Updates for 2016

Health Reform Changes for Federal Benefits Programs Effective January 1, 2011

On March 23, 2010, President Obama signed the Affordable Care Act, (ACA), Public Law 111-148. Several provisions of the ACA will affect eligibility and benefits under the Federal Employees Health Benefits (FEHB) Program and the Federal Flexible Spending Account Program (FSAFEDS) beginning January 1, 2011. Please read the information below carefully.

Federal Employees Health Benefits (FEHB) Program

Please read the following section carefully as the actions you take will impact when your child's FEHB coverage begins under this new law.

What Are the Changes to FEHB Program Dependent Eligibility Rules Under the ACA?

All changes are effective on January 1, 2011.

Children	Effect of ACA
Between ages 22 and 26	Children between the ages of22 and 26 are covered under their parent's Self and Family enrollment up to age 26.
Married Children	Married children (but NOT their spouse or their own children) are covered up to age 26. This is true even if the child is currently under age 22.
Children with or eligible for employer-provided health insurance	Children who are eligible for or have their own employer-provided health insurance are eligible for coverage up to age 26.
Stepchildren	Stepchildren do not need to live with the enrollee in a parent-child relationship to be eligible for coverage up to age 26.
Children Incapable of Self-Support	Children who are incapable of self-support because of a mental or physical disability that began before age 26 are eligible to continue coverage. Contact your human resources office or retirement system for additional information.
Foster Children	Foster children are eligible for coverage up to age 26.

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

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

Effective Date of Coverage for Newly Eligible Children		
Enrollee	Change in Family Status (QLE Change):	Open Season Change:
Most Employees	January 1,2011	January 2, 2011
OWCP Recipients	January 1,2011	January 16,2011

For United States Postal Service employees, CSRS/FERS annuitants, Temporary Continuation of Coverage (TCC) enrollees and fanner spouses, an enrollment or change in enrollment made either as a "change in family status" QLE or as an Open Season change will provide coverage of eligible children on January 1, 2011. This is also true for other agencies and other retirement systems with a pay period that begins on January 1, 2011.

If you have a Self Only enrollment and would like your newly eligible child to be covered, you must change to a Self and Family enrollment. If you do not change to a Self and Family enrollment as a "change in family status" QLE or an Open Season change then your child will not be covered.

How Does This Affect Eligibility For Temporary Continuation of Coverage (TCC)?
Children who lose coverage due to reaching age 26 are eligible for TCC for up to 36 months even if they previously had TCC.

What is a Grandfathered Health Plan Under ACA?
The Affordable Care Act requires that health plans include certain consumer protections and benefits coverage that affect some FEHB plan benefits for 20 II. All plans in the FEHB Program have complied with all required provisions. However, certain protections and coverage terms depend upon whether the plan is considered a "grandfathered health plan" under the Act.

A grandfathered health plan may preserve basic health coverage that was in effect when the law was enacted. If an FEHB plan indicates that it is a grandfathered plan that means certain benefit features including cost sharing, premium payments and covered services have not significantly changed from last year.

While grandfathered health plans must comply with certain benefit requirements under the ACA, being a grandfathered plan also means that plan may not have included all benefit protections and coverage terms that apply to other plans. Information on a plan's specific benefit changes under the ACA will be available in the plan's brochure.

How Does the ACA Affect Benefits for High Deductible Health Plans?
Beginning January 1, 2011, currently eligible over-the-counter (OTC) products that are medicines or drugs will not be eligible for reimbursement from your Health Savings Account (HSA) or your Health Reimbursement Arrangement (HRA) - unless - you have a prescription for that item written by your physician. The only exception is insulin - you will not need a prescription from January 1, 2011 forward. Other currently eligible OTC items that are not medicines or drugs will not require a prescription.

Effective January 1, 2011, the 10% penalty for non-eligible medical expenses paid from an HSA will increase to 20%.

Health FSAs

The 2016 limit on voluntary employee salary reductions for contributions to health FSAs is $2,550, unchanged from 2015.

New Changes to FEGLI Plan

Revised FEGLI regulations went into effect October 1, 2010. These revised regulations change various aspects of the FEGLI Program. We have listed the key changes below. For more details and to see all the changes, refer to Federal Register Notice75 No. 190 dated October I, 20 I 0.

Since these regulations just became effective, *the information found in this section supersedes any conflicting information found in other parts of the website.* We are currently working to update FEGLI forms and materials.

60 Day Election Time Frame

The new regulations expand the time frame for making an initial election of Optional insurance from 31 calendar days to 60 calendar days after the employee becomes eligible for FEGLI coverage.

The time frame for electing coverage using the SF 2822and providing satisfactory medical information is also changed from 31 calendar days to 60 calendar days after approval by the Office of Federal Employees' Group Life Insurance (OFEGLI).

FEGLI Life Events

The new regulations allow an employee who experiences a FEGLI qualifying life event 60 days to elect Basic, plus any or all Optional insurance-Option A, Option B (up to the maximum of 5 multiples with no restrictions), and Option C (up to the maximum of 5 multiples with no restrictions). FEGLI qualifying life events include marriage, divorce, death of a spouse and birth or adoption of children.

The regulations now provide a belated election opportunity based on a life event. Within 6 months after an employee becomes eligible to make an election due to a change in family circumstances, an employing office may determine that the employee was unable, for reasons beyond his or her control, to elect or increase Basic/Optional insurance within the time limit. This decision is made by the employing agency; OPM is not involved in the determination.

If the agency determines that the employee can make the election, the employee has 60 days from the agency determination to make the election. Any insurance elected is retroactive to the first day of the first pay period beginning after the date the employee became eligible if the employee was in pay and duty status that day. If the employee was not in pay and duty status that day, the coverage becomes effective the first day after that date the employee returned to pay and duty status.

FEGLI Coverage for 24 month, for Federal Employees Called to Active Duty

Public Law 110·181. the Department of Homeland Security Appropriations Act, enacted January 28. 2008 authorizes the continuation of FEGLI coverage for an additional 12 months for Federal employees called to active duty whose coverage terminated after the law's enactment

The law allows employees who enter on active duty or active duty for training in one of the uniformed services for more than 30 days to continue then FEGLI for up to 24 months. FEGLI coverage is free for the first 12 months. However. employees must pay both the employee and agency share of the premiums for their Basic coverage, and also pay the entire cost (there is no agency share) for any Optional Insurance they may have for the additional 12 months of coverage See more details 1ll BAL OS-203m [30 KB]

Civilian Employees Deployed in Support of a Contingency Operations Emergency Essential Department of Defense Employees

Public Law 110-417, effective October 14, 2008, the Duncan Hunter National Defense Authorization Act, allows new opportunities for certain employees to elect FEGLI coverage The election applies to civilian employees eligible for FEGLI who are deployed ID support of a contingency operation as defined by section 101 (al (13) of Title 10. The election also applies to civilian employees in the Department of Defense eligible for FEGLI who are designated as "emergency essential" under section 1580 of Title 10. The employee may elect Basic, Option A and Option B (up to the maximum of 5 multiples). The employee must make the election within 60 days after the date of notification of deployment 1ll support of a contingency operation or within 60 days of the date of the notification of the designation as an emergency essential employee.
See more details m BAL 08-204'[45 KB]

What Can Eligible Employees Elect?

Under the law, affected civilian employees who have previously waived some or all FEGLI coverage may elect the following FEGLI coverage outside an open season, without experiencing a qualifying life event, and without providing medical information:

- Basic coverage,

And if they already have or elect Basic, they also may elect:

- Option A (Standard) coverage, and/or
- Option B (Additional) coverage.

The new law does not authorize an opportunity to elect Option C (Family) coverage.

What is the Time Limit for Making an Election?

Elections must be made within 60 days after the date of notification of deployment in support of a contingency operation or within 60 days of the date of notification of the designation as an emergency-essential employee.

Are Retroactive Elections Permitted?

No. The law does not provide for retroactive coverage, and only applies to eligible civilian employees who make their elections I) within 60 days after notification of the date of deployment or designation, and 2) on or after October 14, 2008.

Can Employees Already Deployed or Designated Make These Elections?

It depends. If 60 days after the date of notification of deployment or designation have not yet elapsed, the eligible employees may make the election(s). If 60 days have already elapsed, they cannot.

When Are Elections Effective?

Coverage is effective the first day on or after the day the employing office receives a qualifying election.

Option B and Option C Elections at Retirement and Compensationers

The new regulations state that there will be only one election opportunity to choose how an enrollee's Option B and Option C coverage may reduce beginning at age 65. The election will be made at the time of retirement. In this election, the employee can choose No Reduction for some multiples and Full Reduction for other multiples. '"Mixed elections" will be allowed. For example, if the employee has three multiples, the employee can elect to have two with Full Reduction and one with No Reduction There will no longer be a second election at age 65.

Annuitants and compensationers who retired since this statutory provision became effective are under age 65 and have Option B and or Option C will be given the opportunity to make their «final" election This information will be forthcoming from the OPM Retirement Office.

Thrift Savings Plan Updates

With the introduction of Roth, you will potentially have two types of balances in your TSP account: A traditional (non-Roth) TSP balance and a Roth TSP balance. Any agency contributions you receive will always be a part of your traditional (non-Roth) balance. However, you may designate your own contributions any way you like depending on your individual tax circumstances. (**Note**: Money already in your account when you begin making Roth contributions will remain part of your traditional balance. You will not be able to convert it to Roth.)

The table below compares the treatment of the two different types of contributions.

The Treatment of…	Traditional TSP	Roth TSP
Contributions	***Pre-tax***	***After-tax***[1]
Your Paycheck	***Taxes are deferred***, so less money is taken out of your paycheck.	***Taxes are paid up front***, so more money comes out of your paycheck.
Transfers In	***Transfers*** allowed from eligible employer plans and traditional IRAs	***Transfers*** allowed from Roth 401(k)s, Roth 403(b)s, and Roth 457(b)s
Transfers Out	***Transfers*** allowed to eligible employer plans, traditional IRAs, and Roth IRAs[2]	***Transfers*** allowed to Roth 401(k)s, Roth 403(b)s, Roth 457(b)s, and Roth IRAs[3]
Withdrawals	***Taxable*** when withdrawn	***Tax-free*** earnings if five years have passed since January 1 of the year you made your first Roth contribution, AND you are age 59½ or older, permanently disabled, or deceased

[1] Roth contributions are subject to Federal (and, where applicable, state and local) income taxes, while traditional contributions are not taxed until withdrawn. However, both Roth contributions and traditional contributions are included in the amount of wages used to calculate payroll taxes (e.g., Social Security taxes).
[2] You would have to pay taxes on any pre-tax amount transferred to a Roth IRA.
[3] Transfers to a Roth IRA from a Roth TSP are not subject to the income restrictions that apply to Roth IRA contributions.

The first contribution to the TSP establishes your account. If you are a FERS employee hired (or a CSRS employee rehired) after July 31, 2010, your agency has automatically enrolled you in the TSP, and 3% of your basic pay is deducted from your paycheck each pay period and deposited in your TSP account, unless you make a contribution election (page 3) to stop or change your contributions. If FERS, you also get contributions from your agency so that a total of 7% of basic pay goes into your TSP account each pay period.

If you are a FERS employee hired before August 1, 2010, you already have a TSP account with accruing Agency Automatic (1%) Contributions. You must make a contribution election (page 3) to start contributing your own money to your account and to receive Agency Matching Contributions.

The L 2010 Fund will close on December 31, 2010, and the new Lifecycle fund, the

L 2050 Fund, will be launched on January 31, 2011.

When one of the L Funds reaches its time horizon (or final asset allocation), it is retired, the investments in the fund are rolled into the L Income Fund, and a new fund with a more distant time horizon is introduced. The L 2010 Fund reached its final asset allocation this past July, and will be retired on December 31, 2010, making way for the introduction of the new L 2050 Fund.

The L 2050 Fund. As the L Fund with the most distant time horizon, the L 2050 Fund will focus more on growth than on the preservation of assets. It will therefore have the most aggressive investment mix of all the L Funds, with higher percentages in domestic and foreign stocks (the C, S, and I Funds), and lower percentages in Government securities and bonds (the G and F Funds). Like all the L Funds, as the L 2050 Fund ages, its investment mix will gradually shift to more conservative investments.

The initial share price for the L 2050 Fund will be $10.

Who should invest in the L 2050 Fund? Generally speaking, you should invest in the L 2050 Fund if you are looking for broad diversification of your investments and you expect to need your money in 2045 or later. The L Funds are designed so that 100% of your TSP account can be invested in the single L Fund that most closely matches your time horizon. Some participants who are currently invested in the L 2040 Fund may want to consider moving to the L 2050 Fund if that time horizon is more appropriate to their target retirement date.

Getting in: Beginning at 12 noon Eastern time on January 28, 2011, participants will be able to begin making contribution allocations and interfund transfers into the L 2050 Fund through the My Account section of the TSP website, or by calling the ThriftLine. These elections will become effective on January 31, 2011, the opening date of the Fund.

Contribution Limits 2015 & 2016

Don't miss out on matching contributions.
If you are a FERS employee and your contributions reach the IRS elective deferral limit before the last pay date of the year, you will not receive all of the matching contributions to which you would otherwise be entitled. Use the calculator, How much can I contribute? to ensure that you don't leave any money on the table.

The Internal Revenue Code (IRC) places limits on the dollar amount of contributions you can make to the TSP. The Internal Revenue Service (IRS) calculates them every year and they can change annually. The TSP announces the limits on the TSP website and the ThriftLine as well as through its various publications when the limits become available.

Contribution Limits for 2015 and 2016

Elective Deferral Limit	$18,000	IRC §402(g)	Applies to combined total of traditional and Roth contributions. For members of the uniformed services, it includes all traditional and Roth contributions from taxable basic pay, incentive pay, special pay, and bonus pay, but does not apply to traditional contributions made from tax-exempt pay earned in a combat zone.
Annual Addition Limit	$53,000	IRC §415(c)	An additional limit imposed on the total amount of all contributions made on behalf of an employee in a calendar year. This limit is per employer and includes employee contributions (tax-deferred, after-tax, and tax-exempt), Agency Automatic (1%) Contributions, and Matching Contributions. For 415(c) purposes, working for multiple Federal agencies or services in the same year is considered having one employer.
Catch-up Contribution Limit	$6,000	IRC §414(v)	The maximum amount of catch-up contributions that can be contributed in a given year by participants age 50 and older. It is separate from the elective deferral and annual addition limit imposed on regular employee contributions.

If you are a member of the uniformed services, you should know that Roth contributions are subject to the elective deferral limit ($18,000 for 2015 and 2016) even if they are contributed from tax-exempt pay. If you want to contribute tax-exempt pay toward the annual additions limit, you will have to elect traditional contributions for any amount over the elective deferral limit.

In addition, if you are eligible to make catch-up contributions and you are deployed to a designated combat zone, you will not be able to make any traditional catch-up contributions from your tax-exempt pay. However, Roth catch-up contributions from tax-exempt pay are allowed.

If you are a member of the Ready Reserve and you are contributing to both a uniformed services and a civilian TSP account as a FERS employee, the elective deferral and catch-up contribution limits apply to the total amount of employee contributions you make in a calendar year to both accounts.

If you are called to active duty and make tax-exempt contributions to the TSP while deployed in a designated combat zone, the sum of the employee and agency contributions to your civilian account as well as the tax-exempt contributions made to your uniformed services account cannot exceed the annual addition limit.

2013 COLA UPDATE

October 16, 2012

Federal retirees will receive a cost-of-living adjustment (COLA) to their civil service annuities beginning in January 2013. Retirees in the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS) will receive a 1.7 percent increase to their annuities next year, the same increase given to Social Security recipients.

To trigger a COLA for 2013, the average CPI-W for the months of July, August and September of 2012 needed to rise above the 2011 average for those same months. It did, by 1.66 percent, which results in a 1.7 percent COLA for federal annuitants covered by both CSRS and FERS.

Under current law, COLAs for federal retirement annuities, as well as for military retiree annuities and Social Security payments, are determined in reference to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which is calculated by economists and statisticians with the Bureau of Labor Statistics. The CPI-W is the current index used for measuring increases in the prices of consumer goods throughout the economy. It includes prices on all consumer goods, including food and beverages, housing, clothing, transportation, medical care, recreation, education, communication, and more.

The new CPI-W figure for September 2012 was 228.184. The average CPI-W for the third-quarter of 2012 was 226.936. This is the new reference figure for determining the 2014 COLA.

2012 COLA UPDATE

October 19, 2011

Federal retirees will receive a cost-of-living adjustment (COLA) to their civil service annuities beginning in January 2012. Retirees in the Civil Service Retirement System (CSRS) will receive a 3.6 percent increase to their annuities, while retirees in the Federal Employee Retirement System (FERS) will receive a 2.6 percent increase to their annuities.

To trigger a COLA for 2012, the average CPI-W for the months of July, August, and September of 2011 needed to rise above the 2008 average for those same months, the last measurement to trigger a COLA (for 2009). It did, by 3.6 percent. While CSRS retirees receive the full amount of the CPI-W increase as a COLA, current law reduces the FERS COLA by 1 percentage point for increases above 3 percent.

Because the CPI-W showed declining prices from 2008 to 2009, and while it showed prices increasing between 2009 and 2010, it did not show prices increasing back to 2008 levels, there has not been a COLA for the last two years. But finally, we have some good news for 2012!

Under current law, COLAs for federal retirement annuities, as well as for military retiree annuities and Social Security payments, are determined in reference to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which is calculated by economists and statisticians with the Bureau of Labor Statistics. The CPI-W is the current index used for measuring increases in the prices of consumer goods throughout the economy. It includes prices on all consumer goods, including food and beverages, housing, clothing, transportation, medical care, recreation, education and communication, and more.

The new CPI-W figure for September 2011 was 223.688. The average CPI-W for the third quarter of 2011 was 223.233. This is the new reference figure for determining the 2013 COLA.

RETIREE COLAs		
Year	**CSRS Rate**	FERS Rate
2016	0	0
2015	1.7	1.7
2014	1.5	1.5
2013	1.7	1.7
2012	3.6	2.6
2011	0 *	0 *
2010	0 *	0 *
2009	5.8	4.8
2008	2.3	2.0
2007	3.3	2.3
2006	4.1	3.1
2005	2.7	2.0
2004	2.1	2.0
2003	1.4	1.4
2002	2.6	2.0
2001	3.5	2.5
2000	2.4	2.0
1999	1.3	1.3

2013 OPM UPDATES

CSRS & FERS Survivor Benefits

Basic Death Benefit = $31,316.45
Children's Survivor Benefit:
If one parent living = (lesser of)
$494 per month per child or
$1,485 per month divided by the number of children.
If no living parent = (lesser of)
$594 per month per child or
$1,782 per month divided by the number of children.

Thrift Savings Plan

Maximum contribution = $17,500

No increase in catch-up provision

Social Security

Primary Insurance Amount (PIA) Formula:

90% of AIME up to $791
32% of AIME from $791-$4,768
15% of AIME over $4,768

Maximum Social Security Taxable Earnings = $113,700

Maximum Windfall Elimination Provision Amount = $383.50 (as of 2012)

Social Security Earnings Credit = $1,160 per quarter, $4,640 per year

Insurable Interest

Effective July 20, 2012 Same Sex Domestic Partners are considered Insurable Interest

2012 OPM UPDATES

CSRS & FERS Survivor Benefits

Basic Death Benefit = $30,792.97

Children's Survivor Benefit:

If one parent living = (lesser of)
$486 per month per child or
$1,460 per month divided by the number of children.

If no living parent = (lesser of)
$584 per month per child or
$1,752 per month divided by the number of children.

Thrift Savings Plan

Maximum contribution = $17,000

No increase in catch-up provision

Social Security

Primary Insurance Amount (PIA) Formula:

90% of AIME up to $767
32% of AIME from $767-$4,624
15% of AIME over $4,624

Maximum Social Security Taxable Earnings = $110,000

Maximum Windfall Elimination Provision Amount = $383.50

Social Security Earnings Credit = $1,130 per quarter, $4,520 per year

Medicare

Open Enrollment Period – October 15, 2012 to December 7, 2012

Federal Employees Health Benefits Program Coverage for Certain Firefighters Effective July 17, 2012

The Office of Personnel Management (OPM) has published an interim final rule which authorizes eligibility to enroll for coverage under the Federal Employees Health Benefits Program (FEHBP) for employees who are in positions identified by OPM as providing emergency response services for wildland fire protection. Agencies may enroll these employees immediately upon the effective date of the interim final rule, July 17, 2012. ***Agencies are requested to make every effort to provide for a simple process for firefighters to enroll and to expedite these enrollments.***

This year, the federal government has a critical need to hire and quickly deploy qualified firefighters and other fire protection personnel to areas of the country where disasters caused by man or nature require their services. The federal agencies that routinely deploy firefighters to respond to these disasters have used temporary appointment authorities to bring firefighting personnel on board, as these authorities provide them the flexibility they need to quickly increase their firefighting workforce to address fire emergencies and then to decrease the workforce when the emergencies are resolved.

OPM has broad authority to prescribe the conditions under which employees are eligible to enroll in the FEHBP. OPM has amended its regulations at Section 890.102 by adding the following paragraphs (h) and (i):

(h) Notwithstanding paragraphs (c)(1) and (c)(2) of this section, an employee who is in a position identified by OPM that provides emergency response services for wildland fire protection is eligible to be enrolled in a health benefits plan under this chapter.

(i) Notwithstanding paragraphs (c)(1) and (c)(2) of this section, upon request by the employing agency, OPM may grant eligibility to employees performing similar types of emergency response services to enroll in a health benefits plan under this chapter.

This change provides the opportunity for temporary firefighters and fire protection personnel, who do not generally qualify for coverage, to obtain FEHBP coverage for themselves and their families. Agencies may make enrollments effective July 17, 2012 unless the firefighter requests that his or her enrollment take effect at the beginning of the next pay period after he or she submits an election form.

Which Employees Are Affected

The following temporary positions, which provide emergency response services, are covered for purposes of 5 CFR 890.102(h):

Temporary positions (including supervisory positions) the duties of which include very high risk or life threatening work to control and extinguish wildland fires, to rescue persons endangered by wildland fires, or to reduce or eliminate potential fire hazards, or involving the provision of direct on-site assistance to others engaged in such work.

To assist you in determining who should be covered, we have identified the following series and positions that are often used for firefighting personnel:

Series	Position
462	Forestry Technicians
455	Range Technicians
401	Biological Science/Specialists
454	Rangeland Management
2151	Dispatcher
5201	Miscellaneous Occupation
0081	Fire Protection and Prevention

This year's Federal Benefits Open Season will run from Monday, November 12, through Monday, December 10, 2012.

FEHB Program

The plans and their corresponding significant changes. Some of these events will require action on the part of agencies and enrollees.

Please note there are plans leaving the FEHB Program at the end of 2012 or reducing their service areas. Employees in these terminating plans and service area reductions **must** enroll in new plans during Open Season if they wish to continue health insurance coverage in 2013.

Table 1: Plan Leaving the FEHB Program

Table 2: Plans Reducing Their Service Areas and Terminating Enrollment Codes

What Must Employees Do?

Employees in terminating plans **(Table 1)** or service area reductions with terminating enrollment codes **(Table 2)** **must** enroll in a new health plan during Open Season if they want coverage. If they do not enroll in a new plan, they will not have FEHB coverage in 2013.

New Coverage: Coverage under an enrollee's new health plan will be effective the first day of the pay period beginning on or after January 1, 2013; **for most employees this will be Sunday, January 13, 2013.** Enrollees will remain covered and receive the 2012 benefits of the old plan until coverage under the new plan becomes effective.

What Will Health Plans Do?

Plan Notification: The plans in **Tables 1 and 2** have been instructed to notify enrollees of the need to select new plans for 2013; however, because some plans' enrollment and address lists may not be up-to-date, we encourage you to accept belated changes.

Table 3: Plan Reducing its Service Area Without Terminating Enrollment Codes

What Must Employees Do?

Employees in the service area being terminated should elect a new health plan for 2013; however, employees who do not choose a new health plan will only have emergency services where they live and will have to travel to their plan's remaining service area to receive full benefits.

What Will Health Plans Do?

Plan Notification: The plan in **Table 3** has been instructed to notify enrollees that their service area is being terminated. If enrollees do not choose another health plan, the enrollees will have to travel to their plan's remaining service area to receive full benefits in 2013. However, because a plan's enrollment and address lists may not be up-to-date, we encourage you to accept belated changes.

Table 4: Plan Name Change

Table 5: New Plans Entering the FEHB Program

Table 6: Plans Adding New Options and Enrollment Codes

Table 7: Service Area Expansions with New Enrollment Codes

Table 8: Service Area Expansions without New Enrollment Codes

Table 9: Plan Separating a Service Area and Creating New Enrollment Codes in Addition to the Existing Code, and Offering a New Option With New Enrollment Codes

Conclusion

Again, this year's Federal Benefits Open Season will run from Monday, November 12 through Monday, December 10, 2012.

Employees are encouraged to visit the website www.opm.gov/insure/openseason for the most up-to-date information. Please note that 2013 Plan information will be posted on the website beginning in late October.