

# United States Department of the Interior

BUREAU OF LAND MANAGEMENT  
California State Office  
2800 Cottage Way, Suite W1834  
Sacramento, California 95825  
[www.ca.blm.gov](http://www.ca.blm.gov)

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Information Bulletin No. CA-2003-005

To: All Employees  
From: Deputy State Director, Division of Support Services  
Subject: 2002 Health Benefits Open Season

The Federal Employees Health Benefits (FEHB) open season is from **November 11 through December 9, 2002**. Your current health plan will send you a copy of its brochure and a notice of its 2003 rates before open season begins. Be sure you review the section of the brochure that describes how benefits have changed for 2003.

During open season, eligible employees who are not currently enrolled may enroll and enrolled employees may change from one plan or option to another, from self only to self and family, or make a combination of these changes. Open season also allows employees to change their premium conversion election. An eligible employee who enrolls in FEHB may elect to participate or waive participation in premium conversion. ***An employee who participates in premium conversion may no longer cancel or change to self-only enrollment at any time. These changes may now be made only during open season or when a qualifying life event occurs.***

Employees who wish to continue their current enrollments and premium conversion elections do not need to take any action during this open season. **However, enrollees whose plans will not be participating in the FEHB program after December 31, 2002, or whose plans dropped the service area they are enrolled in, MUST enroll in a different plan to continue FEHB coverage in 2003** (see attached list of plan changes and terminations).

There are three basic types of plans available under the FEHB program:

1. **Managed Fee-for-Service Plans** - These plans reimburse you or your health care providers for covered services after the services are received. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers. These plans are considered “managed” because they contain features such as pre-certification of hospital admission and utilization review of ongoing care. Most of the fee-for-service plans have preferred provider arrangements. By using preferred providers, you can reduce your out-of-pocket expenses, and, in some cases, receive enhanced benefits.

Fee-for-Service plans include the Blue Cross/Blue Shield Service Benefit Plan and plans sponsored by unions and other employee organizations. Most employee organization sponsored plans require payment of a membership fee. These plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans. The plan brochure provides information concerning membership requirements and/or dues.

2. **Health Maintenance Organization Plans (HMOs)** - These plans provide comprehensive medical services, emphasizing prevention and early detection of disease. They provide or arrange for care by designated physicians, hospitals, and other providers in particular locations. Most services under an HMO must be performed by the plan’s participating providers.

Each HMO is open to employees within the plan’s enrollment area. You may not enroll in an HMO if you are located outside its area. It is important that you review the plan’s brochure to make sure that you are within the enrollment area.

3. **Plans Offering a Point of Service (POS) Product** - Some FEHB plans combine their features. A number of Fee-for-Service and HMO plans now offer both forms of health care delivery, known as “in network” and “out of network”. When an HMO offers a POS product, the product acts like a fee-for-service plan. The HMO’s enrollees may use non-affiliated or “out of network” providers if they wish. As a result, the services will cost them more in terms of deductibles and coinsurance than if they used plan providers.

In a Fee-for-Service plan with a POS product, the POS product acts like an HMO. If they agree to let their medical care be managed by “in network” physicians, plan enrollees will get a ***better*** benefit, usually in the form of richer benefits and lower co-pays or coinsurance.

If you are considering enrolling or making an enrollment change, you should obtain a copy of the 2003 Guide to Federal Employees Health Benefits Plans (FEHB Guide) from OPM’s website at [www.opm.gov/insure](http://www.opm.gov/insure), or from your human resources staff, or your field office administrative personnel. The FEHB Guide contains a comparison chart that gives general information about each plan and shows biweekly and monthly premium rates.

**Do not rely solely** on the FEHB Guide when deciding to enroll or change enrollment to another plan. If you are interested in a particular plan, obtain and thoroughly review the brochure of the plan you are considering. **All brochures are available on the Internet from the Office of Personnel Management’s web site [www.opm.gov/insure](http://www.opm.gov/insure).** Most health plan brochures are also available in your field offices and in the California State Office, Human Resource Services Branch.

Employees who wish to enroll or change their FEHB enrollment must complete a Health Benefits Registration Form (SF-2809). The form is available in your field offices and in the Human Resources office and must be submitted before the close of business on the last day of the open season. You may also obtain the SF-2809 from the OPM web site.

Employees who wish to change their premium conversion election must complete a FEHB Premium Conversion Waiver/Election Form. You should make desired enrollment changes as early as possible during open season to ensure timely processing.

Open season changes may also be made by using Employee Express. Employee Express is a customer-friendly automated system that enables you to make certain changes to your personnel/payroll records via telephone and computer, using a Personal Identification Number (PIN). Employee Express' telephone number is 478-757-3080. To obtain a PIN simply call the Employee Express help desk at 478-757-3030 from any touch-tone telephone or access the internet web site <http://www.employeeexpress.gov>.

New enrollments, changes to current enrollments, and changes to premium conversion elections made during open season will become effective on January 12, 2003. If you change plans, any covered expenses incurred between January 1, 2003, and January 11, 2003, will count toward the 2002 deductible of the plan you are changing from.

You should be aware that if you leave Federal employment, you may be eligible for Temporary Continuation of Coverage (TCC). Under TCC, you may continue your enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce, and children who lose coverage due to marriage or attaining age 22.

TCC enrollees must pay the total plan premium plus a 2% administrative fee. There are specific time limitations for enrolling under this provision. It is your responsibility to contact the personnel office when an event other than separation occurs in order to obtain information on TCC enrollment.

Questions regarding this bulletin should be directed to Angie Dailly, Human Resource Services at (916) 978-4476.

Signed by:  
Karen Barnette  
DSD, Support Services

Authenticated by:  
Richard A. Erickson  
Records Management

1 Attachment  
FEHB Changes

## FEHB PLAN CHANGES

### California

Plan	Code	Changes
Aetna Health Inc. (formerly Aetna U.S. Healthcare Inc.)	2X	<b>County dropped: San Diego</b> Enrollees in the area being dropped who do not change health plans during open season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2003.
Health Net	LB	<b>Counties dropped: Amador, Colusa, Glenn, Lassen, Mariposa, Mendocino, Plumas, Sierra, Tehama</b> Enrollees in the area being dropped who do not change health plans during open season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2003.
PacifiCare	CY	<b>Counties dropped: Imperial; City of Blythe (in Riverside County)</b> Enrollees in the area being dropped who do not change health plans during open season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2003.
Western Health Advantage	5Z	<b>Terminated</b> Enrollees must choose a new plan during open season or will not have health benefits for 2003.