

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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EMS TRANSMISSION

Information Bulletin No. HR-2004-009

To: All BC, HR, NI, ST, NCS-WO and BIA Field Office Employees

From: Director, National Human Resources Management Center

Subject: Open Season - Federal Employee Health Benefits (FEHB) Program

DD: 12/08/03

Open Season for the Federal Employees Health Benefits (FEHB) Program begins this year on November 10, 2003, and continues through December 8, 2003. During the open season, any eligible employee who is not currently participating may enroll, and any employee already enrolled may change from one plan or option to another, or from self only to self and family, or elect a combination of these changes. Enrollees who wish to continue their current enrollment will not need to take any action during this open season, but it is recommended that they at least review the 2004 rate and benefit changes for their plan.

The one significant plan change which affects Colorado FEHB enrollees this year has been made by Pacificare HMO. Effective January 2004, Pacificare-Colorado will merge their Standard Option with their High Option into one enhanced Standard Option, with some benefit changes. This change will result in an increase in premiums for those currently enrolled in "Standard" option. Any employee now enrolled in either Standard or High Option will be converted automatically to the new merged option. If you want to choose a different health benefit provider, you must do so during this open season beginning November 10, 2003. **Open Season elections become effective Jan. 11, 2004.**

The majority of employees have Premium Conversion, which allows Federal employees to use pre-tax dollars to pay health insurance premiums, which reduces their taxes. If you wish to waive this benefit, this can only be done during the FEHB open season.

Attached is a brief description of the types of health plans available under the FEHB program. You may obtain additional information about this open season from the following sources:

- a. The Office of Personnel Management (OPM) FEHB web page at www.opm.gov currently provides the 2004 Guides (Open Season Guides) to FEHB Plans. These Guides provide summary information on the health plans participating in the FEHB Program. The remainder of the web pages, such as individual brochures for each plan are due to be posted in early November 2003.
- b. A Health Benefits Fair will be held November 12, 2003 from 8:00 a.m. until 3:00 p.m. in the Rio Grande Room, lobby level of Building 67. Be sure to bring your government identification card to gain admittance to building 67. Representatives from the major health carriers have been invited to attend and will be available to answer your questions. You must obtain prior supervisory approval if you plan to attend the fair during official work hours.
- c. Hard copies of the FEHB Guide for Employees and health plan brochures will be available in the National Human Resources Management Center (NHRMC) once they are received, during the open season. Election forms, SF-2809's, are available on the table in the common area of HR.

To either enroll or make a change in your health benefit plan, you must either (1) submit, by **close of business December 8, 2003**, your completed Health Benefits Registration Form (SF-2809) to the NHRMC (HR-220) or (2) enroll or make a change in your health benefit plan through the use of Employee Express. Dialing 1-800-827-6254 on a touch-tone telephone will access Employee Express. To access Employee Express on the Internet, go to www.employeeexpress.gov. You must have your Personal Identification Number (PIN) to be able to use Employee Express. Employees should use only one of these methods. Do not use both the SF-2809 enrollment form and Employee Express for open season changes. When using Employee Express ask for verification of your transaction. When this is received, please provide HR-220 with a copy to place in your Official Personnel Folder as part of your FEHB record.

For further information regarding health benefits or open season, please call Lenna Gerwing at (303) 236-6667 or Colleen Noble at (303) 236-6690.

Signed
Linda D. Sedbrook
Director, NHRMC

Authenticated
Luron Porter
Staff Assistant

2 Attachments

- 1 - Types of Plans Available Under FEHB (1pg)
- 2 - Temporary Continuation of Coverage (TCC) (1 pg)

TYPES OF PLANS AVAILABLE UNDER FEHB

1. Managed Fee-for-Service Plans

These plans reimburse you or your health care provider for covered services after the services are received. If you enroll in one of these plans, you may choose your own physician, other health care providers, and hospital.

These plans are considered “managed” because they all contain features such as pre-certification of hospital admissions and utilization review of on-going care. In addition, most of the fee-for-service plans have preferred provider arrangements in many parts of the country. By using preferred providers, you can reduce your out-of-pocket expenses and, in some cases, receive enhanced benefits.

Fee-for-service plans include:

- Alliance Health Plan
- APWU Health Plan
- Blue Cross and Blue Shield Service Benefit Plan
- GEHA Benefit Plan
- Mail Handlers
- NALC
- Postmasters Benefit Plan

2. Health Maintenance Organization Plans (HMO's)

HMOs provide a comprehensive array of medical services, emphasizing prevention and early detection of disease, through contracted physicians, hospitals, and other providers in particular locations. Each HMO is open to employees within the plan's enrollment area. You cannot enroll in an HMO if you are located outside its enrollment area. If you have questions regarding the enrollment area, consult the plan brochure.

HMO Plans, and the areas they service are:

- Kaiser Permanente - Denver/Colorado Springs areas
- PacifiCare of Colorado - Denver/Pueblo/Colorado Springs/Fort Collins/LaPlata

TEMPORARY CONTINUATION OF COVERAGE (TCC)

If you leave Federal employment, you will probably be eligible for TCC (unless you are separated for gross misconduct). TCC can continue your 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 enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22. There are specific time frames in which you or your dependent will be eligible to enroll in TCC.

TCC enrollees must pay the total plan premium, plus a 2% charge for administrative expenses. There is no government contribution to the cost.