

**United States Department of the Interior
BUREAU OF LAND MANAGEMENT
National Human Resources Management Center
Denver Federal Center, Building 50
P. O. Box 25047
Denver, Colorado 80225-0047**

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EMS TRANSMISSION

Information Bulletin No. HR-2002-014

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: 12/10/01

Open Season for Federal Employees Health Benefits (FEHB) Program begins this year on November 12, 2001 and continues through December 10, 2001. 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. Open Season elections/ changes will become effective January 13, 2002.

While the majority of employees have elected to have Premium Conversion, which went into effect October 1, 2000, waivers of this benefit can only be made during the open season. Premium conversion allows Federal employees to use pre-tax dollars to pay health insurance premiums, which reduces their taxes

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 will be updated by November 1, 2001. It may be accessed at <http://www.opm.gov/insure/health>. This web page will include the 2002 Guide to FEHB Plans and plan brochures of all plans participating. Comparing the various brochures will be easier this year because the same format has been used to describe all health plans.

b. A Health Benefits Fair will be held November 14, 2001 from 8:00 a.m. until 3:00 p.m. in the Rio Grande Room, Lobby Level of 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, health plan brochures, and election form SF-2809 will be available in the National Human Resources Management Center (NHRMC) during open season. Employees who wish to enroll or change their enrollment must complete the **most recent** Health Benefits Registration Form (SF-2809, dated July 1999). All previous editions will not be accepted.

To either enroll or make a change in their health benefit plan, employees must by **close of business December 10, 2001** either (1) return their completed Health Benefits Registration Form (SF-2809) to the NHRMC (HR 220); or (2) enroll or make a change in their health benefit plan through the use of Employee Express. Employee Express can be accessed by dialing 1-800-827-6254 on a touch tone telephone. You will need your Personal Identification Number (PIN) to be able to use Employee Express. Only one of these methods can be used by employees. Do not use both the enrollment form and Employee Express for open season changes.

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

Signed
Linda Sedbrook
Director, NHRMC

Authenticated
Luron Porter
Secretary

1 Attachment
1- Description of Plans (2 pp)

Distribution
RS-150, Library

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/Blue Shield Service Benefit Plan
- GEHA Benefit Plan
- Mail Handlers
- NALC
- Postmasters

2. Health Maintenance Organization Plans (HMO's)

HMO's 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, include:

- Kaiser Permanente - Denver/Colorado Springs areas
- Pacificare of Colorado - Denver/Pueblo/Colorado Springs/Fort Collins/La Plata
(High or Standard Option)
- Rocky Mountain HMO - Most of Colorado

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 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.