FEHB FastFacts

What to do When Your Health Plan is Terminating Coverage in Your Area or Leaving the Federal Employees Health Benefits (FEHB) Program.

There are four ways your FEHB plan enrollment may be affected. Each scenario may require a different response, so be sure to identify your situation.

   1. Plan leaves FEHB Program entirely.
   2. Plan reduces its service area and eliminates its enrollment code.
   3. Plan reduces its service area and keeps its enrollment code.
   4. Plan drops an option (such as Standard or High).

Questions to Consider:

How will I know if my enrollment is affected?

You will receive a letter from your plan stating that it is no longer participating in the FEHB Program, dropping an option, or that it is no longer providing coverage in your area. See Benefits Administration Letter: Significant Plan Changes. You can contact your Human Resources (HR) office with additional questions.

What do I do if my enrollment is affected?

You may need to change your enrollment to another plan during Open Season, or during the time period set by OPM. Follow the instructions in the letter you received from your plan.
My plan is leaving the FEHB Program entirely. What happens if I don’t change to another plan?
If you are a Federal employee, annuitant, or Tribal employee and you do not change plans, you will be automatically enrolled into the lowest-cost nationwide plan option available as determined by OPM.

My plan is reducing its service area and eliminating my enrollment code. What happens if I don’t change to another plan?
If you are a Federal employee, annuitant, or Tribal employee and you do not change plans, you will be automatically enrolled into the lowest-cost nationwide plan option available as determined by OPM.

My plan is reducing its service area where I live/work but keeping my enrollment code. What happens if I don’t change to another plan?
You will only have coverage in your area for emergency care services in the new plan year. You must travel to the plan’s remaining service area to receive full coverage for your care.

My plan is eliminating my option. What happens if I don’t change to a remaining option or to another plan?
You will be automatically enrolled into one of the plan’s options that remain. If only a High Deductible Health Plan (HDHP) remains, you will be automatically enrolled into the lowest cost nationwide plan option as indicated by OPM. Please refer to the letter you received from your plan for more information.

If my High Deductible Health Plan (HDHP) is terminating coverage in my service area or is leaving the FEHB Program, what happens to my Health Savings Account (HSA) or my Health Reimbursement Arrangement (HRA)?
If you wish to continue contributing to your HSA, you must enroll in another HDHP. If you do not enroll in another HDHP, you are not eligible to make contributions to your HSA, but you may request withdrawals for qualified medical expenses. You should check Internal Revenue Service (IRS) guidance on use of HSA dollars for non-qualified medical expenses. You should work directly with your fiduciary to make decisions regarding your HSA.

Unless you use your HRA credits, they will be forfeited once the plan you’ve elected becomes effective.
How do I change my enrollment to another plan?
If you are a Federal employee, use your agency’s online self-service system such as Employee Express, MyPay, Employee Personal Page, EBIS, etc. If you need additional help, contact your HR office.

If you are a Tribal employee, contact your Tribal Employer.

If you are a Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) retiree, call Open Season Express at 1.800.332.9798 or access Open Season Online.

If you receive an annuity from another retirement system, please read more about health benefits after retirement.

When does my current plan or option stop providing coverage and my new plan or option begin?
Your current plan will continue to provide benefits until the plan you’ve elected during Open Season or during the time period provided by OPM becomes effective. There will be no gaps in coverage.

What are my rights if I’m pregnant or I have a chronic or disabling condition?
Under the Patients’ Bill of Rights, enrollees who are seeing a specialist for a chronic or disabling condition or who are in the second or third trimester of a pregnancy have a right to continued treatment for up to 90 days of care (or treatment through the end of post-partum care) following notice that a health plan is leaving the FEHB Program.

How can I compare the different health plans available to me? There are several resources available to help you compare plans:
Use the Plan Comparison Tool
Consult Consumer’s Checkbook
Review and compare available Health Plan Brochures

Where can I find Health Plan Brochures and Information?
Federal employees and annuitants
Tribal employees
How do I find out if my doctor is part of the health plan?
Access to provider directories are available on our website.

Alternatively, you can call the plan directly, contact your HR office, or Tribal Employer.

I have supplemental coverage (i.e. dental) offered through my current FEHB plan. What happens to that coverage?
Since your plan is terminating coverage in the service area or leaving the FEHB Program, any supplemental dental and/or vision coverage that you have through your FEHB plan will also terminate. The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers dental and vision insurance for eligible Federal employees and retirees. Tribal employees are not eligible for FEDVIP. For more information, please read more about dental insurance and vision insurance.

Where can I go for more information on Open Season?
Federal employees can visit OPM Open Season Page
Tribal employees can visit OPM Tribal Employees Open Season Page

The Open Season website will provide updated information by early November.

Who can I contact with additional questions?
If you have additional questions, you can contact your carrier directly or your local HR office or Tribal employer.