OPEN SEASON AND YOU
If you are eligible for benefits, open season is your annual opportunity to assess your health care needs and to make any necessary changes to your health, dental, and vision insurance for 2018. It is also the time to establish your 2018 flexible spending accounts for health care and dependent care.

HEALTH, DENTAL AND VISION
As a Federal employee, you have two excellent features to your health benefits: (1) choice of employer-sponsored insurance plan; and, (2) no restriction on pre-existing conditions. With these two incentives, you have enormous control over the cost and coverage of your benefits. Take advantage of them! If you will be facing known health care costs next year, pick a plan that provides great coverage for it. Maybe you need dental work next year; consider getting the supplemental dental coverage. If your family needs glasses, maybe the vision insurance will end up saving you money. There are tools available to help you choose a health plan. (See page 3 for links to them.)

If you make no changes, your current enrollment in the Federal Employees Health Benefits (FEHB) and Federal Employees Dental and Vision Insurance Program (FEDVIP) will continue; be sure that you check the 2018 plan brochure for any changes in coverage or premiums.

Once open season closes on 12/11/2017, you will no longer be able to make changes or to enroll in these three programs until the next open season (unless you have a qualifying life event). Don’t miss this chance!

FLEXIBLE SPENDING ACCOUNT
Take the time to review your last year’s medical expenses. Did you underestimate your out-of-pocket health and dependent care costs and put aside too little in your flexible spending account? Did you overestimate your health care costs? If so, you may need to adjust the amount of your flexible spending account next year. There is a calculator available to help you determine how much money to set aside. (See page 8 for a link to it.)

TO PARTICIPATE IN 2018 YOU MUST REENROLL ANNUALLY.
If you choose not to participate, you are missing out on potential tax savings.
FEDERAL BENEFITS OPEN SEASON

WHAT’S NEW IN 2018?

PLAN CHANGES

HEALTH BENEFITS: Some health plans have dropped out of the FEHB program for 2018. If the plan you are currently enrolled in will not be participating next year, you must enroll in a different plan or you will be enrolled automatically in the Standard Option of the GEHA Benefit Plan (the lowest-cost nationwide plan option for 2018 as determined by OPM) for 2018.

Be sure to review this list as well as the 2018 premiums before you make your election to be sure that you fully understand the cost and coverage of your plan via www.opm.gov

FSAFEDS: The annual contribution limit for 2018 has increased. You may now elect to have up to $2,650 set aside when you enroll or re-enroll in a Health Care FSA or Limited Expense FSA (HCFSA/LEX HCFSA).

Dependent care FSAs will continue to have a $5,000 maximum contribution limit per household for 2018.

EMPLOYEE TOOLS

VIRTUAL BENEFITS FAIR: If you cannot make it to a Benefits Fair in person, you may use the online marketplace for OPM-sanctioned Federal employee benefit programs and carriers. The Virtual Benefits Fair is available 24/7 during the entire Open Season. You can access this fair by registering online here and confirming your email address, and setting a secure password. All benefit programs will be represented with at least some carriers.

Live chats with carrier will be available to answer questions and obtain specific information on:

- Monday, November 13, 2017, from 10 a.m.– 5 p.m. EST
- Tuesday, December 5, 2017, from 10 a.m.– 5 p.m. EST

HUMAN RESOURCES OPEN SEASON HELP: If you have questions or concerns about Open Season, please call Jennifer McQuillen at (612) 336-3307 or email her at Jennifer.J.McQuillen@aphis.usda.gov for assistance.
CHOOSING A HEALTH PLAN

When there are so many choices available to you, selecting a health plan can seem daunting, but there are several tools available that can help make this important decision easier.

OPM’s Plan Search Tool is used to find and compare all the plans that are available to you. This tool provides side-by-side comparisons of the plans, including benefits, premiums, and quality indicators. The tool can help you narrow down your choices.

Once you’ve narrowed down your choices to two or three plans, read the brochures. All the carriers are required to format their brochures identically, which makes it easier for you to compare their plan details. Don’t skip this step because the brochure is where you find out exactly what is and is not covered by the plan as well as specifics about deductibles, geographic coverage, and any required membership fees.

Before making your final decision, be sure to check the provider directories on the health carrier’s website for the doctors and clinics covered by the plan. Click here for links to the brochures and websites: [www.opm.gov/insure/health/planinfo/index.asp](http://www.opm.gov/insure/health/planinfo/index.asp)

ELIGIBILITY

Eligible family members for the FEHB program are:

- Your current spouse;
- Children under age 26 (including adopted and stepchildren)*; and
- Disabled children over age 26 incapable of self-support because of a physical or mental disability that began before age 26.

A Foster Child may be covered under your FEHB enrollment under certain conditions; see required statement to attach to SF-2809: [http://www.aphis.usda.gov/library/forms/pdf/fosterform.pdf](http://www.aphis.usda.gov/library/forms/pdf/fosterform.pdf). If you are adding a foster child to your plan, do not use EPP to make your election. Submit the SF-2809 and the required supporting documentation to the HR Benefits Team.

*Grandchildren are NOT considered eligible family members unless they qualify as your Foster Child.

DEADLINE

The deadline for open season elections is Monday, December 11, 2017. Please take action early during the open season period. Your health benefits enrollment change must be processed through the NFC EPP or received by the Benefits Section by midnight Eastern Time December 11, 2017.
MAKING AN ELECTION

You are permitted to make only one health insurance election during open season. Please make sure you have decided on a plan that is right for you and your family prior to completing the election process.

There are two ways to make an election:

- National Finance Center’s Employee Personal Page (myEPP)
- Form SF-2809 – Submit form to the HR Benefits team by email OR fax

You should encourage employees to use myEPP. Please remind employees to keep a copy of their electronic enrollment confirmation.

HOW TO MAKE A FEHB ELECTION

Use EPP: We highly recommend using the National Finance Center’s Employee Personal Page (myEPP) to make your health benefits election or change. Go to www.nfc.usda.gov/epps and click on “I Agree.” You may use your USDA eAuthentication to enter this system.

NOTE: If you are retiring on or before January 6, 2018, DO NOT USE myEPP to process your open season change. Instead, complete the SF-2809 and write at the top: “RETIRING ON (DATE).” Submit the SF-2809 to your servicing Benefits Specialist. Your form will be sent to the Office of Personnel Management to process with your retirement application. (See instructions on next page for using the SF-2809 for elections.)

Once you have entered the myEPP system, click on the “Health Insurance” link found in the blue box on the left side of the page. Your current health insurance will be shown as well as the “Self Service” button in the upper right-hand corner of the screen. Click on the “Self Service” button to make your change. You will need the 3-digit code of the health plan you are enrolling in (found on the front page of the plan brochure), and if you are enrolling in a self plus one or self and family plan, you will need the name, SSN, date of birth, address and zip code of each of your eligible family members. Review the information carefully before submitting it.

VERY IMPORTANT: Print a copy of your myEPP enrollment for yourself when you are finished. This is your proof of enrollment until you receive ID cards from your health plan.
FEDERAL BENEFITS OPEN SEASON

Use a SF-2809 form: Instead of using the more efficient myEPP method, you may complete a Health Benefit Election Form SF-2809 and submit it to the Benefits Section for manual processing. You must use the current version of the form (November 2015). Older versions of the form are invalid. You will need Acrobat Adobe Reader 8 or later to use this fillable form. Please view this example of a completed open season election prior to submitting your form and insure that you have properly completed it. This will avoid processing delays.

Send the last two pages of the SF-2809 to us by email at Jennifer.J.McQuillen@aphis.usda.gov OR fax it to us at (612) 336-3545. Please remind them to keep a copy of the sent email OR the fax confirmation as proof of their timely submission.

Please DO NOT SUBMIT the SF 2809 by email AND fax. Sending a form by fax AND email WILL CAUSE UNNECESSARY DELAYS IN PROCESSING THE ELECTION OF COVERAGE.

Also, DO NOT send your SF-2809 form to any other office.

MEMBER ID CARDS

You will receive health plan identification cards directly from your health carrier. If you do not receive your ID card by the beginning of February, please contact the carrier directly.

If you have minor medical expenses, you may need to pay out-of-pocket for covered services and then request reimbursement from your health plan. If you have major medical expenses, such as an emergency room visit or hospitalization, contact the Benefits Section.

INSURANCE PREMIUMS LOWER TAXABLE INCOME

Health insurance premiums are automatically deducted on a pretax basis, thereby reducing your taxable income.

If you have waived participation in the pretax program in the past, you may wish to change to pretax premium deductions during open season.

For more information, see: www.opm.gov/insure/health/reference/premconversion/index.asp. Changing your pretax status during open season is a very clear cut process. Simply log into myEPP, select “Health Insurance – Make changes” and switch premiums to “Pretax.”
THE DOWNSIDE TO CANCELING FEHB

If you choose to cancel your enrollment, you should be aware of the following consequences:

- You must continue to be in compliance with the individual shared responsibility provision of the Affordable Care Act.
- Without a FEHB self plus one or self-and-family enrollment, your survivors will not be able to continue to receive health coverage if you should die, even if they are eligible for a survivor annuity.

If you want to continue FEHB coverage into retirement, you must be enrolled in the program for the five years of service immediately before retiring or, if less than five years, for all service since your first opportunity to enroll. (TRICARE coverage counts toward this requirement, but you must be enrolled in a FEHB plan on the date you retire in order to continue coverage.) An annuitant who has FEHB coverage only has to pay the employee share of the premium, so you may be forfeiting a great benefit.

EFFECT OF NON-PAY (LEAVE WITHOUT PAY - LWOP) STATUS

If you enter a non-pay status, you are responsible for the employee share of your health insurance premiums and you will be billed by the National Finance Center for any pay periods of missed premiums. There are exceptions for active military duty. Go to: Non-Pay Status/LWOP

LEAVING FEDERAL SERVICE

If you leave Federal employment, you may be eligible for Temporary Continuation of Coverage (TCC) which continues your FEHB enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose their eligibility as family members under your FEHB enrollment. This includes a spouse who loses coverage because of divorce and children who lose coverage because they reach age 26.

TCC enrollees must pay the total plan premium (employee and government shares) plus a 2% administrative charge and must enroll within specific time frames.
FEDERAL BENEFITS OPEN SEASON

FEDVIP OPEN SEASON

DENTAL & VISION INSURANCE

The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers supplemental insurance for dental and vision expenses not covered by your FEHB or other health plan. Since FEDVIP plans are purchased on a group basis, you receive competitive premiums and you are not subject to limitations on pre-existing conditions.

FEDVIP enrollments automatically continue from one year to the next just like FEHB enrollments. Open season is the time to enroll, cancel, or change your FEDVIP coverage.

To find FEDVIP plan information, go to OPM’s FEDVIP webpage.

FEDVIP premiums are paid through payroll deduction using pretax dollars. This means your taxable income will be lower. You are responsible for the full premium; the government does not pay a share of this supplemental insurance. For more information, navigate here for Dental premiums and Vision premiums.

There is no 5 year enrollment requirement for FEDVIP coverage so when you retire, your FEDVIP enrollment will automatically continue into retirement.

FEDVIP ENROLLMENT

To enroll, change, or cancel your enrollment in a FEDVIP plan, visit the BENEFEDS website at www.BENEFEDS.com or call (877) 888-3337. The FEDVIP plans will send confirmation of open season enrollments to enrollees by mid-January.

BENEFEDS representatives are available to assist you and can be reached at (877) 888-3337 or TTY (877) 889-5680. You can also email them using this link.
FEDERAL BENEFITS OPEN SEASON

FSAFEDS OPEN SEASON

FEDERAL FLEXIBLE SPENDING ACCOUNTS

FSAFEDS can help you save money by allowing you to set aside pretax funds to pay for eligible out-of-pocket dependent-care and health-care expenses:

- The Dependent Care Flexible Spending Account (DCFSA) reimburses non-medical expenses associated with child care or adult day care. The maximum limit is $5,000.
- The Health Care Flexible Spending Account (HCFSA) reimburses eligible health care expenses. The maximum limit is $2,650.
- The maximum limit is $2,650. Employees covered by a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) may enroll in a Limited Expense HCFSA (LEX HCFSA) for their eligible dental and vision expenses. The maximum limit is $2,650.

THE FSAFEDS CALCULATOR

The FSAFEDS CALCULATOR can help employees determine how much money to set aside. The minimum election for the flexible spending accounts is $100. If employees enroll in FSAFEDS during open season, they will have from January 1, 2018, through December 31, 2018, to spend their FSAFEDS account. Employees can carryover up to $500 to the 2018 plan year, only if they enroll in FSA during Open Season this year. Any amount over $500 not used will be forfeited.

For a list of frequently asked questions about the program, go to the FSAFEDS FAQs.

FSAFEDS ENROLLMENT

Enroll in FSAFEDS online or by phone at (877) 372-3337.

FSAFEDS representatives are available Monday through Friday, 9:00am to 9:00pm EST. Call (877) 372-3337 or (866)-353-8058 for assistance.

FSAFEDS OPEN SEASON ELECTIONS ARE EFFECTIVE JANUARY 1, 2018.
FEDERAL BENEFITS OPEN SEASON

CONTACT INFORMATION

VISIT OUR OPEN SEASON WEBPAGE:


For FEDVIP call BENEFEDS (877) 888-3337

For Flexible Spending Account call FSAFEDS (877) 372-3337

ADDITIONAL RESOURCES

www.opm.gov/insure
www.fsafeds.com
www.benefeds.com

FINAL REMINDERS

Open Season runs from Monday, November 13 through Monday, December 11, 2017.

You are permitted to make only one election for each program (FEHB, FEDVIP, & FSAFEDS) during the open season. Please make sure your decisions are right for you and your family prior to completing the election process.