Federal Benefits Open Season 2016

NAVIGATOR

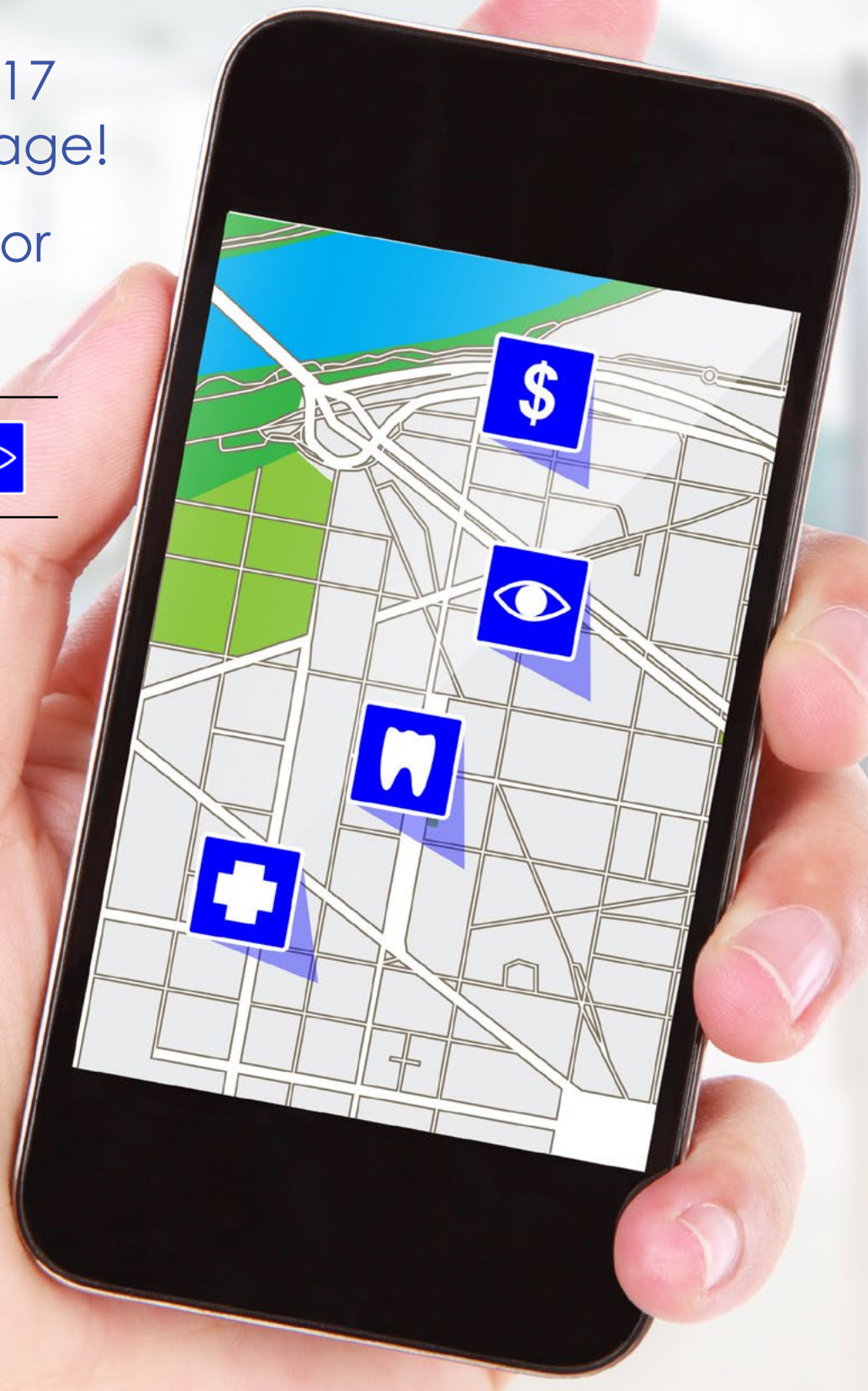
Take this route to your best 2017 benefits coverage!

Annual event for

FEHB

FEDVIP

FSAFEDS



November 2016

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Notes From

Your innovative workforce solution provider.

OHCAccess

Did you know?

Open Season is a limited time opportunity to make health, vision, dental, and flexible spending changes that will ensure your family has the coverage they need for 2017.

If your health care plan stops participating or reduces the coverage area for a plan option in the Federal Employees Health Benefits (FEHB) program in 2017, take action during Open Season to avoid being automatically enrolled in coverage.

Many health care plans charge a fee for smoking.

If you do not carry health care coverage, you may be required to pay a tax for uncovered months.

Now that you know, we hope you will explore this Benefits Navigator and our three tips to approaching Open Season choices for health, vision, dental, and flexible spending that include how to enroll or make changes.

If you still find yourself with questions, do not hesitate to contact the OHCAccess Help Desk.

SAFETY NOTES

If you must email forms that contain personally identifiable information, be sure to password protect your document prior to attaching it to an email. Protected documents should be sent in one email. Passwords should be sent in a separate email.

When sending documents through the mail, please do not indicate the department to which the document should be routed on the outside of the envelope.

Contact the OHCAccess Help Desk

Phone: 1-877-872-7990 (non-Executives) | 1-877-872-7991 (Executives)
Fax: 1-877-872-7993
Email: helpdesk@mailserver-hraccess.tsa.dhs.gov (non-Executives)
ESO@mailserver-hraccess.tsa.dhs.gov (Executives)
Mail: OHCAccess Shared Service Center | 2650 Park Tower Drive | Suite 200
Vienna, VA 22180-7300

Consider These Numbers

6-8

If you are a new Federal Employees Health Benefits (FEHB) enrollee or you have changed health insurance plans, it will take six to eight weeks from January 8, 2017, for you to receive new cards.

4.4%

The U.S. Office of Personnel Management (OPM) said premiums for the 2017 FEHB program will rise by an average of 4.4 percent. To review your premium information, check out the rate charts at the OPM website link **here.**

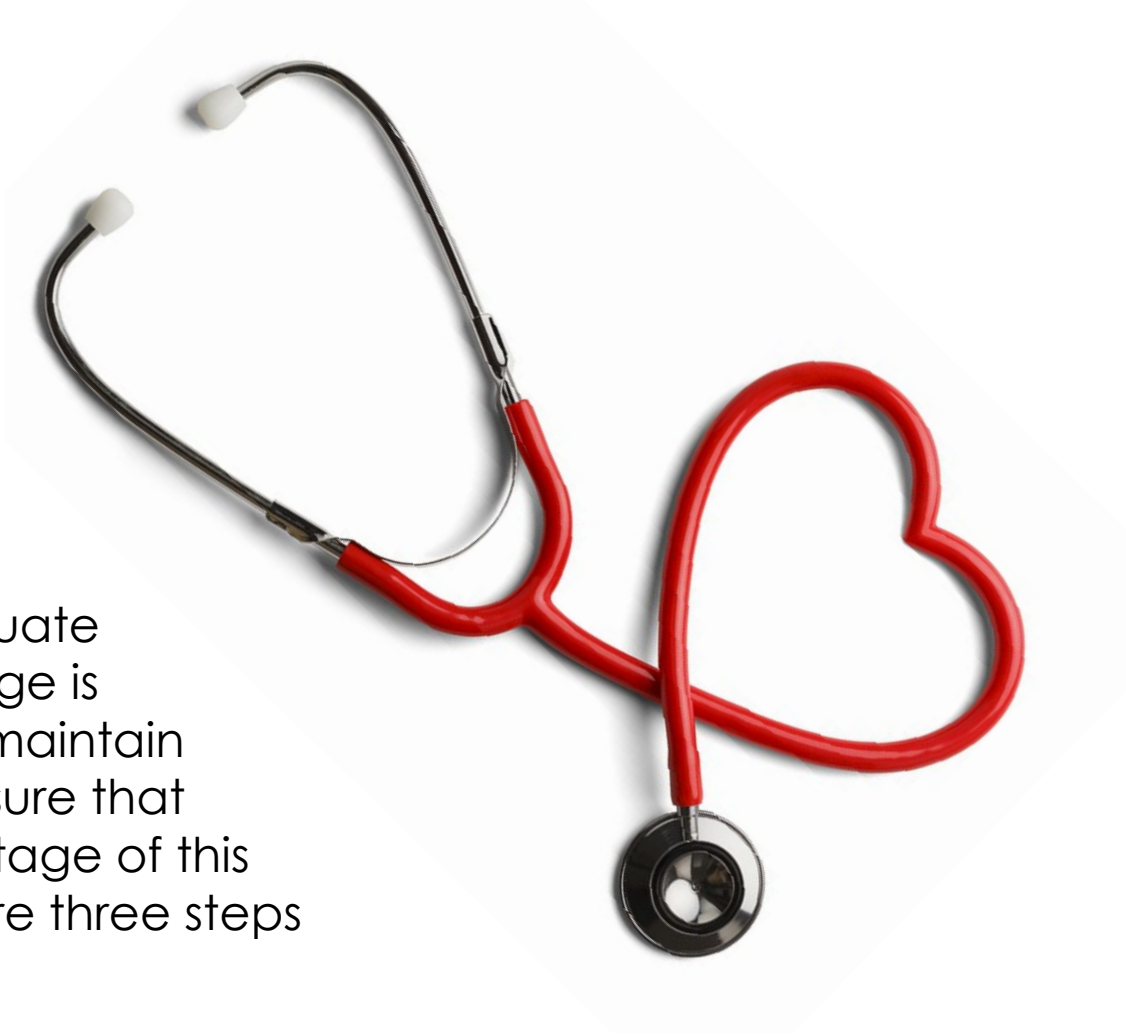
$5

The Federal Flexible Spending Account Program (FSAFEDS) has a new minimum reimbursement amount of just $5. Prior to September 1, that minimum reimbursement amount was $20. To sign up for a flexible spending account (FSA), you need to enroll or re-enroll during the annual Federal benefits Open Season.

1 in 68

This is the approximate number of children in the U.S. identified with autism spectrum disorder (ASD) in 2012, according to estimates from the Center for Disease Control and Prevention's (CDC's) Autism and Developmental Disabilities Monitoring (ADDM) Network. In 2017, FEHB plans will offer clinically appropriate and medically necessary treatment for children diagnosed with ASD.

Take 3 steps toward health care coverage



There are steps you can take to stay in good health. Adequate health care coverage is one simple way to maintain good health. To ensure that you take full advantage of this opportunity, here are three steps to follow:

1. Evaluate Your Situation

Answer these questions to start:

Do you have Federal Employees Health Benefits (FEHB) coverage?

Did your plan change?

Is your premium changing?

Do you need health insurance coverage through your employer? Or do you have coverage through another family member? Everyone must carry health insurance.
For more information, see the Healthcare.gov site linked here.

2. Research Your Options

Review your 2016 medical expenses and consider what you might need next year.

If you are already enrolled, review any premium increase or coverage changes taking place.

Compare plans and premiums by using these Office of Personnel Management (OPM) tools:

- To compare plans click here.
- For premiums click here.

3. Make Your Choice

If you are not enrolled or you wish to make changes to your elections for 2017, you must use MyEPP.

If you are satisfied with your current elections, no further action on your part is necessary.

If you wish to cancel you FEHB, you can click here to download an SF-2809, *Health Benefits* Election Form, to the OHCAccess Shared Service Center.

MAKE AN ELECTION USING MYEPP

1. Click on the OHCAccess webpage here then click on MyEPP, or click directly on the National Finance Center's (NFC) Employee Personal Page (EPP) here.

2. Click on "I Agree."

3. Enter your MyEPP User ID and Password.

4. Click on "Health Insurance."

5. Click on the "Self-Service" button in the upper right.

6. Select the type of change you wish to make. Your options will be:

- Change Plan
- Change from Self-Only to Family
- Change from Self-Only to Self Plus One
- Cancel Enrollment
- Change Premium Conversion Status

7. Enter your desired changes and follow the prompts as directed.

8. Click on "Submit" to finalize your request.

NOT YET ENROLLED

If you are not enrolled in Federal Employees Health Benefits (FEHB), but you wish to enroll during Open Season, please follow these instructions:
Complete a Standard Form (SF)-2809, *Health Benefits Election Form*, and submit it to TSA OHCAccess.
Submit your form by fax, mail, or a scanned and password-protected email attachment.

NOT SIGNED UP WITH MYEPP

1. Go to the OHCAccess webpage link here and click on MyEPP, or go to the NFC's EPP link here.

2. Click on "I Agree."

3. Click on "New User Sign Up."

5. Enter your Social Security number (SSN) and Date of Birth, then click on "Continue."

6. Follow the prompts as directed.

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Transportation Security Administration

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Healthy Smiles: Easy as 1, 2, 3

The Center for Disease Control and Prevention (CDC) estimates that more than $113 billion is spent on dental expenses each year in the United States. Oral health, it says, may also impact other health issues such as diabetes and heart disease. Consider reviewing the CDC statistics on adult oral health linked here and children's oral health linked here. Then take advantage of this Federal Employees Dental and Vision Insurance Program (FEDVIP) Open Season opportunity to:

1 Evaluate Your Situation

Review your 2016 dental expenses and consider what you might need in 2017.

Reflect on the personal dental needs of you and your family. Decide whether you need dental insurance coverage.

2 Research Your Options

Review your current plan information, noting any premium increase or coverage changes for 2017.

Compare plans and premiums through BENEFEDS or the Office of Personnel Management (OPM):

- BENEFEDS's comparison tool is linked here.
- OPM's Dental & Vision Plan Information is linked here.

Review the FEDVIP eligibility rules linked here, as regular changes in circumstances may effect this. (Note: The eligibility rules for FEDVIP are different from the eligibility rules for Federal Employees Health Benefits [FEHB].)

3 Make Your Choice

If you wish to enroll in FEDVIP or make changes to your FEDVIP elections for 2017, you will need to contact BENEFEDS through the OHCAccess website, linked here, or proceed directly to the BENEFEDS homepage, linked here.

If you are already enrolled in FEDVIP and are satisfied, no further action on your part is necessary. The coverage you have will continue, possibly with premium increases.

Maintain Your Eye Health

The Centers for Disease Control and Prevention (CDC) estimates that 61 million American adults are at high risk for serious vision loss, but only 50 percent have had an eye exam in the past year. These three steps will help you take advantage of this Federal Employees Dental and Vision Insurance Program (FEDVIP) Open Season opportunity to:

1. Evaluate Your Situation

Review your 2016 vision expenses and consider what you might need in 2017.

Reflect on the personal vision needs of you and your family.

Decide whether you need vision insurance coverage.

2. Research Your Options

Review your current plan information, noting any premium increase or coverage changes for 2017.

Compare plans and premiums through BENEFEDS or the Office of Personnel Management (OPM):

- BENEFEDS's comparison tool is linked here.
- OPM's Dental & Vision Plan Information is linked here.

Review the FEDVIP eligibility rules linked here, as regular changes in circumstances may affect this. (Note: The eligibility rules for FEDVIP are different from the eligibility rules for Federal Employees Health Benefits [FEHB].)

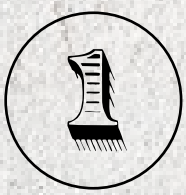
3. Make Your Choice

If you wish to enroll in FEDVIP or make changes to your FEDVIP elections for 2017, you will need to contact BENEFEDS through the OHCAccess website, linked here, or proceed directly to the BENEFEDS homepage, linked here. If you have additional questions, review the FEDVIP Frequently Asked Questions (FAQs), linked here.

If you are already enrolled in FEDVIP and are content that your current plan will continue to meet your needs, no further action on your part is necessary. The coverage you have will continue, possibly with premium increases.

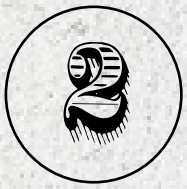
3 Opportunities to Mitigate Expenses

A flexible spending account (FSA) can save you money by allowing you to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. The Federal FSA program, FSAFEDS, offers three types of FSAs:



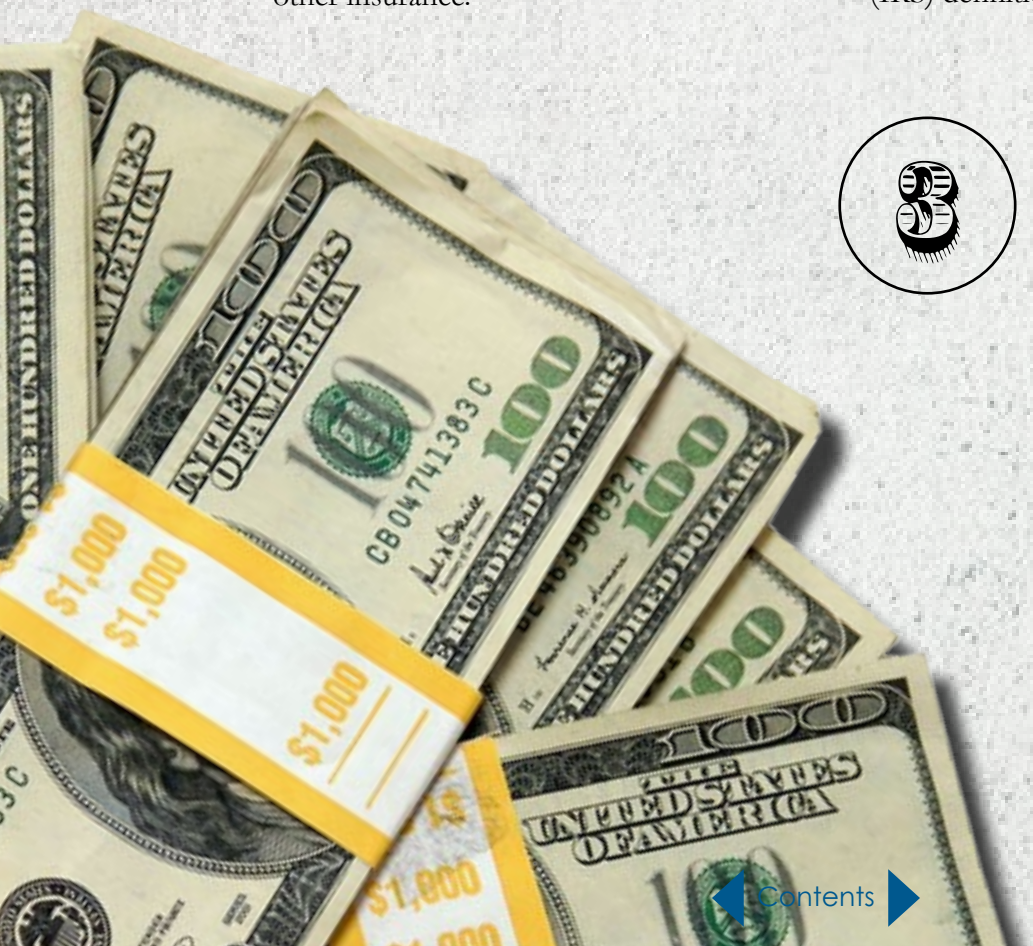
Health Care Flexible Spending Account (HCFSA)

This pays for the qualified medical costs and health care expenses that are not paid by your Federal Employees Health Benefits (FEHB) program or any other insurance.



Limited Expense Health Care Flexible Spending Account (LEX HCFSA)

This is only available to employees who enroll in an FEHB program under a High Deductible Health Plan (HDHP) that has a Health Savings Account (HSA). Eligible expenses are limited to dental and vision care services or products that meet the Internal Revenue Service's (IRS) definition of medical care.



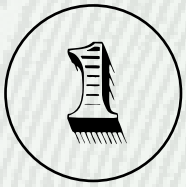
Dependent Care Flexible Spending Account (DCFSA)

This is used to pay for eligible dependent care expenses (such as child care for children under age 13 or day care for anyone you claim as a dependent on your Federal tax return who is physically or mentally incapable of self-care) so that you (or your spouse, if married) can work, look for work, or attend school full-time.

FSAFEDS is a voluntary program, and your election is only effective for one benefit period, equal to one calendar year. This means that you must enroll each year that you want to participate. If you do not enroll during this Open Season, you will need to experience a qualifying life event (QLE) to participate during the 2017

PLAN TO ENROLL?

As you decide, follow the three E's: Evaluate, Estimate, Enroll!



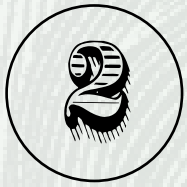
Evaluate Your 2016 Expenses and 2017 Needs

A. How much did you pay out of pocket last year that meets eligibility requirements for one of the programs listed on the previous page?

B. Are you expecting an increase in out-of-pocket expenses? For example, have you had or will you have a baby who will require child care while you work?

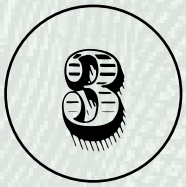
C. Did you have an FSAFEDS account last year? If so, is there eligible money to carry over into 2017? See the reminders below for more information on carryovers.

D. A helpful savings calculator and other resources are available on the FSAFEDS website: Select this link and click on "FSAFEDS Program" under "Important Links."



Estimate the Amount for Your 2017 FSA

The maximum you can contribute is $2,500 (or in the case of the DCFSA, $5,000 for singles or married couples filing jointly and $2,500 for married couples filing separately).



Make Your Enrollment

You have two options for enrolling.

ONLINE:

- Log in to your FSAFEDS online account, linked here.
- Click Enrollment.
- Follow the prompts.

OVER THE PHONE:

- If you do not have access to the Internet or if you have questions during the enrollment process, contact an FSAFEDS Benefits Counselor toll-free at 1-877-FSAFEDS (372-3337), TTY: 866-353-8058, Monday through Friday from 9:00 a.m. until 9:00 p.m. Eastern Time.
- Please do not contact your employing agency, since it does not handle FSAFEDS enrollments.

REMINDERS

1. Unless you signed up for paperless reimbursement, you must submit claims for reimbursement for eligible FSAFEDS expenses by using the claim forms available on the FSAFEDS website, linked here. You have until April 30, 2017, to submit all health care and dependent care claims for the 2016 benefit period.

2. You may be able to carry over up to $500 in unspent funds from your 2016 FSAFEDS.

3. If you enrolled in HCFSA and/or LEX HCFSA 2016 coverage, expenses must be incurred between January 1 and December 31, 2016. If you enrolled in DCFSA 2016 coverage, expenses must be incurred between January 1, 2016, and March 15, 2017.

If you have additional questions, review the FSAFEDS Frequently Asked Questions (FAQs), linked here.

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NEW RULES

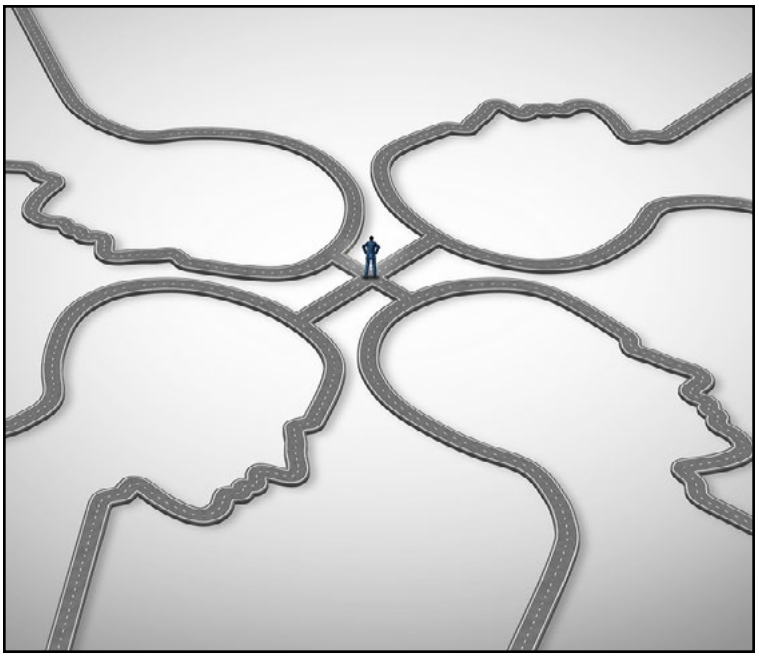
For Loss in Coverage

When a health insurance carrier decides to stop participating or offering a plan option in the Federal Employees Health Benefits (FEHB) program, the Office of Personnel Management (OPM) provides enrollees of that provider a time period in which they may elect new coverage.

If your carrier is dropping out of FEHB or no longer offering the plan option that you are currently enrolled in during the 2017 plan year, we strongly urge you to take action. A new OPM rule instructs agencies to place employees into health care plans if they do not take action when their health insurance carrier or particular plan is removed from FEHB.

OPM and employing agencies may automatically enroll individuals who do not make an enrollment election during the allotted time period into one of the following:
a. in the event of a plan option termination, the lowest cost remaining plan option provided by the same carrier that is not a High Deductible Health Plan (HDHP);
b. in the event of a plan termination, into the GEHA standard option.

The new rule does not alter current standard practice to enroll individuals into the enrollment type (Self Only, Self Plus One, or Self and Family) that the enrollee carried before the plan or plan option terminated. If enrollees learn of a plan or plan option termination and determine that they do not want to continue FEHB coverage, the decision to cancel should be documented in Part F of the Standard Form (SF) 2809.



What is "the lowest cost nationwide plan available"?

For plan year 2017, the lowest-cost nationwide plan is the GEHA standard option. OPM will annually determine the lowest-cost nationwide plan option calculated based on the enrollee share of the cost of a Self Only enrollment. The plan option identified may not be an HDHP or an option from a health benefits plan that charges an association or membership fee. OPM reserves the right to designate an alternate plan for automatic enrollments if it determines circumstances warrant action.

HOLIDAY | PAYDATE | EFT PAYDATE

2017

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