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TSA Open Season

November 11 – December 9, 2019

OPEN SEASON FAQs

Click one of the links below for answers to your most frequently asked about each benefit.

[Federal Employees Health Benefits \(FEHB\)](#)

[Federal Employees Dental and Vision Insurance Program \(FEDVIP\)](#)

[Federal Flexible Spending Account Program \(FSAFEDS\)](#)

FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

HOW DO I ENROLL?

FEHB Open Season elections should be made via MyEPP if possible. You may also submit a Standard Form (SF) 2809, *Employee Health Benefits Election*, to the HC Access Service Center. Submit your SF-2809 by fax, email, or mail to:

Fax: 1-877-872-7993

Email:

HelpDesk@mailserver-hraccess.tsa.dhs.gov (address hyperlinked)

Mail: HC Access Service Center
6363 Walker Lane,
Suite 400
Alexandria, VA 22310

Important: To protect your personal information, please encrypt your emailed forms. The password should be sent in a separate email.

CAN I CANCEL MY ENROLLMENT AT ANY TIME?

You can only cancel at any time if you have waived enrollment in premium conversion. Otherwise, you may only cancel enrollment during Open Season or if you have a Qualifying Life Event (QLE). Learn more about QLEs by clicking the Office of Personnel Management (OPM) link [here](#). Cancellation of FEHB can be done via MyEPP during Open Season.

HOW DO I MAKE AN ELECTION USING MyEPP?

To make an election via MyEPP, please review the Benefits Navigator on HC Access.

WHEN WILL MY ELECTION BECOME EFFECTIVE?

The effective date of FEHB Open Season elections is January 5, 2020. First time enrollees must meet the pay and duty status requirement for elections to become effective. Effective dates may be different for employees who plan to retire between November 11, 2019 and January 4, 2020.

WHEN WILL I SEE DEDUCTIONS BEGIN?

Employees will see deductions for FEHB Open Season elections beginning with the Statement of Earnings and Leave (SEL) dated January 31, 2020.

WHEN IS MY LAST DAY OF 2019 COVERAGE?

Your last day of 2019 coverage will be January 4, 2020. If you elect to cancel your health insurance coverage, this is also the last day you will be covered.

WHEN WILL I RECEIVE MY NEW ID CARD?

Allow 6-8 weeks after January 5, 2020, to receive your new ID card.

I AM ALREADY ENROLLED. CAN I CONTINUE WITH MY EXISTING PLAN IN 2020?

You may continue your existing plan, but be aware that some plans may have changed. To view the FEHB plans for 2020, go to the HC Access link [here](#) and read Benefits Administration Letter (BAL) 19-401.

If your current plan is scheduled to leave the FEHB program or reduce its service area and terminate its enrollment codes, you will need to enroll in a new health insurance plan during Open Season. **Failure to make necessary changes during Open Season will result in your automatic enrollment in the Standard Option of the GEHA Benefit Plan, which is the lowest-cost nationwide plan option for 2020**, as determined by OPM.

You may also want to read your plan's 2020 brochure by following the OPM link [here](#).

HOW MUCH ARE FEHB PREMIUMS FOR 2020?

Premiums vary and often increase from year to year. Compare premiums by clicking the OPM link [here](#). If you participate in premium conversion, you will not be able to make a subsequent change (absent a QLE) due to financial impact.

WHAT FEHB PLANS ARE AVAILABLE IN MY AREA?

View the plans in your area by clicking the OPM link [here](#).

WHAT IS FEHB PREMIUM CONVERSION?

Premium conversion allows you to pay for your premiums on a pretax basis, meaning your premiums are deducted from your pay prior to taxes being withheld. Participation in premium conversion is automatic when you enroll. During Open Season, you may choose to waive participation in premium conversion, or if you had previously waived participation, you may enroll.

WHAT ARE MY OPTIONS FOR COVERING CHILDREN?

Children	Effect of the Affordable Care Act (ACA)
Under age 26	Children are covered under their parent's Self and Family enrollment up to age 26.
Married children	Married children (but NOT their spouse or their own children) are covered up to age 26.
Children with or eligible for employer-provided health insurance	Children who are eligible for or have their own employer provided health insurance are eligible for coverage up to age 26.
Stepchildren	Stepchildren do not need to live with the enrollee in a parent-child relationship to be eligible for coverage up to age 26.
Children incapable of self-support	Children who are incapable of self-support because of a mental or physical disability that began before age 26 are eligible to continue coverage. Contact the HC Access Shared Service Center for additional information, as this option requires approval.
Foster children	Foster children are eligible for coverage up to age 26. Contact the HC Access Shared Service Center for additional information, as this option requires supporting documentation.

Children do not have to live with their parent, be financially dependent upon their parent, or be students to be covered up to age 26. There is also no requirement that the child have prior or current insurance coverage. FEHB plan administrators will send a notice to their enrollees to specify coverage eligibility changes as part of that plan's Open Season communications.

In cases where children have employer-provided health insurance and are covered under their parent's Self and Family enrollment, the children's employer-provided health insurance will be the primary payer. FEHB will be the secondary payer.

WHAT COVERAGE OPTIONS CAN I CHOOSE FROM?

FEHB offers Self Only, Self and Family coverage options.

WHO IS AN ELIGIBLE FAMILY MEMBER?

An eligible family member can include either a spouse or an eligible child under age 26. A child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member. More detailed information on eligible family members may be found in the *FEHB Handbook* at the link provided [here](#).

ARE DOMESTIC PARTNERS/NON-MARRIED PARTNERS ELIGIBLE FOR COVERAGE?

No. Only legally married spouses, including valid common law marriages, are considered eligible family members under any FEHB enrollment, including Self Plus One.

FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

HOW DO I PARTICIPATE IN FEDVIP OPEN SEASON?

To enroll, cancel, or change your FEDVIP coverage, go to the HC Access website link [here](#) and click on “FEDVIP Program” under Benefits, or go directly to the BENEFEDS website link [here](#). You can also call the BENEFEDS Call Center at 1-877-888-3337 (TTY: 1-877-889-5680). During Open Season, the Call Center hours are Monday - Friday, 8:00 a.m. - 9:00 p.m. Eastern Time (ET). The BENEFEDS Call Center will be closed on Thanksgiving Day, November 28, 2019.

WHEN WILL MY ELECTION BECOME EFFECTIVE?

The effective date of FEDVIP Open Season elections is January 1, 2020.

I AM ALREADY ENROLLED. CAN I CONTINUE MY ENROLLMENT IN 2020?

If you are satisfied with your FEDVIP plan(s) and want to continue existing coverage in 2020, you do not need to take action. Your coverage will automatically continue. However, it is important that you read your plan’s 2020 brochure carefully and review any changes in benefits, premiums, and carrier participation.

Dental plan brochures are available at the Office of Personnel Management (OPM) link [here](#). Vision plan brochures are available at the OPM link [here](#).

IF I CANCEL MY ENROLLMENT DURING OPEN SEASON, WHEN WILL MY COVERAGE TERMINATE?

Your last day of coverage will be December 31, 2019.

WHEN WILL I SEE DEDUCTIONS BEGIN?

Employees will see deductions for Open Season elections beginning with the Statement of Earnings and Leave (SEL) for Pay Period (PP) 26 of 2019, generally received on January 16, 2020.

DO I HAVE TO BE ENROLLED IN A FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PLAN TO ENROLL IN FEDVIP?

No. You do not need to be enrolled in FEHB to enroll in FEDVIP. However, you need to be **eligible** to enroll in FEHB. For eligibility information, go to the OPM link [here](#).

DO I HAVE TO CHOOSE BOTH A DENTAL AND A VISION PLAN IF I ENROLL?

No. You can enroll in one or both.

WHERE CAN I VIEW THE PLANS AVAILABLE?

To view the FEDVIP plans available in your area, go to the OPM link [here](#), and enter your ZIP code.

CAN I CANCEL MY FEDVIP ENROLLMENT AT ANYTIME?

No. There are limited opportunities to cancel your FEDVIP enrollment. For more information, go to the OPM link [here](#).

WHO IS CONSIDERED AN ELIGIBLE FAMILY MEMBER?

Eligible family members are your:

- Spouse (including common law spouse)

- Unmarried dependent children under age 22 (including adopted children, foster children, or stepchildren)
- Unmarried dependent children age 22 or over and incapable of self support because of a physical or mental disability that began before age 22

Note: A grandchild is not an eligible dependent unless the child qualifies as your foster child.

For more information, go to the OPM link [here](#).

WHAT TYPE OF COVERAGE OPTIONS ARE OFFERED?

The coverage options offered by FEDVIP are:

- Self Only
- Self Plus One
- Self and Family

FEDERAL FLEXIBLE SPENDING ACCOUNT PROGRAM (FSAFEDS)

I AM ALREADY ENROLLED. WILL MY ENROLLMENT AUTOMATICALLY CONTINUE IN 2020?

No. Enrollment in the FSAFEDS program **does not** automatically continue each year. If you want to continue participation, you will need to re-enroll during Open Season.

HOW DO I ENROLL DURING OPEN SEASON?

To enroll in FSAFEDS, go to the HC Access website link [here](#) and click on “FSAFEDS Program” under “Benefits,” or go directly to the FSAFEDS website linked [here](#). You may also call FSAFEDS at 1-877-372-3337 (TTY: 1-866-353-8058), Monday - Friday, 9:00 a.m. until 9:00 p.m. Eastern Time (ET). They are closed on Thanksgiving Day (November 28, 2019).

WHEN WILL MY ELECTION BECOME EFFECTIVE?

The effective date of Open Season elections is January 1, 2020.

WHEN WILL I SEE DEDUCTIONS BEGIN?

Employees will see deductions for Open Season elections beginning with the Statement of Earnings and Leave (SEL) for Pay Period (PP) 26 of 2019, generally received on January 16, 2020.

WHAT TYPES OF ACCOUNTS ARE AVAILABLE?

FSAFEDS offers three types of flexible spending accounts (FSAs):

1. A Health Care Flexible Spending Account (HCFSA) is used to pay for eligible health care expenses that are not covered under your insurance plan, such as co-payments. Over-the-counter (OTC) products that are medicines or drugs **will not be eligible** for reimbursement from your HCFSA unless you have a prescription for that item written by your physician. The only exception is insulin, which will not require a prescription. Other currently eligible OTC items that are not medicines or drugs (such as bandages and nasal strips) will not require a prescription.

Note- An HCFSA cannot be used to pay for any type of insurance premiums, including long-term care insurance premiums.

2. A Dependent Care Flexible Spending Account (DCFSA) is used to pay for childcare or adult dependent care expenses that are necessary to allow you and your spouse (if married) to work, look for work, or attend school full-time. You must claim the child or adult (child under age 13 or over age 13 and incapable of self-care, which may include an adult) as a dependent on your Federal tax return.

3. A Limited Expense Health Care Flexible Spending Account (LEX HCFSA) is used in place of the general purpose Health Care FSA if the participant is enrolled in a High Deductible Health Plan with a Health Savings Account (HSA). The LEX HCFSA allows you to submit eligible dental and vision expenses only. By using a LEX HCFSA, you can preserve the funds in your HSA to use and save for other purposes.

WILL I BE CHARGED ANY FEES IF I ENROLL IN THE FSAFEDS PROGRAM?

No, you will not be charged any fees if you enroll in the FSAFEDS program.

WHERE CAN I OBTAIN A LIST OF PRODUCTS AND MEDICATIONS ELIGIBLE FOR REIMBURSEMENT?

For a list of products and medications eligible for reimbursement, go to the FSAFEDS Expense Viewer linked [here](#).

IS THERE A MAXIMUM ALLOWABLE CONTRIBUTION FOR ANY FSA?

FSAFEDS allows the highest contributions possible according to the Internal Revenue Service (IRS)—a \$2,750 maximum for HCFSA and LEX HCFSA. The maximum allowable contribution for a DCFSA is \$5,000 per household or \$2,500 if you are married filing separately.

HOW MUCH TIME WILL I HAVE TO USE THE MONEY IN MY ACCOUNT?

It depends. For HCFSAs and LEX HCFSAs, you will have until December 31, 2019, to incur expenses. For DCFSA accounts, you have a total of 14.5 months, or until March 15, 2020, to incur expenses. For all FSA accounts, you have until April 30, 2020, to submit claims.

AFTER DECEMBER 31, 2019, WHAT HAPPENS TO MONEY LEFT IN MY HCFSA OR LEX HCFSA ACCOUNT?

Generally, any money in your HCFSA or LEX HCFSA account for which you have not incurred an eligible expense and submitted a claim (by April 30, 2020) will be forfeited (lost). However, there is one exception: If you have a balance of \$500 or less and you elect to re-enroll during the 2019 open season, the balance may be carried over and used for reimbursement of any eligible health expense you incur in 2020. Employees who do not elect to re-enroll will not be eligible for the carry over, and the balance will be forfeited.

AFTER MARCH 15, 2020 WHAT HAPPENS TO ANY MONEY LEFT OVER IN MY DCFSA ACCOUNT?

After March 15, 2019 any money in your dependent care FSA account for which you have not incurred an eligible expense and submitted a claim (by April 30, 2020) will be forfeited (lost).