

Health Benefits Open Season Administrative and Processing Information

Publication 12

November 2007

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Beverly A. Betts
Program Manager, Insurance
Compensation

Contents

- 1 General Information 1**
- 11 Open Season Dates 1
- 12 Effective Dates of Open Season Changes 1
 - 121 New Open Season Enrollment 1
 - 122 Change in Enrollment 1
 - 122.1 Open Season 1
 - 122.2 Rate Changes 1
 - 122.3 Other Events 1
 - 122.4 Old Plan Coverage 2
 - 122.5 No Change 2
 - 123 Belated Open Season Enrollment or Change in Enrollment 2
 - 124 Spouse Equity and Temporary Continuation of Coverage Participants 3
- 13 Permissible Changes 3
 - 131 New Enrollments 3
 - 132 Changes in Enrollment 3
 - 132.1 Eligibility to Change Enrollment 3
 - 132.2 Notifying Dependents of Changes in Enrollment 3
 - 133 Other Changes 4
 - 134 Correction of Errors 4
- 14 Illegal Dual Enrollment 4
- 15 False Statements and Misrepresentations in *PostalEASE* 4
- 16 Pretax Payment of Premium Contributions 5
 - 161 Pretax Withholding 5
 - 162 Waiving Pretax Payments 5
 - 163 Reducing Coverage 5
 - 164 Resources 6
- 2 Health Insurance Plan Information 7**
- 21 Health Insurance Plans 7
 - 211 Terminations 7
 - 211.1 Plans Leaving the FEHB Program for 2008 7
 - 212 Service Area Changes 8
 - 212.1 Plan Reducing Service Area by Terminating an Enrollment Code 8
 - 212.2 Service Area Expansions With New Enrollment Codes 8
 - 212.3 Service Area Expansions Without New Enrollment Codes 8
 - 212.4 Plan Splitting a Service Area 19
 - 213 Other Changes 20

Health Benefits Open Season Administrative and Processing Information

213.1	Plans Dropping an Option for 2008	20
213.2	New Plans Entering the Program for 2008	20
213.3	Existing Plans Offering a High Deductible Health Plan (HDHP) Without New Enrollment Codes	20
213.4	Existing Plans Offering an HDHP With New Enrollment Codes	21
213.5	Plan Name Changes	21
213.6	Plans Adding a New Option.	23
213.7	Code Mergers	24
22	2008 Premium Rates	24
221	Eligible Career Employees	24
222	Eligible Noncareer Employees	24
223	Annuitants	25
224	Effective Date of Premium Rate Changes.	25
23	Carrier Contact Information	25
24	Non-FEHB Benefits	25
3	Eligibility	27
31	Career Employees	27
32	Family Members	27
321	Eligible Family Members	27
322	Ineligible Family Members.	27
323	Determination of Eligibility.	27
33	Employees Within 5 Years of Retirement	28
331	Importance of Continuing Coverage.	28
332	Requirements for Continuing Coverage Into Retirement	28
332.1	Meeting the 5-Year Requirement	28
332.2	Noncareer Health Benefits Coverage Into Retirement	29
34	Noncareer Employees	29
341	Requirements	29
342	Categories of Eligible Noncareer Employees	30
343	Determination of Eligibility.	30
344	Insufficient Earnings	31
4	Health Benefits Materials and Information	33
41	Control of Health Benefits Materials.	33
42	Materials That Must Be Ordered	35
421	From the Material Distribution Center.	35
422	From Health Maintenance Organizations	36
43	Materials Distributed Automatically	37
44	Materials That May Be Ordered	37
45	Materials Available Online.	38
46	Distribution of Health Benefits Materials to Employees	38
461	Career Employees.	38

Contents

462	Noncareer Employees	39
463	2008 Health Plan Brochures	39
464	Temporary Continuation of Coverage and Spouse Equity Enrollees	39
465	Individuals Already Enrolled Under the TCC or Spouse Equity Provisions.	40
466	Former Employees and Annuitants	40
47	Health Fairs	40
48	Handouts and Bulletin Board Notices	41
5	Processing Procedures	43
51	Completing the Open Season <i>PostalEASE</i> FEHB Worksheet	43
511	Checklist	43
512	Timeliness	43
512.1	Human Resources Shared Services Center (HRSSC)	43
512.2	Accuracy	44
512.3	Cancellation of Coverage	44
52	Processing Open Season Elections	44
521	Employee Elects No Change.	44
522	Employee Changes Enrollment	44
53	Special Circumstances	45
531	Transfers, Retirements, and Separations in Advance of Effective Date of Open Season Change	45
531.1	Transfers	45
531.2	Retirements	45
531.3	Unexpected Transfer or Retirement After Open Season Changes Have Been Processed	45
532	Other Separations	46
6	Counseling Employees	47
61	Responsibility for Counseling	47
62	Requests for Cancellation of Enrollment	47
7	Carrier Contact Information for Ordering Brochures — 2007 FEHB Open Season	49
8	Processing Checklist	55
81	Open Season Dates	55
82	Effective Dates	55
83	Employee Responsibility.	55
84	HRSSC’s Responsibilities.	56
85	Mailing <i>PostalEASE</i> FEHB Worksheet to the Eagan ASC	57

9 Table of Permissible Changes in FEHB Enrollment and Pretax/After-Tax Premium Payment.	59
10 Open Season Publicity Materials	67

Introduction

Under the Federal Employees Health Benefits (FEHB) Program, healthcare costs will increase slightly for plan year 2008. To receive the very best value, members should look beyond a plan's premium and select a plan based on how efficiently the benefits will meet their health care needs, paying particular attention to prescription drugs, co-payments, and co-insurance.

This publication:

- Provides an explanation of premium increases and includes details about premiums and other important aspects of the FEHB Program for this open season and during the 2008 plan year.
- Is assembled to assist personnel who accept and process FEHB Open Season enrollments and changes.
- Combines all available FEHB Open Season information, except plan premium rates, into a single document.
- Contains information about health plans leaving the FEHB Program and those making changes in plan service areas, enrollment codes, and names.
- Includes a list of health maintenance organizations in chapter 7, with the information necessary for ordering brochures (plan code, plan name, and point of contact).
- Appears online on the Postal Service PolicyNet Web site at <http://blue.usps.gov/cpim>, and on the Compensation Web site at <http://blue.usps.gov/hrisp/comp>.
- Is not printed or issued in hard copy.

General Information

In 1998 the Office of Personnel Management (OPM) instituted a new "weighted average" cost formula for apportioning health plan premiums costs between participants and federal agencies.

This year the Postal Service has a new FEHB premium rate:

- **Postal Premium Category 1** applies to American Postal Workers Union (APWU) (including HQ Operating Services, IT/ASC and MDC), National Postal Mail Handlers Union (NPMHU) (including Tool & Die), and National Postal Professional Nurses (NPPN) bargaining unit employees in Rate Schedule Codes (RSC) C, G, K, M, N, P and T. The rate also applies to certain non-law enforcement, nonbargaining unit employees such as EAS, A-E Postmasters, and Attorneys in RSC's E, F and U.
- **Postal Premium Category 2** applies to Fraternal Order of Police (FOP), National Association of Letter Carriers (NALC), and National

Rural Letter Carriers' Association (NRLCA) employees in RSC's Y, Q and R.

The Postal Service contribution to premiums for Inspection Service and Office of Inspector General employees will continue to be based on federal (nonpostal) rates in 2008.

FEHB Open Season materials will be distributed automatically to some district offices, area offices, processing and distribution centers, bulk mail centers, airport mail centers, the Office of Inspector General, the Inspection Service, and selected Headquarters units. Other materials must be requisitioned.

The OPM Web site at www.opm.gov/insure/health provides easy access to the 2008 Guides to FEHB Plans, premium rates, directives, and other information, with links to plan brochures and plan Web sites.

Changes for the 2008 Plan Year

Plans that terminate the last day of the plan year are required to continue providing coverage until the effective date of the new plan year (January 5, 2008). See chapter 2 for a list of plan changes for the 2008 plan year.

Consolidations, mergers, service area reductions, changes in Point of Service, and other significant plan changes may require members to select a different plan in order to continue FEHB coverage.

Health plans that leave the FEHB Program must notify members that they need to select a new plan during open season.

The Eagan Accounting Service Center will notify enrollees of plans that are changing and the possible need to make a new election.

To initiate a change in enrollment, an employee must fill out the *Postal/EASE* FEHB Worksheet in the 2008 guides to FEHB plans for entry into *Postal/EASE*. If the employee is making a change that does not require certification or a change of enrollment code (such as deleting or adding a dependent), the employee can make the change directly through the plan.

2008 Guides to FEHB Plans

The following 2008 Guides to FEHB Plans contain provisions that apply to Postal Service employees.

- RI 70-2, for career employees (except IS and OIG employees).
- RI 70-2IN, for Inspection Service (IS) and Office of Inspection General (OIG) employees.
- RI 70-5, for Spouse Equity and Temporary Continuation of Coverage enrollment (for Postal Service and other federal employees).
- RI 70-8PS, for noncareer employees.

Each FEHB guide shows the premium contribution rates for its Postal Service employee audience and provides information about pretax payment of premiums.

To help employees make informed decisions, the guides include the results of a satisfaction survey conducted by OPM.

Information about high deductible health plans, health savings accounts, and health reimbursement accounts is provided in each of the 2008 guides. Refer to each plan's brochure for specific information about these benefits.

Guides RI 70-2, RI 70-2IN, and RI 70-8PS will be mailed to each eligible employee's address of record. The guides are also available at www.opm.gov/insure/health.

Receipt of a guide does not imply that an employee is eligible for FEHB coverage. Make eligibility determinations according to FEHB regulations.

Pretax Premiums

All career Postal Service employees have their FEHB premium contributions automatically withheld from pay on a pretax basis, which means that the premium amount is not subject to income tax, Social Security, or Medicare taxes.

When contributions are withheld on a pretax basis, an election to reduce or to cancel coverage is allowed only during an FEHB Open Season, or as a result of one of the qualifying life events listed in chapter 9.

If an employee wishes to waive pretax treatment, he or she must complete PS Form 8201, *Pre-Tax Health Insurance Premium Waiver/Restoration Form for Career Employees*.

For detailed information about pretax payment of premium contributions, see page 12 of the *2008 Guide to Benefits for Career Postal Service Employees* and subchapter 16 of this publication.

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1 General Information

11 Open Season Dates

Open season for the FEHB Program is Monday, November 12 through Tuesday, December 11 (5 p.m. Central Time), 2007.

12 Effective Dates of Open Season Changes

121 New Open Season Enrollment

A new open season enrollment (a change from not enrolled to enrolled) is effective as follows:

- If an employee was in a pay status during any part of Pay Period (PP) 01-2008, enrollment is effective as of January 5, 2008 (PP 02-2008).
- If an employee was not in a pay status during any part of PP 01-2008, the enrollment becomes effective on the first day of the first pay period following the employee's entry into pay status.

When a new or newly eligible employee (such as a new hire or a casual employee converting to career status) registers during open season, that **is not an open season event**. Such enrollments are effective according to the rules that apply throughout the year.

122 Change in Enrollment

122.1 Open Season

An open season change in enrollment is effective January 5, 2008, whether or not the employee was in a pay status during the preceding pay period.

122.2 Rate Changes

New premium rates take effect January 5, 2008, and will be reflected in paychecks dated January 25, 2008.

122.3 Other Events

Enrollment changes that are based on certain specific events are permitted throughout the year. These types of changes are effective on the first day of the pay period following receipt of change information by *PostalEASE*, as long as the employee making the change was in a pay status for any part of the previous pay period. If such an event occurs during open season, the

enrollment change is not considered an open season change; therefore, it becomes effective according to the provisions applicable throughout the year.

122.4 **Old Plan Coverage**

An enrollee who changes plans during open season receives continued coverage under his or her former plan through January 4, 2008. Any covered expenses incurred through that date count toward the enrollee's 2007 deductible with the former plan. If the 2007 deductible has been met, the former plan should pay the enrollee's claims for covered expenses incurred through January 4, 2008, even if the plan is discontinuing its participation in the FEHB program at the end of the 2007 plan year.

122.5 **No Change**

An employee who does not want to change plans or enrollment does not have to take any action during open season. His or her enrollment continues, with any applicable premium changes effective January 5, 2008.

Exception: If the employee's current plan is discontinuing its participation in the FEHB Program at the end of 2007 plan year, the employee **MUST** elect a new plan to continue coverage under the FEHB program.

123 **Belated Open Season Enrollment or Change in Enrollment**

Do not accept a belated open season enrollment or change in enrollment unless it is determined that the employee was unable, for causes beyond his or her control, to enroll or to change enrollment within the prescribed time limits. Open season enrollments and enrollment changes not filed on time because of circumstances beyond an employee's control take effect retroactive to the date that open season changes are effective (January 5, 2008).

Failure to receive open season materials during open season is considered a cause beyond the employee's control, as long as the employee applies to change enrollment within a reasonable time after the material becomes available.

If a late change in enrollment is accepted, the following information must be recorded in the "Remarks" section of the *PostalEASE* FEHB worksheet:

- The determination that the employee was unable to change enrollment in a timely manner due to causes beyond the employee's control.
- The date the employee was notified of the determination.

If a late enrollment is accepted:

- Document the enrollment on the *PostalEASE* FEHB worksheet to meet the "enrolled from first opportunity or last 5 years" requirement for continuing enrollment after retirement.
- Attach a memo stating the employee's reason for failing to enroll on time to the Official Personnel Folder copy of the *PostalEASE* FEHB Worksheet and to the copy that is sent to the Eagan Accounting Service Center (ASC) for processing.

124 **Spouse Equity and Temporary Continuation of Coverage Participants**

Open season changes and new premium rates for Spouse Equity and Temporary Continuation of Coverage (TCC) participants are effective January 5, 2008.

13 Permissible Changes

131 **New Enrollments**

During open season the following employees, not currently enrolled in an FEHB plan, may enroll:

- Eligible career and noncareer employees.
- Transitional employees represented by the American Postal Workers Union (APWU).
- Transitional employees represented by the National Association of Letter Carriers (NALC).

The following employees are not eligible to enroll:

- Casual employees.
- Noncareer employees who do not meet the requirements set forth in subchapter 34.

To inform employees about the opportunity to enroll and the requirements that must be met, post Health Benefits Notice 1, *Health Benefits Open Season Announcement*, on employee bulletin boards (see chapter 10).

132 **Changes in Enrollment**

132.1 **Eligibility to Change Enrollment**

Employees already enrolled may change plans, options (High or Standard), types of enrollment (Self Only or Self and Family), or make any combination of these changes.

132.2 **Notifying Dependents of Changes in Enrollment**

Sometimes employees in a Self and Family enrollment change to Self Only without informing covered spouses or children. Family members need to know when their coverage is terminated so that they can make informed decisions about obtaining other health care coverage. For example, family members:

- May not find out that they are without coverage until they file a claim that is denied by the insurance carrier.
- Are not eligible to continue FEHB coverage under TCC provisions based on an enrollee's change to Self Only, and they have only 31 days from the termination date of coverage to convert to a private plan.

Upon request from a spouse or dependent child, either in writing or by telephone, the Human Resources Shared Services Center (HRSSC) may

notify them that an FEHB enrollee has changed from a Self and Family to a Self Only enrollment. HRSSC personnel are not required to locate or contact family members to inform them of their loss of coverage. However, they are not precluded from doing so if they have the capability and resources.

133 **Other Changes**

New enrollments (for new hires) and changes in enrollment permitted outside of open season may be made in the usual manner during open season. However, these new enrollments or enrollment changes **are not identified as “Open Season” changes**. They are handled as “Current Year” changes in *PostalEASE*. The classification of an event (i.e., open season or current year) determines the effective date of the enrollment or change in enrollment (see chapter 9).

134 **Correction of Errors**

If an enrollee reports an enrollment code error by the end of the pay period following the one in which he or she first received written documentation of the error, the HRSSC may correct the error retroactively. New premium rates and plan codes will be displayed on the earning statements dated January 25, 2008. Therefore, an enrollee must report an enrollment error on or before February 8, 2008, in order to have it corrected retroactively.

If an employee states that he or she made an error in selecting a plan and wishes to choose another, that is not considered an error.

14 **Illegal Dual Enrollment**

It is illegal for an employee to be enrolled in an FEHB plan and also be covered as a family member under another employee’s FEHB enrollment. It is also illegal for a member of an employee’s family to be covered under more than one enrollment in the FEHB program.

Local Services must place notices in appropriate publications and on employee bulletin boards throughout the year to remind employees that they cannot be covered by two enrollments under the FEHB program. Health Benefits Notice 3, *Eligibility of Family Members and Prohibition on Dual Enrollment*, may be used for this purpose (see chapter 10).

Exception: Dual enrollment may be permitted only when there is no other possible way to cover all family members.

15 **False Statements and Misrepresentations in *PostalEASE***

Making an intentional false statement or willful misrepresentation on the *PostalEASE* FEHB worksheet is a violation of the law punishable by a fine of not more than \$10,000, imprisonment of not more than 5 years, or both (18 U.S.C. 1001). This warning is clearly stated in the worksheet instructions.

Advise employees that the following may result in disciplinary action:

- Enrolling individuals under more than one FEHB plan.
- Claiming health benefits coverage for ineligible persons.

16 Pretax Payment of Premium Contributions

161 **Pretax Withholding**

Pretax payment of premiums means that the amount the employee pays for FEHB premiums will not be subject to income, Social Security, or Medicare taxes. This tax-saving benefit offered to Postal Service employees is subject to the Internal Revenue Code.

When career employees enroll in FEHB, their share of premium contributions is automatically withheld from pay on a pretax basis.

Eligible noncareer employees must elect to begin pretax treatment by completing PS Form 8202, *Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees*. Once pretax treatment begins, it will continue unless waived (see section 162).

Most employees prefer paying premiums with pretax money because they save on taxes. However, employees need to be aware of two possible disadvantages:

- Paying premiums with pretax money reduces the earnings reported to the Social Security Administration, which may produce a slightly lower benefit when Social Security payments begin. (Medicare, life insurance, federal retirement plans, and the Thrift Savings Plan are not affected.)
- Paying premiums with pretax money leads to restrictions on reducing coverage outside of FEHB Open Season (see section 163).

162 **Waiving Pretax Payments**

During FEHB Open Season or within 60 days of a qualifying life event (QLE), employees may elect to waive pretax payments and pay premiums with after-tax money. (This applies to career employees who were automatically enrolled to pay premium contributions with pretax money and to noncareer employees who elected to begin pretax treatment.)

Career employees waive pretax payment of premiums by completing PS Form 8201, *Pre-Tax Health Insurance Premium Waiver/Restoration Form for Career Employees*, and submitting it to HRSSC. Pretax withholding will not start again until the employee submits another PS Form 8201 to restore it.

Noncareer employees must complete PS Form 8202, *Pre-Tax Health Insurance Premium Election/Waiver for Noncareer Employees*, to waive a previous election to start pretax. Pretax withholding will not start again until the employee submits another PS Form 8202 to restore it.

163 **Reducing Coverage**

When premium contributions are withheld on a pretax basis, certain Internal Revenue Service (IRS) guidelines affect the employee's ability to reduce

coverage. An employee may elect to reduce coverage (cancel FEHB enrollment or go from Self and Family to Self-Only coverage) only during FEHB Open Season, unless the employee experiences one of the QLEs listed in chapter 9.

To reduce FEHB coverage outside of open season, a *PostalEASE* FEHB Worksheet (and supporting documentation, when requested) must be submitted to HRSSC in accordance with the time limits noted in chapter 9. A reduction in FEHB coverage outside of open season must be consistent with the QLE related to the reduction. For example, an enrollee with a new baby usually would not change from Self and Family to Self Only enrollment.

The effective date of a change from Self and Family to Self Only is the first day of the pay period that follows the pay period in which HRSSC receives the change information. The effective date of a cancellation is the last day of the pay period in which HRSSC receives the change information.

If an enrollee is the only person left in a Self and Family enrollment as a result of a change in marital or family status (death of a spouse, divorce, a child marrying or reaching age 22), the enrollee must reduce the enrollment to Self Only or cancel the enrollment **within 60 days of the QLE**. Otherwise, the Self and Family enrollment will continue until the next open season or another QLE allows an election to reduce coverage.

Retirement is not a QLE that allows cancellation before separation. If an enrollee wishes to cancel an enrollment at retirement, HRSSC staff must: Accept the SF 2809, *Employee Health Benefits Election Form*, and submit it *unprocessed* to OPM along with the rest of the retirement package.

Make the effective date of cancellation a date after the individual's retirement.

Include remarks stating that, due to pretax payment of premiums, the cancellation must be processed as a retiree's cancellation, not as an employee's.

Flag the retirement package to indicate that an FEHB enrollment cancellation or reduction in enrollment is enclosed.

Employees who pay premiums with after-tax money are not affected by the IRS guidelines that restrict reductions in coverage. An employee may reduce the level of FEHB coverage at any time without having a QLE.

164 Resources

Each of the 2008 Guides to Benefits provides a summary of the Postal Service plan for the pretax payment of health insurance premiums (page 12 of RI 70-2, RI 70-2IN, and RI 70-8PS). To obtain a document with complete legal provisions of the Postal Service plan, write to:

PRETAX PAYMENT OF HEALTH INSURANCE PREMIUMS
 PLAN ADMINISTRATOR
 475 L'ENFANT PLZ SW RM 9670
 WASHINGTON DC 20260-4210

2 Health Insurance Plan Information

21 Health Insurance Plans

This section describes changes to health insurance plans that take effect in 2008. To notify enrollees about plan changes that may require action, post Health Benefits Notice 4, *FEHB Program Discontinued Health Insurance Plans*, and Health Benefits Notice 5, *FEHB Program Health Insurance Plans With Significant Changes*, on all employee bulletin boards (see chapter 10). You may reproduce and distribute these notices to employees with other open season materials.

211 Terminations

211.1 Plans Leaving the FEHB Program for 2008

Enrollees in these *terminating* plans who do not change health plans during open season will not have health benefits for 2008.

State	Plan Name	3-Digit Codes
Colorado	United HealthCare of Colorado	CH1, CH2
Indiana	Arnett Health Plan	G21, G22
Indiana	M-Plan	IN1, IN2
Kansas	Preferred Plus of Kansas	VA1, VA2
Michigan	MCARE	EG1, EG2
Missouri	Mercy Health Plan	7M1, 7M2
New York	HMO Blue CNY	EB1, EB2
New York	HMO Blue	AH1, AH2
Ohio	Blue HMO	R51, R52
Oregon	Pacificare of Oregon	7Z1, 7Z2
South Carolina	Carolina Care Plan, Inc.	IB1, IB2
Texas	Mercy Health Plan	HM1, HM2
Texas	HMO Blue Texas	YM1, YM2
Washington (only Clark County in Washington)	Pacificare of Oregon	7Z1, 7Z2

212 **Service Area Changes**212.1 **Plan Reducing Service Area by Terminating an Enrollment Code**

Enrollees in this enrollment code who do not change health plans during open season will not have health benefits for 2008.

State	Plan Name	3-Digit Codes	Area Dropped
Louisiana	Humana Coverage First Consumer Driven Health Plan	9S1, 9S2	City of Shreveport

212.2 **Service Area Expansions With New Enrollment Codes**

State	Plan Name	New 3-Digit Codes	General Location
Florida	Humana Medical Plan	LL1, LL2, LL4, LL5	Tampa city and Entire Counties of Citrus, Hernando, Pasco, Pinellas, Hillsborough, Polk and Manatee

212.3 **Service Area Expansions Without New Enrollment Codes**

State	Plan Name	3-Digit Codes	General Location of New Area
Alabama	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Bullock, Chambers, Crenshaw, Hale, and Macon
Alaska	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Skagway Hoonah Angoon borough

State	Plan Name	3-Digit Codes	General Location of New Area
Arkansas	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Desha, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Jefferson, Johnson, Lafayette, Lawrence, Lee, Lincoln, Little River, Logan, Lonoke, Madison, Marion, Miller, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sevier, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, and Yell
Arkansas	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Clark, Lincoln, and Montgomery
Arizona	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma
California	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Butte county
California	Kaiser California	621, 622	City of Temecula and the following zip codes in Riverside county: 92589, 92590, 92591, 92592, 92593

State	Plan Name	3-Digit Codes	General Location of New Area
California	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Alameda, Alpine, Amador, Calaveras, Contra Costa, El Dorado, Fresno, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Merced, Mono, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Solano, Sonoma, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Tuolumne, Ventura, and Yellow
Delaware	Aetna Open Access	P31, P32, P34, P35	Entire counties of Kent, New Castle, and Sussex
Florida	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	City of Tallahassee and entire counties of Collier, Gadsden, Jefferson, Leon, and Wakulla
Florida	Humana Medical Plan	EE1, EE2	City of Tampa and entire counties of Citrus, Hernando, Pasco, Pinellas, Hillsborough, Polk and Manatee
Florida	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Brevard, Charlotte, Citrus, Collier, Desoto, Duval, Flagler, Glades, Hardee, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Levy, Manatee, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Sumter, and Volusia
Georgia	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Hart and Rabun, and a part of the Greenville/Spartanburg, South Carolina network
Georgia	United HealthCare of Georgia	GN1, GN2	City of Macon and entire counties of Monroe, Jones, Bibb, Crawford, Taylor, Macon, Peach, Houston, and Twigg

State	Plan Name	3-Digit Codes	General Location of New Area
Georgia	United HealthCare Definity High Deductible Health Plan	E91, E92	Cities of Atlanta/Athens and entire counties of Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, De Kalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jackson, Jasper, Jones, Morgan, Newton, Oconee, Paulding, Putnam, Rockdale, Spalding, and Walton; City of Macon and counties of: Bibb, Crawford, Crisp, Dodge, Dooly, Houston, Jones, Laurens, Macon, Monroe, Peach, Pulaski, Taylor, Telfair, Treutlen, Twiggs, Wheeler, Wilcox, and Wilkinson
Idaho	Altius Health Plans	9K1, 9K2, 9K4, 9K5, DK4, DK5	Entire Ada County
Illinois	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Alexander, De Kalb, Greene, Johnson, Pulaski, and Scott
Illinois	PersonalCare Insurance of Illinois	GE1, GE2	Entire counties of Edgar, Knox, McHenry, McLean, and Warren
Illinois	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties (St. Louis area) of Bond, Calhoun, Clinton, Greene, Jackson, Jefferson, Jersey, Macoupin, Madison, Marion, Monroe, Randolph, and Williamson
Illinois	Unitedhealthcare Plan of The River Valley Inc	YH1, YH2	Entire counties of Knox, Stark, Peoria, and Tazewell
Indiana	Aetna Open Access	IK1, IK2	Entire Porter county
Indiana	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Ripley county
Iowa	Coventry Health Care of Iowa	SV1, SV2	Entire counties of Buchanan, Buena Vista, Fayette, Floyd, Ida, Johnson, Marshall, Muscatine, Tama, and Washington

State	Plan Name	3-Digit Codes	General Location of New Area
Iowa	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire Counties of Adair, Appanoose, Audubon, Boone, Buena Vista, Calhoun, Carroll, Cerro Gordo, Chickasaw, Clarke, Clay, Dallas, Decatur, Dickinson, Emmet, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Howard, Humboldt, Jasper, Kossuth, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Palo Alto, Pocahontas, Polk, Ringgold, Sac, Story, Tama, Taylor, Union, Warren, Wayne, Webster, Winnebago, Worth, and Wright
Iowa	HealthPartners Open Access Deductible	534, 535	Entire counties of Bremer, Buchanan, Buena Vista, Cerro Gordo, Cherokee, Chickasaw, Clayton, Delaware, Fayette, Floyd, Hancock, Kossuth, Pocahontas, and Woodbury
Iowa	Unitedhealthcare Plan of The River Valley Inc	YH1, YH2	Entire counties of Blackhawk, Story, Polk, and Marion
Kansas	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Anderson, Atchison, Dickinson, Douglas, Franklin, Johnson, Leavenworth, Linn, Miami, Montgomery, Morris, and Wyandotte
Louisiana	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Cities of Alexandria, Houma/ Thibodaux, and Lake Charles, and entire parishes of Catahoula, Franklin, Grant, and West Carroll

State	Plan Name	3-Digit Codes	General Location of New Area
Louisiana	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, and Winn
Louisiana	Vantage Health Plan, Inc	MV1, MV2, MV4, MV5	Entire parishes of Acadia, Calcasieu, Iberia, Iberville, Jefferson, Orleans, and St. Landry
Massachusetts	Fallon Community Health Plan	JV1, JV2, JV4, JV5, DV1, DV2	Entire Western Massachusetts counties of Franklin, Hampshire, and Hampden
Michigan	HealthPlus of Michigan	X51, X52	Entire counties of Clare, Gladwin, Gratiot, Isabella, Midland, Montcalm, and Sanilac
Michigan	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Southwest part of the state, and entire counties of Berrien and Cass
Minnesota	HealthPartners Primary Clinic	HQ1, HQ2	Entire counties of Faribault, Freeborn, and Mower
Minnesota	HealthPartners Classic	531, 532	Entire counties of Aitkin, Grant, LeSueur, Pine, Pope, Sibley, Wabasha, and Wadena
Minnesota	HealthPartners Open Access Deductible	534, 535	Entire counties of Carlton, Cook, Koochiching, Lake, Lincoln, St. Louis, and Wadena
Mississippi	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Pearl River county

State	Plan Name	3-Digit Codes	General Location of New Area
Mississippi	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire State of Mississippi
Missouri	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Andrew, Barry, Benton, Clark, Daviess, De Kalb, Douglas, Hickory, Holt, Laclede, Madison, Schuyler, Shannon, Texas, and Wright
Missouri	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Barry, Bates, Bollinger, Boone, Buchanan, Butler, Caldwell, Calloway, Camden, Cape Girardeau, Carroll, Cass, Chariton, Christian, Clay, Clinton, Cole, Cooper, Crawford, Dade, Dallas, Daviess, DeKalb, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Grundy, Henry, Howard, Howell, Iron, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Livingston, Macon, Madison, Maries, McDonald, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Pemiscot, Perry, Petis, Phelps, Pike, Platte, Polk, Pulaski, Ralls, Randolph, Ray, Reynolds, Ripley, Saline, Scott, St. Clair, St. Charles, St. Francis, St. Louis, St. Louis City, Ste. Genevieve, Stoddard, Stone, Taney, Texas, Vernon, Warren, Washington, Wayne, Webster, and Wright
Montana	New West Health Services	NV1, NV2	Cities of Anaconda, Choteau, Harlowton, Philipsburg, Polson, Shelby, Townsend, and Whitefish
Nevada	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Carson City, Church Hill, Clark, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, Washoe, and White Pine

State	Plan Name	3-Digit Codes	General Location of New Area
New Mexico	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, DeBaca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Tarrant, Union, and Valencia
North Carolina	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Western North Carolina; and entire counties of Cherokee, Clay, Graham, Haywood, Hoke, Jackson, Macon, Scotland, and Swain
North Carolina	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, and Yancey
North Dakota	HealthPartners Open Access Deductible	534, 535	Entire counties of Benson, Cavalier, Dickey, Eddy, Griggs, Kidder, Logan, Nelson, Ramsey, Towner, and Walsh

State	Plan Name	3-Digit Codes	General Location of New Area
Ohio	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Carroll, Columbiana, Coshocton, Crawford, Cuyahoga, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Monroe, Morgan, Morrow, Muskingum, Nobel, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Stark, Summitt, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington., Wayne, Williams, Wood, and Wyandot
Oklahoma	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Okfuskee county
Oklahoma	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Adair, Alfalfa, Atoka, Beaver, Beckham, Blaine, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Cimarron, Cleveland, Coal, Comanche, Cotton, Craig, Creek, Custer, Delaware, Dewey, Garfield, Garvin, Grady, Grant, Harmon, Haskell, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, Latimer, LeFlore, Lincoln, Logan, Love, Major, Marshall, Mayes, McClain, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburgh, Pontotoc, Pottawatomie, Pushmataha, Roger Mills, Rogers, Seminole, Sequoyah, Stephens, Texas, Tillman, Tulsa, Wagoner, Washington, Washita, and Woodward

State	Plan Name	3-Digit Codes	General Location of New Area
Oregon	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Benton, Clackamas, Clatsop, Columbia, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Wasco, Washington, and Yamhill
Pennsylvania	Geisinger Health Plan	GG1, GG2	Entire counties of Adams, Potter, and Somerset
Rhode Island	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Bristol, Kent, Newport, Providence, and Washington
South Carolina	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Abbeville, Beaufort, McCormick, Oconee, and Saluda
South Dakota	HealthPartners Open Access Deductible	534, 535	Entire counties of Aurora, Beadle, Brown, Campbell, Clark, Davison, Edmunds, Faulk, Hand, Hyde, Jerauld, Lyman, Marshall, McPherson, Miner, Potter, Sanborn, Spink, and Walworth
Tennessee	Aetna Open Access	6J1, 6J2	Partial county of Maury as defined by the town of Spring Hill
Tennessee	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Claiborne county
Tennessee	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire State of Tennessee
Texas	Aetna Open Access	PU1, PU2, PU4, PU5	Cities of El Paso and Corpus Christi; Entire counties of Aransas, Bee, El Paso, Jim Wells, Kleberg, and San Patricio; Portions of the following counties as defined by the towns listed below: Duval county: Benavides, Concepcion, and San Diego; Live Oak county: George West, Three Rivers and Dinero, and Nueces county: Agua Dulce, Banquete, Bishop, Chapman Ranch, Driscoll, Port Aransas, and Robstown

State	Plan Name	3-Digit Codes	General Location of New Area
Texas	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Clay, Hardeman, Tom Green, Wichita, and Wilbarger
Utah	Altius Health Plans	9K1, 9K2, 9K4, 9K5, DK4, DK5	Entire counties of Beaver, Daggett, Duchesne, Garfield, Kane, Millard, Piute, Rich, San Juan, Sevier, Wayne and portions of the following counties in these zip codes: Emery – 84513, 84516, 84518, 84521, 84522, 84523, 84528, 84537; Grand – 84515, 84532
Vermont	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Bennington and Windham
Washington	Aetna Open Access	8J1, 8J2	Entire Mason county
Washington	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

State	Plan Name	3-Digit Codes	General Location of New Area
Wisconsin	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, LaCrosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Mariette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood
Wisconsin	HealthPartners Open Access Deductible	534, 535	Entire counties of Adams, Ashland, Bayfield, Clark, Grant, Iron, Juneau, Marathon, Portage, Price, Richland, Rusk, Sauk, Sawyer, Taylor, Vilas, and Wood

212.4 **Plan Splitting a Service Area and Creating a New Enrollment Code (in Addition to the Existing Enrollment Code)**

Enrollees in the southern California service area who do not change their enrollment code from LB to LP during open season will automatically remain enrolled in the northern California LB enrollment code and they will have to travel to the plan’s northern California service area to obtain medical care in order to receive full benefits from the plan in 2008.

State	Plan Name	General Location	2007 Codes	2008 Codes
California	Health Net of California	California	LB1, LB2	LB1, LB2, LB4, LB5, LP1, LP2, LP4, LP5

213 **Other Changes**213.1 **Plans Dropping an Option for 2008**

Enrollees in these plans will be automatically enrolled in their plan's High Option if they do not make a positive enrollment change to another plan during open season.

State	Plan Name	Option Deleting	3-Digit Codes
Michigan	Bluecare Network of Michigan	Standard	K54, K55, LN4, LN5, LX4, LX5
New York	GHI HMO	Standard	X44, X45, 6V4, 6V5

213.2 **New Plans Entering the Program for 2008**

State	Plan Name	Plan Type (HMO, POS, HDHP, CDHP)	3-Digit Codes	General Location
Minnesota	Medica Health Plans	HMO	M21, M22	Most of Minnesota
Michigan	Physicians Health Plan of Mid-Michigan	HMO	9U1, 9U2, 9U4, 9U5	Mid-Michigan
Florida	United HealthCare of Florida	HMO	R31, R32	Central and Southwest Florida

213.3 **Existing Plans Offering a High Deductible Health Plan (HDHP) Without New Enrollment Codes**

State	Plan Name	3-Digit Codes
Michigan	Health Alliance Plan	524, 525
Kansas: limited to the counties of Johnson and Wyandott	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Kansas City, Missouri)	114, 115
Missouri: limited to the counties of Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, St. Clair, Saline, Vernon, and Worth	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Kansas City, Missouri)	114, 115
Minnesota	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Minnesota)	114, 115
Tennessee	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Tennessee)	114, 115

State	Plan Name	3-Digit Codes
Ohio	Blue Cross and Blue Shield Service Benefit Plan (Anthem BCBS of Ohio)	114, 115

213.4 **Existing Plans Offering an HDHP With New Enrollment Codes**

State	Plan Name	3-Digit Codes
Guam	TakeCare	KX1, KX2
Iowa	Health Alliance HMO	FM1, FM2
Illinois	Health Alliance HMO	FM1, FM2
Indiana	Health Alliance HMO	FM1, FM2

213.5 **Plan Name Changes**

State	Plan Name (Old)	3-Digit Codes	Plan Name (New)
Nationwide	Government Employees Hospital Association, Inc.	311, 312, 314, 315, 341, 342	Government Employees Health Association, Inc.
Arkansas	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Arizona	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
California	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
District of Columbia	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Florida	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Georgia	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Illinois	BlueCHOICE	9G1, 9G2	Blue Preferred HMO

State	Plan Name (Old)	3-Digit Codes	Plan Name (New)
Illinois	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Iowa	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Iowa	Sioux Valley Health Plan	AU1, AU2, AU4, AU5	Sanford Health Plan
Kansas	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Louisiana	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Maryland	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Mississippi	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Missouri	BlueCHOICE	9G1, 9G2	Blue Preferred HMO
Missouri	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Nevada	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
New Mexico	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
North Carolina	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Ohio	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.

State	Plan Name (Old)	3-Digit Codes	Plan Name (New)
Oklahoma	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Oregon	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Rhode Island	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
South Dakota	Sioux Valley Health Plan	AU1, AU2, AU4, AU5	Sanford Health Plan
Tennessee	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Washington	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Wisconsin	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Virginia	UHC Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.

213.6 Plans Adding a New Option

Enrollees who do not enroll in their plan's new option will automatically remain enrolled in their current option.

State	Plan Name	New Option	3-Digit Codes
Nationwide	Mail Handlers Benefit Plan Value Option	Value Option	414, 415
California	Health Net of California (North Region)	Standard	LB4, LB5
Florida	Humana Medical Plan	Standard	EE4, EE5
Florida	JMH Health Plan	Standard	J84, J85
Idaho	Altius Health Plans	Standard	DK4, DK5
Illinois	Group Health Plan	Standard	MU4, MU5
Illinois	Health Alliance HMO	Standard	FX4, FX5
Indiana	Health Alliance HMO	Standard	FX4, FX5

State	Plan Name	New Option	3-Digit Codes
Iowa	Health Alliance HMO	Standard	FX4, FX5
Louisiana	Vantage Health Plan, Inc.	Standard	MV4, MV5
Missouri	Group Health Plan	Standard	MU4, MU5
New Jersey	Amerihealth HMO	Standard	FK4, FK5
New York	Preferred Care	Standard	GV4, GV5
Pennsylvania	UPMC Health Plan	Standard	UW4, UW5
Utah	Altius Health Plans	Standard	DK4, DK5

213.7 Code Mergers

The payroll office will automatically move enrollees into their plan's surviving code unless the enrollees select another health plan during open season.

State	Plan Name	3-Digit Codes (2007)	3-Digit Codes (2008)
Nationwide	Mail Handlers Benefit Plan	451, 452	454, 455
Kansas	Coventry Health Care of Kansas	7W1, 7W2, 7W4, 7W5, 7G1, 7G2	HA1, HA2, HA4, HA5, 9H1, 9H2

22 2008 Premium Rates

221 Eligible Career Employees

Premium rates for career employees (except IS and OIG employees) may be found in RI 70-2, *Guide to Benefits for Career United States Postal Service Employees*. Premium rates for IS and OIG employees may be found in RI 70-2IN, *Guide to Benefits for United States Postal Inspectors and Office of Inspector General Employees*. Individual plan rates for most Postal Service career employees may be found on the back of each plan brochure. All guides are posted on OPM's Web site at www.opm.gov/insure/health.

222 Eligible Noncareer Employees

Premium rates for noncareer employees eligible to enroll in the FEHB Program are listed in RI 70-8PS, *Guide to Benefits for Certain Temporary (Noncareer) United States Postal Service Employees*.

223 Annuitants

Premium rates for annuitants are listed on OPM's Web site at www.opm.gov/insure/health. Under "How to Choose a Plan," click on *FEHB Guides*, then *Federal Retirees and Their Survivors (RI 70-9)*.

224 **Effective Date of Premium Rate Changes**

Changes in premium rates for currently enrolled employees are effective January 5, 2008, and will be reflected in paychecks received January 25, 2008.

23 **Carrier Contact Information**

Fee-for-service plans, health maintenance organizations (HMOs), Point-of-Service, and High Deductible and Consumer-Driven Plans participating in the 2008 FEHB program are listed in chapter 7. Each listing includes the plan name, brochure number (RI number), and contact point for ordering cost-free materials. For ordering information, see section [422](#).

24 **Non-FEHB Benefits**

Health plans may advertise non-FEHB benefits such as long-term care, expanded dental benefits, expanded vision care, and fitness programs in their brochures. If offered, these benefits are in the brochure on a page clearly marked “Non-FEHB Benefits Available to Plan Members.”

It is important for employees to know that:

- These benefits are not part of the FEHB contract and are not guaranteed.
- They may change or be discontinued at any time.
- The Postal Service does not pay the cost of these benefits.
- Employees must pay the full cost by means other than payroll deduction.

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3 Eligibility

31 Career Employees

Generally, all career employees are eligible to participate in FEHB Open Season enrollment (exclusions are listed in ELM 521.3, Employees Not Eligible). Rural carriers and transitional employees represented by the APWU may be eligible for FEHB enrollment under the noncareer provisions (see subchapter 34).

32 Family Members

321 Eligible Family Members

For information about the eligibility of family members, see OPM's *FEHB Handbook* at www.opm.gov/insure/handbook/fehb28.asp. Eligibility of former spouses is covered at www.opm.gov/insure/handbook/fehb31.asp.

Family members eligible for health benefits purposes include an enrollee's:

- Spouse.
- Unmarried dependent children under age 22, including legally adopted children, recognized natural (born out-of-wedlock) children, stepchildren, and foster children (including foster children who are also grandchildren) who live with the enrollee in a regular parent-child relationship.
- Unmarried dependent children age 22 or older, who are incapable of self-support because of a physical or mental incapacity that existed before their 22nd birthday.

322 Ineligible Family Members

Parents and other relatives are not eligible for health benefits coverage; employees should not list them on the *PostalEASE* FEHB Worksheet. Even if listed, they remain ineligible.

323 Determination of Eligibility

HRSSC is responsible for determining whether a person is an eligible family member for health benefits purposes. A determination of eligibility is based on an individual's relationship to the employee. HRSSC may request

appropriate documentary evidence, such as a marriage certificate, birth certificate, or divorce decree.

Health Benefits Notice 3, *Eligibility of Family Members and Prohibition of Dual Enrollment*, provides a useful summary for employees (see chapter 10). FEHB regulations allow for coverage of grandchildren under the foster children provisions without a court order to document that the grandparents are acting as parents of their grandchildren. This is true even when the natural parent lives in the home with the employee.

An employee must provide (a) evidence that he or she claims a child as a dependent, and (b) a written statement that he or she expects to raise the child to adulthood. The “Statement of Foster Child Status,” used to document a foster child’s eligibility for FEHB coverage, can be printed from *PostalEASE* (see Certification Information Menu). OPM’s *FEHB Handbook* provides detailed information about requirements for covering foster children.

33 Employees Within 5 Years of Retirement

331 Importance of Continuing Coverage

For most retirees, the ability to continue health benefits coverage into retirement is a very important benefit. Therefore, HRSSC staff who process health benefits enrollments and changes from employees must do everything possible to make sure that employees understand the requirements set forth in 332 for continuing their health benefits into retirement. This is especially important if an employee elects not to enroll or to cancel his or her FEHB enrollment.

When an enrollee who has premium contributions withheld on a pretax basis retires and wishes to cancel an enrollment, HRSSC must transfer the election to OPM, as follows:

- Attach the *unprocessed* SF 2809 to other health benefits documents, including the Individual Retirement Record, and forward the documents to the Eagan ASC in accordance with normal retirement procedures.
- Include remarks stating that, due to pretax payment of premiums, the cancellation must be processed as a retiree’s cancellation, not as an employee’s.

332 Requirements for Continuing Coverage Into Retirement

332.1 Meeting the 5-Year Requirement

The FEHB law allows an employee to continue health benefits into retirement if the employee has been enrolled (or covered as a family member) in the health benefits program for the 5 years immediately preceding retirement, or, if less than 5 years, enrolled from the date of first opportunity.

Military health coverage (TRICARE) is creditable toward meeting the 5-year requirement, but cannot entirely replace the FEHB's participation requirement. Periods of TRICARE coverage may be substituted for any portion of the 5-year FEHB enrollment requirement, but the employee must be enrolled in the FEHB Program on the date of retirement (or have been covered as a family member under a spouse's FEHB enrollment) to be eligible to continue FEHB enrollment into retirement.

When employees retire under OPM's Voluntary Early Retirement Authority, OPM grants preapproved waivers of the 5-year participation requirement. OPM Benefits Administration Letter (BAL) No. 04-208, September 8, 2004, provides more detailed information.

332.2 **Noncareer Health Benefits Coverage Into Retirement**

Only service for which the government contributes towards the cost of health benefits counts in determining whether the employee meets the 5 years of service (or first opportunity) requirement to continue coverage as a retiree. Since the Postal Service does not share in the cost of a noncareer employee's enrollment, eligibility to enroll is not considered the first opportunity for purposes of continuing health benefits coverage into retirement.

34 Noncareer Employees

341 **Requirements**

To participate in the FEHB program, noncareer employees must meet all three of the following eligibility requirements:

- Complete 1 year of current, continuous employment, excluding any break in service of 5 days or less.
 - *Current* means beginning with the present and counting back 1 full year (365 calendar days).
 - *Continuous* means employment with no break in service of more than 5 days.
 - *A break in service* occurs when an employee is off Postal Service rolls. (Time off and periods of time in which a part-time employee is not scheduled to work are not considered a break in service.)
- Have a predetermined, regular scheduled tour of duty. A *regular scheduled tour of duty* means a work schedule of a certain number of hours or other time units in a day, week, biweekly pay period, month, or year, prescribed in advance and expected to continue for at least six months.
- Have a salary for each pay period sufficient to provide for withholding health benefits premiums and be expected to maintain that salary for at least 6 months. Because other deductions take precedence over health benefits deductions, the salary must be sufficient to cover mandatory deductions in addition to health benefits. The following mandatory

deductions are withheld from gross pay, in the order listed, before deducting for health benefits:

- FICA.
- Retirement.
- Medicare.
- Federal tax.

Eligible noncareer employees must pay the full biweekly premium for health benefits — the employee's and the employer's shares. (See RI 70-8PS, 2008 *Guide to Benefits for Certain Temporary (Noncareer) United States Postal Service Employees*.) The Postal Service does not pay any portion of the health insurance premiums for noncareer employees.

342 **Categories of Eligible Noncareer Employees**

The following noncareer employees are considered eligible for FEHB enrollment, provided they meet all the requirements listed in 341.

- Rural carriers, designation activity (D/A) codes 72, 73, 74, 75, 77, 78, and 79.
- Noncareer employees in the following categories:
 - Transitional employees represented by the APWU.
 - Transitional employees represented by the NALC.
 - Temporary postmasters (D/A 58-9).
 - Temporary professional administrative and technical employees (D/A 59-0).
 - Noncareer employees in Headquarters, Headquarters field units, and offices (D/A 51-9).
 - Postmaster relief/leave replacements (D/A 58-0), with the exception of D/A 58-0s in level 51–55 offices (replacements for part-time postmasters).

343 **Determination of Eligibility**

HRSSC is responsible for determining whether a noncareer employee is eligible to enroll for health benefits. HRSSC personnel responsible for processing health benefits registrations must carefully screen the *Postal/EASE* FEHB Worksheet received from a noncareer employee to ensure that the employee is eligible for enrollment. To ensure that eligibility requirements are met, consult the following:

- **Continuous Service Requirement.** Review the Employee Personnel Actions History (EPAH) PS Form 50, *Notification of Personnel Action*, history screen or the Entered on Duty Date in the Employee Master File (EMF), to confirm continuous service for 1 year.
- **Predetermined Regular Schedule Requirement.** Call the supervisor if the schedule requirement is not otherwise known.
- **Earnings Requirement.** Use the Distributed Data Entry/Distributed Reporting (DDE/DR) System (UCIM Screen) to review earnings information and determine whether the employee's salary is sufficient

to cover full health benefits premium withholdings after other mandatory deductions.

344 **Insufficient Earnings**

If at some future date a noncareer enrollee fails to have sufficient earnings to allow for withholding health benefits premiums, the following provisions apply:

- Eagan ASC carries forward the amount due and withholds it in the subsequent pay period, as long as earnings are sufficient to cover the premiums.
- When earnings are insufficient to pay health benefits premiums for two successive pay periods, ASC sets up an “Accounts Receivable” account to bill the employee for the total amount due.
- Employees must pay invoices within 30 days of the date issued or ASC will terminate the enrollment retroactive to the date the initial unpaid premium was due.
- Employees who lose health insurance coverage due to insufficient earnings may not renew their enrollments until an open season or another event occurs that permits FEHB enrollment.

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4 Health Benefits Materials and Information

41 Control of Health Benefits Materials

Maintaining an adequate supply of brochures and forms during open season is essential. Some materials are distributed automatically; others must be requisitioned as described in *Postal Bulletin* 22218, October 25, 2007. OPM's Web site, www.opm.gov/insure/health, provides 2008 Benefits guides, links to plan brochures, plan Web sites, and other useful information. You may order some materials directly from the Government Printing Office. Contact your procurement or material management office for ordering instructions. The following table lists FEHB forms and booklets, distribution channels, and HRSSC actions.

Health Benefits Open Season Materials

Materials/ National Stock Number	Distribution	HRSSC Action
Forms		
SF 2809, <i>Employee Health Benefits Election Form</i> (October 2004) 7540-01-231-6227	Requisition from GSA.	Make available throughout the year for TCC and retirement actions.
PS Form 8141, <i>Notice to Noncareer Employees Eligible to Enroll in FEHBP</i> (March 1992) 7530-02-000-7484	Requisition from Material Distribution Center (MDC).	Make available during open season and throughout the year.
PS Form 8201, <i>Pre-Tax Health Insurance Premium Waiver/Restoration Form for Career Employees</i> (September 2005)	Available online	Make available during open season and throughout the year.
PS Form 8202, <i>Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees</i> (September 2005)	Available online	Make available during open season and throughout the year.
Booklets		
RI 70-2, <i>2008 Guide to Benefits for United States Postal Service Employees</i> 7690-03-000-3774	Requisition from MDC.	Make available to career employees.

RI 70-2IN, <i>2008 Guide to Benefits for United States Postal Inspectors and Office of Inspector General Employees</i> 7690-09-000-9077	Requisition from MDC.	Make available to IS/OIG employees.
RI 70-5, <i>2008 Guide to Benefits for TCC and Former Spouse Enrollees</i> 7690-03-000-3774	Requisition from MDC.	Make available to spouse equity and TCC eligibles.
RI 70-8PS, <i>2008 Guide to Benefits for Certain Temporary (Noncareer) United States Postal Service Employees</i> 7690-03-000-3772	Requisition from MDC.	Make available to eligible noncareer employees.
FEDVIP BK-1, <i>2008 Federal Employees Dental and Vision Insurance Program</i> 7610-09-000-9112	Requisition from MDC.	Make available to career employees.
Pamphlets		
Notice 423, <i>FEHB Temporary Continuation of Coverage</i> (September 2005) 7610-02-000-7316	Requisition from MDC.	Make available to spouse equity and TCC eligibles during open season and throughout the year.
Notice 426, <i>Health Benefits Coverage for Noncareer Employees</i> (September 2005) 7610-02-000-9928	Requisition from MDC.	Make available to career employees during open season and throughout the year.
Plan Brochures		
Government-Wide and Employee Organization	Automatic distribution to Areas, CSSDs, PDC/Fs, BMCs, AMCs, RECs, and HQ Units; requisition additional copies from MDC.	Have employees contact carriers.
HMO Organizations	Requisition directly from HMO plan.	Have employees contact carriers.
RI 72-5, <i>Rural Carrier</i> 7690-63-000-3809	Automatic distribution to Area and District offices; requisition additional copies from MDC.	Make available to employees on request.
RI 72-6, <i>SAMBA Health Benefit Plan</i>	Automatic to Inspection Service and OIG divisions.	Have employees contact carriers.

To avoid waste and excess costs, maintain close control over the issuance of brochures and forms during open season. In particular:

- SF 2809, *Employee Health Benefits Election Form*. The form is no longer used to enroll or make changes to FEHB. Do not automatically furnish this form as a handout with other health benefits material. The

Postal/EASE FEHB Worksheet replaces SF 2809 as the *Postal/EASE* enrollment form.

- Plan Brochures. HRSSC will tell employees to get brochures (a) from their health plans, or (b) online at www.opm.gov/insure/health/brochures/.

42 Materials That Must Be Ordered

421 From the Material Distribution Center

The following items will not be distributed automatically, but must be ordered from the Material Distribution Center (MDC):

- PS Form 8141, *Notice to Noncareer Employees Eligible to Enroll in FEHBP* (limited distribution).
- RI 70-2, *2008 Guide to Benefits for United States Postal Service Employees*.
- RI 70-2IN, *2008 Guide to Benefits for United States Postal Inspectors and Office of Inspector General Employees*.
- RI 70-5, *2008 Guide to Benefits for TCC and Former Spouse Enrollees*.
- RI 70-8PS, *2008 Guide to Benefits for Certain Temporary (Noncareer) United States Postal Service Employees*.
- FEDVIP BK-1, *2008 Federal Employees Dental and Vision Insurance Program*.

These items are also available online:

- PS Form 8141 is available on the Postal Service PolicyNet Web site. Go to <http://blue.usps.gov>; under “Essential Links,” click on *Forms*.
- RI 70 guides are available on the OPM Web site. Go to www.opm.gov/insure/08/guides/; under “Guides for Postal Workers,” click on the guide you want.

You can order from the MDC by using touch tone order entry (TTOE): Call 800-273-1509.

Note: You must be registered to use TTOE. To register, call 800-332-0317; select option 1, extension 2925; and follow the prompts to leave a message. (Wait 48 hours after registering before placing your first order.)

When ordering, provide the following information:

- PS Form 8141, *Notice to Noncareer Employees Eligible to Enroll in FEHBP*.

PSN: 7530-02-000-7484

PSIN: PS 8141

Unit of Measure: SH

Minimum Order Quantity: 1

Price: \$ 0.0175 each

- RI 70-2, *2008 Guide to Benefits for United States Postal Service Employees*.
PSN: 7690-03-000-3774
PSIN: RI 70-2
Unit of Measure: EA
Minimum Order Quantity: 1
Price: No cost
- RI 70-2IN, *2008 Guide to Benefits for United States Postal Inspectors and OIG Employees*.
PSN: 7690-09-000-9077
PSIN: RI 70-2IN
Unit of Measure: EA
Minimum Order Quantity: 1
Price: No cost
- RI 70-5, *2008 Guide to Benefits for TCC and Former Spouse Enrollees*
PSN: 7690-03-000-3772
PSIN: RI 70-5
Unit of Measure: EA
Minimum Order Quantity: 1
Price: No cost
- RI 70-8PS, *2008 Guide to Benefits for Certain Temporary (Noncareer) Postal Service Employees*
PSN: 7690-03-000-3754
PSIN: RI 70-8PS
Unit of Measure: EA
Minimum Order Quantity: 1
Price: No cost
- FEDVIP BK-1, *2008 Federal Employees Dental and Vision Insurance Program*
PSN: 7610-09-000-9112
PSIN: FEDVIP BK-1
Unit of Measure: EA
Minimum Order Quantity: 1
Price: No cost

422 From Health Maintenance Organizations

Order HMO brochures directly from the HMOs. Employees who request HMO brochures may contact the plans directly or obtain the brochures on the Internet at <http://www.opm.gov/insure/health/brochures/>. HMO enrollees will receive a plan brochure from the HMO in which they are enrolled.

Each HMO is listed by code in chapter 7, with the plan name and a point of contact for ordering brochures. When requesting brochures, include the amount needed and the address to which the brochures will be shipped.

43 Materials Distributed Automatically

The *2008 Nationwide Fee-for-Service Plans* brochures will be distributed automatically to some, but not all, customer service and sales districts, processing and distribution centers, bulk mail centers, airport mail centers, the Office of Inspector General, the Inspection Service, remote encoding centers, and Headquarters units.

Rural Carrier Benefit Plan brochures will be distributed to Area and District Human Resources offices.

SAMBA Health Benefit Plan brochures will be distributed to Office of Inspector General and Inspection Service divisions.

44 Materials That May Be Ordered

Certain informational pamphlets answer employee questions concerning the FEHB Program during open season and throughout the year. A limited supply of most of these items may be ordered from the MDC (see section [421](#) for instructions on how to order):

- Notice 423, *Temporary Continuation of Coverage*.
PSN: 7610-02-000-7316
PSIN: NOT 423
Unit of Measure: EA
Minimum Order Quantity: 1
Bulk Pack Quantity: 1500
Price: \$0.0740
- Notice 426, *Health Benefits Coverage for Noncareer Employees*.
PSN: 7610-02-000-9928
PSIN: NOT 426
Unit of Measure: EA
Minimum Order Quantity: 1
Bulk Pack Quantity: 1500
Price: \$0.0717
- SF 2810, *Notice of Change in Health Benefits Enrollment*.
Note: This form is no longer required for notifying a losing carrier when an enrollee changes to a different plan. Changes and cancellations are performed in *PostalEASE*, using the *PostalEASE* FEHB Worksheet for guidance. However, if you need additional copies of SF 2810 for other procedures, obtain them through regular procurement procedures.
PSN: 7510-01-232-1234
PSIN: SF 2810
Unit of Measure: EA
Minimum Order Quantity: 10
Price: \$0.0765

Notices 423 and 426 are also available on the Postal Service PolicyNet Web site:

- Go to <http://blue.usps.gov>.
- Under “Essential Links” in the left-hand column, click on *References*.
- On the PolicyNet page, click on *Notices*.

SF 2810 is available on the OPM Web site:

- Go to <http://www.opm.gov/forms>.
- Under “Electronic Forms,” click on *Standard Forms*.

45 Materials Available Online

These materials are available on the Postal Service PolicyNet Web site:

- PS Form 8201, *Pre-Tax Health Insurance Premium Waiver/ Restoration Form for Career Employees*.
- PS Form 8202, *Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees*.

Go to <http://blue.usps.gov>; under “Essential Links,” click on *Forms*.

46 Distribution of Health Benefits Materials to Employees

461 Career Employees

Before open season, 2008 Benefits guides RI 70-2 and RI 70-2IN are mailed to all career and IS/OIG employees at their addresses of record.

Undeliverable guides are returned to the pay location of record. Disposing of returned FEHB guides is at the discretion of the administering office. However, giving a returned guide to an employee offers the employee an opportunity to enter his or her correct address.

The FEHB guides provide the following:

- An overview of FEHB program eligibility requirements and election choices during open season.
- Information about pretax payment of premium contributions.
- Tools for choosing an FEHB plan.
- FEHB plan comparison charts for Fee-For-Service plans, HMO’s and plans offering a Point-of-Service product, Consumer Driven and High Deductible health plans,
- The results of a satisfaction survey conducted by OPM.
- A list of health plans that are using health information technology (HIT). HIT allows for secure information sharing between patients, healthcare providers, and health plans. This results in decreased costs by avoiding duplicate procedures and manual transactions, thus reducing medical errors.

462 Noncareer Employees

Before open season, Publication RI 70-8PS, *2008 Guide to Benefits for Certain Temporary (Noncareer) United States Postal Service Employees*, is mailed to all noncareer employees who may become eligible for FEHB coverage.

Undeliverable guides are returned to the pay location of record. Disposing of returned FEHB guides is at the discretion of the administering office. However, giving a returned guide to an employee offers the employee an opportunity to enter his or her correct address.

Publication RI 70-8PS provides the following:

- An overview of FEHB program provisions.
- Eligibility requirements for noncareer employees.
- Election choices during open season.
- A chart that compares participating plans with premium charts showing full monthly and biweekly premium rates payable by the employee.
- The categories of noncareer employees who are eligible for pretax payment of premiums and information about this feature.
- The results of a satisfaction survey conducted by OPM.

Noncareer employees do not receive a Postal Service contribution toward the cost of FEHB coverage. The rates listed in RI 70-8PS apply only to noncareer employees. Noncareer employees who elect to enroll must sign PS Form 8141, *Notice to Noncareer Employees Eligible to Enroll in FEHBP*. (See Compensation Letter 92-019, April 9, 1992.)

463 2008 Health Plan Brochures

All enrolled employees will receive a 2008 brochure directly from the plan in which they are currently enrolled. Employees who change to a different plan during open season may obtain a brochure for the new plan directly from the plan or from the OPM Web site at www.opm.gov/insure/health/brochures/.

464 Temporary Continuation of Coverage and Spouse Equity Enrollees

Individuals eligible and electing to enroll under the TCC or Spouse Equity provisions at any time during the year may request RI 70-5, *2008 Guide to Benefits for TCC and Former Spouse Enrollees*. The booklet contains:

- Open enrollment information and premium charts reflecting monthly premium rates (with no Postal Service contributions) for participating FEHB plans. (Rates listed in publication RI 70-5 apply only to TCC and Spouse Equity enrollees.)
- Results of a satisfaction survey conducted by OPM.

465 **Individuals Already Enrolled Under the TCC or Spouse Equity Provisions**

The Department of Agriculture's Office of Finance and Management, Direct Premium Remittance System, National Finance Center, distributes open season materials and conducts open season for individuals enrolled under the TCC and Spouse Equity provisions.

Note: If an enrollee signs up for TCC or Spouse Equity during open season, HRSSC benefits counselors must advise the enrollee to select the plan in which he or she desires to participate during 2008. This election is important because, in the absence of a QLE, the enrollee will not be able to change health plans again until the next open season. Tell enrollees that open season changes and new premium rates for TCC and Spouse Equity participants are effective January 5, 2008.

466 **Former Employees and Annuitants**

Some annuitants will contact their former personnel services offices or the HRSSC to ask for registration information and materials. Instruct them to contact OPM, the agency responsible for registering open season changes for Civil Service Retirement System (CSRS) and Federal Employees Retirement System (FERS) annuitants. CSRS and FERS annuitants must follow the election procedures set forth in information sent to them before open season. An annuitant who misplaces or does not receive election information must contact OPM by calling Open Season Express at 800-332-9798 or TTD 800-878-5707.

When communicating with OPM, annuitants must provide (a) their CSA, CSF, or FERS claim number; (b) their Social Security number; or (c) both.

47 Health Fairs

Local services are encouraged to schedule health fairs during FEHB Open Season. Most FEHB plans send their local representatives to answer questions and provide information about the plan's benefits and features. The following guidelines apply:

- Plan representatives must confine their presentations to information about the FEHB plan they represent.
- Written information supplied by plan representatives may be distributed provided the information has been officially approved by OPM. Representatives must be able to produce OPM's approval.
- Employees who attend health fairs or open season sessions conducted by health plan representatives must attend the sessions on their own time, not on the clock.

During open season, companies that want to sell dental insurance or other types of supplemental policies to employees may:

- Send marketing materials to offices and ask that they be distributed.
- Ask to be invited to the health fairs.

- Show up at health fairs uninvited.

Do not assist the marketing efforts of these private companies, including companies FEHB carriers may have contracted with.

To ensure the integrity of the FEHB Program, installations must allow access only to health plans that participate in the FEHB Program. See the relevant FEHB guide for plans participating in 2008.

48 Handouts and Bulletin Board Notices

Installation heads must publicize open season widely so that all eligible employees are made aware of their right to enroll in or change health benefits during this period. The notices and employee handouts in chapter 10 are suitable for posting on official bulletin boards. Reproduce extra copies locally and keep them with other materials for employee reference and distribution. It is not a requirement that each employee must receive these materials.

- Handout 1, *Health Plans – Eligibility and Enrollment Requirements*.
- Handout 2, *Health Insurance Coverage for Former Spouses*.
- Health Benefits Notice 1, *Health Benefits Open Season Announcement*.
- Health Benefits Notice 2, *Pretax Payment of Premium Contributions*.
- Health Benefits Notice 3, *Eligibility of Family Members and Prohibition of Dual Enrollment*.
- Health Benefits Notice 4, *FEHB Program Discontinued Health Insurance Plans*.
- Health Benefits Notice 5, *FEHB Program Health Insurance Plans With Significant Changes*.

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5 Processing Procedures

51 Completing the Open Season *PostalEASE* FEHB Worksheet

This chapter outlines the procedures for processing open season *PostalEASE* FEHB Worksheets.

511 Checklist

See chapter 8 for the 2008 open season checklist. Reproduce this checklist for use by HRSSC personnel responsible for processing health benefits enrollments and changes.

512 Timeliness

It is important to promptly process or forward to the Eagan ASC a *PostalEASE* FEHB Worksheet received from an employee. Delays in processing can cause problems for employees — in receiving services and having claims paid — and can lead to higher administrative costs for employees and the Postal Service.

512.1 Human Resources Shared Services Center (HRSSC)

Employees who are unable to enroll or make a change through *PostalEASE* during open season may send their *PostalEASE* FEHB Worksheets and whichever of the following forms is appropriate to HRSSC for review and processing:

- PS Form 8201, *Pre-Tax Health Insurance Premium Waiver/Restoration Form for Career Employees*.
- PS Form 8202, *Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees*.

HRSSC staff will:

- Process the *PostalEASE* FEHB Worksheets.
- Process PS Forms 8201 and 8202 for pretax waivers in **PP 02/08**.
- Forward copies of the *PostalEASE* FEHB Worksheets and PS Forms 8201 and 8202 to Local Services for filing on the permanent side of the employee's Official Personnel Folder (OPF).

512.2 **Accuracy**

Make sure that each worksheet is filled out completely, accurately, and legibly. The HRSSC checklist appears in chapter 8. The following fields are **REQUIRED** in *PostalEASE*:

- Employee's Last Name
- Employee's First Name
- Employee's ID
- Type of Transaction
- New Enrollment Code (when required)
- Any Dependent Last Name (if family coverage)
- Any Dependent First Name (if family coverage)
- Dependent Relationship Code (if family coverage)
- Complete Dependent Address (if different than employee's).

When required, confirm the receipt of appropriate certification in the remarks section of the *PostalEASE* FEHB Worksheet, then file the certification and the original worksheet in the employee's OPF.

512.3 **Cancellation of Coverage**

Hold any cancellation of coverage with an effective date of January 4, 2008, until PP 02/08.

52 Processing Open Season Elections

521 **Employee Elects No Change**

An employee who does not want to change an enrollment need take no action during open season. The current enrollment will continue.

Note: If an employee is enrolled in a health plan that will not participate in FEHB in 2008, then the employee must enroll in a new FEHB plan. If the employee fails to enroll in a new plan, the employee (and enrolled family members, if applicable) will be uninsured for health benefits beginning January 5, 2008.

522 **Employee Changes Enrollment**

An employee who wishes to make an open season change must use the *PostalEASE* FEHB Worksheet and enter the information into *PostalEASE* using the Web, telephone, or a kiosk. Any employee who has a problem accessing *PostalEASE* can submit the worksheet to HRSSC for entry. The following points are emphasized for entering enrollment changes from employee worksheets:

- The effective date of an open season change is January 5, 2008.
- Do not mail or fax copies of the *PostalEASE* FEHB Worksheet to carriers (except if there is a problem and the carrier requests a copy). All carriers (old and new) will be notified of changes automatically through *PostalEASE*.

- HRSSC does not make information-only changes (changes that do not affect premium withholdings). Employees must make these changes directly with the plan. (See OPM BAL No. 01-201, January 10, 2001.)

53 Special Circumstances

531 **Transfers, Retirements, and Separations in Advance of Effective Date of Open Season Change**

If an employee plans to transfer, retire, or separate before the effective date of open season (January 5, 2008), do not process an open season change. Instead, HRSSC specialists must initial and date-stamp the SF 2809 in Part H of the form when they receive it to verify that it was filed on time. The name of the losing installation and the signature of its certifying officer should not appear on the SF 2809.

531.1 **Transfers**

When an employee transfers, HRSSC must ask the employee to complete SF 2809 and instruct the employee to give it to the new employing office or agency promptly upon entering on duty. The gaining agency must transfer in the current enrollment on SF 2810. Then, if the transferred employee wants to change health plans, the gaining agency must process the SF 2809 that was initialed and date-stamped by HRSSC.

531.2 **Retirements**

When an employee retires, HRSSC transfers the enrollment to OPM. The HRSSC specialist must do the following:

- Attach the *unprocessed* SF 2809 to other health benefits documents, including the Individual Retirement Record, and forward them to the ASC in accordance with normal retirement procedures.
- After ensuring that the 5-year rule has been met, prepare a transfer-out memorandum (see Compensation Letter 95-036, Sample 1.1) and include remarks stating that the open season SF 2809 was submitted on a timely basis and should be accepted for processing.

The retirement system will transfer in the old enrollment on an SF 2810 and then process the open season SF 2809.

531.3 **Unexpected Transfer or Retirement After Open Season Changes Have Been Processed**

If an open season change has already been processed but the employee unexpectedly transfers or retires before the effective date of that change, HRSSC will proceed as follows:

- *If the employee transfers:*
 - Void the open season change in *PostalEASE* and transfer the existing enrollment (if any) to the gaining agency as appropriate.
 - Prepare a transfer-out memorandum (see Compensation Letter 95-036, Sample 1.1) and include the following remarks: “Employee

transferred (date). Open season change dated (date) is void. Accept a new open season SF 2809.”

- Inform the employee that the open season election has been voided, and, if possible, have a new SF 2809 completed. Handle the new form as stated in 531.1. If it is impossible to take action quickly, notify the gaining office that the employee’s timely filed open season change has been voided and that a new open season SF 2809 should be accepted.

- *If the employee retires:*

- Void the open season change in *PostalEASE* and transfer the existing enrollment (if any) to the appropriate retirement system.
- After ensuring that the 5-year rule has been met, prepare a transfer-out memorandum (see Compensation Letter 95-036, Sample 1.1) and include the following remarks: “Employee retired (date). Open season change has been voided. New open season SF 2809 is enclosed.”
- Attach the OPF copy of the memo to other health benefits documents and forward them to the ASC in accordance with normal retirement procedures as stated in 531.2.

532 Other Separations

If an open season change is processed and the employee dies or separates before the effective date of the change, the following procedures apply:

- *With no eligible survivor(s).* Complete an SF 2810 terminating the enrollment in effect at the time of death.
- *With survivor(s) entitled to continue enrollment.* In case of death where the family enrollment must be transferred to the retirement system because of entitlement to a survivor annuity:
 - Void the open season change in *PostalEASE* and transfer to OPM the old enrollment in effect at the time of the employee’s death.
 - Prepare a transfer-out memorandum (see Compensation Letter 95-036, Sample 1.1) and include remarks: “Employee died (date). Accept a new open season SF 2809 from the survivor if he or she wishes to make a change.”
 - Inform the survivor that the open season change has been voided. Give him or her the opportunity to make an open season change.
 - If the survivor cannot be contacted, send a memorandum to alert OPM to inform the survivor of the open season enrollment opportunity.

6 Counseling Employees

61 Responsibility for Counseling

HRSSC is responsible for counseling employees who request assistance on health benefits matters. HRSSC counselors must limit counseling to answering questions about the health benefits program and the application of the health benefits laws and regulations to particular circumstances. This includes questions about eligibility to enroll under FEHB, coverage of family members, and enrollment opportunities. Counselors may also distribute the handouts and notices provided in chapter 10.

When employees ask specific questions about benefits:

- Refer them to the plan comparison charts in the applicable 2008 Guides to Benefits (RI 70-2, RI 70-2IN, RI 70-5, or RI 70-8PS) and individual health plan brochures.
- Advise them to contact the plan's local office or representative.
- Stress the restrictions on reducing coverage when premiums are withheld on a pretax basis. (See subchapter 16.)

62 Requests for Cancellation of Enrollment

Employees contemplating retirement must be informed that they can carry their FEHB coverage into retirement only if they retire on an immediate annuity and have been continuously enrolled (or covered as a family member) for either of the following:

- The 5 years of service immediately preceding the date the annuity starts.
- The full period of service since their first opportunity to enroll.

Inform them that an annuitant may cancel his or her FEHB enrollment at any time. However, an annuitant's enrollment cannot be reinstated, and the annuitant can never enroll in another FEHB plan, even during another open season.

Exception: This regulation does not apply if an annuitant canceled the enrollment to obtain coverage as a family member under the enrollment of his or her spouse.

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7 Carrier Contact Information for Ordering Brochures – 2007 FEHB Open Season

2008 Brochure Order Contact	Email Address	FAX	Work
MS. PAULA SPURWAY	Paula.Spurway@bcbsa.com	(202)942-1263	(202)942-1274
MS. PAULA SPURWAY	Paula.Spurway@bcbsa.com	(202)942-1263	(202)942-1274
JEAN POLLARD	jean.pollard@wellpoint.com	(312)234-8001	(312)234-7314
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
CHERYL F MIDKIFF	cmidkiff@pchp.net	(804)947-4465	(804)947-4463 x216
MARY DAVENPORT	mary.davenport@carefirst.com	(410)998-6917	(410)998-7614
CELIA BLOOM	cxbloom@cvty.com	(302)998-7085	(302)995-6100
MS ANN TINKER	hmo106@sierrahealth.com	(702)242-7931	(702)242-7191
TAMMY STRAIGHT	tamara.straight@phs.com	(918)459-1452	(918)459-1376
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
PEGGY NEWKIRK	Peggy.Newkirk@GEHA.com	(816)257-3247	(816)257-6720
SAM BALL	nalchbpadmin@msn.com	(703)729-8109	(703)729-8120
PEGGY NEWKIRK	Peggy.Newkirk@GEHA.com	(816)257-3247	(816)257-6720
LARRY WALIGORA	LWaligora@nrlica.org	(703)684-9627	(703)684-5552
MS SYLVIA MILLS	smills@aultman.com	(330)454-7845	(330)580-6485
LARRY NEWFELD	larry.newfeld@afspa.org	(202)833-4918	(202)464-1520
DANIEL SWARTZWELDER	danielswartzwelder@firsthealth.com	(301)517-2127	(301)517-2084
NANCY LIPPMAN	nancywl@ucia.gov	(703)734-7013	(703)613-7784
KATHY ALLAN	kathy.allan@axa-assistance.com	(312)935-3695	(312)935-3520
SANDY WEBB	swebb@sambaplans.com	(301)984-6224	(301)984-4122
DANIEL SWARTZWELDER	danielswartzwelder@firsthealth.com	(301)517-2127	(301)517-2084
JENNIFER SIMON	JSIMON@APWUHP.COM	(410)424-1572	(410)424-1507
DANIEL SWARTZWELDER	danielswartzwelder@firsthealth.com	(301)517-2127	(301)517-2084
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
RUBEN ORTIZ	ROrtiz@HIPUSA.com	(646)447-3302	(646)447-6991
MARYBETH TYSZKIEWICZ	mtyszkil@hapcorp.org	(248)443-8851	(248)443-1067
JASON BLONIGEN	Jason.J.Blonigen@healthpartners.com	(952)883-5260	(952)883-6268
TOM VAN HOUTE	vanhoute.t@ghc.org	(206)448-4271	(206)448-4153

2008 Brochure Order Contact	Email Address	FAX	Work
PURCHASER SERVICE UNIT	nw.kp.psu@kp.org	(503)813-2266	(503)813-3613
LORENA LANCE	lorena.lance@kp.org	(925)939-6199	(925)926-5685
BERTA HAVENS	berta.havens@vistahealthplan.com	(954)839-1281	(954)375-1589
TARA CHRISTIAN	Tara.Christian@mmoh.com	(216)687-7274	(216)687-7921
PAULA LOOS	LOOSP@SUMMACARE.COM	(999)999-9999	(330)996-8414
LORENA LANCE	lorena.lance@kp.org	(925)939-6199	(925)926-5685
TROY TOMITA	troy.tomita@kp.org	(808)432-5304	(808)285-0961
PURCHASER UNIT	psu.ohio@kp.org	(216)479-5403	(216)479-5283
LARRY SHAEFFER	Larry.R.Shaeffer@kp.org	(303)306-2520	(303)306-2521
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
CARLA WOODS	cwoods4@humana.com	(999)999-9999	(859)232-8647
PATRICIA BALLARD	PBALLARD@FIRSTCARE.COM	(512)257-6027	(512)257-6175
LINDA PINO	LPino@ghihmo.com	(845)334-8950	(845)340-2249
MS LISA ROBBINS	LROBBINS@ADVANTAGEPLAN.COM	(317)573-6218	(317)573-6519
JEAN POLLARD	jean.pollard@wellpoint.com	(312)234-8001	(312)234-7314
SUSAN GANCHIFF	sganchiff@humana.com	(999)999-9999	(312)441-5327
JILL M. ROCK	jrock@unionhealth.org	(312)829-8241	(312)829-4224 x222
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
ELLEN TAWSON	etawson@humana.com	(303)694-1105	(303)689-2070
ELVIN BOULDEN	EBoulden@ghi.com	(212)563-8553	(212)615-0879
DALY CRUZ	emcruz@ssspr.com	(787)774-4819	(787)749-4101
JEANNIE SULLIVAN	jeannie_sullivan@hmsa.com	(808)948-5267	(808)948-6943
DALY CRUZ	emcruz@ssspr.com	(787)774-4819	(787)749-4101
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
RACHAEL POLLOCK	pollockra@msx.upmc.edu	(999)999-9999	(412)454-7692
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
JEFF KOCH	jeff.j.koch@osfhealthcare.org	(309)677-8338	(309)677-8234
ROBERT MOSS	ROBERT.MOSS@WELLPOINT.COM	(818)234-6062	(818)234-2946
NATALIE JEWELL	ndjewell@cvty.com	(866)513-8383	(816)460-4244
BERLINE BLOOM	NewAddress@NewAddress.Com	(999)999-9999	(504)219-8144
SHARON BAKER	Sharon.Baker@ahplans.com	(801)323-6100	(801)933-3672
BERLINE BLOOM	NewAddress@NewAddress.Com	(999)999-9999	(504)219-8144
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
PAT MACKLIN	pvmackli@sentara.com	(757)552-7397	(757)552-7362
CONNIE SCARPONE	connie.scarpone@phpmm.o	(517)364-8280	(517)364-8266
JOY FISHER	joy.fisher@phs.com	(602)681-7540	(602)244-2707
KARRIE E REANEY	KARRIE.E.REANEY@HEALTH.NET	(520)258-7523	(520)258-7558
SANDRA HARRIS	sharris3@humana.com	(866)875-2997	(770)350-2176
JENNIFER BACON-BUSHNECK	jennifer_r_bacon@uhc.com	(410)379-3449	(410)796-6281
LISA CARLSON	carlsoli@sanfordhealth.org	(605)328-6811	(605)328-6859
JENNIFER BACON-BUSHNECK	jennifer_r_bacon@uhc.com	(410)379-3449	(410)796-6281

2008 Brochure Order Contact	Email Address	FAX	Work
CABRINI GRANIER	csgranier@cvty.com	(504)828-6433	(504)834-0840
PAT DOEHRMAN	pdoehrman@humana.com	(502)508-2292	(502)580-2292
SEAN KELLS	skells@humana.com	(999)999-9999	(615)221-2155
MARTE GAUTHIER	mgauthier1@humana.com	(513)362-2928	(616)336-0011
JENNIFER BACON-BUSHNECK	jennifer_r_bacon@uhc.com	(410)379-3449	(410)796-6281
PATRICIA BALLARD	PBALLARD@FIRSTCARE.COM	(512)257-6027	(512)257-6175
MIKE WELLS	mike.wells@phs.com	(714)226-2496	(714)226-2270
ANDREA ORTIZ	andrea.ortiz@phs.com	(719)548-1824	(719)522-7045
FRED COLARDO	colardo.a@bcbsri.org	(401)459-5585	(401)459-5706
PHILLIPS RACHAEL RACHAEL	rphillips1@humana.com	(999)999-9999	(480)515-6759
SHARON BAKER	Sharon.Baker@ahplans.com	(801)323-6100	(801)933-3672
ERICA TEWARI	etewari@humana.com	(904)376-8672	(407)661-6156
CHERYL NALLY	CNally@phpni.com	(260)436-6347	(800)982-6257 x531
JULIE KUDRON	julie.kudron@fchp.org	(504)831-0912	(508)368-9581
ESTHER MANNING	Esther.R.Manning@kp.org	(301)625-6208	(301)625-6206
JENNIFER BACON-BUSHNECK	jennifer_r_bacon@uhc.com	(410)379-3449	(410)796-6281
NANCY CARTER	NCCarter@chp.org	(805)383-3590	(805)383-3402
KELLY COLEY	kelly.coley@ibx.com	(215)241-2017	(215)241-3493
SANDREA SILVERA	ssilvera1@humana.com	(305)370-6081	(305)626-5196
ERICA ELDER	erica.elder@kp.org	(404)364-4998	(404)364-7313
LORA HARRIS	lharris3@humana.com	(262)951-2561	(262)951-2570
ELLEN TAWSON	etawson@humana.com	(303)694-1105	(303)689-2070
ANDREA PASCALE	andrea.pascale@amerihealth.com	(856)802-3110	(856)638-2789
NANCY DURBIN	Nancy.Durbin@healthalliance.org	(217)337-8093	(800)851-3379
MARTE GAUTHIER	mgauthier1@humana.com	(513)362-2928	(616)336-0011
NANCY DURBIN	Nancy.Durbin@healthalliance.org	(217)337-8093	(800)851-3379
T. LEWIS STEELE	tsteele@mvphealthcare.com	(518)386-7869	(518)386-7863
BONNIE CADE	bcade@personalcare.org	(217)366-5410	(217)366-5470
CHRISTOPHER DESANTIS	CDEASNTIS@THEHEALTHPLAN.COM	(570)271-7218	(570)271-7950
JENNIFER BACON-BUSHNECK	jennifer_r_bacon@uhc.com	(410)379-3449	(410)796-6281
MARTE GAUTHIER	mgauthier1@humana.com	(513)362-2928	(616)336-0011
CARRIE LEVY	clevy@preferredcare.org	(585)325-3478	(585)327-2432
ERICA ELDER	erica.elder@kp.org	(404)364-4998	(404)364-7313
JENNIFER BACON-BUSHNECK	jennifer_r_bacon@uhc.com	(410)379-3449	(410)796-6281
CELIA BLOOM	cxbloom@cvty.com	(302)998-7085	(302)995-6100
NATALIE JEWELL	ndjewell@cvty.com	(866)513-8383	(816)460-4244
CABRINI GRANIER	csgranier@cvty.com	(504)828-6433	(504)834-0840
JASON BLONIGEN	Jason.J.Blonigen@healthpartners.com	(952)883-5260	(952)883-6268
LAURA WALDO	lwaldo@humana.com	(317)573-1030	(317)573-1510

2008 Brochure Order Contact	Email Address	FAX	Work
BOBBI NEWLAND	bbnewland@cvty.com	(402)498-6451	(402)498-9030
CELIA BLOOM	cxbloom@cvty.com	(302)998-7085	(302)995-6100
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
VI T. LE	vi.le@globalhealth.cc	(405)280-5610	(405)280-5599
MANDY RAMSEY	aramsey@thcg.org	(317)705-3333	(317)705-3441
VANESSA REEVES	Vanessareeves@jmhhp.com	(305)545-5212	(305)575-3662
CABRINI GRANIER	csgranier@cvty.com	(504)828-6433	(504)834-0840
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
JOYCE QUINTANILLA	joyce.quintanilla@phs.com	(671)647-3548	(671)646-6956
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
JENNIFER BACON-BUSHNECK	jennifer_r_bacon@uhc.com	(410)379-3449	(410)796-6281
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
JULIE KUDRON	julie.kudron@fchp.org	(504)831-0912	(508)368-9581
JASON HUNTOON	JHUNTOON@BCBSM.COM	(248)448-7297	(248)448-5562
JOY FISHER	joy.fisher@phs.com	(602)681-7540	(602)244-2707
KATHY HURTUBISE	kathleen.hurtubise@excellus.com	(716)847-1257	(716)847-0881
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
DEBBIE LEMMONS	DEBBIEL@bgfh.com	(859)335-3723	(859)268-5324
JOYCE QUINTANILLA	joyce.quintanilla@phs.com	(671)647-3548	(671)646-6956
CRIS KRISOLOGO-ELLIOTT	CKrisologo-Elliott@kpshealthplans.com	(360)415-4360	(360)415-4396
TARA CHRISTIAN	Tara.Christian@mmoh.com	(216)687-7274	(216)687-7921
CINDY MAURIZI	cmaurizi@humana.com	(920)632-9270	(901)685-8351
CHERIE NORMAN	cnorman@humana.com	(999)999-9999	(513)333-5063
TAMARA MAXSON	Tamara.J.Maxson@healthnet.com	(714)934-3370	(714)934-3372
CELIA BLOOM	cxbloom@cvty.com	(302)998-7085	(302)995-6100
NONE NO DATA NO DATA NO DATA NONE	NoData@NoData.Com	(999)999-9999	(999)999-9999
SANDRA HARRIS	sharris3@humana.com	(866)875-2997	(770)350-2176
JASON HUNTOON	JHUNTOON@BCBSM.COM	(248)448-7297	(248)448-5562
TAMARA MAXSON	Tamara.J.Maxson@healthnet.com	(714)934-3370	(714)934-3372
CABRINI GRANIER	csgranier@cvty.com	(504)828-6433	(504)834-0840
JASON HUNTOON	JHUNTOON@BCBSM.COM	(248)448-7297	(248)448-5562
JOANN RICHARDS	joann.richards@medica.com	(952)992-3700	(952)992-2284
ROBERT MOSS	robert.moss@wellpoint.com	(818)234-6062	(818)234-2946
T. LEWIS STEELE	tsteele@mvphealthcare.com	(518)386-7869	(518)386-7863
JOHN PRICHER	jpricher@humana.com	(999)999-9999	(813)287-6117
NICHOLAS CARBONE	Nicholas.Carbone@excellus.com	(585)238-4348	(585)399-6650
ROSA DAWSON	Rosa.Dawson@avmed.org	(305)671-4764	(305)671-4795
MS MARTHA BROMLEY	MABROMLEY@CVTY.COM	(866)465-9494	(314)506-1762
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
MARITA WORTHINGTON	mworthington@humana.com	(904)376-1133	(904)376-1110
CASSANDRA DOBSON	cdobson@humana.com	(920)632-9270	(913)217-3352
MS MARTHA BROMLEY	MABROMLEY@CVTY.COM	(866)465-9494	(314)506-1762

2008 Brochure Order Contact	Email Address	FAX	Work
TRACY LOWREY	tlowrey@vhpla.com	(318)361-2178	(318)361-0900 x151
SUSAN GANCHIFF	sganchiff@humana.com	(999)999-9999	(312)441-5327
T. LEWIS STEELE	tsteele@mvphealthcare.com	(518)386-7869	(518)386-7863
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
MS ANN TINKER	hmo106@sierrahealth.com	(702)242-7931	(702)242-7191
ALISA BEATTIE	abeattie@nwph.com	(406)457-2255	(406)457-2268
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
CYNTHIA TAPIA	ctapia3@phs.org	(505)923-8163	(505)923-8178
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
CASSANDRA DOBSON	cdobson@humana.com	(920)632-9270	(913)217-3352
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
MELISSA KNOX	Melissa.Knox@ArdentHealth.com	(505)262-7545	(505)262-3035
KATHY HURTUBISE	kathleen.hurtubise@excellus.com	(716)847-1257	(716)847-0881
JOEL MARINACCIO	JMARINAC@INDEPENDENTHEALTH.COM	(716)631-8554	(716)635-3843
SANDREA SILVERA	ssilvera1@humana.com	(305)370-6081	(305)626-5196
PHILLIPS RACHAEL RACHAEL	rphillips1@humana.com	(999)999-9999	(480)515-6759
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
MIKE MESSINGER	messagingm@gvhpchooswell.com	(616)949-4978	(616)949-2410
MARY SCHMALTZ	hoahp@gondtc.com	(701)776-5425	(701)776-5848 x2345
MEGAN ASCHENBRENNER	megan.aschenbrenner@ capbluecross.com	(717)541-7576	(717)541-7728
JOANNE KAMATS	joanne.kamats@phs.com	(206)230-7484	(206)230-7156
SHELLY MARCANTONIO	smarcant@cdphp.com	(518)641-5005	(518)641-5151
BRIE BURKE	brie.burke@blueshieldca.com	(415)229-6255	(415)229-5340
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
CONNIE PIERCE	cjpierce@cvty.com	(866)602-1256	(800)470-6352
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
SHELLY MARCANTONIO	smarcant@cdphp.com	(518)641-5005	(518)641-5151
LETICIA NERI	ineri@humana	(999)999-9999	(713)513-4964
CELESA ROACH	croach2@humana.com	(999)999-9999	(972)643-1615
ANDREA SHAW	ashaw@connecticare.com	(860)674-2011	(860)674-5715
JUDY SMITH	jsmith3@humana.com	(210)582-1277	(361)866-2209
JUDY MAY	jmay@humana.com	(210)582-1437	(210)617-1960
JOY HALL	jhall4@humana.com	(512)338-2588	(512)338-6145
RENEE MRUZEK	Renee.Mruzek@ProMedica.org	(419)887-2017	(419)887-2864
ROBERT TSCHAPPAT	btschappat@healthplan.org	(740)699-6162	(740)695-7631
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
JUDY MAY	jmay@humana.com	(210)582-1437	(210)617-1960
RACHAEL POLLOCK	pollockra@msx.upmc.edu	(999)999-9999	(412)454-7692
TOM VAN HOUTE	vanhoute.t@ghc.org	(206)448-4271	(206)448-4153

2008 Brochure Order Contact	Email Address	FAX	Work
CRIS KRISOLOGO-ELLIOTT	CKrisologo-Elliott@kpshealthplans.com	(360)415-4360	(360)415-4396
T. LEWIS STEELE	tsteele@mvphealthcare.com	(518)386-7869	(518)386-7863
BETSY NIESEN	betsy.niesen@deancare.com	(608)827-4152	(606)827-4315
LORI MILLER	lm_miller@ghc-hmo.com	(608)828-9333	(608)828-4827
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
LINDA PINO	LPino@ghihmo.com	(845)334-8950	(845)340-2249
BRIDGET HOLLINGSWORTH	bholling@healthplus.com	(989)797-4044	(989)797-4041
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
DANINE FAPKA	FapkaD@aetna.com	(215)775-5246	(215)775-6339
ERICA TEWARI	etewari@humana.com	(904)376-8672	(407)661-6156
LAURA ALEXANDER	laura_alexander@uhc.com	(800)984-1876	(309)736-4650
BARBARA MELTON	barbara_melton@bcbstx.com	(972)766-1617	(972)766-7969
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
LORI SINGER	lsinger@cvty.com	(717)541-5739	(717)540-6752
LORA HARRIS	lharris3@humana.com	(262)951-2561	(262)951-2570

8 Processing Checklist

81 Open Season Dates

Monday, November 12, 2007, to Tuesday, December 11, 2007, 5:00 p.m. Central Time.

82 Effective Dates

Open season changes and premium rate changes are effective January 5, 2008 (pay period (PP) 02-2008), and will first appear in paychecks dated January 25, 2008.

83 Employee Responsibility

Encourage employees to make open season enrollment changes using *PostalEASE*. They prepare by completing the *PostalEASE* FEHB worksheet that is included in the 2008 Guide to Benefits mailed to each employee's address of record.

Employees enter FEHB enrollments via the *PostalEASE* Web site, which can be reached through any of the following:

- Blue page at <http://blue.usps.gov>.
- LiteBlue page at <https://liteblue.usps.gov>.
- Kiosks located in some Postal Service facilities.

Employees may also call *PostalEASE* toll-free at 877-4PS-EASE (877-477-3272), Option 1.

Enrollments and changes that involve Self Only coverage and open season cancellations can be entered as self-service transactions in *PostalEASE* because the transactions are simple and information about dependents is not required.

Although Self and Family enrollments require more information than Self Only transactions, most of these can be completed as self-service transactions. The best way to complete these transactions is through the Blue page, LiteBlue page, or at a kiosk.

Many transactions can be completed by telephone; however, dependents' addresses must be entered by using a Web site or kiosk or by contacting HRSSC.

Note: If an employee is unable to use *PostalEASE* (a) from the Blue page, LiteBlue page, or a kiosk; (b) by telephone because he or she is deaf or hard of hearing; or (c) for other medical reasons, he or she should contact the HRSSC for help. To reach the HRSSC using TTY, employees should call 1-866-260-7507.

84 HRSSC's Responsibilities

If...	Then...
<ul style="list-style-type: none"> ■ An employee is incapable of entering his or her own open season transaction ■ The <i>PostalEASE</i> system refers the employee to HRSSC because: <ul style="list-style-type: none"> – A transaction requires verification or certification – <i>PostalEASE</i> is not designed to handle the transaction (e.g., the employee is subject to child equity provisions) 	<p>the employee must provide a completed <i>PostalEASE</i> FEHB Worksheet to HRSSC along with all required documentation for review.</p>

HRSSC must use the following checklist to review the worksheet and ensure that all necessary information is collected:

- Employee's printed name.
- Correct 8-digit employee identification number.
- Type of action requested.
- Correct new 3-digit enrollment code (HMO geographical requirements met based on employee's home or work address, as applicable).
- New plan name.
- Old plan enrollment code (if applicable).
- Other group insurance information (if applicable).
- Employee's gender.
- Employee's marital status.
- Employee's daytime phone number.
- Dependent information (if applicable). All information must be complete in this section, including the requirement for a complete mailing address if a dependent does not have the same address as the employee.
- Signature of employee.

HRSSC must provide the following information:

- Name and address of the employing office.
- Date worksheet was received by HRSSC.
- Name of HRSSC contact.
- Date of permitting event or QLE (if not open season).

HRSSC must also:

- Complete the remarks section and note if certification or verification is required and if it has been provided.
- Check the worksheet to make sure it is filled out legibly and completely.
- File the original worksheet (or a clear copy if the original is not available) in the employee's OPF.

85 Mailing *Postal/EASE* FEHB Worksheet to the Eagan ASC

When mailing **late action** worksheets to the ASC for processing, review as directed in 84 and forward to the Eagan ASC **after January 6, 2008**, at the following address:

HEALTH BENEFITS OPEN SEASON
EAGAN ACCOUNTING SERVICE CENTER
2825 LONE OAK PKWY
EAGAN MN 55121-9699

For employees retiring before January 5, 2008, send unprocessed open season changes on SF 2809 with retirement papers to OPM. The HRSSC official must not complete Part H of the SF 2809, but must initial and date it to show that the open season registration was submitted on time.

For employees already transferred to the Office of Workers' Compensation Programs, send the SF 2809 to the Department of Labor for processing.

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9 Table of Permissible Changes in FEHB Enrollment and Pretax/After-Tax Premium Payment

The chart below combines and replaces the following:

- The OPM chart, “Table of Permissible Changes in Enrollment for SF 2809,” previously published with SF 2809, *Health Benefits Election Form*.
- The list of QLEs previously published in the FEHB Guides.

Since the Postal Service is using *PostalEASE* for FEHB elections, SF 2809 is no longer used.

All employees must meet the time limits in the far-right column. Employees who are paying premiums on a pretax basis may make only those changes that are consistent with the QLE described in the table. (For example, an employee with a new baby would usually not cancel coverage.) This restriction does not apply to open season changes or to the initial opportunity to enroll.

Postal Service career employees are automatically enrolled for pretax payment of health insurance premiums; noncareer employees must elect it. Employees who are paying premiums on an after-tax basis may cancel coverage or reduce coverage from Self and Family to Self Only at any time — they do not need to have a QLE.

Table of Permissible Changes in FEHB Enrollment and Pretax/After-Tax Premium Payment

Code	Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election	FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in Which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only ¹	Participate	Waive	When You Must File Health Benefits Election with Your Employing Office
1	Employee electing to receive or receiving premium conversion tax benefits							
1A	Initial Opportunity to Enroll. For example: <ul style="list-style-type: none"> ■ New employee. ■ Change from excluded position. ■ Temporary (noncareer) employee who completes 1 year of service and is eligible to enroll under 5 U.S.C. 8906a. 	Yes	N/A	N/A	N/A	Automatic Unless Waived	Yes <i>For Temps:</i> Automatically waived unless elected on PS Form 8202.	Within 60 days after becoming eligible.
1B	Open Season	Yes	Yes	Yes	Yes	Yes	Yes	As announced by OPM.
1C	Change in family status that results in increase or decrease in number of eligible family members. For example: <ul style="list-style-type: none"> ■ Marriage, divorce, annulment, legal separation. ■ Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child. ■ Last dependent child loses coverage, e.g., child reaches age 22 or marries, stepchild moves out of employee's home, disabled child becomes capable of self-support, child acquires other coverage by court order. ■ Death of spouse or dependent. 	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after change in family status.

Code	Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election	FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in Which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only ¹	Participate	Waive	When You Must File Health Benefits Election with Your Employing Office
1D	Any change in employee's employment status that could result in entitlement to coverage. For example: <ul style="list-style-type: none"> ■ Reemployment after a break in service of more than 3 days. ■ Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (if coverage did not terminate, see 1G). 	Yes	N/A	N/A	N/A	Automatic unless waived	Yes	Within 60 days after employment status change.
1E	Any change in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> ■ Change from temporary appointment with eligibility for coverage under 5 U.S.C. 8906a to appointment that permits receipt of government contribution. ■ Change from full-time to part-time career or the reverse. 	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after employment status change.
1F	Employee restored to civilian position after serving in uniformed services. ²	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after return to civilian position.
1G	Employee, spouse, or dependent: <ul style="list-style-type: none"> ■ Begins nonpay status or insufficient pay;³ or ■ Ends nonpay status or insufficient pay if coverage continued. ■ (If employee's coverage terminated, see 1D). ■ (If spouse's or dependent's coverage terminated, see 1M). 	No	No	No	Yes	Yes	Yes	Within 60 days after employment status change.
1H	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Yes	Yes	Yes	Within 60 days after receiving notice from employing office.

Code	Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election	FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in Which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only ¹	Participate	Waive	When You Must File Health Benefits Election with Your Employing Office
1I	Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. ⁴	N/A	Yes	Yes	N/A (see 1M.)	No (see 1M.)	No (see 1M.)	Upon notifying employing office of move.
1J	Transfer from post of duty within a State of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse.	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after arriving at new post.
1K	Separation from federal employment when the employee or employee's spouse is pregnant.	Yes	Yes	Yes	N/A	N/A	N/A	During employee's final pay period.
1L	Employee becomes entitled to Medicare and wants to change to another plan or option. ⁵	No	No	Yes (Change may be made only once.)	N/A (see 1M.)	N/A (see 1M.)	N/A (see 1M.)	Any time beginning on the 30th day before becoming eligible for Medicare.

Code	Event	FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in Which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only ¹	Participate	Waive	When You Must File Health Benefits Election with Your Employing Office
1M	<p>Employee or eligible family member loses coverage under FEHB or another group insurance plan. Possible causes include:</p> <ul style="list-style-type: none"> ■ Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment. ■ Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan.⁶ ■ Loss of coverage under another federally sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service. ■ Loss of coverage under Medicaid or similar state-sponsored program of medical assistance for the needy. ■ Loss of coverage under a non-federal health plan, including foreign, state or local government, private sector. ■ Loss of coverage due to change in work site or residence (employees in an FEHB HMO, also see 1I). 	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage.
1N	Loss of coverage under a non-federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area.

Code	Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election	FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in Which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only ¹	Participate	Waive	When You Must File Health Benefits Election with Your Employing Office
10	Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan. ⁷	Yes	Yes	Yes	Yes	Yes	Yes	During open season, unless OPM sets a different time.
1P	<p>Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following:</p> <ul style="list-style-type: none"> ■ Medicare (employees who become eligible for Medicare and want to change plans or options, see 1L). ■ TRICARE for Life, due to enrollment in Medicare. ■ TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under Chapter 67, Title 10. ■ Medicaid or similar state-sponsored program of medical assistance for the needy. ■ Health insurance acquired due to change of worksite or residence that affects eligibility for coverage. ■ Health insurance acquired due to spouse's or dependent's change in employment status (includes state, local, or foreign government or private sector employment).⁸ 	No	No	No	Yes	Yes	Yes	Within 60 days after QLE.

Code	Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election	FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in Which Change May Be Permitted
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only ¹	Participate	Waive	When You Must File Health Benefits Election with Your Employing Office
1Q	Change in spouse's or dependent's coverage options under non-federal health plan. For example: <ul style="list-style-type: none"> ■ Employer starts or stops offering a different type of coverage (if no other coverage is available, also see 1M). ■ Change in cost of coverage. ■ HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO. ■ HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (if no other coverage is available, see 1M). 	No	No	No	Yes	Yes	Yes	Within 60 days after QLE.

1. Employees may change to Self Only outside of open season only **if the QLE caused** the enrollee to be the last eligible family member under the FEHB enrollment. Employees may cancel enrollment outside of open season only **if the QLE caused** the enrollee and all eligible members to acquire other health insurance coverage.
2. Employees who enter active military service are given the opportunity to terminate coverage. Termination for this reason does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement. Additional information on the FEHB coverage of employees who return from active military service will be forthcoming.
3. Employees who begin nonpay status or insufficient pay **must** be given an opportunity to elect to continue or terminate coverage. A termination differs from a cancellation as it allows conversion to nongroup coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.
4. This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who **change from Self Only to Self and Family or from one plan or option to another** a different timeframe than that allowed under 1M. For change to Self Only, cancellation, or change in premium conversion status, see 1M.
5. This code reflects the FEHB regulation that gives employees enrolled in FEHB a one-time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to Self Only, cancellation, or change in premium conversion status, see 1P.
6. If employee's membership terminates (e.g., for failure to pay membership dues), the employee organization will notify the agency to **terminate** the enrollment.
7. Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.
8. Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.

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10 Open Season Publicity Materials

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HANDOUT 1

Health Plans – Eligibility and Enrollment Requirements

After reviewing the 2008 Guide to Benefits (RI 70-2, RI 70-2IN, or RI 70-8PS, whichever is applicable), you should have a better understanding of some of the major issues to consider before choosing a health insurance plan. This handout outlines the types of plans available to you and what determines your eligibility to enroll in those plans.

Health Plans

Health Maintenance Organizations (HMOs). These plans provide prepaid care from plan physicians and hospitals located in particular geographic or service areas. Many plans have expanded their service and enrollment areas, making them available to greater numbers of enrollees. Your eligibility to enroll in an HMO plan may be determined by where you live or where you work. Because plan requirements vary, carefully review enrollment information for each plan that interests you.

To select the HMOs available to you: (1) find your state in the FEHB guide to HMOs, and (2) check to see if the plan serves your area.

Nationwide Plans. Open to all Postal Service (and federal) employees.

Employee Organization Plans. To enroll in the employee organization plans available to you, you must meet certain membership requirements and pay a membership or an associate membership fee. To determine the eligibility, enrollment, and membership fee requirements for these plans, consult the following tables, or contact the plan directly.

In many geographical locations, Point of Service (POS) and Preferred Provider Organization (PPO) plan features are offered to provide enhanced health care services through selected providers.

ELIGIBILITY AND ENROLLMENT REQUIREMENTS

APWU. You must be or become a member or associate member of the American Postal Workers Union (APWU) to enroll in this plan. Federal employees, Postal Service employees in non-APWU bargaining units, and annuitants become associate members upon enrollment.

GEHA. All Postal Service employees and annuitants eligible to enroll in the Federal Employees Health Benefits Program (FEHB) may become members of GEHA. If you terminate FEHB coverage with GEHA for any reason, you are no longer a member.

Mail Handlers. To enroll, you must be or must become a member of the Mail Handlers Union (if you are a member of that craft) or an associate member of the National Postal Mail Handlers Union, a division of the Laborers International Union of North America (LIUNA). Annuitants are eligible for associate membership.

NALC. Active Postal Service employees must be or become members of the National Association of Letter Carriers (NALC). Postal Service annuitants (who are not already retired members of NALC) become health plan members upon enrollment in the NALC Health Benefits Plan.

Rural Carriers. Enrollment is limited to active and retired rural carriers. To enroll, you must be or become a member of the National Rural Letter Carrier's Association (NRLCA). Annuitants must be current members of NRLCA to enroll.

Organization	Membership Fees	Address/Phone Number/Web site
APWU	Associate membership dues are \$35 per year. APWU will bill new associate members for the annual dues when it receives notice of enrollment.	APWU HEALTH PLAN 799 CROMWELL PARK DR STE K GLEN BURNIE MD 21061-2578 800-222-2798 http://www.apwuhp.com/
GEHA	There is no membership fee in 2008.	GEHA PO BOX 4665 INDEPENDENCE MO 64051-4665 800-821-6136 http://www.geha.com/
Mail Handlers	Associate membership dues are \$42 per year. Mail Handlers will bill new associate members for the annual dues when it receives notice of enrollment.	MAIL HANDLERS BENEFIT PLAN PO BOX 8402 LONDON KY 40742-8402 800-410-7778 http://www.firsthealth.com/smfh/login.do
NALC	Associate membership dues are \$36 a year. NALC will bill new associate members for the annual dues when it receives notice of enrollment.	NALC HEALTH BENEFIT PLAN 20547 WAVERLY CT ASHBURN VA 20149-0002 888-636-NALC (888-636-6252) http://www.nalc.org/depart/hbp
Rural Carriers	Vary according to location.	RURAL CARRIER BENEFIT PLAN 1630 DUKE ST FL 2 ALEXANDRIA VA 22314-3466 703-684-5545 http://www.nrlca.org/

HANDOUT 2

Health Insurance Coverage for Former Spouses

Former spouses of Postal Service employees are not eligible to continue their Federal Employees Health Benefits (FEHB) coverage under an employee's existing Self and Family enrollment. A spouse's eligibility as a family member terminates on the date the final divorce decree becomes effective. However, FEHB coverage does continue, without cost, for 31 days after the former spouse's eligibility terminates.

When a divorce occurs, employees are responsible for notifying HRSSC and the health insurance plan **in writing** no later than 60 days after the effective date of the divorce. A copy of the final divorce decree must accompany the notification provided the health insurance plan. Employees who fail to notify their health insurance plans and HRSSC of the divorce are billed by the health insurance plan for the cost of any medical expenses incurred by the former spouse after the effective date of divorce.

A former spouse who loses eligibility to participate as a family member under an employee's Self and Family enrollment may be eligible to participate in the FEHB program under the Spouse Equity Act or Temporary Continuation of Coverage (TCC) provisions. Former spouses also have the option of converting to an individual, nongroup health benefits contract. For more information, obtain Notice 423, *Temporary Continuation of Coverage*, and RI 70-5, *2008 Guide to Benefits for TCC and Former Spouse Enrollees*, from HRSSC.

Spouse Equity Act

To be eligible to continue FEHB coverage based on the provisions of the Spouse Equity Act of 1984, the former spouse must have been granted a portion of the employee's annuity or a survivor annuity by the Office of Personnel Management (OPM) based on a qualifying court order or divorce decree, must not remarry before age 55, and must have been covered as a family member in a FEHB plan at any time during the 18 months preceding the date of the dissolution of the marriage.

A former spouse who wishes to continue FEHB coverage under the spouse equity provisions **MUST** file an application with HRSSC **WITHIN 60 DAYS** after the marriage is dissolved or **WITHIN 60 DAYS** of the date OPM gives him or her notice of eligibility based on a qualifying court order awarding entitlement to a portion of the employee's annuity. A former spouse may apply by submitting SF 2809, Health Benefits Election Form, or a written statement. In either case, the application preserves the former spouse's FEHB enrollment right until OPM makes the eligibility determination. Eligible former spouses may enroll in any of FEHB's participating plans. Once enrolled, a former spouse must pay the total premium for the plan he or she selects.

Temporary Continuation of Coverage

Former spouses who lose FEHB coverage and who would otherwise be eligible for continued benefits under the spouse equity provisions, but do not have a qualifying court order or divorce decree that grants a portion of an employee's annuity or a survivor annuity, may continue FEHB coverage for up to 36 months under the TCC provisions. A former spouse who wishes to continue FEHB coverage under the TCC provisions **MUST** submit SF 2809 to HRSSC **WITHIN 60 DAYS** after the effective date of the divorce and must include a certified copy of the divorce decree.

Coverage under the spouse equity provisions is often delayed while OPM determines the former spouse's eligibility. During the waiting period, a former spouse may file for TCC while awaiting OPM's decision, but not for more than 36 months after the effective date of the divorce.

Former spouses may enroll in any plan for which they are eligible. Former spouses are responsible for paying the total premium for the plan selected, plus a 2 percent administrative surcharge.

Conversion to Individual Contract

A former spouse who wishes to convert to an individual (nongroup) health benefits contract must write to the nearest office of the plan **WITHIN 31 DAYS** after termination of FEHB coverage. The former spouse may obtain coverage under an individual contract only from the health insurance carrier of the FEHB plan in which he or she was enrolled when coverage was terminated. The carrier will send the former spouse an application form and information about the benefits and costs of nongroup coverage.

Falsification

Listing ineligible persons, such as former spouses, on the *PostalEASE* FEHB Worksheet is a violation of the law. Employees found to have falsified or misrepresented information on the worksheet may be subject to disciplinary action.



HEALTH BENEFITS NOTICE 1

Health Benefits Open Season Announcement

WHEN	November 12, 2007, through December 11, 2007.
ELIGIBILITY	All career employees. Noncareer employees with 1 year of current continuous employment, a regular scheduled tour of duty (expected to last at least 6 months), and sufficient earnings to pay the total premium cost after mandatory deductions.
AVAILABLE INFORMATION	2008 Guide to Benefits RI 70-2, mailed to all career employees. 2008 Guide to Benefits RI 70-2IN, mailed to Postal Inspectors and Office of Inspector General employees. 2008 Guide to Benefits RI 70-8PS, mailed to noncareer employees. Plan brochures are available on the internet at www.opm.gov/insure/health and from plan carriers. The <i>PostalEASE</i> FEHB Worksheet can be obtained from any of the 2008 Benefits Guides or Compensation's Web site at http://hrishq.usps.gov/hrisp/comp/postalease.cfm .
EFFECTIVE DATE	New enrollments and enrollment changes are effective January 5, 2008
NOTE	Data provided for enrollment in the FEHB Program may also be used for computer matching with federal, state, or local agencies. Files to determine whether employees qualify for benefits, payments, or eligibility in the FEHB Program, Medicare, or other government benefits programs. An employee who leaves Postal Service or other federal employment may be eligible for Temporary Continuation of Coverage (TCC), unless the employee's separation is due to his or her gross misconduct. Under TCC, former employees can continue FEHB enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose coverage because of divorce (former spouses) and children who lose coverage because they marry or reach age 22. TCC enrollees pay the total plan premium (with no contribution from the Postal Service), plus a 2 percent administrative surcharge.
QUESTIONS	Contact HRSSC at 1-877-477-3273, option 5.

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HEALTH BENEFITS NOTICE 2

Pretax Payment of Premium Contributions

The Postal Service offers pretax payment of health insurance premium contributions as a tax-saving benefit for employees. Pretax payment means that an employee's FEHB premiums are deducted before income tax, Social Security, and medical taxes are deducted, which lowers the employee's taxable income. Because the pretax payment benefit is subject to the Internal Revenue Code, the ability of Postal Service enrollees to reduce coverage is limited. Read the "Reducing Coverage" section of this notice for details.

Pretax Withholding

When career employees enroll in FEHB, their share of premium contributions is automatically withheld from pay on a pretax basis. However, eligible noncareer employees, rural carriers and transitional employees represented by the APWU, AFL-CIO, must elect to begin pretax treatment by completing PS Form 8202, Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees. Once an employee begins pretax treatment, it will continue unless it is waived.

Most employees prefer to pay their premiums with pretax money because they save on taxes. However, employees should be aware of the following disadvantages:

1. Paying premiums with pretax money reduces the earnings reported to the Social Security Administration, which may produce a slightly lower benefit when Social Security payments begin. (Medicare, life insurance, the federal retirement plan, and the Thrift Savings Plan benefits are not affected.)
2. There are restrictions on reducing coverage outside of FEHB Open Season.

Waiving Pretax Payments

During FEHB Open Season, employees (career employees who were automatically enrolled to pay premium contributions with pretax money and noncareer employees who elected to begin pretax treatment) may waive pretax treatment of premiums during open season and pay premiums with after-tax money. Employees may also waive pretax treatment of premiums within 60 days of a qualifying life event.

Career employees may waive pretax treatment of premiums by completing PS Form 8201, Pre-Tax Health Insurance Premium Waiver/Restoration Form, and submitting it to HRSSC. If an employee waives this feature, the waiver continues until the employee submits another PS Form 8201 to restore pretax withholding.

Noncareer employees must complete PS Form 8202 to waive a previous election to start pretax treatment of premiums. If an employee waives this feature, the waiver continues until the employee submits another PS Form 8202 to restore pretax withholding.

Reducing Coverage

When premium contributions are withheld on a pretax basis, certain Internal Revenue Service (IRS) guidelines affect your ability to change coverage. You may elect to reduce coverage (i.e., cancel FEHB enrollment or go from Self and Family to Self Only coverage) only during FEHB Open Season, unless one of the following **qualifying life events** (QLEs) occurs:

- You marry (includes valid common law marriage, in accordance with applicable state law), divorce, legally separate, or your marriage is annulled.
- You add a qualified dependent (for example, by birth, adoption, or having a dependent satisfy eligibility requirements).
- You lose a qualified dependent (for example, by death, placing your child for adoption, or having a dependent cease to satisfy eligibility requirements).
- You, your spouse, or your dependent changes work site or residence.
- Your spouse or your dependent starts or ends employment, an unpaid leave of absence, or a strike or lockout; or has a change in employment status that makes the person eligible (or ineligible) for FEHB coverage.

- You become subject to a court order, judgment or decree (resulting from a change in marital status or legal custody) that requires you to provide coverage for your child or requires another person to do so.
- You, your spouse, or other dependent becomes (or ceases to be) eligible for Medicare, Medicaid, or TRICARE.
- You begin or end an unpaid leave of absence.
- Your spouse or other dependent elects to change health coverage under another employer's plan, either based on a QLE or for a period of coverage that is different from the Postal Service, allowing you to eliminate duplicate coverage.

To reduce FEHB coverage outside of the FEHB Open Season, you must submit a *PostalEASE* FEHB Worksheet and supporting documentation (when requested) to HRSSC no later than 60 days after a QLE has occurred. A reduction in FEHB coverage outside of FEHB Open Season must be consistent with the QLE. For example, if you have a new baby, you normally would not change from a Self and Family to a Self Only enrollment.

The effective date of a change from Self and Family to Self Only is the first day of the pay period that follows the pay period in which HRSSC receives information about the QLE. The effective date of a cancellation is the last day of the pay period in which HRSSC receives information about the QLE.

If an enrollee is the only person left in a Self and Family enrollment as a result of a change in marital or family status (death of a spouse, divorce, child marries or reaches age 22), the enrollee **MUST** elect to reduce the enrollment (Self Only or cancel) **WITHIN 60 DAYS** of such a life event. Otherwise, the Self and Family enrollment will continue until another event (QLE or open season) allows an election to reduce coverage.

Retirement is not a QLE that allows reduction in coverage prior to separation.

When an enrollee whose premium contributions are withheld on a pretax basis retires, and the enrollee wishes to reduce coverage, HRSSC must transfer the election to the Office of Personnel Management (OPM). HRSSC must attach the unprocessed SF 2809 to other health benefits documents, including the Individual Retirement Record, and forward these to the Eagan ASC in accordance with normal retirement procedures. OPM will process the election and notify the retiree of the effective date of cancellation.

Employees who pay premiums with after-tax money are not affected by the IRS guidelines that restrict reductions in coverage. These employees may reduce their level of FEHB coverage at any time without experiencing a QLE.

More Information

Three of the 2008 Guides to Benefits (RI 70-2, RI 70-2IN, and RI 70-8PS) provide a summary of the Postal Service Plan for the Pretax Payment of Health Insurance Premiums. There is also a legal plan document containing the full legal plan provisions which may be viewed by writing to:

PRETAX PAYMENT OF HEALTH INSURANCE PREMIUMS
 PLAN ADMINISTRATOR
 475 L.ENFANT PLZ SW RM 9670
 WASHINGTON DC 20260-4210



HEALTH BENEFITS NOTICE 3

Eligibility of Family Members and Prohibition of Dual Enrollment

Eligibility of Family Members

Eligible Family Members

Eligible family members for Self and Family health benefits include your:

- Spouse
- Unmarried dependent children under age 22, including legally adopted children and recognized natural (born out-of-wedlock) children.
- Unmarried dependent stepchildren and foster children (including foster children who are also grandchildren) under age 22 if they live with you in a regular parent-child relationship.
- Unmarried dependent children age 22 or over who are incapable of self-support because of physical or mental incapacity that existed before their 22nd birthday.

Ineligible Family Members

Even though the following family members may live with you or be your dependent, they are **NOT ELIGIBLE** for coverage under your Self and Family FEHB program enrollment:

- Parents and other relatives.
- Former spouses.

Prohibition of Dual Enrollment

It is illegal for an employee or any eligible family member to be covered under more than one FEHB enrollment. Dual enrollment is considered fraud and is subject to disciplinary action.

Correction of Illegal Coverage

It is illegal to list ineligible persons in *PostalEASE* for purposes of obtaining health coverage or to establish dual enrollment for yourself, a family member, or a former spouse. Employees found to have falsified or misrepresented information on the registration form may be subject to discipline.

Contact HRSSC:

- For a determination of family member eligibility.
- To report dual enrollment, if you or one of your family members are covered under more than one FEHB enrollment.

Contact Your Plan:

- To remove names of family members listed on your Self and Family enrollment who become ineligible due to divorce, death, or dependent child reaching age 22.
- To add new family members under your Self and Family enrollment.

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HEALTH BENEFITS NOTICE 4

FEHB Discontinued Health Insurance Plans

The health plans listed in the following table will not participate in the 2008 FEHB Program. If you are enrolled in any of these plans, you **MUST** complete the *PostalEASE* FEHB Worksheet in your 2008 Guide to Benefits to select a new plan and enter it into *PostalEASE* during open season (November 12, 2007, through December 11, 2007, 5 p.m. Central Time). **If you do not choose a new plan, you will be without health insurance coverage after January 4, 2008.**

State	Plan Name	3-Digit Codes
Colorado	United HealthCare of Colorado	CH1, CH2
Indiana	Arnett Health Plan	G21, G22
Indiana	M-Plan	IN1, IN2
Kansas	Preferred Plus of Kansas	VA1, VA2
Michigan	MCARE	EG1, EG2
Missouri	Mercy Health Plan	7M1, 7M2
New York	HMO Blue CNY	EB1, EB2
New York	HMO Blue	AH1, AH2
Ohio	Blue HMO	R51, R52
Oregon	Pacificare of Oregon	7Z1, 7Z2
South Carolina	Carolina Care Plan, Inc.	IB1, IB2
Texas	Mercy Health Plan	HM1, HM2
Texas	HMO Blue Texas	YM1, YM2
Washington (only Clark County in Washington)	Pacificare of Oregon	7Z1, 7Z2

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HEALTH BENEFITS NOTICE 5

FEHB Program Health Insurance Plans With Significant Changes

Certain plans have announced service area changes, enrollment code changes, plan mergers, and product changes for the 2008 plan year. Please review the following changes and note whether you need to take action to continue health benefits into the year 2008. **If you are required to choose a new plan and do not complete the *PostalEASE* FEHB Worksheet and enter it into *PostalEASE* to select a health plan, you will be without health insurance coverage after January 4, 2008. If you have any questions, please contact HRSSC.**

Plans Reducing Their Service Area by Terminating an Enrollment Code

Enrollees in these plans who do not change health plans during open season will not have health benefits for 2007.

State	Plan Name	3-Digit Codes	Area Dropped
Louisiana	Humana CoverageFirst Consumer Driven Health Plan	9S1, 9S2	City of Shreveport

Plans Splitting a Service Area

Employees in Health Net of California, which is splitting its service area from one enrollment code (LB) into two enrollment codes (LB and LP) and who reside or work in the plan’s southern California region, should enroll in the plan’s new LP enrollment code for their region during Open Season. If the enrollees in the plan’s southern California region do nothing and do not make a positive enrollment election, they will automatically remain enrolled in the original High Option LB enrollment code for the plan’s northern California region and they will have to travel to the plan’s northern California service area to obtain medical care in order to receive full benefits from the plan in 2008. Please note the 2008 premiums for enrollment code LB will be higher than the premiums for enrollment code LP.

In the plan’s 2008 brochure, please check Section 1 (under Service Area) for the plan’s covered counties and zip codes in the northern and southern California regions.

State	Plan Name	General Location	2007 Codes	2008 Codes
California	Health Net of California	California	LB1, LB2	LB1, LB2, LB4, LB5, LP1, LP2, LP4, LP5

Plans Dropping an Option for 2008

Employees in plans dropping an option may enroll in a new health plan during Open Season or remain with their current plan and be automatically enrolled in the plan's remaining option.

State	Plan Name	Option Deleting	3-Digit Codes
Michigan	Bluecare Network of Michigan	Standard	K54, K55, LN4, LN5, LX4, LX5
New York	GHI HMO	Standard	X44, X45, 6V4, 6V5

Plans Adding a New Option

Enrollees who do not enroll in their plan's new option will automatically remain enrolled in their current option.

State	Plan Name	New Option	3-Digit Codes
Nationwide	Mail Handlers Benefit Plan Value Option	Value Option	414, 415
California	Health Net of California (North Region)	Standard	LB4, LB5
Florida	Humana Medical Plan	Standard	EE4, EE5
Florida	JMH Health Plan	Standard	J84, J85
Idaho	Altius Health Plans	Standard	DK4, DK5
Illinois	Group Health Plan	Standard	MU4, MU5
Illinois	Health Alliance HMO	Standard	FX4, FX5
Indiana	Health Alliance HMO	Standard	FX4, FX5
Iowa	Health Alliance HMO	Standard	FX4, FX5
Louisiana	Vantage Health Plan, Inc.	Standard	MV4, MV5
Missouri	Group Health Plan	Standard	MU4, MU5
New Jersey	Amerihealth HMO	Standard	FK4, FK5
New York	Preferred Care	Standard	GV4, GV5
Pennsylvania	UPMC Health Plan	Standard	UW4, UW5
Utah	Altius Health Plans	Standard	DK4, DK5

Service Area Expansions With New Enrollment Codes

State	Plan Name	New 3-Digit Codes	General Location
Florida	Humana Medical Plan	LL1, LL2, LL4, LL5	Tampa city and Entire Counties of Citrus, Hernando, Pasco, Pinellas, Hillsborough, Polk and Manatee

Service Area Expansions Without New Enrollment Codes

State	Plan Name	3-Digit Codes	General Location of New Area
Alabama	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Bullock, Chambers, Crenshaw, Hale, and Macon
Alaska	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Skagway Hoonah Angoon borough
Arkansas	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Desha, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Independence, IZard, Jackson, Jefferson, Johnson, Lafayette, Lawrence, Lee, Lincoln, Little River, Logan, Lonoke, Madison, Marion, Miller, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sevier, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, and Yell
Arkansas	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Clark, Lincoln, and Montgomery
Arizona	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma
California	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Butte county
California	Kaiser California	621, 622	City of Temecula and the following zip codes in Riverside county: 92589, 92590, 92591, 92592, 92593
California	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Alameda, Alpine, Amador, Calaveras, Contra Costa, El Dorado, Fresno, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Merced, Mono, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Solano, Sonoma, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Tuolumne, Ventura, and Yellow
Delaware	Aetna Open Access	P31, P32, P34, P35	Entire counties of Kent, New Castle, and Sussex
Florida	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	City of Tallahassee and entire counties of Collier, Gadsden, Jefferson, Leon, and Wakulla
Florida	Humana Medical Plan	EE1, EE2	City of Tampa and entire counties of Citrus, Hernando, Pasco, Pinellas, Hillsborough, Polk and Manatee

State	Plan Name	3-Digit Codes	General Location of New Area
Florida	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Brevard, Charlotte, Citrus, Collier, Desoto, Duval, Flagler, Glades, Hardee, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Levy, Manatee, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Sumter, and Volusia
Georgia	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Hart and Rabun, and a part of the Greenville/Spartanburg, South Carolina network
Georgia	United HealthCare of Georgia	GN1, GN2	City of Macon and entire counties of Monroe, Jones, Bibb, Crawford, Taylor, Macon, Peach, Houston, and Twigg
Georgia	United HealthCare Definity High Deductible Health Plan	E91, E92	Cities of Atlanta/Athens and entire counties of Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, De Kalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jackson, Jasper, Jones, Morgan, Newton, Oconee, Paulding, Putnam, Rockdale, Spalding, and Walton; City of Macon and counties of: Bibb, Crawford, Crisp, Dodge, Dooly, Houston, Jones, Laurens, Macon, Monroe, Peach, Pulaski, Taylor, Telfair, Treutlen, Twiggs, Wheeler, Wilcox, and Wilkinson
Idaho	Altius Health Plans	9K1, 9K2, 9K4, 9K5, DK4, DK5	Entire Ada County
Illinois	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Alexander, De Kalb, Greene, Johnson, Pulaski, and Scott
Illinois	PersonalCare Insurance of Illinois	GE1, GE2	Entire counties of Edgar, Knox, McHenry, McLean, and Warren
Illinois	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties (St. Louis area) of Bond, Calhoun, Clinton, Greene, Jackson, Jefferson, Jersey, Macoupin, Madison, Marion, Monroe, Randolph, and Williamson
Illinois	Unitedhealthcare Plan of The River Valley Inc	YH1, YH2	Entire counties of Knox, Stark, Peoria, and Tazewell
Indiana	Aetna Open Access	IK1, IK2	Entire Porter county
Indiana	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Ripley county
Iowa	Coventry Health Care of Iowa	SV1, SV2	Entire counties of Buchanan, Buena Vista, Fayette, Floyd, Ida, Johnson, Marshall, Muscatine, Tama, and Washington

State	Plan Name	3-Digit Codes	General Location of New Area
Iowa	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire Counties of Adair, Appanoose, Audubon, Boone, Buena Vista, Calhoun, Carroll, Cerro Gordo, Chickasaw, Clarke, Clay, Dallas, Decatur, Dickinson, Emmet, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Howard, Humboldt, Jasper, Kossuth, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Palo Alto, Pocahontas, Polk, Ringgold, Sac, Story, Tama, Taylor, Union, Warren, Wayne, Webster, Winnebago, Worth, and Wright
Iowa	HealthPartners Open Access Deductible	534,535	Entire counties of Bremer, Buchanan, Buena Vista, Cerro Gordo, Cherokee, Chickasaw, Clayton, Delaware, Fayette, Floyd, Hancock, Kossuth, Pocahontas, and Woodbury
Iowa	Unitedhealthcare Plan of The River Valley Inc	YH1, YH2	Entire counties of Blackhawk, Story, Polk, and Marion
Kansas	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Anderson, Atchison, Dickinson, Douglas, Franklin, Johnson, Leavenworth, Linn, Miami, Montgomery, Morris, and Wyandotte
Louisiana	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Cities of Alexandria, Houma/Thibodaux, and Lake Charles, and entire parishes of Catahoula, Franklin, Grant, and West Carroll
Louisiana	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, and Winn
Louisiana	Vantage Health Plan, Inc	MV1, MV2, MV4, MV5	Entire parishes of Acadia, Calcasieu, Iberia, Iberville, Jefferson, Orleans, and St. Landry
Massachusetts	Fallon Community Health Plan	JV1, JV2, JV4, JV5, DV1, DV2	Entire Western Massachusetts counties of Franklin, Hampshire, and Hampden
Michigan	HealthPlus of Michigan	X51, X52	Entire counties of Clare, Gladwin, Gratiot, Isabella, Midland, Montcalm, and Sanilac
Michigan	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Southwest part of the state, and entire counties of Berrien and Cass

State	Plan Name	3-Digit Codes	General Location of New Area
Minnesota	HealthPartners Primary Clinic	HQ1, HQ2	Entire counties of Faribault, Freeborn, and Mower
Minnesota	HealthPartners Classic	531, 532	Entire counties of Aitkin, Grant, LeSueur, Pine, Pope, Sibley, Wabasha, and Wadena
Minnesota	HealthPartners Open Access Deductible	534, 535	Entire counties of Carlton, Cook, Koochiching, Lake, Lincoln, St. Louis, and Wadena
Mississippi	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Pearl River county
Mississippi	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire State of Mississippi
Missouri	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Andrew, Barry, Benton, Clark, Daviess, De Kalb, Douglas, Hickory, Holt, Laclede, Madison, Schuyler, Shannon, Texas, and Wright
Missouri	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Barry, Bates, Bollinger, Boone, Buchanan, Butler, Caldwell, Calloway, Camden, Cape Girardeau, Carroll, Cass, Chariton, Christian, Clay, Clinton, Cole, Cooper, Crawford, Dade, Dallas, Daviess, DeKalb, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Grundy, Henry, Howard, Howell, Iron, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Livingston, Macon, Madison, Maries, McDonald, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Pemiscot, Perry, Petis, Phelps, Pike, Platte, Polk, Pulaski, Ralls, Randolph, Ray, Reynolds, Ripley, Saline, Scott, St. Clair, St. Charles, St. Francis, St. Louis, St. Louis City, Ste. Genevieve, Stoddard, Stone, Taney, Texas, Vernon, Warren, Washington, Wayne, Webster, and Wright
Montana	New West Health Services	NV1, NV2	Cities of Anaconda, Choteau, Harlowton, Philipsburg, Polson, Shelby, Townsend, and Whitefish
Nevada	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Carson City, Church Hill, Clark, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, Washoe, and White Pine
New Mexico	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, DeBaca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Union, and Valencia
North Carolina	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Western North Carolina; and entire counties of Cherokee, Clay, Graham, Haywood, Hoke, Jackson, Macon, Scotland, and Swain

State	Plan Name	3-Digit Codes	General Location of New Area
North Carolina	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Orange, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, and Yancey
North Dakota	HealthPartners Open Access Deductible	534, 535	Entire counties of Benson, Cavalier, Dickey, Eddy, Griggs, Kidder, Logan, Nelson, Ramsey, Towner, and Walsh
Ohio	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Carroll, Columbiana, Coshocton, Crawford, Cuyahoga, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Monroe, Morgan, Morrow, Muskingum, Nobel, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Stark, Summitt, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington., Wayne, Williams, Wood, and Wyandot
Oklahoma	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Okfuskee county

State	Plan Name	3-Digit Codes	General Location of New Area
Oklahoma	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Adair, Alfalfa, Atoka, Beaver, Beckham, Blaine, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Cimarron, Cleveland, Coal, Comanche, Cotton, Craig, Creek, Custer, Delaware, Dewey, Garfield, Garvin, Grady, Grant, Harmon, Haskell, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, Latimer, LeFlore, Lincoln, Logan, Love, Major, Marshall, Mayes, McClain, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburgh, Pontotoc, Pottawatomie, Pushmataha, Roger Mills, Rogers, Seminole, Sequoyah, Stephens, Texas, Tillman, Tulsa, Wagoner, Washington, Washita, and Woodward
Oregon	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Benton, Clackamas, Clatsop, Columbia, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Wasco, Washington, and Yamhill
Pennsylvania	Geisinger Health Plan	GG1, GG2	Entire counties of Adams, Potter, and Somerset
Rhode Island	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Bristol, Kent, Newport, Providence, and Washington
South Carolina	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Abbeville, Beaufort, McCormick, Oconee, and Saluda
South Dakota	HealthPartners Open Access Deductible	534, 535	Entire counties of Aurora, Beadle, Brown, Campbell, Clark, Davison, Edmunds, Faulk, Hand, Hyde, Jerauld, Lyman, Marshall, McPherson, Miner, Potter, Sanborn, Spink, and Walworth
Tennessee	Aetna Open Access	6J1, 6J2	Partial county of Maury as defined by the town of Spring Hill
Tennessee	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire Claiborne county
Tennessee	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire State of Tennessee
Texas	Aetna Open Access	PU1, PU2, PU4, PU5	Cities of El Paso and Corpus Christi; Entire counties of Aransas, Bee, El Paso, Jim Wells, Kleberg, and San Patricio; Portions of the following counties as defined by the towns listed below: Duval county: Benavides, Concepcion, and San Diego; Live Oak county: George West, Three Rivers and Dinero, and Nueces county: Agua Dulce, Banquete, Bishop, Chapman Ranch, Driscoll, Port Aransas, and Robstown
Texas	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Clay, Hardeman, Tom Green, Wichita, and Wilbarger

State	Plan Name	3-Digit Codes	General Location of New Area
Utah	Altius Health Plans	9K1, 9K2, 9K4, 9K5, DK4, DK5	Entire counties of Beaver, Daggett, Duchesne, Garfield, Kane, Millard, Piute, Rich, San Juan, Sevier, Wayne and portions of the following counties in these zip codes: Emery – 84513, 84516, 84518, 84521, 84522, 84523, 84528, 84537; Grand – 84515, 84532
Vermont	Aetna HealthFund (CDHP/HDHP)	221, 222, 224, 225	Entire counties of Bennington and Windham
Washington	Aetna Open Access	8J1, 8J2	Entire Mason county
Washington	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima
Wisconsin	United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, LaCrosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Mariette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood
Wisconsin	HealthPartners Open Access Deductible	534, 535	Entire counties of Adams, Ashland, Bayfield, Clark, Grant, Iron, Juneau, Marathon, Portage, Price, Richland, Rusk, Sauk, Sawyer, Taylor, Vilas, and Wood

New Plans Entering the Program for 2008

State	Plan Name	Plan Type (HMO, POS, HDHP, CDHP)	3-Digit Codes	General Location
Minnesota	Medica Health Plans	HMO	M21, M22	Most of Minnesota
Michigan	Physicians Health Plan of Mid-Michigan	HMO	9U1, 9U2 9U4, 9U5	Mid-Michigan
Florida	United HealthCare of Florida	HMO	R31, R32	Central and Southwest Florida

Existing Plans Offering a High Deductible Health Plan (HDHP) Without New Enrollment Codes

State	Plan Name	3-Digit Codes
Michigan	Health Alliance Plan	524, 525
Kansas: limited to the counties of Johnson and Wyandott	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Kansas City, Missouri)	114,115
Missouri: limited to the counties of Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, St. Clair, Saline, Vernon, and Worth	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Kansas City, Missouri)	114, 115
Minnesota	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Minnesota)	114, 115
Tennessee	Blue Cross and Blue Shield Service Benefit Plan (BCBS of Tennessee)	114, 115
Ohio	Blue Cross and Blue Shield Service Benefit Plan (Anthem BCBS of Ohio)	114, 115

Existing Plans Offering an HDHP With New Enrollment Codes

State	Plan Name	3-Digit Codes
Guam	TakeCare	KX1, KX2
Iowa	Health Alliance HMO	FM1, FM2
Illinois	Health Alliance HMO	FM1, FM2
Indiana	Health Alliance HMO	FM1, FM2

Plan Name Changes

State	Plan Name (Old)	3-Digit Codes	Plan Name (New)
Nationwide	Government Employees Hospital Association, Inc.	311, 312, 314, 315, 341, 342	Government Employees Health Association, Inc.
Arkansas	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Arizona	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
California	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
District of Columbia	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Florida	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Georgia	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.

State	Plan Name (Old)	3-Digit Codes	Plan Name (New)
Illinois	BlueCHOICE	9G1, 9G2	Blue Preferred HMO
Illinois	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Iowa	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Iowa	Sioux Valley Health Plan	AU1, AU2, AU4, AU5	Sanford Health Plan
Kansas	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Louisiana	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Maryland	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Mississippi	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Missouri	BlueCHOICE	9G1, 9G2	Blue Preferred HMO
Missouri	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Nevada	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
New Mexico	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
North Carolina	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Ohio	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Oklahoma	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Oregon	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Rhode Island	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
South Dakota	Sioux Valley Health Plan	AU1, AU2, AU4, AU5	Sanford Health Plan
Tennessee	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.

State	Plan Name (Old)	3-Digit Codes	Plan Name (New)
Washington	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Wisconsin	United HealthCare Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.
Virginia	UHC Definity High Deductible Health Plan	E91, E92	UnitedHealthcare Insurance Company, Inc.

Code Mergers

The payroll office will automatically move enrollees into their plan's surviving code unless the enrollees select another health plan during open season.

State	Plan Name	3-Digit Codes (2007)	3-Digit Codes (2008)
Nationwide	Mail Handlers Benefit Plan	451, 452	454, 455
Kansas	Coventry Health Care of Kansas	7W1, 7W2, 7W4, 7W5, 7G1, 7G2	HA1, HA2, HA4, HA5, 9H1, 9H2
Illinois	United Healthcare of the Midwest	GX1, GX2	B91, B92
Missouri	United Healthcare of the Midwest	GX1, GX2	B91, B92