
Kentucky	Humana Health Plan of Ohio, Inc.	Humana Health Plan of Ohio, Inc.	High	A61, A63, A62	Basic W61, W63, W62
Missouri	Humana Health Plan, Inc.	Humana Health Plan, Inc.	High	MS1, MS3, MS2	Standard MS4, MS6, MS5
Ohio	Humana Health Plan of Ohio, Inc.	Humana Health Plan of Ohio, Inc.	High	A61, A63, A62	Basic W61, W63, W62 Butler, Hamilton, and Warren counties
					Standard A64, A66, A65 Adams, Brown, Clermont, Clinton, and Highland counties
Tennessee	Humana Health Plan, Inc.	Humana Health Plan, Inc.	High	GJ1, GJ3, GJ2	Standard GJ4, GJ6, GJ5
Texas	Humana Health Plan of Texas, Inc.	Humana Health Plan of Texas, Inc.	High	Austin UU1, UU3, UU2 Corpus Christi UC1, UC3, UC2 Houston EW1, EW3, EW2 San Antonio UR1, UR3, UR2	Basic Austin – QY1, QY3, QY2 Corpus Christi – Q21, Q23, Q22 Houston – Q61, Q63, Q62 San Antonio – QX1, QX3, QX2

Table 4
Plans Adding New Options and Enrollment Codes

State	FEHB Carrier	Plan Name	New Option	2022 Enrollment Codes	Location (All Counties and/or ZIP codes affected)
Arizona	Humana Health Plan, Inc.	Humana	HDHP	BV1, BV3, BV2 BY1, BY3, BY2	Phoenix: Maricopa and Pinal counties Tucson: Pima County
California	Kaiser Foundation Health Plan, Inc. Southern California Region	Kaiser Permanente – Southern California	Prosper	FL1, FL3, FL2	<p>Orange County and All of Los Angeles County EXCEPT Catalina Island (90704)</p> <p>Imperial County ZIP codes: 92274, 92275</p> <p>Kern County ZIP codes: 93203, 93205, 93206, 93215, 93216, 93220, 93222, 93224, 93225, 93226, 93238, 93240, 93241, 93243, 93249, 93250, 93251, 93252, 93263, 93268, 93276, 93280, 93285, 93287, 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314, 93380, 93383, 93384, 93385, 93386, 93387, 93388, 93389, 93390, 93501, 93502, 93504, 93505, 93518, 93519, 93531, 93536, 93560, 93561, 93581</p> <p>Riverside County ZIP codes: 91752, 92028, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92324, 92373, 92399, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92543, 92544,</p>

State	FEHB Carrier	Plan Name	New Option	2022 Enrollment Codes	Location (All Counties and/or ZIP codes affected)
California (Cont.)	Kaiser Foundation Health Plan, Inc. Southern California Region (Cont.)	Kaiser Permanente – Southern California (Cont.)	Prosper (Cont.)	FL1, FL3, FL2 (Cont.)	<p>92545, 92546, 92548, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883</p> <p>San Bernardino County ZIP codes: 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91766, 91784, 91785, 91786, 91792, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92305, 92307, 92308, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92329, 92331, 92333, 92334, 92335, 92336, 92337, 92339, 92340, 92341, 92344, 92345, 92346, 92350, 92352, 92354, 92357, 92358, 92359, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92413, 92415, 92418, 92423, 92427, 92880</p> <p>San Diego County ZIP codes: 91901, 91902, 91903, 91908, 91909, 91910, 91911, 91912, 91913, 91914, 91915, 91916, 91917, 91921, 91931, 91932, 91933, 91935, 91941, 91942, 91943, 91944, 91945, 91946, 91950, 91951, 91962, 91963, 91976, 91977, 91978, 91979, 91980, 91987, 92003, 92007,</p>

State	FEHB Carrier	Plan Name	New Option	2022 Enrollment Codes	Location (All Counties and/or ZIP codes affected)
California (Cont.)	Kaiser Foundation Health Plan, Inc. Southern California Region (Cont.)	Kaiser Permanente – Southern California (Cont.)	Prosper (Cont.)	FL1, FL3, FL2 (Cont.)	<p>92008, 92009, 92010, 92011, 92013, 92014, 92018 92019, 92020, 92021, 92022, 92023, 92024, 92025, 92026, 92027, 92028, 92029, 92030, 92033, 92037, 92038, 92039, 92040, 92046, 92049, 92051, 92052, 92054, 92055, 92056, 92057, 92058, 92059, 92060, 92061, 92064, 92065, 92067, 92068, 92069, 92071, 92072, 92074, 92075, 92078, 92079, 92081, 92082, 92083, 92084, 92085, 92086, 92088, 92091, 92092, 92093, 92096, 92101, 92102, 92103, 92104, 92105, 92106, 92107, 92108, 92109, 92110, 92111, 92112, 92113, 92114, 92115, 92116, 92117, 92118, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92127, 92128, 92129, 92130, 92131, 92132, 92134, 92135, 92136, 92137, 92138, 92139, 92140, 92142, 92143, 92145, 92147, 92149, 92150, 92152, 92153, 92154, 92155, 92158, 92159, 92160, 92161, 92163, 92165, 92166, 92167, 92168, 92169, 92170, 92171, 92172, 92173, 92174, 92175, 92176, 92177, 92178, 92179, 92182, 92186, 92187, 92190, 92191, 92192, 92193, 92195, 92196, 92197, 92198, 92199</p> <p>Tulare County ZIP codes: 93238, 93261</p> <p>Ventura County ZIP codes: 90265, 91304, 91307, 91311, 91319, 91320, 91358, 91359, 91360, 91361, 91362, 91377, 93001, 93002, 93003, 93004, 93005, 93006, 93007, 93009, 93010, 93011, 93012, 93015, 93016, 93020, 93021, 93022,</p>

State	FEHB Carrier	Plan Name	New Option	2022 Enrollment Codes	Location (All Counties and/or ZIP codes affected)
California (Cont.)	Kaiser Foundation Health Plan, Inc. Southern California Region (Cont.)	Kaiser Permanente – Southern California (Cont.)	Prosper (Cont.)	FL1, FL3, FL2 (Cont.)	93030, 93031, 93032, 93033, 93034, 93035, 93036, 93040, 93041, 93042, 93043, 93044, 93060, 93061, 93062, 93063, 93064, 93065, 93066, 93094, 93099, 93252
Colorado	HMO Colorado, Inc.	BlueAdvantage HMO	HDHP	WW4, WW6, WW5	Entire State of Colorado
Florida	Humana Health Plan, Inc.	Humana	HDHP	FF1, FF3, FF2 AP1, AP3, AP2 BR1, BR3, BR2 A41, A43, A42	Daytona: Flagler and Volusia counties Orlando: Lake, Orange, Osceola, and Seminole counties South Florida: Broward, Dade, Martin, and Palm Beach counties Tampa: Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk, and Sarasota counties
Georgia	Humana Health Plan, Inc.	Humana	HDHP	AR1, AR3, AR2 AZ1, AZ3, AZ2 B21, B23, B22	Atlanta: Banks, Barrow, Butts, Cherokee, Clark, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Floyd, Forsyth, Fulton, Gwinnett, Hall, Jackson, Lamar, Madison, Newton, Paulding, Polk, Rockdale, Spalding, and Walton, counties Macon: Bibb, Bleckley, Crawford, Houston, Jones, Laurens, Peach, Twiggs, and Wilkinson counties Columbus: Muscogee County
Illinois	Humana Health Plan, Inc.	Humana	HDHP	AW1, AW3, AW2	Central and Northwestern IL: Boone, Bureau, DeKalb, DeWitt, Fulton, Henderson, Henry, Knox, LaSalle, Lee,

State	FEHB Carrier	Plan Name	New Option	2022 Enrollment Codes	Location (All Counties and/or ZIP codes affected)
Illinois (Cont.)	Humana Health Plan, Inc. (Cont.)	Humana (Cont.)	HDHP (Cont.)	AW1, AW3, AW2 (Cont.) BB1, BB3, BB2	Livingston, Marshall, McDonough, McLean, Mercer, Ogle, Peoria, Putnam, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago, and Woodford counties Chicago: DuPage, Cook, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties
Indiana	Humana Health Plan, Inc.	Humana	HDHP	BB1, BB3, BB2 DT1, DT3, DT2	Lake, Porter, and LaPorte counties Dearborn, Franklin, Ohio, Ripley, and Union counties
Kansas	Humana Health Plan, Inc.	Humana	HDHP	BK1, BK3, BK2	Douglas, Johnson, Leavenworth, Miami, and Wyandotte counties
Kentucky	Humana Health Plan, Inc.	Humana	HDHP	DT1, DT3, DT2	Boone, Campbell, Gallatin, Grant, Kenton, and Pendleton counties
Missouri	Humana Health Plan, Inc.	Humana	HDHP	BK1, BK3, BK2	Bates, Cass, Carroll, Clay, Henry, Jackson, Johnson, Lafayette, Platte, and Ray counties
Ohio	Humana Health Plan, Inc.	Humana	HDHP	DT1, DT3, DT2	Adams, Brown, Butler, Clermont, Clinton, Gallia, Hamilton, Highland, Jackson, Lawrence, Pike, Scioto, and Warren counties
Tennessee	Humana Health Plan, Inc.	Humana	HDHP	ER1, ER3, ER2	Anderson, Blount, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Morgan, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington counties

State	FEHB Carrier	Plan Name	New Option	2022 Enrollment Codes	Location (All Counties and/or ZIP codes affected)
Texas	Humana Health Plan, Inc.	Humana	HDHP	AN1, AN3, AN2 DX1, DX3, DX2 CG1, CG3, CG2 FD1, FD3, FD2	<p>Austin: Bastrop, Bell, Bosque, Burleson, Burnet, Caldwell, Coryell, Falls, Hamilton, Hays, Lampasas, Lee, Limestone, McLennan, Milam, Robertson, Travis, and Williamson counties</p> <p>Corpus Christi: Bee, Brooks, Cameron, DeWitt, Duval, Goliad, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Starr, Victoria, Willacy, and Zapata counties</p> <p>Houston: Austin, Brazoria, Chambers, Colorado, Fayette, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller, and Wharton counties</p> <p>San Antonio: Atascosa, Bandera, Bexar, Blanco, Comal, Frio, Gonzales, Guadalupe, Karnes, Kendall, Medina, Uvalde, Webb, and Wilson counties</p>

Table 5
Service Area Expansions without New Enrollment Codes

State	FEHB Carrier	Plan Name	Plan Option	2022 Enrollment Codes	Location of Areas (Counties and/or ZIP codes affected)
Colorado	HMO Colorado, Inc.	BlueAdvantage HMO	High	WW1, WW3, WW2	Entire State of Colorado
New York	Capital District Physicians' Health Plan, Inc. (CDPHP)	CDPHP Universal Benefits, Inc	Standard	SG4, SG6, SG5	Jefferson, Lewis, and St. Lawrence counties

Table 6
Service Area Expansions Adding New Enrollment Codes

State	FEHB Carrier	Plan Name	Plan Option	2022 New Enrollment Codes	Location of Areas (Counties and/or ZIP codes affected)
Indiana	Humana Health Plan, Inc.	Humana CoverageFirst/ Humana Value Plan	Value	TC4, TC6, TC5	Clark, Floyd, Harrison, Scott, and Washington counties
Kentucky	Humana Health Plan, Inc.	Humana CoverageFirst/ Humana Value Plan	Value	6N4, 6N6, 6N5 TC4, TC6, TC5	Lexington: Anderson, Bath, Bourbon, Boyle, Bracken, Clark, Estill, Fayette, Fleming, Franklin, Garrard, Harrison, Jessamine, Madison, Menifee, Mercer, Montgomery, Nicholas, Owen, Powell, Robertson, Scott, and Woodford counties Louisville: Bullitt, Carroll, Green, Hardin, Henry, Jefferson, Larue, Meade, Nelson, Marion, Oldham, Shelby, Spencer, Taylor, Trimble, and Washington counties

**Table 7
New Plans Entering the FEHB Program**

State	FEHB Carrier	Plan Name	Plan Option	2022 New Enrollment Codes	Location of Areas (Counties and/or ZIP codes affected) <i>Alpha-numerical order</i>
Virginia	HealthKeepers, Inc.	HealthKeepers, Inc.	HDHP	9V1, 9V3, 9V2	Accomack, Albemarle, Augusta, Caroline, Charles City, Chesterfield, Clarke, Culpeper, Dinwiddie, Essex, Fairfax (west of route 123), Fauquier, Fluvanna, Fredrick, Gloucester, Goochland, Greene, Hanover, Henrico, Isle of Wight, James City, King & Queen, King George, King William, Lancaster, Loudoun, Louisa, Madison, Mathews, Middlesex, New Kent, Northampton, Northumberland, Orange, Page, Prince George, Prince William (west of route 123), Rappahannock, Richmond, Rockingham, Shenandoah, Southampton, Spotsylvania, Stafford, Surry, Sussex, Warren, Westmoreland, and York counties Cities of Charlottesville, Chesapeake, Colonial Heights, Franklin, Fredericksburg, Hampton, Hopewell, Manassas City, Manassas Park, Newport News, Norfolk, Petersburg, Poquoson, Portsmouth, Richmond, Suffolk, Virginia Beach, and Williamsburg

**Table 8
Plans Changing Names**

State	FEHB Carrier	Old Plan Name	New Plan Name	Plan Codes
Colorado	HMO Colorado, Inc.	BlueAdvantage HMO on the Pathway HMO Network	BlueAdvantage HMO	WW1, WW3, WW2, WW4, WW6, WW5

Table 9
Plans Changing Names of Existing Plan Options

State	FEHB Carrier	Plan Name	Old Plan Option Name	New Plan Option Name	Plan Codes
California	Kaiser Foundation Health Plan, Inc. Northern California Region	Kaiser Permanente – Northern California	Basic	Prosper	KC1, KC3, KC2
Colorado	Kaiser Foundation Health Plan of Colorado	Kaiser Permanente - Colorado	Basic	Prosper	N41, N43, N42
District of Columbia	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Kaiser Permanente - Mid-Atlantic States	Basic	Prosper	T71, T73, T72
Georgia	Kaiser Foundation Health Plan of Georgia, Inc.	Kaiser Permanente - Georgia	Basic	Prosper	LA1, LA3, LA2
Maryland	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Kaiser Permanente - Mid-Atlantic States	Basic	Prosper	T71, T73, T72
Virginia	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Kaiser Permanente - Mid-Atlantic States	Basic	Prosper	T71, T73, T72



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 FEHB plan enrollment may be affected. Each scenario 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.
4. Plan drops an option (such as Standard or High).

Questions to Consider:

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 coverage in your area. See [Benefits Administration Letter: Significant Plan Changes](#). You can contact your Human Resources (HR) office with additional questions.

What do I do if my enrollment is affected?

You may need to change your enrollment to another plan during Open Season, or during the time period set by OPM. 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 determined 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 only a High Deductible Health Plan (HDHP) remains, 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.

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 are not eligible to make contributions to your HSA, but you may request withdrawals 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](#).

If you receive an annuity from another retirement system, [please read more about health benefits after retirement](#).

When does my current plan or option stop providing coverage and my new plan or option begin?

Your current 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:

Use the [Plan Comparison Tool](#)

Consult [Consumer's Checkbook](#)

Review and compare available Health Plan Brochures

Where can I find Health Plan Brochures and Information?

[Federal employees and annuitants](#)

[Tribal employees](#)

How do I find out if my doctor is part of the health plan?

Access to provider directories are available on our [website](#).

Alternatively, you can call the plan directly, contact your HR office, or Tribal Employer.

I have supplemental coverage (i.e. dental) offered through my current FEHB plan. What happens to that coverage?

Since your plan is terminating coverage in the service area or leaving the FEHB Program, any supplemental dental and/or vision coverage that you have through your FEHB plan will also terminate. The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers dental and vision insurance for eligible Federal employees and retirees. Tribal employees are not eligible for FEDVIP. For more information, please read more about [dental insurance](#) and [vision insurance](#).

Where can I go for more information on Open Season?

Federal employees can visit [OPM Open Season Page](#)

Tribal employees can visit [OPM Tribal Employees Open Season Page](#)

The Open Season website will provide updated 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.